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**THE HEALTH STATUS OF RROMA POPULATION AND
THEIR ACCESS TO HEALTH CARE SERVICES**

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FOREWORD

Publishing a paper on Rroma health status and their access to health care services it only demonstrates the interest shown by many institutions, public or nongovernmental, in addressing the problems faced by Rroma communities in a most adequate manner.

The present paper is discussing, for the first time and with a comprehensive approach, several aspects related to Rroma health status and their access to medical services. Its importance relies in the possibilities to design specific intervention measures tailored upon the actual situation in the field.

Rroma organizations have been involved in all the phases of the current research, starting with designing the methodology, data collection and up to the final conception of this paper.

Most part of the conclusions and recommendations have been obtained after consultations with the representatives of the Rroma organizations and bear therefore a high legitimacy.

Unless the Rroma population will acknowledge and sense that actions are taken towards improvement of their situation, it will be very hard for the community itself to move on and surpass the current difficulties. Maybe it is time we expressed our willingness and our presence more than ever because the problems faced by Rroma are in fact our problems too.

We have hopes that such an initiative will lead to a better understanding of the matters related to Rroma health status and moreover, will help set the priorities for unified actions at national and local level.

With the passing of the years we will be able to say whether or not the present paper represented a continuation or a starting point for the positive changes will all expect for.

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INTRODUCTION

The problems faced by Romanian population during the transition period are to be found in a more acute state of facts in the case of Roma population. Their precarious health status and limited access to health care services are the two aspects the present study is analysing.

With financial support from the Open Society Institute New York, the Center for Health Policies and Services has initiated the present research that aims to offer a comprehensive overview on the health status of the Roma.

The complexity of the research has determined the involvement of an increased number of institutions and specialists. A special role was played by the Roma nongovernmental organizations, which contributed to data collection and provided pertinent feedback in the elaboration of the report. Romani Criss, the Agency for Community Development "Together", the Association of Roma Women, Wassdass Foundation from Cluj, and the Romanitin Association from Iasi were all involved in designing the research when the study was yet in the preparatory stage.

The involvement of certain public institutions (Ministry of Health, County Departments for Public Health, County Health Insurance Houses) has contributed to understanding the reform of social health insurances and resulted in feasible and legitimate proposals /solutions to improve the access to medical care services.

A considerable amount of support in assessing the health status of Roma children was provided by the Institute for Mother and Child Care.

Up to present, only a few researches have dealt with the health status of Roma population and their access to health care services and we are hereby mentioning the following:

- "Țiganiii între ignorare și îngrijorare" (*Gypsies, between Ignorance and Concern*)- Coordinators Elena and Cătălin Zamfir, Alternative Publishing House, 1993;
- The survey "Problemele sociale ale romilor din județul Buzău" (*Social Problems of the Roma in Buzau County*), ICCV, 1997;
- "Asistența celor mai defavorizate comunități de romi din Transilvania" (*Assisting the Most Disadvantaged Roma*)

Communities in Transylvania) - Report of Medecins Sans Frontieres, 1997;

- “Copiii romi din România”, (*Rroma Children in Romania*), Save the Children Organization - Coordinator Sorin Cace, Bucharest 1999;
- “La periferia societății. Romii și serviciile publice în România”, (*At the Edge of Society. Rroma People and Public Services in Romania*) Ina Zoon, CRCR, 2001;
- “Romi în România”, (*The Rroma People in Romania*) ICCV-Coordinators Marian Preda and Cătălin Zamfir, Expert Publishing House, 2002
- *Avoiding the Dependency Trap, A Regional Human Development Report, The Roma in Central and Eastern Europe*, Andrey Ivanov (coordinator), United Nations Development Programme, Bratislava, 2002.
- Ringold, D., *Roma and the Transition in Central and Eastern Europe* Washington, DC: The World Bank, 2000.
- Dena Ringold, Mitchell A. Orenstein, Erika Wilkens, *Roma in an Expanding Europe: Breaking the Poverty Cycle*, World Bank, 2003

All these studies approached the health status of the Roma population only in the background. So far, no study has focused on the health status and on the access to health care services at the same time.

The present study aims at answering the following questions:

1. What is the health status of the Roma population in Romania?
2. Which are the groups with an increased incidence of certain diseases?
3. What is the situation of Rroma population in terms of access to health care services?
4. Are there any factors that restrict the access to health care services?
5. How does the community respond?
6. Which are the legitimate solutions from the perspective of the Roma communities?
7. Who are the social actors that should be more involved in order to improve the Roma health status and their access to health care services?
8. What policies should be promoted in order to improve the health status and the access to health care services?

The research on the health status of Rroma population in Romania had two components: a quantitative and a qualitative one. For the quantitative assessment, a standard questionnaire was used as a research instrument. The qualitative assessment used the methodology based on focus groups and semi-structured individual interviews; target groups were formed of: formal and informal Rroma community leaders, representatives of county public health authorities as well as members of the medical staff in Iasi, Cluj and Bucharest. The research instrument was the interview guide.

The present study presents the most important data resulted from the quantitative assessment, focused mainly on the frequency analysis for the most important questions of the study. Qualitative assessment will make the subject of a separate report.

The first part of the present study describes the current status of the Rroma minority in Romania, including aspects related to demography, professions and occupations, education, income sources. To a great extent, these aspects represent as many determining factors for the health status of Rroma population.

The second part presents an overview of the health of Rroma population. The data refers both to adults and children and emphasizes the incidence of certain diseases, the general morbidity overview, the evolution of the health status, the perception of the health status and the satisfaction towards medical services available in Romania.

The third part focuses on describing and analyzing the status of adults and children with regard to: temporary incapacity, accidents, family doctor, use of specialized medical services, dental care, hospitalization, use of medicines.

All the above mentioned elements were presented in a descriptive manner and, whenever possible, comparative to the national level situation.

The conclusions of this study are pleading for the elaboration and implementation of coherent social policies in order to improve the health status of the Rroma population, including their access to health care services.

METHODOLOGY

Objectives of the study

1. Assessing the situation of Roma population's health status and their access to health care services (health status, identifying the main factors affecting health, identifying the relationship with public institutions etc.).
2. Identifying and assessing the most frequent factors that influence the access to health care services.

Premises

1. The health status of the Roma population is in general worse than that of the Romanian population.
2. The access of the Roma population to health care services is difficult both because of institutional barriers and because of the socio-economic situation of this ethnic group (lack of identity cards, lack of decent incomes, lack of a steady residence).
3. The improvement of the health status of Roma minority has never been a specific priority and coherent for the Romanian public authorities or the non-governmental organizations for the last 10 years.

I. Assessing the situation of Roma population's health status and their access to health care services.

Methodology

Research method: quantitative research, investigation based on questionnaires.

Research universe: the Roma population in Romania

Selection of population to be interviewed: national sample

The volume of the sample was of 1,511 households including 7,990 individuals. The volume of the sample was built for a probability of 95% and error of $\pm 3\%$

Sampling method: Multi-layer probabilistic sample

Layers were selected considering:

1. the residential environment (urban-rural);
2. the historical provinces: Muntenia, Moldavia, Transylvania, Banat, Crisana, Dobrogea and Bucharest;
3. type of locality: large cities exceeding 100,000 inhabitants, towns exceeding 30,000 inhabitants, small towns under 30,000 inhabitants and communes.

A map of the localities was made, taking into consideration the density of the Roma population. Each locality was divided, with the support of local public authorities, into 3 areas:

- Areas with a majority of Roma population (compact areas);
- Ethnically heterogeneous areas (a relatively equal proportion is maintained between the Roma population and the major population or other ethnic groups);
- Areas with a minority of Roma population (Roma households spread amongst households of other ethnic groups).

After the locality was divided into areas, the households of the interviewed subjects were selected at random.

The interview operators knew exactly the proportion of Roma households repartition in the areas. They were aware of the percentage of Roma households investigated in each of the areas (the sources for this data are the population census and past years statistical data, as well as information gathered from each locality provided by different local actors).

Advantages:

- The collection of data required less time than in the case of the selection based on micro-census.

Disadvantages:

- The interview operator was invested with the responsibility of delimitating areas within towns, which could lead to an increased error probability;
- Increased degree of difficulty in supervising the interview operators.

Research instrument

The research instrument was the standard questionnaire. The collected data refers both to the head of the household and to all other persons in the household. Specific statistical signification tests were

applied to all analyzed data referring to the significant differences between means.

Several pre-existent studies on the population's health status were taken into account when conceiving the questionnaire so that valid comparison can be made between the general population and Roma population. The main studies and researches used to this purpose are quoted in this study or mentioned in the bibliography.

II. Identifying and assessing the most frequent factors that prevent the access to health care services.

Methodology

Research method: qualitative research based on focus groups and semi-structured individual interviews.

The interviewed persons were:

1. Formal or informal leaders of Roma communities;
2. Representatives of County Public Health Departments;
3. Representatives of County Health Insurance Houses;
4. Representatives of the Ministry of Health;
5. Representatives of the National Health Insurance House.

The study was conducted in three Romanian counties: Iasi, Cluj and Bucharest.

The research instrument was the interview guide. The three case studies that resulted from this research will be the subject of a different report. Nevertheless, some of the main findings of these case studies will be the support for Conclusions Chapter.

Chapter 1

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RROMA POPULATION

According to most studies concerned with public health of OMS, a community's health status is influenced by the sanitary system only in a 20% proportion and 80% by the socio-economic factors and heredity. Taking this into account, it is important to understand this part of the study, which underlines those aspects that could help improving Roma health status through non-medical interventions.

1.1. Demographic structure of the Roma population

The sample included a number of 1,511 Roma households, made up of 7,990 persons. Gender distribution is of 50.5% males and 49.5% females. The average number of household members is of 5.4 persons. This is significantly higher than the average for the national population (3.1)¹ ($t=28.8$, $df = 1,504$, $p=0.00$).

As far as age is concerned, we noticed a non-homogenous distribution, in favor of the young population. The average rate of the age of the subjects is 25. According to the following table, we notice that the structure of the Roma population is different from that of the Romanian population.

¹ IMAS "Opinion Barometer", Open Society Foundation, May 2002.

Table 1: Structure of the Roma population and Romanian population on age groups

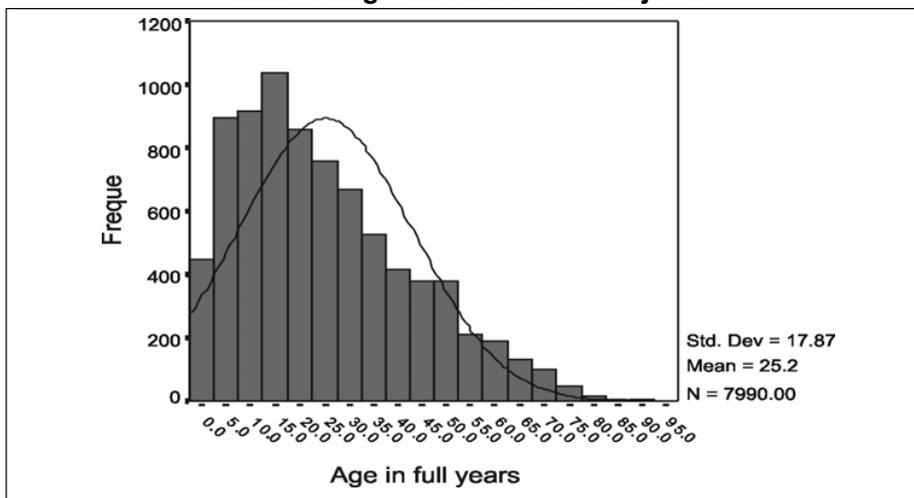
Age	Roma population (Sample)		Romanian population ²	
	Frequency	Percent	Frequency	Percent
under 18	3,487	43.6	5,391,401	24.0
18-24	968	12.1	2,323,894	10.4
25-34	1,357	17.0	3,644,244	16.2
35-44	851	10.7	2,880,033	12.3
45-54	721	9.0	2,914,862	13.0
55-64	344	4.3	2,295,258	10.2
over 65	262	3.3	2,985,513	13.3
Total	7,990	100.0	22,435,205	100.0

The differences in age between structures are significant: $\chi^2 = 2286.2$, $p = 0.00$, for $df=6$.

A possible explanation for this high percentage of young people amongst the Roma population could be related to the great number of marriages performed at young ages and the high rate of birth.

The low proportion of elderly is due to a grate extent to the natural birth rate, which is higher in the case of Roma population, and to the fact that they die at younger ages. Therefore, the average life hope is lower in case of Roma than at the national level. This aspect will be reflected within the present study and it confirms the results of other researches performed in this field (World Bank 2003).

Chart 1: Age distribution of subjects



² Data refer to the year 2000 and the source is *The Statistical Yearbook 2001*.

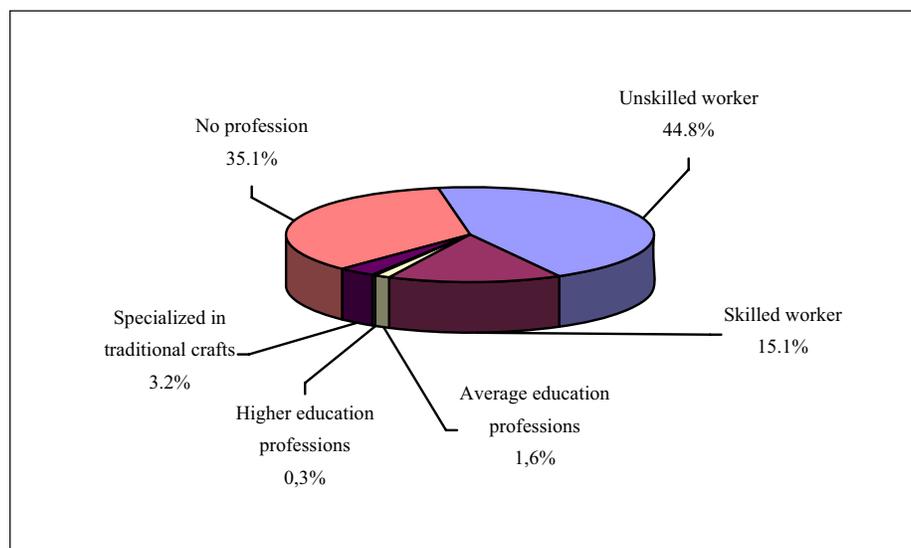
Regarding the residential area, most subjects from the households included in the sample live in rural areas (61.9%), whereas only 38.1% live in urban areas.

1.2. Professions and occupations

As far as the subjects' professions³ are concerned, an increased percentage of individuals with no skills stands out. Most of them can only be employed as unskilled workers because the level of their studies does not allow them to accede to higher positions. Even in the case of those who are trained, their professions are either of skilled workers or traditional craftsmen, while the number of persons with professions that require average or higher education is very low.

Lack of professional qualification has a negative impact on the subjects' access to employment and on their chances to be included into the health and social insurance system.

Chart 2: Qualification situation of persons aged over 16 years

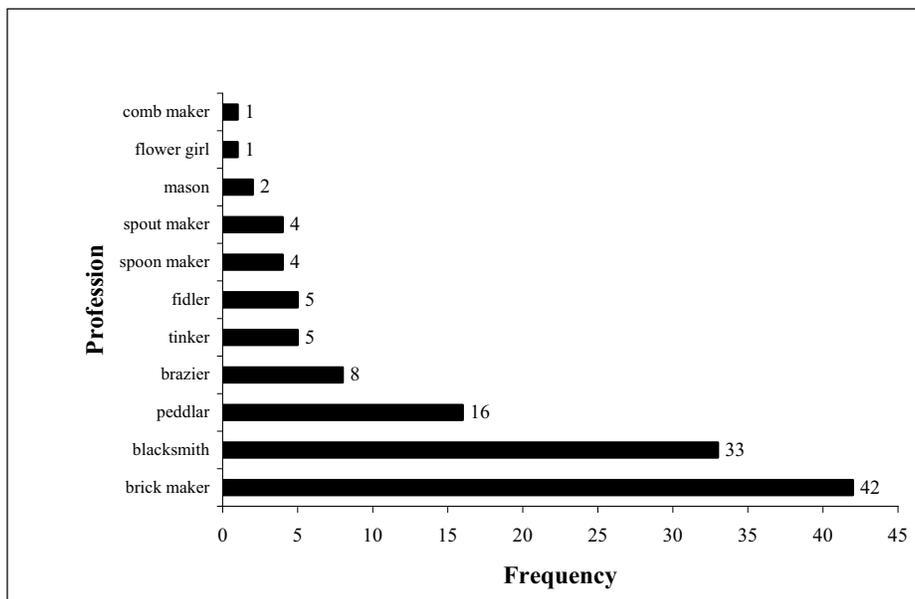


³ The structure of professions includes only persons over 16 years old.

Only 3.2% (152 cases out of 4,781 persons eligible for a profession) of the persons living in the households included in the sample are specialized in traditional Rroma crafts. The most frequently mentioned traditional crafts were brick making (42 persons), blacksmiths (33 persons), peddlers (16 persons) and braziers (8 cases). These traditional crafts are difficult to replace in rural areas and their results are acknowledged and valued to this day.

Lack of resources and access to modern technology, more pregnant in rural area, has kept alive traditional crafts as peddling and brick making. On the other hand, braziers and blacksmiths have found a breach and they are able to sell their products or exchange them for other goods. Other traditional crafts are to be encountered at a lower rate: tinker, fiddler, spoon maker, spout maker, mason, flower girl, comb maker.

Chart 3: Traditional crafts performed by persons aged over 16



Taking into account occupations one can easily notice that the active population represents a small part of the sample. At the level of the adult population, the number of unemployed is preponderant. Only 12.1% of the total adult population declares that they have income generating activities.

Table 2: Occupations of Rroma population in Romania

Occupation	Adults		Children		Total sample	
	Freq- uency	Per- cent	Freq- uency	Per- cent	Freq- uency	Per- cent
Employed	570	12.1	14	0.4	584	7.3
Pupil / student	47	1.0	1,207	36.7	1,254	15.7
Maternity leave	12	0.3	3	0.1	15	0.2
No occupation	2,390	50.9	414	12.6	2,804	35.1
Retired	432	9.2			432	5.4
Inactive for other reasons	86	1.8	8	0.2	94	1.2
Housewives	1,132	24.1	17	0.5	1,149	14.4
Pre-school			1,306	39.7	1,306	16.3
Children of school age who abandoned school			322	9.8	322	4.0
Elderly with no retirement benefits	30	0.6			30	0.4
Total	4,699	100.0	3,291	100.0	7,990	100.0

Out of the 584 persons who declared that they had income-generating activities, the percentage of those benefiting from paid insurance is of 60.6%, the rest of them working probably on informal agreement basis with their employees.

