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Exploring health and social care providers' perceptions of Roma women and their families in Greece: Mixed-method insights from the REACH project

Eleni Asimaki ^{1,*}, Maria Valasaki ², Dimitrios Charos ¹, Aikaterini Lykeridou ¹, Anna Deltsidou ¹ and Victoria G Vivilaki ¹

¹ Department of Midwifery, University of West Attica, Athens, Greece.

² Primary Care Unit, University of Cambridge, UK.

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Abstract

Introduction: Despite being Greek citizens, Roma people encounter challenges and discrimination in education, employment, accommodation and health. Roma women, in particular, experience heightened discrimination and social exclusion, impacting their sexual and reproductive health. This study, part of the REACH (Roma women's Empowerment and fighting discrimination in ACcess to Health) programme, aims to explore health and social care providers' perceptions and attitudes towards Roma people, especially women, in Greece.

Methods: The mixed-methodology utilised both quantitative questionnaires and qualitative interviews/focus groups with healthcare and other professionals serving Roma communities in various regions of Greece. Ethical approval was obtained from the University of West Attica.

Results: Quantitative findings revealed high reported confidence in serving Roma women, yet qualitative insights uncovered deep-seated stereotypes and discriminatory attitudes among professionals. The study highlighted challenges such as official registration issues, communication gaps and gender-specific dynamics within the Roma population.

Conclusion: The study identified significant barriers to health and social inclusion of Roma women in Greece. Strategic interventions, guided by the study's insights, are crucial to combat discrimination and establish trust. The knowledge generated served as a foundation for the REACH project, aiming to create a more inclusive healthcare environment and contribute to the broader goal of fostering equality and well-being for the Roma population in Greece.

Keywords: Roma women; Healthcare access; Health and social care providers; Perceptions; Discrimination; Sexual and reproductive health

1. Introduction

The Romani or Roma form a European nomadic ethnic group with Indian roots (1), with a population exceeding 10 million across Europe (2). In Greece the population of Roma people comprises approximately 265.000 individuals (3), distributed among 14 settlements in Attica and 11 in Thessaly, as reported by the National Centre of Social Solidarity (4). While recognised as Greek citizens since 1955 (5), Roma people continue to face substantial socio-economic disparities in education, employment, accommodation and health when compared to non-Roma counterparts within the same geographical locations (6). This disadvantage is compounded by experiences of racism and lack of awareness of their rights under the European Law (6). Notably, almost 90% of Roma individuals in Greece reside in impoverished households, in stark contrast to the 55% of non-Roma counterparts (6). Separate departments for Roma individuals

* Corresponding author: Eleni Asimaki 0000-0003-1785-0434

have been established in Community Centres (CCs) in Greece, as in many other countries, in order to offer services identified as needed within the Roma population and approach Roma people more effectively.

Healthcare accessibility is a significant social determinant of health (7). Access to healthcare for Roma communities is impeded by multifaceted challenges observed globally, including language barriers, health illiteracy, identification document issues, difficulties in transferring services, pervasive discrimination and mistrust towards healthcare providers (8). Within this broader context, Roma women encounter heightened discrimination and social exclusion due to expectations within their community that place traditional family care responsibilities on them (9), often at the expense of education and employment opportunities (8). Several factors put Roma women at higher risk for adverse health outcomes compared to non-Roma women but also Roma men, such as having children from an early age, giving birth to many children and inadequate access to health (10). Greece, in particular, holds the highest rates of Roma marriage for women under 18 years old (11), with 84% of Roma women having children and 88.5% being illiterate (12).

