

HEALTH AND ROMA COMMUNITY: ANALYSIS OF THE SITUATION IN EUROPE

TRANSNATIONAL REPORT



INTRODUCTION

In 2007 the European project 'Health and the Roma Community. Analysis of the Situation in Europe' got started with the aim of analysing the health situation of the Roma community in Europe, addressing social inequalities in health and suggest, on the basis of the knowledge acquired, policies and actions aimed for the improvement of the health situation of the Roma community in Europe and for the reduction of inequity in Roma's access to healthcare.

This project is based on work carried out in Spain during 2006 in the framework of a cooperation agreement signed in 2003 between the Ministry of Health (now Ministry of Health and Social Policy) and the *Fundacion Secretariado Gitano*, which resulted in the **first National Health Survey of the Roma Population of Spain**.

The project, subsidised by the European Union in the context of the Public Health Program, has been developed in seven countries (Greece, Spain, Czech Republic, Slovakia, Portugal, Romania and Bulgaria) with the participation of public and private entities of the different countries involved and under the coordination of *Fundacion Secretariado Gitano*.

The chapters that follow concern the health of European Roma from various angles. Efforts were made to learn about the situation of people (both subjective and objective perceptions), access and use of key health services, the prevalence of diseases and living habits of citizens, among others. To that effect the results of the seven participating countries have been compared. Furthermore, in cases where information existed, comparative data are provided for the European Union (EU-27) as well as for Roma population. Specifically, it has analysed data within four key thematic areas that investigate the social reality of the Roma health situation.

In the first place, data on socio-demographic aspects are presented, from which to contextualize the particular situation of the Roma community, giving account of the social determinants of health. Secondly, issues concerning the health status of the Roma are addressed by providing relevant information regarding perceived health, diseases, and accidents, among others. A third axis has been the use of health services by the Roma, which provides data on consumption of medicines, visits to the physician, hospitalisations, emergency services, etc. The fourth and final thematic area focuses on the lifestyles of the Roma community in matters related to the consumption of tobacco and alcohol, exercise, rest, food, among others.

METHODOLOGY

Work was based on the collection of current, first-hand information obtained through a survey given to members of Europe's Roma population. This basically meant conducting direct or indirect interviews of 7,604 Roma of all ages and from seven European Union countries allowing us to subsequently extract statistically reliable data which can be extrapolated to the entire Roma community. The following are the technical characteristics of the survey.

Target population:

Our target population was entirely composed of Roma from Bulgaria, Romania, Greece, Portugal, the Czech Republic, Slovakia and Spain. In this connection, as pointed out in the foregoing, information was gathered on the Roma population of all ages, both men and women.

In a research project of this nature seeking to obtain information on the situation of the Roma population, anyone who knows this population group can attest to the difficulty in acquiring the most accurate information possible in terms of real figures of the population in order to design a valid sample.

Serious difficulties were encountered in quantifying the size of the Roma population in all seven countries where the survey was conducted. The fact that "official" statistics do not exist in some of the countries studied and the discrepancy between such figures and estimates which are believed to better reflect reality, made our job more difficult. In order to quantify and locate our target population we used proportional figures provided by the groups of experts created in each of the countries where the study was conducted based on official figures and significant studies undertaken in this regard.

The following table shows the total volume of Roma population in each country comprising our target population. For further information on the process followed to calculate the target population, please refer to the individual country reports of each of the participants in this study.

Estimated Roma population by country:

	Roma Population
Greece	125,000
Portugal	33,338
Czech Republic	230,000
Slovakia	320,000
Romania	1,050,000
Bulgaria	370,908
Spain	665,987
Roma Europe	2,795,233

The questionnaire:

A personal door-to-door survey was carried out, i.e. face-to-face interviews conducted by an interviewer in the home of the interviewee using a structured and pre-coded questionnaire. On an exceptional basis only, the interview could be conducted outside of the home in cases where the person chosen could not usually be found at home at a reasonable hour.

The questionnaire was designed to collect information on the household, Roma minors (girls and boys) and Roma adults:

- s Questionnaire about the household:** The first part of the questionnaire gathers basic information from all members of the household: sex, age, relationship to the main wage earner, type of health-care coverage, difficulties encountered in everyday life, disability or chronic disease, etc. This part of the questionnaire also gathers information common to all members of a household: number of people in the household, habitual caretaker of minors, type of home, type of neighbourhood and whether social and health services are available in the area. All of this information is provided by an adult who is sufficiently familiar with the rest of the people living together in the home.
- s Questionnaire focusing on Minors:** This part of the questionnaire gathers information about all health aspects relating to minors, i.e. age 15 and under. These questions are answered by an adult on behalf of the selected minor; in principle the father or mother or, failing that, the child's guardian.
- s Questionnaire focusing on Adults:** A different questionnaire was likewise designed for adults to gather health-related information. In this case we focused on adults age 16 and above who answered questions

about their personal situation and directly gave their opinions in response to the questions posed.

Therefore, data analysis covers three different units: households, members of the household and individuals interviewed (either minors or adults).

Field work:

Fieldwork was initially performed in Spain in 2006 and in the rest of the countries during the course of 2008. The following table gives more detailed information on fieldwork dates:

Fieldwork dates

Greece	November / December 2008
Portugal	September / November 2008
Czech Republic	November 2008
Slovakia	September / November 2008
Romania	March / June 2009
Bulgaria	October / November 2008
Spain	September / October 2006

Generally speaking, only one person per household was interviewed (a minor or an adult). Therefore, each questionnaire gathered basic information about the household and all of its members and about the individual interviewed (a minor or an adult). This rule was followed in all of the countries with the exception of Romania where all of the members of the households were interviewed. The decision to change the fieldwork procedure was adopted by the Romanian team and was due to technical reasons. Further information can be found in Romania's national report.

The methodological shift in Romania does not have a significant bearing on the research or on the compiling of this transnational report. Information was gathered in that country on 659 households and 2,616 individuals, a sufficiently large sample to obtain reliable data. Notwithstanding the foregoing, the representativeness of the sample is affected owing to the fact that a sample with only one interview per household is much more pervasive than one where all household members are interviewed. However, the household sample base is within acceptable parameters and there are countries with a smaller household sample than Romania and therefore this difference will not have too much of an effect on comparisons between countries. Even so, this methodological difference must be kept in mind because it could come into play when examining a specific piece of data.

Samples:

Following are the sample numbers for each country. The following table illustrates the samples used, bearing witness to the enormous potential of the survey for statistical purposes:

Samples per country

	Household members	Total interviewed	Minors interviewed	Adults interviewed
Roma Europe	5,647	26,058	7,604	2,784
Greece	641	3,492	641	215
Portugal	367	1,676	367	122
Czech Rep.	1,013	4,109	1,013	332
Slovakia	657	3,760	657	321
Romania	659	2,616	2,616	1,024
Bulgaria	814	3,947	814	266
Spain	1,496	6,458	1,496	504

Sample error:

Based on the total population figure provided by each country, this being our target group for the survey, and using survey data, we were able to estimate the size of Roma households in each country and to determine the number of minors and adults. We can thus estimate the error margin for each of the groups focused on in this report. The number of households was calculated by dividing the total size of the Roma population by the average household size as determined in the survey. Similarly, to calculate the number of minors and adults we applied the percentage of minors and adults determined in the survey to the total number of Roma. The following table shows the overall figures for all of the participating countries:

Total numbers per countries

	Households	Roma Population	Minors	Adults
Roma Europe	623,589	2,795,233	1,728,086	1,067,147
Greece	23,105	125,000	67,937	57,063
Portugal	7,154	33,338	19,312	14,026
Czech Rep.	56,235	230,000	146,227	83,773
Slovakia	55,846	320,000	184,669	135,331
Romania	248,227	1,050,000	621,358	428,642
Bulgaria	76,319	370,908	253,977	116,931
Spain	156,703	665,987	434,606	231,381

Once the different target populations were quantified and our sample sizes known, we were then able to calculate survey error margins which are as follows:

Survey error margins ($\pm\%$)

	Households	Household members	Total interviewees	Minors	Adults
Roma Europe	1.30	0.60	1.12	1.86	1.41
Greece	3.82	1.64	3.86	6.67	4.73
Portugal	4.98	2.33	5.09	8.84	6.21
Czech Rep.	3.05	1.52	3.07	5.37	3.74
Slovakia	3.80	1.59	3.82	5.47	5.34
Romania	3.81	1.91	1.91	3.06	2.45
Bulgaria	3.42	1.55	3.43	6.01	4.18
Spain	2.52	1.21	2.53	4.36	3.10

Weighting of results:

In light of the difference in sample sizes used in the different countries, we decided to weight each country's figures to make them comparable. Weighting means assigning different weights in accordance with sample tiers so that they correspond to the structure of the target group. Only then can one obtain representative results on the target population.*

In order to obtain representative data for the seven countries, weighting factors were applied to the data obtained so that the sample reflected the proportionality of the target group. In this case, different correction factors were applied depending on whether the focus was on households, household members or individuals interviewed.

Following are three tables, one for each unit of analysis and therefore each with its own weighting factor. Each specifies the size of the target group, distribution in each country expressed in percentage terms, the proportional sample per country obtained by applying the preceding percentages, the sample itself and the weighting factors applied.

If a sample is not weighted, all of the elements of the sample have the same unit value. However, in a weighted sample (the case of this survey) each element will have a determined value which will be greater or lesser than one. This value is assigned depending on whether the element is part of one or another tier and is calculated by dividing the sample used of a given tier by the proportional sample attributable to that tier.

Weighting factors: Households

	Households	Percentage	Proportional Sample	Sample done	Weighting factor
Greece	23,105	3.7	209	641	0.326053
Portugal	7,154	1.1	65	367	0.177112
Czech Republic	56,235	9.0	510	1,013	0.503455
Slovakia	55,846	9.0	506	657	0.770167
Romania	248,227	39.8	2,250	659	3.414264
Bulgaria	76,319	12.2	692	814	0.850123
Spain	156,703	25.1	1,421	1,502	0.946072

Weighting factors: Household members

	Roma Population	Percentage	Proportional Sample	Sample done	Weighting factor
Greece	125,000	4.5	1,163	3,492	0.333047
Portugal	33,338	1.2	310	1,676	0.184964
Czech Republic	230,000	8.2	2,140	4,109	0.520808
Slovakia	320,000	11.4	2,977	3,760	0.791755
Romania	1,050,000	37.6	9,769	2,616	3.734327
Bulgaria	370,908	13.3	3,451	3,947	0.874335
Spain	665,987	23.8	6,197	6,407	0.967223

Weighting factors: Interviewees

	Roma Population	Percentage	Proportional Sample	Sample done	Weighting factor
Greece	125,000	4.5	340	641	0.530421
Portugal	33,338	1.2	91	367	0.247956
Czech Republic	230,000	8.2	626	1,013	0.617966
Slovakia	320,000	11.4	871	657	1.325723
Romania	1,050,000	37.6	2,858	2,616	1.092508
Bulgaria	370,908	13.3	1,009	814	1.239558
Spain	665,987	23.8	1,812	1,499	1.208806

Once the weighting factors were established to balance the sample at European level, we had to consider that each country has its own weighting to balance the sample internally. Therefore, in order to maintain the internal weighting of each country with a view to a comparative analysis, for each register we multiplied the sample balance factor calculated at European level (see tables above) by the internal weighting factor each had previously.

This is the only way to guarantee a database producing comparative results of the internal structure of each country while also obtaining information for the seven countries considered jointly. In light of this situation, we should be aware that the information furnished by the different countries in this transnational report could differ (albeit very slightly) from the data

furnished by the different countries in their national reports and could even differ from the country summaries appearing at the end of this publication. In both cases, differences are minimal (tenths of a point in many cases) and do not affect the analysis and interpretation of the information.

PART I. SOCIO-DEMOGRAPHIC CHARACTERISTICS

IV. 1. BASELINE DEMOGRAPHIC SITUATION

In the case of a research project such as this one, it is essential to begin with a demographic description of the Roma population in comparison with the total population of the European Union. This may very well be the main social factor affecting health thus facilitating the interpretation of the social reality we are focusing on. We therefore begin our comparative study of the Roma community's health situation from a demographic perspective in order to view the different dimensions of health through characteristics of the population.

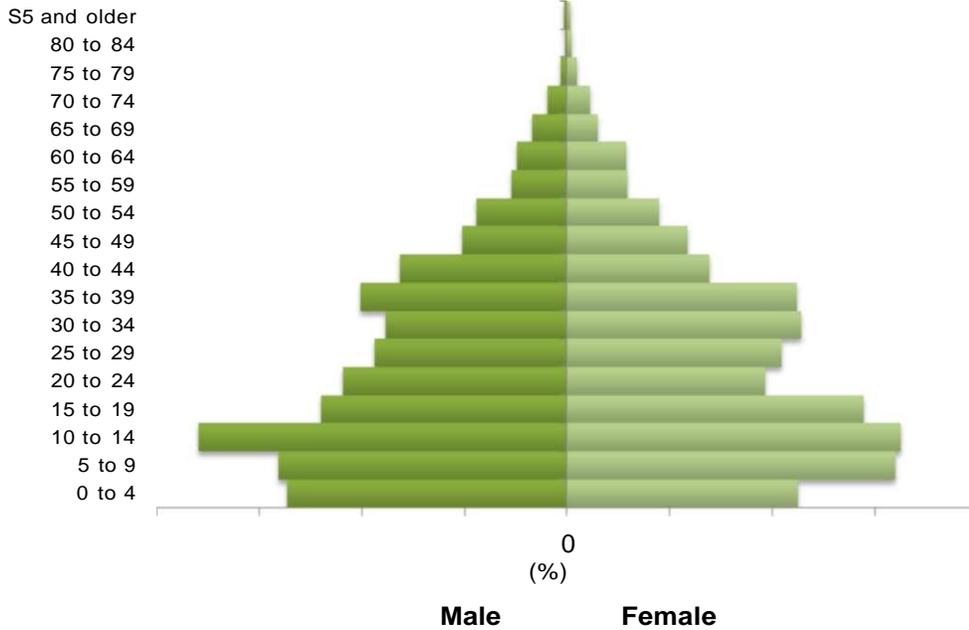
As already pointed out in the section covering the survey's methodology, there are three different levels or units of analysis to be considered when studying these results. The first focuses on households and results are based on a sample size of 5,647 households. The second focuses on the interviewee and in this case we have gathered information on 7,604 individuals. And lastly, basic information was collected on all of the members of the household, 26,058 people, this being the sample of focus for this section on demographic indicators.

We begin by showing the pyramid representing the Roma population of the participating countries considered jointly and that of the countries of the European Union (EU-27). This gives us a clear and concise idea of the differences between the two population groups. If we begin our analysis by looking at the base of the pyramids we observe the greater relative weight of minors in the Roma community in comparison with the pyramid representing EU-27 which rests on a relatively narrow base. This is a reflection of the declining birth rate for the last several years amongst the European population, especially EU-15 countries, as opposed to the Roma population where this has not been the case. However, the narrowing of the base of the pyramid representing the Roma population (up to age 9) in comparison with the group immediately above could indicate a slight decline

in the birth rate of the Roma population. This could be an indication of new trends in terms of family planning in Roma homes.

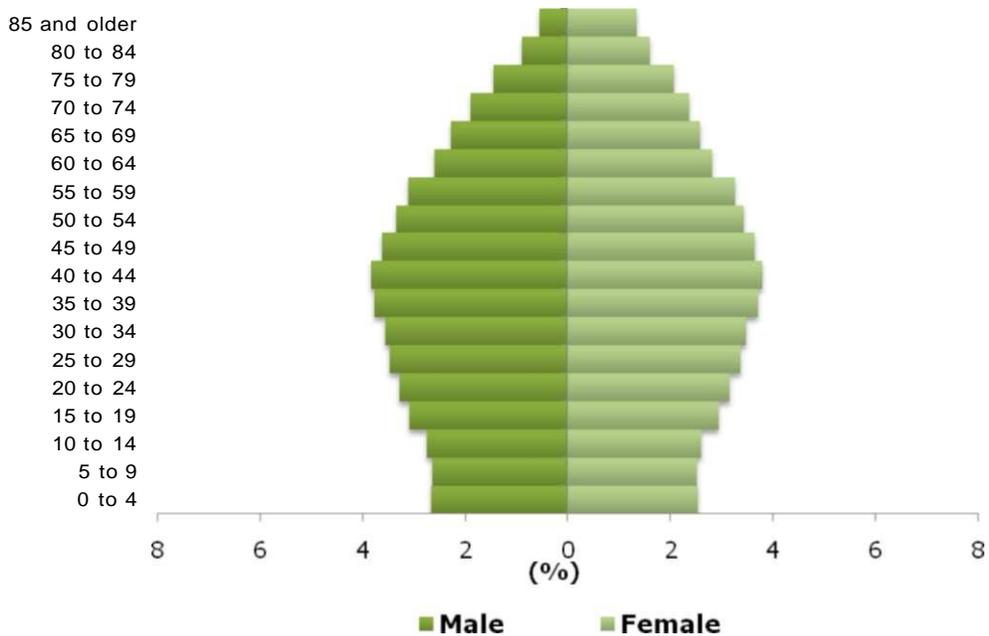
**Graph 1.1. Population pyramids in Europe:
Roma community and the European Union**

A) European Roma population



Source: EDIS S.A, based on the European Survey on Health and the Roma Community, 2009.

B) Population EU-27



Source: EDIS S.A. based on Eurostat data of 1 January 2008.

Another element characterising the Roma population and in contrast with the population at large can be found in the upper part of the pyramids. While in EU-27 the presence of the elderly is unmistakable indicating longer life expectancy, the same cannot be said of the Roma population. The Roma community is characterised by a more classic demographic structure (wide base and narrow apex) as from age 35 indicating a shorter life expectancy.

Having established the most significant differences illustrated by the population pyramids, we now want to delve deeper into our analysis looking at a set of demographic indicators taken from two basic demographic attributes - sex and age. This will enable us to identify possible contrasts between the countries taking part in this survey on Europe's Roma population.

Our analysis is structured through a series of assertions comparing Europe's Roma population with the overall EU-27 population and which can also be observed in the pyramids of the populations described in the foregoing. These assertions are as follows:

1. *Balance of the female population vis-a-vis the overall population.*

The data from the table of demographic indicators shows that the number of women is very similar to the number of men in both the Roma community and EU-27. Amongst the European Roma population we find a proportion of 103.5 women for each 100 men which is quite similar to the 104.8 women in EU-27. This holds true for the Roma population of all of the countries studied with the exception of Bulgaria where the proportion is 96.9 women to every 100 men. In contrast, the highest index is found in Portugal with 113.3 women.

2. *Roma youth - aging Europe.*

As was plain to see in the population pyramids, the Roma community is considerably younger than the overall European population. The average age of Europe's Roma population is 25.1 in comparison with 40.2 for EU-27, a difference of 15 years. This attribute of the Roma population was found consistently in all seven countries with little difference between them. The highest average age was in Bulgaria (26.6) and the lowest in Greece (21.6).

This phenomenon is very clearly illustrated by focusing on the child and youth rates which are higher amongst Roma. 26.7% of the Roma population is between the ages of 15 and 29 (youth rate) compared to 19.3% in the

case of EU-27. The child rate (population under age 15) of the Roma population is 35.7% compared to 15.7% for EU-27. Furthermore, the Roma population's youth rate is much higher than that of the European population. For every 100 people age 65 and over, the Roma community has 1,343 who are under the age of 15 in comparison with 92.1 in the case of EU-27.

