



Original research article

Social aspects of unplanned pregnancies in teenage Roma girls

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Abstract

Aim: The study analyses the relationship between health habits, social status, sex life and the level of awareness of maternity among Roma women younger than 18 years. The aim was focused on getting to know the reasons for unplanned pregnancies.

Methods: The data were collected by structured interviews of the sample (21 young pregnant Roma women) from March to May 2017.

Results: The research revealed different healthcare problems connected with abortion, early pregnancy and preterm birth. These are related to the lack of access to appropriate family planning and sexual education, active sexual lives before the respondents were 15 years old and the specific lifestyles of Roma girls.

Discussion and conclusions: The question is not simply why Roma woman in Plavecký Štvrtok get pregnant so early. We also must focus on the other factors, such as the lack of proper education and the way in which they are separated from the rest of society at their segregated schools. Roma in this community usually drop out of school at fifteen. Therefore they think that their adult life begins then.

Keywords: Health problems; Maternity; Roma women; Social status; Unplanned pregnancy

Introduction

The biggest minority group in Slovak are the Roma people who are characterized by a specific lifestyle and different family values. It is estimated that the Roma account for between 350 000 and 400 000 of the population. This means that of every 15 inhabitants, one of them will be of Roma descent. If the rate of employment among the Roma were the same as the rate among Slovaks, then nearly 150 000 of the Roma who are currently not working, would instead be part of the labour market. Thus if the Roma were employed, then instead of a national rate of unemployment of 6.42%, the rate would be only about half of that (Radková and Ludvigh Cintulová, 2017).

While some of the Roma are living in a way that is integrated with the Slovaks, the majority are living in segregated slums – mostly in the eastern parts of Slovakia. These slums are not much different to the slums in Africa or Latin America (Radková and Ludvigh Cintulová, 2017). In the Roma settlements that are separated from the Slovak towns – which are situated outside of the villages – the standard of life is distinctly different than in the towns. The infrastructure of a sanitary system or indoor plumbing is often lacking. In the Roma settlements, which are situated outside of the villages, the standard of life is distinctly different than in the towns (Matlovičová et al., 2012). The people usually live in the poorly built houses, often with illegally wired electricity, no sanitary system infrastructure or flowing water. Public transportation to the

slums is poor, thus access to public services is even more difficult. Parents and children in these settlements live in another way, there is lack of mutual communication, and a different way of thinking about life priorities and family cycle (Baková et al., 2016). The poverty of the Roma people in these slums is visible to anyone who passes these settlements (Matlovičová et al., 2012).

Young people in Roma communities do not have a good example from their parents or relatives to show them how to live responsible lives. They do not have role models from whom to observe positive problem-solving skills (Šuvada, 2015). They know how to survive, but do not know how to get ahead. They do not have hope in the future and so they are not able to defer their current pleasure in favour of the future (Payne et al., 2006). That is also why their perceptions of education are not good: it asks them to invest effort now so that they benefit in the future (Radková and Ludvigh-Cintulová, 2017).

The majority population views them as passive people. They do not believe that they can make changes that would improve their situation. This is also why they do not want to invest in the future and instead live totally in the present. That is also why it is so difficult for teachers in these communities. Neither the children nor their parents are interested in being educated. On the contrary, parents consider that formal education and compulsory school is a tool of the state to control their children (Moricová and Raučinová, 2006).

Due to the multicultural factors many Roma girls get pregnant before the age of 18. Pregnancy has provided a number of

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challenging problems for Roma families; teenage girls are not ready to take care of babies and most of them depend on the help of others and state support. The culture of poverty and the local extension of poverty are factors that affect building value frameworks and models of development in Roma communities (Balvin et al., 2010) and the culture of the poverty has a negative impact on the unplanned pregnancy of teenage girls (Lešková et al., 2007). Different studies have shown that pregnant women of the first trimester show higher indexes of quality of life (Fernandes and Vido, 2009), but compared to Roma teenage girls they have a much lower quality of life – due to lack of money, low awareness of healthy lifestyle, the culture of poverty and poor living standards. Many biological, chemical, physiological, and anatomical changes occur in a woman's body during pregnancy. These changes make them vulnerable, both physically and mentally (Abbaszadeh et al., 2009).

