

## **The reproductive behaviour of the female population in the only Roma governed community in Europe**

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This paper puts a special accent on the Roma female reproductive population and its behaviour concerning the formation and size of the family. A survey was conducted in the area of Shuto Orizari, the only Roma governed community in Europe, on respondents from the female reproductive population divided into three age groups. For the analysis of the variance of the means of the three chosen groups were used the standard statistical tests and the one-way ANOVA test was used for testing the eight hypotheses for the equality of the means of the three independent specimens. A chi-squared test of independence between the two variables was made on the whole sample. The research and the gained results about the factors that determine the demographic behaviour of the Roma female reproductive population are expected to find a way to improve the overall situation and to use it in creating demographic policies.

**Key Words:** *Roma female population, reproduction, children, demographic policies, Shuto Orizari.*

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### **Introduction**

In general, the Roma population is most often presented as a marginal group facing many difficulties regarding social status, emancipation and changes in collective behaviour, which makes their integration in the modern societies even harder and more stringent. It is mostly as a result of their education, economic status, religion, but also because of their isolation and "ghettoisation" in which

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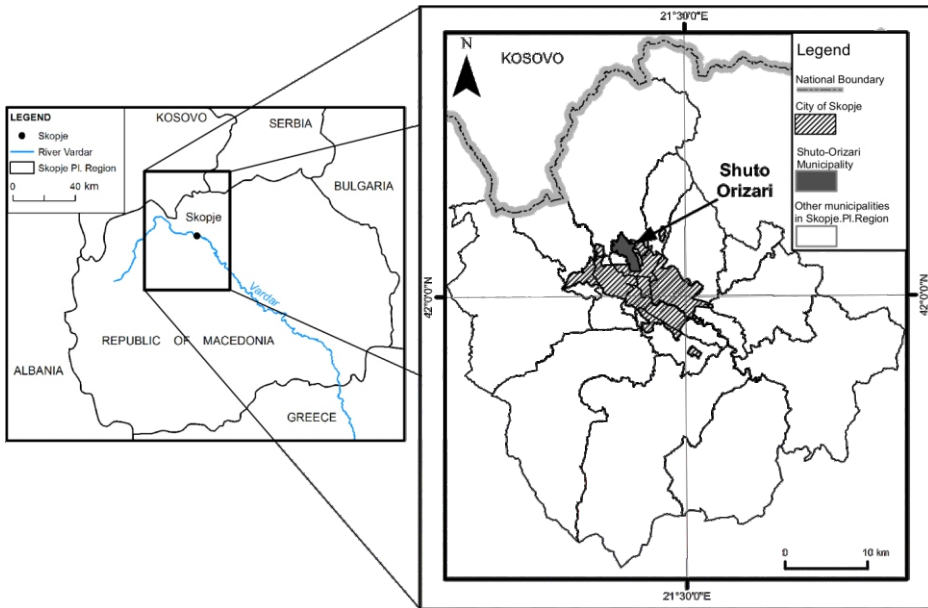
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**Figure 1.** Location of the municipality Shuto Orizari in the Skopje region

the customary laws in the community are the determinants of the individual's behaviour and decisions. The term is symbolically used even though, according to its characteristics we cannot say that it is not a real ghetto or "(neo-) ghetto" according to Marinaro (2017). The use of the term "ghettoisation" in the concrete case has a double purpose. On the one hand, it aims to clarify a spatial organisation in which there is a visible ethnic spatial segregation of the Roma population by its will or without any additional alternative for economically available housing areas. On the other hand, "ghettoisation" should be understood as a spatial framework that is related to the situation and the behaviour of the Roma population. "This, in turn, ensures social and spatial separation and instils mutual avoidance behaviour" (Creţan and Powell, 2018), with the rest of the non-Roma population. Hence, such conditions affect the decisions regarding reproductive behaviour and the attention paid to designing the size of the families.

According to the Constitution of the Republic of Macedonia, Roma have an accepted status of a national group in the country. By the 2002 population census data, about 53,875 people in the Republic of Macedonia were recorded as Roma nationality people or 2.66% of the total population in the country. From 1948 to 2002 their number had been continuously increasing, mostly through natural growth. At the same time, the population increased more than 2.5 times. "It should be taken into consideration that the phenomenon of *ethnic mimicry*, by which the Roma mainly want to get rid of their socially secluded existence, significantly contributes to the stance of attitude when declaring the ethnicity of Roma from one population census to another" (Knežević, 2010), which also points to the condition of political manipulation of the socially most vulnerable category of citizens in the country.