In contrast, the elderly rate (proportion of the population age 65 and older) stands at 2.7% for the Roma population and 17.0% for EU-27. Having regard to the elderly rate, the adult and child populations are nearly balanced in the case of EU-27 while Europe's Roma community has 7.5 people age 65 or older for every 100 individuals age 14 or younger.

3. The European population lives longer than the Roma population.

This assertion is based on longevity and old-age indicators. The former focuses on the proportion of the population age 75 and over in comparison with the 65 and over group while the latter takes the proportion of people age 85 and over in comparison, once again, with those over age 64. Thus, the Roma population's longevity rate is 25.7% compared to 51% for EU-27 while the old-age rate is 4.5% for the Roma population as opposed to 11.2% for EU-27.

We would like to dwell for a moment on this assertion to establish some differences between countries. Only a small proportion of the Greek population reaches age 75 and older explaining the 16% longevity rate, the lowest of the seven countries. As for Portugal, although its longevity indicator is the highest (38%), its old-age rate is close to zero meaning that nearly the whole of the elderly population dies between the ages of 75 and 85. The Czech Republic has one of the highest longevity (37%) and old-age rates (6%) which indicates a higher life expectancy than the other countries.

4. Higher dependency indices for the Roma community, especially amongst minors.

A series of indicators have been devised in an attempt to measure possible dependency relationships between the two populations. This indicator basically measures the number of potentially inactive persons (under age 15 and over age 64) for every 100 potentially active people (between 15 and 64). The dependency rate of Europe's Roma community is 62 inactive persons for every 100 active ones as opposed to 48.7 for EU-27.

However, if we draw a distinction between minors and adults we see a clear imbalance between the Roma population and the overall population in terms of dependency. For every 100 Roma between the age of 15 and 64 there are 57.8 children under age 15 while in EU-27 this ratio stands at 23.3. In contrast, for every 100 potentially active Roma individuals we find 4.1 over the age of 64 in comparison with the figure of 24.9 for the European Union population as a whole.

5. Incipient fall in the Roma birth rate.

Here we are surprised to report a shift in the socio-demographic behaviour of Europe's Roma population. The progressive age structure shows that there are close to 82.7 Roma children under the age of 5 for every 100 children between 5 and 9 while this index for EU-27 is nearly 101. The fact that the indicator is under 100 for the Roma population means a fall in the replacement rate between the two youngest generations, a demographic situation which is repeated in all of the countries studied.

These figures could indicate a change in Roma birth rates, gradually mirroring the decline in Europe which took place several decades ago.

HEALTH AND ROMA COMMUNITY: ANALYSIS OF THE SITUATION IN EUROPE

Table 1.1. Basic demographic indicators

Indicator	Definition	Greece	Portugal	Czech Republic	Slovakia	Romania	Bulgaria	Spain	Roma popul.	EU-27
Femininity index	Women per 100 men.	105.51	113.29	106.56	101.42	104.93	96.97	103.99	103.51	104.80
Average age	Average number of years lived per person.	21.56	23.75	25.85	24.02	26.50	26.63	24.97	25.09	40.24
Child rate	Percentage of the population age 14 and younger.	43.39	39.34	33.93	39.10	37.90	29.83	32.60	35.65	15.69
Youth rate	Percentage of the population age 15 to 29.	28.26	28.85	25.75	25.80	24.39	30.06	28.90	26.73	19.29
Elderly rate	Percentage of the population age 65 and older.	2.16	2.62	2.38	2.18	2.65	2.73	3.05	2.65	17.04
Longevity rate	Percentage of the 75 and over population divided by the 65 and over group.	16.00	37.50	37.25	23.08	26.25	20.21	26.98	25.65	51.02
Old-age rate	Percentage of the 85 and over population divided by the 65 and over group.	8.00	0.01	5.88	3.08	4.63	3.19	4.76	4.49	11.15
Youth index	Persons up to age 14 per every 100 persons age 65 and over.	2,008.00	1,500.00	1,423.53	1,795.38	1,429.34	1,092.55	1,068.25	1,343.04	92.07
Ageing index	Persons 65 and over per every 100 persons 14 and under.	4.98	6.67	7.02	5.57	7.00	9.15	9.36	7.45	108.62
Global dependency index	Potentially inactive persons (age 14 and under, 65 and over) per every 100 potentially active persons (15-64)	83.65	72.32	57.01	70.28	68.20	48.28	55.41	62.08	48.66
Child dependency index	Persons 14 and under per every 100 persons between 15 and 64.	79.68	67.80	53.26	66.57	63.74	44.23	50.66	57.77	23.33
Elderly person dependency index	Persons 65 and over per every 100 persons 15-64.	3.82	4.19	3.61	3.55	4.18	3.94	4.59	4.11	24.93
Progressive age structure	Children age 5 to 9 per every 100 children age 4 and under.	88.95	77.50	86.72	79.90	71.21	99.70	93.26	82.73	100.87
Replacement index	Persons 15 to 39 per every 100 persons age 40-64.	309.09	233.96	193.75	215.86	266.20	206.74	230.71	236.13	101.02

Source: EDIS S.A. European Survey on Health and the Roma Community 2009 and data obtained from Eurostat 2008 on EU-27

6. *Population replacement assured in the Roma population.*

The replacement index measures population replacement for the next 25 years. This indicator reflects the population between the ages of 15 and 39 per every 100 people age 40 to 64. According to this index, an indicator of over 100 guarantees demographic replacement. As the table shows, this indicator is above 100 both for the Roma population (of Europe in general and each of the countries analysed individually) and that of the European Union in general. However there is quite a difference - the replacement index for Europe's Roma population is nearly 231 as opposed to 101 in the case of EU-27.

The country whose Roma population is most in line with the replacement index of EU-27 (despite being closer to the total Roma rate) is the Czech Republic with nearly 194. In contrast, the country with the highest replacement index is Greece (309) which makes sense considering that Greece is also the country with the highest child rate.

With this population replacement index we conclude this chapter which provides a comparative analysis using basic demographic indicators. As these statistics show, there are no noteworthy demographic differences between the countries where the Roma community survey was conducted. However, a comparison of the Roma population figures with those of EU-27 shows major differences in demographic trends.

IV.2. **ACADEMIC LEVEL**

In this section we continue with an analysis of elements which allow us to characterise Europe's Roma population both internally and with regard to the overall population. In this section we will focus on two variables which are of vital importance for the development of citizenship in all countries: academic level and enrolment rates of children in school.

Table 1.2. Distribution (in percentage terms) of the 16 and over Roma population according to academic level

	No studies	Primary	Secondary and beyond	Total	Base (N)
Roma population	43.6	32.8	23.7	100	(7,604)
Greece	83.2	15.1	1.6	100	(641)
Portugal	51.9	47.7	0.4	100	(367)
Czech Republic	20.4	70.3	9.3	100	(1,013)
Slovakia	25.4	47.8	26.8	100	(657)
Romania	37.4	26.9	35.7	100	(2,616)
Bulgaria	30.5	28.5	41.0	100	(814)
Spain	67.2	27.1	5.7	100	(1,496)

Source: EDIS S.A. European Survey on Health and the Roma Community.

44% of the total adult Roma population (over age 15) of the countries studied have not completed primary school studies. This means that approximately 465,000 Roma from these countries have failed to earn a school diploma. Moreover, not even a quarter of the population (24%) has attained at least a secondary level of education.

We would draw special attention to the "no studies" rates in Portugal (52%), Spain (67%) and particularly notorious, Greece (83%). In this latter country, only 1.6% of the Roma population reached at least secondary school. On the other extreme we would draw attention to the percentage of Roma students who did at least achieve a secondary level of education - Romania (36%) and Bulgaria (41%).

For comparison purposes, the following table shows data furnished by Eurostat on the whole of Europe's population.

Table 1.3. Distribution (in percentage terms) of the 16 and over population (Roma community and EU-27) according to academic level

	Primary and lower	Secondary and higher	Total
EU-27 (*)	32.1	67.9	100
Roma Population (*)	75.5	24.5	100
Greece	98.3	1.7	100
Portugal	99.5	0.5	100
Czech Republic	90.4	9.6	100
Slovakia	72.3	27.7	100
Romania	63.4	36.6	100
Bulgaria	57.5	42.5	100
Spain	94.0	6.0	100

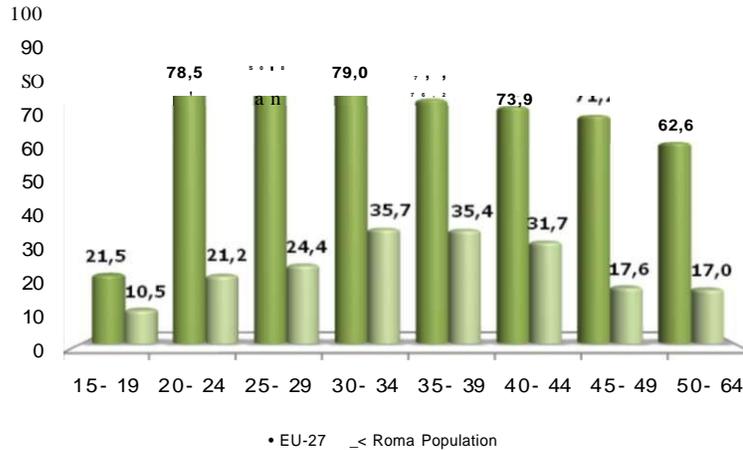
(*) EU-27: Population age 15 and over.

(*) Roma population: Population age 16 and over.

Source: EDIS S.A. European Survey on Health and the Roma Community and data on EU-27 from Eurostat 2008.

The figures from the above table speak for themselves. Only a very small proportion of the Roma population continues studying after primary school. In EU-27 just over two thirds of the population has at least a secondary level of education while this is true of only one quarter of the Roma population.

In other words, 2.8 individuals from the overall European population have achieved a secondary education for each Roma individual who can make the same claim. From these figures it can be deduced that approximately 1,300,000 Roma over the age of 15 have not progressed past primary school. These differences are clearly illustrated below by age group.

Graph 1.2. Percentage of the over 15 population with a secondary or higher level of education by age group

Source: EDIS S.A. European Survey on Health and the Roma Community, and data furnished on EU-27 by Eurostat 2008

The differences between EU-27 and the Roma population are self-evident featuring noteworthy gaps at all age groups. This gap is only significantly smaller in the age 15-19 group probably due to efforts being made by the younger generations.

Following are the school enrolment rates for minors.

Table 1.4. Percentage of minors (0-15) enrolled in school

	Minors	0 to 5	6 to 15
EU-27	79.8	45.2	99.6
Roma Population	67.2	22.5	87.0
Greece	34.9	8.8	56.0
Portugal	71.1	18.2	92.6
Czech Republic	72.1	28.6	94.1
Slovakia	71.9	20.3	96.4
Romania	67.6	9.9	86.9
Bulgaria	59.9	19.1	81.8
Spain	74.0	47.6	88.2

Source: EDIS S.A. European Survey on Health and the Roma Community and data furnished on EU-27 by Eurostat 2007

The most noteworthy differences are found in the 0-5 age group. While in EU-27, 45% of children at this age are already enrolled at school, in the case of the Roma community this figure is barely over one-fifth (23%) meaning that approximately 262,000 Roma children age 5 and under are not yet enrolled. This verifiable gap is what accounts for a difference of nearly 13 percentage points between the Roma population and EU-27 in the under 16 category.

The following table shows the student population among the 16 and over group:

Table 1.5. Percentage of the 15 and over population in school

	15 and older	15 to 24
EU-27	11.1	59.5
Roma Population	5.1	17.3
Greece	2.7	8.1
Portugal	1.8	5.6
Czech Republic	5.8	19.4
Slovakia	6.0	23.4
Romania	5.5	19.6
Bulgaria	3.8	14.8
Spain	4.7	14.3

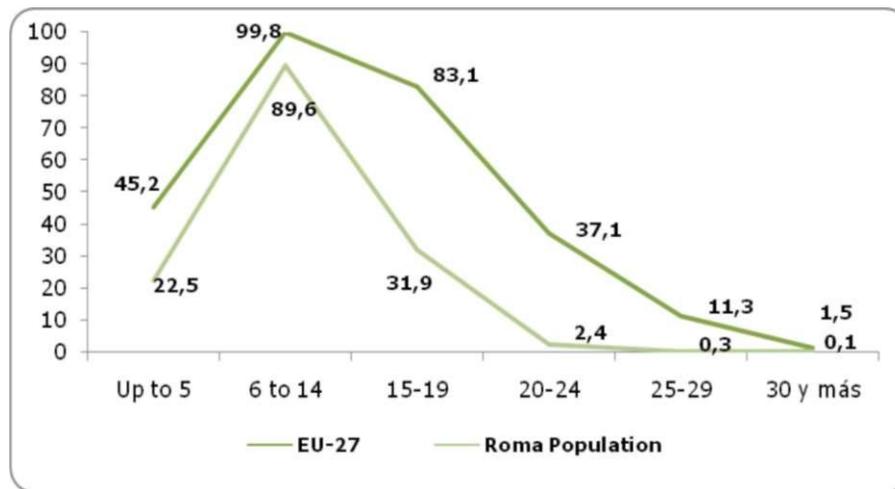
Source: EDIS S.A. European Survey on Health and the Roma Community and data furnished on EU-27 by Eurostat 2007

Although the gap in percentage terms is smaller among the adult population, it is still significant. Out of the entire 15 and over population, we find that the proportion of students in EU-27 (11%) is more than double that of the Roma population (5%). The gap is even larger if we limit the scope to the 15-24 age group where we find a student rate of 60% in the case of EU-27 which is 3.4 times greater than the proportion of Roma students at that age (17%).

As for individual countries, special mention should be made of the very low student rates in the 15-24 group in Greece (8%) and Portugal (6%).

The following graph clearly illustrates this comparison by age groups

Graph 1.3. Percentage of the population enrolled in school by age groups



Source: EDIS S.A. European Survey on Health and the Roma Community and data furnished on EU-27 by Eurostat 2007

This graph shows that fewer members of the Roma population enrol in school compared to the general population and also underscores early school leaving by the Roma population. Up to the age of 14, the school enrolment rate is significant, i.e. 90% of minors are in school. However, a great many leave school after that age.

IV.3. ECONOMIC ACTIVITY

This section analyses survey figures regarding the economic activity of the Roma population. A small clarification is in order before commencing: the data appearing here are based on the subjective perception of the interviewees and are therefore in no way comparable to the official figures compiled regularly in this regard.

Table 1.6. Economic activity (in percentage terms) of the adult population (16 and over) (self-classification)

	Employment	Unemployment	Inactivity	Total
Roma population	49.9	15.3	34.8	100
Greece	38.2	19.4	42.5	100
Portugal	60.8	9.8	29.4	100
Czech Republic	43.4	30.5	26.1	100
Slovakia	50.2	24.7	25.1	100
Romania	48.6	8.8	42.6	100
Bulgaria	61.9	7.1	31.0	100
Spain	48.3	19.7	32.0	100

Source: EDIS S.A. European Survey on Health and the Roma Community.

According to these figures, practically two-thirds of the Roma population are active and three-quarters of the latter are employed meaning that they are engaged in some sort of labour activity. This situation is illustrated in the following table.

Table 1.7. Activity and unemployment rates of the adult population (16 and over) (self-classification)

	Activity rate (Self-perceived)	Unemployment rate (Self-perceived)
Roma population	65.2	23.5
Greece	57.5	33.6
Portugal	70.6	13.9
Czech Republic	73.9	41.2
Slovakia	74.9	33.0
Romania	57.4	15.3
Bulgaria	69.0	10.3
Spain	68.0	29.0

Source: EDIS S.A. European Survey on Health and the Roma Community.

Special mention should be made of the inordinately high unemployment rates in three of the countries involved in our study: The Czech Republic, Slovakia and Greece. The first of these features an unemployment rate of 41% while in the other two it is in the vicinity of 33%. The case of Greece is especially noteworthy because this figure is associated with an activity rate of 58%. This means that in Greece more than six out of ten Roma are either unemployed or inactive, more than ten percentage points over the figure registered for the overall Roma population.

In addition to these figures, it is worthwhile to highlight a few others relating to employment. If we focus exclusively on the under 16 segment of the Roma population we find that 8.4% claim to "not do anything" (no studies or work) and 2.2% engage in some labour activity. This means that approximately 23,500 Roma under the age of 16 are working.

IV.4. PLACE OF RESIDENCE

One of the most important aspects from a health perspective is the type of housing used by Roma families and its location, health conditions of the surrounding area and the availability (or lack thereof) of health and social services in the neighbourhood.

The data we provide in this regard reveal a great deal about this situation. 3.6% of the Roma population lives in shanty towns and nearly 27% in sub-standard housing, i.e. in homes featuring a number of deficiencies. In absolute terms, this means that approximately 852,000 Roma live in sub-standard housing or shanty towns.

A by-country breakdown of the data highlights the cases of Greece and Portugal where 22% and 31% respectively of the Roma population live in shanty towns. In Portugal and Slovakia the majority live in shanty towns or sub-standard housing as opposed to standard houses or flats and specifically in the case of Slovakia nearly half of the Roma population (47%) live in sub-standard housing and only 6% in shanty towns.

These data stand in stark contrast with those obtained concerning the Spanish Roma population where 92% of this latter group lives in standard flats or houses, 33 percentage points above the average for the countries considered jointly (69%).

As for the integration of residential neighbourhoods within the urban network we find that just over one-fifth of the Roma population (22.2%) live in neighbourhoods or areas which are distant or separated from the cities to which they are associated. However, the situation does vary from country to country and there are four where separation from urban centres is especially marked: Slovakia (41%), Portugal (44%), Bulgaria (47%) and Greece (54%).

The cases of Portugal, Bulgaria and Greece particularly stand out because not only does a large proportion of their Roma population reside in areas which are cut off from city centres but these countries are also the ones where we have recorded the largest proportion of the Roma population living in neighbourhoods characterised by unhealthy conditions. In Portugal close to half of the Roma population (47%) lives in areas with poor health condition and the vast majority also lives in neighbourhoods which are distant from urban centres (39%). 55% of Roma in Greece live in areas with poor health conditions and 37% are also separated from urban centres. And lastly, in Bulgaria nearly two-thirds of the population (64%) live in neighbourhoods with poor health conditions and 34% in areas separated from the cities.

These are the same countries where we detected a greater lack of health and social services in the residential neighbourhoods of the Roma population. Portugal, Greece and Bulgaria were the countries where the highest proportion of the population lacks these services in their neighbourhoods, the figures ranging from 37% in the case of Portugal to 32% in Bulgaria. Also, in the Czech Republic and Slovakia nearly a quarter of the Roma population lacks health or social services in the vicinity of their homes.

In terms of these indicators, the Spanish Roma population finds itself in a relatively enviable position: 92% of that group has health and social services available to them in their home neighbourhoods.

