

HEALTH-RELATED LIFESTYLE OF ROMA

(A contribution to reducing health inequalities)



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FOREWORD

This publication is a valuable contribution to understanding health as a basic individual and social value but also a fundamental human right. The right to health is formally acknowledged as one of key economic, social and cultural rights. Already Article 25 of the Universal declaration of human rights (1948) reads: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services.” International covenant on economic, social and cultural rights, i.e. its contracting parties, are even more specific about “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

Such broad understanding of health that links health with adequate living standard suggests that the right to health encompasses much more than appropriate medical services for maintenance or restoration of physical and mental well-being. Recognition of the right to health shifts emphasis from individual’s care for maintenance of health through healthy lifestyle to other health determinants. Medical and social sciences that study social aspects of health confirm correlation between individual’s economic and social status, level of education, working conditions, environment, etc. and his or her state of health as the symbol of fully implemented right to health. In a country that defines health as a value and as a right, improving natural and social circumstances conducive to good health and creating favourable social and economic conditions should be one of key social goals and a guiding principle of state policies.

In addition to principle of non-discrimination that is integrated in the right to the highest attainable standard of physical and mental health, the idea of multiple and interlinked determinants of health indicates that special attention is demanded for the most vulnerable parts of population. The authors of this publication present us with a succinct account of health-related lifestyle of Roma people – an ethnic group that has been marginalised in economic, social and cultural terms. Their conclusions regarding poorer health status of the Roma (in comparison to the population of Pomurje) are set in the context of wider structural factors (unfavourable living conditions, lower education, higher unemployment, cultural factors ...). The authors thus make a unique contribution to understanding health both as a value and a fundamental human right. What is more, the present publication gives solid foundations to concrete policies and measures for reducing health inequalities.

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independent researcher in the field of human rights and globalisation



FOREWORD

The main characteristic of Roma ethnic group in Slovenia is the multilayer deprivation, which is a consequence of the impact of social and economic factors, especially bad or inappropriate residential and living conditions, low education, high unemployment and consequential poverty. These factors are accompanied by stigmatization and prejudices of the majority population towards Roma. Even one or two of the above mentioned factors that lasts for a long time can affect health. In Roma, several factors are present simultaneously, which create negative synergy and consequently worse health status and shorter lifespan. The above-mentioned statements are based on data from researches conducted in other countries.

Existent research shows the first reliable data about the health of Roma in Slovenia, which enable the planning of evidence-based measures aimed at improvement of health status of Roma population.

The research of the health related lifestyle of Roma population is based on CINDI Health Monitor methodology and questionnaire, which is also used for the majority adult population in Slovenia. In this way, it is possible to objectively compare the health status of Roma and the majority population in the sense of education level, living environment, lifestyle and the most frequent chronic conditions.

Research results have shown worse health status of the Roma population regarding all indicators, lower education levels and higher unemployment. These indicators are accompanied by worse residential and living conditions, cultural characteristics and negative or reserved attitudes of the majority population.

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WHY CONDUCT A RESEARCH ON HEALTH-RELATED LIFESTYLE OF ROMA?

The study titled “The risk factors of noncommunicable diseases among adult population of the Roma community” is the first-of-its-kind research conducted among Roma people in Europe.

With this study, which was already conducted among the adult population of Slovenia in the years 2001, 2004, 2008 and 2012, we investigated health-related life-style behaviour of citizens (smoking, dietary and physical activity habits, drinking habits, habits related to the road traffic safety...).

Results of this study provide a basis for formulation of policies and programmes for enhancing and protecting the health of Roma people, and implementation of the policies/ programmes aimed at reducing health inequalities.



HEALTH, THE DETERMINANTS OF HEALTH AND HEALTH INEQUALITIES

What is health?

World Health Organization (WHO) is the author of a widely accepted contemporary definition of health from 1948: »Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity«. Health is generally acknowledged as one of the most important individual and social values.

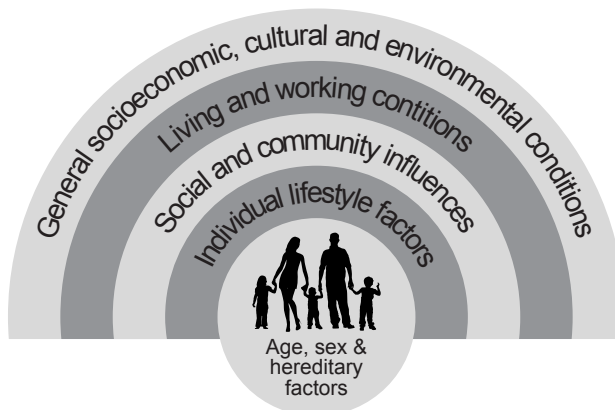
What are determinants of health?

Health is determined not only by biological factors but also by individual's lifestyle, factors from the natural, living and working environment and general socio-economic, cultural and environmental conditions.

What do we mean by health inequalities?

The connection between socio-economic factors, such as poverty, living conditions, education, environmental conditions, lifestyle, etc. and health status is nowadays very obvious and confirmed.

This model of health, which is supported by the WHO, demonstrates that health is affected by a range of factors. These range from individual genetic and lifestyle factors; to macro socio-economic, cultural and environmental conditions with social cohesion playing a viral role, particularly for disadvantages communities.