1.3. School status

According to the declarations in the questionnaire 39.7% are pre-school children and 36,7% are school children.

Out of the school children, 80% are aged under 14, and the general level of education is limited to the compulsory education (8 forms). For children under 14, the level of school drop-out is of 34%⁴, while in the year 2001, at national level, this indicator only reached the rate of 5%⁵ (*the difference is significant $\chi^2 = 1038.1$, $df = 01$, $p = 0.00$*).

⁴ The total number of school-aged children (we refer to the compulsory 8 forms education) from the sample is of 1,524, and the number of those who dropped out school is of 322.

⁵ Statistical Year Book 2001.

Out of the total number of 1,254 persons enrolled in the education system (pupils or students), 85.8% attend school on a regular basis, 13% attend classes only occasionally, about 1% never attended school and 4% did not answer this question.

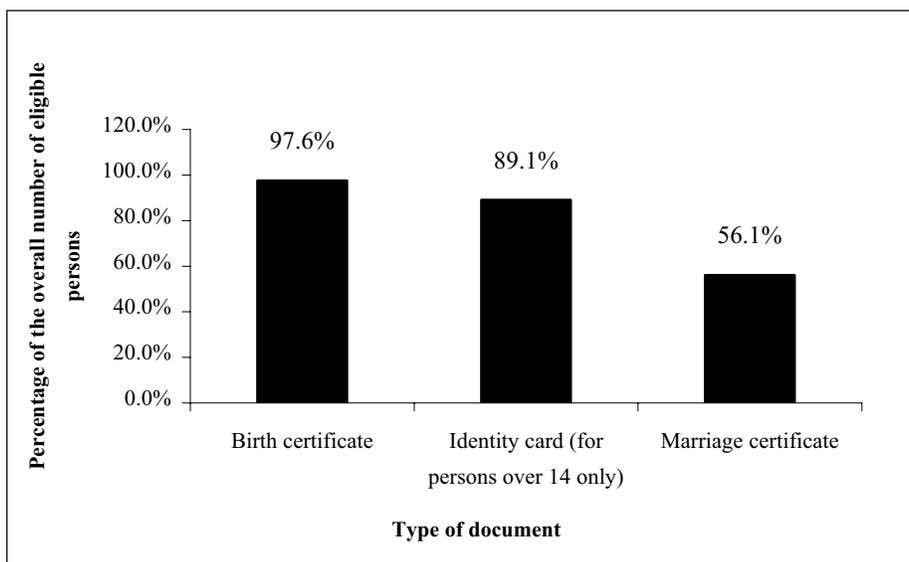
Out of the total number of 1254 persons that are frequenting a form of education (pupils or students), 85,8% of them are going to school on a regular basis, 13% are going only once in a while, 1% have stopped going to school and 4% did not answer this question.

1.4. Identity documents

Most subjects were registered at birth and have birth certificates. As for those with no birth certificate, most are aged under 25 years.

In the case of identity papers, about 11% of the population aged above 14, declared that they did not have such documents. However, by analyzing the distribution of the subjects by age, one can notice that many of them are very young, their ages being very close to the age when identity cards should be first issued (about 39% are under 18 years old).

Chart 4: Identity documents situation



Lack of identity papers has an important consequence with regard to access to social services in general and to health services in particular. Without the identity card, a person aged above 14 cannot have any social benefit granted by the legislation.

Most part of the Roma choose the form of “consensual couple”, without legalizing their relationship and that is why the number of marriage certificates is relatively small in the case of Roma families.

1.5. Living Standards in Roma households

1.5.1. *The family's financial status*

Of the overall number of 1,511 families included in our sample, 1,428 (94.5%) answered the question regarding the income level for the previous month. The average income gained in these households during a month was of 2,639,155 ROL (about 80.3 USD). Given the number of persons living in each household, the income per family member is on average of 554,287 ROL. This value is very low, being under the limit provided by the Minimum Granted Income Law (600,000 Lei/person)⁶.

As for the expenditures of the interviewed families, their value exceeds that of incomes in approximately 50% of the cases. This situation can be explained either by the fact that the declared income level is actually higher, or by fact that the subjects spend from personal savings⁷.

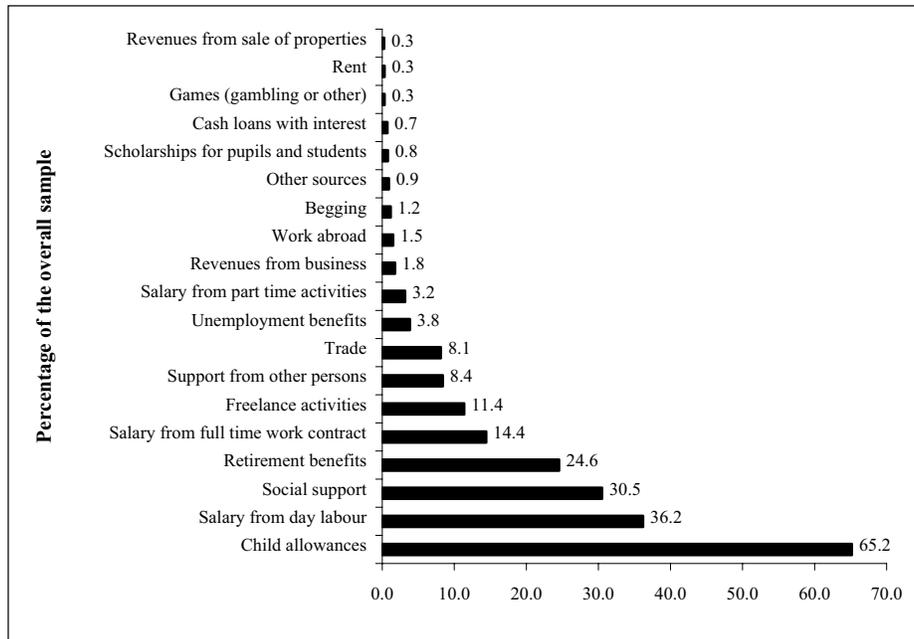
The analysis of the income sources⁸ shows that a large number of subjects are financially supported by the social system (through child allowances, social benefits by tested means, unemployment or insurance benefits).

⁶ *This value was valid for April 2002 when the data was collected.*

⁷ *The same situation is encountered at the national level, see Chapter Economic status of the population from the study «Quality of life in Romania», Coordinators Ioan Marginean, Ana Balasa, Expert Publishing House, 2002*

⁸ *One person may declare several income sources.*

Chart 5: Analysis of income sources for the previous month



It is to be noticed that for approximately two thirds of the families, children allowance is an important source of income.

When asked about the family's most important income source, about 46% of the subjects mentioned a benefit related to the social protection system as indicated in table 3.

Table 3: The most important income source of the family for the previous year

	Frequency	Percent
Income from day labor	313	20.7
Social benefit	263	17.4
Retirement benefits	241	15.9
Salary from fulltime work contract	190	12.6
Children allowances	175	11.6
Freelancing	94	6.2
Trade	93	6.2
Income from part time activities	27	1.8
Unemployment benefits	21	1.4
No income	20	1.3
Support from other persons	16	1.1
Income from businesses	11	0.7
Work abroad	8	0.5
Begging	8	0.5
Other sources	4	0.4
Did not know/answer	27	1.8
Total	1,511	100.0

1.5.2. Housing and equipment

Of the overall number of 1,511 families included in our study, 87.9% live in a house with a courtyard, 11.7% live in apartment buildings and 0.6% refused to answer this question. 80.6% of the interviewed families own their dwellings compared to 95.1% at the national level.

The average number of rooms per dwelling is of 2.5, most of the houses having one or two rooms although the average number of household members is of 5.4 persons.

The condition of the dwelling was appreciated by subjects as good in 23% of the cases, modest in 40.8% of the cases and bad in 32.9% of the situations. 3.2% of the subjects did not answer this question.

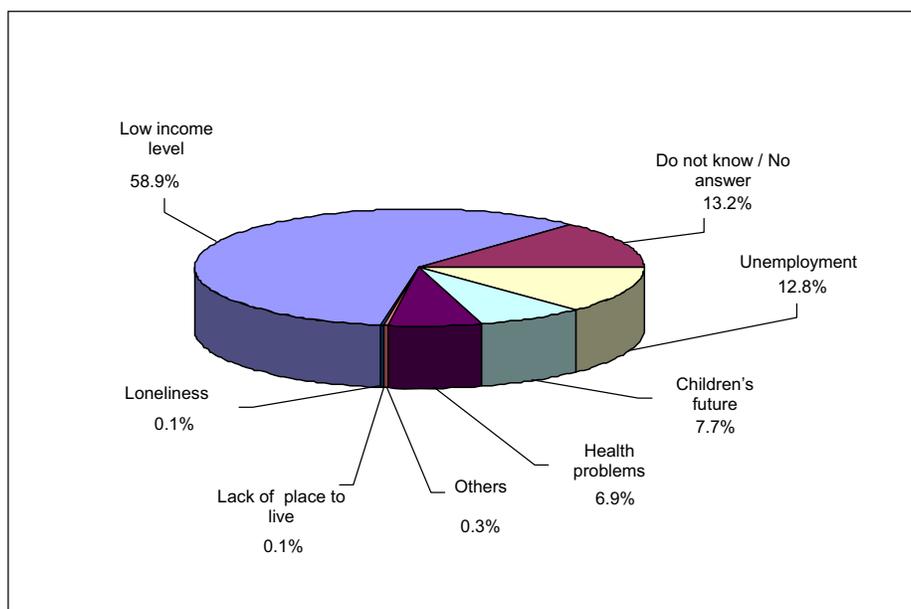
The households are, in most of the cases, modestly equipped. 84% of them are connected to the national electricity network (compared to 96.3% at the national level) and 27.5% have running water (compared to 51.6% at the national level). 40% of the Roma households have a kitchen (compared to 88.2% at the national level) and the same as many are equipped with a cooking machine.

As for the toilet rooms, the situation is precarious, most of them being situated in the courtyard. Only 15.9% of the cases declared they had a toilet in the house compared to 50% at national level. This situation is determined also by the fact that the most part of the subjects come from the rural area.

1.5.3. Assessment of the living conditions

The most important problems identified by the subjects were the low income level, the lack of jobs and insecurity about their children's future.

Chart 6: Most important problems faced by Roma



A question related to income shows that the great majority of subjects face financial problems (either the incomes are not enough to cover for basic needs - in 50% of the cases, or they are merely enough to survive - 24%). According to the Public Opinion Barometer performed by IMAS in 2002 for the Open Society Foundation the situation at the national level was the following:

-
- Incomes are not enough to cover for the minimum requirements - 45%
 - Incomes only cover expenditures for survival -34%

The percentage of those who manage to save money or buy the necessary things is very small - 5.1% of the overall number of interviewed persons. At the national level and for the same period, about 8.4% managed to do some savings (National Institute for Statistics, 2003). About 21% of the subjects did not answer this question.

Only 36% of the subjects stated that their children benefited from good living conditions within the family, while other 49% stated the opposite. About 15% of the persons included in the sample did not answer this question. 33.6% of the subjects believe that the most problematic aspect concerning their children is the lack of food, followed by the lack of clothing and footwear (30.4%).

The question referring to the subjects' fears also showed that material problems are most important (prices - 25.6%, hunger - 0.2% and unemployment - 2.8%), followed by diseases (18.5%), children's future (mentioned in 13.4% of cases) and "war in the region" (9.3%). Other problems were considered less important: crime (1.1%), social trouble (0.9%). Only one person declared having no fears at all and 28.1% of the subjects were unable to establish what their greatest fears were.

Subjects were also questioned about how they planned to cope with the future. Most of them never thought how to provide for themselves when reaching old age (48.4%), 25.7% believe that their children or their relatives will provide for them, 20.4% rely on their pensions and 3.0% of the interviewed persons thought of providing for themselves by means of their personal savings. 2.4% of the subjects did not answer this question.

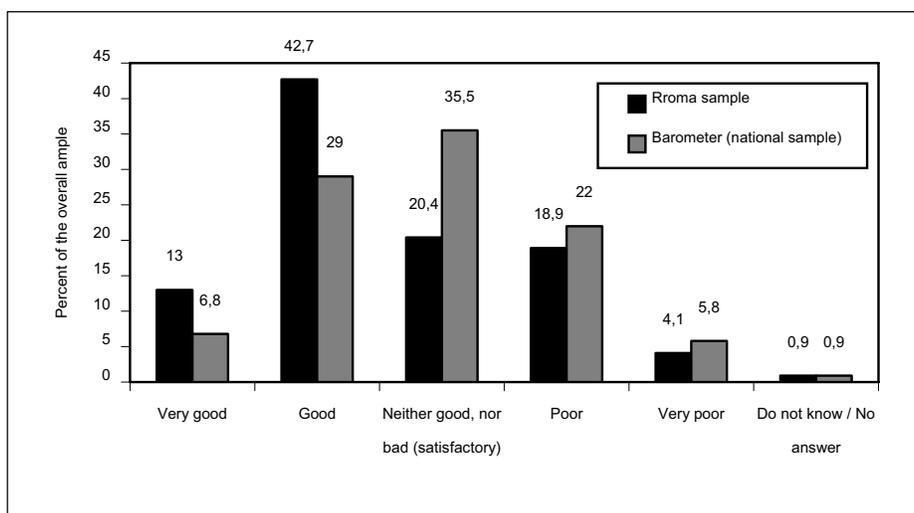
Chapter 2

HEALTH STATUS. OVERVIEW

2.1. Assessment of current health status

In general, the interviewed population assessed their health in a positive manner. Over 55% of the adults consider themselves to be in good or very good health, about 20.4% consider their health to be neither good nor bad. 0.9% of the subjects could not express any opinion in relation to this issue.

Chart 7: Self-assessment of the Roma health status compared to the national level



(The difference between the findings of the two studies is significant $\chi^2=918.3$, $df = 5$, $p = 0.00$)⁹.

Comparing the perceptions of the Roma population with those at the national level¹⁰, we could say that Roma have a more optimistic perception about their health status.

The health status of Roma children, as assessed by their parents, is better appreciated than in the case of adults.

Table 4: Roma adult self assessment of health status and assessment of their children's health status

	Adults		Children	
	Frequency	Percent	Frequency	Percent
Very good	613	13.0	712	21.6
Good	2,005	42.7	1,881	57.2
Neither good, nor bad	958	20.4	386	11.7
Poor	886	18.9	228	6.9
Very poor	194	4.1	43	1.3
Did not know / answer	43	0.9	41	1.2
Total	4,699	100	3,291	100

(The difference is significant $\chi^2 = 1899.6$, $df = 5$, $p = 0.00$)

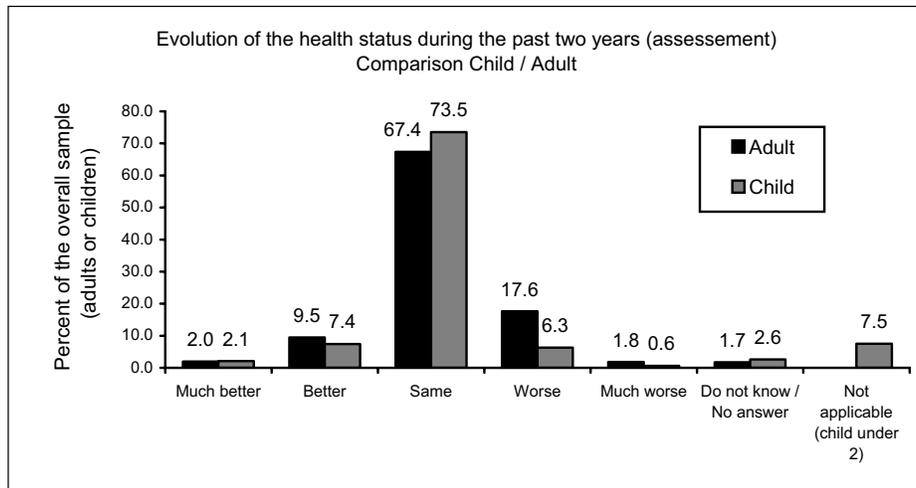
2.2. Evolution of the health status for the last two years

The evolution of the health status was better appreciated in the case of children compared to that of the adults. Only for 7% of the children, the health status was considered to have been deteriorated, while in 73.5% of the cases it has remained constant and in 9.5% of the cases it has improved. 20 % of the adults assessed the dynamics of their health for the previous two years as negative.

⁹ In the scale used by the barometer the "Satisfactory" 3rd item is used, while our study uses the neutral option of "Neither...nor". For comparison purposes, we have considered them similar.

¹⁰ "Opinion Barometer Regarding Health Care Services", Health Policies and Services Centre, 2002.

Chart 8: Self assessment of the evolution of health status by Roma



(The difference is significant $\chi^2 = 326.2$, $df = 5$, $p = 0.00$)

2.3. Health problems

Of the overall number of 7,990 persons included in the sample, 6,563 (82%) declare they have not suffered from any condition for the last three months (82.7% of the adults and 83.1% of the children from the sample population). The period of three months was chosen in this case in order to obtain greater accuracy on the reported data. Given the fact that this kind of information is usually biased, it only emphasizes the extent that characterizes a disease and not the incidence in itself.

16.4% of the subjects suffered from one disease, 1% experienced health problems twice during the respective time interval and 0.5% suffered from 2 or 3 disorders. For the last year, the most frequently mentioned were respiratory disorders (flu or respiratory viruses) followed by cardiovascular and digestive disorders. At the national level¹¹ the most encountered disorders are cardiovascular (about 8.7%) and digestive (1.9%) disorders and diabetes (1.6%).

¹¹ Living conditions of the population of Romania, *National Institute for Statistics, 2003*.

2.4. Temporary incapacity

90% of the interviewed subjects (out of 7990 cases) declared they have not been incapacitated at all (unable to work or go to school) during the last three months. For a similar period at the national level, 5 out of 100 persons were unable to perform their daily activities (National Institute for Statistics, 2003) compared to 10 persons at the level of the investigated Roma population.

