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WORKSHOP

POVERTY, HEALTH AND ETHNICITY: THE EMPIRICAL EXPERIENCES OF RESEARCHES IN NORTHEAST-HUNGARY*

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Abstract: The results of our empirical researches carried out in North-East Hungarian region is analyzed and compared with national and international experiences. During last decade, we examined social and health status of Gipsy/Roma people living in this region in frame of researches, two of them were proceed at county, others at settlement level. We present our results grouped around three problems, which gives a chance for empirical testing of hypothesis of other researches reflected on this problems. Typical sample's characteristics of Hajdúböszörmény study made feasible to analyze the statements on correlation between underclass situation and ethnicity. Our results proved the statement that the poverty makes ethnical feature but not only Roma can be ranked among underclassed. In our study we deeply analyze coherence of ethnicity and poverty; besides of income poverty we touch the housing poverty, deprivation in wealth and living conditions, and the problems of social-political poverty. The health state was studied through the subjective health picture, utilization of the health care system, satisfaction with care services and the list of most frequently complaints, diseases. We aspired in our study to give structural and cultural explanation of examined phenomenon, moreover to present correlations, although because of research methods we rather analyzed successes of structural effects.

Keywords: poverty, health condition, etnicity , Northeast-Hungarian Region, Roma, underclass, deprivation

* In our study, defining the theoretical frameworks concerning the health conditions we mainly based on Mária Neményi's writings, on study on *Poverty – Ethnic affiliation – Health* and on her academic doctoral dissertation. Because of the similar approach and topic we allude to her writings in the title of our study.

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INTRODUCTION

The vast majority of research, in analyzing the situation of ethnic minorities specifically in case of segregated and excluded minority groups, discusses both the social and health conditions as the *consequence* of more general social processes. The same is also found in research that examines the situation of the Hungarian Roma, in that the titles of research on this group point to evolving and complicated interactions among poverty, health and ethnicity. Given all this research, what explains that phenomenon? How can one deduce directly from ethnic affiliation the disadvantages and adverse indicators of poverty and bad health conditions? Disregarding the common explanations, *the indicators of the social and health conditions* are the ones that make the deduction of misleading inferences possible: on the basis of research results it can be said that the Roma's social and health conditions, their situation in all comparable dimensions is worse than e.g. those of the overall majority in Hungary. However, in most cases the indicators, concerning the situation of Roma people have *a causal character, which shows, that the ethnic affiliation is involved in most areas together with the development of the social disadvantages* and their continuation. In this possible explanatory model a kind of relationship can be manifested among *ethnic affiliation, the social situation and the health condition,* but behind them there are other social processes, which the research discusses in the framework of social exclusion. For the explanation of the ethnic minorities that is for the social situation and the health condition of the Roma, approaches, using structural reasons and cultural differences can be separated.[1] Research, emphasizing the structural factors, underlines the social status, the socio-economic conditions and their consequences, and puts less stress on the possible effects of the culture of the minorities, e.g. a direct relationship is seen between the minorities' health condition and their social situation. Authors, concentrating on the consequences of the cultural differences in the case of ethnic groups, examining the social differences, the differences in health condition, the lifestyle affecting health and, for example, health and body as a whole, trace the differences back only to cultural differences. These simplistic, irrelevant explanations, which explain the situation of the ethnic groups either exclusively with class background, or only with cultural differences and social and health status, are found at the endpoints of the two approaches. These explanations, which strengthen the stereotypes in connection with the ethnic groups, are born from the exotic situation of the examined groups (Neményi 2000, 2005).

Although we do not deal with the question of classification in our writing theoretically, we have to note that in the Hungarian literature there are two characteristic classifications/approaches/interpretations concerning the Roma/Gypsy which are partly a result of the structural versus cultural approach, but not in that sense, that e.g. the sociological approaches would exclusively accept the structural explanation. In the literature the *sociological versus anthropological approaches* prevail,[2] between them there are considerable differences in both methodology and

1 This question and the peculiarities of the different approaches are analyzed among others: Babusik and Papp n.d.; Forray and Hegedûs 2003; Gyukits 2000; Nazroo 2003; Neményi 2005; Smith et al. 2000; Szuhay 1999.