Health and disease are crucially affected by socio-economic status of an individual. Poverty has a negative impact on health. Individuals belonging to lower socio-economic classes get ill more frequently than members of higher classes. They can be associated with lower life expectancy and unhealthier lifestyle. This results in health inequalities. Health inequalities related to social inequalities are a growing problem of modern societies. They are described as differences in incidence and prevalence of health problems between individuals with lower and higher socio-economic status. It can be claimed that “health inequalities” or “differences in health of social groups” present differences concerning specific health indicators (mortality, morbidity, lifestyle, access to medical services, etc...) in particular population groups that are attributable to biological, social, economic and geographical characteristics.

Population of Pomurje has poorer health than population of other Slovenian regions, so it can be said that there exist interregional health inequalities in Slovenia. What is more, in Pomurje region there are intraregional health inequalities that signify differences in health status among people of Pomurje. Major risk groups are individuals with lower level of education, unemployed, elderly people and Roma people...



ROMA PEOPLE IN SLOVENIA AND THE POMURJE REGION

Roma people settling Prekmurje do not only originate from Hungary but also from current Austrian territory. The latter are in Prekmurje so called Roma people from Burgenland and can be usually recognized by the surname Horvat. It is precisely Burgenland where they got the aforementioned surname, since they moved to this region from Croatia. Two different streams of settlement have led to the differences in the Roma language in Prekmurje and at the same time to the formation of five main groups of Roma people in Prekmurje.

The exact number of Roma in Slovenia is unknown. After the census survey in 2002 as many as 3,246 persons identified themselves as the members of the Roma community; however 3,834 persons stated Romani language as their native language. According to unofficial data, there are between 8,000 and 10,000 Roma living in Slovenia.

According to available data, almost half of all the Roma in Slovenia are younger than 18 years, whereas the percentage of people older than 65 years is significantly lower than among the other Slovenian population. These data confirm the fact that Roma have significantly shorter lives than the rest of the population in Slovenia.

The latest national census from the year 2002 records 980 people that self define themselves as Roma people. The most important Roma settlements in Pomurje are: Pušča-Černelavci-Murska Sobota, Vanča vas-Borejci, Serdica – Sotina – Gornji Slaveči, Dolga vas- Dolgovaške gorice-Lendava, Pertoča-Ropoča, Ropoča-Krašči – Gornji Črnci-Cankova-Domajinci, Zenkovci-Lemerje.

Why do we lack information about the health and the health status of Roma people?

We lack information about the health of the Roma population. In Slovenia, official health statistics do not provide information about the health and the health status of Roma people. Ethnicity is a variable that is not permitted in the process of collecting data for health statistics. It is incomplete and therefore useless. What is more, very few studies deal with the health of Roma. They are typically limited to very small geographical areas (specific villages) and small number of Roma participants.

STUDY OF THE RISK FACTORS FOR NONCOMMUNICABLE DISEASES AMONG ADULT POPULATION OF THE ROMA COMMUNITY



Starting point of the research

Illness ratio and premature mortality of inhabitants of the Republic of Slovenia as a consequence of chronic noncommunicable diseases (CND) has become such a pressing problem that there was a need felt to research it and solve it. A research on the life-style behaviour showed that the latter is unhealthy. At the same time the inequalities in the health of population of different regions, as well as inequalities among different critical groups, were sensed.

Worse medical condition and higher rate of premature mortality among the Roma people caused the need for a cross-sectional study that would represent a basis for the preparation of strategic document aimed at the reduction of inequalities in the health of Roma people.

The study titled "The risk factors of non-contagious diseases among adult population of the Roma community" is the first-of-its-kind research conducted among Roma people in Europe. With this study, which was already conducted among the adult population of Slovenia in the years 2001 and 2004, we investigated health-related life-style behaviour of citizens (smoking, dietary and physical activity habits, drinking habits, habits related to the road traffic safety...). The study represents a cross-sectional summary epidemiological analysis and can serve as a tool for determining the scope of phenomena at the level of whole population or population groups. Cross-sectional analyses of public health have a great meaning. Their results help us to:

- evaluate health condition of the population and its living habits
- exercise monitoring
- determine the priority goals and plans for improvement of health condition of the population
- assess the measures in the field of public health
- plan the activities for the promotion of health.

The purpose of the study in the Roma community

The studies show that there exist differences between Pomurje region and the rest of Slovenia, as well as within the Pomurje region (ethnic and social-economic groups, women, men...) and are most distinctive among the ethnic groups.

The purpose of this study is to contribute to the reduction of differences in health through health promotion.

The goals of the study in the Roma community

The goal of the study among the Roma population in Pomurje was to assess:

- health condition and the use of medical services
- smoking habits
- dietary habits
- habits regarding the consumption of alcoholic beverages
- rough body structure and physical activity habits
- habits related to the traffic safety and
- social inclusion within their community and outside of it,

in connection with:

- gender
- age
- level of education
- and conditions in the settlements they reside in.

Objects of research and research methods

Questionnaire

Conduction of research included a questionnaire that is used by the WHO in the frame of its programme for the prevention of non-contagious diseases (CINDI - Countrywide Integrated Noncommunicable Disease Intervention). The questionnaire was adapted to the conditions in the Roma community.