Roma health and social status findings

The Roma health status and health conditions are worse than in the majority population. There is a low level of personal and communal hygiene. Standards of living facilities are minimal. The local environment is polluted, with trash scattered everywhere. Diets are too high in carbohydrates and sugars. High alcohol consumption and smoking occur even during pregnancy. The higher rates of drug addiction increase the risk of infections (Rimárová, 2010). Most of the infections among the Roma population are so-called faecal oral transmitted infections, such as hepatitis A or dysentery. For example, in 2000, 56% of all the population that had been infected with hepatitis A in Slovakia were Romani (Popper et al., 2009). There are meningococcus infections and tuberculosis. Respiratory infections are more prevalent than in the majority population because there is a much higher density of people per household room. Sexually transmitted diseases are more prevalent (Rimárová, 2010). Because of drug abuse there is also a high prevalence of blood-transmitted infections (Poliaková, 1999). There are also more parasitic diseases. The problems become more serious because these diseases often occur among very young children (Bartošovič and Hegyi, 2010).

In Slovakia, regional estimates suggest that the mortality rate for Roma at the regional level is higher than for the rest of the population. The biggest gap in life expectancy is observed in the segregated and secluded areas of Roma settlements. It is estimated that mortality rates in such settlements are twice or three-times higher compared to integrated Roma who live among Slovaks (Zdravotná starostlivosť v sociálne vylúčených rómskych komunitách, 2007).

A high infant mortality among the Roma was also observed in Slovakia. The data illustrates the relationship between higher infant mortality among the Roma and their socio-economic conditions. This includes the high incidence of such risk factors as smoking during pregnancy (57%) (Rambousková et al., 2003), and poor living conditions. These socio-economic conditions and health behaviours increase the relative risk of lower birth-weight and other unfavourable outcomes (Bobak, 2005).

Within the Roma society, the women are in a socially disadvantaged position compared to the men (Földes and Covaci, 2012). The Open Society Institute, which works throughout Central and Eastern Europe, maintains that many Roma women have limited educational opportunities, live in inadequate housing and suffer poor health; they also take on traditional gender roles domestically and become socially excluded from mainstream society as a result (Open Society Institute's Network Women's Program Initiative, 2014).

This study is aimed at identifying the reasons of early pregnancy in young Roma girls and the relationship between active sex lives, health habits in pregnancy and Roma culture in the context of health and social status. The aim of the study is to analyse the reasons of early teenage pregnancy and to find relationships with other factors influencing this problematic issue.

Materials and methods

The research data collection was done by qualitative methods of individual interviews with a specific sample and by observation. The research was conducted from March to May 2017. We conducted in-depth interviews with 21 Roma women living in a settlement in a village called Plavecký Štvrtok. During the interviews we were mainly interested in what the women themselves felt was the most important thing about having children. All of them were pregnant at the beginning of the research. We wanted to discover their perceptions of sex and childbirth, their family situation and personal feelings. We wanted to learn how they saw their futures, and how their lives today will impact what they will do tomorrow.

At that stage, we analysed the codes to find similarities and grouped them into categories based on their common properties. We also considered dimensions of the codes that represent the research problem. The research highlights the problem of childbearing and maternity care among young Roma women approaching the age of 18.

Research aims and questions

The research is based on problems of the early sexual life of young Roma women – and linked with other various factors that influence childbearing and maternity care.

The question is not simply why Roma women in Plavecký Štvrtok get pregnant so early. We must also focus on other factors; such as lack of proper education and their separation from the rest of society in their segregated schools. Roma in this community usually drop out of the educational system at fifteen. Thus they think that their adult life begins then. They may work as an unskilled manual worker at best. If they are applying for social benefits and support at 15, why not have a baby at sixteen?

The research questions are:

Q1: How do teenage Roma girls view their sex lives?

Q2: What are the reasons for Roma women getting pregnant while they are still teenagers?

Q3: How do teenage Roma girls feel about their health and social status?

