

COMMON HEALTH PROBLEMS AMONG ROMA – NATURE, CONSEQUENCES AND POSSIBLE SOLUTIONS

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Foreword

Healthcare reform in Bulgaria brought to light some very alarming tendencies in Roma health: high morbidity, high mortality, low life expectancy. The average life expectancy among Roma, for example, is more than 10 years lower than the average for the country. These tendencies have been observed for more than one decade, but have become particularly pronounced in the last few years due to overwhelming poverty, poor nutrition, permanent stress, lack of proper sanitary conditions at home, and early and frequent births, which led to a serious deterioration of Roma health (I. Tomova, 2000).

Poverty is undoubtedly the first and most powerful factor. It is far worse than that of the generally impoverished Bulgarian population because it has been inherited and further exacerbated by the mass and continuing unemployment among Roma. According to data submitted by the World Bank in 1995 poverty among Bulgarians is nine times lower than that in the Roma community (I. Tomova, 2000).

The grim financial and economic condition of Roma has a complex and multilateral impact on their health. 90% of them are unable to pay user fees to their general practitioners and avoid seeing a doctor or wait until their condition has worsened. Destitute and penniless, Roma cannot afford to buy the medicines that have been prescribed to them or buy them too late when the illness has progressed and the treatment is no longer effective. The cost of transportation to the regional health establishments is also beyond the financial means of many Roma. They are unable to afford the hospital fees established by law, nor the medicines necessary for their hospital treatment. Many doctors, especially in surgery wards, require them to pay for operations and manipulations, as a result of which they just refuse to be hospitalized and treated. Homegrown medicine is the most common form of medical treatment in Roma neighborhoods where different forms of nontraditional medicine thrive.

The fact that primary healthcare units are far off Roma neighborhoods also limits the access of Roma to healthcare services. They often have to travel at a considerable distance to see a doctor or receive treatment.

Poor nutrition is also a serious problem in most Roma neighborhoods and has a particularly severe impact on the health condition of children, elderly people and people suffering from