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RESEARCH:

**IMPROVING ACCESS TO HEALTH CARE
OF ROMA COMMUNITY
IN VALJEVO**

DRAFT REPORT

**Author:
Tanja Dimitrijević**

***EVERY DISEASE IS
CURABLE, IF YOU
TIMELY SEE YOUR
DOCTOR!***

**Valjevo,
March 2009**

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Draft report

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Introduction

Issues concerning health of Roma have not often been the subject of research in Serbia, despite the fact that the data on life quality of the majority of this ethnic group indicate that living conditions of majority of Roma largely cause and perpetuate their health problems. For these reasons, in July 2008, Valjevo non-governmental organisation initiated the project *Improving Access to Health Care of Roma Community in Valjevo* (Roma Health Project). This project is implemented in cooperation with Valjevo Health Care Centre and funded by the Open Society Institute (OSI) from Budapest.

The aim of the project *Improving Access to Health Care of Roma Community in Valjevo* is to transfer national policy relating to health of Roma to the local level, through adoption of the Local Roma Health Care Action Plan. The final purpose of the project is to create necessary conditions for improving health care of Roma people at the local level, in Valjevo. In other words, this project is intended to systematically and institutionally encourage the creation of necessary, sustainable instruments for recognition of particular needs of Roma in the area of health care. In view of this intention, the project *Improving Access to Health Care of Roma Community in Valjevo* included, in addition to other activities, the empirical research. Analysis of the research findings is the subject of this report. The aim of empirical research, as one of the project components, was to gather data and information of health care of Roma in Valjevo, their behaviour, health determinants and utilization of health services. The research was based on the need to gather the data which will shed more light on the questions such as: what is the health condition of Roma in Valjevo, do they have any health problems and, if yes, which ones, what are the most common diseases they suffer from, do they seek medical treatment and in what way, can they afford medications, what reception do they encounter in medical institutions in Valjevo etc.

The research was carried out by the team of *Roma Centre for Democracy* in cooperation with 12 Roma interviewers, citizens of Valjevo, who conducted interviews in all Roma settlements in Valjevo (Balačka, Grabovica, Dublje, Bair, Bolnički blok, Sedlari, Novo naselje, Kotešica, Grad). In total, 340 members of Roma families were interviewed, thus covering more than 1000 household members. The research coordinator of *Roma Centre for Democracy*, author of this report, would like to extend her gratitude to interviewers: Kostadinović Slavna, Kostadinović Negosava, Janković Zorka, Danić Divna, Marković Slaviša, Petrović Gordana, Petrović Dragan, Jovanović Slobodan, Arifović Tanja, Simić Goran and Milenko Pavlović.

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ACRONYMS:

DR	Decade of Roma
RCD	Roma Centre for Democracy
NAP	National Action Plan
LAP	Local Action Plan
UNDP	United Nations Development Programme
OSI	Open Society Institute (Institut za otvoreno društvo)

SUMMARY OF RESEARCH FINDINGS

DEMOGRAPHIC STRUCTURE OF RESPONDENTS AND THEIR HOUSEHOLD MEMBERS

- è The sample of 340 adult Roma in Valjevo also included 1307 members of their households, with 4 members per household on average.
- è Age structure shows that the highest percentage of Roma population is aged between 20 and 34, while the percent of those older than 65 is very low – which confirms that Roma ethnic group is very young.
- è Demographic characteristics of Roma in Valjevo show almost proportionate number of men and women and the fact that Roma population in Valjevo mostly live in matrimonial union.
- è Educational status shows that among Roma in Valjevo, predominant are those with (in)complete primary school, while 5.8% have no education.
- è Roma in Valjevo are mostly unemployed (93.6%) – vast majority, regardless of the gender, are unskilled workers, which certainly raises concerns not only for the local government of Valjevo but also for the society at large.
- è One fourth of Roma in Valjevo receive material support for low-income households (MOP), while one third of Roma in Valjevo receive child allowance.
- è Less than 10% of Valjevo Roma do not have a valid health insurance card.

CURRENT HEALTH CONDITION OF ROMA IN VALJEVO

MOST COMMON DISEASES AND TREATMENT METHOD

- è Data show that health of majority Roma in Valjevo is not at the satisfactory level. The most common chronic diseases suffered by Roma in Valjevo are high blood pressure, rheumatic diseases, migraines and kidney diseases. At the same time, the trend of those suffering from these diseases slightly continues to rise, while the number of those ill with asthma has decreased compared to the last year. Both men and women equally suffer from these diseases.
- è Almost half of Roma in Valjevo (43.5%) suffer from high blood pressure, diagnosed in the last 12 months or earlier – and more than a half of men (51.9%) and women (66.5%) had health problems in the last four weeks, which prevented them from doing their regular activities. Every other member of Roma ethnic group in Valjevo was not able to carry out her/his regular activities for one to five days in the last month.
- è In the previous four weeks, 51.9% of Roma men and 68.6% of Roma women had a chronic disease, urgent condition or other health problems, however, at the same time, fewer number of them visited a doctor - 45.9% of men and 50.3% of women.

- è Somewhat less than a half of Roma (47.9%) visited a doctor in the last four weeks – most often once (44.8%) or twice (38.7%), and one respondent (0.6%) went to the doctor's as much as 14 times.
- è A large majority (about one third) of Roma in Valjevo visited some other health care worker in previous four weeks (a nurse, midwife, alternative medicine doctor).
- è Among Valjevo Roma, as shown by the data, there are 18.8% persons for whom a particular disability degree was determined. At the same time, due to illness or some other health conditions, almost one third (49.4%) of Roma in Valjevo are largely (19.1%) or moderately restricted (30.3%) from doing their daily activities. The mentioned restriction lasted for more than two years for almost one third (31.5%) of the respondents, while with the others (17%), it occurred a year or two years ago.

HEALTH OF ROMA WOMEN AND CHILDREN

- è The highest percent of Roma women in Valjevo had two childbirths, while the largest number of childbirths in Valjevo was 10. There are 4.5% of Roma families in Valjevo with five to eight children, while 16.1% of Roma families have one child. More than two thirds of Roma women in Valjevo regularly visited a gynaecologist during pregnancy.
- è One fourth of Roma women (23%) in Valjevo saw a gynaecologist more than five years ago, while almost 5% have never visited one. According to focus group respondents, the most common reason for Roma women not visiting a gynaecologist is the attitude of medical staff toward them – which will be explained in more detail in the fifth chapter of this report.
- è Almost half of Roma women in Valjevo have never done a Pap test (41.30%), and one fourth (22.6%) have never heard of this type of examination – despite the fact that preventive screenings were conducted in Valjevo of which the citizens were regularly informed.
- è Majority of Roma women (60.6%) have never undergone mammography, and 29% of them have never heard of this type of examination.
- è Large majority of Roma women in Valjevo (89.6%) have never undergone mammography (breast x-ray), including almost a third (29%) of them who have never heard of such type of examination. The situation is somewhat similar when it comes to breast self-test exam - 76.8% do not do such type of examination. Less than a fourth (23.2%) do it regularly, once a month. Such situation is the consequence of a low education level of Roma women in Valjevo and their lack of information about preventive examinations.
- è Regarding health of children in Roma households, majority of Roma feel that their children's health is good, while some 3% think that health of their children is bad or very bad.
- è When it comes to entering sexual relations in Roma communities, they are guided by traditional rules – men can enter sexual relations before they turn 17, while women are not allowed to have pre-marital sex.

PERCEPTION OF PERSONAL HEALTH AND HEALTH OF FAMILY MEMBERS

- è Contradictory to the research findings, large majority of Valjevo Roma assess their health and health of their family members as good (48.2%), very good (59.7%) or excellent (60.6%) – which shows that majority of Roma in Valjevo are not aware of the risks they are exposed to.
- è Roma in Valjevo, despite being diagnosed with a disease, rarely visit a doctor. For example, frequency of visits to dentists explains the assessment that the dental condition of respondents is poor – almost one third (29.7%) have not been to the dentist's in the last five years and almost a half (46.5%) have not done so in the last two years.

UNDERSTANDING OF AND ATTITUDE TOWARD PREVENTION

- è Almost all findings from interviews and focus groups show that the majority of Roma in Valjevo do not consider taking preventive measures aimed at preserving health – while young people assess that one should not be concerned about one's health until one reaches thirty.
- è Almost one third of Roma in Valjevo (30.9%) think that *they cannot do anything* about their health, while as much as 39.7% feel that *they can't do much about their health*.
- è The fact that Roma know very little about healthy lifestyle is supported by the data that only 12.7% of Valjevo Roma have heard of a prevention campaign or a programme in the last year.
- è Despite the fact that the research findings show a high percent of those with high blood pressure, the research has established that 50.6% of them have their blood pressure checked every six months. The same goes for other disorders – one third of respondents (30.9%) have never tested the level of fatty acids in blood, and every third respondent (36.8%) checked the level of fatty acids in blood less than a year ago.
- è Personal hygiene largely influences health of Roma in Valjevo – more than a half of adult Roma do not wash their hands after coming home, 15.9% only sometimes wash their hands after using a toilet, and 0.9% never wash their hands after using toilets.
- è Generally speaking, the respondents pay much more attention to washing hands than dental hygiene. The number of those who always wash their hands after using toilet (83.2%) is two times higher than those who always i.e. regularly clean their teeth in the morning (37.6%).
- è A group at risk is comprised of those respondents who never clean their teeth or wash their hands – although the latter are rare, except in the case of those who never or only sometimes wash their hands when coming home, after using toilet or before lunch.
- è One fourth of Roma in Valjevo could not answer the question if their children have been vaccinated against all prescribed diseases, that is to say, they do not know whether their children were regularly vaccinated or not.

- è Data of height and weight show that, in layman's terms, majority of Roma in Valjevo have the weight which is adequate to their height, most often between 61 and 80 kilograms - except for a small number of those overweight (9%), weighing over 100 kg.

RISK FACTORS

ADDICTION DISEASES: SMOKING, ALCOHOLISM, DRUG ADDICTION

- è In Valjevo, more than a half of Roma community are active smokers. The highest percent of current smokers started smoking between the age of 8 and 15 (78.8%). Smoking habit is more frequent among women (72.9%) than men (61.6%), although men are more passionate smokers – one fourth of men smoke more than 20 cigarettes a day.
- è As far as acquiring the smoking habit is concerned, teenagers between the age of 15 to 17 are the group at risk. This is why it is very alarming that almost one half of parents (44.7%) did not answer to the question *how many children in your household smoke*, while more than a half (55.4%) claim that their children do not smoke.
- è Consummation of alcohol is a considerable risk factor - 28.5% of Roma in Valjevo stated that alcoholism is present in their neighbourhood, while 1.5% said that alcoholism was a problem of individual members of their family.
- è According to 32.4% of Roma in Valjevo, the problem of drug addiction is present in their neighbourhood, while 0.3% of the respondents stated that such problem existed in their family. Mostly all young Roma in Valjevo are familiar with the presence of drug addiction – some of them through their own experience and some through the experience of their peers – as concluded at focus group discussion by the group of young Roma. At the same time, according to middle-aged and older Roma, the problem of drug addiction in Valjevo is highly present, but parents stay in denial.
- è At focus groups, young Roma spoke very openly about the existing problem of drug addiction in Roma settlements in Valjevo, expressing their wish to help eliminate this problem as soon as possible. General opinion is that the problem of drug addiction is more present in Roma settlements in towns, which are inhabited by Roma of a better social and economic standing and higher education level, while this problem does not exist in particular Roma settlements where there are no young Roma.

LIVING CONDITIONS IN SETTLEMENT /COMMUNITY

- è Almost half of Roma in Valjevo (43.2%) are faced with the problem of damp houses which additionally affects the incidence of asthma and chronic disorders of respiratory system. It is worth noting that 14.10% of Valjevo Roma suffer from bronchitis while 17.9% of respondents have asthma.

- è The problem of insufficient daylight affects one fourth (25.6%) of Roma in Valjevo.
- è A considerable factor influencing health of Roma in Valjevo is polluted drinking water and thus, 39.8% of Roma people in Valjevo have to deal with this problem.
- è It is evident that, in addition to the individual risk factors, health of Roma in Valjevo is influenced by hygienic and epidemiological conditions. It is necessary that the Institute of Public Health carries out the evaluation of the existing hygienic and epidemiological conditions in Roma settlements in Valjevo, according to the goals and objectives of Health Care Action Plan, and based on the findings take measures for improving living conditions of Roma – both in terms of drinking water quality and sanitary facilities.

HOUSING CONDITIONS

- è Except for respective 4.4% of Roma who live in an apartment building or makeshift homes, a large majority of Roma in Valjevo live in houses.
- è Housing status of Roma in Valjevo varies - majority (65.6%) are the owners of an apartment or a house they live in, while others live with their parents (17.6%), in the house of their relatives and friends (14.7) or rent the apartment (2.1%).
- è The surface and structure of housing premises is very good – majority of Valjevo Roma live on a dwelling surface of 74.5m² on average, i.e. 5.7 rooms on average.
- è Almost half of Roma families in Valjevo do not have a separate room for children (45.3%), and one fifth do not have a separate bedroom (20.6%), as well.
- è The data that majority of Roma families do not have either public sewage system (62.6%) or a septic tank (63,5%), and almost one third does not have an indoor toilet (30.9%) but an outdoor one (66.2%) indicate a low comfort level and, more importantly, increased risk of epidemics and infections. This is even more true if had in mind that more than a half of Roma households in Valjevo (66.2%) do not have water at home and somewhat more than a third (15.9%) bring potable water from some other place (e.g. the entire Roma settlement of Balačka is supplied from one single well in the settlement).
- è Vast majority of Roma in Valjevo (88.6%) use solid fuel or oil for heating, while only rare households use electricity, central heating or gas.

EMPLOYMENT STATUS AND SOURCES OF INCOME

- è Large majority of Roma in Valjevo are unemployed (93.6%), out of which 14.1% are not registered in the National Employment Service. Among those registered on the labour market, the number of unemployed men (53%) is

almost twice as high as that of unemployed women (26.5%), and almost one third of women (32.9%) are housewives.

- è The most common source of income for almost one half of respondents are occasional, seasonal jobs (47.1%), which is a direct consequence of a low education level. This is followed by the respondents who earn their income from a permanent /regular job – somewhat more than a third (34.7%), and the third place is taken by slightly more than one fifth (22.1%) of respondents whose sources of income are *other part-time jobs*, that is, work in the market, in the grey economy.
- è Among Valjevo respondents, the smallest number are those whose only source of income is collection of raw materials (15.3%).
- è An average monthly income of Roma households in Valjevo is about 17.300 dinars. However, those whose total monthly income is less than 10.000 dinars account for almost a half (49.1%).
- è An average monthly income per household member is 6.450 dinars. In somewhat more than a third (37.1%) of Roma households only one member earns monthly income, while in less than a third households (32.4%), income is earned by two members.

NUTRITION

- è Large majority of Roma in Valjevo regularly have three meals a day - breakfast (72.9%), lunch (93.8%) and dinner (82.6%). However, on average, half of adults are not in the habit of having any supper - in the morning (61.2%) and in the afternoon (49.1%). Roma children follow almost the same nutrition routine.
- è Bread is a regular provision of every Roma household in Valjevo – almost half of them (44.7%) spend 2kg of bread per day, that is, every household spends on average 2.12 kg of bread a day.
- è Majority of Roma in Valjevo use cooking oil in their daily nutrition (61.8%) and vegetables: potatoes, beans, peas (54.4%), smoked and cured meats (30.3%), snacks and the like (35%), cakes and sweets (36.8%), etc.
- è Carbonated juices are more used than natural juices, while fish is eaten less than once a week in 40.6% of Roma households. According to Roma from Roma settlements, they have fish only if their Day of Patron Saint requires fasting, while one fourth of Roma never use fish in their nutrition. More than a half of household members (53.8%) have meat several times a week.
- è Roma from Valjevo are aware of the importance of nutrition for their health, however they pay little attention to prevention i.e. prevention of disease occurrence.

SATISFACTION WITH SERVICES OF HEALTH CARE INSTITUTIONS

MEDICAL EXPENSES

- è Apart from costs covered by health insurance, in the last four weeks, majority of Roma households (65.9%) in Valjevo spent between 100 and 10.000 dinars on medical treatment. In the last four weeks, when visiting a doctor, Roma households in Valjevo spent on average 2.060 dinars each – average monthly earnings per household being about 17.000 dinars.
- è The respondents, personally, spent on health care between 5.000 and 80.000 dinars in the last 12 months. More than a half of Roma in Valjevo (69%) spent between 5.000 to 10.000 dinars on health care in the last 12 months. Average annual personal expense for health care is 14.592 dinars, which accounts for almost one average monthly income per household (17.000 dinars).
- è The mentioned expenses also involve purchase of medications. Thus, in the last four weeks, almost three thirds of Valjevo Roma (72%) spent between 100 to 10.000 dinars on provision of medications. For 42% of Roma, the biggest expense for medications in the said period were amounts between 100 to 1.000 dinars, and for 4%, these expenses ranged between 3.000 to 10.000 dinars. In addition to such high amounts of money spent for medications, the fact that only 28% of respondents did not have to think about purchase of medications in the last four weeks also raises concerns.
- è During the last visit to the doctor's, a large majority of Roma in Valjevo (88.8%) got the prescription for procuring medications. Others (11.2) went for a check up or saw a doctor as a matter of precaution i.e. prevention.
- è Among respondents to whom the doctor wrote a prescription during the last visit, a large majority (82.8%) managed to obtain the medications. However, almost one fifth (17.2% - 52 respondents) were not able to obtain necessary drugs.
- è The most common reason for which the majority of these respondents (67.3%) could not obtain medications is primarily the lack of money and high price of medications (Chart No. II. 60). A smaller number of respondents (11.5%) stated that pharmacies did not have prescribed drugs on stock, while some of them said (9.6%) that they already had those medications at home, and others (11.5%) thought that they did not need the prescribed medications and thus did not buy them.
- è It should be noted that more than a half of Valjevo Roma (58.8%) make a habit of taking coffee or juices to medical staff in health care institutions, while more than a third (35.9%) give more expensive presents (perfumes, whiskey), money (35.9%) or some other material goods (9.4%).
- è According to the respondents, except in the rare situations when they are asked to do so by medical staff (2.2%), the most common reason for giving different presents is a personal assessment that this will buy their way into *getting a better service* (41.1%) or that without presents, they will not

receive adequate service /attention (22.9%) – while one third of them stated that it was a custom (33.8%).

- è It should be pointed out that a vast majority of Valjevo Roma, except for the rare ones (8%) who seek services of private medical practitioners, get treatment in public health care institutions.

