University of Groningen

Breaking the cycle of poverty

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DOI:
[10.33612/diss.171653947](https://doi.org/10.33612/diss.171653947)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2021

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Bosáková, L. (2021). *Breaking the cycle of poverty: routes to counteract intergenerational transmission of socioeconomic health differences*. [Thesis fully internal (DIV), University of Groningen]. University of Groningen. <https://doi.org/10.33612/diss.171653947>

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Breaking the cycle of poverty
Routes to counteract intergenerational transmission
of socioeconomic health differences

Lucia Bosáková

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Thesis for the University of Groningen, the Netherlands – with summaries in Dutch and Slovak

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The printing of this thesis was supported by the Graduate School for Health Research (SHARE), the Graduate School Kosice Institute for Society and Health (KISH), the University Medical Center Groningen (UMCG) and the University of Groningen.

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Language corrections:

David L. McLean

Press:

EQUILIBRIA, s.r.o.

Printed in Slovakia

university of
 groningen

Breaking the cycle of poverty

Routes to counteract the intergenerational transmission
 of socioeconomic health differences

PhD thesis

to obtain the degree of PhD at the
 University of Groningen
 on the authority of the
 Rector Magnificus Prof. C. Wijmenga
 and in accordance with
 the decision by the College of Deans.

This thesis will be defended in public on
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Introduction

This thesis focuses on socioeconomic differences in health, with improving education and employability as major means of combatting the intergenerational transmission of poverty. The thesis tries to contribute to the understanding of socioeconomic inequalities and their major determinants in the Central European region and to considering possible ways of breaking the cycle of poverty. This chapter briefly describes the core concept and theoretical background of the thesis, its main aims and research questions and the structure of the further thesis.

1.1 Health determinants, health inequalities and health inequities

The health of an individual reflects many aspects of a human being, which might be the result of both genetic or biological and external environmental factors. Besides constitutional factors and individual lifestyle, social and community networks as well as general socioeconomic, cultural and environmental conditions also affect health, as represented in Figure 1.1 (Dahlgren and Whitehead 1991).

Figure 1.1 Health determinants
Source: Dahlgren and Whitehead 1991

The figure summarizes the differing circumstances and conditions in which people are born, grow, work, live and age. A wider set of forces and systems (including economic policies and systems, development agendas, social norms, social policies and political systems) exists that is shaping those circumstances and conditions of daily life. All of these are known as the social determinants of health, which significantly influence how healthy a person is (WHO 2020a).

The differing conditions of daily life lead to wide disparities, known as health inequalities, in the health status of different people and social groups (Kawachi et al. 2002). Inequalities in health therefore arise because of inequalities in society — in the conditions in which people are born, grow, work, live and age. Taking action to reduce health inequalities requires, besides intensive disease prevention and health promotion programs, also action across the whole of society and across all the social determinants of health (WHO 2020b; Marmot 2010).

Systematic differences in health that could be avoided by reasonable means are then known as health inequities (WHO 2020c; Marmot et al. 2012). The terms inequalities and inequities are sometimes confused. According to Global Health Europe (2009), inequities invoke moral outrage, are unfair and indefensible, are a result of human failure, giving rise to avoidable deaths and disease. Inequities are often measured in terms of the inequalities of health or resources, which is appropriate where one might reasonably expect equality. The WHO (2016) argues that inequity in health or health service coverage also has a moral and ethical dimension and is distinguishable from inequality, which is a term used in health to denote only measurable differences. According to Arcaya et al. (2015), the key distinction between the terms inequality and inequity is that the former is a dimensional description employed whenever quantities are unequal, whereas the latter requires passing a moral judgment that the inequality is wrong. For the purpose of this thesis, we will mainly refer to the term health inequalities.

To reduce health inequalities, it is necessary to take complementary action on the social determinants of health for the development of health systems and the relief of poverty. This also includes the broader aim of improving the circumstances in which people are born, grow, work, live and age. It is therefore important to understand the social determinants of health, how they operate, and how these can be changed (Gostin and Friedman 2020, Marmot 2005). Reducing health inequalities requires action on several policy objectives, with education (Zajacova and Lawrence 2018) and employment (Durcan 2015) belonging among the priorities. Ideally, this means giving every child the best start in life and creating fair employment for all (Marmot 2010). Last but not least, it is also important to consider health inequalities as an economic burden. It would probably be more expensive to leave inequalities untouched, as from a

more comprehensive perspective the economic impact of socioeconomic inequalities in health may well be large (Suhrcke and Cookson 2016) and also affect the future productivity of people affected by such inequalities earlier in life.

1.2 Education as a main health indicator and contributor to (un) employment

Improving education can be a powerful engine for achieving greater equality (Walker et al. 2019), making low education a major indicator for low socioeconomic status (SES). People who lack – or have insufficient – education have a lower chance of having a generous income and are more likely to be deprived in all sorts of other dimensions of well-being, including health (Curtis 2018). People with higher levels of education are able to protect themselves better against increased health risks and/or are able to benefit more from new opportunities for health gains (Mackenbach 2006). Education may affect health either directly, through knowledge and skills acquired, or indirectly, through its influence on future employment and income (Galobardes et al. 2007). Higher education also enables better working conditions and influences lifestyle (Rychtarikova 2004).

The evidence is quite clear that inequality in the development of human capabilities produces negative social and economic outcomes that can be prevented with investments in early childhood education, particularly targeted toward disadvantaged children and their families. Research shows that educational equity is more than a social justice imperative; it is an economic imperative that has far-reaching implications (Heckman 2011).

Education essentially shapes children's lifelong trajectories and chances for health. Recognizing the role of education provides its huge potential to reduce health inequalities within a generation (CSDH 2008). Schools, as a part of the wider environment contributing to the development of children, play a crucial role in building their capabilities. A more comprehensive approach to early life is needed, with extending interventions to include social/emotional and language/cognitive development. This comprises providing quality compulsory primary and secondary education for all children, regardless of their parents' ability to pay, as well as identifying and addressing barriers to their enrolment and staying in school (CSDH 2008).

Several factors that may have a significant impact on health influence the educational trajectory of children. A variety of social disadvantages (deprived family backgrounds, stressful experiences, etc.) may contribute to poor educational outcomes (Cassen et al. 2008), with low socioeconomic status (SES) (Lam 2014; Farooq et al. 2011) and adverse childhood experiences (ACE) (Blodgett and Lanigan 2018; Hardcastle et

al. 2018) being examined most often. School satisfaction in terms of liking school and the attitude towards education may also play a crucial role in shaping children's educational trajectories (OECD 2013; Gorard et al. 2012; Li et al. 2010). Evidence on the latter topic is scarce, however.

School satisfaction is generally defined as a cognitive-affective evaluation of overall satisfaction with school life experience (Wong and Siu 2017) having a key role in children's quality of life (Huebner et al. 2001). Previous research has measured school satisfaction mostly in terms of liking school (Wong and Siu 2017; Simoes et al. 2010), but the attitude towards education might also play a role (Gorard et al. 2012). Furthermore, a recent Health Behaviour in School-aged Children (HBSC) report shows that a very low and decreasing proportion of children like school, but a high proportion of children value education (Bosakova and Boberova 2019). This group of children who value education but do not like school may be overlooked. Therefore, research on school satisfaction should consider the inconsistency in attitudes towards school and towards education as this may help uncover a notable group of children at risk.

1.3 Employment, unemployment and employability

Education is a strongly contributing factor to employment (Zajacova and Lawrence 2018). Employment and working conditions are, next to education, factors that have powerful effects on health outcomes, and thus may contribute to (in)equity. When these factors are favourable, they can provide financial security, social status, personal development, social relations and self-esteem, and protection from psychosocial and physical hazards (CSDH 2008). Being in good employment is thus protective to health. Conversely, unemployment contributes to poor health. Getting people into work is therefore very important for reducing health inequalities (Marmot 2010). However, jobs need to be sustainable and offer at least a minimum level of quality, involve not only a decent living wage but also opportunities for in-work development, work-family life balance and protection from adverse working conditions that could damage health (Marmot 2010). Generally, action to improve employment and work should be not only global, but also national and local (CSDH 2008).

Unemployment is a major factor leading to health inequalities (Gangl 2006) in most countries. It has a large impact on individuals and on society as a whole and is potentially even larger for some sub-populations (Artazcoz et al. 2004), such as families with children (Chzhen 2015). Unemployment of a family member affects the whole family, including spouses (Vinokur et al. 1996) and children (Bacikova-Sleskova et al. 2011). It also has an impact on children who have not directly experienced unemployment in their own families, as the negative atmosphere in

society caused by an unfavourable labour market may affect their life satisfaction, hopelessness and educational and occupational aspirations (Pfoertner et al. 2014).

Unemployment is associated with a higher mortality risk (Clemens et al. 2015) and with suicide in particular (Voss et al. 2004). Unemployed people are further exposed to a multiplicity of increased health risks (Marmot 2010), with higher rates of long-term illness (Bartley 2004), mental illness (Thomas et al. 2005) and cardiovascular disease (Gallo et al. 2006). They also have much higher use of medication (Jin et al. 1997) and much worse prognosis and recovery rates (Leslie et al. 2007). Unemployment has both short- and long-term effects on health, with the greatest adverse effects on health among those who experience long-term unemployment (Bethune 1997).

The impact of unemployment on morbidity and mortality can be explained by three mechanisms. First, financial problems resulting from unemployment may lead to a reduced chance to buy healthier food, have better health care, housing or schooling (Adler and Newman 2002). Also, lower living standards may in turn reduce social integration and lower self-esteem (Maier et al. 2006). Second, unemployment may trigger distress, anxiety and depression (Voss et al. 2004). Many psychosocial stressors contribute to poor health among the unemployed, but also among their partners and children (Bartley et al. 2006). Third, unemployment also influences health behaviours, such as increased smoking and alcohol consumption and decreased physical exercise (Maier et al. 2006). Loss of work results in the loss of a core role linked to person's sense of identity, as well as the loss of rewards, social participation and support (Maier et al. 2006).

Unemployment is increasingly understood to be caused by a lack of employability (Garsten and Jacobson 2004), which can provide routes to counteract unemployment and its effect. Employability refers to a set of skills, knowledge, understanding and personal attributes that make a person more likely to gain and maintain employment or to obtain new employment, if required (Dacre Pool and Sewell 2007). For individuals, employability depends on their assets in terms of the knowledge, skills and attitudes they possess, the way they use and develop those assets, the way they present them to employers, and crucially, the context (e.g. personal circumstances and labour market environment) within which they seek work. The balance of importance between and within each element varies for groups of individuals, depending on their relationship to the labour market (Hillage and Pollard 1998). Besides the ability to find and keep employment, employability also includes the workplace's ability to create opportunities for employment and for personal and professional growth (Ghoshal and Bartlett 2004; Berntson 2008). It is also influenced by the external factors regulating a person's access to the labour market,

such as, for example, the degree of inclusiveness and equalization (Baciu et al. 2016). Employability has been promoted by several international institutions, such as the Organisation for Economic Co-operation and Development (OECD), the European Union (EU) and the United Nations (UN), as a way to strengthen inclusion (Vesterberg 2016). In this thesis, employability and the factors contributing to it is a major topic.

1.4 Income, poverty, and the cycle of poverty

Income is, together with education and (un)employment, a third major determinant of health (Sen 1998). It is also, together with the material deprivation (the inability of individuals or households to afford consumer goods and activities typical in a society), the most often used measure of poverty (Vlacuha and Velcicka 2009). Poverty is a complex phenomenon which is dealt with by experts from various scientific disciplines, e.g. economists, sociologists, anthropologists, psychologists, statisticians and others (Zelinsky 2014). It is determined by macroeconomic factors in terms of unequal access to resources, social and labour policies but also by individual factors, such as level of education, health and social interaction in society (WHO 2019). Poverty thus involves more than a lack of income and productive resources to ensure sustainable living. Its manifestations include hunger and malnutrition, limited access to education and other basic services, social discrimination and exclusion, as well as the lack of participation in decision-making (UN 2020). Poverty increases the chances of poor health, which is an obstacle to social and economic development. Poorer people live shorter lives and have poorer health than affluent people do. This disparity has drawn attention to the notable sensitivity of health to the social environment (WHO 2020d).

Intergenerational disadvantages can also influence the likelihood of poverty (WHO 2019). For example, when measuring the effect of education, a person born in a family with poorly educated parents has a 34.2% possibility of achieving a low education, as well, while the possibility of having a low education for a person born into a family with more educated parents is just 3.4% (WHO 2019). Intergenerational poverty thus refers to a situation in a family, when at least two generations have been born into poverty (Jensen 2009). The transmission of poverty from generation to generation presents major obstacles for improving population health and reducing health inequalities (CSDH 2008).

Intergenerational disadvantages then often lead to a self-reinforcing mechanism also known as the “poverty trap”, which causes poverty to persist. If it persists from generation to generation and no steps are taken to break this trap, the effect can strengthen itself as a “cycle of poverty” (Azariadis and Stachurski 2005). The cycle of poverty is the set of events or factors by which poverty is likely to continue unless there is an outside

intervention (Hutchinson Encyclopedia 2020). Families trapped in the cycle of poverty have limited or no resources. These regard not only financial resources, but also emotional, mental/cognitive, spiritual, physical, supportive and other resources that are vital for the success of an individual (Payne 2013). Poor people often do not have the resources necessary to get out of poverty, such as financial capital, education or connections. This means, therefore, there are many disadvantages that jointly work in a circular process making it practically impossible for some individuals to get out of the cycle of poverty (Figure 1.2).

Figure 1.2 The cycle of poverty
Source: Processed by the author

Children born in poverty have limited access to education (UN 2020) and are less likely to develop and accumulate productive human capital, such as education as well as productive personality traits (Smeeding 2013; Heckman 2011; Farkas 2003; Breen and Goldthorpe 1997). As young adults, they have limited access to the labour market; thus, they are likely to begin their careers in low-income employment (Heckman and Krueger 2005; Featherman and Hauser 1978) or as unemployed (Vaalavuo 2016).

The experience of low income as adults further diminishes their prospects for upward intergenerational mobility, i.e., they tend to remain low-income throughout their adulthood (Sakamoto et al. 2014). Low income then prevents an individual from purchasing healthier food, investing in better health care, housing, schooling and recreation (Adler and Newman 2002), which may lead to a poorer quality of life and the resulting poverty trap. This cycle has a higher level of intergenerational economic heredity among the descendants of the poor than among those of the working and the middle class, because these latter groups are more likely to graduate from college and obtain long-term incomes in the upper quintile (Sakamoto et al. 2014).

Work may play an important role in preventing poverty or lifting people out of it. Monetary poverty is, however, only one aspect of multidimensional poverty affecting children and it should be considered together with other dimensions, such as access to education, health care and other services (Vaalavuo 2016). Since inequality starts at or before birth, it should be corrected already at that stage with the resource of early childhood and parental education. According to Heckman (2011), supplementing the family environments of disadvantaged children with educational resources is an effective and cost-efficient way to provide equal opportunity, achievement and economic success. Gains made in early childhood should be followed by a quality elementary, secondary and post-secondary education that promotes the development of knowledge and character (Heckman 2011).

In efforts to break the cycle of poverty, it is important to think about cultural capital, comprising assets (intellect, education, etc.) that promote social mobility (movement of individuals, families, or households within or between social strata in a society) in a stratified society (OECD 2010). Children are in the process of acquiring their embodied cultural capital over time (Bourdieu and Passeron 1990). The incorporation and accumulation of cultural capital requires socialization and/or learning time. Social context is related to incorporated cultural capital (Bourdieu and Passeron 1990), comprising skills and knowledge for everyday practice acquired by all forms of learning, also beyond schooling. These have a crucial impact on objectivized and institutionalized cultural capital. Thus, disruption of the social context in any form may disturb the process of acquiring the incorporated cultural capital.

1.5 Disadvantaged groups and hard-to employ groups

Social inequalities exist across a wide range of domains: age, gender, race/ethnicity, religion, language, physical and mental health and sexual orientation, causing some groups in society to be particularly disadvantaged (WHO 2016; Marmot 2010). These groups comprise persons

who experience a higher risk of poverty, social exclusion, discrimination and violence than the general population, including, but not limited to, ethnic minorities, migrants, disabled people, isolated elderly people and children (EIGE 2020).

According to Marmot (2010), patterns of employment both reflect and reinforce the social gradient in connection with serious inequalities in access to the labour market. Unemployment rates are highest among those with no or few qualifications and skills, people with disabilities and mental illnesses, those with caring responsibilities, single parents, those from some ethnic minority groups, older workers and young people. These same groups are more likely to be trapped in a cycle of in low-income, poor quality jobs with just a few opportunities for advancement, often working in conditions that are harmful to health.

Moreover, there are certain groups of individuals that tend to experience unusually high or prolonged levels of joblessness even in relatively good times, and their needs typically go beyond the scope of the assistance available at traditional employment agencies and welfare offices. These groups typically share common characteristics of inadequate income, poor housing, inferior education, a lack of medical attention and a lack of real job opportunities. They are the hard-to-employ groups (Harrison and Brown 1970). In general, some ethnic minorities tend to make up part of this. They have higher unemployment rates, lower occupational attainment and wages and often weaker labour market involvement. When measured according to participation rates, they are less likely to find and keep jobs than the majority population (Zimmermann et al. 2008).

1.6 Segregated Roma as a particular example of a disadvantaged and hard-to-employ group

The Roma community is one of the largest ethnically outlined disadvantaged populations in Europe (EUFRA and UNDP 2012). It is characterized primarily by a situation of social exclusion and a wide-ranging poverty experienced by a significant proportion of its members (EUFRA 2019; Fundacion Secretariado Gitano 2009). Substantial proportions of Roma reside in poor segregated communities. The poor health status of segregated Roma represents the most persistent health inequalities in Central and Eastern Europe (CEE) and is associated with a history of prejudice and discrimination, very low levels of education and income and high rates of unemployment, when compared with the general population (Belak et al. 2018).

Segregated Roma experience serious difficulties with labour market involvement across all CEE countries (Zimmermann et al. 2008). Inadequate access to employment, housing, education and other needs,

along with the existence of barriers in access to health services and ineffective use of these services and even discrimination all contribute to a range of avoidable injustices suffered by this community (EUFRA 2019; Fundacion Secretariado Gitano 2009).

The low levels of employment of segregated Roma are related to both their suitability for the labour market and the structure of the labour market. Poor employability is a key feature of segregated Roma (O'Higgins and Ivanov 2006). However, the low competitiveness of segregated Roma is not the only barrier to employment. Better employability does not always increase their employment opportunities, because other factors, such as anti-Gypsyism in the majority population, also affect their chances of getting a job (Bosakova et al. 2019a; Jarab 2019; Albert et al. 2016). Because of these discriminatory practices, Roma often have access only to unstable jobs with low wages (Hyde 2006). The issue of segregated Roma is thus complex, and simple job creation seems to be an insufficient solution. This implies that a more comprehensive approach that covers all the above-mentioned domains is needed (Stateva et al. 2018).

1.7 Social policies and public-private partnerships to tackle inequalities

Social policies help people to overcome various unfavourable living situations, such as unemployment, which may lead to health inequalities. To combat unemployment and protect families, governments have developed various policies and interventions subsumed under the broad heading of "social policies", including active policies aimed at bringing people back to work and passive policies based on income support schemes. Social policies involve the provision of services and/or income substitution or remuneration in various fields (unemployment, education, health, etc.), with the goal of preventing or mitigating the negative effects of poverty (Blakemore and Warwick-Booth 2013). Thus, social policies may have a major impact on health inequalities (Quesnel-Vallee 2015).

Nevertheless, disadvantaged and hard-to-employ groups present a persistent challenge for social policies. A typical example regards the long-term high unemployment rates of segregated Roma. Public but also private actors have been shown to separately lack sufficient capital to create a sustainable solution for reducing the unemployment of segregated Roma (UNDP 2005). However, combining their assets could make successfully influencing employment much more likely via offering special work opportunities. Pivotal for this success is to create appropriate opportunities for segregated Roma who only with difficulty are able to use their current potential to break their vicious cycle of poverty. Besides intensified public social policies regarding this group, cooperation with the private sector may be a key to increasing Roma employment (Open

Society Foundations 2012; O'Higgins and Ivanov 2006). The major considerations behind such a partnership may be a greater variety of job opportunities for low educational levels and the financial sustainability of the offer. In the context of segregated Roma, we understand public-private partnership to be a platform for cooperation between the private sector (small and medium-size enterprises, large businesses), the public sector (the state, municipalities and schools) and ideally the third sector (non-governmental organizations—NGOs) with the aim of increasing the employability of segregated Roma. The private sector may help provide employment and training opportunities for Roma, whereas the public and third sector can be helpful in providing adequate potential employees to employers together with various types of support within the process. Such a partnership could have a huge potential to increase employability by combining their assets, offering appropriate and equal work opportunities, initiating a dialogue within the business community regarding zero tolerance to discrimination (Bosakova et al. 2019a) and developing and enforcing laws and workplace policies against discrimination.

1.8 Inequalities in Central Europe and the Visegrad countries

Over a period of just 15 years, the so-called Visegrad countries (Czech Republic, Hungary, Poland and Slovakia) (V4) transitioned from state socialism to membership in the EU (Balaz et al. 2016). It was expected that significant market reforms and structural changes in health care and social security systems after 1989 would bring these countries closer to the health and health-related outcomes seen in Western Europe. However, the gap in health between Western and Central European countries persists (Santana et al. 2017; Mackenbach et al. 2013).

Although the origin of these four countries is common, they seem to have followed different pathways regarding socioeconomic indicators (Skamlova Malikova et al. 2015). When comparing them with each other, unemployment is the highest in Slovakia, the risk of poverty in Hungary and Poland, and the risk of low education in Hungary, while the Czech Republic is performing relatively well in all the studied variables (Euro-Healthy 2017; Santana et al. 2017). These circumstances may have an impact on health inequalities in and among these countries.

1.9 Slovakia and the context of inequalities

The roots of inequalities in Slovakia date back far in the past (even before the establishment of Czechoslovakia in 1918), with the degree of industrialization, urbanization, education and literacy together with rather conservative and religious preferences of its inhabitants, particularly contributing to these inequalities (Kahanec et al. 2014). Inequalities in Slovakia are manifested mainly regarding education, (un)employment

and poverty, and in some disadvantaged groups in particular.

Regarding education, the proportion of the Slovak population with an educational attainment below upper secondary education has fallen from 16.0% to 14.5%, and the proportion with tertiary education has grown from 10.0% to 23.1% over the past decade (Eurostat 2020a; OECD 2014). This trend seems to be positive, but the Slovakian educational system is facing serious challenges, having relatively poor educational outcomes and low public investments (Schraad-Tischler 2015). Regarding educational outcomes, early school-leaving rates have increased since 2010, now being as high as 14.0% in eastern Slovakia. Investments in education and training are low, which is reflected in teachers' still low salaries despite recent increases (European Union 2019). Slovak children have significant difficulties with reading, writing and counting (Bosakova and Boberova 2019; OECD 2019). In Slovakia children from low SES have only small chance of having a good school performance (OECD 2019). Furthermore, only one in five Slovak children likes school and over one-third does not care about their own education (Bosakova and Boberova 2019). In addition, Slovakia belongs, together with Czech Republic, Hungary and Poland, among the EU countries in which a low education level is the most significant predictor of mortality (Bosakova et al. 2019b). Regarding the structure of the Slovak educational system, compulsory education starts at the age of 6 and lasts 9 or 10 years. The system consists of a primary school organized as a single structure, with a first stage of 4 years being entered at age 6, and a second stage of 5 years thereafter. After that, students can proceed to secondary education (Herbst and Wojciuk 2014), but they can also enter the labour market.

Regarding (un)employment in Slovakia, despite the current historically lowest levels of unemployment ever (5.8%) (OECD 2020), the country is still struggling with serious difficulties, in particular the disadvantage of certain groups of population. Out of all EU countries, Slovakia has the highest unemployment rate in the population of people with only lower educational attainment (Eurostat 2020b), i.e. the chance to be employed with little or no education is much lower than with higher education. Another serious problem is the existence of long-term unemployment. Although the unemployment rate (the long-term rate, too) is falling, the relative share of the long-term unemployed in the total number of unemployed (61.5%) is changing only minimally and represents the second highest value in the EU (Ministry of Labour, Social Affairs and Family 2020). This phenomenon is due to a historical development. Prior to 1990, the unemployment level was virtually zero, due to the mostly state-driven full employment strategy maintained throughout the communist era (1948–1989) (Myck and Bohacek 2011). This was followed by a period of economic transformation, characterized by a decrease in total employment. Substantial numbers of jobs disappeared in all sectors

of the national economy, with a significant increase in employment in the banking sector and state administration as only exceptions (Korec 2009). In 1990, therefore, unemployment occurred for the first time in Slovakia with a rate of 0.07% (representing about 2000 job seekers). However, due to insufficiently prepared economic reforms, at the end of 1991 it was already up to 11.8% (302,000 job seekers) (Korec 2005). This abrupt increase also initiated an extremely negative trend in the form of the rapid growth of long-term unemployment. Roma, as an already disadvantaged group, were most seriously hit by this development. Moreover, the intense increase of unemployment differed strongly by region, with the highest rates occurring in the southern districts of central Slovakia and in eastern Slovakia.

Between 1992 and 2001 the unemployment rate continued to rise, culminating in 2001 at 19.2%, which represented more than 500 000 unemployed, 55.7% of which were long-term unemployed and 37.3% were young people aged 15–24 years old (Statistical Office of the Slovak Republic 2013; Korec 2005). This trend was probably influenced by the adoption of new legislative measures regarding sickness, health and retirement funds (established in 1993 and still valid today), which resulted in the unemployed trying to remain registered with the Labour office as long as possible (Korec 2005). After 2003, unemployment decreased, achieving the lowest level since 1990 in 2008 (9.6%) (Statistical Office of the Slovak Republic 2013). This relatively low unemployment rate was influenced by legislative actions implemented in the field of social policy – for example, the introduction of the obligation to actively search for a job and to demonstrate this to the Labour office every 14 days; a reduction in the amount of social support benefits and limits placed on their total amount per family; flexible adjustment of employment terms, such as working hours; etc. (Korec 2005). In 2007–2008 the Slovak economy was among the fastest growing economies in the EU and among OECD countries. However, in 2009, a recession year, economic growth decelerated, probably due to the great openness of the Slovak economy and its extreme dependence on exports. It also showed the fragility of its economic growth and the country's sensitivity to cyclical fluctuations in the world economy. This led to a surplus of workers and a decrease in employment in the national economy. These, in turn, led to a rise in unemployment (12.1% in 2009) (Ministry of Labour, Social Affairs and Family of the Slovak Republic, 2010; Karasz 2009).

The current overall unemployment situation in Slovakia can be characterized as having a relatively low unemployment rate, but among the unemployed there are high proportions of long-term unemployed people, of unemployed people with lower or no education and of young unemployed people, as well as strong regional differences (Ministry of Labour, Social Affairs and Family 2020). The country's biggest challenges in

terms of the labour market may be increasing job automation, significant openness of the economy as well as significant share of foreign and multinational employers, where the required level of qualifications and language skills can further widen the gap in access to the labour market for different groups of the population (Ministry of Labour, Social Affairs and Family 2020).

Slovakia is also facing serious challenges regarding poverty and disadvantaged groups (Schraad-Tischler 2015). The Roma minority make up a disproportionately large share of the unemployed population in Slovakia. In most segregated Roma communities in Slovakia, the unemployment rate has been extremely high – close to 100% in some segregated areas (Korec 2005). Roma represent one of the largest ethnic groups in Slovakia. According to Radicova (2003), the current position of the Roma in Slovakia is influenced by both the country's pre-1989 history and its transition to democracy and market capitalism thereafter. The communist regime's policies regarding the living conditions, education and work patterns of the Roma still determine the growth potential of these Roma communities. The changes that took place after 1989 have resulted above all in a social stratification of the Roma population that affects their way of life. The specific history of Roma is marked by continuous oppression, discrimination and marginalization, which have led to the current context of segregated communities, the creation of countercultural social norms and self-exclusionary ideologies typical for oppressed people (Belak 2019). Segregated Roma are therefore considered among the country's most marginalized and vulnerable populations, endangered by intergenerationally transmitted poverty and unemployment. They are thus similar in characteristics to other hard-to-employ groups in terms of their labour market success.

To wrap up, the current most challenging socioeconomic issues in Slovakia regard an educational crisis, perhaps most tangible among disadvantaged children; a significant proportion of unemployed people with no or lower education and a significant proportion of long-term unemployed, both of which include a disproportionately large share of the Roma population. Children with a disadvantaged background (mainly from segregated Roma settlements) seem to have only a small chance for a quality educational trajectory, given their significantly poorer school performance compared to children from the majority. These children most likely will become adults who lack the means and motivation to continue their studies and/or become employed, as their chance with little or no education to be employed is much lower compared to those with higher educational achievement. In addition, during negative economic fluctuations, these are probably the first groups that will be left behind by the labour market. Their poor employment experience and low education thus make them very vulnerable to long-term unemployment having

a damaging impact on their health and well-being, which may further deepen their unemployment. All of the above-mentioned contributes to a vicious cycle of poverty that still seems to be a reality for a large group in the population in Slovakia, despite the significant measures taken. This shows a major need to explore further the socioeconomic inequalities in this European region and to develop interventions to break the cycle of poverty.

1.10 Aim of the study and research questions

The general aim of this thesis was to explore socioeconomic differences in health, with improving education and employability as major means of combatting the intergenerational transmission of poverty. It aimed to contribute to the understanding of socioeconomic inequalities and their major determinants in the Central European region and to considering possible ways to break the cycle of poverty.

The specific aims of this thesis were to explore socioeconomic inequalities in health; to investigate school satisfaction as a factor influencing the educational trajectory of children, having significant impact on their health; to explore the perceived impact of social policies to tackle socioeconomic inequalities; and to explore a public-private Roma employment project regarding increased employability and the resulting improved well-being and health (Figure 1.3). This translates to the following research questions:

Research question 1

RQ1: Do unemployment, poverty and education contribute to health inequalities in mortality in Visegrad countries – the Czech Republic, Hungary, Poland and Slovakia?

Research question 2

RQ2: Do learning difficulties, disruption in the social context and family affluence contribute to adolescents' school satisfaction as a predictor of educational trajectory?

Research question 3

RQ3: How do adults and children perceive the impact of social policies connected to unemployment on well-being in the household and do their views differ?

Research question 4

RQ4: What are the outcomes of a public-private Roma employment partnership regarding increased employability and improved well-being and health?

Research question 5

RQ5: What are the mechanisms by which a public-private Roma employment partnership could increase employability?

Figure 1.3 Model of the relationships between the key constructs examined in the thesis

1.11 Outline and structure of the thesis

This thesis is divided into eight chapters. Chapter 1 introduces the associations between the key theoretical constructs of this thesis. These includes health determinants; health inequalities and inequities; education as a main health indicator and contributor to (un)employment; employment, unemployment and employability; income, poverty and the cycle of poverty; disadvantaged groups and hard-to-employ groups; segregated Roma as a particular example of a disadvantaged and hard-to-employ group; and social policies and public-private partnerships to tackle inequalities. The context of inequalities in Central Europe and Slovakia is also described in this chapter. Finally, the aim of this thesis and research questions are also presented in this chapter.

Chapter 2 provides information about the design of the study. It describes the data collection and the study samples used in this thesis. It also provides the descriptions of the measures and analyses used.

Chapter 3 explores socioeconomic inequalities in mortality in Visegrad countries – the Czech Republic, Hungary, Poland and Slovakia – by three different socioeconomic indicators (unemployment, risk of poverty/social exclusion, education).

Chapter 4 explores how learning difficulties, disruption in the social context and family affluence contribute to school satisfaction as a factor influencing the educational trajectory of children, having significant impact on their health.

Chapter 5 examines how adults and children perceive the impact of social policies connected to unemployment on well-being in the household, and whether their views differ.

Chapter 6 investigates the potential outcomes of a public-private partnership regarding increased employability and the resulting improved well-being and health of segregated Roma.

Chapter 7 investigates the potential mechanisms by which a public-private Roma employment project could increase employability.

Chapter 8 presents and discusses the main findings of this thesis, its strengths and limitations as well as its implications for practice and future research.

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2 / Data sources

Data Sources

This chapter provides a description of the study samples, measures, procedures and analyses used in this thesis.

2.1 Study samples

This thesis consists of five empirical papers, i.e. studies, that are based on four separate samples, see Table 2.1. The first sample regarded all inhabitants of the Visegrád 4 countries (V4), meaning the Czech Republic, Hungary, Poland and Slovakia. We selected inhabitants aged 20–64 years in the period from 2011–2013. This age group comprises primarily the economically active population integrated into the labour market, has the relatively lowest mortality rate, has already finished the process of education and receives a certain income, either as a salary or as social security benefits. The average number of inhabitants aged 20–64 years per year in the Czech Republic was 6,716,207 people; in Hungary it was 6,234,963 people, in Poland 24,662,218 people and in Slovakia 3,545,193 people. The average number of deaths among this age group was 22,894 deaths in the Czech Republic, 32,599 in Hungary, 108,494 in Poland and 14,091 in Slovakia.

The second sample that we used was from the Health Behaviour in School-aged Children (HBSC) study conducted in 2018 in Slovakia. This regards a population-representative sample based on a two-step sampling. In the first step, 140 larger and smaller elementary schools located in rural and urban areas from all regions of Slovakia were asked to participate. These were randomly selected from a list of all eligible schools in Slovakia obtained from the Slovak Institute of Information and Prognosis for Education. In the end, 109 schools agreed to participate in our survey; thus, the school response rate (RR) was 77.85%. In the second step, we obtained data from 8,405 adolescents aged 11 to 15 years old (mean age 13.43; 50.9% boys) from the fifth to ninth grades of these elementary schools. In this thesis, we used data from 15-year-old adolescents ($N=1,127$), who answered questions related to their attitude towards education. Next, respondents with missing responses were excluded ($N=214$), leading to a final sample of 913 adolescents (50.3% boys). Excluded vs. included respondents did not differ in school satisfaction but did differ in gender ($p<0.001$) and FAS ($p<0.05$). More boys (63.1% vs 50.3%) and more pupils with low FAS (51.5% vs 33.6%) were excluded due to missing data. The

study was approved by the Ethics Committee of the Medical Faculty at P. J. Safarik University in Kosice (16N/2107). Parents were informed about the study via the school administration and could opt out if they disagreed with their child's participation. Children were informed about the study in advance by their teachers and at the time of data collection by the HBSC administrator; the option to refuse to participate was also explained. Participation in the study was fully voluntary and anonymous with no explicit incentives provided for participation.