The aforementioned questionnaire is used in the CINDI programme to assess the situation at the starting point, before the programme is implemented in the individual country at the country level, and after that every couple of years to evaluate the global progress in the programme - CINDI Health Monitor (CHM). The questionnaire stems from the Finbalt Health Monitor project. In the countries that started implementing the programme before the year 2000, when the questionnaire was agreed at the level of WHO among the CINDI programme member states, the questionnaire is used as a supporting instrument to the fundamental CINDI researches (CINDI Risk Factor/Process Evaluation) that are intended for demonstration areas of this programme.

We decided to use this questionnaire in order to make the research comparable to other similar researches and studies in Slovenia. Since CHM type of research has been carried out in Slovenia among the adult population at the national level, we decided to use the same approach also for research in the Roma community. We introduced CHM researches in Slovenia in 2001 and titled them "Health-related behavioural style".



The content of the questionnaire for Slovenia is divided into following groups of data:

- basic demographic data of the respondent
- habits associated with the use of certain medical services and the assessments of respondent's health condition
- smoking
- diet
- alcohol
- body weight, height, physical activity habits and
- traffic safety.

The questionnaire included predominantly closed questions.

The questionnaire for Roma community was altered with regard to questions where this community strongly differentiates from the majority population. The majority of Roma population are namely unemployed.

We also added a group of questions that solely refer to the Roma community and relations within it.

Sampling

Sampling was carried out in the following way:

1. Roma villages (settlements), where surveying took place, were randomly drawn.
2. In Pušča, a bigger Roma settlement, we selected the respondents with the use of register – we selected every third person.
3. In other villages (settlements) we visited almost every house and if the family member met the age criteria, he was asked to take part in the survey.
4. We tried to make sure that both genders were represented as equally as possible.
5. Some residents were not at home, some were older than 65 years and some refused to take part in the survey.

Surveying

Survey was conducted by the qualified professionals of Institute for health protection Murska Sobota and nurses holding a university degree employed at the Community nursing and home care of the Outpatient clinic Murska Sobota.

Survey took place from December 2005 until the middle of March 2006 in 18 Roma settlements: Vadarci, Vanča vas, Pušča, Kamenci, Dolina, Dolič, Gornji Slaveči, Zenkovci, Kuštanovci, Dobrovnik, Lemerje, Gornji Črnci, Krašči, Domajinci, Ropoča, Borejci, Sotina and Serdica.

We surveyed 259 randomly chosen adults from the Roma community, aged between 25 and 65.

Statistical analysis

We used descriptive statistical analysis for descriptive data.

We only analysed questions if the reliability of data was high enough.

The answers to these questions were compared at the level of the whole group and after that on the basis of gender, age, education and settlement (in the sense of more or less favourable living conditions).

To prevent data from being too scattered we arranged the parameters (gender, age, education and settlement) into the following categories:

- gender
- age (25-30 years, 31-40 years, 41-50 years, 51 years and more)
- education (unfinished primary school, primary school, vocational school or more) and
- settlement in the sense of more or less favourable living conditions (favourable conditions: Vadarci, Vanča vas, Pušča, Zenkovci, Lemerje and Borejci; less favourable conditions: Kamenci, Dolina, Dolič, Gornji Slaveči, Kuštanovci, Dobrovnik, Gornji Črnci, Krašči, Domajinci, Ropoča, Sotina and Serdica).

Not only questions but also answers analysed in this publication were joint together when necessary.

We processed data with SPSS programme (Statistical Package for Social Sciences) and used the tabular display to present it.

Presentation of results

The data is presented for both genders, for men and women separately, for different age and educational groups. The results are compared with similar research conducted among the population of Pomurje in 2004. Considering that they were not conducted in the same year, the study from 2004 was selected as the most adequate source for comparison with results of the research carried out among the Roma people in 2005/2006.



RESULTS

DESCRIPTION OF ANALYSED SAMPLE

Answers of one respondent were eliminated because of the missing information, so that we analysed 258 surveys. Statistical distribution according to the gender, age groups and educational groups is presented in the following chart.

		N TOGETHER	N BY THE GROUPS	%
GENDER	Male	258	101	39.1
	Female		157	60.9
AGE	25-30 years	258	51	19.7
	31-40 years		71	27.5
	41-50 years		68	26.4
	51 years and more		68	26.4
EDUCATION	Unfinished primary school	239	131	54.8
	Primary school		66	27.6
	Vocational school or more		42	17.6



USE OF MEDICAL SERVICES

The use of medical services among the Roma is a basis for adoption and implementation of measures for reduction of health inequality. Such data can only be collected in the field, in direct contact with Roma people.



		Visits to a general practitioner or a specialist in the past year (in %)			Hospital treatment (in %)		
		0 times	1-5 times	6 and more times	0 times	1 times	2 times or more
GENDER	Male	26.7	35.7	37.6	81.1	14.9	4.0
	Female	15.3	28.7	56.0	69.9	22.4	7.7
AGE	25-30 years	29.3	31.4	39.3	76.5	17.6	5.9
	31-40 years	26.7	42.3	31.0	80.0	15.7	4.3
	41-50 years	10.3	29.4	60.3	69.1	23.5	7.4
	51 years and more	14.6	22.1	63.3	72.1	20.6	7.3
	TOGETHER		19.7	31.5	48.8	74.3	19.5

WHOLE GROUP: Almost 20% of the Roma people have never visited a general practitioner or a specialist (until one year before the survey). However, no less than 36% of the Roma people have visited a general practitioner or a specialist more than 10 times. More than 25% of the Roma people were hospitalised in the last year.

