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Health status and access to the healthcare system of members of the Roma national minority in the Republic of Croatia

Abstract

The Roma are one of the 22 national minority groups in Croatia representing 0.4 % of the total population. Although there is no difference between the Roma and the general population in terms of subjective assessments of general health, one of the challenges addressed by the paper is that health institutions in Croatia do not collect data on ethnicity. Therefore, there is a systematic lack of data on Roma morbidity, healthcare use or discrimination in the healthcare system on the basis of belonging to the Roma national minority. An analysis of secondary data showed that the health of the Roma in Croatia is strongly influenced by their living conditions, nutrition, and poverty, due to which the life expectancy for the Roma is significantly lower compared to the majority of the Croatian population. The largest number of Roma people were hospitalized due to respiratory diseases, mental and behavioral disorders, as well as injuries, poisoning, and other consequences of external causes. The largest number of Romani women were hospitalized due to pregnancy, childbirth, and midwifery, as well as respiratory diseases, and mental and behavioral disorders. The Roma in Croatia have experienced discrimination in the field of healthcare in the last year from 6.8 % to 10 % placing Croatia slightly above the average of EU countries where Roma live.

1. Introduction

According to the 2011 census, there are 4,284,889 people living in the Republic of Croatia, out of which 328,738 are members of the following national minorities: 17,513 Albanians (0.41 %), 297 Austrians

(0.01 %), 31,479 Bosniaks (0.73 %), 350 Bulgarians (0.01 %), 4,517 Montenegrins (0.11 %), 9,641 Czechs (0.22 %), 14,048 Hungarians (0.33 %), 4,138 Macedonians (0.10 %), 2,965 Germans (0.07 %), 672 Poles (0.02 %), 16,975 Roma (0.40 %), 435 Romanians (0.01 %), 1,279 Russians (0.03 %), 1936 Rusyns (0.05 %) Slovaks, 4,753 (0.11 %), Slovenes 10,517 (0.25 %), Serbs 186,633 (4.36 %), Italians 17,807 (0.42 %), Turks 367 (0.01 %), Ukrainians 1,878 (0, 04 %), Vlachs 29 (0.00) and Jews 509 (0.01 %).

The Roma population settled in Croatian territories in the second half of the 14th century at the latest, as part of their migration from the area of Southeast Europe. The Roma first settled in the southeastern part of the country in the city of Dubrovnik (1362), from where they came to the central part of Croatia to the then free royal city of Zagreb (1378), and then spread to Dalmatia and Istria. After several centuries of coexistence with the majority population, mostly marked by discrimination, segregation, and genocide (Samudaripen) against the Roma during World War II, when at least 16,173 Roma were killed in concentration camps, out of which 5,608 were children and 4,887 were women. Today, according to the 2011 census, there are officially 16,975 Roma in Croatia, representing 0.40 % of the total population.¹ According to the latest available data, obtained by mapping Roma localities in 15 counties of the Republic of Croatia in 2017, it is estimated that a total of 24,524 members of the Roma national minority live in the Republic of Croatia.² The largest part of the Roma in the Republic of Croatia (91.1 %) were born in the territory of the Republic of Croatia, only a small part of the population was born in Bosnia and Herzegovina (3.1 %), Kosovo (2.2 %) and Serbia (1.5 %), and immigrated to Croatia after WWII or during the disintegration of the former state of Yugoslavia and the war destruction in Croatia, Bosnia and Herzegovina and Kosovo. Over 98 % of the Roma population has Croatian citizenship, while 1.8 % of the Roma in Croatia are without it.

The average age in the Croatian Roma population is 21.9 years (median: 18 years), with every fourth member of the Roma household

¹ Office for Human Rights and the Rights of National Minorities: National Strategy for Roma inclusion for the 2013–2020 period. <https://www.zagreb.hr/UserDocsIm/ages/arhiva/Nacionalna%20strategija%20za%20uklju%C4%8Divanje%20Roma%202013-2020.pdf> (accessed on 7.2.2023).

² Suzana Kunac, Ksenija Klasnić, Sara Lalić: Roma Inclusion in the Croatian Society: A Baseline Data Study. Zagreb 2018, p. 68.

still under the age of eight, while half are minors, and only one quarter of the population is over 33 years old.³ In comparison, in the general population, it is estimated that since the 2011 census the average age increased from 41.7 to 42.8 years in mid-2016.