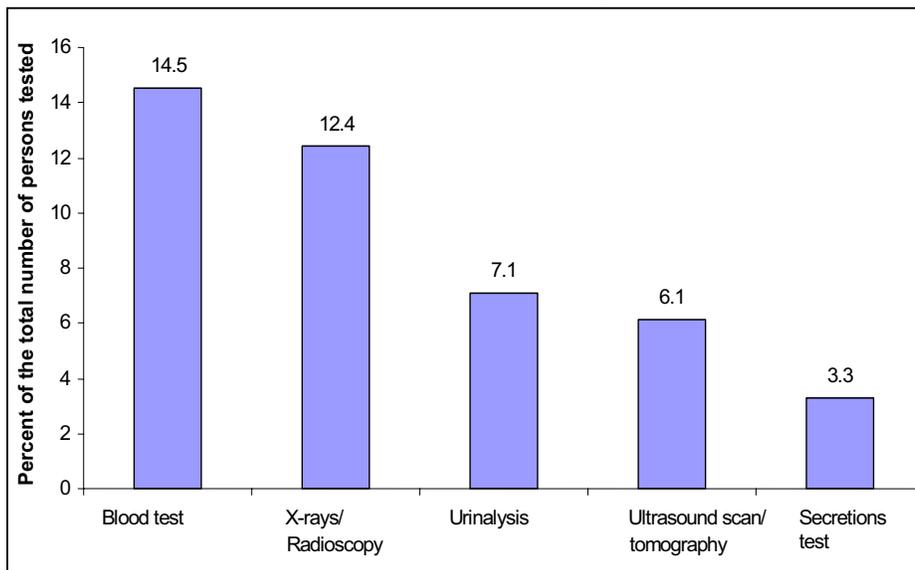
Of the overall number of persons having been on medical leaves, almost half recovered in a week and 15% needed between one and two weeks to recover.

For the adults, the needed recovery period was longer than in the case of children, with an average of 28.5 recovery days, compared to 14.2 in case of children (*the difference is significant: $F=42.9$, $df=1$, $p=0.00$*).

2.5. Medical checks

The great majority of subjects (92%) have not undergone any medical tests in the previous 3 months. Out of those who declared having been tested, most of them ran 2 or 3 tests, most frequent of which were blood tests, X-rays/ radioscopies and urinalysis.

Chart 9: Main medical tests undergone by Roma



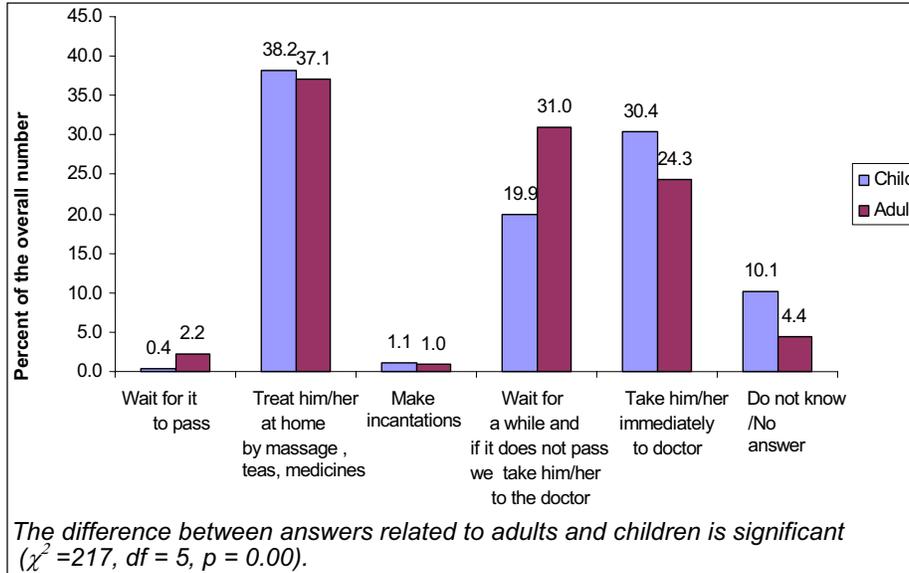
2.6. Satisfaction towards medical care services

63% of the subjects answering this question were very satisfied or satisfied with the manner in which they were treated by doctors, 18% were neutral and 17% were dissatisfied or very dissatisfied. The question was specifically asked in order to see whether the quality of medical services is perceived differently in relation to the patient's age or sex. The results show that the subjects' opinions do not vary significantly and that they consider that everybody is equally treated¹².

2.7. Treatment options and medical behavior

The analyzed data reveal the behavior of Roma population when a disorder is experienced by an adult or a child. For the children, in 30% of the cases and for the adults in 24% of the cases, first option is the doctor, whereas in approximately 40% of the cases (39.7 % for the children and 40.3% for the adults) they apply to other methods than the medical ones.

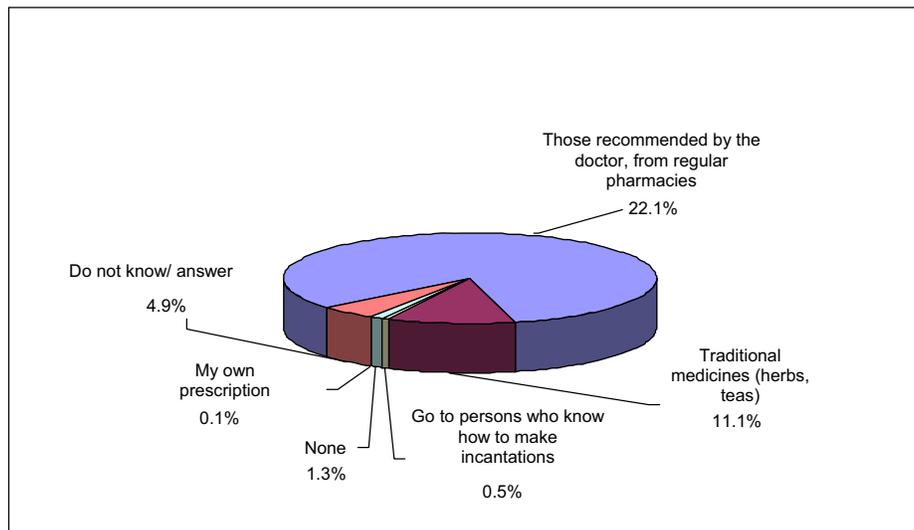
Chart 10: "How do you act when a person is sick?"



¹² The answers to these questions were given only by those persons who were able to assess the services for each category of subjects (either they were part of it or had close relatives in the respective categories).

As for the use of medicines, Rroma would rather take the medication prescribed by the doctor in 82.1 % of the cases and go for traditional healing herbs in 11.1% of the cases.

Chart 11: Administered medication



2.8. Birth and contraception

The average age declared at the time of marriage is 18.7 years, and over 40% of the married subjects declared that they got married before the age of 17. The average age of mothers at the time of birth of their first child is 20 years¹³. Approximately 90% of the respondents have children, and 12.6% of them wish to have more. Out of those who declared that they want more children, 34% would like to have one more child, 20% between 2 and 10 children and the rest of 43% did not plan for a number of children and are willing to accept “as many as God wants”.

2.8.1. Knowledge of contraceptive methods

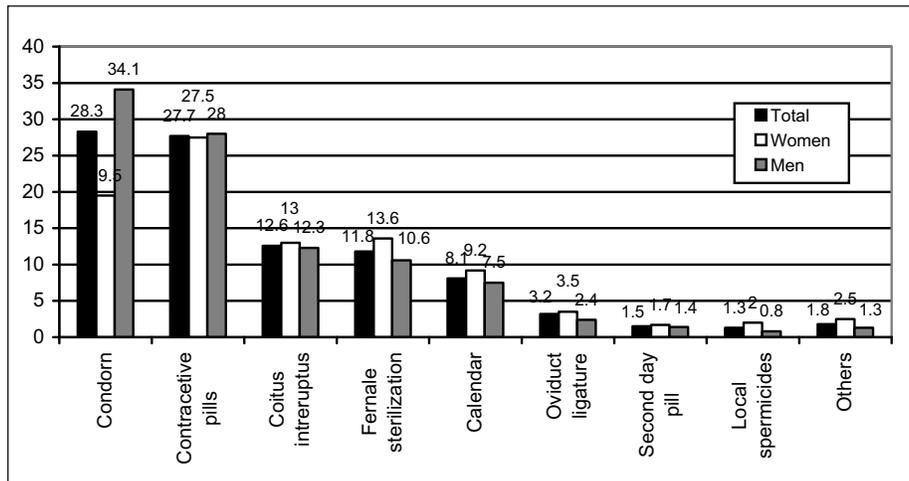
Of the overall number of interviewed subjects¹⁴ 48% have heard of at least one method of contraception (51.4% of the male subjects and 42.9%

¹³ Data provided by respondents, 60% males.

¹⁴ Both men and women.

of the female subjects). The situation is different compared to the national level since in a study published in 1999 (Study on the Reproductive Health) 99.6% of the women and 99.7% of the men were informed about the contraceptive means. It is important to mention that the respondents of in the above mentioned study were women aged between 15-44 years and men aged between 14-49 years compared to the structure of our sample which is described in table No 1. This could account for some of the differences. The most frequently mentioned methods were condoms, contraceptive pills and "coitus interruptus"¹⁵.

Chart 12: Knowledge of contraceptive means



The difference between the degree of knowledge showed by the two sexes is statistically significant ($\chi^2 = 12.32$, $df = 2$, $p = 0.002$).

Contraceptive means are better known in urban areas than in rural ones. 55.5% of the persons living in towns were aware of at least one method of preventing unwanted pregnancies, while in the rural area only 43.5% were aware of any. (The difference between the two areas is statistically significant - $\chi^2 = 20.34$, $df = 1$, $p = 0.00$).

¹⁵ Each subject could indicate several contraceptive methods. Thus, the sum of percentages will not be 100%.

2.8.2. Use of contraceptive means

Out of the total number of 1,511 persons interviewed, 390 (25.8%) declared that they have used at least once a contraceptive method. Other 460 persons (30.9%) declared that they have never used such methods, while 43.3% of the subjects refused to answer this question. Those who refused to answer were usually persons over 35 years old (around 73%) from the rural area (70.6%). At the national level¹⁶ 48.2% of the women are using a contraceptive method on regular basis and 51.3% declare the same thing.

The most frequently used methods are corresponding to the degree of knowledge: condoms, "coitus interruptus" and contraceptive pills. A part of the persons included in the sample (138 - 9.1%) declared that they appealed to abortion for renouncing an unwanted pregnancy.

Table 5: Contraceptive means used

Method used ¹⁷	Rroma women %	Women at national level %	Rroma men %	Men at national level %
Condoms	1.5	7.7	9.3	10.9
Coitus interruptus	2.4	20.6	4.3	20.8
Contraceptive pills	5.5	6.5	3.0	5.9
Calendar	3.5	4.1	1.5	1.0
Oviduct ligature (intrauterine device - IUD)	1.1	4.9	0.5	3.9
Local spermicidal (foils, shampoos, ovules)	0.2	2	0	0.8
Vasectomy/other methods	0.2	0.3	0	0.3
TOTAL	16.6	48.2	20.1	51.3

It can be noticed that, except for the case of abortion (seen as a contraceptive method), the use of contraceptive means on regular basis is less encountered in the case of Rroma population than at the national level.

¹⁶ Study on the Reproductive Health, 1999.

¹⁷ One person could mention more methods used. The total does not have to be 100.

For those persons using a contraceptive method, the average period of time for using it was 12.5 months, almost 40% of the respondents declaring periods less than 5 months.

2.9. Mortality

One of the questions included in this study referred to the number of deaths in the previous 5 years in the families making up the sample. The average age at death was of 53.4 years, and we noticed a relatively high number of deaths at very early ages (one year old or less - 17 deaths). The average age at death was calculated taking into account all the deaths that occurred in the last five years and the age of the deceased.

The most frequent mentioned causes of death were heart conditions (24.5%), cancer (15.5%), various accidents (9.7%), neurological disorders (5.2%), old age (5.2%), strokes (4%) and lung conditions (3.8%). In the year 2000, at the national level¹⁸ the main causes of death are heart and circulation conditions (61.5%), followed by cancer (16%), respiratory diseases (5.8%), digestive system conditions (5.6%) and traumatic lesions (5.6%).

2.10. Risk factors that affect the health status - smoking and alcohol consumption

2.10.1. Smoking

The percentage of smokers of the overall sample amounts to approximately 33%. At the national level, approximately 20% of the population is smoking. At the same time, the percentage of smokers among persons over 18 years, from the sample, is of over 54%. The number of smoking minors represents approximately 8% of the total persons who declared they smoked.

¹⁸ *Statistical Year Book, 2002.*

Table 6: Structure of smokers on age groups

Age		Smokers		Total
		No	Yes	
under 18 years	Frequency	3,274	213	3,487
	% of the overall age	93.9%	6.1%	100.0%
	% of the overall number of smokers	61.4%	8.0%	43.6%
18-24 years	Frequency	467	501	968
	% of the overall age	48.2%	51.8%	100.0%
	% of the overall number of smokers	8.8%	18.8%	12.1%
25-34 years	Frequency	590	767	1,357
	% of the overall age	43.5%	56.5%	100.0%
	% of the overall number of smokers	11.1%	28.8%	17.0%
35-44 years	Frequency	313	538	851
	% of the overall age	36.8%	63.2%	100.0%
	% of the overall number of smokers	5.9%	20.2%	10.7%
45-54 years	Frequency	323	398	721
	% of the overall age	44.8%	55.2%	100.0%
	% of the overall number of smokers	6.1%	15.0%	9.0%
55-64 years	Frequency	181	163	344
	% of the overall age	52.6%	47.4%	100.0%
	% of the overall number of smokers	3.4%	6.1%	4.3%
over 65 years	Frequency	180	82	262
	% of the overall age	68.7%	31.3%	100.0%
	% of the overall number of smokers	3.4%	3.1%	3.3%
Total	Frequency	5,328	2,662	7,990
	% of the overall age	66.7%	33.3%	100.0%
	% of the overall number of smokers	100.0%	100.0%	100.0%

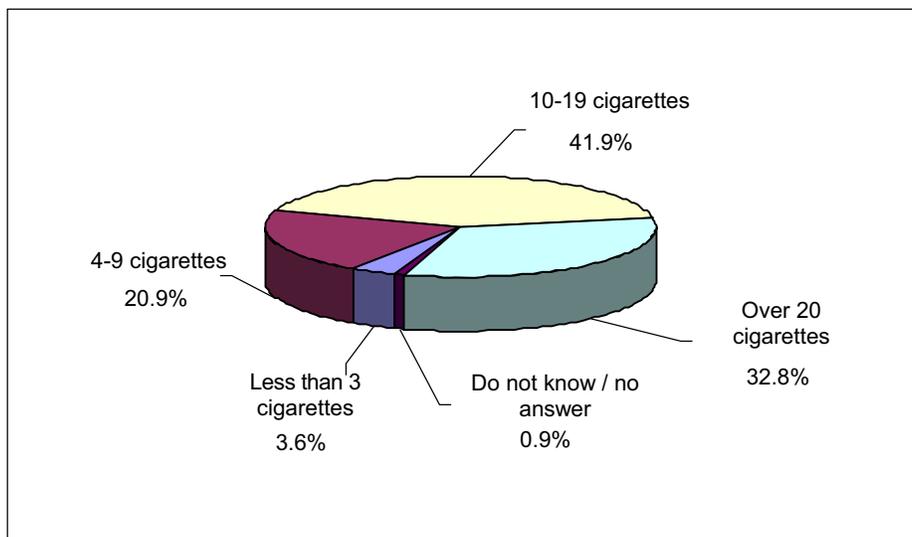
The collected data¹⁹ indicate that the average age for starting to smoke is of 18 years. Regarding sex distribution of smokers one can notice that the percentage of Roma female smokers is smaller than that of the males

¹⁹ About 60% of the respondents are male.

(41.7% compared to 58.3% of the males). Of the total persons of male gender included in the sample, 38% declared they smoked and out of the total female gender persons 28.1% declared having this vice. At the national level, the percentage of male smokers is of 30.4% and that of female smokers is of approximately 10%. (National Institute for Statistics, 2003)

Almost three quarters of the smokers declared that they smoked more than 10 cigarettes a day and around 33% even more than one pack a day.

Chart 13: Number of cigarettes smoked per day



Most types of cigarettes are strong (without filter - 30.2% or filtered, but strong - 39.9%). A smaller percentage of the subjects preferred regular or light (low tar nicotine) cigarettes (regular - 17.5%, light - 10.9%). 3 persons declared that they smoked any kind of cigarettes (0.3%) and 1.1% did not answer this question.

2.10.2. Alcohol consumption

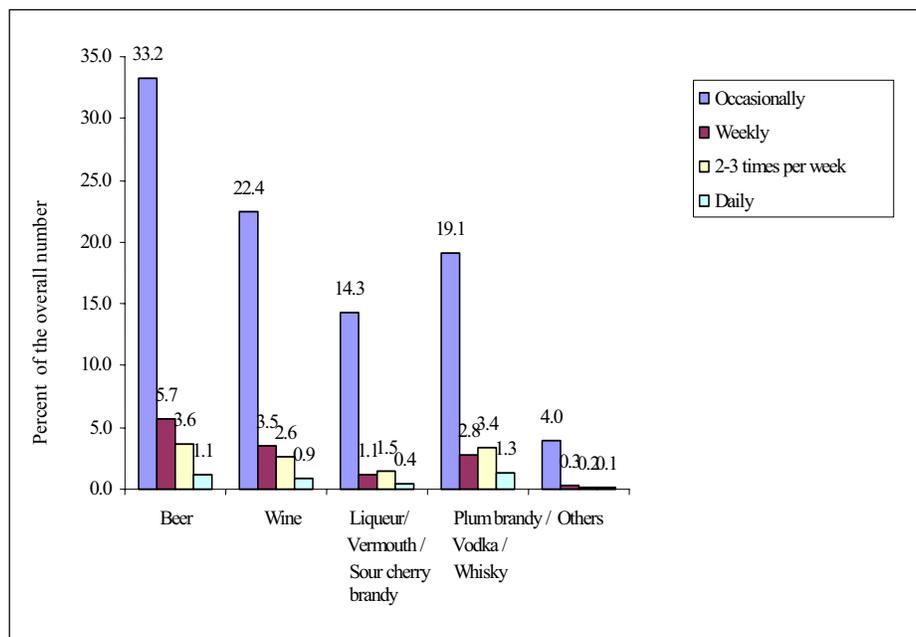
Approximately 19.3% of the investigated population declared that consumed alcohol. At the national level, the percentage is of 16%. Most of them (94%) are adults (over 18 years), the percentage of minors being of 6.3%. Most of those drinking alcohol are men, in a percentage of over

72.5%. Equally, out of the total number of men included in the study, approximately 46% declared they have consumed alcohol on regular basis.