This study delves into the complexities of the sexual and reproductive health issues faced by the majority of Roma women in Greece, (8) from the professionals' perspective. Poor health and deficiencies in data regarding Roma people, and women in particular, is a European issue that needs to be appropriately addressed at a European level (10). Despite the implementation of initiatives outlined in the EU Framework for National Roma Integration Strategies (NRIS) (2011-2020) (13) and the National Strategy and Action Plan for Roma Social Inclusion (2021-2030) (14), comprehensive evaluation reports on the efficacy of interventions for Roma inclusion remain limited (15). As part of the REACH (Roma women's Empowerment and fighting discrimination in ACcess to Health) programme, this study aims to contribute to the understanding of the prevailing barriers between health and social care providers and Roma women and their families, shedding light on the intricate dynamics that shape their interactions and the need for targeted interventions to enhance health access and outcomes for Roma women in Greece.

2. Methods

2.1. Study design

A mixed-methodology approach was employed to explore access to healthcare services and the challenges faced by health and social care providers serving Roma communities in Greece. The research followed the explanatory sequential design, a methodological framework that involves collecting quantitative data followed by qualitative data to provide a better understanding of the research topic (16,17). This sequential approach was chosen to leverage the strengths of both quantitative and qualitative methods and to facilitate an exploration of the issues at hand.

The primary rationale behind this methodological choice was to identify key issues based on participants' responses to the quantitative questionnaires. These insights were then used to inform the development of interview guides and to guide the moderation of focus groups and personal interviews in the qualitative phase. By employing this inclusive strategy, the study aimed to pinpoint important areas for discussion and to address pertinent questions in the qualitative phase, thereby enriching the overall understanding of the topic.

Furthermore, the study protocol received ethical approval from the Research Ethics Committee of the University of West Attica (approval number: 79825/20-10-2020), ensuring that all research activities adhered to rigorous ethical standards.

2.2. Quantitative

2.2.1. Development of the Quantitative Questionnaires

The quantitative questionnaires underwent a rigorous development process informed by extensive literature review and consultation with experts in the field. Given the unique cultural context and healthcare needs of Roma communities, particular attention was paid to incorporating relevant cultural and clinical considerations into the questionnaire items. The questionnaire targeting healthcare professionals included additional questions specifically addressing the management of health issues for Roma women, recognising the importance of gender-specific healthcare needs within this population. Key sections of the questionnaires encompassed sociodemographics, cultural adequacy, knowledge, and the perceived need for education concerning the Roma population.

Prior to full-scale implementation, the questionnaires were subjected to face validity testing in a small pilot study involving 10 health and social care providers serving Roma communities. This pilot study allowed for the examination of respondents' understanding of the questionnaire items, clarity of instructions and overall comprehensiveness.

Furthermore, in-depth interviews with the pilot study's participants were conducted as part of the cultural adaptation process to ensure the relevance and appropriateness of the questionnaire content to the target population. Participants provided valuable feedback on the clarity, relevance, and completeness of the questionnaire items, contributing to the refinement of the instrument.

The development process of the questionnaires also involved careful consideration of piloting, validation methods and the selection of appropriate questions and scales to ensure the reliability and validity of the data collected.

2.3. Data Collection

Data collection activities were initiated between January and June 2020, following written informed consent from participants. The questionnaires were disseminated to potential participants via email, targeting various professional groups, organizations (Community Centers, Health Centers, etc.), and social media platforms. Participants were required to demonstrate fluency in spoken and written Greek and have experience as health and social care providers serving Roma communities. Employing the snowball sampling method, a total of 145 participants with prior or current experience in serving Roma communities completed the questionnaires, ensuring a diverse representation of perspectives. Out of the initial 150 questionnaires collected, 5 were deemed invalid and excluded from the analysis. Quantitative data analysis was conducted using SPSS 28.0.1.0 (142), employing appropriate statistical techniques to analyse the collected data and derive meaningful insights.

This detailed and evidence-based approach to questionnaire development and data collection ensures the reliability, validity, and relevance of the research findings, contributing to a robust understanding of access to healthcare services among Roma communities in Greece.