The average number of members in Romani households in the Republic of Croatia is 5.2, which is almost twice as much as the average number of members per household in the general population, which is 2.8 members per household according to the 2011 census.⁴ According to the relative poverty rate, 92.3 % of the Roma in the Republic of Croatia are at risk of poverty, according to which the Roma in Croatia are in an even worse position than the already worryingly high average share of Roma households below the EU at-risk-of-poverty threshold.⁵ In comparison, the material deprivation rate of the general population in the Republic of Croatia in 2019 amounted to 19.6 %, while the rate of severe material deprivation amounted to 7.3 %.⁶

Data from the European Union Agency for Fundamental Rights (EUMIDIS II) confirmed the findings on high unemployment rates among the Roma in the Republic of Croatia, finding that 74 % of Romani men are unemployed and that 85 % of Romani women are either unemployed or housewives. In comparison, in October 2021, the registered unemployment rate among the general population in the Republic of Croatia was 7.2 %.⁷ The data from the 2017 national survey are in line with the stated above. According to these data, only 7.3 % of Roma in the Republic of Croatia have full-time paid jobs, while 9.2 % have occasional or temporary jobs, and 2.1 % are self-employed – which makes up only 18.7 % of the population.⁸

The aim of this paper is to systematize and analyze a recent database on the status, access, and discrimination of Roma in the healthcare system in the Republic of Croatia. Also, the goal of the work is to deepen the existing knowledge and challenges, both scientific and

³ Ksenija Klasnić, Suzana Kunac, Petra Rodik: Roma Inclusion in the Croatian Society: Women, Youth and Children. Zagreb 2020, p. 31.

⁴ Klasnić, Kunac, Rodik: Roma Inclusion (Note 3), p. 42.

⁵ Klasnić, Kunac, Rodik: Roma Inclusion (Note 3), pp. 44–45.

⁶ Croatian Bureau of Statistics: Indicators of Poverty and Social Exclusion (2019). https://www.dzs.hr/Hrv_Eng/publication/2020/14-01-01_01_2020.htm (accessed on 7.2.2023).

⁷ Croatian Employment Service: Statistics (2021). <https://www.hzz.hr/statistika/> (accessed on 7.2.2023).

⁸ Kunac, Klasnić, Lalić: Roma Inclusion (Note 2), p. 17.

research, as well as those empirically determined in the approach to the health of the Roma national minority.

In the following chapter, we will deal with the connection between material deprivation and the lower life expectancy of Roma in Croatia, as well as the difficult access to health institutions due to widespread poverty in the Roma community. We will also present data on the frequency of use of health services, the frequency of long-term diseases in relation to age (comparative perspective of the incidence of long-term diseases among Roma compared to the general population), the reasons for the insufficient availability of healthcare for members of the Roma national minority, as well as the Roma subjective perception of discrimination in the health system. In addition to these data, relevant data will be presented on the number of hospitalizations in the inpatient section of hospitals by gender and disease groups in 2018, as well as on the reproductive health of Roma women. In the final part of the chapter, we deal with the occurrence of discrimination against Roma in the health system.

The conclusions refer to the need for systematic institutional monitoring of data according to the ethnicity of the population, namely on the disease, on the use of healthcare, as well as on challenges and obstacles to the use of health services. It is necessary to conduct basic research and systematically monitor data on discrimination on the basis of belonging to the Roma national minority related to the use and access to healthcare in order to provide full equality to all Roma in the exercise of the same rights in the area of healthcare that are available to majority population.

2. Materials and method

In order to analyze gender-disaggregated data about Roma health status, access to healthcare, and incidence of discrimination in the Croatian healthcare system we used all publicly available secondary sources, that is, available professional and scientific articles, available books and available online and open data sources, including research and sources collected by the authors of the paper during earlier national field research.

Scientific methods of analysis and synthesis, the method of induction and deduction, the method of description, and the method

of compilation were used during the research and processing of the problem.

3. Roma in the healthcare system in the Republic of Croatia

3.1 Roma access to the healthcare system in the Republic of Croatia

Members of national minorities exercise most ethnic rights through the regular institutions of the Republic of Croatia, like the majority of Croatian people, and thus, every person who owns a valid health insurance card also has access to free healthcare.