ACCESSIBILITY OF HEALTH CARE INSTITUTIONS

- è Health care institutions in Valjevo are accessible to only one third of Roma (31.5%), due to the fact that they are only 2 kilometres away from these institutions.
- è All others, when ill or in need of urgent medical attention, need to travel 3 to 15 kilometres. Thus, for almost half of Roma in Valjevo (46.2%), doctors are almost unavailable, even in cases when they require urgent medical attention, because the nearest health care institution is between 6 and 15 kilometres away.
- è Generally speaking, 56.5% of Roma households in Valjevo are more than 5km away from the nearest health care centre and such distance involves transportation costs, which presents an additional problem when seeing a doctor, even for those who are sick, and particularly for Roma with small and irregular earnings, as is the case with the majority of this population.

ATTITUDE OF MEDICAL STAFF TOWARD ROMA

- è Roma in Valjevo are largely dissatisfied with prices of medications (81.5%) and medical examinations (66.5%) as well as with the attitude of medical staff - doctors (35.3%), nurses/technicians (45.6%) and, in particular, the attitude of the rest of the staff (54.9%) in health care institutions of Valjevo.
- è Health care segments which also provoke dissatisfaction in Roma are both emergency services (37.1%) and distance of the health care centre (37.1%), while regarding the hygiene in health care centre, opinions are divided and there are more of those who are satisfied with it (35.6%).
- è General opinion of respondents is that nurses treat them badly, more often and to a larger extent worse than doctors.
- è Negative personal experiences mostly relate to: *prescription of medications which are not on the list and have to be fully paid* (49.7%), referrals to private doctors because *they didn't have the adequate conditions there to give me a proper examination* (38.8%) and *prescription of medications which cannot be found in the pharmacy* (33.5%).
- è The most common negative experiences, at second hand, pertain to the following: *doctor didn't want to see me because I didn't have a health insurance card* (51.5%), *doctor didn't want to see my child because my child didn't have a health insurance card* (47.6%), *he was treated unprofessionally* (42.9%), *they insulted me on the basis of my ethnic affiliation* (42.4%) and *doctor didn't want to see me because I'm Roma* (40.6%).

- è It is worth noting that the majority of Roma in Valjevo have never experienced or heard that others have experienced that: *doctor's were always kind to me and I had nothing but positive experiences (57.4%)*.
- è Only 5% of Roma in Valjevo turned to the Patient Advocate, while a vast majority (95.2%) have never done so: some of them because they felt that *going to the Patient Advocate is of no use (54.1%)*, and the others (13.5%) because they did not want to get on the wrong side of doctors and thus make their future relations with them and other medical staff in this health care institution even worse.

I. HEALTH OF ROMA IN VALJEVO – FRAMEWORK AND TARGETS OF THE PROJECT

1.1 FRAMEWORK AND TARGETS OF THE PROJECT

Valjevo is a town situated in West Serbia. According to 2002 Census, the total population is 96.761, 1314 being Roma out of which, 527 live in town while 787 Roma live in Roma settlements on the outskirts. In addition to these 2002 Census data, non-governmental organizations give unofficial estimates that the number of Roma living in Valjevo is even three times higher - about 4.000. At the same time, according to the research findings (of this project), the total of 1307 Roma live in seven Roma settlements (Gornja Grabovica, Bair, Balačka, Bolnički blok, Sedlari, Dublje and Kotešica).

The Project *Improving Access to Health Care of Roma Community in Valjevo* was initiated by a local NGO *Roma Centre for Democracy*, which implements it with the financial support of the Open Society Institute Budapest (Roma Health Project), in cooperation with Health Care Centre Valjevo and local Roma radio *Točak*.

The aim of the project is to transfer national policy related to Roma health care to the local level by adopting the local Roma Health Care Action Plan, while the purpose of the project is to establish necessary conditions for improving health care of Roma community at the local level. The Project is expected to achieve a *sustainable and long-term impact*, since it is intended to establish necessary instruments for recognition of particular needs of Roma in the area of health care in a systematic and institutional way through: a) establishment of local policy; b) gathering of necessary data; c) raising awareness in both Roma and medical staff and d) achievement of political dialogue and institutional partnership at the local levels.

By signing the Letter of Support for the Project, Health Care Centre Valjevo has undertaken the following project tasks and obligations:

- è Participation of medical specialists in visits to Roma settlements,
- è Participation of medical specialists in public presentations in Roma settlements on the subjects of tuberculosis, HIV and cancer of female sexual organs (15 in total),
- è Participation of employees of Health Care Centre in the broadcasts of Roma radio *Točak*,
- è Participation of employees of Health Care Centre in the presentations held on particular issues and needs of Roma in the area of health care – presentation of empirical research findings,
- è Provision of premises for presentation of empirical research findings,
- è Participation of Health Care Centre in the round table discussion organized by the RCD,

è Participation in draft version of Local Roma Health Care Action Plan.

The role of the local radio *Točak* was to promote aims and targets of the project and timely inform Roma in settlements of the project activities while, in addition, non-Roma population of Valjevo also had the opportunity to become informed of the Project through the local, non-Roma media. Concurrently with these media activities, promotional material was distributed in Roma settlements. Finally, for the purpose of better dissemination of information to Roma about the activities carried out in the project *Improving Access to Health Care of Roma Community in Valjevo*, a *door-to-door* campaign was carried out in Roma settlements. Thus, as soon as the first couple of months from the project implementation, the entire Roma community in Valjevo was informed about the project and its goals and activities.

Generally speaking, within the implementation of the project *Improving Access to Health Care of Roma Community in Valjevo*, until the beginning of empirical research, the RCD conducted several types of activities in cooperation with doctors of the Health Care Centre Valjevo and Roma radio *Točak*, with the aim to ***promote health and healthy lifestyle in Roma settlements***. These activities included the following:

è **Presentations in Roma settlements in Valjevo.** Within this activity, three presentations were held in Roma settlements on the subjects of tuberculosis, HIV and cancer of female sexual organs. To increase attendance at presentations in Roma settlements, the RCD decided to start the presentations on the subject of tuberculosis, since health is a very sensitive topic in Roma communities. The first presentations were attended mostly by older people and women. After the first cycle of presentations, the RCD gave the presentation on the subject of HIV and cancer of female sexual organs with a considerably higher number of attendants. Inhabitants of Roma settlements had the opportunity to find out about the origination of the said diseases, the way they are transmitted, first symptoms and treatment methods. During the presentation in Roma settlements, their inhabitants had the opportunity to have the level of their blood sugar checked, have their blood pressure taken and obtain all necessary information about the procedure for selection of one's own personal doctor. Presentations in Roma settlements in Valjevo were very important for addressing stereotypes and prejudices of medical staff against Roma. More than 350 of Roma were informed about tuberculosis, HIV and cancer of female sexual organs.

è **Campaign carried out through Roma radio *Točak*.** Roma radio *Točak* played a big role in raising awareness of health care in Roma community. Before the show, jingles informed Roma in settlements about the doctors who were the guests of the show, giving them the opportunity to anonymously ask doctors the questions they were interested in. In the show, these questions were posed by the host, and thus, the listeners' questions were asked

anonymously so that it can be said that radio audience was fully included in the design of the show. The guests of *Točak* radio show were medical specialists. Shows were broadcast in the prime time of *Točak* radio and dealt with the following topics: tuberculosis, cancer, contraception, sexually transmitted diseases, sex, pregnancy, addiction diseases etc. Shows were divided into two groups: a) the first group was comprised of shows broadcast in the afternoons, which covered the subjects of tuberculosis, cancer and cardio-vascular disorders; b) the second group was comprised of shows broadcast in the evenings, on the subjects of contraception, sex, addiction diseases and pregnancy.

- è **Promotional material was designed, printed and distributed** with key messages aimed at improving access to health care of Roma community in Valjevo. Promotional material (posters, T-shirts and flyers) were distributed in all schools, local institutions and Roma in settlements. Key messages on the promotional material were: *Every disease is curable, if you timely see your doctor! You can protect yourself!*

In this phase, some activities, which were not anticipated in the project draft *Improving Access to Health Care of Roma Community in Valjevo*, were also implemented. Reasons for the implementation of unplanned activities lie in the recognized needs of Roma in settlements. Thus, the following activities were implemented:

- è **Home visits** were in many ways important for informing Roma community, creating a friendly relationship with Roma and recognizing their needs in the area of health care. During home visits, local coordinators in Roma communities had a significant role. In addition, Roma in settlements were informed of the ways to obtain health insurance card.
- è **Preventive examinations** (checking blood sugar and blood pressure). During the empirical research, the interviewers pointed out that a high percent of Roma in settlements had never checked their blood sugar. Based on this initiative of the interviewers and Roma community, the RCD decided to talk with Health Care Centre Valjevo about enabling Roma in settlements to take preventive examination, which resulted in more than 150 Roma undergoing medical examinations.

Project activities, planned to be carried out after the completion of campaigns, presentations and promotions are:

- è **Implementation of empirical research.** The aim of the research is to obtain information of health condition of Roma, factors influencing their health, frequency of using health services and attitude of health workers toward Roma in Valjevo. Collected data should shed more light on: a) health condition of Roma, b) most common health problems, c) method and conditions for treatment and d) measures to improve their health – from

obtaining health insurance to raising awareness of the importance of regular preventive examination aimed at preservation of their health.

- è **Activities of advocating local Roma health care policy.** The findings of empirical research should serve as a relevant basis for the creation of proposal for the local Roma health care action plan in Valjevo. Representatives of Health Care Centre Valjevo, Roma Centre for Democracy and Valjevo municipality will be included in drafting of the proposal for the action plan.
- è ***Presentations of research results*** will be held in Health Care Centre in Valjevo. Data will be presented to the employees of Health Care Centre. The aim of the presentation is to: a) recognize *particular needs and problems of Roma in connection with their health, treatment and relations with the staff of Health Care Centre in Valjevo*, b) *design* a campaign which targets local health care institutions with the aim to address the issues of stereotypes and discrimination against Roma in the area of health care.
- è ***Organisation of round table discussion after submitting the Local Action Plan.*** The round table will gather the representatives of NGOs and health care centres throughout Serbia. The planned aim of the round table is the exchange of experiences gained in the implementation of Roma health projects. The round table will define future priorities in the area of health care.

In order to attain the anticipated project aim, at the very beginning, immediately before the project implementation -which started on 1 July 2008 - the RCD, together with other local partners, identified the possible risks which may affect the achievement of the anticipated goals. Refusal of Roma population to participate in the project dealing with this issue was recognized as one of the possible risks –even more so, considering that before this project, no one had ever addressed the issues of health and health care of Roma in Valjevo. Having in mind that this can impede the project implementation, the RCD took necessary steps to eliminate these risks. By organising series of campaigns and promotional activities, the RCD informed Roma and non-Roma population of the issues and targets of the project.

1.2 RESEARCH METHODOLOGY

Empirical research was conducted by using quantitative and qualitative methodology. Data were gathered based on two instruments: *face-to-face questionnaire and focus groups*.

In total, 340 representatives of Roma households aged 15 and over were interviewed, whereby, at the same time, data were obtained on more than 1000 of their household members. The questionnaire was implemented by conducting

interview with one member per respective household. Using a structured, standardised questionnaire, answers to 69 questions were obtained within the following topic units: 1. information about the respondent and household members, 2. socio-economic characteristics of respondent, 3. housing, 4. personal hygiene, 5. nutrition, 6. health, 7. satisfaction with health care services and 8. health care information concerning Roma women. The aim of the questionnaire was to obtain from the representatives of Roma households the attitudes, assessments and information of the current health conditions, treatments and relations with the medical staff in health care institutions in Valjevo.

Quantitative research was carried out on the sample of 340 respondents, Roma household representatives, aged 18 and over, in the total of seven settlements on the territory of Valjevo municipality. Detailed breakdown of planned and realized sample by settlements is presented in the Table No. I.1.

Table No. I.1. Breakdown of planned and realized questionnaires by settlements¹

Settlements:	Planned number of questionnaires:	Number of realized questionnaires:
Balačka	103	49
Grabovica	197	102
Dublje	76	45
Bair	165	56
Bolnički blok	50	25
Sedlari	--	18
Novo naselje	--	11
Kotešica	--	14
Grad	--	20
Total:	600	340

Qualitative research was carried out by using focus group discussions. In total, three focus group discussions were conducted with the total number of 34 Roma participants, out of which 20 were women and 14 men. Focus groups were held on the same day (28-2-2009) in the following order:

1. First group was comprised of **elderly and middle-aged people** of 35 and over - 4 men and 5 women. Employment status: pensioners, dependants, the unemployed and self-employed;
2. The other group were **young people** aged 15 to 34 - 5 women and 10 men. Employment status: 50% of those currently in or outside the educational system respectively;
3. The third group were **only women** aged 15 and over, with and without education i.e. employed and unemployed, including those who have never been employed.

¹ Project draft anticipated the research to be carried out in five Roma (first five in the Table) settlements in Valjevo. However, as it was realized during the research, there are no 600 Roma households in those five settlements, and thus it was decided that research should cover all other Roma settlements in Valjevo.

Each focus group lasted up to 2 hours on average, while discussions of each group were recorded on a tape recorder, as agreed by the participants. The recorded discussions were typed and transcript analysis was conducted. The moderator of focus groups was Zdenka Milivojević, a consultant, and Tanja Dimitrijević, a project coordinator.

The aim of focus groups was to hear individual experiences and obtain opinions on different issues within the following topic units: a) prevention – what do you do to avoid falling ill, b) current condition – what mostly influences health condition of Roma in Valjevo (personal experiences), c) attitude of health care institutions /staff in Valjevo toward Roma (personal experiences) and d) recommendations for improving health care of Roma in Valjevo.

1.3 PREPARATION AND IMPLEMENTATION OF RESEARCH

Field part of research, which started on 14-01-2009 and was completed on 02-02-2009, was preceded by the following activities:

- è On 23-12-2008, pilot testing of the questionnaire was carried out on the sample of 20 respondents in five Roma settlements in Valjevo. The testing results were entered into the questionnaire and final questionnaire version was designed in communication with Mr. Kaposvári Csilla (Health Monitor Center, Budapest).
- è Two briefings of interviewers were held in RCD offices – first before the very pilot (22-12-2008) and the second before the collection of data in the field (10-01-2009). RCD research coordinator briefed the interviewers, explained the subjects and goals of the research, selection criteria of the respondents and work methodology.

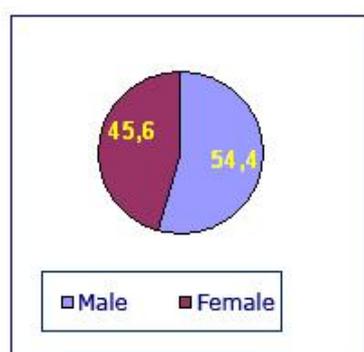
In total, the network of interviewers comprised 11 interviewers, members of Roma ethnic group from settlements in which the research was conducted. Every interviewer did, on average, 30 interviews. According to the interviewers, the largest number of respondents were willing to provide answers to the questions asked. There were no refusals, since the interviewers were from Roma settlements themselves.

II. RESEARCH FINDINGS

1. DEMOGRAPHIC STRUCTURE OF RESPONDENTS AND HOUSEHOLD MEMBERS

In total, 340 representatives of Roma households in seven interviewed settlements in Valjevo provided their opinion of the health care of Roma in Valjevo, attitude of medical staff toward Roma and other questions laid out in the questionnaire. This also enabled data gathering on 1307 members of their households.

Chart No. II. 1. Age structure of respondents (in %)



The sample included 54.4 % of men and 45.6% of women (Chart No.II.1). Average Roma household in Valjevo has 4 members (see the table No. II. 1).

Table No. II. 1. Number of household members (in %)

Number of household members	%
Single-member household	10.9
Two members of household	30.3
Three members of household	21.8
Four members of household	24.1
Five members of household	7.4
Six members of household	4.1
Seven members of household	1.5
Average number of household members	3.5

Age structure of respondents older than 15 shows that a vast majority of both women and men are aged between 20 to 34 (see the chart No. II. 2).

Chart No. II. 2. Age structure of respondents by gender

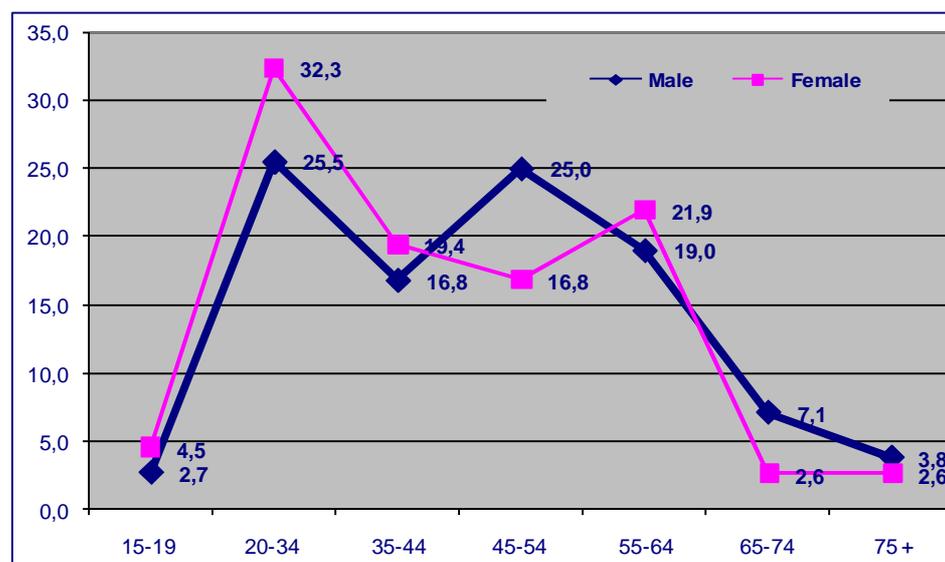


Table No. II 2. Age structure of household members

Age:	%
Up to 6	12.9
7-11	8.5
12-14	3.4
15-19	6.4
20-34	22.9
35-44	11.8
45-54	15.6
55-64	13.1
65-74	3.5
75+	2.0
Total	100.0

Age structure of household members is, however, somewhat different. The first and the largest group are those between 20 and 34, followed by persons between 45 and 54 years of age. With older age, the number of household members drops. There are only 5.5 % of household members older than 65 (see the table No. II 2).

Educational profile of respondents in Roma settlements in Valjevo is, as shown by the research results, very low. In addition to 5.8% of those without education, more than a half (57.5%) are those with (in)complete primary school (see the table No. II 3. and chart No. II 3).