Research sample

The sample consisted of 21 Roma women (at an age of nearly 18). All of them had been in maternity care and gave birth in 2017. They were aged between 15–18 years old. Nine of them had given birth by the time of the interviews. The other 12 were pregnant at the time of the interviews. The demographic characteristics of the sample are presented in Table 1.

Gaining trust and honesty was important in our conversations with the young women. There were several levels to gaining the trust of the Roma women included in the research sample. We relied on contact with the local NGOs, which served as a gateway to the community. We relied also on our own skills and personal experiences to reach out to the Roma women in maternity care. Thus when we conducted the interviews there

Table 1. Demographic characteristics of the sample

Demographic factors	The sample
Age	
Under 16	4 of 21
16–18 years old	17 of 21
Family background	
4-members family	3 of 21
6-members family	11 of 21
8-members family	7 of 21
Sexual activity	
Before 15 years old	
16–17 years old	9 of 21
Using condoms	
Regularly, every time	11 of 21
Irregularly, if I have money for it	4 of 21
No sex protection	8 of 21
	9 of 21
Social status	
Living in settlement	20 of 21
Living out of settlement	1 of 21
Education	
Primary school finished only	2 of 21
I am still studying	9 of 21
Gave up studying	10 of 21

was already a relationship established, and so they were more open and willing to speak about their lives and private topics. In fact, this approach helped us to create the basis of a confidential atmosphere between Roma and non-Roma people.

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Inclusion criteria of the sample

To be included: (1) Roma girls aged under 18 years; (2) pregnant before turning 18; (3) in medical care for at least 3 months; (4) pregnant or in maternity care during the research study; (5) attendance at the community centre for at least 6 months; (6) able to understand the Slovak language; (7) willing to participate in the research interview and speak openly about their lives (including sex).

Results

The research has shown different healthcare problems connected with abortion, early pregnancy and preterm birth. These are related to the lack of access to appropriate family planning and sexual education. A different culture regarding sex and a lack of knowledge about contraception methods have led to early first births, a higher proportion of abortions-on-demand, and a high rate of increase in the population among Roma people. Roma families prefer different lifestyle and cultural traditions connected with their ethnic group, and there is tendency to live the multi-child model. However, recently the mindsets of

young Roma women have been changing. They are no longer thinking about having such large families. Instead, they want to be in maternity care for only a couple of years.

The research showed that lower education correlates with having more children than average, but it also depends on which ethnic group and which region is investigated. Based on the findings of the research, Roma women begin their sexual activities at a young age. As a result, it is not unusual for them to give birth as early as 16 years old. On the other hand, there is a changing understanding of the role of women in the Roma community. It is becoming more important for Roma women to have a vocation that compliments their motherhood. They also desire opportunities for conscious family planning and contraception. Mothers of teenage daughters are expressing a desire for their children to live differently to them.

Sex life

Individual interviews revealed that couples are extremely uninformed about contraception. They lack the basic anatomical knowledge of how the reproductive process works. In addition, the responsibility to know this valuable information lies disproportionately upon the women. Meanwhile, there are little opportunities available to adequately prepare the young women or men for their sex lives. It is not reaching them through public education or other programs. It is still common for Roma communities and families to begin their sex lives at an early age. Young Roma people will 'marry' as early as 16. They keep their early-conceived baby and raise them with the help of the extended family. Childbearing, parenting and the motherhood of young women are broader family affairs.

One of the reasons Roma girls get pregnant so early is that they feel that they do not have the money to pay for birth control pills. In addition, they must deliver the child because abortion is not an accepted solution or custom. You can buy a condom, but that is also expensive (one packet costs 6€, with 10 condoms in it). A young couple wants to have intercourse more than 10 times per month. Everyone seems to know about their activities because there is no privacy in the family life. Likewise, in the absence of privacy, everyone knows when the parents are having sex.

Table 2 presents information on when Roma girls usually start dating and begin to be sexually active (from age 15 to 18 years old).

