Borjan Pavlovski

HEALTH,

HEALTH CARE AND IMPACTS ON THE HEALTH OF THE ROMA IN THE REPUBLIC OF MACEDONIA

Association for Emancipation, Solidarity and Equality of Women of Republic of Macedonia - ESE

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ACRONYMS

ESE – Emancipation, Solidarity and Equality

EU – European Union

SEE – Southeastern Europe

MmHg – Millimeters of mercury

NGO – Nongovernmental organization

UN – United Nations

PAP – Papanicolaou

PHCI – Private Health Care Institution

PHC – Primary health care

RM – Republic of Macedonia

USA – United States of America

STI – Sexually transmitted infections

WHO – World Health Organization

UNDP – United Nations Development Program

UNICEF – United Nations Children's Fund

FOSIM – Foundation Open Society Institute - Macedonia

REVIEW

of the publication "Health, Health Care and the Impacts on the Health of the Roma in the Republic of Macedonia"

The publication "Health, Health Care and the Impacts on the Health of the Roma in the Republic of Macedonia" is a complex final product of a survey project funded by the Foundation Open Society Institute Macedonia (FOSIM) Skopje. The project was implemented in the course of 2007 and 2008 by preparing and conducting a survey designed to determine the health condition and the socio-economic factors that affect the health of the Roma, the quality, accessibility and availability of the health care services and health insurance, with a special focus on gender differences and the treatment of the Roma population by the medical professionals.

For the purpose of obtaining a comprehensive analysis of the different aspects related to Roma health and health care, the survey was conducted by means of a previously designed and structured extensive questionnaire containing specific and relevant questions that identify the socio-economic status of the Roma population (housing conditions, employment, social welfare benefit, monthly income and household costs), coverage of the Roma population by health insurance and provision of health care, availability and use of the health care services and their quality, as well as the health condition of the Roma population, their personal perceptions of their own health and the occurrence of chronic diseases, with a special emphasis placed on hypertension. The questionnaire was specifically designed to provide a quantitative research of the health needs and the offered and used health care services in terms of sex, with a particular emphasis on the health care and provided health care services to Roma women during pregnancy and childbirth. The survey encompassed 636 Roma respondents, the sample being created by using the random choice principle, which accounts for 1.12% of the overall Roma population in the Republic of Macedonia, as well as focus groups with male and female Roma population, medical professionals as providers of the health care services within the appropriate Roma communities and representatives of the Roma NGOs.

In addition to the descriptive analysis of the data obtained by conducting the survey, additional cross-checking of the variables was made by statistical processing of the relevant

data in order to identify the interconnection between certain indicators of the socio-economic situation (education level, unemployment rate, poverty) and health and the use of the health care services.

In addition to the introduction and the methodological explanations, the presented report on the outcomes from the conducted survey is a complex presentation systematized in five segments – thematic areas as follows:

- Demographic data on the Roma population;
- The socio-economic status of the Roma (living conditions, employment and social welfare, incomes and household costs);
- Health insurance of the Roma;
- Providing health care to the Roma; and
- The health condition of the Roma population (health problems and health needs and the interconnection between the socio-economic conditions and factors and the health of the Roma population).

The chapters Discussion and Conclusions and Recommendations systematized in five groups are presented separately.

The results present the major socio-economic problems that the Roma population faces (low education level, high unemployment rate, poor living conditions and poverty) and their link with and negative impact on the Roma health expressed through their personal perception of poor health and the objective high incidence rate of chronic diseases, with a particular emphasis on hypertension. The data indicate that half of the respondents suffer from chronic diseases, which means that every second respondent suffers from some kind of a chronic disease. On the other hand, the control checkups for the chronic diseases are irregular due to inappropriate information and insufficient health education about the respective diseases to be provided by the medical personnel.

The coverage by health insurance and the provision of health care services is insufficient, especially for the Roma women during their pregnancy and childbirth. Roma women are generally in a much more unfavorable situation, with low education level and

higher unemployment rate and consequently in a much weaker health condition compared to Roma men.

The information and findings of the study constitute a basis for developing a Strategic document containing recommendations for improvement of health and the accessibility to the health care services for the Roma population that will serve as a guide for taking action by all organizations and institutions working in the area of health condition and assessment of the health needs, as well as for providing health care and health care services to the Roma population in the Republic of Macedonia.

Reviewers

Doncho Donev, Ph.D.

Mome Spasovski, Ph.D.

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III. 3. HEALTH INSURANCE, HEALTH CARE AND HEALTH CONDITION

GUARANTEED CONSTITUTIONAL VALUES

Article 9

Citizens of the Republic of Macedonia are equal in their freedoms and rights, regardless of sex, race, color of skin, national and social origin, political and religious beliefs, property and social status.

Article 39

Every citizen is guaranteed the right to health care.
Citizens have the right and duty to protect and promote their own health and the health of others.

Articles of the Constitution of the Republic of Macedonia

EXECUTIVE SUMMARY

The approach to the study Health, Health Care and Impacts on the Health of the Roma Population is aimed at obtaining quantity and quality information regarding the health condition of the Roma, the availability and accessibility to the health care services, the quality of the offered health care services, as well as the socio-economic factors that affect the health of the Roma.

The data collection used the method of a survey with a previously made survey questionnaire distributed to 636 respondents, as well as focus – groups with the Roma population, health care workers and representatives of the Roma non-governmental organizations.

In order to accomplish the study objectives, the questionnaire was designed to obtain information in the areas of the socio-economic situation of the Roma population, including the housing conditions, employment, use of social welfare, the monthly income and household expenditures; the health insurance, including the current and past situation of possessing health insurance by the respondents; the health care, including the accessibility to health care, the use of health care services, the quality of the services, health care during pregnancy and childbirth; the health condition of the Roma population, including the health perceptions and the occurrence of chronic diseases, with a special emphasis on hypertension.

By cross checking the variables of the socio-economic indicators with the variables of the health care and health condition, interdependency was established to exist between the socio-economic situation and the quality of the health care and health condition.

The key findings stemming from the study have defined the issues that have a significant impact on Roma's health. More specifically, the main problems that the Roma population faces include the low level of education, the high unemployment rate, the inappropriate living conditions and poverty.

All these conditions affect negatively the health condition of the Roma population. Due to the above, the perception of the respondents of their own health is fairly negative; moreover, the objective data indicate a high rate of chronic diseases, predominantly hypertension. Half of the respondents suffer from chronic diseases, that is, every second respondent suffers from a chronic health condition. An additional problem is the irregular control of the chronic diseases due to both inadequate information and insufficient education about these diseases that should be given by health workers.

Although major part of the respondents are provided with sufficient health care, a major concern is the fact that health care during pregnancy and childbirth is still below the necessary level. Furthermore, another problem lies in the inappropriate services of the health care system and the health workers in regard with the special needs of the Roma population. A particular concern is posed by the insufficient and unadjusted explanation to

be given by the medical staff about the problems related to the disease, the therapy, the outcome and the need for regular controls of the chronic diseases.

One of the main principles of the study was to review all data from a gender aspect. This way of data analysis indicates an unfavorable condition of the Roma woman. Women in the Roma community are significantly much more affected by the negative influences on health than Roma men. In other words, the women have a lower level of education than men, their unemployment rate is much higher and they do not have any income whatsoever. The priority in the family is placed on the husband and the male children. Hence, the health of the Roma women is in a much worse condition than of Roma men.

The key findings of the study are to serve as a guide for development of a Strategic document that will present recommendations for improvement of the health condition of the Roma population and the accessibility to the health care services. The Strategic document will be made by experts from relevant government institutions and non-governmental organizations.

The Strategic document will be submitted to all relevant government institutions to help in the future policy creation in the areas of health care and social and economic policy with the purpose of improving the socio-economic and health condition of the Roma.

We hope that the findings of the study and the Strategic documents will serve as a guide for all organizations and institutions that are active in the area of promoting the situation of the Roma, with a special emphasis placed on promoting their health condition.

In addition, we wish to express our gratitude to all members of the team that took part in the preparation and implementation of the study, as well as in the process of data collection, processing and interpretation. We would also like to express our gratitude to the members of the non-governmental organization Center for Democratic Development and Initiative – CDRIM, as our partner organization in the implementation of the activities in the framework of the projects “Health for All, Health for the Roma”, as well as for their participation in the conduct of the study.

ESE

I. INTRODUCTION

„Health Inequalities“ may be defined as a differential distribution of the health outcomes among individuals with different social and economic background. The social and economic background may be determined in various ways, including the income, the material status, the education and the level of social exclusion.[1]

The term “Vulnerable population” refers to the groups susceptible to deteriorated health and facing social exclusion. It includes minority groups, people living in poverty, senior citizens and children.

The two terms may be used alternatively, although they are intertwined due to the fact that when the “health inequalities” are explored, it is also necessary to explore the difference between the health status of the vulnerable group in contrast with the health status of the referential group. This study focuses on the health condition and the accessibility to health care of one of the most vulnerable groups in the SEE countries, the Roma, with a special focus on the Roma women.

Centuries back, the Roma in Europe have been facing exile and social exclusion. After the Second World War, the situation of the Roma slightly improved, but in the transition period that affected all SEE countries following the dissolution of the Eastern block and the socialist system, the Roma are facing again an increased rate of discrimination and unemployment. All these factors have resulted in today’s unequal position of the Roma in comparison with the other ethnic groups in the SEE countries. Yet, the general perception of the non-Roma population is that the Roma are to blame themselves for their unfavorable social and economic situation.

The EU integration processes undertaken by all SEE countries where a significant share of the Roma population lives, have brought up to the surface the problems related to the social exclusion and discrimination of the Roma. Moreover, these processes have resulted in devoting increased attention to the inequalities in the health care systems in these countries in order to approach the public health care to the EU standards. Another significant effort for promoting the situation of the Roma is the *Decade of Roma Inclusion*, initiated in 1995 by the partnership of the Open Society Institute, the World Bank, UNDP, various non-governmental organizations for Roma rights and other non-governmental organizations, whose objective was to promote the socio-economic status and the social inclusion of the Roma. This program is committed to promoting the welfare of the Roma in four priority areas, among which, health care. The Decade is being implemented in 9 countries inhabited by a significant share of Roma population, including Bulgaria, Croatia, the Czech Republic, Hungary, Macedonia, Montenegro, Romania, Serbia and Slovakia. Other international organizations, such as UNICEF and the World Health Organization devoted attention to the meaning of the differences in the health care system and have provided strategic guidance for the policy creators in the SEE countries.

[1] Janevik Tereza M.A., The inequalities in the *Heath Care System in Serbia*. The Mailman School of Public Health, Columbia University, USA 2007.

According to the last Census of the population, households and dwellings in the Republic of Macedonia 2002, 53 879 members of the Roma ethnic community live in the Republic of Macedonia[2], which is 2.66% of the total population. However, other studies based on various research techniques indicate that the real figure of the Roma population is much higher, that is, approximately 80 000 – 135 000[3] Roma live in Macedonia. The basic characteristics of the situation of the Roma in South-Eastern Europe apply in Macedonia as well: high poverty rate, unemployment, marginalized and poor suburbs, sub-standard infrastructure, low health status, low level of education and inappropriate representation in the political and public sphere. The report from the *Study on Vulnerability*[4] developed by the UNDP states as follows: 22% of Roma men and 39% of Roma women have no education at all or incomplete education (compared to 8% of the non-Roma population living in their close proximity); 65% of Roma men and 83% of Roma women have never held a job (compared to 50% of the non-Roma population living in their close proximity); 27% of Roma men and 31% of Roma women suffer from chronic diseases (compared to 23% of the non-Roma population living in their close proximity). The same study indicated that the Roma in Macedonia live in poverty three times more in contrast with the rest of the population. According to the survey "*The Public Opinion and the Roma*"[5] conducted in the framework of the Roma Decade, the perception of the Roma themselves is that they do not receive the same treatment in comparison with the non-Roma population when they access the public institutions, including the health care institutions. The Roma stated that they are treated with contempt by both the employees in state administration and all the citizens present there.

The Roma constitute a marginalized group in many aspects of public and social life, among which, the accessibility to the health care services and their quality. The data from the field and various surveys indicate an existence of discriminatory practices in the treatment of the patients, although the medical staff denies the existence of such practices. Furthermore, according to certain indicators the medical staff lacks information about the special needs and habits the Roma have when they access the health care services. The absence of health insurance, as well as the unadjusted regulations for the social and educational environment of the Roma additionally deepens this inequality. All above data present the obstacles to enjoying the right to health care and, moreover, they represent the risk factors for the health condition of the Roma population.

In terms of the health condition of the Roma, the findings of the existing literature agree in three key points 1) there is relatively scarce and insufficient data on the health condition of the Roma 2) the data indicate huge differences in the health condition of the

[2] State Statistical Office of the Republic of Macedonia, *Census of the population, households and dwellings in the Republic of Macedonia*, 2002, Book XIII.

[3] Divna Durmis, Ph.D.; Zhaklina Memedov, Azbija and Demir Ljatif; Assessment of the Needs of the Roma Educational Fund, Macedonia, World Bank, November 2004.

[4] United nations Development Program (UNDP), Faces of Poverty, Faces of Hope, Vulnerability profiles, Decade of Roma Inclusion, Bratislava, 2005.

[5] Nick van Praag, *Public Opinion and the Roma – qualitative research study*, World Bank, November 2005.

Roma and the majority ethnic communities, and 3) the poor health condition of the Roma is closely connected to the fact that they are most represented in the group of citizens that live in poverty[6].

By conducting the projects *Health for All, Health for the Roma 2*[7], the Association for Emancipation, Solidarity and Equality of Republic of Macedonia – ESE obtained information regarding the situation of the Roma population in terms of their health condition, the accessibility to health insurance and the quality of health care. The data is mainly based on the field work and the work of the Information Center in Shuto Orizari. However, valid statistical data is missing, as well as profound understanding of the root of the problems the Roma population faces in the accomplishment of the right to health insurance and health care, as well as of the reasons for the generally more unfavorable health condition of the Roma in contrast with the non-Roma population living in the Republic of Macedonia.

In order to obtain a firm grasp of these problems and to draw conclusions necessary to resolve the problems, the project *Health for All, Health for the Roma 3* included activities of conducting a survey among the Roma population, the medical staff and the local NGOs within the Roma communities. With the objective of making a thorough analysis and getting a better understanding of the problems, the study was conducted on two levels: among the Roma population, in regard with their perceptions and views on the accessibility to the health care services and among the medical staff, on the other hand, who offers these services.

[6] Foundation Open Society, *Facing the Hidden Disease: Tuberculosis in Roma Communities*, New York, USA 2007.

[7] The *projects Health for All, Health for the Roma 2 and 3* are financially supported by the Foundation Open Society Macedonia – FOSIM

II. METHODOLOGY

II. 1. Study subject and objectives

The main objective of the study was to determine the quantitative and qualitative dimensions of the availability, accessibility and quality of the health care services for the Roma population, the status of health insurance and the determinants of the health condition of the Roma.

In order to accomplish the objective of the study, its main subject was to determine the socio-economic situation of the Roma population; the possession of health insurance; the coverage by health care; the habits and views of the Roma in terms of using the health care services; their perceptions of the quality of the health care; the health condition of the Roma population, as well as their habits and behavior that have an impact on their health; the perceptions and behavior of the medical personnel towards Roma patients.

To that end, the study was conducted in two components, a qualitative and a quantitative part.

II. 2. Preparatory phase

II. 2.1. Quantitative part

In order to collect the quantitative data among the Roma population, a survey questionnaire was developed to respond to the subject and objectives of the survey.

The questionnaire was developed by ESE, based on previous information acquired from the field work, as well as by reviewing the relevant literature on similar studies conducted in the SEE region.

The questionnaire was then reviewed and supplemented by experts experienced in working with the Roma population and health care.

The experts were identified from the Department for Social Medicine, Medical Faculty –Skopje, the Ministry of Health, the Ministry of Labor and Social Policy and the Health Insurance Fund.

The questionnaire contained questions from the following areas: place and conditions of living, demographic data, education, employment, household incomes and expenditures, social welfare benefits, health insurance, accessibility to health care and its quality, treatment of Roma patients by the medical personnel, perception of their own health condition, healthy living habits, chronic health conditions, health care during pregnancy and childbirth and a set of questions on hypertension and the causes and consequences of this disease.

II. 2.2. Qualitative part

The finalization of the questionnaire on the quantitative data was followed by initiating development of manuals for the discussions of the focus groups. Separate discussion manuals were prepared for different focus groups. The discussion manuals were created with the aim of acquiring a qualitative thorough analysis of the quantitative data obtained by the questionnaire designed for the quantitative part of the study.

II. 3. Selection of the study sample

II. 3.1. Quantitative part

The study sample was selected by a stratified random choice. The data was collected by means of a survey. A total of 636 respondents from the Roma ethnic community were surveyed in 8 settlements in Macedonia.

The distribution of the respondents by settlement is proportionate to the size of the Roma population living in the respective settlements. Thus, the largest share of the respondents lives in Shuto Orizari, almost half, while the other half comes from the other seven locations throughout the territory of Macedonia with a distribution presented in Table number 1.

PLACE OF RESIDENCE OF THE RESPONDENTS	Number of respondents	Percentage of respondents
1. Shuto Orizari	300	47.2%
2. Kumanovo	60	9.4%
3. Kichevo	60	9.4%
4. Gjorce Petrov	60	9.4%
5. Bitola	50	7.9%
6. Shtip	46	7.2%
7. Gostivar	30	4.7%
8. Delchevo, Pehchevo	30	4.7%

Table 1. Distribution of respondents according to their place of residence

II. 3.2. Qualitative part

In order to obtain qualitative in-depth data, focus groups discussions were conducted. Four focus groups were conducted in total: Roma population – men, Roma population – women, representatives of Roma non-governmental organizations and medical personnel working in Roma environment. The participants in the focus groups were identified from the settlements where the quantitative survey was conducted. Appropriate criteria were set to select the participants.

The focus groups with general Roma population were based on the following criteria – different age groups, different levels of education and different socio-economic background.

The focus group consisting of representatives of Roma non-governmental organizations drew on the following criteria for the participants – representatives of organizations with extensive experience in working with Roma population and experience in the area of health care and health insurance.

The basic criterion for the focus group with medical personnel was selecting medical personnel who work in medical institutions located in the Roma communities or in their close proximity and who have different professional profiles.

II. 4. Data analysis

II. 4.1. Quantitative part

The quantitative data obtained through the survey questionnaire distributed to Roma population was entered into the data base in Epi Info 2002, software for quantitative data analysis.

This was followed by determining the frequencies of all variables and cross-checking the data from certain variables. Particular attention was devoted to cross-checking the variables of the demographic data with the socio-economic data and with data regarding the health care and the health condition; in addition, the socio-economic variables were cross-checked with the variables of the health care and health condition of the Roma population.

The determining of the frequencies and data cross-checking was followed by data visualization, that is, their presentations in tables and charts. Some of the tables and charts are an integral part of this document.

II. 4.2. Qualitative part

The discussions that aroused in the four focus groups were recorded as digital audio files, which were then transcribed. The transcriptions from the focus groups were incorporated in a software for qualitative data analysis – NUD*IST 6. The transcriptions were coded according to the demographic data of the participants and their statements on the discussion items.

After reviewing the obtained qualitative data, they were incorporated in the quantitative findings so as to provide additional explanation and clarification of their analysis.

III. RESULTS

III. 1. DEMOGRAPHIC DATA

This segment will present the data on the sex structure of the respondents, their age groups, marital status and level of education.

In regard with the distribution by sex, it is evident that the sample has slightly higher share of female respondents in contrast with the male respondents (Chart 1).

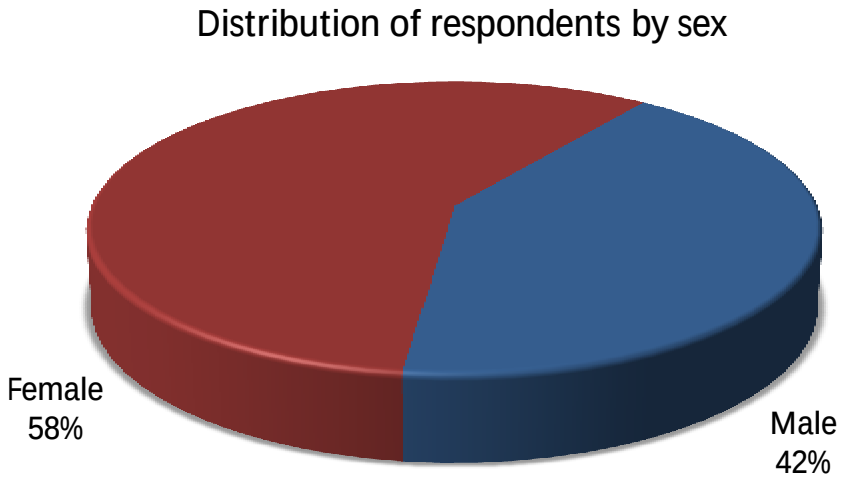


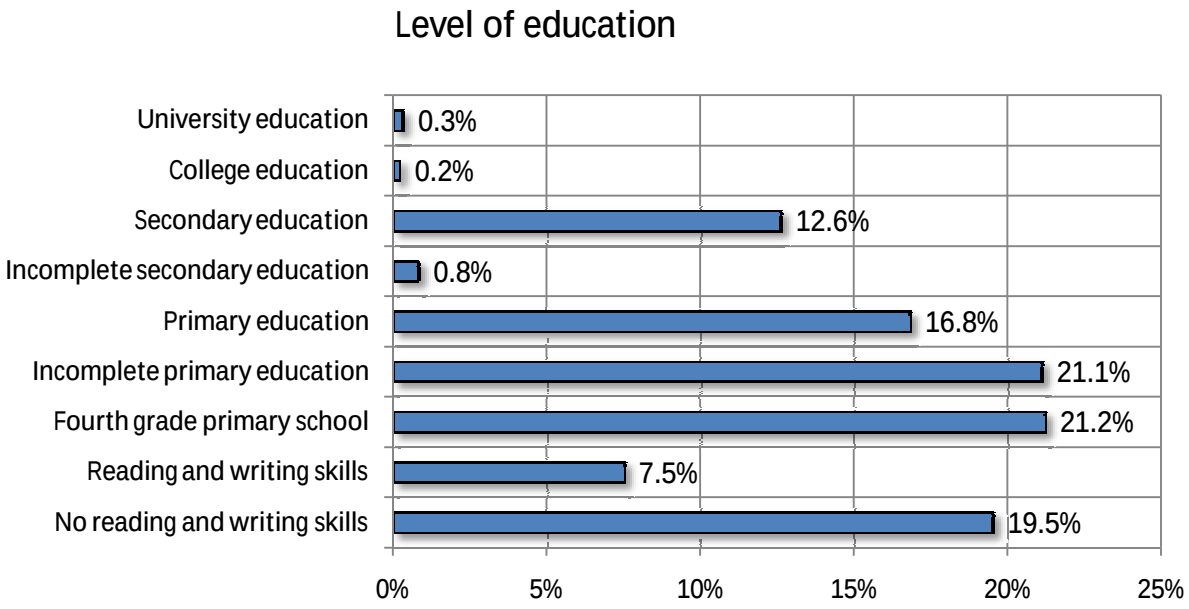
Chart 1. Distribution of respondents by sex

From the aspect of age groups, the largest shares of the respondents belong to the age groups 18 – 25 and 46 – 50, equally represented. These are followed by the age groups 51 – 55 and 56 – 63. All other age groups are represented to an almost same extent. Table 2 indicates that the distribution by age groups is almost equal with only slight differences. This distribution enables monitoring of the health condition of the Roma population across all age groups.

Age group	Male	Female	Total
18 – 25 years	37	47	84
26 – 30 years	31	28	59
31 – 35 years	21	40	61
36 – 40 years	29	33	62
41 – 45 years	23	44	67
46 – 50 years	35	53	88
51 – 55 years	33	48	81
56 – 63 years	35	41	76
64 – 65 years	4	2	6
Over 65 years	20	32	52
TOTAL	268	368	636

Table 2. Age groups of respondents given by sex

In terms of education, the largest portion of the respondents has either fourth grade primary school or incomplete primary education, to an equal extent. The next category consists of the respondents who have no reading and writing skills. They are followed by the respondents who have primary and secondary education. The respondents with college or



university education are only slightly represented (Chart 2).

Chart 2. Structure of the respondents according to education

These data indicate a concerning situation in terms of the education of the Roma population. The data obtained by contrasting the levels of education between the male and female respondents pose an even greater concern. The comparison was drawn on the basis of the number of illiterate respondents and respondents with secondary education, as two variables that indicate the lowest and highest education level among the Roma population.

Women who have no reading and writing skills constitute the largest share of the illiterate respondents (Chart 3).

On the other hand, the male respondents prevail in the percentage of respondents with secondary education (Chart 4).