Table 1.8. Distribution (in percentage terms) of the Roma population according to type and place of residence

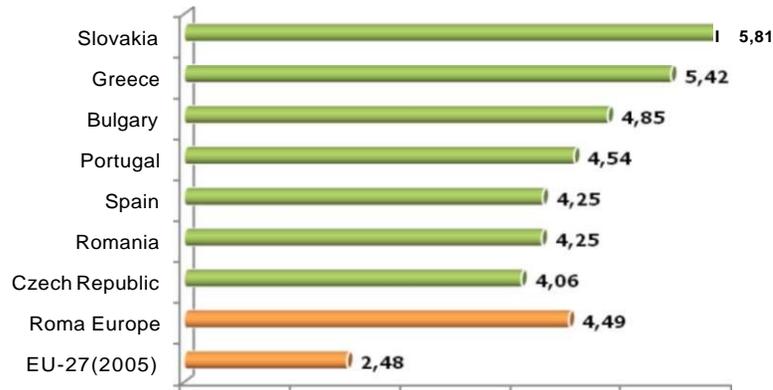
	Greece	Portugal	Czech Republic	Slovakia	Romania	Bulgaria	Spain	Roma popul.
POPULATION								
Total	100	100						
Base (N)	(3,492)	(1,676)	(4,109)	(3,760)	(2,616)	(3,947)	(6,458)	(26,058)
Type of house								
Standard flat or house	52.6	46.2	62.5	46.5	65.8	70.6	92.4	69.5
Sub standard housing	25.5	23.3	32.8	47.3	33.5	25.0	6.6	26.9
Shanty town	21.9	30.5	4.7	6.2	0.8	4.4	1.0	3.6
Neighbourhood								
Integrated and good health	29.2	48.0	60.8	46.2	69.5	23.3	69.6	57.9
Integrated and poor health	17.2	7.9	22.9	12.6	22.4	29.9	13.9	19.9
Isolated and good health	16.2	4.9	5.6	25.7	6.7	12.8	9.3	10.6
Isolated and poor health	37.3	39.1	10.7	15.5	1.5	33.9	7.1	11.6
Health and social services								
With health and social services	64.5	63.1	76.9	76.3	97.9	67.8	91.7	86.3
Without health or social services	35.5	36.9	23.1	23.7	2.1	32.2	8.3	13.7
HOUSEHOLD								
Total	100	100						
Base (N)	(641)	(367)	(1,013)	(657)	(659)	(814)	(1,4969)	(5,647)
Type of house								
Standard flat or house	52.4	47.6	63.6	51.2	64.9	73.1	93.0	71.1
Sub standard housing	25.2	22.2	31.9	43.8	34.0	22.4	5.9	25.6
Shanty town	22.3	30.2	4.6	5.0	1.0	4.5	1.1	3.3
Neighbourhood								
Integrated and good health	29.5	49.2	62.6	50.7	73.8	26.7	70.2	62.1
Integrated and poor health	17.9	7.9	21.6	11.7	17.9	28.8	13.0	17.7
Isolated and good health	15.0	4.8	5.5	23.1	6.9	11.4	9.5	9.7
Isolated and poor health	37.7	38.1	10.3	14.5	1.4	33.1	7.3	10.5
Health and social services								
With health and social services	64.3	65.1	77.9	79.0	97.5	68.7	91.9	87.5
Without health or social services	35.7	34.9	22.1	21.0	2.5	31.3	8.1	12.5

Source: EDIS S.A. European Survey on Health and the Roma Community.

IV. 5. SIZE OF THE HOUSEHOLD

This section focuses on another of the elements which differentiates the Roma population from the overall population of EU-27.

Graph 1.4. Average household size, Roma population and EU-27



Source: EDIS S.A. European Survey on Health and the Roma Community and data furnished on EU-27 by Eurostat 2005.

The fertility patterns of Roma population households differ significantly from those characterising European households in general. On average, there are 4.49 individual living in the Roma households in the countries studied which is 2 points above the general average corresponding to EU-27. Four countries exceed this average for the Roma population, especially Greece (5.42) and Slovakia (5.81).

It is particularly interesting to observe how certain situations appear to have an important impact on household size. The figures shown in the following graph support this assertion.

Graph 1.5. Average household size of Europe's Roma population in accordance with different residence variables

Integrated and poor health	-A	»	5.05
Isolated and poor health			5.01
Shanty town		-'	4.95
Without health and social..		•	4.92
Isolated and good health		•	4.90
Sub standard housing			4.77
Roma Europe			4.49
With health and social..		•	4.43
Standard flat		-'	4.37
Integrated and good health	J		4.17

Source: EDIS S.A. European Survey on Health and the Roma Community.

The graph shows that households associated with positive circumstances and situations are smaller than the overall average calculated for the Roma population: neighbourhoods integrated in cities and with good health conditions (average household size 4.17), standard flats or houses (4.37) and neighbourhoods or areas with available health and social services (4.43).

Households located in neighbourhoods featuring poor health conditions, a lack of social and health services or shanty town or sub-standard conditions are the ones with the highest number of members. In other words, the most numerous households are found in the most disadvantaged social contexts.

IV.6. CARE OF DEPENDENT PERSONS

We will finish this chapter by analysing the Roma population's degree of dependence and who tends to take responsibility for the care of people in need.

We begin by looking at Roma households with young children and focusing on the caretakers.

Table 1.9. Percentage of Roma households with minors (up to age 15) broken down by caretakers

	Greece	Portugal	Czech Republic	Slovakia	Romania	Bulgaria	Spain	Roma popul.
Mother	91.4	93.9	93.5	97.8	88.9	90.6	92.5	91.4
Father	19.1	11.9	50.7	72.2	43.8	35.7	20.7	39.3
Grandmother	27.7	13.9	34.3	38.3	24.9	35.5	20.8	27.3
Grandfather	5.2	2.3	8.1	3.8	4.7	6.3	2.7	4.6
Brother	1.3	0.6	3.8	5.2	0.9	0.6	1.9	1.8
Sister	5.7	20.3	7.7	10.5	6.5	3.1	13.2	8.3
Other relatives	4.8	7.4	8.9	4.7	4.9	1.9	6.0	5.1
Other relationship	0.5	1.9	1.3	0.7	1.1	1.9	1.1	1.2
Base (N)	(559)	(310)	(743)	(554)	(516)	(647)	(1,097)	(4,426)

Source: EDIS S.A. European Survey on Health and the Roma Community.

As the table shows, it is generally women, especially mothers, who are responsible for taking care of minors living in Roma households. In over 90% of the households with minors it is the mothers who assume responsibility for taking care of them, an occupation which, undoubtedly and over and above other considerations, has a direct impact on the likelihood of engaging in any sort of labour activity and is a factor accounting for why only 21% of the major wage earners of Roma households are women.

The following table shows the results obtained concerning Roma households where one of its members has difficulties carrying out everyday activities such as leaving the home, getting dressed, showering, eating, etc.

Table 1.10. Distribution (in percentage terms) of the Roma population according to difficulties faced in undertaking daily activities

	No difficulty	Moderate difficulty	Serious difficulty	Very serious difficulty	Total	Base (N)
Roma Europe	87.9	8.7	2.3	1.1	100	(25,961)
Greece	91.6	6.2	1.7	0.5	100	(3,418)
Portugal	93.9	4.9	1.0	0.3	100	(1,664)
Czech Republic	90.7	6.6	2.2	0.5	100	(4,109)
Slovakia	73.9	18.7	6.2	1.2	100	(3,759)
Romania	84.6	11.1	2.3	2.0	100	(2,616)
Bulgaria	94.5	4.0	1.3	0.3	100	(3,937)
Spain	94.3	4.1	1.3	0.3	100	(6,458)

Source: EDIS S.A. European Survey on Health and the Roma Community.

The figures indicate that 12% of the Roma population encounter some type of difficulty undertaking all or some everyday activities. In absolute terms,

approximately 335,400 Roma persons residing in the countries studied encounter difficulties of this sort.

3.4% of the Roma population (approximately 95,000 people) encounter serious or very serious difficulties and therefore have a greater degree of dependence.

Table 1.11. Distribution (in percentage terms) of the Roma population encountering difficulties engaging in everyday activities broken down by help needed and received

	No help needed	Needs and receives help	Needs but does not receive help	Total	Base (N)
Roma Europe	40.8	54.4	4.8	100	(2,717)
Greece	33.7	60.0	6.3	100	(289)
Portugal	44.4	50.0	5.6	100	(98)
Czech Republic	43.4	52.0	4.5	100	(382)
Slovakia	62.3	36.4	1.3	100	(981)
Romania	35.8	60.0	4.2	100	(398)
Bulgaria	17.1	61.3	21.6	100	(218)
Spain	28.1	66.5	5.4	100	(351)

Source: EDIS S.A. European Survey on Health and the Roma Community.

This table reflects the percentages of Roma who encounter difficulties carrying out everyday activities and who also require the aid of another person. The data speak for themselves. Six out of every ten depend on the aid of another person but not all of them receive that aid: nearly 5% of the interviewees who claimed that they needed someone's help stated that they did not receive it.

This situation is especially worrisome. In Bulgaria the figures show that one-fifth of those who need the help of others do not receive such help.

The following table shows the people who are mainly responsible for taking care of dependent persons.

Table 1.12. Distribution (in percentage terms) of the dependent population receiving care or aid from other people broken down by the principal caretaker

	Greece	Portugal	Czech Republic	Slovakia	Romania	Bulgaria	Spain	Roma popul.
Mother	43.3	12.5	25.7	34.3	51.6	10.5	21.3	38.8
Daughter	13.3	12.5	13.3	13.5	19.9	11.1	26.6	18.3
Wife or partner	16.7	25.0	18.6	19.0	11.9	20.4	25.4	16.3
Husband or partner	8.3	12.5	18.6	16.6	4.7	19.8	7.4	9.4
Another relative	8.3	12.5	8.0	10.0	6.5	16.7	6.6	8.2
Son	3.3	25.0	5.3	5.2	4.0	19.1	7.4	6.2
Other relationship	1.7	0.0	5.3	0.7	0.8	1.2	2.0	1.3
Social volunteer serv.	3.3	0.0	2.7	0.0	0.4	0.0	2.0	0.8
Grandmother	1.7	0.0	1.8	0.7	0.0	0.0	0.8	0.4
Grandfather	0.0	0.0	0.0	0.0	0.3	0.6	0.0	0.2
Father	0.0	0.0	0.9	0.0	0.0	0.6	0.4	0.2
Total	100	100	100	100	100	100	100	100
Base (N)	(185)	(47)	(216)	(364)	(229)	(187)	(236)	(1,464)

Source: EDIS S.A. European Survey on Health and the Roma Community.

Mothers, daughters and wives are the main caretakers of dependent persons. These three family member together cover close to three-quarters of the needs of dependent persons.

The main caretakers of dependent persons tend to be women regardless of whether we are referring to the Roma population or the entire European population. This situation is clearly illustrated in the following table.

Table 1.13. Distribution (in percentage terms) of the caretakers of dependent persons broken down by gender and country. Roma population

	Women	Men	Unknown
Romania	83.3	9.0	7.7
Greece	75.0	11.6	13.4
Spain	74.2	15.2	10.6
Roma Europe	73.8	16.0	10.2
Slovakia	67.5	21.8	10.7
Czech Republic	59.3	24.8	15.9
Portugal	50.0	37.5	12.5
Bulgaria	42.0	40.1	17.9

Source: EDIS S.A. European Survey on Health and the Roma Community.

The proportion of women as caretakers of dependent persons exceeds the average for the Roma population in three of the countries studied, the case of Romania being particularly striking.

PART II. HEALTH STATUS

IV.7. PERCEPTION OF HEALTH STATUS

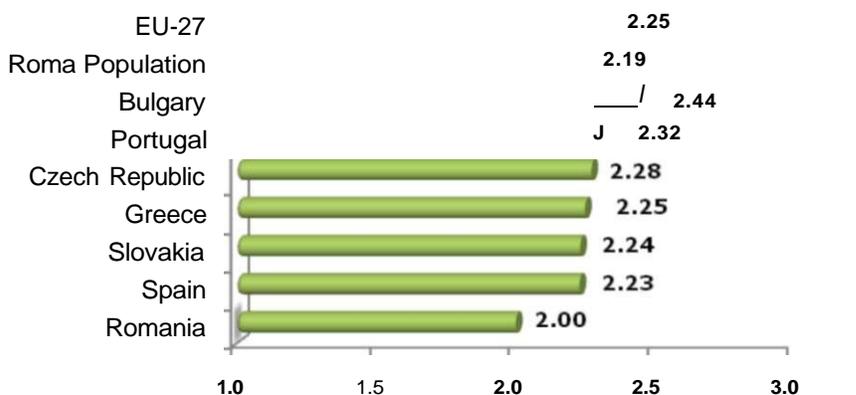
In this section we will thoroughly analyse the health status of the Roma population in the countries studied both in general terms and in comparison with the overall health situation of EU-27 (where data is available) in order to provide a more concrete and clear view of the health status of the Roma population.

Here we are presenting the subjective perception that different groups have of their health status. To that end, the Roma individuals who took part in the interviews were asked to rate their state of health on a scale of 1 to 5 during the 12 months immediately preceding the interview as follows:

- 1 Very good
- 2 Good
- 3 Mediocre
- 4 Poor
- 5 Very poor

The following graph shows the average scores (on a scale of 1 to 5) obtained for the overall Roma population interviewed and for each of the countries and the EU-27 Eurostat data.

Graph. II. 1. Subjective perception of state of health. Comparison of averages (on a scale of 1 to 5) of the 15 and over population



Source: EDIS S.A. European Survey on Health and the Roma Community 2009 and Eurostat data on EU-27 (2008).

As shown in the graph, the averages for the two population group (Roma and EU-27) are in the vicinity of "2", i.e. state of health considered "good". However these figures must be analysed in context. The Roma population is basically young (average age of 25) while EU-27 is quite a bit older (average age 40). This 15 year difference linked to a negligible difference in health perception would appear to indicate a worse health situation for the Roma population.

In terms of the Roma population in the different countries, Romania has the best perception of its health with an average of 2.0 points while Bulgaria is the country with the highest average (2.4 points) and therefore the worst perceived health status which is consistent with its demographic situation being the country whose Roma population features the highest average age.

As alluded to in the foregoing, data analysis must consider the age of the population under scrutiny. This is the only way to identify differences in terms of health perception between the Roma community and the European population at large. The following table shows the distribution (in percentage terms) of the Roma population and the overall population of the European Union according perception of health broken down into age brackets.

Table II.1. Distribution (in percentage terms) of the 15 and over population according to perception of health. Roma and EU-27 population age 15 and over.

	Very good/Good	Mediocre	Poor/Very poor	TOTAL	Base (N)
Roma population	68.0	23.1	8.8	100	(5,006)
15 to 24	86.9	11.1	2.0	100	(1,274)
25 to 34	83.1	13.7	3.2	100	(1,209)
35 to 44	65.9	25.0	9.1	100	(1,077)
45 to 54	45.4	41.8	12.8	100	(737)
55 to 64	22.7	48.7	28.6	100	(419)
65 to 74	12.4	51.8	35.8	100	(234)
75 to 84	23.7	28.9	47.4	100	(45)
85 and older	12.5	37.5	50.0	100	(11)
EU-27	66.0	23.6	10.4	100	
15 to 24	91.9	6.7	1.4	100	—
25 to 34	86.7	10.8	2.5	100	-
35 to 44	78.4	17.3	4.4	100	—
45 to 54	64.3	25.8	9.9	100	-
55 to 64	51.2	34.2	14.6	100	—
65 to 74	38.0	41.3	20.6	100	-
75 to 84	25.8	42.5	31.8	100	—
85 and older	24.6	37.4	38.0	100	—

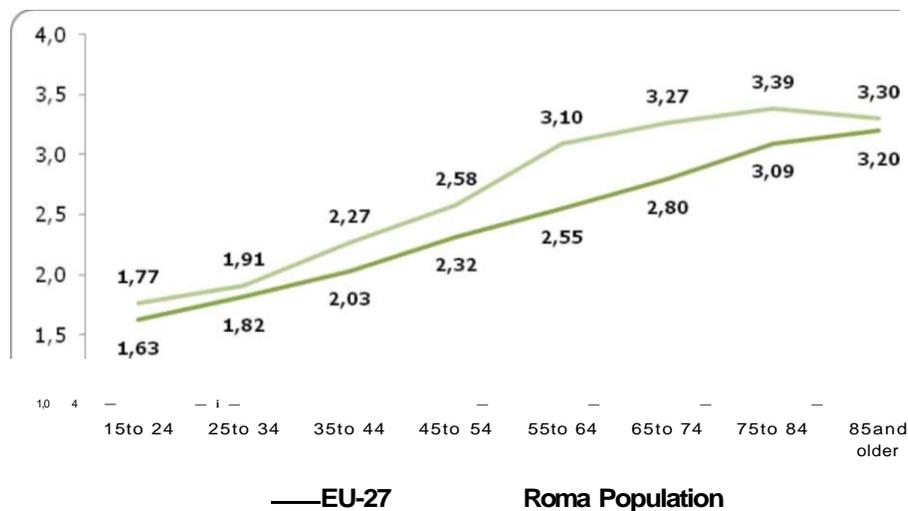
Source: EDIS S.A. European Survey on Health and the Roma Community 2009 and Eurostat data on EU-27 (2007).

This allows us to analyse this phenomenon within different generations. To this end we will focus on the proportion of the population rating their health as poor or very poor over the preceding 12 months. As the table shows, in both groups health perception is more negative as age increases which is as one might expect. Hence, despite a lower proportion of Roma persons with poor or very poor health (9% as opposed to 10% for EU-27), if we look at the different age brackets the percentage of Roma population in this health situation is higher than that corresponding to EU-27.

Furthermore, the gap between the two groups widens as age increases. 2% of the Roma population between the ages of 15 and 24 considers their health to be poor or very poor, 0.6 percentage points higher than the 1.4% registered for EU-27. However, this indicator reaches the 36% level for the Roma population between the ages of 65 and 74, 15 points over the 21% recorded for EU-27.

This same analysis is reflected in the following graph showing the average subjective perception of health on a scale of 1 to 5. Remember that 1 is for very good health while 5 means very poor, i.e. the lower the average score, the better perceived state of health.

Graph II.2. Subjective perception of state of health. Comparison of averages on a scale of 1 (very good) to 5 (very poor). Population age 15 and over. European Roma and EU-27 population.



Source: EDIS S.A. European Survey on Health and the Roma Community 2009 and Eurostat data on EU-27 (2007).

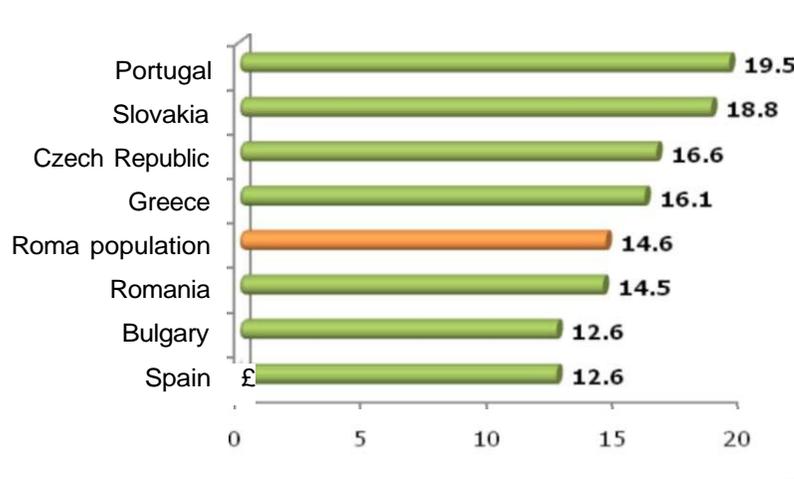
A close look at these data making a thorough comparison of the different age brackets shows that the Roma population actually has a worse perception of their state of health than EU-27 in all age brackets.

