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Reducing Health Inequities in Antenatal and Postnatal Care of Romani Women in the Republic of Macedonia

Policy Action Brief

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Content

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Brief Information

The association National Roma Centrum within the project activities "Health Inequalities regarding Romani Women" in the period between November 2010 and November 2011 intensively worked on a research on the health care in the reproductive period of women in the Roma community. The project was supported by the following organisations: Accountability and Monitoring in Health Initiative (AMHI)[1] of the Open Society Institute New York and Roma Health Program (RHP)[2] of the Open Society Institute Budapest. This policy action brief is based on an analysis[3] that followed after working with focus groups of Romani women and individual interviews of state officials and health institutions within the "Health Inequalities regarding Romani Women" project in 2011.

The objective of the project activities is advocacy for a gradual implementation of the right to health with focus on reproductive health, on-time and qualitative healthcare services for female members of the Roma community.

The report findings and the analysis show the disadvantages and the course to improve the access to qualitative health care. The recommendations in this policy action brief are a clear guide for future actions in the system of health care in the area of reproductive health.

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1 The Accountability and Monitoring Health Initiative as one of the projects of the Open Society Institute New York seeks to strengthen meaningful and sustained engagement by affected communities in the development, implementation, monitoring of health budgets, policies, programs and practices; promote government accountability to citizens; and foster an informed and open dialogue about the governance of public health systems, provision of health services, and advancement of health and rights. See for more information: http://www.soros.org/initiatives/health/initiatives/health/focus/phw/about#a_budgeting

2 The Roma Health Program – RHP, part of the Open Society Public Health Program, works to advance the health and human rights of Roma persons. See for more information: http://www.soros.org/initiatives/health/focus/roma/about

3 Report from focus groups on services in reproductive period; Report from focus groups from Kumanovo, Shtip, Kriva Palanka, Kochani, Bitola and interviews with institutions, April – October 2011; Research team: Sebihana Skenderovska, Slavica Kjurchinska; Prepared by: Sebihana Skenderovska, Mimoza Velichkovski; National Roma Centrum, 2011; Available at: http://www.nationalromacentrum.org

Introduction

The assessment of the situation in the area of health inequalities at women's reproductive period was carried out with a questionnaire on a representative sample of focus groups and in-depth interviews with target groups from other areas concerned. The qualitative research was based on 102 women in reproductive period (aged 15 to 49) organised in 10 focus groups in Kumanovo, Kriva Palanka, Kochani, Shtip and Bitola, as well as 25 individual interviews with officials of the Institute for Public Health of the Republic of Macedonia, the Office for Management of Registers of Births, Marriages and Deaths, the Health Insurance Fund of Macedonia, health institutions directly providing services of reproductive health (representatives of departments of gynaecology and obstetrics or gynaecologists, counselling centres for reproductive health and patronage services).

Concept of Health, Healthcare and Reproductive Health

The WHO defines health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The right to health and provision of highest possible standard of health is one of the fundamental human rights, incorporated in state legislation and protected by numerous signed and ratified international instruments.

Health care refers to measures, activities and actions to maintain and promote health in the immediate and working environment, rights and duties of health insurance as well as measures, activities and actions undertaken by health organisations to maintain and promote people's health, prevent illness, injuries and other distractions, on-time discovering of illnesses and health conditions, on-time and efficient treatment and rehabilitation using medical measures, activities and actions[4].

In conformity with the WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, the reproductive health[5] addresses the reproductive processes, functions and system at all stages of life. Therefore, reproductive health implies that people are able to have a good and safe sex life, an opportunity for reproduction and a right to decide, when and how often. The right of men and women to be informed are implicitly here as well as the right to have access to effective, affordable and acceptable methods of fertility regulation on their own choice, and the right to access to appropriate healthcare services that will enable women to have normal pregnancy and delivery, and give couples with the best chance of having a healthy infant.

A universal access to reproductive health services by 2015 is one of the two targets of goal 5 - improve maternal health, which is one of the eight UN Millennium Development Goals. The UN adopted the following indicators to monitor the global progress in achieving this goal: (1) contraceptive prevalence rate, (2) adolescence birth rate, (3) antenatal care coverage and (4) unmet need for family planning[6].

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4 Healthcare Law, Article 2 (Official Gazette No. 17/97, 84/05, 111/05, 65/06, 5/07, 77/08, 67/09, 88/10, 44/11, 53/11)

5 http://www.who.int/topics/reproductive_health/en/

6 http://www.unmillenniumproject.org/documents/SRHbooklet080105.pdf

The main objective of the National Strategy for Sexual and Reproductive Health 2010 – 2020[7] is all citizens of the Republic of Macedonia to have improved the sexual and reproductive health by 2020.

