



USAID
FROM THE AMERICAN PEOPLE

INTRODUCTION TO ROMA CULTURE

EXPLORING CULTURAL DIVERSITY FOR FAMILY DOCTORS



ROMANIAN FAMILY HEALTH INITIATIVE
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Introduction

During the last seven years, as a result of the cooperation between Romanian and international bodies (including JSI Research & Training Institute, Inc.), two research initiatives concerning the state of reproductive health were conducted for the Romanian population as a whole as well as for individual ethnic groups, including Roma (A Survey on Reproductive Health in Romania 1999 and 2004). The analysis of these data contributed to establishing priorities in the field of reproductive health and family planning. In November 2001, this context informed the launch of the *Romanian Family Health Initiative* (RFHI), implemented by JSI Research & Training Institute in association with the Ministry of Public Health (MOPH), and funded by the United States Agency for International Development (USAID). The program was aimed at increasing availability of family planning and reproductive health services to women of reproductive age (15–49 years old), especially those who belong to disadvantaged populations. RFHI worked at a national level, within the framework of national health programs and relied on three types of actions:

- Training family doctors to provide family planning and reproductive health services (FP/RH)
- Ensuring constant contraceptive availability
- Information campaigns on the availability of FP/RH services to increase demand

One of the RFHI components was specifically designed for the Roma ethnic group, a population that for various reasons faces serious obstacles when it comes to seeking and accessing medical assistance services. The project focused primarily on the Roma health mediators (RHMs); training in the field of RH/FP; supporting their activities by disseminating information and educational materials; and working to improve their status.

Beyond the professional competence and the scope of medical action, a family doctor should recognize and be prepared to cope with a host of social, cultural, economic and even political issues that face the community where his or her activity is based. A family doctor is the “core” of the medical system; the most important link in a system that contributes to the health of a community irrespective of religion, ethnic group or other criteria. Throughout the two years of implementation, much emphasis was placed on the value of family doctors’ and their commitment to improving the health of Roma communities, even when Roma people did not represent the majority on their list of registered patients.

Numerous family doctors have shown interest in improving their relationship and communication with Roma patients. JSI conducted workshops in six counties for family doctors who provide health care to members of the Roma community. Topics in these workshops included barriers to access to health care services for disadvantaged populations, discrimination and social labeling, elements of Roma culture and customs, and the need for increasing social capital within Roma communities. The next step was to define, in a structured framework, all the necessary information that can help a family doctor better understand and appreciate the Roma community. In this way, this guide was developed.

This paper is intended for family doctors in particular, but also is useful for other professionals who provide medical services to the Roma community in Romania. It may reveal new information about the Roma, or may explain previously misunderstood aspects about the population, whether about their history, cul-

ture, customs, socio-medical, or economic issues. Keep in mind that this manual is only a guide; the solutions lie within each of us!

The subtle purpose of this guide relates to the human dimension of doctor-patient interaction. It is a starting point for asking questions and looking for answers, for gaining familiarity with those who are unlike us before judging them, for highlighting the values and human qualities, for looking in depth at events and phenomena we need to face. This paper includes several chapters written by different people; but each chapter shares a theme of diversity and intercultural communication.

This manual will benefit not only medical professionals who can improve the quality of medical care, but also their patients. Through doctors' heightened awareness of the socio-cultural dimension of illness and doctor-patient relationships, patient's lives will be improved, particularly Roma patients who will be able to seek medical care in a timely manner and with confidence.

This paper is a small step in an attempt to improve Roma health—but it is a step forward nonetheless. We hope it will be helpful to anyone who reads it, in the endeavor to build bridges between ethnic groups and individuals.

This publication is a compilation of articles and stories that provide insights or an historical perspective on the Roma population as well as the current status of health care, including the role of health mediators. Written by academics, practitioners, and journalists, this publication is designed to enhance cultural competency of those working with the Roma.

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Brief History of the Roma in Romania

Historical Overview

The Roma people are most likely of Indian origin and are now found all over the world. Their arrival on the European continent involved several consecutive waves between the 9th and the 15th centuries. Various theories mention two groups of Roma people, following different itineraries, one penetrating the European territory from the steppes of Central Asia, the other crossing Northern Africa through the Iberian Peninsula.

The first documentation of a Roma community dates back to 1068, during the time of the Byzantine Empire. There are several theories concerning the arrival of the Roma population in Romania, but Roma were first mentioned in a document from 1385.

The origin of the name given to this population is a subject of controversy. The most credible theory maintains that upon coming into contact with the Byzantine Empire, they were mistaken for the members of a sect of *athinganoi* (meaning “the untouchables”), who inhabited what is now Eastern Europe. The name given to them was transferred to all the other Roma groups and it became the word that many languages have built upon: German- *zigeuner*, Hungarian- *czigány*, French- *gitan/tsigane*, Italian- *zingaro*, English- *gypsy*, while most of the Romanians most often refer to Roma as *țigani* (see box, right)

The name *țigan*, however, carries very negative connotations, and it is used primarily by people outside the ethnic group. Those who are a part of this ethnic group use to the name of Roma which in the language of origin, Rromani, means “man,” “married man” and in a wider sense, “a person belonging to our group” or “us.”

The word “Roma” comes from the Greek word *rhomaïos*, which is a name for the inhabitants of the Roman Empire, and after the proliferation of Christianity, it was the name for Christians of Byzantium. The name *sinto* was given to the Germanic Roma people, and *kalo* to Hispanic Roma people. These

diverse origins of the Roma people have created a trans-frontier ethnic community with a distinct language and a distinct culture. Recently, the organizations advocating for Roma have managed to compel recognition of the name of “Roma” in most countries, a name that has also been accepted by the state authorities.

Slavery

Slavery is a critical chapter in the history of the Roma people. Roma were slaves until the middle of the 19th century. Some historians believe that the Roma were taken prisoners by the Tartars and forced to accompany them up to the banks of the Danube during the Tartar invasion in the 13th century. The Tartars were then defeated by local forces, and the Tartars themselves became slaves—which did not change the condition of the imprisoned Roma population.

It was only during the first decades of the 19th century, under the influence of the European Enlightenment, that Roma were freed from slavery. In 1837, the Council of Walachia freed gypsies within the state and established colonies on the estates of aristocrats. The Roma received farmland and enjoyed the same treatment as free peasant landowners. In 1844, the General Assembly in Moldavia adopted a law that abolished the enslavement of Roma. At first, the early measures taken to abolish slavery had nothing to do with the principle of equal rights and were driven by economic advantages. In 1855, Moldavia freed all gypsies as did Walachia one year later. During the next century, the Roma people lived in isolation, and only during the period between the two World Wars did an awareness of a Roma identity start to develop within the Romanian Roma community. At this moment, the name ‘Roma’ replaced that of ‘țigan.’

The Trauma of Deportation

Despite the persistence of some traditional communities, overall Roma populations began to modernize, and the first Roma intellectuals, artists, and businesspersons recognized by mainstream society

emerged. Moreover, in 1933 the first national organizations were established, including The General Association of Gypsies in Romania and the General Union of the Roma in Romania. These groups were vocal advocates for the emancipation of Roma people and for acceptance into mainstream society.

Unfortunately, this progress was aborted during the period of totalitarian regimes. 1940 marked the most dramatic episode in the history of the Roma in Romania: the Holocaust (*Pojramos*, 'the devouring' in Rromani language). Thousands of 'amoral' or nomadic Roma were deported from Romania because they had allegedly contaminated the 'Romanian race.' However, the plight of the Roma during the Holocaust was not officially acknowledged until 2004. Whereas some authors mention a phenome-

Why "Roma" and why not "Tigan"?

In the Rromani language there is no such word as *tigan*. The word is a pejorative term used primarily by non-Roma individuals. Additionally, it is an inaccurate word for designating inclusion in the Roma ethnic group, since it originally designated a religious group that was accused of heresy by the clergy. The word *tigan* ('gypsy' in English) comes from *athinganos* or *athinganoy* in middle Greek, where it meant 'heathen', 'untouchable', or 'impure'. The word appeared for the first time in 1068 in a Byzantine monastery, in the writings of a monk. He wrote that the *athinganoyi* were a group of heretics, a nomadic people who were astrologists and wizards, and advised the Christians to avoid them.

In the Romanian princedoms, from the moment the word was first used, the term *atigan* (which later became *tigan*), designated the social status of a slave, not an ethnic group.

Two different meanings of the word *tigan* thus emerged: one, a heretic, and two, a person whose social status is outside society. The word 'slave' appeared in Romanian much later, but in Old Romanian the word to designate this social category was *tigan*. The slave/heretic was not included in the social structure of society, was not considered human, and was an object of (human) trafficking.

Later, the word *tigan* preserved these profound pejorative meanings in the collective Romanian mentality.

Roma is an old word in Rromani language that has always been used to designate inclusion in the Roma.

Delia Mădălina Grigore

non similar to the Holocaust in terms of scope, the only clear evidence suggests that approximately 25,000 Roma were deported, of whom more than 11,000 died because of hardship, insufficient food, cold, execution, etc. The Holocaust is still a traumatic memory for many older Roma, and it has also been internalized by subsequent generations.

A Marginalized Minority

After World War II, the communist regime called on many of the Roma people to strengthen Romania's new political power, but after Nicolae Ceausescu's political reform of the 1960's, more and more Roma became victims of the policy of ethnic homogeneity. The concept of 'social uniformity' enforced by the communist regime forced assimilation of the Roma in particular under the guise of creating a 'new citizen.' Because of this policy, the Roma were perceived as aliens who needed to undergo a process of becoming Romanian. Despite assimilation, this new identity was also associated with a culture of poverty and underdevelopment.

During this time the Roma ethnicity did not officially exist. Roma-specific traits were associated with inferiority, and the Roma worked mostly in non-skilled occupations. During the communist regime, as many as half the Roma were employed in agriculture in cooperatives and state farms. They were systematically denied jobs in their trades, though many Roma continued to work in unrecognized and illegal trade markets.

The communist regime also attempted to assimilate Roma by eliminating nomadic migration and forcing these groups to settle in one location. Roma who were not migratory but were living in villages were relocated to buildings on the outskirts of towns (or in houses that used to belong to the German population in Transylvania); this forced change in the structure of Roma communities and did not improve their standard of living but caused unrest within these communities.

The policy of ethnic homogeneity included the educational system as well, but although school became compulsory for all, however, the illiteracy rates among the Roma remained high. Many Roma fami-

lies were too poor to send their children to school since they were needed at home or to contribute to the family income. In addition, many Roma children could only speak Rromani, and therefore could not participate in the Romanian educational system. Despite the official policy of social integration, many Roma were among the most marginalized in Romanian society.

After 1990

Shortly after the fall of the communist regime, Roma were officially recognized as a national ethnic minority, and in 1992, the Roma ethnic group was given the right to representation in Parliament. This created a potential for political and civil rights, however, the economic and social status of the Roma continued to depreciate.

Nevertheless, many Roma political and cultural organizations were established during this period, paralleling the emergence of a national awareness of diversity and a class of Roma intellectuals. Currently, there are over 200 such nongovernmental associations, and each of them contributes to improving the economic and educational status of the Roma minority.

Other improvements came in the context of Romania's preparations for European Union (EU) accession. In April 2001, the government adopted a strategy to improve the status of the Roma by increasing the standard of living, increasing education levels, and mitigating Roma stereotypes. This strategy was supported by positive policies such as promoting Roma members in local administrations, reserving a dedicated number of places for admission to high school and university, and organizing trainings to revitalize Rromani language and culture.

The actual number of Roma people in Romania is subject to controversy. The last census in 2002 recorded only 535,000 Roma, but organizations within the ethnic group estimate that 1.5-2 million Roma is a more accurate estimate. Despite this discrepancy, Roma are the second largest minority in Romania (Hungarians are the largest).

Finally, Roma have begun to achieve an international level of organization by adopting a flag sym-

bolizing ethnic unity. The flag is made up of two horizontal stripes, one green, the other blue, with a wheel in the middle. Green stands for Mother Earth, blue is Father Sky and God, and the wheel is the symbol of the hundreds of years of pilgrimage of Roma people.

Cultural and Other Specific Elements Related to the Roma in Romania

With the modernization of the economy in Romania, some of the traditional Roma communities have been forced to change their way of life, resulting in alterations to the social structure of communities. Consequently, the number of nomadic Roma populations dropped dramatically, although this 'exotic' way of life remains visible in Romania.

Reviewing the evolution of Roma communities throughout history, a set of common distinguishing elements emerge.

Above all, the nomadic way of life is central to the past and/or present of Roma communities. Whereas most non-Roma peasants rely on such values as stability and land ownership, Roma priorities include freedom of movement, and independence.

The memory and the tradition of the nomadic way of life live to this day and it is most visible in terms of accommodation, even for the majority of the sedentary Roma. Consequently, the traditional tents and covered wagons have been replaced by small houses without modern amenities. This tradition is sometimes preferred even when a family has the option to live in a more modern home.

Note that while the majority of Roma in Romania are poor, not all Roma communities are impoverished. In Romania, there are examples of very wealthy Roma people who place a high value on the aesthetics of a home and borrow from dramatic architectural styles of other cultures. Wealthy Roma build these 'palaces' not as a symbol of wealth, but as an expression of eclectic creativity through extreme elements such as silver towers. Sometimes these families with large homes still prefer to live in tents or smaller homes near the larger building.