According to a study of the basic data on the position of the Roma in Croatia, it is stated that 92.8 % of the Roma in Croatia own a health insurance card,⁹ but 11.1 % of the Roma never go to the doctor. According to the results of the survey, as many as 54.6 % of Roma households in the year preceding the survey found themselves unable to pay for a medicine or medical service needed by a household member, indicating insufficient access to healthcare and discrimination of the Roma in relation to the possibility of using healthcare. Also, according to the survey, as many as 27 % of respondents have not contacted a doctor in the last 12 months – although they needed medical help – mainly due to the lack of financial resources to access health facilities.

An analysis of secondary data showed that material deprivation and poverty of the Roma population are directly related to social determinants of health because a large part of the Roma population lives in inadequate living conditions.¹⁰ Namely, the health of the Roma in Croatia is strongly influenced by living conditions, nutrition, and poverty. A lack of access to water, contact with harmful materials, e.g., waste and secondary raw materials, the burning of objects within

⁹ Kunac, Klasnić, Lalić: Roma Inclusion (Note 2), p. 18.

¹⁰ Kunac, Klasnić, Lalić: Roma Inclusion (Note 2); European Union Agency for Fundamental Rights: Second European Union Survey on Minorities and Discrimination against the Roma – Selected Results (2016). https://fra.europa.eu/sites/default/files/fra_uploads/fra-2016-eu-minorities-survey-roma-selected-findings_hr.pdf (accessed 7.2.2023); Vesna Štefančić Martić (Ed.): Public health indicators of Roma health in the Republic of Croatia based on data from public health databases and registries. Zagreb 2020.

settlements near their homes and children, unhealthy habits, and the like, affect the health and life expectancy of the Roma.

Earlier research shows that the members of the Roma national minority suffer from certain chronic non-communicable diseases at a much younger age than in the general population, and certain infectious and chronic non-communicable diseases are more common in the Roma community than in the general population. There is a marked increase in the incidence of cardiovascular disease at the age of 45 years among Romani men in relation to the prevalence of the same disease in the same age group in the general population, as well as a higher prevalence of musculoskeletal diseases among middle-aged Romani men compared to what is expected in the general population. The Roma struggle significantly more with problems such as asthma and chronic bronchitis, chronic obstructive pulmonary disease (COPD), or emphysema compared to the majority population. Oral hygiene is a neglected area within the Roma community.¹¹ Due to all the above-mentioned reasons the life expectancy for the Roma is significantly lower compared to the majority Croatian population, and the difference between the Roma and non-Roma population can reach up to 10 years.

A 2017 survey collected data on how often members of the Roma population use certain health services and found that the largest number of members of the Roma national minority, 62.6 %, go to the doctor several times a year. In 2018, the Roma relied on primary health-care to treat diseases of the respiratory and digestive systems and diseases of the musculoskeletal system and connective tissue.¹² Also, despite the significantly more frequent morbidity than found in the majority of the population, when it comes to going to specialist examinations, a very large proportion of the Roma in the age of 16 and over, as much as 38.5 %, have not done so in the last four years with the explanation that they do not have transportation provided or are spa-

¹¹ Dragan Bagić, Ivan Burić, Ivana Dobrotić, Dunja Potočnik, Sinsa Zrinščak: Everyday life of the Roma in Croatia: Obstacles and Opportunities for Change (2014). <https://www.unicef.hr/wp-content/uploads/2015/09/undp-hr-roma-everyday-2015.pdf> (accessed on 7.2.2023), p. 69.

¹² Vesna Štefančić Martić (Ed.): Public health indicators of Roma health in the Republic of Croatia based on data from public health databases and registries. Zagreb 2020, p. 13.

tially significantly distant from the place of examination, which is exposure to discrimination in access to healthcare.¹³

Although there is no difference between the Roma and the general population in terms of subjective assessments of general health, the impact of age on the incidence of long-term illness has been seen to be significantly more pronounced among the Roma over 65 % - 70 % of the Roma and 56 % of the general population over 65 suffer from long-term illnesses. When the data collected by the baseline survey are compared with the data for the general population, it is then evident that chronic diseases are significantly present in the Roma population compared to the general one throughout the entire age range, and that differences become drastic from 45 years onwards, as every other person of this age in the Roma population suffers from a chronic disease.¹⁴ Oral hygiene is a neglected area within the Roma community. In the last 12 months, only 37.4 % of Roma have visited a dentist, while 14.6 % of Roma have never done so.¹⁵ Low levels of education, and in some cases, illiteracy, often put the Roma in a situation where they do not understand their own medical obligations or prescriptions issued to them by doctors and other health workers.

