

RESEARCH METHODOLOGY REGARDING THE HEALTH OF THE GYPSY POPULATION IN DÂMBOVIȚA COUNTY

DANIELA TOMA¹, DORIN IOSIF BARDAC²

¹PhD candidate "Lucian Blaga" University of Sibiu, ²"Lucian Blaga" University of Sibiu

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Abstract: The purpose of this study implemented in Dâmbovița county is to find the relation between the health of the gypsy population and their social, psychological and physical environment. This issue is related to behaviour, lifestyle, habits, social and economic status of this population whose rate of mortality stands at a higher level compared to the majoritary population.

Cuvinte cheie: stare de sănătate, tehnici de cercetare, populația rromă

Rezumat: Scopul acestui studiu implementat la nivelul județului Dâmbovița, încearcă să găsească legătura între starea de sănătate a populației rrome și mediul social, psihic și fizic. Această problemă este legată de comportamentul, stilul de viață, obiceiurile, starea socială și economică a acestei populații a carei mortalitate se situează la un nivel crescut comparativ cu populația majoritară.

According to the fundamental methodological principle of the scientific research, formulated by Descartes in his first rule, the major objective of the researcher is to submit everything he knows to a constructive analysis.

The value of the scientific research lies in its efficiency to contribute to the elaboration of the development strategy of the Gypsy organization, of delivering the right decisions, defining the issues clearly, collecting data and outlining various activities investigated.

The object of the activity of the scientific research is to investigate specific process components in order to contribute to the improvement of the methods of communication and motivation, decision making, planning strategies and policies for Gypsy organization development, organization, management and control to meet the health needs of the Gypsy population studied.

The study started from the harsh reality of the poor health status of the Gypsy population in Romania, its less known difficulties in integrating, adaptability, in a permanent migration, refractory to everything that is new and with a very diverse structure.

The interdisciplinary dimension of the scientific investigation largely eliminates intuition and common sense and appeals to principles, laws, rules, relevant methods and techniques.

The research of the particularities of the Gypsies represents a systematic objective and an accurate process. Within this process, the following aspects can be identified:

A first particularity is the precarious social and economic situation likely to improve in the future, significantly lower compared to the rest of the populations (three quarters of the Gypsies live in poverty and more than half of them are placed in conditions of severe poverty), incompatible with EU integration.

The health problems identified in the Gypsy collectivities structured by age, sex, occupation, training and seniority are also specific.

There are no local measures to improve the living conditions of the Gypsy population (we consider the current financial crisis), as well as the continuing decrease in the number of beneficiaries of social aid (law 416) through its award crunch.

Other particularities are related to the tribal mentality

on the marital act by maintaining Gypsy traditions, low level of education due to dropout of school, drastic decrease in the number of jobs offered to the Gypsy population, serious problems of theft, begging, trafficking issues and substances prohibited by law, the growth of domestic violence.

This study is consistent with the national and EU objectives through its practical applicability:

- health knowledge in the collectivities of Gypsies;
- recognition strategies to maintain health and disease prevention;
- technological process, professional risk factors and labour safety;
- the organization of health care in the populations studied;
- initiation of measures of social integration of the Gypsy population through support by local authorities, in order to access European funds by developing viable projects;
- prevention of Gypsy migration to the city in order to prevent the spread of ghettos of poverty and delinquency.

This scientific research is defined by the following steps:

1. setting the problem, that is the objective of the scientific analysis on the status quo of knowledge;
2. dimensional analysis of the concepts by describing the processes under investigation;
3. determination of the investigated phenomena and processes;
4. establishing methods of research and the development of the collection of information instruments;
5. pilot survey and research in the field itself;
6. information processing that can be done using the latest techniques;
7. data analysis and examples of processes and phenomena studied;
8. the last stage of scientific research is research report writing.

The current study has as perspectives the following terms of reference:

- increasing human resources necessary to improve the access to public health care for Gypsies;
- increased capacity and efficiency of public health services;
- universal access to a minimum package of health services provided by law, including the populations studied.

The scientific research techniques can be intuitive

¹Corresponding author: Daniela Toma, Crângurile, Găiești, Jud. Dâmbovița, România, E-mail: dr_toma_daniela@yahoo.com

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techniques, explorative techniques, normative techniques, cyber techniques, recovery techniques for the system stability, polling techniques discontinuities, quasi-analysis techniques scheme, simplified system analysis techniques, biographical technique that aims at collecting information about the main events.

The medical scientific research management provides a true discovery of the problems and their correct formulation, removing false problems, setting goals, objectives and priorities and systemic approach to obtain reasonable results

The current research activity consists of:

- identifying the problems;
- defining the objectives;
- selecting the means for evaluation;
- analysing and synthesising the results of the scientific methods;
- applicability in practice management.

The hypothesis is a specific form of scientific thinking. It plays an important part in the road from facts and isolated phenomena known to connections and relations, the essence and the objective laws they produce.

The research hypotheses:

- the health of the individual depends more on the living conditions than the healthcare that a system can offer;
- there are differences between the self-identified Gypsies and the hetero-identified Gypsies themselves in terms of health and quality of life;
- improving access to primary health services for the Gypsy population also involves initiating measures of social integration by supporting Gypsies by the local authorities
- improving the health and quality of life of the Gypsy population is conditioned by an integrated social and medical services system centred on Gypsy communities focusing on medical planning, social care and maternal and child health;

The purpose of this study is to improve the health and quality of life by increasing the addressability and accessibility of the Gypsy population to health and social services.

Description of the study

This study approaches problems concerning the health problems and the quality of life of Gypsies, the technological and professional risk factors, safety at work and the organization of care.

A less studied problem is the connection between the health of Gypsies and the social, psychological and physical progress or regress of this ethnicity with problems related to behaviour and lifestyle.

After setting the goals and the objectives, I have chosen, as a research method, the observation and as data collection tools, the questionnaire and the interview.

The research study was made between October 2010 and October 2012.

Reference population

According to the census conducted in 2011 in Dâmbovița, a total of 24,728 people from the ethnic Gypsy groups (self-identified Gypsy) were reported. In the same county, a total of about 80, 000 people from ethnic Gypsy groups (hetero-identified Gypsy) were also reported. That is why I have selected a large number of rural settlements where there are significant communities of Gypsies, both hetero-and self-identified, such as: Ludești, Patroaia, Glod, Mătășaru, Cojasca, Butoiu.

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