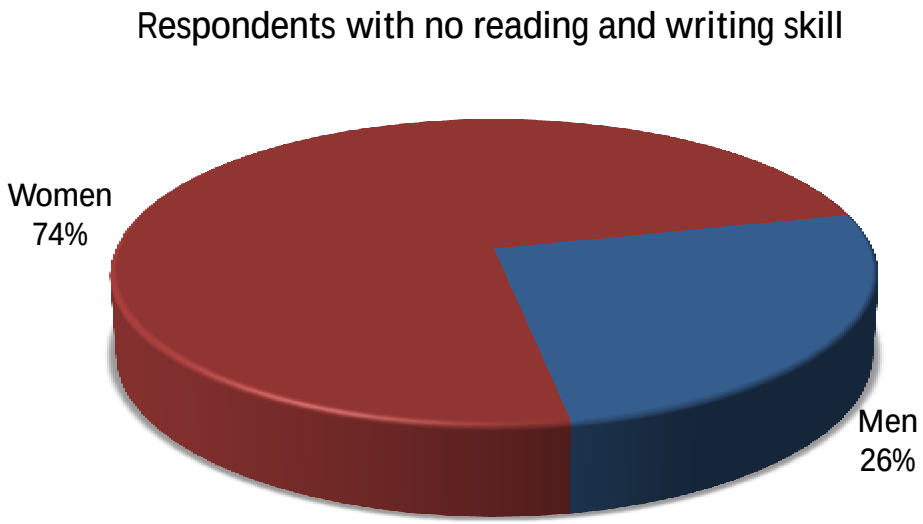


Chart 3. Sex structure of the respondents with no reading and writing skill

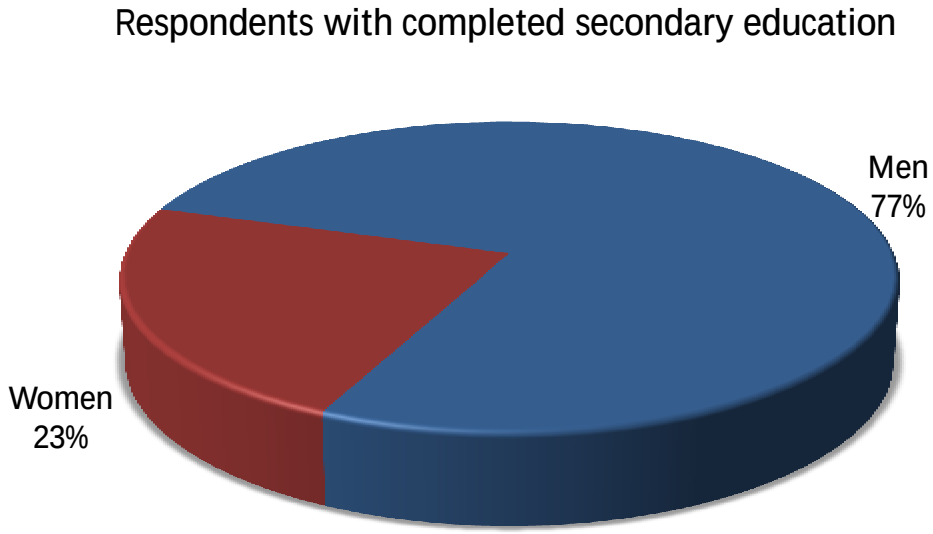


Chart 4. Sex structure of the respondents with completed secondary education

The representatives of the Roma non-governmental organizations stated the lack of interest of the parents for the school success of their children and the inappropriate assignment of the teaching staff in the schools where the Roma are educated as the main factors for the continually unfavorable situation of Roma's education. In other words, the teaching staff do not devote attention to the special needs of the Roma pupils in their educational process.

„As for the school, I can say that there are many illiterate parents, they don't attend the meetings for the parents, I don't know how these children do at school. On the other hand, the parents who have some level of education show more interest in their children. I

want my child to have grades that reflect the real knowledge he has, I check how much he learns, there are children who don't go to school the entire year and then they will be asked once to say something and give them a D just to pass the year. There must be teachers and pedagogy experts for the Roma children and staff with real acquired knowledge" (a representative of a Roma NGO).

In regard with the marital status, the largest share of the respondents lives in registered marriages. They are followed by respondents who live in a common-law relationship and then by widowed and single respondents. It may be noted that a fairly small percentage of the respondents are divorced or separated from their partner.

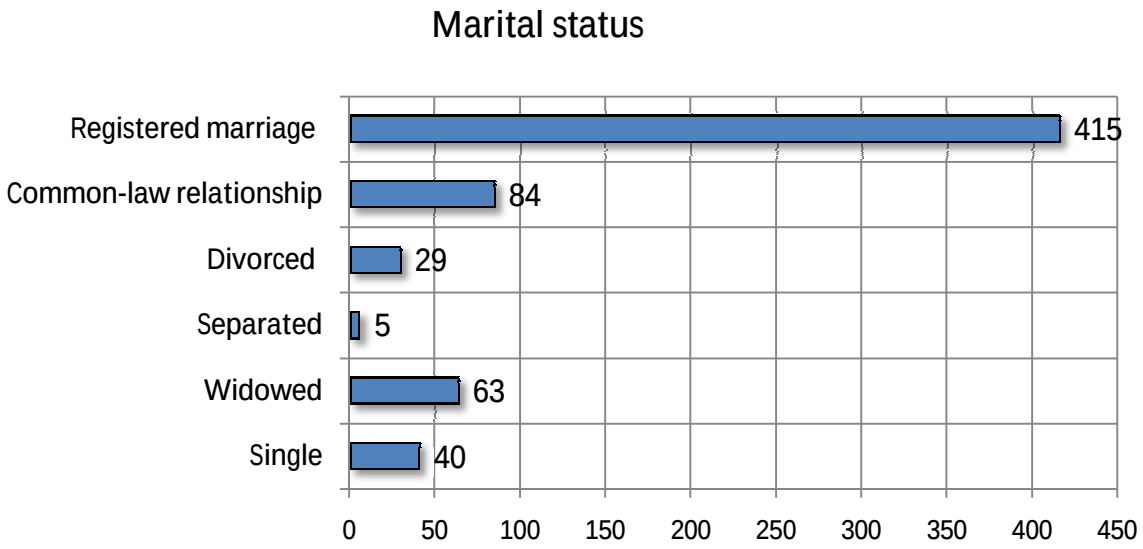


Chart 5. Distribution of the respondents according to their marital status

Most of the respondents have three and two children (Chart 6), followed by respondents with four children, then those with one child, while 12% of the respondents have no children at all.

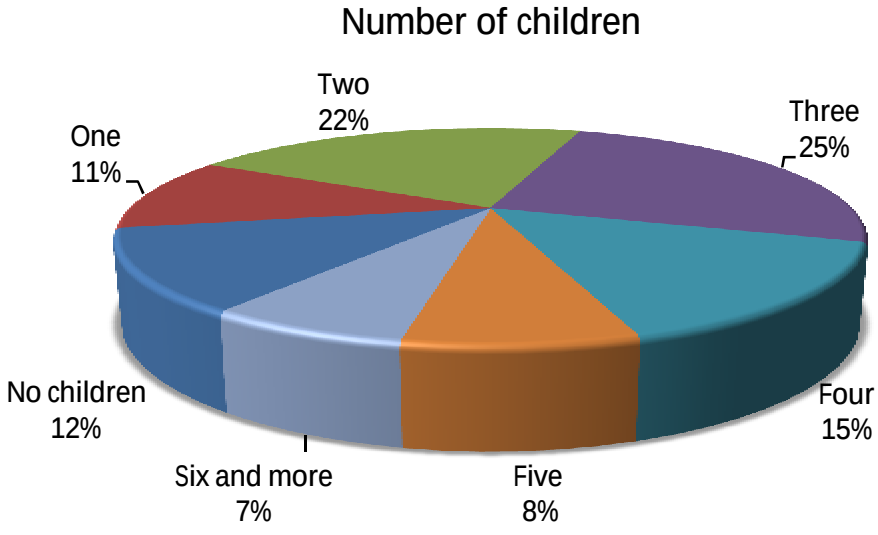


Chart 6. Distribution of the respondents according to number of children.

III. 2. SOCIO-ECONOMIC SITUATION

III. 2.1. Living conditions

In terms of the type of settlement the respondents live in, Chart 7 indicates that the largest portion of the respondents live in settlements with average living conditions. Almost equal shares of respondents live in richer suburbs and in under-average suburbs, that is, suburbs with no water supply system and no sewage. Only a small percentage of the respondents live in improvised dwellings (Chart 7).

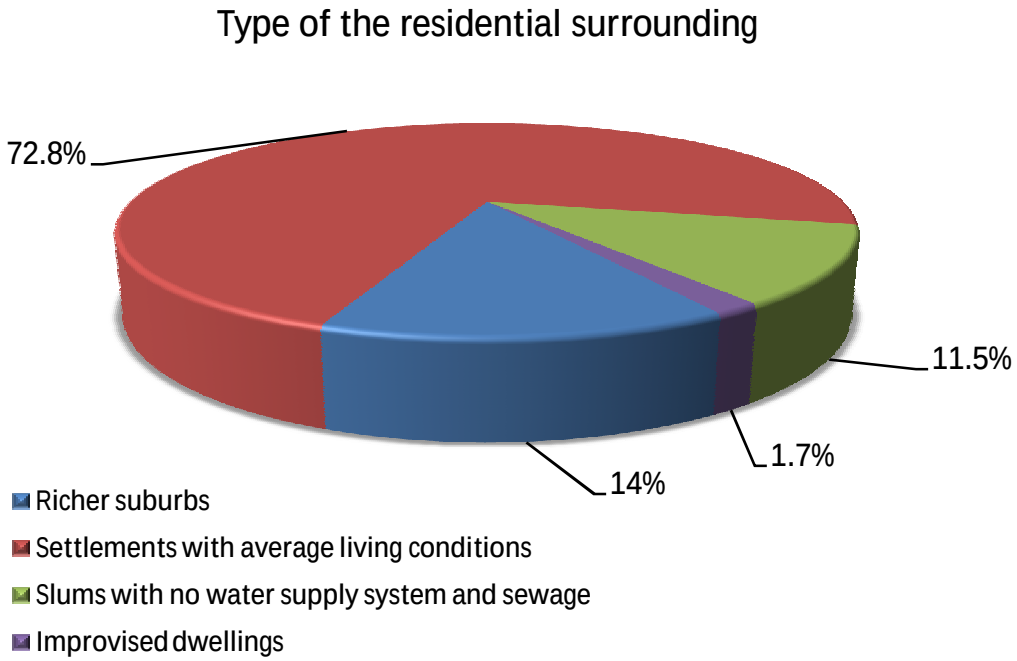


Chart 7. Distribution of the respondents according to the type of their residential surrounding.

Almost equal shares of respondents live in under-average houses and in nice houses respectively. The portion of respondents who live in sub-standard dwellings is lower (Chart 8).

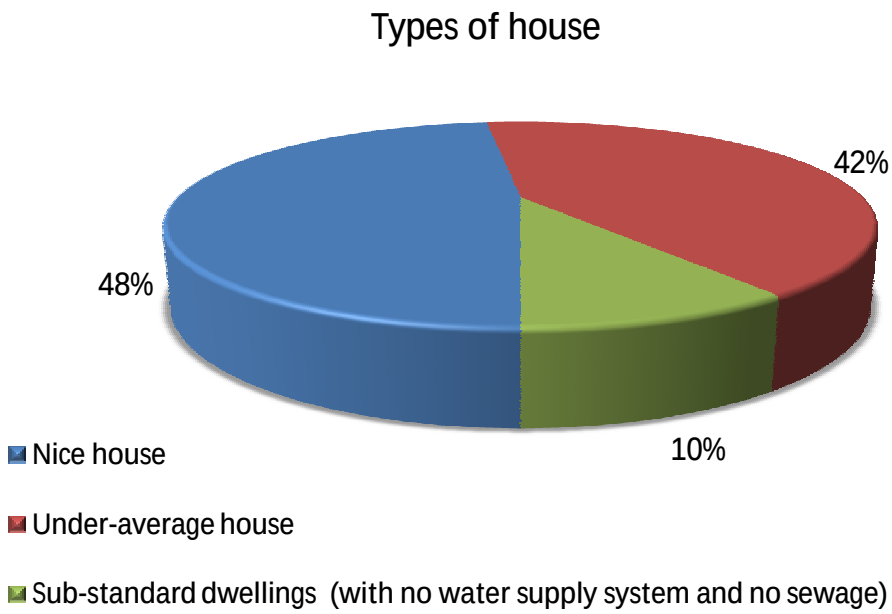


Chart 8. Types of houses of the respondents.

Most of the respondents live in family households consisting of four, five and six members. A smaller share of the respondents lives in households with two and three members, while the percentage of the respondents who live in households that consist of more than nine members is significantly smaller (Chart 9).

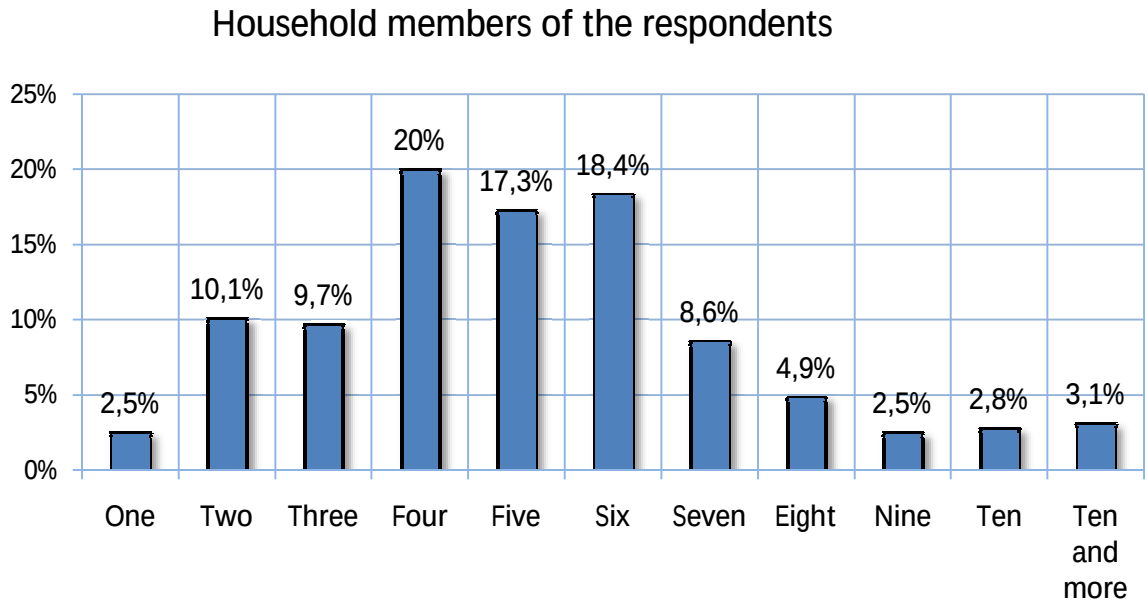


Chart 9. Distribution of the respondents according to the number of household members

III. 2.2. Employment, unemployment and social welfare benefit

In regard with the employment status of the Roma population, the data indicate a rather unfavorable situation. Namely, only 59, or 9.3% of the total number of respondents are employed, while 67.1% declared to be unemployed. The respondents who answered that they worked something, but did not hold regular employment account for 13.1%, while the rest of the respondents are retirees (Chart 10).

An even more concerning fact is that out of 59 respondents that have regular employment, only 43 have their health and pension insurance contributions paid in regularly.

Out of the respondents who answered that they were currently working something (83 respondents), although not holding regular employment, the majority of them stated that they work with some kind of trade (40 respondents), that is, market selling or reselling old plastic and iron scraps. They are followed by 21 respondents who stated that they worked as physical labor, then 17 respondents stated that they clean in houses for a living. Only 4 respondents stated that they worked in agriculture.

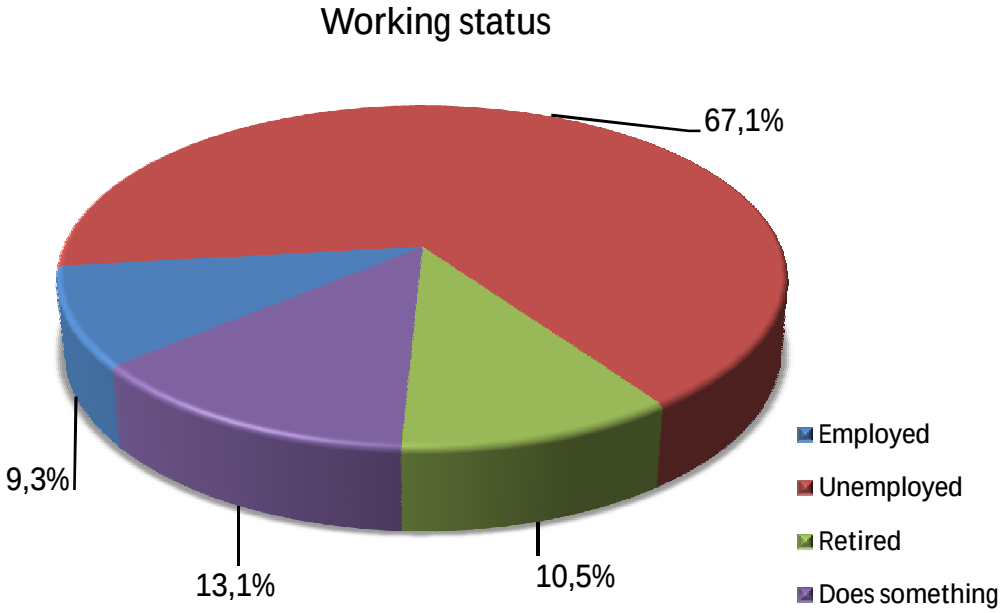


Chart 10. Working status of the respondents

In regard with the respondents who are unemployed or work in the informal sector (total 510 respondents), a separate subject for further analysis is the frequency of their registration in the Employment Service Agency. Chart 11 indicates that 62.5% of these respondents register themselves with the Agency on a regular basis, while 37.5% do not register there at all.

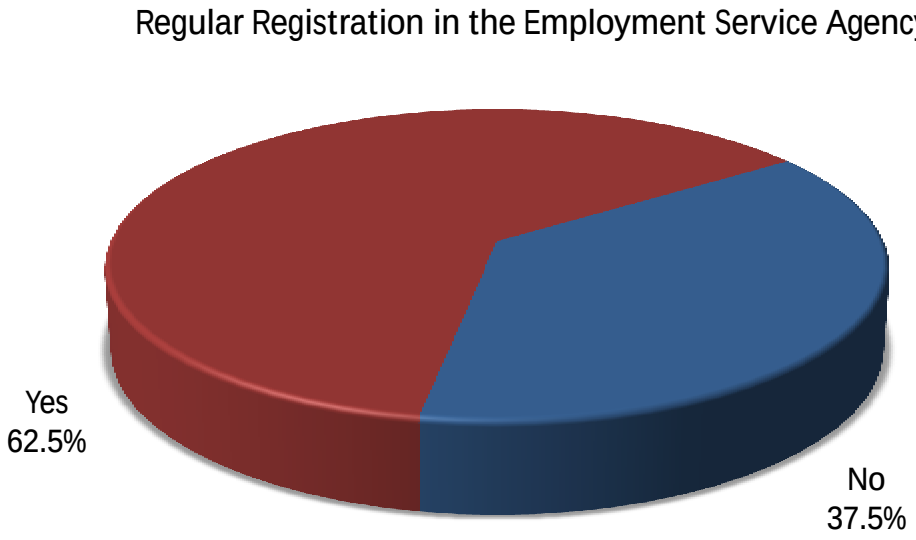


Chart 11. Regular registration in the Employment Service Agency of the respondents who are either unemployed or work in the informal sector.

A matter of concern is the fact that 82.3% of the respondents who are either unemployed or work in the informal sector declared no prospects of finding a future employment. Due to this reason, these persons will continue to receive minimal and irregular income in the future.

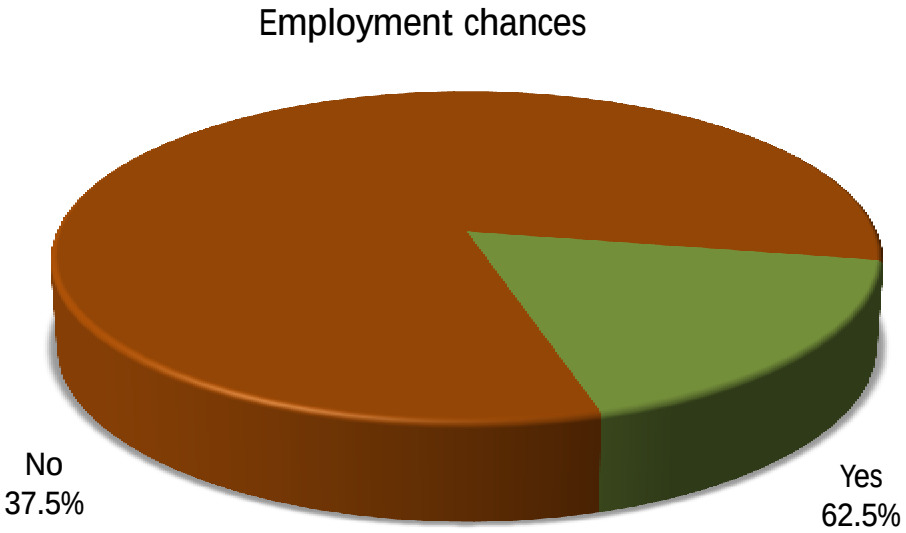


Chart 12. Distribution of the unemployed respondents according to their stated chances of future employment

When comparing the data obtained from the regular registration with the Employment Service Agency and the employment prospects, it is clear that the respondents who register on a regular basis have better employment chances than those who fail to register themselves regularly or who do not register at all (Chart 13).

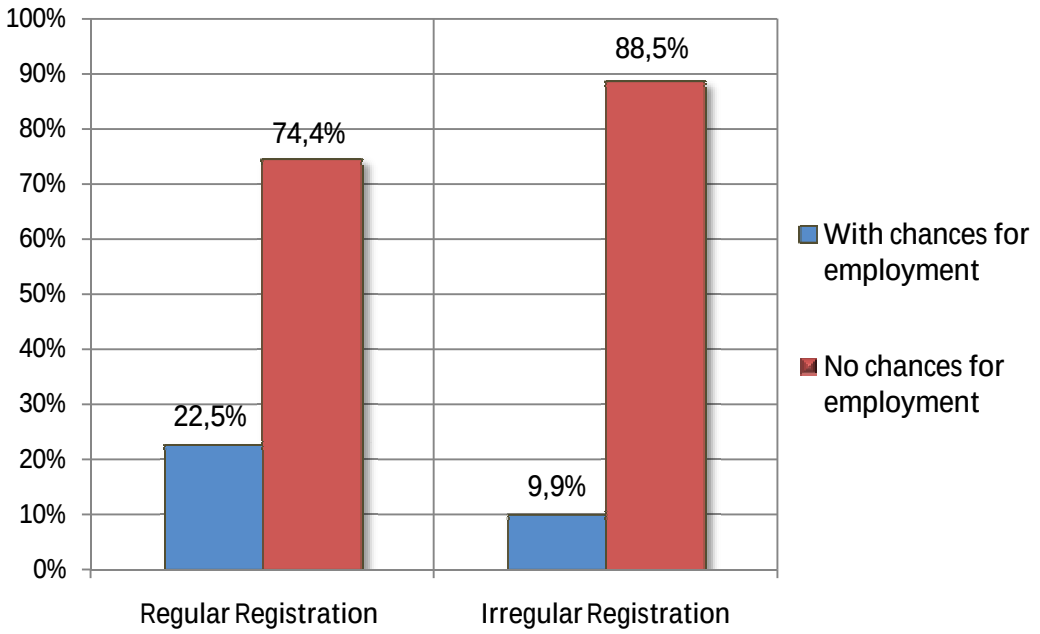


Chart 13. Comparison of the respondents given the degree of their regular registration with the Employment Service Agency and their employment prospects.

Furthermore, an interesting fact is that almost 60% of the unemployed respondents have never held a regular job (Chart 14), which means that this percentage of the respondents have never had regular income nor pension insurance all their lives. If compared to the fact that the largest share of these respondents does not have any employment prospects, it is likely that these persons will have a long-term financial instability and uncertainty.