Table No. II. 3. Educational structure of household members

Education	%
Pre-school age	11.9
Attends pre-school facility	.3
No education	5.8
Incomplete primary school	27.5
Primary school	30.0
Three-year vocational secondary school	6.6
Four-year secondary school	2.2
Higher school	1.3
Faculty	.3
Currently attends school	14.1
Total	100.0

It is interesting to note that there are more women (1.9%) than men (1.1%) who completed higher school or university. On the other hand, there are more men than women in the category of those with (in)complete primary school (see the chart No. II. 3).

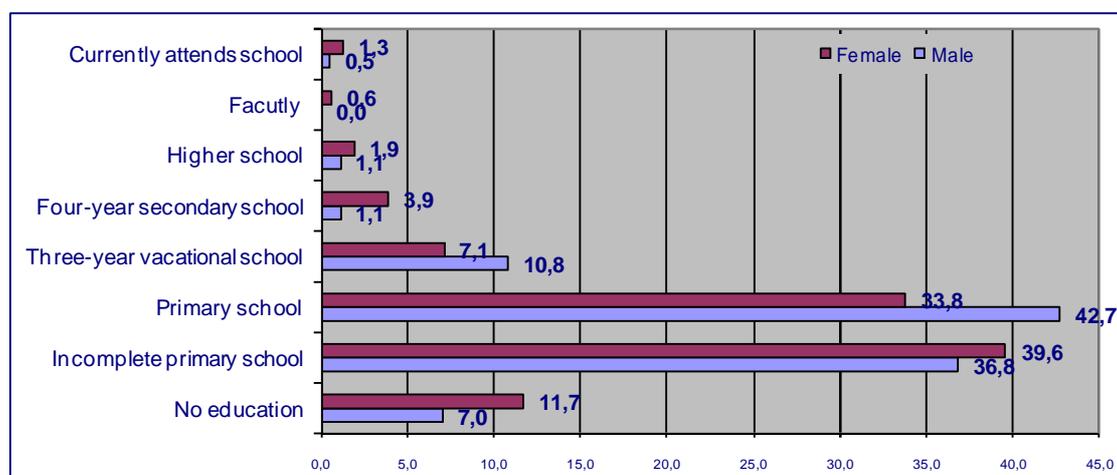
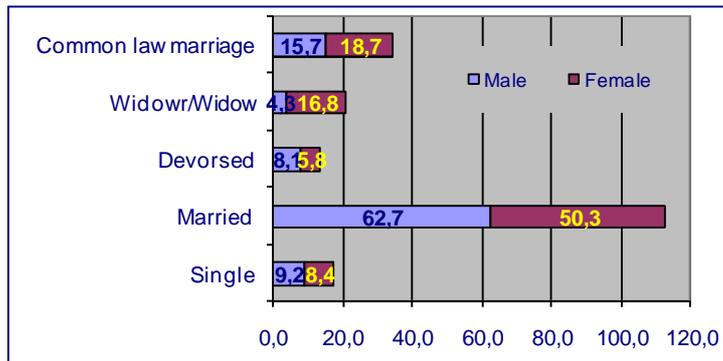
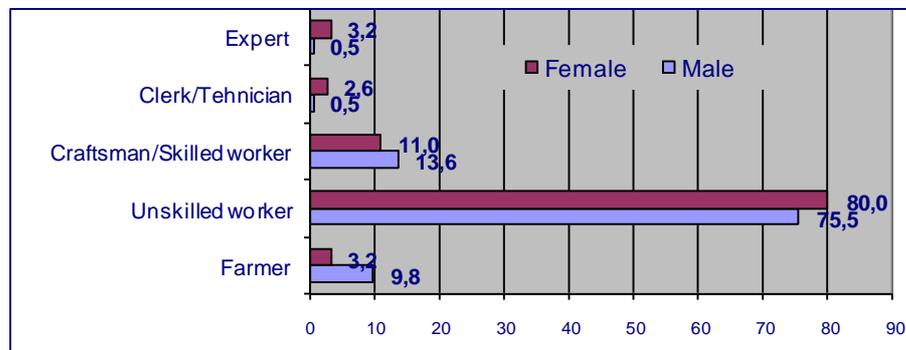
Chart No. II. 3. Educational structure of respondents by gender

Chart No. II. 4. Marital status of respondents by gender



More than a half of male (62.7%) i.e. female (50.3%) respondents are married. However, there is also a significant number of Roma who live in common law marriage (34.4%).

Chart No. II. 5. Occupation of respondents by gender



Occupation of respondents is in accordance with the level of their education. Unskilled workers are

predominant among both men and women (see the chart No.II.5).

A large majority of Roma households in Valjevo do not receive social benefits or child allowance while, only 7.2% do not have a health insurance card (chart No. II. 6 and 7).

Chart No. II. 6. Do you or members of your family receive any forms of social benefits?

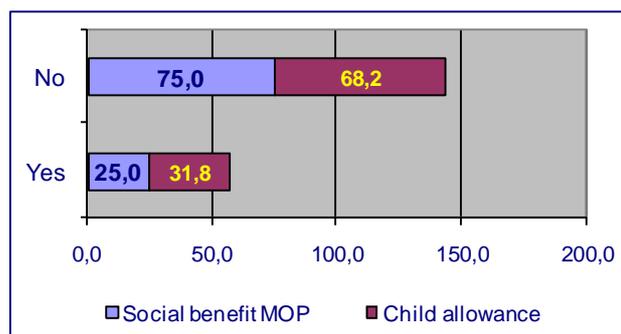
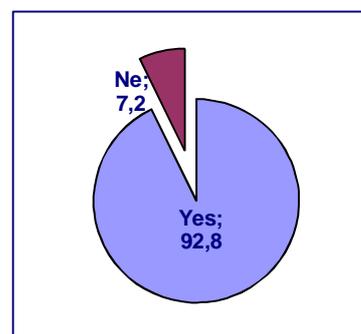


Chart No. II. 7. Do you have a health insurance card?

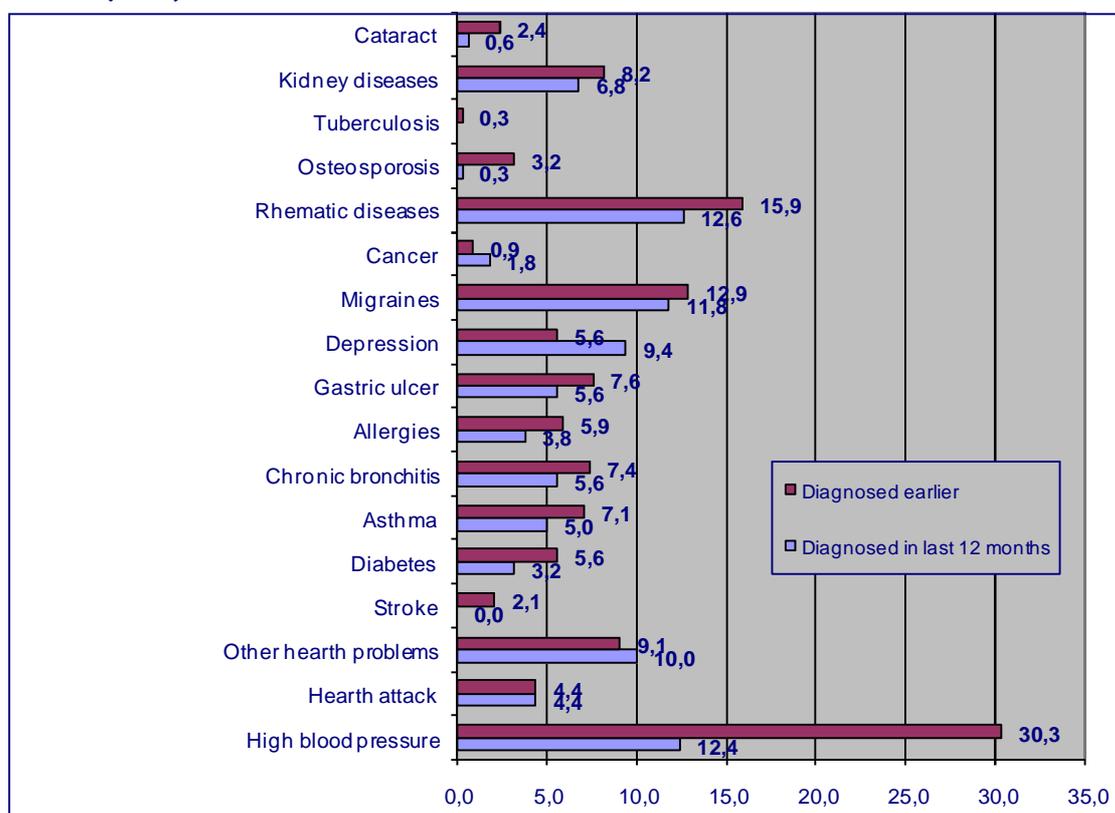


2. CURRENT HEALTH CONDITION OF ROMA IN VALJEVO

2.1 MOST COMMON DISEASES AND TREATMENT METHOD

According to research findings, for almost half of Roma in Valjevo (42.7%) who were diagnosed with high blood pressure, health condition is questionable – even more so in view of the fact that almost one third (30.3%) has high blood pressure as a chronic condition, and this number rose by 12.4% of those who were diagnosed with this disorder in the last 12 months. Data further show that, in addition to high blood pressure, most common disorders suffered by Roma in Valjevo are: rheumatism, migraines and, partly, kidney diseases and, additionally, *some other heart disorders* (see the chart No. II 8).

Chart No. II 8. Types of diseases - diagnosed by the doctor in the last 12 months or earlier (in %)



High blood pressure and other health problems such as heart disorders show a growing trend for both genders, however the number of such chronic diseases is bigger in men. While diabetes, allergies and rheumatic diseases etc. show a decreasing trend for both genders, chronic anxiety and depression have doubled in women and considerably increased in men in the last two years. In the last 12 months, the number of women ill with asthma dropped by almost double, while for men it shows a mildly rising trend (table No. II. 4).

Table No. II. 4. Types of diseases by gender - diagnosed by the doctor in the last 12 months or earlier (in %)

Types of diseases:	Men:		Women:	
	Diagnosed in the last 12 months	Diagnosed earlier	Diagnosed in the last 12 months	Diagnosed earlier
High blood pressure	11.9	33.0	12.9	27.1
Cardiac arrest, heart attack	6.5	5.9	1.9	2.6
Some other heart disorders	9.7	8.6	10.3	9.7
Stroke	1.1	2.2	0.6	1.9
Diabetes	4.9	7.0	1.3	3.9
Asthma	5.4	4.9	4.5	9.7
Chronic bronchitis	7.0	3.2	3.9	12.3
Allergies (eczema, seasonal allergies)	3.2	3.8	4.5	8.4
Gastric ulcer	3.8	4.3	7.7	11.6
Chronic anxiety, depression	6.5	5.9	12.9	5.2
Migraines, frequent headaches	7.0	9.2	17.4	17.4
Tumour, cancer	1.1	0.5	2.6	1.3
Rheumatic diseases	11.9	14.1	13.5	18.1
Osteoporosis	0.5	3.2	0.0	3.2
Tuberculosis	0.0	0.5	0.0	0.0
Kidney diseases	5.4	7.0	8.4	9.7
Cataract	0.5	2.2	0.6	2.6

The fact that health care of Roma in Valjevo is not at the satisfactory level is also supported by the data that more than a half of men (51.9%) and women (66.5%) had health problems in the last four weeks, which prevented them for doing their regular activities.

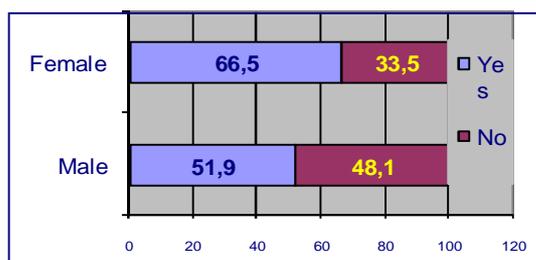
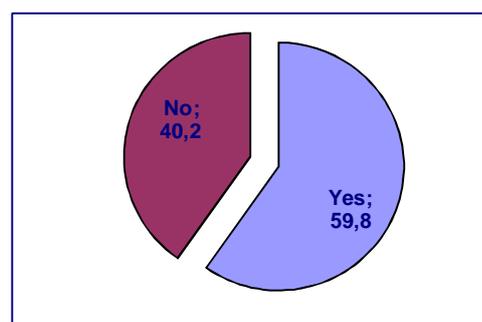
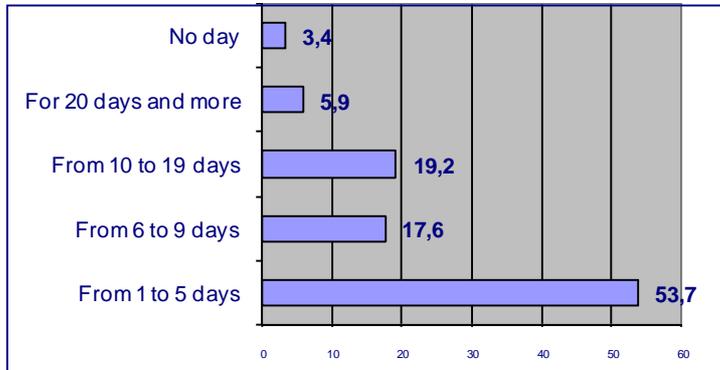
Chart No. II. 9. Have you, in the last 4 weeks, had a chronic disease, urgent condition (stroke) or some other health problems (headache, toothache), even if these were not serious diseases?**Chart No. II. 10.** Have you, due to the disease you had in the last for weeks, stopped going to school, work or doing your usual activities?

Chart No. II. 11. How many days, due to disease, were you not able to do your regular /usual activities in the last 4 weeks?²



It is obvious that every other member of Roma ethnic group in Valjevo, due to a disease suffered in the last month, was not able to do her/his regular activities for one to five days. On the other hand, while 3.4% did their regular activities despite

their current health problems, 5.9% were not able to do any kind of activities for 20 days and more, due to their health condition. In addition, it is also alarming that somewhat more than a third (36.8%) of Roma lost 19 working days in the last four weeks due to their illness.

In the last four weeks, 51.9% of Roma men and 68.6% of Roma women had a chronic disease, urgent conditions or some other health problems. However, at the same time, less Roma visited a doctor than the number of those who were actually sick - 45.9% of men and 50.3% of women. Generally speaking, somewhat less than a half of Roma (47.9%) visited a doctor in the last four weeks – mostly once (44.8%) or twice (38.7%), and one respondent (0.6%) visited a doctor as much as 14 times. It is likely that this is a person suffering from diabetes who regularly has to receive the insulin therapy.

Chart No. II. 12. Have you, in the last 4 weeks, seen a doctor to receive medical attention?

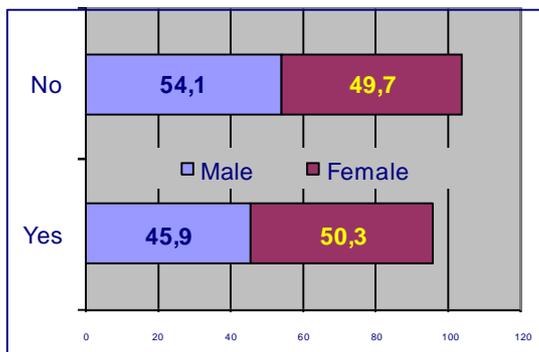
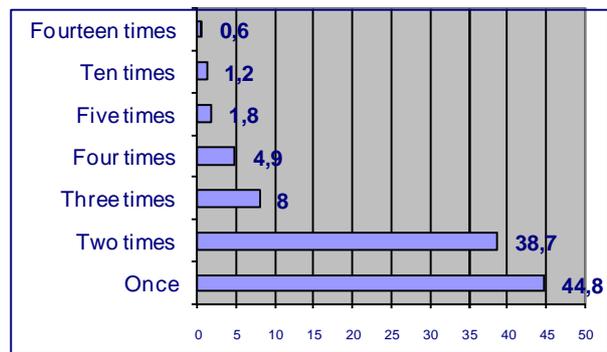


Chart No. II. 13. How many times have you visited a doctor in the last 4 weeks?



² Base: respondents who answered YES to the two previous questions.

The most common reason for visiting health care institutions is, as stated by the majority of respondents of both genders, to undergo medical examination. This most common reason is followed by the other two key reasons: visits for the purpose of medical check up and provision of medications. Only 3.8% of Roma men i.e. 5.2% of Roma women did not see any of the medical staff lately. (chart No. II. 14).

Chart No. II. 14. Reason for the latest visit to a health care worker

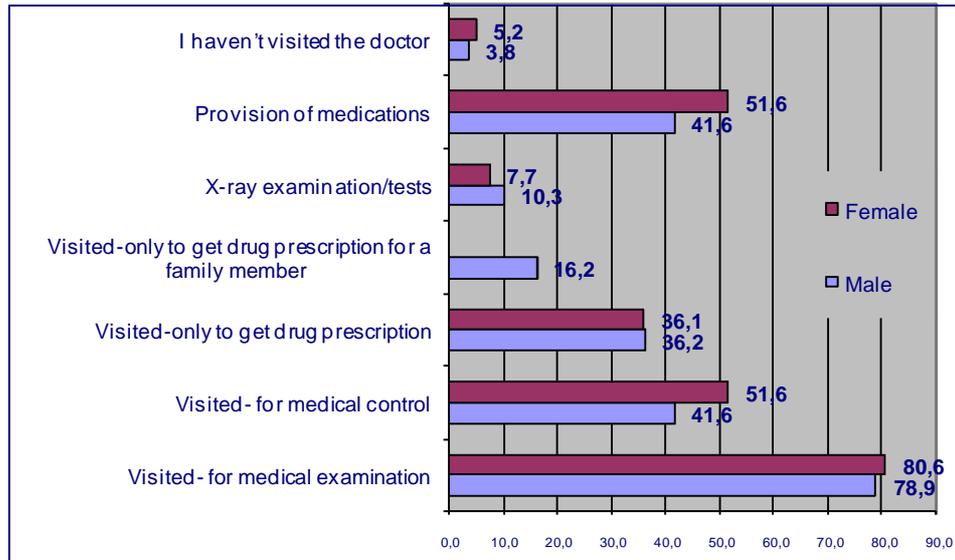
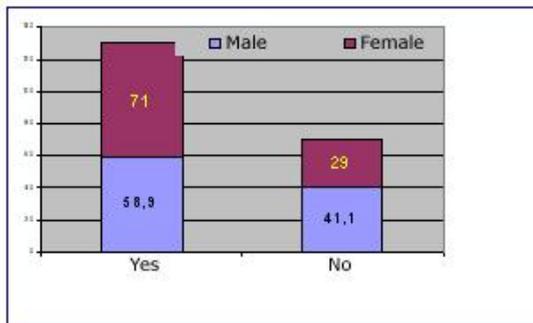


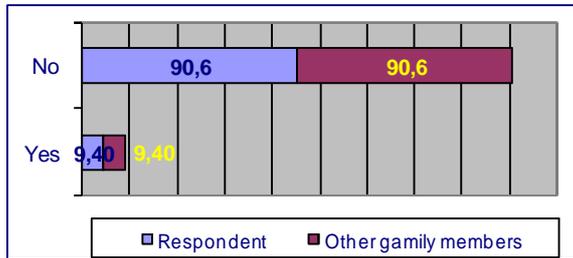
Chart No. II. 15. Have you, in the last 4 weeks, visited any other health care worker (except for a doctor) to receive medical attention – e.g. a nurse, midwife, pharmacist, traditional doctor, alternative medicine doctor or homeopathist



In addition to a doctor, a vast majority of Roma women (71%) and more than a half of Roma men (58.9%) visited some other health care worker in the last four weeks (a nurse, pharmacist, traditional doctor, alternative medicine doctor or homeopathist) to receive medical attention. (chart No. II. 15)

Data show that among Valjevo Roma, there are 18.8% of those in whom a particular disability degree was determined - 9.4% of respondents and 9.4% of their family members.