Table 2. Dating and sexual life of Roma girls

Years interval Roma girls	Age of boyfriend
15 irregular (without partnership)	15–16
16 more regular (having boyfriend)	16, 17
17 regular sex (twice a week)	17, 18–19
17 get pregnant	18–20
18 have a birth	19–21

Early pregnancy of Roma girls before 18

The research results describe the common causes of early pregnancy of Roma girls. The data were analysed via open coding and we used following codes as a result of the processing of the information discovered during the interviews. Table 3 presents the reasons for the early pregnancy of teenage girls. The most important factor is poverty and the financial situation of Roma families. This is followed by poor living conditions of the family and medical reasons (linked with a poor awareness of sex issues, future planning and maternity).

Table 3. Reasons of early pregnancy

Categories	Open coding	Axial coding	Roma girls – N
Emotional reasons	Sex as a natural thing Sex as a free choice Sex as an open family thing Early and active parental sex life	Natural thinking about sex and sexual needs Open sexuality in the family	14
Financial reasons	Low amount of pocket money Low financial literacy Low family income Long-term unemployment of parents	Unemployment and financial dependence on the social services	21
Family reasons	Low living standards Grow up early Strong values to children and family	Life cycle in Roma family	19
Social reasons	Social manners Prejudices Social exclusion	Attitudes to Roma and Roma behaviour	16
Medical reasons	Low prevention awareness Low health literacy Abortion Unhealthy living and foods	Low healthcare and health literacy	18
Public awareness and education	Low level of education Low sexual education	Poor formal and informal education	17
Roma habits and lifestyle	No future planning Family culture, value system and social habits, family environment and belief	Roma lifestyle linked to history and cultural background	21

Code: Emotional reasons

Having sex early is natural for Roma girls; they do not consider it as a morally wrong thing to do. It is exciting and fun for them.

Participant 1: "It is a normal thing. We are human beings. Even animals do it regularly."

Code: Financial reasons

Bad financial situation and no pocket money available influence the higher risk of pregnancy of Roma girls. "I cannot afford to buy condoms regularly; one packet is not enough to cover my sexual life."

Code: Family reasons

Family reasons of early pregnancy are closely connected with family relationships, family environment and culture, including the open sexual life of parents. According to one participant, "Gypsies have many children. Gypsy women grow up early".

Code: Social reasons

According to the answers of the Roma girls, we identified social reasons of early pregnancy and maternity, such as social exclusion, the lack of positive examples and social contacts, the lack of information and low literacy. The Roma participants said: "Sexual life is open in Roma society. We have a lot of free time and do not know what to do."

Code: Medical reasons

Roma women often experience a three-fold discrimination, based on their gender, ethnicity and economic status. Having children is natural for them. Abortion as a solution of the unplanned pregnancy is not common due to family values, culture and Roma traditions that are closely connected with maternity, caregiving and an intergenerational family. According to Roma girls: "We are not accustomed to visiting the gynaecologist unless it is for medical care. We do not go there in

order to get anti-conception pills." "Abortion is expensive and I would not think about it."

Code: Public awareness and education

Many Roma girls miss the education that would be normal for their age group among Slovak girls. Their sexual and maternity awareness is very low. They also lack information, sexual education and maternity planning, which leads to early pregnancy. According to one participant, "I completed only primary school. No one ever spoke about sex and maternity issues with me".

Code: No future planning

Roma women should make their own informed decisions on when and how they give birth and what treatment they receive. In reality, they are mostly pressed into early maternity by external factors, family values and Roma culture. "I do not know what will be in the future, I do not make plans. I live here and now. The future is so far away and inconceivable."

Health and habits during pregnancy

Based on the findings of our research, we identified the following unhealthy habits that influenced and affected the pregnancy: smoking before and during pregnancy, bad eating habits including unhealthy food, low health care and medical prevention, drinking alcoholic and caffeinated drinks, having an active sexual life during pregnancy.

Lifestyle questions showed that tobacco use and alcohol consumption is normal for Roma women. It does not matter whether they are pregnant or not. Smoking habits during pregnancy were based on the fact of whether they were already smoking before. Of those we interviewed, only two quit smoking when they learned they were pregnant. All of them are passive smokers, due to their partners being active smokers. None of them asked their partner to give up smoking while they were pregnant. They believe it is OK for their baby (Table 4).