2 To analyze it see (among others): Forray and Hegedûs 2003; Neményi 2005; Szuhay 1999.

outlook. The sociological approach deals with the social inequalities in the situation of the Roma as the result of social inequalities that is a consequence of the structural relations. The cultural anthropology approach puts the emphasis rather on the cultural features, and the pledge of the individual to that ethnic identity is regarded as more important than its consequences. Although a considerable part of the research is based on the sociological or cultural anthropological approach, some research and studies often apply these two approaches simultaneously. For example, in case of research that has sociological outlook it means that the examined phenomena, such as school failures it takes the differences in ethnic culture into consideration to explain these phenomena, while on the other hand several writings with a cultural anthropology outlook operate with quantitative sociological data and explanations.

In case of Roma/Gypsy ethnic classification there are two fundamental approaches, which, to a certain degree, suit both the sociological and cultural anthropological interpretations: according to one of the approaches whether a person is considered to be Roma/Gypsy or not is determined by the environment while the other approach emphasizes the ethnic identity the persons themselves maintain. In the nineties the debate[3] about Roma/Gypsy classifications was mainly about the methodological viewpoints of scientific research. During that time certain consensus took shape in the concurrent validation of the exterior and inner classification of viewpoints that is beside the majority society's ethnic classification the acceptance of the Roma/Gypsy self-classification was also taken into consideration. This consensus was primarily concerned with research methodology, and the more general questions of the classification were not taken too much into consideration. The inner ethnic articulateness of the Roma/Gypsies and the differences appearing in the usage of Roma and Gypsy names show the problems partly related to the exterior and partly to inner classification. Since the name "Roma" referring to self-definition is only a name used by a minority of the Hungarian "Vlach" (Hungarian: "oláh") Gypsies to define themselves, a considerable amount of the research uses the name "Gypsy". In a part of the Hungarian research and in political common talk apart from the Roma/Gypsy ethnic affiliation the name Roma is accepted[4]. In a later section of our article we will use the name Roma even if we refer to e.g. "Romungros". This does not mean that we do not consider the problem of constructing exterior or inner identity or the question of "being other" important, or that we would simplify this complicated question merely to the applied denomination, although the classification is in some degree the question of constructing identity too.[5]

In our study we present some of the results of our empirical research done in the Northeast-Hungarian region. In the analysis of the results we undertake the testing of statements based on the earlier results of Hungarian Roma researches. We emphasize

3 The summary of the debate: Horváth et al. 2000.

4 It is shown in the method of how to use the names of Gypsy organizations. In the case of law about national and ethnic minorities, and of minority local governments the name "Gypsy" is used.

5 In our present study which we mark to be empirical, we do not analyse questions in connection with constructing ethnic identity and their consequences of this, although for example access to social and medical care, the relation between institutions and the Roma affect this problem. More about this topic: Csepeli and Simon 2004; Kligman 2001; Ladányi and Szelényi 2001; Neményi 2000.

that our study is *the empirical analysis of our research continued in the area* but we compare the results with those of the main Hungarian research. The construction of our study differs from the customary one because of the methodology chosen, for we outline the theoretical framework concerning the examined problem *at the beginning of each chapter.*

THE CHARACTERISTICS OF THE EMPIRICAL RESEARCH, SAMPLES AND THE APPLIED METHODS

Our present study summarizes the results of three research studies in which the authors took part as research leaders and researchers. The following section summarizes how the samples were selected for each study.

In 2003 the Regional Development Council of Szabolcs–Szatmár–Bereg County in the framework of a representative population sample ordered an examination of the circumstances of households, and those who live in those households.[6] As a result of a tiered sample we selected 1500 households for the final study sample. We took the characteristics of the micro-region and settlement types into consideration and then we examined households in each settlement. In the course of this research we examined their household pattern, income situation, incomes and expenses, perception of problems, support system, educational level, economic activity, and the health condition and mental status of the members of each household. During this research we formed a Roma sub-pattern on the basis of the interviewers. This classification is the same as similar procedures used in other Hungarian researches. The interviewers assigned the answering heads of households into (1) Roma, (2) not Roma and (3) cannot decide whether Roma or not Roma, groups. Then those heads of households who classified themselves as Roma were asked about their own ethnic classification. Nine tenth of those household heads who were classified by the interviewers as Roma identified themselves as Roma as well.