2.4. Qualitative

Qualitative data collection employed a comprehensive approach, utilising personal, semi-structured interviews and online focus groups. These methods were conducted by a team of two or three experienced researchers comprising midwives and a sociologist. Care was taken to ensure that these researchers had no personal relationships with any of the participants, minimising bias in the data collection process. The interview process was guided by a meticulously constructed interview guide, designed to align with the thematic elements and major findings identified in the quantitative questionnaires (18). This approach facilitated a holistic exploration of the research topic and ensured that key areas of interest were thoroughly addressed. Personal interviews lasted approximately 1 hour each, while focus groups were conducted over a period of 2 hours. This duration allowed for in-depth exploration of participants' perspectives and experiences, ensuring rich qualitative data collection.

Health and social care professionals serving Roma communities were purposefully sampled from regions with notable Roma populations. This sampling strategy facilitated the selection of participants with diverse backgrounds and perspectives, enhancing the richness and depth of the qualitative data collected. Despite efforts to include a wide range of healthcare professionals, invitations extended to obstetricians/gynecologists and healthcare professionals working in Emergency Departments yielded no positive responses. This was attributed to the demanding nature of their roles, compounded by the challenges posed by the COVID-19 pandemic, which limited their availability for participation.

Table 1 provides a detailed overview of the participants involved in the qualitative research, highlighting the diversity of perspectives represented in the study.

Table 1 Participants in qualitative research

Focus Group I	Sociologist and Head of Department of Social Protection and Public Health Promotion in CCs Paediatrician in Primary Health Care 3 midwives (2 working in Secondary Health Care and 1 member of action programme regarding Roma people) Roma mediator
Focus group II	Sociologist in CC General practitioner in Primary Health Care Paediatrician in Primary Health Care Health Visitor in Primary Health Care
Personal interview I	Ombudsman Representative
Personal interview II	Member of action programme regarding Roma people

Audio recordings of all interactions were transcribed verbatim and subjected to thorough analysis by the research team. Utilising thematic analysis, initial codes were identified to represent ideas, opinions, and experiences shared by participants. These codes were then organised into overarching themes based on their inherent similarities, providing a structured framework for data interpretation. The analysis also considered key phrases recorded during the interviews, further enriching the qualitative insights and enhancing the depth of understanding of the issues explored.

2.5. Procedures

Potential participants were contacted via email and/or telephone by a designated project researcher, who provided detailed information about the study's purpose, procedures and ethical considerations. Participation in the study was voluntary and participants were assured of their right to decline participation or withdraw consent at any stage of the research process without facing any consequences. Comprehensive oral and written information elucidating the study's purpose, guarantee of anonymity and confidentiality protocols were provided to participants prior to obtaining their consent. This ensured that participants were fully informed about the research aims, procedures and ethical safeguards before consenting to participate.

The scheduling of qualitative studies was arranged at mutually convenient dates and times, taking into account the preferences and commitments of the participants. This participant-centric approach ensured a respectful and accommodating engagement throughout the study, fostering a conducive environment for open and honest dialogue. By adhering to rigorous ethical standards and employing a participant-centric approach to data collection, the study ensured the integrity and reliability of the qualitative findings, contributing to a comprehensive understanding of access to healthcare services among Roma communities in Greece.

3. Results

3.1. Quantitative

3.1.1. Sociodemographics

The study's participant pool was primarily concentrated in Athens and Thessaloniki, the two largest cities in Greece, reflecting the urban-centric nature of the research context. Predominantly, respondents identified their professions as social workers (22.1%) and nurses (17.2%), indicating a strong representation of healthcare and social care professionals in the sample. Community Centers (CCs) emerged as the predominant workplace for 37.5% of participants, followed closely by Primary Health Care Services, which constituted 31.3% of the primary workplaces, highlighting the pivotal role of these institutions in serving Roma communities.

3.1.2. Self-assessment of Skills

The majority of respondents exhibited high levels of confidence in providing counselling and care to Roma women, with 81% expressing proficiency in identifying their specific needs. However, satisfaction levels were notably lower for guidance in legal issues, with 20% indicating high satisfaction with their skills in this domain.