Another element specific to Roma communities is

Roma Clans

In Romania, the Roma are divided into about 40 clans, based on family ties, profession, dialects, and way of life (sedentary or nomadic). The clans include:

- Tinkers (including the *costorarii*): historically the poorest of the Roma, for whom poverty persists today.
- *Lautarii*: Gypsy musicians are the keepers of Romanian music and the disseminators of folklore.
- Bear tamers: the *ursarii* used to live a nomadic life and made a living from circus shows with tamed bears. They currently live in compact communities, speak Rromani and maintain the tradition of gypsy trial called *stabor*.
- *Matasarii*: this group is from Transylvania and deal in carpets and silk.
- *Caldararii* (including the *zlătari* and *lăieșii*) former tent-dwelling nomads. Men are artisans who make cauldrons, roof tiles, and jewelry from copper or brass sheets. Women manufacture hair and whitewashing brushes.
- Blacksmiths: They made light weaponry and chain mail, knives, scissors, and tools for farmers and carpenters. Later, many of them were able to buy land and find jobs in industry or on building sites. Eventually, their descendants came to attend vocational schools, graduate, secondary, or university. They were among the first to lose their language and many no longer identify as Roma.
- Horse breeders (*crastarii*): a sedentary population dealing in horses and reputed 'horse healers.'
- Silversmiths (ring makers): jewelers making silver and gold jewelry, known as the elite of voyagers. Gypsy trial known as "called for hearing" is still common practice among silversmiths.
- *Rudarii* (woodworkers): descendants of the ancient gold-seekers, they turned to woodworking (making wooden dishes and spoons); later they learned how to make clay bricks. They were the first to lose their language, and many identify as Romanians.
- *Vatrashii*: sedentary Roma. Traditional artisans who were homeowners, but the name was also used for unskilled workers and tenants who gave up the nomadic life, generally losing their language and customs.
- *Gaborii*: this group lives in Transylvania. They are merchants, and work as tinkers making waterspouts and pipes or practice a modern profession. Most are trilingual (Rromani, Romanian and Hungarian), but have a high level of awareness of Roma identity.
- *Cocalarii*: descendants of ancient ivory carvers. Those who specialized in making combs formed a subgroup called the comb makers (the *pieptanarii*). Later, some of them became unskilled workers; others made a living by collecting feathers (the *fulgarii*).
- Tartar-Turks and Hungarian gypsies: They are Roma who, due to cohabitation with majority groups such as Turks, Tartars or Hungarians, became assimilated, adopting the traditions, rules and even religions of those living in the same community.

the importance attached to family. Family is understood in a wider meaning to extend beyond immediate family members. Generally, the biological family unit is of less importance than preserving clan solidarity. Thus, the elderly are cared for by their descendants, unmarried people (a rare occurrence) remain with their parents, and orphans are cared for by relatives. This community structure secures a sense of social and psychological comfort for the individual and exclusion from the group can mean a very severe loss of social support.

In contrast to the importance of community and family structure, there is a frequent disregard for formal, government-administrated aspects related to family life. For example, many Roma couples prefer to live together without a government-issued marriage certificate. In cases where a marriage certificate is obtained, there may be little importance attached to the authority of the document.

There is often a clear division between the roles played by men and women. Usually, this division is traditional, where the male counterpart provides for the economic needs and nurtures ties with other families in the community. The woman, who is the "heart" of the family, is responsible for child rearing, preparing food and maintaining the household.

The most important event in many Roma families is the birth of children, especially the first-born. This tradition largely accounts for the high number of children in Roma families. The entire family is engaged in raising each child who matures surrounded by parents and

family. Assertiveness and accountability, as well as the capacity to manage on one's own early in life, are highly valued within the family and the community.

Due to the tradition of family/community cohesion, many Roma preserve the elements of *autonomous organization*. In the past, related families organized into a clan. Clans consisted of 30-40 families who practiced the same craft and traveled together about the country. Eventually, clans began to develop a sense of unity as one Roma society.

In the past, there was a leader in each clan (historically named *jude* in Walachia or *voievod* in Transylvania). Seen as the strongest and the wisest

in the clan, the *jude* was elected for life, and his authority was undisputed. One of the most important roles of Roma leaders today (known as *bulibasha*) is to arbitrate litigation between members of the same clan. Trials are based on informal laws and are witnessed by the community.

The *cris* (gypsy trial) is a court trial for internal community affairs that today is practiced only by the *caldararii* (see box page 11). Also known as *stabor* in other regions, the *cris* meets in public to address threats to the internal cohesion of the group, norms, traditions, or economic stability of the group. The Rromani Law, *rromanipen*, relies on a set of rules, most of them focused on the notion of family. Some of the key concepts from the *rromanipen* deal with

"The Gypsies' Doctor" and the Village Tune

"The doc's here! The doc's here!" Children are running up and down the narrow village alleys and shouting at the top of their lungs letting the others know the family doctor has come. People gather instantly as everyone has a question to ask, either on social benefits, or on the news from the town's hall. Dr. Gheorghe Andor is a true leader in the Roma communities in the commune of Holod, County of Bihor, where he has practiced medicine for over 25 years. When he visits Lupoica, they give him a princely reception with musical accompaniment.

Dr. Andor is a family doctor with over 2,700 patients, half of them Romani, from eight villages in Holod. His colleagues nicknamed him the "gypsies' doctor," and he is proud of it, even though his friends advised him to move to another place, where, they say, his job would be easier. Dr. Andor says he feels tied to the people who have been in his care for two decades. Another reason that he never considers changing places is the people's appreciation. Whenever he visits Lupoia, the largest Roma community in the commune, people greet him as a guest of honour. Whole families, from the youngest to the oldest, gather, and place a big table in the middle of the road. While the doctor is seeing to his vaccines and patients, one community member plays violin while another sings.

The villages where Dr. Andor serves as a family doctor are all very poor in these villages and the families live on social benefits. To this day, Dr. Andor remembers how nervous he was the first time he met the villagers.

They greeted him nicely even then, and the tune followed his steps down the village road. They trusted him from the very start, and later that trust turned into respect. The villagers are not merely fond of the doctor. Eight years ago, when the mayor of Holod announced that he planned to replace Dr. Andor, the villagers protested. A large group gathered in front of the village surgery with a list of signatures to protest "the old doctor's leaving." Their protest continued in front of the town hall, and the villagers went back home only after the doctor as well as the mayor promised them he would not be replaced.



Doctor Andor working in a Roma village

lajav (shame), *pativ* (honesty), *baxt* (good luck), *ujo* (purity), *mahrime* (impurity), *gadjo* (aliens/non-Roma), and ritual politeness within the group.

While the family plays a leading part in each Roma community, the Roma have a limited ethnic identity. This is because it is an ethnic group based on diversity and as such, lacks common features that would otherwise define it consistently. According to recent sociological data, the Roma have the weakest sense of identity of all the significant ethnic minorities in Romania. A study published in October 2002 shows that 33% of Roma perceive themselves as Romanians, 37% perceive themselves as Roma, while the remainder identify themselves according to regions in which they live. It is worth mentioning that the

percentage of Roma identifying with the Roma ethnicity is considerably higher than estimates from a similar survey carried out only a year before.

The Roma proverb '*Po but siklos bersentar sar li-lentar*' ("time teaches more than books") highlights the Roma tradition of oral history. Generally, the Roma are not concerned with written histories, because everything, including tradition, beliefs, and legends, is communicated orally from one generation to the next. There is no known written record of history and culture of the Roma in Romania. The oral nature of Roma culture also contributed to the co-existence of several dialects of Rromani instead of a consistent Rromani language. It is estimated that only 40% of the total number of the Roma in

When the doctor walks down the village alleys, even the youngest ones greet him with respect, while toddlers can only wave at him. This is because Dr. Andor has put his own life at risk to get to the sick people's houses: on two occasions, due to the state of the roads, his car overturned on his way to see patients. People will never forget that.

The Roma have a saying: "A family with many children is a strong family." This belief persists in the village of Lupoia where most people live in small houses with one or two rooms accommodating five to six children. In Lupoia, it is common for teenage girls to be pregnant for the second time. Dr. Andor and three nurses, one of whom is his wife, and the Roma health mediator, decided to speak to the girls in this community about family planning. The whole team had attended the training on family planning and reproductive health organized by JSI's Romanian Family Health Initiative. Putting this training into action was no sooner said than done. A room in Dr. Andor's own home, which also houses the surgery, became an area where, assisted by the three nurses, he talks with young women about contraceptive methods. His long history there has allowed him to become familiar with many generations. This eases communication with the young girls, who, though shy at first, become trusting when they find out that their mother's births were assisted by this same doctor. "I've seen them grow up," the doctor says proudly. The doctor's family planning initiative was successful and the number of young girls using contraceptives increased considerably. Now the girls bring their husbands along to get family planning counseling as well.

After 25 years on the job, Dr. Andor only regrets that he never learned the Rromani language. The doctor asked us to send him a dictionary, which we did. He now references it to understand the language of the Roma people with whom he works.



Roma women of two generations in the community thank Dr. Andor for his kindness and assistance.

Maria Berindei
Journalist, "Averea"

Romania speak the Rromani language. Most speak Romanian, although some have assimilated the language of other ethnic groups from the regions they inhabit, such as Hungarian, German, or Turkish. This is the result of forced and natural assimilation the Roma people. Nevertheless, in recent years the Romani language has been rediscovered by young people. This is largely to the credit of Professor Gheorghe Sarau, who has developed programs to reinvigorate Roma culture, including the introduction of Rromani language into school curricula.

In addition to a shared language, religion is another cultural element that often plays an important part in defining identity and maintaining group cohesion. Similar to Rromani language, Roma religion is not consistent across clans. Generally, the Roma have adopted the religion of the mainstream society. In Romania, the majority of Roma are Orthodox, though there are entire communities belonging to the Catholic or Reformed Churches (in Transylva-

nia) or Islam (Dobrudja). A recent trend is an increase in the number of Roma joining Pentecostal and Baptist churches.

Until recently, Roma people had a reputation for being good artisans, as they were blacksmiths, goldsmiths, and woodworkers. However, the almost-complete extinction of such traditional activities, as well as the need for permanent, sufficient income to meet household needs, has forced many to turn to seasonal, occasional labor. Roma culture is also marked by a passion for music and dance. Many Roma musicians have contributed to the dissemination and the development of Romanian folklore.

Because of the diversity of Roma culture and the differences between clans, the information presented here only scratches the surface of these few characteristics of cultural similarity among Roma in Romania. Only 10-15% of Roma have similar celebrations for life events such as birth, coming of age, marriage, and death, while most Roma have assimilated to the Romanian mainstream culture.

Though elements reminiscent of the Roma traditional way of life are visible today, assimilation during communism and inevitable modernization have pushed the traditional Roma culture towards extinction.

Marian Chiriac

Journalist, Editor of Divers Magazine
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Family and Health in the Traditional Rromani Culture

Purity and Impurity

The philosophy of the traditional culture of the Roma is based on the dichotomy between pure/*užo* and impure/*maxrime*. In order to achieve ritual purity, one must abide universal order and harmony via compliance to a model. Ritual impurity, while invisible, is spiritually prevalent, and is associated with deviation from the model. Ritual impurity breaks the intercommunity balance established by a set of rules of behavior and conduct, practiced for years. The notion of ‘pure’ in traditional Roma culture involves both the physical and the spiritual dimension. They compliment each other, since they often reflected each other. Contact with the impure world—such as a dead body and items left behind by the deceased, impure parts of the body, dirty objects, or belongings of *gazii* (strangers)—results in contamination by evil. A large number of rules apply to the human body, starting from the idea that the human body is divided into two parts; from the waist up is pure, and from the waist down is impure.

Preserving the norms of purity is one of the most important ways to keep tradition, and it protects community cohesion in traditional Roma society. Compliance with these norms is the responsibility of the individual but there is also a collective responsibility that holds community members accountable. This is the strong sense of shame (*lazipe* in Rromani) that is activated when norms are violated. It is instilled in children—particularly young girls—and is associated with a fear that is meant to last throughout a person’s life.

Children are endowed with purity, which they gradually lose by the very essence of earthly existence. As children, they are allowed to do things, such as wearing clothes that do not separate the upper part of the body (pure) from the lower part of the body (impure), that are forbidden and considered extreme for adults. Adults are obligated to abide by the rules of purity, and can be excommunicated from the community if they fail to do so.

The eyes, the head and the mouth are considered clean. Kissing on the mouth between members of the same gender or family is indicative of trust and

fraternity. Kissing the eyes is a sign of great respect; but it can also be a gesture of subordination, so it is often avoided. The colloquial greeting “*te xav tirre jakha*” (“let me eat your eyes”) is a sign of affection and of the need for protection.

The head is the place where fortune (*baxt*) and honesty (*pakiv*) are located. This explains the severity of slanderous accusations such as “*te xav tirro šero*” (“let me eat your head”), which addresses the symbolic loss of face, as opposed to “*te xav tirro ilo*” (“let me eat your heart”), which is a phrase that communicates extreme affection like that between siblings. When the hand touches the head, fingers are to be immediately shaken to remove the negative influence that the lower part of the body may have on the head. A skirt is never pulled over the head for fear of defiling the head.

A woman’s hair is kept in tight braids (*čungră*). Unmarried women wear three braids (*čhaja bare*), and two braids covered by a head scarf, a *dikhlo* (“what is to be seen”) are worn by married women. The hair is not supposed to be washed in front of the others or touched, because this is considered an erotic gesture. The headpiece, or hat, is pure also; therefore, it is sacred, and nothing human can pass over it.

Since the upper part of the body is pure (*užo*), women may show their naked chest and may breast-feed in public.

The lower part of the body must be kept permanently covered, a rule to be kept to by women and men alike. Traditional Roma women dress in long skirts and never in trousers or short skirts. Roma men wear long trousers and never shorts, since the knee is thought to be one of the most indecent parts of the human body. The legs and feet, especially a woman’s, as well as footwear are impure because they belong to the lower part of the body. When a woman treads on a man’s hat or throws her slipper over his head, including cases when she only mimics such gestures, he becomes impure. A broom is impure too, since it touches the floor or earth defiled by feet. It also renders a person impure if thrown over the head.

If a woman's skirt touches a vessel placed down or she simply steps over it, nobody will eat or drink from that vessel, which is why it is forbidden to place vessels on the floor or ground in places where everyone can come and go. Additionally, women do not wear one-piece dresses or other one-piece clothes, as they do not separate the pure part of the body from the impure one, and rules provide that there should be a clear boundary between the upper and the lower part of the body.

Shirts and blouses must be washed separately from the skirts and trousers, in separate washing vessels. Water used for washing clothes is never to be mixed with the water used to wash kitchenware for fear of impurity and the same applies to vessels. Similarly, cutlery and cooking vessels are always to be washed separately from clothes.