The third sample regarded school-aged children and adults from the region of eastern Slovakia. We used purposive sampling techniques to involve a variety of people in some way engaged in and/or responsible for the studied topic. We recruited school-aged children (11–15 years old) both from families with working parents and from families with at least one parent unemployed. We further recruited employed and unemployed adults (both professionals and stakeholders possibly affected by unemployment) covering a number of categories: parents (employed, unemployed), other adults who are not parents (employed, unemployed), students, academics, teachers and officers. We organised together 13 brainstorming sessions (145 people in total) with teachers, school-aged children, officers, unemployed citizens and academics. Our final sorting-rating sample consisted of 123 participants, 96 adults (23% male) and 27 children (15% male). The sample size for each step in our study was sufficient to meet the statistical requirements for valid and reliable results (Jackson and Trochim 2002). Regarding adults, the sorting-rating sample consisted of 19% students, 13% academics, 20% teachers, 20% officers, 22% with other types of employment (both parents and not parents) and 6% unemployed adults (both parents and not-parents). Of the adults, 60% had their own personal experience with unemployment, with 54% having been unemployed in the past and 6% being currently unemployed. Further, 17% had no experience with unemployment in their family, while 56% had someone unemployed in the family in the past, and 22% currently have. Children were not asked about experience with unemployment of their parents or family. The study was approved by the Ethics Committee of the Medical Faculty at P. J. Safarik University in Kosice (104/2011) and was performed in line with the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

We used one sample for both the fourth and the fifth study. It covered the main actors in the examined Roma employment project, i.e., the Roma community, professionals (labour, education), public authorities and others (a priest, a nun and a cultural anthropologist), with proper methods of data collection for each group. The final sample consisted of 20 respondents (55% male) for formal and informal interviews, a total of 28

respondents (39% male) for the focus groups and 98 respondents (gender not registered) for direct observation (146 participants in total). Both studies were approved by the Ethics Committee of the Medical Faculty at P. J. Safarik University in Kosice (104/2011) and were performed in accordance with the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

Table 2.1 Description of the samples from the studies included in the thesis

Sample	Chapter	Final sample size		Gender	Data source	Country/ Region	Research questions	
S1	Ch3	Czechia (aged 20–64 years) 6,716,207 people; 22,894 deaths Hungary (aged 20–64 years) 6,234,963 people; 32,599 deaths Poland (aged 20–64 years) 24,662,218 people; 108,494 deaths Slovakia (aged 20–64 years) 3,545,193 people; 14,091 deaths		Not registered	Euro-healthy and Eurostat databases	Czech Republic, Hungary, Poland, Slovakia	RQ1	
S2	Ch4	913 adolescents		50.3 % male	HBSC questionnaire	Slovakia	RQ2	
S3	Ch5	123 participants	96 adults	23% male	Concept mapping (sorting; rating)	East Slovakia	RQ3	
			27 adolescents	15% male				
S4	Ch6	146 participants	20 participants	55% male	Interviews	Kosice (city in east Slovakia)	RQ4	
	Ch7		28 participants	39% male	Focus groups		RQ5	
			98 participants	Not registered	Direct observation			

2.2 Measures, variables and procedures

This section provides an overview of the measures, variables and procedures used in this thesis. Table 2.2 provides brief information about the measures used in the quantitative studies of this thesis (Chapters 3-4; RQ1, RQ2) and a short description of them. Table 2.3 provides brief information about the variables used in the qualitative and mixed studies of this thesis (Chapters 5-7; RQ3, RQ4, RQ5).

Table 2.2 Overview of the measures used in the quantitative studies of this thesis

Measure	Chapter	Data source	Role in analysis	Short description	Research questions
Mortality rate	Ch3	Eurostat	dependent	number of deaths by the four most common causes of death (neoplasms, diseases of the circulatory system, diseases of the respiratory system and diseases of the digestive system) in the regions of the Czech Republic, Hungary, Poland and Slovakia among those aged 20–64 years in the period 2011–2013; the mortality by 5-year age groups (from under 5 to the 60–64 years age group) and the mortality rate of those aged 20–64 years calculated for each region; regional mortality rates standardised by a direct method of standardisation using the European standard population	RQ1
Long-term unemployment rate (12 months or more)	Ch3	Eurostat EU project Euro-healthy	independent	the proportion of the number of unemployed persons aged 15–64 years seeking a job for longer than 1 year to the total number of persons in the labour market (both employed and unemployed), calculated for each region in the period from 2011 to 2013	RQ1
Poverty and social exclusion (proportion of people at risk of poverty or social exclusion)	Ch3	EU project Euro-healthy	independent	the proportion of persons who are at risk of poverty (have an equalised disposable income below 60% of the national median equalised disposable income after social transfers), severely deprived materially (enforced inability to pay for at least four of the following items: to pay their rent, mortgage or utility bills/to keep their home adequately warm/to face unexpected expenses/to eat meat or proteins regularly/to go on holiday/a television set/a washing machine/a car/a telephone) or living in households with very low work intensity (worked less than 20% of their potential during the past year) to the total population; calculated for each region in the period from 2011 to 2013	RQ1
Lower education level	Ch3	EU project Euro-healthy	independent	the proportion of the number of persons aged 25–64 years who completed the lower secondary level of school (ISCED ¹ 2011 levels 0–2) to the total number of persons aged 25–64 years; calculated for each region in the period from 2011 to 2013	RQ1
School satisfaction	Ch4	HBSC 2018	dependent	composite variable measuring attitude towards school (liking school) and attitude towards education (caring about education)	RQ2
Learning difficulties	Ch4	HBSC 2018	independent	variable measuring difficulties with reading, writing or counting	RQ2
Social context	Ch4	HBSC 2018	independent	variable measuring experience with separation of parents due to work abroad; moving to another house/flat or city/village; or transfer to another school	RQ2
Family affluence	Ch4	HBSC 2018	independent	variable measuring socioeconomic status	RQ2

¹International Standard Classification of Education

Table 2.3 Overview of the variables used in the qualitative and mixed studies of this thesis

Variable	Chapter	Design / Data source	Short description / Example of questions used	Research questions
Social policies tackling health inequalities	Ch5	Brainstorming	Focal question: What helps the family when parents do not work? Auxiliary question: Which of these statements can be affected by either existing or future interventions?	RQ3
		Sorting	Task: to sort statements into piles of similarly themed statements and to create a descriptive label for each pile at their sole discretion	
		Rating	Task: to rate statements according to importance and urgency (Likert scale 1-4)	
Setting of the Roma employment project	Ch6, Ch7	Multi-perspective qualitative study	Collecting and studying of internal documents and previous studies In-depth semi-structured Interviews Focus groups	RQ4, RQ5
Characteristics of the Roma employment project participants	Ch6, Ch7	Multi-perspective qualitative study	Collecting and studying of internal documents and previous studies In-depth semi-structured Interviews Focus groups	RQ4, RQ5
Outcomes of the Roma employment project	Ch6	Multi-perspective qualitative study	In-depth semi-structured Interviews Focus groups	RQ4
Well-being and health related to the Roma employment project	Ch6	Multi-perspective qualitative study	In-depth semi-structured Interviews Focus groups	RQ4
Mechanisms of the Roma employment project	Ch7	Multi-perspective qualitative study	In-depth semi-structured Interviews Focus groups	RQ5

The qualitative and mixed studies of this thesis (Chapters 5-7) required specific procedures. In the third study, the concept mapping procedure consisted of four steps, three relating to data collection, i.e. (1) preparation, (2) brainstorming, (3) sorting and rating, and a fourth step, (4) analysis (Schroter et al. 2012; Kane and Trochim 2007). In the first step, we identified the focal questions (Table 2.3). Second, we organised brainstorming sessions, where participants were encouraged to answer the focal questions and generate as many statements as possible. Third, we organized sorting and rating, where we asked participants to sort thematically similar statements together and then to rate these statements according to importance and urgency (Table 2.3). Finally, in the fourth analytic step, we made a final data categorization.

For the fourth study (a multi-perspective qualitative study – one sample), we collected data using in-depth semi-structured interviews, informal unstructured interviews, focus groups and direct observation, which we also used again for the fifth study. We carried out the in-depth semi-structured interviews using a predefined set of topics and open-ended key questions, with the aim of systematically covering all topics of interest (mechanisms, with a special focus on increasing employability). We performed these interviews face-to-face, collecting the data by audio recording (with informed consent from participants) and by written field-notes. We carried out informal unstructured interviews to collect data on the views of people not directly involved in but possibly affected by the project. These interviews were done by one researcher accompanied by a Roma community worker who, if necessary, also translated to and from the Romani language. The researcher collected data using written field-notes. We conducted focus groups using a predefined set of topics and open-ended key questions to collect data on the views of people not directly involved in but possibly affected by the project. We conducted three focus groups, each by three researchers, with the contents of interviews collected by written notes. The focus group with Roma children was facilitated by a Roma assistant who, if necessary, also translated to and from the Romani language. Finally, we used non-participatory direct observation without interaction during the recruitment process to examine the settings and practices of participants when applying for a job in the project, as well as the attitudes and habits of recruiters. We also directly visited the residences of participants in an effort to capture life in the settlements. For this, we used direct observation of participants with interaction together with local community workers who, if necessary, also translated to and from the Romani language.

2.3 Analyses

For the first study, linear regressions were applied: Standardised mortality rates (SMRs) were used as the dependent variables in five separate

regression models; the long-term unemployment rate, the proportion of people at risk of poverty or social exclusion and the proportion of population with lower secondary education attainment were set as the independent variables (factors). The crude effect of all factors was analysed. To take into account the potential spatial correlation, we defined the contiguity matrix of neighbouring regions and ran the Moran test in all models to determine whether the residuals of a model were correlated based on this contiguity matrix. The test showed significant spatial correlation in the all-cause, neoplasms and digestive system mortality models. In these cases, we ran the spatial autoregressive regression model with spatially autoregressive errors. We used the maximum likelihood method of estimation, since the residuals were normally distributed with statistical significance. In the circulatory and respiratory system mortality models, standard linear regression was used, and the residuals were checked for normality assumption. Only the circulatory system mortality model had a problem with normality, which was caused by the outlying observation from the PL34 region. However, the model including this observation is reported in the final table, since the significance of the coefficients did not change after it was omitted. The regression models were checked for collinearity. F-tests were used to check changes in the coefficients. Analyses were done using IBM SPSS Statistics 21 for Windows and Stata 15.

In the second study, we first described the background characteristic of our sample according to gender, learning difficulties, disrupted social context, family affluence (as a measure for SES) and school satisfaction. Next, we explored the contribution of learning difficulties, disruption of the social context and family affluence to school satisfaction using multinomial logistic regression. We accounted in these analyses for potential clustering (i.e. that students from the same school may be more similar than students from different schools). All analyses were performed using IBM SPSS Statistics 21 for Windows.

For the third study, we performed the statistical analyses in a number of steps. First, we clustered the generated statements (items) into a cluster point map and created a final cluster solution. In that map, each point (dot) represents an item; the distance between the points indicates the likelihood that participants have placed the items concerned in the same pile, and clusters represent discrete groupings of related items. To see the ratings of clusters by importance and urgency, as indicated by the participants, we generated cluster rating maps in this step, where a third dimension (layer) displayed on top of the clusters represents the mean ratings of selected criteria (importance; urgency) across all items, while the number of layers represents the higher or lower mean ratings related to other clusters in the map. Second, we examined the differences between adults and children. To visualise the differences between clusters,

we produced a pattern match, i.e. a ladder graph, which displays the comparison of the mean cluster ratings between two selected variables. To display differences between individual items, we produced Go-Zones, i.e. an X-Y graph which compares items across two rating criteria and is divided into quadrants above and below the mean value of each rating variable. In this stage, we also computed Pearson's product-moment correlation coefficients for the ratings of the relationships between all variable pairs (Schroter et al. 2012). In addition, we computed the stress index, i.e. the degree to which the distances on the map are discrepant from the values in the input similarity matrix, with a high stress index value indicating a greater discrepancy (i.e. the map does not represent the input data well) (Kruskal and Wish 1978; Kane and Trochim 2007). Within a CM context, stress-index values between 0.205 and 0.365 are desirable (Kane and Trochim 2007). All the data were analysed using the Concept System Core V4.0.

For the fourth and also the fifth study, we first described the project setting (the project background). Second, using the Concept Mechanisms Outcomes (CMO) framework, we then assessed: the factors potentially leading to increased employability of segregated Roma and the resulting well-being and health in the fourth study; and the mechanisms potentially leading to increased employability of segregated Roma in the fifth study. For this second step, we performed a content analysis of the data based on recurrent abstraction, i.e., repetition of reading and summarising in steps of data coded as relating to the same topics or variables (LeCompte and Schensul 2013). The content analysis was performed separately by three researchers with the aim of finding common themes (searching for themes, reviewing themes, defining and naming themes) in order to identify contexts, mechanisms and outcomes as seen by the stakeholders. After transcription, both the written notes and the recordings were coded manually. The answers regarding the outcomes and mechanisms were given sub-codes, as in a typical qualitative analysis. Next, the separate results given by the three researchers were then compared, while differences of opinion were discussed and resolved. Lastly, the final version was discussed, agreed and finalised.

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3 / Mortality in the Visegrad countries from the perspective of socioeconomic inequalities

Mortality in the Visegrad countries from the perspective of socioeconomic inequalities

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Published as: Int. J. Public Health, 2019, 64(3):365–376

Abstract

Objectives: Large socioeconomic inequalities in health are still present in the Central Europe. The aim was to explore socioeconomic inequalities in mortality in Visegrad countries—the Czech Republic, Hungary, Poland and Slovakia (V4), by three different socioeconomic indicators (unemployment, risk of poverty/social exclusion, education). The study was conducted within the H2020 Euro-Healthy project.

Methods: The associations between selected socioeconomic indicators and the standardised mortality rates by four main causes (mortality related to cancer, circulatory, respiratory and digestive system) in the economically active population aged 20–64 years in the 35 NUTS 2 level regions of the V4 in the period 2011–2013 were explored, using linear regression models.

Results: Lower education level was the most significant predictor of mortality in the V4. The lowest mortality rates by all causes of death were found in the regions of the Czech Republic, the highest in regions of Hungary.

Conclusions: Despite the common origin, the pathways of the V4 countries in employment, poverty and education seem to be different, also having impact on health equity. Therefore, where you live in the V4 can significantly influence your health.

Keywords: health equity, measurement, mortality, socioeconomic inequalities, ecological design, regional differences

3.1 Introduction

Despite all the efforts to combat them, health inequalities constantly present a major public health concern (Bouchard et al. 2015), as large gaps in health still persist among EU countries and their regions (Santana et al. 2017). Inequalities often go beyond the existence of differences in the health status of populations (Bouchard et al. 2015). Inequalities in health are not only those of genetic and biological or constitutional and lifestyle nature (Bosakova 2013). Socioeconomic differences also play an important role regarding health inequalities (Marmot 2010). People with low social status, wealth and education often die earlier than those who are better off and better educated (Cutler et al. 2006). Socioeconomic differences in health reflect and are caused by social and economic inequalities in society (Marmot 2010). They arise because of increasing inequalities in daily life conditions, which reflect unequal access to resources, money and power (CSDH 2008). Thus, inequalities in health are not completely inevitable and might be significantly reduced through effective addressing of other types of socioeconomic inequalities. In order to achieve this, socioeconomic inequalities need to be better understood (Bosakova 2013).

Over a period of just 15 years, the so-called Visegrad countries (the Czech Republic, Hungary, Poland and Slovakia) (V4) transitioned from state socialism to membership in the EU (Balaz et al. 2016). It was expected that significant market reforms and structural changes in health care and social security systems since 1989 will bring these countries closer to health and health-related outcomes seen in Western Europe. However, gap in health inequalities between Western and Eastern European countries persists (Santana et al. 2017; Mackenbach et al. 2013). Moreover, large inequalities in health are still present in most of European countries (Santana et al. 2017).

Although the origin of these countries is common, they seem to have different pathways regarding socioeconomic indicators (Skamlova Malikova et al. 2015). When comparing them with each other, unemployment is highest in Slovakia, the risk of poverty in Hungary and Poland and education the worst in Hungary, while the Czech Republic is performing relatively well in all the studied variables (Euro-Healthy 2017; Santana et al. 2017). These circumstances might have an impact on health inequalities in and among these countries. However, there are significant gaps in the literature for research on this topic (Vandenheede et al. 2014; Kunst 2009). There exist only partial studies examining only one country (Scheiring et al. 2017), one socioeconomic indicator (Halliday 2013), using other socioeconomic measures (Vandenheede et al. 2014), one specific cause of mortality (Bandosz et al. 2012) or only all-cause mortality (Rosicova et al. 2016). To our best knowledge, our study is the first one to perform such a comprehensive research covering all V4 countries at NUTS

2 level, all-cause mortality and four most common causes of death as well as education, unemployment and risk of poverty as a three socioeconomic indicators.

The aim of the study was to analyse the associations between selected socioeconomic indicators (unemployment, risk of poverty and social exclusion, education level) and mortality by four selected causes of death (neoplasms, diseases of the circulatory system, diseases of the respiratory system and diseases of the digestive system) in the regions of the Czech Republic, Hungary, Poland and Slovakia in the period 2011–2013.

3.2 Methods

This study was carried out within the Euro-Healthy project–Shaping EUROpean policies to promote HEALTH equity (Horizon 2020 No. 643398).

3.2.1 Design

To study regional differences, the Czech Republic was divided into 8 regions, Hungary into 7 regions, Poland into 16 regions and Slovakia into 4 regions at the regional level NUTS 2 (Nomenclature of Territorial Units for Statistics). We used an ecological design widely implemented when looking for geographical correlations between disease incidence or mortality and the prevalence of risk factors whereas the unit of observation is the population or community (Coggon et al. 2003).

3.2.2 Study population

The study population covers the inhabitants of V4 (the Czech Republic, Hungary, Poland and Slovakia). The V4 was established, based on long shared history, during the meeting of leaders from Czechoslovakia, Hungary and Poland in the Hungarian town of Visegrád in 1991 for the purposes of furthering their European integration and for advancing military, economic and energy cooperation with one another. After the dissolution of Czechoslovakia in 1993, the Czech Republic and Slovakia became independent members of the group, increasing the total number of members to four. Today, it is a cultural and political alliance of four Central European states–the Czech Republic, Hungary, Poland and Slovakia. All four members of the V4 joined the EU in 2004.

We selected inhabitants aged 20–64 years in the period 2011–2013. This age group is primarily the economically active population integrated into the labour market, has the relatively lowest mortality rate, has already finished the process of education and receives certain income, either as a salary or as social security benefits.

The average number of inhabitants aged 20–64 years per year in the Czech Republic was 6,716,207 people, in Hungary was 6,234,963 people,

in Poland was 24,662,218 people and in Slovakia was 3,545,193 people. The average number of deaths among this age group was 22,894 deaths in the Czech Republic, 32,599 deaths in Hungary, 108,494 deaths in Poland and 14,091 deaths in Slovakia.

3.2.3 Data

Mortality data

The mortality data consist of absolute population numbers and numbers of deaths by the four most common selected causes of death (neoplasms, diseases of the circulatory system, diseases of the respiratory system and diseases of the digestive system) in the regions of the Czech Republic, Hungary, Poland and Slovakia aged 20–64 years in the period 2011–2013 and were obtained from Eurostat (Eurostat 2017a).

Socioeconomic data

The long-term unemployment rate, social exclusion and the proportion of population with lower secondary education attainment in a region were used as socioeconomic indicators associated with mortality. All indicators were calculated for each region in the period from 2011 to 2013.

The long-term unemployment rate (12 months or more) was expressed as the proportion of the number of unemployed persons aged 15–74 years seeking a job for longer than 1 year to the total number of persons in the labour market (both employed and unemployed). Social exclusion (proportion of people at risk of poverty or social exclusion) was expressed as the proportion of persons who are at risk of poverty (have an equivalised disposable income below 60% of the national median equivalised disposable income after social transfers), severely deprived materially (enforced inability to pay for at least four of the following items: to pay their rent, mortgage or utility bills/to keep their home adequately warm/to face unexpected expenses/to eat meat or proteins regularly/to go on holiday/a television set/a washing machine/a car/a telephone) or living in households with very low work intensity (worked less than 20% of their potential during the past year) to the total population. Lower education level was expressed as the proportion of the number of persons aged 25–64 years who completed lower secondary level of school (ISCED 2011 levels 0–2) to the total number of persons aged 25–64 years. All the data were obtained from the databases of the Euro-Healthy project (Euro-Healthy 2017) and long-term unemployment rate also from Eurostat (Eurostat 2017b).

The description of the mortality and socioeconomic data for V4 is given in Online Resource 1 (ESM_1).

3.2.4 Measures of mortality

Using regional mortality data, the standardised mortality rate (SMR) was calculated. For each region, the mortality by 5-year age-groups (from under 5 to the age-groups 60–64) and the mortality rate aged 20–64 years were calculated. Regional mortality rates were standardised by a direct method of standardisation using the European standard population (defined by Eurostat in 2012) as the standard. Mortality rate is expressed as the number of deaths per 100,000 inhabitants.

3.2.5 Statistical analysis

Linear regressions were applied: SMRs were used as the dependent variables in five separate regression models; the long-term unemployment rate, the proportion of people at risk of poverty or social exclusion and the proportion of population with lower secondary education attainment were set as independent variables (factors). The crude effect of all factors was analysed. To take into account the potential spatial correlation, we defined the contiguity matrix of neighbour regions and we ran the Moran test in all models to determine whether the residuals of a model are correlated based on this contiguity matrix. The test showed significant spatial correlation in all-cause, neoplasms and digestive system mortality models. In these cases, we ran the spatial autoregressive regression model with spatially autoregressive errors. We used the maximum likelihood method of estimation since the residuals were statistically significantly normally distributed. In the case of circulatory and respiratory system mortality models, standard linear regression was used and the residuals were checked for normality assumption. Only the circulatory system mortality model had a problem with normality, which was caused by the outlying observation from PL34 region. However, the model including this observation is reported in the final table, since the significance of the coefficients did not change after its omitting. The regression models were checked for collinearity. The F-test was used to check changes in the coefficients.

Analyses were done using SPSS and Stata 15.

3.2.6 Maps

Maps were constructed using the regional SMRs and data by socioeconomic indicators. The range of the indicators on the maps was divided into quartiles.

Maps were created using ArcView.

3.3 Results

3.3.1 Mortality

Regional differences in the all-cause mortality and mortality by four selected causes of death (aged 20–64 years) in regions of the V4 are shown in Figures 3.1, 3.2, 3.3, 3.4 and 3.5. The all-cause mortality in the V4 regions ranged from 278.8 to 608.4 deaths per 100,000 inhabitants; neoplasms mortality ranged from 102.8 to 218.2 deaths per 100,000 inhabitants; circulatory system diseases mortality ranged from 73.6 to 187.1 deaths per 100,000 inhabitants; respiratory system diseases mortality ranged from 12.0 to 34.5 deaths per 100,000 inhabitants; and the digestive system diseases mortality ranged from 19.1 to 65.1 deaths per 100,000 inhabitants. The Czech regions are among those with the lowest mortality by all causes of death. In contrast, regions of Hungary are among those with the highest mortality rates (Figures 3.1, 3.2, 3.3, 3.4, 3.5).

Figure 3.1 Standardised mortality rates in the population aged 20–64 years, in NUTS 2 regions of Visegrad countries (the Czech Republic, Hungary, Poland and Slovakia), 2011–2013
Source: Euro-Healthy project, EUROSTAT. Note: NUTS—Nomenclature of Territorial Units for Statistics, 2—basic regions for the application of regional policies

Figure 3.2 Standardised mortality rates for neoplasms in the population aged 20-64 years, in NUTS 2 regions of Visegrad countries (the Czech Republic, Hungary, Poland and Slovakia), 2011-2013
Source: Euro-Healthy project, EUROSTAT. Note: NUTS—Nomenclature of Territorial Units for Statistics, 2—basic regions for the application of regional policies

Figure 3.3 Standardised mortality rates for circulatory system in the population aged 20-64 years, in NUTS 2 regions of Visegrad countries (the Czech Republic, Hungary, Poland and Slovakia), 2011-2013
Source: Euro-Healthy project, EUROSTAT. Note: NUTS—Nomenclature of Territorial Units for Statistics, 2—basic regions for the application of regional policies

Figure 3.4 Standardised mortality rates for respiratory system in the population aged 20-64 years, in NUTS 2 regions of Visegrad countries (the Czech Republic, Hungary, Poland and Slovakia), 2011-2013
Source: Euro-Healthy project, EUROSTAT. Note: NUTS—Nomenclature of Territorial Units for Statistics, 2—basic regions for the application of regional policies

Figure 3.5 Standardised mortality rates for digestive system in the population aged 20-64 years, in NUTS 2 regions of Visegrad countries (the Czech Republic, Hungary, Poland and Slovakia), 2011-2013
Source: Euro-Healthy project, EUROSTAT. Note: NUTS—Nomenclature of Territorial Units for Statistics, 2—basic regions for the application of regional policies

3.3.2 Linear regression

Table 3.1 presents the results of spatial autoregressive (for all-cause mortality, neoplasms mortality and digestive system diseases mortality) and linear regression models (circulatory system diseases mortality and respiratory system diseases mortality). The first model explained 73.1% of the variance of all-cause mortality, the second 75.7% for neoplasms, the third 72.8% for circulatory system diseases, the fourth 71.3% for respiratory system diseases and the fifth 39.6% for digestive system diseases. Long-term unemployment rate was significantly associated only with respiratory system diseases mortality. The proportion of people at risk of poverty or social exclusion showed a significant effect on circulatory and respiratory system diseases mortality. The proportion of population with lower secondary education attainment showed a significant effect on the all-cause mortality and on mortality by all four selected causes of death.

Table 3.1 Spatial autoregressive and linear regression models of mortality and selected socioeconomic indicators in NUTS 2 regions of the Visegrad countries (the Czech Republic, Hungary, Poland and Slovakia), 2011–2013

Socioeconomic indicators	All-cause mortality		Neoplasms mortality		Circulatory system diseases mortality		Respiratory system diseases mortality		Digestive system diseases mortality	
	Coefficients	Sig.	Coefficients	Sig.	Coefficients	Sig.	Coefficients	Sig.	Coefficients	Sig.
Long-term unemployment rate—12 months or more (%)	4.99	ns	0.444	ns	1.362	ns	0.568	p < 0.05	0.865	ns
People at risk of poverty or social exclusion (%)	2.27	ns	0.810	ns	1.40	p < 0.05	– 0.244	p < 0.05	– 0.061	ns
Population aged 25–64 years with lower secondary education attainment (%)	8.14	p < 0.001	2.83	p < 0.001	2.09	p < 0.05	1.001	p < 0.001	0.752	p < 0.05
Spatial autocorrelation parameter ρ	0.595	p < 0.01	0.854	p < 0.001	–	–	–	–	0.827	p < 0.001
Pseudo R ²	0.731		0.757		0.728		0.713		0.396	

Source: Euro-Healthy project, EUROSTAT. Note: NUTS—Nomenclature of Territorial Units for Statistics, 2—basic regions for the application of regional policies

Ns, not significant; R², explained variance

3.4 Discussion

We analysed the associations between selected socioeconomic indicators and the SMRs by four main causes of death in the regions of the Czech Republic, Hungary, Poland and Slovakia in the period 2011–2013.

We found a strong relationship between mortality and socioeconomic variables in V4 regions. Unemployment had a significant impact on respiratory system diseases mortality. A higher proportion of people at risk of poverty and social exclusion contributed to mortality related to the circulatory and respiratory systems. Lower education level was significantly associated with the all-cause mortality as well as on mortality by all four selected causes of death. Overall, the lowest mortality rates by all causes of death were found in the regions of the Czech Republic, whereas regions of Hungary showed the highest mortality rates.

3.4.1 Associations between the mortality and socioeconomic variables in V4

Based on our knowledge, no comprehensive study exists that examines all V4 countries by the four most common causes of mortality and by unemployment, risk of poverty and education at the same time. Thus, comparing and interpreting our findings is a challenge, as previous studies are rather partial, mainly focused on one country (Scheiring et al. 2017), on one socioeconomic indicator (Halliday 2013), using other socioeconomic measures (Vandenheede et al. 2014) or one specific cause of mortality (Bandosz et al. 2012).

Regarding unemployment, our study did not show any relationship with total SMR, which is in accordance with study of Svensson (2010) but is in contrast with research suggesting that higher unemployment is associated with higher mortality risk (Clemens et al. 2015) and with research which did find a decrease in mortality due to higher unemployment (Granados and Ionides 2011). Our results may indicate that the effect of unemployment could be reflected in increased mortality over a longer period of time (Avendano and Berkman 2014) and that analysis of smaller territorial units would probably show more significant relationships. Further, our study showed a strong association between unemployment and respiratory system diseases mortality. As regards cause-specific mortality, we did not find any study suggesting similar or adverse results. Stress and lack of resources related to unemployment and smoking as a coping strategy might be possible explanations for higher levels of respiratory-related deaths. Furthermore, unemployment is more likely to occur among individuals from poorer socioeconomic backgrounds, so the deleterious health effects associated with poverty may be responsible for the increase in mortality risk rather than any effects caused by the unemployment itself (Bartley et al. 2006). The effects and circumstances accompanying unemployment should be seriously

considered when tackling health inequalities in the V4.

In our study, a higher proportion of people at risk of poverty and social exclusion contributed to the mortality related to the circulatory and respiratory systems. Our results might support studies suggesting that respiratory diseases are most often a link between poverty and poor health due to overcrowded and poor living conditions and/or using of open fires or traditional stoves (Stevens 2004; Healthy Power Action 2017), and also research showing that a significant share of the world's deaths related to the circulatory system occurs in low- and middle-income countries and that the poorest people are the most affected (WHO 2017). Our results confirmed that despite all the efforts made up to now health inequalities caused by poverty still persist in the V4 and should present a major public health focus.

Education was found to be significantly associated with mortality rates by all causes in our study. This is in accordance with the study of Degano et al. (2017) demonstrating that lower level of education is associated with higher risk for cardiovascular disease, as well as with the study of Murphy et al. (2006) documenting a sharp increase in educational-level mortality differentials in the Russian Federation between 1980 and 2001 in favour of well-educated individuals; the study of Mackenbach (2006) indicating that life expectancy is higher among those with higher education; and the study of Cutler et al. (2006) declaring that there is most likely a direct positive effect of education on health. Leinsalu et al. (2009), however, found a diverse or no trend for Hungary and Poland. Possible explanation of our results is that people with higher levels of education are able to protect themselves better against increased health risks and/or are able to benefit more from new opportunities for health gains (Mackenbach 2006). Education may affect health either directly, through knowledge and skills acquired, or indirectly, through its influence on future employment and income (Galobardes et al. 2007). Higher education also enables better working conditions and influences lifestyle (Rychtarikova 2004). Public health policies should pay extra attention to the education in the V4 in order to tackle health inequalities and reduce health gaps in this region.

3.4.2 Regional socioeconomic disparities and their possible explanations

An important factor influencing regional disparities in the V4 countries is past development of mortality. In the 1960s, mortality rates in Europe were comparable. In the early 1970s, the convergence period was discontinued, when significant progress in the treatment of circulatory diseases occurred in the democratic countries (Bruthans and Bruthansova 2009). However, this progress was not captured by the Central and Eastern European countries (CEE), which led to a period of divergence and the creation of a significant gap in the life expectancy at birth between the "West and East" (Mesle 2002). In the 1980s, CEE experienced stagnation or increased

mortality rates and in the early 1990s, after the fall of communism, even a mortality crisis (Nolte et al. 2004). The rise of democracy and the associated changes led quickly to an increased life expectancy at birth and helped it approach the level of the Western countries (Zatonski 2007). The positive trend in mortality development followed by a significant increase in life expectancy first appeared in the Czech Republic in 1988. These positive trends continued in Poland, in Slovakia and in Hungary (Mesle 2002). Overall, past development of mortality was in favour of the Czech Republic even before 1990. The opposite was observed in Hungary, mainly because of negative lifestyle trends, with the greatest improvement in mortality rates occurring only since 2000 (Kacerova and Novakova 2016).

Another important factor is the macro-localisation attractiveness, known as the West–East gradient (Kebza et al. 2015). Regions closer to the borders with the Western Europe have had since 1989 better conditions for economic and social development and also for successful handling of the transformation process or critical economic development than regions in the east. The West–West regions of the V4 countries have therefore been able to revive faster than those in the east. From this point of view, the Czech Republic, neighbouring with developed EU countries (Germany, Austria) and adjacent to the economically developed regions of Slovakia and Poland, has the best starting position. This is reflected in the lower differences between Czech regions and higher quality of life (faster transition of investments, innovation and developmental impulses). The effects of regional development also extend beyond the national borders of the Czech Republic and penetrate mainly into the other border regions of the V4 countries. Gradually, the intensity of developmental effects towards the middle and eastern parts of the V4 region weakens, and regions can be assessed as stagnant. Thus, most of the undeveloped regions copy the eastern borders of the V4, especially the Hungarian, Polish and Slovak regions, in contrast with the most developed regions which are located in the Czech Republic (Kebza et al. 2015).

Another factor is the structure and character of the settlement network, i.e. the urbanisation of the territory. Core regions of the V4, which are in all cases the regions of capitals and also regions with cities of supra-regional importance, might be considered as epicentres of regional development. The regions where large cities are located or where such centres are evenly distributed in the territory are more developed. These developed areas have greater accessibility and quality of service, which has a significant impact on the quality of life of the population as well as mortality rates and patterns (Santana et al. 2017). The absence of a sufficient number of large centres in the regions promotes the widening of regional disparities. This situation is characteristic particularly for the less developed regions of Slovakia. We can see it even more markedly in the Hungarian regions located east of Budapest (Kebza et al. 2015).