There are complaints from Roma communities in isolated Roma settlements about the non-appearance of ambulances in situations where assistance was needed. Such cases have been reported in Roma settlements in the Medimurje County, and near the town of Delnice. Healthcare facilities often argue that they did not respond to the call because they did not deem the situation urgent, because they repeatedly received numerous false calls, or even that the Roma from the settlements called them only for transport to health facilities and not for emergencies.

The Roma believe that if they need medical help, they will receive it (87.4 %), they trust and have confidence in healthcare employees (82.2 %), and believe that doctors are good at their job (89.6 %). At the same time, 20.8 % of Roma had some sort of a negative experience with employees in healthcare institutions. The majority of the Roma who had some negative experiences with health services (33.4 %) felt

¹³ Kunac, Klasnić, Lalić: Roma Inclusion (Note 2), p. 18.

¹⁴ Goran Milas, Irena Martinović Klarić: Roma inclusion in the Croatian society: Health care and social welfare. Zagreb 2020, pp. 151–153.

¹⁵ Milas, Martinović Klarić: Roma inclusion (Note 14), p. 90.

that they had to wait longer than the rest of the population to receive healthcare.¹⁶

The Ministry of Health is the only institution in which data on ethnicity have not been collected systematically. Therefore, there is a systematic lack of information about the Roma in the healthcare system because health institutions do not collect data according to the ethnicity of the population.

However, the Action Plan for the implementation of the National Strategy for Roma Inclusion from 2013 to 2020, for the period from 2019 to 2020 states in the Strategic Area 3. Healthcare, that the Croatian Institute of Public Health (CIPH) is listed as responsible for the strategic area goal: Raising the level of awareness of the Roma population about responsibility for their own health, with the Ministry of the Interior (MUP) and the Ministry of Health (MIZ) as co-sponsors. Thus, in 2019 and 2020, the Croatian Institute of Public Health, in cooperation with its co-sponsors, conducted research under the following measure: Improving the monitoring of the health status and social determinants of the health of members of the Roma national minority.

Since the Ministry of Health does not systematically collect data on patients' ethnicity, the CIPH conducted the first survey in the public health system of the Republic of Croatia, which provides a clear framework based on data from several sources, and thus provides a basis for creating public health policies aimed for the Roma population, thereby establishing an innovative system of analysis and reporting in the field of Roma health by morbidity and by sociodemographic characteristics. The key findings from this research, relating to the number of hospitalizations in the inpatient part of hospitals by groups of diseases in 2018 are presented in Table 1.¹⁷

Disease group	Number of hospitalizations (men)
Respiratory diseases	299
Factors on health, contact with health services	231
Mental and behavioral disorders	154

¹⁶ Kunac, Klasnić, Lalić: Roma Inclusion (Note 2), pp. 153–154.

¹⁷ Martić: Public health indicators (Note 12), p. 9.

Injuries, poisoning and other consequences of external causes	128
Symptoms, signs and abnormal clinical and laboratory findings not classified elsewhere	116
Diseases of the digestive system	78
Infectious and parasitic diseases	74
Diseases of the circulatory system	72
Certain conditions occurring in the perinatal period	68
Endocrine, dietary and metabolic diseases	58
Diseases of the genitourinary system	48
Diseases of the nervous system	45
Neoplasms	37
Congenital malformations, deformities and chromosomal abnormalities	33
Skin and subcutaneous tissue disorder	24
Other diseases	64
In total	1,529

Table 1: Number of men hospitalized in the inpatient part of hospitals by groups of diseases in 2018

According to Table 1, most Romani men were hospitalized due to respiratory diseases (299), and according to the frequency of hospitalizations, mental and behavioral disorders (154) were listed, while 128 Romani men were hospitalized due to injuries, poisoning and other external causes. Romani men were also hospitalized due to diseases of the digestive system (78), infectious and parasitic diseases (74), and diseases of the circulatory system (72). A total of 1,529 men belonging to the Roma national minority were hospitalized.