GENDER: Women visit a general practitioner or a specialist more often than men. The study shows similar patterns for hospital treatment.

AGE: The number of visits increases with age. In the age group over 50 years the percentage of Roma people, who have visited a general practitioner or a specialist more than 10 times, increases to 51.5%. The percentage of individuals that were hospitalised is highest in the age group 41-50 years (slightly higher than 30%).

IN COMPARISON WITH THE POPULATION OF POMURJE: The study on health-related lifestyle of population of Pomurje does not include data on the use of medical services.

HEALTH SELF-ASSESSMENT

Health self-assessment or self-rated health is an indicator that can very successfully predict disability, functional capability, morbidity and mortality of specific population. Health self-assessment is an established measure of general health status. It reflects biological, socio-economic and psychosocial dimensions of individual's health. It is important to note that self-assessed poor health also reflects psychological and social problems, which are a consequence of health problems.

	in %	Very good	Good	Average	Bad	Very bad
GENDER	Male	10.9	26.7	39.6	18.8	4.0
	Female	7.6	23.6	31.2	31.8	5.8
AGE	25-30 years	21.5	47.1	21.6	9.8	0.0
	31-40 years	11.3	33.8	35.2	16.9	2.8
	41-50 years	2.9	10.3	47.1	30.9	8.8
	51 years	2.9	13.2	30.9	45.6	7.4
	and more					
TOGETHER		8.9	24.8	34.5	26.7	5.1

WHOLE GROUP: 31.8% of Roma people self-assessed their current state of health as bad or very bad.

GENDER: There are fewer men (22.8%) than women (37.6%) that self-assessed their current state of health as bad or very bad.

AGE: The highest percentage of the respondents who self-assessed their current state of health as bad or very bad can be found in the oldest age group (52.9%), while in other age groups this percentage is decreasing rapidly.

IN COMPARISON WITH THE POPULATION OF POMURJE: 11.2% of the respondents from Pomurje region self-assessed their current state of health as very bad. This percentage is significantly higher among the Roma people (31.8 %).



HEALTHCARE

Caring for one's own health is a habit, an element of culture and lifestyle. It can be a great contribution to protecting and enhancing one's health.

	in %	Very good	Quite good	Not much, not enough	Almost no	I do not know
GENDER	Male	5.9	58.4	27.7	4.0	4.0
	Female	4.5	57.8	31.2	4.6	1.9
AGE	25-30 years	11.8	60.8	21.6	3.8	2.0
	31-40 years	2.8	56.3	33.8	5.6	1.5
	41-50 years	6.1	45.5	42.4	1.5	4.5
	51 years and more	1.5	70.1	19.4	6.0	3.0
	TOGETHER		5.1	58.0	29.8	4.3

WHOLE GROUP: 60% of the respondents answered that they take very good or quite good care of their health.

GENDER: There are no major differences with regard to the gender.

AGE: The percentage of Roma people that claim that they take good or quite good care of their health decreases with age.

IN COMPARISON WITH THE POPULATION OF POMURJE: The study on health-related lifestyle of population of Pomurje does not include data on the care for one's own health.

NUTRITION



Several studies prove that nutrition and health are closely related. Healthy and balanced diet protects health. Unhealthy diet, on the other hand, is one of the major risk factors for a range of chronic noncommunicable diseases.

in %		Breakfast every day		Fruit every day		Vegetables every day	
		Yes	No	Yes	No	Yes	No
GENDER	Male	50.6	49.4	21.8	78.2	34.7	65.3
	Female	50.3	49.7	37.0	63.0	37.2	62.8
AGE	25-30 years	54.9	45.1	27.4	72.6	37.3	62.7
	31-40 years	42.3	57.7	29.6	70.4	36.5	63.5
	41-50 years	49.3	50.7	36.8	63.2	41.2	58.8
	51 years and more	57.4	42.6	29.4	70.6	27.9	72.1
TOGETHER		50.6	49.4	31.0	69.0	36.2	63.8

WHOLE GROUP: 50.6% of the respondents eat breakfast every day while as many as 36.6% of the respondents never eat breakfast. The highest percentage of respondents eats fresh vegetables once per day. The majority of respondents eat vegetables once a day and fresh fruit 1-3 times per week.

GENDER: There are a higher percentage of men than women that never eat breakfast. Both men and women usually eat fresh vegetables once a day, but this percentage is lower among women.

AGE: The highest percentage of Roma people who never eat breakfast are aged between 41 and 50 years while the highest percentage of those who eat breakfast every day can be found among the oldest respondents. All respondents, except those aged 51 and more, normally eat vegetables once a day. Respondents that are 51 or more years old eat vegetables 1-3 times per week. All respondents, except the age group 51 years and more, normally eat fresh fruit 1-3 times per week. The aforementioned group of respondents eats fresh fruit 4-6 times per week.

IN COMPARISON WITH THE POPULATION OF POMURJE: 50.4% respondents from Pomurje region eat breakfast every day. 56.6% of them eat fruit and 60.7% vegetables every day. Dietary habits of Roma population are less healthy, especially concerning consumption of fruit (31%) and vegetables (36.2%).