The Safe Motherhood Strategy of the Ministry of Health of the Republic of Macedonia proposes all healthcare services for mothers and infants to follow evidence, be regular and sustainable even in case of poor resources. Maternal and perinatal mortality can be enormously reduced with efficient interventions that do not make high costs. An infant's health is directly related to mother's health. Improvement in antenatal incomes and prevention of high infant mortality rate[8] can be achieved by avoiding mother's health problems.

[7] National Strategy for Sexual and Reproductive Health, Ministry of Health, Institute for Public Health, 2009, Available at: http://www.sobranie.mk/WBStorage/Files/Nacionalna%20strategija.pdf

[8] Improving Maternal and Infant Health, Safe Motherhood Strategy of the Republic of Macedonia 2010 – 2015, Ministry of Health of the Republic of Macedonia, 2010, Available at: http://www.unicef.org/tfyrmacedonia/macedonian/SafeMotherhood_MKD.pdf

Review of Legislation and Legal Practice

Pursuant to the Constitution of the Republic of Macedonia[9] every citizen is guaranteed the right to health care, and this is regulated in depth with the Healthcare Law[10]. Citizens' rights to healthcare and the healthcare system and organisation in the Republic of Macedonia are defined in the provisions of the Healthcare Law.

The Health Insurance Law[11] allows obligatory healthcare insurance for all citizens of the Republic of Macedonia in order to provide healthcare services and financial means based on principles of inclusiveness, solidarity, equality and efficient usage of means granted under this law. Obligatory healthcare insurance is implemented by the Health Insurance Fund of Macedonia.

A patient's right to be informed is guaranteed in all stages of health care, a patient is to be fully informed on: 1. its health condition including medical assessment of results and outcomes of a particular medical treatment as well as the most common complications; 2. recommended medical treatments as well as dates for receiving (treatment and rehabilitation programme); 3. possible advantages and risks due to undergoing or not undergoing the recommended medical treatments; 4. its right to decide for recommended medical treatments; 5. possible substitutes for recommended medical treatments; 6. reasons for possible differences between the achieved and the expected outcome of medical treatments; 7. steps of the health care procedure; 8. recommended way of living and 9. right to healthcare and right to healthcare insurance as well as the procedure to enjoy these rights pursuant to the Patients' Healthcare Law[12].

A patient's right to be informed is regulated in the Patients' Protection Law. All information have to be given a patient in understandable and appropriate way by limiting the technical, in fact, specialised terminology in order they get data of importance for a patient's treatment[13].

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9 Constitution of the Republic of Macedonia, Article 39, the Official Gazette of the Republic of Macedonia No. 52/91, 1/92, 31/98, 91/01, 84/03, 107/05, 3/09

10 Official Gazette of the Republic of Macedonia No. 38/91, 46/93, 55/95, 10/04, 84/05, 111/05, 65/06, 5/07, 77/08, 67/09

11 Official Gazette No. 19/11, 53/11

12 Patients' Protection Law, Article 7, Official Gazette No. 82/08, 12/09, 53/11

13 Patients' Protection Law, Article 8, Official Gazette No. 82/08, 12/09, 53/11

On the other hand, a patient is obliged to take care of its health, to give valid and sufficient data for its health condition according its personal capacity and information, to obey manners of behaviour, in fact, house rules of a health institution[14].

Pursuant to Law on Pregnancy Termination[15] every woman is guaranteed safe pregnancy termination and reducing risks of complications.

The implementation of preventive measures is provided through specific preventive programmes that are brought by the Government of the Republic of Macedonia, programmes brought annually and covered with finances from the Budget of the Republic of Macedonia.

Starting of January 2011, the programme for comprehensive healthcare insurance and health care of citizens who do not have a healthcare insurance in 2011 in the Republic of Macedonia[16] provides constitutionally guaranteed right to health care, healthcare services to conduct, monitor and evaluate health conditions, universal availability for all people to use health care (including people without permanent residence, homeless people and other vulnerable groups) as well as election of a family doctor in primary health care for all citizens of the Republic of Macedonia, thus providing services at a primary health care level.

The Programme for Active Health Care of Mothers and Children in the Republic of Macedonia[17] in 2011 has confirmed that "oscillations at perinatal (16.4 in 1000 new born) and infancy mortality rate (11.7 in 1000 live born), and their increase in 2009 points out at the need for further progressive improvement of health and well-being of mothers and children which should be a life-ling devotion in overall politics and on-going reforms in the health sector"[18]. "In 2009/2010, the number of registered services in the area of family planning (from 13,331 in 2008 to 7,966) and antenatal examinations (92,982 in 2008 to 83,287) decreased, whereas, the patronage services (community nursing) and teams for preventive health care of pre-school children increased. But, the monitoring system of health condition and range of

[14] Patients' Protection Law, Article 29, Official Gazette No. 82/08, 12/09, 53/11

[15] Law on Pregnancy Termination, Official Gazette No. 19/77, 15/95

[16] Government of the Republic of Macedonia, 2011, Official Gazette No. 6/11

[17] Government of the Republic of Macedonia, 2011, Official Gazette No. 7/11

[18] Page 2, Programme for Active Healthcare of Mothers and Children in the Republic of Macedonia in 2011, Official Gazette No. 7/11

health care of women in the reproductive period as well as infants and babies has not been fully developed yet and some applications for effective monitoring miss"[19].