About 95% of the whole Roma population are living in cities (Stojmilov and Apostolovska Toshevska, 2015), 43.6% of which live in Skopje. About 1/4 of the

whole Roma population in the country lives in Shuto Orizari (figure 1) and "its unique distinction is in the fact that it has been the only Roma governed community in Europe" (Trbojević and Bogoevska, 2011), since 1996. According to the 2002 population census, over 60% of the total population in Shuto Orizari is Roma.

Although the Government of the Republic of Macedonia has implemented a number of projects to improve their economic and social status, and simultaneously a large number of Non-Governmental institutions operate with the same goal, it must be emphasised that the desired results have not been fully achieved. The Roma population still has a low level of education, which is an additionally aggravating factor for the future employment and the improvement of the social status. According to the Employment Service Agency of the Republic of Macedonia at the end of 2016, 6,201 unemployed people from Roma nationality were registered, or close to 6% of the total number of unemployed people in the country. Over 1/3 of them were women. Roma people occupy the lowest place in the labour market, and only 20% have regular employment (Trbojević Bogoevska, 2011). The state-level data show that the noted reproduction of the Roma is twice as higher than the state average. The infant mortality rate is twice as higher than any other ethnic groups (Strategy for Roma in the Republic of Macedonia, 2014-2020). A huge problem is the presence of more forms of indirect discrimination in the healthcare department, which is additionally reflecting the reproductive behaviour and the ability to create a family.

This initial representation of the demographic characteristics and demographic behaviour of the Roma population is necessary in order to keep track of our research paper. The research attempts to present the real state of the behaviour of the female reproductive population in the municipality that absorbs the largest share of the Roma population in the country. More precisely, "for many of us who are studying contemporary topics, we have the opportunity to try to create the appropriate data ourselves because, official data do not provide a complete and transparent picture of the social reality" (Cloke et al., 2002). The conducted survey provides information on the stands of the Roma population in terms of reproductive behaviour. However, despite the specifics regarding the reproductive behaviour of the Roma population, particular scientific papers derived initially or that are related to the events occurring in the municipality Shuto Orizari have not been recorded.

Numerous researches and reports have been made about the situation of Roma in Macedonia for the needs of different non-governmental organisations and government policy makers, especially for the Decade of Roma Inclusion. This paper is an original source of knowledge about the attitudes of the Roma female reproductive population, analysed in the inter-generational range of 30 years, in both, the cultural and social introverted environment, where it is difficult to realise this type of research. At the same time, a chi-squared test of the independence of variables was made on the whole sample in order to evaluate the connection between education and reproductive behaviour, as well as the type of sources of income with the number of children in the family.

The research conducted for the purpose of creating this paper is very significant because, despite the given official data from the State Statistics, by

which the percentage share of the Roma population in the country is tiny, they are still specific in a way because of the high birth rates and the importance they give to the children of the family.

Based on their attitudes, one can perceive which are the most significant difficulties that hinder their faster progress and control their reproductive behaviour and family planning. By defining such barriers, the directions and fields where action should be taken and what approach should be used can be recognized.

The aim of this paper is to increase the sensibility of the local community and the competent institutions for actual developments in the reproductive behaviour of this population and the series of accompanying consequences that come as a result. The data in the paper derive from direct users of the measures and solutions implemented by the government for building a more inclusive society. Therefore, this paper should cause a critical review of the vast extent of the failures of the series of government programs and strategies for the social development of the Roma population and their inclusion in society.

### **Data source and research methodology**

The research regarding the female reproductive population in Shuto Orizari is based on the use of the appropriate scientific-research methods. The basic methodology used in the research starts with the findings from the analytic material from the survey and the data from secondary sources – statistical data, researches done so far that are related to this issue and the experts' opinion.

A field survey was conducted for this study. The survey included 50 women in their reproductive age, accounting for 0.5% more than of the total reproductive population in Shuto Orizari, based on our own population estimates for 2016. Because the last population census in Macedonia was conducted in 2002, the authors made their own estimates for the number of the population in the municipality of Shuto Orizari as there is no official statistical data for the population number. Estimations show that in 2016, the number of Roma women in the reproductive age in Shuto Orizari is 4,530.

Given that this is a relatively homogeneous population in terms of demographic characteristics (criteria are met in terms of size, age, ethnicity, education, social status, marriage, etc.), the given sample is large enough to be representative and satisfies the possibility of generalising the results obtained for the entire statistical population. Namely, by conducting a survey of selected samples, the aim is to obtain information about the basic population, taking into account that the properties of the sample are as close as possible to the characteristics of the target group, in this case of the Roma reproductive population in Shuto Orizari.