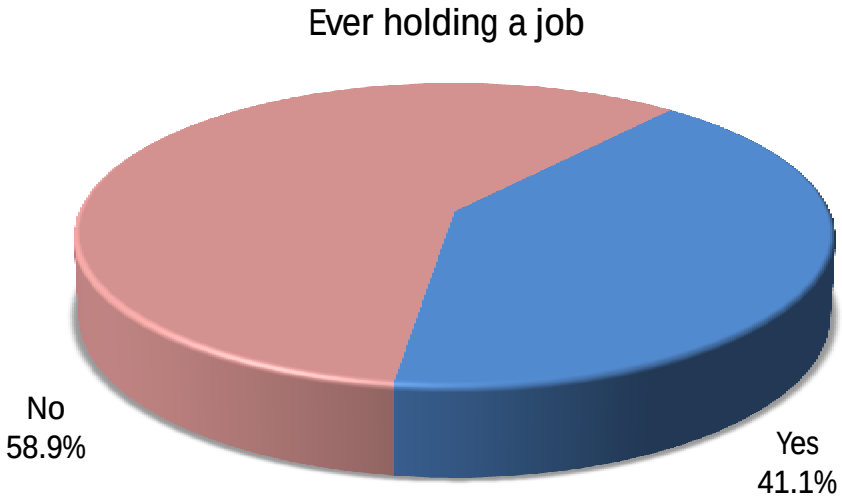
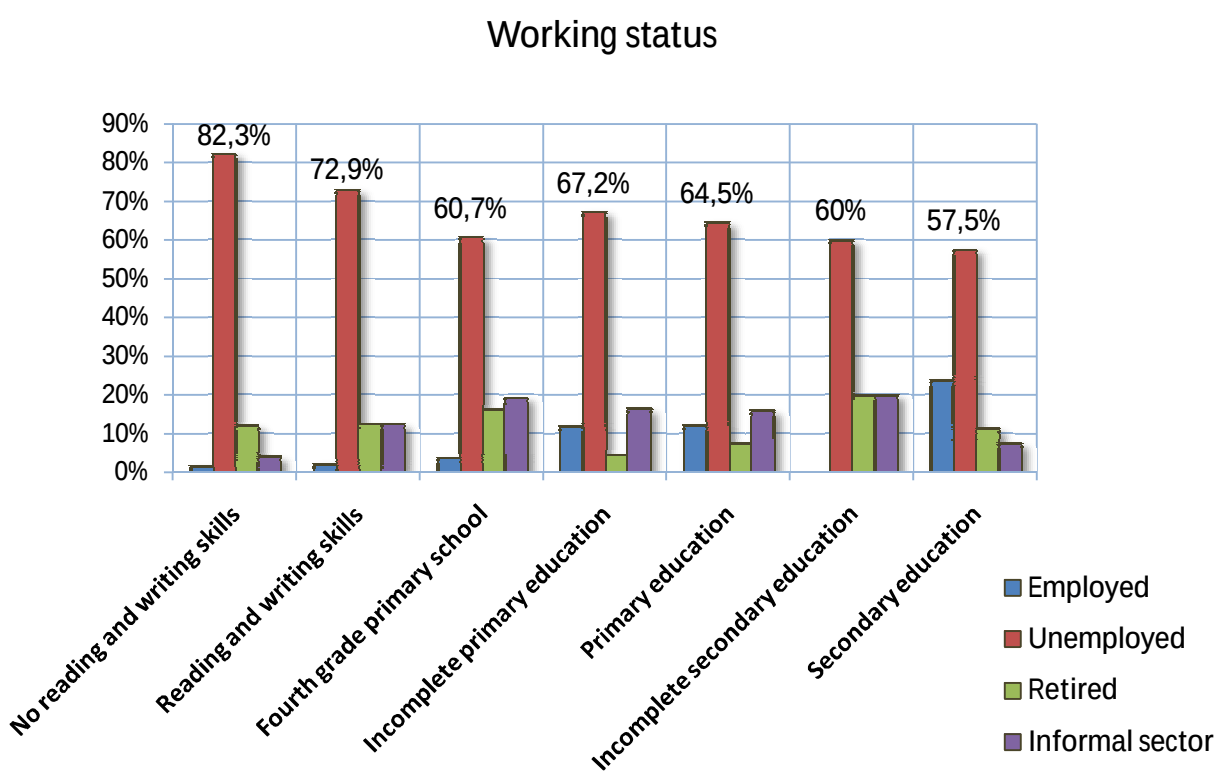


Chart 14. Distribution of the unemployed persons based on their information of ever holding a job

Considering the reasons for the unfavorable employment situation of the Roma population, it is evident that the low education level plays a key role in this regard. Chart 15 indicates clearly that the lower the education level is, the higher the unemployment percentage is. The Chart does not present the respondents with college education (2



respondents) and high education (1 respondent) who hold regular employment.

Chart 15. Outline of the working status based on the education of the respondents

When considering the employment situation by sex, it is evident that the Roma woman is in a much more unfavorable situation than the Roma man (Chart 16). Out of the Roma women, 77.4% are unemployed contrasted with 53% unemployed Roma men. Even working in the informal sector is much more common for Roma men (21.6%), than for Roma women (6.8%).

When considering the employment prospects of the respondents, the fact is that the situation is again more favorable for Roma men. Namely, 10% more men that women answered that they had opportunities to get a job (Charts 17 and 17a).

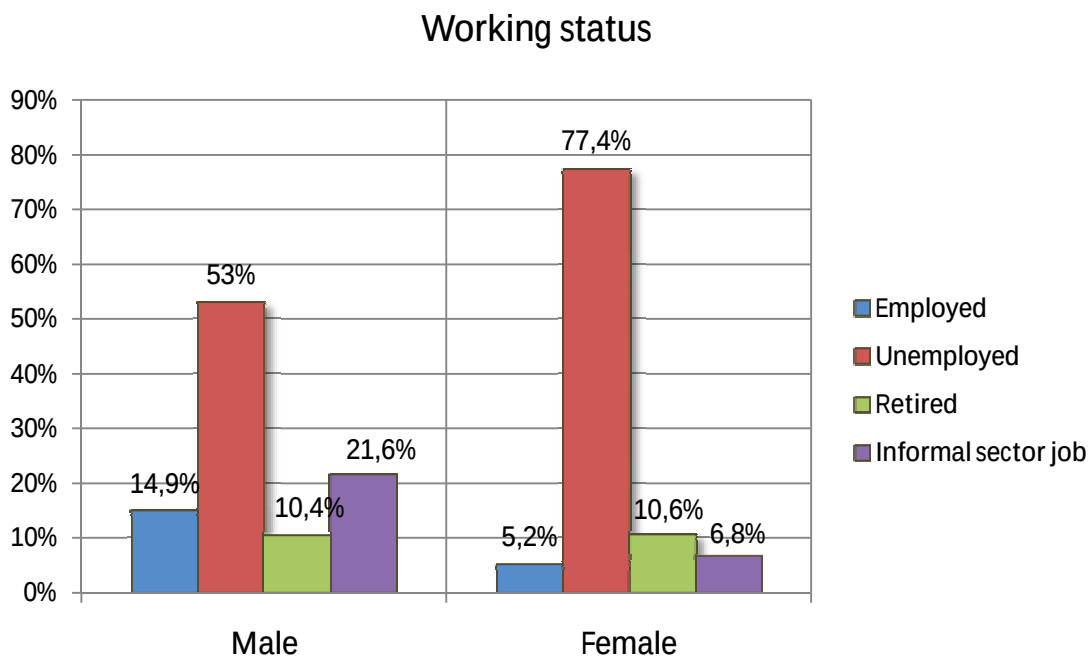


Chart 16. Presentation of the working status according to gender.

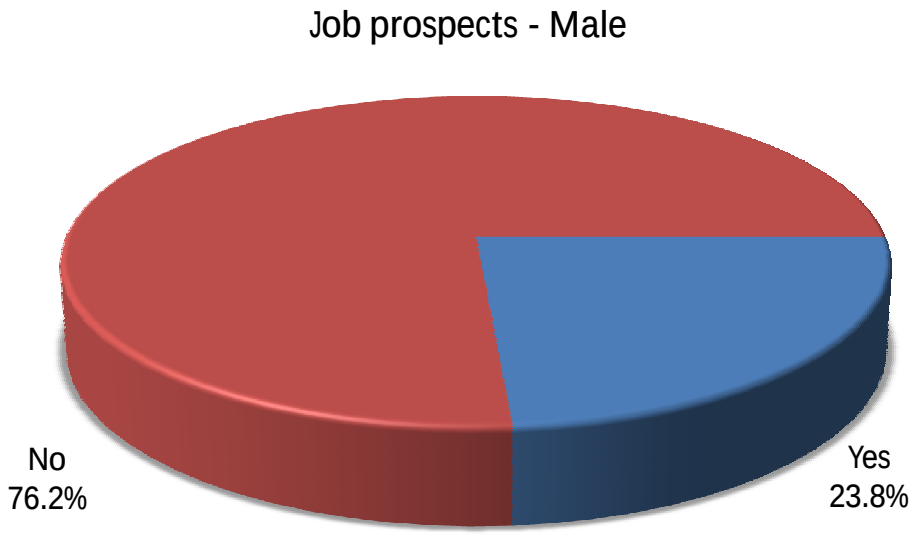


Chart 17. Employment prospects for male respondents, based on their statements

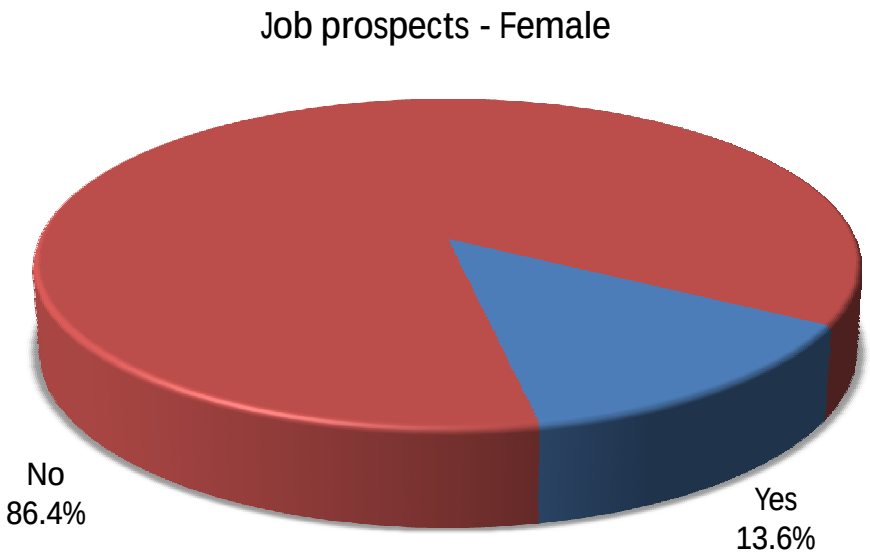


Chart 17**a**. Employment prospects for female respondents, based on their statements

The next comparison refers to the employment situation on the basis of the place of residence of the respondents (Chart 18). The largest portion of the unemployed Roma lives in Kumanovo followed by the municipality Gjorche Petrov. In the other municipalities, the percentage of the unemployed varies between 60 – 69% of the overall number of respondents. On the other hand, the highest percentage of employed Roma is in the municipalities Gostivar (20% of the respondents) and Shtip (19.6% of the respondents), followed by the municipality Shuto Orizari where 10.6% of the Roma are employed. In the other municipalities, the percentage of employed is below 10% of the respondents, while not a single Roma from the respondents from the municipality Gjorche Petrov was employed.

The largest share of the respondents who work in the informal sector belongs to the municipality Kichevo (31.7%), followed by Bitola - 24% and Shuto Orizari - 13%. In terms of the other municipalities, the percentage of respondents who work in the informal sector is below 10%.

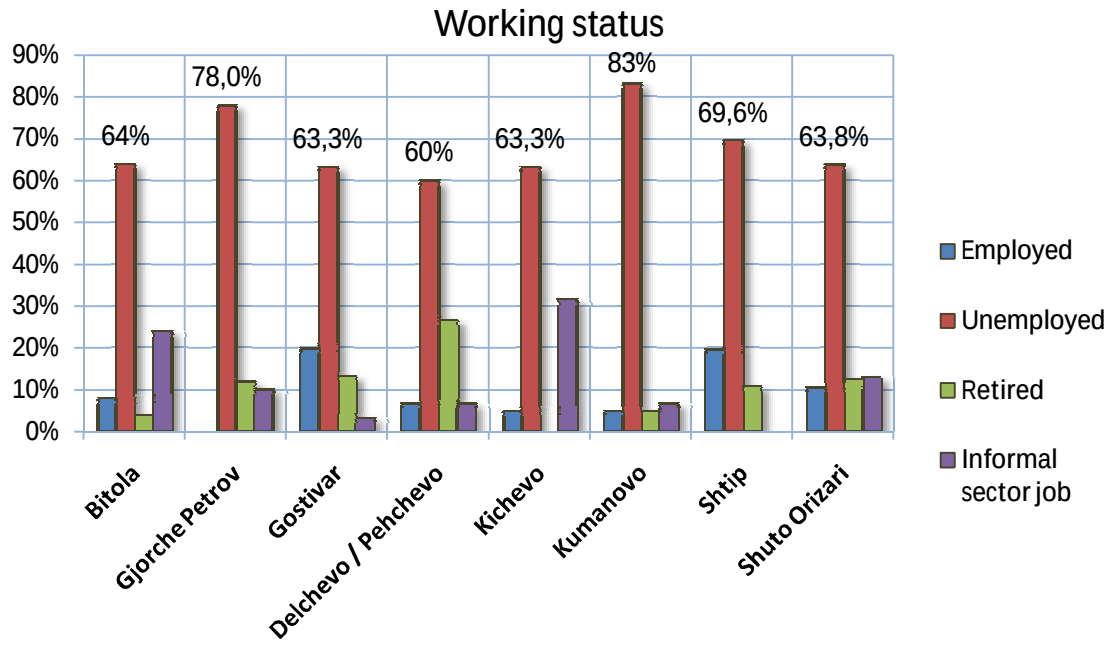


Chart 18. Outline of the working status according to place of residence

III. 2.2.2. Social welfare benefit

This segment will outline the situation of using the social welfare benefit by the respondents.

Almost half of the respondents are social welfare beneficiaries (Chart 19).

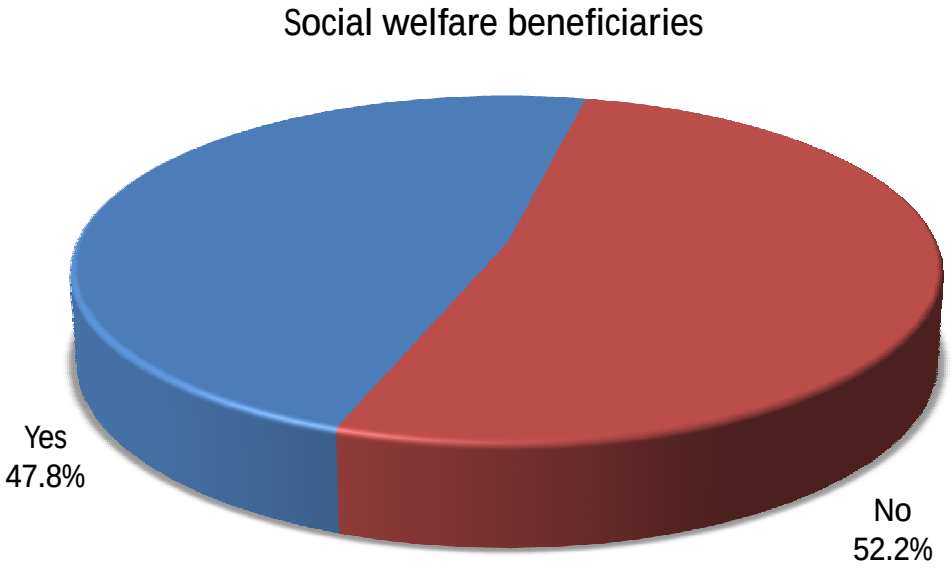


Chart 19. Distribution of all types of social welfare beneficiaries

The respondents who stated that they were social welfare beneficiaries of some kind (304 respondents), were broken down in categories according to the type of social welfare benefit they receive. More than 90% of the respondents are social welfare beneficiaries, followed by beneficiaries of regular monetary benefit, while a smaller portion use monetary compensation for assistance and care, while only one respondent has used a single monetary benefit (Chart 20).

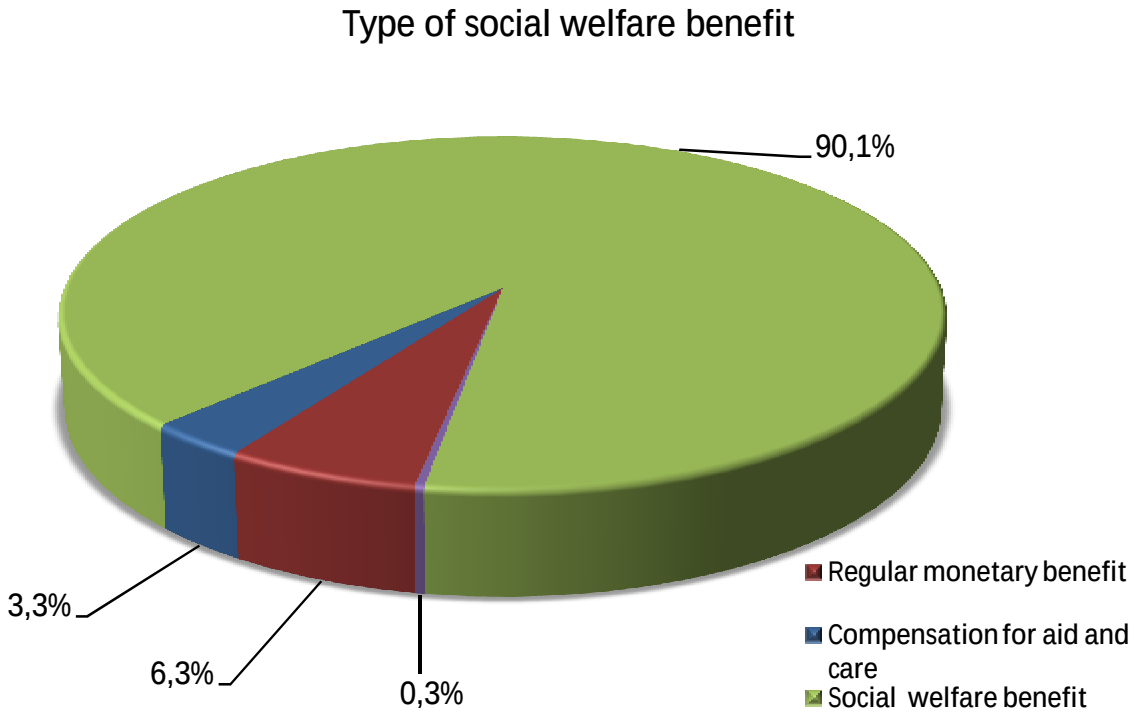


Chart 20. Type of social welfare that the respondents receive

By comparing the social welfare benefit by sex, it is evident that the same percentages of male and female respondents are social welfare beneficiaries. In other words, 48.9% of the male respondents are social welfare beneficiaries of some kind contrasted to the 47% of the female respondents.

According to the place of residence (Chart 21), the majority of social welfare beneficiaries live in the municipality Kichevo (78.3%), followed by Kumanovo where the beneficiaries constitute 75% of the Roma population. A large share of the social welfare beneficiaries live in Bitola (72%), followed by Gostivar 63.3%. The municipality Shuto Orizari has the least number of social welfare beneficiaries of any type (30.2%).

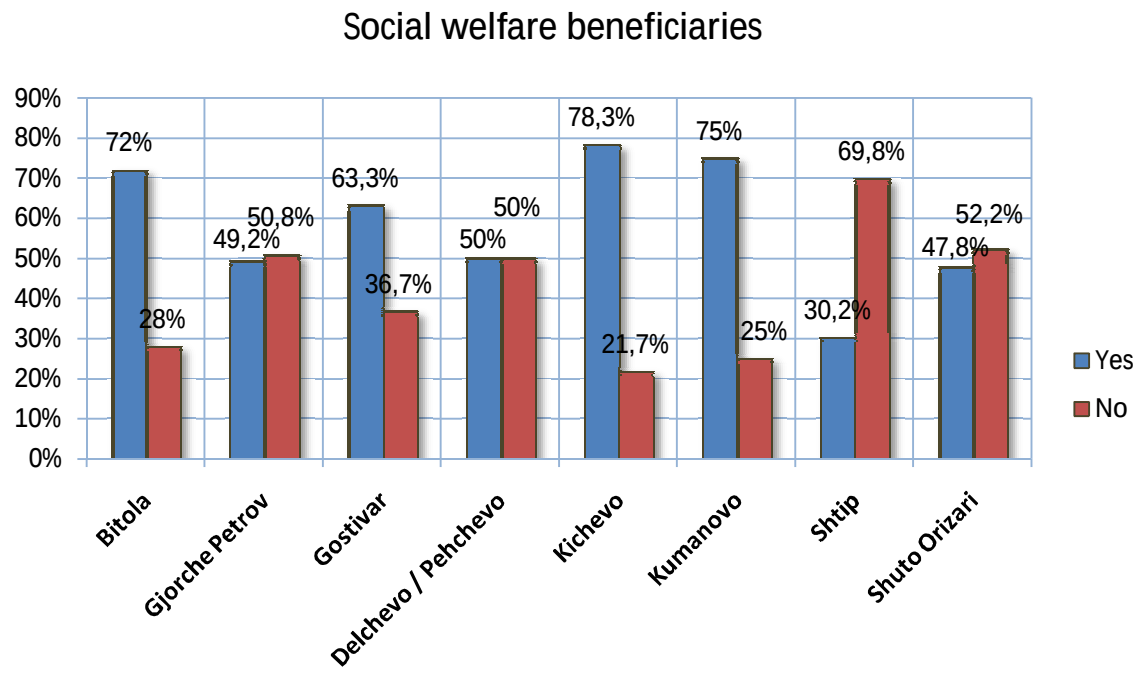


Chart 21. Distribution of social welfare beneficiaries according to place of residence.

By contrasting the respondents who stated being unemployed or working in the informal sector to the social welfare beneficiaries, the following conclusions can be drawn (Chart 22): 41.2% of the unemployed respondents are not social welfare beneficiaries; on the other hand, 55.4% of the respondents who work in the informal sector are such beneficiaries.

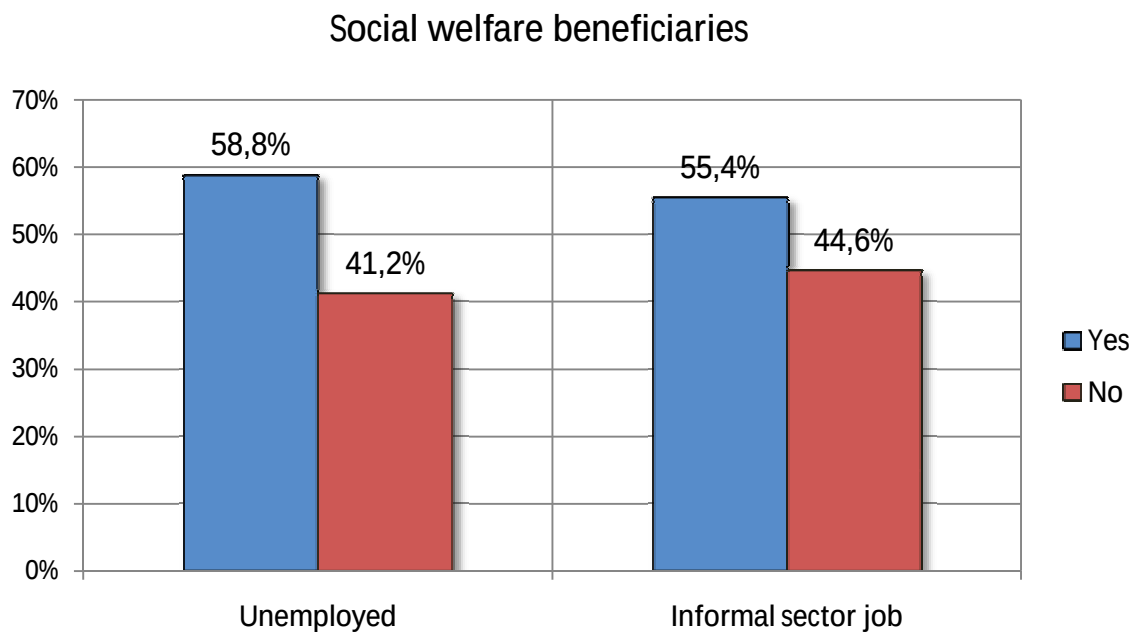


Chart 22. Distribution of social welfare beneficiaries according to employment status

By breaking down the data in absolute figures, we come to the conclusion that 176 respondents (27.6% of the total survey sample) do not have any income whatsoever. In other words, these respondents stated being unemployed and not working in the informal sector and, moreover, not using any type of social welfare. Out of these 176 respondents with no income whatsoever, 126 are female and 50 are male (Chart 23).

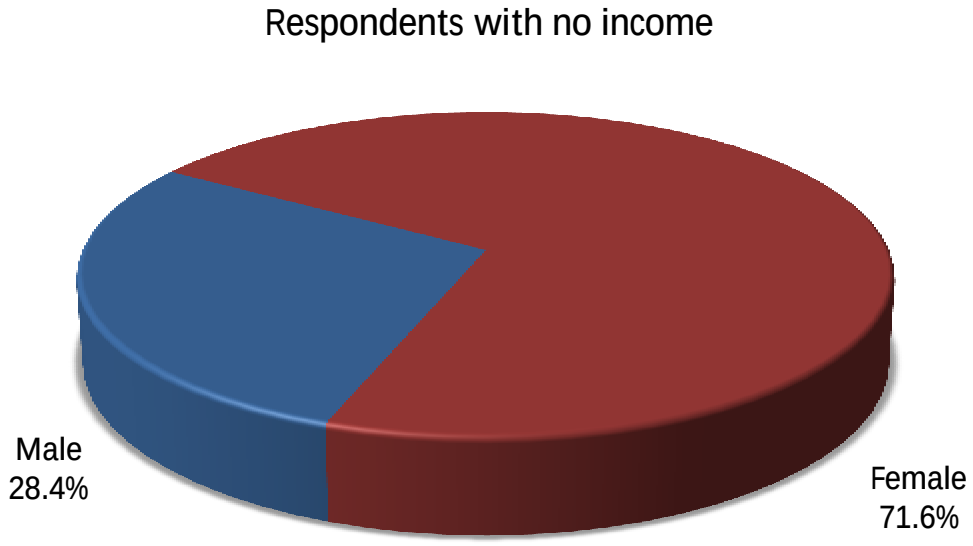


Chart 23. Presentation of respondents with no income according to gender.