There is national clinical guidance as a standard for antenatal care and monitoring of the health of pregnant women brought following the Healthcare Law. The Ministry of Health brought 15 clinical instructions that determine the relations for giving and providing antenatal care, diagnosis of pre-eclampsia / eclampsia, prevent early giving birth, diagnosis and managing early giving birth, induction of giving birth, intrapartal care and other instructions in the areas of gynaecology and obstetrics.

In the Guidance for Healthcare Services during Antenatal Examinations in Pregnancy[20], the clinical examinations and tests that are to be conducted to a pregnant woman are explained in-depth: weight and body mass index, blood type and Rhesus factor, ultrasound examination, anaemia screening, infection screening, recommended antenatal visits of a chosen gynaecologist during pregnancy and other examinations provided in the guidance.

[19] Ibid

[20] Guidance for Healthcare Services during Antenatal Examinations in Pregnancy, Ministry of Health, 2010

Influence of Socio-Economic Characteristics on Health in Reproductive Period

Article 12, line 1 of the International Covenant on Economic, Social and Cultural Rights[21] is all inclusive on this point of view: "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health".

The Committee on Economic, Social and Cultural Rights in its General Comment no. 14 notices (it explains article 12 of the above mentioned covenant) that "the right to health is closely related to and dependent upon the realisation of other human rights"[22]. Hence, "right to food, housing, work, education, human dignity, life, non-discrimination, equality, prohibition against torture, privacy, access to information and freedoms of association, assembly and movement" are included.

The report of focus groups and individual interviews point at numerous social and economic indicators having influence on women's access to healthcare services in reproductive period.

Having identity document is a pre-condition to enjoy all other rights in a social system and in a healthcare system. All participants in focus groups have identity documents, part of them pointed at the high administrative taxes when applying for birth certificate, citizenship certificate or identity card.

But, the information received give an impression that women are not at all informed that users of social help are released of paying administrative taxes when applying for identity documents at state institutions.

The educational status of women has an impact on access to labour market.

The educational structure per towns gives data about the low level of education in Bitola and Kumanovo, with an enormous number of illiterate women.

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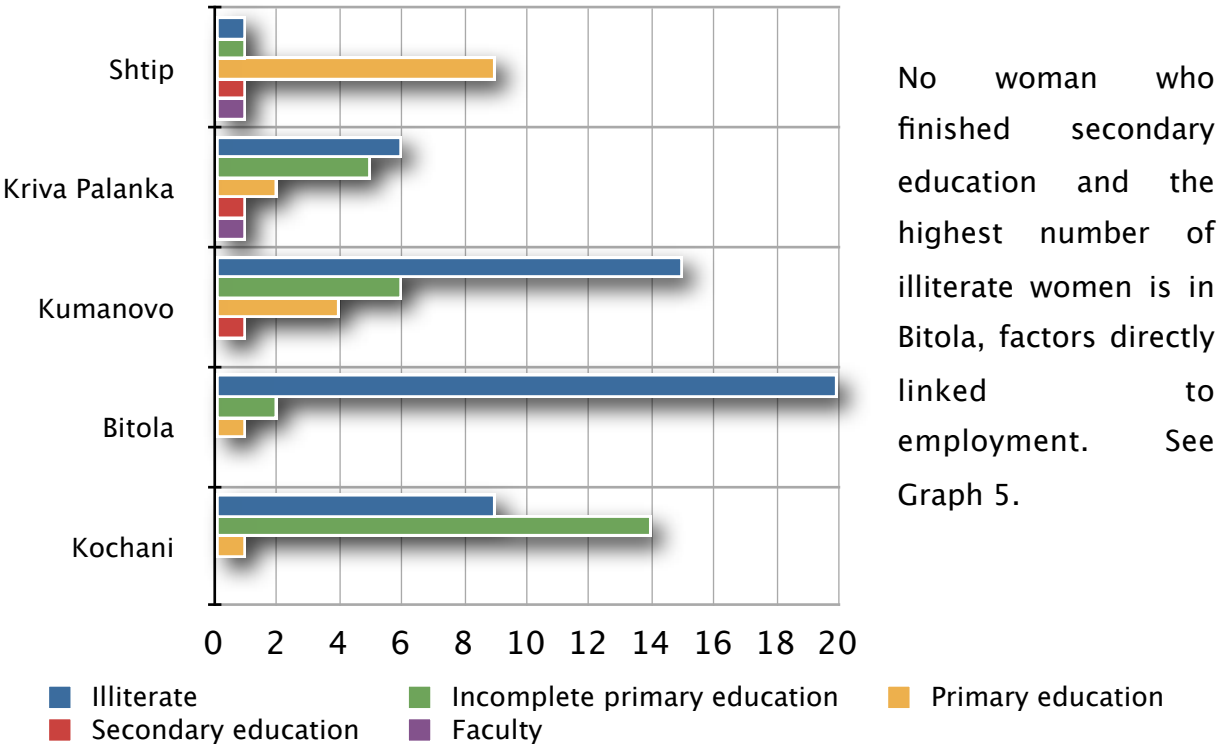
[21] International Covenant on Economic, Social and Cultural Rights (ICESCR), 19 December 1966