56% of the persons consuming alcohol declared they started to drink when they were younger than 18 years old. Most often the subjects declared they drank alcohol at home, (approximately 60%), in pubs (23.6%) or during visits (15%). Other places where alcohol is consumed (at school, at work) account for 4% of the subjects' options.

The questions also referred to the types of alcoholic drinks preferred by subjects. 43.7% of the subjects drink beer (compared to 38% at the national level), 29.5% wine (compared to 25% at the national level), 26.5% plum brandy or strong alcoholic drinks (compared to 16% at the national level), 17.3% liqueur or vermouth and 4.6% other types of drinks²⁰. The subjects declared they drank occasionally, and only in a few cases they consumed alcohol daily or 2-3 times a week.

Chart 14: Types of alcoholic drinks consumed



²⁰ One person may consume several types of alcoholic drinks. Thus, the sum of these percentages may not be 100%.

Chapter 3

HEALTH SERVICES CONSUMPTION AND HEALTH STATUS OF RROMA CHILDREN AND ADULTS

The sample included a number of 1,511 adults and 1,152 children who were interviewed about their health status and about resorting to medical care services.

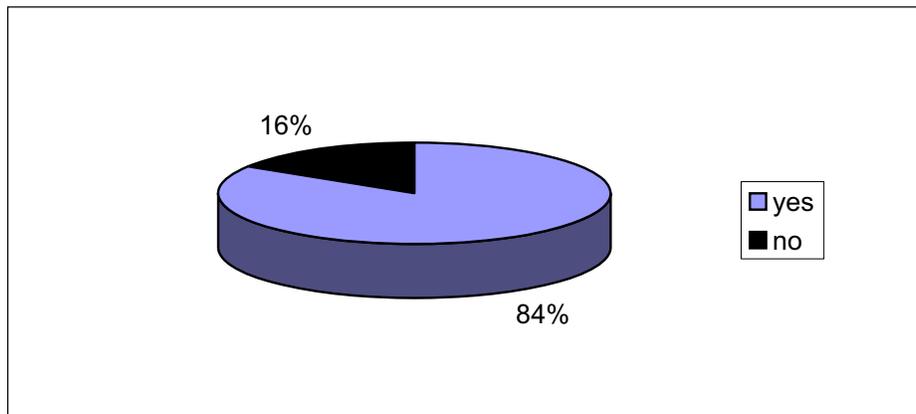
3.1. Family doctor

Out of the total number of Rroma adults included in the sample, a percentage of 84% are registered with a family doctor. The situation at national level²¹ indicates a different distribution, as 95% of the adults are registered with a family doctor.

In the year 2000, one year after health insurances were introduced, the Investigation regarding Living Conditions (ACOVİ) was emphasizing the fact that 75% of the interviewed persons were registered with a family doctor and only 34% of the Rroma population. In December 2001, another investigation made by the Institute for the Research of Quality of Life found out that 79.2% of the Rroma population was registered with a family doctor.

In case of the children included in our sample, 91.1% are registered with a family doctor, according to the declarations of their parents. According to the enforced legislation, all children are automatically insured even if their parents do not pay their contribution to health insurance funds.

²¹ Opinion Barometer on Health Care Services *conducted at the level of the Romanian population, Health Policies and Services Center, 2002.*

Chart 15: Persons registered with a family doctor

Registering with a family doctor is important for two reasons at least. First of all, family doctor records indicate the extent to which the Roma population can benefit from the public health care services. This way, they can benefit from all types of medical care services, from basic to specialized ones.

Secondly, although many of the Roma have no labor contracts and are not hence contributing to health insurance funds, they can still benefit from medical care services based on a social policy measure that allows them and all persons with small incomes to have access to such services (Minimum Granted Income Law).

3.1.1. Characteristics of the adults who are not registered with a family doctor

Although the percentage of Roma registered with a family doctor is high enough, still it is more than 10% smaller than the national average rate. For this reason, the structure of the unregistered persons could offer useful information in order to overcome the disparity to the national population.

The highest percentage of unregistered persons is encountered in the following age groups: 35-44 years old (26.9%), 25-34 years old (25.6%) and 18-24 years old (23.1%) and it is significantly lower in case of persons older than 55 (9.1%).

A higher percentage of unregistered persons appears in rural area (20%) compared to 13.7% in urban area. At the same time, unemployed

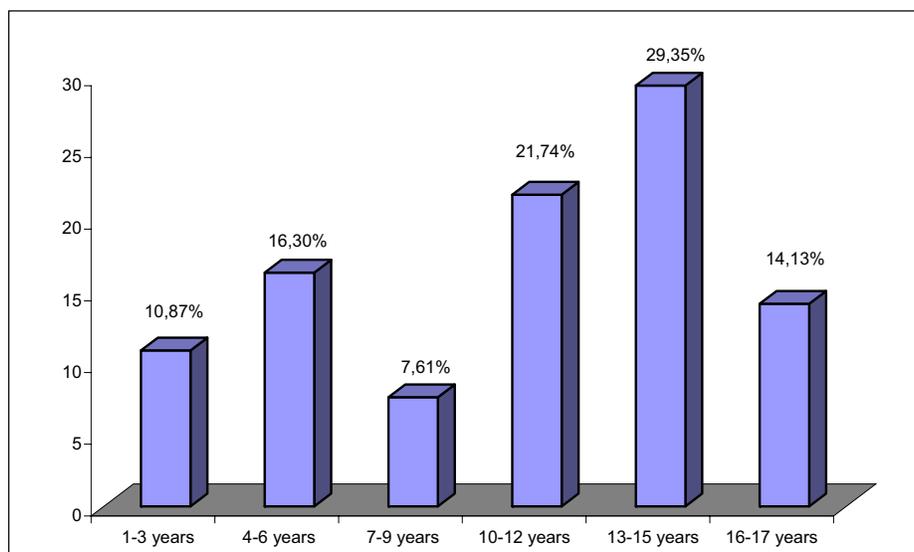
persons have a lower degree of insurance (79%) than the average which is 84%.

If we were to identify the profile of the Rroma adult who is not registered with a family doctor, this would be: ***an unemployed person aged between 18 and 44 years living in an urban area.***

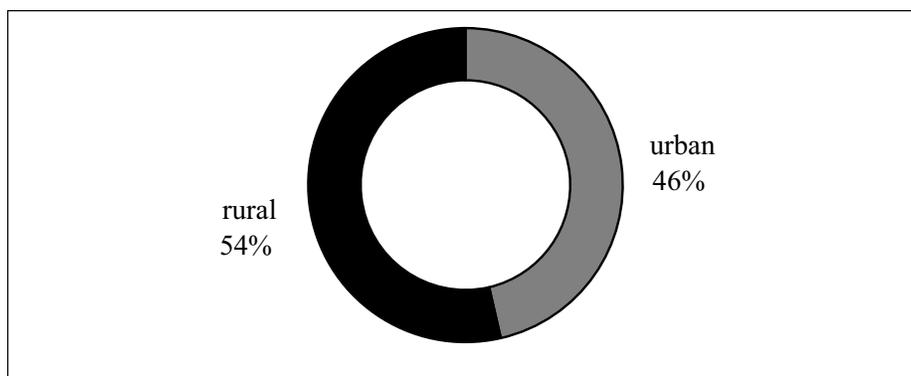
3.1.2. Characteristics of children who are not registered with a family doctor

A percentage of 8.9% of the children included in the sample are not registered with a family doctor.

Chart 16: Distribution on age groups of the unregistered children



Almost a third of the unregistered children are aged between 13-15 years whereas the age group 7-9 years has the lowest percentage.

Chart 17: Residential areas of unregistered children

3.1.2.1. Living standards

40.2% of the children who are not registered with a family doctor belong to families that have a small income - less than 200000 ROL per family member and another 30% of them come from households where the income per family member is between 200001 and 500000 ROL. Therefore most of these children belong to families that have a low income, even lower than the minimum income granted by the state (600000 per person).

3.1.2.2. Educational level of parents

One third of the children registered with a family doctor (30.9%) have parents who have no education at all. Another 36.1% of them have parents who graduated from at most four grades in school. 20.8% of the parents graduated from at most 8 grades in school and only 12.4% of them have a higher education than the elementary school.

3.2. Frequency of medical checks

During the *previous year*, 47.6% of the adults (compared to 27% at the national level)²² were consulted by a family doctor. In case of children, 59.2% has benefited from at least one medical check.

²² According to Opinion Barometer on Health Care Services conducted at the level of the Romanian population, Health Policies and Services Center, 2002.

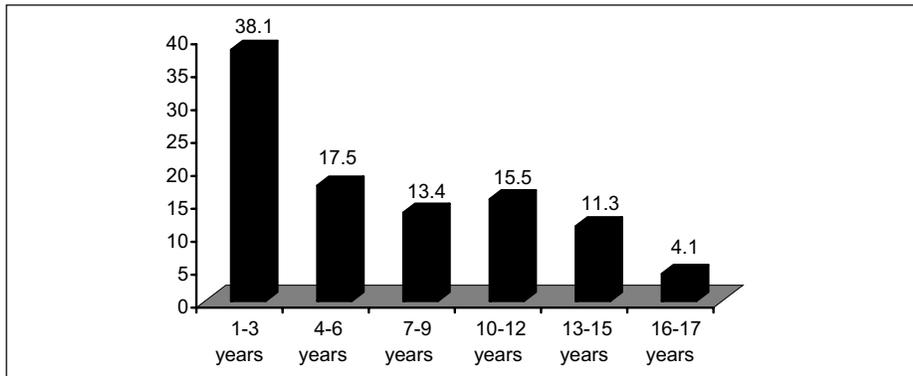
Table 7: Number of visits to the family doctor during the previous year

No. of visits	Adults		Children	
	Frequency	Percent	Frequency	Percent
1-3	357	26.3	412	335.8
4-6	137	9.1	134	11.6
More than 6	207	11.0	136	11.8
Not at all / not the case	792	52.4	445	38.6
Did not answer	18	1.2	25	2.2
Total	1,511	100.0	1152	100.0

The percentages of adults and children that resorted to a family doctor with a relatively high frequency (more than six visits in a year) are similar enough: 11.0% in case of adults and 11.7% in case of children. 9.5% of the children took more than 10 visits to the family doctor during the last year.

Children younger than 3 years old were most frequently seen by a doctor: 38.1% of those who visited a doctor are children aged under 3.

Chart 18: Age distribution of children visited by a doctor more than 10 times in a year

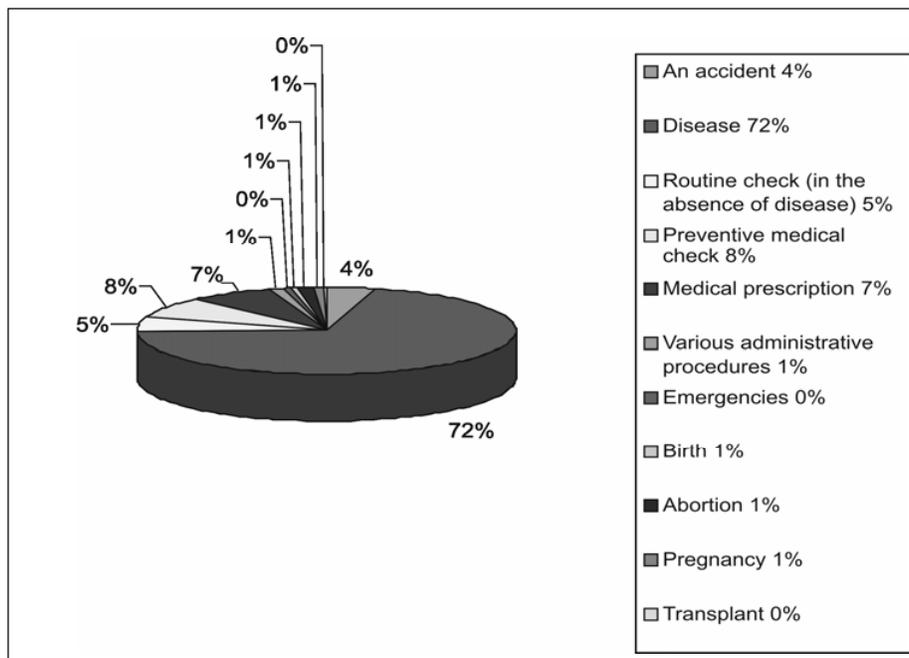


Of the overall children who did not see a doctor at all during the previous year, 9.2% of them are children aged under 3 years.

The percentage of adults who have been consulted by a family doctor during the last three months is of 42.6% and that of children is of 41.9%. On the average, adults visited a family doctor 2.4 times within this time interval, whereas children took 2.2 visits.

The reason why adults resorted to a doctor last time is given in most of the cases (72%) by the presence of a disorder. A relatively low percent of Rroma resorted to a doctor for a routine medical check (5%) or for a preventive medical check (8%). At the national level the situation is as follows: 68% of the cases resorted to a doctor because of an illness, 23% for a preventive medical check and 9% for an epidemiological clearance endorsement paper or a medical one.

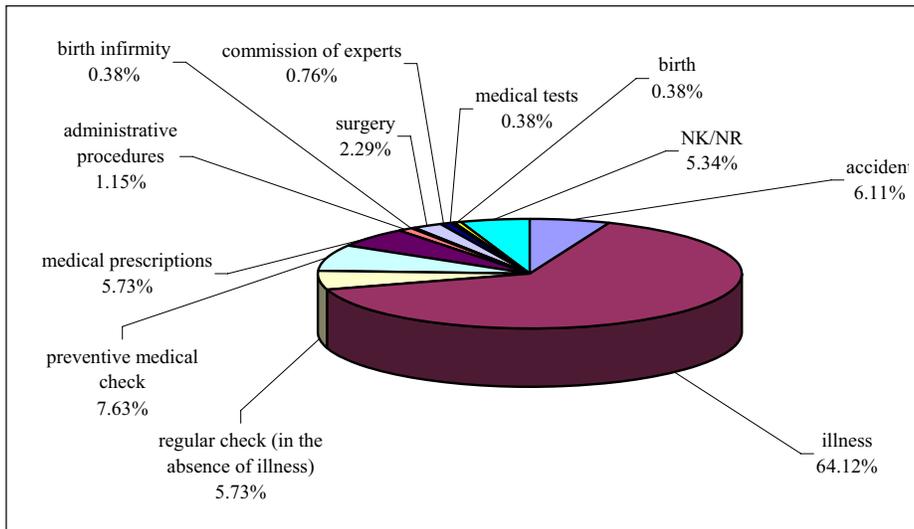
Chart 19: Reasons why adults resorted to a family doctor last time



The main reason for which parents last addressed to the family doctor in order to solve their children problems was illness (55.9%). 16.1% of the

parents went with their children to see the doctor for a routine check and 13.5% asked for medical prescriptions.

Chart 20: Reasons why adults took their children to the family doctor last time



3.3. Location of medical consultations

Most of the consultations took place at the family doctor’s office for 88.2% of the adults and 95.5% of the children. In case of 11.8% of the adults and 2.9% of the children consultation took place at home.

3.4. Referrals to other doctors

During the last year, 32.2% of the adults seen by the family doctor were referred to other doctors: 12.6% were referred to specialists, 2.6% were referred to medical tests laboratories, 6.3% were sent to hospitals and the rest to other institutions. Of the overall children seen by the family doctor 34.4% were referred to other doctors: 16.4% were referred to specialists, 4.3% were referred to medical tests laboratories and 12.6% were sent to hospitals.

3.5. Resorting to specialists

During the *last year*, 27.9% of the adults and 36.4 of the children were consulted by a specialist.

On the average, adults consulted a specialist 2.5 times and children 2.2 times.

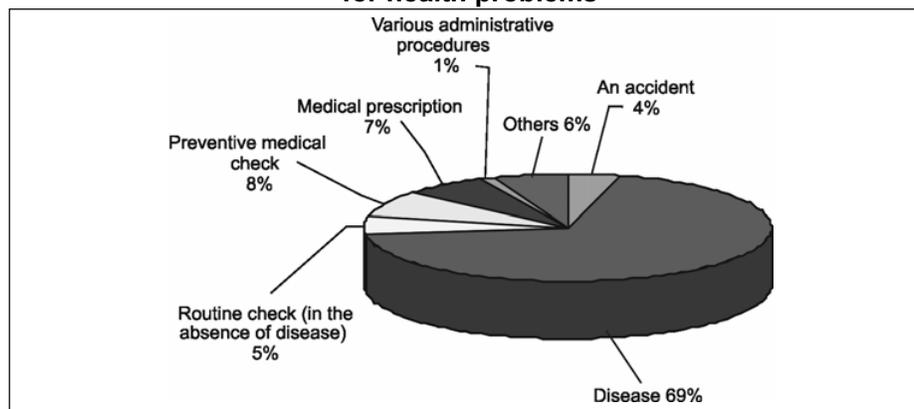
Table 8: Number of consultations by specialists during the previous year

No of visits	Adults		Children	
	Frequency	Percent	Frequency	Percent
1-3	309	73.4	141	29.2
4-6	50	11.8	22	4.6
More than 6	31	7.4	5	1.0
None/not the case	0	0	307	63.6
Did not answer	31	7.4	8	1.7
Total	421	100.0	483	100.0

In case of adults, most of the visits were taken to cardiology, gynecology and lung specialists. The situation at the national level is similar since most of the visits were taken to specialists in cardiology (13.2), dental care (6.5%), and gynecology (4.8). (National Institute for Statistics, 2003).

90.2% of the adults went to see a specialist at the state clinics and 9.8% resorted to private medical clinics.

