

# **A Window of Hope: Education, Identity and Physical Activity Behaviours of Roma Youth**

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# Context

- Roma population across the UK approx 3.5 million but difficult to quantify
- UK 'Roma' population is diverse with 5 main population or ethnic groupings:
  - English Gypsies/Romanchal
  - Irish Travellers
  - Scottish Gypsies/Travellers
  - Welsh Kale
  - European Roma

# Context

- Shared cultural features (Lloyd & McCluskey, 2008):
  - Parts of common languages
  - Pollution taboos
  - Strong belief in family cohesion
  - Family descent
  - Valuing and involvement with wide extended family & family events
  - Respect for family based learning
  - Preference for self-employment
  - Commitment to nomadic lifestyle (even when living in a house)

# Health Status - Europe

- The overall health amongst Roma populations, the largest minority group in Europe, is far from satisfactory (Thomson, Soos, 2007).
  - In many parts of Europe, the life expectancy for most Roma is under 50 years (Reyners *et al.*, 2000).
  - Cardiovascular disease ranks as the greatest cause of death
  - Diabetes is another common disease in Roma people, associated with lack of exercise, obesity and rapid changes to lifestyle and diet (Tatz, 1995).

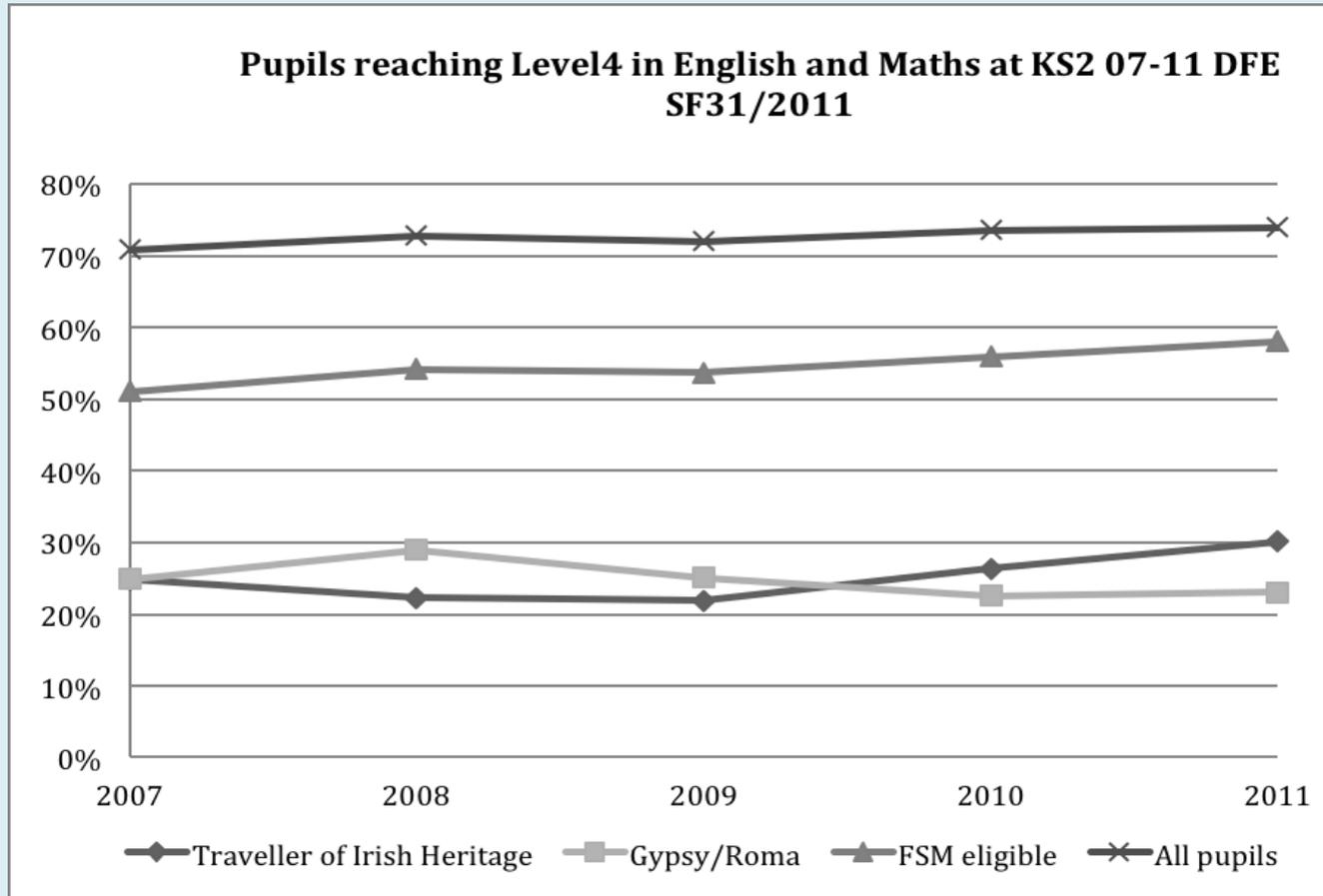
# Health Status - UK

- **Little is known – most studies have been small, localised and descriptive but with confirmatory reports:**
  - High infant mortality and perinatal death rates
  - Low birth rates
  - Low immunisation uptake
  - High child accident rate
  - High death rate for all causes and lower life expectancy (11.9 yrs less for women; 9.9 yrs for men)
  - Maternal rates perhaps 'highest of all ethnic groupings (1997-99)