Washing the body is thought to be *lažavo* (shameful) and it is done in secret, outside the house. Taking a bath is not recommended since in a way it means bathing in one's own dirt and soiling oneself with one's own impurity which turns one *maxrime* (impure). The water used to wash the lower part of the body is to be discarded at a distance behind the house. Even the water used for washing the face (a pure part of the body) is rendered impure by the act of washing it (shameless if within view of others) and it is to be thrown away by a woman behind and as far away as possible from the house. Toward the same goal of keeping the house pure, bathrooms are not inside the house, but are built outside and away from the living area.

It is advisable to wash before sunrise or after sunset so as not to shame the sun ("*te ma des lažavipe e khamesq*"). Before speaking to anyone, traditional Roma wash their faces and hands to become pure. Women do not wash their faces or brush their hair in front of strangers. They also do not wash their feet or intimate parts even in the presence of a husband.

Women are not supposed to see men going to the bathroom or to know when they do it. It is shameful to ask where the bathroom is. Traditional Roma generally use the euphemism, "*3au te dikhau le grasten*" ("I am going to see to the horses").

To be pure is to be held in honor (*užo aj pakivalo* – pure and honest) and to refrain from any drives that can lead to 'losing face.' In particular, shame is associated with female sexuality, which should be hidden to maintain purity.

Because she is able to give birth, a woman is the link between the terrestrial space and the space of unborn souls; thus, living on the border separating the two worlds, a woman is deemed impure/*maxrime* as well as a potential danger to the community, especially for the males. She is not allowed to tread on her husband's things and must never touch his things with her skirt.

During menstruation, pregnancy, and for six weeks to two months after delivery, a woman is *maxrime*. During this time, she is forbidden from certain activities, such as fetching water, cooking (especially for men), tending to her husband, touching the door-knob or the kitchen vessels, kneading dough, greeting guests, touching or tending to the horses, receiving an object from a man's hand, showing herself in public for too long (in case she goes into labor), and leaving the house in general. Since a woman is still impure after delivery, she is not allowed to have intimate relations with her husband for at least 40 days, so, according to tradition, a couple should sleep with the head at the feet of the other.

Women wear an apron, which acts as a shield against offenses to purity, for the duration of menstruation and pregnancy. It is a magic item of clothing, protecting the miracle of fertility. Unlike the skirt, the apron is deemed pure (even plates can be wiped with an apron). Midwives, however, as well as the instruments used during labor, including the knife used to cut the umbilical chord, and the chord itself, are impure.

The personal belongings and the body of the deceased are also impure. Typically, the personal belongings of the deceased are burnt or given to charity (to *gazii*—people outside of the community). At the very least they are given to somebody outside the family. The wake takes place outside the living area (in a courtyard or church) to avoid transferring impurity to the house and bringing bad luck upon it. For the sake of purity, traditional Roma culture includes a set of food taboos. There are pure/clean

(*uže*) edible animals (wild animals, sheep), impure/dirty (*maxrime*) edible animals (chicken, pigs, goats), pure/clean inedible animals (horses, dogs, cats), and impure/dirty inedible animals (rabbits, snakes, lizards, frogs, eels).

These food taboos illustrate the fundamental divide between pure and impure. Creepers are impure because they touch dirty soil, and the intestines of the animals are defiled, which makes them forbidden. The strictness of such taboos, (marriage to a person who does not abide by them leads to permanent contamination), which also dictate that one not eat animals that were raised in the community, such as chickens and pigs, is reminiscent of the hunters' culture. As far as hunting is concerned, only wild animals were supposed to be killed, not those raised in the household. This is similar to agrarian cultures and others where domestic animals are part of the family. As cows are not killed or eaten in India because of their sacred status, for the Roma they are holy family milk providers. Cows and other domestic animals are considered sacred and rightful members of the family.

Impurity leads to exclusion from the community, which can end in disastrous consequences from the group and individual points of view. It is believed that impurity can lead to diseases, sterility, stigmatizing physical characteristics (marks on the face, loss of hair), and even premature death for the impure person. Interestingly, the same afflictions, including infertility, which is considered a very serious disability, are also interpreted as results of *maxrime* status. To be *maxrime* means not only to be defiled, it also represents a danger to the community by introducing evil and unbalance. Those declared impure are excluded from community events, are not invited to weddings, and do not eat with others, because impurity is contagious and it can spread by eating together and touching a person or a person's belongings.

Traditional Marriage

Family is fundamental in the culture of the Roma, as exemplified by the phrase, "*Daštil te avel tut but love, kana san korkoro naj tut khanč*" ("What's the point in having a lot of money; if you are alone,

you have nothing"). In fact, due to the system of cultural kinship (*phralipe*), a family is the community and vice versa, which is why the term 'community family' is used.

Traditional marriage among the Roma is carried out by two consenting families *xanamik* (in-laws) and needs no other outward ceremony. It is only through marriage that an *o čhavo* (boy), and an *i čhaj* (girl), become fully-fledged members of the community; *rrom* (one of our men, husband) and *rromni* (one of our women, wife).

The status of a woman in a traditional Roma family depends on a set of patterns of behavior and attitudes, related to the level of her authority. As a *čhaj bari* (maiden/unmarried woman), she needs to preserve the purity of her body and soul, to bring honor to her family, and she is not allowed to leave the community area by herself. Her parents are also her custodians, and she is thought of as an adult only when she marries. As a *bori* (daughter-in-law), a woman must obey the head of the family and accept his protection, to show *pakiv* (respect and honour), to her parents-in-law. She must live according to the rules of her husband's clan, which, by marriage, turns into her own, and she must have a strong feeling of duty and awe towards her mother-in-law. As a *rromni* (wife), she is in charge of the household, of almost exclusively raising and educating the children in the spirit of customs and traditional norms. She is the treasurer of the house by adding value to the home. As a *daj* (mother), she takes care of the children, girls especially, as she takes care of herself. She worships her sons and daughters. As a *sasúj* (mother-in-law), she is the mistress of the house, and as such a more important character in her daughter-in-law's life than her husband, *o sastro* (father-in-law). A mother-in-law keeps an eye on her daughter-in-law and coordinates the family from the inside, as it is the husband who makes outward decisions, including those concerning the family budget and the selection of life partners for his children. As a *phuri daj/màmi/baba* (grandmother), the woman acquires a high status in the clan and gets infinite care and attention, since the rest of the family sees her as possessing absolute wisdom, vision, and healing and protective powers.

Marriage is a lifetime alliance between two families, and the in-law kinship is as strong as blood kinship. The families in this bond are supposed to mutually support and trust one another, and always offer help when needed.

The so-called ‘price for the bride,’ is the amount that the groom’s family is supposed to pay to the bride’s family, as a sort of advance payment for future children who will belong to the groom’s family. This symbolic price is for the children that will strengthen the groom’s reputation and his status in the community. This payment relates to the virginity of the bride, which is of high value in Roma marriages. Usually, it is offered as a dowry to the new couple. The price for the bride is perceived as an endorsement of the reliability and endurance of the marriage as well as the cohesion of kinship. It secures the future protection of the girl in her new family, and it recognizes the bride’s value, her contribution to the family after marriage, the protection granted to her, and mutual respect (*pakiv*). The price offered by the boy’s parents to the girl’s is not perceived as a trade, but as a symbol, and it is traditionally paid in gold, not currency.

The Roma do not use the word *bikinel* (to sell), when they speak about a girl’s marriage, but rather the word *pokinell* (to pay), which has a connotation of “to praise.” It is to praise the bride’s virginity, and to exchange the symbol of purity for the symbol of gold; these things are valued socially as bringing honor and prestige in traditional Roma society. That is why the most appropriate phrase to use is “appraisal of a bride’s purity” and not “selling the girl upon marriage.”

Accommodation is provided by the groom’s family, while the bride’s mother and grandmother contribute financially and symbolically to the marriage with the dowry of gold jewelry, clothing (ten years’ worth of skirts are recommended), furniture, and household items.

Marriage at an early age (13-16 years of age for girls, 15-17 for boys), in traditional Roma culture (observed by approximately 5-10% of Roma), is done through community recognition and parental blessing of the possibility of marital relations, but sexual intercourse does not begin immediately.

When a young girl is taken from her parents’ house to the house of her future husband, she becomes the mother-in-law’s daughter and “sleeps at the back of the mother-in-law” and her husband’s sister. Sometimes years later, she takes over her role as a wife. Marriage at a young age is more like an intense form of engagement where the girl becomes *terni bori* (young daughter-in-law).

Early marriages play a role in securing psychological comfort for both the marital couple and the members of the two families. Historical reasons may also account for early marriages among the Roma. During times of slavery (1374-1856), aristocrats used female slaves, mostly virgins, to entertain guests. Roma families spared their daughters from such a status through early marriage.

A bride’s virginity acquires the value of a sacred vow due to some major factors: it relates to fundamental pure/impure morals, is a ritual of inauguration and creation, leading to the all-important first pregnancy and birth and assuring that there will be no alien bloodline in the family. Moreover, a girl’s purity upon marriage guarantees inclusion in the community, which in turn may help to ensure a good health status for the young woman.

In non-traditional, or ‘modern’ society, the interest of the individual is of primary importance and shapes the welfare of the community. In traditional society, collective welfare comes first and at the expense of the individual. The loss of personal freedom in traditional society is the trade-off between individualism and a commitment to the community. Traditional Roma believe that individual freedom is only an illusion and that the abandonment of tradition may lead to physical and mental trauma. In their view, non-traditional societies are at risk of disturbing social balance and cohesion as well as societal norms. Traditional societies refuse to take such a risk, and safeguard their culture through constant ritual involvement in an individual’s life.

Beliefs and Ritual Practices Tied to Fertility, Pregnancy, Birth, and Children

In a Roma family, a child is equal in value to God, the very embodiment of absolute purity, a token of the clan’s continuity. The birth of a child raises a

woman's status in society. For example, usually the code of honor and of *pakiv* forbid a woman to pass a man when he is walking. She is supposed to warn him by shouting *arakh!* ("look out!"), or *ambold!* ("turn around!"), and a man is supposed to look away in order to let her pass. When a woman is carrying a child in her arms, however, she is purified by the presence of the child, and can at all times cross a man's way. This is because a woman's fertility is vital to the whole community; conversely, a sterile woman has a low status in the eyes of her husband. She is also pitied, because her infertility means that she may have had intimate relations with a poltergeist before marriage (*ćoxane*).

Traditional Roma medicine has a set of magical rituals for female fertility, involving such feminine symbols as water and the moon (to represent the periods).

The birth of a child, the first child in particular, and especially if it is a boy (a future breeder of the clan), is a time of great joy in traditional Roma culture. The young daughter-in-law (*i bori*) speaks to her mother-in-law about her pregnancy (*khamni*) as if she were talking to her own mother, and the mother-in-law is responsible for her state of health. The rules of modesty and shame (*lazavipen*) prevent her from tackling such a topic with her husband.

There are various prohibitions as well as recommendations during pregnancy. If a pregnant woman sees a beautiful girl and both she and her husband want to have a baby girl, they ask the beautiful girl to trip over the wife's legs so that their daughter will look the same. A woman is not to kick a dog or a cat or her baby will be hairy. A pregnant woman is not to cross a man's way and must not go to bed in a place where others may see her. If she gives birth to a disabled or malformed child, it is believed that it is because of a curse in the clan falling on her. A young mother is not to be visited by another woman who has her period for at least six weeks after birth, so as not to increase her level of impurity.

Customs around the event of birth originate from the division between pure and impure. In the case of the *caldararii* and the *ursari*, two Roma clans, Roma women are spared from hard work, such as fetching water, during pregnancy. This also protects

the water from the impurity of pregnancy. Pregnant women should have all their wishes tended to avoid miscarriage. If a pregnant woman asks for something and doesn't get it, there is the risk of the child dying at birth, being disabled, or bearing a distinctive mark similar in shape to the thing that was asked for but was not provided. Such a birthmark will generally show in a place that is not visible.

A pregnant woman should be shy in front of old people and men especially, and she should not cross their way, touch them, or look at them, else she will transfer her amplified state of impurity. In the framework of prohibitions regarding the concept of *lažipe* (shame), a pregnant woman should not tell her husband about her situation. She should tell her mother-in-law, or possibly her own mother first, who may tell the mother-in-law. The husband will learn about it only in three months time, and from his mother. Beginning then, three months into pregnancy, a woman is not to leave the house for at least three reasons: because she is considered impure; because she is ashamed of her condition; and to protect the child from the impure images that she, as a future mother, may see.

In addition to the prohibitions regarding pregnant women, men must not witness delivery but should be protected from the risk of impurity and the disturbance in community balance caused by the delivery. Men are not allowed in a house when a delivery is occurring, and sometimes they are not even allowed in the courtyard. In times of nomadic travel, birth would not take place in the tent, but outside, to keep the tent pure. During winter, birth would take place inside, but afterwards they purified the tent by burning herbs inside.

The midwife is a *phuri daj* (old woman/old mother/grandmother), who is respected in the family, like any other old person in the clan, yet she is rendered impure by participating in the act of birth. The instruments used at birth, such as the knife used to cut the umbilical chord, the placenta, and the gown worn by the mother during birth, are considered *maxrime* and are buried far away from the house.

Traditional medicine and magic assist in improving the state of a woman who has just given birth. A confined woman is given a mixture of brandy and

oil to kill the postpartum pains. Old women rub her body and pour a mug of water on her feet so she will have enough milk.

After birth, for a period of time that can vary from three days to six weeks, or until the moment preceding christening, a woman may not leave the house, fetch water from the well (or worms will grow in the water), make bread, receive guests, tend to her husband's meals, look at her father-in-law, or go into her in-law's room. All of these restrictions are a response to a feeling of shame motivated by her state of *maxrime*. Only married women who want to have a child are advised to visit her, in order to encourage their own fertility.

During the period of confinement, a woman must not complete household chores, lest she defile the things she touches. She is supposed to limit her activities to caring for her baby (breastfeeding, changing diapers, bathing). A woman in confinement should always wear socks because when a woman is impure, the soil under her bare feet defile the earth where ever she steps, 9 meters down, for eternity.

Although detrimental to women's equality within Romanian society, these traditional prohibitions may protect women living within the constructs of traditional Roma culture by excusing postpartum women from laborious tasks and allowing time for rest and childcare.

