

Social determinants to the health of Roma: case studies from Southeastern Europe

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Outline

- Introductions
- Case studies
- Conclusions
- Discussion

INTRODUCTIONS

Studiorum

- Center for Regional Policy Research and Cooperation
 - Established in 2002 in Skopje, Macedonia
 - Non-governmental think tank
 - Works on issues of EU economic and social integration, public health, and human rights
- Program Areas
 - Health Policy & Management
 - Human Rights
 - New Media & Society

STUDIES

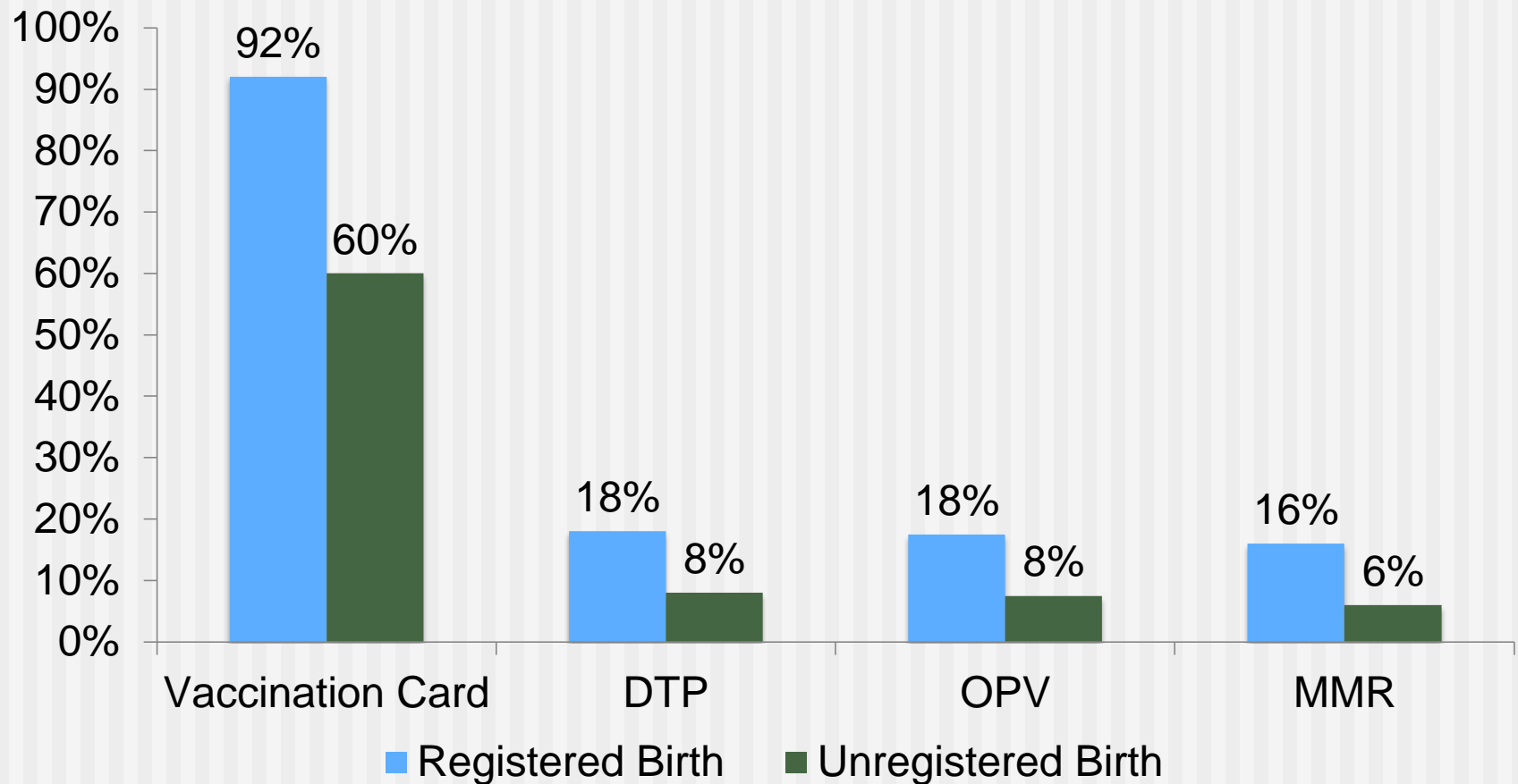
STUDIES

VACCINATION COVERAGE AMONG ROMA CHILDREN

Vaccination study

- WHO Health and Nutrition Survey, Serbia
- Multi-cluster random sample
- Roma living in settlements
- N=468 children, aged 6-59 months

Immunization rates among Roma children in Serbia



Stojanovski, K, McWeeney, G., Emiroglu, N., Ostlin, P., Koller, T., Licari, L., Kaluski, D. (2012). Risk factors for low vaccination coverage among Roma children in disadvantaged settlements in Belgrade, Serbia. *Vaccine*. 30;5459:5463.