# Health Status - UK Cont.

- **Parry *et al* (2007) study of 293 gypsies and travellers in UK from 5 localities – 260 pair-matched for sex-age with other similar non-traveller populations**
  - Stroke, cancer and diabetes were low but premature death may impact on figures
  - Gypsies and travellers significantly likely to have long term illness
  - Higher incidences of coughs, chronic sputum, bronchitis, asthma
  - Problems with mobility, self-care, usual activities, pain or discomfort, anxiety or depression
  - No difference in pregnancies re sickness, breech presentation or post-natal depression BUT significantly more miscarriages
  - Still births & deaths of neo-natal infants significantly higher

# Educational Attainment – Gypsy and Traveller Performance in Education - UK



Foster, B. & Norton, P. (2012)

# **‘Roma’ Populations and Physical Activity**

- Literature search has identified NO studies of physical activity measures amongst this population in the UK

**YET**

- Across most populations physical activity correlates strongly with positive health

# A Window of Hope: Gandhi Secondary School

- **The Gypsy Research Centre in Paris has been actively involved for a number of years in a range of projects aimed at making mainstream education more equitable for Romani children.**
  - In Pécs, Hungary, The Gandhi School was set up by The Gypsy Research Centre to find common ground between traditional Romani education and non-Romani education (Fenyves, McDonald and Meszaros, 1999).
  - This school teaches Romani children Gypsy “languages, legends, music”, “dance” and “traditional crafts” in addition to academic studies (Hooker, 1995).
  - Allowed for research of lifestyle issues – including physical activity