Infant Care

There are magical elements to infant care, as well. Immediately after birth, the child is placed on the threshold of the home, on a new blanket scattered with a few coins, near a new mug from which nobody has drunk that is filled with fresh water. This ritual symbolizes the child breaking the threshold of life as a spirit of new beginning. The child is purified by the fresh water, magically endowed with luck and prosperity by the coins, and protected by the blanket from the evil spirits that are found in all spaces of passage (e.g., the threshold).

Protection rituals regarding a baby's sleep are numerous. If a baby is having trouble sleeping, the grandma places the baby's clothes in the chicken coop so that the baby will sleep as well as chickens

do. Another taboo concerning nighttime is that members of the baby's family are not to come in the house after nightfall since they may bring in evil spirits, and a child is vulnerable and unprotected before its christening when it receives the Holy Spirit. Also before christening, to prevent the development of a rash called "little fire" on the baby's skin, no one may enter the baby's room with a burning cigarette.

In some traditional Roma communities, any woman or girl who comes into the house must wipe her foreheads with the hem of an apron (because the apron is pure), to prevent rashes from developing on a baby's body.

For six weeks after birth, parents or relatives are not to kiss a baby, as it is not yet protected from the evil spirits they may transmit by kissing. For the first year of life, a baby's hair is not to be cut, and nails are not to be cut with a pair of scissors (which might encourage future stealing). They should be bitten off by the mother.

In the *gaborii* clan living on the hillside in Transylvania, the father, the godfather and the *bulibasha* (chief) bring the four-month old infant to a spring, where they make a sort of funnel from a bur leaf, attach it to a hollow elder stem and place it into the child's mouth. Keeping the breathing tube in its mouth, the child is completely submerged and kept underwater for two or three minutes. Then it is taken out and wrapped in the skin of a newly-slaughtered (so that it is still warm) goat or lamb. This ritual removal of sins in water symbolizes purification as well as death and renewal. Wrapping the baby in the skin of a slaughtered animal is similar to the dragon swallowing the hero, which makes the hero immortal after escaping out through the dragon's mouth. The slaughtering of this animal for the child protects the child from evil and ensures a long life. The godfather, father, and *bulibasha* eat the animal's ears to ensure that the spell will come true.

Roma children are given three names. The first is a secret name, which is whispered by the mother during christening. Its role is to hide the real identity of the child from the evil spirits. The second is a Roma name that is used by the community. The third is the

official Christian name, for use in relations with those outside the community.

Some midwives prepare the newborn's first bath as soon as the baby is born. Others prepare the bath while the mother is still in labor so that the baby can be washed the moment it is born. The bath is given in a new pot of lukewarm water that is neither too hot nor too cold. This ensures that the baby will not be fearful and get colds easily (a form of hardening from cold water), or be wanton. The resonance of the new pot when it is struck symbolizes how clear, loud, and pleasant the baby's voice will be. The midwife holds the baby by the head when she takes it out of the bath so it will have a long neck and be resistant to diseases of the throat. After the bath, the midwife rubs the baby's nose so that it won't be flat or bottle-shaped. She then measures the baby diagonally by lifting the right knee to the left elbow and the left knee to the right elbow. This kind of measurement is to straighten the baby's body, and to check to see if it is crooked or sprained anywhere. The swaddling clothes are wrapped to form a cross on the chest and one at the back so that evil spirits should not come anywhere close to the baby. The head is wrapped tightly so that the baby develops a small, round head.

It is not advisable to rock or hold the baby by the legs lest s/he should be humble and spend life at the feet of others. Nor is it advisable for a baby to sleep in the same bed with the mother, since she may turn her back on the baby, which could cause others to turn their back on him or her as an adult. This is an example of a magical explanation for a practice recommended by mainstream medicine, which recommends that a mother not sleep with her baby in her bed lest she inadvertently roll over on the child in her sleep. Breastfeeding is also recommended by mainstream medicine as the most efficient and healthy diet for an infant, and traditional Roma culture also endorses it so that the baby will depend on family and not strangers in life.

If a mother does not yield milk for three days, another woman who is clean, hard working and observant of Roma traditions is chosen to breastfeed the newborn. This woman is honored and fed by the father of the newborn so that the baby should soon feel filled and never starve as an adult. This is a

magical explanation attached to an obligation to honor the woman who breastfeeds one's child.

Turkish Roma—*horahane rroma*—are Muslims who live almost exclusively in the area of Dobrudja. They have borrowed the practice of circumcision for boys from the Turks and from Islam. The circumcision ritual involves boys between two and seven years old. Dressed in neat clothes, the boys walk about the community with their family and family friends accompanied by musicians. On their return, an old man from the community performs the ceremony of circumcision and the boy is then a consecrated, purified member of the community.

Since they are pure, children can have access to any information, including matters of sex and intimacy. Nevertheless, girls in particular are educated in the spirit of shame (*lazavo*). They minimize their sexuality, avoid contacts with strangers (*gaziii*), and act according to the restrictions and the recommendations related to maintaining purity. The rules related to shame and preserving purity start to apply earlier and more strictly to girls, who are supposed to wear long skirts beginning at age five or six.

Marriage at 13-16 years old for girls and 15-18 years old for boys, though rare even in traditional families, is a method of controlling young people's sexuality, as biologically speaking, these are the ages when the sexual instinct becomes stronger. Traditional Roma culture instills fear in any deviation from the pattern of purity. Traditional culture controls early sexual experiences by requiring sexual intimacy to be a function of marriage, parental control, and blessing.

Preventive and Curative Beliefs and Rituals in Traditional Roma Medicine

The cornerstone of Roma philosophy is the belief in the harmony of the universe and infinite present. Harmony means that everything has a well-defined and definite place in the world. For example, the stars belong to the celestial space, and the animals belonging to the earth. Any overlapping between spaces is seen as a disruption of balance, or deviation. Any passage from one space to another (e.g., birth, death) should be accompanied by intricate protective rituals that safeguard the individual and

community from potential spiritual disturbances or impurity.

The binary philosophy of the world rests on the opposition between pure and impure and is reflected in the relationship with the supernatural in a manicheistic¹ type of faith, such as Persian dualism, where the forces of good and evil are represented by God (*o Del /Devel*) and the devil (*o Beng*) which are equally necessary to maintain the harmony of the world.

Dualism is reflected in the complementary roles a man and a woman play in the family. A woman is in charge of raising and educating children, housework, and the ritual traditions of the family. The man is the normative authority, earns the family income, and is in charge of external family relations. Furthermore, a woman is seen as having a deeper sense of time, is more conservative, and transfers traditional culture and language. The man is the will behind the action and creative thinking for new solutions. A man is a lawmaker of community rules for behavior, control, and social sanctions.

The rromani law (*Rromanipen*) is not learned, it is inherited. It is based on the idea that harmony and compliance with tradition is good, while imbalance and deviation is evil. Within the framework of dualism of good-evil (God-devil), good—as in many traditional cultures—is absolute and is the embodiment of supreme truth. God is omnipresent in many phrases from Rromani language, including common farewell phrases such as “*3a Devleça!*” (go with God, goodbye) and “*Açh Devleça!*” (stay with God, goodbye). Another customary phrase is “*Xa Devleça!*” (eat with God), an expression of utmost respect.

In the relationship with God, traditional Roma particularly worship the Virgin Mary. According to traditional Roma culture, God is invisible, and the image of a crucified Jesus does not represent God. By contrast, Mary brought God’s son to the world, and the Mary icons represent life and the true God. The most important celebration of the *caldararii* Roma is September 8, the birth of Mary, which includes a day of pilgrimage. Even though the person on a crucifix is Jesus, all dead are considered im-

pure and *bibaxtalo* (an omen of bad luck). A common phrase is “*O rroma na kamen e mules!*” (“The Roma don’t want the dead”). Nevertheless, Roma gesture the sign of the cross for protection from evil, the “*o mulo*” (the dead) in particular, believing it bears no connection to the image of Jesus dead on the cross.

In traditional Roma culture, there are many representations of the supernatural, and most of them embody good or evil. The most frequent representation of evil is the devil, who nevertheless embodies a force complementary to God/good. Good and evil are equally necessary to preserve the balance of the world. Yet in stories, the devil is a naive creature who can always be fooled by an intelligent Roma. Thus the fear of evil is limited by pragmatic confidence in one’s own forces.

The category of evil also includes diseases. Linguistic means of protection against diseases are employed through the use of linguistic euphemism and linguistic taboo (calling a disease by a different name). For instance, cancer and sexual infections are called *zungalo nasvalipe* (ugly disease/bad). And after mentioning a sick person, one must say, “*Othe lesθe!*” (let it remain with him/her!).

According to traditional Roma culture, the transcendental dimension of human existence can be divided into different classes. For this reason an *aver anav* (different name/nickname) protects people against disease. There is a belief that disease looks for the child whose name is known, but disease cannot find the child if its identity is hidden under a secret name. This is why most Roma children have one name in their birth certificates, but are known by another name in the community.

An important representation of the supernatural is the dead or poltergeist, which is the soul of a dead person who wanders on earth because it could not find peace. *O jakhalipen* (evil eye) is a magic representation of the relation with the malefic supernatural, which means it can cause intentional or unintentional harm. Many times, a person may unwillingly cast an evil eye by looking at another (especially a child), in love and admiration. Numerous magic practices and rituals have a prohibitive or protective role. One such magic practice, ‘telling the evil eye’

¹ A term used for any religion founded in dualism.

involves dropping seven burning matches in a glass of water. If the matches fall to the bottom of the glass head down, the person in question has been spoilt by the evil eye, and that person must drink the water from the glass and make the sign of the cross with the index finger dipped into the water on the palms, forehead, and chest. The remaining water is thrown at the hinges of the door, wishing the evil eye to follow the direction of the water.

I drabarni (the witch) is the character which chases away the evil eye as well as other evil spirits, tells fortunes, and heals and protects. This witch can also induce love and cast a spell to bring disease and other misfortunes. She performs magic as a mistress of the spirits and ritual space. She is the great priestess on earth; as aligned with the dualistic belief system, the master of the heavens is a man.

The calendar of the Roma traditional feast days concerns the ritual practices related to the sacred and also includes traditional medicine practices. A popular Roma tradition is cheese fast day, when people visit their godparents and bring them gifts. Children kiss their parents' hand and ask for forgiveness. The traditional meal includes cheese pie and chicken wings. It is thought that eating chicken wings on this day will bring a plentiful life all year long. This dietary habit is rooted in similitude-based magic; wings make it easy to fly, therefore, whoever eats wings will have an easy life. This customary chicken meal is meant as an intermediate stage between a diet based on heavy meat and a vegetarian diet, and is in preparation for fast days. On a feast day, traditional Roma eat many herbs to clean off the sin of slaughter. Out of concern for health, Roma eat lighter vegetarian dishes in addition to the heavy meat dishes on a feast day.

Among the *ursarii* Roma, during Easter Fast Days, women clean the house thoroughly, whitewash walls and prepare the oven to cook traditional sponge cake. The Roma attach a specific meaning to each ritual dish: lamb to be light and pure as the lamb, fish (eaten on the first Easter Day) to be swift as the fish. Polenta is not to be prepared or eaten on the first Easter Day to preserve male and female fertility (so that one will not turn soft like polenta). In addition, the members of the family are not supposed to eat salt or perspire heavily. Such recom-

mendations and dietary taboos rest on similitude magic, but from an external perspective, they also preserve a good state of health through a well balanced diet. *Hardelezii*, also known as Tinker's Easter, is the major feast of the Roma tinkers and is celebrated one week after the Orthodox Easter. It combines the symbol of Easter with Muslim Gurban. The main element of the ritual is slaughtering a lamb either for the recovery of a member of the family who suffers from a disease or the protection of the family from disease and misfortunes. Sometimes one lamb slaughtered for each child, for protection and well-being.

Some of the *rudarii* Roma, similar to their tinker brethren, also celebrate the *Gurban/Hardelezii*, a tradition which reunites the symbol of the Easter and the Muslim feast. The *rudarii* hold a feast on Ascension, which consists of killing a lamb as an offering to God for reparatory healing purposes.

A premonitory ritual is performed if a member of the community has a seriously illness. This ritual involves the ill person going to the forest to pray and taking a handful of grass to place under the pillow. It is believed that the dream of the ill person will predict the fate of the person's health. It is also believed that lambs will appear in the dream, and the number of lambs is equal to the number of years the person needs to celebrate the Gurban. If there is a whole flock of lambs in the dream, then s/he should celebrate the Gurban for the rest of life. The way to cook the lamb is also indicated by the dream. One must prepare lamb soup if the lamb was close to water in the dream. Otherwise, it should be grilled. The head of the lamb, split in two pieces, is to be placed on the table with bread and a jug of wine. The head of the family utters the following phrase three times: "Roma, brothers, remember his name each year, the name of the one who made the Gurban and give him a lamb, a batch of bread and a jug filled with wine," to consecrate the killing. The others reply with "Amen" and start eating. In this way the tradition of the Gurban is celebrated and passed down through generations.

Only the pure members of a community may partake of the Gurban meal. This includes those who have complied with the rules of food (fast) and sexuality, and those who have not been declared

impure by the *i kris rromani* (the jury court of the Roma). To stress the idea that the offering has an inductive-reparatory role and that it is an extraordinary meal, the leftovers from the lamb are not fed to the animals, but are buried.

These beliefs and ritual practice of the Roma are preserved in a limited number of communities, namely the more traditional, which amount to about 10-15% of the total number of Roma living in Romania. There are some traditional structural elements that have survived to this day even within communities where many of the elements of ethnic

identification have been lost. These vestiges include the significance of the virginity of a girl upon marriage, which is fundamental in many non-traditional communities such as the Roma musicians clan (*lautarii*), a clan with a high level of assimilation.

A preservation of some traditions has also persisted in the Romanian population at large, particularly in rural areas. Moreover, major beliefs and rituals of the Roma also persist in the traditional Romanian culture. For example, early marriage and female virginity upon marriage are found in traditional Romanian communities.

The Basket Makers' Doctors

Two family doctors from Cluj changed the medical system in the Roma community in Sânpaul. An incident eight years ago changed the relationship between the doctors and the Roma community.