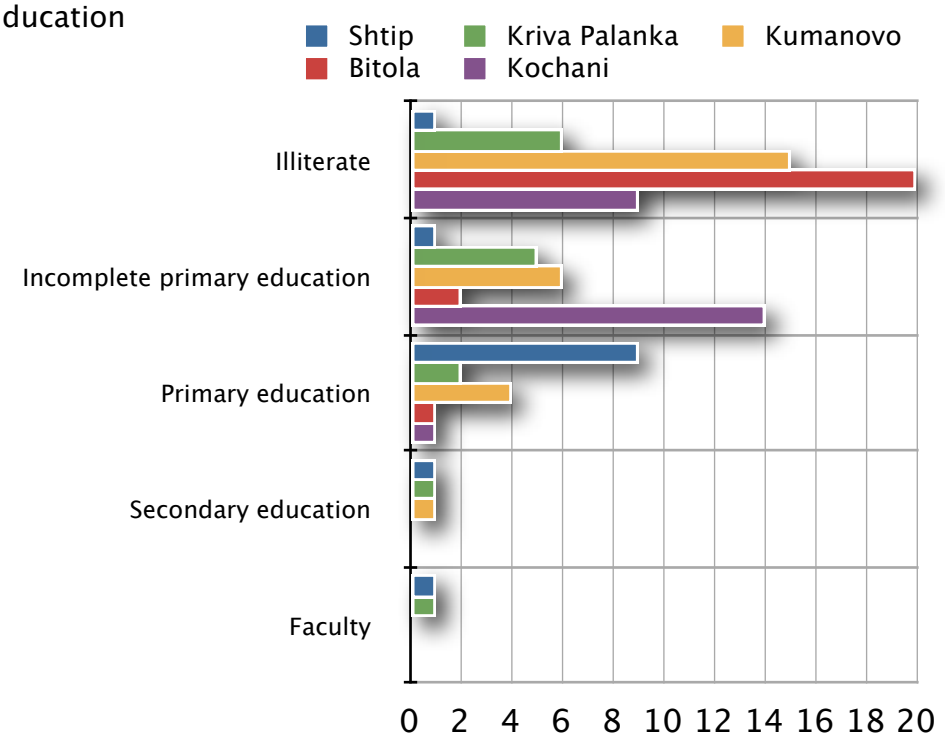
[22] General Comment No. 14 (2000), The right to the highest attainable standard of health: 11/08/2000. E/C.12/2000/4. (General Comments)