A sample of the female reproductive population was surveyed, aged between 15 and 49, divided into three age groups: born in the period from 1972 to 1979 (with 14 respondents), women born in the period from 1980 to 1989 (with 24 respondents) and in the period from 1990 to 2002 (with 12 respondents). That is, women who are at the end of their reproductive age, women who are at an optimal reproductive age, and those who are at the beginning of the reproductive period and who have yet to achieve their reproductive role.

The survey was carried out by trained professionals by visiting Roma women in this municipality, which secured the reliability of the data. The interviewed population responded to a questionnaire prepared for this purpose, consisting of 30 open and semi-closed type questions regarding their reproductive behaviour, opinions on the number of children, and family planning. The questions included clarification of the primary data about the person, such as religion, education, marital status, economic status, living conditions, in order to give additional background to the other responses about the reproductive behaviour.

The survey was conducted between April and May 2017 in the municipality of Shuto Orizari (a municipality in the territorial scope of the city of Skopje), which is the only independent Balkan municipality mainly inhabited by Roma population, or, "the largest Gypsy community in general, (although it has its competitor in Sliven, Bulgaria)" (Fraser, 1995), as an example of a segregated living environment for the Roma. For this research, the expert opinion of someone that is directly related to this issue was taken into account. The standard statistical tests were used to analyse the variance of the means of the three considered groups, the Microsoft Excel application and the SPSS statistical package too in order to obtain the expected results. The one-way ANOVA test was used to test the eight hypotheses for the equivalence of the means of the three independent samples. Starting from the assumption that education and economic status have an impact on the reproductive behaviour, a chi-squared test of the independence of the whole sample has been made. From other data sources relevant to the research of births and reproductive behaviour of the population in the past, the publications of the State Statistical Office of the Republic of Macedonia (SSORM), for vital statistics have been used. It contains the yearly number of births by age and nationality of the mother and father in the municipality of Shuto Orizari.

### **European Roma population – characteristics and condition**

Roma people are a transnational ethnic group without a home state and are largely present in European countries (Novak, 2004). According to Di Giovanni (2007), "they are people without land and without homeland". "Gypsies are often portrayed as a closed, ethnic group that has successfully resisted assimilation and cultural change. Their core elements are their itinerant way of life and the ensuing cultural norms and traditional occupations, which would set them clearly apart from the rest of society" (Lucassen, Willems, 2003). They are supposed to have an Indo-European origin, and it is scientifically accepted that they came to Europe from India about 1,000 years ago and settled in Europe around the 14<sup>th</sup> century (Fraser, 1995).

There are difficulties in making precise estimates of the number of the Roma population in Europe. "Some of the factors complicating identification include the under-sampling of Roma residential areas, difficulties locating unregistered Roma and problems with self-reporting. The Roma may choose not to identify because of fear of discrimination, among other reasons" (Gabel, 2009). Sometimes there are changes in their declaration based on their place of origin, due to certain benefits that they can derive, for example, in Romania.

According to Creţan and Turnock (2008), "opportunistic Roma may find it convenient to change their identity in order to gain advantage, e.g. in 2001 some Roma in Transylvania claimed they were Hungarian in order to benefit under a short-lived project by Hungary's Fidesz government to give Hungarian passports to Transylvanians on a double citizenship basis: in this way they could gain entry to EU states ahead of Romania's own accession in 2007."

It is estimated that this most significant minority in Europe adds up to between 10 and 12 million (European Commission, 2011). Most of them live in the countries of Central and Eastern Europe, as well as in the countries of Southeast Europe (European Commission, 2011; Open Society Institute, 2007). According to the estimates for 2010, around 6,172,800 Roma or 1.73% of the total population (from the average) was recorded in the European Union. Most of them are located in Bulgaria, Slovakia, Hungary, and Romania. Outside the EU countries, the largest percentage share of the total population in the country is recorded in Serbia, Macedonia, Albania and Montenegro (European Commission, 2011). A large number of Roma migrated to Great Britain, France, Italy, and Germany (Brown et al., 2014; Clough Marinaro, 2003; Maestri, 2014).

The Roma population is the most vulnerable group in Europe, with values above average, for all leading indicators of social exclusion such as "higher infant mortality rates, shorter life expectancy, lower income per capita and a higher unemployment rate" (European Commission, 2004). For example, if the average life expectancy in the EU is 76 for men and 82 for women, the estimates for the Roma population are 10 years less (European Commission, 2011).