PHYSICAL ACTIVITY

Physical activity has a large impact on health. It either helps to protect health or it presents a risk factor for a range of chronic noncommunicable diseases and premature mortality. Regular and sufficient physical activity enhances and protects health. Positive impact on health is confirmed for physical exercise that is performed at least half an hour, nearly every day of the week.

in %		Never	1-4 days and at least half an hour	5 days or more and at least half an hour
GENDER	Male	34.0	42.0	24.0
	Female	48.7	32.2	19.1
AGE	25-30 years	27.5	39.2	33.3
	31-40 years	34.8	50.7	14.5
	41-50 years	53.7	25.4	20.9
	51 years and more	52.3	29.2	18.5
TOGETHER		42.9	36.1	21.0

WHOLE GROUP: 21% of the respondents are physically active for at least half an hour (so that they perspire) recommended 5 and more days per week.

GENDER: There are more men (24.0%) than women (19.1%) that are sufficiently physically active.

AGE: The percentage of the respondents that are physically active for at least half an hour 5 and more days per week, so that they perspire, decreases with age. The highest percentage of such respondents is in the youngest age group (33.3%), while the lowest percentage of such respondents can be found in the oldest age group (18.5%).

IN COMPARISON WITH THE POPULATION OF POMURJE: The percentage of population of Pomurje that is physically active at least 5 days in a week for at least half an hour is 59.9%. This percentage is significantly lower among the Roma people (21%).



SMOKING

Smoking is a major preventable risk factor for chronic noncommunicable diseases, such as cardiovascular diseases, cancer, pulmonary diseases, osteoporosis... Special emphasis should be put on the effects of passive smoking. The latter prove to be identical to active smoking. Indoor smoking exposes all family members, including children, pregnant women and elderly, to cigarette smoke.

in %		I never smoked	I do not smoke anymore	I smoke
GENDER	Male	19.4	10.2	70.4
	Female	40.3	9.1	50.6
AGE	25-30 years	26.5	10.2	63.3
	31-40 years	34.3	7.1	58.6
	41-50 years	23.8	9.0	67.2
	51 years and more	42.4	12.1	45.5
	TOGETHER	32.1	9.5	58.3

WHOLE GROUP: 60% of the respondents were current smokers when the survey was conducted.

GENDER: There were 70.4% of men and 50.6% of women among the current smokers.

AGE: The highest percentage of current smokers is in the age group between 41 and 50 years and the lowest in the oldest age group.

IN COMPARISON WITH THE POPULATION OF POMURJE: The share of current smokers among respondents from Pomurje is 23.4%. The share of smokers among the Roma people is double (58.3%) There are 25.9% of smokers among men in Pomurje. The share of current smokers among Roma men is 70.4%.

ALCOHOL

Risky and heavy alcohol drinking is a large public-health problem. At the same time it presents one of key preventable risk factors for chronic noncommunicable diseases, injuries and violence. Risky and heavy alcohol drinking is namely a cause of addiction and more than 60 different diseases and injuries.

in %		Heavy drinking - men		Heavy drinking -women	
		Yes	No	Yes	No
AGE	25-30 years	30.0	70.0	30.0	70.0
	31-40 years	55.6	44.4	31.8	68.2
	41-50 years	33.3	66.7	13.9	86.1
	51 years and more	25.0	75.0	4.5	95.5
TOGETHER		36.1	63.9	19.1	80.9

WHOLE GROUP: 27.6% of respondents are heavy alcohol drinkers.

GENDER: Slightly more than one-third of men are heavy drinkers. This share is lower among women (19.1%).

AGE: The percentage of heavy drinkers is lowest in the group of respondents that are 51 years old or older. 25% of men and 4.5% of women from this group are heavy drinkers. 30% of both men and women from the age group 25-30 years are heavy drinkers.

IN COMPARISON WITH THE POPULATION OF POMURJE: Heavy drinking was reported by 43% of people from Pomurje and 27.6% of Roma people.



STRESS

Stress is an emotional, a physical, bodily and behavioural response of individual to a potentially harmful stress factor or stressor. Chronic stress is associated with permanently increased production of cortisol. The latter causes metabolic changes and diseases, lower immune function and mental disorders.

in %		Never	Very rarely	Occasionally	Frequently	Every day
GENDER	Male	18.8	18.8	29.7	22.8	9.9
	Female	7.1	17.2	34.0	26.3	15.4
AGE	25-30 years	17.6	21.6	33.3	15.7	11.8
	31-40 years	8.5	23.9	36.6	21.1	9.9
	41-50 years	6.0	13.4	38.8	26.9	14.9
	51 years	16.2	13.2	20.6	33.8	16.2
	and more					
TOGETHER		11.7	17.9	32.3	24.9	13.2

WHOLE GROUP: 38.1% of the Roma people feel that they are under stress or great pressure every day.

GENDER: 32.7% of men and 41.7% of women feel that they are under stress or great pressure every day.

AGE: The percentage of those who feel that they are under stress or great pressure every day increases with age. In the oldest age group this percentage is already 50.0%.

IN COMPARISON WITH THE POPULATION OF POMURJE: 30.7% of respondents from Pomurje feel that they are under great pressure frequently or every day. The percentage among Roma people is 38.1%.