Graph 1. Educational structure per towns



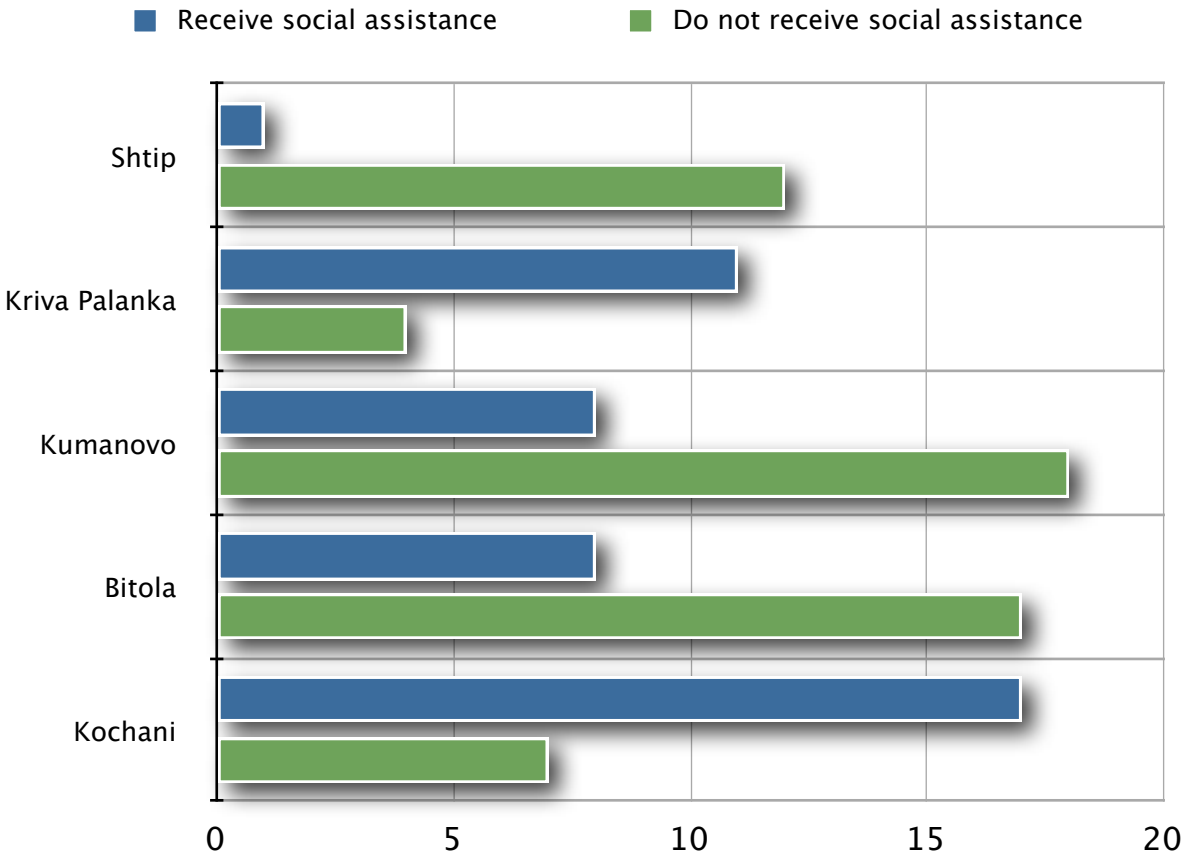
No woman who finished secondary education and the highest number of illiterate women is in Bitola, factors directly linked to employment. See Graph 5.

Graph 2. Level of education

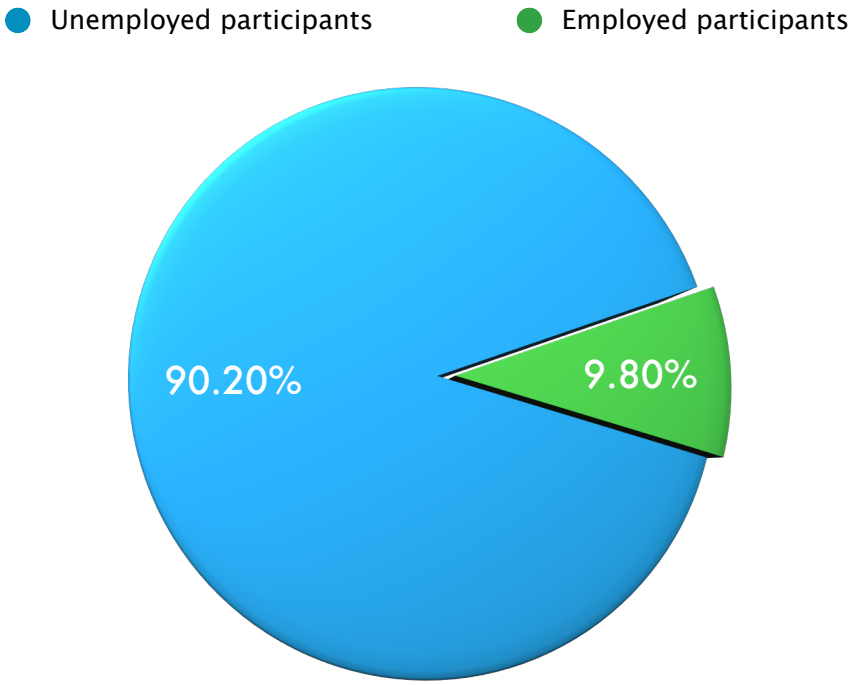


According to women's statements, the low level of education, lack of competitiveness at the labour market and discrimination by employers increase their dependence on social help.

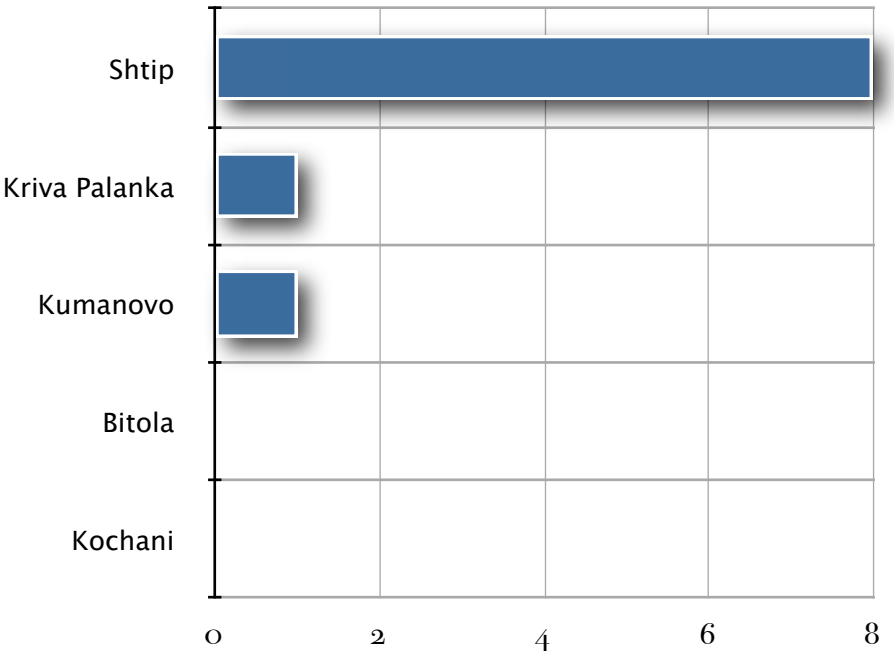
Graph 3. People who receive social assistance