To summarise the differences in mortality between the Czech Republic and Hungary, we can conclude that the Czech Republic has been a champion among V4 countries and is doing well in all studied variables (Kiss 2015). Since the collapse of the socialist system at the beginning of the 1990s, the health situation in the Czech Republic has improved faster than in other CEE countries. The recent favourable turnover has currently brought the Czech Republic a little closer to the European average (Rychtarikova 2004). Although we can find many parallels among V4 countries (harmonious post-crisis growth trends, narrowing of the development gap, representation of common interests at the EU level, integration into global value chains, public finance stabilization, improvement of several macroeconomic indicators, etc.), there are substantial differences that might cause regional and country inequalities (non-adherence to the euro area except for Slovakia, different approaches and attitudes towards EU governance changes, insufficient interconnectedness of infrastructure networks, differences in educational systems, etc.) (Herbst and Wojciuk 2014; Kiss 2015). Health equity policies within the V4 countries seem to be adequately anchored in strategic documents and plans; however, the actual practice in their implementation varies largely, and the results of many projects tackling health inequalities will become visible in the next 10 years, if not later.

3.4.3 Strengths and limitations of the study

The strength of our study is that it fills the gap in spatial studies exploring the impact of political and economic changes on inhabitants and their health, which is still substantially lacking in the available literature sources. The unavailability of data for lower territorial units, which would allow us to provide even more accurate results, might be seen as a limitation of this study.

3.4.4 Implications

Our results emphasise the importance of socioeconomic measures for understanding mortality inequalities and contribute to the studies suggesting that poor socioeconomic conditions pose health risks. The identified associations highlighted the fact that inequalities in socioeconomic status may reflect the spatial distribution of health status in a population. The results can be used to inform prevention strategies and help plan local health promotion programs aimed at reducing health inequalities.

Results of our study suggest that unemployment should be considered in order to tackle health inequalities, mainly as regards respiratory system diseases mortality. Further, people at risk of poverty and social exclusion is also a topic which should not be omitted from

public health discussions, especially in the context of circulatory- and respiratory-related mortality. Based on our results, education seems to be the most important issue, as regards public health. Given also its impact on unemployment and risk of poverty, we might conclude that education should be given extra attention. Public health authorities should consider actions related to the equal access to education and information; health literacy; designing curriculums for educating healthcare workers to enable them to work better with patients with low literacy, etc. These measures might help to prevent a further deepening of health inequalities.

3.4.5 Conclusion

Over just 15 years, the V4 countries (the Czech Republic, Hungary, Poland and Slovakia) transitioned from socialist states into membership in the EU. This transition was associated with significant market reforms and structural changes in healthcare and social security systems after 1989. Despite these remarkable changes, large regional inequalities in health are still present in these countries. This is probably due to a combination of (interlinked) factors: a rise in economic insecurity and poverty; a breakdown of protective social, public health and health care institutions; and a rise in excessive drinking and other risk factors for premature mortality (Mackenbach 2006). The political and economic transition and the quality of life reflecting in mortality rates have changed dramatically in many Central European countries, sometimes for the better (e.g. in the Czech Republic) but often for the worse (e.g. in Hungary). As our results suggest, socioeconomic indicators (unemployment, risk of poverty and social exclusion, and particularly educational level) seem to be strongly associated with mortality by four selected causes of death in the regions of the V4. Despite the common origin, the pathways of the Czech Republic, Hungary, Poland and Slovakia in terms of employment, poverty and education seem to be different and also have an impact on health inequity. However, the widening of the health gap in a period of important political and economic change is not inevitable (Mackenbach 2006).

To tackle health inequalities, we need to be able to indicate those disparities that are avoidable and therefore unjust, such as socioeconomic differences in health that reflect and are caused by social and economic inequalities in society. Thus, in order to attain health equity, it is important to perform socioeconomic measures which could be a solid base for creating and evaluating effective strategies and policies.

Electronic supplementary material

ESM_1 Age-standardized mortality in the population aged 20-64 years (per 100,000 inhabitants) and socioeconomic indicators in European Union (28 countries) and Visegrad countries (the Czech Republic, Hungary, Poland and Slovakia); 2011–2013

	EU	the Czech Republic	Hungary	Poland	Slovakia
Mortality – all causes	289.5	341.9	524.3	450.0	426.5
Mortality – neoplasms	113.7	121.4	200.6	146.0	147.5
Mortality – diseases of the circulatory system	65.9	94.3	152.5	126.6	118.2
Mortality – diseases of the respiratory system	12.2	16.0	25.4	16.5	19.3
Mortality – diseases of the digestive system	21.5	29.2	52.3	32.4	48.2
Long-term unemployment rate – 12 months and more (%)	4.6	2.9	5.0	4.0	9.6
People at risk of poverty or social exclusion (%)	24.5	15.1	32.3	26.6	20.3
Population aged 25-64 with lower secondary education attainment (%)	-	7.5	18.0	10.5	8.4

Data source: Euro-Healthy project, EUROSTAT

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4 / School is (not) calling: the associations of gender, family affluence, disruptions in the social context and learning difficulties with school satisfaction among adolescents in Slovakia

School is (not) calling: the associations of gender, family affluence, disruptions in the social context and learning difficulties with school satisfaction among adolescents in Slovakia

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Published as: Int. J. Public Health, 2020, 65:1413-1421

Abstract

Objectives: Education is an important tool to reduce health inequalities. Several factors influence the educational trajectory of children, with school satisfaction being one of them. The aim was to explore how learning difficulties, a disrupted social context and family affluence relate to school satisfaction. **Methods:** We used data from the 2018 Slovak cross-sectional Health Behaviour in School-aged Children-study (age 15 years; N=913; 50.3% boys). School satisfaction was categorized as liking school and caring about education (satisfied), disliking school but caring about education or vice versa (inconsistent), and disliking school and not caring about education (indifferent). We explored the association of learning difficulties, disrupted social context and family affluence with school satisfaction using multinomial logistic regression.

Results: Boys, and children having learning difficulties, or disruption in social context and living in low affluence family were significantly less likely to be satisfied at school.

Conclusions: The key is to create a stimulating and encouraging environment at school, where children successfully learn functional literacy and feel well. The more satisfaction pupils get from school, the more likely is a favourable educational trajectory for them.

Keywords: learning difficulties, disrupted social context, family affluence, school satisfaction, adolescents, HBSC, Slovakia

4.1 Introduction

Education can be a powerful engine for greater equality (Walker et al. 2019), making low education a major indicator for low socioeconomic status (SES). Persons who lack education are less likely to have a generous income and use to be deprived also in all sorts of other dimensions of wellbeing, including health, among others (Curtis 2018). Several factors influence the educational trajectory of children. School satisfaction in terms of liking school and the attitude towards education is probably one of them (OECD 2013; Gorard et al. 2012). We built our study on two theories. First, the theory of health determinants (Dahlgren and Whitehead 1991) postulates that not just constitutional factors and individual lifestyle, but also social and community networks, and socioeconomic, cultural and environmental conditions impact health. Second, we built on the theory of health inequalities (Marmot 2010) arguing that inequalities in health arise because of inequalities in society—in the conditions in which people are born, grow, live, work, and age and taking action to reduce health inequalities does not require a separate health agenda, but action across the whole of society. Based on above mentioned, we believe that education is directly linked to the health and that it is necessary to investigate the factors influencing the education trajectory of children as this might have a significant impact on their health.

School satisfaction is generally defined as a cognitive-affective evaluation of overall satisfaction with school life experience (Wong and Siu 2017) which has a key role in children's quality of life (Huebner et al. 2001). There is, however, inconsistency in terminology describing the concept of school satisfaction in the literature (Libbey 2004). While previous research measured school satisfaction mostly in terms of liking school (Wong and Siu 2017), attitude towards education might also play a role (Gorard et al. 2012). Moreover, a recent Health Behaviour in School-aged Children (HBSC) report shows that a very low and decreasing proportion of children likes school, but a high proportion of children cares about education (Bosakova and Boberova 2019). This group of children who cares about education but do not like school might be overlooked if not looking to the composite of both variables. Therefore, research on school satisfaction may benefit from using a composite variable that enables to include the inconsistency in attitudes towards school and towards education.

School satisfaction highly depends, on top of the personal capacities, on the context in which the child is raised, including family and school. Although personal capacities, including IQ, mental health and neurodevelopmental disorders are mostly gene-based, research also revealed that non-genetic contextual factors could have a major impact on them (Cassen et al. 2008) and consequently to school satisfaction of

children. The family forms the environment in which a child develops by adopting social behaviour and its first attitudes. It provides the child with opportunities to develop into a stable and independent person, for example through enabling the child to attend school (de Lange et al. 2014). A variety of social disadvantages (deprived family backgrounds, stressful experiences, etc.) may contribute to poor educational outcomes (Cassen et al. 2008), with low SES (Lam 2014; Farooq et al. 2011) and adverse childhood experiences (ACE) (Blodgett and Lanigan 2018; Hardcastle et al. 2018) being examined most often.

Less attention has been paid to a disrupted social context, i.e. experiences when children do not have fixed sources (e.g. parents, peers, and teachers) or have disrupted sources that they need to acquire cultural capital. Children are in the process of acquiring their embodied cultural capital over time (Bourdieu and Passeron 1990). This could be disrupted for example by moving to another city or school, when children lose their contacts and support resources, what might affect their school satisfaction (Jelleyman and Spencer 2007). Another example could be the separation from a parent due to work abroad, when the remaining parent has only limited capacity to support child in learning and education (Giannelli and Mangiavacchi 2010), with increased probability of dropping out of school or delayed school progression but also reduced incentives for education when perceived future returns to education are low because of expectations of migration (Demurger 2015). Social context is related to the incorporated cultural capital (Bourdieu and Passeron 1990), comprising skills and knowledge for everyday practice acquired by all forms of learning, also beyond schooling. These have a crucial impact on the objectivized and institutionalized cultural capital. Thus, disruption of the social context might disturb the process of acquiring the incorporated cultural capital which next may have a negative impact on school satisfaction.

School is another contextual factor affecting school satisfaction. It can provide children with positive or negative experiences that may vary by gender. Boys seem to like school less than girls do and need help with homework from parents more often. Girls seem to report better school performance than boys do. Boys, however, seem to perceive less stress at school than girls do (Bosakova and Boberova 2019). The most commonly examined school factors in connection with school satisfaction have been relationships with classmates and teachers (Tian et al. 2016; Danielsen et al. 2010), academic performance (Hui and Sun 2010) and school stress (Lovenjak and Peklaj 2016). We, however, believe that also learning difficulties, for children often associated with failure and lack of fulfillment (Konu and Rimpelä 2002) may have significant impact on school satisfaction. By learning difficulties, we mean self-reported difficulties with reading, writing and counting, i.e. with the basic literacy skills (Paakkari et al. 2018) not necessarily diagnosed or requiring special

education needs (as is in case of learning disabilities). The evidence is, however, much scarcer on this topic, especially regarding self-reported learning difficulties and the context of school satisfaction.

The Slovak educational system has a rather specific structure, with relatively poor educational outcomes, and low public investments. Compulsory education starts at the age of 6 and lasts 9 or 10 years, or until the student has reached the age of 16. It consists of primary school organized as a single structure, with a first stage (4 years) and a second stage (5 years). After that, students can proceed to secondary education (Herbst and Wojciuk 2014). Regarding educational outcomes, early school-leaving rate has increased since 2010, now being as high as 14.0% in Eastern Slovakia. Investments in education and training are low, what is reflected in teachers' still low salaries despite recent increases (European Union 2019). Over the past decade, the proportion of the Slovak population with an educational attainment of below upper secondary education has fallen from 16.0% to 14.5% and the proportion with tertiary education has grown from 10.0% to 23.1% (OECD 2014; Eurostat 2020a). Regarding other social determinants, the unemployment rate in Slovakia is currently 5.8% and poverty rate 7.3% ranking the country at the top 10 OECD countries with the lowest poverty rate levels (Eurostat 2020b; OECD 2020).

Slovakia has a rather challenging setting to assess the process leading to poor school success as it faces very serious challenges regarding its education system (Schraad-Tischler 2015). The country has the highest unemployment rate related to a lower educational attainment among the EU countries (Eurostat 2020a, b). Slovakia still ranks high among countries regarding the impact of the socioeconomic background of children on their school performance (OECD 2019). Slovak children have significant difficulties with reading, writing, and counting (OECD 2019; Bosakova and Boberova 2019). Moreover, only one in five Slovak children likes school and over one third does not care about their education (Bosakova and Boberova 2019). In addition, Slovakia belongs, together with Czech Republic, Hungary and Poland, to the EU countries in which a low education level is the most significant predictor of mortality (Bosakova et al. 2019).

In order to help especially the most vulnerable children, it is necessary to understand which factors can contribute to or threaten their school satisfaction as a key to their further educational success. Therefore, the aim of this article is to explore how gender, family affluence, disruption of the social context and learning difficulties contribute to school satisfaction in Slovakia.

4.2 Methods

4.2.1 Sample and procedure

We used data from the HBSC study conducted in 2018 in Slovakia. This regards a population-representative sample based on a two-step sampling. In the first step, 140 larger and smaller elementary schools located in rural and urban areas from all regions of Slovakia were asked to participate. These were randomly selected from a list of all eligible schools in Slovakia obtained from the Slovak Institute of Information and Prognosis for Education. In the end, 109 schools agreed to participate in our survey. School response rate (RR) was 77.85%. In the second step, we obtained data from 8405 adolescents from the fifth to ninth grades of these elementary schools, aged 11-15 years old (mean age 13.43; 50.9% boys). In this study, we used data from 15-years-old adolescents (N=1127) who answered questions connected to the attitude towards education. Moreover, respondents with missing responses were excluded (N=214) leading to a final sample of 913 adolescents (50.3% boys). Excluded versus included respondents did not differ (χ^2) in school satisfaction, but differed in gender ($p < 0.001$) and FAS ($p < 0.05$). More boys (63.1% vs. 50.3%) and more pupils with low FAS (51.5% vs. 33.6%) were excluded due to missing data.

The study was approved by the Ethics Committee of the Medical Faculty at the P. J. Safarik University in Kosice (16N/2107). Parents were informed about the study via the school administration and could opt out if they disagreed with their child's participation. Children were informed about the study in advance by their teachers and at the time of data collection by the HBSC administrator, explaining also the option to refuse to participate. Participation in the study was fully voluntary and anonymous with no explicit incentives provided for participation.

4.2.2 Measures

School satisfaction: Respondents were asked how they feel about school at present, with four-point Likert-type responses (I like it a lot, I like it a bit, I don't like it very much, I don't like it at all). We dichotomized this item, following the HBSC protocol (Inchley et al. 2018), into two categories: (1) adolescents who like the school a lot, (2) the adolescents who do not like the school. We further asked children if they care about the kind of education they will have, with three-point Likert-type responses (I care a lot, I care about it, but not too much, I could not care less). We dichotomized this as: (1) adolescents who care about their education a lot, (2) the adolescents who do not care about their education. Next, a composite variable school satisfaction was created with three groups of adolescents: (1) indifferent - adolescents who do not like school and do not care about their education; (2) inconsistent - adolescents who do not

like school and care about their education or adolescents who like school and do not care about their education; and (3) satisfied - adolescents who like school and care about their education.

Learning difficulties: Respondents were asked if they have had difficulties in reading, writing or counting. If they reported some or clear difficulties in any of these three areas, we considered them to have difficulties; otherwise we considered them to not having difficulties. By learning difficulties, we mean self-reported difficulties with reading, writing and counting, i.e. with the basic literacy skills (Paakkari et al. 2018) not necessarily diagnosed or requiring special education needs (as is in case of learning disabilities).

Social context: Respondents were asked if they had ever experienced: separation of their parents due to work abroad; moving to another house/flat or city/village; or transfer to another school. If they reported any of these serious events, we considered them to have a disrupted social context; otherwise we considered them to have an intact social context.

Family affluence as a measure for SES was assessed using the Family Affluence Scale III (FAS-III), which consists of six questions: "Does your family own a car, van or truck?" (No/Yes, one/Yes, two or more), "Do you have your own bedroom for yourself?" (Yes/No), "How many computers does your family own?" (None/One/Two/More than two), "How many bathrooms (room with a bath/shower or both) are in your home?" (None/One/Two/More than two), "Does your family have a dishwasher at home?" (Yes/No), "How many times did you and your family travel out of your country for a holiday/ vacation last year?" (Not at all/Once/Twice/More than twice). We computed the sum score, which we converted to a score ranging from 0 to 1. We then created tertile categories of low (0-0.333), medium (0.334-0.666) and high (0.667-1) socio-economic position (Elgar et al. 2015). Further information regarding FAS is provided in the HBSC protocol (Inchley et al. 2018).

4.2.3 Statistical analysis

First, we described the background characteristic of our sample according to gender, learning difficulties, disrupted social context, family affluence and school satisfaction. Next, we explored the contribution of learning difficulties, disruption of the social context and family affluence to school satisfaction using multinomial logistic regression. We accounted in these analyses for the clustering (i.e. that students from the same school may be more similar than students from different schools). All analyses were performed using IBM SPSS Statistics 21 for Windows (IBM Corp. Released 2012. IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.).

4.3 Results

4.3.1 Background of the sample

Table 4.1 shows the background descriptive characteristics of the sample according to gender, reported learning difficulties, disrupted social context, family affluence and school satisfaction. The distribution of each item from composite variables, including across categories of school satisfaction can be found in online resource ESM 1. Almost two-thirds of 15-years old Slovak school-aged children reported learning difficulties, and more than half of them reported a disrupted social context. One-third of the children reported low family affluence. Almost one-third of the children reported to dislike school and to not care about education (indifferent), and more than half disliked school but cared about education, or vice-versa (inconsistent). Only 11.5% reported to like school and care about education (satisfied).

Table 4.1 Descriptive statistics of the sample (Slovakia 2018, 15 years old, N= 913)

Characteristic	N (%)
Gender	
Boys	459 (50.3)
Girls	454 (49.7)
Family affluence (SES)	
Low	307 (33.6)
Middle	265 (29.0)
High	341 (37.3)
Disrupted social context	
Intact social context	423 (46.3)
Disrupted social context	490 (53.7)
Learning difficulties	
Not having learning difficulties	308 (33.7)
Having learning difficulties	605 (66.3)
School satisfaction	
Indifferent	266 (29.1)
Inconsistent	542 (59.4)
Satisfied	105 (11.5)

4.3.2 Contribution of learning difficulties, disruption in social context and family affluence to school satisfaction

The multinomial logistic regression showed that boys, compared to girls, were more likely to be indifferent (dislike school and not care about education) than satisfied (like school and care about education) (Table 4.2, model 1). Children who had learning difficulties, compared to children

without learning difficulties, were more likely to be inconsistent (dislike school but care about education and vice versa) than satisfied and to be indifferent than satisfied. Children with a disrupted social context, compared to children without a disrupted social context, were more likely to be inconsistent than satisfied and to be indifferent than satisfied. Children with low family affluence were, compared to children with high family affluence, more likely to be indifferent than satisfied.

In Model 2, boys, compared to girls, were more likely to be indifferent than inconsistent. Children with learning difficulties, compared to children without learning difficulties, were more likely to be indifferent than inconsistent. Children with low family affluence were, compared to children with high family affluence, more likely to be indifferent than inconsistent (Table 4.2).

Table 4.2 The association between school satisfaction, learning difficulties, disrupted social context and family affluence (as a measure for SES) from multinomial logistic regression (Slovakia 2018, 15 years old, N=913)

	School satisfaction		
	Model 1	Model 2	
	Inconsistent versus satisfied	Indifferent versus satisfied	Indifferent versus inconsistent
	OR (95% CI)	OR (95% CI)	OR (95% CI)
Gender			
Boys	1.22 (0.77-1.94)	1.98 (1.18-3.35)**	1.63 (1.18-2.23)**
Girls	Ref	Ref	Ref
Family affluence (SES)			
Low	1.02 (0.59-1.78)	1.82 (1.00-3.30)*	1.78 (1.28-2.47)**
Middle	0.84 (0.50-1.42)	1.08 (0.60-1.96)	1.28 (0.91-1.80)
High	Ref	Ref	Ref
Disrupted social context			
Disrupted social context	1.77 (1.19-2.63)*	2.35 (1.50-3.67)***	1.32 (0.99-1.76)
Intact social context	Ref	Ref	Ref
Socioeconomic status			
Having learning difficulties	1.84 (1.21-2.79)*	2.63 (1.59-4.35)***	1.43 (1.02-2.02)*
Not having learning difficulties	Ref	Ref	Ref

Note: Model 1 The reference category is satisfied (like school and care about education)
Model 2 The reference category is inconsistent (do not like school but care about education)
* p < 0.05; ** p < 0.01; *** p < 0.001; overall x² value for model improvement (models 1 and 2): 60.5 on 10 degrees of freedom, p < 0.0001
We did not report separately the category satisfied versus inconsistent in Model 2, as it is reverse of the findings presented in the first column of this table.

4.4 Discussion

The aim of this article was to explore how gender, family affluence, disruption in the social context and learning difficulties contribute to school satisfaction in Slovakia. We found that boys, compared to girls, were more likely to be indifferent than satisfied and to be indifferent than inconsistent. We further found that children who reported learning difficulties, compared to children without learning difficulties, were more likely to be inconsistent than satisfied, to be indifferent than satisfied, and to be indifferent than inconsistent. In addition, children with a disrupted social context were, compared to children with a continuous social context, more likely to be inconsistent than satisfied and to be indifferent than satisfied. Finally, children with low family affluence were, compared to children with high family affluence, more likely to be indifferent than satisfied, and to be indifferent than inconsistent.

We found that boys were significantly less satisfied at school, thus less liked school and cared about education. Boys seem to be more vulnerable, as regards school. Research showed that boys' culture is less study oriented than girls' culture (Van Houtte 2010), with boys less motivated than girls and having less positive attitudes toward school (Francis 2000), resulting in worse school performance in boys than in girls (Farooq et al. 2011). Boys need more encouragement, in order to develop their inner motivation (Van Houtte 2010), especially by significant adults (Blyth et al. 1982), what could help to build their value of education and thus of school satisfaction. Based on our findings, this could be the case in Central Europe too.

We found also that children with low family affluence were, compared to children with high family affluence, more likely to dislike school and do not care about education. This confirms previous research showing that the relationship between children's socioeconomic background and their educational achievement is substantial. Children from low socioeconomic level homes are at a disadvantage in schools because they lack an academic home environment, which influences their academic success at school (Thomson 2018). Parents with higher SES who are able to provide their children with financial support and home resources for individual learning and also more likely to provide a more stimulating home environment that promote cognitive development and psychological support for their children necessary for success at school (Thomson 2018; Evans 2010). Families with high affluence are more likely to show the value of education in their children than low affluence families. School can support the more vulnerable child by collaborating with the families of these children, to be able to reinforce children's inner motivation first and to encourage them, to use active teaching methods, to explain the practical use of the curriculum, etc. (Cokyna 2019; Farrington et al. 2012).

We also found that adolescents with a disrupted social context were significantly less likely to be satisfied at school, thus to like school and value education. Our findings support previous research suggesting negative effect of residential mobility (Voight et al. 2012) and parents work abroad (Giannelli and Mangiavacchi 2010) on children's success at school. The community surrounding children has a rather large impact on them, which should not be underestimated (Konu and Rimpelä 2002). Wider social capital was also found to be a protective factor in impact of income, housing or parenting on the children's school attainment (Cassen et al. 2008). Events such as moving to another neighbourhood or transfer to another school, however, may be experienced as stressors that demand for adaptation (Jackson and Warren 2000) and may cause a social context disruption (Jelleyman and Spencer 2007). Also, the separation from a parent due to work abroad may disrupt children's social context (Cassen et al. 2008; Giannelli and Mangiavacchi 2010), and may limit the capacity for child support regarding learning and education by the remaining parent (Giannelli and Mangiavacchi 2010).

We found that learning difficulties decreases significantly the likelihood to be satisfied at school. This finding is in accordance with previous research showing that learning difficulties are major contributors to children's school life satisfaction (Wong and Siu 2017) and with research suggesting that successful learning experiences are crucial for school satisfaction (Hui and Sun 2010). We also found that almost two-thirds of 15-years old Slovak school-aged children reported learning difficulties. We believe these difficulties started probably much earlier, at the beginning of the schooling. However, consequences of it in terms of school dissatisfaction persist till adolescence. There might be several explanations for this, such as inappropriate approaches in teaching of writing, reading and counting; insufficient screening of problems with establishing these elementary skills; an absence of measures applied to support children struggling with these problems; or neglect of the problems by the family (due to stigma, trivialization or misunderstanding of the severity of the problem). Learning difficulties might be for children associated with failure and lack of fulfilment (Konu and Rimpelä 2002) what can increase the risk of giving up. Learning difficulties are also most likely reflected in a poor academic performance, which also belong to the factors influencing school satisfaction (Hui and Sun 2010). It seems the way, how children are taught at present does not fit to their needs resulting in difficulties with functional literacy, inevitable for further learning. Educational and didactic approaches in very beginning of schooling should be assessed, as well as early diagnosis considered, in order to equip children better for successful educational trajectory. Currently, the support for such children mainly depends on the care that parents organize outside school and Slovak schools provide rather limited

support to such children (Hall et al. 2019). This gap evidently deserves further attention.

School success goes hand in hand with school satisfaction and school satisfaction goes across the liking school and valuing education. On top of personal capacities, school satisfaction also highly depends on the family and school context, in which the child is raised. If the school keeps children engaged, it increases chances for closing educational gaps. The challenge is to stimulate cultural capital transmission. Regarding school satisfaction, there are several groups that are more vulnerable, such as boys, children from low affluence families, children with learning difficulties and with disrupted social context. It is necessary for school to provide preventive and responsive care at schools to ensure such an environment where children feel good and are successful, being able to receive at least basic functional literacy.

4.4.1 Strengths and limitations

A strength of our study regards the large and nationally representative sample of 15-year-old adolescents. Regarding limitations, we did not measure the synergic effect of gender, learning difficulties, disrupted social context, family affluence and school satisfaction. Also, our use of self-reported questionnaires might lead to some information bias, but we minimized this by use of validated questionnaires and filling in these in a restricted setting. Another limitation regards the cross-sectional design of this study, which does not allow us to make conclusions about causality. Finally, more boys and respondents from low affluence families were excluded due to missing data, what might result in selection bias. Also, lack of other control variables might be seen as a limitation of this study. Some of the differences that we found may in fact reflect the impact of other characteristics such as ethnicity, region or urbanization. This definitely requires further study.

4.4.2 Implications

The results of our study have implications for improving school environment, in terms of creating a stimulating and encouraging environment, where children successfully learn functional literacy and feel well. In addition, educational and didactic approaches in very beginning of schooling should be assessed in order to equip children better for successful educational trajectory. Future research should also assess the role of other characteristics, such as ethnicity, region or urbanization. Also, the risks of intact social context for school satisfaction, such as mental illness, family violence and abuse should be considered in future research. Future research should also aim to explore the association between perceived teacher support and classmate support and school

satisfaction. Furthermore, measuring the synergic effect of gender, learning difficulties, disrupted social context, family affluence and school satisfaction would unravel better the size of this effect. In addition, a comparison of this school satisfaction to the countries with better and worse school performance might help to design better interventions in this area.

4.4.3 Conclusion

School plays an important role in the lives of children. There are some children at the school, with backgrounds and increased vulnerabilities that might negatively affect their school satisfaction and have an impact on their further educational trajectory. This regards children with learning difficulties, children from a disrupted social context and from low affluence families, with boys being more vulnerable than girls. However, by creating a stimulating and encouraging environment at school, where children successfully learn functional literacy and feel well, also, sense of educational value might be built. The more satisfaction pupils get from school, the more school goals (i.e. educational targets) are achieved.

Electronic supplementary material

ESM_1 Distribution of individual items within the composite variables including across categories of school satisfaction (Slovakia, 2020): n (%)

		Total	By school satisfaction (percentage per row)		
Disrupted social context			indifferent	inconsistent	satisfied
Separation of parents due to work abroad	yes	148 (16.2)	50 (33.8)	89 (60.1)	9 (6.1)
	no	765 (83.8)	216 (28.2)	453 (59.2)	96 (12.5)
Transfer to another school	yes	219 (24.0)	107 (31.4)	202 (59.2)	32 (9.4)
	no	694 (76.0)	159 (27.8)	340 (59.4)	73 (12.8)
Moving to another house/flat or city/village	yes	341 (37.3)	75 (34.2)	120 (54.8)	24 (11.0)
	no	572 (62.7)	191 (27.5)	422 (60.8)	81 (11.7)
Learning difficulties					
Writing difficulties	yes	178 (19.5)	67 (37.6)	97 (54.5)	14 (7.9)
	no	735 (80.5)	199 (27.1)	445 (60.5)	91 (12.4)
Reading difficulties	yes	199 (21.8)	80 (40.2)	102 (51.3)	17 (8.5)
	no	714 (78.2)	186 (26.1)	440 (61.6)	88 (12.3)
Counting difficulties	yes	522 (57.2)	165 (31.6)	311 (59.6)	46 (8.8)
	no	391 (42.8)	101 (25.8)	231 (59.1)	59 (15.1)

Note: Indifferent (do not like school and do not value education); Inconsistent (do not like school but value education); Satisfied (like school and value education)

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5 / How adults and children perceive the impact of social policies connected to unemployment on well-being in the household: a concept mapping approach

How adults and children perceive the impact of social policies connected to unemployment on well-being in the household: a concept mapping approach

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Also published as: Int. J. Public Health, 2019, 64:1313–1323

Abstract

Objectives: Social policies help people to overcome various unfavourable living situations, such as unemployment, which may lead to health inequalities. The aim of this study is to examine how adults and children perceive the impact of social policies connected to unemployment on well-being in the household, and whether their views differ. **Methods:** We obtained data from 123 stakeholders in Slovakia, 96 adults and 27 children aged 11–15 years. We used concept mapping, based on qualitative data collection and quantitative data analysis.

Results: We obtained four clusters related to: children and education; current workforce; disadvantaged groups; labour office support. Adults rated the current workforce as the most important and urgent, and children the disadvantaged groups. Contrasts were largest on the disadvantaged groups and on combining family life and working abroad which children rated as very important and urgent but adults less so.

Conclusions: Stakeholders had many perceptions, which may help to improve social policies. Adults were more concerned about work, and children were more so about inequalities. In general, adults were more practical and individualistic, and children, more emphatic and idealistic.

Keywords: unemployment, social policies, health inequalities, concept mapping

5.1 Introduction

Unemployment is a factor leading to health inequalities (Gangl 2006), which are faced by most countries. It has a large impact on individuals and on society as a whole and is potentially even larger for some sub-populations (Artazcoz et al. 2004), such as families with children (Chzhen 2015). Unemployment of a family member affects the whole family, including spouses (Vinokur et al. 1996) and children (Bačíková-Šlešková et al. 2011). It also has an impact on children who have not directly experienced unemployment in their own families, as the negative atmosphere in society caused by an unfavourable labour market may affect their life satisfaction, hopelessness and educational and occupational aspirations (Pfoertner et al. 2014).

To combat unemployment and protect families, governments have developed various policies and interventions subsumed under the broad heading of “social policies”, including active policies aimed at bringing people back to work and passive policies based on income support schemes. Social policies involve the provision of services and/or income substitution or remuneration in various fields (unemployment, education, health, etc.), with the goal of preventing or mitigating the negative effects of poverty (Blakemore and Warwick-Booth 2013). Thus, social policies may have a major impact on health inequalities (Quesnel-Vallee 2015). It seems, however, that social policies in Slovakia have resulted rather in a shortage of labour market access and education, among others (Schraad-Tischler and Schiller 2016).

In the development of public policies, stakeholders’ involvement is important (Riege and Lindsay 2006). Their perspectives can unravel the issues around a policy subject, reveal where consensus among actors is likely to point the way forward in the policy process and identify other potentially viable policy approaches (Monterrosa et al. 2015). Also, policy implementation is more likely to result in positive outcomes if it is the result of a collaborative process, in which multiple stakeholders’ needs are addressed. This is likely to increase the relevance of the resulting priorities for various groups. Thus, factors at multiple levels and of importance to multiple stakeholders should be carefully explored, interpreted and valued (Green and Aarons 2011). However, evidence is lacking on the best way to include stakeholders’ participation in this process.

A similar approach of stakeholder consultation can be applied to examine the impact of social policies connected to unemployment on well-being in the household in an effort to reduce health inequalities. The beliefs, attitudes and norms of different stakeholders may play an important role in creating and implementing social policies, as they might help decision-makers better understand, use and identify with these policies. These stakeholders may be adults, but children are important as

well, as their perspectives and experiences may differ from those of adults (Ben-Arieh 2014). To consider them may not only help with informing policymakers but also enhancing the legal and political socialisation of children (Melton and Limber 1992; Ben-Arieh 2005). Perspectives of different stakeholders, especially those concerned with social policies, are important and might help improve these policies. Improved social policies in turn result in decreased unemployment, which contributes to reducing health inequalities. Thus, evidence on the views of different stakeholders, including both adults and children, has major importance not only for general social policies but also for public health. Therefore, the aim of this study was to examine how adults and children perceive the impact of social policies connected to unemployment on well-being in the household, and whether their views differ.

5.2 Methods

This study was carried out within the EU-FP7-funded SOPHIE Project, which aimed to generate new evidence on the impact and effectiveness of structural policies in reducing health inequalities and to develop innovative methodologies for evaluating these policies in Europe.

5.2.1 Design

We used concept mapping (CM) to structure the reported perceptions of adults and school-aged children from eastern Slovakia towards social policies related to unemployment. CM is a method for assessing how study participants cluster their conceptual assessment of a particular topic by developing a conceptual framework with a visual display of the clustering (Kane and Trochim 2007). This method allowed us, in relation to the aim of our study, to realise a participatory approach, with civil participation, stakeholders' involvement and the empowerment of specific groups, such as children, and visualisation of results in a way accessible and understandable for various groups.