In 2004, in the framework of a competition project in Szabolcs–Szatmár–Bereg County following basically the same guidelines of the 2003 research another survey by questionnaire was conducted. It examined the situation in households, the educational level, economic activity, and the health and mental status in 500 Roma households.[7] Once again, a tiered sample was adopted according to micro-region and settlement types and then with the help of organisations and experts knowing the Roma a random sample was selected from among households. In the domestic sample we developed a sub-pattern among the household members between ages 12–28 in order to analyze the health picture and the lifestyle of young Roma. Thus, in the course of this research we

6 Research leaders: Gergely Fábián, Mihály Fónai, Éva Filepné Nagy. The interviewers were social-worker students.

7 The title of the project: Medical and social situation among Gypsies in Szabolcs–Szatmár–Bereg County 36419–3–0017 NÜF. The Nyíregyháza Szocio-East Association was the organizer of the project. Participating researchers: Mihály Fónai, Éva Huszti and Dr Mariann Pénzes. The interviewers were the colleagues of the Family Support Centre (Nyíregyháza). One of the leaders and the co-ordinators of the research was Attila Vitál, the president of the Szocio-East Association.

simultaneously utilized the criteria of expert classification and through the participation of Roma organizations the criteria of self-classification too.

In the same year, in the framework of the same competition project there was a research in Hajdúböszörmény[8] that included all the Roma households of the city. In the course of the overall research 62 households living together with Roma but not Roma and 263 Roma households were investigated. The city has a Roma community that is relatively segregated, although there is a mixture of non-Roma living there. Consequently, the Roma live together with non-Roma with similar social status in the same geographic district. This living condition gave us an opportunity to compare the indicators of social circumstances of the Roma and non-Roma living under similar circumstances and to get an answer to the following question: Do social and health conditions in several areas depend on ethnic affiliation? Since several indicators of non-Roma who live in households that are equal to that of the Roma households, *these samples were suitable for testing the underclass thesis* (Fónai 2005).

UNDERCLASS AND ETHNICITY

In the Hungarian sociological literature the examination of the underclass phenomenon is primarily associated with the research of János Ladányi and Iván Szelényi (Ladányi and Szelényi 2004) and Zsolt Spéder (2002). Ladányi and Szelényi drafted hypotheses on underclass based on the theoretical analysis of relevant international literature. In addition, they drafted their relevant statements on the underclass and the ethnicization of the underclass on the basis of research results expanding over several countries. (Ladányi and Szelényi 2004; Szelényi 2001). While analyzing the international literature, the authors compared the theories explaining the situation of the underclass by means of the characteristics of the structural situation (Wilson 1987) and the theory of the subculture of poverty (Lewis 1961). They also analyzed other theoreticians who utilized these two approaches and interpretations. Accordingly under the term "underclass" they mean the "crowd outside", those who live separately from the majority (in homogeneous ethnic ghettos), and those whose children are expected to remain in this class (Ladányi and Szelényi 2004).

As a result of this comparative research on exclusion they formed their statement on underclass, under-caste and lower-class type exclusion among the Gypsies of Central and South-Eastern European Gypsies. (Ladányi and Szelényi 2002). These dimensions are the following: segregation in space, exclusion from the labour market (being declassed) and segregation in the educational system (Mitev 2001).

- *Residential segregation:* a traditional Gypsy settlement, a place where the majority of the residents are Roma or such a surrounding where the majority of

8 The research, in the framework of *"Health plan"* application 2003 (the Johan Béla National Programme of the Decade of Health, project No. P/2003/330/36) was accomplished in 2004. In the planning of the research and in the fieldwork in connection with the questionnaire survey Ibolya Czibere, Dr Éva Balogh, Dr György Juhász, and Erika Zolnai took part. Apart from them the colleagues of the city's social care system, primary school teachers, school and district nurses, and ÁNTSZ colleagues took part in the planning work, in the queries and in the vocational assessments.

the inhabitants are poor but not Roma (there is no residence segregation, if the residences of either the Roma or the non-Roma are not concentrated)

- *Exclusion from the labor market:* if two or more people of working age are unemployed in a household, or if two or more people are housewives or two or more people of a household live on casual labour
- *Exclusion from school system:* if nobody in the household has completed their primary school education.