According to UN reports in only five countries, the level of mortality among Roma children is 2 to 6 times greater than in the rest of the population, indicating health differences and access to health care services. They are characterised by high participation in the total birth rate in the countries in which they live. In Croatia, mothers of Roma nationality have three or more children (Pavić, 2013). "In Serbia, the adolescent birth rate among the Roma population is 158, more than six times the national average of 23.9 and higher than the rate in many of the least developed countries" (UNFPA, 2013).

All countries experience similar cases, which in corroboration with the age of the mother when giving birth, undoubtedly leads to deeper problems for the future generations and society as a whole. More precisely, as Gabel (2009) noted, in Bulgaria, which is basically a depiction of the situation for most of the Roma population in Europe, "Roma mothers are younger, less educated, poorer and tend to have more children than ethnic Bulgarian women". In Bulgaria, "more than 50% of Roma adolescent girls gave birth to a child before turning 18" (UNFPA, 2013). In Hungary, "the average age of a Roma woman to have her first child is 20 years. Three in ten Roma women become mothers before they reach the age of 18 and around two-thirds have their first child at the age of 20 at the latest" (Janky, 2006). "The birth rate among Roma women is still about twice as high as that of the overall Slovak population" (Vašečka et al., 2003). "In Albania, the average age of Roma mothers at the birth of their first child was 16.9 years" (UNFPA, 2013). "For the great majority of young Roma women, labour market integration is beyond hope and, consequently, they place greater emphasis on status attainment through childbearing, which in turn further reduces their chances of ever integrating in the future" (Janky, 2006).

All authors who deal with this issue, identify education as a way to improve the situation caused by high fertility, births occurring in the case of minors, and the problematic inclusion of Roma women in the labour market precisely because of inadequate education and qualifications. In Slovakia, "only six out of 100 Roma women had an education higher than elementary level. As the results from the last two censuses showed, the situation for Roma did not significantly improve in the last decade" (Sprocha and Bleha, 2017). In Croatia, the high birth rate among Roma population is also correlated with the unfavourable educational and economic structure of the families (Pavić, 2013).

Education is more than necessary because the Roma population is young and constitutes a large part of the workforce in Europe. In EU countries, 35.7% of the Roma population is under the age of 15, compared to 15.7% of the total European population, and the average age among Roma is 25 years, compared to 40 years in the EU (European Commission, 2011). Investing in education will enable employment and social inclusion in the European society.

The biggest problem is their poverty, "the unemployment that is the result of stereotypes about the Roma, their low level of education, and social exclusion" (Josipović and Repolusk, 2003). In many cases, the impression is that much more is being written and planned than realized, which by itself requires the need to reassess and deepen the analysis, because "the Roma are a specific population that shows a typical image of low aspiration and rapid adaptation abilities, but in order to become economically independent citizens, the prospects for success can only have the measures that can be incorporated consistently in the whole Roma life, not the measures that do not consider the urgent needs, the culture and the tradition of the Roma" (Jaksić and Basić, 2005: 9). Another problem they face is the burden of the stereotypical behaviour from the rest of the population in regards to their morals and manners. Hence, despite the intention to include Roma in European societies, unfortunately, we can still talk about stigmatised population, about "antiziganism" (Cambini and Fabeni, 2017), "romaphobia" (van Baar, 2011), Europe's perennial "outsiders" (Powell and Lever, 2015). The academics still focus on the current events of their marginalization, segregation and ghettoisation, on (neo-)ghetto, but also on a series of xenophobic attitudes of certain states towards the Roma (Sigona, 2003; Clough Marinaro, 2003, 2015, 2017; Filčák and Steger, 2014; O'Nions, 2014; van Baar, 2012). In that case, it is entirely expected that they will lean and turn to the local community "among their own". They will become even more isolated which will affect all individual characteristics, including fertility behaviour because an individual's fertility decisions are highly dependent on the fertility behaviour, norms and values of other members of the local community (Kohler, 1997; 2001).