5.2.2 Sample

We recruited participants following Kane and Trochim (2007) to ensure the availability of a wide variety of viewpoints and to support a broader range of people to adopt the resulting conceptual framework. We did this by involving a variety of people in some way engaged in and/or responsible for the studied topic. Purposive sampling techniques were used to recruit school-aged children (11–15 years old) both from families with working parents and from families with at least one parent unemployed. We also purposively sampled adults, both employed and unemployed, in order to have a sufficient number of participants from each of the following categories: parents (employed, unemployed), other

adults who are not parents (employed, unemployed), students, academics, teachers and officers. Our aim was not to include only professionals but also lay stakeholders who might be affected by unemployment.

We next organised 13 brainstorming sessions, one for each working group: Elementary School A—students (5th, 7th and 9th grade), teachers; Elementary School B—students (5th, 7th and 9th grade), teachers; Municipality—officers; Labour Office A—officers; Labour Office B—officers; Regional Public Health Authority—officers; and a group of unemployed citizens. The initial sample for brainstorming consisted of 145 people recruited from the region. Finally, we obtained data from 123 participants, 96 of whom were adults (23% male) and 27 children (15% male). Regarding adults, sorting-rating sample consisted of 19% students, 13% academics, 20% teachers, 20% officers, 22% with other types of employment (both parents and not-parents) and 6% unemployed (both parents and not-parents). Of the adults, 60% had their own personal experience with unemployment, with 54% having been unemployed in the past and 6% currently unemployed. Further, 17% did not have any experience with unemployment in their family, while 56% had someone unemployed in the family in the past and 22% currently has someone unemployed. Children were not asked about experience with the employment status of their parents. The sorting-rating sample was smaller than the brainstorming sample; however, it was fully in accordance with the CM methodology, which counts for some losses of participants between the brainstorming and sorting-rating step (Jackson and Trochim 2002). The sample size for each CM step in our study was sufficient to meet the statistical requirements for valid and reliable results (Jackson and Trochim 2002).

5.2.3 Procedure

The procedure consisted of four steps, three relating to data collection, i.e. (1) preparation, (2) brainstorming, (3) sorting and rating, and a fourth step, (4) analysis, as suggested by Kane and Trochim (2007), and Schröter et al. (2012). In the first preparation step (Kane and Trochim 2007), we identified the focal question (the core question to be asked), selected participants and determined the schedule, including logistics. As regards the focal question, we first did a pilot with a small group of school-aged children prior to our study, in which we asked how social policies might help tackle health inequalities. This appeared to be too complicated a question, so we decided to make the focal question in the CM very simple, with an additional explanation of the connection between unemployment, health inequalities and social policies. We considered health equity to be an ultimate outcome of decreasing unemployment and successful social policies, thus fully covering the upstream causes of health inequalities. This led to the following focal question, understandable by all concerned

stakeholders, especially children: “What helps the family when parents do not work?”

Second, we organised brainstorming sessions in the 13 working groups (described in the Sample) with respect to the above-mentioned focal question to obtain a final list of statements (Kane and Trochim 2007). Participants were encouraged to generate as many statements as possible, leading to more than 500 statements (summary number of all statements for all 13 groups including many multiplicities). To eliminate any bias in the selection of items, we took several steps in accordance with Kane and Trochim (2007) in two rounds. In the first round, the research team removed obvious redundancies and overlapping concepts and merged those which were obviously semantically similar into a reduced, parsimonious set of statements. We excluded, for example, statements on rather personal topics like love, faith and religion, and those which could not be a policy issue, like support from the family, etc. In the second round, the advisory board of stakeholders, including four external experts, was asked to restrict this set to only those statements which might be influenced by any intervention (auxiliary question: “Which of these statements can be affected by either existing or future interventions?”). This led to a final list of 51 statements.

Third, we asked participants to sort these 51 statements into piles of similarly themed statements and to create a descriptive label for each pile at their sole discretion. Subsequently, we asked them to rate these statements according to two selected domains of interest—importance (Likert scale: 1—not important at all, not helpful at all, 4—very important, very helpful) and urgency (Likert scale: 1—not urgent at all, almost useless, 4—very urgent, need to be solved immediately).

Finally, in the fourth analytic step, we made a final data categorisation. We entered all the piles and statement ratings into a data analysis program. The findings of these analyses, described in the next section, were then discussed in an advisory group consisting of the researchers (Kane and Trochim 2007). This advisory group chose a varying maximum number of clusters (4–8, i.e. the highest and the lowest desired cluster number) and discussed the resulting cluster solution. Subsequently, based on the advice of this advisory group, three different cluster solutions (4, 5 and 6 cluster solutions) were prepared. The outcomes were then discussed with the interpretation group, i.e. a selected group of participants: school children, parents, teachers, officers and unemployed people (two representatives of each group). These persons were actively involved in selecting the final number of clusters (4 cluster solutions), cluster labelling as well as in the interpretation of the resulting maps.

5.2.4 Statistical analysis and reporting

We performed the statistical analyses in a number of steps. First, we clustered the generated statements (items) into a cluster point map and created a final cluster solution. In that each map, point (dot) represents an item, the distance between the points indicates the likelihood that participants have placed the items concerned in the same pile, and clusters represent discrete groupings of related items. To see the ratings of clusters by importance and urgency, as raised by participants, we generated cluster rating maps in this step, where a third dimension (layer) displayed on top of the clusters represents the mean ratings of selected criteria (importance; urgency) across all items, while the number of layers represents the higher or lower mean ratings related to other clusters in the map.

Second, we examined differences between adults and children. To visualise the differences between clusters, we produced a pattern match, i.e. a ladder graph which displays the comparison of mean cluster ratings between two selected variables. To display differences between individual items, we produced Go-Zones, i.e. an X-Y graph which compares items across two rating criteria and is divided into quadrants above and below the mean value of each rating variable. In this stage, we also computed Pearson's product-moment correlation coefficients for the ratings of the relationships between all variable pairs (Schroter et al. 2012).

We also computed the stress index, i.e. the degree to which the distances on the map are discrepant from the values in the input similarity matrix, with a high stress-index value indicating a greater discrepancy (i.e. the map does not represent the input data well) (Kruskal and Wish 1978; Kane and Trochim 2007). Within a CM context, stress-index values between 0.205 and 0.365 are desirable (Kane and Trochim 2007).

All the data were analysed using the Concept System Core V4.0 (CSC).

5.3 Results

5.3.1 Final cluster solution

Clusters of items as raised by all participants

Respondents sorted statements into 2 (the lowest number of piles) up to 10 piles (the highest number of piles). The most frequently occurring number was 4 piles (modus). Respondents most frequently sorted statements into the piles according to these themes: who is the recipient of help (employees, employers, unemployed, children, etc.); who has the competencies to solve a problem (Ministry of Health, Ministry of Labour, Ministry of Education, etc.); what is the character of the intervention (direct, supportive, operational, strategic, motivational, etc.); who is/should be the executing entity (labour office, school, city council, etc.); or a combination of the previous mentioned. Most of the themes were

mentioned very often.

We obtained a four-cluster solution, which was seen by the interpretation group in the final CM phase as the most appropriate. The final cluster solution was perfectly fitted to all the above-mentioned themes, and all of its variety was covered by them. Clusters were labelled by the interpretation group as follows:

Cluster 1 represents Help and support to children/Education support, Cluster 2 represents Labour market policies/Current workforce, Cluster 3 represents Help to disadvantaged groups/Social support, and Cluster 4 represents Services and support from the labour office/Support mechanisms/Return to the labour market.

All items and clusters can be found in Online Resource (ESM 1). A cluster point map is shown in Figure 5.1. All clusters were relatively balanced, although Cluster 4 was the broadest. The stress index was 0.213, suggesting a strong fit between the configuration (map) and the actual data.

Figure 5.1 Cluster point map—final 4 clusters solution, Slovakia, 2015

Note: Each dot represents an item. The closer the dots are to each other, the more participants sorted the items concerned into the same piles, so the items are more likely to regard similar concepts. The size of the surface of a cluster indicates the degree to which its various contributing items are related.

Rating of clusters by importance and urgency as raised by all participants

The importance and urgency of the various clusters as rated by participants (both adults and children) are shown in Figure 5.2. Participants considered Cluster 2, related to the current workforce and labour market policies, as the most important, and Cluster 4, concerning services and support from

the labour office, to be the least important. In terms of urgency, the results were similar. In general, the differences between the ranking of importance and of urgency were small, i.e. what was important for respondents was also urgent for them, and vice versa. A slight difference was seen for Cluster 1, related to support for children and education, which was more important than urgent, and for Cluster 3, related to help to disadvantaged groups, which was more urgent than important. Also, the differences between the clusters were not huge, with 0.47 point between the most and least important cluster and 0.51 point between the most and least urgent cluster. Table 5.1 shows the ranges of importance and urgency per cluster.

Figure 5.2 Importance and urgency of items per cluster: Cluster rating maps, Slovakia, 2015
 Note: More layers indicate more importance and urgency.

Table 5.1 Importance and urgency of items per cluster: mean scores and ranges, Slovakia, 2015

Clusters		1	2	3	4
Number of items		11	11	10	19
Importance	Mean ^a (SD)	3.02 (0.25)	3.18 (0.42)	2.97 (0.27)	2.71 (0.23)
	Range ^b (min-max)	2.59-3.37	2.35-3.76	2.47-3.27	2.26-3.08
Urgency	Mean ^a (SD)	2.94 (0.29)	3.17 (0.46)	2.99 (0.29)	2.66 (0.27)
	Range ^b (min-max)	2.40-3.30	2.18-3.76	2.55-3.29	2.11-3.06

Note: SD Standard deviation

^a Mean values per clusters—higher scores indicate more importance and more urgency

^b Minimum and maximum values of items per clusters; the possible range of values was 1–4

5.3.2 Differences between adults and children

Differences regarding clusters between adults and children

Figure 5.3 shows differences between adults and children regarding the importance and urgency of the clusters. As regards importance (Figure 5.3, top), children considered Cluster 3, related to help to disadvantaged groups, to be most important, while adults considered Cluster 2, related to current workforce and labour market measures, to be so. For urgency (Figure 5.3, bottom), the results were similar: Cluster 3 was rated by children as the most urgent and Cluster 2 by adults. On the other hand, Cluster 4, related to services and support from the labour office, was the least important and urgent for both children and adults. For importance, the Pearson coefficient indicated a positive correlation of the ratings of children and adults ($r=0.64$) and likewise for urgency ($r=0.69$).

Figure 5.3 Comparison between children and adults, their ranking of importance (top) and urgency (bottom) by cluster, Slovakia, 2015

Differences regarding individual items between adults and children

Figure 5.4 (top) shows the rating of individual items by children according to importance and urgency. Most important and urgent for children was item 12—Increasing of the minimum wage. Conversely, least important and urgent was item 29—Option to pay “by time”, or in kind. The correlation of ratings of importance and of urgency among children was strongly positive (Pearson $r=0.91$).

Figure 5.4 Ratings of individual items by importance and urgency, in children (top) and adults (bottom): Go-Zone, Slovakia, 2015

Note: Each dot represents each item. The X-axis shows the range of mean values for importance (in children 2.37–3.89; in adults 2.15–3.73); the Y-axis shows the range of mean values for urgency (in children 2.26–3.74; in adults 1.95–3.76). Dots (items) in the upper-right quadrant indicate issues that were rated above the mean (most important and urgent items). All items can be found in Electronic supplementary material (ESM_1).

Figure 5.4 (bottom) shows the ratings of individual items by adults according to importance and urgency. Like the children, adults also considered increasing the minimum wage (item 12) to be the most important and urgent. In contrast, the least important and urgent for adults was item 22—Creation of clubs for the unemployed (self-help groups aimed at mutual support and creation of a social contacts network). The correlation of ratings of importance and urgency among adults was strongly positive and even higher than in children (Pearson $r = 0.98$).

Go-Zone graphs for both children and adults also showed that

items were not very scattered (Figure 5.4, top and bottom); thus, items showing extreme values, i.e. being very important but not urgent (lower-right corner) or being very urgent but not important (upper-left corner), do not occur. The highest contrast between the ratings of children and adults concerned the individual items on disadvantaged and vulnerable groups (items 4, 6, 37, 38) and the item related to combining family life and working abroad (item 43). Children considered these to be very important and urgent (Figure 5.4, top) but adults less so (Figure 5.4, bottom part).

5.4 Discussion

The aim of this study was to examine how adults and children perceive the impact of social policies connected to unemployment on well-being in the household, and whether their views differ. We found 51 statements (items) grouped into four clusters related to: support to children and education; current workforce and labour market policies; help to disadvantaged groups; service and support from the labour office. We found that adults rated the cluster related to current workforce and labour market policies as the most important and urgent, and children the cluster related to help to disadvantaged groups. Both groups rated the cluster related to service and support from the labour office as least important. Overall, there was relatively small variation between the ranking of importance and of urgency and among clusters, suggesting that respondents perceived social policies connected to unemployment as rather critical.

5.4.1 Clusters of items as raised by all participants

We found perceptions that could be grouped into four clusters: support to children and education; current workforce and labour market policies; help to disadvantaged groups; and service and support from the labour office. Our results are in accordance with Saunders et al. (2017), who describes the same concepts in the context of key policies for addressing the social determinants of health and health inequities. Our results also perfectly reflect the parts of social policy previously identified as most critical in Slovakia (Schraad-Tischler 2015). The country is facing probably the most serious challenges regarding its educational system, labour market and regarding disadvantaged groups (Schraad-Tischler 2015). This concordance supports the face validity of our findings.

5.4.2 Rating of clusters by importance and urgency as raised by all participants

The cluster related to the current workforce and labour market policies was rated as the most important and urgent. We did not find any other study in the available sources to compare with. We might just speculate that work plays a central role in people's lives (Blustein 2008) and that

people are probably aware of its benefits, regarding both income and the meeting of psychological needs (Creed and Macintyre 2001). The focus and composition of statements in this cluster seem to call for active labour market policies (Auer et al. 2005) and employment policies (Khan 2001) to increase employment and reduce poverty. Our findings might suggest that people put most emphasis on work, that they are aware of its benefits and agree that promoting economic activity is key also to reduce health inequalities. This attitude should be considered in creating and implementing social policies.

The cluster concerning services and support from the labour office was rated as the least important and urgent. Our results are in accordance with other research (Shore and Tosun 2019) suggesting lower trust and dissatisfaction with public employment services. Our results probably also reflect the unfavourable situation of labour offices in Slovakia (OECD 2014), which seem to have a limited capacity, unbalanced caseload distribution and the absence of a customer-service orientation (OECD 2001), which may all together lead to limited effectiveness and to negative perceptions towards them (OECD 2001, 2014). Our results indicate that people most likely do not see the importance of labour office services or are even discontented with their performance. This view should be considered in order to improve and promote the services of labour offices to the public.

5.4.3 Differences regarding clusters between adults and children

We found the largest contrast between the ratings of adults and children for the cluster on help to disadvantaged groups, which for children was the most important and urgent, whereas for adults less so. Our results are in accordance with the study of Barraza (2001), which revealed children's concerns about the world with the strong emphasis on the disadvantaged groups' issues. We may assume that children are empathic (Decety et al. 2008) and altruistic (Warneken and Tomasello 2009). Regarding adults, we did not find any study in the available literature to compare. We may just assume that some adults may perceive disadvantaged groups primarily as being unemployed (Schneider and Ingram 1993), whom they consider to be less deserving than, e.g. elderly, sick and disabled people, or the current workforce, with this level of conditionality even higher in Central and Eastern Europe (van Oorschot 2006). These results suggest that appropriate attention should be given to the issue of disadvantaged groups by politicians and decision-makers.

5.4.4 Agreement and disagreement regarding individual items between adults and children

We found an agreement between children and adults regarding increasing the minimum wage (item 12), which was rated by both groups as the most important and urgent item. This is in accordance with the study of Lapshyna and Duvell (2018), who examined perceptions on social policies as a driver of migration aspirations and found insufficient salaries as one of the biggest issues. This probably reflects the perception of a higher disposable income flowing from an increased minimum wage, having a distinct effect on health (Rosicova et al. 2016), through the purchase of healthier food and/or investment into better health care, housing, schooling and recreation (Adler and Newman 2002). Also, a salary offered that is too low discourages the unemployed when job-seeking and motivates them rather to remain on the social benefits (Zabarauskaite and Skackauskiene 2014). These results suggest that an appropriate income is the key, and this should be seriously considered when tackling unemployment and health inequalities.

We further found that the highest contrast between ratings of children and adults concerned the items on disadvantaged and vulnerable groups (items 4, 6, 37, 38) and the item related to combining family life and working abroad (item 43). Both were seen by children as being very important and urgent, but by adults the opposite. Regarding the item on family life and working abroad, our results are in accordance with research highlighting the importance of this issue, arguing that children perceive parental working abroad to be stressful (Adumitroaie and Dafinoiu 2013), and research showing that adults perceive working abroad as a need and opportunity (Polovina et al. 2013). The different perception of adults might be due to the significant wage gap between Central and Western Europe, being the major reason for work migration (Cook et al. 2011). It seems, however, that children in such families feel abandoned and rejected (Adumitroaie and Dafinoiu 2013) despite the better financial opportunities. Our results suggest that an inappropriate income at home still forces people to work abroad, which might have far-reaching negative consequences on the family. This topic should be intensively discussed when creating and improving social policies.

5.4.5 Strengths and limitations

A strength of our study lies in the quality of the sample, as our study ensured the availability of a wide variety of viewpoints by involving a variety of people in some way engaged in and/or responsible for the studied topic. Another strength is the quality of the information, taking into account the depth of our study.

Regarding limitations, the size of our sample was limited, despite

being large for studies of this type. Also, women more often participated in this study than men, which might possibly have an impact on the results. Moreover, higher participation of stakeholders from the labour market (employers, trade unions, workers from different sectors), social services, and the wider health system (e.g. Public Health Authorities) or NGOs promoting labour integration might enrich our findings and allow to compare views of different stakeholders groups. Another limitation may be seen in the methodology used, which might be prone to social desirability. Regarding causality, the cross-sectional design of our study limits the potential to draw causal conclusions from the findings. Explanations should thus be considered with caution, as they are based on discussions within the interpretation group about the outcomes of our study. These require further research to be confirmed.

5.4.6 Implications

Our study showed that people do have preferences regarding social policies. Participants in this study found current workforce and labour market policies to be an urgent and important issue for public health, providing a major reason to pay attention to it in order to prevent a further deepening of unemployment. Also, the labour office, holding the key to new employment, should be seen as such. Furthermore, extra attention should be paid to disadvantaged groups to help them with entering and remaining on the labour market. Similarly, increasing the minimum wage and combining family life and working abroad are also topics, which should not be omitted from public health discussions. Accommodating the above-mentioned preferences may increase the effectiveness of social policies and positively contribute to public health.

We also found that adults and children differ regarding attitudes towards social policies. To give children a voice may be valuable, as they are often the most affected by socioeconomic disadvantage.

A replication of this study in countries with better employment services may provide additional information on the role context plays in such a study. Moreover, a longitudinal study may help to get a better view on the pathways leading to specific ratings. In general, the CM methodology deserves wider use.

5.4.7 Conclusion

We can conclude that adults and children identified four main areas of concern: children and education; current workforce and labour market policies; help to disadvantaged groups; and service and support from the labour office. All participants view the current workforce and labour market policies as the most important and urgent issue and service and support from the labour office as the opposite. Adults and children

vary somewhat in their views, with adults ranking current workforce and labour market policies higher and children help to disadvantaged groups. Differences were also seen with regard to combining family life and working abroad, which was rated by children as very important and urgent to solve, but less so by adults. Compliance between adults and children occurred for service and support from the labour office, which was seen for both groups as least important and urgent, and also for increasing the minimum wage, which was rated by both groups as the most important and urgent item. Overall, respondents perceived social policies connected to unemployment as rather critical, with a relatively small variation regarding the ranking of importance and of urgency and also between clusters.

Electronic supplementary material

ESM_1 Final cluster solution with name of cluster and statements (items), Slovakia, 2015

	Statement (item)	I	U
C 1	Help and support to children / Education support		
33	Increasing the number of nurseries, maternity centres and kindergartens for working mothers and mothers seeking a job (e.g. price affordability)	3.37	3.27
8	The inclusion of a mandatory practice at colleges and universities and its consistent control (support of cooperation between schools and employers)	3.34	3.24
9	Merit scholarships for schoolchildren from vulnerable families at primary school, secondary school and university	3.29	3.30
5	Compulsory pre-school education in kindergarten	3.08	3.04
10	Planning of study programs and the number of students at the Ministry of Education with regard to the expected development of the labour market	3.07	3.17
1	The introduction of the “family education” school course (housework, home budget, management of own resources, manual work, learning to self-sufficiency etc.) to teaching at primary schools	3.04	2.92
3	Subsidies for school supplies, discounted snacks and lunches for schoolchildren from vulnerable families	3.02	2.94
2	Increasing time fund (several times a week) and technical support (tools, materials, equipment, classrooms, workshops, workstations, school gardens, school kitchens) of school courses aimed at developing manual skills within the teaching at primary school	3.00	2.88
4	Subsidies for vouchers related to the participation of schoolchildren from vulnerable families in school trips, school events and the morning and afternoon school clubs	2.73	2.59
6	Tutoring for schoolchildren from vulnerable families (field social worker, community worker)	2.66	2.59
7	Unpaid access to gyms and playgrounds at schools for the public	2.59	2.40
	Cluster mean value	3.02	2.94

C 2 Labour market policies / Current workforce			
12	Increasing the minimum wage to a level that people are motivated to work even after subtraction of necessary costs (travel) and to a level that exceeds income from social benefits (unemployment, activation activity allowance, the benefit in material need, etc.) and other benefits (subsidies for school devices, lunch, etc.), if the person is unemployed	3.76	3.76
20	Support for small and medium entrepreneurs (i.e. reduce the tax burden)	3.52	3.52
30	Free health care (existing intervention which needs to be maintained)	3.44	3.43
19	Support of agricultural and handicraft production (formation of workshops and workstations, subsidies for handicraft products)	3.34	3.35
14	Support for job creation through the support of domestic products (government contracts, state orders), preservation of regionalization, decentralization of government contracts (agricultural production - supply of state institutions)	3.32	3.35
51	Reduction of retirement age	3.26	3.27
49	Reduction of charges on insurance payments	3.22	3.28
17	Building of infrastructure to attract foreign investors	3.19	3.14
11	The creation of a national system of employment and reform of the labour market (state and social enterprises, planning the creation of jobs with regard to regional needs and the state of (un)employment)	3.19	3.25
23	Campaign to promote the status of manual and unskilled occupations	2.37	2.33
29	Option to pay "by time" or in kind (barter and reciprocal)	2.35	2.18
	Cluster mean value	3.18	3.17
C3 Help to disadvantaged groups / Social support			
13	Optimizing the use of material need benefits: 1. divide the benefit into two parts, one of which is merit 2. control the "special recipient statute" using (protection against usury by preventive measures, etc.)	3.27	3.25
25	To favour the employment of a single parent or of parents in a situation where both of them are unemployed (e.g. benefits for the employer)	3.26	3.29
34	Support of job opportunities for the severely disabled, support for sheltered workshops and workstations	3.20	3.25
32	Protection of disadvantaged groups on the labour market (women, mothers, people with severe disabilities, ethnic minorities, disadvantaged age groups - after school, before retirement, appearance)	3.13	3.23
35	Increasing the number of crisis centres and social housing and creation of crisis centres for families (currently only for mothers and children)	3.07	3.16
28	Creation of jobs for the low-skilled (i.e. at the municipal level – cleaning, sweeping etc. – above the level of activation activity)	3.06	3.16
38	Creating a network of social stores and in-kind support for the unemployed (meal vouchers, vouchers for goods), earmarked for the purchase at this network	2.90	2.82
40	Offer of job opportunities also for those who do not want permanent employment	2.70	2.64
37	Establishment of more hygienic cleaning stations (shower, laundry)	2.65	2.60
48	One-time contribution from the municipality to the children of unemployed	2.47	2.55
	Cluster mean value	2.97	2.99

C4 Services and support from the labour office / Support mechanisms / Return to the labour market			
15	Support for programs aimed at maintaining working habits and social contacts as intermediate between unemployment and permanent employment (activation activity allowance, volunteering, caring for disabled and elderly people) with an emphasis on stepped employment (gradual increase in demands and the gradual shift from activation activity through voluntary jobs, part-time jobs to permanent employment)	3.08	3.06
18	Customizing the offer of retraining courses (labour office) with respect to the real needs (information technology, language courses) and expected developments on the labour market but also the specifics and opportunities of jobseekers	3.05	2.99
16	Diversification of labour office support mechanisms abuse (e.g. graduation practice by employers and activation activity allowance by employees) by strict quality control system and involvement of the labour inspectorate	2.96	3.05
42	Provision of information about services and job offers on an accessible level also to people with limited access to the Internet or limited literacy (a clearer and simpler system)	2.93	2.98
43	Guidance and assistance in finding and securing work outside the place of residence and abroad (support of family mobility)	2.92	2.85
31	Advising the unemployed in terms of economic independence (crops production, livestock for own consumption) and financial management (planning, budget, loans, mortgages)	2.83	2.78
41	Active events and job fairs organized more often and closer to the people, for different groups, even in smaller towns	2.81	2.77
47	Advising and support of business activities for unemployed with lower skills and qualification levels	2.76	2.70
24	Improvement of equipment and staff at labour office to accelerate and improve services	2.70	2.69
44	Creating of portals (about labour office services and job offers), courses and computer rooms with Internet access and support services from assistant to the unemployed looking for jobs on the Internet	2.70	2.59
36	Coordination of partnerships and support of cooperation between labour office, municipality, third sector, schools, regional public health authorities and other stakeholders to support employment and to prevent adverse consequences of unemployment (e.g. educational programmes, cultural events)	2.66	2.68
46	Creation of first contact centres for newly registered unemployed, which would provide information about services, processes as well as risks associated with the status of unemployed	2.65	2.67
21	Job coaching - support of the job seeker (as well as employers) in finding suitable employment (employee) and in the process of adapting to new employment (working out of candidate profile, an individual action plan, encouraging and support, development of the candidate's potential, bargaining with the employer and new working team) - as a separate component of the labour office	2.64	2.55
50	Legal services for the unemployed	2.63	2.60
39	Field workers performing screening, guidance and support to registered and unregistered unemployed and their families directly in the community	2.60	2.49
26	Providing of service offerings according to the profile of candidates (care zones for unemployed at labour office)	2.52	2.35
45	Screening and interventions aimed at preventing adverse consequences of long-term unemployment, after six months registered as unemployed, as a part of labour office services	2.39	2.43

27	Specialist for health promotion and a psychologist as part of a labour office team (services for the unemployed)	2.31	2.16
22	Creation of clubs for unemployed (self-help groups aimed at mutual support and creation of social contacts network)	2.26	2.11
Cluster mean value		2.71	2.66

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6 / Increased employment for segregated Roma may improve their health: outcomes of a public-private partnership project

Increased employment for segregated Roma may improve their health: outcomes of a public–private partnership project

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Also published as: Int. J. Environ. Res. Public Health 2019, 16:2889

Abstract

Increasing employment opportunities for segregated Roma might prevent major economic losses and improve their health. Involvement of the private sector in Roma employment, on top of intensified governmental actions, is likely to be a key to sustainable improvement, but evidence on this is scarce. Our aim was to determine the potential outcomes of such a partnership regarding increased employability and the resulting improved well-being and health. We therefore investigated a Roma employment project called Equality of Opportunity, run since 2002 by a private company, U.S. Steel Kosice, in eastern Slovakia. We conducted a multi-perspective qualitative study to obtain the perspectives of key stakeholders on the outcomes of this project. We found that they expected the employability of segregated Roma to increase in particular via improvements in their work ethic and working habits, education, skills acquisition, self-confidence, courage and social inclusion. They further expected as the main health effects of increased employability an improvement in Roma well-being and health via a stable income, better housing, crime reduction, improved hygienic standards, access to prevention and improved mental resilience. Social policies regarding segregated Roma could thus be best directed at increasing employment and at these topics in particular to increase their effects on Roma health.

Keywords: deprivation, Roma health, health promotion, unemployment, employability

6.1 Introduction

Roma unemployment in Central and Eastern Europe (CEE) is very high; e.g., it is estimated to be 71.0% in Slovakia, 41.5% in Bulgaria, 40.5% in the Czech Republic, 52.5% in Hungary and 35.5% in Romania (Ivanov and Kagin 2014), and this likely affects Roma health negatively. In Slovakia, Roma represent one of the largest ethnic minority groups, with a substantial portion of so-called segregated Roma or the Roma underclass. This latter underclass has high unemployment rates (close to 100% in some rural areas), with mostly permanent unemployment, low education attainment levels and qualifications, a lower living standard, bad housing conditions and a strong dependency on social support (Kolesarova 2012; Korec 2005; UNDP 2005;). Stereotypes, discrimination, poor education and often almost no work experience have led to poor access to the labour market and an increased distance from the labour market of this population (Kolesarova 2012; Hyde 2006).

Poor access to employment, together with low education and bad housing, contributes to a range of avoidable poor health outcomes for this community (Belak et al. 2017; Pappa et al. 2015). Examples include a high prevalence of chronic disease, poor dental health and difficulties in seeing and hearing properly, among others (Fundacion Secretariado Gitano 2009). To improve health outcomes of Roma, reducing unemployment should be a priority (UNDP 2005). Improving employment has been shown to improve health, though not in all cases (Goodman 2015). Goodman (2015) suggests that the creation of employment alone does not guarantee a positive impact on health, while Stateva et al. (2018) emphasise that a more comprehensive approach regarding increased employability is needed.

A public–private partnership might help to increase the employability of segregated Roma. Public and private partners have been shown to separately not have sufficient capital to create a sustainable solution for the employability of segregated Roma (UNDP 2005). However, combining their assets could make successfully influencing employment much more likely via offering special work opportunities. Pivotal for this success is to create appropriate opportunities for segregated Roma, who only with difficulty are able to use their current potential to break their vicious circle of poverty. Besides intensified public employment policies regarding this group, cooperation with the private sector might be a key to increasing Roma employment (Open Society Foundations 2012; O’Higgins and Ivanov 2006). The major considerations behind such a partnership might be a greater variety of job opportunities for low educational levels and the financial sustainability of the offer.

Unfortunately, evidence on the potential and actual effects of public–private partnerships for increasing Roma employment is scarce and is completely lacking regarding improving Roma health via

increased employability. The available evidence on increasing Roma employment mainly regards municipal enterprises (Kolesarova 2012; Musinka 2012), social enterprises (Stanescu et al. 2014), governmental and non-governmental programs (Munteanu 2010) and private Roma employment projects (UNDP 2005), and has a rather descriptive character. Such separate approaches often have many weaknesses; we suggest that combined public–private approaches are needed.

Multi-perspective comprehensive studies on public–private partnerships aiming to increase Roma employability and thus this improve Roma health are lacking. This paper therefore aims to determine the potential outcomes of a public–private Roma employment project regarding increased employability and resulting improved well-being and health.

6.2 Materials and Methods

6.2.1 Design

We conducted a multi-perspective qualitative study investigating a Roma employment project called Equality of Opportunity, established in 2002 by U.S. Steel Kosice (USS Kosice). This project in terms of size, duration (ongoing), complexity and sustainability represents an interesting example of an attempt to address the Roma social inequality issue. We used the Context, Mechanism, Outcome (CMO) framework to structure data collection. The CMO configuration makes up part of the realist evaluation approach (Pawson and Tilley 2004) and intends to yield a proposition stating what works for whom and in what circumstances. This should increase the understanding of the effectiveness of the programme, with an explanation of why the outcomes developed as they did, how the project was able to act on the underlying mechanisms, and in what contexts (Linsley, Howard and Owen 2015). We will report only on outcomes in this paper.

The study consisted of the following phases. First, we established a protocol. Next, we collected data on the setting of the project (project background). Third, we collected data using direct observation, in-depth semi-structured interviews, focus groups and informal face-to-face unstructured interviews. Last, we analysed data in two rounds: the first round ran along with the data collection, and the second round was performed later. More detailed information on these stages can be found in Appendix A.

6.2.2 Sample

We included the main actors in the project, i.e., the Roma community, professionals (labour, education), public authorities and others (a priest, a nun, a cultural anthropologist) with proper methods of data collection

for each group. The final sample for both the formal and informal interviews consisted of 20 respondents (55% male), for the focus groups 28 respondents (39% male), and for direct observation 98 respondents (gender not monitored) (Table 6.1).

Table 6.1 Characteristics of the samples participating in the various data collection methods

Data collection method	Roma Community		Professionals		Public Authorities		Others	
	<i>n</i>	Description	<i>n</i>	Description	<i>n</i>	Description	<i>n</i>	Description
In-depth semi-structured interviews	3	Roma project participants	3	representatives of USS Kosice ¹	3	officers from the City Council of Kosice	1	priest at Kosice-Lunik IX ²
	-	-	-	-	1	local authority of Velka Ida ³	1	cultural anthropologist
Informal unstructured interviews	2	wives of project participants	-	-	-	-	1	nun at Kosice-Lunik IX
	3	inhabitants from the segregated settlement in Velka Ida not participating in the project	-	-	-	-	-	-
	2	community workers in Velka Ida	-	-	-	-	-	-
	17	Roma children from the elementary school in Velka Ida	5	teachers at the elementary school in Velka Ida	6	representatives/workers at the Labor Office in Kosice	-	-
Direct observation	ca. 25	Roma job seekers during the recruitment process	3	representatives of USS Kosice during the recruitment process	-	-	-	-
	ca. 50	inhabitants of Velka Ida	-	-	-	-	-	-
	ca. 20	inhabitants of Kosice-Lunik IX	-	-	-	-	-	-

Note: ¹ U.S. Steel Kosice; ² Kosice-Lunik IX is a city district of Kosice close to USS Kosice which is the largest Roma urban settlement in Slovakia; ³ Velka Ida is a village in the immediate vicinity of USS Kosice with a segregated Roma settlement.

6.2.3 Procedure

We collected data using in-depth semi-structured interviews, unstructured interviews, focus groups and direct observation. The in-depth semi-structured interviews were carried out with the aim of systematically covering all topics of interest (outcomes, with a special focus on well-

being and health and health equity). These interviews were performed face-to-face, collecting the data by audio recording with informed consent from participants and by written field-notes. The layout and structure of the interviews are presented in Appendix B.