3.1.3. Stereotypes

A notable proportion (39%) of respondents attributed health challenges faced by Roma individuals to cultural characteristics. Despite this, a significant majority (83%) expressed willingness to offer services to Roma people, indicating a commitment to providing equitable healthcare access. Moreover, 89% recognised prevailing preconceptions against Roma as a serious social issue. Interestingly, the majority (69%) of respondents strongly disagreed with the notion of segregating hospital rooms for Roma patients, while 33% agreed that Roma pregnant women tend to express pain dramatically, revealing nuanced perceptions of Roma healthcare experiences.

3.1.4. Knowledge

The study revealed varying levels of awareness among healthcare professionals regarding key aspects of Roma identity and rights. While a substantial portion (84%) were aware that Roma individuals are Greek citizens, half of the respondents (50%) were unaware that mediation services for Roma are free and 41% were uncertain about the official recognition of traditional Roma marriages by the Greek state.

3.1.5. Viewpoints

Healthcare professionals identified several primary reasons for Roma visits to healthcare services, including child vaccination (70%), health issues (62%), social benefits information (61%) and psychological issues (52%). Concurrently, they highlighted prevalent challenges within the Roma population, including health illiteracy (80%), reading difficulties (74%), bureaucratic issues (61%) and non-continuity of care (56%). While a significant proportion (59%) believed that Roma individuals have equal healthcare access chances, an overwhelming majority (80%) expressed concerns about the insufficient healthcare knowledge among Roma women, indicating perceived disparities in health literacy.

3.1.6. Barriers

Professionals identified various barriers hindering effective healthcare delivery to Roma communities, including health illiteracy (64%), official registration issues (57%), lack of Roma mediators (36%) and discriminatory attitudes (28%). Additionally, a substantial majority (70%) reported challenges in conveying information to Roma individuals, suggesting communication barriers that impede effective healthcare communication and service delivery.

3.2. Qualitative

The qualitative phase of the study unveiled a rich tapestry of insights, encapsulating the lived experiences, perceptions and challenges encountered by health and social care professionals. Six overarching themes emerged from the in-depth interviews and focus group discussions, shedding light on multifaceted dimensions of healthcare provision and access among the Roma population.

Six themes arose from the interviews, as presented in Table 2:

Table 2 Thematic analysis of qualitative findings

Codes	Themes
Lack of social security number, birth certificate, marriage certificate and other official documents Newborn identification issues Teenage mothers	Official registration issues and healthcare services.
Racist and discriminatory attitudes towards Roma women in healthcare services Social exclusion and marginalisation of Roma people Lack of trust between healthcare professionals and Roma people	Stereotypes between health/social care providers and Roma women.
Lack of communication between Roma people and health/social care providers Cultural differences between Roma and non-Roma people Disappointment of healthcare professionals and lack of trust towards Roma people Difficulty of Roma in adapting to current guidelines	Culture as a decisive factor in communication between health/social care providers and Roma people.
Having multiple children High rates of female sterilisation Abortion outside the hospital	Contraception and family planning issues
Insufficient monitoring of pregnancy Insufficient gynaecological monitoring Low rates of breastfeeding	Obstetric/gynaecological monitoring and breastfeeding issues
The grandmother as the “leader” of the family Importance of empowerment	The role of Roma women and their empowerment

3.2.1. Theme 1: Official Registration Issues and Healthcare Services - “Excluded and Invisible” (Ombudsman Representative)

The absence of official documents, such as social security numbers and birth certificates, emerged as a recurrent challenge among Roma individuals, accentuating their marginalisation within the healthcare system. Participants highlighted instances where hospitals refused services or delayed care delivery due to documentation discrepancies, exacerbating the vulnerability of Roma mothers and newborns. Issues surrounding unregistered births and teenage pregnancies further compounded the complexities of accessing essential healthcare services.

These findings underscore the importance of enhancing knowledge and awareness among healthcare providers regarding the rights and entitlements of Roma individuals

3.2.2. Theme 2: Stereotypes between Health/Social Care Providers and Roma Women- “Oh, the Roma lady came again to be examined” (Midwife in Hospital Care).