## **Results**

When selecting the concrete hypotheses that were going to be the subject of this research, the starting point was set on the existing demographic processes characteristic of the Roma population (Mađjevikj, 2000 & 2004; Mađjevikj et al., 2016). The image of a population that early joins the reproductive flows, which

**Table 1.** Percentages, arithmetic means, and standard deviations of the data.

I	Group one		Group two		Group three		p-value
	$\mu_{i,1}$	SD <sub>i,1</sub>	$\mu_{i,2}$	SD <sub>i,2</sub>	$\mu_{i,3}$	SD <sub>i,3</sub>	
1	15.928	1.9	17.4545	1.654	17.182	2.4	0.089
2	2.93	1.14	2.58	1.06	2	1.13	0.125
3	23.08%	0.4385	16.7%	0.3807	33.33%	0.4924	0.54
4	70%	0.233	73%	0.2095	90%	0.0909	0.47
5	2.64	1.07	2.46	0.93	2.58	0.669	0.82
6	0.9	0.7379	0.2105	0.5353	0.0769	0.2774	0.0015
7	92.86%	0.0714	100%	0	83%	0.1515	0.14
8	93%	0.2673	96%	0.2041	83%	0.3892	0.438

Source: Authors calculations using the results of the conducted survey

nurtures the attitude towards families with many children (Jovanović, 1998; Dragović, 2009), which is mostly the socially marginalised group without proper education, are the essential conceptual basis in defining the research hypothesis. The statistical research was conducted using standard assumptions. The hypothesis tested was whether there is any difference between the three age groups regarding the following questions:

- An age when the first child was born;
- Number of children in the family;
- Whether the respondent uses contraception (percentage share of those using);
- Visits to the gynaecologist during pregnancy (percentage share for all those who had visited a gynaecologist on a regular or part-time basis. In this regard, only the respondents who answered the question were taken into consideration);
- How many children should a family have;
- Number of intentional abortions;
- Who takes care of the children (percentage share of those who think that both parents should participate equally);
- Who should contribute to the family budget (percentage shares of those who think that both parents should contribute equally).

The results are summed up in table 1.

It was worked with a significance level of 5%. The following hypotheses were tested,

$$H_{i,0}: \mu_{i,1} = \mu_{i,2} = \mu_{i,3}, \text{ for } i = 1, 2, \dots, 8.$$

Where  $\mu_{i,j}$  is the mean value for the  $i$ -th hypothesis in the  $j$ -th age group ( $j$  receives values 1, 2 or 3). If we examine percentage shares, check the connection between the gained proportions.

Regarding all issues, except for the number of intentional abortions, there was no significant difference, i.e. the test was not significant. In other words, although there is some difference among the age groups regarding all these questions, there is no significant statistical difference regarding the issues previously mentioned. In order to deepen the research, the sample was analysed as a unique entity. Through the chi-squared test of independence, it was examined whether in the contingency table the distribution of one variable



conditionally depends on the distribution of another variable. With the null hypothesis, we claim that the variables are independent, that is, the distribution of one variable does not depend on the spread over the other variable.

The variable of education has been tested with: the number of children, the use of contraception, the visits to a gynaecologist, the visits to a gynaecologist during pregnancy, an unplanned or intentional pregnancy. The variable for the source of income has been tested with the number of children. Among the different variables of the whole sample, the following results emerged:

- There is a statistically significant link between education and the number of births with a coefficient of contingency of 0.647, (the chi-square (36.5) is higher than the limit value (24.996) for DF = 15 and the level of significance of 0.05).
- The frequency of visiting a gynaecologist depends on education with a coefficient of contingency of 0.66, (the chi-square (38.9) is higher than the limit value (21.026) for DF = 12 and the level of significance of 0.05).
- There is a statistically significant link between the education of the respondent and the habit of visiting a gynaecologist during pregnancy (coefficient of contingency 0.55). The chi-square (22.3) is higher than the limit value (16.919) for DF = 9 and the level of significance of 0.05.
- There is a connection between the level of education of the respondent and the use of contraception (coefficient of contingency 0.37). The chi-square (7.95) is higher than the limit value (7.815) for DF = 3 and the level of significance of 0.05.
- There is no link between the level of education of the respondent and the type of pregnancy (unplanned or intentional). The chi-square (5.98) is lower than the limit value (12.592) for DF = 6 and the level of significance of 0.05.
- The sources of income are not an obstacle for a higher number of children. The chi-square (11.56) is lower than the limit value (31.410) for DF = 20 and the level of significance of 0.05.

## **Discussion**

It is evident that the Roma population has a different approach to the reproductive behaviour, one utterly different from the rest of the non-Roma population that surrounds them. Their reproductive strategy is "at the core of their social organisation and their cultural expression. This cultural emphasis on reproduction has to be seen in the context of the historical discrimination and exclusion suffered by most Romani groups." (Gamella, 2018). Despite the expected differences in reproductive behaviour among the different groups of respondents, it is more than evident that the expected results were not obtained. The difference between the oldest and the youngest is even over 30 years, so it is evident that the changes are slow and hardly noticeable.