Graph 4. Level of employment



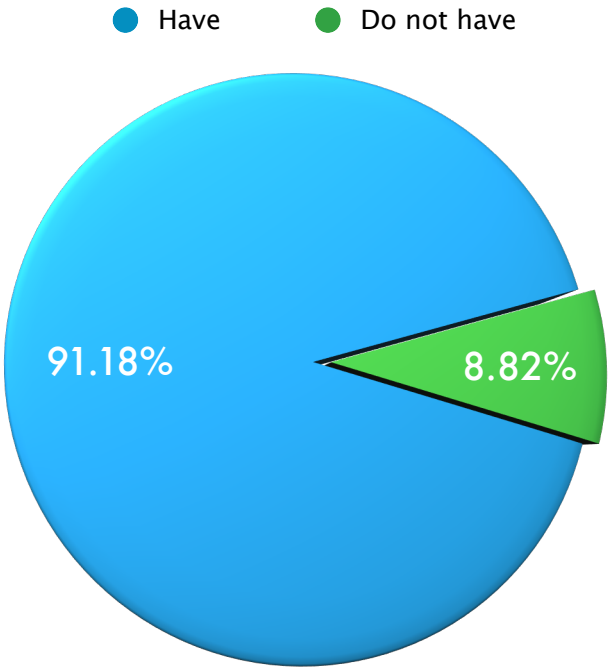
Graph 5. Employment per towns



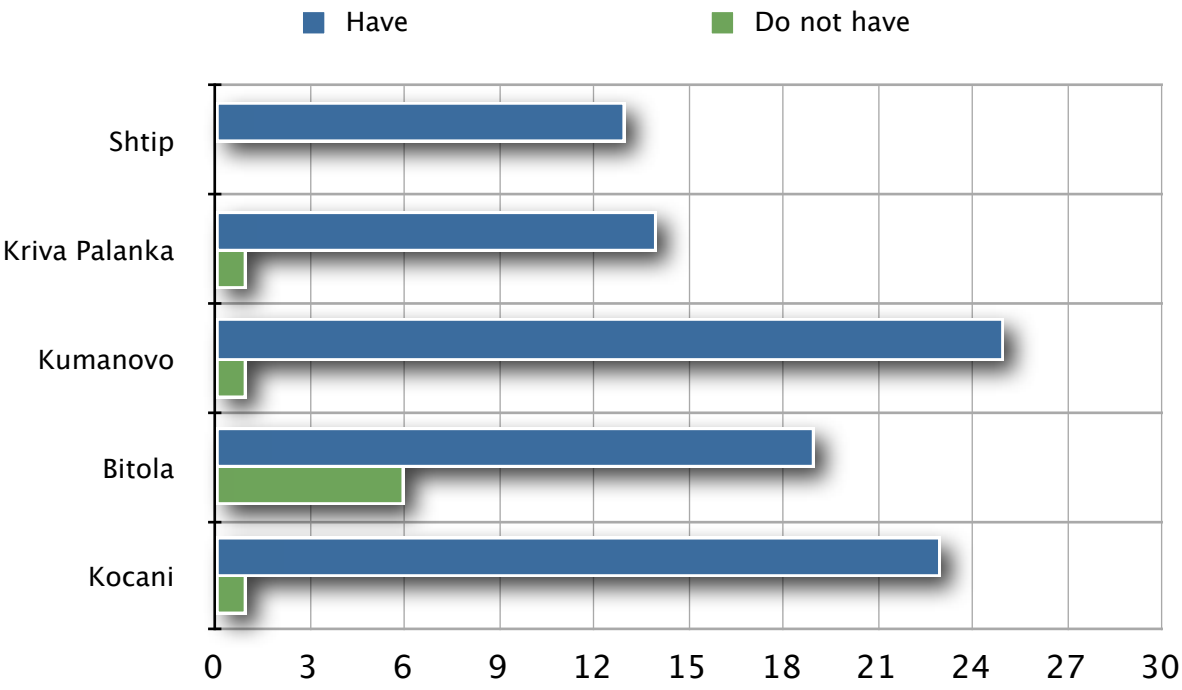
The highest level of employment as well as the highest level of education is in the town of Shtip which is followed by Kumanovo and Kriva Palanka with one employed woman.