NUTRITIONAL STATUS

Obesity is one of key health issues of the developed world. Obesity is a chronic metabolic disease with excess accumulation of body fat. It is a risk factor for type 2 diabetes and some cancers. It is related to high blood pressure, cardiovascular diseases, musculoskeletal disorders, gallstones and other diseases. A crude measure of overall obesity is the body mass index (BMI).

in %		BMI below 18.5	BMI 18.5-24.9	BMI 25.0-29.9	MBI 30 or more
GENDER	Male	1.0	30.0	35.0	34.0
	Female	3.2	33.8	33.7	29.3
AGE	25-30 years	5.9	47.1	29.4	17.6
	31-40 years	0.0	31.4	42.9	25.7
	41-50 years	0.0	25.0	32.4	42.6
	51 years and more	4.4	29.4	30.9	35.3
TOGETHER		2.3	32.3	34.2	31.1

Nourishment condition, according to BMI:

- below 18.4 *underweight*
- 18.5 – 24.9 *normal weight*
- 25.0 – 29.9 *overweight*
- 30 or more *obesity*

WHOLE GROUP: 31% of all the respondents have BMI over 30, while BMI of 2.3% of all the respondents is 18.5.

GENDER: The percentage of the respondents whose BMI is over 30 is slightly higher among men than among women, while there are more women who have BMI below 18.5.

AGE: The highest percentage of the respondents with BMI over 30 belongs to the age group between 41 and 50 years, while the lowest percentage of such respondents can be found in the youngest age group. In the youngest group (followed by the oldest group), however, there is the highest percentage of respondents that have BMI below 18.5.

IN COMPARISON WITH THE POPULATION OF POMURJE: 14.6% of respondents from Pomurje have BMI 30 or more. The percentage of such respondents among the Roma is higher (31.1%).



HEART DISEASES



Heart diseases are one of the most common diseases and causes of death in developed countries. They are one of key health issues in contemporary medicine with a significant impact on other areas of our society. Hypertension is one the most common cardiovascular diseases with almost half of the adults suffering from it. Hypertension is also one of the major risk factors for development of heart diseases.

in %		Hypertension		Heart attack		Angina pectoris		Stroke	
		No	Yes	No	Yes	No	Yes	No	Yes
GENDER	Male	74.3	25.7	93.1	6.9	82.2	17.8	97.0	3.0
	Female	62.4	37.6	94.9	5.1	77.9	22.1	97.4	2.6
AGE	25-30 years	92.2	7.8	100.0	0.0	88.2	11.8	100.0	0.0
	31-40 years	83.1	16.9	100.0	0.0	94.4	5.6	98.6	1.4
	41-50 years	57.4	42.6	89.6	10.4	75.7	24.3	97.1	2.9
	51 years and more	41.2	58.8	88.2	11.8	61.2	38.8	94.1	5.9
	TOGETHER		67.1	32.9	94.2	5.8	79.6	20.4	97.3

WHOLE GROUP: 32.9% of the respondents reported that they have high blood pressure, 5.8% of them answered that they have survived a heart attack. 20.4% of the respondents reported that they felt chest pain during physical activity or at rest. 2.7% of the respondents reported that they have suffered a stroke.

GENDER: 25.7% of men and 37.6% of women answered that they have high blood pressure. 6.9% of men and 5.1% of women reported that they have survived a heart attack. 17.8% of men and 22.1% of women answered that they felt chest pain during physical activity or at rest. 3.0% men and 2.6% of women reported that they have suffered a stroke.

AGE: In the age group from 25 to 30 years 7.8% of the respondents reported that they have high blood pressure. In the age group from 31 to 40 years the percentage of the respondents with high blood pressure amounts to 16.9%, in the age group from 41 to 50 years to 42.6% and in the group of respondents aged over 51 years 58.8%. In the age groups from 25 to 30 years and from 31 to 40 years no respondent reported that he has survived a heart attack. The latter was, however, reported by 10.4% of respondents in the age group between 41 and 50 years and 11.8% of the respondents that are over 51 years old.

IN COMPARISON WITH THE POPULATION OF POMURJE: The estimated prevalence of high blood pressure among respondents from Pomurje region aged between 25 and 64 is 24.7 %, in the Roma community it is 32.9 %. The estimated prevalence of angina pectoris among population of Pomurje is 8.8% and among Roma people 21.4 %. Such discrepancy could be partly attributed to difficulties in understanding of the question regarding this disease. There are also differences in estimated prevalence of heart attack between respondents from Pomurje (1.9 %) and respondents from the Roma community (5.8 %). Members of the Roma community (2.7 %) have a higher estimated prevalence of stroke than population of Pomurje (1.3 %).



DIABETES



Diabetes is a chronic disease that presents a large public health problem because it is very common disease that demands a complex treatment. In Slovenia, diabetes is one of the main reasons for visiting a physician.

	in %	No	Yes 1*	Yes 2*
GENDER	Male	91.1	4.0	4.9
	Female	92.4	5.1	2.5
AGE	25-30 years	98.0	2.0	0.0
	31-40 years	97.2	0.0	2.8
	41-50 years	86.8	5.9	7.3
	51 years and more	86.8	10.3	2.9
TOGETHER		91.9	4.6	3.5

Yes 1*- diagnosed in the past year.

Yes 2**- diagnosed more than one year ago.

WHOLE GROUP: 8.1% of the respondents reported that they have diabetes.

GENDER: 8.9% of men and 7.6% of women answered that they have diabetes.