IV.8. DISEASE AND HEALTH PROBLEMS

Having looked at state of health from the perception of the interviewee, this section focuses on health problems and disease suffered by the Roma population. Here we will highlight the proportion of the population suffering any sort of disability or chronic disease, information being furnished through the section of the questionnaire on all of the members of the household, i.e. a sample base for the overall European Roma population of 26,058 cases.

15% of Europe's Roma population suffers from some sort of disability or chronic disease which translates into 407,000 Roma. Exceeding this figure are Portugal (20%), Slovakia (19%), the Czech Republic (17%) and Greece (16%). The countries with a lower incidence of disability or chronic disease are Romania (15%), Bulgaria (13%) and Spain (13%).

Graph II.3. Percentage of the Roma population suffering a disability or chronic disease



Source: Source: EDIS S.A. European Survey on Health and the Roma Community 2009.

It is surprising to observe how these results differ from the perception that individuals have of their own health. This is the case especially in Bulgaria (the most noteworthy case) and Spain where Roma individuals' perception of their state of health is quite a bit worse than the European average but if we focus on the reality of the diseases they suffer, this phenomenon is inverted. On the opposite end of the spectrum we have Slovakia and Greece. Despite expressing a state of health in line with the European Roma

average, Roma from these two countries suffer from a higher incidence of disability or chronic disease.

Together with this information taken from the household questionnaire, interviewees were also asked whether a physician had diagnosed any of a series of diseases. Given that in this case the information refers only to those actually interviewed, the sample base is comprised of 7,604 cases. The following table shows the proportion of Roma population suffering from any of the chronic diseases listed, drawing a distinction between those referring to the entire Roma population and those exclusively referring to adults.

Table II.2. Percentage of the population suffering from chronic disease by diagnosis

	Greece	Portugal	Czech Republic	Slovakia	Romania	Bulgaria	Spain	Roma Pop.
Minors and adults								
High blood pressure	9.3	6.5	11.3	10.2	10.3	22.6	10.6	12.0
High cholesterol	6.8	9.2	8.9	6.8	6.5	7.4	8.8	7.5
Diabetes	4.0	5.3	5.8	3.7	4.1	6.4	4.1	4.5
Asthma, chronic bronchitis	9.6	14.5	9.5	8.3	4.2	14.0	9.4	8.0
Heart disease	6.1	2.8	7.7	6.0	8.5	9.1	3.5	6.9
Stomach ulcer	5.8	3.0	7.9	3.9	3.3	6.6	5.9	4.9
Allergy	9.9	3.7	11.9	7.1	2.3	9.5	13.9	7.7
Depression (*)	7.7	3.6	10.7	2.8	--	3.3	8.8	4.1
Other mental illnesses	7.5	2.0	6.7	4.6	1.6	2.1	4.0	3.3
Migraines or headaches	10.4	5.4	21.7	10.3	7.5	14.5	22.2	13.5
Hernias	4.5	3.8	6.8	4.6	6.8	3.6	12.1	7.2
Only adults								
Poor circulation	8.2	5.8	9.1	8.0	9.1	4.3	17.1	10.3
Arthritis, rheumatism	5.4	3.8	10.6	7.3	10.6	15.2	14.5	11.7
Osteoporosis	0.5	1.9	4.3	4.4	1.7	2.8	3.6	2.8
Prostate problems	0.0	0.0	2.2	4.9	4.7	8.9	4.0	4.7
Menopause related probl.	8.6	0.0	9.9	7.0	6.8	11.6	8.1	8.1

(*) In Romania the question about depression was omitted.

Source: EDIS S.A. European Survey on Health and the Roma Community 2009

In general terms, the ailments most frequently suffered by the Roma population both collectively and by country are migraines and headaches. The country with the highest number is Spain where 22% of the Roma population suffers from this ailment, followed very closely by the Czech Republic also with 22%, both quite a distance from the 13% average computed for the group of countries. In other words, approximately 380,000 European Roma suffer from migraines or headaches.

The second most prevalent ailment among the Roma population is hypertension. In this case, Bulgaria stands above the rest with 23%, far from the average of 12% for the countries considered jointly. Of the nearly 3 million Roma living in the seven countries studied, approximately 335,000 have high blood pressure.

As we progress down to the lower percentages, the results are more heterogeneous, indices varying considerably from one country to the next. The lowest prevalence observed amongst Europe's Roma population is for mental diseases in general (3%) followed by depression (4%) and diabetes (5%).

In terms of diseases specific to one or the other gender we find that Roma men in Romania have more prostate problems (9%) and the women of this same country are the ones most affected by menopause-related difficulties (nearly 12%).

In order to facilitate a more precise analysis of these data, the following table shows the prevalence of chronic diseases broken down according to whether they affect minors and adults.

The figures show that Roma minors suffer most commonly from asthma (8%) and allergies (7%). This translates into 153,000 Roma minors with asthma and 117,000 with allergies. Amongst the adult Roma population the most frequent are migraines and headaches (20%), hypertension (19% or 200,000 adults), arthritis and rheumatism (12% or 124,000 adults) and high cholesterol (12% or 122,000 adults).

Table II.3. Percentage of the population suffering from chronic disease by diagnosis. Minors and adults

	Greece	Portugal	Czech Republic	Slovakia	Romania	Bulgary	Spain	Roma Popul.
Minors								
High blood pressure	0,9	0,0	1,2	0,0	0,0	2,3	0,7	0,5
High cholesterol	0,4	0,9	2,7	0,5	0,0	0,4	1,5	0,7
Diabetes	0,9	0,0	1,2	0,6	0,1	0,4	0,6	0,4
Asthma, chronic bronchitis	12,0	21,8	10,2	7,9	5,5	14,3	10,9	8,8
Heart disease	1,4	0,9	4,3	1,4	0,9	1,5	1,1	1,4
Stomach ulcer	0,5	0,9	1,2	0,0	0,4	1,1	0,2	0,5
Allergy	10,4	7,1	14,7	7,1	2,0	9,4	10,8	6,8
Depression (*)	0,5	0,0	6,1	0,5	—	0,8	0,7	1,4
Other mental illnesses	1,3	0,9	6,0	3,7	0,2	2,6	1,6	1,8
Migraines or headaches	3,6	1,5	12,6	1,3	1,0	4,1	5,1	3,3
Hernias		0,6	2,7		3,4	2,3	0,7	2,0
Adults								
High blood pressure	16,3	11,2	17,2	17,7	17,5	32,5	14,9	18,8
High cholesterol	12,1	15,2	12,5	11,3	11,0	10,8	12,0	11,5
Diabetes	6,7	9,2	8,5	6,0	6,9	9,3	5,7	7,0
Asthma, chronic bronchitis	7,7	9,2	9,0	8,6	3,3	13,9	8,8	7,5
Heart disease	10,1	4,1	9,7	9,3	13,7	12,8	4,5	10,1
Stomach ulcer	10,3	4,5	11,8	6,7	5,2	9,3	8,4	7,6
Allergy	9,4	1,2	10,2	7,0	2,5	9,5	15,3	8,3
Depression (*)	13,7	6,2	13,4	4,4	—	4,6	12,3	9,4
Other mental illnesses	12,8	2,8	7,1	5,3	2,5	1,8	5,1	4,2
Migraines or headaches	16,2	8,3	27,0	16,9	11,9	19,5	29,7	19,6
Hernias	3,2	3,1	2,7	1,4	3,8	5,1	7,9	4,7
Poor circulation	8,2	6,2	9,1	8,0	9,1	4,2	17,1	10,3
Arthritis, rheumatism	5,5	4,7	10,5	7,3	10,6	15,1	14,5	11,7
Osteoporosis	0,5	1,1	4,4	4,3	1,7	2,8	3,7	2,8
Prostate problems	0,0	0,0	2,2	4,7	4,8	8,9	4,0	4,8
Menopause-related probl.	9,0	0,7	10,1	7,0	6,9	11,7	8,1	8,1

(*) In Romania the question about depression was omitted.

Source: EDIS S.A. European Survey on Health and the Roma Community 2009

A closer look at the percentage of minors with chronic diseases in each of the countries shows that asthma affects 22% of Roma minors in Portugal and migraines and headaches affect 13% of those from the Czech Republic. Special attention should also be drawn to the rate of hernias in Romania (3,4%) compared to the figure of 2% for the whole of Europe. As for the adult population, mention should also be made of the Czech Republic with regard to migraines and headaches as this is the country with the highest index in this regard affecting 27% of the adult population.

IV.9. ACCIDENTS

We now move on to the information regarding accidents suffered by the Roma interviewees taking part in our study. The Roma population was specifically asked whether in the preceding 12 months they had suffered any sort of accident including aggressions, intoxications or burns. The following table shows that 11% of the population had suffered some sort of accident in the preceding year.

Table II.4. Percentage of the population suffering an accident during the preceding year

	Total		Minors	Adults
Roma Population	10.6	!	10.6	10.7
Greece	15.6	i	18.1	13.0
Portugal	6.7	!	2.6	9.4
Czech Republic	11.2	!	10.9	11.3
Slovakia	11.0	!	12.3	10.1
Romania	7.4	!	6.5	8.0
Bulgaria	12.2	!	14.6	10.9
Spain	13.9	!	14.1	13.8

Source: EDIS S.A. European Survey on Health and the Roma Community 2009

Greece is the country with the highest accident index (16%) followed by Spain with 14%. The lowest accident rate was recorded in Romania with 7%, four points under the average of the participating countries. The table also shows the accident indicator for minors and adults. The overall percentage of the population that had suffered an accident during the preceding 12 months was the same for minors and adults (11%).

However, accident rates in the different countries was very heterogeneous. The highest accident rate among minors was recorded in Greece with 18% followed by Bulgaria with 15% and Spain with 14%. The lowest rates were found in Portugal (3%) and Romania (7%). As for the incidence of accidents among the adult population the highest percentages were found in Spain (14%), Greece (13%), the Czech Republic (11%) and Bulgaria (11%), the lowest figures being recorded in Romania (8%) and Portugal (9%).

We now turn our attention to the places where these accidents occurred. To this end we asked the interviewees where the most recent accident had occurred.

As the table below shows, the most common accident site is the home accounting for 43% of the accidents. The second most common site was out on the street but not considering traffic accidents (20%) followed by traffic-related accidents (17%). The lowest accident rate was recorded at the workplace and school with 13% and the category called "other places" with 7%. The data broken down by country shows a high home accident rate in Romania (57%) and a high traffic accident rate in Spain and Portugal (29% and 24% respectively).

Table II.5. Breakdown of the Roma population (in percentage terms) engaged in an accident during the previous 12 months by place of the most recent accident.

	At home, stairs, building entrance	Outside; a traffic accident	Outside; not a traffic accident	At work or school	Some other place	Total	Base (N)
Roma Population	42.8	16.5	20.3	13.3	7.1	100	1(886)
Greece	39.6	18.9	17.0	9.4	15.1	100	(98)
Portugal	32.0	24.0	16.0	4.0	24.0	100	(25)
Czech Republic	42.3	11.3	26.8	11.3	8.5	100	(H5)
Slovakia	38.0	6.5	33.7	20.7	1.1	100	(76)
Romania	57.1	6.1	9.4	17.5	9.9	100	(265)
Bulgaria	37.7	18.0	27.0	8.2	9.0	100	(99)
Spain	35.9	29.0	20.2	11.3	3.6	100	(208)

Source: EDIS S.A. European Survey on Health and the Roma Community 2009

Women are affected much more by domestic accidents, including women who work outside the home. While 56% of women suffering accidents had their last accident at home, the same was true for only 32% of the men. Accidents outside the home, however, were suffered predominately by men, 24% affecting men as opposed to 16% affecting women, the same being true for labour-related accidents with figures of 16% and 9% respectively. These data are a reflection of socialisation whereby different duties, responsibilities and spaces are arbitrarily assigned to women and men.

Table II.6. Breakdown of the Roma population (in percentage terms) engaged in an accident during the previous 12 months by place of the most recent accident.

Gender and age groups

	At home, stairs, building entrance	Outside; a traffic accident	Outside; not a traffic accident	At work or school	Some other place	Total	Base (N)
Roma Population	42.8	16.5	20.3	13.3	7.1	100	1 (886)
Male	32.0	18.8	24.3	16.3	8.6	100	i (472)
Female	56.1	13.5	15.5	9.7	5.2	100	(414)
Minors	42.2	9.0	25.2	15.9	7.6	100	! (353)
Adults	43.1	20.9	17.5	11.7	6.8	100	! (533)

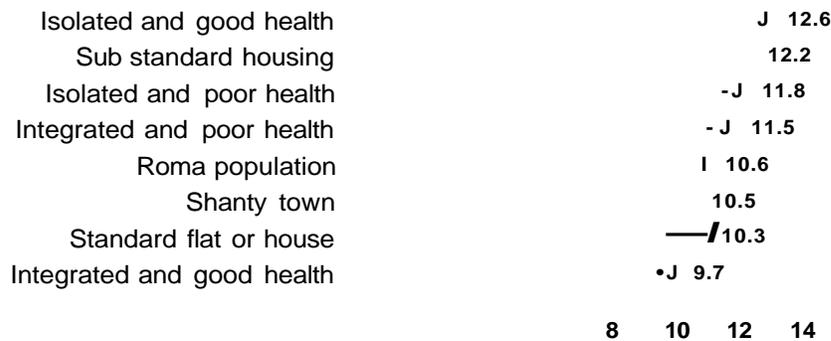
Source: EDIS S.A. European Survey on Health and the Roma Community 2009

Some noteworthy differences were likewise detected in the location of accidents between minors and adults. First of all, however, mention should be made of the high concentration of domestic accidents both in the case of minors (42%) and adults (43%). Traffic accidents mostly affect the adult population (21%) as opposed to minors (9%). Minors, however, suffer more accidents at school (16%) than their adult counterparts at the workplace (12%) and out in the street - 25% versus 18% for the adult population.

As for the consequences of the most recent accident in the last year affecting minors, we recorded bruises, contusions, sprains, dislocations and superficial cuts accounting for 58% of the injuries. The second most frequent consequence included fractures and deep cuts accounting for 23% followed by burns (16%), intoxications (4%), the last 10% being from the "other" category.

The survey also checked to see if there was a correlation between the type of neighbourhood or home and the number of accidents. The following graph focuses on the proportion of accident victims in the last year according to these variables.

Graph II.4. Percentage of the population suffering accidents in the preceding 12 months according to type of neighbourhood and home.



Source: EDIS S.A. European Survey on Health and the Roma Community 2009

As the graph shows, social situations such as living in poorly integrated and unhealthy neighbourhoods or in sub-standard housing are key in explaining the high percentage of accidents suffered by the Roma population. Data show that the most determining factor is the low degree of integration of the neighbourhood of residence more than the type of home or health conditions. Less integrated neighbourhoods are the ones where the highest number of accidents was recorded, exceeding the European average for this same group by two points. As one would expect, the more integrated neighbourhoods featuring better health and housing conditions are where fewer accidents occurred.

IV. 10. LIMITATION OF DAILY ACTIVITY

In this section we show the results obtained regarding the situations keeping the Roma population from engaging normally in daily activities. To this end, European Roma were asked whether in the preceding two weeks they had to reduce or limit their main activity or free-time activity due to one or more pains or symptoms.

The following table shows the percentage of people affected by some sort of limitation in their daily activity broken down by country of residence and whether they are minors or adults.

Table II.7. Percentage of the population which had to limit daily activities in the preceding two weeks.

	Total	Minors	Adults	i Base(N)
Roma Europe	19.4	16.9	20.8	/ (7,604)
Greece	24.9	20.9	28.1	: (64i)
Portugal	10.0	10.5	9.4	! (367)
Czech Republic	28.0	29.3	27.5	; (1,013)
Slovakia	17.0	19.1	15.5	; (657)
Romania	14.5	11.6	16.5	! (2,616)
Bulgaria	27.7	27.1	27.9	; (8i4)
Spain	19.9	14.8	22.2	(1,496)

Source: EDIS S.A. European Survey on Health and the Roma Community 2009

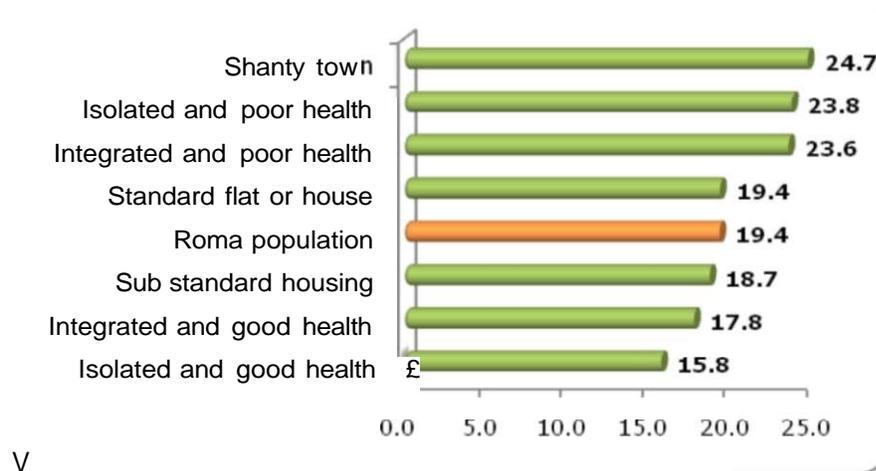
The table shows that 19% of the Roma interviewees had to limit their daily activity at some point during the two weeks immediately preceding the interview. The figures also show that this situation affected 21% of the adult population and 17% of the minors.

A by-country breakdown shows that the Czech Republic was where the highest number of Roma were limited in some aspect of their life, exceeding the average recorded for the Roma population as a whole by 8 points. This same country also has the highest child limitation index (29%), even exceeding the average for that area. As for adults, the highest percentages were found in Bulgaria (29%), Greece (28%) and the Czech Republic (28%).

The lowest figures were found in Portugal where only 10% of the minors and 9% of the adults were affected in their main activity by some limiting factor. The biggest difference between minors and adults was found in Greece (21% and 28% respectively) and in Spain (15% and 22%).

Once studying the breakdown of these indices by country and age group, we crossed them with the type of neighbourhood and housing variables to find out the proportion of people whose daily activities were limited and once again found that the population living in unhealthy neighbourhoods (24%) and those living in shanty towns (25%) were most affected.

Graph II.4.1. Percentage of the population which had to limit daily activities in the preceding two weeks by neighbourhood and type of housing



Source: EDIS S.A. European Survey on Health and the Roma Community 2009

The conclusion reached is that the poorer the local health and housing conditions, the greater the proportion of people affected by this situation. In contrast, the areas where fewer people are affected are those neighbourhoods featuring good health conditions, once again demonstrating the link between social conditioning factors and state of health.

We also asked the Roma interviewees affected by some limitation in their daily activity about the causes of those limitations. Three factors stood out above the rest from among the different pains and symptoms. First on the list was sore throat, cough or cold suffered by 37% of the population facing limitations, the second was headache suffered by 36% and the third back or joint aches (34%). On average, the Roma population ticked 2.6 pains or symptoms as being responsible for those daily limitations.