Chart No. II. 16. Do you, or any of your family members, have any disability degree determined?



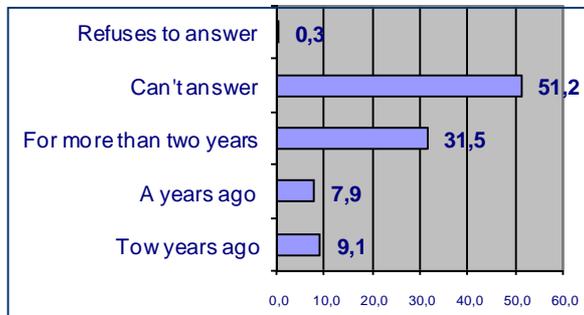
Needs of Roma with disabilities is the issue which is rarely raised and their position is such that they are relegated to the *extrememargins* where they are left to fend for themselves, most often without any knowledge of rights or support /assistance they are entitled to.

Chart No. II. 17. Do you have any other disease or condition which impedes or restricts you in your daily activities?



Due to a disease or any other health condition, almost a half (49.4%) of Roma in Valjevo have big (19.1%) or moderate restrictions (30.3%) in doing their daily activities.

Chart No. II. 18. How long have you had this restriction?



The stated restriction lasted for more than two years for almost one third (31.5%) of respondents, while for others (17%), it occurred one year i.e. two years ago.

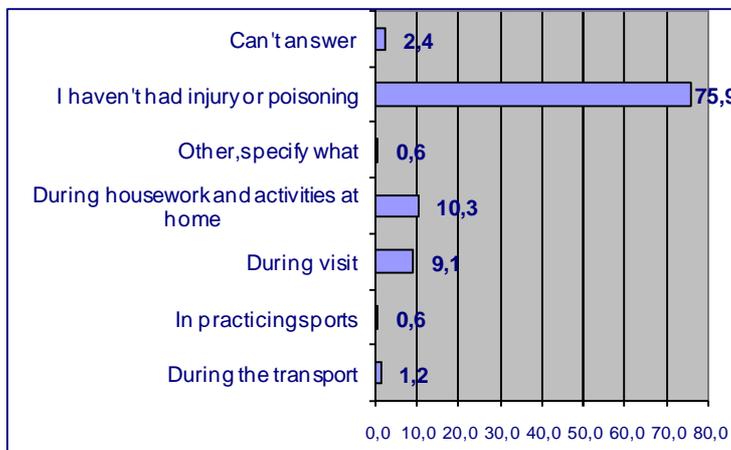


Chart No. II. 19. During which activities have you sustained a very serous injury or suffered from poisoning in the last 12 months?

Vast majority (75.9%) of Roma in Valjevo did not have any injury or suffered from poisoning in the last 12 months,

however 25% of them sustained a serious injury or suffered from poisoning while doing their housework.

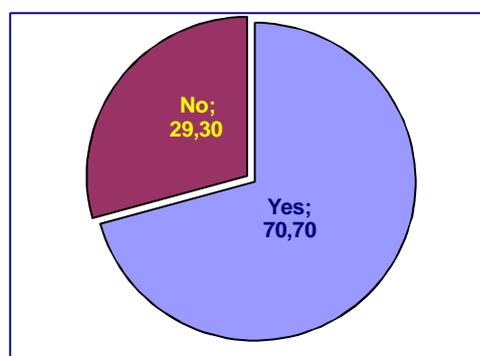
2.2 HEALTH OF ROMA WOMEN AND CHILDREN

The highest percent of Roma women in Valjevo had two childbirths, while the biggest number of childbirths in Valjevo was 10. There are 4.5% of Roma families in Valjevo with five to eight children, while there are 16.1% of Roma families with one child. More than two thirds of Roma women in Valjevo regularly visited gynaecologist during pregnancy.

Table No. II. 5. How many childbirths have you had?

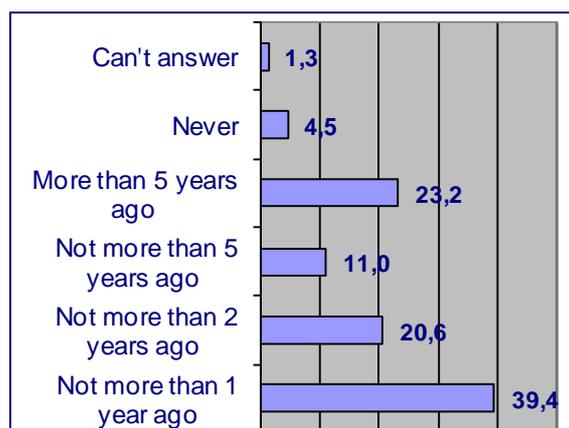
Number of childbirths	%
1	16,1
2	43,2
3	18,7
4	7,1
5	3,2
7	1,3
10	0,6
No answer	9,7

Chart No. II. 20. Did you take regular medical examinations during pregnancy?



Almost one fourth of Roma women (23%) in Valjevo saw a gynaecologist more than five years ago, while almost 5% have never visited one.

Chart No. II. 21. When did you last see a gynaecologist?

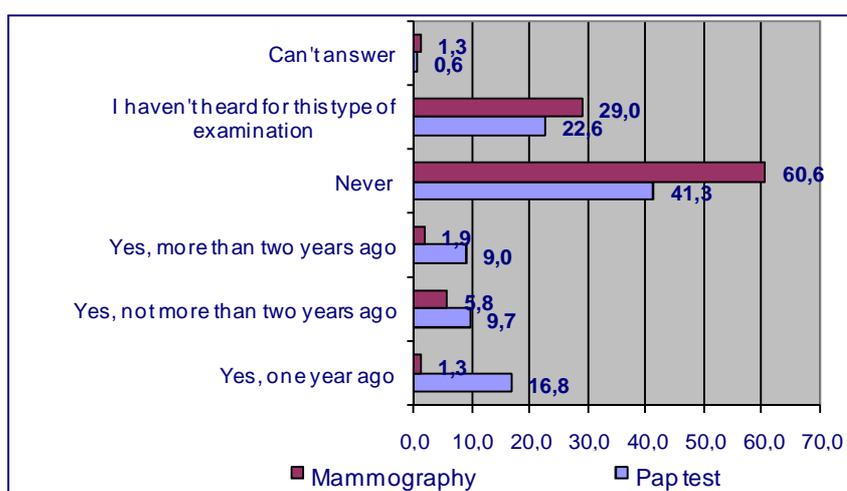


According to focus group respondents, the most common reason for Roma women not visiting a gynaecologist is the attitude of medical staff toward them – which will be explained in more detail in the fifth chapter of this report.

Table No. II. 6. Why did you undergo cytology test?

	N	%
Because of problems	28	50.9
For a check up	27	49.1
Total	55	100.0

When it comes to preventive examination of cervix (Pap test), almost a half of Roma women in Valjevo have never done the Pap test (41.30%), and one fourth (22.6%) have never heard of this type of examination. Out of the total number of 55 Roma women who did the Pap test, half did so due to current health problems and somewhat less than a half wanted a check-up test (table No. II.5).

Chart No. II. 22. Have you had Pap test / have you undergone mammography?

Large majority of Roma women in Valjevo (89.6%) have never undergone mammography (breast x-ray), including almost a third (29%) of them who have never heard of such type of examination. The

situation is somewhat similar when it comes to breast self-test exam - 76.8% do not do such type of examination. Less than a fourth (23.2%) do it regularly, once a month (table No. II. 7).

Table No. II. 7. Have you ever done breast self-text exam (in%)?

No, never	29.7
Yes, I do it regularly once a month	23.2
Yes, I used to do it but not any more	20.6
I haven't heard of this examination	25.2
Can't answer	1.3

Focus group discussions have shown that the representatives of Roma community are very traditional and patriarchal – this is particularly visible when the issues were raised about entering sexual relations, contraception and, particularly, issues of virginity before marriage. The age limit for entering sexual relations is determined by gender, as almost all focus groups participant thought. Thus, men can have sex before they turn 17, even before marriage, while pre-marital sex is not allowed for girls, at least not before they turn 18 i.e. come of age. Sex is still a taboo in Roma community, while only abortion is recognized as a birth control method. Roma women from Roma settlements in Valjevo mostly go out of Valjevo to get an abortion, most commonly in Lazarevac or Šabac or at a private clinic. The reason for having an abortion outside Valjevo is to *hide the shame*.

According to focus group participants, girls are the ones who are mostly responsible

ILLUSTRATIVE EXAMPLES FROM FOCUS GROUPS:

It is very important that she marries as a virgin, her husband will always respect her, regardless of the sex, all children should marry as virgins. (Roma woman from Roma settlement Grabovica)

I think, however ridiculous my opinion may be, but I think that they shouldn't before they turn 18, they're too young. When she's 18, she's an adult person, more mature and able to think about whether she's going to marry or not, she's got different views, she can decide when she's going to have babies. (Roma woman from Roma settlement Bolnički blok)

For Roma, I mean for us, this is much more important. For example, it's preserved with the girls, I mean virginity, it's important and, of course, it can be seen after the first wedding night, and tomorrow they announce whether she's a virgin or not, and with men, for example, it can't be seen. (Roma man from Roma settlement Dublje)

I think that girls are the ones who are supposed to be more careful about sex and contraception because men couldn't care less about it. (Roma woman aged 20 from Roma settlement Bolnički blok)

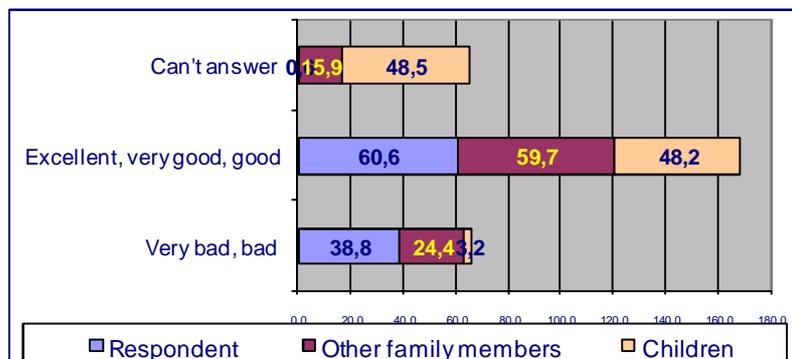
Equally, it's true that men couldn't care less but in that case, men are the ones who should be more careful. In my opinion, both girls and men should equally care. And as for sex, men are not very choosy about their partners and this is why they should be more careful. I'm also speaking for myself, because of diseases that are present everywhere now. I'm not saying that girls can't contract those diseases, as well. So, they should be careful. (Roma man, aged 21 from Roma settlement Bair)

for birth control, while men are spared the trouble to worry about contraception, as assessed by almost all focus group participants – although, as it was pointed out, men are more exposed to a large number of sexually transmitted diseases due to permanent change of sexual partners.

2.3 PERCEPTION OF PERSONAL HEALTH AND HEALTH OF FAMILY MEMBERS

Perception of one's own health and health of family members, children in particular, was the question asked to all respondents in the interview. And although previously analysed data show that health of Roma in Valjevo is not satisfactory (but quite the opposite), a large majority of Valjevo Roma assess their health and health of their family members as good, very good or excellent (see the chart No. 23). The difference between the obtained data and respondents' perception supports the theory that majority of Roma in Valjevo are not aware of their health risks /diagnoses. Moreover, it seems that health of adults (in particular) is the most neglected issue, regardless of the type of disease (e.g. high blood pressure, heart disorders etc.) diagnosed by the doctor.

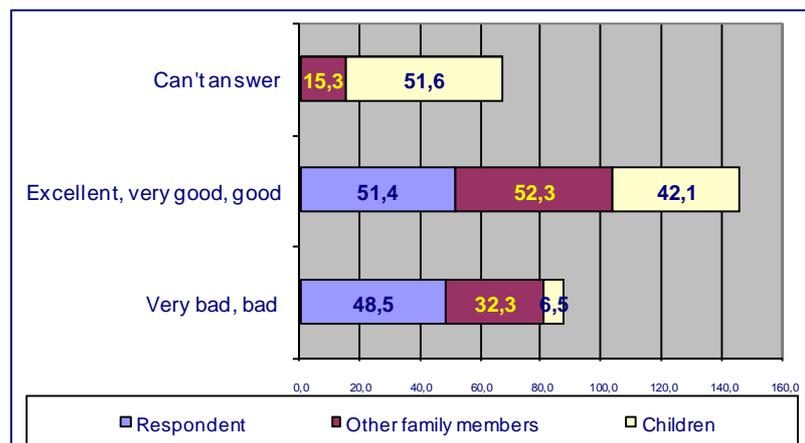
Chart No. II. 23. How would you assess your health and health of your family members and children?



However, caution is apparently expressed when it comes to evaluating health of their children, since almost one half of respondents cannot provide their assessment of this issue. The

information provided by parents that 3.2% of children have very bad i.e. bad health calls for special attention when had in mind that children are in question.

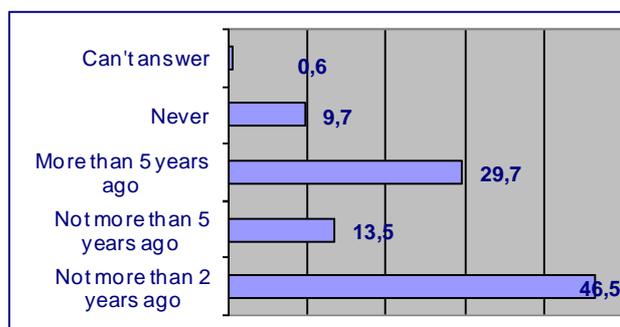
Chart No. II. 24. How do you assess the health of your teeth and teeth of your family members and children?



Assessment of health of respondents' teeth and teeth of their family members and children, when viewed in percents, is similar to their assessment of health, except for the fact that in this case, there is a

larger number of those who stated that the condition of their teeth is bad or even very bad.

Chart No. II. 25. How long has it been since you last went to the dentist's?

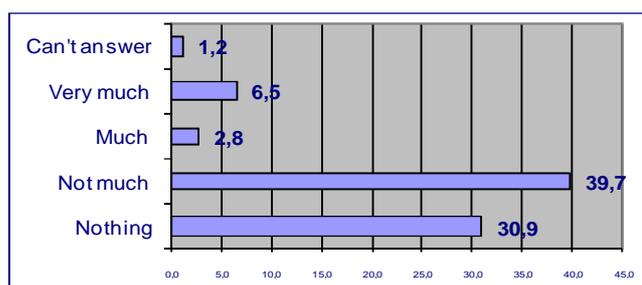


Frequency of visits to dentists explains the assessment that the dental condition of respondents is poor. Almost one third (29.7%) have not seen the dentist in the last five years and almost a half (46.5%) of Roma have not done so in the last two years.

2.4 UNDERSTANDING OF AND ATTITUDE TO PREVENTION

Almost all findings from interviews and focus groups show that the majority of Roma in Valjevo do not consider taking preventive measures to preserve their health. In addition, findings indicate the (group) perception of helplessness, even when it comes to preserving their own health – almost one third of Roma (30.9%) stated that they cannot do *anything* to improve their health, and somewhat less than 40% feel that they *can't do much* about it (chart No. II. 26).

Chart No. II. 26. How much can you do for your health?



ILLUSTRATIVE EXAMPLES FROM FOCUS GROUPS:

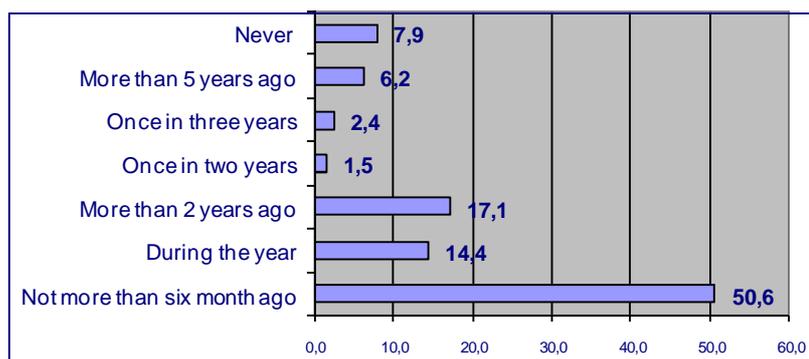
One starts thinking about one's health after turning 30. (Roma man, 21, Roma settlement Grabovica)

Well, I'm already sick and I don't see a doctor, there are all kinds of obstacles there. (young Roma man, 16, Roma settlement Grabovica).

Reasons for which only rare representatives of Roma ethnic group (6.5%) in Valjevo believe that they can do *very much* for their health are multiple. The key reason lies in the lack of promotions and campaigns which would promote healthy lifestyles and importance of preventive examinations and regular medical controls. This is supported by the data that only 12.7% of Valjevo Roma heard of a preventive programme or campaign in the last 12 months.

Roma in Valjevo do not pay enough attention to prevention of diseases and see a doctor only if they are ill. Young Roma of Valjevo, focus groups participants, feel that their generation does not pay enough attention to their health and that they should not worry about their health until they turn 30. Some of them know how to care about their health, however they do not practice it. Frequency at which Roma regularly measure their blood pressure and test their fatty acids or blood sugar supports the theory that Roma in Valjevo do not pay much attention to prevention, particularly if had in mind that almost half of them live with the diagnosis of high blood pressure and other heart disorders.