Ladányi and Szelényi, while characterizing underclass in the case of ethnicization of the underclass call attention to the fact that ethnicization of the underclass does not mean that the given ethnic group, e.g. the Roma area all poor, in addition, what is more in this case of underclass-type exclusion is that it is also about the spatial separation of the ethnic group's own middle class. A considerable part of the poor are not members of one of the ethnic groups, *though the structural situation e.g. "ethnicizing", as we referred to it means that "the person who is poor, is also Gypsy".* In the next part of our article we outline the empirical testing of the statement concerning this structural situation on the basis of the results of the Hajdúböszörmény research.

One of the city's groups with low social status is the Roma. As a result of the legal regulation concerning ethnic affiliation there are no data about the number of the Roma in the city, apart from a municipal analysis prepared at the beginning of the nineties and from the data of the 2001 census, in which 458 people declared themselves Gypsy in completing the city's census data. We did not have data about the Roma population's inner combination, the households' situation, or the social and hygienic conditions. To understand the situation of the Roma population we organized an overall research affecting all Roma households. On the basis of the data and information we could only presuppose that about 1200 Roma live in the city's 250–300 households or about 4 % of the total inhabitants of the city. On the basis of the knowledge of the administrative, educational, social and hygienic specialists and the members of the minority local government we determined that the city's Roma population lives in three well-limited, partly segregated residential districts. From among these three districts, or zones the so-called Southern Alfalfa Field on the south-eastern part of the city is the traditional district of the Roma population. Here the Roma are relatively less segregated from the non-Roma population in one block. In the kindergarten and school of this district the majority of students are Roma. In the late nineties a sudden settling in could be seen in Bodaszőlő and in the vineyards. These territories are in the city's administrative area. The zone can be found between the city and Bocskaikert. In the last few years, a remarkable migration started into these two outer areas not only from Debrecen, but from north Hungary as well. This changed the population structure of these districts considerably, which appreciably increased pressure on Hajdúböszörmény's health and social provision system recently. Because of these migration processes, in which a considerable number of Roma and non-Roma families with low status moved into the city, particularly to its outer areas, it became difficult to form a clear view about the underprivileged and within it about the Roma groups' situation. As we have already said, the city's Roma community lives in relative segregation, although mixed together with the non-Roma. It means that the Roma and non-Roma live together in one living area with similar social status. This

gave us an opportunity to compare the indicators of the social status of the Roma and the non-Roma living in similar circumstances and to find an answer to the following: Do the social and health conditions in several areas depend on social situation or ethnic affiliation? In other words, do the structural reasons or rather the characteristics of the ethnic culture explain the similarities or differences? We studied 334 households in the course of the research, and on the basis of the interviewers' classification 263 households were Roma, 62 were non-Roma; and in nine cases the interviewees could not be classified. In the Roma households 97% speak only Hungarian and only three heads of household indicated that they speak either the Lovari or the Boyash language.

The educational level of the Roma adults living in the city is the same as that of the Hungarian Roma population: There is a very high rate of those who did not complete their primary school studies and in more elderly groups many did not complete a single class. The primary school level is the most typical. The educational level in a considerable measure explains the Roma population's bad employment rate even in the city and also the related low incomes. In the course of the research the non-Roma household heads' *educational level is close to that of the Roma household heads, which explains the similar indicators of the status of the segregated non-Roma groups living together with the Roma.* Therefore, even in the city, similarly to the national processes, poverty as an unfavorable situation is not an ethnic characteristic since the situation of the other groups with low status is similar. Indicators of educational level do not differ from the national indicators, and can partly be explained as a result of *school segregation.* As the consequence of the low educational level the employment of the Roma living in the city is low, and the proportion of the inactive and dependant ones is high as well (it is related to the age structure of Roma living in the city).

The employment of the Roma household heads is less than half of those who live in the city, but higher than the non-Roma household heads with low status. There is no essential difference in the proportion of the registered unemployed but there appears to be serious differences in the case of unregistered unemployed workers. We can say that on the basis of the indicators of economic activity, the city's Roma and non-Roma household heads with low status are in a much worse situation than the city's other household heads.

Table 1. Which Settlement do They Live in (Percentage)?