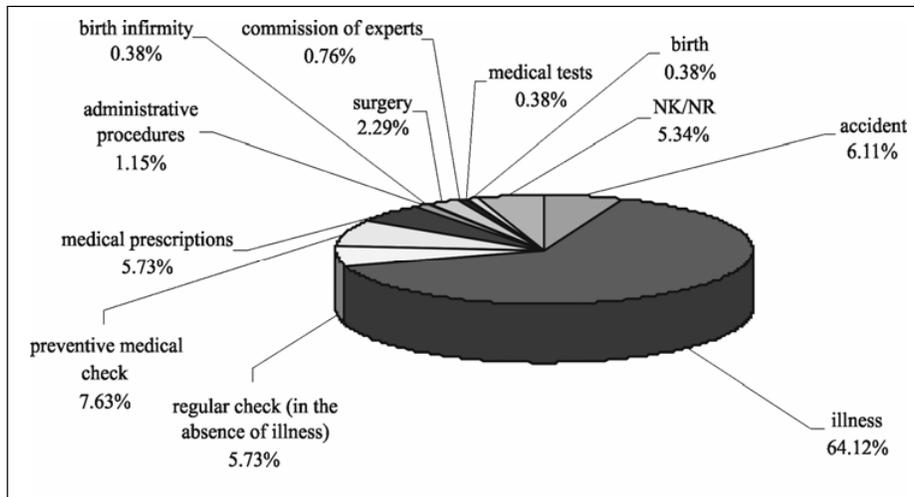
Chart 20: Reasons why the adult resorted to a specialist for health problems



In case of children, most of the visits to a specialist were taken to psychiatry and pediatric sections: out of the total children seen by a specialist more than 3 times (up to 20 times) during the previous year, 15.4 were seen at the psychiatric section and 13.8% at the pediatric section. 86.6% of the children were seen by specialists in state clinics and 8% in private clinics (the rest of 5.4% did not specify the type of clinic they went to).

The main reasons for which parents took their children to a specialist were, for the most part of the subjects, illness (64.1%), preventive medical check (7.6%), medical prescriptions (5.7%) or routine checks (5.7%)

Chart 22: Reasons why the parents resorted to a specialist for their children



3.6. Physical disability

4.3% of the adults from the sample declared to suffer from a disability. 58.4% of them are affected in their daily activities by the respective disability, while 32.8% of the adults are only partially affected. Only 8.8% (N = 5) are not affected in their day-to-day activities. For 7.6% of the children included in the sample, their parents declared they suffered from a physical disability. In the case of 48.9% of the children, the respective disability affects their daily activities and 42% of them are only partially affected. Only 3.4% are not affected in their daily activities.

3.7. Health status during the last two weeks

Given the fact that the study focused mainly on perceptions and behaviors related to health, we decided to analyze the last two weeks in order to have an accurate description of the state of health for this period.

In the near past (the previous two weeks), 29.5% (N=445) of the adults and 27.3% of the children experienced health problems.

Table 9: Types of disorders experienced by adults during the last two weeks

Type of disorder	Frequency	Percent
Digestive disorders	27	1.8
Dermatological/venereal	24	1.6
Flu, pneumonia	25	1.7
Cardiovascular	40	2.6
Rheumatism	14	0.9
Urological	10	0.6
Others	125	8.4
Not the case	1,066	70.5
Do not know / answer	180	11.9

The highest incidence is that of cardiovascular disorders (2.6%), followed by digestive disorders (1.8%) and respiratory disorders (1.6%).

19.4% of the adults had to interrupt their daily activities due to these health problems. 16.3% (N=246) of the adults had to stay in bed. On average, adults spent 7.1 days in bed during the previous 2 weeks.

5% of the adults stayed in bed between 1 and 3 days, 2.6% between 4 and 6 days and 8.7% more than 6 days.

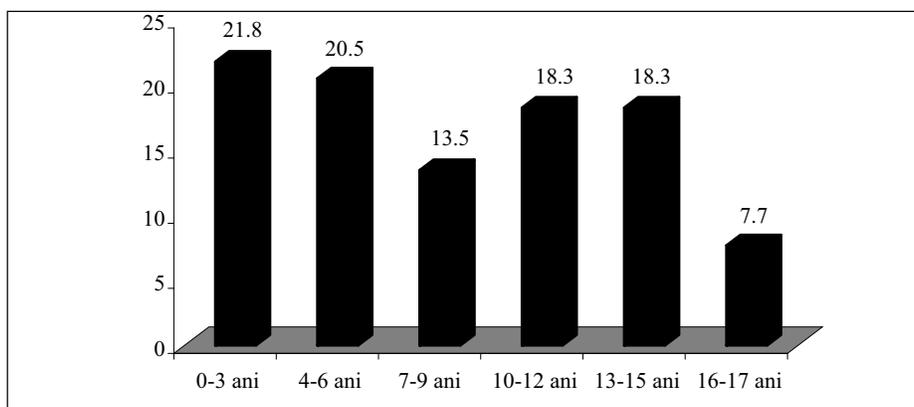
Emotional/psychological problems lead to the interruption of the daily activities in 5.4% of the cases (N=81). On average, adults interrupted their activities for 6.0 days.

Among children the highest incidence of disorders is that of respiratory diseases (14.2%) followed by infectious and parasitic diseases (1.3%) and nervous system disorders (1.2%)

Table 10: Types of disorders experienced by children during the last two weeks

Type of disorder	Frequency	Percent
Respiratory	164	14.2
Cardiovascular	7	0.6
Digestive	6	0.5
Urological/genital	3	0.3
Nervous system	14	1.2
Sensory	3	0.3
Glandular	2	0.2
Infectious/parasitic	15	1.3
Locomotive apparatus	8	0.7
Other	11	1.0
Not the case	837	72.7
Did not know/ answer	82	7.1

Chart 23: Age distribution of children who suffered from various disorders



The most exposed age group is 0-3 years whereas the lowest incidence of health disorders appears in the groups 7-9 years and 16-17 years.

At the level of the entire sample, 16.1% of the children had to interrupt their daily activities because of health problems. 14.7% of the children stayed in bed. On the average, children spent in bed 6.8 day during the last two weeks.

3.4% of the children spent between 1 and 3 days in bed, 2.3% between 4 and 6 days, 4.3% between 7 and 9 days, 0.9% between 10 and 12 days and 2.2% between 13 and 14 days.

The diseases that required a longer period of recovery were mainly related to respiratory apparatus, followed by infectious and parasitic diseases and nervous system disorders.

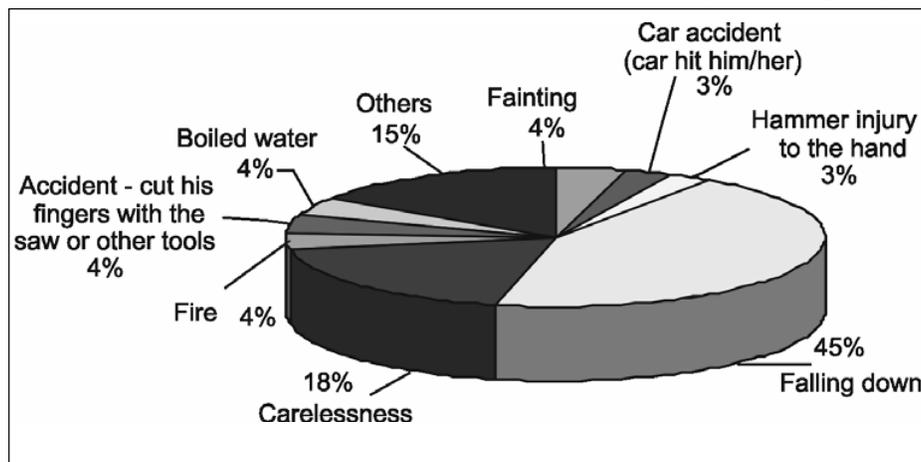
From among the children who spent in bed between 7 to 14 days during the last two weeks, 51.2% suffered from respiratory diseases, 7.1% experienced infectious or parasitic diseases, and 6% suffered from nervous system disorders.

Emotional/psychological problems lead to the interruption of the daily activities in 3.6% of the cases (N=81). On average, children interrupted their activities for 6.8 days

3.8. Accidents

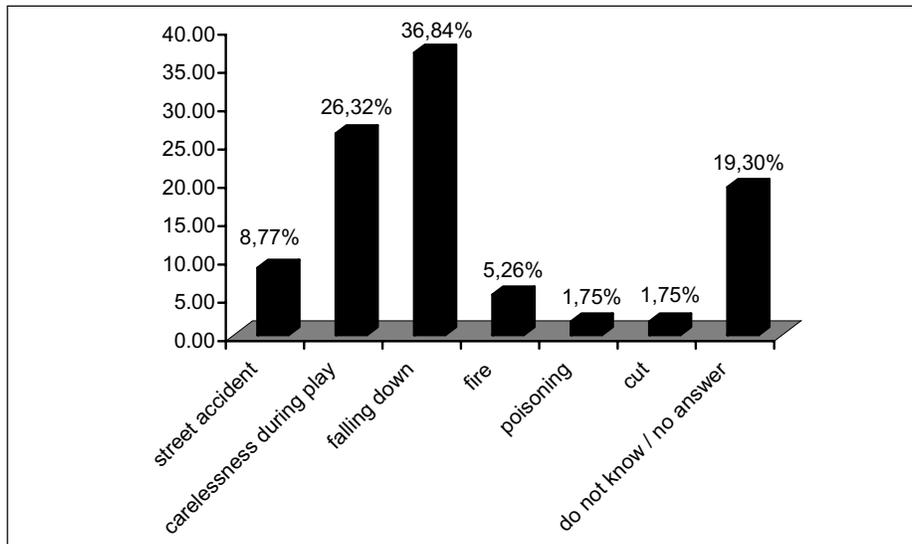
During the previous 12 months, 5.4% of the adults had suffered accidents inside the house or in its proximity and the correspondent percentage of children is of 4.9%

Chart 24: Declared causes of accidents in case of adults (percentage of the overall number of accidents occurred in the previous year)



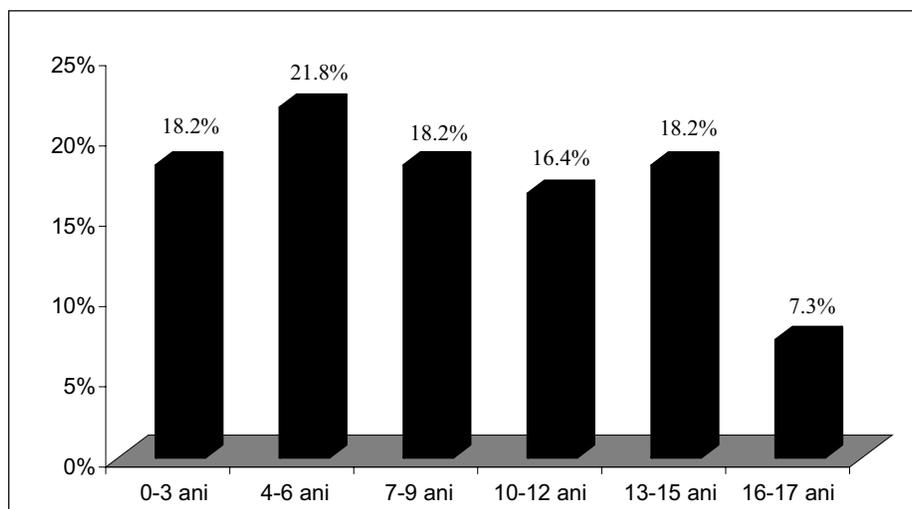
As far as children are concerned, 3.6% of them had one accident, 0.9% had two accidents and 0.6% had more than two accidents.

**Chart 25: Declared causes of accidents in case of children
(percentage of the overall number of accidents occurred in the
previous year)**



The place where accidents occurred

Most accidents (60.0% in the case of adults and 56.1% in the case of children) took place in front of the house / apartment building. Other locations that appear to be at a high risk for accidents are: kitchens (15.0% of the adults and 10.5% of the children), exterior ladders/staircases (6.0% of the adults) and the street (8.8% of the children). Most accidents suffered by adults took place while they were doing the housework. 88% of the injured children live in houses with courtyards and 12% of them live in a flat.

Chart 26: Age distribution of children who suffered accidents

The age group most exposed to accidents seems to be 4-6 years while the age group where accidents are less encountered is 16-17 years.

Most of the children's accidents (56.1%) took place during playground activities. The doctor was called for help in 38.6% of the cases.

Table 11: Requested assistance in case of accidents suffered by adults and children

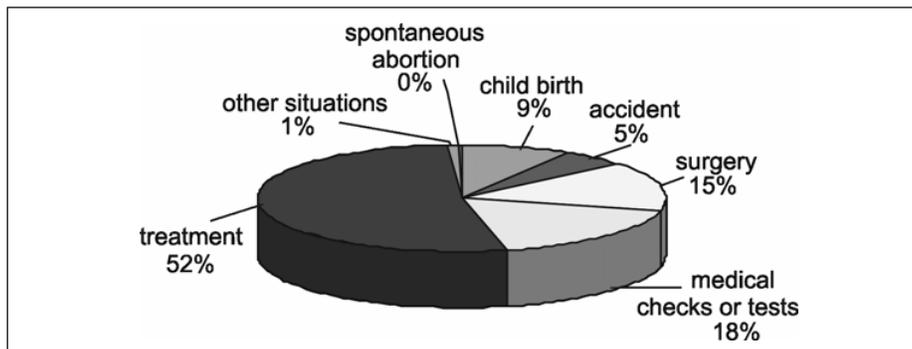
Who the subjects turned to for help	Adults	Children
A family member	41.0	13,3
Neighbor / friend / relative	23.2	10,0
Medical staff	25.0	73,4
Another person	10.8	3,3

3.9. Hospitalization

20.5% of the adults were hospitalized during the previous year, while the percentage of Roma children put in a medical care unit was of 17.6%

The data concerning the Romanian population (Health Policies and Services Centre, 2002) indicates that, at the national level, the hospitalization rate was of 17%.

Chart 27: Reasons for adults' hospitalization

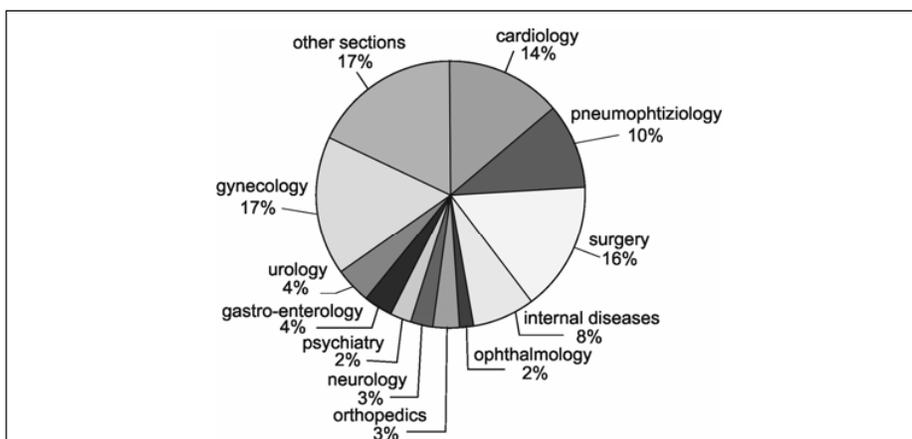


3.9.1. Time spent in hospital by adults

Most of the adults (38.7%) spent less than a week in hospitals. 27.6% of the adults spent between 8 and 14 days in hospital and another 33.5% of them spent more than two weeks in hospital.

On the average, adults were hospitalized for 16.8 days. In the year 2001, the average time of hospitalization was of 8.6 days at the national level. (Sanitary Statistical Annual, 2002)

Chart 28: Section where adults were hospitalized



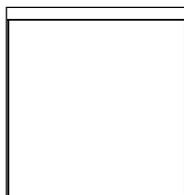
Most of the adults were hospitalized at gynecology, surgery, pneumophthiziology and internal diseases sections.

3.9.2. Time spent in hospitals by children

Most of the children, 44.3%, spent less than a week in the hospital. 18.2% of the children spent between 8 and 14 days in the hospital and 20.2% spent between 2 and 4 weeks. Only 9.3% of the children spent more than a month in the hospital.

On the average, children were hospitalized for 17.2 days during the last year.

Chart 29: Section where children were hospitalized



3.10. Use of medication

48.0% of adults and 39.8 of the children used medicines during the previous 2 weeks.

Medicines were taken following prescriptions from family doctors in 37.3% of the cases for the adults and in 56.4% for the children. The use of medicines was made at the indications of another doctor in the case of 21.3% of the adults and 14.6% of the children. The pharmacist was the one prescribing the medication for 9.0% of the adults and 8.1% of the children. 28.5% of the adults took medicines at their own initiative, while in 3.9% of the cases the medication was suggested by someone else. Parents decided the medication for their children in 15.35 of the cases while in 5.2% of the cases the medication for children was recommended by someone else.

Table 12: Adults disorders treated by medication

Disorder	Frequency	Percent
Pain of any kind / unspecified	224	30.8
Cold, flu	163	22.4

Blood pressure	78	10.7
Other cardiologic disorders	70	9.6
Neurological disorders	28	3.8
Diabetes	20	2.7
Digestive disorders	20	2.7
Urological and renal disorders	15	2.0
Bronchitis	11	1.5
Others	97	13.8
Total	726	100

Table 13: Children disorders treated by medication

	Frequency	Percent
Respiratory	284	61,9
Cardiovascular	9	2,0
Digestive	7	1,5
Urological / genital	2	0,4
Nervous system	17	3,7
Sensory	11	2,4
Glandular	2	0,4
Infectious and parasitic	16	3,5
Locomotive apparatus	2	0,4
Others	8	1,7
Strengthen the body	23	5,0
Unspecified pain	73	15,9

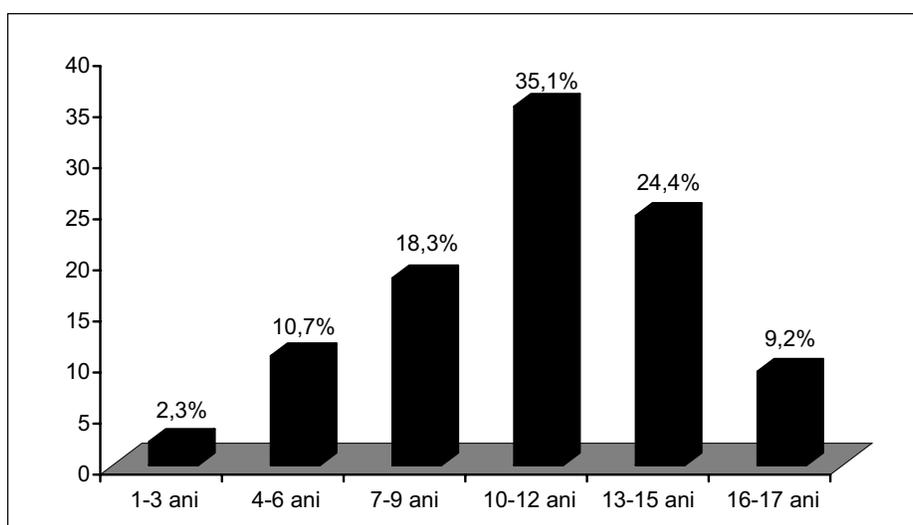
3.11. Dental care specialist

15.6% of the adults and 11.5% of the children were consulted by a dentist during the previous year. The average number of visits taken by adults to a dentist is 2 and of visits taken by children is 3.4.

