

CONTRACEPTIVE ATTITUDES AND PRACTICES IN THE ROMA COMMUNITIES

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Abstract: *The process of adopting a contraceptive behaviour is determined by a series of factors, having a slow progress in time. The use of birth control methods by the Roma women is influenced by a series of specific elements. This article wants to highlight an image containing the degree in which the Roma women are aware of the birth control methods and family planning. To this end, I have used the technique of group interview. In the first stage I applied a number of group interviews on the Roma women from the Gîrcin community. Afterwards I examined the interviews using inductive analysis. The results were grouped into thematic categories.*

Key words: *Contraception, Family planning, Birth Control Methods, Contraceptives.*

1. Introduction: General Considerations about Contraception

I considered that a point of interest for my research was emphasizing the subjects' degree of awareness vis-à-vis family planning, contraception and birth control methods. This topic is important because the first step necessary for adopting a positive behaviour towards birth control methods is to know how and what to use.

From my research, it resulted that Roma women know the significance of the family planning concept, correlating it either with the idea of not having children or with the idea of planning a pregnancy, when it is wanted.

The man's authority in the Roma family is reconfirmed in this case, even though, in its basic sense, family planning is an endeavour addressed to the couple. Roma women recognize man's decisional authority regarding this aspect.

At a declarative level, especially as a result of their need of social desirability within the group discussion, but also literally, the Roma women mention the existence of a dialogue with their husbands or consensual partners regarding contraception. Most of the time though, these discussions are not about choosing a birth control method, but mostly about keeping the pregnancy that has already appeared or about making an abortion.

For reasons that I have already presented above, the group interviews were not attended by Roma men. Keeping that in mind, however, from previous discussions and direct observation within the community, and also from discussions with the family planning doctor and the sanitary mediator, it resulted clearly that they do not agree to the idea of family planning. A woman's state of pregnancy, her continuous preoccupation with raising and caring about her children represents an

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expression of the control exercised by her husband, a guarantee of loyalty in the couple (a value listed among the most important in the hierarchy of masculine values by Roma men), husbands or consensual partners do not agree to the idea that their wives should attend these services or use contraception.

In certain situations, however, it is preferable for Roma women to access the family planning services without the consent of their partner, instead of giving birth to an unwanted child.

The attempts to inform and educate in order to change the reproductive behaviour are usually addressed to the couple. In the particular case of the Roma population, taking into consideration the man's dominance at decisional level and the woman's lack of autonomy, the campaigns to inform and educate were meant mostly for women, because they are the main contraception users and furthermore, the idea of avoiding an unwanted pregnancy came first. An unwanted pregnancy could generate abortion, or other associated phenomena: child abuse, child abandonment, domestic violence etc. Thus, women were encouraged to use contraception even if their partner did not agree at first.

The Roma women that were included in the interview groups proved to have precarious knowledge regarding modern birth control methods. Even though they managed to catalogue modern birth control methods, their knowledge is superficial.

The subjects possess knowledge regarding empirical methods that are medically unaccepted, especially in the form of vaginal washings.

A method often used, even though it is not among the conventional methods is the so called *withdrawal method* (*fereala* in Romanian) or *coitus interruptus*. It is a frequently used method especially in the Transylvanian region, with quite a low

efficiency, but it is among the most frequently used methods in the Roma communities.

There is also vague and unsuitable knowledge about the natural methods, like the calendar method or the breast-feeding method.

An often encountered practice in the case of disadvantaged populations, implicitly in the studied group, is the use of abortion as a method to avoid an unwanted pregnancy. It results that, in fact, abortion is considered to be an extremely facile method of regulating fertility, with a "saving" effect when a woman becomes pregnant. The interviewed women list it as a birth control method while, in fact, it represents a counter-gestation method.

2. From where Do They Get Information Regarding Birth Control Methods?

The study of the group interviews' transcriptions allows me to formulate the following conclusions regarding the information sources of Roma women:

- *Specialized sources*, represented by the sanitary mediator, the family doctor, the doctor specialized in family planning, the gynaecologist or persons from various governmental or nongovernmental organisations that develop campaigns to inform and educate in the field of reproduction health.

We could be tempted to believe that Roma women give great credibility to the most suited sources, respectively authorized sources. Direct work experience with these persons, including the experience gained at a family planning cabinet, shows us that even though they admit the legitimacy of the above mentioned sources, these women do not approach them with ease.

Even though the subjects agree that specialist doctors have the utmost

competence in this field, the family planning services are less accessed by these persons.

The explanation of this fact is linked with the state of inhibition determined by social distance, by different positions in the social hierarchy, which limits or even cancels subjects' disposition to access these sources of information. Thus, their addressability remains at a low level.

- Another source of knowledge is represented by *mass media*, but the subjects included in the interview groups did not indicate it frequently.

The explanation is obvious: the cultural and educational level of this population segment is very low and the TV programmes and designed informative materials fail to adapt information to the low level of knowledge and comprehension. In fact, from a technical point of view, it is rather difficult to adapt the message to a production of this type. Furthermore, many of the interviewed women are able to read only the simplest texts, even though from a formal point of view they attended school for a certain number of years, which should offer this ability.

Another barrier is connected with the precarious economic condition in which the targeted population finds itself, this meaning that most families do not own a television set. That is why the dissemination of information via mass media or various leaflets is not an effective solution for this population segment.