However, data vary when the adult and minor populations are analysed separately. In the case of minors, the main symptoms have to do with sore throat, cough, cold or flu accounting for 69% of limitations in daily activities during the preceding two weeks. The second most common symptom identified in the case of minors is fever accounting for 42%. In the case of adults, there are two major causes: aches in bones and joints (49%) and headaches (45%).

IV. 11. STATE OF TEETH

The state of people's mouth, teeth and gums is an important factor when measuring the general state of health of a group. The Roma population was therefore asked about their dental health.

We will begin by describing the state of children's teeth, i.e. 15 or younger. As shown in the following tables, 6 out of every 10 minors have healthy teeth, the highest percentage being recorded in Romania (71%) and the lowest in Bulgaria (45%). In any case, in all countries the dominant category was that of healthy teeth.

However, it should be mentioned that 34% of all minors (360,000 children) do have cavities. Below this level we find Spain (33%), Romania (28%) and Greece (31%). In conclusion, cavities are the main dental problem affecting Roma minors in all countries.

Table II.8. Dental health of minors (15 and under)

	S/he has cavities	S/he has had teeth removed	S/he has fillings in some teeth	Gums bleed	The child's teeth are healthy	Doesn't yet have teeth	Base (N)
Minors	33.6	13.5	18.2	7.4	60.9	8.1	(2,784)
Greece	31.1	12.7	11.4	14.1	59.4	12.0	(215)
Portugal	41.2	23.0	9.8	29.1	52.4	5.0	(122)
Czech Rep	40.7	27.2	35.8	12.4	53.8	21.7	(332)
Slovakia	46.1	24.4	27.0	8.4	51.8	9.3	(321)
Romania	27.7	7.7	12.8	2.5	70.5	3.7	(1,024)
Bulgaria	35.7	19.5	28.9	10.2	44.7	10.2	(266)
Spain	33.4	8.4	12.7	10.1	60.1	8.6	(504)

Source: EDIS S.A. European Survey on Health and the Roma Community 2009

On the other end of the spectrum, bleeding gums is the dental problem which affects Roma minors the least (7%). 8% of the minors included in the sample were left out of this classification because their first teeth had not yet come in.

We also focused on the dental situation of the adult population. Data has been put into two different tables, one for minors and one for adults, each analysing shared problems and those which are exclusive to each age group. The following table addresses the problems affecting the over 15 group.

Table II.9. Dental health of adults (16 and over)

	S/he has cavities	S/he has had teeth removed	S/he has fillings in some teeth	Gums bleed	Teeth are loose	Prostheses or false teeth	S/he is missing a tooth which has not been replaced	All teeth are natural	i	Base (N)
Adults	60.8	55.1	44.9	27.0	18.7	16.9	46.3	45.2		
Greece	57.5	60.9	46.7	33.4	18.5	21.2	53.6	29.0	J	(426)
Portugal	54.4	64.5	45.6	39.1	23.4	22.8	51.7	17.7	[(254)
Czech Rep	59.8	54.6	68.5	29.5	18.3	18.1	37.9	56.1	,	(681)
Slovakia	68.7	71.4	60.4	21.0	0.0	10.9	42.9	29.1	1	(336)
Romania	62.1	45.9	26.3	25.5	29.4	18.1	40.8	61.4	!	(1,592)
Bulgaria	63.0	61.1	63.1	31.8	21.9	18.2	48.7	35.6	1	(548)
Spain	55.8	56.6	46.1	26.6	10.2	15.8	55.1	35.3	!	(992)

Source: EDIS S.A. European Survey on Health and the Roma Community 2009

The data show that the dental health of Roma adults is comparable to that of minors. As with children, the most prevalent problem is cavities affecting 61% of the 16 and over population, i.e. 1,050,000 adults. The second most important problem is the removal of a tooth affecting 1 out of every 2 adults. Also worth mentioning is that 46% of the adults (approximately 800,000 individuals) who have had at least one tooth removed have not had it replaced by a prosthesis

Once again, the country with the best dental health is Romania where the lowest indices in practically all of the categories affecting dental health were recorded. Romania has the highest percentage of adults who claim to "have all of their natural teeth" (61%), 16 percentage points above the average for the adult Roma population.

IV. 12. HEARING AND VISUAL CHARACTERISTICS

We conclude this descriptive section on the health status of the Roma community by offering some figures on hearing and visual characteristics focusing exclusively on the adult Roma population. The sample of interviewees is limited in this case to the 16 and over population but is still quite large (4,820 cases).

This information was gathered by posing two yes/no questions. Hearing limitations were detected by asking the interviewee if s/he could hear a television programme at a volume which others consider normal. As for visual characteristics the question posed was whether the interviewee could see well enough to recognise a person at a distance of four metres. The responses received allowed us to classify the population into four

categories: no difficulties, difficulties seeing and hearing, only difficulties hearing and only difficulties seeing.

The following table shows the breakdown of the 16 and over Roma population in terms of hearing and sight and shows that 7 out of every 10 have no difficulty seeing or hearing.

Table 11.10. The adult Roma population and hearing and sight impairments

	No difficulties	Difficulties seeing and hearing	Only difficulties seeing	Only difficulties hearing	Total %	Base (N)
Roma Population	67.4	7.2	7.8	17.5	100 %	(4,820)
Greece	77.2	7.1	7.6	8.2	100 %	(426)
Portugal	94.2	0.0	3.8	1.9	100 %	(245)
Czech Republic	81.0	5.1	6.3	7.6	100 %	(681)
Slovakia	82.3	4.6	6.0	7.1	100 %	(336)
Romania	48.6	9.2	5.9	36.4	100 %	(1,592)
Bulgaria	77.0	7.7	10.9	4.4	100 %	(548)
Spain	75.2	6.5	10.0	8.4	100 %	(992)

Source: EDIS S.A. European Survey on Health and the Roma Community 2009

However, one third of the Roma population from the countries studied exhibited some type of visual or hearing impairment, i.e. approximately 560,000 people. We should also point out that 7% of Roma adults (124,000 individuals) experience both hearing and visual impairments. Hearing problems are most prevalent affecting one out of every 4 Roma or 427,000 people.

Hearing impairments predominate over visual ones, at least among Europe's adult Roma population. Visual problems ranked second to hearing difficulties in all countries with the exception of Spain and Bulgaria where visual problems were more prevalent.

PART III. - USE OF HEALTH-CARE SERVICES

IV. 13. CONSUMPTION OF MEDICINES

This section of the report focuses on the results obtained through this European survey concerning the use of health-care services by the Roma population.

This first sub-section analyses consumption of medicines even though this cannot strictly be considered use of services. Guaranteed access to medicines is, however, necessary for the treatment of disease and is one of the pillars on which the right to health-care is based. Furthermore, the use of medicines, together with health-care services, is indicative of the relationship which the Roma population has with the health-care system.

With that clarification we will now begin to describe and analyse consumption and self-prescription of medicines. In this regard, self-prescription means that the subject takes medicines without a physician's prescription whereas consumption refers to the taking of medicines with or without a prescription. These trends were quantified by asking Roma from the countries studied about the medicines they consumed during the two weeks immediately preceding the interview. If they answered in the affirmative to having taken medicines, we then inquired as to whether these had been prescribed by a physician or not.

The questionnaire listed a number of different medicines, 9 for minors and 19 for adults, the responses then used to calculate a series of indicators. We will begin with the data for the under 16 group and medicines taken, prescribed or not, to obtain consumption rates for the different types of medicines.

The table below shows that cold medicines are the ones most frequently consumed by Roma minors. 35% of the minors interviewed had consumed this sort of medicine and 34% had taken medicine to combat pain or fever, these two being the most frequently used in all of the countries studied. In the second group of most frequently taken substances we found vitamins and antibiotics, both with a 15% consumption rate among minors.

On the other end of the spectrum we found that laxatives were the medicine most infrequently employed in practically all countries with a rate of barely 1% on average. The exception in this regard was Greece with a

consumption rate of 4%. Anti-nausea medicines and tranquilisers were the ones least consumed in that country.

Special mention should be made of the high 56% consumption rate of cold medicines in Portugal (21 percentage points higher than the average) and a 63% for anti-fever remedies (30 points above average). The consumption of tonics and vitamins is concentrated in the Eastern European countries and is much lower in Greece, Portugal and Spain.

Table III.I. Percentage of minors who have consumed medicines in the preceding two weeks (with or without a medical prescription) according to type of medicine and country.

	Greece	Portugal	Czech R.	Slovakia	Romania	Bulgaria	Spain	Roma popul.
Cold, flu	22.9	56.4	40.2	32.1	37.0	33.5	35.1	35.3
Pain and/or to reduce fever	28.4	63.	35.1	39.2	33.2	29.7	32.0	33.6
Tonics such as vitamins and minerals	1.5	5.2	14.4	22.6	17.9	21.4	4.2	14.9
Antibiotics	10.9	11.1	14.7	20.2	15.2	15.8	10.1	14.6
Allergy medicine	4.5	5.7	9.9	4.6	4.1	3.8	6.8	5.1
Tranquilisers, relaxants, sleeping pills	0.5	3.0	7.9	5.1	5.8	3.0	1.8	4.5
Medicine to combat diarrhoea	3.3	7.2	3.6	3.5	4.9	3.8	2.2	3.9
Medicine to combat vomiting	2.3	5.0	2.9	3.7	2.8	10.5	2.9	3.8
Laxatives	3.5	2.1	1.2	2.1	0.2	2.3	1.2	1.1

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

A clear distinction needs to be drawn regarding how medicines are consumed because there is a big difference between taking medicines prescribed by a health-care provider and consuming medicines which the individual considers appropriate. It is therefore important to look at the percentage of minors taking unprescribed medicines.

The most commonly consumed unprescribed medicines are used to combat colds (29%) and pain-fever (24%). The second most prevalent group of medicines consumed without a physician's prescription are antibiotics (14%) and vitamins (10%). The self-medication rate is much lower for the rest of the medicines with indices under 5%.

We should also point out that the higher levels of consumption in Portugal of cold and fever remedies does not indicate a high self-medication rate. In fact, the percentage of minors who had consumed these medicines without a prescription is just under the average for the countries surveyed.

As mentioned above, the Eastern European countries consume greater amounts of vitamins and in this regard self-consumption was especially high in Romania and Bulgaria, both with 16%, in contrast with 7% in the case of Slovakia and 4% for the Czech Republic.

Table III.2. Percentage of minors who have consumed medicines in the preceding two weeks without a medical prescription according to type of medicine and country.

	Greece	Portugal	Czech R.	Slovakia	Romania	Bulgaria	Spain	Roma popul.
Cold, flu	17.8	27.4	24.9	20.0	33.4	30.5	27.3	28.5
Pain and/or to reduce fever	18.8	22.0	19.0	15.8	27.7	24.4	25.2	24.0
Antibiotics	10.0	10.0	14.5	20.0	14.6	15.8	9.5	14.1
Tonics such as vitamins and minerals	1.0	2.9	3.5	6.5	15.9	15.8	3.4	10.3
Allergy medicine	3.2	5.0	9.6	4.0	3.9	3.4	6.6	4.8
Tranquilisers, relaxants, sleeping pills	0.5	1.9	5.8	3.5	5.7	2.6	2.1	4.0
Medicine to combat vomiting	2.3	5.0	1.6	2.0	2.5	10.5	1.8	3.2
Medicine to combat diarrhoea	1.4	7.2	1.9	1.8	4.2	2.6	1.9	3.0
Laxatives	2.5	1.1	0.3	1.7	0.2	2.3	0.8	0.9

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

Having described the situation concerning use of medicines and self-medication of Roma minors, we now turn our attention to the adult population (16 and over). The following table shows the percentages of adults who have taken medicines during the two weeks immediately preceding the interview broken down by the type of medication and country. As with minors, the most frequently consumed medicines were for colds and fever according to responses received from adults registering consumption rates of 35% and 31% respectively.

Table III.3. Percentage of adults who have consumed medicines in the preceding two weeks (with or without a medical prescription) according to type of medicine and country.

	Greece	Portugal	Czech R.	Slovakia	Romania	Bulgaria	Spain	Roma popul.
Pain and/or to reduce fever	37.6	58.9	41.5	42.1	31.2	29.2	35.6	35.0
Cold, the flu	20.4	55.0	32.7	22.2	39.9	27.7	25.8	30.6
Blood pressure medicine	11.0	7.8	14.1	15.0	21.9	25.2	10.9	17.1
Birth-control pills (women only)	3.1	19.2	16.5	3.5	26.9	8.8	8.2	15.2
Antibiotics	8.7	2.1	11.2	11.0	19.3	12.2	10.5	13.3
Tranquilisers, relaxants, sleeping pills	14.5	6.1	16.6	10.0	8.6	13.0	13.5	11.8
Tonics such as vitamins and minerals	5.8	2.8	13.0	13.4	14.7	14.4	5.3	11.1
Heart medicine	8.5	4.8	7.6	8.7	17.7	13.5	3.6	10.5
Medicine for rheumatism	3.0	6.1	6.4	3.8	16.5	9.5	4.9	9.0
Medicine for digestive tract problems	5.1	6.1	12.5	6.8	5.2	5.5	9.1	7.2
Medicines to reduce cholesterol	7.7	9.5	7.0	5.6	10.5	4.9	5.6	7.2
Medicine to combat diabetes	5.1	5.6	7.1	5.2	8.5	7.3	3.8	6.3
Allergy medicine	2.8	0.5	5.1	5.1	3.9	5.5	4.8	4.6
Anti-depressants	9.7	5.8	8.6	3.0	1.9	2.0	6.4	
Medicine to combat diarrhoea	0.7	1.3	4.7	4.5	5.0	2.6	0.7	3.4
Laxatives	1.3	0.5	2.7	0.9	3.5	3.6	2.8	2.8
Medicine to lose weight	0.6	6.8	3.3	1.1	1.6	2.2	2.0	1.9
Hormone substitute medicines	0.7	0.4	2.9	0.3	1.2	1.6	0.8	1.2
Other medicines	6.1	5.8	13.9	9.1	14.0	11.5	6.7	10.5

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

Here, special mention should be made of the 15% of Roma women who take birth-control pills. This means that approximately 138,000 Roma women use birth-control pills, a social phenomenon consistent with the timid decline in the birth rate detected in the demographic analysis conducted at the outset of this report.

As for comparison between countries, the first observation which stands out is the enormous heterogeneity in consumption patterns in the different countries. Once again, Portugal has the highest consumption rate of

medicines to combat fever (59%) and colds (55%). Romania and Bulgaria feature the highest rate of blood pressure medicine users, in the vicinity of 25%. The use of birth control pills is high in Portugal (19%), the Czech Republic (17%) and is especially high in Romania (27%).

Another difference between countries is the higher consumption of vitamins in Eastern Europe. Also, more heart medicine is used in Romania and Bulgaria, Romania consumes more arthritis medicine and digestive tract remedies are among the favourites of the Czech Republic.

In addition to country differences in the consumption of medicines, we also want to highlight self-medication in the following table showing the percentage of adults using medicines without a medical prescription.

Data show that blood pressure medicines are the ones most commonly used without a prescription (17%) followed by medicines to combat fever and colds, both at 16%. Special mention should be made of the 14% of women who take birth control pills without a physician's prescription. Also, 11% of adults take self-administered antibiotics and 10% take heart medication without a prescription.

Table III.4. Percentage of adults who have consumed medicines in the preceding two weeks without a medical prescription according to type of medicine and country.

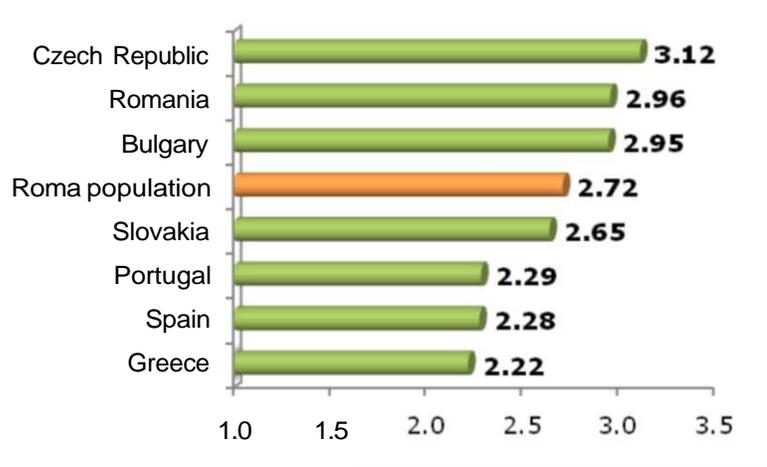
	Greece	Portugal	Czech R.	Slovakia	Romania	Bulgaria	Spain	Roma popul.
Blood pressure medicine	11.0	7.4	13.6	14.9	22.9	25.4	11.1	17.3
Pain and/or to reduce fever	14.9	11.6	14.5	10.3	13.7	17.5	21.3	16.3
Cold, the flu	10.7	13.2	14.6	9.6	22.3	16.2	14.0	16.0
Birth-control pills (women only)	1.0	19.2	16.0	3.5	24.3	6.4	7.2	13.5
Antibiotics	7.5	2.1	10.8	10.1	15.8	10.2	9.6	11.4
Heart medicine	8.5	4.8	7.2	7.7	18.7	13.3	3.6	10.4
Tranquilisers, relaxants, sleeping pills	12.9	5.7	11.9	5.7	8.7	9.9	10.6	9.5
Medicine for rheumatism	3.0	5.7	5.6	3.7	15.7	9.7	4.6	8.4
Medicines to reduce cholesterol	7.4	9.5	7.0	4.7	10.9	4.9	5.8	7.2
Medicine to combat diabetes	5.1	5.6	7.1	5.2	9.0	7.5	3.8	6.4
Tonics such as vitamins and minerals	4.0	2.8	2.6	3.4	8.0	8.4	3.9	5.6
Medicine for digestive tract problems	3.3	4.9	7.4	3.7	3.5	4.6	7.0	5.1
Allergy medicine	2.6	0.5	5.1	5.0	4.3	5.7	4.4	4.6
Anti-depressants	9.7	5.8	7.5	2.6	1.9	2.0	6.3	4.2
Medicine to combat diarrhoea	0.7	0.8	2.6	1.6	2.5	1.8	0.6	1.6
Laxatives	1.3	0.5	1.3	0.3	0.4	2.7	2.3	1.4
Hormone substitute medicines	0.5	0.4	2.9	0.3	1.2	1.8	0.9	1.2
Medicine to lose weight	0.2	1.7	2.1	0.1	0.5	1.6	0.6	0.8
Other medicines	5.6	4.9	9.7	5.5	9.5	8.6	5.9	7.6

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

Together with consumption and self-medication rates according to the type of medicine taken, we also wanted to report on the average number of drugs taken by the adult Roma population. The following graph shows the average number of drugs consumed by the Roma community who took medicines during the two weeks immediately preceding the interview. This information was calculated based on responses to questions about 19 medicines.