Sânpaul, the place where they make baskets

I visited the Roma community of about 350 people in the village of Sânpaul near Cluj with Laura Hâncu, a family doctor. The roads are not paved, and when it rains, they turn into mud. When we reached the main road crossing the community, we found a young man to show us around.

While Dr. Hâncu was seeing a newborn in a two-room house with unplastered walls, I learned more about the Roma community. There is only one open well for 200 people, and the villagers said the water in the well is not potable. Many people I met complained that social benefits are paid after long delays, and that the authorities try to exclude them from the list of beneficiaries. The old people in the village make a living from making baskets from acacia boughs that they sell at the fair.

From 'museum' to a real village surgery

I met Dr. Monica Morea at the surgery in Sânpaul. She calls herself the Doctor of the Roma, saying, "I treat Roma. I'm not ashamed of it at all. I have fought for it." She said this while looking at the hallway of the clinic filled with people waiting in line to be examined by the two family doctors, Dr. Morea herself and Dr. Hâncu. The two doctors live in Cluj, but come to the village to practice.

In 1998, when Dr. Morea was assigned to Sânpaul as the family doctor, the village surgery (clinic) was actually in Mihăiești. The building was 45 years old with peeling and cracked walls, and few utilities. The two doctors had to find a new location in the center of the town. "Water in the old surgery was kept in a glass jar that had an extension at the

bottom with an IV tube attached to it. This device was used as a sink. It took some squeezing before the water would start to flow first in a sink, then into a bucket. People would exclaim 'how awful!' but they would be treated and then return home," the doctor says. "The local authorities could have turned the old surgery into a museum, with that old equipment passing for artifacts."

In 2000, the former office of the Agricultural Co-operative, located in the center of Sânpaul, became one of the best places in the community. "When I saw the [new surgery], I saw it in my mind. It was a disaster, rundown and filled with rubbish. The last



The surgery in Sânpaul, Cluj

In conclusion, traditional Roma culture, like other types of traditional cultures, consists of magical-traditional medical practices that are used in a variety of curative and preventive efforts. Beliefs and rituals regarding hygiene and health are informed by rules and taboos applying to notions of purity and impurity. These elements make up the fabric of traditional medical knowledge as developed by past generations' experience and reinforced by ritual. If service provision to traditional communities is to be improved, these traditional practices and beliefs

must be incorporated into mainstream health training programs.

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room, which now houses the dentist office, used to be a disco and was burnt down. I know our surgery might not be great, but I am excited about it because I know what the building looked like before," says one of the doctors. Ignored by the local authorities, the doctors painted and whitewashed the new location and they managed to buy a new wood heating system. "This is what our job is like," the doctor tells us. "We do what we must do."

From scandal to success

About eight years ago, there was a scandal in the village surgery in Mihăilești involving doctors and the Roma community.

"Several members of a family from the village rushed into the surgery. Because they thought I would not see them, they threatened to kill me. I explained that I saw no reason why I wouldn't see them. I tried to make them understand that I was there to treat their health problems. They had the feeling nobody would listen to them or try to help. I was willing to help them treat their health problems." Dr. Morea recounts this with a smile on her face. This episode changed the relationship between the family doctors and the Roma community. Most of the people on Dr. Morea's list live on social benefits paid by the Town Hall. Issues involving authorities never seem to end, because the Town Hall is perpetually late in submitting the list of social beneficiaries to the Health Insurance House.



Roma community of Sânpaul, Cluj

Unfortunately, there is not even a health mediator in the community, although the doctors requested one. Three years ago, the two doctors from Sânpaul found Pechi, a Roma woman, who was willing to ensure better and more open communication with the members of the community. However, Pechi could not become a formal health mediator because she did not meet the education requirements.

"When we introduced contraception in the neighborhood, Pechi explained what it was all about to the community. That is how we managed to implement the program. During the sessions organized with the group of women and a team of gynecologists and psychologists, she was the first to answer questions and facilitate communication with the other women," reports Dr. Morea.

With little support from the authorities, Dr. Hâncu and Dr. Morea from Sânpaul have managed to set up and adequately run a village surgery that provides medical care to more than two thousand inhabitants. As far as meeting conditions for European Union standards, there is still a long way to go. However, the family doctors are helping make things move in the right direction in the Sânpaul community by coupling their best efforts with the support of the local authorities and people.

Petru Zoltan

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Different but Equal

The concern for the rights of national minorities emerged at the beginning of the 20th century and was enforced after WWI through treaties signed by the Allied and Associated powers (the USA, the UK, France, Italy and Japan), the defeated countries, and those countries that had territories that were reintegrated and/or inhabited by minorities.

The need for a universal system to protect national minorities and avoid conflict became a concern for the entire international community. Such a system could be none other than the universal system of human rights protection. Once this was recognized, the rights of national minorities could no longer be regulated exclusively by states and so came under the jurisdiction of the international community.

In 1966, the European Institute for the Rights of the Roma was established in compliance with international standards of human rights. It identified racism, intolerance, discrimination and exclusion as part of Roma life in Europe. Its need to exist was a result of the fact that Roma were and continue to be perceived as social pariahs. They are unrecognized in most countries; and even where their national minority status is recognized, there is no successful model of their equal participation in any society.

Misperceptions about the Roma

Stereotypes about the Roma are often used to reinforce or justify attitudes and behaviors towards the Roma.

Misperceptions about the nomadic way of life

Currently, only a few of the Roma communities in Western European countries (France, Ireland, the Netherlands, the UK) are still characterized by a nomadic way of life, with caravans replacing the ancient wagons. The vast majority of the Roma spread throughout the world settled down decades ago, some even centuries ago. Yet there persists a strong association of the Roma with nomadic life. As A. Fraser stated, “the sedentary population do not trust the nomadic people; in the European society (...) the Roma stood for a strong denial of essential moral values and of the assumptions the domi-

nant morality relied on.”² In the minds of Europeans, the nomadic people are enveloped in an aura of romantic fantasy; freedom is perceived as carelessness. The Roma are seen as disinterested in long-term security and wealth as an indicator of social status. Furthermore, discrimination and misunderstanding serve to keep the Roma from gaining access to the upper echelons of society.

Misperceptions about Roma delinquency

Some historical documents suggest that, on the way to Western Europe, the Roma resorted to theft as a means of survival. The use of divination and other forms of mysticism practiced by the Roma to make a living, gain privileges and other benefits, contributed to their being thought of as immoral. Although this reputation was built five or six centuries ago, the Roma remain connected with such activities in public mentality. The reality is that members of the Roma ethnic group have both violated mainstream society’s laws and been victimized by mainstream society.

Misperceptions about reluctance to integrate into society

Many believe that the problems of the Roma minority are tied to their unwillingness to integrate into society. It is true that, over the course of its history, Roma culture has been relatively closed and inaccessible, which is unsurprising for a community with a high-risk exposure. The period of persecution in Central and Western Europe, based on anti-gypsy laws (16th–18th centuries) had significant effects on Roma history. The experience of victimization resulted in the preservation of their particular way of life and reinforced community cohesion. This is still typical of *sinti* (Northern European Roma) communities, which prefer to remain segregated from the larger population. However, while Roma in Western Europe became more introverted and protective of their traditions, those in 20th century Eastern Europe were close to losing their tradition and becoming completely sedentary. Moreover, research has shown that given optimum circumstances, the Roma population would prefer to integrate into society

² Fraser, Angus. *Țigani. Originile, migrația și prezenta lor în Europa*. Humanitas. Bucharest. 1995, pg 126

rather than live separately. Today, the Roma are fighting for equal rights and participation in society, while still preserving the uniqueness of their culture.

There are a multitude of such misperceptions about the Roma population. The general European population should realize that the Roma are equal citizens, who are entitled to define themselves in relation to larger society.

The Fundaments of Exclusion

The Roma's decision to move to the territories inhabited by Slavic-speaking populations north and south of the Danube was influenced by the economic and social needs of these areas. The Roma were able to meet some of the needs of these communities, despite their outer appearance, behaviour or traditions, resulting in cooperation and cohabitation between the Roma and those who allowed them to settle on their territories. Gradually, change of the symbiosis between the Roma and the majority population was encouraged. Upon discovering other resources and possibilities for cooperation, those who once had taken advantage of the Roma gave up their services, excluded them and forced them into marginality³.

M. Kogălniceanu described the Roma in Romania as "manufacturers of muskets, spears, swords, cannon balls and all the other types of weapons needed in war."⁴ While the Roma's knowledge might have secured them high positions and social prestige, their way of life, lack of their own territory and their social dispersion and division according to adoptive nations prevented their ascension. Furthermore, any grasps the Roma made at community development or social involvement sparked resentment and suspicion among the majority population.

Roma exclusion

In the case of the Roma minority, exclusion, on an individual or community basis, is a process that is visible on many levels.

- *Residential environment or physical location:* Though there are numerous exceptions to the rule, the Roma generally live on the outskirts of

villages or towns, forming small communities that are largely characterized by poverty. Traditionally, Roma often settled in areas depending on: the general rules of the local people, the socio-economic development of the area, the history of the area, and, above all, the trade opportunities available there. For instance, the "vatrasii" (those from the village) would settle in the rural environment because their occupations were tied to farming the land; the "rudarii" would decide on such places that would provide them wood to work as well as the possibility of carrying it at distance; the "caldararii," the "ursarii" would settle in the territories bordering villages so as to be able to trade their crafts.

- *Economic perspective:* In Romania, those who owned farmland were rich and powerful; those who did not were excluded from economic representation in society. Because the vast majority of the Roma were not landowners (or if they were owned only small properties), they have never been involved in the core economic activity of the community. As artisans and agricultural workers, however, they were an obvious source of cheap labour. Although the lives of many Roma were tied to working the land, they were mere tenants of the land or leased it long-term, which effectively turned them into slaves. Although the work of the Roma was necessary, it was not perceived as valuable and that was not deemed a key element of economic life.
- *Professional activities:* Many Roma see trade as their second nature. Throughout history, the lives of the Roma were closely linked to one trade activity or another, whether they made their own products or bought from others and resold in fairs or markets. These activities, however, never developed to the level where they became closely associated with the whole ethnic group. This was because of the various forms and the quantity of goods traded, which gave them a marginal nature associated with the black market. This stereotype was fueled in part by the media and authorities.
- *Religious perspective:* The Roma originated from India and their religion was virtually un-

³ Burtea, Vasile. *Rromii în contextul social-economic al dezvoltării României*. 1998 p 131

⁴ Kogălniceanu, Mihail. *Esquisse sur l'histoire, les mœurs et la langue des Cigains connus en France sous le nom de Bohémiens*. 1837. p 101 apud Burtea, Vasile. *Rromii în contextul socio-economic al dezvoltării României*. 1998

known to Europeans, and even less so to Balkans. Moreover, religions require places and elements of worship, which can be expensive and hard to come by. Thus the Roma did not develop a religious life of their own. In most situations, they either joined the dominant religion of where they settled, or simply ignored religious norms and practices. The fact that the Roma did not have a religion of their own to bring them together and develop their language and religious practices, has allowed for religious division and has resulted in an overall marginal participation in Roma spiritual life.

- *Culturally*: Because of their fragmented history, the Roma did not have the chance to develop, improve on, or preserve an all-encompassing culture. This cultural gap largely stems from the lack of an ethnic homeland in which they could establish roots. This has had a strong, negative impact upon the Roma⁵. The absence of a written, cultivated language also has had a negative influence on the preservation of a traditional culture and its development. One characteristic of Roma culture is that it has adopted various aspects of other cultures with which they came into contact.
- *Education*: One of the most common stereotypes about the Roma relates to education. Currently, a majority of the Roma population do not attend school. They continue with the traditional approaches and procedures that correspond to their way of life. Roma children are some of the most disadvantaged in terms of education. Only 17.2% of Roma children attend nursery school, compared to 60.4% of other Romanian children.

For the Roma minority, education is focused on primary school level, which 35.8% of Roma aged ten and over complete. However, 34.3% have no schooling at all and only 29.17% have any secondary education. According to the latest statistical data, the illiteracy rate amongst the Roma is 25.6%; the majority of whom are women. Remedying this must become a higher priority, and should include increased financial resources for education.

The grim economic reality that the population of

Romania currently faces is even harsher for the Roma. Most Roma communities are in acute economic crisis with little hope for recovery, particularly because of mounting unemployment. The precarious state of health systems and limited access to health services are corresponding aspects of the Roma's reality.

Discrimination

Ignorance of Roma problems only serves to worsen them. Such a set of ethical problems has translated into a social reality that requires a complex approach. The Roma have experienced inequality, and it is hard to imagine such a long history of discrimination being fixed quickly. Although prejudices still survive within the majority population, Romanian society is on its way to ethnic tolerance. A climate of understanding and acceptance is being promoted, and Romanians are encouraged to learn about Roma cultural practices and events.

Although the period after 1989 brought significant change with respect to attitudes in Romania, a series of violent conflicts occurred between the majority population and the Roma. The incidents that took place in Mihail Kogalniceanu (October 1990), Bolintin-Deal (April 1991), Ogrezeni, Bolintin Vale, Valenii Lapusului (August 1991), Comanesti (November 1992), Hadarenii (September 1993), and Bacu (January 1995) drew attention to problems on a national scale, in particular in relation to the issue of cohabitation.

Claus Offe pointed out that in the Central and Eastern European countries going through transition a process of ethnic split occurred⁶. As communist regimes tried to erase ethnic differences, the return of ethnic identity has meant a separation from the past, and has led to the emergence of social classification based on ethnic criteria, which has led to discrimination. This return of the individual to his or her ethnic group combined with the material insecurity of most Romanian Roma—despite social democratization—portends a rise of ethnic discrimination. Moreover, the Roma perceive the behaviour of the majority population as discriminatory, because of the inferior status they have in Romanian society,

⁵ Zamfir, Cătălin. Zamfir, Elena. *Țigani în ignorare și îngrijorare*. Alternative. 1993

⁶ Offe, Claus. 1996. apud Burtea, Vasile. *idem* 1998. p 261

and because of the deepening prejudices against them on the part of the majority population.

