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“Intercultural mediation in a health care facility focusing on the Roma minority”



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FOR MEDIATION AND ALTERNATIVE
DISPUTE RESOLUTION

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Roma minority in Slovakia





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Demonstration against Roma





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Slovakia and Roma minority

- Slovakia 5,5 million inhabitants, 0,5 million Roma
- permanent fight against stereotypes, prejudice and discrimination
- ROMED Program - under the guidance of experienced experts, nearly 40 Roma mediators have been trained to:
 - a / mediate communication between Roma communities and health care facilities
 - b / set positive relationships between the Roma community and public institutions
 - c/ establishing mutual trust



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Some specifics moments from Roma family

- **organized by clans and divided by many social positions**
- **afiliation and closeness to the family is the highest value of any Roma, separation from the family, for example due to hospitalization, may cause discomfort, reluctance to cooperate with healthcare professionals, or aggression**
- **it is important to communicate with the family (because the disease is perceived as a problem for the whole family) and to identify a "key" family member, especially to provide health information**



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Some specifics moments from Roma family

- way of life of the Roma leads to the loss of responsibility for their lives, the individual does not find an individual life ambition
- Roma thinking is a reflection of lifestyles, they do not deal with the future too much and they postpone the current problem solving to a later date, respectively. they only deal with them when they are usually too late



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Roma - access to health

- **Roma minority - access to health care is worse than of the majority of Slovaks**
- **different perceptions of illnesses distrust in the medical staff, fears of pain and death**
- **Roma appear to be very emotional patients with expressive expressions**
- **health and prevention of Roma are not considered a priority, they are the subject of interest only at the time of the onset of the disease**



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Roma-access to health

- **role of mediation in healthcare facilities**
involvement of professional mediators as well as cooperation with persons from the Roma environment, local Roma communities or people with good knowledge of Roma / Romani language (so called lay, or social Roma mediators)
- **lay/ social mediators know well the "cultural codes" of the community and medical facilities, they are impartial, they focus on improving communication, cooperation and motivation of both sides**



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Roma - communication rules for professional and lay/social mediators:

- **to use a clear and simple language, to explain all used professional terms**
- **to pay attention to non-verbal communication (expressing the emotional state)**
- **to negotiate, to try to agree, not to favor authoritarian style**
- **to avoid generalizing the behavior of certain Roma groups or one Roma family in the whole community**



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Roma - communication rules for professional and lay/social mediators:

- **identify the member with the highest authority in the group (most often the oldest male or female) and involve him/her in the information process**
- **important moment in communicating with the Roma is to give up due respect not only to a specific person, but also to his culture and traditions**
- **if a woman communicates with a man, she avoids direct eye contact, which is considered a sexual challenge**



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Roma- communication rules for professional and lay/social mediators:

- **if it is necessary to communicate similar information, they should be interpreted by a doctor / nurse who is a “partner” of the Roma mother in this respect**
- **effective introduction to communication with a Roma mother is to praise her children**
- **important element of effective communication is adequate assertiveness, in particular by raising confidence, respecting Roma rules and practices**
- **important is the constant feedback that should serve to verify the understanding of our communication content**

The problem may be the collision of the wrong, poorly communicated, respectively. misunderstood information inside the community.



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Attitudes towards own health and health care/hospitality

- higher number of general practitioner visits and lower for specialized care
- higher infant mortality rate
- lower life expectancy compared to majority population
- higher incidence of infectious diseases, especially hepatitis B and C
- insufficient vaccination of children
- poor diet habits
- high fertility rate starting with low
- age pregnancy, which continues to a higher age
- misinformation related to family planning



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Attitudes towards own health and health care/hospitality

- insufficient prevention of gynecological diseases
- premature aging associated with the occurrence of diseases not specific to particular age groups
- primary and secondary prevention, in particular, children's diet; vaccination calendars, especially children
- organizing mass vaccination (eg room security, participation ...)
- family education aimed at eating habits, alcoholism prevention, hygiene nutrition substance abuse, prevention of infectious and parasitic diseases, access to drinking water.