Table 4. Habits and behaviour of Roma pregnant girls

Categories	Open coding	Axial coding	Roma girls – N
Behaviour in the pregnancy	Active sexual life Bad habits during the pregnancy Bad eating habits Family environment and family examples	Risky behaviour	15
Bad habits	Smoking Drinking Caffeinated drinks	Low awareness of the consequences of bad habits	9
Eating habits	Junk food No trainings, often problems with obesity Do not care about balanced diet during pregnancy	Unhealthy lifestyle	17
Physical health	Low health care and medical prevention Calling emergency ambulance instead of visiting doctors	Healthcare based on solving problems, not on prevention	14
Mental health	Good mental balance Poor preparation for childcare and pregnancy	Well-being	10

Our qualitative study in Slovakia, based on interviews with Roma, has shown that the Roma population is more likely to exhibit these risk behaviours before and during pregnancy, due especially to: (1) lack of awareness of healthy lifestyle in pregnancy and healthy eating habits; (2) alternating periods of abundance after they receive their social support followed by periods of lack of food, (3) large amount of sweets and sweet drinks; (4) preferring chips, crisps, junk food and energy drinks to eating fruits and vegetables; (5) low cost foods – unhealthy food with high cholesterol index, fat and a lack of nutritional value; (6), low consumption of milk and dairy products, which are replaced by caffeinated drinks, sweetened drinks or beer.

Similar results were found in the eating habits of pregnant Roma women. Roma girls prefer unhealthy food to vegetables, fruits and dairy products, and they buy low-cost food during pregnancy (Ostrihoňová and Bérešová, 2010).

Discussion

To understand the growing incidence of teenage pregnancy among the Romani, it is important to recognize some of the underlying causes.

It is necessary to understand the way of thinking of the people who live in poverty. Because their life is very difficult, they concentrate on the present moment. In the present moment they have enough problems to overcome and they do not have the energy to think about the future. They have no thoughts of the future.

Their life is full of boredom. They do not know what pleasures are available in the future so they concentrate on the pleasures that are available now. Families do not have enough money for basic things, such as housing, food and clothes. Even if they have some money to cover their future basic needs, they often spend it on pleasures in the present. But sex is free and available (if they do not want to spend money on protection) and, because they do not think of the future they do not feel the responsibility for the consequences of the sex (Payne et al., 2006).

That is why a growing number of Roma girls are engaged in sexual activities at an early age.

Our research has shown that the most frequent causes for pregnancy of Roma teenagers are low sexual awareness, wors-

ening family situations, lack of sexual education, uninvolved parental guidance, financial problems and a Roma culture that allows for early sexual activities. According to the Roma girls, an active sexual life is exciting. Since they believe that anti-conception is expensive, they prefer to take the risks. They feel that being in love is fun and cool. Thus they do not consider the consequences of their risky choices. Their lifestyles are uninhibited. For example, they prefer to spend money on energy drinks and candy rather than contraceptives. On the other hand, they are convinced that their lives will be better in the future with the boyfriends that they are sleeping with. Their boyfriends do not use condoms, and if the girls wanted to use them then that the boys would expect the girls to pay for them. Roma girls and boys live sexually impulsive lifestyles. They are emotional and spontaneous. They enjoy the excitement of following their instincts. These traits, of course, make the probability of getting pregnant high.

A teenager who becomes pregnant unintentionally has a lot to consider and reconsider. None of the Roma girls consider abortion as a way to solve their pregnancy and the life situation that they have got into. It is against their culture. The Roma women are frightened, it is common to have many children and to get pregnant before 18. If they become mother so early, it is more difficult for them to achieve higher education or good job (Bundzelová et al., 2018). They are frightened, but the birth of a baby is so common and expected by family members. Thus they do not need to plan the future. The birth of a child happens when it happens. On the other hand, most Roma mothers of these teenagers know the negative impact of becoming pregnant at early age. And while they feel helpless to influence a different outcome, they do wish for a better future for their daughters.

The research results showed the risky behaviours of teenage Roma girls while they are pregnant. In fact, the Roma girls acknowledged some of their dangerous habits during pregnancy. We identified the most common ones as: unhealthy eating habits, smoking and junk food. The girls said that they made no notable changes to their habits once they learned that they were pregnant.