Disease group	Number of hospitalizations (women)
Pregnancy, childbirth, and midwifery	769
Factors on health, contact with health services	623
Respiratory diseases	299
Symptoms, signs and abnormal clinical and laboratory findings not classified elsewhere	123
Mental and behavioral disorders	108
Diseases of the genitourinary system	78
Injuries, poisoning and other consequences of external causes	77
Certain conditions occurring in the perinatal period	73
Endocrine, dietary, and metabolic diseases	71
Infectious and parasitic diseases	64
Diseases of the digestive system	55
Diseases of the circulatory system	54
Neoplasms	49
Diseases of the nervous system	44
Skin and subcutaneous tissue disorder	25
Other diseases	86
In total	2,598

Table 2: Number of women hospitalized in the inpatient part of hospitals by groups of diseases in 2018

Table 2 shows that in 2018, hospitalizations due to pregnancy, childbirth and midwifery were the most common among Romani

women (769), followed by respiratory diseases (299) and mental and behavioral disorders (108).

As respiratory diseases are highly represented as causes of hospitalization of men and women belonging to the Roma national minority, the possible causes lie in the prevalence of cigarette addiction because at the age of 14 and older, more than half of the Roma population, or 55.2 %, smoke cigarettes, 58.8 % of which are men and 51.6 % women, which is significantly more than in the general population.¹⁸

During 2018, a total of 5,012 hospitalizations were recorded for day hospital stays, one-day surgeries and inpatient hemodialysis. Of these, 2,445 were hospitalizations of men and 2,567 of women. The most common causes for day hospital stays are the same for men and women and relate to diseases of the genitourinary system, followed by symptoms, signs and abnormal clinical and laboratory findings not classified elsewhere, and respiratory diseases.¹⁹

According to the data from applications for hospitalization due to mental disorders for 2019, a total of 136 Roma people (89 men and 47 women) were registered and hospitalized under the main diagnosis of mental or behavioral disorders (ICD-10 codes F00-F99). For ill people, a total of 295 hospitalizations were registered (191 for men and 104 for women). Men were hospitalized almost twice as often as women. On average, one person was hospitalized about two times, applying to both sexes. An analysis by age indicates that the most hospitalized people were aged from 20 to 39 and from 40 to 59 years.²⁰

For years, the lack of data on ethnicity has made it impossible to determine the differences in births between the Roma and the average population in Croatia and in which age groups are women most likely to give birth. Thanks to a baseline survey from 2017 and linking the data on the ethnicity of women who declared themselves as Romani women with data on childbirth in healthcare institutions, certain analyzes of Roma women's births were for the first time conducted with professional help in healthcare institutions. However, it should be emphasized that the number of Romani women giving birth without professional assistance is unknown, but it is to be assumed that their

¹⁸ Kunac, Klasnić, Lalić: Roma Inclusion (Note 2), p. 157.

¹⁹ Martić: Public health indicators (Note 12), p. 10.

²⁰ Martić: Public health indicators (Note 12), p. 16.

number is very small, as less than 0.1 % of births without professional assistance are recorded in state registers.

This data is supported by a qualitative analysis of the data from the baseline survey, where according to interviews and focus groups, the largest number of Romani women give birth in hospitals, and less and less in their homes, which was previously the case.²¹ According to the quantitative results of the baseline survey of Romani women who have children, 50 % of them gave birth to their first child in a minor age, and 17 % under the age of sixteen. Only 9 % of Romani women surveyed had never given birth, while less than 1 % did not know the age at which they gave birth to their first child. The average age of first child births among women in the sample decreased slightly – from 17.8 years in the oldest to 18.1 years in younger generations – but no statistically significant difference was found in the average age of first child births among women of different age groups.²²

In 2018, there were a total of 36,753 births in Croatia, including 593 or 1.6 % of births occurring within the Roma ethnic group. According to the estimate of the number of women of childbearing age (15–49 years) for 2018, there were 875,800 women in Croatia, of which 4,719 (0.5 %) were Romani. The birth rate in the total population of women of childbearing age was 42/1,000, and 126/1,000 among Romani women.²³

There are significant differences between women of the Roma national minority and women from the majority population among different age groups:

- 3 births by Romani women in Medimurje County were recorded at the age of 10–14, with a rate of 6.8/1,000 Romani women of the same age in Medimurje County, and there were no births at that age in the general population;
- the birth rate for Romani women aged 15–19 is 148.5/1,000, and it is 8.7/1,000 in the general population of girls of that age;
- at the age of 20–24, the birth rate for Romani women is 231.1/1,000, and 41.2/1,000 in the general population;
- at the age of 25–29, the birth rate for Romani women is 142.4/1,000, and 87.6/1,000 in the general population;

²¹ Klasnić, Kunac, Rodik: Roma Inclusion (Note 3), p. 82.