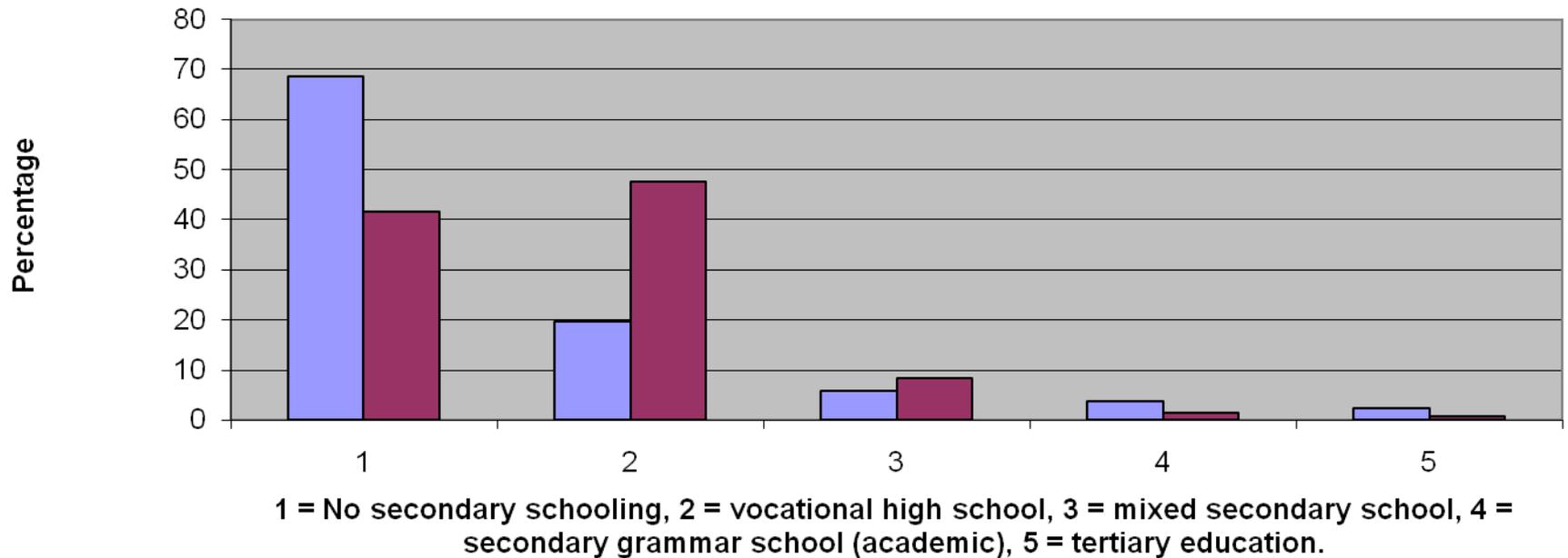
# Roma Study - Hungary

- Aim of Study
  - To identify cultural impacts on physical activity and health behaviours amongst Romani teenagers
- Participants
  - 150 male and female participants (n= M 58, F 92) aged 14-18 years
  - Parents (n= M 132, F 137)
- Location
  - Pecs & Komlo Sec Schools, Hungary
- Method
  - descriptive study
    - Data collection - questionnaire
- Analysis