AGE: 2.0% of the respondents aged from 25 to 30, 2.8% of the respondents in the age group from 31 to 40 years, 13.2% of the respondents in the age group from 41 to 50 years and 13.2% of the respondents aged over 51 reported that they have diabetes.

IN COMPARISON WITH THE POPULATION OF POMURJE: The estimated prevalence of diabetes among population of Pomurje in the age group from 25 to 64 years is 6.1 %. This percentage is higher among the Roma people (8.2%).

CHRONIC RESPIRATORY DISEASES

Chronic obstructive pulmonary disease (COPD) is a chronic obstructive airway disease that cannot be fully cured. Respiratory obstruction is usually progressive. The development of disease is connected with response of lungs to inhalation of cigarette smoke or other irritants. It most commonly affects smokers. COPD is one of the main causes of morbidity and mortality in the developed world but also in the developing countries.

in %		Chronic bronchitis		Bronchial asthma	
		No	Yes	No	Yes
GENDER	Male	92.1	7.9	91.1	8.9
	Female	81.4	18.6	86.0	14.0
AGE	25-30 years	94.1	5.9	94.1	5.9
	31-40 years	91.4	8.6	93.0	7.0
	41-50 years	82.4	17.6	83.8	16.2
	51 years and more	76.5	23.5	82.4	17.6
TOGETHER		85.6	14.4	88.0	12.0

WHOLE GROUP: 14.4% of the respondents reported that they suffer from chronic bronchitis (emphysema, COPD) and 12,0% of the respondents have bronchial asthma.

GENDER: 7.9% of men and 18.6% of women reported that they suffer from chronic bronchitis (emphysema, COPD) and 8.9% of men and 14.0% of women reported that they have bronchial asthma.

AGE: 5.9% of the respondents aged between 25 and 30, 8.6% of the respondents in the age group from 31 to 40 years, 17.6% of the respondents in the age group from 41 to 50 years and 23.5% of the respondents aged over 51 reported that they suffer from chronic bronchitis (emphysema, COPD). 5.9% of the respondents aged between 25 and 30, 7.0% of the respondents in the age group from 31 to 40 years, 16.2% of the respondents in the age group from 41 to 50 years and 17.6% of the respondents aged over 51 reported that they have bronchial asthma.

IN COMPARISON WITH THE POPULATION OF POMURJE: The estimated prevalence of chronic bronchitis among respondents from Pomurje in the age group between 25 and 64 years is 4.3 % and among the Roma people 14.4 %. It is estimated that 3.6 % of respondents from Pomurje and 12 % of the Roma people suffer from asthma.



LIVER CIRRHOSIS

Liver cirrhosis is a chronic liver disease that involves liver cell destruction. The most common cause of liver cirrhosis is alcohol liver disease (60-70 %).

	in %	No	Yes
GENDER	Male	97.0	3.0
	Female	99.4	0.6
AGE	25-30 years	100.0	0.0
	31-40 years	97.2	2.8
	41-50 years	98.5	1.5
	51 years and more	98.5	1.5
TOGETHER		98.4	1.6

WHOLE GROUP: 1.6% of the respondents reported that they have cirrhosis of the liver.

GENDER: 3.0% of men and 0.6% of women answered that they have cirrhosis of the liver.

AGE: None of the respondents in the age group from 25 to 30 years answered that he or she has cirrhosis of the liver. However, 2.8% of the respondents in the age group from 31 to 40 years, 1.5% of the respondents in the age group from 41 to 50 years and 1.5% of the respondents aged over 51 reported that they have cirrhosis of the liver.

IN COMPARISON WITH THE POPULATION OF POMURJE: The study on health-related lifestyle of population of Pomurje does not include data on prevalence of liver cirrhosis.

CONCLUSION

Survey results point to poorer health status of the Roma people in connection with all indicators included in the research. Roma people have low level of education and higher unemployment rates.

Health self-assessment reflects biological, socio-economic and psychosocial dimensions of individual's health. It successfully predicts disability, functional ability, morbidity and mortality. It furthermore demonstrates differences in health status between the Roma people and population of Pomurje.

The most salient are large shares of smokers (mainly smoking indoors), persons with BMI over 30, and a small share of physically active Roma people. Attention should be drawn to poor housing and living conditions, cultural factors and sometimes distant or negative behaviour of the majority population.