Out of the responders of the oldest age group (who are getting close to the end of their reproductive age) 2/3 of the women gave birth to their first child between the age of 14 and 16; among women born from 1980 to 1989 the births at this age were off to 50%, and 25% of the women gave birth at the age of 19. In the youngest group, only 25% of the women gave birth between the age of 14

and 16, and 1/3 at the age of 18. No matter how small of a step forward we might see (which statistically speaking, is not so significant), from a demographic point of view, this is an important indicator of the small positive changes in the reproductive behaviour. This indicator is critical because "the age of women at their first birth is a key element in their reproductive history. It affects the total number of births that a woman might have, and it influences the size, composition and the level of completed fertility of the population." (Gamella, 2018). However, the general conclusion is that Roma woman still gives birth early in life, for the most part, at an age not suitable and possibly harmful to their physical and mental health, which in terms of social vulnerability leads towards unhealthy life and a range of personal and social problems. This is largely a result of their upbringing because all respondents confirmed the perception of marriage and giving birth at a young age, as for both, husband and wife. The oldest average age as an ideal age for getting married is 25. Juvenile marriages are prevalent among the Roma population, but providing concrete data is difficult because they are not recorded (Country Reports on Human Rights Practices – Macedonia, 2008).

Under the circumstances, "when other factors are expected to work in favour, the percentage of marriages that are left without children is the smallest if the girl gets married between the age of 18 and 23" (Breznik, 1967). At the same time, those are the years that are considered to be the most suitable age for a woman to give birth, according to Lorimer (Wertheimer Baletic, 1973). Also, despite their young age when they gave birth to their first child, the statements of 99% of the respondents is that it would have been better if they had given birth later, which indicates the connection with the influence and pressure of the environment and the collective local awareness of specific unwritten rules of behaviour which women must follow so to avoid judgement. Hence, the gender role in the family is also established as a factor for the reproductive behaviour, and in this context, the demographic image of the Roma population is not gender-neutral. The traditional cultural habits limit the reproductive rights of Roma women. More precisely, even in the 21st century, in most cases, the Roma woman does not fully manage her reproductive behaviour plans, which at the very least can define her as a victim of community perceptions, patriarchal attitudes, an underestimated attitude towards women and her marginalised role in making family decisions. Overcoming this condition is even more difficult because of the joint living in large, multiple generational families where the influence and the role of the elderly, in this case, the parents, is indisputable. According to the 2002 census data, in Suto Orizari, 3,908 households out of 5,102 households consisted of one family, and 867 households consisted of two or more families (SSORM, 2004).

Multi-children families are inevitable in the presence of early births and a more extended reproductive period ahead, in the absence of sufficient attention to contraception when contraception is still a taboo. In actuality, the number of births has been lower than the ideal number of children, that is, the realised fertility is lower than the ideal number of children (Goldstein et al., 2003). When it comes to the Roma population the situation is vice versa, which indicates a lower ability to regulate reproduction and a little knowledge of modern contraception (Packer, 2003; Ringold et al., 2005). To illustrate, we would say that the

use of modern contraception among Roma women in Macedonia between 15 to 49 years is only 7% (Ministry of Education and Science, Ministry of Labor and Social Policy and Ministry of Health, 2011). The most popular method is the withdrawal, which is used by one in three married Roma women in Macedonia, and the next most popular method is the male condom. The use of contraception during the sexual intercourse is decided mainly by the man and his perception of his role in reproduction. "Reflecting the expectations that Roma women will be obedient and submissive, first as girls, and later as wives and mothers, Roma men are expected to prove their masculinity and perform their role as husbands by limiting the freedom of movement of women, control over their bodies, refusal to use contraception, etc." (Roma Early Childhood Inclusion - Macedonian Report, 2012).

During 2012, 26% of the Roma women did not use contraception, which resulted in a high percentage of participation in the total number of abortions in Macedonia of 34%, (as opposed to a 10% share of the Macedonians) (Strategy for Roma in the Republic of Macedonia, 2014 – 2020). The inappropriate protection against pregnancy is reflected in the number of children in the family. Therefore, statistics indicate that in the municipality of Shuto Orizari, the average number of members in a household is more than 4, and is higher than the national average. Among all age groups, the respondents still consider that the family should have more than two children, which is more than the critical value for simple reproduction.

More than one-third of the children among the respondents are born in illegitimate unions, and some of them are born in families with more children. Living in illegitimate unions is most characteristic for the middle and youngest age group. Compared to their responses about the importance of the factors that should determine the number of children in the family, the responses indicate an awareness of the importance of the parents' financial security and the cost of taking care of the children, but in practice it is otherwise as a result of accepting the traditional norms for the size of the family.