The great majority of adults (80.5%) and children (81%) went to a dentist between 1 and 3 times, 13% between 4 and 6 times. Only 6.5% of the adults and went to a dentist for more than 6 times during the previous year. 6.6% of the children went to a dentist more than 10 times during last year.

Over a third of the children seen by a dentist during the last year are aged between 10 and 12 years, 24.4% of them are aged between 13-15 years and 18.3% are aged between 7-9 years.

Chart 30: Age distribution of children seen by a dentist during the last year



Of the overall number of persons included in the sample, 38.8% of the adults and 13.1% of the children experienced dental problems in the previous 3 months that would have required consultation, but did not see a dentist.

Table 14: Reasons for which adults and children did not see a dentist

Reasons for not seeing a dentist	Adults		Children	
	Frequency	Percent	Frequency	Percent
Lack of financial means	348	73.2	88	58.3
Fear	67	14.1	30	19.9
Lack of time			5	3.3
Tooth ache is gone			18	11.9
Other reasons	60	12.7	6	4.2
Did not know/answer			4	2.6

Total	475	100.0		
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Table 15: Types of dental problems of the adults who went to see a dentist

	Frequency	Percent
Tooth aches	411	86.5
Dental treatment	29	6.1
Dental interventions	30	6.6
Others	5	0.8
Total	475	100.0

Table 16: Types of dental problems of the children who went to see a dentist

	Frequency	Percent
Tooth aches	134	88,7
Dental treatment	7	4,6
Routine check	1	0,7
Dental interventions	4	2,6
Other	1	0,7
Losing teeth	1	0,7
New teeth eruption	2	1,3
Did not know/answer	1	0,7
Total	151	100,0

83.9% of the adults and 25.7 of the children went to a dentist at least once. In case of adults, the most frequent problems treated by a dentist were dental extractions (42.6%), dental treatments (24.8%) and tooth aches (21.9%). The rest of 10.7% went for dental interventions. Children went to the dentist mainly because of tooth aches and for dental extraction.

53.2% of the adults and 65% of the children went to a state dental care unit whereas 13.1 of the adults and 23% of the children went to a private one. 33.7% of the adults do not remember the type of dental care unit they went to. As for the children, 12% of the cases did not answer the question about the type of dental care unit they used to go.

3.12. Vaccination

Only for 88% of children, their parents have declared that necessary vaccinations had been made. Thus, an important percentage of children (12%) is part of a category of risk, exposed to serious diseases.

CONCLUSIONS

In analyzing the health status of Roma population it is important to understand several determining factors such as: the socio-economic environment, life style, heredity and sanitary services.

In this context we can emphasize the poor living standards of Roma population, the average income per family member being under the minimum granted income. More than half of the interviewed subjects stated that their incomes were not enough to cover for basic needs, while almost a quarter of them believed that their incomes barely covered for survival purposes, compared to the national level where 45% of the subjects stated the incomes were not enough to cover for basic needs (according to National Institute for Marketing and Poles – IMAS in a study ordered by the Open Society Foundation).

For most of the Roma families, the main sources of income rely on social benefits (retirement benefits, social aids, children allowances, unemployment benefits). This situation occurs mainly as the result of a low degree of occupation amongst Roma population (lower than at the national level). Only 12.1% of the adult Roma population has a steady income generating activity. Out of the total population employed, more than two thirds are men, the degree of women participation in the labour market being very low. A low level of education or, in case of some of the Roma, lack of formal education account for the low degree of Roma participation in the labour market. At present, more than a third of Roma population has no profession and almost half of them are unskilled workers. Traditional craftsmanship is preserved in a proportion of only 3.2% and the most encountered occupations are: brick man, peddler, blacksmith, and brazier.

Roma housing conditions are, in many cases, inappropriate. About three quarters of the subjects evaluated their dwellings as being modest or bad. The hygienic and sanitary equipments of their dwellings are precarious: only 27.5% of the households are provided with running water compared to 51.6% at the national level, and only 40% are equipped with a kitchen compared to 88.2% at the national level. In 15.9% of the cases the toilet room is situated inside the house.

From the demographic point of view, we can notice that the Roma population is a very young one, the average age being of 25 years. The

percentage of people younger than 24 exceeds 54% and the situation is different compared to Romanian population where the distribution of youngsters and elders is more balanced. Another difference consists in the fact that the average number of members per household is bigger in case of Roma households than the average encountered at the level of the entire Romanian population (5.4 compared to 3.1).

The present study also focused on Roma population's exposure to two of the most important risk factors that affect health and are connected to life style: alcohol consumption and smoking. More than half of the Roma aged over 18 years are in the habit of smoking and 8% of the minors are smokers. The average age at which they start smoking is 18. The percentage of Roma smoking women is smaller than that of smoking men (47.7% women compared to 58.3% men). Almost three quarters of the smokers declared they smoked more than 10 cigarettes a day and approximately 33% smoked more than a packet a day. Less than 22% of the investigated Roma are alcohol consumers, most often on occasional basis. The percentage of minor alcohol consumers is relatively small (6.3%). Almost three quarters of those consuming alcohol are men.

With referral to the specialized health indicators we notice that in the case of Romania, as well as other Eastern and Central European countries, life expectancy of the Roma ethnic group is significantly lower than that of the majority population. A recent study²³ published by World Bank shows that, at the level of this group of countries, Roma people live, on the average, 10 years less than the majority populations. This data is confirmed to a great extent by the present study. If, for the year 2000, life expectancy at birth was of 69.8 years²⁴ at the level of the entire population, the present study reveals that the average age of death registered in Roma households was of only 53.4 years²⁵. This fact shows the huge disparity (more than 16 years) between Roma's life expectancy and life expectancy at the level of the entire Romanian society.

We are hereby mentioning that, although the opinions of the tested subjects are to a great extent biased, the information obtained is relevant enough because it provides an image of their perception on the quality of

²³ Ringold D., Orenstein M.A., Wilkens E., «Roma in an expanding Europe. Breaking the Poverty Cycle» conference edition, 2003, p.41

²⁴ According to «Avoiding the Dependency Trap», UNDP, Bratislava, 2002, Annex 3, p.104.

²⁵ A large number of deaths at small ages (children aged under 12 months) was registered .

the health status and could be interpreted as explanatory factors of the subjects' behaviors in cases related to health issues.

The most frequent mentioned causes of death were heart failure, cancer, several types of accidents, neurological disorders, old age, stroke, and lung condition. We cannot speak of a specific profile of the disorders experienced by Roma people compared to the rest of the population. All be it, we shall mention that during the interviews with the representatives of medical institutions they appreciated the incidence of Tuberculosis as higher in the case of Roma communities, which is rather related to the state of poverty many of the Roma people live in. The same specialists signaled out that Roma are at a high risk regarding hepatic diseases and several transmissible diseases. The high incidence of the above mentioned diseases is explained by the same medical specialists as a consequence of the state of poverty in which a great part of Roma people live and even extreme poverty in the case of certain Roma communities.

Amongst Roma children respiratory diseases (14.2%) are at a high incidence, followed by infectious and parasitic diseases (1.3%), and nervous system disorders (1.2%).

The medical representatives considered that Roma children are more exposed to digestive disorders especially after conclusion of the breast feeding period (diarrhea of infectious nature, malnutrition, dystrophy, as well as rachitis and anemia).

The data of the present study indicate an improved situation of the registration with the family doctor and implicitly of the access to medical care services offered by the Romanian system of social health insurances enforced ever since 1998. (In order to benefit for free from most of the medical services in the package offered by the National Health Insurance House one has to present a referral from the family doctor.) In this respect, only 16% of the adults and almost 9% of the children belonging to the Roma community are not registered with a family doctor compared to the data revealed in previous studies (34% were registered with a family doctor in the year 2000 and 79.2% in the year 2001). The profile of the Roma adult who is not registered with a family doctor is the following: person aged between 18 and 44 years old, unemployed and coming rather from a rural area.

In spite of a more favorable Roma self assessment of their state of health, compared to the national level²⁶, the data presented in this study suggest that a great part of Roma population has a precarious state of

²⁶ Opinion Barometer on health care services conducted at the level of the Romanian population, Health Policies and Services Center, 2002.

health. Most frequently mentioned health problems were respiratory diseases followed by cardiovascular and digestive disorders.

Data shows that Rroma people behave differently when an adult is sick or when a child is sick. A child's illness determines them to visit the doctor more rapidly than in the case of adults. The highest frequency of visits to the doctor is registered in the case of children aged less than 3 years old.

In case of adults, most of the visits to a specialist were taken at cardiology, gynecology, and pneumoftiziology sections. The average time spent in hospital for the persons hospitalized during last year is of 16.8 days, almost double compared to the average²⁷ at the national level. This aspect is determined either by the fact that Rroma resort to medical care services in an advanced phase of the disease which require a longer treatment, or by their precarious financial situation, social aspect that leads to a longer period of hospitalization.

Most of the interviewed subjects (92%) have not undergone any medical tests for the last three months. At the national level, for the period December 2001- May 2002, 25.7% of the entire population performed such medical checks (National Institute for Statistics, 2003).

At the level of the general population, consumption of this type of medical services (medical tests) is more than 3 times higher than that of the Rroma population. This aspect seems to sustain the previous premise related to Rroma's reporting to the hospital in advanced phases of the disease.

Follow up studies are necessary to determine whether this pattern is due to Rroma's behavior or other factors related to medical system are involved, factors which restrict the access to certain types of medical care services.

Most of the Rroma people would rather take the medication recommended by the doctor (82.1% of the cases) and only 11.1% of them resort to traditional medicines (tea, herbs). Most of the investigated Rroma population declares itself as relatively satisfied with the received medical care services.

At the national level, for the period of December 2001-May 2002, 5 out of 100 persons were unable to perform their daily activities on a regular basis (National Institute for Statistics, 2003), compared to 10 persons at the level of the entire investigated Rroma population. Therefore the temporary work incapacity period is double in the case of Rroma and the reasons that account for this situation are to be analyzed later on.

²⁷ According to Sanitary Statistical Year Book, 2002.

Only 15.6% of the adults and 11.5% of the children were seen by a dentist during the last year. Out of the total number of adults in the sample, 38.8% of them and 13.1% of the children experienced dental problems that required consultation but they did not resort to the specialist. In more than three quarters of the cases, the reason for not resorting to the dentist was lack of financial resources, compared to less than 10% at the national level²⁸.

Knowledge of contraceptive means is relatively low compared to the situation at the level of the entire population. In almost half of the cases of the investigated Roma population, at least one contraceptive mean is known, whereas at the national level the percentage is over 99%. Only a quarter of the investigated Roma declared they used at least once one of the known contraceptive mean, compared to 48.2% of the women and 51.3% of the men at the national level.

Access to services

One of the compulsory and preliminary requirements for the access to medical care services in the public system of social health insurances is presenting documents that indicate the status of insured, that is, identity papers and whenever the case, documents to confirm payment of the insurance rates. Approximately a tenth of Roma population has no identity documents and 2.4% has no birth certificate. Persons with no identity documents are self-excluded from social services and implicitly medical services. They can access medical services only in emergency cases when medical assistance is granted no matter the status of the patient whose life is at threat.

The socio-economic conditions correspondent to the state of poverty are materialized in lack of a steady income, unhealthy nutrition, improper housing conditions, lack of elementary hygiene and lack of education. They all inevitably lead to specific problems when it comes to accessing the social health insurances system. In the case of many Roma we can always add lack of information regarding the access to health care services, lack of necessary resources in order to gain legal access to the system and issues related to attitude and behavior both on the side of Roma population and of medical and administrative staff. Roma health problems (both adults and children) are not essentially different from the problems faced by the rest of the population or other minorities. The only different aspect is the

²⁸ Opinion Barometer, *Health Policies and Services Center, 2002.*

incidence of certain diseases. Therefore, there is a more acute need of specialized care services at the level of this community.

The malfunctions of the new system of social health insurances in tackling the problems faced by Rroma are deepened by lack of specific measures, of programmes and projects both governmental and non-governmental which should ensure health at the level of Rroma communities.

The perspective of the specialists in the medical field emphasizes the culture of poverty, not necessarily with referral to poverty in itself but rather to the purpose of completing and explaining it.(the concept of poverty) The culture of poverty refers to the set of values, attitudes, knowledge and practices, behavioral patterns and life style which lead to the perpetuation of the state of poverty. Lack of education, the attitude of resignation and ignorance towards improper living conditions, nutrition, hygiene, as well as reticence against specialized medical treatment, maintenance of archaic knowledge and practices of life, a counter productive attitude towards the authorities, and a traditionalist style of life represent as many causes for Rroma's difficult access to health care services.

Rroma's access to health care services is also influenced by the action of the state in the matter of legislation. In this point, the two perspectives are different: on one hand, the interviewed medical specialists interpreted the new system of social health insurances as an element of reform based on efficiency criteria, and on the other hand, the interviewed Rroma representatives were looking at the situation from the perspective of effectiveness. The opinion of the latter seems to be legitimate since medical care services are considered part of the public domain and not the private one, in the context of social health insurances.

Despite health problems faced by the Rroma, their access to medical care services is limited. The barriers Rroma have to cross are of several types:

- The lack of the status of insured, as a result of the fact that a large number of Rroma do not have a workplace which would allow them to contribute to the health insurance funds. Under these circumstances, the only available services are medical emergency services. We can signal out in this respect the presence of a pervert effect of the new social health insurances system. Exclusion of a big part of the Rroma people from the social health insurances system makes them unable to report to the doctor on regular basis, except for when the illness is so advanced that it becomes chronic and the

costs for its treatment are more expensive both for the patients and for the public health system.

- Lack of identity documents is a major cause that impedes the access to health care services. Approximately a tenth of Roma population has no identity documents and 2.4% has no birth certificate.
- Not including part of the Roma in the system of social health insurances leads to their impossibility to benefit from compensated or free medication.
- The state of poverty impedes some of the Roma to visit the doctor because they are not able to offer gifts to the medical staff, a practice that is often encountered within the Romanian medical system as shown by most studies in this field (in 2002 a study of the Health Policies and Services Center showed that, at the national level, 35% of the population offered gifts or unofficially paid for the received medical services).
- The prejudices and, subsequently, discriminatory attitudes of certain medical representatives towards the Roma due to the existent stereotypes at the level of the entire society; practically there is no exercise of identifying and sanctioning the cases of discrimination in this field, based on the laws and regulations in force which otherwise explicitly condemn such attitudes.
- The malfunctions of the new system of social health insurances which affect the entire population of the country, including the Roma. We are hereby mentioning a bad management of funds, politization of the health system, excessive centralization, discouragement of free market and competition, and others.

Successful sanitary policies designed to improve Roma health status depend on successful policies in the field of housing, social security, economy, and child protection. In other words, in order to improve the Roma health status on a medium and long term, the government's strategy to improve Roma situation must be efficiently implemented at all the above mentioned levels. Unless the state and the NGOs take efficient action for the improvement of Roma's living conditions, the policies in this field can at best insure a better access of Roma to health care services but will not eliminate the causes that lead to a more precarious state of health of the Roma population compared to the majority population (fact reflected in a lower rate of life expectancy of the Roma population compared to the majority population).

Most of the recommendations listed below were suggested by Roma leaders and by public health institutions representatives in view of improving the health status of the Roma and their access to health care services:

- Amendment of the Social Health Insurances Law so that other persons that are not currently registered with a family doctor could benefit from regular medical services, including most disadvantaged persons who have no identity documents or a place of residence. This amendment would imply granting medical services on a regular basis and not only in cases of epidemical peril to society.
- Support of Health Ministry to expand the network of sanitary mediators within Roma communities.
- Initiation of civic educational programmes as well as sanitary educational programmes in order to raise the awareness of Roma regarding the system of social health insurances and the importance of (self) protecting their health.
- Establishment of medical consulting rooms within the coordinating schools from the areas where most of the inhabitants are Roma, in order to early discover the infectious diseases and prevent them from spreading. Periodical medical checks of Roma children could be performed in such medical consulting rooms.
- Programmes designed to increase the degree of tolerance and acceptance of the doctors, the suppliers of medical services in general, and to change the attitudes and specific behaviors of certain Roma patients.
- Awareness raising campaigns regarding the risks involved by lack of hygiene, drug addiction, smoking and alcohol consumption, unprotected sexual intercourse.
- Performing children vaccination campaigns with the support of teaching personnel who would explain to the parents the importance of such vaccinations.
- Organizing awareness campaigns on family planning issues and the use of contraceptive means at the level of Roma communities and with the support of Roma NGOs.
- Increasing transparency in the management of health insurances funds.
- Establishment of mobile medical units to address the isolated Roma communities especially in matters of mother and child assistance and vulnerable persons (pregnant women, elders, patients with chronic diseases).

- Development of the social assistance system so that it would become an interface between the sanitary system and Roma communities in order to supply them with the most adequate solutions for accessing the health care system.

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ANNEXES**Annex 1****SPECIAL MEASURES – HEALTH PROGRAMS AND PROJECTS
IN RROMA COMMUNITIES**

The criteria by which the **54** projects were divided mainly refer to health issues of priority. In some cases, certain projects responded to some more diverse needs, or several results needed to be placed in several categories. At the same time, part of the projects do not pertain to the health issue alone, as is the case of some of the projects that addressed the lack of education and information.

Projects had beneficiaries in less than half of the counties, preponderantly in the rural areas: Alba, Arad, Bacău, Bihor, Bistrița Năsăud, Buzău, Călărași, Caraș Severin, Cluj, Dâmbovița, Dolj, Ialomița, Iași, Ilfov, Mehedinți, Prahova, Sibiu, Timiș, București. With the exception of projects targeted at training sanitary mediators, services were provided in limited communities within the same locality and for a limited period of time (usually up to one year). The territorial distribution of services corresponds to an important extent to the large number of NGOs implementing projects with the Roma population as target group. Thus, we can identify 5 large areas with a large number of services:

1. București and neighboring counties (Buzău, Prahova, Ialomița and Călărași)
2. Cluj, Bihor, Alba Iulia, Sibiu, Bistrița Năsăud,
3. Timișoara, Caraș Severin and Arad
4. Mehedinți and Dolj
5. Iași and Bacău

While most projects were implemented for limited periods of time, without being further sustained, the project "Training Sanitary Mediators in Compact Roma Communities" differs by the manner in which the services of some NGOs are taken over by public authorities and extended at a national level.