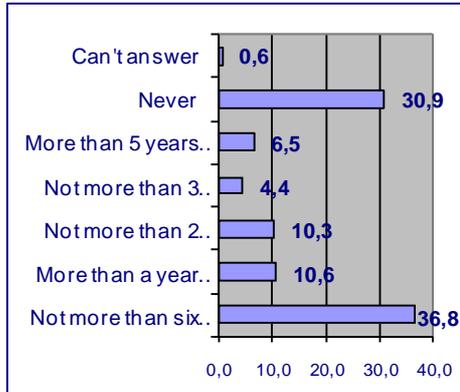
Chart No. II. 27. How long has it been since you had your blood pressure checked by a doctor or a nurse?



Having in mind that the condition of high blood pressure requires regular preventive check-ups and, daily

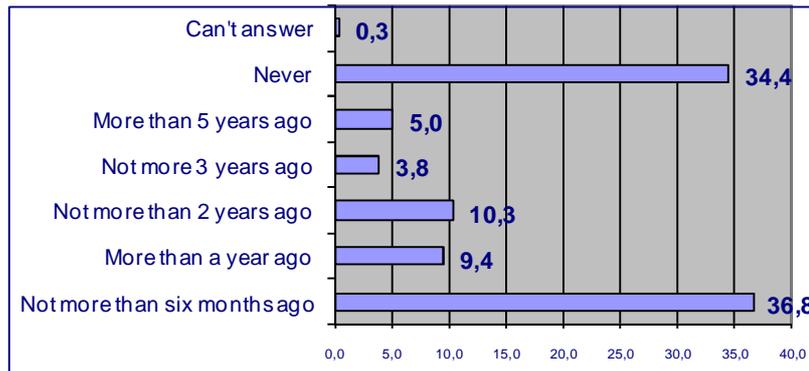
measuring in cases when such condition is diagnosed, the data in the chart clearly show the attitude of Roma toward this very dangerous disorder.

Chart No. II. 28. When did you last go to the health care institution to have the level of fatty acids in blood checked?



Almost a third (30.9%) of respondents have never measured the level of fatty acids in blood, while every third respondent (36.8%) checked the level of fatty acids in blood less than six months ago.

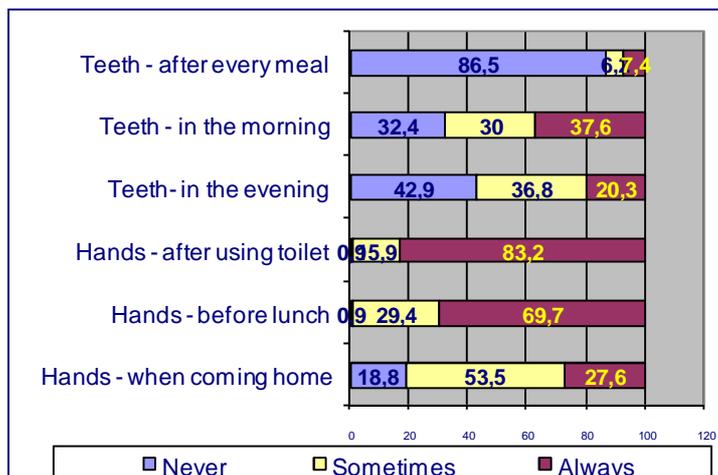
Chart No. II. 29. When did you last go to the health care institution to have your blood sugar checked?



And despite diabetes being diagnosed in 8.8% of Roma in Valjevo, it is still alarming that every third respondent has never measured the level of blood sugar, while vast majority

of Roma test their blood sugar once in two to five years. At the same time, only somewhat more than a third (36.8%) check their blood sugar level once in six months. Personal hygiene is part of prevention and one of the factors considerably influencing health, particularly regular hand washing and cleaning of teeth.

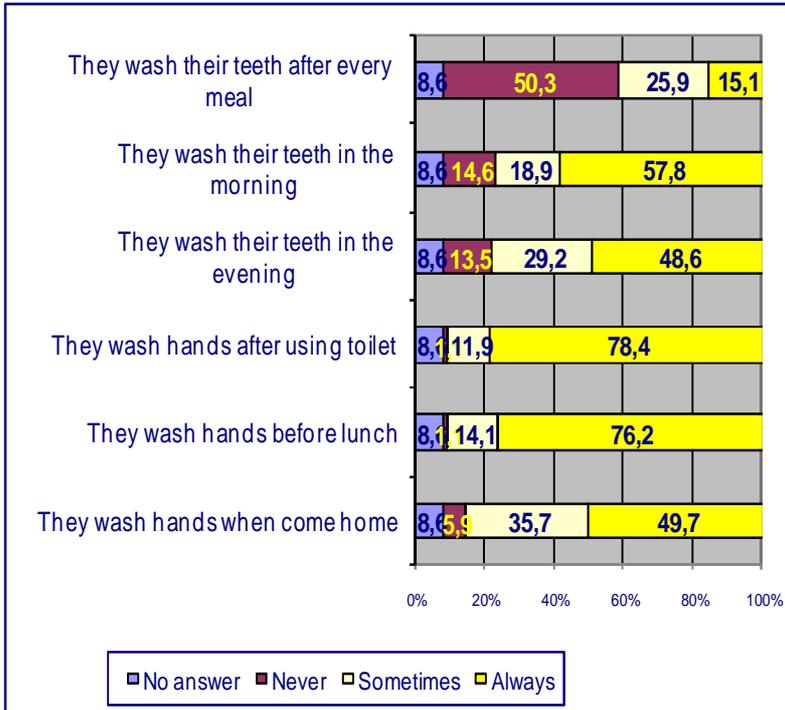
Chart No. II. 30. Do you wash your hands /clean your teeth regularly?



Generally speaking, the respondents pay much more attention to washing hands than dental hygiene. The number of those who always wash their hands after using toilet (83.2%) is twice as

high than those who always i.e. regularly clean their teeth in the morning (37.6%). A group at risk is comprised of those respondents who never clean their teeth or wash their hands – although the latter are rare, except in the case of those who never or only sometimes wash their hands when coming home, after using toilet or before lunch.

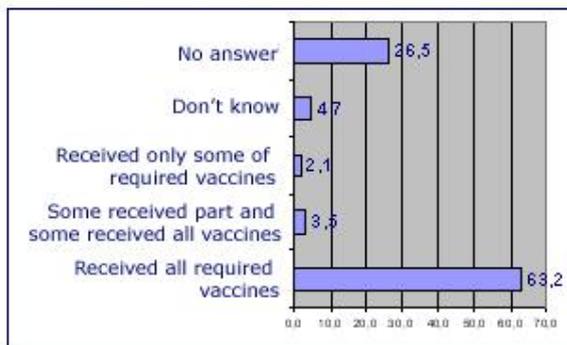
Chart No. II. 31. Do your children regularly wash their hands/ clean their teeth?



Personal hygiene of children is somewhat better than that of adults when it comes to cleaning teeth and particularly washing hands in each of the specified situations, particularly after using toilet. A group at risk relating to children is the group which, although smaller compared to adults, never clean their teeth or wash their hands, regardless of how rare the latter are.

More than a half of respondents (63.2%) stated that their

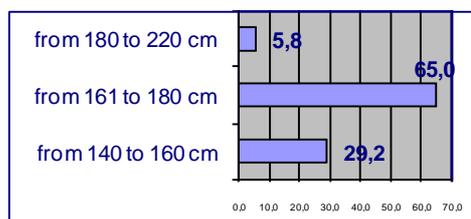
Chart No. II. 32. Your children are?



children had received all vaccines, however, more than a fourth (26.5%) of them could not answer this question. In the interviews with respondents, the interviewers concluded that answer to this question was not provided by those respondents who actually do not know if their children were vaccinated against all required diseases or not. These were mostly men, which

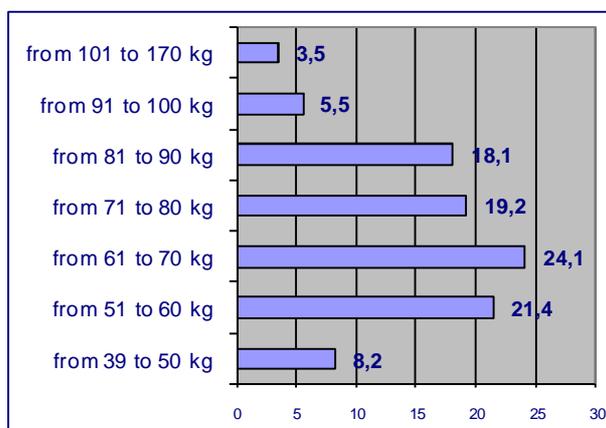
supports the theory of interviewers that in Roma families, only mothers are in charge of children's wellbeing.

Chart No. II. 33. How tall are you?



Data on height show that three fourths (65%) of Roma in Valjevo are 161 to 180 cm tall, while only one third (29.2%) fall in the category of short persons - from 140 to 160 cm. On the other hand, data on weight show that, in layman's terms, majority of Roma in Valjevo have the weight which is adequate to their height, most often between 61 and 80 kilograms - except for a small number of those overweight (9%).

Chart No. II. 34. How much do you weigh?

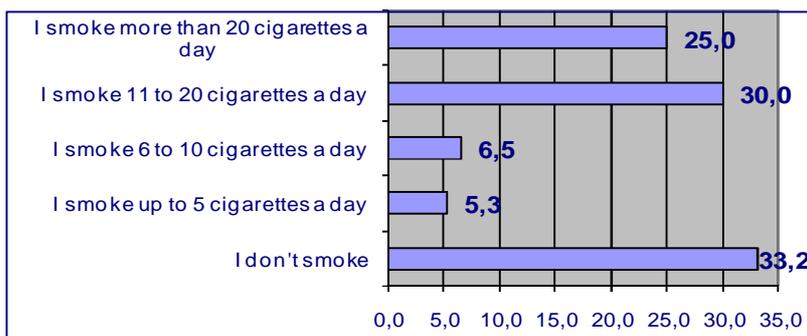


3. RISK FACTORS

3.1 ADDICTION DISEASES: SMOKING, ALCOHOLISM, DRUG ADDICTION

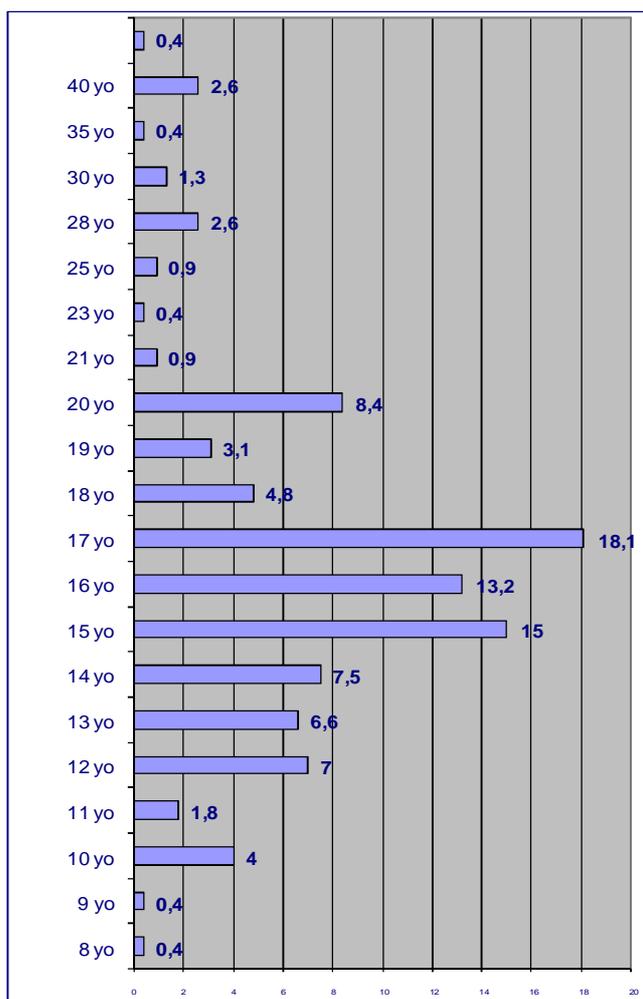
Addiction diseases (smoking, alcoholism and drug addiction) are recognized as one of the biggest risk factors influencing health of young and middle-aged generation in Serbia.

Chart No. II. 35. Do you smoke?



This situation is no different among Roma, at least when it comes to smoking – only one third (33.2%) of Roma in

Grafikon br. II. 36. How old were you when you started smoking?



Valjevo do not smoke. Among two thirds of smokers (66.8%), the majority are those who smoke 11 to 20 cigarettes a day (30%). However, the fact that one fourth (25%) smoke more than one pack of cigarettes a day speaks about a growing trend of addiction (chart No. II. 36).

According to the gender structure, the number of Roma women smokers (72.9%) exceeds their Roma men counterparts (61.6%), although, in the group of those who smoke more than 20 cigarettes a day, men are majority.

As research findings show, Roma in Valjevo start smoking as soon as they turn 8. A large majority (78.8%) start smoking up to and including 18 years of age. Teenagers of 15 to 17 are the group at risk in relation to starting smoking (table No. 27).

Therefore, it is very alarming that almost half of parents (44.7%) did not answer to the question *how many children in your household smoke*, while more than a half (55.4%) claim that their children do not smoke. It is believed that parents do not know that their children smoke, that is, children *skillfully hide* their vice from parents. How much this is the consequence of patriarchal upbringing or maybe a toll paid to the modern world in which children consider themselves adult enough to make decisions without informing their parents about them, remains an open question. In both cases, it is necessary to help parents to protect health of their children against this vice.

Chart No. II. 37. How many members of your household (of 18 and more) smoke?

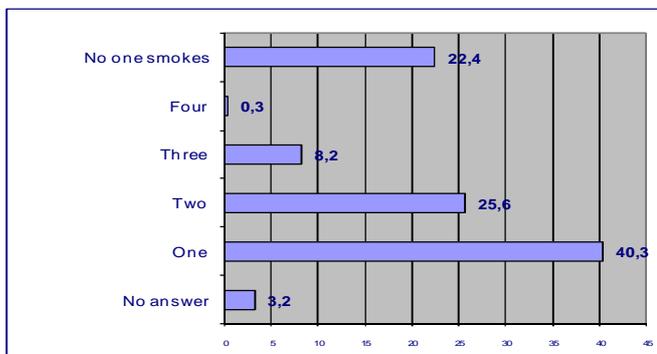


Chart No. II. 38. How many children in your household smoke?

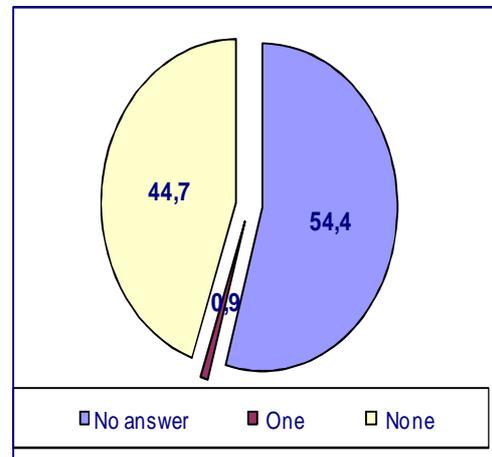
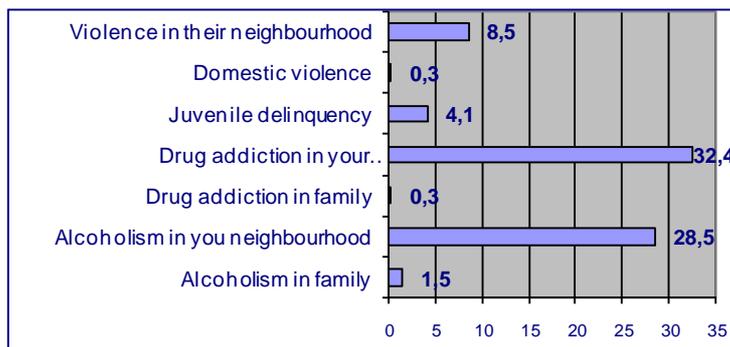


Chart No. II. 39. Proportion of alcoholism, drug addiction, juvenile delinquency and violence in Roma families and their neighbourhood



When asked *do you have any of the following problems* (chart No. II. 40.) the answers of respondents indicated that, in addition to smoking, other addiction diseases (alcoholism and drug addiction) also present a big problem in Roma communities in

Valjevo as well as juvenile delinquency and violence. Regardless of the patriarchal structure of Roma settlements, young Roma are affected by the problem of drug addiction in the same way as their peers, the members of majority population, as concluded in focus group discussions. At focus groups, young Roma spoke very

openly about the existing problem of drug addiction in Roma settlements in Valjevo, expressing their wish to help eliminate this problem as soon as possible.

In the focus group participated by young Roma aged between 15 and 34, it turned out that when it comes to drug addiction, they firstly start with marijuana after which they move on to abusing cocaine, heroin and intravenous drugs.