By comparing the previous data with the total number of respondents, the following conclusion can be drawn: 34.2% of the female respondents have no income, while the percentage for this category of male respondents is 18.6%.

This is yet another fact that speaks of the situation of the Roma woman, primarily her financial standing, but which also reflects on her social and health condition.

III. 2.3. Income and expenditures

Chart 24 indicates the monthly household income of the respondents. Most of the respondents live in family households with a monthly income lower than 3.000 MKD[8]. The respondents whose monthly income per household ranges between 3.001-4.000, 4.001-5.000, 5.001-7.000, 7.001-10.000 MKD are almost equally represented. Only a slight percentage of the family household receives a monthly income over 15.000 MKD.

All these data indicate the unfavorable socio-economic situation in which the majority of the Roma population in Macedonia lives.

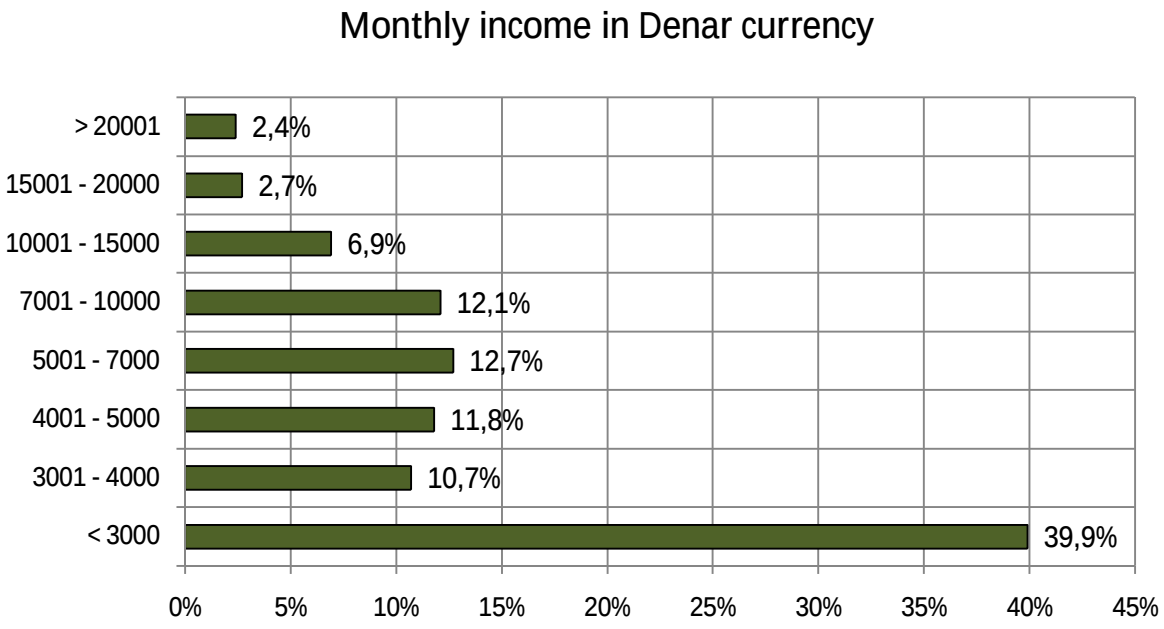


Chart 24. Monthly income in Denar currency of a respondent's household

[8] Exchange rate for MK Denar is 1 Euro = 61.4 MK Denars

Conducive to the above are the data regarding the monthly expenditures of the family households for food, presented in Chart 25. The data indicate that almost the whole amount of the monthly income is spent on food.

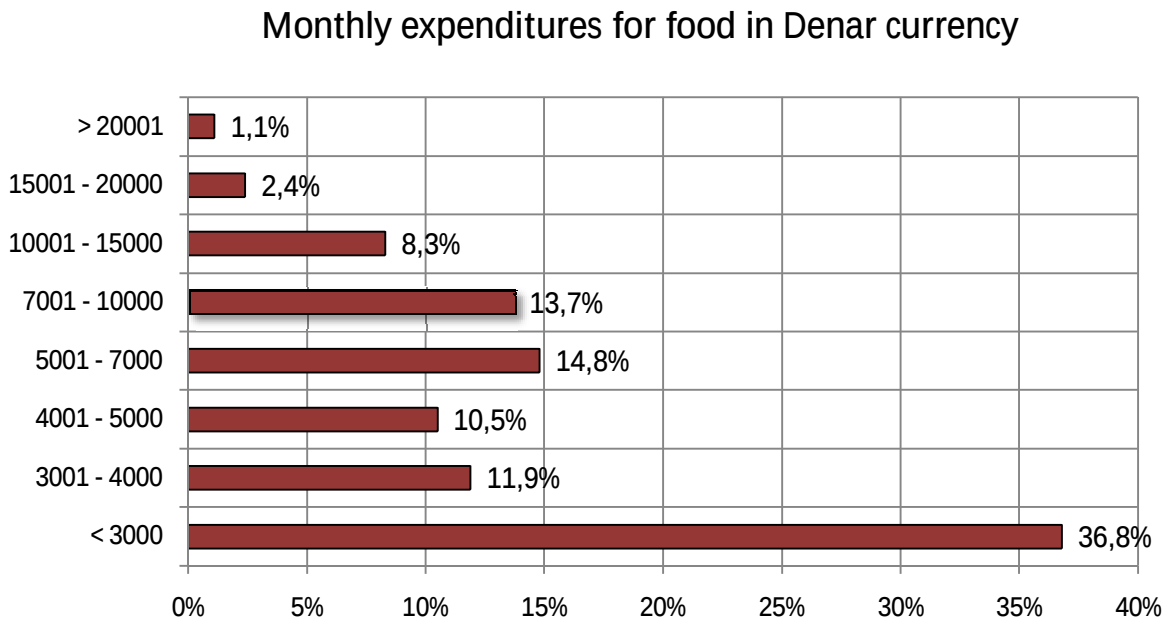


Chart 25. Outline of monthly costs for food in the respondents' families in Denar currency
(Note: the Chart does not present the 0.5% of the respondents who refused to answer this question)

The discussions within the focus groups with Roma men and women confirmed the facts that the Roma families spend almost the entire income on food, which on the other hand, is most often of low quality or mediocre. In most cases, first the dietary needs of the children are taken care of and then follow the needs for food for the adult family members. The respondents pointed out that the Roma living in the slums with temporary dwellings are in a particularly unfavorable situation, since all unfavorable factors are considerably prominent in such settlements, especially the poverty and scarce food.

„Being on the dole, we spend all our money on food, mostly on plain food, and very little is left for clothing and other stuff" (Roma respondent).

„There are many Roma who live in tents, under cartons. No matter what kind of people they are, they still need some care. If someone says they survive on 1.500 Denars and they are five members, I think something is wrong. If someone gets to eat three times today, someone else will eat only once or give some food only to the children. You will go to buy something in SP Market and while waiting at the cashier's, you'll see very poor food in someone's basket, which speaks of these people, and I have enough to buy bread, meat, other things, while others buy only bread and the most basic stuff, only milk for the child." (a female Roma respondent*).*

III. 3. HEALTH INSURANCE, HEALTH CARE AND THE HEALTH CONDITION

III. 3.1. Health insurance

In regard with the health insurance presented in Chart 26, it is evident that the majority of respondents have health insurance (89.6%).

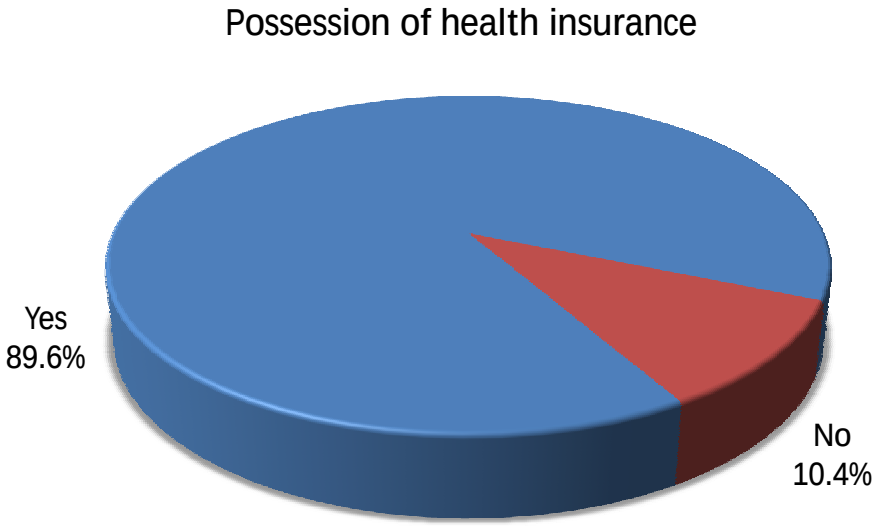


Chart 26. Breakdown presentation of respondents in terms of possessing health insurance

When reviewing the answers to the question whether they have ever been without health insurance, it may be noted that more than 30% of the respondents did not have health insurance in the past (Chart 27). This information indicates that almost one third of the Roma population have not possessed health insurance in continuity, which means that in a certain period of their lives they were not entitled to health care, which, in its turn, affects negatively the health condition of this population. The respondents who answered that they had some periods without health insurance (193 respondents), these periods were 8.9 years on the average, which is a significant period of time to be hindered in the accomplishment of the entitlement to health care.

Chart 27. Breakdown presentation of respondents according to their information of ever being without health insurance

The largest share of the respondents who did not possess health insurance at the moment of conducting the survey (66 respondents), stated that they had not accomplished this right due to their elimination from the register list in the Employment Service Agency as a consequence of their irregular registration (Chart 28). They are followed by the respondents who have not obtained personal identification documents required for being entitled to health insurance, whereas the lowest percentage of respondents are those who do not know how to accomplish their own right.

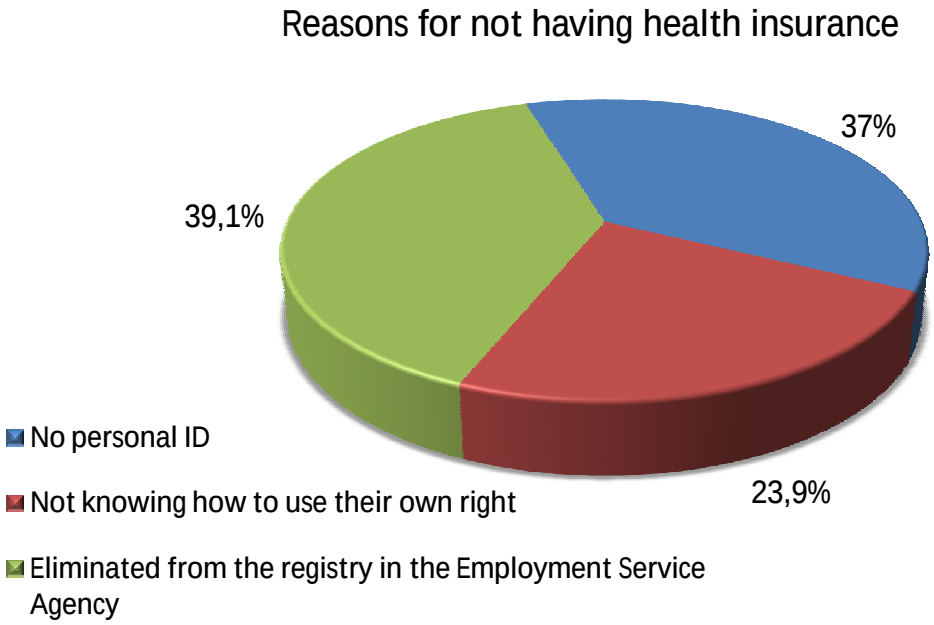


Chart 28. Reasons for lack of health insurance by a share of the respondents

The majority of the respondents who were eliminated from the registry in the Employment Service Agency stated that they did not register themselves with the Agency

regularly due to the reason that they forgot to do it, while a smaller portion stated that they did not register themselves due to a disease or some obligations.

In regard with the question whether they have ever been denied the right to a health service as a consequence of not possessing a health identification card or blue tickets (tickets for confirmation of health insurance status) for health insurance, over 14% of the total number of respondents replied positively. In other words, the respondents from this category had been denied a health service in the past due to their not having the appropriate documentation.

Concerning the situation of possessing health insurance, the representatives of the Roma non-governmental organizations stated that the situation has been constantly improving, although there are still certain Roma people who are not covered by health insurance. However, the representatives also stated that the figures obtained with the survey do not always reflect the real situation. The reason is mostly due to the fact that most Roma members who do not have health insurance live in sub-standard slums or in temporary dwellings. In their surveys conducted in the past they did not take into consideration these slums with temporary dwellings and in their two previous surveys they did not cover at all any slums.

„Our organization conducted a survey 3-4 years ago, and it shows a variation, namely, 10.6% of the respondents do not have any health insurance. This finding is unfortunately not realistic, since we conducted the survey on the right side of Shuto Orizari, where the majority of the population has health insurance; while along Lisechka, 35% of the people are not insured and 26.8% have no documents. Who should think about this?“ (a representative of a Roma NGO)

Yet, the representatives of the Roma NGOs state that it is precisely their years-long commitment and efforts that have enabled some improvement in the situation of possessing health insurance.

„From the very beginning, our work is based on field work. We don't have any significant benefit from teaching the Roma population through workshops and only causing headaches for us, and that's why we use a non-typical style of work and accompany our client in the field, go with him/her every step of the procedures to see what needs to be done. All those workshops are for nothing if the people don't see for themselves how things should be done. I blame the NGOs as well, our effectiveness, what's the purpose of all those workshops and leaflets if the people can't read. Is it worth organizing activities that only produce papers and throwing leaflets in the streets and are we effective in our workshops. It's more effective to get tired waiting with the client at the counters. Ask if we have had even three minutes free time, the question here is how effective the NGOs are.“ (a representative of a Roma NGO).

„The whole territory of the municipality Gjorche Petrov is covered by health insurance, the children are vaccinated, the habit of the parents with the mothers in the field for taking temperature has been established, which means that Zlokukjani and Gjorche Petrov are covered by health insurance and we more or less don't have any more problems of this kind“ (a representative of a Roma NGO).

The discussions in the focus groups with Roma men and women also confirmed that most of the Roma population already has health insurance, although there are still some cases of Roma without it. Yet, the participants in the focus groups pointed out that the Roma who live in the slums with temporary dwellings mostly do not possess health insurance.

„The poor people, the ones that live in tents, don't even have blue tickets. There are many such people, the only thing is that we don't know all of them; it's not only blue tickets, it's many other things that these people lack" (Roma respondent).

The focus group with medical personnel also gave information about the situation with health insurance in Shuto Orizari. The medical personnel likewise stated that the situation in this respect is getting slightly improved and that the non-governmental organizations are partially to thank for this improvement.

„Some 2000 are currently not registered (in Shuto Orizari), which means that there is no health insurance whatsoever; the statistics has come up with this figure, but according to my knowledge the figure of uninsured persons is much higher. Over the past 5-6 years, a number of NGOs worked on determining the figure of insured persons, including people and children who are not registered within the Employment Service Agency and are missing in all official records; there are still such persons who are not registered in any record and have no health insurance"(General medical practitioner – Primary health care institution "Shuto Orizari")

However, the medical personnel indicated another occurrence which hinders the access of the Roma to health care. It is about the Roma persons who have regular health care documentation, that is, health cards and blue tickets (tickets for confirmation of health insurance status), but they are not registered in the system as health insured persons.

„Half of the health cards they have are invalid. The patient has a blue ticket, but is not registered in the system"(General medical practitioner – primary health care institution in Shuto Orizari)

Moreover, the medical personnel pointed out that the problem of not possessing health insurance will yet cause greater problems in the future. As a consequence of the privatization of the family doctors, all patients treated by the doctor must possess health insurance and must be registered to the respective family doctor. If the doctor receives and treats a patient who is not insured, he/she will have to pay for the treatment himself/herself and runs the risk of being fined by the inspection services. The medical personnel also pointed out that if they spend sufficient time on patients who are not insured, in consequence they will not have enough time to devote to the patients who are insured and who actually selected their family doctor and hence expect in return a quality service.

„Half of the health cards are invalid or they do not have a citizenship certificate or the health insurance form and most of the health cards are of that type and if we provide a service to such insured person, we will have to pay ourselves. We forward them to the Health Insurance Fund to sort out their documents, but nothing comes out of it. These people don't

sort out their documents and we are already coming in conflict with them, they are simply non-insured persons and it is a serious issue" (General medical practitioner – primary health care institution "Shuto Orizari").

„We used to sympathized with them and accept them without blue tickets. That's how we worked so far, but in the future we will not have any tolerance because I can't say he/she is my patient if he/she is not insured "(General medical practitioner – primary health care institution "Shuto Orizari")

They only emphasized that in preventive pediatrics health insurance is still irrelevant. All children are covered by regular systematic check-ups and vaccination.

„Only pre-school and school children are vaccinated regardless of whether they are insured or not. We conduct systematic check-ups when we do not even request health cards, which means that we do not take this factor into consideration at all. Systematic check-ups must be done, the children must be vaccinated, so we only ask for documentation to check the vaccination history and record the results from the systematic check-up and we do not even check for health insurance." (a nurse – Health care institution "Shuto Orizari")

III. 3.2. Health care

In terms of primary health care coverage, it may be noted that the majority of the respondents is sufficiently covered by the services offered in the scope of the primary health care. In other words, 88% of the respondents have selected a family doctor (Chart 29), while in the case of 75% of the respondents, the office of the family doctor is distanced less than 1 km from their place of residence.

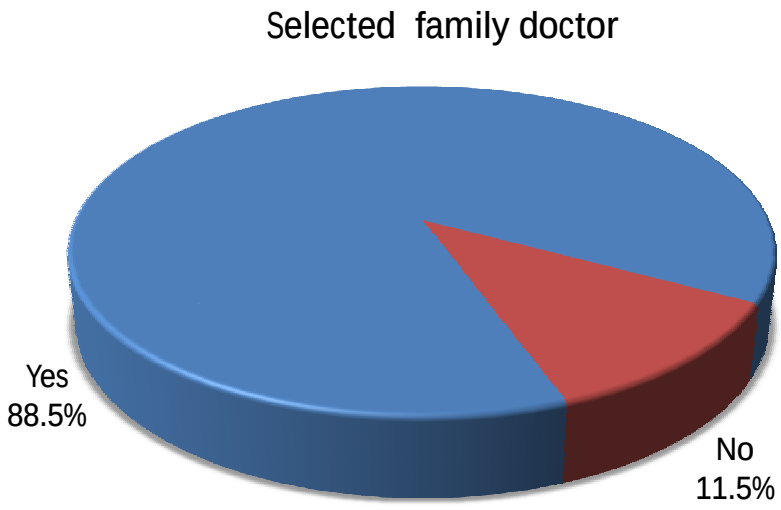


Chart 29. Breakdown presentation of the respondents based on the fact whether they have selected a family doctor

Furthermore, it is important to note that the respondents visit the family doctor on a regular basis, that is, 72% of the respondents stated that they went to see the family doctor at least once in the course of the previous year. The frequency of the respondents' visits to their family doctor is presented in Chart 30. These data indicate that the respondents have acquired a habit of visiting regularly their family doctor and contact his/her office whenever necessary.

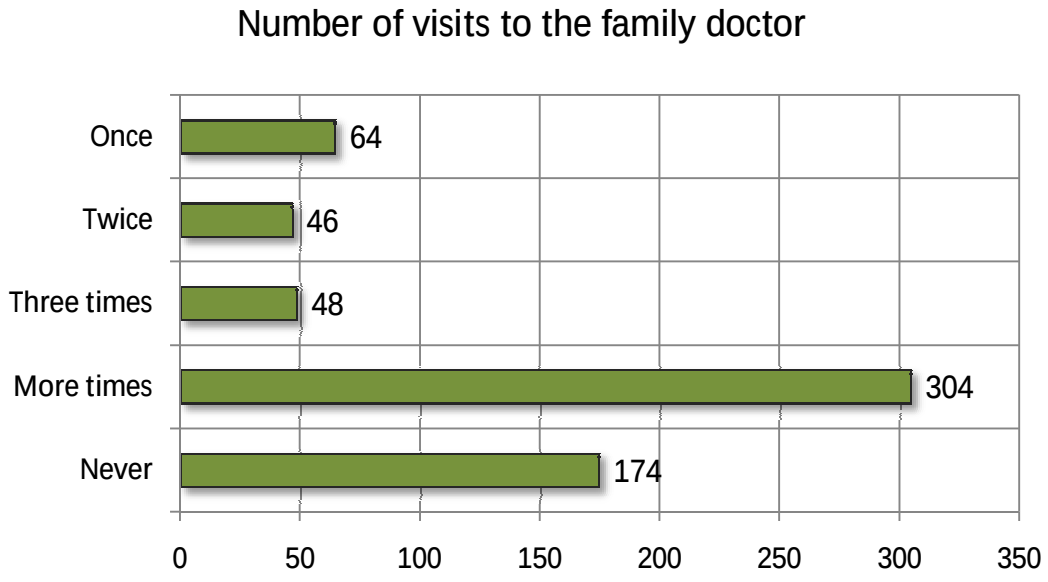


Chart 30. Number of visits the respondents have had to the family doctor in the past year

In regard with the issue to what extent the insured Roma persons have selected a family doctor, the focus group with medical personnel gave different findings based on their own personal experiences. They stated that the coverage is fairly good, but also that almost half of the respondents have still not selected a family doctor, or that only those respondents who had a need to consult a doctor have selected a family doctor, but it is unclear how many of them have selected a family doctor by themselves. The view that prevails is that the largest share of the Roma has not selected a family doctor by themselves.

„I think that the coverage is fairly good. There are people who have not seen a doctor in years, and when they do come they do not even know the notion family doctor, although these are only extreme cases" (General medical practitioner – Primary health care institution "Shuto Orizari").

„Only those who are really in need come here, the others do not have a family doctor. Out of the 6000 medical files, half of the patients have a family doctor and the other half consists of patients who have still not have selected a family doctor" (General medical practitioner – Primary health care institution "Shuto Orizari").

„I suppose that about 90% have a family doctor, but another issue is whether their health insurance is valid and whether they selected their family doctor by themselves“ (nurse – primary health care institution “Shuto Orizari“).

The female respondents who have given birth (340 respondents), were asked about the number of gynecological checkups they have had during their last pregnancy. Although a significant portion of the respondents have had regular gynecological checkups, and only some of them have had occasional checkups, a concerning fact is that 21% of the respondents have never been to a gynecologist during their last pregnancy (Chart 31).

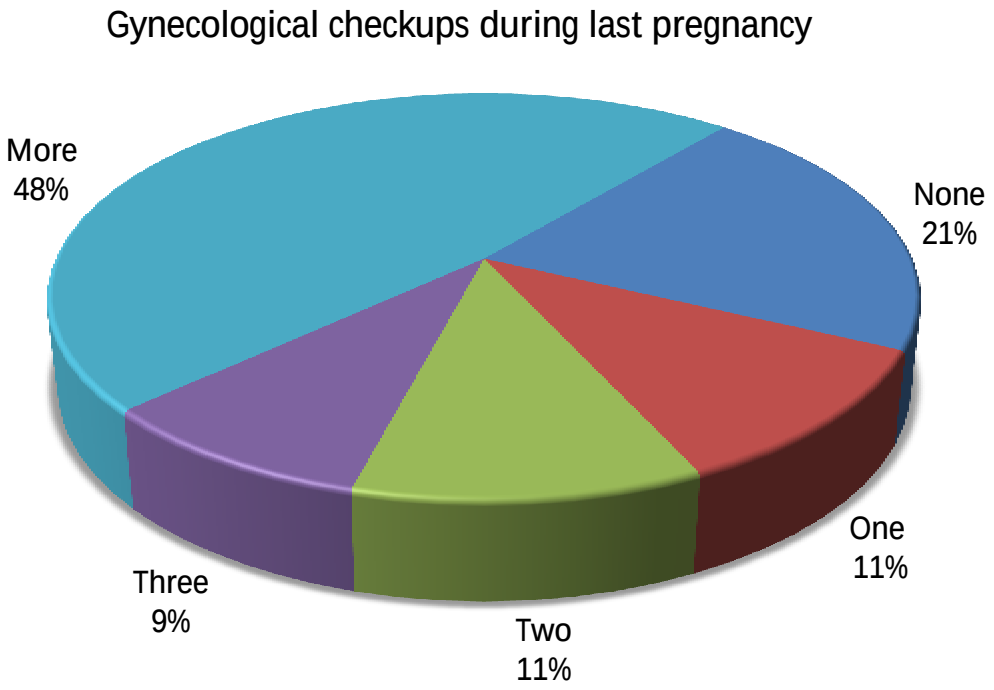


Chart 31. Visits to a gynecologist the female respondents have made during their last pregnancy

The same group of respondents answered the question where they gave their last birth. The largest share of them answered that they gave birth in a public health care institution; however, 17.1% of them stated that they gave birth outside a health care institution (Chart 32), which predominantly means in home conditions. The fact that 21% of the pregnancies went by without medical control and that 17% of the births were done in home conditions indicates the existence of a number of risk factors for the health of both the mother and child in that period in a significant portion of the pregnancies.