A person's age may influence his or her attitude about the Roma. People who grew up when the communist regime worked to erase ethnic differences, and the Roma were not supposed to be acknowledged in public affairs, tend to be more accepting of discriminatory behaviours⁷. Acceptance of discrimination can be caused by intolerant attitudes toward "those who are not like us."⁸

Main forms of discrimination towards the Roma

Discrimination is unequal treatment of individuals with respect to categories such as race, religion, or class. Most often, the term is used to describe the actions of a dominant majority toward a minority, involving a prejudice brought upon a person or a group. Discrimination is defined as any differentiation, exclusion, restriction or preference based on race, nationality, ethnic group, language, religion, social category, inclusion in a category or rejection that aims at restricting or denying the recognition, use or exercise, in equal conditions, of the fundamental human rights and liberties, or of the rights provided for by law.⁹

By discrimination, the field of attitudes (prejudices) is left for the field of actions (behaviours). Any act of discrimination aimed at the other members of the affiliated group is interpreted as an act against oneself and vice versa. Three discriminatory mechanisms have had considerable influence on the Roma situation since 1990:¹⁰

Verbal discrimination—In the form of prejudice and discrediting reports in the mass media. This has helped to build a negative image of the Roma through articles published in the written press and in audiovisual media, and is one of the most visible mechanisms of discrimination.

Physical, individual violence—This occurs on a daily basis, in the form of physical attacks, and re-

sults in restricted access to public places, means of transport, institutions, etc.

Discrimination exercised by authorities, public or state-controlled bodies (police, justice, administration and schools)—Further compounding the above form of oppression, public protective figures often deny protection in cases of attack, do not intervene, or are even directly involved.

This last type of discrimination, brutal treatment applied by the police, raids upon Roma communities, and failure to protect Roma against violence and attacks, is the most urgent issue. In numerous reports, the Roma complain that laws are enforced in a partial, discriminatory and unfair way. Inappropriate action or inaction across all stages of litigation indirectly contribute to turning the Roma into targets for the hostility of the majority, and reinforce the idea that the state is reluctant to comply with its own law.¹¹

During the communist regime, the Roma were forced to modernize to integrate into the way of life of the majority population. During the events of 1989, ethnic minorities took action to recover their cultural and social identities, which had almost been lost back in the 70's and 80's. In the 90's, many of the Roma migrated to Western Europe, but those who stayed in Romania became victims of the economic crisis. The present Romanian society has offered the minority political representation. As a result, there are several political parties in Romania that represent the Roma, and Roma are working in the ministries to improve their quality of life and to advance the process of social inclusion in larger Romanian society.

On August 7, 1990, the political leaders of the Roma officially changed the name of *țigani* to Roma, on the same day that the Democratic Union of the Roma in Romania was established. Roma political leaders promoted the new name, which was closer to Romanian than to the former label of

⁷ Pons, Emanuelles. idem p 27

⁸ Voicu, Mălina. Șerban, Monica. *Despre diferențe: între toleranță și prejudecăți*. Zamfir, Cătălin. Preda, Marian. *Rromii în România*. Ed Expert. București. 2002

⁹ OG 137/2000, art 2, alin 1

¹⁰ EU Directive 200043/EC din 29 iunie 2000, art 2.1.2 a.

¹¹ Gheorghe, Nicolae. Mirga, Andrzej. Gheorghe, Nicolae. Mirga, Andrzej. *Rromii în secolul XXI: document de lucru pentru o politică publică*. Romathan – studii despre rromi. 1997, vol I, nr 2. București. InfoDesign (Fundăția pentru o Societate Deschisă) p 18

gypsy. Although the leaders hoped that negative representations of the Roma would diminish, and that the number of conflicts between the Roma and the Romanians would decrease, this did not happen. The Roma continue to be seen as a threat by the majority population.

For their part, the Roma feel neither entirely Roma, nor entirely Romanian, and they are experiencing something of an identity crisis. The Roma identity, perhaps, is some combination of both, and something more, something all their own, there to be shared with those who are not afraid to partake of this unique, struggling, and warm culture.

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24. OG 137/2000, art 2, alin 1
25. The EC Directive 200043/EC from June, 29, 2000, art 2.1.2 a.
26. www.recensamant.ro/2002

Doctor Chelaru's Special Assistants

For more than 20 years, Doctor Chelaru has been a family doctor in seven villages working to overcome barriers to health-care in Roma tradition. Because community members are not well-educated, the doctor takes care to provide health care information in an appropriate and understandable manner. He patiently explains the importance of family planning and the importance of having a child only when the couple is ready. In the very poor communities where he works, the “roll and milk” initiative has significantly increased school attendance. In order to get his messages out, Dr. Chelaru relies on a group of helpers—the children who attend school—to assist him in the administration of medication to those who cannot read.

Doctor Costin Iustin Chelaru has a difficult mission. In the Roma communities where he works as a family doctor in the commune of Calugareni, from the county of Giurgiu, Dr. Chelaru covers the villages of Crucea de Piatra, Uzun, Brăniștari and Călugăreni, while in the commune of Singureni, he is in charge of the villages of Cranguri, Singureni și Stejaru. The largest Roma communities are in Crucea de Piatra and Stejari, where about 150 *ursarii* and *caldararii* families live. They are so poor that the promise of a simple “roll and milk,” which the children receive at school, is the reason that many families send their children to learn. In some of the communities, there are still people who do not have any form of identification, which creates major problems.



The village health center in Călugăreni, Giurgiu

The difficulties the doctor encounters are generally linked to family planning among the *ursarii*, a traditional people for whom the idea of contraception is unacceptable. The *ursarii* living in these areas have numerous children, regardless of their standard of living and the difficulties of daily life. Women go to the clinic late in their pregnancy. Parental responsiveness is low when it comes to vaccination, as parents prefer to spare the little ones the pain of a needle in the short-term more than avoiding illness in the long-term. Furthermore, the literacy rate amongst adults is low, which makes the administration of medication very difficult. Many forget dosages, so the doctor came up with the solution of involving the children, who do know how to read. “I use large, clear letters to write on the boxes, so that the little ones could understand how the medication is administered and there is no more misunderstanding about the treatment,” Dr. Chelaru stated.

Perhaps because of their grim standard of living, the Roma often find security in medical attention and treatment. They come to the clinic and ask for medication even when there is no need for it, admitting they are not always ill when they ask for medicines, but they say they take them as a precaution. At times like these, Dr. Chelaru carefully explains that medication only works and can only be prescribed when the patient’s health actually requires it.

Another problem that the doctor faces is disregard for the rules of patient order of arrival. Roma patients don’t always queue or take into account the waiting list. Tactfully and sympathetically, Dr. Chelaru explains about the importance of protocol and respecting the rights of other patients at the clinic. “Every detail is important when working with people,” says the doctor.

Despite such challenges, Dr. Chelaru says that he is happy with the way he communicates with his patients. Furthermore, he would like to learn more about the traditions of the Roma, so that he can communicate with them more effectively. Doctor Chelaru believes that the key to success is comprehension and mutual trust, which make him content to “do a good job and keep things normal.”

Maria Berindei
Journalist, Click

Health Mediators: Improving the Availability of Medical Care for the Roma Population

During the communist regime, the Roma were viewed as a social, not an ethnic, minority. The policy of the state was one of cultural and ethnic assimilation. As such, the integration of the Roma was only approached in terms of social progress. In its attempt to level distinctions and encourage social mobility, the communist policy tried to eliminate the specific character of certain groups, the Roma in particular. The Roma had more difficulties coping with assimilationist policy, because they lack the traditional criteria that define a nation—territory, state, economy, language. Assimilation did not acknowledge, respect nor embrace the particulars of various Roma groups, and assimilation served only to further alienate the Roma.

After the fall of communism, the Roma had their status as a national minority recognized in both the Romanian Constitution and the Elections Law of 1991. Governments, international bodies and the Roma themselves committed to finding efficient solutions to the deeply-rooted problems within the Roma community and the majority population.

During the last few years, the Roma have been the core of heated debates that require developing governmental policies to improve the situation of this community. The EU candidate countries have tried to address these problems through elaborate governmental policies to improve the status of the Roma. In Romania, the Strategy of Improving the Status of the Roma, Government Decision 430/2001, presents a model for Roma participation through a process of elaborating a strategy in partnership with governmental bodies.

This article presents the health mediation program, an experiment of Romani CRISS Organization—Roma Center for Social Intervention and Survey—in cooperation with the Ministry of Health and concluded by the Agreement ACORD on September 12th, 2001, by virtue of the Strategy for Improving the Status of Roma in Romania.

The Health Mediator Program

The program of health mediation was not a patented invention, but simply an answer to the needs of the Roma communities. Doctors would blame the Roma for their lack of health education and for being the biggest consumers of emergency health services. At the same time, the Roma would blame the medical staff for their lack of communication and their discriminatory attitude when treating Roma patients. Upon analysis, there emerged a clear situation: poor communication between the two sides.

Between 1993-1994, interethnic conflicts ended in the deaths of Roma and Romanians.¹² The community development program implemented to resolve the conflict examined all the aspects of the Roma socio-economical situation. In the field of health, they tried to identify solutions by improving Roma access to public health services and raising levels of sanitary education in Roma communities. Romani CRISS—an organization that has launched a series of programs to improve the Roma health and access to public services since 1993 undertook the first health mediation initiatives. In Valenii Lapusului (County of Maramureș), Romani CRISS, in cooperation with Doctors Without Borders, initiated vaccination campaigns for infants population of the community, as well as health mediation—health education, parental education, etc.

The idea of having health mediators was further developed between 1996-1998 when Romani CRISS, in partnership with CCFD-Paris,¹³ initiated a pilot project whose main objectives were to improve communication between the medical authorities and the Roma community. Thirty Roma women with secondary-level education were trained in the program. At the end of the course, they returned to their communities and worked to improve relationships between family doctors and Roma people.

There have been many obstacles to the development

¹² See Hadareni case, county of Mureș and Mihail Kogalniceanu case, county of Constanța. In both cases the majority population set fire to the houses of the Roma living in the two communities.

¹³ Comité Catholique contre la Faim et pour le Développement

of the mediation program. The prejudices of the local and central authorities' representatives and their indifference to the problems of the Roma communities caused the sanitary mediation programs to move at a snail's pace. The program progressed substantially between 1999-2002, when the Romani CRISS tested methods to expand the program nationally. A series of working meetings with Roma civil society representatives and local/central authorities were organized. At these meetings, the health mediator job description and the training required for the position were debated. Also discussed was the possibility of transferring the program to the Ministry of Health, but the Registry of Occupations from Romania does not include the job of a health mediator. In 2001, Romani CRISS took the required steps to include this profession in the Registry of Professions. The Ministry of Labour and Social Solidarity approved the request, and consequently the profession of health mediator was included as a "Public service worker."

Also in 2001, Romani CRISS signed a protocol of cooperation with the Ministry of Health and OSCE/ODIHR– Roma and Sinti Contact.¹⁴ The document is a cornerstone in the health mediation program. Following this, an Order was issued to regulate the system of health mediation in Romania. The order acknowledged the importance of the health mediation program and admitted that the Roma ethnics face problems in accessing health services.

At present, the health mediation program is being developed in 40 counties in Romania, involving over 300 health mediators, who are active in over 400 communities where the Roma live. The work carried out by the health mediators contributes to the harmonization of the social environment of medical activities, enabling the improvement of health of the Roma in Romania.

Health Mediator's Responsibilities

A health mediator provides support, education and information to the community about the availability

of public medical care. A health mediator contributes to the cycle of medical care in cooperation with medical staff. A health mediator is involved in prevention, not curing.

In facilitating the dialogue between the community and the local medical staff, the health mediator identifies the health problems of the Roma and brings them to the attention of the medical staff, pays periodical visits to the Roma community in order to monitor medical cases, and inform authorized persons about important developments.

The purpose of the health mediator is to facilitate communication between the members of the Roma community and the local authorities.

Prerequisites for a Health Mediator

- A health mediator should be a woman of Roma origin, and a graduate of secondary school who supports the public system of health as well as the social system of providing public services to the members of the Roma community according to their needs.
- It is crucial that a health mediator be a woman. In Roma communities, the woman takes on the burden of house and family care, and only in rare cases are men concerned with the state of health of the family and children. A Roma woman is the one who takes care of the family and children, even when she suffers from health problems herself.
- The health mediator approaches delicate issues that are not usually discussed in the presence of men, for example, reproductive health. Romani CRISS has attempted to have men join the ranks of the health mediators, but it became apparent that male health mediators could not relate to the women in the community. A female health mediator can understand their problems much better.
- A person who is not valued by the community because of personal problems or inappropriate

¹⁴ The Bureau for Democratic Institutions and Human Rights Omului (ODIHR), based in Warsaw, is part of OSCE (The Organisation for Security and Cooperation in Europe). It is responsible for promoting human rights, democracy and the state of law and operates as a contact point for the Roma and Sinti issues. In 1997, this institution recorded substantial progress, defining a new operating concept, by consolidating operational actions and enhancing participation in various actions, especially in sensitive areas, in favour of democratic structures and human rights. In 1999, a new position was created in ODIHR; Consultant on the Roma issues, which is currently being held by Nicolae Gheorhe (Romania).

behaviour cannot serve as a health mediator. A mediator cannot discuss home hygiene if her own hygiene is poor. The health mediator must enjoy the respect of the community and be a standard-setter for other women, and for young girls in particular.

- It is vital for the health mediator to live in the community where she works and it is important that community members know the address of the health mediator. The health mediator should belong to the community, the better to identify with and be aware of its problems. This reduces the likelihood of communication problems, and increases the level of trust between health mediator and community members.
- Health mediators who are mothers can develop a better relationship with Roma mothers and can better understand their problems and share ex-

periences in child rearing. Childless health mediators can relate very well to girls, but the efficiency of communication with health mediators who are mothers should not be underestimated.

- A successful health mediator should be sympathetic, feel close to, and understand the problems of the people with whom she works.
- A health mediator should not be associated with

politics and must refrain from involvement in the electoral process. While a health mediator has the freedom to run in elections, she must not do this while employed as a health mediator. Candidates make many promises during campaigns, which go against the working principles of health mediation. A health mediator is not allowed to make promises, even if she encounters problems that she is sure to solve.