Prices of marijuana in Valjevo range between 400 to 800 dinars, as stated by participants of this focus group. *One package of marijuana is enough for 10 to 15 users, which means that one person only needs to set aside 50 dinars a day for marijuana.* Discussion on drug abuse has also shown that young people in Valjevo know which places to go and what people to look for to buy marijuana from. *In cases when they do not have enough money to buy marijuana, Roma resort to the combination of alcohol, glue and tranquilisers.*

A focus group participant explained the reasons for abuse of (e.g.) marijuana by *following someone who is the first to take drugs in the company of peers, and very often the reasons lie in the domestic problems.*

ILLUSTRATIVE EXAMPLES FROM FOCUS GROUPS:

We don't deal with this, however there are many of them. What can you do, they don't think about their health - 90 % of them in the village take drugs (Young Roma man, 17, from Roma settlement Gornja Grabovica)

Marijuana is most common because it's the most available and the cheapest and then, there's cocaine, heroin... (Young Roma woman, 21, from Roma settlement Bair)

One first becomes addicted to cigarettes, then to alcohol and then, it stops being enough and one wants something more, to feel stronger, to have more fun, to have more good times, and then one stays out all night... (Young Roma, 19, from Roma settlement Bair)

I think it depends on the company you keep in. A friend offers it to you and you smoke one and it's the same as with the first beer or a cigarette. Then you come to like it and you just keep on doing it... (Roma woman, 25, Roma settlement Bair)

Some keep on doing it because they think they look cool, some do it because of the company they keep in and some may have problems, however there's certainly a lot of addiction, people have domestic problems and this is why they enter this world and, initially, start abusing marijuana. (Roma man, 22, Roma settlement Bair)

Well, it's bad. It's very bad. I tried to get one of my best friends to stop using marijuana and he said: „OK, I stopped.“ At that time we used to drink a lot and I always preferred alcohol to marijuana, I'm not saying that alcohol is good for you but this friend of mine really stopped using it for a while and then I noticed it again, when he came to pick me up to go out, I noticed he'd been smoking marijuana. I was surrounded by them, I know how they act, particularly how he acts, and he admitted to it and eventually, we stopped seeing each other, we haven't been friends for a long time now and I heard that his condition is even worse now because he started using heroin and needles“ (Roma man, 22, Roma settlement Bair)

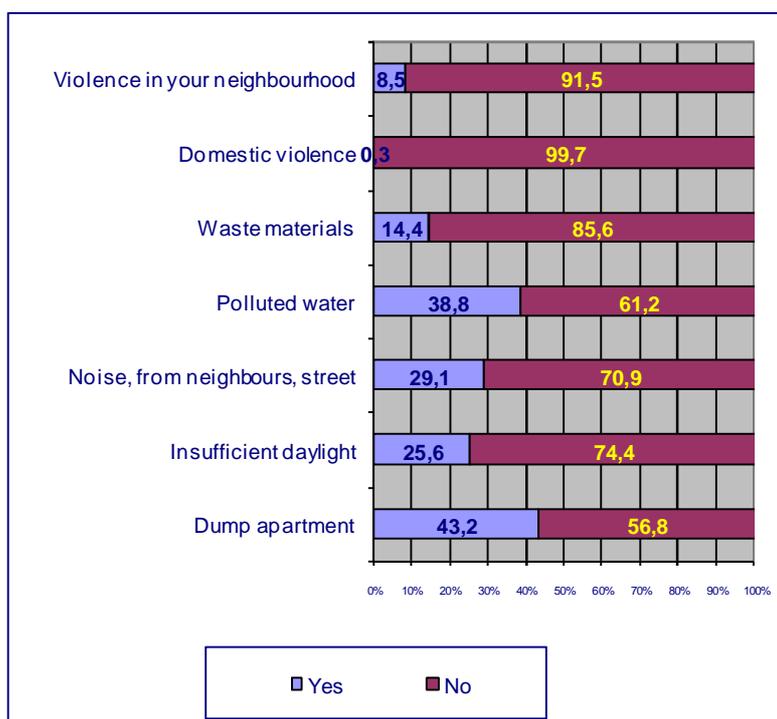
This is why I told my father that my wife wanted all parents to get their children, call the doctor to take their blood and establish whether they've been using drugs or not. Many parents didn't want to test their children, they refused and hid their children away, it's as if they'd bought them drugs. Parents are in denial. (Roma man, 56, Roma settlement Bair)

Mostly all young Roma in Valjevo are aware of drug addiction problem – some of them through personal experience and some through the experience of their peers – as concluded by the group of young Roma, focus group participants. At the same time, according to middle-aged and older Roma, the problem of drug addiction in Valjevo is highly present, but parents stay in denial. Consumption of alcohol is also a considerable risk factor - 28.5% of Roma in Valjevo feel that alcoholism is present in their neighbourhood, while rare (1.5%) respondents think that alcoholism is a problem which is also present in their family.

3.2 LIVING CONDITIONS IN SETTLEMENT/COMMUNITY

Conditions for living in Roma settlements in Valjevo are not fully adequate and may affect the health of Roma. Almost one half of Roma in Valjevo (43.2%) are faced with the problem of damp houses which additionally increases the incidence of asthma and chronic disorders of respiratory system. It is worth nothing that 14.10% of Valjevo Roma suffer from bronchitis while 17.9% of respondents have asthma. The problem of insufficient daylight affects one fourth (25.6%) of Roma in Valjevo, while more than two fifths (39.8%) have to deal with polluted water.

Chart No. II. 40. Do you have any of the following problems?



It is evident that, in addition to the individual risk factors mentioned in the previous section, health of Roma in Valjevo is influenced by hygienic and epidemiological conditions prevailing in Roma settlements. It is necessary that the Institute of Public Health carries out the evaluation of the existing hygienic and epidemiological conditions in Roma settlements in Valjevo, according to

the goals and objectives of Health Care Action Plan, and based on the findings, take measures for improving living conditions of Roma – both in terms of drinking water quality and sanitary facilities.

3.3 HOUSING CONDITINOS

Except for 4.4% of Roma who live in an apartment building or makeshift home, a large majority of Roma in Valjevo live in houses (chart No. 42). Housing status of Roma in Valjevo varies - majority (65.6%) are the owners of an apartment or a house they live in, while others live with their parents (17.6%), in the house of their relatives and friends (14.7) or rent the apartment (2.1%) (chart No. II. 41).

Chart No. II. 41. In what type of building do you live?

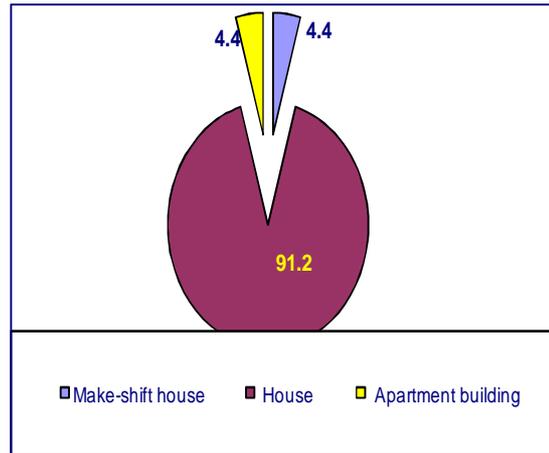
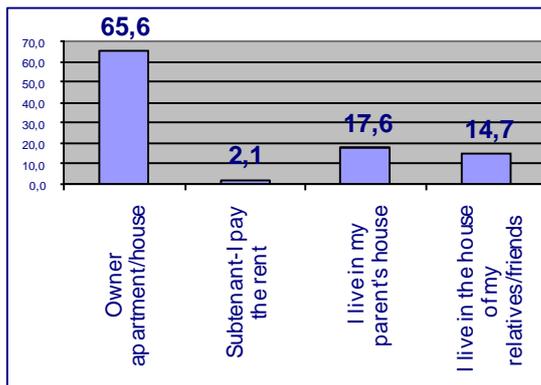


Chart No. II. 42. Housing status?



The surface and structure of housing premises is very good – majority of Valjevo Roma live in the housing area of 74.5m2 on average, i.e. 5.7 rooms on average.

Chart No. II. 43. What is the surface of the building in which you live?

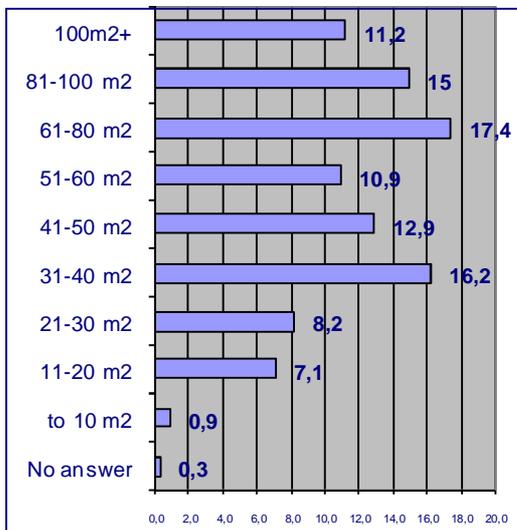


Chart No. II. 44. How many rooms are there in the building in which you live?

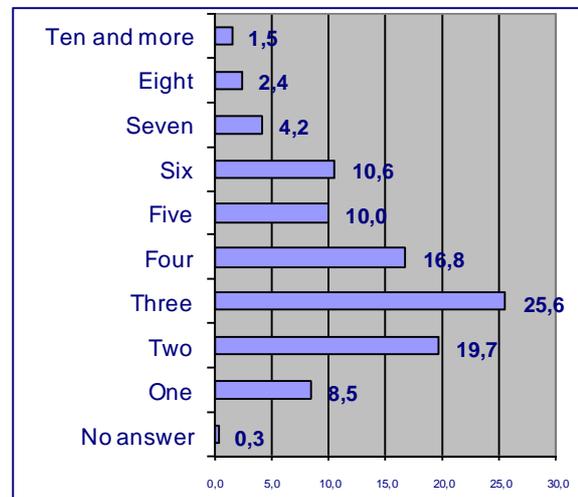
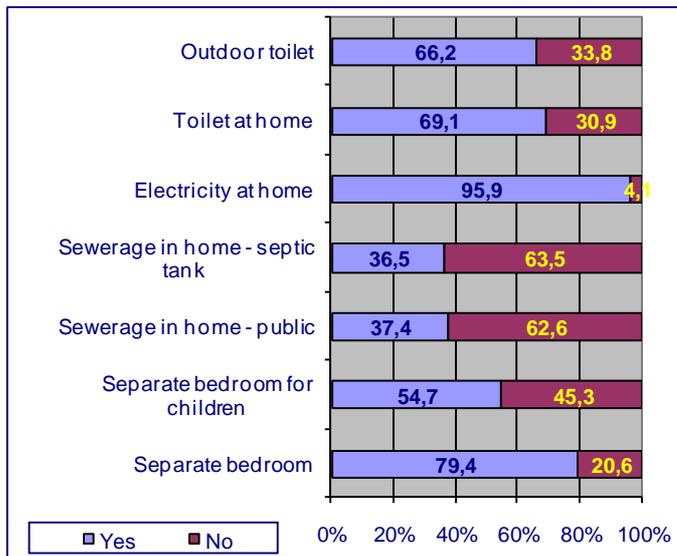


Chart No. II. 45. In your dwelling premises do you have /use ...?



However, almost half of Roma families in Valjevo do not have a separate room for children (45.3%), and one fifth do not have a separate bedroom (20.6%), as well.

The data that majority of Roma families do not have either public sewage system (62.6%) or a septic tank (63.5%), and almost one third do not have an indoor toilet (30.9%) but an outdoor one (66.2%), indicate a low comfort level and, more importantly, increased risk of epidemics and infections -

even more so if had in mind that more than a half of Roma households in Valjevo (66.2%) do not have water at home and somewhat more than a third (15.9%) bring drinking water from some other place (e.g. the entire Roma settlement of Balačka is supplied from one single well in the settlement).

Chart No. II. 46. How do you supply water?

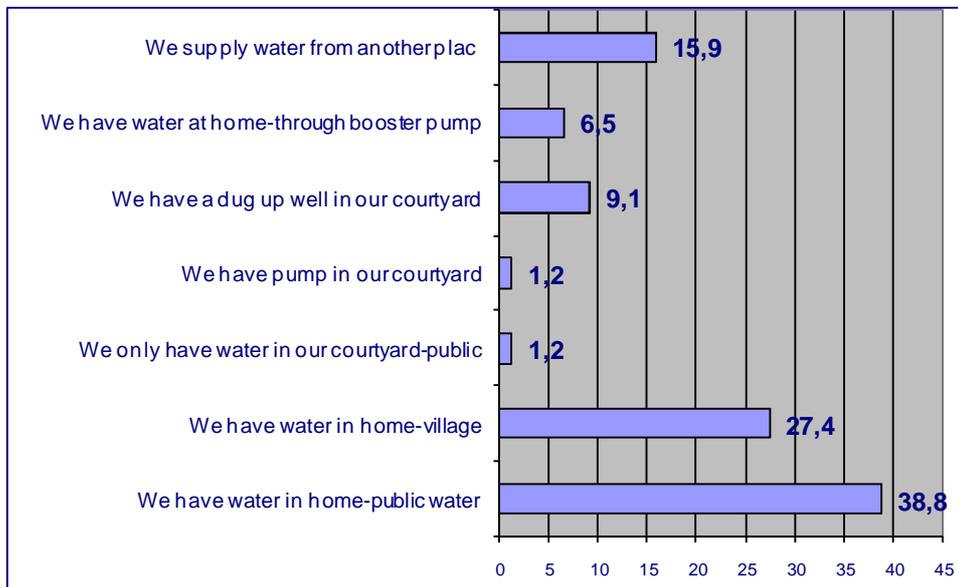
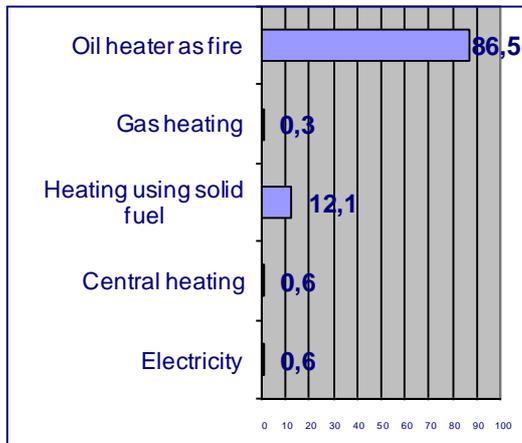


Chart No. II. 47. What is the predominant way of heating in your household?



Vast majority of Roma in Valjevo (88.6%) use solid fuel or oil for heating, while only rare households use electricity, central heating or gas.

3.4 EMPLOYMENT STATUS AND SOURCES OF INCOME

In relation to the employment status of respondents, data show that a large majority of Roma in Valjevo are unemployed (93.6%), out of which 14.1% are not registered in the National Employment Service. Among those registered on the labour market, the number of unemployed men (53%) is almost twice as high as that of unemployed women (26.5%), and almost one third of women (32.9%) are housewives (see the chart No. II. 48).

Chart No. II. 48. Employment status of respondents by gender

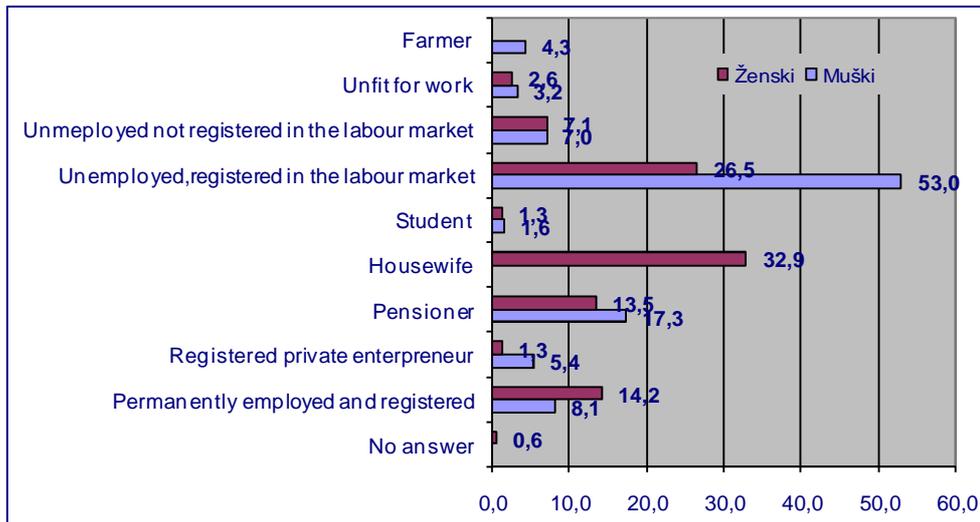
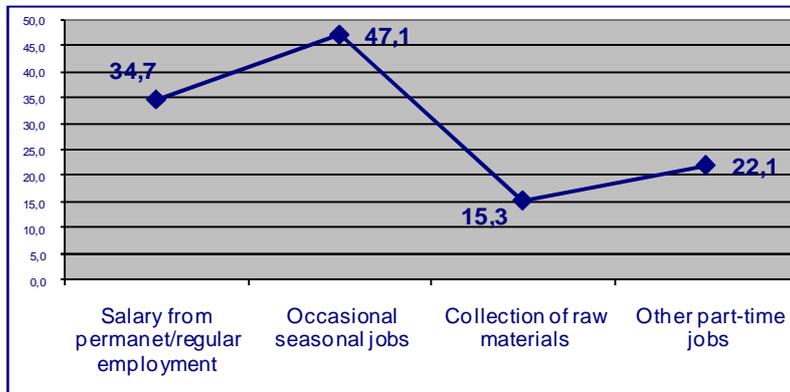


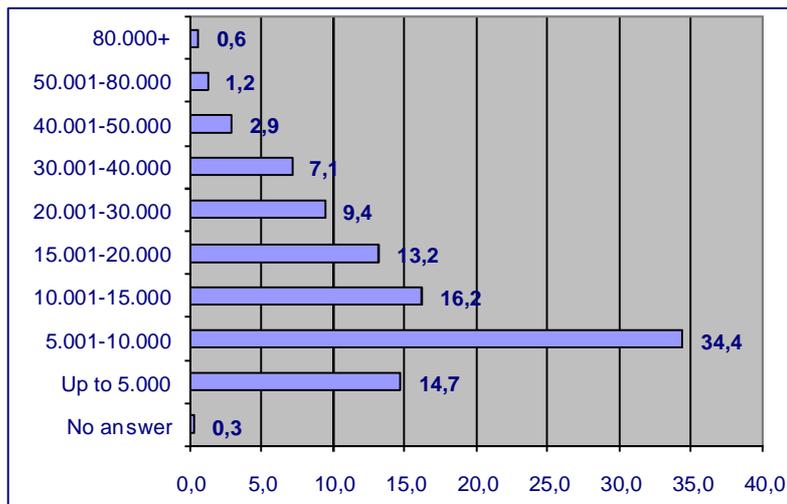
Chart No. II. 49. Respondents' sources of income



The most common source of income for almost one half of respondents are occasional, seasonal jobs (47.1%), which is a direct consequence of a low education level. This is followed by the respondents who earn their income from a permanent

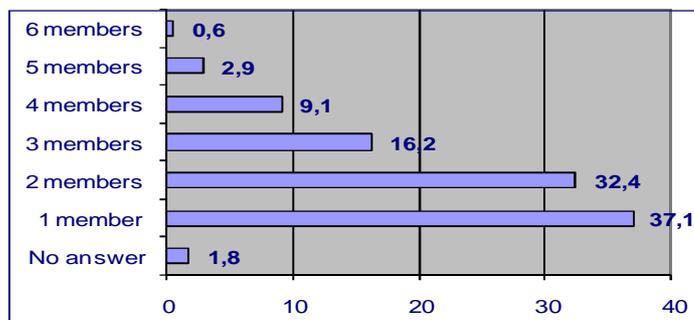
/regular job – some what more than a third (34.7%), and the third place is taken by slightly more than one fifth (22.1%) of respondents whose sources of income are *other part-time jobs*, that is, work in the market, in the grey economy (chart No. II 48). Among Valjevo respondents, the smallest number are those whose only source of income is collection of raw materials (15.3%).

Chart No. II. 50. Total monthly income of Roma households in Valjevo



An average monthly income of Roma households in Valjevo is about 17.300 dinars. However, those whose total monthly income is less than 10.000 dinars account for almost a half (49.1%). On the other hand, an average monthly income per

Chart No. II. 51. Number of income-earning household members



household member is 6.450 dinars – in somewhat more than a third (37.1%) of Roma households only one member earns monthly income, while in less than a third of households (32.4%), income is earned by two members (chart No. II.51).