The members of all four groups on which the interview was applied indicated as an information source their group of friends, or in certain cases, their sister or their mother. In this case, the valorisation of formal competence does not occur anymore – like the competence of specialists – but the principle of direct experience.

3. The Birth Control Methods – Representation, Attitudes and Practices

Examining the transcriptions of the four interviews, I have gathered all the information regarding the birth control methods and their use. I have found the participants to be manifesting openness and a lack of inhibition in discussing these aspects, the Roma women referring easily to their direct and practical experience.

These references can be corroborated with the indirect and attitudinal references of other participants, which avoided describing directly their practical experience, avoiding topics like what and how they do, and limiting themselves to statements like “I’ve heard that...”, “someone used ...” etc.

The subjects' discourses contain a series of prejudices and incorrect information about the ways of using different birth control methods, about their potential effects, and even myths that were made up on this topic.

3.1. Oral Contraceptives

The interviews have illustrated that this type of contraceptives are positioned at a great cultural distance from the Roma women. The only thing that they know is the obligatory character of administering the daily dosage. The lack of daily dosage makes oral contraception ineffective.

There are however subjects who do not know the proper way to use contraceptives and who were not direct users of this method.

The combined oral contraception is a theme filled with a series of myths about the negative effects that this method has upon users' health: hepatic and gastric problems, increase of hairiness, the emergence of cancer etc.

The success of implementing oral contraception in the Roma communities is dependent on “surpassing the cultural distance that makes the pills' cognitive

control difficult” (Hatos, 2004, p. 94). First of all, it is necessary to increase the degree of women’s awareness regarding the usage, the action mechanism and the benefits of using “the pills”. Another indispensable element for implementing this extremely effective birth control method is the need to change the perception of Roma women regarding this method, to “demolish” the myths about its negative effects and to emphasize its significant benefits.

3.2. The Intrauterine Device (IUD)

This seems to be one of the more accepted methods by the interview participants. As it resulted from the group discussions, there are users among the interviewed women who appreciate positively their experience with this method. Obviously, we cannot generalize the preference for the IUD at the level of the entire Roma population, but we can affirm that IUD is one of the methods used more frequently than oral or injected contraceptives, for example.

From the preparatory conversations and from the work experience with this community, I could state that IUD is preferred because it is more comfortable and it does not require a strict procedure to administer it, which assures a certain degree of comfort. Furthermore, it is a device that once inserted, can be kept for long periods of time and it does not require frequent visits to specialized medical services.

A part of the interviewed women are informed about the need to have a state of proper health of the genital organs, and the importance of a periodic control that has to be undergone.

As in the case of oral contraceptives, a series of reactions that have nothing in common with the way the IUD actually works, are nevertheless considered to be real. In other words, there are a series of myths also regarding this method,

concerning especially the idea that this device could move, could perforate other organs, or it could lead to the appearance of tumours.

3.3. Injectable Contraceptives

Being a relatively new method, it has its share of myth regarding possible negative effects.

Nevertheless, the fact that this method does not require daily administration, or every time a sexual contact occurs, determined it to be used by some of the women from the interview groups. These women tend to recommend it to others. Also regarding this method, there are a series of incorrect beliefs, based on the lack of information.

3.4. The Condom

The condom is considered to be exclusively for men; therefore it is scarcely discussed in the group discussions about birth control methods. Many of the participants to the discussions claim that their spouses do not want to use condoms, and they as their wives or consensual partners could not change this attitude.

4. Sexually Transmitted Diseases – Cognition and Prevention

The degree of awareness regarding the sexually transmitted diseases (STD) is alarmingly low. Even though they “heard” of these diseases, the participants see their existence as an exterior and distant reality, with which they won’t come into contact. Thus, there is no constant concern for learning about their transmission and prevention mechanisms and also for learning about the risk factors.

The means of transmitting these diseases are known only by a small number of participants, and information about them is incomplete or even partially wrong.

The only method of preventing the transmission of these diseases was identified by the interview participants to be the *condom use*.

This element contradicts however the attitude regarding condom use, respectively avoidance, rejection, which outlines an alarming image regarding the risks incurred by the Roma population. More participants do not even know a condom's role in preventing the transmission of this type of infections, considering that insuring a proper hygiene is enough in this regard.

5. The Family Planning Services Network – Subjects' Specific Requirements. Information Promotion

By examining the interviews transcripts, an ideal model for offering family planning services—from the subjects' point of view - could be designed. This model contains not only elements linked with the services' location, accessibility, and cost but also characteristics belonging to those that will promote the specific information. In a nutshell, these are the requirements, as they emerged from the interview analysis:

- The services must be within the subjects' proximity, because the costs for transport cannot be covered, thus the women would not be able to access family planning services;
- The services must be projected and offered so that they respect the client's rights: confidentiality, privacy and to possess an indiscriminate character;
- The services offered and also the distributed contraceptives should be free of charge;
- The specialty consultations should be offered by qualified personnel; i.e. doctors and nurses;
- The specialized services should be offered by a woman (the Roma women feel the gender barrier and avoid discussing the topic with a man, even if the latter has proper qualifications).

Regarding the attempts to increase the level of awareness, the participants thus stated:

- The specialized consultations should be performed by a specialized doctor or nurse and should have a personal and individual character (a fundamental request for any family planning service)
- The efforts to increase the level of awareness can also have a personal character (i.e. personal discussions), but also a group nature (i.e. group discussions, proceedings etc.) and could be moderated by various types of specialists: doctors, sanitary mediators, social workers etc.

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