Initiated by Romani Criss together with C.C.F.D. and financed by the Delegation of the European Union in Bucharest, the project was developed in several Roma communities. Initially implemented in 1997 and resumed in 2000 in the localities of Ștefănești (Botoșani county), Temelia (Bacău county), Sfântu Gheorghe (Covasna county), Panciu (Vrancea county) and Slobozia (Ialomița county), the project had the following initial objectives: occupational reinsertion of Roma women with school and sanitary

education; the community's medical staff intervention in emergency cases by provision of first aid, offering the possibility to follow injecting treatments that require regularity in their administration, changing the attitude of the Roma population towards health by encouraging the prophylaxis of certain disorders and teaching children basic notions of personal hygiene through training and supervision. The project was taken over by other NGOs as well ("Together" Agency, RomStar Bacău, Wassdas Cluj, The Medical-Christian Association Cristiana). Later on, the project was taken over by the Ministry of Health and Family that legalized the occupational status of sanitary mediators and covered the salaries of 215 such positions in the country.

1. Difficult access to medical services in isolated communities (6 projects)

Organization	Project title	Objectives	Project duration (months)	Territorial coverage	No. of beneficiaries
Anti-AIDS Regional Association – Oltenia branch	Health education in rural areas	<ul style="list-style-type: none"> Improving the health status of the rural 	4	Craiova	1500
Ion Budai Deleanu Foundation	Medical Assistance	<ul style="list-style-type: none"> Providing medical assistance 	9	Haranglab	10
“Together” Agency for Community Development	PDL-Traianu	<ul style="list-style-type: none"> Consulting room 	12	Traianu	1000
Foundation Light for All	Ophthalmology centre	<ul style="list-style-type: none"> Consultations 		Ineu, Arad	2000
International Christian Mission Foundation	Hope for health	<ul style="list-style-type: none"> Medical support for disadvantaged persons 		Caransebeş	400
AFI - Pro Family Agency	Promoting primary assistance for disadvantaged Rroma from the village of Domneşti	<ul style="list-style-type: none"> Facilitating the process of primary assistance Encouraging the Rroma from the village to resort to medical services in case of health problems Mediation, counseling, communication 	5	Domneşti	365

2. Absence of the status of insured (4 projects)

Organization	Project title	Objectives	Project duration (months)	Territorial coverage	No. of beneficiaries
The Maltez Support Service – Aiud branch	Medicines for the needy	<ul style="list-style-type: none"> Supporting persons with medicines 		Aiud	40
Foundation for Socio-educational support of the Roma Wassdas	Improving the access to primary medical services	<ul style="list-style-type: none"> Direct medical assistance through specialized staff Sanitary education, family planning 	12	Patarât	500
The Maltez Support Service – Târgoviște branch	Consultation room S.A.M.R.	<ul style="list-style-type: none"> Medical consultations and free medication for needy persons 		Târgoviște	231
The Adventist Church of the Seventh Day Sion	Clinic for the poor	<ul style="list-style-type: none"> Treatment for the ill and poor Rroma 		Ploiești	50

3. Lack of identity documents

Organization	Project title	Objectives	Project duration (months)	Territorial coverage	No. of beneficiaries
Foundation for Social-educational support of the Roma Wassdas Pata Rât	Support for education and clarification of official documents, hygiene campaign and rehabilitation of the habitat	<ul style="list-style-type: none"> Hygiene campaign in the community, school education, clarification of documents and rehabilitation of the habitat 		Patarât	300

4. Lack of interest from the Roma communities

Organization	Project title	Objectives	Project duration (months)	Territorial coverage	No. of beneficiaries
Intercultural Institute Timișoara	Training of Roma community leaders	<ul style="list-style-type: none"> Training of community leaders from the county of Timis in view of solving community problems more efficiently 	11	Timișoara Buziaș Dudești Noi Lovrin, Sat Chinez, Combosu Mare, Beciche-recul Mic	220

5. Low level of awareness about the rights of the insured (2 projects)

Organization / Institution	Project title	Objectives	Project duration (months)	Territorial coverage	No. of beneficiaries
Public Health Department Sibiu county	Sanitary education in the Roma communities	<ul style="list-style-type: none"> Increase the access of the Roma women included in the program to medical services, through information on the rights and obligations of the insured Monitoring of pregnancies, Family planning Vaccination 	12	Racovita Sibiu Timava Gustuița, Ciocârliei, Luncii	200
Rom-Star Association	Sanitary education	<ul style="list-style-type: none"> Sanitary education of mothers, children and pregnant women 	12	Temelia	2500

6. Lack of social assistance services to ensure an interface with medical services (9 projects)

Organization / Institution	Project title	Objectives	Project duration (months)	Territorial coverage	No. of beneficiaries
National Red Cross Society Romania – Dâmbovița branch	Social project	<ul style="list-style-type: none"> Support for disadvantaged persons 		Dâmbovița	1300
Foundation for Socio-educational support of the Roma Wassdas	Establishment of a social center	<ul style="list-style-type: none"> Maintenance of the social center in order to maintain health and cleanness 	12	Patarât	100
Romani Criss – Rroma Centre for Social Intervention and Studies	Training sanitary mediators in compact Rroma communities	<ul style="list-style-type: none"> Institutionalizing the position of social-sanitary mediator Training mediators Increased responsibility of the Rroma towards sanitary issues 	12	Stafanesti Sfantu Gheorghe Panciu, Slobozia Temelia	7
“Together” Agency for Community Development	PDL-Together	<ul style="list-style-type: none"> Sanitary mediator 		Drobeta-Turnu Severin Orsova Jiana Vantulet	510
National Red Cross Society Romania – Mehedinti branch	Social program	<ul style="list-style-type: none"> House calls for poor, ill persons 		Mehedinti	600
Foundation for Socio-educational support of the Roma Wassdas	Interventions to improve medical assistance in the community	<ul style="list-style-type: none"> Direct medical assistance Supervision of persons with chronic diseases Assistance for mother and child Health education Family planning 		Iris Coasta Patarât	700

Organization / Institution	Project title	Objectives	Project duration (months)	Territorial coverage	No. of beneficiaries
International Christian Mission Foundation	People around us	<ul style="list-style-type: none"> • Medical assistance • Mutual social support for disadvantaged persons 		Caransebeş Otelu Roşu Zarveşti Petrosnița	1500
The Samaritan National Salvation Association	Combating cancerous types of cysts	<ul style="list-style-type: none"> • Identification and hospitalization of Roma patients • Covering the costs of surgical procedures • Medical counseling 	12	Potrlagele Parscov	20

7. Child nutrition problems (2 projects)

Organization / Institution	Project title	Objectives	Project duration (months)	Territorial coverage	No. of beneficiaries
Romanian Foundation for Children, Community and Family – Arad branch	Programs in institutions	<ul style="list-style-type: none"> • Ensuring basic conditions for an adequate nutrition • Community integration of children • Social integration of the Roma 		Lipova Zabrani Santana	4087
Protect the Children Association	Identifying the incidence of anemia in children from Oradea	<ul style="list-style-type: none"> • Identification of the incidence of anemia in children from Oradea 	12	Oradea	300

8. Mothers' low level of awareness about child care and child development

Organization / Institution	Project title	Objectives	Project length (months)	Territorial coverage	No. of beneficiaries
Public Health Department Sibiu county	Sanitary education of Rroma families with children aged between 0-6 years	<ul style="list-style-type: none"> Preventing illnesses of children between 0-6 years old by improving the parents' health education 	12	Gustuita Racovita Tarnava Mosna, Gura Campului	800

9. The Rroma's low level of addressability and accessibility to medical services / lack of means to access medical services (9 projects)

Organization / Institution	Project title	Objectives	Project duration (months)	Territorial coverage	No. of beneficiaries
County Health Insurance House	Increasing addressability and accessibility of the Rroma to medical services	<ul style="list-style-type: none"> Health education in view of preventing diseases Conception and contraception for groups of procreation ages Screening for identifying cervical cancer and breast cancer Breastfeeding Stimulation of child development Vaccination Education in kindergartens and schools Access to doctors Compensating the lack of medical assistance and treatment of the ill in the Rroma community of Temelia 	12	Temelia	1600

Organization / Institution	Project title	Objectives	Project duration (months)	Territorial coverage	No. of beneficiaries
Rom-Star Association	Sanitary project		12	Temelia	2500
St. Stelian Association	Medical-social Centre St. Stelian	<ul style="list-style-type: none"> Free medical services for 1500 beneficiaries 	Permanent	București	1200
Baptist Christian Church no.2 Jerffa	Material support for Roma persons in difficulty	<ul style="list-style-type: none"> Donation of medication for poor Roma persons 		Sadova	700
Protect the Children Association	Palliative medicine program	<ul style="list-style-type: none"> Training of medical staff Implementation of palliative medicine 		Oradea	31
Association for Inter-ethnic Dialogue	Supporting Roma from penitentiaries with medication	<ul style="list-style-type: none"> Supporting Roma from Gherla penitentiary 	6	Cluj-Napoca Gherla	70
Ruhama Foundation	Community information and counseling centre	<ul style="list-style-type: none"> Insurance with sanitary system, application of rights for eligible persons Family planning Issuing welfare documents 	8	Tinca	2300
Ruhama Foundation	It can be different	<ul style="list-style-type: none"> Medical assistance Family planning in disadvantaged communities 	9	Batar	1600
Foundation Consortium for Local Development - Mioveni	Program of information, medical and social assistance, qualification courses for women	<ul style="list-style-type: none"> Improving the living standard of women with limited access to medical assistance, social assistance and jobs 	10	Faget Mioveni	220

10. Education and information deficit (10 projects)

Organization / Institution	Project title	Objectives	Project duration (months)	Territorial coverage	No. of beneficiaries
Association of Gypsy Women – For our Children	Cultural Centre Education for Roma children	<ul style="list-style-type: none"> • Literacy courses • Affirmation of Roma identity • Health education 	12	Timisoara	70
Public Health Department Sibiu county	Training of nurses in Roma communities	<ul style="list-style-type: none"> • Changing the mentalities of the Roma 	15	Gura Campului, Tarnava, Mosna, Racovita	
Association of Roma Women from Romania	Reproductive health for Roma women	<ul style="list-style-type: none"> • Information on contraceptive methods of Roma women from a Roma community 	1	Voluntari	400
Association of Roma Women from Romania	Reproductive health for Roma women, information and treatments	<ul style="list-style-type: none"> • Information and treatments for Roma women at procreation ages 	6	Voluntari	450
Romani Foundation Iași	Sexual education of Roma women	<ul style="list-style-type: none"> • Sexual education of the Roma 	9	Podu Iloaiei	80
County Office for Youth and Sports Calarasi - SECS	Health education for disadvantaged families	<ul style="list-style-type: none"> • Sexual and contraceptive education for women from disadvantaged families • General medical checks • Provision of free treatments 	12	Modelu, Roseti, Dorobantu Tacanesti, Prasa, Tonea, Calarasi Vechi, Calarasi	600

Organization/ Institution	Project title	Objectives	Project duration (months)	Territorial coverage	No. of beneficiaries
Anti-AIDS Regional Association – Oltenia branch	Young prisoners, a problem of the entire society	<ul style="list-style-type: none"> • Improving the health status of the population from the Penitentiary for Minors and Youth • Information on sexually transmitted diseases, including HIV • Information on the addiction to toxic substances 	10	Craiova	442
Society for Contraceptive and Sexual Education (SECS)	Preventing is easier than treating	<ul style="list-style-type: none"> • Provision of information to young persons about contraception means and sexual health 	3		3000
Society for Contraceptive and Sexual Education - Bistrița Năsăud branch	Free distribution of condoms	<ul style="list-style-type: none"> • Increasing the population's access to modern means of family planning 	8	Bistrița	4000
Alliance for Rroma Unity - Caras-Severin branch	Help us not to fade!	<ul style="list-style-type: none"> • Increasing the hygienic-sanitary level of the Rroma community • Sanitation and hygiene campaigns in the Rroma communities 		Caransebeș	400

1. QUESTIONNAIRE FOR DATA COLLECTION
CENTRE FOR HEALTH POLICIES AND SERVICES

Dat.....
Hour.....

Questionnaire number _____
<i>Not to be filled in by the operator!!!</i>

QUESTIONNAIRE

The Centre for Health Policies and Services is currently undertaking a study regarding the situation of the Rroma population in Romania. The study aims at determining the health condition of the Rroma and formulating a strategy which would improve the health condition of both adults and children.

You are kindly asked to collaborate with us in formulating this survey and invited to answer openly and without fear the questions included in this questionnaire. Your answers are confidential, and the questionnaire that you are filling will not be shown to any official person. Your answers will be presented together with other 1,500 answers, being thus impossible to identify your answers.

PERSONAL INFORMATION (ONLY ABOUT THE RESPONDENT)

18. Your daily activities are influenced because of one of the diseases mentioned above?

2. Yes, totally
3. Yes, but not totally
4. No

19. Please, could you tell us do you have any infirmity?

2. Yes
3. No

20. Your daily activity is limited by this infirmity?

2. Yes, seriously
3. Yes, but not totally
4. No

TEMPORARY INCAPACITY

21. In the last 2 weeks had you any health problems?

1. Yes which one? (if the respondent have many problems please ask him to refer to the worse)
2. No (go to 24)

22. In this period of time do you interrupt your regular activities (at work, at home, at school) because of this health problem (disease, wound/lesion)?

2. Yes
3. No (go to 24)

23. In this period of time, did you lie in day time because of this health problem?

2. Yes (How many days?).....
3. No

24. In the last 2 weeks did you interrupt your activities because of an emotional problem or mental disorder?

2. Yes How many days?
3. No

ACCIDENTAL INJURIES

The term accident refers to an unplanned and undesirable event through which a person sustains an injury.

25. In the last 12 months your health condition was affected by an accident (lesions, fractures, spraining) following accidents occurred in your house or near your house (garage, basement, garden etc.)?

1. Yes How many?
2. No (go to 32)

26. How many accidents have occurred in the last 3 months?

.....

27. Which was the consequences of the last accident and which part of your body was affected?

	Lesions and wounds	Burns	Fractures	Others
Head				
Chest				
Abdomen				
Hands				
Feet				
Other part of your body				

28. What caused the accident (the last one)?

.....

29. Where occurred the accident?

1. Kitchen
2. Living Room
3. Bedroom
4. Bathroom
5. Balcony/Terrace
6. Basement, garage
7. Other room in your house
8. The exterior staircase
9. Garden, other outside space

30. What kind of activity did you carry on then the accident occurred?

1. Physiological activity (washing yourself, feeding, dressing)
2. Domestic activity
3. Small reparations
4. Entertaining activities
5. Other activities

31. The accident's consequences made you to ask somebody to help you?

- | | | |
|--|----------|--|
| <ol style="list-style-type: none"> 1. Yes | To whom? | <ol style="list-style-type: none"> 1. member of my household 2. neighbour/friend/relative 3. medical staff 4. other person |
| <ol style="list-style-type: none"> 2. No | | |

GENERAL PRACTITIONER

The next questions report to the registration and co-operation with the general practitioner (*medicul de familie*)

32. Could you tell me if you are registered on a general practitioner's list?

1. Yes
2. No (go to 38)

33. In the last 12 months did you ask your physician for a consultation about a health problem?

1. Yes How many times?.....
2. No (go to 38)

34. How many times did you call your general practitioner in the last 3 months?

.....

35. Why did you call your practitioner (the main reason)?

1. Accidental injuries
2. Illness
3. Ordinary control
4. Medical examination/prevention test
5. Medical prescription
6. Administrative procedures
7. Other.....

36. Where took place the medical consultation?

1. Consulting room
2. Home
3. By phone
4. Other situation.....

37. Did you received, after the consultation, a reference for another physician?

1. Yes
To a specialist
To a laboratory for tests
To a laboratory for medical investigation
To an hospital (for hospitalisation)
Other institution.....
2. No

38. In the last 12 months did see you a specialist for a health problem?

1. Yes How many times?.....
2. No (go to 43)

39. But in the last 3 months how many times has a specialist seen you?

.....

40. What speciality has the doctor that saw you last time?

1. General practitioner
2. Cardiology
3. Pulmonary Medicine
4. Otolaryngology
5. Ophthalmology
6. Surgery
7. Endocrinology
8. Rheumatology
9. Gastroenterology
10. Urology
11. Gynecology
12. Oncology
13. Dermatology
14. Orthopedy
15. Gerontology
16. Neurology

- 17. Psychiatry
- 18. Physical Medicine and Rehabilitation
- 19. Other
- 20. I do not remember

41. Why did you ask for the specialist?

- 1. Accidental injury
- 2. Illness
- 3. Regular control (in absence of a sickness)
- 4. Medical examination or preventive test
- 5. Medical prescription
- 6. Administrative procedures
- 7. Other

42. This doctor belongs to a

- 1. Public medical service
- 2. Private medical service
- 3. I do not know/I do not remember

STOMATOLOGY

43. In the last 12 months did you see a dentist?

- 1. Yes How many times?.....
- 2. No (go to 45)

44. In the last 3 months did you see a dentist?

- 1. Yes (go to 48)
- 2. No (go to 45)

45. In this period of time did you have any dental problems?

- 1. Yes
- 2. No (go to 48)

46. Why did you want to see a dentist?

- 1. Toothache
- 2. Treatment
- 3. Ordinary control
- 4. Store teeth
- 5. Teeth weakness
- 6. Other reason.....

47. Why did not see the dentist?

1. Fight
2. Lack of money
3. Lack of time
4. I did not obtain an appointment
5. The toothache disappeared
6. Other.....

48. Why did you see last time a dentist?

1. Toothache
2. Dental extraction
3. Treatment
4. Ordinary control
5. Store teeth
6. Parodontosis
7. Other.....

HOSPITALISATION**49. In the last 12 months have you been hospitalised at last for a night?**

1. Yes How many times?.....
2. No (go to 54)

50. Could you tell me, why have you been hospitalised?

1. Birth
2. Accidental injury
3. Other (please tell us what was your health problem).....

51. Have you been operated in this period of hospitalisation?

1. Yes
2. No

52. How many nights have you been you hospitalised this year?

.....

53. In which department of the hospital have you been hospitalised?

1. Cardiology
2. Pulmonary Medicine
3. Otolaryngology
4. Ophthalmology
5. Surgery

-
6. Endocrinology
 7. Rheumatology
 8. Gastroenterology
 9. Urology
 10. Gynecology
 11. Oncology
 12. Dermatology
 13. Orthopedy
 14. Gerontology
 15. Neurology
 16. Psychiatry
 17. Physical Medicine and Rehabilitation
 18. Contagious Diseases
 19. Other
 - 20.