Our research results have shown bad eating habits and a preference for unhealthy food in pregnancy. Bad health and eating habits during pregnancy were confirmed by the research results of Rambousková, which included a sample of 96 pregnant Roma women. The findings showed that preg-

nant Roma women more often consume chicken, bread, liver, sausages, french fries, sweet drinks and fat, compared to non-Roma women who prefer to eat fish, cheese, fruit, vegetables, whole grains, butter, honey (Rambousková et al., 2003). Smoking is one of the most negative behaviours in pregnancy. 85.5% of Roma women reported smoking before pregnancy in comparison with 52.2% of non-Roma pregnant women. 57.9% of Roma girls admitted smoking in pregnancy compared to 20.3% of non-Roma pregnant women (Rambousková et al., 2003).

Understanding and responding to women's beliefs and attitudes during the pregnancy and on childcare is an important focus of international maternity health policy. The terms 'woman centred care' and 'informed choice' reflect that in addition to the physiological aspects of pregnancy and birth, there are psychological, psychosexual, and psychosocial aspects unique to the individual life experiences of pregnant women. These must be considered in order to optimise a woman's birth outcomes and experience (Banta, 2003). Bundzelová et al. (2018) highlights the importance of prevention in the field of social work with Roma girls, not only on the level of sexual protection, but also on education about parenting.

Conclusions

Our research results point to the fact that unplanned and early pregnancy of Roma girls before the age of 18 relates to low

levels of education, having sex early when dating their boyfriends, a lack of maternity planning and low awareness of sexuality, and Roma tradition and culture.

Relationships between pregnancy, personality characteristics and health habits are therefore complex, but in the future it will be appropriate to undertake a study to confirm the results in a larger and more consistent group of Roma girls, since some results may have been influenced by the methodological limitations (size and composition of the sample group).

The main question in round-table discussions should be how to establish the necessary maternity care that is sensitive to Roma culture. Can we even speak in general about Roma culture and identity at all when there are at least three large Roma groups that differ in language and traditions in Slovakia (Olasky, Rumungri and Hungarian speaking Romani)? In addition, the unwritten rules of each Roma community may often differ, even within a single village.

Ethical aspects

The authors have complied with ethical standards of research.

Conflict of interests

The authors have no conflict of interests to declare.

Sociálne aspekty neplánovaných tehotenstiev rómskych dievčat

Súhrn

Cieľ: Daná štúdia analyzuje vzťah medzi zdravotnými návykmi, sociálnym statusom, sexuálnym životom a mierou povedomia o materstve u rómskych žien mladších ako 18 rokov a medzi príčinami ich neplánovaného tehotenstva.

Metódy: Údaje boli zhromaždené prostredníctvom štruktúrovaných rozhovorov, do ktorých sa zapojilo 21 mladých tehotných rómskych žien v období od marca do mája 2017.

Výsledky: Výskum poukazuje na rôzne zdravotné aspekty súvisiace s potratom, skorým tehotenstvom a predčasným pôrodom týchto žien. Tieto zároveň súvisia s nedostatočným skorým plánovaním materstva a nízkou sexuálnou prípravou, s aktívnym sexuálnym životom pred dosiahnutím veku 15 rokov, ktoré analyzujeme v kontexte špecifického životného štýlu rómskych dievčat. **Diskusia a záver:** Otázkou nie je len to, prečo sú rómske dievčatá v Plaveckom Štvrtku tehotné tak skoro. Súvislosti musíme hľadať v širších aspektoch a brať do úvahy i ďalšie faktory, ako je nedostatok riadneho vzdelania, sociálne vylúčenie od zvyšku spoločnosti a príprava na povolanie v segregovaných školách. Rómovia žijúci v tejto komunite zvyčajne odchádzajú zo školy po dovŕšení pätnásť rokov. Teda väčšina si preto myslí, že ich dospelý život začína po tomto veku.

Kľúčové slová: rómske ženy; neplánované tehotenstvo; zdravotné problémy; sociálny status; materstvo

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