Birth registration predicted vaccination coverage

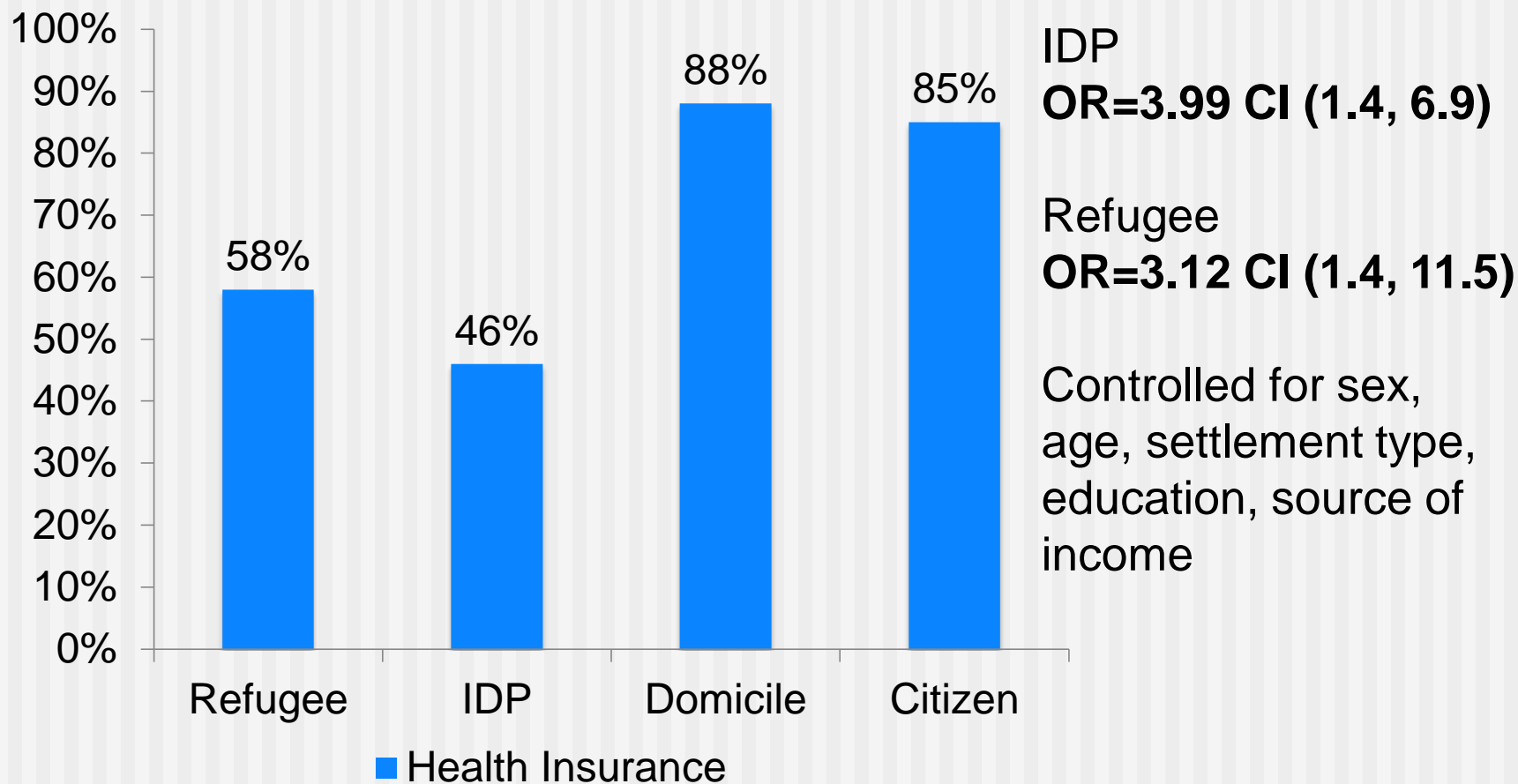
- **Vaccination card**
 - OR=6.1, CI(2.5, 15.0)
- **Age appropriate vaccination**
 - DTP, OR=3.8, CI(1.5, 10.0)
 - OPV, OR=3.2, CI(1.5, 6.6)
 - MMR, OR=4.8, CI(1.1, 20.9)
 - HepB, OR= 5.4, CI(1.4, 21.6)