54. In the last two weeks did you used medicines?

1. Yes
2. No (go to 57)

55. Did you used medicines following:

1. Medical prescription of your general practitioner
2. Other physician prescription
3. Chemist' recommendation
4. My own decision
5. The recommendation of a relative
6. Suggestion of other person
7. Other.....

56. For what kind of health problem did you take medicines?

1. High blood pressure
2. Other heart diseases
3. Reduction of cholesterol level
4. Diabetes
5. Pain
6. Cold, influenza (including antibiotics)
7. Allergies
8. Nervous depression
9. Reinforcement (vitamins, minerals, tonics)
10. Sleeplessness
11. Digestive sickness
12. Familial Planning
13. Other problem.....

Child information (*the interview operator will ask the respondent to answer next questions about a child from his household. If the household is composed from more than one child the respondent is pleased to choose one. The main method will be to name the child with the near birthday*).

57. The daily activities of child are influenced because of one of the diseases mentioned above?

1. Yes, totally
2. Yes, but not totally
3. No

58. Please, could you tell us if the child have any infirmity?

1. Yes
2. No (go to 60)

59. His/Her daily activity is limited by this infirmity?

1. Yes, seriously
2. Yes, but not totally
3. No

TEMPORARY INCAPACITY

60. In the last 2 weeks had he/she any health problems?

1. Yes Which one? (if the respondent have many problems please ask him to reffer to the worse).....
2. No (go to 64)

61. In this period of time he/she was forced to interrupt regular activities (at work, at home, at school) because of this health problem (disease, wound/lesion)?

1. Yes
2. No (go to 63)

62. In this period of time, did he/she lie in a day time because of this health problem?

1. Yes (How many days?).....
2. No

63. In the last 2 weeks did he/she interrupt his/her activities because of an emotional problem or mental disorder?

1. Yes How many days?
2. No

ACCIDENTAL INJURIES

The term accident refers to an unplanned and undesirable event through which a person sustains an injury.

64. In the last 12 months his/her health condition was affected by an accident (lesions, fractures, spraining) following accidents occurred in your house or near your house (garage, basement, garden etc.)?

1. Yes How many?
2. No (go to 71)

65. But how many accidents have occurred in the last 3 months?

.....

66. Which was the consequences of the last accident and which part of his/her body was involved?

	Lesions and wounds	Burns	Fractures	Others
Head				
Chest				
Abdomen				
Hands				
Feet				
Other part of your body				

67. What caused the accident (the last one)?

.....

68. Where occurred the accident?

1. Kitchen
2. Living Room
3. Bedroom
4. Bathroom
5. Balcony/Terrace

6. Basement, garage
7. Other room in your house
8. The exterior staircase
9. Garden, other outside space

69. What kind of activity did he/she carry on then the accident occurred?

1. Physiological activity (washing yourself, feeding, dressing)
2. Domestic activity
3. Small reparations
4. Entertaining activities
5. Other activities

70. The accident's consequences made to ask somebody's help?

- | | | |
|-----|----------|--|
| Yes | To whom? | 1. member of my household
2. neighbour/friend/relative
3. medical staff
4. other person |
| No | | |

GENERAL PRACTITIONER

The next questions report to the registration and co-operation with the general practitioner (medicul de familie)

71. Could you tell me if he/she is registered on a general practitioner's list?

1. Yes
2. No (go to 77)

72. In the last 12 months did you ask your physician for a consultation about a health problem of him/her?

1. Yes How many times?.....
2. No (go to 77)

73. How many times did you call your general practitioner in the last 3 months for child's problem?

.....

74. Why did you call your practitioner (the main reason)?

1. Accidental injuries
2. Illness
3. Ordinary control
4. Medical examination/prevention test

- 5. Medical prescription
- 6. Administrative procedures
- 7. Other.....

75. Where took place the medical consultation?

- 1. Consulting room
- 2. Home
- 3. By phone
- 4. Other situation.....

76. Did you received, after the consultation of the child, a reference for another physician?

- 1. Yes
 - To a specialist
 - To a laboratory for tests
 - To a laboratory for medical investigation
 - To an hospital (for hospitalisation)
 - Other institution.....
- 2. No

77. In the last 12 months the child was seen by a specialist for a health problem?

- 1. Yes How many times?.....
- 2. No (go to 82)

78. But in the last 3 months how many times have a specialist seen him/her?

.....

79. What speciality has the doctor that have seen him/her last time?

- 1. General practitioner
- 2. Cardiology
- 3. Pulmonary Medicine
- 4. Otolaryngology
- 5. Ophthalmology
- 6. Surgery
- 7. Endocrinology
- 8. Rheumatology
- 9. Gastroenterology
- 10. Urology
- 11. Gynecology
- 12. Oncology
- 13. Dermatology
- 14. Orthopedy

15. Gerontology
16. Neurology
17. Psychiatry
18. Physical Medicine and Rehabilitation
19. Other
20. I do not remember

80. Why it was necessary to ask for the specialist?

1. Accidental injury
2. Illness
3. Regular control (in absence of a sickness)
4. Medical examination or preventive test
5. Medical prescription
6. Administrative procedures
7. Other

81. This doctor belonged to a

1. Public medical service
2. Private medical service
3. I do not know/I do not remember

STOMATOLOGY**82. In the last 12 months did he/she see a dentist?**

1. Yes How many times?.....
2. No (go to 89)

83. In the last 3 months did he/she see a dentist?

1. Yes (go to 87)
2. No

84. In this period of time had he/she any dental problems?

1. Yes
2. No

85. Why would he/she like to see a dentist?

1. Toothache
2. Treatment
3. Ordinary control
4. Store teeth

.....

93. In which department of the hospital has he/she you been hospitalised?

1. Cardiology
2. Pulmonary Medicine
3. Otolaryngology
4. Ophthalmology
5. Surgery
6. Endocrinology
7. Rheumatology
8. Gastroenterology
9. Urology
10. Gynecology
11. Oncology
12. Dermatology
13. Orthopedy
14. Gerontology
15. Neurology
16. Psychiatry
17. Physical Medicine and Rehabilitation
18. Contagious Diseases
19. Other

94. In the last two weeks did he/she used medicines?

1. Yes
2. No (go to 97)

95. Did he/she used medicines following:

1. Medical prescription of your general practitioner
2. Other physician prescription
3. Chemist' recommendation
4. My own decision
5. The recommendation of a relative
6. Suggestion of other person
7. Other.....

96. For what kind of health problem did he/she take medicines?

1. High blood pressure
2. Other heart diseases
3. Reduction of cholesterol level
4. Diabetes
5. Pain
6. Cold, influenza (including antibiotics)

- 7. Allergies
- 8. Nervous depression
- 9. Reinforcement (vitamins, minerals, tonics)
- 10. Sleeplessness
- 11. Digestive sickness
- 12. Familial Planning
- 13. Other problem.....

QUESTIONS FOR THE RESPONDENT AND ABOUT FAMILY LIFE

97. Are you satisfied with the way in which the following are being treated at the polyclinic?

	Very satisfied	Satisfied	Neither satisfied nor unsatisfied	Unsatisfied	Very unsatisfied
Children up to 1 year					
Children aged between 1-7					
Children aged between 8-18					
Adult women					
Adult men					

98. Do you have any children:

	Age	How many
1. In an orphanage		
2. In a hospital for handicapped		
3. In re-education schools		
4. Adopted by other persons		
5. Adopted from other persons		
6. Who left home		
7. None of the situations above		

99. Do you have children under 3?

- 1. No
- 2. Yes

If yes:

100. Vaccinated: 1. No 2. Yes	101. Born: 1. On term 2. Before term	102. For how many months has she/he been breastfed?

103. When a child has temperature (is ill), what do you do?

1. I let her/him get over it
2. I treat her/him at home, with frictions, teas, medicine
3. I charm away the disease
4. I wait for a while and if she/he does not get better, I take her/him to the doctor
5. I take her/him to the doctor immediately

104. What about when an adult person from your family is ill – what do you do then?

1. We let her/him get over it
2. We treat her/him at home, with frictions, teas, medicine
3. We charm away the disease
4. We wait for a while and if she/he does not get better, we take her/him to the doctor
5. We take her/him to the doctor immediately

105. When a member of your family is ill, what kind of medicine do you prefer he/she is administered?

1. Those ones recommended by the doctor, from regular pharmacies
2. Traditional medicine (herbs, teas)
3. We go to old ladies who know how to charm away the disease
4. None

106. Do you smoke?

1. Yes (*go on*)
2. I have never smoked (*go to 110*)
3. I have quit smoking (*go to 110*)

107. From what age have you started smoking?

.....

108. How many cigarettes do you smoke a day?

1. Less than 3 cigarettes
2. 4-9 cigarettes
3. 10-19 cigarettes
4. over 20 cigarettes

109. What kind of cigarettes do you smoke?

1. No filter
2. Strong
3. Medium
4. Lights

110. What kind of alcohol beverages do you drink (consume) ?

Type of drink	Frequency of consumption			
	Occasionally	Weekly	2-3 times a week	Daily
Beer				
Wine				
Liqueur/Vermouth/ Cherry liqueur etc.				
Plum brandy /Vodka? Whisky				
Others.....				

111. From what age have you started consuming alcoholic drinks (including beer)?

.....

112. Where do you consume alcoholic drinks most often?

1. Home
2. During visits
3. At a pub (public alimentation unit)

Next, we would like to ask you a few questions related to your family life.

113. How old were you when you got married?

.....

114. How old were you when your first child was born?

.....

115. How many children do you have? Do you want any more children, besides the ones that you already have?

1. No, we do not want any more children
2. Yes⇒ How many? 1. As many as they will be, as many as God will give us
2. Number: _____

116. Have you heard of contraceptive methods? Do you know what you can do in order not to have children, in order to avoid unwanted pregnancies?

1. No
2. Yes ⇒

117. What kind of contraceptive methods do you know?

(do not show the list, wait for the subject's answer)

1. Abortion
2. Calendar
3. Coitus interruptus („dodge“)
4. Condom
5. Sterilet
6. Pills
7. String of oviducts
8. Local spermicides (shampoo, ovules)
9. Vasectomy
10. Diaphragm
11. Following day pill
12. Others (which ones?)

118. Have you ever used a contraceptive method?

1. No
2. Yes which one? _____
for how long? _____

119. Which are the most important problems that you and your family have?

1. Low level of revenues
2. Lack of jobs
3. Health problems
4. Future of children
5. Others

120. Thinking of the family revenues, could you consider them sufficient?

1. They are not even enough for daily living
2. They are only enough for us to survive, without being able to buy something better or make some savings
3. We manage to make savings or buy some better things, but with a lot of restrictions and sacrifices
4. Quite enough for what we need

121. Do your children have good living conditions in the family?

1. Yes
2. No, what are they lacking? _____

122. Which are the things that you are most afraid of right now?

1. Prices
2. A war in the region
3. Diseases
4. Unemployment
5. Crime, delinquency
6. Social unrest
7. Future of children

123. Deceased in the family, starting with 1996 (spouse, children, brothers, sisters, parents)

Grade	Year	Age of decease	Cause of death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

124. How will you support yourself when you grow old?

1. pension
2. savings
3. relatives, friends
4. children
5. I haven't thought about it yet

PERSONAL DATA

We would like to find out a few information about yourself

125. Nationality:

1. Romanian
2. Hungarian
3. Roma / Gypsy Type _____
4. German
5. Other nationality (which one? _____)

126. Are you a member of any organisation, regardless of its kind (political party, NGO, association etc.)

1. No
2. Yes (which one? _____)

127. Religion:**128. Locality:**

- a. Town
- b. Village

129. Who answered the questionnaire? _____ (No. of the person – from the initial table)

Operator: _____

130. Education (how many grades graduated)?**131. Last form of education graduated:**

1. Nothing
2. Primary school
3. Secondary school
4. Vocational school
5. High school
6. Post-high school education
7. University
8. Post-graduate studies

132. How well can you read?

1. Good
2. With difficulty
3. Not at all

133. Revenues in the household for the past month:

(check with the JOB)

1. Nothing
2. Salary (what amount?)
3. Pension (what amount?)
4. Allowances for children (to be filled in under children)(what amount?)
5. Unemployment benefits (what amount?)
6. Social support (under that who receives it)(what amount?)
7. Scholarship (what amount?)
8. Revenues gained on one's own (what amount?)
9. (Example: 2=400,000 ; 6=300,000 means that the person has revenues from salaries and from gains on his/her own, with the respective figures)

HOME**134. Our home is:**

1. In a block of flats
2. In a house

135. Form of ownership:

1. Private property
2. Rented from the state
3. Rented from a private owner
4. Another situation (which one? _____)

136. Number of rooms: _____**137. Kitchen (not including summer improvisations):**

1. Yes
2. No

138. Bathroom:

1. Yes
2. No

139. Running water:

1. Yes
2. No

140. Electricity:

1. Yes
2. No

141. Condition of the house:

1. Good
2. Modest
3. Bad

142. Household appliances:

- | | |
|--------------------|--|
| 1. Stove | 9. Radio |
| 2. Refrigerator | 10. Tape player/tape recorder/CD/Electric gramophone |
| 3. Freezer | 11. PC |
| 4. Washing machine | 12. Car |
| 5. Vacuum cleaner | 13. Motorcycle |
| 6. TV black/white | 14. Waggon |
| 7. TV coloured | 15. Phone |
| 8. Video recorder | 16. Video camera |
| | 17. Bicycle |

INTERVIEW GUIDE FOR THE STAFF OF THE NATIONAL HEALTH INSURANCE HOUSE, HEALTH INSURANCE HOUSES, MINISTRY OF HEALTH AND COUNTY PUBLIC HEALTH DEPARTMENTS

These interviews are very important because all these persons know very well the Romanian health insurance system and so that could provide useful information for our study. First, the representatives of central administration (National Health Insurance House, Ministry of Health) have a global point of view and they could compare the health situation in different areas of our country.

On the other hand, the local council' representatives have a very comprehensive point of view regarding the health problems of local community. Also, the local councils keep and maintain statistical data concerning locality and its inhabitants (size, proportion of roma inhabitants, proportion of persons registered in National Health Insurance System etc.).

1. Evaluation

- ◆ What is your opinion regarding the new health insurance system?
- ◆ What about the functioning of the Health Insurance House (staff, family doctors etc.)?

2. Difficulties in the application of the health insurance system

- ◆ What do you think are the main difficulties that you encounter in the application of the new system?
- ◆ What would be, in your opinion, the solutions to solve these problems?
- ◆ In what concerns legislation, which do you think would be the modifications that could bring benefits to this system?

3. Situation of insured persons from the county

- ◆ Could you tell us what is the approximate number of insured persons in the county (persons who pay their contributions to the Health Insurance Fund)?
- ◆ But could you tell us what is the approximate number of persons who do not contribute to the Health Insurance Fund?
- ◆ What happens usually in their situation?

4. Health problems of the roma

- ◆ In what concerns roma ethnics, what do you think are the most important health problems that they face?
- ◆ What do you think are the causes for the existence of these diseases?

5. Health problems of roma children

- ◆ Do roma children have specific health problems?
- ◆ What do you think are the causes for the appearance of these diseases?

6. Comparison with the health problems of the majority population

- ◆ Making a comparison with the health problems of the majority population, do you think that there are specific health problems for the roma population?

7. Existence of special protection measures for the health of the roma population

- ◆ From your information, are there any specific protection measures for the roma population in the county?

8. Health programmes in roma communities

- ◆ Have you heard of the existence of any medical intervention programmes within the roma communities (NGO, Governmental programmes)?

9. Causes which make sanitary assistance for roma more difficult

- ◆ In the latest years, it has been stated that the access of the roma to health services is „difficult”. From your point of view, do you consider that this statement is true? Please justify.

GUIDE FOR FORMAL AND INFORMAL REPRESENTATIVES OF THE RROMA MINORITY POPULATION

The Rroma leaders are an important connection between authorities and Rroma communities. An informal leader could influence the community and also make easy the connections within community.

On the other side, the formal leaders have the responsibility to represent the interests of Rroma community in front of local authorities and sustain the Rroma cause in Romanian Parliament and Government.

The Rroma leaders will be: informal leaders ("bulibasa") and representatives in Parliament, Government and Local Councils.

- 1. Evaluation of socio-economic conditions in which Rroma people live**
 - ◆ What is, in your opinion, the economic condition of the Rroma population from the county?
 - ◆ Do you think there are differences between the level of living of Rroma and Romanians from the county?
 - ◆ How would you comment on the situation of Rroma children in Romania, in general, and on the local level, in particular?
- 2. Health problems of the Rroma**
 - ◆ In what concerns Rroma ethnics, what do you think are the most important health problems that they face?
 - ◆ What do you think are the causes for the existence of these diseases?
- 3. Health problems of Rroma children**
 - ◆ Do Rroma children have specific health problems?
 - ◆ What do you think are the causes for the appearance of these diseases?
- 4. Comparison with the health problems of the majority population**
 - ◆ Making a comparison with the health problems of the majority population, do you think that there are specific health problems for the Rroma population?
 - ◆ If yes, what do you think is the cause for the occurrence of these diseases?

-
- 5. Existence of special protection measures for the health of the Roma population**
 - ◆ From your information, are there any specific protection measures for the Roma population in the county?
 - 6. Health programmes in Roma communities**
 - ◆ Have you heard of the existence of any medical intervention programmes within the Roma communities (NGO, Governmental programmes)?
 - 7. Causes which make sanitary assistance for Roma more difficult**
 - ◆ In the latest years, it has been stated that the access of the Roma to health services is „difficult”. From your point of view, do you consider that this statement is true? Please justify.
 - 8. Evaluation of the health system**
 - ◆ In the last years, a new health insurance system has been put in place. In what measure do you consider yourself informed on this subject?

If the subject is known:
 - ◆ What is your opinion on the new health insurance system?
 - ◆ What about the functioning of the Health Insurance House (staff, family doctors etc.)?
 - 9. Difficulties in the application of the health insurance system**
 - ◆ What do you think are the main difficulties that are encountered in the application of the new system?
 - ◆ What would be, in your opinion, the solutions to solve these problems?
 - ◆ In what concerns legislation, which do you think would be the modifications that could bring benefits to this system?
 - 10. Comparison with the other social services**
 - ◆ If you were to make a comparison with the other social services systems (school/education, social insurance – pension, unemployment benefits, social assistance – social support) how would you evaluate the sanitary system in Romania?
 - 11. Other comments / observations**

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