	Roma	Non-Roma households with low status
Not in a settlement, but in majority together with Roma	47.1	48.4
Not in a settlement, but in majority not with Roma	30.4	25.8
Not in a settlement, mixed	19.8	17.7
Did not answer	2.7	8.1

Source: own data registration

The distribution of the answers given on the character of the surroundings indicates that although in the city the Roma do not live in a Gypsy city in the traditional sense of the word the fundamental tendency is still spatial segregation. Based on the answers

indicating segregation half of the city's Roma community is excluded and one fifth is partly excluded. At the same time nearly one third of the city's Roma population lives in a non-segregated way although many of them live together with the non-Roma with low status in a residential district. Apart from that we can say that a most considerable proportion of the city's Roma community *lives separated from their own ethnic group; that is the pattern of spatial segregation. In addition on the basis of employment, based on the labor market situation, the lower groups of the city's Roma community live according to underclass-type exclusion, as their own middle-class groups do not live with them in one home zone.*

The results of the empirical research justified the ethnic group's underclass – type theses concerning the exclusion at the following stages (Ladányi and Szelényi 2004).

– Given the indicators of the non-Roma living together in one space with the Roma justify the thesis of "poverty is being ethnicized" beside a thesis that "poverty ethnicizes" too. This demonstrates that a similar social situation – low educational level, low employment, high number of dependents, low incomes, and spatial separation – results in an underclass type exclusion, which may contribute to the ethnicization of those who belong to this group. It justifies that in case of the otherness constructing the "otherness" a similar structural situation plays an important role, apart from the identity of the affected.
– The city's Roma community are excluded on every possible area that is their educational level and their employment level are low, and in a considerable measure they live separately in space.
– This separation is really an underclass type, as the Roma community's middle class does not live in the same area with the poor Roma in space, and one cannot speak about "under caste" type exclusion, but based on the data concerning the Roma living in the city not even about "lower class" type exclusion either. We may say that based on the relatively favourable employment data the Roma living in Hajdúböszörmény can be described both with underclass and lower characteristics, and some of them with economic activity, and the spatial exclusion is relatively low.
– The exclusion and the underclass social situation of the Roma community is marked by the city's mental health indicators, the actual mental (and health!) status itself can explain underclass situation itself and different types of exclusion.

POVERTY AND ETHNICITY

The literature dealing with poverty discuses the context and ethnicity as the "new face" of poverty, presupposing and accepting that poverty of ethnic groups is formed by a system of many factors which have a strong and tightly connected relationship to each other. These approaches accept poverty as exclusion and they analyze these many different types of dimensions that provide a more complex interpretation of the earlier, income centred poverty approach. In this approach the ethnic groups' poverty appears as a multidimensional exclusion. The underclass theories and approaches meet at this point with the poverty – exclusion theories.

The complex approaches concerning the relation between poverty and ethnicity (Ladányi 2001; Ladányi and Szelényi 2002; Szelényi 2001; Spéder 2002) explain the poverty of ethnic groups on the basis of education, employment, incomes, consumption, deprivation and the context of segregation. That is they emphasize the accumulation of impoverishing factors and the connected system forming characteristics of these factors. According to a widespread point of view in the literature the hypothesis of the earlier Roma research was that there is connection between ethnicity and poverty. In relation to this position we review the results of household research in Szabolcs–Szatmár–Bereg County in 2003. Before analyzing the results and testing the statements concerning the connection between ethnicity and poverty, we briefly outline the most important questions and dimensions of researches into poverty and exclusion. Zsolt Spéder emphasizes three tendencies in this research such as: the "two thirds society", the "underclass" and the "exclusion" type of interpretations (Spéder 2002). The *"two thirds society"* theories draw the fundamental fault line between those who have work and those who do not have work, and they talk about the long-lasting poverty of one tenth of the society. The *"underclass"* theories examine the situation of the cumulatively underprivileged social groups, involving tendencies dealing with the culture of poverty among the explanations. The theories concerning the explanation of *exclusion and being excluded* were formed from one of the conflict theory approaches, which, similarly to the underclass approaches emphasizes the problem of income, the lack of education and the exclusion from the labor market.

The comparative analysis of poverty concepts and the effect of the selected poverty concept on the extent of poverty are studied by Balázs Kapitány and Zsolt Spéder (2004). *Income poverty* belongs to the relative poverty definitions and is drawn at half of the average of the equivalent (net) income, relating to the difference of the average earnings and the median incomes. Disadvantageous housing conditions, *housing poverty* is defined on the basis of the crowded, ill-equipped and vaguely titled residence indicators. To measure deprivation a complex index of 18 living conditions was constructed to measure financial living conditions as welfare deficits. They are considered to be the deficits derived from the financial deficiency and takes desires and aspirations into consideration. To measure *absolute property deprivation* they used 9 elements from the list of 18, which were measured only by their presence or absence. A definition was developed by the two authors to examine the impact of social assistance in *social political poverty* and the role of assistance in the relief of poverty and contains seven types of assistance. If a household receives at least one from this list of 9 elements it will be qualified as socially politically poor.