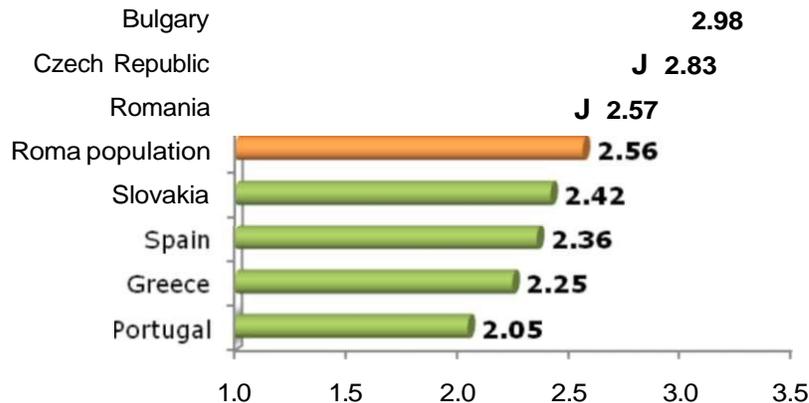
According to the data, an average of 2.8 different medicines are consumed in the participating countries. In other words, the persons taking medicines ingested an average of nearly three different medicines. The countries consuming the greatest amount of medicines were the Czech Republic (3.12), Romania (2.96) and Bulgaria (2.95). Below the mean we find Slovakia (2.65), Portugal (2.29), Spain (2.28) and Greece (2.22).

Graph III.1 Average number of medicines consumed by the adult consumer population



Source: EDIS S.A., European Survey on Health and the Roma Community 2009

Graph III.2 Average number of medicines consumed by the adult population consuming self-administered medicines.



Source: EDIS S.A., European Survey on Health and the Roma Community 2009

In addition to this information, it is also interesting to observe the average number of medicines taken by the Roma population without a medical

prescription. The average for the surveyed countries was 2.6 which was exceeded by Bulgaria (3.0), the Czech Republic (2.8) and Romania (2.6).

IV.14. VISITS TO THE PHYSICIAN

This section describes physician visits made by Europe's Roma population. In order to better comprehend the results, it is important to bear in mind the type of health-care system in each country (universal public coverage, private, mixed, etc.).

In this section we describe when the most recent visit to the physician was made and the reason. This will shed light on the purpose of medical visits by the Roma population, i.e. whether routine visits are made or if physicians are only consulted in the event of an important health problem.

We begin with when the last visit to the physician was made. The following table shows the distribution of the Roma population according to the amount of time elapsed since the last visit to the physician.

A careful look at the data shows that this period is typically over one month but less than one year since the last visit. This holds true for practically all countries with an average of 36% except in Bulgaria where 46% of those interviewed had seen a physician in the last two weeks and Portugal where 47% had been to the physician during the last 15 to 30 days. In Romania however, we find the highest percentage of people whose last visit was over a year ago (19%) and Greece is where we find the highest number of people who have never been to the physician - 6% (4 points over the average for the whole of the Roma population).

Table III.6. By-country breakdown of the Roma population according to the amount of time since the last visit to the physician

	Greece	Portugal	Czech R.	Slovakia	Romania	Bulgaria	Spain	Roma population
In the last two weeks	27.6	20.2	28.0	16.6	18.6	46.4	29.2	25.8
More than two weeks but less than a month ago	21.2	47.2	19.4	19.1	22.0	10.8	17.3	19.1
More than one month but less than one year ago	28.5	25.8	33.8	49.1	36.7	26.4	37.9	36.3
One year ago or more	16.8	5.6	17.1	14.3	19.2	13.9	14.8	16.4
S/he Has never been to the physician	5.9	1.1	1.8	1.0	3.5	2.5	0.8	2.4
Total	100	100	100	100	100	100	100	100
Base (N)	(641)	(367)	(1,013)	(657)	(2,616)	(814)	(1,496)	(7,604)

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

A breakdown of the overall information between adults and minors shows some interesting differences (see the following table). These data show that although visits to the physician are few and far between, there is more thorough control of children's state of health as evidenced by the higher percentage of children who had recently been to the physician. 48.4% of minors had seen the physician during the last month compared to 42.4% of adults. Moreover, nearly one out of every four adults (23.3%) had not been to the physician during the previous year or had never been compared to 11.2% of minors. However, we want to make it clear that 2% of adults have never been to the physician (approximately 41,000) and 21% have not been in the last year (361,000).

Table III.7. Breakdown of the Roma population according to the amount of time since the last visit to the physician.

European Roma population: minors and adults

	Minors	Adults	Total
In the last two weeks	26.2	25.6	25.8
More than two weeks but less than a month ago	22.2	17.2	19.1
More than one month but less than one year ago	40.3	33.9	36.3
One year ago or more	9.0	20.9	16.4
S/he Has never been to the physician	2.2	2.4	2.4
Total	100	100	100
Base (N)	(2,784)	(4,820)	(7,604)

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

Along these same lines, we now turn our attention to those who visited their physician in the previous two weeks to find out why. The following table shows the percentages of the Roma population who have seen their physician in the last two weeks according to the main reasons for that visit.

The table shows that the vast majority of the Roma population (55%) saw their physician for a diagnosis and/or treatment and 28% for a medical check-up. In other words, 8 out of every 10 Roma who went to their physician during the previous two weeks did so for one of these two reasons. There are differences among the different countries. In Romania the same two motives prevailed but the proportions were reversed; 28% went for treatments while 54% went for checkups. In Greece, the second most common reason for seeing one's physician was to get a prescription and in Slovakia 77% of the Roma population visited their doctor for a diagnosis or treatment.

Table III.8. Breakdown of the Roma population according to the reason for the last visit to the physician during the last two weeks

	Greece	Portugal	Czech R.	Slovakia	Romania	Bulgaria	Spain	Roma population
Diagnosis and or treatment	68.8	66.7	56.3	77.3	62.0	27.8	62.9	55.0
Check up	3.2	22.2	27.6	9.2	25.9	53.5	18.7	28.4
Only to pick up a prescriptions	18.3	5.6	5.7	7.1	5.5	10.7	9.6	8.6
Sick leave form confirmation or sick leave form (only adults)	1.1	0.0	2.3	0.0	0.2	0.0	4.0	1.4
Some other reason	8.6	5.6	8.0	6.4	6.4	7.9	4.8	6.6
Total	100	100	100	100	100	100	100	100
Base (N)	(175)	(72)	(288)	(126)	(367)	(377)	(427)	(1,832)

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

We also asked the Roma population if during the last 12 months they needed medical attention but did not receive it; in other words, a medical need unattended to. 8% claimed that they failed to receive medical attention when it was needed (approximately 210,000 individuals), the percentage varying between 7% and 8% depending on whether this involved minors or adults.

Table III.9. Unattended medical needs. Percentage of the population that in the last 12 months needed medical attention but did not receive it

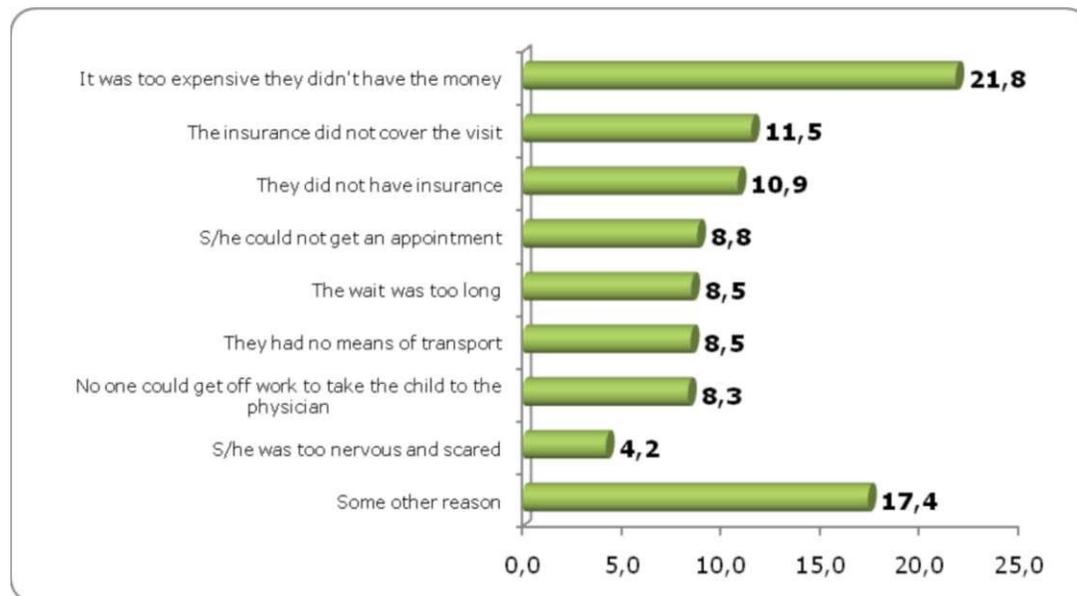
	Roma population	Minors	Adults
Roma population	7.5	6.7	8.0
Greece	17.1	13.0	20.5
Bulgaria	13.8	12.1	14.6
Czech Republic	8.1	8.3	8.1
Romania	7.3	6.8	7.7
Spain	4.3	2.7	5.0
Slovakia	3.8	4.3	3.4
Portugal	3.3	5.1	1.9

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

Unattended medical need rates in two countries were far above the mean for the overall Roma population: in Greece 17% of the Roma population claims to have needed but not received medical assistance, the figure ranging between 13% for minors and 21% for adults, and in Bulgaria 14% of the medical needs went unattended over the last year, 12% in the case of minors and 15% for adults.

Graph III.3.

Percentage of the Roma population that failed to receive needed medical assistance due to lack of assistance



Source: EDIS S.A., European Survey on Health and the Roma Community 2009

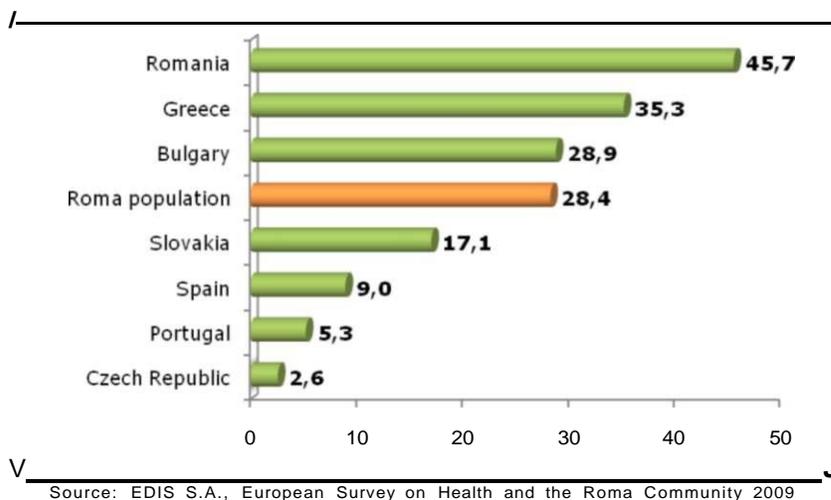
The main reason that the Roma population failed to receive medical attention had to do with their economic situation. 22% of the Roma population in this situation did not have sufficient funds to pay for the needed medical attention. At a distant second (12%) was that insurance failed to cover the visit and in third place (11%) the interviewee claimed to not have health insurance.

IV. 15. CHILDREN'S VACCINATION PROGRAMMES

This section focuses on survey results relating to children's vaccination programmes. We asked the parents and guardians of the surveyed minors if they adhered to the child vaccination programme.

The following graph shows the percentage of minors that failed to adequately follow the child vaccination programme. 28% of the children do not properly adhere to the programme which translates into approximately 300,000 children in the countries studied.

Graph III.4. Percentage of minors who do not properly adhere to the vaccination programme.

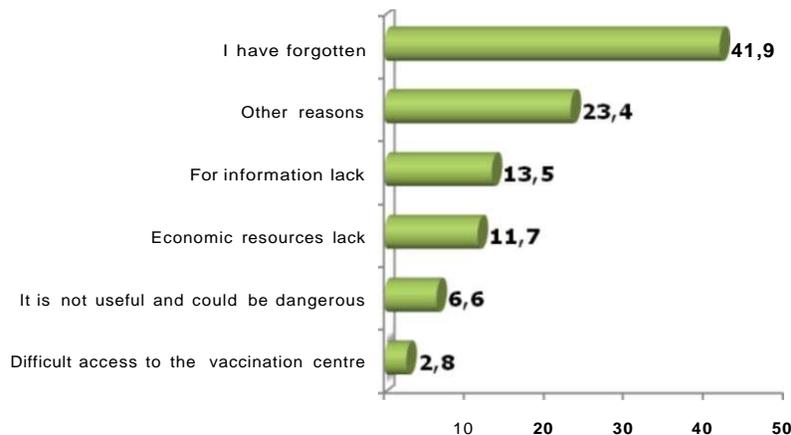


The graph shows important differences between countries. Romania is the country where the largest proportion of minors does not properly follow the child vaccination programme (46%) followed by Greece (35%) and Bulgaria (29%). Under the mean for European Roma we find Slovakia (17%), Spain (9%), Portugal (5%) and the Czech Republic (3%).

It was also deemed important to find out why these children were not properly following the vaccination programme. That question was posed to

the parents and guardians of children who did not adhere to the vaccination programme and the following graph shows the main reasons.

Graph III.5. Percentage of minor who did not properly follow the vaccination programme according to the principal reason why



Source: EDIS S.A., European Survey on Health and the Roma Community 2009

In 42% of the cases where minors were not properly vaccinated, the parent or guardian claimed to have forgotten. Other reasons offered were lack of information (14%), lack of economic resources (12%), the opinion that vaccinations are worthless and could be dangerous (7%) and difficulty gaining access to the vaccination clinic (3%).

IV. 16. DENTIST VISITS.

Visits to the dentist are also an indicator of health care habits and therefore interviewees were asked when they last visited the dentist. 16% of the Roma population from the countries studied had seen the dentist in the three months immediately preceding the interview, 14% between four months and one year and 38% more than a year ago. One third of the Roma population had never been to the dentist.

Slovakia and the Czech Republic, where 8 out of every 10 Roma had seen the dentist on at least one occasion, are the two countries with the lowest proportion of the Roma population that had never been to the dentist. The next two countries are Bulgaria and Spain where 71% and 74% of the Roma population respectively had visited the dentist on at least one occasion. The countries the lowest proportion of the population having had at least minimal contact with the dentist are Greece (58%), Portugal (63%) and Romania (56%).

Table III. 10. By-country breakdown of the Roma population according to the amount of time since the last visit to the dentist

	Last 3 months	4 to 12 months	One year or more	S/he has never gone	Total	Base (N)
Roma population	16.1	13.7	37.7	32.5	100	(7,604)
Greece	15.4	7.1	35.5	42.0	100	(641)
Portugal	16.7	2.2	44.4	36.7	100	(367)
Czech Republic	18.9	18.5	45.1	17.5	100	(1,013)
Slovakia	20.1	13.3	46.6	20.0	100	(657)
Romania	13.1	15.4	27.3	44.3	100	(2,616)
Bulgaria	14.7	11.7	45.0	28.6	100	(814)
Spain	18.7	12.7	43.3	25.3	100	(1,496)

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

The following table focuses on the amount of time since the last dentist visit of the adult population. Slovakia and the Czech Republic are the two countries where the highest proportion of adults had been to the dentist in the year preceding the interview (35% and 34% respectively), several points above the 29% average for European Roma.

Table III.12. Breakdown of the adult population according to visits to the dentist.

	Last year	One year or more	S/he has never gone	Total	Base (N)
Roma population	28.9	50.5	20.6	100	(4,820)
Greece	23.1	52.2	24.7	100	(426)
Portugal	11.5	63.5	25.0	100	(245)
Czech Republic	35.3	55.9	8.8	100	(681)
Slovakia	33.8	60.0	6.2	100	(336)
Romania	25.7	40.7	33.7	100	(1,592)
Bulgaria	27.1	57.4	15.5	100	(548)
Spain	31.8	53.6	14.6	100	(992)

Spain was in third place (32%) in terms of the number of adults who visited the dentist in the last year. Below the European mean we have Portugal (12%), Greece (23%), Romania (26%) and Bulgaria (27%).

The table below shows the proportion of the Roma population (minors and adults) that claimed to never have visited the dentist. The proportion of minors is higher than that of adults for all of the countries studied. We should draw attention to the fact that 1 out of every 5 adult Roma (21%) have never been to the dentist which translates into approximately 356,000 people.

Table III.11. Percentage of adults and minors who have never been to the dentist.

	Minors	Adults	Total
Roma population	52.5	20.6	32.5
Greece	62.6	24.7	42.0
Portugal	52.6	25.0	36.7
Czech Republic	33.0	8.8	17.5
Slovakia	38.8	6.2	20.0
Romania	59.6	33.7	44.3
Bulgaria	55.5	15.5	28.6
Spain	50.2	14.6	25.3

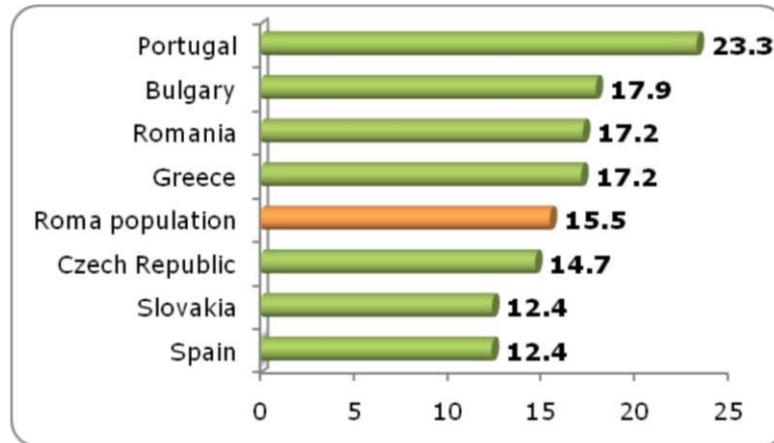
Differences among countries are apparent. As mentioned above, Slovakia and the Czech Republic are the countries where the Roma population (both adults and minors) most frequently goes to the dentist. 6% of Slovakian adults (the lowest percentage) and 9% of the Czechs have never been to the dentist. These figures contrast with 34% for Romania and 25% for Greece and Portugal.

It goes without saying that less frequent use of dental health services is directly proportional poorer dental health. As was the case with health status, Greece and Portugal have the worst track record in terms of dental care with the lowest percentage of the adult population which has managed to keep all of their natural teeth, 29% and 18% respectively.

IV. 17. HOSPITALISATION

Another of the basic issues under scrutiny is the use made of hospital services by the Roma population. Here, information was gathered by asking the Roma population if, during the 12 months immediately preceding the interview, they had been hospitalised during at least one night and 16% of the population responded in the affirmative.

Greece (17%), Romania (17%) and Bulgaria (18%) are slightly over the mean while Portugal (23%) exceeds the average by a greater margin. The countries with the lowest percentages are the Czech Republic (15%), Slovakia (12%) and Spain (12%).

Graph III.6. Percentage of the population hospitalised during the preceding 12 months

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

It is also interesting to observe the percentage of the population hospitalised broken down into age groups.