Participants in a Roma training conducted by RFHI. **The training helped to to WHAT?....**

- The main source of conflict between the Roma and the local authorities stems from lack of communication. Thus, it is important for the health mediator to have strong communication skills, to foster communication between community members, local authorities, and public services personnel.
- A health mediator faces many situations that cannot be solved without the support of local

Health Mediator Activities

A health mediator is involved in two types of activities:

Social activities

1. refer people with no income to the social welfare services provided by the local authorities (town hall, the General Directorate for Labour and Social Protection), so that they can access unemployment benefits, if eligible.
2. assist social services and local authorities during

- social investigations
3. assist the Roma population in the process of obtaining identification documents
 4. help Roma obtain medical insurance holder status

Medical activities

as listed in Order no.619/2002 regarding the approval of health mediator occupational status, issued by the Ministry of Health.

1. cultivate trust between local authorities and the community of origin
2. facilitate communication between community members and medical staff
3. keep a record of pregnant and postpartum women and see that they attend periodic medical pregnancy and postpartum check-ups; explain the necessity and importance of such check-ups; facilitate communication with family doctors and other medical staff
4. explain the basic notions of family planning and its benefits, circumscribing the traditional cultural system of the Roma communities
5. keep a record of the infant population of the community
6. explain the basic notions of child medical care and its importance
7. promote a healthy diet, especially for children, and including breastfeeding
8. verify whether newborns are recorded on the family doctors' list of patients (permanent or additional lists)
9. assist medical staff to identify and apply vaccination schemes for the community infant population and carry out final clinical tests for children age 0-7
10. explain the benefits of health insurance as well the procedures necessary to obtain insurance
11. explain the benefits of personal, home and public-space hygiene; promote community hygiene measures enforced by competent authorities
12. facilitate first-aid measures by calling and accompanying medical staff or paramedics
13. mobilize and join the members of the community in public health campaigns (vaccination information, education, and health awareness campaigns, campaigns to identify chronic patients, etc.); and explain the role and the purpose of such campaigns
14. participate in the active identification of TB cases and other communicable diseases, under supervision of the family doctor or other medical staff from the county directorates for public health or the directorate in Bucharest
15. upon demand of the medical staff and upon their close supervision, explain the role of prescribed medication, its possible side effects, and monitor the administration of medication (e.g., the strict monitoring of medication for TB patients)
16. join medical staff in activities related to the prevention and control of epidemics, facilitating the implementation of the required measures (by explaining to community members the role and purpose of the measures to be taken)
17. alert medical staff to special situations emerging in the community (e.g., outbreak of communicable diseases, parasitosis, food poisoning, issues related to water safety, etc)
18. report in writing to the Directorates of Public Health in each county and in Bucharest issues related to the availability of medical care for community members in the following domains:
 - vaccination campaigns, according to the national vaccination program
 - medical checks for children 0-7 years old
 - monitoring of pregnant women, in line with the methodology issued by the Ministry of Health
 - active identification of cases of TB
 - emergency medical care
19. alert social workers to potential cases of child abandonment (by knowing the situation of the families in the community, the health mediator may be aware of the intention of the families that are in a desperate financial situation of abandoning their children in homes. Such situations can be avoided if competent bodies learn about them in due time).

Meeting Community Needs

The Roma's health depends upon their housing conditions, lifestyle, socio-economic situation, and level of education. In most of the cases, the Roma peoples' diet is lacking in both quality and quantity. Legumes (potato, beans) are the primary food; consumption of dairy products and meat is low, while that of fruit and vegetables hardly exists. Severe diet

deficiency brings serious consequences such as avitaminosis, malnutrition, anemia, dystrophy, and rickets. Another category of disease is represented by enterocolitis, which appears because food is not preserved in proper conditions and is eaten spoiled. There are also cases of food poisoning from food consumed past expiration date and from the consumption of inedibles.

The availability of potable water in the Roma communities is precarious. Water quality is poor, which increases the occurrence of blood poisoning and infectious disease. Both personal and home hygiene are often poor due to reduced availability of water sources, usually meaning no bathroom, but also because of a lack of sanitary education. Without such education it is impossible for people to adopt preventive behaviours against disease and to understand the importance of periodic medical checks, particularly for pregnant women and for children.

However, the main problem in the Roma communities is poor access to medical care. The causes of this situation including:

- **Deficient medical infrastructure** in the Roma communities or their immediate vicinity. Most Roma communities are situated on the outskirts or outside built-up areas.
- **Difficulties getting medication.** Often obtaining compensated medicines is an acute problem in the rural environment because not all village clinics have pharmacies.
- **The absence of transportation** and/or lack of financial resources to reach the clinic.
- **No identification** documentation or health insurance.
- **Lack of financial resources** to buy medicine deters many from seeking medical care.
- **Legal issues** related to the place of residence, combined with absence of stable income results in the impossibility of registering with a family doctor in accordance with new laws providing for the social welfare system.
- Most of the medical staff resent Roma carelessness with personal hygiene and lack of discipline; they do not come for vaccinations on schedule and often do not have the patience to wait when they come for examination.
- **Unofficial payment:** the Roma and other poor populations in Romania complain that the medical staff need to be 'bribed'. They report poor quality medical services because they cannot afford to offer medical staff an adequate 'incentive'.
- **Racial prejudices** have an impact on the health of the Roma. A survey carried out in ten localities in Romania showed that most of the medical staff had negative attitudes and behaviours towards Roma children with health problems.

The activity reports of health mediators indicate that the major problems among the Roma seeking care includes the absence of identification and the inability to register with a family doctor without medical insurance. The situation of identification papers is under control thanks to the health mediators, who ask for cooperation from local authorities and the local/county NGOs. The process may be slow, but it works. When it comes to health insurance, the health mediator faces a delicate situation. For the disadvantaged categories, the only way to benefit from health insurance is through law 416/200—the law of minimal income. Health mediators are familiar with this law, which is why the moment they identify a person whose income is below the threshold of the minimal income, they refer the person to the town hall. A health mediator cannot do more than that. Many times people are denied their social entitlements and the health mediator finds herself in a situation where it is impossible to offer an explanation to those who lose their medical insurance status. A health mediator is supposed to contribute to improving the Roma access to the public health services. But how can one have access to public health services unless one benefits from medical insurance?

Clearly, the Roma community is confronted with substantial difficulties. The health mediator can hardly handle her daily responsibilities, as there is no solution to the problems listed above unless there is some support from the local/central authorities and the people they work for. There is no one worker who could solve all these problems alone. In order to cope with all these challenges, the health mediation training course should include two modules:

1. Theoretical training: The module “Notions of health mediation,” delivered by Romani CRISS trainers.
2. Practical and permanent training: The module “Education for Health,” delivered by the coordinator of health mediators activity from the Authority of Public Health.

Unfortunately, some of the health mediators who begin working in the system have only the limited knowledge that they get during training. Once the training is over, they are thrust into their fieldwork and are faced with problems they are unprepared to address. When they realize that have problems that they cannot solve alone, they seek help from the various people involved (family doctors, social workers in the town halls, mayors, the coordinator from the Agency for Public Health). Once those problems get referred to higher agencies, these people get upset, blame the health mediator, saying she is incompetent, and try to have her removed from her job. Thus, while trying to find a solution to her client’s problems, the health mediator finds herself in conflict with her partners.

Yet family doctors, whose time is limited, do find cooperation with health mediators useful because they assist during vaccination campaigns and provide information of developments in the community that they themselves may not have the time or insider status to obtain.

During the early stages of the health mediation program, family doctors often thought of health mediators as auxiliary medical staff and used them for a variety of inappropriate activities—cleaning waiting rooms, “quieting down” Roma patients who were waiting to be seen, acting as bodyguards for themselves and nurses when they engaged the Roma community. These tasks have nothing to do with the role of a health mediator. Health mediators should be perceived as partners whose duties are related to the prevention side of medical care. They are meant to be supported by medical staff in the sanitary education campaigns they launch in the community. Health mediators are expected to join doctors during vaccination campaigns, but they should first be trained by the doctors so that they can explain the importance of vaccination to community members. It is not enough to let people

know that a vaccination campaign will be launched; they should also know what that means for their children. Many times, health mediators do not have the skills to explain such things, which leads to lower rates of participation by the Roma in vaccination campaigns. Who, then, should be held accountable? The health mediator, the family doctor, or the members of the Roma ethnic group?

Because I was involved in the implementation of the health mediation programme, I had the opportunity to see the reality in the field and to observe the relationships of the mediators with the other partners. I found that in many cases there was a good working relation between family doctors and health mediators, meaning that doctors were aware of the mediators’ roles and responsibilities. A doctor from Galati told me, “*Yes, she is of great help in my relationship with the Roma patients. They speak Romani, and I cannot. I therefore tell the mediator what I need to know and she puts in into their language. If it wasn’t for her job, I would have found mine more difficult.*”

I have also come across doctors who were not pleased with the health mediators program. “*I am not interested in the activities of this woman. They are of no benefit to me. It would have been better if she had had medical education, so that she could have been a nurse. There are not too many Roma on my list and I do not see why I should cooperate with the health mediator. I call upon this girl from time to time to let the people know about the children vaccination campaign. Whatever we may do, the Roma have a big problem with hygiene. What can the health mediator do about it? Wash them herself?*” But I have found doctors who did not have a health mediator to cooperate with and who, having learned from their colleagues what a mediator’s duties were, asked the Authority for Public Health to train mediators in the community where they work. “*I needed a mediator. She helps me a lot and I want to improve my relationship with my patients. I don’t understand much of their culture and that makes it difficult for me to engage with them. Having found out from my colleague what the role of a health mediator is, I believe it is important to have one in every community,*” a doctor from Bucharest stated.

Regarding health mediators' training, I am of opinion it would benefit the health mediators if they could attend a second module, "Education for Health," delivered by the coordinator in the Agency for Public Health. They need general information on other issues such as TB, sexually transmitted infections (STIs), personal and home hygiene, health promotion measures, child diet and nutrition and so on. Many times, health mediators are asked questions on such topics, but are not able to answer them. During the training sessions I deliver, I insist that participants ask for support from the medical staff when they need to approach a group session on health issues. If there develops good cooperation between a mediator and the medical staff, I do not see why a doctor or a nurse would deny information to a health mediator; it is their responsibility to disseminate it to the rest of the community.

Health mediation, like any other job, is hard but filled with satisfaction; less on the profit side and more on the moral side. All the health mediators I have spoken with said that they would volunteer to work, if no pay was available for what they do. Once working in health mediation, there is no way back. "It is like a virus. It is hard to find an antidote!" a mediator said. (For personal stories from health mediators, see the RFHI publication *Thoughts from My Colleagues*.)

Conclusion

Thus far, the health mediation program has been highly appreciated by both Romanian authorities and international bodies. The program has contributed to improving communication between Roma patients and medical staff on the one hand, and representatives of public bodies on the other.

Social mediation contributes to improved availability of medical care to the Roma. The more the system of health mediation develops, the more accessible medical care becomes to the Roma. In the Romanian transition society, people are gradually becoming aware of the importance of health.

Family doctors as well as other service providers must be aware of the importance of health mediation. They should utilize health mediators and consider them working partners, though they may have

different levels of instruction. Mediation is supposed to develop trust and that is why we should do our best to support it.

Currently in Romania, mediation is being developed in other fields including education, social issues, and human rights. The mediation in education is being developed based on similar working methods as the health program principals, but the process is difficult because the ministry of education lacks awareness of the importance of the program and is so far unwilling to pay mediators from its budget.

The program for social mediation is funded through the European Union PHARE program. In the social field, other bodies have developed the idea of social mediation and registered mediation activity in the Registry of Occupations, but so far, the Ministry of Labour has shown no interest in this profession. In the field of human rights, there is a job called Local Human Rights Monitor. This position was created to oversee the human rights situation within the Roma community in their capacity as Romanian citizens, and to report cases of violation. The program is in progress and those involved act as experts in the field, by submitting cases of human rights violation to the public eye whenever that is necessary.

I will conclude by quoting a health mediator who has been with us since the testing stage of the program and will add that the program was, is, and will be a permanent challenge to the Romani CRISS team. *"A health mediator needs to be able communicate, to cooperate with the authorities and most important of all, to fulfill a commitment, as this is the only way to gain the trust of both parties. When both parties are satisfied with the services I provide, I keep my job. It is good for me to know that even though I am not a community leader, I contribute to problem solving. Many times, I find it difficult to work so hard—there is no such thing as financial satisfaction, I have neglected my family. But I have found spiritual satisfaction because I assist the Roma in finding a solution to the health and social problems they face."* -Ferariu Rubina, Roma health mediator, Botosani.

Daniel Rădulescu
Health Program Coordinator
Romani CRISS

Ali Babah's Town

Medgidia has preserved traces and memories of all the people who ever set foot on its land: fierce conquerors, skilled sailors, good merchants. There is something left from each of them—a bit of Istanbul, Armenia, the Genghis Khan hordes, a strong Indian influence, and slight traces of the Muslim world.

For 33 years, Dr. Dorina Zaicenco has worked in this environment carved out by history. She divides her time between the clinic and the disadvantaged communities. In her spare time, she provides free medical examinations at the Pentecostal Church in Medgidia. After a series of mishaps in the country, we have finally reached Dr. Zaicenco, a family doctor in Medgidia, a town of about 50,000—8,500 of whom are of Roma origin. What is so special about this doctor? To put it simply: the relationship she has developed with the Roma community.

Dr. Zaicenco started her medical career in 1973 at the Hospital of Cervenia (the county of Teleorman), where most of her patients were Roma. “When the town of Zimincea was turned to ruin by an earthquake, the Germans came and put up a hospital. All the doctors working there would go and eat with a Roma family, Turcitu was their name. We had foreign doctors, too,” she recollects.



Cartierul Ali Babah, Medgidia

Dr. Zaicenco has turned an unused warehouse into a modern clinic. “We tiled the walls and the floor and I bought the medical equipment with my own money. The fence was stolen, but the Romanians did it, not the Roma. We still need to plaster the outer walls. We cannot let this place fall apart. What is the good in having all this equipment installed inside if the outer walls are collapsing?” she asks.

We set out to meet the Roma community. After a long and difficult journey, generously spread with potholes, we came to the neighbourhood known as Ali Babah, where we were greeted by a group of Roma women. Although it was only a few degrees centigrade above zero, the women were wearing flip-flops and swimming in mud. Many Muslim Roma live in poverty. The most courageous left their native land in the hope of a better life; some found jobs on the docks, others are beggars abroad.