THE INCOME OF HOUSEHOLDS: INCOME SOURCES

In the course of gathering household statistics data the proportion of incomes from work, the social incomes and other incomes were examined. In compiling the 2003 and 2004 research studies we asked *only about the type of the income* and not about their actual amount of household income.

Table 2. Source of the Household Incomes according to how often It was Mentioned

The source of income and its type	The proportion of those who mentioned a type of income	
	2003 county sample	2004 Roma sample
Family Allowance	45.1	66.8
Income-related childcare allowance and child care assistance	14.8	42.4
Casual labour, day labour	12.2	29.6
Pension	33.4	20.8
Any kind of aid	16.1	20.0
Welfare	6.3	18.6
Communal work, public benefit work	5.3	13.4
Disability pension	25.0	10.2
all incomes of other types	5.3	8.6
Professional employee incomes	56.4	7.4
Entrepreneurial incomes	11.7	2.6
Orphan assistance	2.8	2.4
Agricultural smallholder incomes	15.9	1.2
Employee incomes with secondary job	5.5	0.8
Scholarship	3.5	0.8
Life annuity	0.7	0.6
Dividend	0.9	0.2
Utilisation of movable and real estate	1.2	0.2
Rent	2.6	0.0

Source: own data record.

In this sample the proportion of the social transfers is the highest, while income from work is rather low. According to the Central Statistical Office in 2004 73.5 % of the Hungarian households' total income originated from income from work, 25.2 % from social income, and 1.4 % from other income. The income of the Roma living in the county is exceptionally low and within it the proportion and the size of income from work is also very low. In such circumstances households apply a kind of adaptation strategy to compensate for low incomes. These possible "living strategies" can hardly be found in the examined sample. As a form of improving their standard of living agricultural day labour (char) and the more traditional "gathering" appear, but only in an almost negligible measure. If we also take the income supplement into consideration, gathering activities, and agricultural day labour they have a relative significance. The nearly total lack of commercial activities is surprising to a certain measure, although it is traditionally characteristic of the Vlach Gypsies. The majority of the Roma living in this county identify themselves as "Romungro" although one fourth say that they are Vlach Gypsies. In this respect the choice of living style (entrepreneurial) and commercial activity seems to be very low. Metal collection

appears among the income supplement activities. Traditional Roma work does not indicate any kind of considerable living strategy.

HOUSEHOLD INCOMES

On the basis of two of our research studies the *monthly income per capita of the Roma households living in this county can be estimated between 16–20 thousand forints* which is one fifth of the monthly income per capita of the national population and one third of the income of the county population. Based on our 2004 survey the income averages in the most frequent reported households were the following:

Table 3. Monthly Household Incomes in HUF in frequent Household Types

	Existence minimum values*	2003, county**	2004, Roma households**
	Households of active-age population		
1 adult	50,015	75,097	30,973
2 adults	87,526	103,946	47,813
2 adults with 1 child	120,036	124,060	51,092
2 adults with 2 children	145,044	134,798	61,020
2 adults with 3 children	165,050	131,174	64,017
2 adults with 4 children	185,056	101,605	63,521

Source: Central Statistical Office, Existence minimum 2003. (*), own researches (**).

Table 4. The Distribution of the Roma Households based on the Categories of the Average Monthly Income per Capita (HUF)

Income categories	2003 national Gypsy research		2003 county research		2004 county Roma research	
	Number*	Percentage	Number*	Percentage	Number*	Percentage
0–14,999 Ft	477	41.5	38	41.8	225	58.3
15,000–19,999 Ft	232	20.2	18	19.8	79	20.5
20,000–29,999 Ft	225	19.6	18	19.8	51	13.2
30,000–X Ft	216	18.8	17	18.7	31	8.0
Total	1150	100.0	91	100.0	386	100.0

* Valid answers. Source: Kemény et al. 2004:122.

In our 2004 study of Roma households the characteristic average monthly household income was below the subsistence level. The household income situation is significantly related to the size of the household/family: The more children a Roma family has, the bigger chance they have to have a household's income below the subsistence level.