Informal unstructured interviews were carried out to gain the views of people not directly involved in but possibly affected by the project. These interviews were done by one researcher accompanied by a Roma community worker who, in case of need, also translated from and to the Romani language. The researcher collected data using written field-notes.

Focus groups were performed to gain the views of people not directly involved in but possibly affected by the project. We performed three focus groups, each by three researchers, with the contents of interviews collected by written notes. The focus group with Roma children was facilitated by a Roma assistant who, in case of need, also translated from and to the Romani language. The layout and structure of the focus group scenario are presented in Appendix C.

Direct observation was used during the recruitment process to examine participants, their settings and their practices when applying for a job in the project. During this recruitment, we also observed attitudes and habits of USS Kosice representatives. Furthermore, the residences of participants were visited directly in an effort to capture life in the settlements. During the visits to the settlement, researchers were without USS Kosice representatives, accompanied only by local community workers who, if needed, also translated from and to the Romani language.

6.2.4 Measures

We collected data on the setting of the project and on the expected effect on employability and improved well-being and health. Regarding the project setting, we collected data on the launch of the project, including its circumstances and key persons, the project's main goal, type of contracts, financial remuneration and characteristics of the project participants. Regarding the characteristics of the project participants, we examined gender, locality, age and education. Age structure, educational level and average number of workers were calculated based on the overall number of participants since the beginning of the project in 2002. Regarding employability and well-being and health, we further collected data using the CMO framework. This regards only the outcome measures of the CMO framework. Examples of the questions regarding outcomes of the CMO framework are listed in Table 6.2.

Table 6.2 Variables and questions in the data collection based on the CMO framework, in particular regarding well-being and health as an outcome

Variable	Questions
Outcomes	What do you think, what are the (positive and negative) outcomes of this project? What do you think, does the project have an impact on the rest of the community? If yes, why and how? If not, why?
Well-being and health	Do you think the project improves the chances of participants, their families and children to be healthier? If yes, why and how? If not, why? Are the project participants in a better condition than those from their surroundings who are not in the project? If yes, why? If not, why? Do the project participants have better health and living conditions than those from their surroundings who are not participating in the project? If yes, why? If not, why?

6.2.5 Analysis and Reporting

First, we described the setting of the project (project background). Second, we assessed the factors potentially leading to increased employability of segregated Roma using the CMO framework. Third, we assessed the resulting well-being and health, again using the CMO framework. For the second and third steps, we performed a content analysis of the data based on recurrent abstraction, i.e., repetition of reading and summarising in steps of data coded as relating to the same topics or variables (LeCompte and Schensul 2013). The content analysis was performed separately by three researchers with the aim of finding common themes (searching for themes, reviewing themes, defining and naming themes) in order to identify contexts, mechanisms and outcomes as seen by the stakeholders. Both written notes and the recordings, after transcription, were coded manually. The answers regarding the outcomes were given sub-codes, as in a typical qualitative analysis. Next, separate results given by three researchers were then compared, while differences of opinion were discussed and resolved. Lastly, the final version was discussed, agreed and finalised.

6.3 Results

6.3.1 Project Setting

The Equality of Opportunity project is fully financed by USS Kosice, the largest private employer in the region of eastern Slovakia, in cooperation with the municipalities comprising the adjacent Roma settlements. USS Kosice offers Roma jobs with a significantly higher salary than the minimum wage and with training, while municipalities cover the selection of the candidates. Successful candidates formally become employees of the municipality, but are assigned to USS Kosice for temporary work. USS Kosice has created around 170 jobs for segregated Roma since 2002. More extensive information can be found in Bosakova (2018).

Project participants were all males and came mainly from the three adjacent settlements, which were within a 15 km radius of the USS Kosice plant. Ages of participants ranged from 18 to 60 years, and nearly three-quarters were aged 21–40 years. Most project participants had completed only primary school (Table 6.3).

Table 6.3 Characteristics of the project participants

Characteristics *		Share (%)
Education	primary school	56%
	secondary school without graduation	18%
	secondary school with graduation	26%
Age structure	18–20	8%
	21–30	38%
	31–40	33%
	41–50	13%
	51–60	8%
Locality	Velka Ida ¹	52%
	Kosice-Lunik IX ²	19%
	Kosice-Saca ³	29%

Note: * The average number of project participants per year was 111; ¹ Velka Ida is a village in the immediate vicinity of USS Kosice with a segregated Roma settlement; ² Kosice-Lunik IX is a city district of Kosice close to USS Kosice, and is the biggest Roma urban settlement in Slovakia; ³ Kosice-Saca is a city district of Kosice with a Roma urban ghetto close to USS Kosice.

6.3.2 Increased Employability of Segregated Roma

Informants perceived the following outcomes to be related to increased employability: improvement of work ethic and working habits, education improvement, and skills acquisition. Furthermore, an increase of self-confidence and courage and of social inclusion (Figure 6.1) were mentioned. All these factors were mentioned by all types of informants. For illustrative quotes related to the above section of Results, see Table 6.4.

Figure 6.1 CMO framework of factors leading to increased employability of segregated Roma leading to their better well-being and health

6.3.3 Resulting Better Well-Being and Health of Segregated Roma

Regarding better well-being and health in segregated Roma as a result of increased employability, informants mentioned several outcomes in which they perceived improvement. These regarded: a more stable income through the job, improvement of precarious housing, and crime reduction. Furthermore, they mentioned several factors that in their perception had improved the health of the participants: an improvement of hygienic standards, an improvement of access to prevention, and an improvement of mental resilience (Figure 6.1). All factors were mentioned by all types of informants. For illustrative quotes related to the above section of Results, see Table 6.4.

Table 6.4 provides some examples of the narratives of the different interviewed agents and how they were obtained (e.g., focus groups, interviews, etc.) for the topics that frequently arose during the data collection.

Table 6.4 Examples of quotes illustrating findings regarding the increased employability and the improved health and well-being of segregated Roma as outcomes of a public-private partnership

Quotes	Group of Outcomes
<p><i>"It is important to me, that my sons attend school regularly and learn well, because without school they will not find a job. Maybe I'm hard on them, but it is for their own good. You know, those who do not work are not so tough on their kids, but then they do not go to school."</i></p> <p>Project participant, in-depth semi-structured interview [outcome: education].</p>	Increased employability of segregated Roma
<p><i>"My father works in the project and our family is therefore well, certainly better than those children whose fathers do not work. I'm proud of him. I'm also learning well, so I can then continue to study and also find a good job."</i></p> <p>Roma child from the elementary school in Velka Ida, focus group [outcome: education].</p>	
<p><i>"We [USS Kosice] closely cooperate with local primary schools, not only by monitoring school attendance and the behaviour of project participants' children, but also by involving all schoolchildren in various projects, attempting to motivate them to complete primary school education and continue their studies at least at partner vocational schools."</i></p> <p>Representative of USS Kosice, in-depth semi-structured interview [outcome: education].</p>	
<p><i>"I can see how they [non-Roma colleagues from core staff] treat me [equally]. They count with me. They treat me as a core employee not as a temporary worker. Foreman [coordinator] has even more confidence in me than in others."</i></p> <p>Project participant, in-depth semi-structured interview [outcome: social inclusion; increasing of self-confidence and courage].</p>	
<p><i>"The fact that they [segregated Roma] come to the selection procedure and make contact with the mayor or his deputy and the other recruiters is already a first step toward making them feel more confident. Many of them, even the unsuccessful candidates, then often later seek out these people and ask their advice in various areas."</i></p> <p>Representative of USS Kosice, in-depth semi-structured interview [outcome: social inclusion; increasing of self-confidence and courage].</p>	
<p><i>"Aside from finding work, they [project participants] come into contact with adults who are outside their community, who may have information, options, can offer encouragement, provide support, assistance with various things—because in their community they often cannot find an 'expert' for solving various problems."</i></p> <p>Local authority of Velka Ida, in-depth semi-structured interview [outcome: social inclusion; increasing of self-confidence and courage].</p>	Resulting better well-being and health of segregated Roma
<p><i>"Yes, it has been better since I worked at USS Kosice. I have regular income [...], it is better in every way [...], I have motivation there. I want to join the core staff once in the future. I see they have better salaries there; you know [smile]. So that is the better motivation there, you know [smile]. But I do not complain, it is good, still better than material needs' 60 Euros [material needs benefit payment provided by the Office of Labour, Social Affairs and Family for unemployed or low-income families]."</i></p> <p>Project participant, in-depth semi-structured interview [outcome: stable income].</p>	
<p><i>"The project ensured a stable income for many people. They [project participants] can now afford to buy many more things, such as clothes and school materials and tools for children, the absence of which was often previously a barrier to their school attendance."</i></p> <p>Community worker, informal unstructured interview [outcome: stable income].</p>	
<p><i>"Certainly their [project participant's] quality of life has improved through income. They have more income; they can afford more."</i></p> <p>Priest at Lunik X, in-depth semi-structured interview [outcome: stable income].</p>	
<p><i>"The project is profitable. They [project participants] have a stable income and the collective agreement of the USS Kosice also applies to project participants, so they have 13th and 14th months' salaries and rewards."</i></p> <p>Local authority of Velka Ida, in-depth semi-structured interview [outcome: stable income].</p>	

6.4 Discussion

We explored the potential outcomes of a public–private Roma employment project in terms of employability, and the resulting improved well-being and health, based on key stakeholders' perspectives. We found that they thought Roma employability might increase via an improvement of their work ethic and working habits, education, skills acquisition and an increase in self-confidence and social inclusion. We also found several areas of well-being and health of segregated Roma that could improve via their increased employability, the most important being a stable income, an improvement of precarious housing, crime reduction, better hygienic standards, improved access to prevention and better mental resilience.

6.4.1 Outcomes Related to Increased Employability of Segregated Roma

We found that informants considered Roma employability to have increased due to improvement of in their work ethic and working habits (e.g., consistently good performance and attendance levels). This is crucial, taking into account the situation of segregated Roma as having typically lost working habits and having limited working experience, which affects their access to the job opportunities (Kolesarova 2012). We did not find any evidence that would confirm or disprove our informants' expectations that improved working habits increase the employability of segregated Roma. Active labour market programmes (ALMPs) are themselves based on preserving good working habits by integrating the unemployed into work rather than providing passive income support (Marmot 2010), so a positive impact is expected. However, services such as monitoring and counselling post-employment are almost non-existent, which might lead to critical gaps in Roma workforce development (Dinca and Luches 2018). The monitoring of the work trajectories of segregated Roma and other hard-to-employ groups seem to be important in order to determine whether improved working habits really do increase employability in a way that is sustainable on the labour market.

Improvement of education was seen by informants as another crucial outcome that increases employability and through this improves health. The relationship between education and unemployment has been extensively substantiated (Dinca and Luches 2018; Riddell and Song 2011; Hronec 2007), as has that between education and health (Bosakova et al. 2019; Cutler and Lleras-Muney 2006). Roma are significantly less educated than non-Roma (Kertesi and Kezdi 2011), and the employment gap of Roma has been shown to be strongly related to their low education (Dinca and Luches 2018; Kertesi and Kezdi 2011). Reducing the education gap is important to prevent unemployment and the reproducing of poverty in future generations. Public–private partnerships might help here at least in regard to vocational training.

Skills acquisition, i.e., obtaining certificates and also social skills, were key topics in increasing employability according to informants. Our finding is in line with other studies pointing out the importance of skills development in order to be successful in the labour market (European Platform for Roma inclusion 2017; Kolesarova 2012; Musinka 2012). Sufficient opportunities for segregated Roma to develop their skills are key in order to increase their employability and might be ensured by public–private partnerships.

Furthermore, informants reported more self-confidence, self-esteem and courage as another outcome that increases employability, which also aligns with other research (Goodman 2015; Musinka 2012). Self-confidence, self-esteem and courage might project into self-efficacy, a related concept more focused on the belief in one's own abilities to meet the challenges ahead and to succeed (Bandura 1994), which is crucial in relation to employability. However, self-confidence, self-esteem and courage are substantially lacking in segregated Roma, similarly to other excluded communities, with causes and effects probably being related. This can represent a serious barrier to employability and should be addressed separately by social policies. Finally, social inclusion was reported by informants to be an important outcome related to the employability of segregated Roma. This aligns with previous studies declaring that employment plays an important role in fostering integration in societies, as it functions not only as a source of monetary income, but also as a tool of social inclusion (EUFRA 2018). Stateva et al. (2018) also suggest that social inclusion and employment are interconnected, and social inclusion happens mainly through employment. Occupational integration of segregated Roma seems to be key predictor of their overall integration.

However, an increased employability of segregated Roma will not always increase their employment opportunities because other factors also affect the degree to which they get a job. One important factor is anti-Gypsyism, i.e., specific racism towards Roma that regards a wide spectrum of discriminatory expressions and practices including many implicit or hidden manifestations (Albert et al. 2016). Anti-Gypsyism provides a structural mechanism that reduces the employment of Roma via effects on employers, potential colleagues and Roma themselves (Belak et al. 2017; Jarab 2015). This mechanism should be seriously considered and tackled, as it may block the positive effects of increased Roma-employability. The current project was initiated by an employer, i.e., USS Kosice, showing that anti-Gypsyism from the side of the employer had been counteracted at least at a considerable degree. The increase of self-confidence on the side of the Roma can be interpreted as a sign of decreased internalization of anti-Gypsyism on the part of Roma themselves. Evidently, this issue deserves attention in other settings as well.

6.4.2 Better Well-Being and Health of Segregated Roma Resulting from Increased Employability

Informants expected better well-being and health to result from increased employability; in particular, a more stable income, improvement of precarious housing, crime reduction, improvement of hygienic standards, improvement of access to prevention, and improvement of mental resilience. All of these factors have previously been shown to have a positive impact on well-being and health (World Health Organization 2018a; World Health Organization 2018b; Morrall et al. 2010; Friedli 2009; Adler and Newman 2002).

A more stable income, improved housing, improved hygiene and crime reduction as important elements of the physical environment were considered by informants as outcomes of increased employability to have an impact on well-being and health. Regarding income, a higher and stable income in general enables the purchase of healthier food and/or investment in better health care, housing, schooling and recreation (Goodman 2015; Adler and Newman 2002), and it prevents psychosocial stress. Regarding housing, our findings align with previous reports of Belak et al. (2017), that the majority of the houses in segregated Roma settlements are built illegally and of poor quality. They are typically overheated with damp air and cold walls, overcrowded, often without access to water and a sewage system, and only illegally connected to electricity. Therein, a move from shanty housing to public-assistance dwellings or even one's own legal house undeniably results in better well-being and health. Improved housing is closely connected to the improvement of hygienic standards mentioned by informants as well, enabled by access to water, to a sewage system, to electricity and to heating, which rapidly decreases the presence of parasites (e.g., lice, fleas) and frequent intestinal infections; contamination of public space by urine, faeces and smoke, and the presence of rodents; constant ergonomic strain, etc. (Belak et al. 2017). With regard to crime reduction, we assume this might support the broken windows theory (Keizer, Lindenberg and Steg 2008; Wilson and Kelling 1982), explaining that visible signs of crime, anti-social behaviour and civil disorders create an urban environment that encourages further crime and disorder, including serious crimes.

Informants also mentioned improved access to prevention and improved mental resilience as other outcomes of increased employability related to well-being and health. With regard to prevention, Belak et al. (2017) explain that segregated Roma often consider prevention to be unnecessary; thus, any improvement of access to prevention via increasing preventive medical examinations and increasing vaccinations is seen as improving health. Regarding mental resilience, we presume that our results are in accordance with a study suggesting improved mental

health for unemployed who find new jobs (McKee-Ryan et al. 2005) and the theory that work plays a central role of people's lives (Bluestein 2008). Paid work provides both manifest benefits (associated with income) and latent benefits (associated with meeting psychological needs) (Creed and Macintyre 2001; Jahoda 1982). People primarily engage in paid work to attain manifest benefits, but while employed, they also profit from its latent benefits (Creed and Macintyre 2001; Jahoda 1982).

If Roma employment increases due to their improved employability, this may not automatically increase their well-being and health as some jobs are simply not appropriate to reach that improvement. In many cases, Roma only have access to precarious jobs with low wages (Hyde 2006), which may not result in better well-being and health. This may also be another representation of anti-Gypsyism as discussed. Public-private partnership has; however, a huge potential to tackle anti-Gypsyism not only by increasing assets in terms of offering equal work opportunities, but also in terms of initiating the much needed dialogue within the business community regarding zero tolerance to discrimination and prejudice in the workplace (UNDP 2005). These issues should be addressed in order to indeed realise a better well-being and health of segregated Roma as result from their increased employability.

6.4.3 Strengths and Limitations

Our study has several strengths, the most important ones being its wide range of informants and sources, which enabled various perspectives to be identified. This approach increased the robustness and transferability of the findings. However, some limitations need to be mentioned. We used a qualitative design, which does not allow a full quantitative generalisation of findings. Furthermore, social desirability may have affected responses. However, we used a multi-informant strategy to get a full picture, which resulted in no major problem of information depth and reduced the impact of this potential bias.

6.4.4 Implications for Practice and Policy, and for Research

The results of our study have implications for improving social policies. They imply that policy-makers should predominantly focus on the occupational integration of segregated Roma, which seems to be a key predictor of their overall integration, resulting in better well-being and health. This implies better monitoring and coaching of the work trajectories of segregated Roma, i.e., not only prior to entering the labour market but also during employment. Furthermore, social policies should focus on reducing the education gap and should also create sufficient opportunities for segregated Roma to develop their skills in order to prevent the re-deepening of unemployment and reproducing of poverty

in future generations. Also, the lack of self-confidence, self-esteem and courage among segregated Roma, which represent serious barriers to employability, should be addressed by social policies. Policy-makers should consider the above-mentioned outcomes and health equity to be the ultimate outcome of decreasing unemployment and successful social policies, thus fully covering the up-stream causes of health inequalities. However, to reach this ultimate goal, continuous community health work, such as health mediation, including further guidance regarding the use of additional income, prevention, health literacy, etc., should be involved. Regarding research, a next step is definitely to examine the potential mechanisms of a public-private Roma employment project, including the appropriateness of the employment offered (Hyde 2006), as well as anti-Gypsyism (Filakovska Bobakova 2019), which definitely deserves separate attention. Future research should also aim to assess the effects of interventions on the employability of Roma on their long-term well-being and health, which may yield large gains in the health of this deprived group.

However, self-confidence, self-esteem and courage are substantially lacking in segregated Roma, similarly to other excluded communities, with causes and effects probably being related. This could represent a serious barrier to employability, and should be addressed separately by social policies.

6.4.5 Conclusions

We conclude that within the context of the segregated Roma community characterised by high and long-term unemployment and low education, an appropriate employment project based on public-private partnership might increase employability, particularly through improvement of their work ethic and working habits, education, skills acquisition, increased self-confidence and courage and social inclusion. Furthermore, increased employability also improves their well-being and health via a stable income, better housing, crime reduction, increased hygienic standards, a better approach to prevention and improved mental resilience. This study shows that public-private partnerships focused on providing special work opportunities to Roma from segregated settlements may largely contribute to their well-being and health.

Appendix

Appendix A. Stages of the Performed Qualitative Study

Phase	Description	Time-Table
1. Study protocol	elaboration of study protocol: objectives of the study, timetable set-up, field collection procedures, data collection procedures, analytic strategy	January 2013
2. Preparation for data collection	specifying of sites to be visited, data collection plan, contacting the respondents	February–March 2013
3. Data collection	collecting and studying of internal documents and previous studies (relevant academic and grey literature)	March–September 2013 January–October 2015 June–December 2016 January 2017–February 2018 March 2018–May 2019
	presence in recruitment process	March 2013
	direct observation	April; June; November 2013 January; September 2014 December 2017 March 2018
	visit to settlements (Velka Ida, Lunik IX)	
	in-depth face-to-face semi-structured interviews	April–July 2013
	focus groups	April–July 2013
	face-to-face unstructured interviews	November 2013
4. Data processing/ analysis	content analysis: transcription, coding, recursive abstraction (searching for themes, reviewing themes, defining and naming themes), writing and finalising	July 2013–January 2014 June–October 2015 June–December 2016 January 2017–February 2018 March 2018–May 2019

Appendix B. Structure of the Semi-Structured Interviews

1. Project initiation—human resources, financial assurance, social situation, legislation, material and technical support, locality....
- a. What are the circumstances of the project initiation? Why do you think this project was created? (physical neighbourhood, high crime, high unemployment rate, available and cheap labour force....) [*Why and how was the project initiated?*]
- b. Which factors, elements and mechanisms (tools, instruments) affected the project start-up in a positive and a negative way? (legislation, local authorities, financial assurance, material and technical support....) [*Why and how has the project initiation been supported? Why and how has the project initiation been limited and restricted?*]

2. Project implementation and maintenance—human resources, financial assurance, social situation, legislation, material and technical support, locality....

- a. Which factors, elements and mechanisms (tools, instruments) have enabled project implementation and maintenance (sustainability)? [Why and how was the project implemented? Why and how has the project been maintained?]
- b. Which factors, elements and mechanisms (tools, instruments) have precluded and hindered project implementation and maintenance? (Legislative—existing social support scheme, Labour Code, fluctuation...) [*Why and how has project implementation and maintenance been supported? Why and how has project implementation and maintenance been limited and restricted?*]

3. Project impact and outcomes

- a. What do you think, what are the (positive and negative) outcomes of this project?
- b. What do you think, does the project have an impact on the rest of the community? If yes, why and how? If not, why?

4. Well-being and health (health equity)

[*Why and how has the project affected health (health equity)? How may the project affect health (health equity)?*]

- a. Do you think the project improves the chances of participants, their families and children to be healthier? If yes, why and how? If not, why?
- b. Are the project participants in better shape than those from their surroundings who are not in the project? (Those employed and unemployed who are treated only by existing health-care system etc.). If yes, why? If not, why?
- c. Do the project participants have better health and living conditions than those from their surroundings who are not participating in the project? (Those employed and unemployed who are treated only by existing health care system etc.) If yes, why? If not, why?

Specific investigator's questions to keep in mind during the data collection!!!!

What is the context of the project initiation? What is the context and what are the elements and mechanisms that enabled the successful implementation of the project and its maintenance?

What is the context and what are the elements and mechanisms that precluded and hindered the successful implementation of the project?

(Barriers and limits of project initiation, implementation and maintenance).
What is the connection between the project and health equity? (Does the project have the impact on health equity?)

Appendix C. Scenario of the Focus Group Interviews

1. Presentation of the researchers,
2. Presentation of the study focus,
3. Short presentation of the participants
4. Questions:
 - a. Project creation
 - Why do you think this project was created? (What are the circumstances of the project initiation?)
 - Do you know how this project was created?
 - Were there any obstacles at the beginning? (Which factors, elements and mechanisms affected the project start-up in a negative way?)
 - Was there any support at the beginning? (Which factors, elements and mechanisms affected the project start-up in a positive way?)
 - b. Project now
 - Are there any obstacles now? (Which factors, elements and mechanisms preclude and hinder the project maintenance?)
 - Who or what presents the main support of the project? (Which factors, elements and mechanisms enable and support the project maintenance?)
 - c. Project outcomes
 - What do you think, what are the (positive and negative) outcomes of this project? (What are the positives about this project? What are the negatives about this project?)
 - What do you think, does the project have an impact on the rest of the community? If yes, why? If not, why?
 - d. Project versus well-being and health
 - Do you think the project improves the chances of participants, their families and children to be healthier? If yes, why and how? If not, why?
 - Are the project participants in better shape than those from their surroundings who are not in project? (Those employed and unemployed who are treated only by the existing health care system etc.). If yes, why? If not, why?

- Do the project participants have better health and living conditions than those from their surroundings who are not in the project? (Those employed and unemployed who are treated only by existing health-care system etc.) If yes, why? If not, why?

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7 / Appropriate employment for segregated Roma: mechanisms in a public-private partnership project

Appropriate employment for segregated Roma: mechanisms in a public–private partnership project

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Also published as: Int. J. Environ. Res. Public Health 2020, 17:3588

Abstract

Our earlier article showed that increased employability of segregated Roma may improve their well-being and health. To achieve that, appropriate employment based on a public–private partnership could be the key. For optimal design of such a partnership, we need insight into its potential mechanisms. Evidence on this is lacking, however. This paper builds on the previously published article by focusing on mechanisms for achieving better health. Therefore, our aim was to identify the potential mechanisms by which a public–private Roma employment project could increase employability. We investigated a Roma employment project called Equality of Opportunity established by a private company, U.S. Steel Kosice in eastern Slovakia. We conducted a multi-perspective qualitative study to obtain key stakeholders’ perspectives on the potential mechanisms of a public–private Roma employment project in terms of increased employability. We found three types of mechanisms. The first type regarded formal job mechanisms, such as an appropriate employment and salary offer and a bottom-up approach in capacity building. The second type involved sustainability mechanisms, such as the personal profile of project and work-shift coordinators, the continuous offer of training and cooperation with relevant stakeholders (municipalities, community centers, etc.). The third type was cultural mechanisms, such as personal contact with project participants, attention to less-voiced groups like children, the motivation of project participants, a counter-value reciprocity approach and respect for the specifics of Roma history. Our findings imply that policymakers could consider public–private partnerships for increasing the employability of segregated Roma, as they have the potential to address a wider range of social needs simultaneously.

Keywords: deprivation, unemployment, employability, mechanisms, segregated Roma

7.1 Introduction

Roma are one of the largest ethnically delineated populations in Europe (Fundacion Secretariado Gitano 2009). Substantial proportions of Roma reside in poor segregated communities. The poor health status of segregated Roma represents the most persistent health inequalities in Central and Eastern Europe (CEE) and is associated with a history of prejudice and discrimination, very low levels of education and income and high rates of unemployment, compared with the general population (Belak et al. 2018). Reducing unemployment among segregated Roma has been defined as a key priority for improving their health outcomes (UNDP 2005). Huge funds have been earmarked for this priority, but the effects seem to be minimal or at least questionable in most cases (Hurrle et al. 2012).

The low levels of employment of segregated Roma are related to both their suitability for the labor market and the structure of the labor market. Unemployment is increasingly understood to be caused by a lack of employability (Garsten and Jacobsson 2004), which refers to a set of skills, knowledge, understanding and personal attributes that make a person more likely to gain and maintain employment or to obtain new employment, if required (Dacre Pool and Sewell 2007). This is especially important, as poor employability is a key feature of segregated Roma (O'Higgins and Ivanov 2006). However, the low competitiveness of segregated Roma is not the only barrier to employment. Better employability does not always increase their employment opportunities, because other factors, such as anti-Gypsyism, also affect their chances of getting a job (Bosakova et al. 2019; Albert et al. 2016; Jarab 2015). Because of these discriminatory practices, Roma often have access only to unstable jobs with low wages (Hyde 2006). The issue of segregated Roma is thus complex, and simple job creation seems to be an insufficient solution. This implies that a more comprehensive approach is needed that covers all the above-mentioned domains (Stateva et al. 2018).

Public-private partnerships may be a way to improve the poor employment of segregated Roma. Public and private partners have been shown to separately lack sufficient capital to create a sustainable solution for reducing the unemployment of segregated Roma (UNDP 2005). However, establishing a partnership between them may be the answer (Bosakova et al. 2019). In the context of segregated Roma, we understand public-private partnership to be a platform for cooperation between the private sector (small and medium-size enterprises, large businesses), the public sector (the state, municipalities and schools) and ideally the third sector (non-governmental organizations—NGOs) with the aim of increasing the employability of segregated Roma. The private sector may help provide employment and training opportunities for Roma, whereas the public and third sector can be helpful in providing

adequate potential employees to employers together with various types of support within the process. Such a partnership could have huge potential to increase employability by combining their assets, offering appropriate and equal work opportunities, initiating a dialogue within the business community regarding zero tolerance to discrimination (Bosakova et al. 2019) and developing and enforcing laws and workplace policies against discrimination.

To achieve this, we need insight into the mechanisms that lead to the employability of segregated Roma in order to design adequate public–private partnerships. Our previous article from the same study showed that a Roma employment project based on a public–private partnership may increase the employability of segregated Roma as well as improve their well-being and health (Bosakova et al. 2019). In order to allow replication of this best practice, we should get insight into the mechanisms leading to its success, i.e., how and why such a project works (Astbury and Leeuw 2010). The identification of mechanisms could then help to unpack the assumptions underlying the intervention, and this knowledge could be then used to better inform the design and evaluation of social policies and programs (Astbury and Leeuw 2010). Evidence on these mechanisms is lacking, however, and multi-perspective comprehensive studies on such public–private partnerships that aimed to increase Roma employability are needed. Therefore, the aim of this paper was to identify the potential mechanisms by which a public–private Roma employment project could increase employability. This paper builds on our previously published article (Bosakova et al. 2019) by focusing on the mechanisms for achieving better health.

7.2 Material a Methods

7.2.1 Theory and Hypotheses

This paper is the result of a large study on health inequalities under the project 7FP SOPHIE (Evaluating the impact of structural policies on health inequalities and their social determinants and fostering change), on which one paper has been published before (Bosakova et al. 2019). Generally, in that study, we built on the public health theory of health determinants (Dahlgren and Whitehead 1991), postulating that not only do constitutional factors and individual lifestyle matter but also social and community networks as well as socioeconomic, cultural and environmental conditions that impact health. We further built on the theory of health inequalities (Marmot 2010), arguing that inequalities in health arise because of inequalities in society—in the conditions in which people are born, grow, live, work and age, and taking action to reduce health inequalities does not require a separate health agenda but action across the whole of society. Finally, we built on the theory

of hard-to-employ groups (Harrison and Brown 1970), explaining that certain groups of individuals (also including minorities, typically sharing common characteristics of inadequate income, poor housing, inferior education, a lack of medical attention and lack of real job opportunities) tend to experience unusually high or prolonged levels of joblessness even in relatively good times, and their needs typically go beyond the scope of assistance available at traditional employment agencies and welfare offices.

Conceptually, we based our manuscript on a program theory for the project that we assessed (with a special focus on the mechanisms domain in this article), addressing the causal processes that link the implemented treatment to outcomes (Astbury and Leeuw 2010). For this, we used the Context, Mechanism, Outcome (CMO) theory (Pawson and Tilley 2004) as our conceptual framework based on what works, for whom and in what circumstances. We further considered a number of other theories which provided strong guidance for our research design (e.g., research questions, units of analysis), such as individual theories (individual perception, personality, interpersonal interactions, etc.), group theories (informal groups, work teams, interpersonal networks, etc.), organizational theories (organizational structure and functions, organizational partnerships, etc.), and social theories (functionalism, conflict theory, social constructivism, symbolic interactionism), etc.

7.2.2 Design

We conducted a multi-perspective qualitative study investigating a Roma employment project called Equality of Opportunity, established in 2002 by U.S. Steel Kosice (USS Kosice). This project represents, in terms of size, duration, complexity and sustainability, an interesting example of an attempt to address the Roma social inequality issue. We used the Context, Mechanism, Outcome (CMO) framework to structure data collection. The CMO configuration makes up part of the realist evaluation approach (Pawson and Tilley 2004) and aims to deliver a proposition stating what works, for whom and in what circumstances. This may increase the understanding of the effectiveness of the program, with an explanation of why the outcomes developed as they did, how the project was able to act on the underlying mechanisms and in what contexts (Linsley, Howard and Owen 2015). We will report only on the mechanisms in this paper.

The study consisted of several phases. The research protocol included a detailing of the data collection, i.e., the way to set up the project stages, procedures and timetable; the field procedures and data collection structure; and the questions, sample, report guide and sources of evidence. Details on the study stages and the structure of the interviews are provided in the Appendix. The second step was to collect data on the setting of the project (project background). The third step was to collect data using direct observation, in-depth semi-structured interviews, focus

groups and informal face-to-face unstructured interviews. The last step was to analyze data in two rounds: the first round ran along with the data collection, and the second round was performed later. More detailed information on these stages can be found in Appendix A.

7.2.3 Sample

We included the main actors in the project, i.e., the Roma community, professionals (labor, education), public authorities and others (a priest, a nun and a cultural anthropologist), with proper methods of data collection for each group. The final sample consisted of 20 respondents (55% male) for the formal and informal interviews together, 28 respondents (39% male) for the focus groups and 98 respondents (gender not monitored) for direct observation (Table 7.1).

Table 7.1 Characteristics of the samples participating in the various data collection methods

Data collection method	Roma Community		Professionals		Public Authorities		Others	
	<i>n</i>	Description	<i>n</i>	Description	<i>n</i>	Description	<i>n</i>	Description
In-depth semi-structured interviews	3	Roma project participants	3	representatives of USS Kosice ¹	3	officers from the City Council of Kosice	1	priest at Kosice-Lunik IX ²
	-	-	-	-	1	local authority of Velka Ida ³	1	cultural anthropologist
	2	wives of project participants	-	-	-	-	1	nun at Kosice-Lunik IX
Informal unstructured interviews	3	inhabitants from the segregated settlement in Velka Ida not participating in the project	-	-	-	-	-	-
	2	community workers in Velka Ida	-	-	-	-	-	-
Focus groups	17	Roma children from the elementary school in Velka Ida	5	teachers at the elementary school in Velka Ida	6	representatives/workers at the Labor Office in Kosice	-	-
Direct observation	ca. 25	Roma job seekers during the recruitment process	3	representatives of USS Kosice during the recruitment process	-	-	-	-
	ca. 50	inhabitants of Velka Ida	-	-	-	-	-	-
	ca. 20	inhabitants of Kosice-Lunik IX	-	-	-	-	-	-

Note: ¹ U.S. Steel Kosice; ² Kosice-Lunik IX is a city district of Kosice close to USS Kosice which is the largest Roma urban settlement in Slovakia; ³ Velka Ida is a village in the immediate vicinity of USS Kosice with a segregated Roma settlement.

7.2.4 Procedure

We collected data using in-depth semi-structured interviews, informal unstructured interviews, focus groups and direct observation. We carried out the in-depth semi-structured interviews using a predefined set of topics and open-ended key questions, with the aim of systematically covering all topics of interest (mechanisms, with a special focus on increasing employability). We performed these interviews face-to-face, collecting the data by audio recording (with informed consent from participants) and by written field-notes. The layout and structure of the interviews are presented in Appendix B.