HEALTH INSURANCE AMONG ROMA REFUGEES AND IDPS

Health insurance coverage study

- WHO Health and Nutrition Survey, Serbia
- Multi-cluster random sample
- Roma living in settlements
- N=797, aged 19 years plus
- Exploration of health insurance predictors

Refugees and IDPs more likely to lack health insurance



Kaluski, D., Stojanovski, K, McWeeney, G., Paunovic, E., Ostlin, P., Koller, T., Licari, L., Jakab, Z. (2014). Health insurance and accessibility to health services among Roma in settlements in Belgrade, Serbia—the journey from data to policy making. *Health policy and planning*. 1-9.

DISCRIMINATION AMONG ROMA WOMEN IN SERBIA AND MACEDONIA

Discrimination study

- Validation of discrimination scales among Roma women
- N=410 Romani women in Serbia and Macedonia
- Inclusion criteria:
 - 15-46 years of age
 - Had given birth within the past two years
- Sampling method:
 - Purposeful snowball sampling

Discrimination scales

- Experiences of discrimination scale
 - 9-item scale
 - Gathers information on occurrences of discrimination and their frequency (e.g. shopping at the store)
 - Specifically targets discrimination due to race/ethnicity
- Everyday discrimination scale
 - 9-item scale
 - Conceptualizes discrimination as chronic life stressor
 - Asks about experiences of discrimination in daily life

Discrimination related to psychological distress and smoking

Scale	Kessler-psychological distress		Smoked in past year	
	B	95% CI	B	95% CI
Experiences of discrimination-situational scale	0.218	(0.103, 0.333)	0.295	(0.063, 0.527)
Experiences of discrimination-frequency scale	0.212	(0.098, 0.327)	0.187	(-0.043, 0.416)
Everyday discrimination scale	0.158	(0.047, 0.270)	0.195	(0.087, 0.304)

Janevic, T., Gundersen, D., Stojanovski, K, Jankovic, J., Nikolic, Z., Kasapinov, B. (2015). Discrimination and Romani health: a validation study of discrimination scales among Romani women in Macedonia & Serbia. *Int J Public Health*.

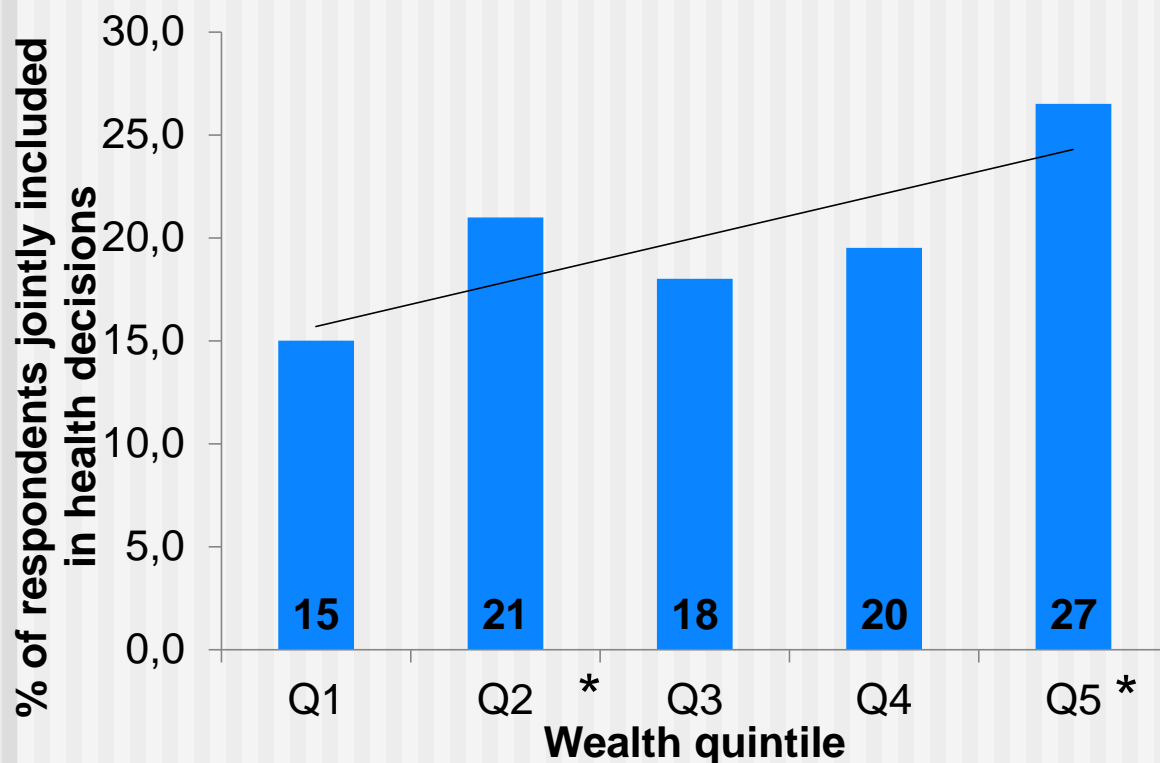
**EMPOWERMENT, WEALTH &
PREGNANCY INTENTIONS
AMONG ROMA WOMEN IN
SERBIA & MACEDONIA**