Participants reported having witnessed racist attitudes and discomfort towards Roma people, which impact their healthcare experience. A midwife from a public hospital mentioned:

“There is a special unit for Roma women and this distinction starts from the moment these women enter the hospital.” (Midwife in Secondary Health Care)

During the discussion, reference was made to the stereotypes that have hindered Roma people’s access to health. For example a sociologist from a CC in Larissa reproduced what is frequently mentioned by Roma people:

“If I go to the doctor, they are not going to take good care of me because I am a Roma.”

More specifically, it was mentioned that Roma women and especially those who live in camps avoid screening tests due to shyness and fear of unpleasant results. Accordingly, healthcare professionals seem to be distrustful of Roma people regarding their compliance with the instructions that are given and this seems to negatively affect their practice. Participants lamented the pervasive presence of racial biases and discriminatory attitudes towards Roma individuals within healthcare settings, perpetuating a cycle of mistrust and disengagement.

3.2.3. Theme 3: Culture as a Decisive Factor in Communication- "They often don't understand what we say. We say something and they understand something different" (Paediatrician in Primary Health Care)

Professionals noted difficulties in conveying concepts like family planning, health prevention and gender equality. Communication problems were generally attributed to cultural disparities rather than language differences, while Roma women who live in houses were regarded as more approachable. Some professionals feel disappointed when they fail to inform Roma women about the benefits of some practices such as breastfeeding:

"We already feel disheartened when we are about to support women in breastfeeding." (Midwife in Secondary Health Care)

"When a woman leaves the clinic and she breastfeeds, this is a success story for all of us and we discuss it." (Midwife in Secondary Health Care)

It was explained that this kind of stereotype seems to be fueled by both parties; Roma people seem to find difficulty in adhering to instructions (e.g. newborn care, hospital visiting rules), while these behaviours are also triggered by professionals' expectations and presumptions. However, many health professionals mentioned that when they moved their services near Roma's regions (e.g. in a CC) they had a much greater impact and cooperation was much easier. According to professionals, building trust with the Roma women requires time and consistency.

3.2.4. Theme 4: Contraception and family planning issues - "Many Roma women choose sterilisation, regardless of their age, whether they are 23 years old and have 5 children or 35 years old with 5 children" (Health Visitor in Primary Health Care)

It was argued that Roma women's pride in having many children poses challenges. The issue of contraception was discussed, which is known to be a challenging one for Roma people since the rates of intrauterine device and condom use are very low while abortion is regarded as a method of contraception by many Roma women, according to the interviewees. It was reported that abstinence from sexual intercourse and female sterilisation (tubal ligation) seem to be the main contraception methods for Roma couples, mainly because they do not consider other methods reliable. Also, it has been observed that tubal ligation is chosen by many Roma women as the only method that gives them the autonomy to make decisions on their bodies, since it is not necessary for their husband to know it or give his consent in case he opposes to contraception. However, it was also mentioned that in some cases doctors recommend tubal ligation since they do not trust Roma women to use other contraception methods.

The complex interplay of cultural norms and healthcare practices shaped discussions surrounding contraception and family planning among Roma communities. The role of healthcare providers in influencing contraceptive decisions and perpetuating stereotypes was also scrutinized, raising ethical considerations regarding autonomy and informed choice.

3.2.5. Theme 5: Obstetric/gynecological monitoring and breastfeeding issues - "Everyone (Roma) comes to the emergency department without having had a prenatal scan and pregnancy monitoring" (General Practitioner in Primary Health Care)