3.5 NUTRITION

Large majority of Roma in Valjevo regularly have three meals a day - breakfast (72.9%), lunch (93.8%) and dinner (82.6%). However, on average, half of adults are not in the habit of having any supper - in the morning (61.2%) and in the afternoon (49.1%). Roma children follow almost the same nutrition routine (chart No. II. 52)

Chart No. II. 52. Do you regularly?

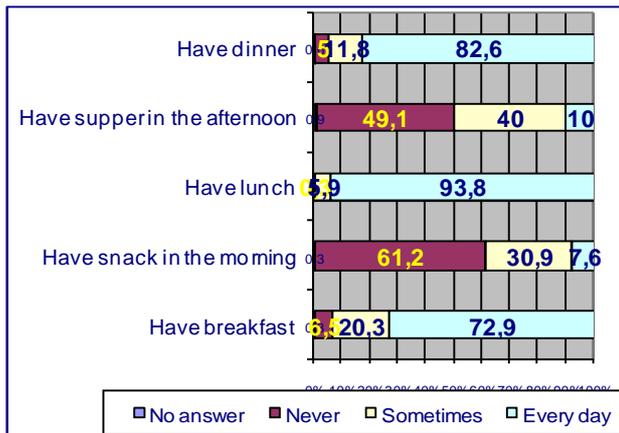


Chart No. II. 53. Do your children regularly?

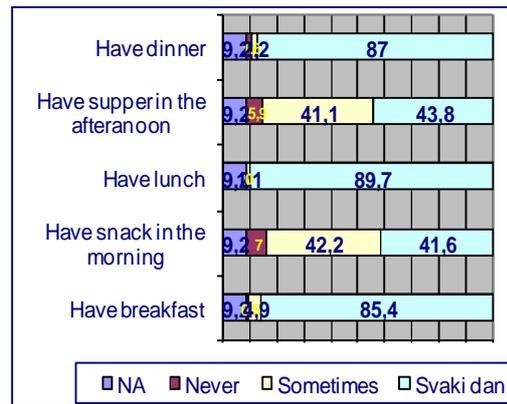
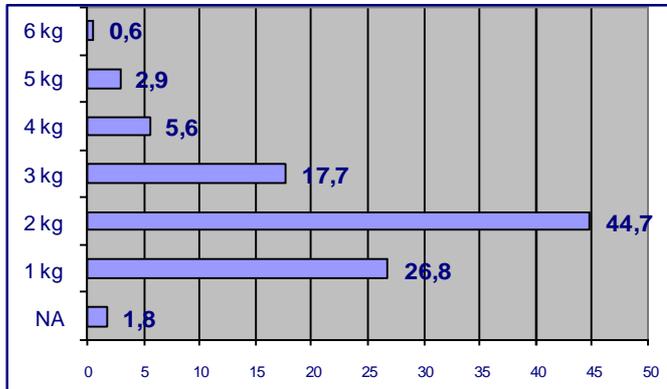


Chart No. II. 54. How many kilograms of bread does your household spend per day?



Bread is a regular provision of every Roma household in Valjevo – almost half of them (44.7%) spend 2kg of bread per day, that is, every household spends on average 2.12 kg of bread a day.

Majority of Roma in Valjevo use cooking oil in their daily nutrition (61.8%) and

ILLUSTRATIVE EXAMPLES FROM FOCUS GROUPS:

The nutrition is above all, for us Gipseys, the most important thing is to eat healthy food. (Roma man from Roma settlement Dublje).

Nutrition and a lot of walking, we eat everything we see, we eat everything, I like pork, I eat whatever catches my eye, and I shouldn't. I'm not supposed to eat anything but I eat whatever I manage to hold on to, fatty food every morning, I smoke a lot, I don't walk, I can't stand when I'm hungry, I like to eat, my eyes are hungry. When I see cracklings, I just have to have them, I live to eat and I shouldn't. I'm a sick man, however, I think, If I'm destined to live for 150 years, 100 will be quite satisfactory for me. (Roma man from Roma settlement Bair)

vegetables: potatoes, beans, peas (54.4%), smoked and cured meats (30.3%), snacks and the like (35%), cakes and sweets (36.8%), etc.

Carbonated juices are more used than natural juices, while fish is eaten less than once a week in 40.6% of Roma household. According

to Roma from Roma settlements, they have fish only if their Day of Patron Saint requires fasting, while one fourth of Roma never use fish in their nutrition. More than a half of household members (53.8%) have meat several times a week (table No. II. 8).

Table No. II. 8. How often, in your nutrition, do you use the following....?

	Several times a day	Every day	Several times a week	Once a week	Less than once a week	Never
Fresh fruit	12.1	28.2	27.6	16.8	11.8	3.5
Vegetables (potatoes, beans, peas)	5.6	54.4	33.5	6.5	.0	.0
Meat (veal, pork, mutton)	.3	17.6	53.8	15.3	11.8	1.2
Chicken	1.2	5.6	41.2	25.3	25.6	1.2
Fish	.0	1.8	5.3	31.5	40.6	20.9
Smoked and cured meats	6.8	30.3	41.2	11.2	7.6	2.9
Eggs	3.2	29.7	44.7	14.7	5.3	2.4
Pasta	.6	22.4	27.6	19.4	13.2	16.8
Snacks, chips and the like	2.6	35.0	17.1	5.9	17.9	21.5
Cakes and sweets	3.5	36.8	22.9	11.5	16.8	8.5
Food bought at stand and in bakery, fast food, drinks and the like	.9	4.7	32.4	12.4	17.1	32.6
Natural juices	6.5	30.9	20.9	11.2	18.2	12.4
Carbonated juices	7.9	32.1	26.2	10.0	15.9	7.9
Milk	11.5	41.2	27.4	7.6	7.9	4.4
yoghurt	5.0	30.6	31.8	12.6	14.4	5.6
Cooking oil	8.2	61.8	6.5	3.8	11.5	8.2
Lard	5.3	20.0	6.2	2.4	12.1	54.1

Roma from Roma settlements in Valjevo are aware of the importance of nutrition for their health, however they pay little attention to prevention i.e. prevention of disease occurrence. Instead, their nutrition and personal hygiene cause them to fall ill.

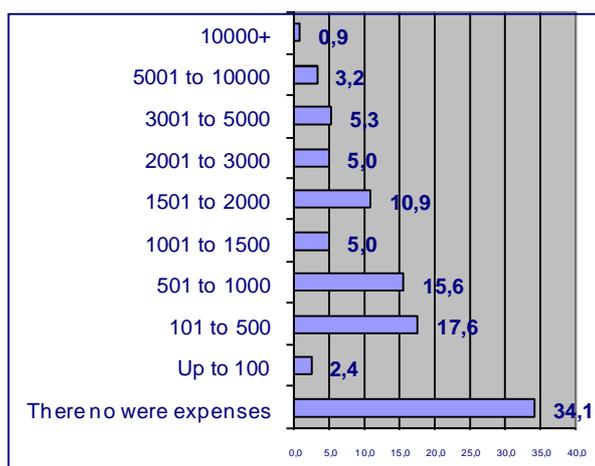
4. SATISFACTION WITH SERVICES OF HEALTH CARE INSTITUTIONS

4.1 MEDICAL EXPENSES

Apart from costs covered by health insurance, majority of Roma households (65.9%) in Valjevo, in the last four weeks, spent between 100 and 10.000 dinars on medical treatment (chart No. II. 55). In other words, in the last four weeks, when visiting a doctor, Roma households in Valjevo spent on average 2.060 dinars each— average monthly earnings per household being about 17.000 dinars.

On the other hand, the respondents, personally, spent on health care between 5.000 and 80.000 dinars in the last 12 months. More than a half of Roma in Valjevo (69%) spent between 5.000 to 10.000 dinars on health care in the last 12 months. Average annual personal expense for health care is 14.592 dinars, which accounts for almost one average monthly income per household (17.000 dinars).

Chart No. II. 55. How much has your household spent in total, in money or goods, when visiting doctor's in the last 4 weeks?



weeks?

Chart No. II. 56. How much have you, personally, spent on health care in the last 12 months?

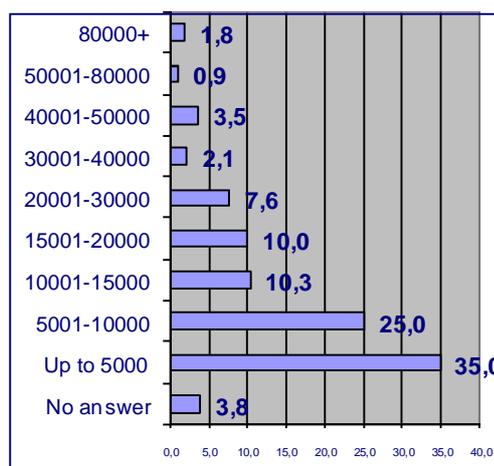
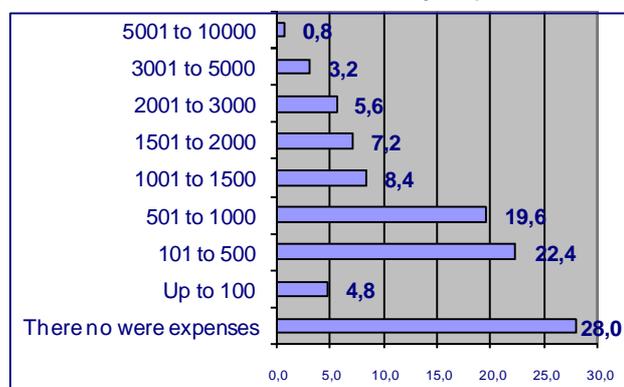


Chart No. II. 57. How much have you paid for medications in the last four weeks?

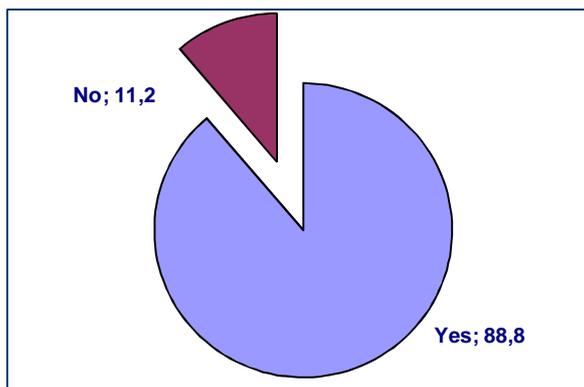


The mentioned expenses also involve purchase of medications. Thus, in the last four weeks, almost three thirds of Valjevo Roma (72%) spent between 100 to 10.000 dinars on provision of medications.

For 42% of Roma, the biggest expense for medications in the said period were amounts between 100 to 1.000 dinars, and for 4%,

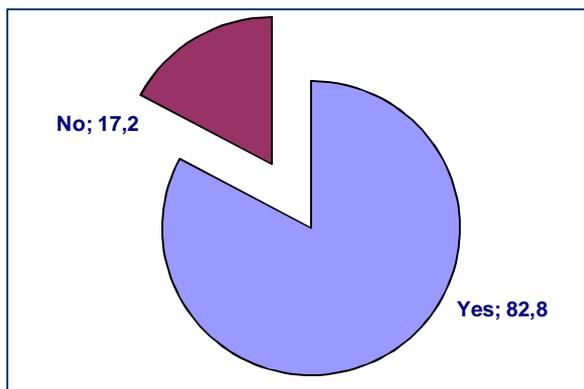
these expenses ranged between 3.000 to 10.000 dinars. In addition to such high amounts of money spent for medications, the fact that only 28% of respondents did not have to think about purchase of medications in the last four weeks also raises concerns.

Chart No. II. 58. The last time when you personally visited the doctor, did he prescribe any medications for you?



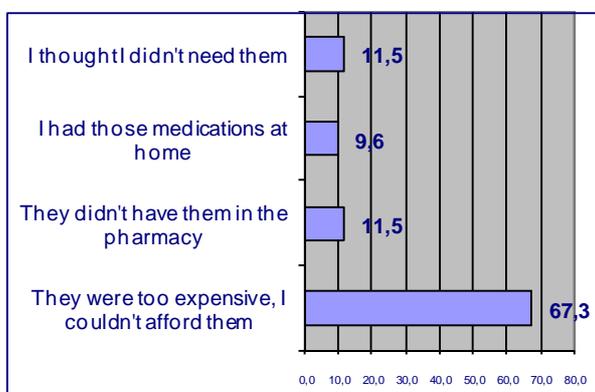
Further analysis has shown that during the last visit to the doctor's, a large majority of Roma in Valjevo (88.8%) got the prescription for procuring medications. Others (11.2) went for a check up or saw the doctor as a matter of precaution i.e. prevention (chart No. II. 58).

Chart No. II. 59. Did you manage to obtain the medications which were, on that occasion, prescribed for you?



Among respondents to whom the doctor wrote a prescription during the last visit, a large majority (82.8%) managed to obtain the medications. However, almost one fifth (17.2% - 52 respondents) were not able to obtain necessary drugs (chart No. II. 59).

Chart No. II. 60. Why didn't you obtain prescribed medications?



The most common reason for which the majority of these respondents (67.3%) could not obtain medications is primarily the lack of money and high price of medications (Chart No. II. 60). A smaller number of respondents (11.5%) stated that pharmacies did not have prescribed drugs on stock, while some of them said (9.6%) that they already had those medications at home, and

others (11.5%) thought that they did not need the prescribed medications and thus did not buy them.

When discussing medical expenses and health care, it should be noted that, as shown in the Table below, more than a half of Valjevo Roma (58.8%) make a habit of taking coffee or juices to medical staff in health care institutions, while more than a third (35.9%) take more expensive presents (perfumes, whiskey), give money (35.9%) or some other material goods (9.4%).

Table No. II. 9. Have you brought/given money to any of the staff or some other material goods?

	Yes		No		Total	
	N	%	N	%	N	%
Coffee/juices	200	58.8	140	41.2	340	100.0
Perfumes, whiskey	122	35.9	218	64.1	340	100.0
Money	122	35.9	218	64.1	340	100.0
Some other material means	32	9.4	308	90.6	340	100.0

According to the respondents, except in the rare situations when they are asked to do so by medical staff (2.2%), the most common reason for giving different presents is a personal assessment that this will buy their way into *getting a better service* (41.1%) or that without presents, they will not receive adequate service /attention (22.9%) – while one third of them stated that it was a custom (33.8%).

Table No. II. 10. Why did you give those material goods or money?

	N	%
It is a custom, I did it at my own initiative	78	33.8
I did it at my own initiative to get a better service	95	41.1
I wouldn't receive adequate service/attention without it	53	22.9
Health care workers asked me to, so that I could receive proper attention	5	2.2
Total	231	100.0

It should be pointed out that a vast majority of Valjevo Roma, except for the rare ones (8%) who seek services of private medical practitioners, get treatment in public health care institutions.

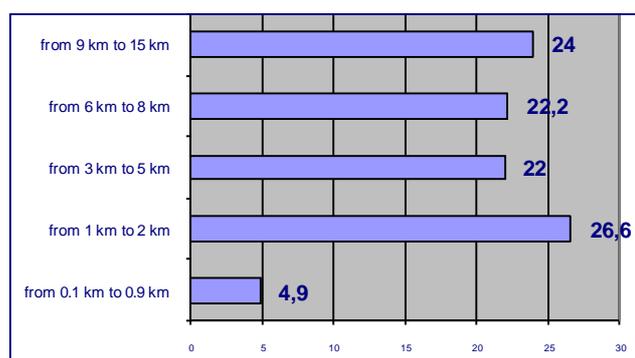
Table No. II. 11. Where was your most recent visit to the doctor's??

	Yes		No		Total	
	N	%	N	%	N	%
Out-patient ward	22	6.5	318	93.5	340	100.0
Medical centre, central clinic, Health Centre	294	86.5	46	13.5	340	100.0
Public hospital	80	23.5	260	76.5	340	100.0
Private clinic, private doctor	20	5.9	320	94.1	340	100.0
Private hospital	1	.3	339	99.7	340	100.0
Doctor paid me a home visit	6	1.8	334	98.2	340	100.0
Ambulance service came to my home	26	7.6	314	92.4	340	100.0

4.2 ACCESS OF ROMA IN VALJEVO TO HEALTH CARE INSTITUTIONS

Health care institutions in Valjevo are accessible to only one third of Roma (31.5%), due to the fact that they are only 2 kilometres away from these institutions. All others, when ill or in need of urgent medical attention, need to travel 3 to 15 kilometres. For almost half of Roma in Valjevo (46.2%), doctors are almost unavailable, even in cases when they require urgent medical attention, because the nearest health care institution is between 6 and 15 kilometres away.

Chart No. II. 61. How far, in km, is the nearest health care institution from the place you live in?



4.3 ATTITUDE OF MEDICAL STAFF TOWARD ROMA

According to the research findings, Roma in Valjevo are largely dissatisfied with prices of medications (81.5%) and medical examinations (66.5%) as well as with the attitude of medical staff - doctors (35.3%), nurses/technicians (45.6%) and, in particular, the attitude of the rest of the staff (54.9%) in health care institutions of Valjevo.

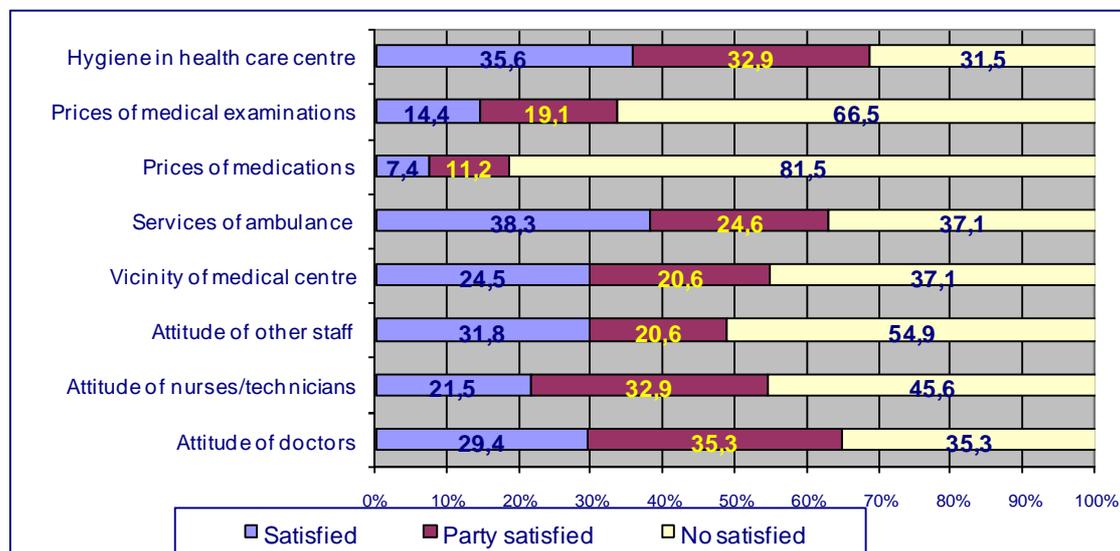
Health care segments which also provoke dissatisfaction in Roma are both emergency services (37.1%) and distance of the health care centre (37.1%), while regarding the hygiene in health care centre, opinions are divided and there are more of those who are satisfied with it (35.6%).