Table III.13. Percentage of the population hospitalised during the preceding 12 months by age group

	0 to 15	16 to 29	30 to 44	45 and over	Total
Roma population	13.6	13.7	12.1	27.3	15.5
Portugal	18.9	17.4	25.0	38.5	23.3
Bulgaria	20.6	14.7	12.1	23.8	17.9
Romania	14.3	17.1	11.3	37.4	17.2
Greece	16.2	14.9	17.2	25.6	17.2
Czech Republic	10.0	16.9	14.1	22.0	14.7
Slovakia	10.9	9.0	11.1	24.1	12.4
Spain	9.9	9.8	11.7	21.0	12.4

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

average, the 30 to 44 group showed the lowest incidence hospitalisation with 12% which was exceeded by Portugal (25%), Greece (17%) and the Czech Republic (14%). On the other end of the spectrum, the age group with the highest incidence of hospitalisation was the 45 and over group with 27%, exceeded by Portugal (39%) and Romania (37%).

It was also surprising to discover that an average 14% of Roma minors had been hospitalised during the previous year, figure exceeded by Bulgaria (21%), Portugal (19%) and Greece (16%). For the 16 to 29 age group the mean percentage was also 14%, exceeded by all countries except Slovakia (9%) and Spain (10%).

There were noteworthy differences between countries in terms of the average length of hospital stays. The average stay for the Roma population studied was 9.3 days with figures exceeding that number for Slovakia (16.9) Spain (12.1), the Czech Republic (11.1) and Bulgaria (9.8) while the shortest hospital stays were registered in Portugal (7.5), Romania (6.3) and Greece (5.4).

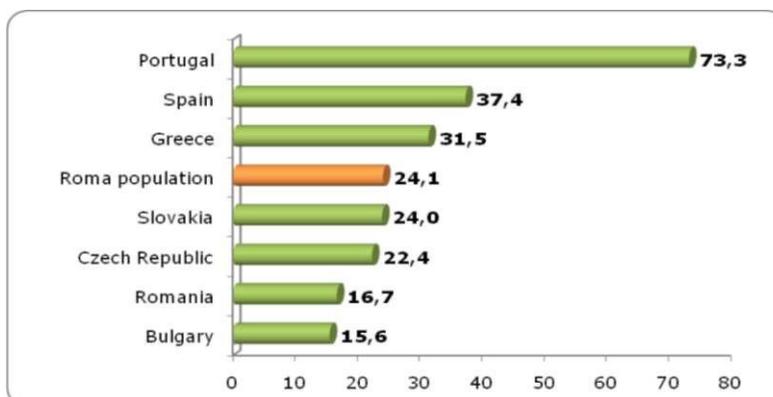
As for the reason for hospitalisation, special mention should be made of medical treatment without surgery accounting for 41% of the cases, medical studies for diagnostic purposes (22%), surgery (15%) and births (10%).

IV. 18. EMERGENCY ROOM SERVICES

This section focuses on the use made of emergency services by the Roma population. Interviewees were asked whether in the 12 months preceding the survey they had used emergency room services for any problem or illness.

24% of those surveyed answered in the affirmative meaning that approximately 673,000 Roma used some form of emergency service. This percentage is higher in Greece (32%), Spain (37%) and especially in Portugal where 73% of the Roma population used emergency room services.

Graph III.7. Percentage of the population that has used emergency services during the preceding 12 months by country



Source: EDIS S.A., European Survey on Health and the Roma Community 2009

As with the case of hospitalisation, here it is also interesting to look at this indicator by age groups. 23% of all Roma minors have used emergency services which translates into 246,000 people. Exceeding this figure are Portugal (76%), Spain (35%), Greece (32%), the Czech Republic (27%) and Slovakia (26%).

The situation is similar for the 16 to 29 age group. The overall rate is 22% which is exceeded by a wide margin by Portugal with 67% and also by Spain (37%) and Greece (27%).

21% of the Roma population between age 30 and 44 used emergency services, the rate rising to 34% for the 45 and over population.

Table III.14. Percentage of the population that has used emergency services during the preceding 12 months by country and age group

	0 to 15	16 to 29	30 to 44	45 and older	Total
Roma population	23.1	22.2	21.2	33.5	24.1
Portugal	76.3	66.7	75.0	75.0	73.3
Spain	34.8	36.8	34.9	45.1	37.4
Greece	32.0	27.3	31.0	39.5	31.5
Slovakia	26.1	20.5	19.3	29.5	24.0
Czech Republic	27.1	18.9	20.4	20.2	22.4
Romania	13.7	12.9	15.5	34.6	16.7
Bulgaria	20.3	10.6	11.6	18.2	15.6

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

We asked those who claimed to have used emergency services how many times they had used them during the 12-month reference period. The average number of times for the overall Roma population was 2.7 which was surpassed by Spain (3.3), Greece (3.1), the Czech Republic (3.0) and Slovakia (3.0). The rest of the countries were under the mean - Portugal with 2.6, Bulgaria with 2.5 and Romania with 1.8.

IV. 19. PREVENTIVE ACTION TAKEN BY WOMEN.

We round out this section offering information having to do with preventive practices by Roma women (visits to the gynaecologist, mammographies and pap smears). Here the survey pool includes interviewed women age 16 and over providing a total sample base of 2,521 cases.

The following table reports on visits by adult women to the gynaecologist according to the type of visit broken down into age groups.

Table III.15. Adult women according to the type of visit to the gynaecologist broken down into age groups.

	16 to 29	30 to 44	45 to 64	65 and over	Roma population
She has never gone	26.8	6.6	10.3	22.1	15.9
She has never gone for reasons other than pregnancy	23.0	21.4	31.1	18.0	23.9
She has gone for reason other than pregnancy	50.2	72.0	58.6	59.8	60.2
Total	100	100	100	100	100
Base (N)	(899)	(884)	(586)	(152)	(2,521)

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

A relatively high number of women (16%) have never been to the gynaecologist (approximately 145,000 Roma women) and 24% (nearly one fourth) have only visited this specialist because they were pregnant. In other words, only 60% of Roma women, 545,000 in absolute terms, have gone to the gynaecologist for reasons other than pregnancy.

These percentages vary quite a bit from country to country. Special mention should be made of the Czech Republic and Slovakia where a significant proportion of Roma women had visited their gynaecologist for reasons other than pregnancy with rates of 83% and 76% respectively. These same two countries registered the lowest proportion of women who have never been to the gynaecologist.

On the other extreme we have Greece and Portugal where only 43% and 16% respectively of the Roma women reported having gone to the gynaecologist for reasons other than pregnancy. Furthermore, 22% of the Roma women in Greece and 24% in Portugal claimed to have never gone to the gynaecologist.

Table III.16. Breakdown of Roma women according to the amount of time since the last visit to the gynaecologist.

	Greece	Portugal	Czech R.	Slovakia	Romania	Bulgaria	Spain	Roma popul.
Has never gone	21.5	24.0	10.9	8.6	12.2	14.8	24.8	15.9
Reason other than pregnancy Less than 6 months	15.1	4.0	23.7	25.7	9.7	14.8	16.4	15.2
Reason other than pregnancy 6 to 12 months	10.8	8.0	28.9	13.6	19.3	9.9	17.1	17.3
Reason other than pregnancy 1 to 3 years	8.6	4.0	19.4	19.1	12.0	11.4	14.3	13.7
Reason other than pregnancy 3 or more years	8.6	0.0	10.9	17.5	12.7	26.9	10.5	14.0
Has never gone for reasons other than pregnancy	35.5	60.0	6.2	15.6	34.1	22.2	16.8	23.9
Total	100							
Base (N)	(227)	(123)	(375)	(170)	(834)	(266)	(526)	(2,521)

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

A close look at this information by age group shows that 27% of the women between 16 and 29 and 22% of the 65 and over group have never been to the gynaecologist.

This survey also looked into the reason for the visit to the gynaecologist. The table below shows the percentages of women who visited the gynaecologist according to the reason (other than pregnancy) of the most recent visit. 38% of these women went to the gynaecologist for some type of problem related with this medical speciality, 33% for a periodic check-up and 12% for family counselling or planning.

Care must be taken when analysing the data by countries because the sample base was too small in Greece and Portugal and therefore not statistically significant. Therefore, eliminating these two countries from the analysis, the countries with the highest percentage of women with gynaecological problems are Slovakia (51%) and Bulgaria (48%). Romania is the country with the highest percentage who go for family planning reasons (18%) followed by Spain (13%). The highest percentages for periodic checkups were registered in the Czech Republic (50%) and Spain (46%).

Table III.17. Percentage of women who visited the gynaecologist according to the reason for the most recent visit (other than pregnancy).

	Gynaecological problem	Counselling family planning	Periodic check up	Another reason	Total	Base (N)
Roma population	37.9	12.0	32.9	17.2	100	1,421
Greece	45.0	5.0	25.0	25.0	100	(94)
Portugal	25.0	50.0	25.0	0.0	100	(18)
Czech Republic	29.9	6.8	49.7	13.6	100	(312)
Slovakia	50.8	11.4	24.3	13.5	100	(126)
Romania	38.0	17.5	19.5	25.0	100	(409)
Bulgaria	48.1	3.4	35.6	13.0	100	(169)
Spain	29.1	12.7	46.0	12.2	100	(293)

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

We now turn our attention to Roma women who have been given gynaecological tests, especially two which are particularly relevant in terms of prevention: pap smears and mammographies.

Table III.18. Percentage of adult women who have had a mammography or pap smear on some occasion by country.

	Mammography	Pap smear (cervix cell sample)
Roma population	21.6	28.6
Greece	8.4	31.9
Portugal	24.0	12.0
Czech Republic	24.1	27.6
Slovakia	14.4	13.2
Romania	20.1	18.6
Bulgaria	15.6	30.5
Spain	30.5	47.7

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

Just over one fifth (22%) of Roma women have had a mammography at some point in their lives and close to three out of ten (29%) have undergone a pap smear.

Some important differences can be seen between countries. As for mammographies, Romania (20%), Bulgaria (16%) and Slovakia (14%) are under the mean and Greece is particularly startling with only 8% of Roma women having undergone a mammography at some point in their lives.

There are also four countries which perform fewer pap smears than the overall average of 28.6%: the Czech Republic (27%), Romania (19%), Slovakia (13%) and Portugal (12%).

Table III.19. Percentage of adult women who have had a mammography or pap smear on some occasion by age group.

	Mammography	Pap smear (cervix cell sample)
Roma population	21.6	28.6
16 to 29	12.5	20.6
30 to 44	24.8	36.3
45 to 64	30.4	31.1
65 and more	32.8	24.2

Source: EDIS S.A., European Survey on Health and the Roma Community 2009

A closer look at the data by age group shows a growing proportion of Roma women who have had a mammography at some point as they get older. 13% of the 16 to 29 group has had a mammography compared with 33% of the 65 and older group.

The highest percentage of women who have had a pap smear was registered in the 30 to 44 age group (37%). This figure is lower for the 45 to 64 group (31%), for the 65 and over group (24%) and also for the 16 to 29-year-olds (21%).

PART IV.- LIFESTYLES

This section analyses different lifestyles of the Roma population living in the countries studied because these have a clear influence on health. The survey compiled information on the use of drugs, physical activity, sleep and eating habits. Regarding this latter point, information was also gathered on body mass index.

IV.20.TOBACCO AND ALCOHOL CONSUMPTION

As explained further on, there are no drug use data for Romania because that question was not on the field work questionnaire for that country. Therefore, the substance use averages calculated for the overall European Roma population are based on only six of the seven countries studied. Also, the questions relating to drug use were only posed to the adult population (over age 15) meaning that the sample size was 3,228.

The following table shows the behaviour of the Roma population as concerns tobacco consumption by country. For this purpose, the following categories were established: daily smoker, occasional smoker, ex-smoker, non-smoker. The aim was to define behavioural types as concerns tobacco use.

Table IV. 1. Tobacco use among the Roma population

	Greece	Portugal	Czech R.	Slovakia	Bulgaria	Spain	i i	Roma popul.
Daily smoker	56.3	26.9	58.4	53.2	46.1	34.1		44.2
Occasional smoker	8.7	3.8	8.6	6.7	8.1	5.8	!	7.0
Does not currently smoke but did in the past	8.7	13.5	12.1	13.7	12.6	11.9	\	12.2
Does not smoke and was never a habitual smoker	26.2	55.8	20.9	26.4	33.2	48.2	i	36.6
Total	100	100	100	100	100	100	i	100
Base (N)	(426)	(245)	(681)	(336)	(548)	(992)	i	(3,228)

Source: EDIS S.A., European Survey on Health and the Roma Population 2009

As the table shows, a high percentage (44%) of the Roma population smokes on a daily basis which means 486,000 smokers compared to 37% of the population that claims to not smoke and to have never been a regular smoker. There are relatively few occasional smokers (7%) meaning that most tobacco users are habitual consumers.

By-country analysis shows that the Czech Republic is the country with the highest percentage of daily smokers (58%) as opposed to Portugal at the

other end of the continuum (27%). The gender breakdown of smokers reveals clear differences between countries; in the Czech Republic 64% of men and 54% of women are daily smokers (10 point difference) whereas in Portugal 50% of the men and only 4% of the women smoke (46 point difference).

Overall figures for the European Roma population show that 59% of men and 31% of women are habitual smokers.

Table IV.2. Percentage of daily smokers among the Roma population by gender

	Men	Women		Roma population
Total	58.8	30.6		44.2
Greece	66.3	46.8		56.3
Portugal	50.0	3.8	!	26.9
Czech Republic	63.8	53.6	\	58.4
Slovakia	62.6	44.7		53.2
Bulgaria	56.0	35.6	!	46.1
Spain	56.5	14.3	1	34.1

Source: EDIS S.A., European Survey on Health and the Roma Population 2009

Age is another element to be observed when it comes to tobacco consumption. As the following table illustrates, the highest percentage of consumers is in the 30 to 44 age bracket (47%) and the 16 to 29 group (45%). The 45 and over age group has the lowest percentage of smokers (40%).

The survey is further enriched by noting differences between countries. While in general terms the proportion of consumers is at its highest in the 30 to 44 age bracket, in Spain and Portugal the highest percentages are detected amongst the youngest members (16 to 29). In the Czech Republic and Greece percentages are very similar across all age groups.

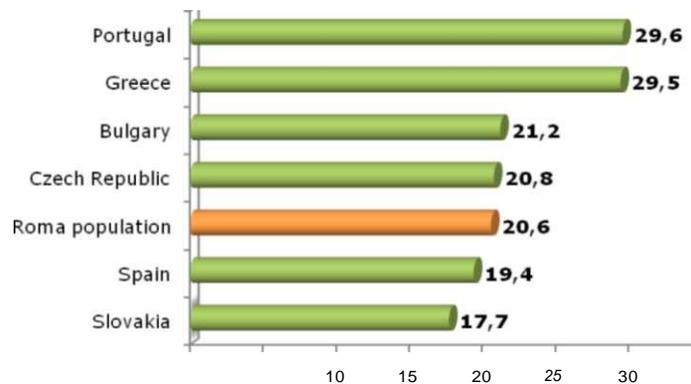
Table IV.3. Percentage of daily smokers among the Roma population by age group

	16 to 29	30 to 44	45 and older ¹		Roma popul.
Roma population	44.7	47.3	39.9	!	44.2
Greece	55.2	59.6	56.4	1	56.3
Portugal	29.2	25.0	23.1		26.9
Czech Republic	57.2	58.5	59.6	i	58.4
Slovakia	53.3	58.5	47.3	1	53.2
Bulgaria	44.1	52.0	42.6		46.1
Spain	37.8	34.4	28.0	1	34.1

Source: EDIS S.A., European Survey on Health and the Roma Population 2009

In addition to gender and age group, it is also important to know the amount of tobacco consumed. The following graph shows the average number of cigarettes smoked on a daily basis by habitual smokers.

Graph IV. 1. Average number of cigarettes consumed daily by habitual Roma smokers



Source: EDIS S.A., European Survey on Health and the Roma Population 2009

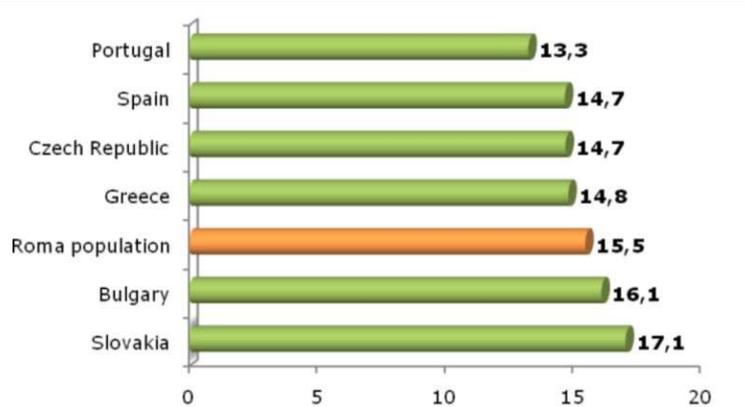
The above graph shows that the average number of cigarettes smoked daily is 20.8. Over that figure we find Portugal (29.6), Greece (29.5), Bulgaria (21.2) and the Czech Republic (20.8). Spain and Slovakia are below that average with 19.4 and 17.7 respectively.

Here we would like to highlight the situation found in Portugal where despite being the country with the lowest percentage of habitual smokers (27%), it has the highest average cigarette consumption rate (29.6). In this country we find that habitual tobacco consumers smoke excessively.

In addition to the above information, we also wanted to shed light on the average age at which tobacco users began smoking. This information is key if we are to prevent this unhealthy habit (especially at early ages).

As the graph shows, the Roma population begins to smoke on a daily bases at the age of 15.5. The Portuguese begin the earliest at age 13 which stands in contrast with the data indicating that Portugal is the country with the fewest young consumers in comparison with the rest of the Roma population.

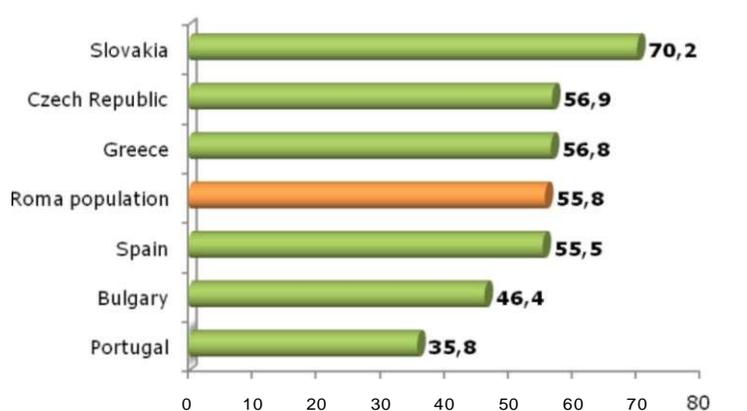
Graph IV.2. Average age at which Roma tobacco consumers begin to smoke



Source: EDIS S.A., European Survey on Health and the Roma Population 2009

In addition to tobacco, we also focused on the consumption of alcohol by Roma adults. To measure this, interviewees were asked if they had consumed any sort of alcoholic beverage in the previous 12 months. The following graph shows the percentages of the population of the different countries that had consumed alcohol in the year preceding the interview. We remind the readers that this information was not collected in Romania which is why that country does not figure in the graphs and tables.

Graph IV.3. Percentage of the adult population that had consumed alcohol during the preceding twelve months.



Source: EDIS S.A., European Survey on Health and the Roma Population 2009

As the graph indicates, 56% of the overall Roma population had consumed alcoholic beverages during the previous year which comes out to approximately 617,000 people. The highest consumption rate (70%) is found in Slovakia (14 percentage points above the average for the whole of the Roma population). On the other extreme we have Portugal where only

36% of the Roma population claimed to have consumed alcohol during the preceding 12 months.