We carried out the informal unstructured interviews to gain the views of people not directly involved in but possibly affected by the project. These interviews were done by one researcher accompanied by a Roma community worker who, if necessary, also translated from and to the Romani language. The researcher collected the data using written field-notes.

We conducted focus groups using a predefined set of topics and open-ended key questions to gain the views of people not directly involved in but possibly affected by the project. We conducted three focus groups, each by three researchers, with the contents of interviews collected by written notes. The focus group with Roma children was facilitated by a Roma assistant who, if necessary, also translated from and to the Romani language. The layout and structure of the focus group scenario are presented in Appendix C.

Finally, we used non-participatory direct observation without interaction during the recruitment process to examine participants, their settings and their practices when applying for a job in the project. During this recruitment, we also observed the attitudes and habits of USS Kosice representatives. Furthermore, we directly visited the residences of participants in an effort to capture life in the settlements. For this, we used direct observation of participants with interaction. During the visits to the settlements, we were without USS Kosice representatives, accompanied only by local community workers who, if necessary, also translated from and to the Romani language.

7.2.5 Measures

We collected data on the setting of the project, the characteristics of the participants and on potential mechanisms by which the project could increase employability. Regarding the project setting, we collected data on the project launch, including its circumstances and key personnel, the project's main goal, the type of contracts, financial remuneration and the characteristics of the project participants. Regarding these characteristics, we assessed gender, locality, age and education. Age structure, education

level and average number of workers were calculated based on the overall number of participants since the start of the project in 2002. We further collected data using the CMO framework on potential mechanisms by which the project could increase employability. We understood these mechanisms to be measures (activities, tools, actions) that triggered specific outcomes within a particular context. This regards only mechanisms/measures from the CMO framework. Examples of questions regarding the mechanisms of the CMO framework are shown in Table 7.2.

Table 7.2 Examples of questions in the data collection based on the Context, Mechanism, Outcome (CMO) framework related to mechanisms

Variable	Questions
Mechanisms	Which factors, elements and mechanisms have enabled the project implementation and maintenance (sustainability)? Which factors, elements and mechanisms have precluded and hindered the project implementation and maintenance? Which factors, elements and mechanisms within this project help to increase employability?

7.2.6 Analysis and Reporting

First, we described the project setting (the project background). Second, we assessed the mechanisms potentially leading to increased employability of segregated Roma using the CMO framework. For this second step, we performed a content analysis of the data based on recurrent abstraction, i.e., repetition of reading and summarizing in steps of data coded as relating to the same topics or variables (LeCompte and Schensul 2013). The content analysis was performed separately by three researchers with the aim of finding common themes (searching for themes, reviewing themes, defining and naming themes) in order to identify contexts, mechanisms and outcomes, as seen by stakeholders. Both written notes and the recordings, after transcription, were coded manually. The answers regarding the mechanisms were given sub-codes, as in a typical qualitative analysis. At the end, the results of the separate analyses by three researchers were compared, and differences were discussed and resolved. Lastly, the final version was discussed, agreed on and finalized. Labels of individual mechanisms and three types of mechanisms were determined following consensual discussions among the researchers.

7.3 Results

7.3.1 Project Setting

The study was conducted in the setting of the Equality of Opportunity project. This project was financed by USS Kosice and carried out in cooperation with the municipalities comprising the adjacent Roma

settlements. USS Kosice, an integrated steel producer, is a subsidiary of the United States Steel Corporation headquartered in Pittsburgh, USA, and the largest private employer in eastern Slovakia. The project was initiated in 2002 by the first president of USS Kosice, who offered job vacancies in response to a request for support to reduce a number of problems (increasing levels of criminality and debts and a high level of unemployment) in the nearby Roma settlement. USS Kosice offered Roma jobs with a significantly higher salary than the minimum wage and with training, while municipalities covered the selection of the candidates. Successful candidates formally became employees of the municipality but were assigned to USS Kosice for temporary work. USS Kosice has created around 170 jobs for segregated Roma since 2002 (having 0 jobs of this kind before this initiative). More extensive information can be found in Bosakova (2018).

Project participants were all males and came mainly from three settlements that were within a 15 km radius of the USS Kosice plant. Ages of participants ranged from 18 to 60 years, and nearly three quarters were aged 21–40 years. Most project participants had completed only primary school (Table 7.3).

Table 7.3 Characteristics of the project participants

Characteristics *		Share (%)
Education	primary school	56%
	secondary school without graduation	18%
	secondary school with graduation	26%
Age structure	18–20	8%
	21–30	38%
	31–40	33%
	41–50	13%
	51–60	8%
Locality	Velka Ida ¹	52%
	Kosice-Lunik IX ²	19%
	Kosice-Saca ³	29%

Note: * The average number of project participants per year was 111; ¹ Velka Ida is a village in the immediate vicinity of USS Kosice with a segregated Roma settlement; ² Kosice-Lunik IX is a city district of Kosice close to USS Kosice, and is the biggest Roma urban settlement in Slovakia; ³ Kosice-Saca is a city district of Kosice with a Roma urban ghetto close to USS Kosice.

7.3.2 Mechanisms Related to Increased Employability of Segregated Roma

Informants perceived three types of mechanisms that lead to an increase in the employability of segregated Roma. The first type concerned formal job mechanisms (Figure 7.1), with sub-mechanisms such as appropriate employment and salary offer and a bottom-up approach in capacity

building. Table 7.4 provides examples of the narratives of the different interviewed agents and how they were obtained (e.g., focus groups, interviews, etc.) for the topics related to formal job mechanisms.

The second type of mechanism involved sustainability mechanisms (Figure 7.1), with sub-mechanisms such as the personal profile of project and work shift coordinators, the offer of continuous training and cooperation with relevant stakeholders (municipalities, community centers, other NGOs, etc.) Regular monthly meetings and agreement on temporary work assignments (between the municipality and company) were also mentioned but only by professionals and public authorities. Table 7.5 provides some examples from the narratives of the different agents interviewed and how they were obtained (e.g., focus groups, interviews, etc.) for the topics related to sustainability.

The third type of mechanism involved cultural mechanisms (Figure 7.1), with sub-mechanisms such as personal contact with project participants, attention for less-voiced groups (like children), motivation of project participants, the counter-value reciprocity approach, and respect for the specifics of Roma history. Table 7.6 provides some examples of the narratives of the different agents interviewed, and how they were obtained (e.g., focus groups, interviews, etc.) for the topics related to the cultural mechanisms that frequently arose during the data collection.

Table 7.4 Quotes illustrating findings related to formal job mechanisms that generated outcomes relating to the increased employability of segregated Roma, categorized by sub-mechanisms

Quotes	Sub-Mechanism
<p><i>"Regarding the job category, participants perform work appropriate to their level of education attainment. These are at the beginning, in particular, auxiliary and cleaning jobs. But there is, of course, the possibility of getting more professional jobs, such as work in the Divisions [divisions of the USS Kosice]. ... Promotion to a skilled and better-paid position depends above all on the willingness to learn, on a consistently good performance and on safety at work."</i> (Representative of USS Kosice, in-depth semi-structured interview)</p>	Appropriate employment and salary offer
<p><i>"They are not sitting at home, where they would regress more. ... Of course it is not a position with huge intellectual growth. It offers rather human growth and the growth of positive habits. The project lifts them [project participants] out of misery. It gives them [project participants] value and freedom. That is why many [project participants] like to work there [in the project] ...dignity and self-worth. There are also many [project participants] who leave for a better job elsewhere, and that is ok, it is great! This job [in the project] helped them to grow and to be successful on the labor market."</i> (Priest and Nun at Kosice-Lunik IX, in-depth semi-structured interviews)</p>	
<p><i>"What is important here is that the basic salary is already significantly higher in the first skill category than the minimum wage, so they [project participants] are motivated to work in the project. ... Moreover, they also get a thirteenth and fourteenth [monthly] salary and various bonuses."</i> (Officer from the City Council of Kosice, in-depth semi-structured interview)</p>	
<p><i>"The financial remuneration [of project participants] has been gradually increased over the years. Now [at the time of the interview], their [project participants] gross wage is more than 30% higher than at the beginning of the project in 2002. Wages also rise, by a further 15% after completion of the training [Operation of belt conveyors]. Project participants are also entitled to the relevant bonuses, for example, for difficult working conditions [shift work, etc.] or as a result of a positive monthly evaluation. A further increase [in a project participant's wage] is similar as with permanent employees, under the collective agreement."</i> (Representative of USS Kosice, in-depth semi-structured interview)</p>	
<p><i>"We are getting better; we live better [than those who do not work in the project]. We can afford more."</i> (Wife of a project participant, Informal unstructured interview)</p>	
<p><i>"Everything is done gradually. The selection process consists of five bottom-up phases. Advancement, when shifting to the higher skills category or from temporary to permanent employment, is also gradual."</i> (Representative of USS Kosice, in-depth semi-structured interview)</p>	Bottom-up approach in capacity building
<p><i>"The system [labor market in general; work opportunities for segregated Roma in general] is set so that they [government; other companies] throw you into the water and you're supposed to swim [even if you can't]. Here [USS Kosice project] they [USS Kosice] will teach you to swim first."</i> (Community worker, Informal unstructured interview)</p>	
<p><i>"It [bottom-up capacity building] provides sufficient time and space to adapt for both participants and coordinators."</i> (Officer from the City Council of Kosice, in-depth semi-structured interview)</p>	
<p><i>"It [bottom-up capacity building] ensures adequate time and space. Roma [project participants] have time to become familiar with the majority rules and also time to increase their skills and qualifications. And coordinators have time to understand them [project participants], create or modify some rules and also to map all the participant and their abilities and to give those who are the most reliable the opportunity to grow."</i> (Representative of USS Kosice, in-depth semi-structured interview)</p>	
<p><i>"The process of getting a job in the project is not easy. If the candidates are successful and also take part in some training, their chances of succeeding on the labor market grows rapidly."</i> (Representative of USS Kosice, in-depth semi-structured interview)</p>	

Table 7.5 Quotes illustrating findings related to the sustainability mechanisms that generated outcomes relating to increased employability of segregated Roma, categorized by sub-mechanisms

Quotes	Sub-Mechanism
<p><i>“Foremen, as well as other coordinators who work with participants on a daily basis, perform a really admirable activity. They expend an enormous effort every day, because this work is not at all easy. It seems that for them this is not only a job, but a mission.”</i> (Local authority of Velka Ida, in-depth semi-structured interview)</p>	Personal profile of project and work shift coordinator
<p><i>“Not just anyone can be involved in such work. The success of such a project always depends on coordinators who are patient, manful and who want to change something in the society.”</i> (Representative of USS Kosice, in-depth semi-structured interview)</p>	
<p><i>“I think that good collaboration and communication between USS Kosice, the municipalities and the City Council leads to 50% of the project success”</i> (Officer from the City Council of Kosice, in-depth semi-structured interview)</p>	Cooperation with various stakeholders
<p><i>“The company [USS Kosice] was involved in the establishment of the community center in Velka Ida and has cooperated with the community centers in Kosice-Lunik IX and Kosice-Saca We [USS Kosice] collaborated with the non-profit organization ETP Slovakia on various projects [Chance for the Roma; Community on the way to prosperity] aiming to increase the education of Roma children, young people and adults, with the main target group being project participants and their families.”</i> (Representative of USS Kosice, in-depth semi-structured interview)</p>	
<p><i>“They [USS Kosice] closely collaborate with the local schools, involve children in various projects and so on. In the community center [in Velka Ida, co-established by the USS Kosice], various training, workshops and courses are carried out.”</i> (Community worker, Informal unstructured interview)</p>	
<p><i>“...as already mentioned, one of the project objectives is also to upgrade the skills of participants; therefore, they [project participants] have the opportunity to regularly attend various kinds of training related to but also not directly related to their work.”</i> (Representative of USS Kosice, in-depth semi-structured interview)</p>	Training
<p><i>“The training offered by the Labor Office is not helpful. The training in the project is at least practical, for example, for another job, too.”</i> (Wife of a project participant, Informal unstructured interview)</p>	
<p><i>“Roma from the settlements do not have [as unemployed persons] any chance to gain or to improve their qualifications. Even the training offered by the Labor Office is inadequate and impractical. The project therefore has a substantial impact on improving their [project participants] skills and qualifications [via offer and support of attendance in various kinds of training].”</i> (Local authority of Velka Ida, in-depth semi-structured interview)</p>	
<p><i>“The process of getting a job in the project is not easy. If the candidates are successful and also take part in some training, their [project participants] chances of succeeding on the labor market grows rapidly.”</i> (Representative of USS Kosice, in-depth semi-structured interview)</p>	

Table 7.6 Quotes illustrating findings on the cultural mechanisms that generated outcomes related to increased employability of segregated Roma, categorized by sub-mechanisms

Quotes	Sub-Mechanism
<p><i>"For them [project participants], a serious problem [related to work attendance] is that they have many children [more than non-Roma]. You have to realize it because, you know, ... I didn't have [kids] back then, now I do, and back then I didn't [realize, understand] ... but ... what about with all those kids, right? ... and when they have 10, sometimes 12 children and always [often] have to be at home, or take them to the doctor... so I said [back then]: "Why you? Why the father? Why not the mother?" ... So he [project participant] said: "We have 10 kids, so where should I leave them?" ... It's not like that, just like with the whites [non-Roma], that if they don't go to work, or whatever, we can simply terminate [employment] ... it is not possible here, because if we had this set up, you know, exactly the same, you are not at work [often], you are fired, maybe we wouldn't sit here today and the project wouldn't exist anymore." [Researcher: So you have a little more benevolent approach?] Yes ... we have to ... yes ... we have to be [more benevolent] because otherwise it wouldn't work." (Local authority of Velka Ida, in-depth semi-structured interview)</i></p>	Respect for the specifics of Roma history
<p><i>"Most of the participants do not think conceptually, but rather impulsively, which often leads them to leave the job because of trifles. They [project participants], however, almost always come back. And we give them another chance." (Representative of USS Kosice, in-depth semi-structured interview)</i></p>	
<p><i>"The Roma react impulsively. There is often nothing behind it, just momentary dissatisfaction or confusion. Regarding the job, oftentimes, they find something displeasing and leave, but then they almost always return. It is important to understand that this is not the mentality or lack of capacity, it is the way they have seen from childhood people around them face up to inner conflicts." (Cultural anthropologist, in-depth semi-structured interview)</i></p>	Respect for the specifics of Roma history
<p><i>"Some of them [Roma] come and work [become a project participant], some come, work for a while [are in the project] and leave, for example to England, and then come back and ask to work in the project again. And they [USS Kosice] allow them [former project participants] again." (Wife of a project participant, Informal unstructured interview)</i></p>	
<p><i>"...I have motivation there [USS Kosice project]. I want to join the core staff one day in the future. I see they [core staff] have better salaries there, you know [smile]. So that is the better motivation there, you know [smile]. But I don't complain, it is good, still better than a material need benefit of 60 Euros [material needs benefit payment provided by the Office of Labor, Social Affairs and Family for unemployed or low-income families]." (Project participant, in-depth semi-structured interview)</i></p>	Motivation of project participants
<p><i>"We selected each year the three best participants [according to attendance, performance and adherence to safety rules] and those joined the core staff. This dragged them [project participants] to work. To join the core staff was the strongest motivation for them [project participants]. They [project participants] wanted it very much, because they [project participants] knew that if they were core staff, they would be much better-off, because core staff earn huge money. They [project participants] were still waiting at the end of December to see who will be picked and who will join the core staff in January ... they wanted this very much ... they had a goal ... when it was interrupted [the possibility of joining the core staff was temporarily suspended in 2008 due to the economic crisis, when USS Kosice did not create any new jobs even outside the project], they lost their motivation." (Local authority of Velka Ida, in-depth semi-structured interview)</i></p>	
<p><i>"The introduction of a remuneration for attendance, safety and performance led to huge motivation. It helped a lot. Attendance improved, performance improved and adherence to safety did so as well." (Representative of USS Kosice, in-depth semi-structured interview)</i></p>	
<p><i>"Non-financial motivation is also widely used. For example, organization of social and cultural events, in which project participants, their children and families are involved together with representatives of USS Kosice. These events have a huge success and seem to have even a considerable motivational and integrative character." (Representative of USS Kosice, in-depth semi-structured interview)</i></p>

Figure 7.1 CMO framework of mechanisms leading to increased employability of segregated Roma

7.4 Discussion

We explored the potential mechanisms of a public-private Roma employment project in terms of increased employability. As mentioned in the Results, we found three types of mechanisms. The first type was formal job mechanisms, such as an appropriate employment and salary offer and a bottom-up approach in capacity building. The second type involved sustainability mechanisms, such as the personal profile of the project and work shift coordinators and the continuous offer of training and cooperation with the relevant stakeholders (municipalities, community centers, other NGOs, etc.) Regular monthly meetings and agreement on temporary work assignments (between municipality and company) were also mentioned but only by professionals and public authorities. The third type consisted of cultural mechanisms, such as personal contact with project participants, attention to less-voiced groups such as children, motivation of project participants, a counter-value reciprocity approach and respect for the specifics of Roma history. Stakeholders considered these three types of mechanisms to lead to an increase in the employability of segregated Roma. We will further discuss these results, i.e., the three main groups of mechanisms, in more detail.

7.4.1 Formal Job Mechanisms

Informants mentioned appropriate work and salary offer and a bottom-up approach to capacity building as the formal job mechanisms that led to the better employability of segregated Roma. In terms of increased employability, this group of mechanisms may help them gain work experience, acquire skills and improve knowledge and motivation to maintain employment. An appropriate work offer is aligned with the current capabilities of this workforce but does not have to be only menial (Hyde 2006), and together with bottom-up approach, it offers an opportunity to move forward (Bosakova 2018). A bottom-up approach allows gradual building of individual capacity and resilience and thus enables participants to learn new skills and access employment (Stateva et al. 2018). It presents a gradual step-by-step approach helpful in acquiring or refreshing working habits as well as gaining skills, qualifications and experience (Kolesarova 2012). This approach also gives project participants enough time to adapt and become familiar with the rules of the majority and for project coordinators to map all participants and their abilities, giving them the opportunity to develop but also to understand the specifics of Roma history (Bosakova 2018). In regard to the salary offer, Roma often receive lower wages than non-Roma (Hyde 2006), which may discourage job-seeking and mostly motivate someone to remain on social benefits (Zabarauskaite and Skackauskiene 2014). Public-private partnerships may help here to ensure sufficient, appropriate and equal

opportunities for Roma by the entry of private capital (with a salary higher than the minimum wage or the sum of social benefits) on the private side and the monitoring of equality (with the salary equal to non-Roma) on the public side. In addition, decision-makers, when tackling the problem of hard-to-employ-groups such as segregated Roma, could consider a bottom-up approach enabling gradual capacity and resilience building.

7.4.2 Sustainability Mechanisms

Informants further mentioned a number of mechanisms, such as the personal profile of the project and work shift coordinators, the continuous offer of training and cooperation with relevant stakeholders (municipalities, schools, NGOs, community centers, etc.), which may contribute not only to the sustainability of the project but also to the sustainability of the participants' involvement in the project. In terms of increased employability, this group of mechanisms can help develop personal attributes and understanding, improve knowledge and enhance skills also beyond work. The coordinator's profile in terms of being a person with adequate capacity and skills is one of the critical success factors (Stateva et al. 2018). Musinka (2012) also highlights a strong personality, assiduity and tenacity as some characteristics, which coordinators in this kind of project should have in order to be successful. Training helps to increase productivity and provides incentives to remain in employment (UNDP 2005). Roma themselves often perceive the training offered by public institutions as inadequate and useless with regard to their chances on the labor market (Hurrle et al. 2012). These include, for example, training in managerial skills, often regarded by Roma useless given their chances to access managerial positions. Thus, to be effective, the offer of training needs to be up to date and in line with the current labor market requirements for Roma (European Economic and Social Committee 2018; European Platform for Roma Inclusion 2017), which could also be ensured by public-private partnerships. Such training could, for example, reflect the increasing importance of the Information and Communication Technologies (ICT) sector in the region and the high demand for ICT workers. This kind of training could further reflect shortages in the labor force of public services in the region, such as health care and social work services. Cooperation with stakeholders (municipalities, community centers, other NGOs, etc.) is important for sustainability (Kolesarova 2012). It also strengthens a project's capacity to address important issues beyond employment, mainly by connecting and combining the knowledge, capacities, experience, skills and networks of the individuals and institutions involved. Cooperation with municipalities, which often know all of their inhabitants personally, may help to recruit suitable Roma employees, improve ties with the community as a whole (UNDP 2005) and solve potential issues directly (Bosakova 2018). Cooperation

with community centers and other NGOs may help with providing social services, together with mentoring, counselling and assistance to segregated Roma, their families and the whole community. These stakeholders can serve as a local partner and/or mediator between a company and segregated Roma employees. Moreover, Nasture (2005) points out that non-existent or problematic cooperation among stakeholders is a significant barrier in Roma employment initiatives. Adequate prevention of and coping with such cooperation should be seriously considered when designing employment projects for segregated Roma.

Regular monthly meetings and agreement on temporary work assignments (between municipality and company) were also mentioned as promoting sustainability but only by professionals and public authorities. Regular monthly meetings provide coordinators room for evaluation, enable better monitoring of what works (Stateva et al. 2018) and provide space for engaging participants, where their ideas can be freely presented and considered (Bosakova 2018). Agreements on temporary work assignments (between municipality and company) present a model of employee leasing, where employees are employed by the municipality but perform their work at a private company. The private company provides an employment opportunity and a salary but leaves administration to the public organization, which enables them to focus more deeply on the project and its participants. This also has huge potential in terms of engaging private companies to employ segregated Roma and consequent initiation of a much-needed dialogue within the business community regarding zero tolerance to discrimination and prejudice in the workplace (UNDP 2005). However, the temporary character of this model may affect employees negatively; therefore, the possibilities of more stable work should also be considered. Regular monthly meetings could help increase segregated Roma engagement as well as help perform ongoing evaluation and follow-up improvements of the project. Agreements on a temporary work assignment (between municipality and company) could be an appropriate initial model for engaging private companies to employ segregated Roma.

7.4.3 Cultural Mechanisms

Informants further mentioned a number of mechanisms related to culture that could enhance the success of public-private partnerships in relation to the employability of segregated Roma, such as personal contact with project participants, attention for less-voiced groups like children, motivation of project participants and respect for the specifics of Roma history. In terms of increased employability, this group of mechanisms may help to develop personal attributes, improve knowledge and understanding and increase the motivation to gain and maintain employment.

Personal contact, as a mechanism that may increase the employability of segregated Roma, is crucial, when we consider the stigmatization of Roma outside the settlement and the often tense relationships between Roma and non-Roma (Belak 2019). This supports the so-called contact hypothesis, i.e., that personal contact reduces discrimination and stigmatization (Paluck, Green and Green 2019). Personal contact enables the sharing of information, experiences and feelings and thus the forming of stronger ties outside the settlement (Musinka 2012). This is important, as non-Roma typically lack information regarding most aspects of everyday life in a Roma settlement and believe that Roma are naturally unable to maintain non-Roma standards (Belak 2019). Non-Roma also often lack experience and information on the efforts that Roma have to make in regard to employment and the constraints they have to face (Belak 2019). Personal contact also enables an understanding of the wider family and community issues that Roma face and is crucial to developing trust between Roma and non-Roma—a key to success in this kind of project (Stateva et al. 2018). When operating an employment project for segregated Roma, decision-makers should emphasize this mechanism.

Informants also mentioned attention for less-voiced groups like children as a mechanism related to increasing the employability of segregated Roma. This mechanism is based on the life course way of thinking and includes close cooperation with local primary schools (financial and practical support) but also the involvement of children in various projects, attempting to motivate them to complete primary education and continue their studies at least at partner vocational schools (Bosakova 2018). This is crucial, as youth lacking appropriate means to complete their education and exposed to dominant self-exclusionary views and misinformation gradually resign (Belak 2019) and most likely become adults who lack the means and motivation to continue their studies and/or become employed. Such activities may be part of all projects of this kind, as they include motivation and encouragement of children to acquire an education and skills that could increase their opportunities on the labor market in the future.

Motivation, a counter-value reciprocity approach and respect for the specifics of Roma history were seen as other mechanisms that may help to increase the employability of segregated Roma. Non-Roma often act towards the Roma in a discriminatory and racist manner, and even honest attempts to provide support to Roma, typically drawn on various misinformed concepts, are practically inapplicable (Belak 2019). Motivation in terms of encouraging, evaluating good results and appreciating is essential for increasing the employability of segregated Roma (Musinka 2012). In addition, a counter-value approach in terms of reciprocity and supporting engaged attitudes seems to be important when tackling the employability of segregated Roma (Bosakova 2018).

Specifics of Roma history have influenced the creation of several barriers, such as inter-generational poverty and the self-exclusionary ideologies of segregated Roma, together with different perception of values, which most likely have influenced the relationship of the community to employment and education (Belak 2019; Bosakova 2018) and led to their poor employability (O'Higgins and Ivanov 2006). Therefore, trustful, inter-ethnic understanding and awareness of internal community complexities, past histories, culture, differences and aspirations are preconditions for establishing meaningful cooperation (Stateva et al. 2018).

7.4.4 Added Theoretical Value

This study addressed the mechanisms by which a public-private Roma employment project could increase employability, departing from a constructed program theory (Astbury and Leeuw 2010) of the project concerned. Our findings generally confirm the line of thinking that was behind this project, i.e., that a public-private partnership leads to an appropriate work setting, which further leads to positive experiences at work, and these lead to better skills, resulting in improved chances for work and for obtaining better work, which then improves chances for better health. Our findings also contribute to the theory of hard-to-employ groups (Harrison and Brown 1970) and its following idea of using different strategies and greater public-private partnership involvement for employing hard-to-employ groups (Robinson 1978). They can also further be explained based on the central theory that was the basis of the whole project, i.e., the theory of social determinants of health (Dahlgren and Whitehead 1991). The study adds to that theory a detailing of the mechanisms by which these determinants act specifically for such a deprived group as Roma: formal job mechanisms, sustainability mechanisms and cultural mechanisms. It provides similar added value to the theory of health inequalities (Marmot 2010).

7.4.5 Strengths and Limitations

Our study has several strengths, the most important one being its wide range of informants and sources, which enabled various perspectives to be identified. This approach increased the robustness and transferability of the findings. However, some limitations need to be mentioned. We used a qualitative design for analyzing this particular best practice, which does not allow generalization to other communities. We think, however, that our findings represent a typical example of the issues related to highly deprived groups like Roma. Furthermore, social desirability may have affected the responses. However, we used a multi-informant strategy to get a full picture.

7.4.6 Implications for Practice, Policy and Research

The results of our study have implications for improving social policies. They imply that policymakers could consider public–private partnerships for increasing the employability of segregated Roma but with an emphasis on ensuring transparency to prevent any abuse. Such partnerships could provide gains in equal work and salary opportunities for all, regardless of ethnicity. Further, gradual capacity building via a bottom-up approach and training with respect to the specifics of Roma history may also be considered when designing similar projects. In addition, policymakers should address a wider range of social needs simultaneously by reinforcing mutual cooperation with the relevant stakeholders, such as municipalities, community centers and other NGOs. Thus, they need to coordinate simultaneously across different fields covering not only employment but also education, housing, health and family, as the employability of individuals is often interrelated with other dimensions as well as with the employability of their family and wider communities, which need to be addressed as well.

A next step in future research may be to develop a longitudinal quantitative study to assess the actual impact of such a program over time, as well as the mediators of these effects and the degree to which various contextual factors moderate these associations. Future research could also assess more in-depth mechanisms on the employability of Roma in other regions or settings, which may yield large gains in the employment of this deprived group.

7.4.7 Conclusions

We conclude that potential mechanisms exist within a public–private Roma employment project that may help to increase employability of segregated Roma. The identified mechanisms are related to formal job mechanisms, such as appropriate and equal employment and salary opportunities, and gradual capacity building, which together could help segregated Roma gain work experience and skills and improve their knowledge and motivation to maintain employment. There are also sustainability mechanisms, such as the personal profile of the project and work shift coordinators, an offer of continuous training and cooperation with the relevant stakeholders (municipalities, schools, NGOs, community centers, etc.), which may help to develop personal attributes and understanding, improve knowledge and also develop skills other than working skills. Lastly, there are also cultural mechanisms, which may help segregated Roma develop their personal attributes and improve their knowledge and understanding and increase the motivation to gain and maintain employment. These relate to personal contact with participants, attention for less-voiced groups like children, motivation of participants,

a counter-value reciprocity approach and respect for the specifics of Roma history. The identified mechanisms could help increase the employability of segregated Roma and thus their actual employment, which may help improve their living situation in a disadvantaged setting.

Appendix

Appendix A. Stages of the Performed Qualitative Study

Phase	Description	Time-Table
1. Study protocol	elaboration of study protocol: objectives of the study, timetable set-up, field collection procedures, data collection procedures, analytic strategy	January 2013
2. Preparation for data collection	specifying of sites to be visited, data collection plan, contacting the respondents	February–March 2013
3. Data collection	collecting and studying of internal documents and previous studies (relevant academic and grey literature)	March–September 2013 January–October 2015 June–December 2016 January 2017–February 2018 March 2018–May 2019
	presence in recruitment process	March 2013
	direct observation	April; June; November 2013 January; September 2014 December 2017 March 2018
	in-depth face-to-face semi-structured interviews	April–July 2013
	focus groups	April–July 2013
	face-to-face unstructured interviews	November 2013
4. Data processing/ analysis	content analysis: transcription, coding, recursive abstraction (searching for themes, reviewing themes, defining and naming themes), writing and finalising	July 2013–January 2014 June–October 2015 June–December 2016 January 2017–February 2018 March 2018–May 2019

Appendix B. Structure of the Semi-Structured Interviews

1. Project initiation—human resources, financial assurance, social situation, legislation, material and technical support, locality...
 - a. What are the circumstances of the project initiation? Why do you think this project was created? (physical neighborhood, high crime, high unemployment rate, available and cheap labor force....) (*Why and how was the project initiated?*)

- b. Which factors, elements and mechanisms (tools, instruments) affected the project start-up in a positive and a negative way? (legislation, local authorities, financial assurance, material and technical support....)
(Why and how has the project initiation been supported? Why and how has the project initiation been limited and restricted?)
2. Project implementation and maintenance—human resources, financial assurance, social situations, legislation, material and technical support, locality....
- c. Which factors, elements and mechanisms (tools, instruments) have enabled project implementation and maintenance (sustainability)?
(Why and how was the project implemented? Why and how has the project been maintained?)
- d. Which factors, elements and mechanisms (tools, instruments) have precluded and hindered project implementation and maintenance? (Legislative—existing social support scheme, Labor Code, fluctuation....) *(Why and how has project implementation and maintenance been supported? Why and how has project implementation and maintenance been limited and restricted?)*
3. Project impact and outcomes
 - a. What do you think: what are the (positive and negative) outcomes of this project?
 - b. What do you think: does the project have an impact on the rest of the community? If yes, why and how? If not, why?
 - c. What do you think: does the project have an impact on increasing employability? If yes, why and how? If not, why? (Which factors, elements and mechanisms within this project help to increase employability?)
4. Well-being and health (health equity)
(Why and how has the project affected health (health equity)? How may the project affect health (health equity)?)
 - a. Do you think the project improves the chances of participants, their families and children to be healthier? If yes, why and how? If not, why?
 - b. Are the project participants in better shape than those from their surroundings who are not involved in the project? (Those employed and unemployed who are treated only by the existing health care system etc.) If yes, why? If not, why?
 - c. Do the project participants have better health and living conditions than those from their surroundings who are not participating in the project? (Those employed and unemployed who are treated only by the existing health care system, etc.) If yes, why? If not, why?

Specific investigator's questions to keep in mind during the data collection!

What is the context of the project initiation? What is the context and what are the elements and mechanisms that enabled the successful implementation of the project and its maintenance?

What is the context and what are the elements and mechanisms that precluded and hindered the successful implementation of the project? (Barriers and limits of project initiation, implementation and maintenance).

What is the connection between the project and health equity? (Does the project have the impact on health equity?)

Appendix C. Scenario of the Focus Group Interviews

1. Presentation of the researchers,
2. Presentation of the study focus,
3. Short presentation of the participants
4. Questions:
 - a. Project creation
 - Why do you think this project was created? (What are the circumstances of the project initiation?)
 - Do you know how this project was created?
 - Were there any obstacles at the beginning? (Which factors, elements and mechanisms affected the project start-up in a negative way?)
 - Was there any support at the beginning? (Which factors, elements and mechanisms affected the project start-up in a positive way?)
 - b. Project now
 - Are there any obstacles now? (Which factors, elements and mechanisms preclude and hinder the project maintenance?)
 - Who or what presents the main support of the project? (Which factors, elements and mechanisms enable and support the project maintenance?)
 - c. Project outcomes
 - What do you think: what are the (positive and negative) outcomes of this project? (What are the positives about this project? What are the negatives about this project?)
 - What do you think: does the project have an impact on the rest of the community? If yes, why? If not, why?
 - What do you think: does the project have an impact on increasing employability? If yes, why and how? If not, why?

(Which factors, elements and mechanisms within this project help to increase employability?)

- d. Project versus well-being and health
- Do you think the project improves the chances of participants, their families and children to be healthier? If yes, why and how? If not, why?
 - Are the project participants in better shape than those from their surroundings who are not involved in the project? (Those employed and unemployed who are treated only by the existing health care system etc.) If yes, why? If not, why?
 - Do the project participants have better health and living conditions than those from their surroundings who are not involved in the project? (Those employed and unemployed who are treated only by existing health care system etc.) If yes, why? If not, why?

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8 / General discussion

General discussion

This thesis focused on socioeconomic differences in health, with improving education and employability as major means of combatting the intergenerational transmission of poverty. The thesis tried to contribute to the understanding of socioeconomic inequalities and their major determinants in the Central European region and to considering possible ways of breaking the cycle of poverty. This final chapter summarises and discusses the main findings of this thesis related to the research questions outlined in Chapter 1. It also describes the strengths and limitations of the presented studies while also indicating possible implications of the findings in terms of future research, practice and policies. Finally, it provides some brief conclusions.