²² Klasnić, Kunac, Rodik: Roma Inclusion (Note 3), p. 78.

²³ Martić: Public health indicators (Note 12), p. 19.

- at the age of 30–34, the birth rate for Romani women is 107.1/1,000, and 97.1/1,000 in the general population;
- at the age of 35–39, the birth rate for Romani women is 69.0/1,000, and 47.8/1,000 in the general population;
- at the age of 40–44, the birth rate for Romani women is 28.2/1,000, and 9.8/1,000 in the general population;
- no births by Romani women were recorded between the ages of 45 and 49, and 0.4/1,000 were recorded in the general population.

The highest birth rates in the general population are between the ages of 30 and 34, and only this age group does not record large differences between the birth rates for Romani and other women. The highest birth rates in the Roma population are among women aged 20–24.

This analysis, comparing the birth rate according to the age groups of Romani women and all other women, is a contribution to the results of other research on demographic differences between the Roma and the rest of the population, and confirms that Romani women give birth very early, that the number of childbirths, i.e., children is higher than in the general population already in adolescent age, and contributes to significant demographic differences between the Roma population with a high share of younger age groups, and the rest of the population.²⁴

The number of abortions and pregnancy terminations – at the request of women, for any reason – among Romani women residing in the Republic of Croatia, according to the data available in the CIPH records, in the period 2010–2016 ranged between 20–40 cases per year. In 2017, there was a significant increase (2017: 90; 2018: 101). The reasons for this increase may be improvements in the records of abortions and pregnancy terminations in healthcare institutions due to changes in the methodology of collecting and quantifying data on abortions and pregnancy terminations from hospital statistics, changes in the attitude of the Roma ethnic minority regarding the declaration of their ethnicity, and possible changes in attitudes and decisions related to childbirth that should be investigated through a special health survey. According to the said data, the total rates of abortions and legally induced pregnancy terminations among the

²⁴ Martić: Public health indicators (Note 12), pp. 19–20.

Roma population in the Republic of Croatia are two to three times higher than in the general population of women of childbearing age.²⁵

The availability of health services also depends on health professionals, especially doctors. Professionalism and competencies are extremely important, but when it comes to the Roma population, it is extremely important to establish appropriate communication and trust. Confidence in doctors among members of the Roma national minority is extremely high. On average, their competencies and professionalism are rated very good. Older people and those with a lower level of education have somewhat more confidence.²⁶

However, one fifth of the surveyed members of the Roma national minority have negative experiences with doctors. The Roma mostly complain about discrimination related to prolonged waiting for an examination, which is an experience reported by almost every second respondent, and about the wrong treatment that every tenth respondent complains about. From these data, it could be concluded that the Roma trust doctors in general, and that only a small number of them have experienced unprofessional or discriminatory behavior.²⁷

This is further evidenced by data from a 2017 survey from which it can be concluded that, although health is an extremely important value for the Roma in Croatia (94.8 % of the Roma believe that their health is extremely important), 6.8 % of them experienced discrimination in healthcare in the last year.²⁸ This is a slightly lower percentage than the one obtained by the EU-MIDIS II survey in 2016, where 10 % of the Roma in Croatia stated that they had experienced discrimination in the last 12 months in the field of healthcare. In this survey, Croatia was slightly above the average of all nine countries surveyed, with the Czech Republic at the average level (8 %), Spain (7 %), Portugal (5 %) and Hungary (4 %) below the average, while above Slovakia (11 %), Romania (12 %) and Greece (20 %) were also above average.²⁹

²⁵ Martić: Public health indicators (Note 12), p. 22.

²⁶ Milas, Martinović, Klarić: Roma inclusion (Note 14), p. 95.

²⁷ Milas, Martinović, Klarić: Roma inclusion (Note 14), p. 97.

²⁸ Nikola Rašić, Danijela Lucić, Branka Galić, Nenad Karajić: Roma inclusion in the Croatian society: Identity, social distance and discrimination experience. Zagreb 2021, pp. 66–126.