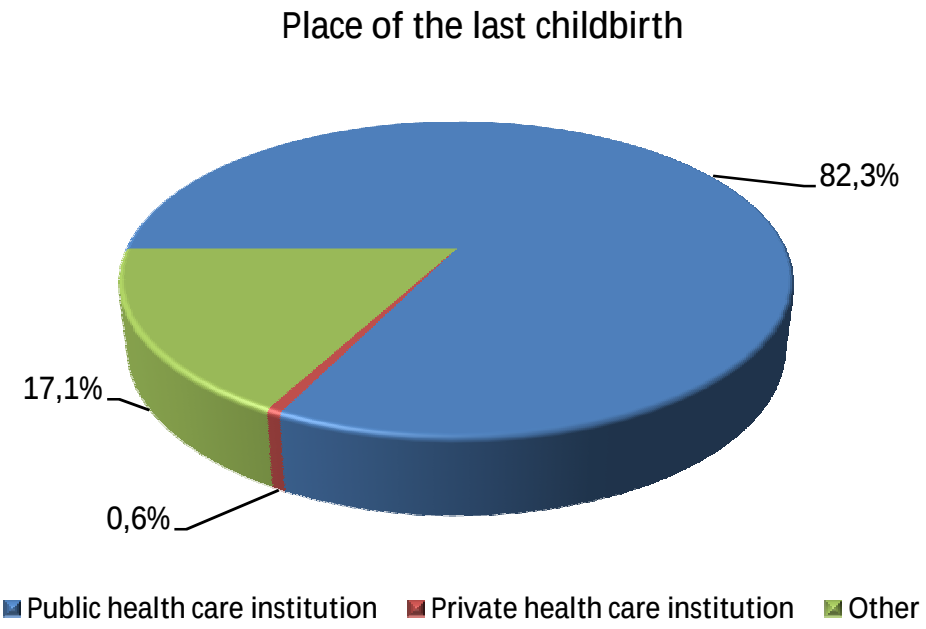


Chart 32. Presentation of the place of delivery of the respondents for their last pregnancy

By contrasting the data from Chart 32 with the place of residence of the respondents, it may be noted that the largest share of home births, more than half of them, were among the respondents living in Gostivar, followed by the respondents living in Delchevo and Pehchevo. An equal percentage of home births is present among the respondents living in Gjorche Petrov, Shuto Orizari and Kumanovo and less among those living in Kichevo (Chart 33). The Chart does not present the respondents living in Bitola and Shtip because all of them gave birth in a public health care institution. Two respondents who answered that they delivered their babies in a private health care institution were from Shuto Orizari and Kichevo.

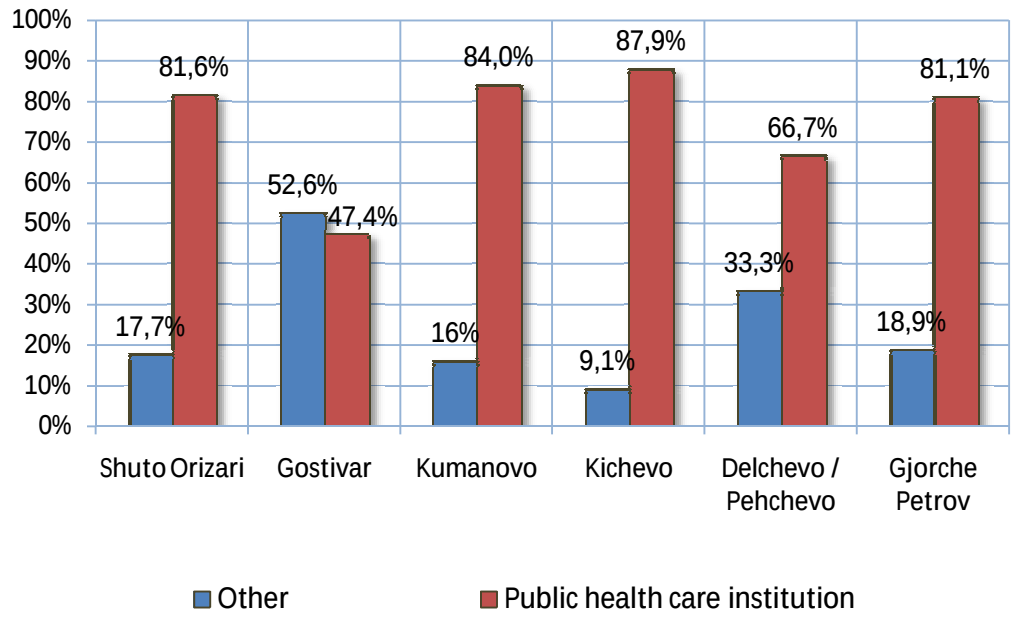


Chart 33. Breakdown presentation of the female respondents based on their place of residence and the information about the place of their last delivery

In the focus group of Roma women, they stated that they did not go for regular preventive gynecological checkups. Women go to a gynecologist only when they are pregnant or if they have a health problem. Although they know that they should have regular annual gynecological examinations, they are not interested and remain to their position that they would go to see a gynecologist only if they have a health problem. Statements by some of the respondents:

„I don't have any particular problems, I don't go to a gynecologist on a regular basis, I have not had a checkup in several years."

„When I feel a change next time I will go, I am healthy, I am well, I always say to myself I'll go next month and I do nothing about it."

However, some of the Roma women indicate the flaws in the health care system and the health care institutions as the cause for their irregular gynecological examinations.

„I have been to a gynecologist, for breast screening, but I have to wait for these tests, two – three months. I have had an operation, but I feel some symptoms again and I wanted to make an appointment, I haven't been for a checkup for a year and a half and they made an appointment after 4 months. I don't feel well, I asked if I could have the examination earlier, what if something grows inside while I am waiting, but they said that the health care system is a disaster. If you want to have something done you must pull some strings." (a Roma female respondent).

„I am afraid to go. I need to have an operation, but I'm still afraid. You know the situation with the health care ..." (a Roma female respondent).

In terms of health care of the Roma women in Shuto Orizari, the gynecologist from the focus group with medical personnel stated that the Roma women are mostly interested in pregnancy controls and come in for checkups regularly. However, when it comes to regular gynecological checkups the interest falls drastically. According to the statement of the gynecologist, the Roma women do not fully understand the significance of the PAP-smear and the turnout is fairly low. In terms of the sexually transmitted infections, the doctor stated that there was a certain period when the Roma women were very much interested in having that screening done, but over time that interest has decreased. The doctor makes a connection between that interest in one past period and the STI campaigns conducted by some non-governmental organizations in Shuto Orizari, but the influence of these campaigns is gradually fading away. On the other hand, the doctor stated that the medical personnel use every visit of the women to a gynecologist to educate them about the importance of regular gynecological checkups and the PAP-smear, but in her view this issue is not well understood.

„The women are mostly interested in the pregnancy and during that period I can say that they come for regular controls, but in regard with the PAP-smear I think that the involvement is not sufficient, the women don't understanding the importance of the smear. Concerning the sexually transmitted infections, there were more massive checkups for a while, but their number has decreased, or there are cases of women who come to have the smear done but never come to get the results, which speaks of the level of their awareness regarding this problem. Although we use every examination to talk to the patients, there are many issues to be discussed but it seems that there is no reaction on their part, which means that everything is OK until a problem occurs" (Specialist gynecologist – Primary health care institution "Shuto Orizari").

In terms of the occurrence of home births in Roma women, the gynecologist pointed out that the frequency of this occurrence has decreased recently in contrast with the past when the frequency used to be much higher. Yet, it is a fact that cases of home births are still present.

In addition, during the discussions within the focus groups with representatives of the Roma non-governmental organizations, there were some statements that the Roma women do not have appropriate knowledge and habits for regular gynecological checkups; on the other hand, the lack of health insurance and related information, as well as the unfavorable financial situation are additional impediments to their access to the gynecological services.

„The women who really don't have a habit of going for gynecological examinations and when they do go it is usually in some final stage when not much can be done to help them. The women should have a habit of going to the doctor's on a regular basis. All this is a reason for the brief life span of 40 – 50 years of the Roma population in comparison with the rest of the population" (representative of a Roma NGO).

„Let's talk a bit about the problem with the pregnant women. If a pregnant woman is not insured in accordance with the program for health and health insurance, she and her child are entitled to free examinations. But the Roma woman is returned from the Ministry of Health and she has no insurance. She is to submit some kind of a certificate, as they say "(a representative of a Roma NGO).

In regard with the treatment of the Roma patients by the medical personnel, only 10% of the respondents answered that they have received unfair treatment by the medical personnel, while the majority of the respondents assess this treatment to be good or very good (Chart 34).

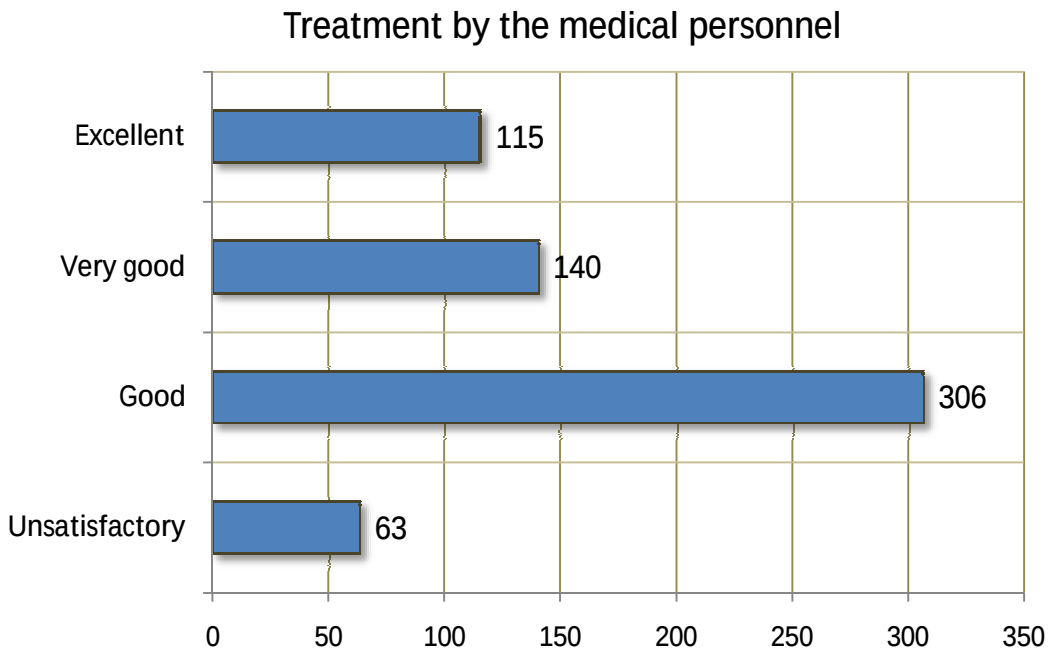


Chart 34. Assessment of the respondents regarding the treatment they have received by the medical personnel

When comparing the data by sex, it is evident that the male respondents express much higher discontent with the treatment by the medical personnel than the female respondents. In other words, 16.7% of the male respondents and 19.5% of the female respondents assessed that treatment as excellent. In regard with the answer for receiving an unfair treatment, 11.8% of the male respondents and 8.8% of the female respondents gave this answer. In terms of the place of residence, it may be noted that the respondents from Bitola are most discontented with the treatment they receive from the medical personnel, namely 22% of them assessed the treatment as unsatisfactory. Almost an equal share of the respondents who gave an answer for ill-treatment was from Shuto Orizari (9.8%), Gostivar (10%), Shtip (8.7%) and Kumanovo (8.6%). In the other places, only an insignificant portion of the respondents stated having received an ill-treatment by the medical personnel.

However, almost 23% of the respondents are generally dissatisfied with the health care services they have received (Chart 35).

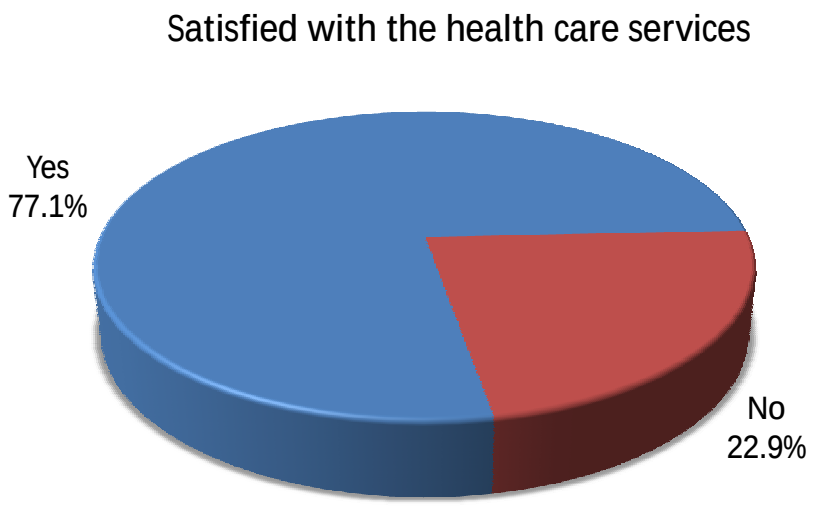


Chart 35. Answers to the question how satisfied they are with the provided health care services

The respondents who stated their discontent with the health care services (145 respondents), give different reasons for that discontent. Most of them (44 respondents) stated as their greatest problem the fact that they could not find the prescribed medicines, which are on the positive list, and had to buy them themselves. Another problem is the high participation fee in the secondary and tertiary health care institutions:

„I most often get a substitution for the medicines prescribed by the doctor and I have to pay for them myself " (a statement by a respondent from Kumanovo).

Then, 31 respondents stated that they have faced some form of a lack of conscientiousness and interest demonstrated by the medical personnel:

„The doctor does not explain to me the reason for my pain and I don't seem to get better " (a statement by a respondent from Shtip)

„I am not satisfied with what the doctor offers to me and my health is getting worse " (a statement by a respondent from Shuto Orizari)

18 respondents follow who state that they have received an ill-treatment by the medical personnel:

„I am not satisfied with the treatment by the doctors, they don't receive me well" (a statement by a respondent from Shuto Orizari).

Only 3 respondents identified a discriminatory treatment of the Roma patients by the medical personnel.

A smaller portion of the respondents is not content with the long waiting in the health care institutions, the lack of interest of the medical personnel and the limited possibilities the public health care institutions offer.

Within the focus group with male respondents, there were some views expressed that the behavior of the medical personnel towards the patients differs on a case by case basis; however, their perception is that even when ill-treatment occurs it is not due to the fact that the respective patient is a Roma. However, many of them stick to their position that generally the medical personnel have different treatments to patients with different material standing, that is, the treatment is more negative to poorer categories of patients, regardless of their ethnic background.

„The behavior depends on the mood of the medical personnel, but it mainly depends on how you present yourself, the treatment was sometimes good, more often not, but I don't think the reason was the fact that I am Roma" (a Roma respondent).

„It is not because of me personally, everyone behaves like that, if you show that you have money in hospital you will get a preferential treatment and everyone will be kind" (a Roma respondent).

„When I was in hospital with my child, I noticed that one child who was dressed up nicely was treated better than another child who was dressed in mean clothes" (a Roma respondent).

Within the focus group with female respondents, the prevailing view is that they are mainly satisfied with the treatment they receive from the medical personnel. However, they emphasize that they are much more satisfied with the treatment by their respective family doctors than with the treatment received in the secondary and tertiary health care institutions.

„I have a family doctor, a woman, she is kind. I have hypertension, I take Enap, I am allergic to pollen, weed and grass. I take a shot to pass the summer more easily, I had an allergy test done and I consult my doctor before I take the shot" (a Roma respondent).

„They were kind and it meant a lot to me. After my husband had the operation, I asked if I could stay with him. The nurse let me. I didn't feel any difference because we are Roma" (a Roma respondent).

„They didn't want to schedule an operation of the gall-bladder in the State hospital, in the surgery department. They kept saying – go home, we will call you. I agreed. I waited and waited, a month or two went by, I started getting pains. I pulled some strings and went to the Military Hospital. I had the operation, the gall-bladder was full of stones. The operation lasted for an hour and a half or 45 minutes. The doctor said that everything would be over in a week" (a Roma respondent).

A concerning fact is that over 90% of the respondents answered that they were not advised to return for a control examination to the doctor (Chart 36). This percentage is the same for both male and female respondents.

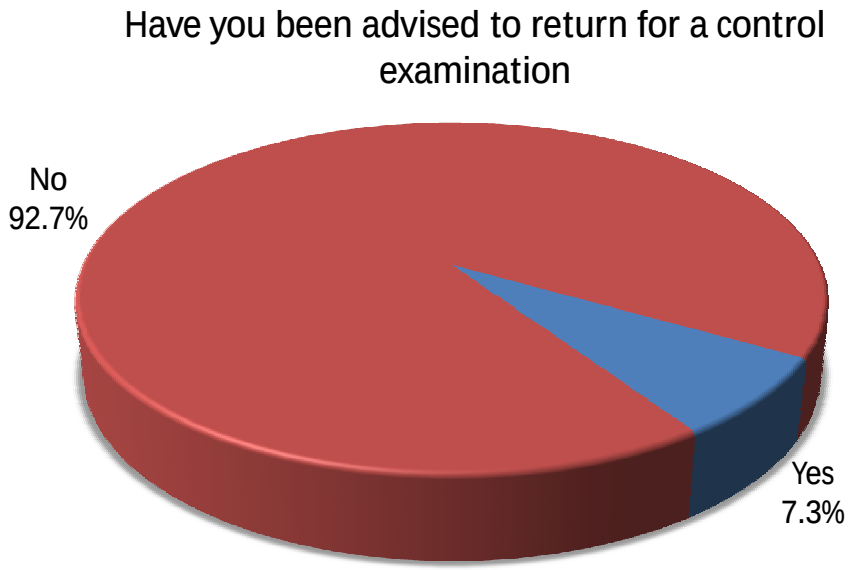


Chart 36. Presentation of the answers to the question whether the patients have been called for a control examination

The focus-group with representatives of the Roma non-governmental organizations also confirmed that poverty constitutes a major problem in the accomplishment of health care by the Roma population.

„I don't have money for the participation fee, people are unemployed, they live on the social welfare benefit, you must pay the participation fee for every X-ray examination, every referral document, every specialist examination, and people have no money. For hospital treatment, the participation fee is 3.000 denars, who will make up for this money " (a representative of a Roma NGO).

Furthermore, another problem is detected in the fact that the doctors do not devote sufficient time to educate the patients on the relevant disease and give them additional explanations. The representatives of the Roma NGOs see this habit as a reason that repels people from going to the doctor's.

„I would like to say something, more education of the medical personnel, maybe this is the reason why people don't go to the doctor's. They only give prescriptions and don't educate the people about the diseases they have. One person goes to another person and tells her/him wrong information, recommends wrong medicines and I think, as Adnan said, the doctors too should be aware that this kind of behavior maybe makes people go to another person, instead to the doctor's office. The scarce information may also be to blame for this situation". (a representative of a Roma NGO)

Unlike the respondents, out of whom only three answered that they had encountered discriminatory practices in the health care sector, the representatives of the

Roma NGOs claim that the Roma face discriminatory practices to a fairly high extent both by the doctors and the other medical personnel in the health care institutions.

Major part of the representatives of the Roma NGOs propose employment of more social workers in the health care institutions to explain to the Roma how they can accomplish their rights as a way to solve the problem with the insufficient communication with the Roma patients.

„I think that the biggest problem lies exactly in the health care institutions, someone there should tell them where to turn to. The nurses should mind their own business and what is missing there are social workers who will be there and do their job" (a representative of a Roma NGO).

On the other hand, in the discussions within the focus groups with the medical professionals on the cooperation of the patients with the family doctors, the medical professionals stated that this cooperation has not been on a satisfactory level, but it is getting improved in comparison with the past. A major problem is the practice of many ill people going to the pharmacy and taking medicines on their own or by recommendation of the pharmacist. The medical personnel state the shortage of money as one of the reasons for this situation because when the ill people go directly to the pharmacy they don't have to pay for a doctor's checkup.

„The visiting level is very low, at least to my office, they come only when they are ill, and the first thing they do is go to the pharmacy without having an examination first". (General medical practitioner from a primary health care institution in Shuto Orizari).

„First it is the pharmacy, then the doctor. In the pharmacy, the patients are often told to go to the doctor's office and get the right prescription because that's the only medicine they have in the pharmacy. The pharmacists sometimes dare to prescribe a therapy themselves, which should not be the case. It is a problem because the people don't have money, so they first consult the pharmacist because they need to pay for an examination if they go to the doctor's office" (General medical practitioner from a health care institution in Shuto Orizari).

Another frequent practice is patients taking medicines on their own, based on their own past experience or a recommendation from another person, which affects negatively their health condition.

„Well yes, when they take medicines on their own or based on something their neighbor said, they talk to each other and decide themselves what medicine to take. For instance, there was a case of a six-year child who was given Amoksiklav 1000 because the child had bronchitis but they came to see me after two days since the child was not well. So the patient was insured, had blue tickets, but still didn't come to me and instead took medicines on their own" (pediatric specialist – Health care institution "Shuto Orizari").

However, despite these practice, the medical personnel state that their cooperation to date with the family doctors is now better than in the past. In other words, there is an

increasing number of patients who turn to their doctors and accept their advice, although their number is still fairly low.

„They generally comply with the advice, they have seen that when they stick to the advice they get better at the end. If they stop the therapy, they see that their condition gets worse or if they take a medicine from a different producer they can feel the difference. Unlike 15 years ago, the situation has improved considerably, they now accept the therapy and stick to it" (General medicine specialist – primary health care institution Shuto Orizari).

In response to the question about the communication between the medical personnel and the Roma patients, the respondents stated that the communication of the medical personnel with the Roma patients is constantly improving given their long working experience in Shuto Orizari. The medical personnel understand the special needs of the Roma patients and now devote more time to explain the diseases and the therapy they are prescribing. However, the respondents pointed out that with the reforms in the primary health care sector, the doctors now have a larger workload with the administrative procedures which shortens the time they could spend with the patient. The medical personnel expressed their concern that this will have a negative impact on the perception of the Roma patients of the medical personnel because the patients have got used to the doctors paying more attention to them and explaining in details their diseases and the required therapy.

„We have an extensive cooperation with the Roma population, the communication has improved. We are now rather busy with the administrative work as well and don't have much time to devote to the patients, except in some exceptional and serious cases when you must pay more attention, explain again and give advice. But, there is no time to explain everyone everything because of these obligations. With the new system, we have literally become administrators" (General practitioner – a primary health care institution Shuto Orizari).

„If the doctor first goes for his computer without paying due attention the health condition of the patient, I would never go to such a doctor. This system doesn't lead anywhere. How can the patients have confidence in us if we first turn to the computer and check whether they have health insurance instead of checking their health" (General medicine practitioner – primary health care institution Shuto Orizari).

III. 3.3. Health condition

The following section will present the perception of the respondents regarding their health condition, as well as their actual health condition. In addition, life styles of the respondents that affect their health condition will also be presented.

In terms of their own health, half of the respondents stated that in their view they are in good health. However, a significant share of the respondents assess their health condition as poor and only a small portion think their health is very good (Chart 37).

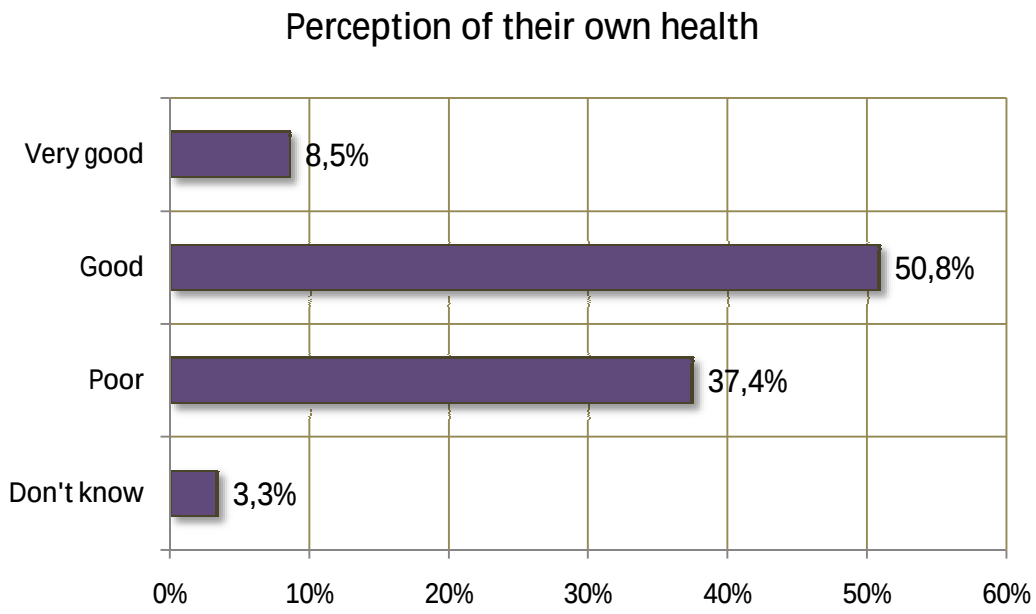


Chart 37. Perception of the respondents of their own health

In terms of the perception of their own health, it is evident that the female share of the Roma population has a more negative opinion of their health status contrasted to the male Roma (Chart 38). 10% less Roma women answered that their health is very good compared to the men. In addition, it can be noted that almost 20% more women think that their health is poor compared to the men.

