

INTRODUCTION

Kosovo's Roma, Ashkali and Egyptian communities suffer from a high prevalence of under-nutrition and malnutrition, contributing to poor health and reduced life expectancy. With limited access and use of both preventative and curative healthcare services, these Kosovo minority communities continue to suffer from poor health.

In order to assess the actual impact of nutrition, life style, and levels of activity on the health of the Roma, Ashkali and Egyptian communities, Solidar Switzerland together with partner Bal-kan Sunflowers Kosova took action to address the knowledge gap by conducting a health survey among the three communities in 2014. The full research findings and methodology will be available in separate publication¹.

¹ New National Health Insurance Will Save Lives: Life Expectancy and Health in Kosovo's Roma, Ashkali and Egyptian Communities

The main aim of the KOSANA Project is improvement of the health and social security of the population of Kosovo through support of active participation by civil society in the development and implementation of a health insurance system in the country.

The KOSANA Project empowers the CSO-s representing citizens and patients to create advocacy positions based on facts, information, and the needs of the people. This process requires a long-term effort and commitment by organizations that represent citizens' interests.

This policy brief summarizes findings and recommendations concerning nutrition and life choices.



KEY FINDINGS

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i. Nutrition is Poor

Roma, Ashkali and Egyptian communities are not consuming a balanced diet or reaching the daily food balance intake recommended by the World Health Organization (WHO). Normal meals tend to include a combination of beans, potatoes and low quality sausages, foods that as prepared are high in fat and salt content.

Survey data indicates that less than a quarter of individuals (18.7%) are consuming meat or meat products on daily basis and just about half include vegetables (60.7%), fruit (49.8%) and dairy (50%) in a daily meal.

Significant percentages of families consume essential foods only once per week or less often: vegetables (15%), fruit (23.6%), dairy (17.2%), eggs (25.1%). Meanwhile, about half of respondents indicate that they consume sweets (41.6%) on a daily basis.

Communities tend to over-consume potatoes, bread and other dough-based meals that are generally very low in nutrients. Family medicine doctor Sylfije Bajrami who works at Gaqke, Ferizaj/Urosevac, is also worried about the monotonous diet of the Roma, Ashkali and Egyptian families.

She reports that a typical daily meal consists of beans, potatoes, peppers and bread and that most families in her community are not consuming fruits, vegetables or dairy products on a daily basis. Without proper nutrition, individuals do not receive the necessary vitamin and minerals, and are at risk for anemia, obesity, and chronic diseases such as hypertension and diabetes.

ii. Hygiene is Lacking

Hygiene within the Roma, Ashkali and Egyptian communities is poor and often limited by extreme poverty conditions: lack of water supply, costs of water and cleaning materials, etc. Respondents by 38.1% report a daily shower or bath and a further 17.0% bathing four to six times per week.

iii. High Smoking and Low Drinking Culture

Daily smoking is habitual among about a quarter of the Roma, Ashkali and Egyptians (29.6%). While that statistic is not strikingly high, it does result in 70.1% of households having at least one smoker resulting in high levels of second-hand smoke and associated health issues.

In contrast to smoking, alcohol consumption in Kosovo Roma, Ashkali and Egyptian communities is very low. Almost all (96.7%) of the household members in the sample never consume alcoholic drinks, largely as members of the Roma, Ashkali and Egyptian communities adhere to the Islam faith.

iv. Lack of Physical Activity

Physical activity is low among the Roma, Ashkali and Egyptian communities, with the most active being youth and the least active the older population. Overall, less than half (41.1%) of people engage in more than basic physical activity with only a quarter (26.8%) engaging on a daily basis.



RECOMMENDATIONS FOR COMMUNITIES

An unbalanced diet, with insufficient variety, and inadequate nutritional value poses health risks for the Roma, Ashkali and Egyptian communities. Hence, the following five recommendations are proposed to raise community awareness regarding diet and life style choices:

1. Increase the daily intake of fruits and vegetables;
2. Reduce consumption of processed food, fat, salt and sugar;
3. Reduce and end use of tobacco;
4. Develop awareness of food choice options that are better for health with low or no impact on household expenses.
5. Increase the frequency of physical activity;
6. Children should be informed in learning centers, schools, and families on the connection between hygiene such as hand washing and teeth brushing, and getting sick.

Core principles

In order to achieve the five recommendations, buy-in and collaboration between the communities, national and local governmental institutions, donor organizations, and civil society organizations is necessary. Additionally, the following suggestions for design and implementation of activities should be considered:

- “Long life” as well as “good health” can be presented as incentive when promoting better nutrition and life choices.
- Health promotion activities must take into account the socio-economic reality of the majority of the Roma, Ashkali and Egyptian households.
- Offering realistic dietary choices, for example, might be: Steaming rather than frying; fruit instead of sweets; homemade teas with minimal sugar added rather than carbonated drinks; winter vegetables instead of bread.

- The financial cost of smoking day-by-day and month-by-month should be cited, and people asked to consider what they could provide their family if smoking stopped burning their money.

- Health intervention activities should be wide reaching, including

“...what we could see also a lot is ... the Roma community have, maybe, a little bit different perception of death. And this is something that, you know, triggers them a lot. It's an interesting entry point to generate their – concentration or their willingness to do something for their health – if it will improve their life expectancy. This was interesting for me – to see that this was something that made them all very, very interested.”

Ardita Tahirukaj

National Public Health Expert at the World Health Organization Kosovo Country Office

Interview with
Balkan Sunflowers Kosova, 2014



STAKEHOLDER RECOMMENDATIONS

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The **Government of Kosovo** should:

- Finalize implementation of the national health insurance program, particularly insuring the costs of primary health care services;
- Allocate health insurance funds for community health education programs.

Local governments should:

- Actively engage in the design and implementation of community education programs. This would involve contributing to the programs with human resources, materials and facilities;
- Task health care and social workers with planning and delivering health education in their workplaces, including health education as an aspect of everyday activities.

International organizations should:

- Support the Government of Kosovo to implement national health insurance.

Civil society organizations should:

- Develop and provide training for the health care workers;
- Plan and deliver community education sessions;
- Facilitate communication and dialogue between communities and policy makers.

Community actors, those who represent the interests of the Roma, Ashkali and Egyptian communities, should:

- Consult with their respective communities about needs and expectations regarding community education programs;
- Ensure first-level monitoring and evaluation according to the standards set by the civil society organizations and the donor bodies.



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