The younger group of respondents compared with the oldest are accepting some lower norms when it comes to the size of the family, but this conclusion should be accompanied by the knowledge that some of these respondents are still in their optimal reproductive period and it is likely that they can give birth to more children. At the same time, this group of people undertakes specific measures to control pregnancy by the increased use of contraceptive methods (one-third of the respondents in the youngest group reported using contraception) and therefore the number of intentional abortions decreases.

At the same time, this group of respondents compared to the other two groups shows greater self-awareness for the importance of caring for their reproductive health and care for the offspring, although they are far from the predicted standards for tracking and controlling of pregnancy by a gynaecologist with more regular gynaecological examinations. Among the surveyed women in the elderly groups, a smaller percentage of visits to a gynaecologist during pregnancy and less care for contraception were noted.

The health care system has to be adjusted for and to move closer to these women. In this context, we should also refer to the research of the HERA (NGO) for assessing the community for health care during pregnancy among

Roma women in Shuto Orizari conducted in the period from 2013 to 2015 which showed that the program for active protection of mothers and children are not suitable for pregnant women, nor do they reach the final users, which is confirmed by the researches of some issues. Their observations point out that the practice of Roma women to use health care during their pregnancies increased by 0.2%, while the cooperation with the patronage service with the mother and gynaecologists, the communication of the healthcare staff with the Roma women in the office of the gynaecologist decreased.

We have to note that for a significant period of time there was no gynaecologist in Shuto Orizari, and the current solution to bring gynaecologists from Albania who do not speak Macedonian nor Roma language is not a proper solution. This way, the communication between the women and the doctor is done in the presence of the medical nurse, and they have to receive recommendations and advice from the doctor in the presence of a third person in order to be able to communicate. This violates their intimacy and the need of a proper doctor-patient communication, due to the nature of the examination, (the need for information about the type and way of contraception, unplanned pregnancy) which is of a sensitive and intimate nature, especially in closed and relatively small communities like this one, where such information can cause discomfort in the social environment.

Based on the answers about who takes care of the children, the respondents, in the most significant percentage, take care of the children together. However, observed in percentage share, it is obvious the difference in the youngest group of respondents where this percentage is lower, despite the expectations that in the youngest group we will receive answers that are characteristic for a younger and more emancipated woman. They have similar attitudes about who should contribute to the family budget. During the research, efforts were made to include women with different levels of education in order to examine whether education affects the reproductive behaviour of the analysed population of the whole sample through a chi-squared test. According to the obtained indicators, education has a statistically significant influence on the number of children in the family, the frequency of visiting the gynaecologist in general and during pregnancy in particular, and the use of contraception. Unfortunately, education has no statistically significant effect on the type of pregnancy (unplanned or intentional).

Such observations were imposed as a necessity given the low level of education of the Roma population in general. However, it is a frightening fact that even in the 21st century, the female, Roma population is still facing difficulties being involved in the educational system and is very slowly changes its status regarding acquired education. The female Roma population is less educated compared to female members of other nationalities in the country and is mainly without any education or has received only an elementary education.

Because of the implementation of compulsory secondary education (since 2008), the younger groups of respondents have completed secondary education. It is interesting that, to some extent, the traditional views about women's virginity limit educational opportunities. Many Roma see the unmarried virgin girl as a risk to the family, so they often do not allow them to continue their education (Roma Early Childhood Inclusion - Macedonian Report, 2012).



**Photos 1 - 4.** Living conditions of the Roma population in Shuto Orizari

The lack of adequate documentation, necessary for inclusion in the educational process, the discrimination in the education system, the unsuitable educational policies and programs, etc., have their influence. An example of an educational center with a specially designed program is Dendo-Vas - Center for Educational Support, is a detailed educational program supported by the OFR. It provides additional education to Roma children (kindergarten, preschool program, additional education for the children enrolled in primary schools, family education) and is indicated as an alternative solution for the education of Roma children.

The level of education can contribute to having a better social status, reduction of teenage births, overcoming general beliefs of the environment and observing and copying collective behaviour, even when it is inappropriate for the individual and the society. At the same time, many of the respondents are beneficiaries of state benefit, unemployed, or low paid workers and are barely surviving, which contributes to women's insecurity, makes emancipation difficult, and reduces their opportunity to impose their will regarding marriage, when and how many children they should have to, because the importance of the social and economic status of women and their fertility purpose cannot be avoided. According to the last correlation, the two variables, that is, the type of sources of income (salaries and pensions, pensions and social assistance, wages, other sources of income) and the number of children are not related to one another. More precisely, almost 50% of the respondents are beneficiaries of social assistance, out of which seventeen, besides social assistance, also receive a pension (they mostly live in extended families), while six of the respondents live

only on the social assistance (photos 1-4). Recently, with the Government's policy of promoting birth and subsidising the birth of a third child, significant is the number of Roma families that are beneficiaries of such privileges.

