Roma people form one of the largest and the oldest minorities in Europe. Over the centuries they have faced various forms of discrimination and oppression which may have contributed to their low socioeconomic status and high rate of poverty. In recent decades, interest in the Roma people regarding a variety of issues has increased, but most issues are not yet fully understood and not solved. One of those issues is Roma health, which has been found to be worse than the health of non-Roma. Research among Roma is considered difficult and not attractive, leading to a lack of valid and reliable data. Research on Roma adolescents in particular is almost entirely lacking. Our research focused on assessing the health status and health-endangering behaviours of Roma adolescents living in poor Roma settlements in the Eastern part of Slovakia and comparing them with their non-Roma counterparts.

Roma people as a minority group and their basic characteristics are introduced in Chapter 1. The chapter summarises available knowledge about the Roma minority, their history and present status. After introducing the key social determinants of health, a review of the literature in the field of Roma health and health-endangering behaviour is presented. At the end of the chapter, the general aims of this thesis are presented and research questions are formulated and positioned in a model of proposed associations.

In Chapter 2 we provide detailed information about the study design, data collection and procedures and statistical analyses used in the thesis.

Chapter 3 compares the self-reported health outcomes of Roma adolescents living in Roma settlements with those of non-Roma adolescents and assesses the impact of parental highest education on the results obtained. We found that Roma adolescents report poorer self-rated health, more accidents and injuries during the past year and more frequent use of healthcare during the past year, though fewer health complaints. Furthermore, they reported more prosocial behaviour on the Strengths and Difficulties Questionnaire (SDQ) than non-Roma. No differences were found regarding SDQ total difficulties. Adjustment for socioeconomic status decreased the association of ethnicity with health outcomes. Adjustment for social desirability had a significant effect on the ethnic differences regarding all outcomes, except for accidents and injuries during the past year.

Chapter 4 aims to assess the occurrence of health-endangering behaviours among Roma adolescents in comparison with their non-Roma counterparts and to assess the impact of parental education and social desirability on the differences. Roma girls had lower rates of smoking, drunkenness and drug use than non-Roma girls, but higher rates of physical inactivity. Drug use was less frequent among Roma boys, while other differences between Roma and non-Roma boys for the other health-endangering behaviours were small and statistically insignificant. The effects of parental education and social desirability were small.

Chapter 5 focuses on social support, life satisfaction and hopelessness between Roma and non-Roma adolescents and assesses the role of parental education and social desirability on the differences. Roma adolescents reported higher social support from parents, higher life satisfaction and higher hopelessness
rates. Parental education explained a part of the ethnic differences, as did social desirability. After adjustment for the aforementioned factors, differences by ethnicity remained statistically significant.

Chapter 6 reports on delinquent and aggressive behaviour among Roma and non-Roma adolescents and the effects of parental education and social desirability on the ethnic differences found. Roma adolescents reported less delinquent behaviour and less physically aggressive behaviour than non-Roma, but reported more hostility. Parental education did not affect these associations in an important way. Adjustment for social desirability diminished the ethnic differences in delinquency, led to an increase in the differences in hostility and led to the disappearance of differences in physical aggression.

Chapter 7 concerns discrimination, hopelessness and social support and their contribution to differences in self-rated health between Roma and non-Roma. Roma adolescents reported more discrimination and poorer SRH, along with more mother and father social support, hopelessness and social desirability. Roma ethnicity, discrimination, hopelessness and mother social support were significant predictors of poor SRH. Adjustment for discrimination and hopelessness decreased and adjustment for social support increased the size of the ethnic differences.

Finally, in Chapter 8 we summarise all of the findings, discuss them in the context of existing knowledge and the theoretical background and provide implications. Results are discussed specifically in the framework of differences in health and health-endangering behaviour between Roma and non-Roma. Our findings are in general in line with previous studies on adults and support the finding that the health status of Roma adolescents is worse. The findings of less frequent substance use, especially among Roma girls, and of less frequent antisocial behaviours among Roma adolescents contradict previous findings on the Roma population and pose a rather new perspective on Roma adolescents. Our study supported the mediating role of parental educational status in the pathway from ethnicity to health as proposed by previous research. In addition, discrimination, hopelessness and social support seem to mediate this pathway, which is in line with the findings of previous studies about the exacerbating effect of discrimination and feelings of hopelessness on health and the protective effect of social support. Finally, the role of social desirability in health assessment was discussed. It seems to be a confounder that should not be neglected in the assessment of psychosocial outcomes and antisocial behaviour of Roma adolescents.

Our findings imply that health-related interventions should be concentrated more on groups with increased health risk originating from low SES. We recommend health professionals dealing with Roma to focus on maintaining the relatively low substance use among Roma adolescents and to promote their physical activity so that they can keep their health good into adulthood. Our findings also imply that interventions to improve the health of Roma adolescents could address their hopelessness. Moreover, sustaining the levels of social support and life satisfaction among Roma adolescents deserves attention as well. Interventions aimed at preventing antisocial behaviour should focus on the entire population, but even then, a different approach may be needed for ethnic minorities such as Roma. Whether the latter is the case requires additional study, preferably framed in a longitudinal design tracking Roma and non-Roma from adolescence into early adulthood and including qualitative assessments.