8.1 Main findings

Research question 1: Do unemployment, poverty and education contribute to health inequalities in mortality in Visegrad countries – the Czech Republic, Hungary, Poland and Slovakia?

We found a strong relationship between mortality and all socioeconomic indicators in the regions of the V4 countries. Unemployment was significantly associated with mortality due to respiratory system diseases. Poverty and social exclusion contributed to mortality related to the circulatory and respiratory systems. A lower education level was significantly associated with all-cause mortality as well as with mortality for all four selected causes of death. Overall, the lowest mortality rates for all causes of death were found in regions of the Czech Republic, whereas regions of Hungary showed the highest mortality rates.

Research question 2: Do learning difficulties, disruption in the social context and family affluence contribute to adolescents' school satisfaction as a predictor of educational trajectory?

We found that boys were more likely than girls to be indifferent (disliking school and not valuing education) than to be satisfied (liking school and valuing education) and to be indifferent than to be inconsistent (disliking school but valuing education or vice versa). We further found that children who reported learning difficulties were more likely to be inconsistent than to be satisfied, to be indifferent than to be satisfied and to be indifferent than to be inconsistent compared to children without learning difficulties.

In addition, children with a disrupted social context were more likely to be inconsistent than to be satisfied and to be indifferent than to be satisfied compared to children without such disruptions. Finally, children with low family affluence were, compared to children with high family affluence, more likely to be indifferent than to be satisfied and a higher chance to be indifferent than to be inconsistent.

Research question 3: How do adults and children perceive the impact of social policies connected to unemployment on well-being in the household and do their views differ?

We found 51 statements (items) that could be grouped into four clusters related to: support to children and education; current workforce and labour market policies; help to disadvantaged groups; and service and support from the labour office. We found that adults rated the cluster related to current workforce and labour market policies as the most important and urgent, and children the cluster related to help to disadvantaged groups as the most important and urgent. Both groups rated the cluster related to service and support from the labour office as least important.

Research question 4: What are the outcomes of a public-private Roma employment partnership regarding increased employability and improved well-being and health?

We found that stakeholders thought Roma employability might increase via improvement in their work ethic and working habits, education, expected skills acquisition and an increase in self-confidence and social inclusion. We also found several areas contributing to the well-being and health of segregated Roma that could improve via their increased employability, the most important being a stable income, an improvement of their precarious housing, crime reduction, better hygienic standards, improved access to prevention and better mental resilience.

Research question 5: What are the mechanisms by which a public-private Roma employment partnership could increase employability?

We found three types of mechanisms that could increase the employability of Roma. The first type was formal job mechanisms, such as an appropriate employment and salary offer, and a bottom-up approach in capacity building. The second type involved sustainability mechanisms, such as the personal profile of the project and of work-shift coordinators, and the offer of continued training and cooperation with the relevant stakeholders (municipalities, community centres, NGOs, etc.). Regular monthly meetings and agreement on temporary work assignments (between a municipality and a company) were also mentioned, but only by professionals and public authorities. The third type regarded cultural mechanisms, such as personal contact with project participants, attention

to less-voiced groups (such as children), motivation of project participants, a counter-value reciprocity approach and respect for the specifics of Roma history (like continuous oppression, discrimination and marginalization).

Figure 8.1 summarizes the above findings in the conceptual framework that was introduced in Chapter 1. In addition, our studies added evidence on several other potential relationships that were not included in the research questions of this thesis (outlined with dashed lines). Our findings indicate that well-being and health itself may have an impact on other factors (poverty, (un)employment, employability, education) and on other actors (community, family, school, government, private enterprises) (orange dashed line) which may in turn contribute to health inequalities. There is also most likely a relationship among the actors themselves as well as a relationship among actors and the examined factors (blue dashed line). These relationships may affect our findings and therefore they have also been included in the further discussion.

8.2 Discussion of the main findings

This section discusses the main findings of this thesis within the framework of the key constructs outlined in Chapter 1, see Figure 8.1. They are framed based on three topics, i.e. what this thesis adds to evidence regarding the cycle of poverty, in particular in the Central European setting; what this thesis adds on breaking that cycle; and what this thesis adds regarding the use of a mixed-methods design to assess these two topics.

8.2.1 The cycle of poverty: from poor education to increased mortality (RQ1-RQ2)

There are still many people trapped in the cycle of poverty in the Central European region. This is reflected in the large health inequalities which are, despite various efforts, still present in this region. Education seems to play an important role here. We found low education to be the most significant predictor of premature mortality in V4 countries. As previous research has shown, people with higher levels of education are able to protect themselves better against increased health risks and/or are able to benefit more from new opportunities for health gains (Mackenbach 2006). Education may affect health either directly, through knowledge and skills acquired, or indirectly, through its influence on future employment and income (Galobardes et al. 2007). Higher education also enables better working conditions and influences lifestyle (Rychtarikova 2004). Thus, it seems that education offers an opportunity to escape the cycle of poverty. However, if it is not successful, then low education is the maintainer of that cycle (Walker et al. 2019). Public health policymakers as well as researchers should pay extra attention to education in the V4 countries in order to tackle health inequalities and reduce health gaps in this region.

Figure 8.1 Model of the relationships between the key constructs examined in the thesis

Education can thus be a powerful engine for achieving greater equality (Walker et al. 2019), making low education a major indicator for low SES but also showing the need to maximise the likelihood of a successful school career to break this cycle of poverty. People who lack education are less likely to have a generous income and are more likely to be deprived in all sorts of other dimensions of well-being, including health (Curtis 2018). However, some children, such as those born in poverty, are particularly at risk and have only limited access to education (UN 2020). Children from low SES parents are much less likely to perform well at school (OECD 2019). They have a disadvantaged position at school because they lack an academic home environment, which influences their academic success (Thomson 2018). School success goes hand-in-hand with school satisfaction, and school satisfaction leads to liking school and valuing education. School satisfaction in terms of liking school and the attitude towards education is probably one of the important factors influencing the educational trajectory of children (OECD 2013; Gorard et al. 2012; Li et al. 2010). In order to help the most vulnerable children in particular, it is necessary to understand which factors can contribute to or threaten their school satisfaction as a key to their further educational success.

Regarding school satisfaction as a factor contributing to reaching a higher educational level, we found there are various groups at risk, such as boys, children from low affluence families, children with learning difficulties and with a disrupted social context. On top of the personal capacities, school satisfaction also highly depends on the family and school context in which the child is raised. If school keeps children engaged, it increases the chances of closing educational gaps, which may in turn increase the chance of breaking the cycle of poverty in most vulnerable populations. The challenge is to stimulate the transmission of cultural capital. It is necessary for the school to provide preventive and responsive care to ensure an environment where children feel good and are successful, where they are able to receive at least basic functional literacy.

Based on our findings, we may conclude that primary education and schools seem to be crucial for breaking the cycle of poverty. Schools should help children from disadvantaged background to get access to quality education; they should keep children engaged and satisfied. To disadvantaged children and children at risk (such as boys, children from low affluence families, children with learning difficulties and with a disrupted social context), schools should provide a space to like school, which may also lead to them valuing education more. A school should, for example, collaborate with the families of children, to know about their conditions and barriers, to reinforce their internal motivation first and to encourage them, to build the feeling that they are welcome and

accepted at school and belong to the school community. Schools should use active teaching methods, explain the practical use of the curriculum, etc. (Cokyna 2019; Farrington et al. 2012).

8.2.2 Breaking the cycle of poverty: perceptions of children, adults and professionals (RQ3-RQ5)

We also added evidence on ways to break the cycle of poverty regarding two issues, i.e. what could be done in public policies focused on deprived families and communities in general, and what could be done in a particular example of a disadvantaged group, such as segregated Roma. Regarding deprived families and communities in general, we found a series of actions that could be taken based on the opinions of children, adults and professionals. We found that social policies should be focused on four main clusters for better targeted help: support for children and education; current workforce and labour market policies; help to disadvantaged groups; and improved services and support from the labour office. Our results are in accordance with Saunders et al. (2017), who described the same concepts in the context of key policies for addressing the social determinants of health and health inequalities. Our results also perfectly reflect the parts of social policy previously identified as most critical in Slovakia (Schraad-Tischler 2015).

We found that all respondents put the most emphasis on their current work and called for improvement of active labour market policies and employment policies to increase employment and reduce poverty. This is in line with previous research (Auer et al. 2005; Khan 2001). Our findings also support previous research showing the importance of employment in reducing health inequalities (Marmot 2010; CSDH 2008). Thus, based on the perceptions of children, adults and professionals, greater emphasis should be placed rather on keeping people in the labour market and supporting current workers than on returning them to the labour market. However, to provide financial security, social status, personal development and protection from physical and psychosocial hazards, jobs and working conditions need to be sustainable and at least of minimum quality, which requires action at the global, national, but also local level (Marmot 2010; CSDH 2008). One of the basic preconditions should be an adequate wage, which, according to our findings, also seems to be problematic.

Our findings revealed the low level of minimum wage, often also associated with the work abroad, as one of the biggest issues. This is in accordance with Lapshyna and Duvell (2018), who examined perceptions on social policies as a driver of migration aspirations and found insufficient salaries as one of the biggest issues. This probably reflects the perception that an increased minimum wage leads to a higher disposable income, which then has a significant effect on health (Rosicova et al. 2016). Also, a salary offered that is (in economic terms) too low discourages the

unemployed in job-seeking and motivates them rather to remain on social benefits (Zabarauskaite and Skackauskiene 2014). These results suggest that an appropriate income should be seriously considered when tackling poverty and health inequalities. The significant wage gap between Central and Western Europe is also the major reason for work migration (Cook et al. 2011). It seems that children in such families feel abandoned and rejected (Adumitroaie and Dafinoiu 2013), despite the better financial opportunities. Our findings suggest that an inappropriate income at home forces people to work abroad, which might have far-reaching negative consequences on the family. This topic should be intensively discussed when creating and improving social policies.

Based on our findings, appropriate attention should be also given to disadvantaged groups, i.e. groups that have specific difficulties at the labour market. This topic often causes tensions in society, as the public may perceive these groups primarily as being unemployed (Schneider and Ingram 1993) who are less deserving of beneficial policies than, e.g. elderly, sick and disabled people, or the current workforce (van Oorschot 2006). Disadvantaged groups typically experience high or prolonged levels of unemployment, lower education and occupational attainment and lack of employability, among others. Their needs therefore typically go beyond the scope of assistance available at traditional employment offices. In addition to improving traditional assistance to disadvantaged groups, finding new ways of creating employment opportunities for such groups and adequate communication of this issue to the public is also required.

Regarding a disadvantaged group such as segregated Roma especially, we found a way to possibly break the cycle of poverty, besides improving primary education/schooling and social policies. We found that the development of a public-private partnership may help to bring new employment opportunities to this group by increasing their employability. This could be through an improvement of their work ethic and working habits, education, skills acquisition and an increase in self-confidence and social inclusion. However, increased employability of segregated Roma will not always increase their employment opportunities, because other factors, such as anti-Gypsyism, i.e., specific racism towards Roma that regards a wide spectrum of discriminatory expressions and practices including many implicit or hidden manifestations, also affect the degree to which they can get a job (Belak 2019; Albert et al. 2016). This mechanism should be seriously considered and tackled, as it may block the positive effects of increased Roma employability.

We also found several areas of well-being and health of segregated Roma that could improve via their increased employability, the most important being a stable income, an improvement of precarious housing, crime reduction, better hygienic standards, improved access to prevention

and better mental resilience. All of these factors have previously been shown to have a positive impact on well-being and health (World Health Organization 2018a; World Health Organization 2018b; Morrall et al. 2010; Friedli 2009; Adler and Newman 2002). If Roma employment increases due to their improved employability, this may not automatically increase their well-being and health, as some jobs are simply not appropriate to reach that improvement. In many cases, Roma only have access to precarious jobs with low wages (Hyde 2006), which may not result in better well-being and health. This may also be another manifestation of anti-Gypsyism. Public-private partnerships have a huge potential to tackle anti-Gypsyism not only by increasing assets in terms of offering equal work opportunities, but also by initiating a much needed dialogue within the business community regarding zero tolerance to discrimination and prejudice in the workplace (UNDP 2005). These issues should be addressed in order to indeed realise the better well-being and health of segregated Roma as result of their increased employability.

We found that a Roma employment project based on a public-private partnership may increase the employability of segregated Roma as well as improve their well-being and health. We further found three types of mechanisms that may help to replicate this best practice. The first type was formal job mechanisms, such as an appropriate employment and salary offer and a bottom-up approach to capacity building. The second type involved sustainability mechanisms, such as the personal profile of the project and work-shift coordinators and the continuous offer of training and cooperation with the relevant stakeholders (municipalities, community centres, NGOs, etc.). Regular monthly meetings and agreement on temporary work assignments (between a municipality and a company) were also mentioned. The third type regarded cultural mechanisms, such as personal contact with project participants, attention to less-voiced groups (such as children), motivation of project participants, a counter-value reciprocity approach and respect for the specifics of Roma history (like continuous oppression, discrimination and marginalization). All these mechanisms have been previously mentioned in the literature (Belak 2019; Bosakova 2018; Stateva et al. 2018; Kolesarova 2012; Musinka 2012; Hyde 2006; O'Higgins and Ivanov 2006; UNDP 2005). Their combination, however, seem to be key for optimal design of successful public-private partnerships and also important and helpful for their evaluation.

8.3 Strengths and limitations

In this section, we will discuss in more detail the strengths and limitations of this thesis. In general, we consider to be its main strength the use of different methodological designs, i.e. it consists of two quantitative studies, one study using a mixed methods design, and two qualitative

studies. We believe this multi-methodological approach enabled us to include different and more intimate perspectives on socioeconomic inequalities in Central European region.

8.3.1 Quality of the samples

The main strengths of the quantitative studies of this thesis concern their large and nationally representative samples of adults in the V4 countries (Chapter 3) and of 15-year-old adolescents in Slovakia (Chapter 4). Regarding the mixed-methods study of Chapter 5, its strength lies in the quality of the sample, as it ensured the availability of a wide variety of viewpoints by involving a variety of people in some way engaged in and/or responsible for the studied topic. For both qualitative studies in this thesis (Chapter 6-7) the most important strength was the wide range of informants and sources, which enabled various perspectives to be identified. This approach increased the robustness and transferability of the findings.

Regarding limitations of this thesis, in the school study (Chapter 4) more boys and respondents from low affluence families were excluded due to missing data, which could result in selection bias. Also, the size of the sample in the mixed-method study (Chapter 5) was limited, despite being large for studies of this type (concept mapping). Women more often participated in this study than men, which may possibly have an impact on the findings. Moreover, participation of some types of stakeholders was relatively limited, e.g. regarding actors on the labour market (employers, trade unions, workers from different sectors), social services, the wider health system (e.g. Public Health Authorities) and NGOs promoting labour integration. Including more of them could have strengthened the findings on topics regarding work participation.

8.3.2 Quality of information

We used a number of different information sources, which may have added to the overall validity of our findings, as this provides means for the triangulation of evidence as obtained. Regarding the quality of information that we obtained for the mortality study (Chapter 3), we used existing and generally accepted sources, such as Eurostat and Euro-healthy, with a focus on lower geographical units (NUTS2) that seem to be more accurate than country comparisons. For the school study (Chapter 4), a major strength is that we used a validated internationally recognized methodology and instruments that have also been used in other studies and documented in a variety of international and national reports and publications. As regards the mixed-methods study of Chapter 5, several approaches probably strengthened the validity of the information as obtained, i.e. the performance of the pilot data collection prior the main study, the multi-

step data acquisition process as well as the multi-informant strategy ensured the depth and quality of the obtained information. Regarding the qualitative studies (Chapter 6-7), we ensured the quality of the collected information by using a triangulation of the data, i.e. we used in-depth, semi-structured interviews, informal unstructured interviews, focus groups and direct observations. In addition, personal rapport-building during the author's personal visits and direct observations of settlements enabled to gain trust and to access and understand the complexity of the segregated Roma's everyday life issues and views.

However, some limitations need to be mentioned as well. First, mortality data were not available for lower territorial units (such as NUTS3 or NUTS4) (Chapter 3), making it impossible to obtain more evidence on more detailed geographical units. Second, the use of self-reported questionnaires (Chapter 4) may have led to some information bias, though we minimized this by using validated questionnaires and filling them out in a restricted setting (trained research assistants, absence of a teacher in the classroom during data collection, etc.). In the study using a mixed-methods approach (Chapter 5), another limitation may be the methodology used (concept mapping), which may be prone to social desirability. Finally, social desirability may have also affected responses in the qualitative studies (Chapter 6-7).

8.3.3 Causality

Across the thesis we used several designs to address its core topics and used both registered and reported outcomes on and from various groups of informants. This multi-method and multi-informant approach can be considered as a strength regarding the causal inferences that we make. Next, looking per study, in the mixed and qualitative studies (Chapters 5-7) we collected information on respondents' opinions, not observations. To obtain a complete overview, we used a multi-informant strategy, which reduced the impact of potential reporting bias and increased information depth. Also, our findings from the qualitative studies (Chapter 6-7) are in line with and supported by previous research.

However, some limitations need to be mentioned as well. In the mixed-method study (Chapter 5), its design limits the potential to draw causal conclusions from the findings. Explanations should thus be considered with caution, as they are based on discussions within the interpretation group about the outcomes of our study. These require further research to be confirmed. Also, in the last two studies of this thesis (Chapter 6-7) we used a qualitative design, which does not allow a full generalisation of the findings. These studies provide a probe into a specific project covering a marginalised community in a particular geographical area. The findings may therefore differ from other marginalised communities in many aspects and should be confirmed in other settings. Regarding causality in the

quantitative study related to school satisfaction (Chapter 4), a limitation is that we did not measure the synergic effect of the examined variables. Another limitation regards the cross-sectional design of this study, which limit its potential to allow conclusions about causality. Replication in a study with a longitudinal design could thus add more here.

8.4 Implications

Our study has several important implications for public health practice and policy as well as for future research.

8.4.1 Implications for practice and policy

Our thesis underlines the need for action on the social determinants of health, as defined by the WHO conceptual framework (WHO 2016), and highlights the importance of solving the structural determinants that cannot be influenced on the individual level in order to tackle health inequalities and to achieve health equity.

Our findings on differences in mortality emphasise the importance of socioeconomic measures for understanding health inequalities and contribute to studies suggesting that poor socioeconomic conditions pose health risks. The identified associations also highlighted the fact that inequalities in socioeconomic status may reflect the spatial distribution of health status in a population. These results can be used to inform practitioners and policymakers to help them develop prevention strategies and help plan local health promotion programmes aimed at reducing health inequalities.

Our findings also suggest that education plays a very important role in reducing health inequalities and tackling the cycle of poverty. Public health authorities should consider actions related to equal access to education and information, such as better training of teachers for work with disadvantaged children, including the development of multi-cultural dialogue; stronger inclusions of psychosocial support at schools and better structured school health care. Also, improving health literacy at schools and designing curriculums for educating health care workers to enable better work with patients having low literacy could be considered. These measures might help to prevent a further deepening of health inequalities.

In addition, we found major issues regarding school satisfaction, which implies that extra attention should be given to this topic, as it seems to play an important role in the educational trajectories of children. Boys, children from low affluence families, children with learning difficulties and with a disrupted social context might be especially at risk of poor school satisfaction. The findings of our thesis regarding school satisfaction have implications for improving the school environment in terms of

creating a stimulating and encouraging environment where children successfully learn functional literacy, are successful and feel accepted, supported and well. In addition, educational and didactic approaches in the very beginning of schooling should be assessed in order to better equip children for a successful educational trajectory.

Our findings also show room for a strengthening of social policies based on the priorities of parents and children. To better target help in order to break the cycle of poverty, it should be focused on support to children and education, to the current workforce and to disadvantaged groups and improvement of services from the labour office. We found that support for the current workforce is an urgent and important issue for public health, providing a major reason to pay attention to it in order to prevent a further deepening of unemployment. Furthermore, extra attention should be paid to disadvantaged groups to help them with entering and remaining on the labour market but also to adequately communicate this issue to the public. Similarly, increasing the minimum wage and combining family life and working abroad are also topics that should not be omitted from public health discussions. Accommodating the above-mentioned preferences may increase the effectiveness of social policies and address the social determinants of health and thus positively contribute to breaking the cycle of poverty and improving public health.

Our positive findings on a private-public partnership in supporting a deprived Roma community may have implications for their further use to break the cycle of poverty. These partnerships help to increase the employability of disadvantaged and hard-to-employ groups, such as segregated Roma, and thus improve their well-being and health. Such partnerships could provide gains in equal work and salary opportunities for all, regardless of ethnicity. Further, gradual capacity building via a bottom-up approach and the offer of continuous training together with respect to the specifics of Roma history (like continuous oppression, discrimination and marginalization) could also be a part of such partnerships. In addition, such partnerships have the potential to address a wider range of social needs simultaneously by reinforcing cooperation with the relevant stakeholders, such as municipalities, community centres and other national and/or NGO institutions and projects. They need to coordinate simultaneously across different fields, covering not only employment but also other fields, like the improvement of educational levels and qualifications, housing, health and family. This is due to the employability of individuals being interrelated with the other above-mentioned dimensions as well as with the employability of their family and wider communities, which need to be addressed as well.

8.4.2 Implications for future research

As regards the school environment, future research should assess the role of other characteristics, such as ethnicity, region or urbanization. In addition, the risks to an intact social context for school satisfaction, such as mental illness, family violence and abuse, should be considered. Future research should also aim to explore the association between perceived teacher support and classmate support and school satisfaction. Furthermore, measuring the synergic effect of gender, learning difficulties, disrupted social context, family affluence (as a measure of SES) and school satisfaction would better reveal the size of this effect. In addition, a comparison of this school satisfaction to countries with better and worse school performance might help to design better interventions in this area.

As regards social policies related to unemployment, a replication of this study in countries with better employment services may provide additional information on the role context plays in such a study. Moreover, a longitudinal study may help to get a better view on the pathways leading to specific ratings. In general, the concept mapping methodology deserves wider use.

Regarding research on segregated Roma employment, future studies should confirm our findings in other settings and should aim to assess the effects of interventions focused on Roma employability on their long-term well-being and health, which may yield large gains in the health of this deprived group. A next step in future research may also be to develop a longitudinal quantitative study to assess the actual impact of such a programme over time, as well as the mediators of these effects and the degree to which various contextual factors moderate these associations. Future research could also assess more in-depth mechanisms on the employability of Roma in other regions or settings, which may yield large gains in the employment of this deprived group.

We generally recommend the use of a multi-methodological approach regarding socioeconomic differences in health, as it enables different and more intimate perspectives on this topic to be included. Such an approach requires the use of a number of different information sources that may add to the overall validity of the findings as it provides means for triangulation of the obtained evidence. Further, mixed-methods, such as concept mapping, should also be used more frequently, as multi-step data acquisition and a multi-informant strategy may support participatory research approaches and may increase the depth and quality of the obtained information. Moreover, future concept mapping research should consider more frequent participation of the actors from the labour market (employers, trade unions, workers from different sectors), social services, the wider health system (e.g. Public Health Authorities) and NGOs promoting labour integration, to strengthen findings on topics regarding work participation.

8.4.3 Possible ways to break the cycle of poverty – a synthesis

In this section, we try to discuss possible ways to break the cycle of poverty. Based on our findings, we believe there are several ways to do this; these are linked to improvement of primary education, creation of opportunities for early school leavers, improvement of active and passive social policies and activation via more intense development of public-private partnerships (Figure 8.2).

As regards primary education, it is in particular crucial to support children from a disadvantaged background to get access to quality education and to keep them engaged and satisfied at school. This requires collaboration with the families of children, to know about their conditions and barriers; reinforcing the children's inner motivation and building the feeling that they are welcome and accepted at school and belong to the school community; the use of active teaching methods and encouragement at schools; explaining the practical use of the curriculum, etc. (Cokyna 2019; Farrington et al. 2012). It also requires better training of teachers for work with disadvantaged children, including development of multi-cultural dialogue (Cokyna 2019; Race 2018), as well as the stronger inclusion of psychosocial support at schools and a better structured school health care (Michaud et al. 2020).

In the context of poverty, it is important to finish at least elementary school and to learn basic literacy skills, as this can already make a difference and help people move out of extreme poverty. It is also necessary to pay extra attention to children at risk as regards school satisfaction, i.e. boys, children from low affluence families, children with a disrupted social context and children with learning difficulties. This requires an improvement of the school environment in terms of creating a stimulating and encouraging environment, where children successfully learn functional literacy, are successful and feel well and accepted. This should have priority in the agendas of both schools and social policies in order to break the cycle of poverty. However, the success of children at schools also depends on how prepared they are to enter them, as inequalities begin even before the child is born. So, measures and interventions have to start both in early childhood and in pre-primary education. This, however, requires a separate investigation, which we did not address in this thesis.

Second, the creation of opportunities for early-leavers to complete and/or increase their education and training in later adolescence or even adulthood is another important point for breaking the cycle of poverty. It includes removing obstacles and helping adolescents and adults from disadvantaged backgrounds to complete their education and/or to increase their qualifications (Cokyna 2019). This requires, for example, help with children for young mothers who intend to finish their education; it also requires enabling them to finish primary education in older age and

even adulthood, offering them training and workshops with graduation certificates acceptable for the labour market, etc. This should be a part of the agenda of social policies and public-private partnerships.

Third, social policies also require certain improvements, e.g. active policies aimed at bringing people back to work and passive policies based on income support schemes (Blakemore and Warwick-Booth 2013). Regarding active social policies, this includes improvement of services for disadvantaged and hard-to-employ people with respect to people with lower educational or occupational attainment through coaching them to find and keep a job; the establishment of temporary subsidies for a lower initial salary; improving the offer of training in terms of adequate, useful and up-to-date training courses with regard to the chances of job seekers on the labour market and current labour market requirements (European Economic and Social Committee 2018; European Platform for Roma inclusion 2017; Hurrell et al. 2012). Improvement is also required in monitoring and counselling post-employment, which may lead to critical gaps in workforce development. Improvement is further required for increasing the minimum wage to be more attractive than social benefits and in establishing measures enabling family life and work abroad to be combined. Also, passive social policies targeted on helping people maintain an adequate income for living should be re-evaluated and made more reasonable, transparent and better communicated towards recipients and the public.

Fourth, a more intensive development of public-private partnerships might help to re-activate disadvantaged and hard-to-employ groups in order to boost their employability and to help them get and keep an appropriate and regular job and income. Employee leasing between the public and private sectors, where employees are employed by the municipality but perform their work at a private company, might present an initial model. The private company provides an employment opportunity and a salary but leaves the administration burden to the public organization, which enables the company to focus on the project and its participants. Another way might be to provide more favourable conditions (lower taxes and/or lower salary costs, etc.) from the state to companies employing disadvantaged and/or hard-to-employ groups. Further, the possibility to create company subsidies in areas with a higher density of disadvantaged groups under more favourable conditions from the state may also be a way to develop public-private partnerships. Lastly, setting targets for local policy makers in employing disadvantaged groups or providing benefits for most successful public-private projects in this area might also help.

Last but not least, all the measures, interventions and “ways” to break the cycle of poverty can be shrouded by societal discourse. All the efforts may be useless, whatever successful change they attempt

to bring, so long as the attitudes of those privileged compared to the target population persist (Filakovska Bobakova 2019). If discrimination and anti-Gypsyism, regardless of whether direct or hidden, is present across societal structures, members of disadvantaged communities will constantly hit an invisible ceiling in their attempts to escape from the unfavourable situation and overcome the complex consequences of social exclusion (Filakovska Bobakova 2019). In order to break the cycle of poverty, it is therefore important to constantly point to the conscious and unconscious attitudes and decisions of people, such as employers, public figures, medical professionals, teachers and front-liners working in professions in direct contact with target populations, who affect the opportunities to release those from a disadvantaged background (Belak 2019; Filakovska Bobakova 2019; EUFRA 2018).

Figure 8.2 The cycle of poverty with proposed interventions to break the cycle of poverty

8.5 Conclusions

This thesis adds to the understanding of health inequalities in Central European region. It shows that low education and poor schooling are major contributors to the cycle of poverty. It also shows that there are promising routes to break this cycle, such as improved primary education and the role of schools in equalizing chances for quality education for disadvantaged groups; improved educational opportunities for early-leavers; stronger social policies, including active labour market policies, to improve chances for disadvantaged groups; and finally development of public-private partnerships to help these groups to boost their employability and to get and keep jobs and a regular income. This can greatly add to public health and to public prosperity for disadvantaged groups and for the general population in Central European countries and can help to break the cycle of poverty.

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Summary

The gap in health between rich and poor in Central European countries still persists, whereby the size of this gap varies within and between Central European countries. The example of Slovakia may help in understanding how health inequalities manifest, what their major determinants are, what their impact is, and how we can tackle them. The current most challenging socioeconomic issues in Slovakia concern an educational crisis, perhaps most tangible among disadvantaged children; a significant proportion of unemployed people with little or no education; and a significant proportion of long-term unemployed, with segregated Roma representing a disproportionately large share among the latter two groups.

Children with a disadvantaged background (in particular from segregated Roma settlements) seem to have only a small chance for a quality educational trajectory, given their significantly poorer school performance compared to children from the majority, non-Roma, population. These children will most likely become adults who lack the means and motivation to continue their studies and who will become unemployed, since with little or no education their chances of being employed is much lower than those with a higher level of education. In addition, during negative economic fluctuations, these are probably the first groups left behind by the labour market. Their poor employment experience and low education thus make them very vulnerable to long-term unemployment, which has a harmful impact on their health and well-being and may further increase their likelihood to be unemployed. All of the above-mentioned factors contribute to a vicious cycle of poverty that seems to still be a reality for a large part of the population of Roma in Slovakia, despite the significant measures taken. This shows a major need to further explore socioeconomic inequalities in this European region and to develop interventions to break the cycle of poverty.

The general aim of this thesis was to explore socioeconomic differences in health, with improving education and employability as major means of combatting the intergenerational transmission of poverty. It also aimed to contribute to the understanding of socioeconomic inequalities and their major determinants in the Central European region and to the choice of ways to break this cycle of poverty.

Chapter 1 introduces the key theoretical constructs of this thesis, and their interrelationships. These include health determinants; health inequalities and inequities; education as a main health indicator and contributor to (un)employment; employment, unemployment and employability; income, poverty and the cycle of poverty; disadvantaged

groups and hard-to-employ groups; segregated Roma as a particular example of disadvantaged and hard-to-employ group; and social policies and public-private partnerships as means to tackle inequalities. The context of inequalities in CE and Slovakia is also described in this chapter. Finally, the aim of this thesis and the research questions are also presented in this chapter.

Chapter 2 provides information about the design of the study. It describes the data collection and the study samples used in this thesis. It also provides a description of the measures and analyses used.

Chapter 3 explores socioeconomic inequalities in mortality in the Visegrad (V4) countries, i.e. the Czech Republic, Hungary, Poland and Slovakia, using three different socioeconomic indicators (unemployment, risk of poverty/social exclusion, education). We found a strong relationship between mortality and all socioeconomic indicators in the regions of the V4 countries. Unemployment was significantly associated with mortality due to respiratory system diseases. Poverty and social exclusion were associated with mortality related to the circulatory and respiratory systems. A lower education level was significantly associated with all-cause mortality and with mortality of all four selected causes of death (mortality related to neoplasms and to the circulatory, respiratory and digestive systems). Overall, the lowest mortality rates for all causes of death were found in Czech regions, whereas Hungarian regions showed the highest mortality rates.

Chapter 4 explores how learning difficulties, disruption in the social context and family affluence contribute to school satisfaction as a factor influencing the educational trajectory of children and thus having a significant impact on their health. Boys were more likely than girls to be indifferent (i.e. disliking school and not valuing education) than to be satisfied (i.e. liking school and valuing education) and to be indifferent than to be inconsistent (i.e. disliking school but valuing education or vice versa). Further, children who reported learning difficulties were more likely to be inconsistent than to be satisfied, to be indifferent than to be satisfied and to be indifferent than to be inconsistent compared to children without learning difficulties. In addition, children with a disrupted social context were more likely to be inconsistent than to be satisfied and to be indifferent than to be satisfied compared to children without such disruptions. Finally, children with low family affluence were, compared to children with high family affluence, more likely to be indifferent than to be satisfied and to be indifferent than to be inconsistent.

Chapter 5 examines how adults and children perceive the impact of social policies connected to unemployment on well-being in the household and whether their views differ. We identified a total of 51 statements (items) that related to this topic and that could be grouped into four clusters. These clusters regarded: support for children and education;

current workforce and labour market policies; help to disadvantaged groups; and service and support from the labour office. Adults rated the cluster related to current workforce and labour market policies as the most important and urgent, and children the cluster related to helping disadvantaged groups. Both groups rated the cluster related to service and support from the labour office as least important.

Chapter 6 investigates the potential outcomes of a public-private partnership regarding increased employability of segregated Roma and the resulting improvement of their well-being and health. Roma employability might increase via an improvement of their work ethic and working habits, education, and acquired skills, and by an increase in self-confidence and social inclusion. In addition, we found several areas related to the well-being and health of segregated Roma that could improve via their increased employability. The most important were a stable income, an improvement of precarious housing, crime reduction, better hygienic standards, improved access to prevention and more mental resilience.

Chapter 7 investigates the potential mechanisms by which a public-private Roma employment project could increase Roma employability. Three types of mechanisms were found. The first type regarded formal job mechanisms, such as an appropriate employment and salary offer and a bottom-up approach in capacity building. The second type involved sustainability mechanisms, such as the profile of the project and of work-shift coordinators, and the offer of continued training and cooperation with the relevant stakeholders (municipalities, community centres, NGOs, etc.). Regular monthly meetings and agreement on temporary work assignments (between a municipality and a company) were also mentioned, but only by professionals and public authorities. The third type regarded cultural mechanisms, such as personal contact with project participants, attention to less-voiced groups (such as children), motivation of project participants, a counter-value reciprocity approach and respect for the specifics of Roma history (marked by continuous oppression, discrimination and marginalization). The identified mechanisms could help increase the employability of segregated Roma and thus their actual employment, which may help improve their living situation.