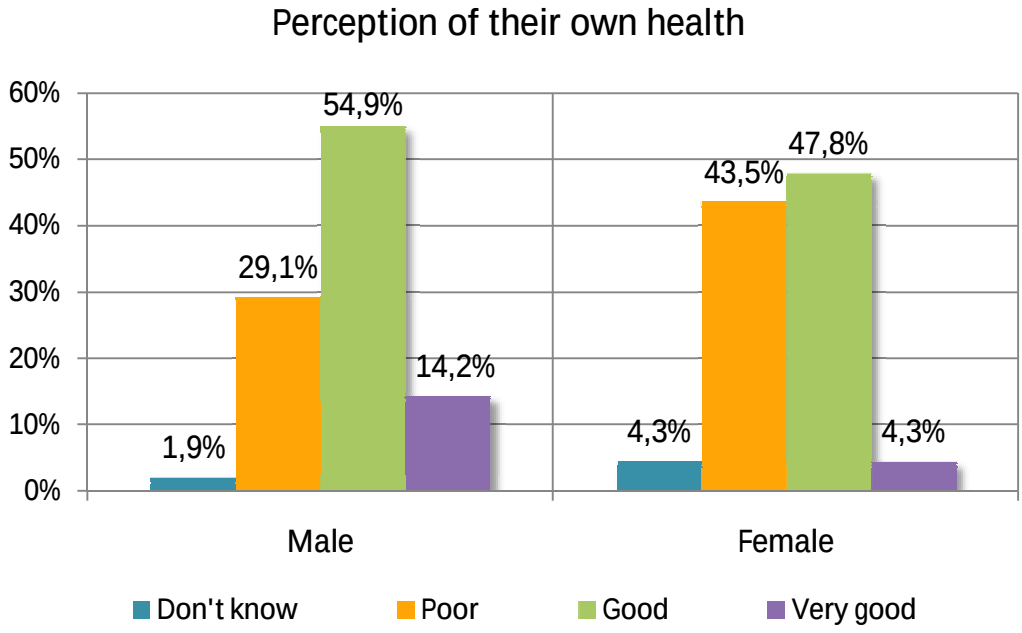


Chart 38. Perception of the respondents of their own health according to sex

When the respondents were asked to give their view whether their health condition has changed compared to the previous year, most of them stated that their health condition has remained the same. However, significant 38% of the respondents stated that their health condition has deteriorated; while a smaller share think that their condition has improved (Chart 39).

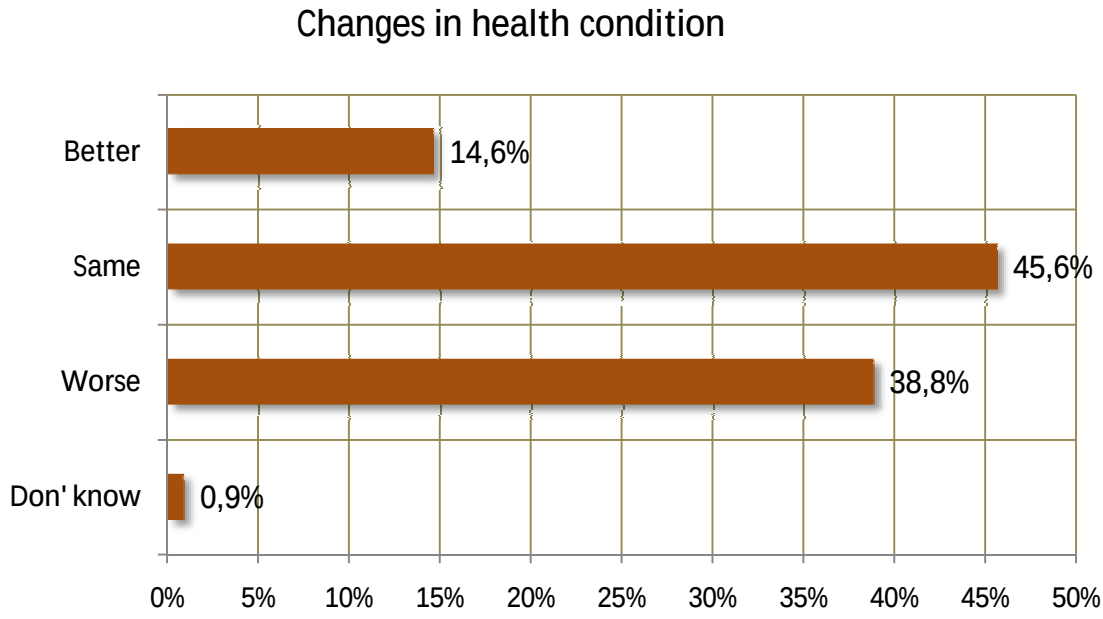


Chart 39. Perception of the respondents of the change in their health condition compared to the previous year

The next subject of consideration is the respondents who stated that their health condition has deteriorated within the past 12 months. These respondents were considered according to their place of residence and sex.

When considering this data according to the place of residence, it can be noted that the largest share of the respondents whose health has deteriorated over the past year are those from the region of Delchevo and Pehchevo, almost 61.8% of the respondents (Chart 40). They are followed by the respondents from Gostivar 56.7% of whom stated that their health worsened during the previous year. In the municipalities Shuto Orizari, Shtip, Kumanovo and Kichevo, equal shares of the respondents stated that their health condition has deteriorated and the rate in these municipalities is about 40%. The percentage in Gjorche Petrov is lower (30.5%), while the smallest portion of the respondents who answered that their health has worsened is in Bitola (18%).

Considering the change in the health condition by sex, it is evident that the female respondents are in a more unfavorable situation than the male respondents. In other words, 45.5% of the female respondents stated that their health condition has deteriorated in the past 12 months compared to the male respondents who gave the same answer in 30.8% cases (Chart 41).

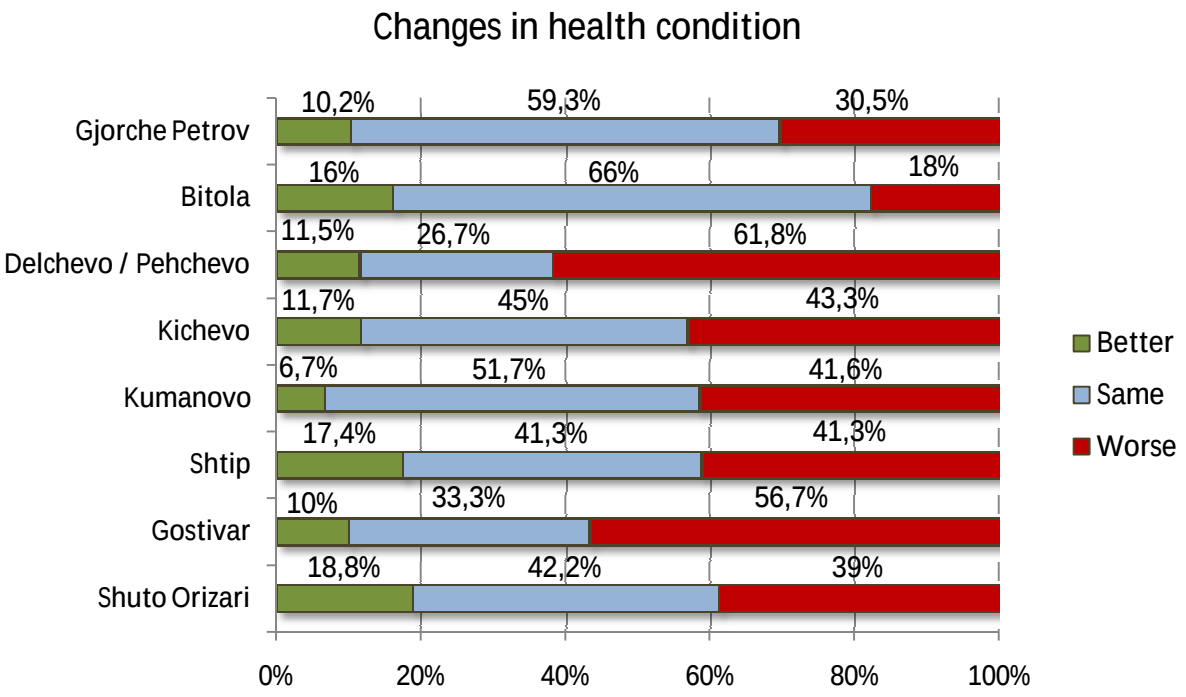


Chart 40. Perception of the change in the health condition of the respondents according to the place of residence

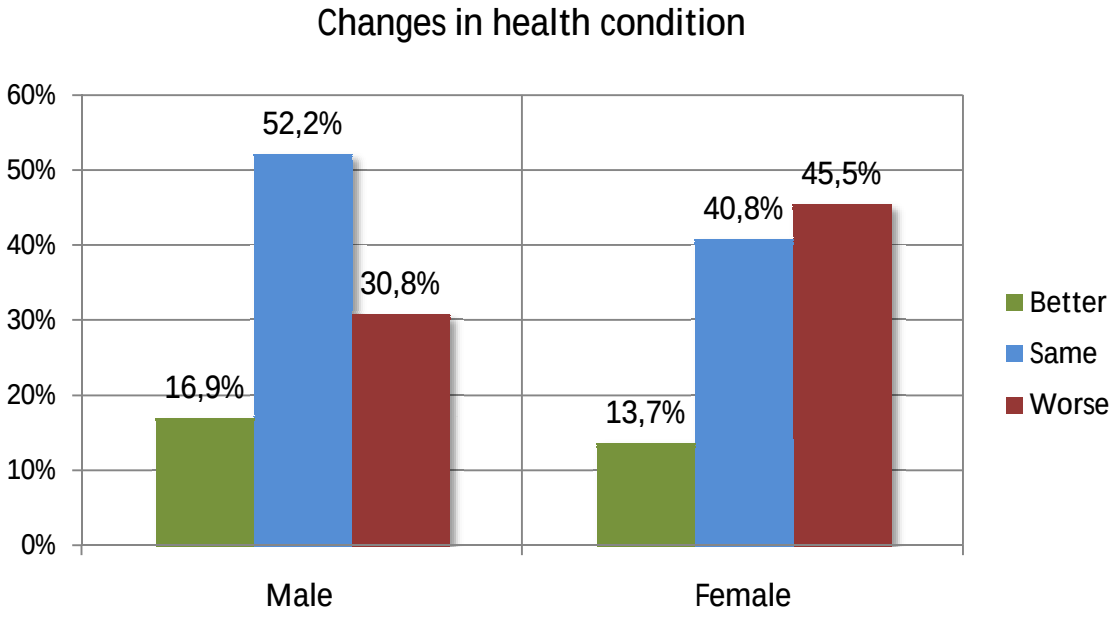


Chart 41. Perception of the change in the health condition of the respondents according to sex

Furthermore, the unfavorable health condition is also confirmed by the fact that 60% of the respondents could not afford to purchase the medicines prescribed by a doctor and necessary for treating the respective disease (Chart 42). This refers to the period of the past 12 months.

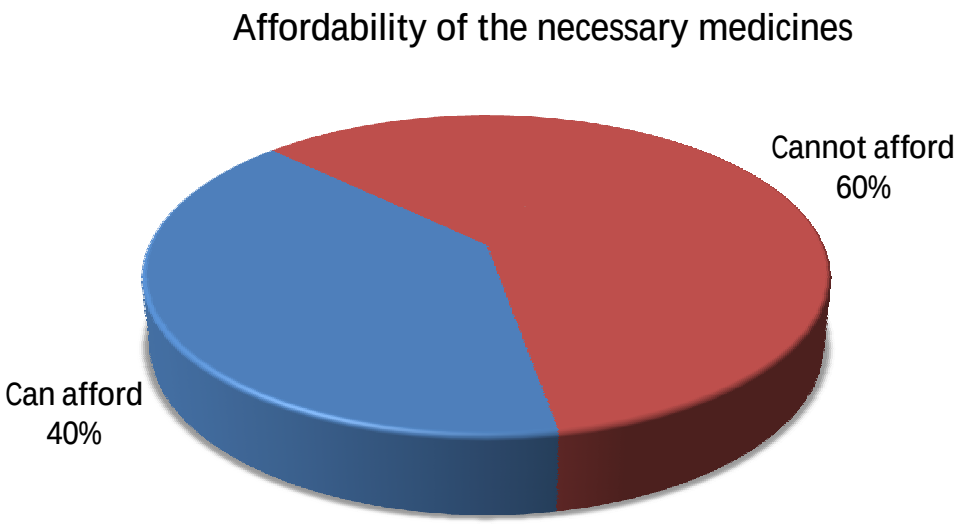


Chart 42. Presentation of the respondents based on the affordability to buy the required medicines in the past 12 months

When comparing this data by sex, it can be noted that the female portion of the Roma population is in a more unfavorable situation. In other words, there is a larger share of female respondents who could not afford to buy the prescribed and necessary medicines in comparison with the male respondents (Chart 43). This situation is indicative of the priorities in certain Roma families and the accessibility these women have to the family resources.

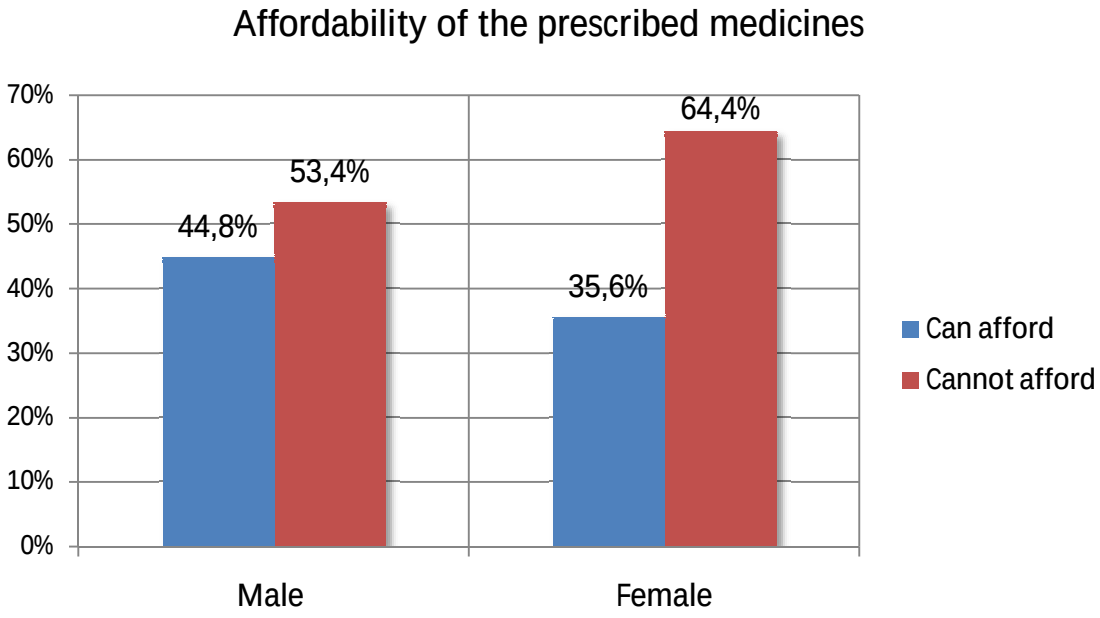


Chart 43. Distribution of male and female respondents based on the affordability to buy the prescribed and required medicines in the past 12 months

When considering the respondents who could not afford to buy the necessary medicines by the place of their residence, the situation is evidently much worse for the Roma who live outside the city of Skopje. The Roma from Gostivar, Shtip and Kumanovo are

in the most difficult position, while the Roma from the Skopje municipalities Gjorche Petrov and Shuto Orizari are in the most favorable position in regard with this issue (Chart 44).

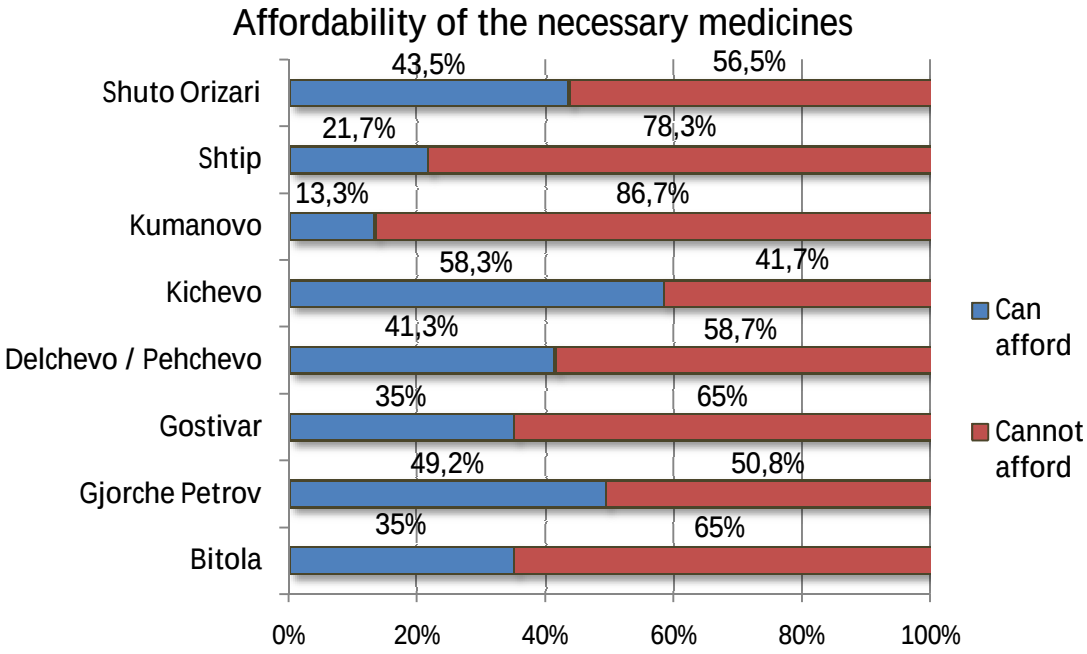


Chart 44. Distribution of the respondents who could not afford to buy medicines based on their place of residence

On the other hand, the deterioration of the health condition is also affected by the absence of healthy life styles, that is, a smaller portion of the respondents stated that they have made a change in their habits or lifestyle so as to improve their own health (Chart 45).

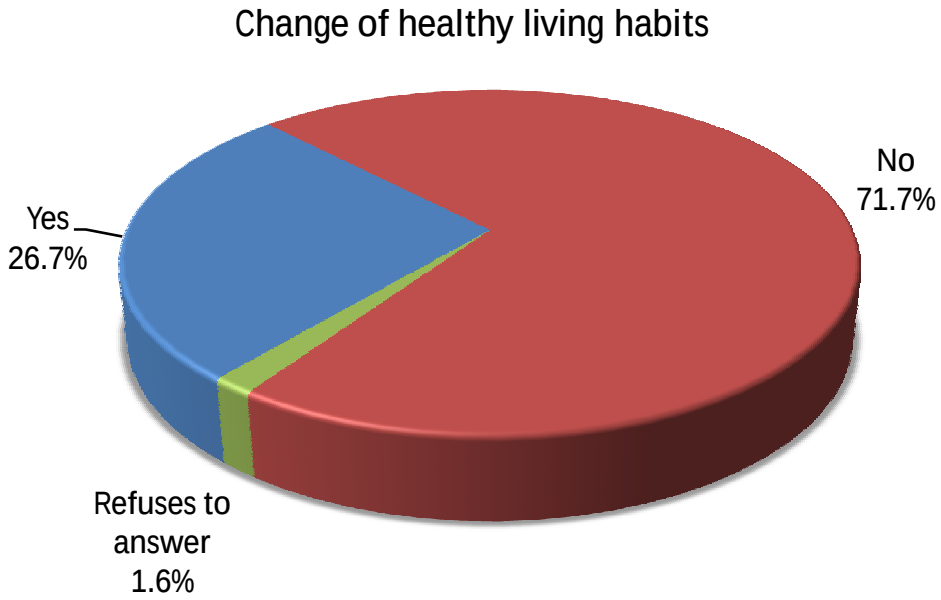


Chart 45. Breakdown presentation of the answers to the question "have you made a change in your habits or behavior in order to improve your health?"

Another concerning fact is that only 27% of the respondents who answered that their health condition is poor made a change in their living habits and behavior, and only 27% of the respondents who stated that their health condition got worse during the previous year answered that they actually made a positive change.

It is rather indicative that only 5 respondents answered that they used a condom during the previous year, while only 6 respondents said that they improved the hygiene of their mouth and teeth, while 39 respondents stated that they increased their physical exercise.

A conclusion may be drawn that despite the unfavorable socio-economic situation, the low level of awareness of the need for having healthy life styles in order to improve their own health also negatively influences the health condition of the Roma population.

In their discussions within the focus group, the Roma women presented their view that the Roma men have a better health status compared to the women.

„The Roma women do not pay any attention to their health. If there is a problem in the household, the woman is much more concerned than the man and the men are involved but not very concerned. Men are healthier" (a Roma female respondent)

„The woman has a harder time. Men are more resistant, although they work as much as we do, they are just more resistant, more immune" (a Roma female respondent)

„As far as I know from my personal experience, our Roma women don't pay any attention at all to their own health. Take my personal example, I have problems and I need to control them, but I haven't been regular in my control checkups" (a Roma female respondent).

III. 3.3.1. Health problems

The negative health condition of the Roma population can be illustrated by the fact that 55.5% of the respondents have a chronic health condition that requires regular health care services and long term therapy. The most frequent chronic health problems are presented in Chart 46. The largest share of the respondents suffers from hypertension, followed by pulmonary diseases, while diabetes, ulcer and asthma are present in equal percentages. It should be noted that multi-morbidity has a fairly high incidence rate, a person having two or more chronic diseases. It is evident that hypertension has a high incidence rate in the morbidity of the Roma population. On the basis of previous knowledge from the ground regarding this disease, the questionnaire included a separate part on hypertension and the results from that part are presented in a separate sub-item below.

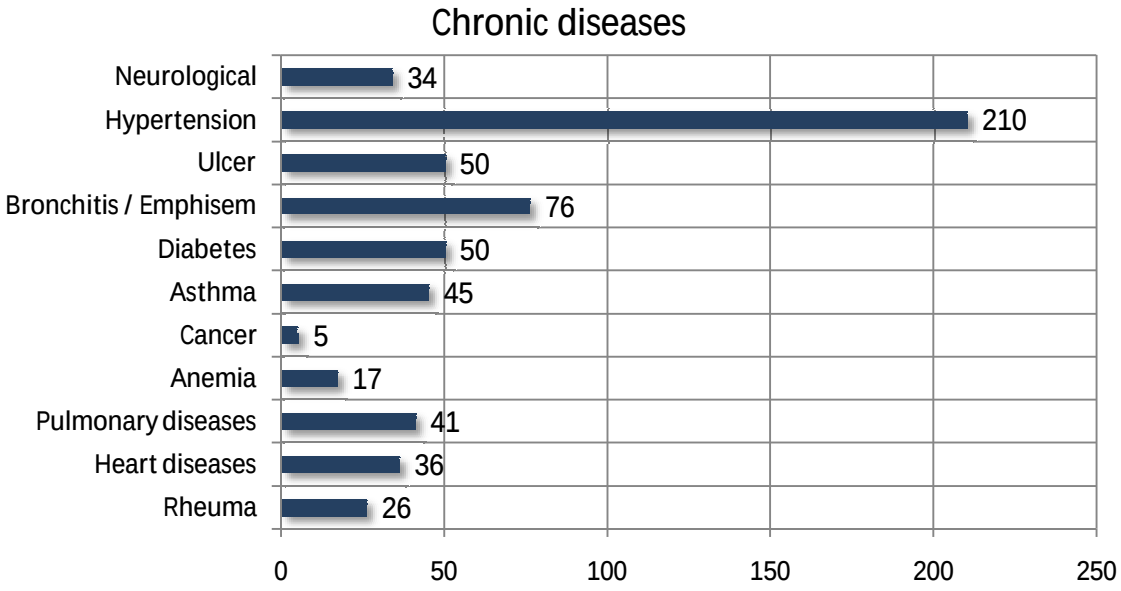


Chart 46. Presentation of chronic diseases among the respondents

When making a distinction among the persons suffering from chronic health conditions, it is evident that women suffer more frequently from such diseases (Chart 47). These data are pursuant to the general health statistics, according to which the women are much more susceptible to chronic health problems. However, this situation is additionally worsened by the status of the Roma woman.