General opinion of respondents is that nurses treat them badly, more often and to a larger extent worse than doctors.

ILLUSTRATIVE EXAMPLES FROM

FOCUS GROUPS:

My husband has been suffering from Parkinson's disease for 10 years and has had two heart attacks, I have to tell you this, I wanted to go to TV show Vujić, so that everyone can watch me together with Valjevo director. He's a sick man and whenever I called ambulance I told them to come to Lukavac, hamlet Dublje, that's the name of the place we live in, they never came – they told me to bring him over there but I told them that I used to work there and then they... it turns out that I'm pulling strings, they came only three times in 10 years and you know what kind of sickness that is, he's shaking, might fall down in a second. And he's so stubborn, they tell me to bring him over there and I don't have a car. I have a driving licence but I sold my car because he's so stubborn and he's going to do something reckless, he'll get killed so sick, he's a sick man. They told me to call my neighbour, but I have no neighbour either. (Roma woman from Roma settlement Dublje)

Chart No. II. 62. How much are you satisfied with the mentioned segments of health care?

The analysis further shows that almost half of Roma had negative personal experiences, particularly regarding certain issues, such as: *prescription of medications which are not on the list and have to be fully paid (49.7%)*, referrals to private doctors because *they didn't have the adequate conditions there to give me a proper examination (38.8%)* and *prescription of medications which cannot be found in the pharmacy (33.5%)*. The most common negative experiences, at second hand, pertain to the following: *doctor didn't want to see me because I didn't have a health insurance card (51.5%)*, *doctor didn't want to see my child because my child didn't have a health insurance card (47.6%)*, *he was treated unprofessionally (42.9%)*, *they insulted me on the basis of my ethnic affiliation (42.4%)* and *doctor didn't want to see me because I'm Roma (40.6%)*.

Table No. II. 12. Have you, or someone close to you, had any of these experiences (in %)?

	Yes, I had personal experience	Yes, I heard from my family members /friends	I haven't had such experiences and I haven't heard about it
Doctor didn't want to see me because I didn't have a health insurance card	28,80	51,50	19,70
Doctor didn't want to see me because I'm Roma	5,60	40,60	53,80
I was insulted by the doctor	14,70	35,90	49,40
Doctor didn't want to see my child because my child didn't have a health insurance card	17,90	47,60	34,40
I noticed that doctor can't wait to finish examining me	28,50	37,60	33,80
I was insulted on the basis of my ethnic affiliation	8,50	42,40	49,10
We are always last received, no matter when we come	24,40	32,40	43,20
Ambulance refused to come to Roma settlement	11,20	35,60	53,20
They referred me to private doctor because they didn't have proper conditions there to examine me	38,80	38,80	22,40
They gave me prescriptions for medications which are not on the list and have to be fully paid	49,70	34,70	53,00
They gave me prescriptions for the medications which cannot be found in the pharmacy	33,50	44,40	22,10
They treated me unprofessionally	17,40	42,90	39,70
They asked the money from me for the service which is free of charge (bribe)	5,00	45,60	49,40
Doctors have always been kind to me and I've had only positive experiences	14,40	28,20	57,40

Majority of Roma in Valjevo have never experienced or heard that others have experienced that: *doctor's were always kind to me and I had nothing but positive experiences (57.4%)*.

Chart No. II. 63. Have you complained to Patient Advocate?

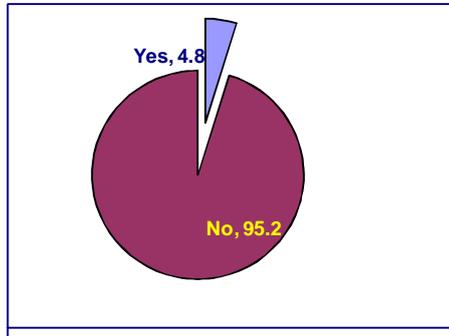
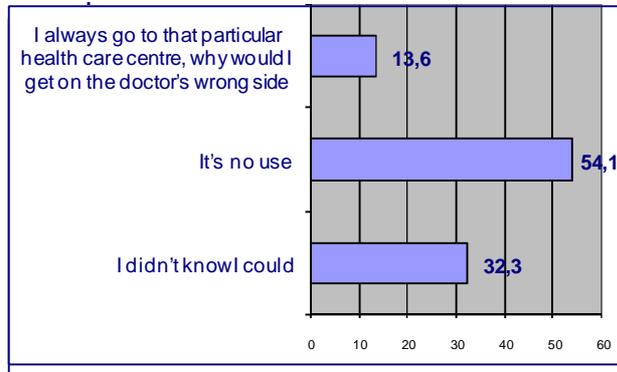


Chart No. II. 64. Why haven't you complained to the Patient Advocate?



Despite the fact that personal experiences and those gained at *second hand* (although somewhat at the level of rumours) are serious and warn about the position of Roma in the area of health care, only 5% of Roma in Valjevo turned to the Patient Advocate. A vast majority (95.2%) have never done so. Reasons are different and can be recognized in, at least, two levels: it is highly likely that the first among these reasons is the fact that Roma are not informed of the existence of the Patient Advocate and the other possible reason is a deeply-rooted fear of what (bad) could happen if they report the doctor who denied them of their rights or did not treat them according to ethnic and professional criteria. Both reasons speak negatively about the position of Roma in general, and their position in health care in particular. In addition to traditional (and mostly well founded) lack of trust in institutions, majority of Roma in Valjevo also do not recognize their rights (in health care) and thus do not exercise them. This is supported by the data that more than a half of Roma in Valjevo (54.1%) think that there is no use to turn to the Patient Advocate because, as they say – *they will never react nor will that doctor lose his job. Instead, this will only provoke more hatred to Roma.* There are also 13.5% of those who share the opinion that if they complained to the Patient Advocate they would get on the wrong side of the doctor, which would worsen their future relations, not only with the doctor but also with all medical staff in that particular health care institution.

ILLUSTRATIVE EXAMPLES FROM FOCUS GROUPS — PERSONAL EXPERIENCES:

I know one example, a woman went to see a doctor with a baby, the child was sick, they received her and the doctor examined the child and said that child should be given injections. A nurse came and said: " You Gypsies always have to be sick." Afterwards, she brought the injection for this child, the nurse, they're in charge there and they gave such a big injection to this child that it was crying all night afterwards and mother complained. It was a year ago, here in Roma settlement Bair where we live, here in Health Care Centre. (Roma woman from Roma settlement Bair)

There's this lady here, were we live in Brankovina, and I have asthma, high blood pressure. Whenever we come in, she keeps shouting at us saying that she's sick and tired of Gypsies with their examinations and their coming every other day to the doctor's. Believe me, I've not been going there for 3 months, I just go there to get my medications. (Roma woman from Roma settlement Balačka)

Nurses are worse and they make troubles for us because we're illiterate and when we want to get examined she won't talk to us because we don't understand where we're supposed to go and how to make an appointment. Doctors are different. I had an operation on my gall bladder and I heard that I'm supposed to give some money to the doctor so that he would treat me better, so I put some money in his pocket but he gave it back to me and said no and he treats me even better now than he used to, but nurses are horrible to us. The other day I went to gynaecologist and they told me that there were three gynaecologists and that I should read the forms and select one, I don't know any of them and I asked if I could go to the doctor who examined me during my pregnancy and she said I couldn't, and they give you some kind of test to fill out and then you do it if you know how to, if you don't, they kick you out, and she gives you this test to fill out and where am I supposed to find this doctor, what am I supposed to do. Nurses are the worst, I've got an example, I wanted to have a breast ultrasound for a check-up, I was waiting for 3 months to get an appointment and when I saw the doctor he told me that I should go to the nurse to get me an appointment and then come and see him with my findings, and then I had to wait for this nurse for 4 more months and what am I supposed to do in 7 month if my breast hurts, god forbid, I'm waiting for three months to see a doctor, four months to have an ultrasound. (Roma woman from Roma settlement Balačka)

Well, my sister-in-law got sick and at 5 in the morning we went to the doctor's, they gave her an injection and urgently sent her to a hospital ward. While we were waiting at the receiving ward she was examining a farmer who was in much better state than my sister-in-law. She kept waiting and suddenly she just fell on my bosom and died. This is because they didn't see her immediately and she died, if they'd received her she would be still alive now. (Roma woman from Roma settlement Balačka)

ILLUSTRATIVE EXAMPLES FROM FOCUS GROUPS – PERSONAL EXPERIENCES:

This is a problem with us Roma women, because we're illiterate and we don't know when a nurse is being rude and acts badly, we don't know that, and now, since these new laws have been introduced, you have to call on the telephone to make an appointment and select a doctor and they don't know that, but somehow one has to be aware of the situation and one mustn't wait until one is very sick, you have to go to the doctor's in time. Firstly, when they give us this test, many of us don't know how to fill it out, which is why we avoid going to the gynaecologist's. Secondly, there are 50 gynaecologists in Valjevo and only one or two are on duty and we're all in a hurry, we're all housewives and the whole house depends on us, we have to work, cook, wash, clean and when we come to gynaecologist's, there's only one on duty and we have to wait from dusk till dawn, we don't have time for that and we have to hurry home and we don't have enough money to come again tomorrow to see the same doctor. And then, the whole year long we're thinking about going there but we never go until a disaster happens and then we go and when we do go they look down on us, when we feel bad they call it a Gipsy way of doing things, they tell us not to see the doctor, that we're not clean and that we're such and such, they always find something to tell us and to insult us. (Roma woman, Roma settlement Balačka)

My daughter-in-law, we called ambulance because of her and while they were asking us for our telephone number they told us that we would have to pay for the ambulance if she doesn't deliver a baby, and her water broke at home and what was I supposed to do, I didn't know. It was different before, I had my baby at home but my mother was there, and they called many times and only after that they came and told me that I had to pay and I paid, what else could I do. (Roma woman from Roma settlement Balačka)

When I finished high school and I still didn't enrol in faculty but I got sick and had to ask for my health insurance card in the employment agency because I couldn't get insurance through my dad any more, and I went to the social service for my health insurance card and since I was sick I asked them to give it to me in a day or two because this was a legally prescribed period. However, a man working in the social service, who was totally drunk, told me that I must be asking for a health insurance card because I was pregnant and that he was sick and tired of us Gipsies being pregnant all the time. (Roma woman, 21)

III. CONCLUSION

Planned aim of the project *Improving Access to Health Care of Roma Community in Valjevo* is to design and adopt local Roma health care action plan to address the problems of this ethnic group more efficiently – in a systematic and institutional manner. The main intention is that the local Roma health care action plan adequately meets their health problems and needs. In accordance with this intention, the research was carried out in relation to access of Valjevo Roma to health care and the findings are presented in this report. The research findings show that the local action plan is more than necessary since a large number of Roma in Valjevo suffer from serious health disorders and a vast majority do not have adequate attitude to or understanding of the importance of health-related preventive measures. Both of these data lead to the conclusion that the issues of health care of Roma in Valjevo are not on the priority list either of Roma or representatives of local institutions who (in accordance with obligations and commitments Serbia undertook within and during the Decade Presidency) are called upon to comply with and act toward the attainment of goals laid out in the National Action Plans for Roma at the local level which is, in this case, the municipality Valjevo - and even more so when had in mind that the research findings show that:

- è more than a half of Roma in Valjevo suffer from high blood pressure, rheumatism, asthma and migraines;
- è more than a half of Roma in Valjevo were sick in the last four weeks, while 45% visited a doctor;
- è almost one third of Roma (30.9%) report that they *cannot do anything* about their health, and two fifth (40%) of them feel that they *cannot do much* about it;
- è only 12.7% of Roma in Valjevo heard of a preventive campaign in the last year.

Key factors and conditions influencing health care of Roma in Valjevo are:

- è More than a half of Roma in Valjevo have primary school completed or not completed, while there are 5.8% of Roma in Valjevo with no education at all, which largely influences the level of information Roma have on the ways to provide health care and prevention.
- è Two thirds do not have sewage system either at home or in their yard, while one third of Roma in Valjevo do not have a toilet at home.
- è An important factor influencing health of Roma in Valjevo is polluted drinking water in as much as one third of Roma households. These factors considerably influence the occurrence of infectious diseases, but also produce a relatively high percent of those suffering from bacterial urinary tract infections and kidney diseases.

- è Average monthly income of Valjevo Roma is 17.000. dinars, while in the last four weeks, beyond health insurance, each Roma household allocated on average 2.060. dinars for medical expenses.
- è More than a half of Roma in Valjevo are active smokers who start with this vice between 8 and 18 years of age.
- è Alcoholism – almost a third of Roma in Valjevo stated that the problem of alcoholism is present in their neighbourhood.
- è According to 32.4% of Roma in Valjevo, the problem of drug addiction is present in their neighbourhood, while 0.3% of the respondents stated that such problem existed in their family.
- è More than a half of Roma households in Valjevo are more than five kilometres away from the Health Care Centre.
- è More than a half of Roma in Valjevo have never experienced kindness of medical staff, and more than a third of Roma in Valjevo are dissatisfied with the attitude of doctors and nurses. Vast majority of Valjevo Roma, except for the rare ones (8%) who use the services of private doctors, seek treatment in public health care institutions.
- è According to the respondents, except in the rare situations when they are asked to do so by medical staff (2.2%), the most common reason for giving different presents is a personal assessment that this will buy their way into *getting a better service* (41.1%) or that without presents, they will not receive adequate service /attention (22.9%) – while one third of them stated that it was a custom (33.8%).

Data show that measures anticipated by the National Roma Health Action Plan need to be transferred to the local level. Further, in accordance with the research findings and measures of the National Roma Health Care Action Plan, the local action plan should focus on the following:

- è Sensitizing medical staff for the needs and problems of Roma in the area of health care;
- è Sensitizing Patient Advocates for the problems of Roma;
- è Informing Roma community of their rights in the area of health care;
- è Providing preventive medical check-ups of Roma in Roma settlements;
- è Health of Roma women and children as special categories.

IV. RECOMMENDATIONS

To provide equal opportunities for Roma in the area of health care, it will be necessary that all key actors in Valjevo municipality - starting from the local government through the health care centre, NGOs and the media to very representatives of Roma community - take an adequate initiative and role toward defining and adopting the local action plan for more adequate protection and improvement of access of Roma to health care. The analysis of obtained data has shown that it would be necessary for:

- è **The Local Government of Valjevo** to take proper steps toward defining the local action plan in direct communication and cooperation with the representatives of Roma from Valjevo settlements. Adoption of the local Roma health action plan would create necessary preconditions and framework for improving quality of health care and prevention. Such local action plan would also present an adequate framework for the analysis of hygienic and epidemiological conditions in Roma settlements (both in terms of potable water and toilet facilities and sewer systems) and, depending on the results of such analysis, it would help improve the life quality in the settlements in need. This would further enable Roma citizens to use clean water and thus minimize the risk of contracting various diseases. Encouraging the employment of members of Roma ethnic group through the introduction of affirmative actions and measures of positive discrimination (minimum 30% of employed Roma for every job announcement) would decrease the number of unemployed and thus the number of those who, in current conditions, cannot afford healthy nutrition and prevention in general.
- è **The Health Care Centre Valjevo** to be included, from the very beginning, in the creation of local action plan, for several reasons and primarily in order to: a) familiarize and sensitize medical staff to specific characteristics, culture, needs and problems of Roma community in Valjevo; b) possibly educate medical staff about Roma rights in the area of health care, particularly nurses and other staff; c) find ways to organise regular (free of charge) physical examinations (e.g. every six months), particularly for Roma women in relation to colposcopy, Pap test and mammography; d) find possibilities to organise in Roma settlements regular preventive check-ups of blood pressure, blood sugar, fatty acids, etc.; e) introduce Roma persons (Roma mediators) in Health Care Centres, hospitals and other health care institutions to establish a necessary link between Roma and employees of these institutions.
- è **The local media**, both Roma and non-Roma, to take an active role in the creation of local action plan, particularly in the area of raising awareness in both Roma and non-Roma community of the importance of prevention. It is clear that their role in improving access to health care of Roma community can be vital i.e. crucial, since the media can make their impact through: a) developing educational and health-related programmes; b) promoting the rights of Roma in the area of health care; c) informing of the cases of violation of Roma rights in the area of health care.

- è **Local, particularly Roma NGOs**, to take an adequate initiative toward defining and adopting the local action plan with the aim to publicly advocate Roma rights in the area of health care. It is also necessary that with their actions and well planned activities, NGOs additionally motivate Roma to use the prevention concept when caring about their health i.e. to use the concept which will involve seeing the doctor not only when they are sick and have health problems but also, above all, to take regular check-ups in order to preserve their health. It is necessary that local non-governmental organisations, with mission and goals directly related to Roma problems, include Roma from settlements (of both genders and of different age) as their activists, which would ensure the achievement of sustainable results in relation to the improvement of health and, particularly, in relation with people with disabilities or some other type of unfitness for work and preservation of children's health (regular vaccinations) and health of women. An important role of NGOs is seen in the creation of: a) adequate programme for supervision of medical workers in their work; b) adequate education programme in the area of health care for all, and in particular for Roma women; c) adequate education programme for young Roma in the area of health care, particularly in relation to addiction diseases (smoking, alcoholism, drug addiction) and sexually transmitted diseases (HIV, AIDS, etc.); d) model for regular and timely informing of Roma in Valjevo settlements about current developments in connection with health care in Valjevo municipality, e) education plan of (Roma) rights in the area of health care with the aim to raise awareness in Roma of the importance of prevention for their health etc.
- è **Roma community**, targeted by the programme for improvement of access to health care, should, both in cooperation with NGOs and independently, actively participate in planning and attainment of goals related to different health programmes, through: a) continuous meetings of Roma from settlements and NGO representatives; b) discussions and disclosures of cases when their legally guaranteed rights were violated in the area of health care; c) opening toward information coming from outside Roma community; d) open discussions with young Roma about risky behaviours which involve health problems; e) taking active responsibility for one's own health through obtaining information, education and particularly, through undergoing regular examinations.



***YOU CAN PROTECT
YOURSELF!***

***EVERY DISEASE IS
CURABLE, IF YOU TIMELY
SEE YOUR DOCTOR!***

**Valjevo,
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