REFERENCES

1. Anderson P. The monitoring of the State of the World's drinking: what WHO has accomplished and what further needs to be done. *Addiction* 2005; 100: 1751–4.
2. Artnik B et al. Zdravje in vedenjski slog prebivalcev Slovenije: trendi v raziskavah CINDI 2004-2008. Ljubljana: Inštitut za varovanje zdravja, 2012.
3. Belović B, Buzeti T, Krajnc-Nikolić T, Vernailen N, Van den Broucke S, Činč M, Zupančič A. Health promotion strategy and action plan for tackling health inequalities in the pomurje region. Murska Sobota (Slovenia): Institute of Public Health M. Sobota; Brussels (Belgium): Flemish Institute for Health Promotion, 2005.
4. Belović B, Fujs A. Tvegana vedenja, povezana z zdravjem pri romski populaciji Pomurja. Izhodišča za zmanjševanje razlik v zdravje v romski populaciji preko promocije zdravja. Strateški dokument. Murska Sobota: Zavod za zdravstveno varstvo Murska Sobota, Pomursko društvo za boj proti raku, 2006.
5. Blank N, Diderichsen F. The prediction of different experiences of long-term illness: a longitudinal approach in Sweden. *J Epidemiol Commun Health* 1996; 50: 156–61.
6. Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Stockholm: Institute for Future Studies, 1991.
7. Idler E, Benyamini Y. Self-rated health and mortality: a review of twenty-seven community studies. *J Health Soc Behav* 1997; 38: 21-37.
8. Komac M. Romi na Slovenskem. Ljubljana: Inštitut za narodnostna vprašanja, 1991.
9. Komac M. Varstvo narodnih skupnosti v Republiki Sloveniji. Ljubljana: Inštitut za narodnostna vprašanja, 1999.
10. Kovše K, Tomšič S, Mihevc Ponikvar B, Nadrag P. Posledice tvegane in škodljivega uživanja alkohola v Sloveniji. *Zdrav Vestn* 2012; 8: 119–27.
11. Kraševac-Ravnik E (ed.): Varovanje zdravja posebnih družbenih skupin v Sloveniji. Ljubljana: Inštitut za varovanje zdravja Republike Slovenije in Slovenska fundacija, 1996.
12. Lolić D. Vpliv socialnih dejavnikov na stališča Romov do Kajenja. GERB, astma, migrena, hiperlipidemija, alergija: zbornik predavanj / IV. Fajdigovi dnevi, Ljubljana: Združenje zdravnikov družinske medicine SZD, 2003.
13. Moller L, Kristensen TS, Hollnagel H. Self rated health as a predictor of coronary heart disease in Copenhagen, Denmark. *J Epidemiol Commun Health* 1996; 50: 423-8.
14. National Heart, Lung, and Blood Institute. Morbidity & Mortality: Chart book on cardiovascular, lung, and blood diseases. Bethesda: U. S. Department of Health and Human Services, Public Health Service, National Institutes of Health, 1998. [accessed on 2014 Dec 7] Available at: <http://www.nhlbi.nih.gov/nhlbi/seiin/other/cht-book/htm>
15. Popis prebivalstva, gospodinjstev in stanovanj 2002. Statistični urad Republike Slovenije. [accessed on 2005 Jan 9] Available at: <http://www.stat.si/popis2002/si/default.htm>.

16. Thoits PA. Stress and health. Major findings and policy implications. *J Health Soc Behav* 2010; 5:41-53. [accessed on 2015 Jan 13] Available at: http://hsb.sagepub.com/content/51/1_suppl/S41.full.pdf+html
17. United Nations. The Universal Declaration of Human Rights. Adopted by the United Nations General Assembly on 10 December 1948 with resolution 217 A (III) [accessed on 2015 Jul 5] Available at: <http://www.un.org/en/documents/udhr/>
18. United Nations. International Covenant on Civil and Political Rights. Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966, entry into force 23 March 1976 [accessed on 2015 Jul 5] Available at: <http://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>
19. Zadravec J. Zdravstvena kultura Romov v Prekmurju. Murska Sobota: Pomurska založba 1989.
20. Zaletel-Kragelj L, Eržen I, Belović B, Artnik B, Premik M, Zelko-Peterka E. Vrednotenje regionalnih razlik v zdravju in iskanje rešitev za njihovo zmanjševanje: zaključno poročilo o rezultatih opravljenega raziskovalnega dela na projektu ciljnega raziskovalnega programa (CRP). Ljubljana: Ministrstvo za zdravje, Medicinska fakulteta, 2003.
21. Zaletel-Kragelj L, Eržen I, Fras Z. Interregional differences in health in Slovenia: I. Estimated prevalence of selected cardiovascular and related diseases. Available at URL: *Croat Med J* 2004; 45: 637-43.
22. Zaletel-Kragelj L, Eržen I, Fras Z. Interregional differences in health in Slovenia: II. Estimated prevalence of selected behavioral risk factors for cardiovascular and related disease. *Croat Med J* 2004; 45: 644-50.
23. Zaletel-Kragelj L, Fras Z, Maucec Zakotnik J. Results of CINDI Health Monitor surveys in Slovenia as a tool for development of effective healthy nutrition and physical activity intervention programmes. *J Public Health* 2006, 14: 110-118.
24. Zaletel-Kragelj L, Fras Z, Maučec-Zakotnik J. Tvegana vedenja povezana z zdravjem in nekatera zdravstvena stanja pri odraslih prebivalcih Slovenije. 1. Značilnosti in povzetek rezultatov raziskave. Ljubljana: CINDI Slovenija, 2004.
25. Zaletel-Kragelj L, Pahor M, Bilban M. Identification of population groups at very high risk for frequent perception of stress in Slovenia. *CMJ* 2005; 46: 137-45.
26. World Cancer Research Fund/American Institute for Cancer Research. Food, nutrition, physical activity, and the prevention of cancer: a Global Perspective. Washington DC: AICR; 2007. [accessed on 2014 Dec 18] Available at: http://www.dietandcancerreport.org/cancer_resource_center/downloads/Second_Expert_Report_full.pdf
27. World Health Organization. Global status report on alcohol and health. Geneva: World Health Organisation, 2011. [accessed on 2014 Nov 7] Available at: http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf
28. World Health Organization. Obesity and overweight. Fact sheet N°311; 2011. [accessed on 2015 Jan 13] Available at: <http://www.who.int/mediacentre/factsheets/fs311/en/>