²⁹ European Union Agency for Fundamental Rights: Second European Union Survey on Minorities and Discrimination against the Roma – Selected Results (2016). <https://doi.org/10.5771/978395997595-193> - am 17.01.2028, 07:36:03. <https://www.nibras.com/de/agb> - Open Access - ©

A typical example of discriminatory practices in the healthcare system is the following statement, obtained during the qualitative research conducted in 2017 for the purposes of baseline research:

»I can say that what happened in our county was a big problem – that no general practitioner wanted to enroll a Romani patient, on several occasions. The latter pediatricians did not want to enroll a child who was six months old and did not get any vaccinations. Then the social welfare center got involved, so the Romani man was attacked for not vaccinating the child, and then he came to me and explained that he had seen both a general practitioner and a pediatrician, and that none of them wanted to enroll them as patients. Then of course I took out a list of places I know, and then of course we went public with it, we reported it to the ministry and the county, and we succeeded only in the way that one of our children is barely enrolled. After that, we don't have such problems anymore because we shook it all up. People have realized that they have someone to turn to, and that I will make sure they get to exercise the rights that they have.«³⁰

This is how a representative of the Roma national minority from the region of Northern Croatia described an example of discrimination in the field of healthcare, such as the refusal of primary care physicians to accept the enrollment of Roma patients, but also pediatricians who did not want to accept a Romani child who could therefore not be vaccinated. However, in this case, the representative of the Roma national minority stated that the Roma turned to state institutions, specifically the Center for Social Welfare, the county and the ministry, after which they still managed to exercise their rights.

Discrimination in healthcare does not only concern Romani patients, but also the Roma who want to become health workers, since so far, only a few Roma at the level of the Republic of Croatia have completed any form of higher education in biomedicine and health, and who faced problems during the employment process in health facilities, and who face some form of discrimination in their own workplace.³¹

/fra.europa.eu/sites/default/files/fra_uploads/fra-2016-eu-minorities-survey-roma-selected-findings_hr.pdf (accessed 7.2.2023).

³⁰ Rašić, Lucić, Galić, Karajić: Roma inclusion (Note 28), p. 140.

³¹ Siniša Sead Musić: Civil Society Report on Monitoring the Implementation of National Strategies for Roma Integration in the Republic of Croatia. Progress assessment in four key policy areas of the strategy. Zagreb 2019.

Continuity of public policy aimed at the inclusion of members of the Roma national minority in the Republic of Croatia is present since 2003, when the Government adopted the National Program for the Roma. The document was based on the provisions of international documents on human rights and the rights of national minorities to which the Republic of Croatia was a signatory party, and the experiences of countries that systematically solve problems faced by the Roma were used in its preparation.

The National Plan for Roma Inclusion for the 2021–2027 period (NPRI) sets out a strategic framework for the development of equality, inclusion and participation of members of the Roma national minority in the Republic of Croatia until 2027. Among other things, this plan is important for encouraging activities aimed at strengthening the health of members of the Roma national minority, raising the level of social services and promoting Roma social inclusion, as well as combating poverty and creating a supportive environment for Romani families. As part of the National Plan for Roma Inclusion measures in the field of Roma health, it is planned to undertake activities that promote and improve Romani women's access to healthcare and early detection examinations, prenatal and postnatal care, access to family counseling and planning services, and sexual and reproductive health services which are generally provided by national health services. Access to quality primary care and preventive measures, as well as vaccination programs intended for children, will be provided to Romani children through the implementation of the National Plan for Roma Inclusion. Furthermore, the National Plan for Roma Inclusion plans to implement activities to support health mediators and raise Roma awareness of primary prevention measures, such as promoting healthy lifestyles, preventing drug abuse and improving access to mental health services.

In addition to the above mentioned measures, part of the measures and activities of the National Plan for Roma Inclusion relate to activities that encourage the training of teachers and other school staff in the field of family law and recognizing domestic violence, reporting it and treating victims of domestic violence, raising awareness of the importance of reporting any form of violence – relating to data on physical, economic, psychological and sexual violence in families and partnerships.

Also, in order to prevent and combat discrimination against the Roma, it is important to raise awareness of healthcare and access

to healthcare free of discrimination, training health professionals, medical students and health mediators in methods of identifying and addressing discrimination and its root causes, including anti-Roma sentiments and unconscious biases. It is also necessary to implement activities to combat the digital exclusion of the Roma in access to healthcare services, in a way that bridges the digital skills gap when it comes to accessing health data.

Building trust and understanding the differences of an ethnic minority is key to reducing discrimination in the health system, which can be achieved through activities that promote Roma access to medical studies and support the employment of the Roma as health workers and intermediaries, especially in regions with significant Romani populations.