Following is a more detailed breakdown of alcohol consumption by gender showing proportionately which of these two groups consumes greater amounts of alcohol.

Table IV.4. Percentage of drinkers among the Roma population during the preceding 12 months

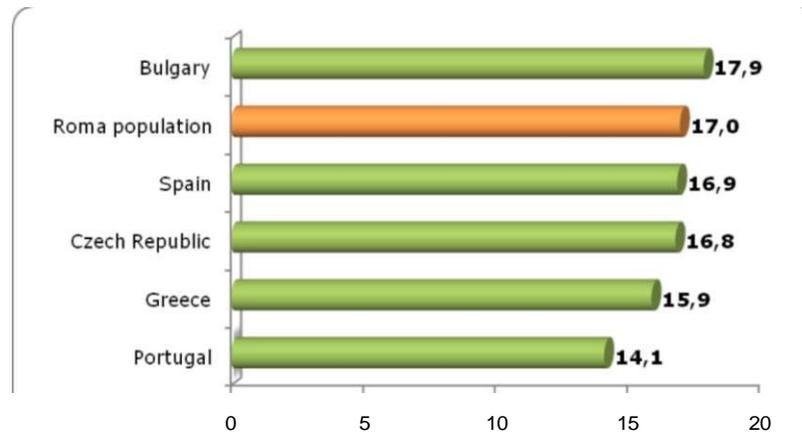
	Men	Women		Roma population
Total	73.1	39.6		55.8
Greece	77.3	38.5		56.8
Portugal	65.4	7.7	!	35.8
Czech Republic	67.6	47.6	\	56.9
Slovakia	83.0	58.0		70.2
Bulgaria	64.2	27.4	!	46.4
Spain	75.8	37.5	1	55.5

Source: EDIS S.A., European Survey on Health and the Roma Population 2009

These data show a clear difference between men and women when it comes to alcohol consumption. 73% of the men, compared to 40% of the women had consumed alcohol during the previous year, a difference of 33 percentage points. The widest gender gap is found in Portugal and the narrowest in Slovakia and the Czech Republic. Even so, the gap between men and women is wide in all countries.

As mentioned in the foregoing, when studying and preventing the consumption of unhealthy substances it is extremely important to not only look at what and how much is consumed but also at what age people acquire this habit. To that end, those that had consumed alcohol during the preceding year were asked how old they were when they began to drink. This question was posed in all countries except for Romania and Slovakia. The average age was 17, ranging from 18 in Bulgaria to 14 in Portugal as shown in the following graph.

Graph IV.5. Average age at which those who consumed alcohol over the last 12 months began to drink



Source: EDIS S.A., European Survey on Health and the Roma Population 2009

Breakdown of the data by gender shows that not only do fewer women consume alcohol but they also begin at a later age than men. While men begin drinking at the average age of 16, women start at the age of 18.

Table IV.4. Average age (by gender) at which those who consumed alcohol over the last 12 months began to drink

	Men	Women	Roma population
Total	16.2	18.5	17.0
Greece	15.2	17.1	15.9
Portugal	13.9	16.1	14.1
Czech Republic	16.4	17.4	16.8
Bulgaria	17.0	20.3	17.9
Spain	15.9	18.5	16.9

Source: EDIS S.A., European Survey on Health and the Roma Population 2009

Bulgaria is the country with the highest initiation age for women (20), the same holding true for the overall population (18). The Czech Republic is where the smallest difference is found between the initiation age for men (16) and women (17) which was also the case for tobacco.

If we look at the average age at which the Roma population begins to drink broken down into age groups we discover a trend towards alcohol consumption at increasingly earlier ages. Drinkers age 45 and over began to drink at the age of 18.1 whereas those in the 30-44 age bracket began at 17.5 and the youngest group at 16.

Table IV.6. Average age (by age bracket) at which those who consumed alcohol over the last 12 months began to drink

	16 to 29	30 to 44	45 and over	Roma population
Roma population	16.0	17.5	18.1	17.0
Greece	15.2	16.3	16.7	15.9
Portugal	13.9	15.0	13.2	14.1
Czech Republic	16.0	17.0	17.7	16.8
Bulgaria	16.3	18.6	18.9	17.9
Spain	16.0	17.4	18.1	16.9

Source: EDIS S.A., European Survey on Health and the Roma Population 2009

Once again, differences are found between countries. In Portugal the older sector of the population began drinking earlier (13). In Bulgaria we found a sudden drop in the average age of initiation from 18.6 for the 30 to 44 year old group to 16.3 in the case of the 16 to 29 year olds.

IV.21. PROBLEMS WITH ALCOHOL AND OTHER DRUGS

This section focuses on the problematic consumption of alcohol and other drugs given that the abuse of these substances has damaging consequences for the health of consumers and on the surrounding environment and, the more habitual and abusive, the more negative.

For that reason we asked the interviewees if they encountered problems as a result of consuming alcohol or other drugs. This topic was covered by the household questionnaire meaning that a qualified member of the household furnished information on all of its members. In this case the sample size was 19,682 Roma and 4,331 households. This question was not posed in Romania or Slovakia

The following table looks at Europe's Roma population according to whether or not they have alcohol or drug-related problems.

Table IV.7. Percentage of the Roma population with alcohol or drug-related problems

	Greece	Portugal	Czech R.	Bulgaria	Spain	Roma population
No problems	96.0	96.4	95.0	95.0	97.8	96.4
Problems with alcohol	3.0	2.9	3.0	4.8	1.1	2.6
Problems with other drugs	0.7	0.3	1.7	0.1	0.8	0.7
Problems with both	0.3	0.3	0.3	0.1	0.2	0.2
Total	100	100	100	100	100	100
Base (N)	(3,492)	(1,676)	(4,109)	(3,947)	(6,458)	(19,682)

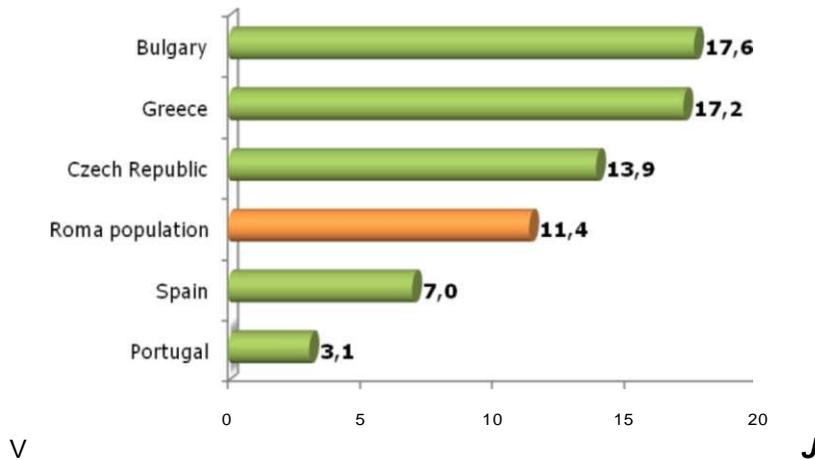
Source: EDIS S.A., European Survey on Health and the Roma Population 2009

The above data show that the overwhelming majority of Europe's Roma population does not have any problems with these substances (over 96%). However, 2.6% of the population has problems with alcohol and nearly 1% has a drug problem. Hence, 3.5% of the population acknowledges having problems with alcohol or other drugs, approximately 38,000 individuals.

The Czech Republic and Bulgaria are the countries where the highest proportion of the population was found to encounter alcohol or drug problems, both countries at 5%. In Bulgaria, 4.8% of the population has a problem with alcohol while in the Czech Republic, 3% of the population has problems with alcohol and 2% with drugs.

Another way to analyse the information is to look at the number of households affected. In 11% of Roma households there is at least one member with an alcohol and/or drug problem which comes out to 71,000 affected households. Above this figure we find Bulgaria (18%), Greece (17%) and the Czech Republic (14%). Spain (7%) and Portugal (3%) are the countries where the fewest number of households are affected by this situation.

Graph IV.5. Percentage of households where at least one member has an alcohol and/or drug problem

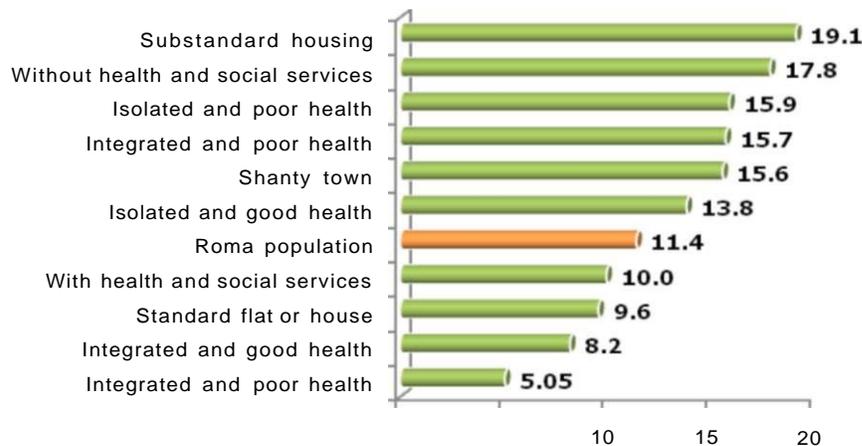


Source: EDIS S.A., European Survey on Health and the Roma Population 2009

The average size of the households affected by these problems is significantly larger (5.1) than that of households which do not suffer from them (4.4), the average being 4.5 members. Clearly, this situation is associated with a disadvantaged social context as we will see in the following.

The following graph shows that the households most affected by alcohol and/or drug abuse are those located in neighbourhoods or residential areas with poor health conditions and/or precarious housing arrangements. Hence, we find that 19% of the households living in sub-standard housing and 18% of those lacking social and health-care services close by have members affected by problems of this sort. And lastly we would point out that 16% of the homes located in neighbourhoods with poor health conditions, regardless of whether they are integrated into urban centres or not, and those located in shanty towns suffer from problems of this nature.

Graph IV.6. Percentage of Roma households with members encountering alcohol and/or drug problems as a factor of health-care and residential conditions.



Source: EDIS S.A., European Survey on Health and the Roma Population 2009

Lastly, a certain correlation between living conditions and the ready availability of health-care and social resources and the number of households with members suffering alcohol and/or drug problems was confirmed. In contrast, the Roma population living in integrated areas with health-care services registered fewer households affected by these problems.

IV.22. PHYSICAL ACTIVITY AND SLEEP

We will now analyse two essential aspects of everyday life having to do with a healthy lifestyle, i.e. the amount of time set aside for sleep and physical activity.

The following table shows the average number of hours that the Roma population in the countries studied sleeps each night. The overall average is 8.45 hours of sleep per night.

Table IV.8. Average number of hours of sleep for the Roma population

	Minors	Adults	Total
Greece	8.91	7.53	8.16
Portugal	8.35	7.68	7.96
Czech Republic	9.73	7.82	8.52
Slovakia	9.65	7.64	8.49
Romania	9.44	7.64	8.38
Bulgaria	9.22	7.61	8.14
Spain	9.46	8.45	8.76
Roma population	9.43	7.86	8.45

Source: EDIS S.A., European Survey on Health and the Roma Population 2009

The under 16 group gets the most sleep (9.43 h) in contrast with 7.86 h for the adult population. The number of hours of sleep is inversely proportional to age.

We will now look at the breakdown of the Roma population in terms of physical activity during free time.

Table IV.9. Breakdown of the Roma population in terms of physical activity during free time.

	Greece	Portugal	Czech R.	Slovakia	Romania	Bulgaria	Spain	Roma population
Does not take any exercise	70.4	33.3	62.8	53.4	61.5	69.6	54.9	60.3
Occasionally engages in physical activity or sport	18.7	45.2	30.1	41.4	26.7	26.4	28.7	28.9
Regularly takes exercise several times a month	5.4	20.2	4.7	3.8	9.8	2.9	11.5	8.1
Engages in sport or physical training several times per week	5.4	1.2	2.5	1.4	2.0	1.0	4.9	2.7
Total	100	100	100	100	100	100	100	100
Base (N)(l)	(641)	(367)	(1,013)	(657)	(2,616)	(814)	(1,496)	(7,604)

Source: EDIS S.A., European Survey on Health and the Roma Population 2009

60% of the Roma population of the countries studied claims to not engage in any sort of physical exercise during their free time. However, 29% occasionally take part in some physical activity or sport and 11% dedicate a significant amount of their free time to physical activity (8% work out regularly several times a month and 3% several times per week).

IV.23. EATING HABITS AND BODY MASS INDEX

Healthy eating habits is one of the main factors, along with physical activity, in staying healthy.

This section looks at the results obtained regarding the nutritional habits of the Roma population and their body mass indices (dividing a person's weight by height squared). This index and the person's age results in weight classification as normal, overweight or obese.

The following table provides details concerning the consumption frequency of certain basic foodstuffs (European diet) by the Roma population.

Table IV. 10. Frequency of foods consumed among the Roma population.

	Daily	Three or more times per week but not daily	Once or twice a week	Less than once a week	Never or almost never	Total
Fresh fruit	27.8	23.7	22.8	17.9	7.8	100
Meat	24.8	33.0	28.4	11.4	2.5	100
Eggs	13.9	27.4	35.6	16.4	6.6	100
Fish	4.8	14.7	23.9	38.2	18.5	100
Pasta, rice	45.8	31.7	14.7	5.0	2.7	100
Bread, cereals	85.6	7.0	3.5	1.8	2.1	100
Vegetables	28.0	26.2	24.6	14.4	6.8	100
Legumes	17.1	30.8	29.2	17.6	5.3	100
Lunchmeat	20.9	24.8	25.4	21.2	7.7	100
Dairy products	47.3	25.0	16.5	8.7	2.4	100
Sweets	36.4	22.3	17.6	15.1	8.6	100

Source: EDIS S.A., European Survey on Health and the Roma Population 2009

As the table shows, the most widely consumed foodstuff is bread and/or cereals which are consumed daily by 86% of the Roma population. 47% consume dairy products and 46% pasta and rice on a daily basis. We would especially highlight the fact that 36% of the population claims to consume sweets every day and only 28% vegetables and fruit.

Fish is among the most infrequently consumed foods in the Roma diet; 38% of the population eats fish less than once a week and 18.5% never eat it. Also, 18% of those interviewed eat fruit and vegetables less frequently than once a week and 14% consume vegetables less than once a week.

A country by country analysis of foods habitually consumed (three or more times per week) shows that Greece and Slovakia consume surprisingly little

fish (8% and 10% respectively). As for meat consumption, Greece is the country with the lowest percentage of habitual consumers (39%). Slovakia also stands out for its low consumption of vegetables and legumes.

Special mention should also be made of the high consumption of less healthy foods such as sweets. This is especially the case among the Czech and Spanish Roma populations with 69% and 66% respectively.

Table IV. 11. Percentage of the Roma population that consumes certain foodstuffs three or more times per week

	Greece	Portugal	Czech R.	Slovakia	Romania	Bulgaria	Spain	Roma population
Fresh fruit	43.8	81.9	54.2	46.1	44.5	43.2	65.0	51.5
Meat	38.9	91.1	68.6	66.7	39.4	51.1	80.6	57.7
Eggs	16.6	22.5	49.5	25.0	49.8	41.4	35.8	41.3
Fish	8.1	67.6	15.4	9.6	16.9	16.2	29.9	19.5
Pasta, rice	73.4	96.9	47.3	81.0	88.4	58.5	74.9	77.6
Bread, cereals	90.9	97.1	84.2	93.2	90.6	96.9	90.5	92.7
Vegetables	50.3	77.5	67.5	39.4	55.0	60.2	47.8	54.2
Legumes	28.9	73.3	30.1	26.8	57.9	50.4	46.1	47.9
Lunchmeat	26.2	71.9	42.9	40.3	32.1	57.4	63.6	45.7
Dairy products	60.1	80.8	80.1	57.3	65.9	70.4	85.2	72.3
Sweets	45.6	62.4	68.7	58.7	51.3	57.9	65.8	58.7

Source: EDIS S.A., European Survey on Health and the Roma Population 2009

Having analysed the foods consumed and frequency of consumption, it is interesting to analyse how these habits affect the health of Europe's Roma population. We will now look at the World Health Organisation's classification of the nutritional status of this group, i.e. body mass index.

Body mass index features three categories: normal, overweight and obese. Values under the overweight threshold fell into the category of "normal or sufficient weight".

Table IV.12. Distribution of the 2 and over Roma population according to body mass

	Normal Weight	Overweight	Obese	No information	Total	! Base (N)
Roma population	52.0	27.4	17.2	3.5	100	\ (7,388)
Greece	35.6	23.3	9.4	31.7	100	, (629)
Portugal	39.5	40.7	14.0	5.8	100	\ (350)
Czech Republic	50.1	27.7	20.2	2.0	100	i (984)
Slovakia	53.7	25.8	17.9	2.6	100	! (639)
Romania	56.7	26.5	16.9	0.0	100	. (2,554)
Bulgaria	57.7	27.5	14.2	0.6	100	J (786)
Spain	44.8	29.5	19.7	6.0	100	. (1,446)

Source: EDIS S.A., European Survey on Health and the Roma Population 2009

It is first of all important to point out that just over half of the Roma population of the countries studied (52%) is within a weight range considered normal, 27% is overweight and 17% is obese.

Portugal is the country that has the highest proportion of Roma population with weight problems, nearly 55% (41% overweight and 14% obese). The country with the highest obesity rate is the Czech Republic with 20%.

We will now look at body mass index by gender and age bracket. As the following table shows, men have more weight problems than women (nearly 7 points higher) although the percentage of obese population is practically the same (17%).

Table IV.13. Distribution of the Roma population according to gender, age group and body mass

	Normal Weight	Overweight	Obese	No information	Total	Base (N)
Roma population	52.0	27.4	17.2	3.5	100	! (7,388)
Gender						
Men	48.5	30.6	17.1	3.8	100	! (3,616)
Women	55.3	24.2	17.3	3.2	100	' (3,772)
Minors and adults						
Minors	62.5	15.9	16.6	5.0	100	' (2,585)
Adults	46.1	33.7	17.6	2.6	100	! (4,803)
Age groups						
2 to 9	51.3	14.2	27.5	7.0	100	! (1,297)
10 to 15	75.0	17.7	4.5	2.8	100	! (1,286)
16 to 29	62.8	26.4	8.1	2.7	100	. (1,700)
30 to 44	39.5	37.4	20.7	2.3	100	! (1,662)
45 and older	29.9	39.6	27.6	2.9	100	i (1,443)

Source: EDIS S.A., European Survey on Health and the Roma Population 2009

Significant differences are also detected between age groups. In general terms, Roma children have a more healthy body mass index than adults; 63% of minors are within the normal weight range compared to 46% of adults.

However, it is important to highlight different distributions according to age group. In the over 45 group, 70% of those surveyed have weight problems. Regarding children, 28% of the age 2 to 9 group are obese compared to only 5% of the 10 to 15 age group.

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This document arises from the project HEALTH AND THE ROMA COMMUNITY: ANALYSIS OF THE SITUATION IN EUROPE which received funding from the European Union, in the framework of the Public Health Programme.

The views expressed herein are those of individual authors and can therefore in no way be taken to reflect the official opinion of the Executive Agency for Health and Consumers.