Chapter 8 presents and discusses the main findings of this thesis, its strengths and limitations as well as its implications for practice, policy and research. This thesis adds to the understanding of health inequalities in Central European countries. It shows that low education and poor schooling are major contributors to the cycle of poverty. It also shows that there are promising routes to break this cycle, such as improved primary education and a better performance of schools in equalizing the chances for quality education for disadvantaged groups. Next, improved educational opportunities for early-leavers may help. Furthermore, stronger social policies, including active labour market policies to equalize

chances for disadvantaged groups, should be mentioned. And finally the development of public-private partnerships to help these groups boost their employability and get and keep jobs and thus a regular income. Implementing of interventions aimed at these issues can greatly add to public health and to public prosperity in the Central European region, for disadvantaged groups and for the general population, and can help to break the cycle of poverty.

The findings on differences in mortality, as described in this thesis, contribute to the evidence that poor socioeconomic conditions pose health risks. The findings also show that education may play a very important role in reducing health inequalities and tackling the cycle of poverty. It also implies that extra attention should be paid to school satisfaction, as this seems to play an important role in the educational trajectories of children. Finally, this thesis shows room for a strengthening of social policies based on the priorities of adults and children. Its positive findings on a public-private partnership in supporting deprived Roma community show opportunities to break the cycle of poverty.

Samenvatting

De kloof in gezondheid tussen arm en rijk in Midden-Europese landen blijft bestaan, waarbij de grootte van deze kloof wel verschilt binnen en tussen de Midden-Europese landen. Slowakije als voorbeeld kan helpen om te begrijpen hoe gezondheidsongelijkheden zich manifesteren, wat hun belangrijkste determinanten zijn, wat hun invloed is en hoe we ze kunnen aanpakken. De op dit moment meest uitdagende sociaaleconomische problemen in Slowakije betreffen een onderwijscrisis, misschien wel het meest tastbaar bij kansarme kinderen; een aanzienlijke werkloosheid bij mensen met weinig of geen opleiding; en een aanzienlijke langdurige werkloosheid, waarbij gesegregeerde Roma een onevenredig groot aandeel hebben in de laatste twee groepen.

Kinderen met een kansarme achtergrond (met name uit gesegregeerde Roma-nederzettingen) lijken slechts een kleine kans te hebben op een kwalitatief hoogstaand onderwijstraject, gezien hun aanzienlijk slechtere schoolprestaties in vergelijking met kinderen uit de meerderheid, de niet-Roma-bevolking. Deze kinderen zullen hoogstwaarschijnlijk volwassenen worden die niet over de middelen en motivatie beschikken om verder te studeren en die werkloos zullen worden, aangezien met weinig of geen opleiding hun kansen op werk veel lager zijn dan met een hogere opleiding. Bovendien zijn dit bij economische tegenspoed waarschijnlijk de eerste groepen die op de arbeidsmarkt hun plek verliezen. Hun beperkte werkervaring en lage opleiding maken hen dus erg kwetsbaar voor langdurige werkloosheid, wat een schadelijk effect heeft op hun gezondheid en welzijn en hun kans dat ze werkloos worden verder vergroot. Alle bovengenoemde factoren dragen bij aan een vicieuze cirkel van armoede die ondanks de behoorlijke maatregelen nog steeds een realiteit lijkt te zijn voor een groot deel van de groep Roma in Slowakije. Dit laat zien dat het dringend nodig is om de sociaaleconomische ongelijkheden in deze Europese regio verder te onderzoeken en om maatregelen te ontwikkelen om de armoedecyclus te doorbreken.

Het doel van dit proefschrift was om sociaaleconomische verschillen in gezondheid te onderzoeken, waarbij het verbeteren van onderwijs en inzetbaarheid de belangrijkste middelen waren om de overdracht van armoede van generatie op generatie tegen te gaan. Het proefschrift had ook als doel om bij te dragen aan onze kennis over sociaaleconomische ongelijkheid en de belangrijkste determinanten daarvan in de Midden-Europese regio en aan de keuze van interventies om deze armoedecyclus te doorbreken.

In Hoofdstuk 1 worden de belangrijkste theoretische constructen van dit proefschrift geïntroduceerd en in samenhang beschreven. Deze omvatten gezondheidsdeterminanten; verschillen in gezondheid en ongelijkheden; onderwijs als belangrijkste gezondheidsindicator en bijdrage aan werkloosheid/werk; werk, werkloosheid en inzetbaarheid; inkomen, armoede en de cyclus van armoede; achtergestelde groepen en groepen met achterstand op de arbeidsmarkt; gesegregeerde Roma als een bijzonder voorbeeld van een kansarme groep die moeilijk instroomt in werk; en sociaal beleid en publiek-private partnerschappen als middel om ongelijkheden aan te pakken. In dit hoofdstuk wordt ook de context wat betreft ongelijkheid in Midden-Europa en Slowakije beschreven. Ten slotte worden in dit hoofdstuk ook het doel van dit proefschrift en de onderzoeksvragen gepresenteerd.

In Hoofdstuk 2 wordt informatie over de opzet van het onderzoek gegeven. Ook wordt hierin de gegevensverzameling en de steekproeven beschreven die in dit proefschrift worden gebruikt. Het hoofdstuk geeft ook een beschrijving van de gebruikte instrumenten en analyses.

Hoofdstuk 3 rapporteert over de sociaaleconomische verschillen in sterfte in de Visegrad-landen (V4), d.w.z. Tsjechië, Hongarije, Polen en Slowakije, met behulp van drie verschillende sociaaleconomische indicatoren (werkloosheid, risico op armoede / sociale uitsluiting, onderwijs). We vonden een sterke relatie tussen sterfte en alle sociaaleconomische indicatoren in de regio's van de V4-landen. Werkloosheid hing significant samen met sterfte als gevolg van aandoeningen van het ademhalingssysteem. Armoede en sociale uitsluiting hingen samen met sterfte door oorzaken in de bloedsomloop en het ademhalingssysteem. Een lager opleidingsniveau hing significant samen met sterfte door alle oorzaken en met sterfte vanwege alle vier geselecteerde doodsoorzaken (sterfte vanwege kanker en aandoeningen van de bloedsomloop, ademhalingswegen en spijsvertering). Over het algemeen werden de laagste sterftcijfers voor alle doodsoorzaken gevonden in Tsjechische regio's, terwijl Hongaarse regio's de hoogste sterftcijfers lieten zien.

In Hoofdstuk 4 wordt gerapporteerd hoe leermoeilijkheden, verstoring van de sociale omgeving en gezinswelvaart bijdragen aan schooltevredenheid als een factor die het onderwijstraject van kinderen beïnvloedt en dus een significante invloed heeft op hun gezondheid. Jongens hadden meer kans dan meisjes om onverschillig te zijn (d.w.z. school niet leuk te vinden en onderwijs niet te waarderen) dan tevreden te zijn (d.w.z. school leuk te vinden en onderwijs te waarderen) en onverschillig te zijn dan inconsistent te zijn (d.w.z. school niet leuk te vinden maar onderwijs te waarderen of vice versa). Verder waren kinderen die leermoeilijkheden rapporteerden vaker inconsistent dan tevreden, vaker onverschillig dan tevreden en vaker onverschillig dan inconsistent

in vergelijking met kinderen zonder leermoeilijkheden. Bovendien waren kinderen met een verstoorde sociale omgeving vaker inconsistent dan tevreden en vaker onverschillig dan tevreden vergeleken met kinderen zonder dergelijke verstoringen. Ten slotte waren kinderen met een lage gezinswelvaart, vergeleken met kinderen met een hoge gezinswelvaart, vaker onverschillig dan tevreden en vaker onverschillig dan inconsistent.

Hoofdstuk 5 rapporteert hoe volwassenen en kinderen de impact van sociaal beleid in verband met werkloosheid op het welzijn in het huishouden ervaren en of hun opvattingen verschillen. We vonden in totaal 51 stellingen (items) die betrekking hadden op dit onderwerp en die in vier clusters konden worden gegroepeerd. Deze clusters hadden betrekking op: ondersteuning van kinderen en onderwijs; huidig personeels- en arbeidsmarktbeleid; hulp aan kansarme groepen; en service en ondersteuning vanuit het arbeidsbureau. Volwassenen beoordeelden het cluster met betrekking tot het huidige personeels- en arbeidsmarktbeleid als het meest belangrijk en urgent, en kinderen het cluster met betrekking tot het helpen van kansarme groepen. Beide groepen beoordeelden het cluster gerelateerd aan service en ondersteuning vanuit het arbeidsbureau als minst belangrijk.

In Hoofdstuk 6 wordt gerapporteerd over de mogelijke resultaten van een publiek-privaat partnerschap om de inzetbaarheid op de arbeidsmarkt van gesegregeerde Roma te vergroten en over de daaruit voortvloeiende verbetering van hun welzijn en gezondheid. De inzetbaarheid van Roma zou kunnen toenemen door een verbetering van hun arbeidsethos en werkgewoonten, opleiding en van verworven vaardigheden en door meer zelfvertrouwen en sociale inclusie. Daarnaast vonden we verschillende gebieden wat betreft het welzijn en de gezondheid van gesegregeerde Roma die zouden kunnen verbeteren door hun grotere inzetbaarheid. De belangrijkste waren een stabiel inkomen, verbetering van onzekere huisvesting, tegengaan van criminaliteit, betere hygiënestandaarden, verbeterde toegang tot preventie, en een meer mentale veerkracht.

Hoofdstuk 7 rapporteert over de mogelijke mechanismen waarmee een publiek-privaat Roma-werkgelegenheidsproject de inzetbaarheid van Roma op de arbeidsmarkt kan vergroten. Er zijn drie soorten mechanismen gevonden. Het eerste type betrof formele werkprocedures, zoals een passend werk- en salarisaanbod en een bottom-up benadering in het versterken van vaardigheden. Het tweede type betrof duurzaamheidsmechanismen, zoals het profiel van het project en het profiel van de ploegendienstcoördinatoren, en het aanbieden van verdere opleiding en samenwerking met de relevante belanghebbenden (gemeenten, gemeenschapscentra, ngo's, enz.). Regelmatige maandelijkse bijeenkomsten en afspraken over tijdelijke werkopdrachten (tussen een gemeente en het bedrijf) werden ook genoemd, maar alleen door professionals en overheden. Het derde type betrof culturele mechanismen,

zoals persoonlijk contact met projectdeelnemers, aandacht voor minder gehoorde groepen (zoals kinderen), motivatie van projectdeelnemers, een dienst-wederdienst-benadering en respect voor de specifieke aspecten van de Roma-geschiedenis (die wordt gekenmerkt door continue onderdrukking, discriminatie en marginalisatie). De geïdentificeerde mechanismen zouden de inzetbaarheid van gesegregeerde Roma kunnen helpen vergroten en daarmee de feitelijke werkgelegenheid voor hen, wat kan bijdragen aan een verbetering van hun leefsituatie.

In Hoofdstuk 8 worden de belangrijkste bevindingen van dit proefschrift, de sterke punten en beperkingen ervan en de aanbevelingen voor praktijk, beleid en onderzoek gepresenteerd en besproken. Dit proefschrift draagt bij aan het begrip van gezondheidsverschillen in Midden-Europese landen. Het laat zien dat een lage opleiding en slecht onderwijs in grote mate bijdragen aan de cyclus van armoede. Het laat ook zien dat er veelbelovende routes zijn om deze cyclus te doorbreken, zoals beter basisonderwijs en betere prestaties van scholen bij het gelijkmaken van kansen op kwaliteitsonderwijs voor kansarme groepen. Daarnaast kunnen betere kansen wat betreft verder onderwijs voor voortijdige schoolverlaters helpen. Bovendien is de bijdrage van een sterker sociaal beleid heel belangrijk, met als deel daarvan een actief arbeidsmarktbeleid om de kansen voor kansarme groepen te vergroten. Tot slot is het kansrijk om publiek-private partnerschappen te ontwikkelen om deze groepen te helpen om hun inzetbaarheid op de arbeidsmarkt te vergroten en om werk te krijgen en te behouden en daarmee een vast inkomen. Het implementeren van interventies die hierop zijn gericht kan een grote bijdrage leveren aan de volksgezondheid en aan de welvaart van de bevolking in de Midden-Europese regio, voor kansarme groepen en voor de algemene bevolking, en kan helpen de cyclus van armoede te doorbreken.

De bevindingen over verschillen in mortaliteit, zoals beschreven in dit proefschrift, laten zien dat slechte sociaaleconomische omstandigheden gezondheidsrisico's opleveren. De bevindingen laten ook zien dat onderwijs een zeer belangrijke rol kan spelen bij het verminderen van gezondheidsverschillen en het aanpakken van de armoedecyclus. Dit impliceert ook dat er extra aandacht moet zijn voor schooltevredenheid, aangezien dit een belangrijke rol lijkt te spelen in de onderwijstrajecten van kinderen. Dit proefschrift laat tot slot zien dat er ruimte is voor een versterking van sociaal beleid op basis van de prioriteiten van volwassenen en kinderen. De beschreven positieve bevindingen over een publiek-privaat partnerschap ter ondersteuning van een kansarme Romagemeenschap laten zien dat er kansen zijn om de cyclus van armoede te doorbreken.

Zhrnutie

Rozdiely v zdraví medzi bohatými a chudobnými v krajinách strednej Európy stále pretrvávajú. Navyše sa tieto nerovnosti v oblasti zdravia líšia tak v rámci samotných krajín strednej Európy, ako i medzi nimi. Príklad Slovenska môže napomôcť pochopiť ako sa nerovnosti v zdraví prejavujú, aké sú ich hlavné determinanty, aký je ich vplyv a ako ich môžeme riešiť. Najväčšiu výzvu Slovenska v súčasnosti v oblasti sociálno-ekonomických otázok predstavuje *vzdelávacia kríza*, ktorá je azda najhmatateľnejšia medzi znevýhodnenými deťmi; taktiež *významná časť nezamestnaných bez vzdelania alebo s nižším vzdelaním*; či *významný podiel dlhodobo nezamestnaných*, pričom segregovaní Rómovia reprezentujú medzi poslednými dvoma zmienenými skupinami nepomerne vysoký podiel.

Zdá sa, že deti zo znevýhodneného prostredia (najmä zo segregovaných rómskych osád) majú len malú šancu na kvalitnú vzdelanostnú trajektóriu, vzhľadom na ich výrazne horšie školské výsledky v porovnaní s deťmi z väčšinovej, nerómskej populácie. Tieto deti sa s najväčšou pravdepodobnosťou stanú dospelými s chýbajúcimi prostriedkami i motiváciou pre pokračovanie v štúdiu a ktoré sa stanú nezamestnanými, pretože bez vzdelania alebo len s nízkym vzdelaním je ich šanca zamestnať sa oveľa nižšia ako u osôb s vyšším stupňom vzdelania. Navyše, pri negatívnych ekonomických výkyvoch sú to práve tieto skupiny, ktoré majú najvyššiu pravdepodobnosť byť vylúčené z trhu práce ako prvé. Nedostatok pracovných skúseností a nízke vzdelanie ich tak robí veľmi zraniteľnými voči dlhodobej nezamestnanosti, ktorá má následne škodlivý vplyv na ich zdravie a blahobyt, čo v konečnom dôsledku môže ich nezamestnanosť ešte viac prehĺbiť. Všetky vyššie uvedené faktory prispievajú k tzv. začarovanému cyklu chudoby, ktorý je, zdá sa, napriek významným opatreniam pre veľkú časť populácie na Slovensku stále realitou. Táto skutočnosť poukazuje na to, že je potrebné hlbšie preskúmať socioekonomické nerovnosti v tomto európskom regióne, ale taktiež vyvinúť intervencie na prelomenie cyklu chudoby.

Všeobecným cieľom tejto práce bolo preskúmať socioekonomické rozdiely v zdraví, s vylepšeným vzdelaním a zamestnateľnosťou ako hlavnými prostriedkami boja proti medzigeneračnému prenosu chudoby. Jej cieľom tiež bolo prispieť k pochopeniu socioekonomických nerovností v regióne strednej Európy, ich hlavných determinantov a k výberu spôsobov, ako prelomiť cyklus chudoby.

Kapitola 1 predstavuje asociácie medzi kľúčovými teoretickými konštruktmi tejto práce. Patria sem determinanty zdravia; nerovnosti v oblasti zdravia a spravodlivosť v oblasti zdravia; vzdelávanie ako hlavný

ukazovateľ zdravia prispievajúci k (ne)zamestnanosti; zamestnanosť, nezamestnanosť a zamestnateľnosť; príjem, chudoba a cyklus chudoby; znevýhodnené skupiny a ťažko zamestnateľné skupiny; segregovaní Rómovia ako osobitný príklad znevýhodnenej a ťažko zamestnateľnej skupiny obyvateľov; a sociálne politiky či verejno-súkromné partnerstvá na riešenie nerovností. V tejto kapitole sú taktiež popísané nerovnosti v kontexte strednej Európe a Slovenska. V závere tejto kapitoly je predstavený cieľ práce a jej výskumné otázky.

Kapitola 2 poskytuje informácie o dizajne štúdií obsiahnutých v tejto práci. Opisuje zber údajov a vzorky štúdií použitých v tejto práci. Poskytuje tiež popis použitých meracích nástrojov a analytických postupov.

Kapitola 3 skúma sociálno-ekonomické nerovnosti v úmrtnosti v krajinách Vyšehradskej štvorky (V4), t. j. v Českej republike, Maďarsku, Poľsku a na Slovensku, pomocou troch rôznych sociálno-ekonomických ukazovateľov (nezamestnanosť, riziko chudoby a sociálneho vylúčenia, vzdelanie). V rámci tejto štúdie sme identifikovali silný vzťah medzi úmrtnosťou a všetkými socioekonomickými ukazovateľmi v regiónoch krajín V4. Nezamestnanosť bola významne spojená s úmrtnosťou na choroby dýchacieho systému. Chudoba a sociálne vylúčenie súviseli s úmrtnosťou spojenou s obehovým a dýchacím systémom. Nižšia úroveň vzdelania bola významne spojená s celkovou úmrtnosťou, ako i s úmrtnosťou podľa všetkých štyroch vybraných príčin (úmrtnosť súvisiaca s nádorovými ochoreniami, s obehovým, dýchacím a tráviacim systémom). Celkovo, najnižšia úmrtnosť podľa všetkých príčin úmrtia bola zistená v regiónoch Českej republiky, zatiaľ čo najvyššiu mieru úmrtnosti vykazovali regióny Maďarska.

Kapitola 4 skúma ako ťažkosti s učením, narušenie sociálneho kontextu a blahobyť rodiny prispievajú k spokojnosti so školou ako faktorom ovplyvňujúcim vzdelanostnú trajektóriu detí, majúcu podstatný vplyv na ich zdravie. U chlapcov bola, v porovnaní s dievčatami, väčšia pravdepodobnosť, že budú skôr indiferentní (v škole sa im nepáči a nezáleží im na vzdelaní) než spokojní (v škole sa im páči a záleží im na vzdelaní) a že budú skôr indiferentní než nekonzistentní (v škole sa im nepáči, ale záleží im na vzdelaní alebo naopak). Taktiež, deti majúce ťažkosti s učením mali, v porovnaní s deťmi bez problémov s učením, vyššiu pravdepodobnosť byť nekonzistentné ako spokojné, vyššiu pravdepodobnosť byť indiferentné ako spokojné a vyššiu pravdepodobnosť byť indiferentné ako nekonzistentné. Navyše, deti s narušeným sociálnym kontextom mali, v porovnaní s deťmi bez narušeného sociálneho kontextu, vyššiu pravdepodobnosť byť nekonzistentné než spokojné a vyššiu pravdepodobnosť byť indiferentné než spokojné. Napokon, deti z rodín s nízkym blahobytom mali, v porovnaní s deťmi z rodín s vysokým blahobytom, vyššiu pravdepodobnosť byť indiferentné ako spokojné a vyššiu pravdepodobnosť byť indiferentné ako nekonzistentné.

Kapitola 5 skúma ako dospelí a deti vnímajú vplyv sociálnych politík týkajúcich sa nezamestnanosti na blahobyt v domácnosti a či sa ich postoj líšia. Identifikovali sme celkovo 51 výrokov, ktoré súviseli s touto témou a ktoré možno zoskupiť do štyroch klastrov. Uvedené klaster sa týkali: podpory detí a vzdelávania; súčasnej pracovnej sily a politík v oblasti trhu práce; pomoci znevýhodneným skupinám; služieb a podpory z úradu práce. Dospelí považovali za najdôležitejší a najnaliehavejší klaster súvisiaci so súčasnou pracovnou silou a politikami trhu práce. U detí to bol klaster súvisiaci s pomocou znevýhodneným skupinám. Obe skupiny považovali za najmenej dôležitý klaster súvisiaci so službami a podporou úradu práce.

Kapitola 6 skúma potenciálne výstupy verejno-súkromného projektu týkajúce sa zvyšovania zamestnateľnosti segregovaných Rómov a následného zlepšenia ich blahobytu a zdravia. Zamestnateľnosť Rómov možno zvýšiť zlepšením ich pracovnej morálky a pracovných návykov, vzdelávaním, získavaním zručností a zvyšovaním sebadôvery a sociálneho začlenenia. Okrem toho sme identifikovali niekoľko oblastí, ktoré môžu prispieť k blahobytu a zdraviu segregovaných Rómov a ktoré by sa mohli zlepšiť prostredníctvom ich zvýšenej zamestnateľnosti. Ide o stabilný príjem, zlepšenie neistého bývania, zníženie kriminality, lepšie hygienické štandardy, lepší prístup k prevencii a lepšiu psychickú rezilienciu.

Kapitola 7 skúma potenciálne mechanizmy, pomocou ktorých by mohol verejno-súkromný projekt zamestnanosti Rómov zvýšiť ich zamestnateľnosť. Identifikovali sme tri typy mechanizmov. Prvý typ zohľadňoval formálne pracovné mechanizmy, ako napríklad vhodnú ponuku zamestnania a platu, či postupný prístup pri budovaní kapacít tejto pracovnej sily. Druhý typ zahŕňal mechanizmy týkajúce sa udržateľnosti, ako napríklad osobný profil koordinátorov projektu a pracovných zmien, kontinuálnu ponuku školení, či spoluprácu príslušnými zainteresovanými stranami (samosprávy, komunitné centrá, mimovládne organizácie atď.). Boli spomenuté i pravidelné mesačné stretnutia, či dohody o brigádnických prácach (medzi obcou a spoločnosťou), ale iba odborníkmi a verejnými orgánmi. Tretí typ sa týkal kultúrnych mechanizmov, ako napr. osobný kontakt s účastníkmi projektu, pozornosť slabším skupinám, ako sú deti, ďalej motivácia účastníkov projektu, prístup založený na protihodnote, či rešpektovanie špecifik rómskej histórie (poznačenej neustálym útlakom, diskrimináciou a marginalizáciou). Zistené mechanizmy by mohli napomôcť zvýšiť zamestnateľnosť segregovaných Rómov, a tým aj ich skutočné zamestnanie, čo následne môže pomôcť pri zlepšení ich životnej situácie v znevýhodnenom prostredí.

Kapitola 8 prezentuje a diskutuje hlavné zistenia tejto práce, jej silné stránky a obmedzenia, ako aj jej dôsledky pre prax, politiku a ďalší výskum. Táto práca prispieva k porozumeniu nerovností v oblasti zdravia

v krajinách strednej Európy. Ukazuje sa, že nízke vzdelanie a slabá výučba významne prispievajú k cyklu chudoby. Taktiež sa ukazujú, že existujú sľubné cesty na prelomenie tohto cyklu, ako napríklad zlepšenie základného vzdelávania či zlepšenie prístupu škôl pri vyrovnávaní šancí na kvalitné vzdelávanie pre znevýhodnené skupiny. Ďalej môžu pomôcť zlepšené možnosti vzdelávania pre ľudí, ktorí predčasne ukončia školskú dochádzku. Taktiež je potrebné spomenúť silnejšie sociálne politiky, vrátane aktívnych politík trhu práce, na vyrovnanie šancí znevýhodnených skupín. A nakoniec rozvoj verejno-súkromných partnerstiev, s cieľom pomôcť týmto skupinám zvýšiť ich zamestnateľnosť, získať a udržať si pracovné miesta a pravidelný príjem. Realizácia týchto opatrení môže významne prispieť k verejnému zdraviu a verejnej prosperite v regióne strednej Európy tak pre znevýhodnené skupiny ako i pre bežnú populáciu a môže pomôcť prelomiť cyklus chudoby.

Zistenia opísané v tejto práci o rozdieloch v úmrtnosti prispievajú k dôkazom, že zlé socioekonomické podmienky predstavujú zdravotné riziká. Jej zistenia tiež naznačujú, že vzdelávanie zohráva veľmi dôležitú úlohu pri znižovaní nerovností v oblasti zdravia a pri riešení cyklu chudoby. Okrem toho by sa mala venovať osobitná pozornosť spokojnosti so školou, pretože sa zdá, že hrá dôležitú úlohu vo vzdelávacích trajektoriách detí. Táto práca ďalej ukazuje priestor pre posilnenie sociálnej politiky na základe priorít dospelých a detí. Jeho pozitívne zistenia o partnerstve medzi verejným a súkromným sektorom pri podpore znevýhodnenej rómskej komunity môžu mať tiež dôsledky na ich ďalšie využitie v snahe prerušiť cyklus chudoby.

Acknowledgements

It was a long but fantastic journey. At the end of it, waiting for the defence, I wonder how lucky I was to have this privilege to walk this path. In the light of the central theme of my thesis, I am aware of it even more intensely. And I also realize that without the support of many people, this would not be possible. I hope that I have shown my gratitude to them sufficiently throughout this period. However, they deserve special attention in this publication as well.

First, I would like to express my gratitude to my supervisors, for giving me this wonderful opportunity, for believing in me from the very beginning, for their help and support, for sharing their knowledge, for their kindness, humour and humanity. Besides that, I would like to thank specifically:

- to Prof. Sijmen A. Reijneveld, my promotor, for sharing his wisdom, for his modesty, for his ability to make sense out of things and to always find a solution, and for always seeing and treating me as a peer colleague
- to Assoc. Prof. Jitse P. van Dijk, my co-promotor, for sharing his rich experience, for his advices, for his enthusiasm, for his guidance, for his encouragement and for his warm welcome and care during all my stays in Groningen
- to Prof. Andrea Madarasova Geckova, my co-promotor, for her greatness, for her ability to see far far beyond the horizon, for her superpower to read people and to see strengths where others do not see them, for her handling of every disaster with extreme ease and charm and for her friendship.

I would also like to thank to the management of the Medical faculty, University of PJ Safarik in Kosice, Slovakia, for enabling and supporting our cooperation with the University in Groningen, in particular, to prof. Daniel Pella (dean), to prof. Peter Jarcuska (vice-dean) and to prof. Monika Halanova (vice-dean). Special thanks goes also to prof. Pavol Jarcuska (vice-rector) for our long-term cooperation and all his help.

Thanks also to all our research participants and respondents, for their trust and willingness to share their personal information and experiences.

Furthermore, I would like to thank to my colleagues from the Department of Health Psychology and Research Methodology, Medical faculty, University of PJ Safarik in Kosice, Slovakia. Each of them is different, unique and inspiring, and each of them taught me something and

moved me forward in its own way. Very special thanks to my soulmates, Danka Filakovska and Zuzka Dankulincova. For their smartness and intelligence, for their constructive criticism, but also their kindness, for their friendship, for being so supportive, for wonderful therapies full of laugh, and for always asking the right questions.

Special thanks to Peter Kolarcik, wonderful person, who stood by me in my beginnings and did not hesitate to help me and encouraged me not to give up. Thanks to Janka Holubcikova, for her sensitivity and friendship and even though our journeys parted over time, I appreciate her very much and thank her for everything.

Big thanks to Ivanka Borysova for our “club of amateur psychologists”, for being always willing to help, and for teaching me that the world is not only black and white. Thanks also to Jarka Fristikova for her interest, warm and maternal care for everyone.

Thanks to Jarka Kopcakova and Danka Husarova, for finding our way to each other, for their hard work, for their collegiality and kindness, for their inspiring balance and self-respect.

Thanks to Shoshana Chovan for her craziness, her activism, and for keeping me updated in the current online and offline trends. Thanks also to Iva Skoumalova, for her sagacity, positive attitude, right values, for teaching me to love myself and for showing the amazing power of femininity.

Thanks to Mirka Rebicova Lackova, for her spirituality, for her smile, for her concern and encouragements of us all. Thanks to Katka Paclikova, for initiating me into the secrets of meditation and mindfulness. Thanks to Aurel Zelko, for giving me hope that the gentlemen are not dead yet.

Thanks to Simi Horanicova, Viki Karchynskaya, Jarka Mackova, Laura Bitto Urbanova, Veronika Pacutova for their youth, and inspiring otherness, which broadens my horizons every day.

Thanks also to all my former colleagues, such as Inga Babinska, Katka Rosicova, Nando Salonna, and many others, who I met on this journey and each of whom showed me different perspectives and left something in me.

Huge thanks goes also to the external collaborators. Thanks to David McLean for his great and super prompt language proofs, thanks to Daniel Klein for all his brilliant statistical advices and assistance. Thanks to Tomas Madaras for all his help during my acquaintance with Concept mapping. Thanks to Gabriel Gulis and Janka Kollarova for an inspiration and wise advices in the public health area. Thanks also to Ivo Cermak for being our qualitative research guru.

Thanks to Peter Tavel and OUSHI team, for all the opportunities and trust, for their hard-work and for always treating me great during my stays in Olomouc.

In addition to my colleagues, I would like to thank also to all my

precious friends. Especially to my lovely neighbours, Tatiana K. and Michal K. Thanks for their incredible social and emotional intelligence, for their rectitude and their valuable lessons of assertiveness.

Thanks to all my "women's clubs", of which fortunately I can be a part. Thanks to my "college club" of Danka A., Tinka H. and Dominika B. for their fidelity and long-lasting friendship. Thanks to my "Carnica club" of Cacka, Zuzka T., Lenka R. and Eva L. for teaching me how to age with nobility and to don't take myself too seriously. Thanks to my "Zelezziar club" of Katka K., Petra S., Lenka L. and Lenka H. for their steadfastness, their honesty and for always being here for me. Thanks to my "sister's club" of Nina T., Baricka S., Zuzka M. and Zuzka G. for all moments full of loud laughter and joy.

And now, at the end of my list, last, but not least, I would like to especially thank to my parents Jan and Anna, two wonderful and wise people. Mom, dad, thank you for everything, thank you for giving me opportunities you never had yourself. Thank you for always standing by me. Thank you for your inner strength and resilience. I am blessed to have parents like you. I love you. Huge thanks belongs also to the best mother in law, Danka, my second mom. Thank you for your son. Thank you for the wonderful care of my children. Thank you for our conversations. Thank you for your vitality, positive perspective and humour. You taught me so much.

Final exceptional thanks goes to my super talented husband Zoran and to our little brainiacs Filip and Leo. Thank you for your unconditional love. Thank you for your support. Thank you for your smartness, thank you for your sense of humour. Thank you for your admiration, for your trust. Thank you for your forgiveness. Thank you for teaching me every day how to be a better person. You are my everything. You are my life. I love you to the moon and back.

About the author

Lucia Bosakova was born on the 19th of April 1983 in Kosice, Slovakia. She received her Master degree (2008) and PhD degree (2012) in Economics and Corporate Management at the Faculty of Business Economics, University of Economics in Bratislava, Slovakia. During her Master study, she completed a year of study at the Ecole Supérieure de Commerce et Management in Poitiers, France (2006/2007). Since her Master study she was involved in research on “health outcomes”, as her Master thesis regarded the motivation and satisfaction of healthcare workers in hospitals, and her Slovak PhD thesis the efficiency in healthcare. Moreover, she initiated a PhD-study in 2015 at the University of Groningen, the Netherlands (at the University Medical Center Groningen, i.e. the integration of the Medical Faculty of the University of Groningen and the University Hospital Groningen). She further completed a training course and received a certificate in Group Concept Mapping facilitation at Concept Systems in Ithaca, USA (2019).

She started to work as an Assistant Professor at the Faculty of Business Economics, University of Economics in Bratislava, Slovakia in 2012. In the same year, she also became a part-time Senior Researcher at the Department of Health Psychology and Research Methodology, Medical Faculty of PJ Safarik University in Kosice, Slovakia. In 2013, she was appointed to the position of Vice-dean for Development, Projects and Public Relations at the Faculty of Business Economics, University of Economics in Bratislava, Slovakia (2013-2015). At present, she works as a full-time Senior Researcher at the Medical Faculty of PJ Safarik University in Kosice, Slovakia and serves as a research consultant and lecturer for an Olomouc University Social Health Institute, Palacky University in Olomouc, Czech Republic. Her research is focused on public health with a particular focus on socio-economic determinants of health and health inequalities. As regards the educational process, she delivers lectures in Economics and management in healthcare; Project management; and Concept mapping.

She is the author and co-author of a number of scientific articles and monographs. She has participated in several national (APVV, VEGA) and international (7FP, H2020, Visegrad fund, TACR) projects. She was a Work package leader in 7FP SOPHIE project aimed on evaluating the impact of

structural policies on health inequalities and their social determinants, and fostering change. Furthermore, she was a Beneficiary leader of the EU Horizon2020-funded Euro-healthy project aiming to increase knowledge and resources on policies having the potential to promote health and health equity across European regions.

Currently, she participates in the Slovak project Care4Youth (APVV, VEGA) on the system of care to support the psychosocial development of children with emotional and behavioural disorders. She also participates in the project RomaREACH (APVV, VEGA) aiming to better understand the mechanisms influencing early childhood development in marginalized Roma communities in the broader context of socio-cultural disadvantage; and in the Czech project ROMZAVIP (TACR) aimed on policy innovations in the area of access to health care for the Roma living in social exclusion. Finally, she participates in the project GenZ (APVV) that addresses psychosocial and behavioural characteristics of the Generation Z and new challenges in youth development, using mixed methods research with a participatory approach.

She is a member of the WHO Health Behaviour in School age children (HBSC) network, where she represents Slovakia in the Social Inequalities focus group. She also cooperated with the WHO Europe on a study related to the bottom up approach to employment of marginalized groups. Moreover, she works on involving the Slovakia into the association DIPEX (Database of Individual Patients' Experiences') International.

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