Graph 6. Healthcare insurance

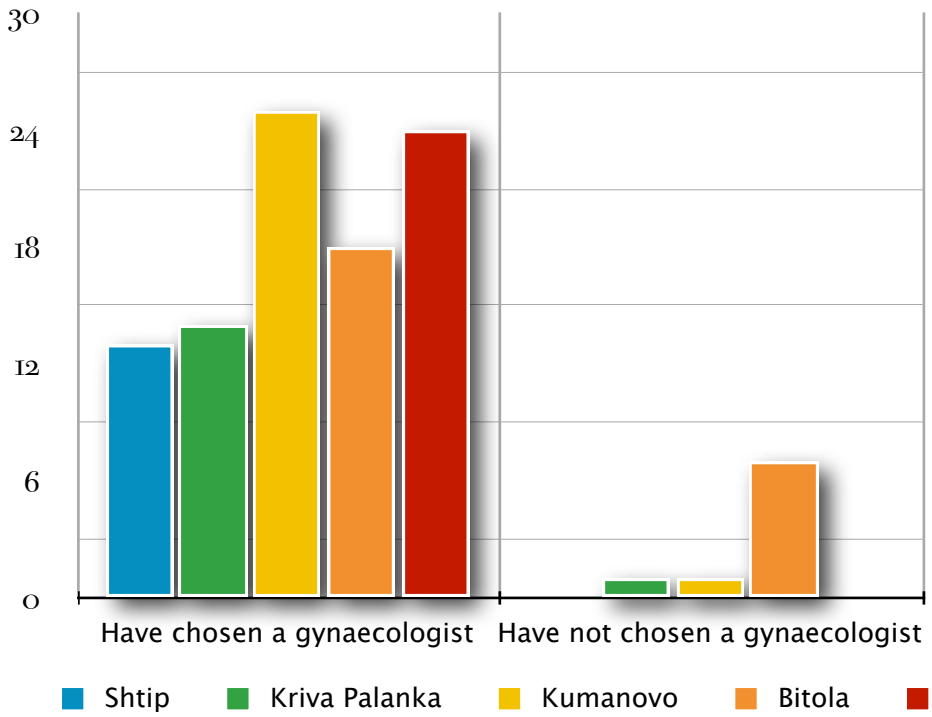
In the area of healthcare insurance, almost all women have health cards (document for paid contribution for healthcare insurance), despite the fact that some of them pointed out that they have no health cards because they do not register on time at the Employment Service Agency of the Republic of Macedonia due to various reasons. Among them are illiteracy (do not read and do not pay attention when they have to register) as well as season job.



Graph 7. Healthcare insurance per towns



Graph 8. Gynaecologist



The access to gynaecologist is part of the primary healthcare and it is an important factor for women's reproductive health, save pregnancy and save motherhood.

It is noticeable following graph 8 that many women in Bitola have not chosen a gynaecologist. They said they gave birth long time ago or lack finances for gynaecologist. This leads to the conclusion that they are not at all informed that examinations are free of charge if a gynaecologist specialist has a signed contract with the Health Insurance Fund of Macedonia.

From what they said we can conclude that they visit a gynaecologist most often during pregnancy, and a highest level of examinations is for healthcare services during antenatal care in reproductive period. Visits of gynaecologist before pregnancy and after birth are low or do not exist because women do not visit them in that period. Women have no information how to change a gynaecologist in case when they are hot satisfied with the services provided.

In period of antenatal care during pregnancy, women have difficulties in communication with their chosen gynaecologists, they make laboratory and microbiological analysis very rarely, lack knowledge about Pap tests and they take it very rarely, make no analysis of sexually transmitted infections (STI), very often there is no weight and pressure measurement. Part of the women had anaemia during pregnancy. Part of them lacked means for certain diagnostic procedures, such as blood tests and urinalysis, microbiological swab since participation has to be paid for these services.

Antenatal care in the Republic of Macedonia is implemented in gynaecological ordinations and polyvalent patronage nurses in primary health care. The coverage with antenatal services (ANC) is almost universal with 98% to 99.2%, 12 of pregnant women receiving ANC at least once during their pregnancy. However, the average number of visits of 2.8 visits during pregnancy is far below the target of 4 visits for normal pregnancies as recommended by the adopted national standard. Still not all women have equal access to the services, with large differences in urban and rural areas and particularly within socially vulnerable groups (e.g. Roma, women with low educational levels)[23].