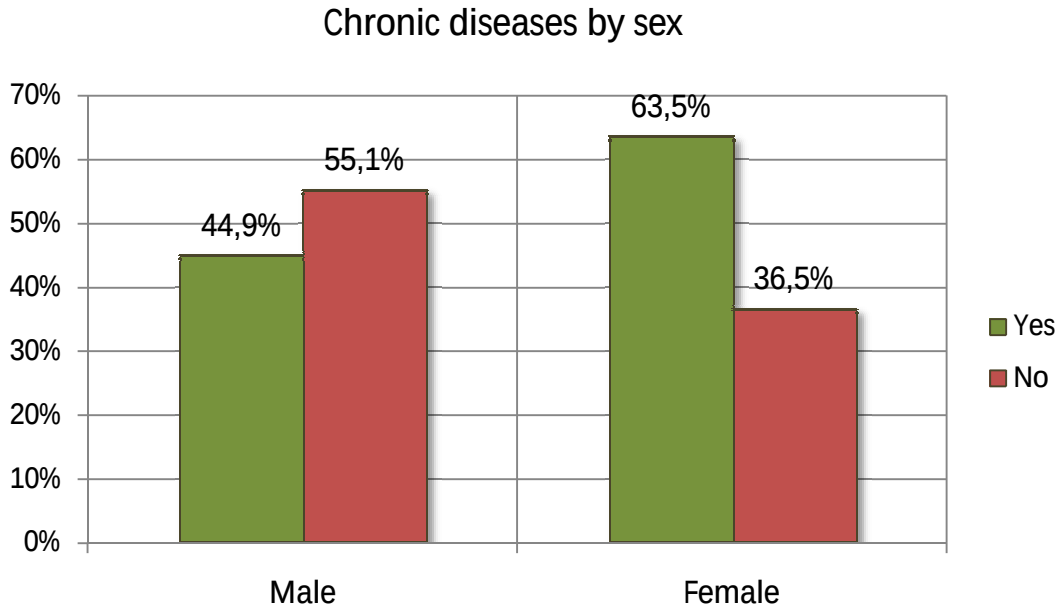


Chart 47. Incidence of chronic health conditions by sex

When the chronic health conditions are considered according to age groups (Chart 48), it is evident that such diseases occur from a young age in the Roma population, that is, their rate of incidence is 13.1% within the age group 18 -25. A significant increase of the chronic diseases of the respondents is evident after the age of forty (67.2% of the respondents). As for the respondents over 55 years of age the chronic diseases occur in over 80% of the cases. In general terms, the chronic diseases occur at a much earlier age and with much higher incidence rate compared to the non-Roma population.

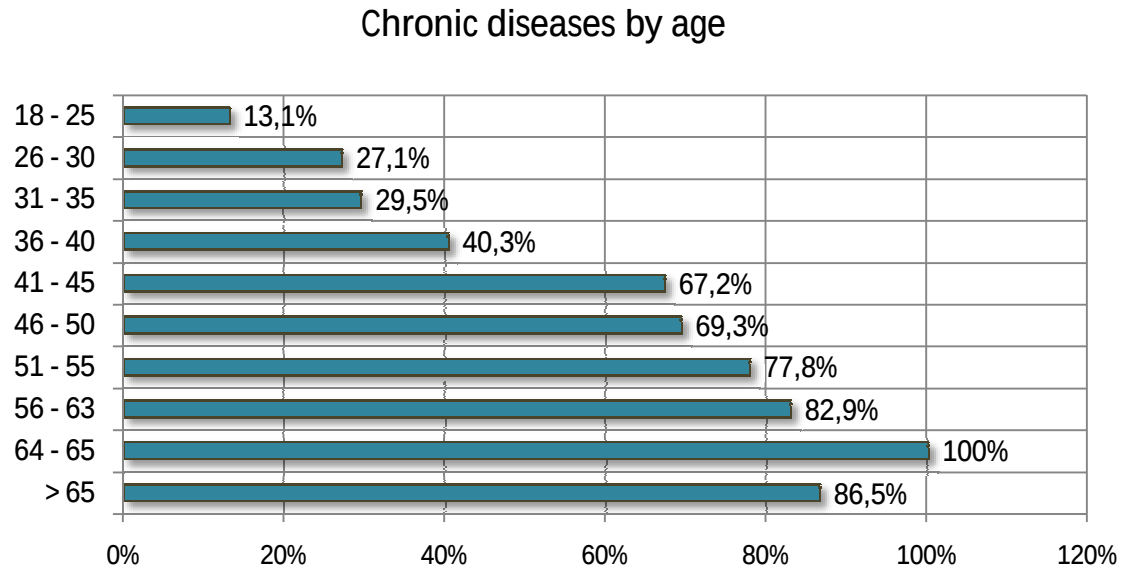


Chart 48. Incidence rate of the chronic diseases according to age groups

The negative influence of the unfavorable economic situation upon the health of persons suffering from chronic diseases is also illustrated by the fact that 72.6% of the persons who suffer from chronic diseases cannot always afford to buy the medicines necessary for controlling the disease and the required therapy (Chart 49).

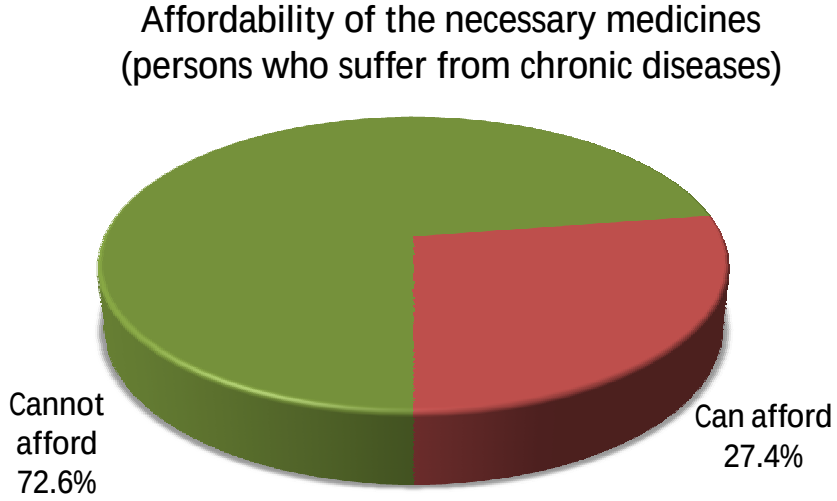


Chart 49. Presentation of persons with a chronic disease who could not afford to buy the prescribed medicines (within the past 12 months)

A fact that poses serious concern is that 90% of the persons who suffer from a chronic health condition have not been called for control checkups, that is, the doctor has not advised them on the need for regular control of the disease (Chart 50).

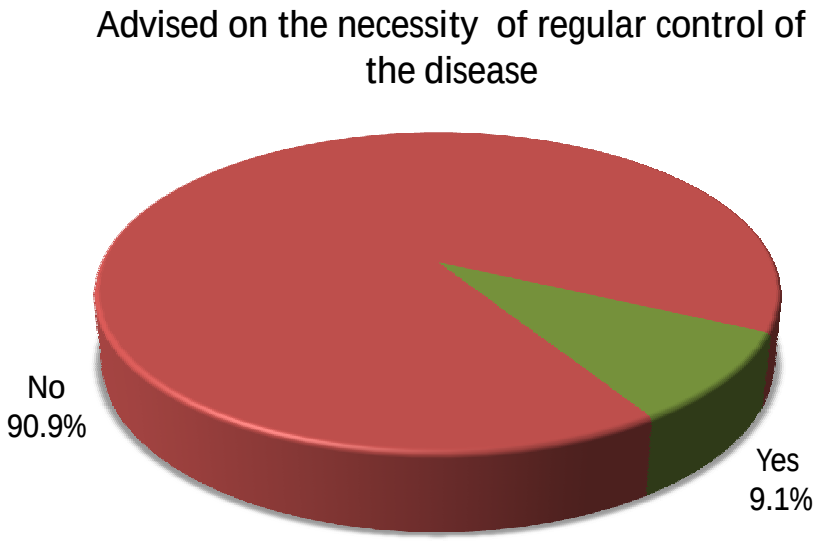


Chart 50. Presentation of the respondents with chronic diseases who have been advised to have regular medical checkups

An additional impeding factor for the persons with chronic diseases is the fact that 15% of them were denied, at some point in the past, a health care service due to their not having a health card or blue tickets (tickets for confirmation of health insurance status).

The above stated data clearly indicate that the shortage of financial means and the absence of health insurance have a negative impact on the health condition, especially of the persons who suffer from chronic health conditions.

III. 3.3.1.1. Hypertension in the Roma population

General characteristics of the population suffering from hypertension

A total of 65.2% of the respondents who have high blood pressure are female and 34.8% are male.

The highest incidence rate of hypertension is present in families whose total income is below 3.000 denars – 41.8%, while the lowest rate is in the families whose income amounts to over 20.000 denars – 1.7%.

Even 93.8% of them have health insurance, although 28.9% lacked insurance during a certain period of time.

Out of the total number of respondents with hypertension, 63.3% are unemployed.

Incidence and regulation of the hypertension syndrome in the respondents

Forty percent of the respondents know that they have a high blood pressure and some 15% do not know if they have it. 45% know that they do not have a high blood pressure.

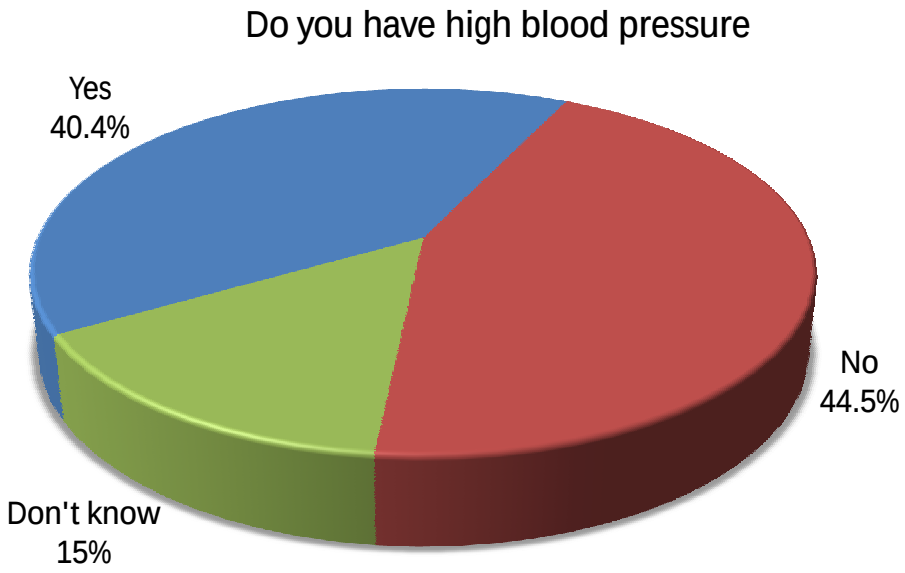


Chart 51. Presentation in percentages of the respondents with or without high blood pressure

Out of those who know they have a high blood pressure, 47% have had this condition for over five years and 37% of the respondents have had it for less than five years. Considering the age of the respondents (only 9.12% were at the age of over 63), hypertension has a fairly high incidence rate in the population at medium age over a long period of time.

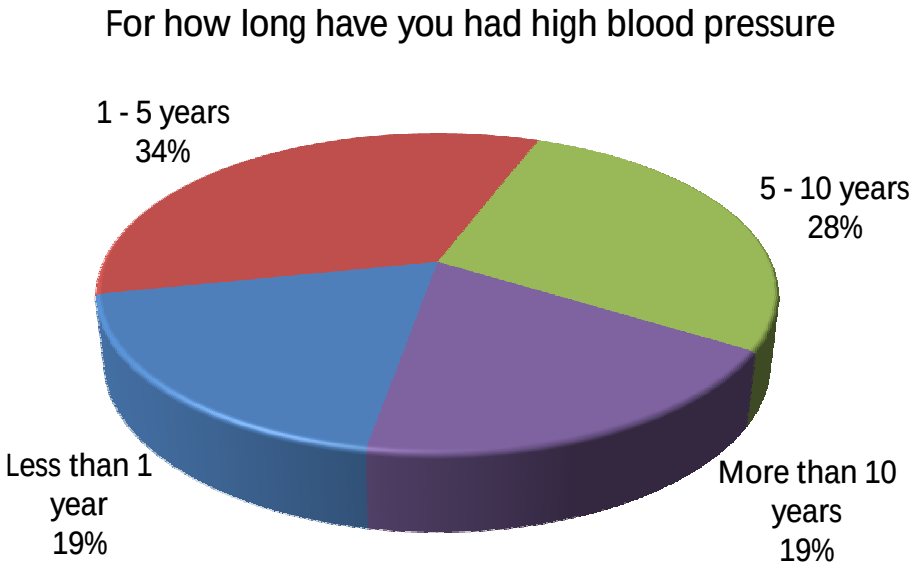


Chart 52. Presentation in percentages of the respondents in terms of how long they have had hypertension

Out of the respondents who suffer from hypertension, 71% go for blood pressure checkups to the doctor more frequently. 14%, 5% and 10% of the respondents respectively have their pressure checked once to three times a year.

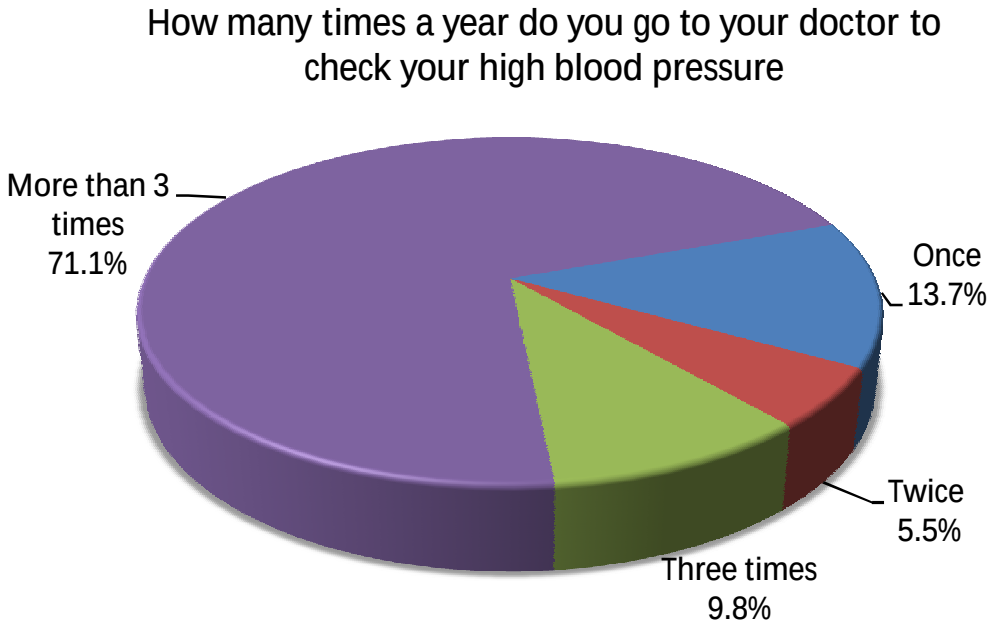


Chart 53. Presentation in percentages of the respondents in terms of the frequency of their medical checkups due to hypertension

Only 8% of the respondents have been hospitalized due to consequences caused by high blood pressure. This indicates either a low percentage of complications (provided the blood pressure is regulated as required) or avoidance of hospital treatment suggested by the doctor.

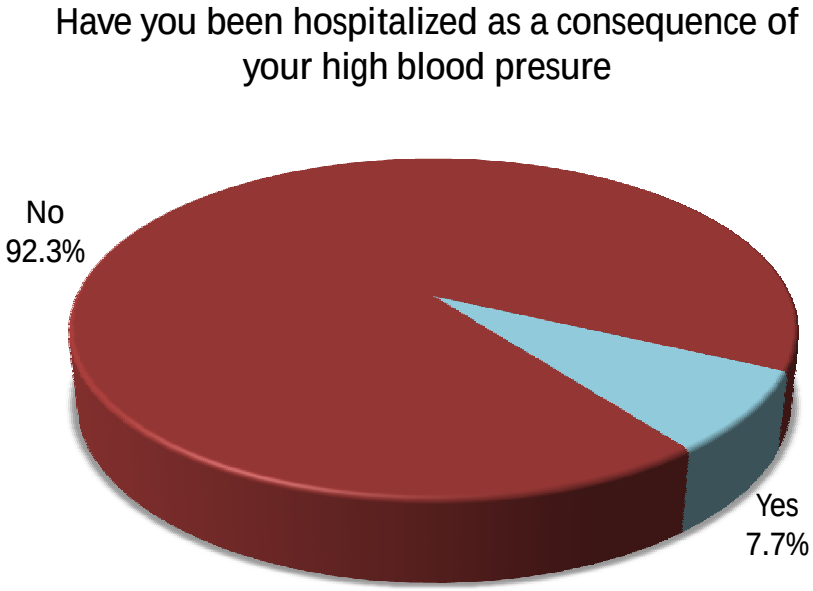


Chart 54. Distribution in percentages of respondents hospitalized due to high blood pressure

Risk factors and life styles related to hypertension

A total of 57% respondents stated that they smoke and only 3% have given up smoking. 40% of the respondents do not smoke. The same percentage of smokers is registered in the category of respondents with hypertension.

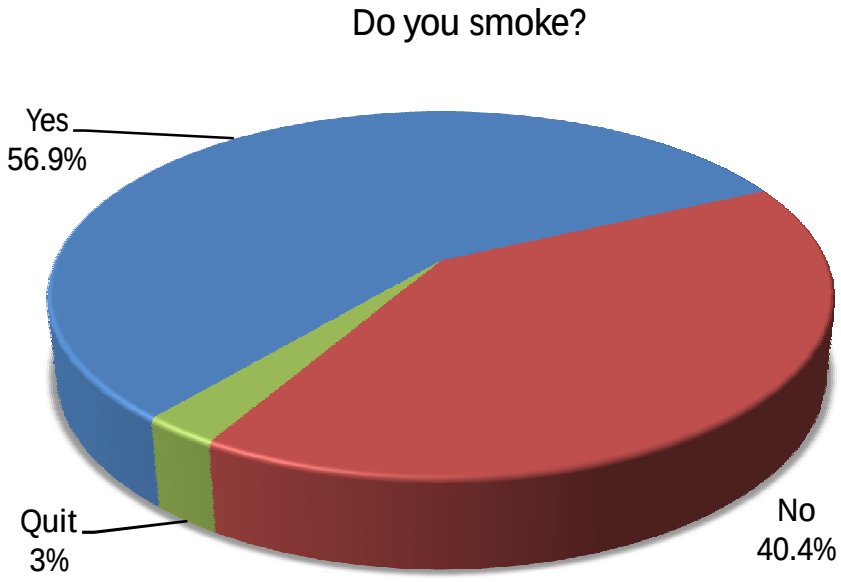


Chart 55. Presentation of the percentage of respondents in terms of smoking

Only 10% of the respondents answered that they consume alcohol. 7% of the respondents suffering from hypertension stated that they consume alcohol.

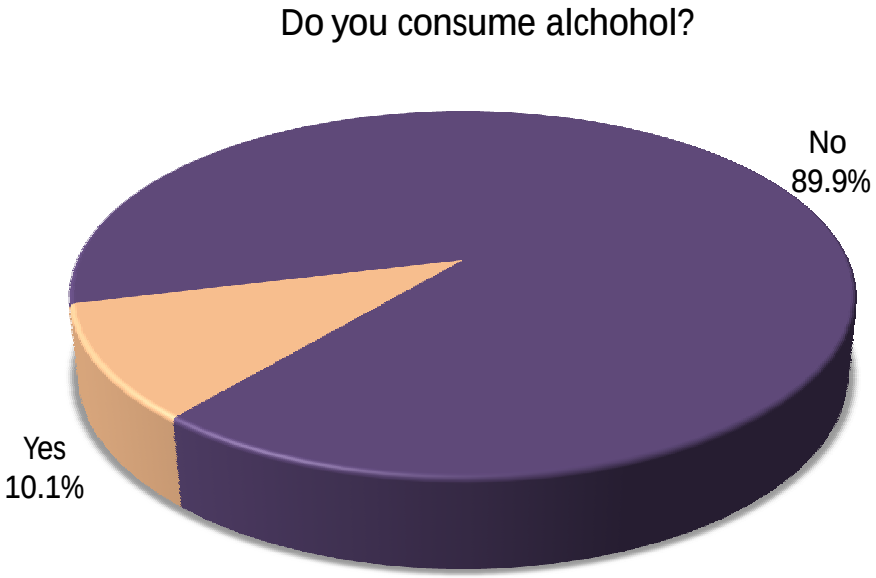


Chart 56. Breakdown presentation of the respondents in terms of alcohol consumption

There is a rather high percentage of respondents from the general population (41%) who consume salty food. The remaining 59% are careful with salt consumption. As for the respondents with hypertension, 34.8% of them consume salty food.

Chart 57. Presentation of the percentages of respondents in terms of consumption of salty food

Only 23.1% of the respondents have regular physical exercise.

Regulation of the blood pressure

Almost a third of the respondents have a systolic blood pressure with values over 140 mm Hg. Some 86% have a diastolic blood pressure over 90 mm Hg. This data indicate an unsatisfactory level of regulation of the blood pressure. A total of 148 (57.8%) out of the 256 persons who stated having a high blood pressure do not have their blood pressure regulated on a regular basis.

A concerning information is that 68.6% of the overall number of respondents do not visit the doctor to have their blood pressure checked up.

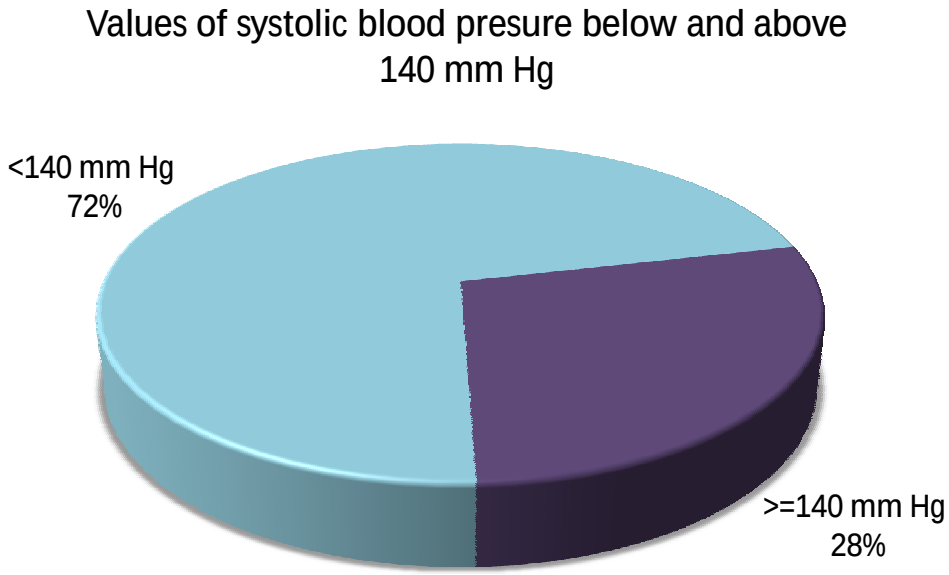


Chart 58. Distribution of the percentages of respondents with values of the systolic blood pressure

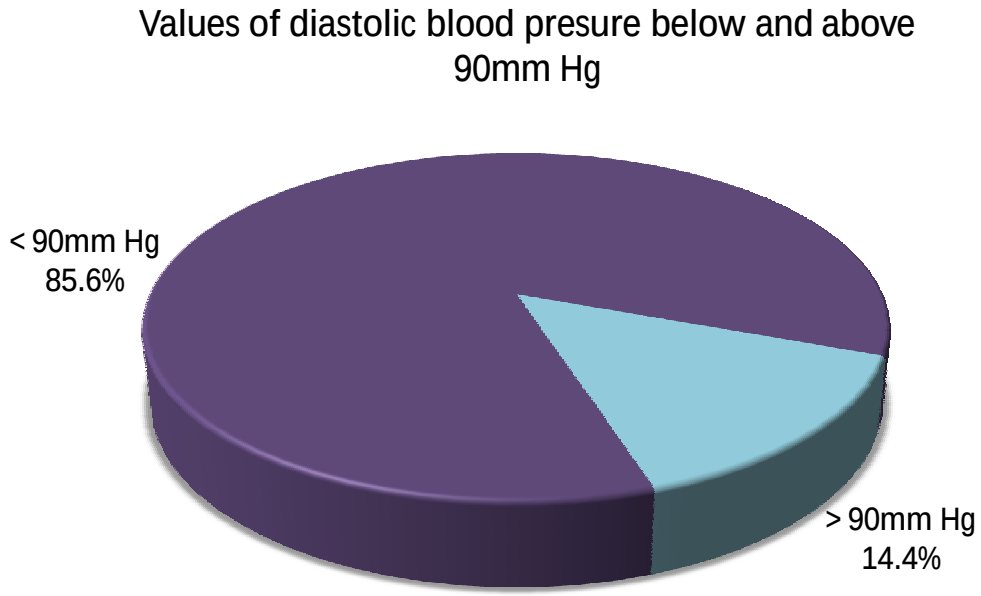


Chart 59. Distribution of the percentages of respondents with values of the diastolic blood pressure

Despite the fact that hypertension is not permanent in all respondents, a large share of the respondents have hypertension related complications – mostly eye problems and heart weaknesses (10.5% and 11.3% respectively).

