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

Kristefer Stojanovski
Center for Regional Policy Research and Cooperation, Studiorum

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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
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

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

- **Refugee**: 58%
- **IDP**: 46%
- **Domicile**: 88%
- **Citizen**: 85%

**IDP**
- OR = 3.99 CI (1.4, 6.9)

**Refugee**
- OR = 3.12 CI (1.4, 11.5)

Controlled for sex, age, settlement type, education, source of income

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

<table>
<thead>
<tr>
<th>Scale</th>
<th>Kessler-psychological distress</th>
<th>Smoked in past year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>95% CI</td>
</tr>
<tr>
<td>Experiences of discrimination-situational scale</td>
<td>0.218</td>
<td>(0.103, 0.333)</td>
</tr>
<tr>
<td>Experiences of discrimination-frequency scale</td>
<td>0.212</td>
<td>(0.098, 0.327)</td>
</tr>
<tr>
<td>Everyday discrimination scale</td>
<td>0.158</td>
<td>(0.047, 0.270)</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Wealth quintile</th>
<th>% of respondents jointly included in health decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>15</td>
</tr>
<tr>
<td>Q2</td>
<td>21</td>
</tr>
<tr>
<td>Q3</td>
<td>*</td>
</tr>
<tr>
<td>Q4</td>
<td>20</td>
</tr>
<tr>
<td>Q5</td>
<td>27</td>
</tr>
</tbody>
</table>

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

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

RR=8.1, CI(3.4, 19.1)

RR=27.6, CI(11.5, 66.1)

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

- Romani women (RAE): 19%
- Serbian: 99%
- Albanian: 95%

$p < 0.000$
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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- Roma SOS
- Nexus
- Mesecina

Our study participants!!!

Bibija
Contact Information

Kristefer Stojanovski
Center for Regional Policy Research and Cooperation, Studiorum
kristefers@gmail.com
Skype: kstojanovski
www.studiorum.org.mk