About 8% of the town's population is registered with Dr. Zaicenco, who splits her time between the clinic and the Pentecostal Church in town. She sees 4000 patients at the clinic and 50-60 disadvantaged people per week at the church. They come from the Ali Babah neighbourhood and from the villages within the town's administration. Some time ago, the doctor benefited from unexpected help. A team of American doctors, invited by the church to Medgidia, came to visit. She took a week off and accompanied the American doctors to the disadvantaged communities. “I accompanied the American lady doctors to see the disadvantaged people, they offered hearing aids to those who needed them, thermometers and medicines. I learned a lot from those doctors. They did not discriminate. It made no difference to them whether they dealt with Roma, Turks or Romanians. They were simply people.” Dr. Zaicenco says.

The peaceful cohabitation between the majority population and the minorities are a model of interethnic understanding over centuries, based on respect for the values of each community. This is the reality of the relationship between Dr. Dorina Zaicenco and the community of Ali Babah.

Petru Zoltan
Journalist, *Jurnalul Național*

Accessibility and Utilization of Reproductive Health Services Among the Roma Population in Romania

Since 1992, there have been many transformations in the field of family planning (FP) in Romania. Major developments have included the integration of family planning into related services, such as primary medical care—particularly in rural areas—securing access to free contraception for eligible persons, and increased population awareness through increased information, education, and communication (IEC) capacity and impact. Additionally, the reproductive health of women of reproductive age as well as overall perceptions about reproductive health were subject to periodical assessment through surveys carried out in 1993, 1996, 1999 and 2004.

The first reproductive health survey (RHS) on women of fertile age was conducted in 1993. It found that the popularity of modern contraception methods was very low, and that women relied on traditional methods of contraception with high failure rates (30-35%), which lead to many unwanted pregnancies. Women reported a high number of abortions, a lack of general knowledge of reproductive health, a high level of mistrust in contraception, and a lack of awareness regarding its benefits.



The most recent RHS, conducted in 2004, assessed the state of reproductive health in Romania, including mother and child health care services, barriers to accessing available health care services, and preventive interventions. This national survey allowed a better understanding of the situation to date in general, and of the differences between various population sub-groups, including ethnic groups, according to the main sexual and reproductive health indicators. Moreover, the survey highlighted developments in FP services and access to contraceptive methods. This report is a brief overview of the survey results regarding access of Roma women to RH services.

Health Insurance Status and Access to Services

According to the data provided by the 2004 RHS, the proportion of those who did not have health insurance was 16.6% of women and 21.1% of men. Individuals of Roma ethnicity were at a disadvantage since about half of them stated that they did have health insurance coverage (53.1% of Roma women and 50.1% of Roma men). Lack of medical insurance is an indirect indication of the prevalence of unemployment amongst a population in Romania—though it is possible that some of the individuals were not aware whether they possessed or not medical insurance.

Another study¹⁵ reported that only one quarter of Roma women were active in the labor market

Family Health doctor, Monica **XXX**, counseling a Roma patient in **XXX** region of Romania. After her training through the Romania Family Health Initiative, Monica was able to better understand the needs of Roma women like Alina.

¹⁵ Broadening the Agenda – The Status of Romani Women in Romania, Open Society Institute, 2006

¹⁶ Unemployed can indirectly benefit of health coverage if their spouse is employed. Even those completely lacking health coverage had in 2004 access to a limited package of services to be provided by the family doctor; it included emergency care/referral services and contagious diseases diagnosis and/or referral for hospital-based care. Family planning services were incorporated in this limited health insurance package after 2002.

(formal or informal), which may indicate that unemployment rates amongst this category could be even higher than was indicated in the RHS. For the Roma, unemployment may not be due to a personal choice, but rather the result of cultural, educational and socio-economic factors. Six out of ten women believe that equal opportunities for Roma men and women in the labor market is yet a goal. As per the 2004 RHS, the lack of medical insurance associated with high unemployment is one main reason for poor access to public health services.¹⁶

It is worth pointing out that about one percent of the total survey sample (1.2% of women, 1.3% of men), did not know whether they were insured or not. The proportion of those who were ignorant of their health insurance status was three times higher among the Roma sub-sample (3.6% of women and 3.7% of men).

Health Services Utilization

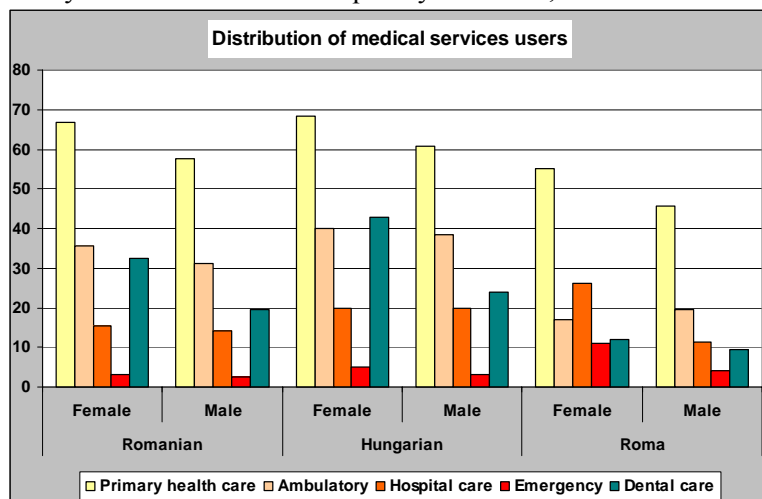
The 2004 RHS also documented that health care service utilization had both gender and ethnic-specific patterns. In general, women used health services more frequently, at all levels of the health care system—primary (family doctor), secondary (ambulatory-based, specialized care), and tertiary (hospital) care level.

Both genders resorted most often to services provided by the family doctor, but women used primary care services more frequently than men, irre-

spective of ethnic origin. However, within the year before the survey, Roma women visited family doctors less frequently (55%) than women of Romanian or Hungarian ethnicity (68.4%).

Between 30-40% of men and women of Romanian and Hungarian origin declared they had used ambulatory care within the past year. In the Roma group however, frequency of ambulatory-based service use was much lower: 17% among women and 26% among men. These data do not necessarily reflect discrimination of the Roma in cases where referral to a specialist is required, but rather may indicate a differentiated availability of out-of-hospital specialized care due to reasons related to lack of health insurance coverage; limited resources for transportation of patients to urban centers where there is a higher level of expertise, or; a preference for hospital services over ambulatory services. It may also indicate that there is a sufficient level of care from and trust in the family doctor and therefore they do not seek further assistance.

Among the Romanian and Hungarians sub-groups, the rates of tertiary (in-hospital) care utilization do not differ by gender. Roma women however, use in-hospital services more often than Roma men and indeed, more often than any other ethnic or gender sub-group. One in four Roma women had used tertiary health care at least once within the year before the survey; in contrast, Roma men had the lowest use of in-hospital care (only one in ten) during the same period. Overall, the Roma population has the lowest utilization of primary, secondary, or tertiary health care resources amongst all ethnic groups.



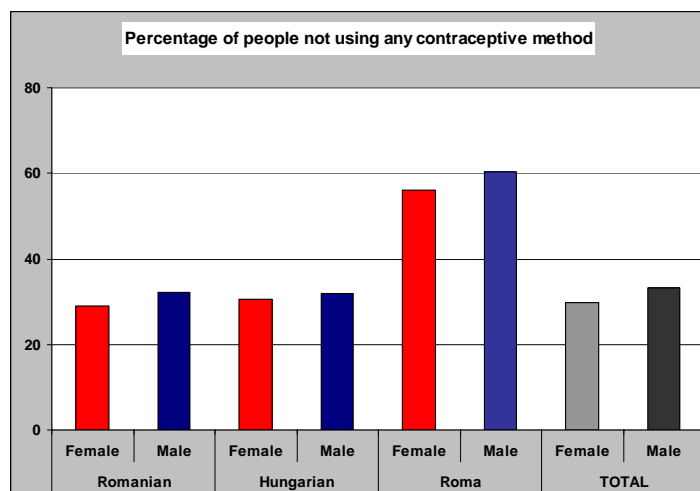
Roma women, however, are the highest users of emergency services (11% within the year before the interview), most likely due to socio-cultural factors or to barriers associated with lack of health insurance, as well as the fact that without on-going preventive health care, health crises that require emergency services are more likely.

Sexual and Reproductive Health

Reproductive behavior, family plan-

ning

The 2004 survey showed the proportion of women who began sexual life before the age of 15 was higher among Roma women (20.5%) compared to



the overall female population (2.8%). A similar pattern was observed among Roma men: 22.5%, compared to 13.5% among the males surveyed.

Seen from this perspective, acquiring correct information on sexual and reproductive health issues at an earlier age, as well as adoption of healthy attitudes and practices, is much more important for the Roma population.

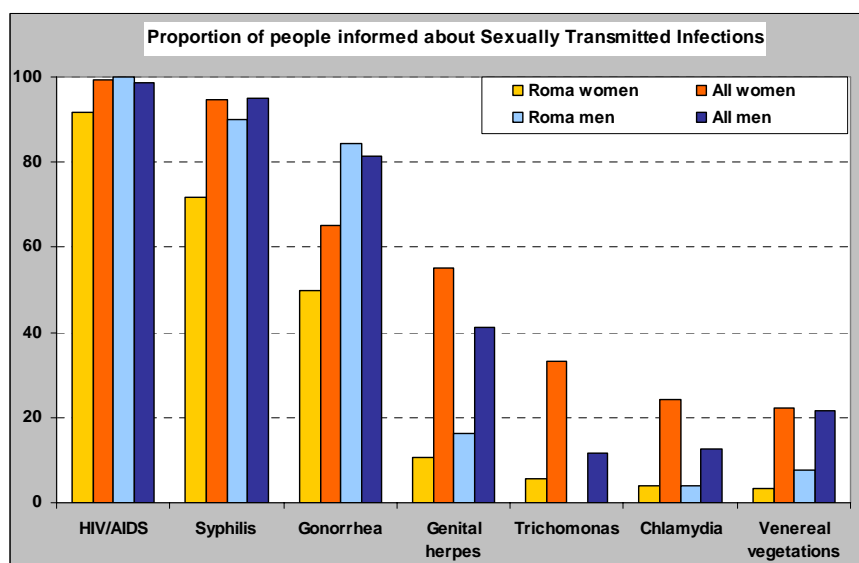
A notable feature is that prevalence of modern contraception use among Roma women (16.5%) is half that of the entire female group (38.2%). Meanwhile, Roma men had a higher prevalence of modern contraception use (18.4%), than women of the same ethnicity, but at a much lower prevalence than in the general male population (42.5%).

According to the 2004 RHS, 43.8% of Roma women of reproductive age reported that they had used contraceptive methods (modern or traditional), compared with 71.1% of Romanian and 69.5% of Hungarian women. The

proportion of Roma men using contraceptive methods (traditional or modern) was even lower (39.8%) than among Roma women. The situation described above, together with the early onset of sexual life among Roma and with specific cultural elements, expose Roma woman to a higher risk of unwanted pregnancy.

In this regard, it is interesting to note that a study conducted by the Open Society Institute in 2006¹⁷ reviewed the elements that influence Roma women's decisions to have abortions. They found that only 43% of the sample of women who declared themselves Roma and who had had at least one abortion stated that they acted upon their own decision. A slightly higher percent of respondents (45%) said that the decision belonged to their partner. The authors point out that the incidence of abortions undergone as a result of the pressure put on the individual by those closest to them may be even higher, but due to social rules, some Roma women are less willing to openly discuss it. Moreover, the survey showed that abortion was a widespread "method of family planning" among Roma women: 78% of them resorted to abortion to terminated unwanted pregnancies.

HIV and sexually transmitted infections (STIs)
The level of knowledge that Roma women, age 15-45, have about STIs, HIV, and AIDS is far lower than the national average of women in the same age group. Roma men, on the other hand, possess a level of knowledge that is on a par with that of their coun-



¹⁷ Broadening the Agenda – The Status of Romani Women in Romania, Open Society Institute, 2006

terparts nationwide.

Women of reproductive age were aware of the following STIs (in decreasing order of frequency): HIV, syphilis, gonorrhea, genital herpes, trichomonas, chlamydia and venereal vegetation/condiloma. The same order stands for men, except that venereal vegetation/condiloma moves up two places, while trichomonas comes last on the list.

It is remarkable that the large majority of fertile women, including Roma, have heard of HIV/AIDS (99.5% of the general population and 91.7% of the Roma) and syphilis (94.4%, and 72%, respectively). Roma men are generally more informed than are their female counterparts. All of them have heard about HIV and AIDS; the proportion of Roma men who have heard about syphilis (90.1%) is higher than among Roma women (by almost 20%).

Five-out-of-ten Roma women (55.7%) and eight of ten Roma men (80%) recognize that using a condom can prevent HIV infection. Yet the proportion of Roma who understood this fact was still lower than the general female (91%) or male (94%) population, or than in any other ethnic subgroups.

Cervical and breast cancer

Most sexually active Roma women (90.7%) reported that they do not perform breast self-examination for early cancer detection. Among the overall population, half of all women, regardless of ethnicity, have never done so, the proportion being slightly higher in the Hungarian ethnic group than in

the Romanian group.

An equal percentage of sexually active Roma women (90.7%) have never had a Pap smear test, and most of them (80.6%) are unaware of the existence of a test that can diagnose cervical cancer at an early stage.

In conclusion, it is of utmost importance that family planning IEC interventions for Roma women continue, whilst taking into account the preservation of the Roma traditions and cultural values. Continuation of prevention programs centered on education and information is clearly needed, particularly after the results of the latest RHS, showing some health disparities that affect the Roma population, and more specifically Roma women. Roma women appear to have low levels of knowledge as regards family planning methods that could prevent unwanted pregnancies and even lower levels of knowledge about sexually transmitted infections.

Furthermore, it is advisable to improve access to health care, in the field of family planning alongside increased access to information and education. This will contribute to future generations of Roma whose quality of life and life expectancy could, and should, be equal to that of the rest of the Romanian population.

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