Empowerment, wealth & pregnancy intentions study

- Wealth, empowerment & pregnancy intentions
- N=410 Romani women
- Inclusion criteria:
 - 15-46 years of age
 - Had given birth within the past two years
- Sampling method:
 - Purposeful snowball sampling

Roma women in wealthier households more likely to be jointly included in health decisions

Inclusion in health decisions



P-value for trend:
P=0.007

2nd quintile:

RR=3.2, CI (1.03, 10.2)

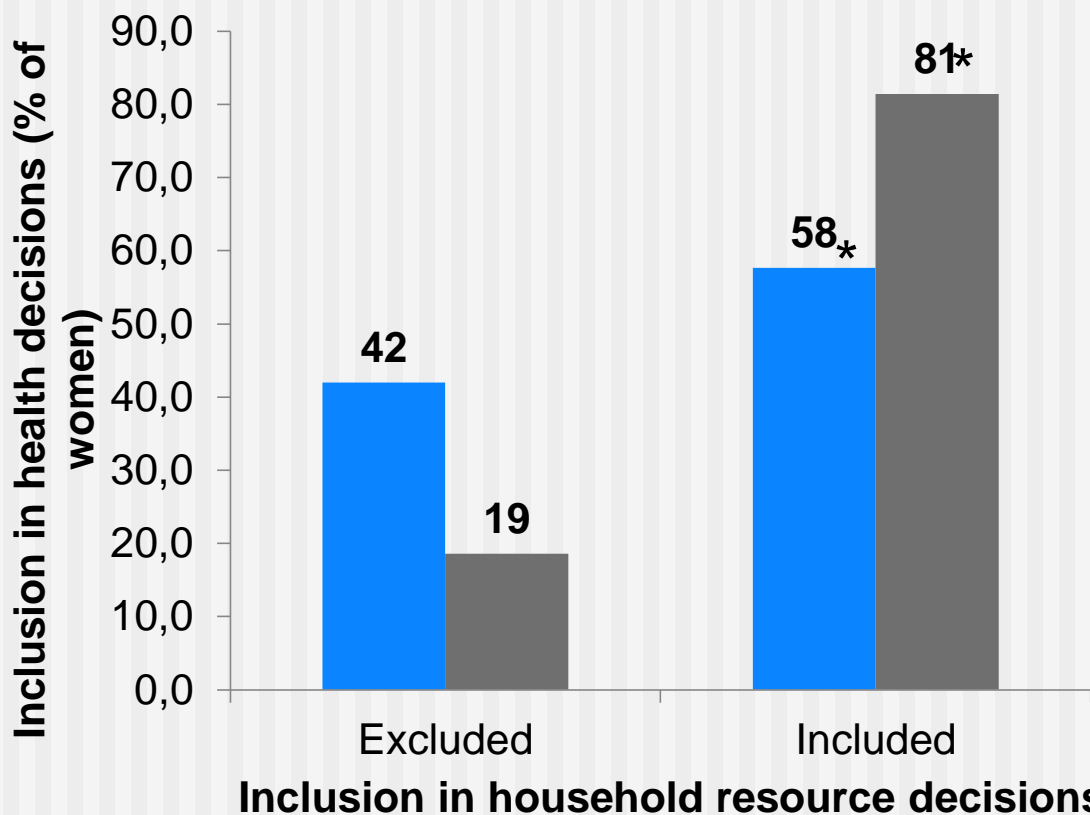
5th quintile:

RR=4.4, CI (1.3, 15.3)

Model adjusted for age, age of first birth and inclusion in household resource decisions

Roma women included in household resource decisions are more likely to be included in health decisions

Household and health decision inclusion



Respondent only (blue)

RR=8.1, CI(3.4, 19.1)

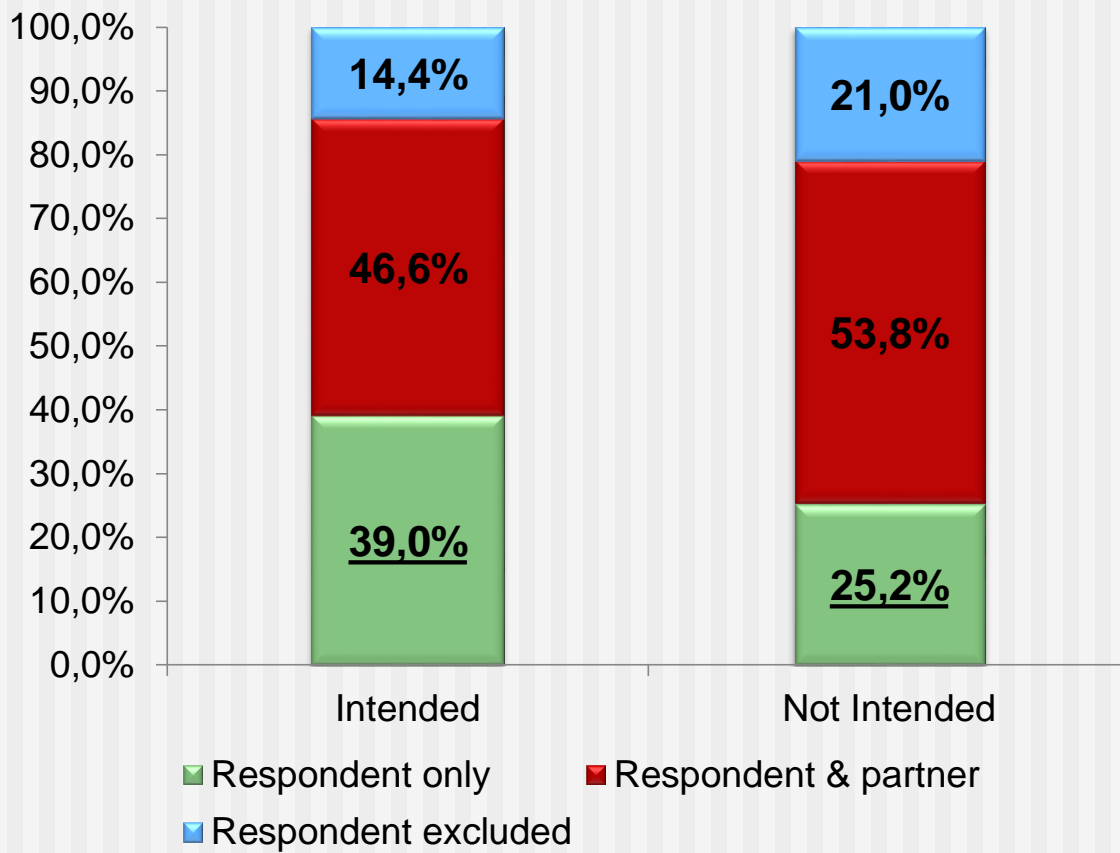
Respondent & partner, jointly (gray)

RR=27.6, CI(11.5, 66.1)

In model adjusted for age, age of first birth and household wealth; base outcome is

Stojanovski, K, Janevic, T., Kasapinov, B., Stamenkovic, Z., Jankovic, J. (2016). An assessment of Romani women's autonomy and timing of pregnancy in Serbia and Macedonia. *Maternal and Child Health*. Submitted.