In the area of healthcare, it is crucial to ensure free access to community and family services for people with disabilities, the elderly and children without parental care, e.g. development services, social housing, day care services for people with disabilities and foster care networks. Also, supporting the deinstitutionalization process by providing support to families in extremely difficult situations and people with disabilities, e.g. counseling and financial incentives, food aid, assisted living and development services, is of great importance.

During the implementation of the National Plan for Roma Inclusion 2021–2027, activities that promote the exchange and transfer of best practice on public health for the Roma should be carried out, using, for example, the public health framework of the Commission and the Member States in the Steering Group on Health Promotion, Disease Prevention and Non-Communicable Disease Management.

3. Conclusion

A national minority, understood through the Constitutional Law on the Rights of National Minorities, is a group of Croatian citizens whose members traditionally reside in the territory of the Republic of Croatia, and whose members have ethnic, linguistic and/or religious characteristics different from other citizens.

The original basis of the Constitution of the Republic of Croatia states that the Republic of Croatia is established as a national state of the Croatian people and a state of national minorities: Serbs, Czechs, Slovaks, Italians, Hungarians, Jews, Germans, Austrians, Ukrainians,

Rusyns, Bosniaks, Slovenes, Montenegrins, Macedonians, Russians, Bulgarians, Poles, Roma, Romanians, Turks, Vlachs, Albanians and others who are its citizens, who are guaranteed equality with Croatian citizens and the exercise of national rights in accordance with democratic norms of the UN and free countries. According to the 2011 census, the Roma national minority is officially represented in Croatia today with 16,975 members, which represents 0.40 % of the total population. The Republic of Croatia, in accordance with positive regulations, ensures the exercise of special rights and freedoms of the Roma as members of national minorities which they enjoy individually or together with other persons belonging to the same national minority, especially the declaration as a national minority, the use of names and surnames in one's own language and script, in private and in public use, and in official use, education in the language and script used, the use of one's own signs and symbols and preservation of traditional names and symbols, cultural autonomy by maintaining, developing and expressing one's own culture, and preservation and protection of their cultural heritage and traditions, the right to manifest their religion, and the establishment of religious communities together with other members of that religion, access to the media and public communication activities – receiving and disseminating information – in the language and script used, self-organization and association with the aim of realizing common interests, representation in representative and executive bodies at the state and local level, and in administrative and judicial bodies, participation in public life and management of local affairs through councils and representatives of national minorities, and protection from any activity that threatens or may endanger their survival, the exercise of rights and freedoms, which includes the protection from all forms of discrimination in the exercise of rights and needs in the healthcare system.

Despite all of the above, the Ministry of Health is the only institution where data on ethnicity is not collected systematically, so there is a complete lack of information on the Roma in the health system, because health institutions do not collect data on ethnicity, so in the Republic of Croatia there is no systematic data on the Roma, on their use of healthcare, and thus there is no systematically monitored data on discrimination based on belonging to the Roma national minority in relation to the use and access to healthcare. An analysis of the Roma's beliefs and attitudes as part of a baseline survey conducted on a representative sample of the Roma in Croatia in 2017 showed that

although 92.8 % of Roma are entitled to free healthcare, 11.1 % of Roma never go to the doctor, and 38.5 % have never had any specialist examinations in the past 4 years, with the explanation that they do not have transportation provided or are spatially significantly distant from the place of examination, which is exposure to discrimination in access to healthcare. Furthermore, since as many as 54.6 % of Romani households in a year found themselves unable to pay for a medicine or medical service needed by a member of the household, it can be concluded that there is insufficient availability at all levels, and thus also at the level of secondary healthcare relating to the possibility of exercising the right to healthcare, and the existence of discrimination against the Roma related to the possibility of using healthcare. Also, according to the survey, as many as 27 % of respondents have not contacted a hospital doctor in the last 12 months, although they needed medical help, mainly due to the lack of funding for access to health facilities, indicating that the Roma are discriminated against on the basis of both poverty and ethnicity, while Romani women in particular are also discriminated against on the basis of gender. In order to improve the position of the Roma in exercising the fundamental right to universal and free healthcare guaranteed by the Constitution, it is necessary to conduct targeted research and collect basic data, and then systematically monitor obstacles to healthcare encountered by members of the Roma minority with the aim of it correcting them and enabling full equality for all Roma in exercising the same rights in the field of healthcare that are available to members of the majority population.