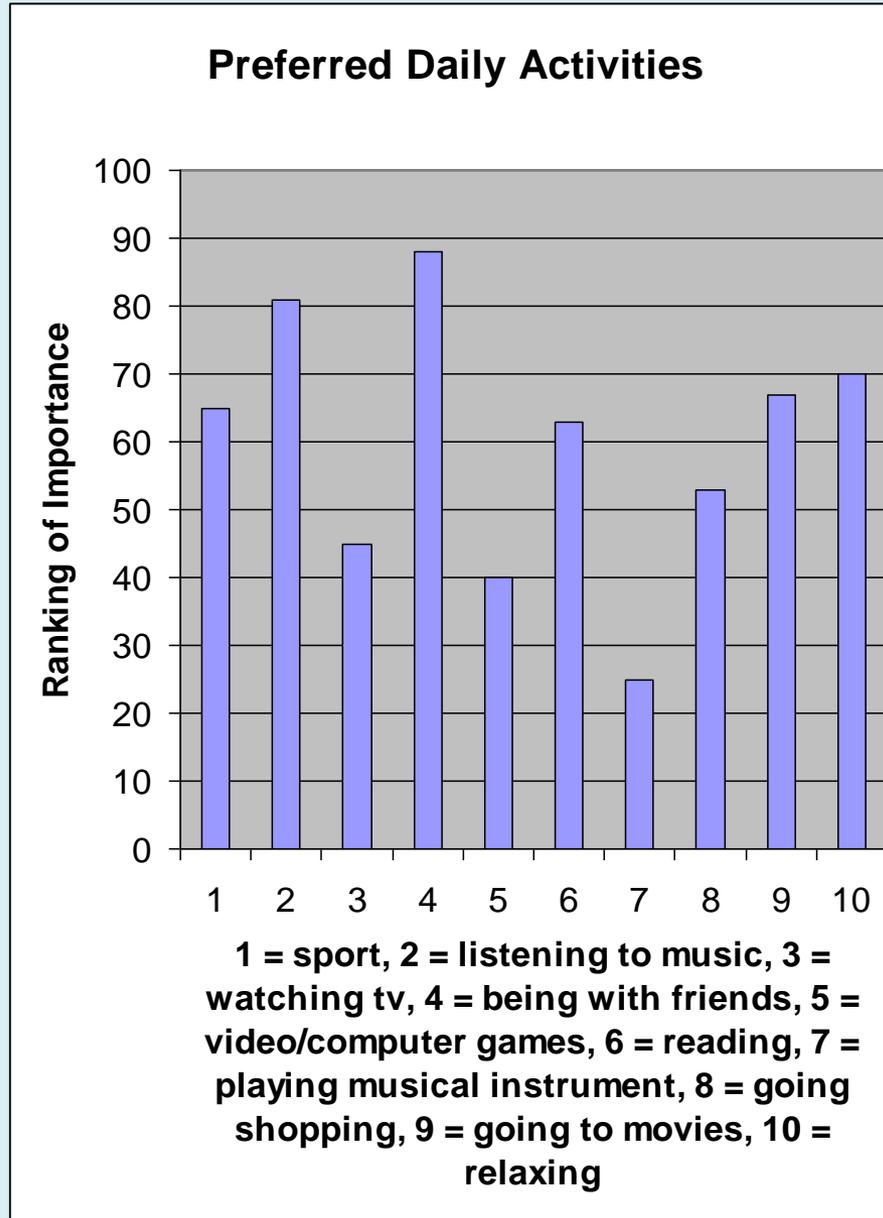
# Results of Roma study: Education

## Education Level of Parents

(N = 269; M = 132, F = 137)



# Roma Study: Daily Activities



# Roma Study:

## Sport and Physical Activity

- Most students (77%) spent 1-3 hours per week involved with sport at school, including both physical education lessons and extra-curricular sport after school.
- Outside of school hours, however, there were a significant number of students with no involvement in sport (37%)
- Students who averaged 4-6 hours sports participation per week (28%) outside of school hours could perhaps be considered as having a reasonable rate of involvement in sport and physical activity.

# Roma Study: Favourite Sporting Activities

- Traditional sports such as soccer and basketball have considerable popularity
- Basketball was favoured more by girls than boys
- Track and field and running had a much higher popularity than might have been expected
- Team handball had less support than would have been expected (Handball being a dominant sport in Hungarian society).

# Roma Study: The Meaning of Sport

- When asked “What does sport mean to you?”
  - Most students related it to physical fitness and health (33%)
  - For a significant number of students it was associated with a particular sport (29%)
  - There was a reasonably significant relationship to victory or success (6%)
  - Much weaker relationship to enjoyment (1%).

# Conclusions

- **There are differences in the sports participation and health (the latter from the literature) of Roma youth**
  - Appear to be related both to levels of income and education and to ethnicity.
- **If Roma are to survive in Europe as an ethnic group with a separate ethnic identity, education which includes instruction in Roma language and culture would seem to be critical.**
  - At the same time, while sport involvement provides Roma youth with a potential avenue for successful integration with Hungarian youth in general, the specific nature of their sporting involvement can also continue to provide a point of difference between Roma youth and dominant Magyar culture (Thomson & Soos, 2005).
- **Is this the same in the UK?**

# Key Messages:

- Further work required in UK including:
  - Health studies linked to physical activity studies with measurements being collected
  - Intervention to seek behaviour change and compensate for health inequalities if appropriate
- Recruitment of indigenous facilitators are necessary for success
- Embrace cultural diversity and offer activities that are culturally entwined alongside ‘curricular’ activities
- Health education needs to be localised, family based and linked to cultural activities
- Promote role models from the indigenous population

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Thank you!

Any questions?