## **Conclusion**

The changes in the Roma fertile-aged population that occurred in terms of reproductive behaviour have been happening at a slow pace and are barely noticeable. Studies have suggested that the hypothesis set statistically cannot be fully verified despite the expectation that significant positive changes in the reproductive behaviour will be registered in the youngest respondent group, except for the number of intentional abortions. The chi-squared test of independence has shown that education is statistically significant for reproductive behaviour, except for the type of pregnancy. The type of sources of income has no statistical significance for the number of children in the family.

In a broader context, the social moment is significant, but it is imperative to invest in the education of the Roma population. Specifically, the results of the survey are indicative and point to the need for increased awareness of the need for education, family planning, healthcare for future mothers, as well as pregnant women. Education, which changes the views on several life segments, is also a visa for the improvement of the social status. Along with education, (at least the compulsory secondary education), essential conditions should be created for their inclusion in the labour market and the employment of these women population, in order to increase their self-esteem and social status, which will indirectly influence its role in setting up the frames of its reproductive behaviour. At the same time, in the field of healthcare, it is necessary to promote a modern type of contraception that will be available to low-income people free of charge (their number in Shuto Orizari is at an enormously high level), as well as to make efforts to have at least one modern contraceptive item on the positive drugs list.

These measures should be followed by a certain number of subventions for opening gynaecological clinics in the area of Shuto Orizari and opening educational stations for family planning in the Roma communities, which will also develop a special program for educating the teenage population and reducing pregnancy and abortions among the young population. Of course, in the efforts to improve the whole situation, the education of the male population should also be actively taken into consideration.

The implementation of improving measures for reproductive behaviour are important activities that are or should be managed by the state, but the role of the local self-government is no less critical. It can bring the measures and solutions closer to the local population, depending on the trust it has indicated. Greater success can be expected if the activities of the state institutions are in coordination with the activities of the non-governmental sector. The future directions of taking action should consider the reproductive behaviour patterns of the population. Based on this observation, essential priorities should be determined that need to be fulfilled in order to observe positive changes. An inclusive public policy that contains a set of measures targeted at the individual

should respect individuality, distinctiveness and diversity. In no case should be required simple stereotypical modelling of Roma in the model's design by the authorities. The visible separation between the national agenda and the situation on the field unequivocally indicates to inadequate approach in the implementation of the changes. An integrative approach in the intention of making changes in the sphere of marriage, partnership, and parenting and in the processes of increasing the individuality of men and women is more than necessary (Greene and Biddlecom, 2000).

It is primarily necessary to overcome the situation of the "administrative invisibility" of some Roma citizens. The lack of proper documentation disables access to educational, social and health care system. The modification of the strict clauses of the patriarchal community and the way of upbringing is more than necessary. The education of parents for the awareness and acceptance of the need to involve their children in the educational process is one part of the movement in the mechanism for behaviour transformation. It is the core of the intention of creating a more inclusive society. The activities should start much earlier, in the early stages of life and development of the child in the Roma family by changing the inherited model for the upbringing of children. It should include appropriate education and upbringing in abandoning the prejudice about the superiority or inferiority of the sexes, the stereotypes about the role of the husband and wife in the family, the way of mutual respect and the importance of family planning.

In our opinion, this can be achieved, especially with young married couples living in the 21st century, who will have the desire to redirect their own life and the life of their children in a better direction. "Gender differences in terms of reproductive behaviour are conditioned by the different behaviour of the sexes within society, while on the other hand, they point on their different positions which in some way influence some other relevant demographic behaviours in certain phases in the cycle of life" (Šobot, 2009). It is more than necessary to note that the original researches such as this one should be more frequent in order to put the basis for the implementation of measures to improve the situation. At the same time, this research points to a dilemma that should represent a debate topic in the academic and scientific community in Macedonia and it refers to the (non)benefits of such political, spatial and social closure of the Roma population and how much it affects the reproductive attitudes, the pace of integration and changing the views in a positive direction. Comparative research is needed parallel to the researches on the reproductive behaviour of the Roma woman in the ethnically and culturally mixed spatial units in the country and abroad, which would contribute to defining the procedures for overcoming conservative approaches to family planning and strengthening the role of women in the family and in making marriage decisions.

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