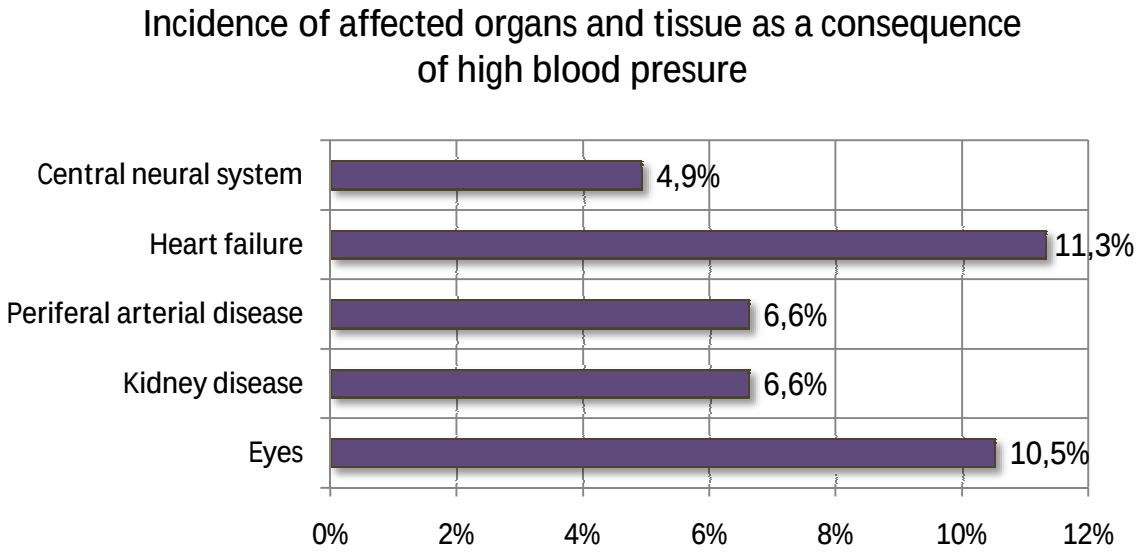


Chart 60. Distribution in percentages of the complications and affected organs and tissue due to high blood pressure

III. 3.3.2. Interconnection between the socio-economic situation and the health condition of the Roma population

The link between poverty and the diseases in the Roma population is clearly depicted in Chart 61. It is evident that 58.3% of the respondents who have a monthly household income below 3.000 denars suffer from chronic diseases, while only 20% of the respondents whose monthly household income is over 20.000 denars have some chronic disease.

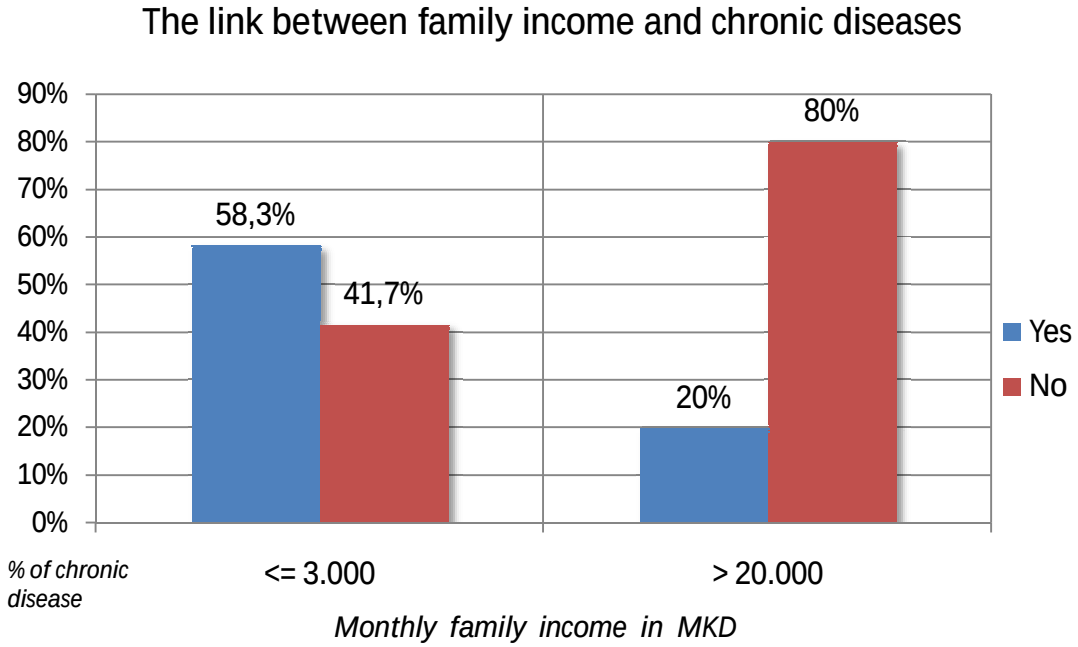


Chart 61. Incidence rate of chronic diseases among respondents whose monthly household income is below 3.000 and above 20.000 denars respectively

Furthermore, a subject of consideration is the interconnection between the monthly household income and the perception of the respondents of their own health. Chart 61 indicates that the respondents whose monthly household income is below 3.000 denars have a significantly worse perception of their own health, that is, they have largely assessed a deterioration in their health condition in the past 12 months, contrasted with the respondents whose monthly household income ranges between 15.000 – 20.000 denars, a large share of whom stated that their health condition has not changed significantly in the past 12 months; moreover, the percentage of respondents who state that their health has improved is double the percentage of respondents from the previous category (Chart 62).

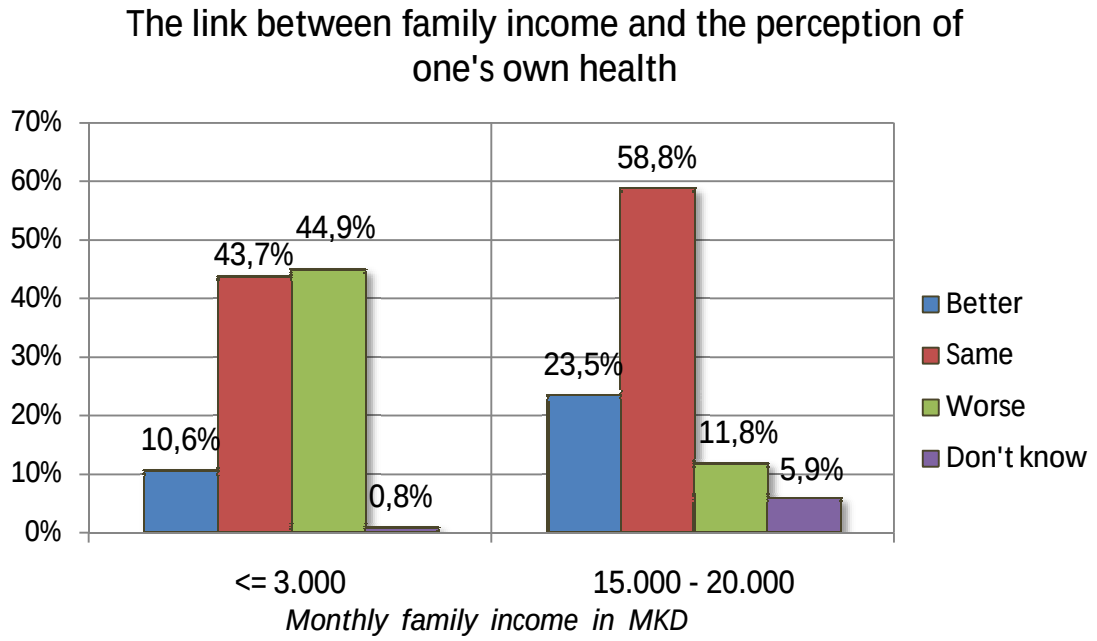


Chart 62. Interconnection between the monthly household income and the perception of the respondents of their own health

Likewise, the focus groups with male and female Roma respondents indicated that the poor living conditions and poverty pose a considerable negative impact on the health condition of the Roma population.

„In my family we don't have any serious disease, except occasional colds, the older members suffer from more serious diseases, depending on how they are taken care of, in Shuto Orizari this is more difficult because there is no hygiene, there are many illegal dumps, dust everywhere, the streets are dirty " (a Roma respondent)

„I think a lot about my health, my hygiene, when I worked I knew how to take care of my health, I had money, but now that I don't work I can't afford always to eat fresh food, to take vitamins….. " (a Roma respondent).

Moreover, the respondents stated that due to the inauspicious financial standing, the persons with chronic diseases cannot comply with the doctor's advice and cannot afford to take regularly the prescribed therapy or to consume the adequate food.

„I am a diabetic, I also have weak arteries on my right leg and I have my mother at home with dementia. But I take regular plain food, what else can I do when the food for diabetics is very expensive, I can't afford to buy such food". (a Roma respondent).

In addition to the medical consequences, the deteriorated health condition causes other consequences as well, reflected in the working ability and the socio-economic status of both the individual and the entire family.

An indicator for the above stated is the data that in the past 12 months, 48% of the respondents were prevented from performing their daily obligations due to their poor health (Chart 63).

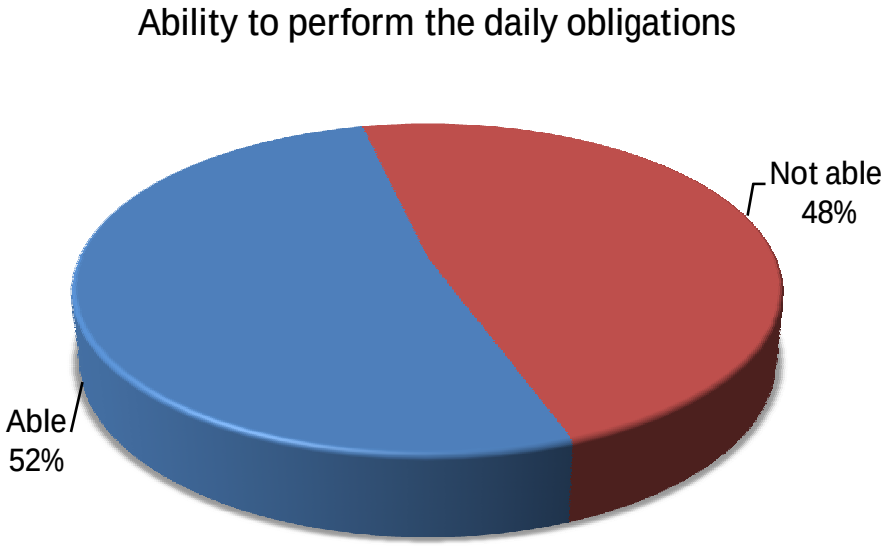


Chart 63. Presentation of persons who were not able to perform their daily obligations due to deteriorated health condition in the past 12 months

The average number of days within the past 12 months in which these persons were not able to perform their daily and work obligations is 30,7 days.

By comparing the inabilities to perform their work obligations due to the health condition of persons who are employed or work in the informal sector, a conclusion may be drawn that a third of these persons were not able to work in a certain period of the previous year (Chart 64). Due to their poor health condition, the persons who have their share in the household income were not able to work over a certain period of the year, which contributes to reducing the already low household income and thus increasing the poverty in these families.

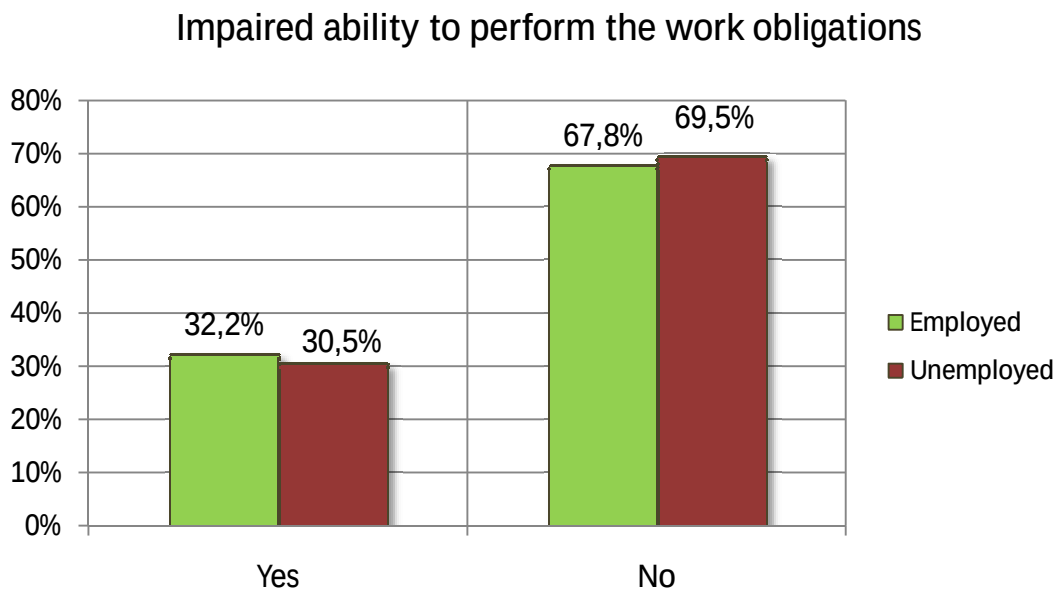


Chart 64. Distribution of persons who had an impaired ability to perform their daily obligations in the past 12 months due to their deteriorated health condition and based on the employment status

The focus groups with Roma NGOs articulated several data which indicate the interconnection between the poor health condition and their unfavorable socio-economic standing.

„Since other problems that affect the health of the Roma prevail among the Roma population, we can't list all the problems the Roma are facing, bad conditions that have an impact on their health, unemployment, their diet should be diverse, they live in sub-standard conditions, where they even can't get enough light from the windows, they live in dampness, in a bad infrastructure, I am talking about the Roma in Topana, that suburb is facing a number of problems that influence the health condition of the Roma... We have been working on health insurance since February and I can say that there are many problems that the Roma population faces in their cities, in the small settlements located at the periphery of a town. Everywhere we go, the Roma are always located in the city periphery, which means that there are many problems that affect the health condition of the Roma" (a representative of a Roma NGO).

„There are many factors that affect the health condition and it is worse for the Roma compared to the other citizens in Macedonia" (a representative of a Roma NGO).

IV. DISCUSSION AND CONCLUSIONS

The data related to the socio-economic situation indicate the major problems the Roma are facing. They include the low education level, the inappropriate conditions and space for living, the unemployment and the low monthly income per household.

The data clearly indicate that all these negative factors are much more prominent for the Roma women. Considerable resources and possibilities remain inaccessible to the Roma women, to a much higher extent than to the Roma men, which makes their situation unfavorable even within the Roma community itself.

Education

The situation in the area of education is of particular concern since the majority of the Roma population is illiterate and most of them have not completed even primary education. The low education level is much more present in the Roma women compared to the Roma men. This is indicative of the situation of the women in the Roma family, that is, the priority for schooling is given to the male children at the expense of the girls.

By comparing the variables, a conclusion can be drawn that the low education level of the Roma leads to unemployment, as a consequence of which they live in an unfavorable economic situation. On the other hand, this low education level also leads to a lower level of health culture and less awareness of the options offered in the health care sector.

Unemployment

The unemployment, which is a fairly serious problem generally at state level, has a particularly high incidence rate and grave nature in the case of the Roma population. In addition to the inadequate education, which impedes the employment process for the Roma, they fail to demonstrate any considerable interest in trying actively to find a job. Therefore, a significant portion of the Roma has never been employed and the prospect of their finding a job in near future is highly unlikely.

As with the education issue, the unemployment rate is much higher for the Roma women. It is yet another indicator of the unfavorable situation of the Roma woman whose role is to take care of the home and the family rather than to work, despite the fact that a large number of Roma families live in poverty.

Poverty

Poverty is another problem that has a high incidence rate among the Roma population. The reasons for this poverty are enrooted in the low education level and the high unemployment rate among the Roma population. The data clearly indicate that the largest share of the Roma families obtain their income through the social welfare benefit or by working in the informal sector. The income is low, irregular and unstable. Due to this

reason, a large percentage of Roma families live in poverty. The data that most Roma households spend below 3.000 denars monthly for food, which is basically the bulk part of their income, speaks of the fact that the diet in these families is inadequate to the normal dietary needs. On the other hand, the fact that the almost entire earnings are spent on food implies that minimal assets are left for all other needs, including the costs for schooling of the children, hygiene and health needs.

Hence, living in poverty and the lack of interest of the parents for the education of their children lead to a generation continuity of low education in a certain segment of the Roma population. However, the discussions within the focus groups indicated that the teaching staff do not have sufficient understanding of the pupils' special needs and the problems they are facing outside school.

Health insurance

The survey data indicate an improvement of the situation with health insurance of the Roma population. An increasing number of Roma are covered by health insurance, which facilitates their access to using the health care services. The findings from the discussions indicated that the continuous work in this area has contributed significantly to the improvement of the situation with possessing health insurance. More specifically, the outcome of the measures taken to raise the awareness of the Roma population for the need to have health insurance, as well as the procedures for obtaining such insurance was a significantly improved situation and an increasing number of Roma obtain their health insurance. On the other hand, the measures undertaken by the state to facilitate the procedures for obtaining health insurance have also exerted a considerable positive impact on this situation. Nevertheless, the data indicate that the largest portion of the Roma is insured by using the social welfare benefit and registering in the Employment Service Agency rather than by actually having a job.

The findings of the focus groups with Roma population indicate that the problem of not possessing health insurance is most prominent in the Roma population living in the slums with temporary dwellings. This category of persons is a particularly vulnerable group of individuals both in terms of their socio-economic status and their health condition.

The discussions within the focus group with the medical personnel indicated a new problem related to health insurance. The family doctors from Shuto Orizari stated that they often encounter Roma patients who have proper health documentation, that is, a health card and blue tickets (tickets for confirmation of health insurance status) and yet they are not registered in the system as insured persons. This occurrence has especially become a problem after the privatization of the primary health care institutions, because the family doctors cannot register these patients as their own patients and thus these patients are not entitled to free health care to be provided by the family doctor. The reasons for this occurrence should be additionally explored by the relevant state institutions working in this area.

Health care and health care services

The primary health care coverage, as well as the use of its services by the Roma population are not on the satisfactory level. The largest share of the Roma have a family doctor, but the medical personnel from Shuto Orizari underlined that only a smaller portion of the Roma have actually selected their own family doctors and the majority had their medical files automatically distributed to the existing family doctors by random choice.

A weaker health care is present in the area of the gynecological health care and in pregnancy and post-pregnancy health care. The Roma women almost do not go for regular checkups at all and mostly turn to the doctor when they come to the stage of suffering from a health problem for some time. According to the statements of the medical personnel and the representatives of the NGOs, the Roma women mostly go the gynecologist during their pregnancy. However, even during this period, a significant share of the women does not go for regular gynecological checkups. The low awareness level and the lack of health related education, coupled by poverty, are the leading factors for this situation.

Although the Roma are covered to a sufficient extent by the primary health care services and the majority of them are satisfied with the treatment they receive by the medical personnel, the largest share of them are globally not content with the health care services they have at their disposal. The gravest problem for the Roma is paying the medicines which are on the positive list, but nevertheless not available in the pharmacies, as well as paying the participation fee in the secondary and tertiary health care institutions, especially for hospital treatment. The problem with the shortage of medicines in the pharmacies is generally present throughout Macedonia, but it constitutes a significant impediment in using the health care services by the Roma population and all poor classes of the population leading thus to impairment of their health condition. However, most of the Roma are not satisfied with the fact that the doctors do not explain sufficiently their health condition, the required therapy and the further development of the disease. These findings were also confirmed in the discussions within the focus groups with representatives of the Roma NGOs. An evident example for this situation is the fact that most persons suffering from chronic diseases are not advised to have regular examinations. The medical personnel in the focus group had an explanation for this problem. They underlined that after the privatization of the primary health care, the doctors have much more administrative work, which considerably shortens the time they can spend with the patients, despite the fact that they are aware of the need for additional explanation of the health condition. The doctors are aware that due to this particular reason, the Roma are not satisfied with the service they get and that there is a danger of losing their patients. Moreover, this problem occurs in the secondary and tertiary health care institutions as well.

The above stated is conducive to the fact that there is a need for additional sensibilisation of the medical personnel in regard with the special needs of the Roma population when they turn to the health care institutions. This is given the fact that although the medical personnel are correct in their behavior, a certain percentage of the respondents are not content with the health care services. On the other hand, the patients are clearly not advised on the need for additional checkups, which exacerbates the development of their

diseases and their general health condition. Furthermore, it is recommended that more social workers are employed in the health care institutions. The social workers would be tasked to facilitate the communication with the Roma patients, but also to advise them on their rights and refer them to the adequate means to attain these rights

Health condition, factors that influence the health and the related consequences

The data indicate that the living conditions and the low financial household income significantly contribute to the exacerbation of the health condition of the Roma population. Living in poverty itself leads to numerous health risks, among which inadequate diet, poor hygiene conditions, lack of means for obtaining appropriate health care and a lack of means for appropriate infant and child care. The persons who live in poverty have a much worse perception of their own health than other people. On the other hand, chronic diseases mostly occur in persons living below the absolute line of poverty and they are neither able to purchase the necessary medicines, nor to pay for the participation fee for hospital and outpatient treatment in the secondary and tertiary health care institutions. It is evident that the chronic diseases in the Roma population occur to a much higher extent compared to the non-Roma population; moreover, these diseases occur at a much younger age among the Roma population in comparison with the rest of the population. All these negative influences on the health are much more prominently expressed in Roma women.

Hypertension prevails among the chronic health conditions of the Roma. The data indicate that hypertension mostly occurs in middle-aged persons with a higher incidence rate in women. The largest share of the persons who are aware that they have hypertension, do not regulated it properly and most of these persons already have complications caused by the hypertension. These data might indicate an unsatisfactory health care for these persons, but also for the insufficient personal care of these persons for their own health, which is conditioned by insufficient information and shortage of money to follow the prescribed therapy.

Another factor that affects negatively Roma's health is the lack of healthy life styles, which is evident even for those individuals who have impaired health. An appropriate indicator for this is the data that more than half of the persons who are aware that they have hypertension are smokers. In addition, half of the respondents stated that they are active smokers. Main factors for the absence of healthy living habits of the Roma include the low level of education and health awareness, as well as the shortage of money.

A special emphasis should be placed on the absence of awareness of the Roma women of the need for regular gynecological screening. Although the findings indicate that Roma women are informed about the need for regular gynecological checkups, they still do not apply this. Their view is that they do not need regular gynecological checkups and would go to a gynecologist only in a case of a health problem.

The exacerbated health condition in a major portion of the Roma causes significantly impaired working ability. This occurrence is particularly negative in the Roma population because they earn a significant part of their income by working in the informal sector. Hence, every decrease of their working ability causes a decrease in the family income. These

data clearly indicate an existence of the vicious circle poverty – impaired health condition – poverty in the Roma. The unfavorable socio-economic situation has a negative impact on both the health condition and the occurrence of diseases. The impaired health condition leads, in its turn, to decreased working ability and productiveness of an individual, which additionally reduces the income and intensifies poverty.

V. RECOMMENDATIONS

1. Continuity in the implementation of measures and activities targeted at covering the Roma population with health insurance

   - Continuing the work and taking over by the state or the local self government of the centers that offer advice and assistance in accomplishing the right to health care in the Roma environment ;
   - Taking measures for identifying and resolving the problem related to the occurrence of Roma people who have proper health documentation, but are not registered in the records of the health care system;
   - Continuous education, including media campaigns, on the need for health insurance and the procedures required for obtaining such insurance in Roma environment;
   - Development and implementation of programs for promoting the health insurance situation among the Roma population living in slums with temporary dwellings.

2. Taking measures for promoting the quality of health care for the Roma

   - Implementation of activities for education of the medical personnel on the special needs of Roma patients, as well as their incorporation in the *Program for continuous medical education*;
   - Engagement of more health care collaborators in the secondary and tertiary health care institutions, whose role would be to communicate with the Roma patients and explain their rights and needs within the health care system;
   - Introduction of control checkups and a system for provision of the medicines which are on the positive list throughout the territory of the Republic of Macedonia with a special emphasis on the communities of predominantly Roma and poor population.

3. Taking measures for awareness raising regarding the need for promotion of the Roma's health condition

   - Introduction of programs for health education in the primary schools in Roma environment, which would include topics and contents adapted to the Roma needs;
   - Implementation of programs for health education and health awareness raising in Roma environment;
   - Implementation of special programs aimed at decreasing the smoking and alcohol consumption among the Roma population;
   - Introduction of programs for promotion of reproductive health in Roma environment, with a special emphasis on women's health, regular gynecological screening, and proper health protection in the period of pregnancy, childbirth and breastfeeding;

- Implementation of programs for education of persons with chronic diseases about the nature and development of the diseases, prevention and lifestyle;
- Development of programs for support and assistance to persons with chronic diseases who live in poverty.

4. Undertaking activities for decreasing the risk factors for the Roma's health

   - Undertaking measures and introducing programs for decreasing poverty among the Roma population;
   - Promotion of the level of education of the Roma;
   - Reducing unemployment of the Roma population.

5. Undertaking activities for promoting gender equality within the Roma community

   - Development and implementation of programs for promoting the concept of gender equality among the Roma. The programs would be related to the promotion of gender equality in all spheres of life, with a special focus on the health and health care, education, employment and housing.

APPENDIX 1: List of collaborators

List of collaborators that developed the questionnaire

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Coordinator of the quantitative part of the survey:

Andrea Puzderliski

List of collaborators who developed and conducted the qualitative part of the survey

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Development of the analysis in the Chapter *Hypertension in the Roma population*

Ass. Ph.D. Biljana Gerasimovska – Kitanovska, Nephrology Clinic - Skopje

Technical data processing

Marija Bozinovska

Used legal sources and literature

Legal sources:

- Law on Health Care
- Law on Health Insurance (amended text 30 December 2005)

Literature:

1. Janevik Tereza M.A., The inequalities in the *Heath Care System in Serbia*. The Mailman School of Public Health, Columbia University, USA 2007.

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