Lack of information and clear frameworks are believed to contribute to low interest in preventive services by Roma women and this has deteriorated during the COVID-19 pandemic. Regarding lactation, participants mentioned that Roma women show the highest ab lactation rates, with the vast majority having stopped breastfeeding by the time they get discharged from the hospital. It was argued that low rates of breastfeeding may affect family planning for Roma, since breastfeeding could be a restraining factor in conceiving soon after birth. The main reasons for not breastfeeding that were reported were smoking and the reluctance to quit, non-participation in prenatal breastfeeding classes, unsupportive family environment and the belief that breastfeeding is an obstacle to their sex life. The interviewees reported having witnessed many Roma women feeding their babies with formula or even inappropriate milk (e.g. evaporated milk), since they have easy access to these through social support actions, indicating that there is not even a financial incentive for them to breastfeed. Finally, it was discussed that breastfeeding and mother-infant bonding through breastfeeding might not be part of Roma culture, as the participants stated that Roma mothers are not often seen visiting their premature babies in Neonatal Intensive Care Units, even before they are discharged from the Maternity Ward. Nevertheless, it was concluded that lack of information and stereotypical attitudes by health professionals toward Roma women play a great role in breastfeeding rates.

3.2.6. Theme 6: The role of Roma women and their empowerment - "The empowerment of women by women builds trust, thus avoiding (the perpetuation of) stereotypes and taboos" (Member of action programme regarding Roma people)

It was argued that Roma women face multiple discrimination and violation of their basic rights, due to both their identity as Roma and their gender. Participants supported that the profile of Roma women changes depending on their age and usually the older woman is the one who will be in charge within the family, despite gender inequalities. According to the participants, sometimes this may happen only because the couple may be very young (13-14 years old) and cannot support their family without the help of the grandmother. The grandmother is seen to take care of the youngest child, while the mother takes care of her older children and returns to her home life routine once the youngest child is integrated into the family. An important characteristic that was mentioned is that young Roma women follow and imitate the older women of the family (e.g. if their mother got married very young they will do the same or if their mother went to school they will follow etc.).

4. Discussion

Quantitative findings provided valuable insights into the perceptions, attitudes, and challenges faced by healthcare professionals in serving Roma communities, highlighting key areas for intervention and improvement in healthcare access and delivery. Themes from the qualitative study encapsulated the multifaceted challenges and opportunities inherent in healthcare provision and access among Roma communities, underscoring the need for culturally sensitive approaches and systemic reforms to address entrenched disparities and foster inclusive healthcare environments.

This study highlighted discrepancies in the perceptions and attitudes of health and social care providers towards Roma communities in Greece. While people who completed the questionnaires expressed high confidence and willingness to serve Roma women without discrimination, the qualitative data uncovered deep-seated stereotypes, discriminatory attitudes and instances of health malpractice. Health malpractice, has been previously exemplified by historical instances of forced sterilisation or sterilisation without informed consent among Roma women (19,20). The bidirectional nature of stereotypes, emanating from both the general population towards Roma individuals and vice versa, emerged as a significant barrier to healthcare access for the Roma community. Another noteworthy dissonance surfaced in the discrepancy between professionals acknowledging communication issues with Roma people, while there was minimal recognition of the absence of Roma mediators as a problem and many of them were not aware that the use of mediation services is free of cost. The lack of familiarity with mediation services, essential for enhancing healthcare for Roma people (15), indicated a potential gap in awareness and understanding among healthcare professionals.

The study's findings echoed recent research on the inadequate health monitoring practices among Roma people and delayed healthcare seeking once symptoms persist (21), confirming previous evidence of higher use of emergency services compared to prevention services by Roma people (8). Evidence has shown that 68% and 92% of Roma women in Greece have never had a Smear test and mammography respectively (12). Established trust, identified as a crucial facilitator in healthcare access for Roma individuals (21), appeared compromised by a pervasive lack of trust between health and social care providers and Roma women, thus creating a challenging circle. This has been well presented by Belak et al. in their designed framework that linked, among others, negative attitudes and experiences to decreased expectations, compassion and equal standard of care from professionals towards Roma people (22).