Agency in health decisions related to pregnancy intentions



Romani women who were the sole healthcare decision makers were more likely to intend being pregnant with their most recent pregnancy as compared to those excluded

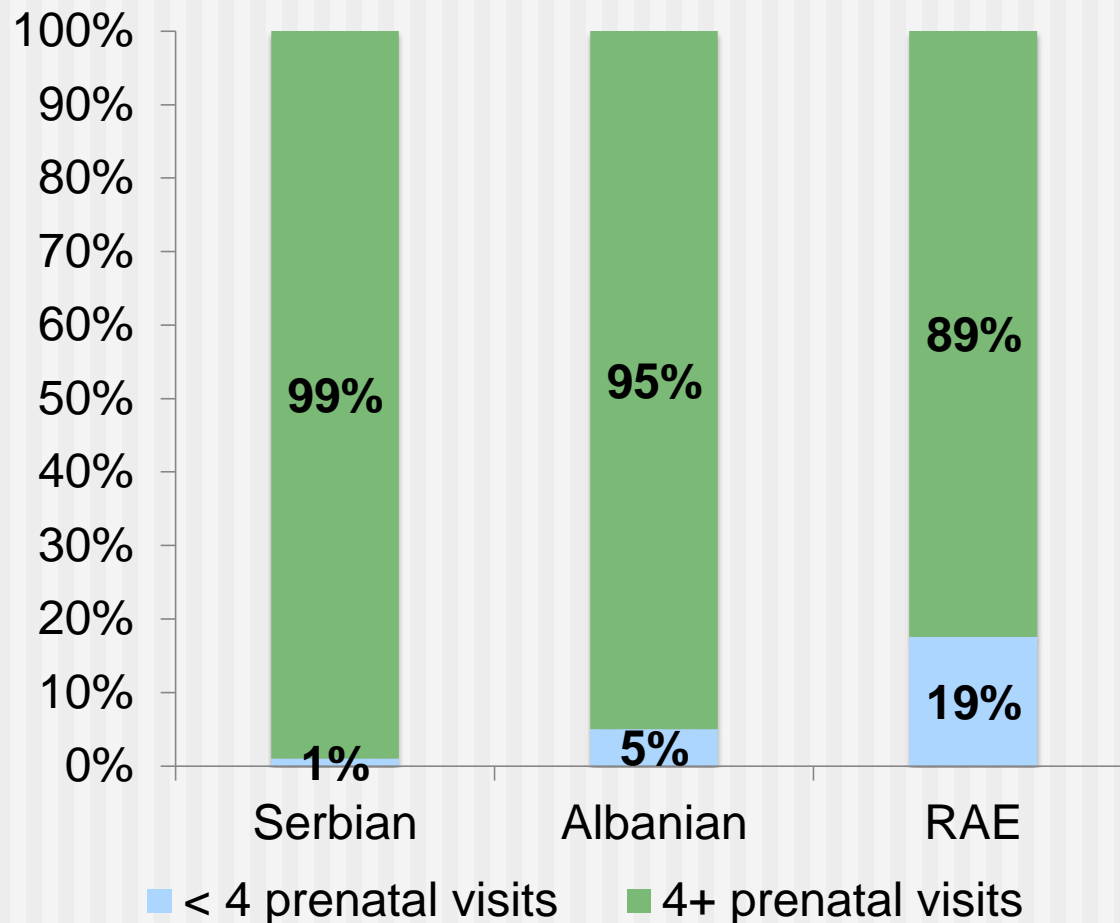
RR=1.48, CI(1.08, 1.80)

PRENATAL CARE AMONG WOMEN IN KOSOVO

Prenatal care among women in Kosovo study

- Ethnicity & prenatal care
- N=600 women, 200 Albanian, 200 Serbian, 200 RAE
- Inclusion criteria:
 - 15-46 years of age
 - Had given birth within the past two years
- Sampling method:
 - Randomized sampling
 - Purposeful snowball sampling

Roma women had less prenatal care visits



Romani women have less adequate prenatal care visits than Serbian and Albanian women

$p < 0.000$

CONCLUSIONS & DISUSSION

Conclusions

- Multiple factors influence Roma health
 - Laws and policies
 - Ethnicity
 - Gender
 - Cultural & social values
- Intersectoral research and interventions are needed because vulnerability lies in multiple areas and outside the health systems
- Longitudinal research needed to understand casual inference

Discussion

- How do we conceptualize the health of Roma?
- How can we best develop research to understand the multiple facets?
- How do we intervene?
 - Little intervention research exists

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- Nexus
- Mesecina

- Bibija

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