Natal and postnatal care for women giving birth are initiated at hospitals and are continued through the primary health care, including home doctors, gynaecologists, patronage (community) nursing and paediatrician if required. The conditions and care after a delivery in hospital are not highly valuated by women as far as services provided by hospital staff are concerned. The deliveries are in obstetric hospital departments. Factors most often pointed out are payment for treatments received in hospital, language barrier in communication, not satisfied with hygiene (no clean sheets, no light in toilets, no warm water), some of the women expressed their anger of paying for wounds after a delivery. A disturbing fact is lack of gynaecologist in the gynaecological department in Kriva Palanka, thus, all women are sent to other towns for a delivery. When it comes to taking care after a delivery, the answers of women members of the focus groups are lack of separate amphitheatres or separate rooms only for members of Roma community.

Doctors regularly took money for every examination during pregnancy. Since these women come from socially endangered families, they very often cannot pay for the examinations. In those cases, doctors usually said that they are going to wait for them to pay when they can pay. Due to those kinds of “services” they are satisfied with the hospital staff – a statement of a focus group in Kriva Palanka.

Not recognising discrimination by Romani women is very often an extra problem to discover inappropriate health care.

Almost all women were visited after a delivery by patronage (community) nursing services and advised on appropriate care.

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[23] Improving Maternal and Infant Health, Safe Motherhood Strategy in the Republic of Macedonia 2010–2015, Ministry of Health of the Republic of Macedonia, 2010. Available at http://www.unicef.org/tfyrmacedonia/macedonian/SafeMotherhood_MKD.pdf

Executive Summary

This policy action brief points health inequalities of Romani women in antenatal and postnatal care, readdressed within the frames of the project "Health Inequalities regarding Romani Women" during 2011. We do hope that these data will serve as a guide for all subjects included in health care to work on decreasing the differences.

Health of mothers and children is part of the Millennium Development Goals to be achieved by 2015. Thus, it is necessary to undertake preventive measures and activities to promote health condition and quality of healthcare services for mothers and children as well as to promote women's reproductive health.

Women have a vital role in a family, community and society. Woman's reproductive health is important for a woman herself, but also for future healthy generations. Thus, it requires a dedication to work strategically on improving the health care in the area of reproductive health, especially at women in the Roma community.

A high qualitative antenatal care significantly contributes in identifying pregnancy risks and reducing perinatal morbidity and mortality. An early identification of high perinatal risk at women leads to refer a case to adequate point of care. Promotion of reproductive health and safe motherhood has to be a priority.

Although it was pointed out that there is no corruption during antenatal care and pregnancy, still women say that they have no finances to cover costs of participation for hospital treatment or therapy during delivery, or participation for blood tests in laboratory and microbiological swab.

Education during pregnancy lacks, although, most women have access to gynaecologist. Communication doctor – patient is disrupted due to language barrier, usage of terminology by staff or no reply to a patient's question.

The different groups (e.g. general practitioners, patronage nurse, gynaecologists and gynaecologists in PHC) need to interact well and share information in order to to make sure all pregnant women benefit at maximum of the free antenatal care services.

"Promoting health must involve effective community action in setting priorities, making decisions, planning, implementing and evaluating strategies to achieve better health. Effective provision of health services can only be assured if people's participation is secured by states." General Comment No. 14 of UN Committee on Economic, Social and Cultural Rights.

Every individual has the right to access to all kind of information regarding their state of health, health care and how to use it, and all available scientific research and technological innovation. Health institutions and health workers have to provide patient-tailored information, particularly taking into account religious, ethnic or linguistic specificities of a patient. – European Charter of Patients' Rights[24]

> It is unnecessary to be a Roma Decade, but it is necessary to be a continuous process. We are here and we should hold lectures. The age when giving birth will change; it will raise consciousness about safe sex and use of contraception. We should fight for the generation born and growing up now.
>
> Statement of a gynaecologist

[24] European Charter of Patients' Rights, http://www.patienttalk.info/european_charter.pdf

Recommendations

- To provide on-time, available and qualitative health services for Romani women in reproductive period
- To implement the Guide in the area of gynaecology and obstetrics
- To monitor the implementation of the Guide in the area of gynaecology and obstetrics
- To make a manual for patronage (community) nursing visits of women in reproductive period and pregnant women
- To take measures to improve the access to information in reproductive period and to access to providing conditions for save motherhood
- To solve the problem of lack of doctors specialists in public health institutions
- In period of postnatal care, all women and infants to use healthcare services of primary health care within the first year of a child's life
- To support Roma Health Mediators (RHM) as subjects to improve the communication between Roma and the healthcare system
- Health institutions and health workers have to provide patient-tailored information, particularly taking into account religious, ethnic or linguistic specificities of a patient.
- Gynaecologists and gynaecologists in public health institutions to inform patients about medicine provided free by the Health Insurance Fund.
- To create and implement a system of systematic evaluation of the quality of services
- The Government and the Ministry of Health to make new systematic solutions in consultancy with healthcare and civic organisations