The gender-specific dynamics within the Roma population were also highlighted in this study, with older women assuming a pivotal role within families and the wider community. Roma women emerged as resilient agents of change within their communities, navigating intersecting layers of discrimination and gender inequalities. Accounts of multigenerational dynamics and the pivotal role of grandmothers in family structures underscored the nuanced power dynamics within Roma households. It has previously been suggested that Roma men show greater reluctance to accept the concept of disease and visit healthcare services, as they are the ones who financially support their families and this gives them prestige within the community (21). In our study, the older women were reported to be the essence of the family, having a great impact on the "nucleus" of younger generations and acting as a link to the wider Roma community. Participants underscored the importance of women's empowerment initiatives in fostering trust, dismantling stereotypes, and promoting equitable healthcare access for Roma individuals. Leveraging the influence of older women could prove instrumental in the REACH project's efforts to enhance health access and outcomes for Roma families in Greece.

The study's strengths include the integration of quantitative and qualitative data so as to explore and highlight professionals' perceptions and attitudes towards Roma women. Furthermore, the inclusion of professionals from various regions, provided understanding of healthcare access for Roma women and their families, across Greece. However, the study faced limitations, such as challenges imposed by the COVID-19 pandemic, which affected the

availability and time constraints of healthcare professionals of various specialties. Future mixed-method studies including larger samples and in-depth statistical analysis as well as studies exploring Roma women's perspective could be of great value. Additionally, the qualitative sample's self-selection bias, as participants were those with previous or current experience in offering services to Roma people, may have skewed results towards individuals already sensitised to Roma needs, potentially limiting the generalisability of findings.

4.1. Further action

The research focused on equal access to health and illuminated possible recommendations for action, in order to facilitate the REACH project's aim to empower Roma women, enhance their access to healthcare in Greece and improve their quality of life. Based on the study's findings the following are suggested:

- *Community-centred interventions:* Interventions from hospitals to the heart of Roma communities or Municipalities to increase accessibility and engagement.
- *Targeted information dissemination:* Prioritise information dissemination to older Roma women, recognising their influential role as propagators within the family and community.
- *Enhanced healthcare coordination:* Establish a seamless link between primary and secondary healthcare services, leveraging the support of health visitors and Roma mediators to bridge communication gaps.
- *Tailored pathways in health and social services:* Develop specific pathways in health and social care services that cater to the unique needs of Roma women and their families. Concerns regarding maternal and infant health outcomes amidst suboptimal healthcare utilization patterns underscored the urgency of targeted interventions to enhance healthcare access and promote maternal-infant wellbeing.
- *Diverse targeted information:* Tailor information campaigns to different age groups within the Roma community, recognising the diversity of needs across generations.
- *Midwifery posts in CCs:* Introduce midwifery posts in CCs to enhance maternal and reproductive healthcare services.
- *Professional training:* Conduct seminars for health and social care providers on Roma mediation services to improve cultural competence and understanding.
- *Health literacy programmes:* Implement health literacy programmes specifically designed for Roma people, empowering them with knowledge to make informed health decisions. Instances of miscommunication and misinterpretation underscored the need for culturally sensitive healthcare approaches and targeted interventions to bridge these divides.
- *Bureaucracy seminars for Roma people:* Organise seminars for Roma individuals addressing bureaucratic issues, fostering a better understanding of administrative processes.
- *Consistent and continuous projects:* Ensure consistency and continuity in projects aimed at addressing the multifaceted needs of the Roma population, leading to lasting improvements.

5. Conclusion

This study has identified several challenges and contradictions in health and social care providers' perceptions and attitudes towards Roma women in Greece. Strategic and targeted interventions are imperative in order to address deep-seated stereotypes, improve communication and foster trust for better health outcomes. By fighting discrimination at the societal level, whilst establishing trusted relationships at the local level we can pave the way for improved health and sexual reproductive well-being among Roma communities.

The knowledge generated through this study serves as a guiding beacon for the pilot intervention of the REACH project. By acknowledging and addressing the identified barriers, we aspire to create a more inclusive healthcare environment, facilitating professionals in their services to and care of Roma individuals. Through these concerted efforts, we aim to contribute to the broader goal of fostering equality and wellness for the Roma population in Greece.

Compliance with ethical standards

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Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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