Results of our county research are very similar to that of the 2003 national Gypsy research. The Roma sub-pattern of the county sample and the distribution of income categories are very comparable to the national indicators. In the case of the 2004 survey a greater difference can be seen in that there are lower household and per capita incomes but the tendency corresponds to the findings of the national and county data results.

The income indicators of the Roma living in the county are even much worse than the very low indicators of the county. *On the basis of the calculation of the relative poverty line 31.7 per cent of the county's population was poor in 2003, while in the case of the Roma living in the county this rate was 90 per cent in 2004.* The situation is similar if we take income expectations of the households into consideration.

Table 5. The Distribution of the Households according to the 2004. II. Terminal indicators of the Living Levels

Living levels	HUF/month/capita *	Distribution of households, percentage	
		2003 county sample	2004 Roma sample
Very scant	38,667	54.8	96.4
Scant	51,506	25.2	2.3
Average	71,039	12.4	0.8
Good	100,887	5.3	0.5
Very good	154,695	2.3	0.0

* Household Statistic Communique, 27(2005. I.half): 10.

The distribution calculated according to the living standards clearly shows the income situation of the whole county that more than half of the households examined by us lives on a very scant level. Nearly all the Roma households belong to this category which corresponds to the high rate of relative poverty. These results indicate that the majority of the Roma population in the underprivileged area can be considered poor on the basis of the different income poverty indicators.

EXPENSES OF HOUSEHOLDS, SOCIAL POVERTY

Not only the amount and source of household income are important, but also the amount and structure of the expenses. The largest expenditure in Roma households is on *food* and *housing maintenance,* and the amount devoted to the *children's school education.* These expenses fully take up the average household incomes. The households spend little on expenses possible to be postponed because of low incomes, which is the same characteristic expenditure structure found in other low-income households. These include expenses in connection with communications, culture, leisure, flat renovation and interior design, and expenses in connection with transportation, including the maintenance of their own cars. However, even with low incomes health expenses cannot be postponed, and expenses spent on consumer goods are considerable and cannot be postponed either.

The proportion of consumer poverty is the following in the samples examined by us: the proportion of expenses spent on food was highest (more than 45%) among the households' monthly expenses. *Expenditure spent on food was 39.1% in 2003 in the Roma households, while it was only 11.6 % in the non-Roma households.* In 2004, in the course of data analysis it was found that nearly every second household (49.4%) was considered poor because of the structure of consumer expenses. *Consumer poverty can be registered in almost half of the Roma households living in the county.* We experience similar differences if we study social policy poverty (Kapitány and Spéder 2004).

Table 6. What Kind and Percent of Social Aids they received

	2003 county sample		2004 county Roma sample
	Non-Roma	Roma	
Regular child protection support	12.6	52.4	45.6
Regular social aid	8.3	42.0	27.2
Public medical provision	16.9	30.4	12.0
Supply for the physically handicapped	7.5	5.9	0.8
Nursing fee	1.9	4.0	1.0
Old age allowance	1.4	3.9	0.6

Source: own data registration.

On the basis of the results of the 2003 research with the exception of the financial supports for the physically handicapped the Roma claim and receive certain financial supports in a much bigger proportion than the non-Roma. Kapitány and Spéder define "social policy poverty" if from among the six support and aid programmes the household/family received at least one (it is practically the specific indicator of the low income situation). On the basis of the possible six supports and aid we get the following *social policy poverty proportions:*

According to the original definition of the social political poverty ("subsidised") those people are regarded who receive at least one support and our data show that almost four tenths of the Roma living in the county can be considered as poor.

Table 7. How Many Supports, Aid the Family receives

	2003 county sample		2004 county Roma sample
	Non-Roma	Roma	
One	21.5	39.8	34.4
Two	9.6	25.2	22.8
Three	2.1	11.7	2.4
Four	0.2	2.9	0.0
Five	0.1	0.0	0.0

Source: own data registration.

THE RATE OF THE DIFFERENT POVERTY CATEGORIES AMONG THE ROMA LIVING IN THE COUNTY

The Roma living in the county can be classified as poor by different poverty indicators based on different criteria to different degrees. It is mostly income-based poverty that is the most widespread among them. Before introducing the poverty definitions based on different criteria, or the poverty or exclusion phenomena described by these definitions we will first, for the sake of comparison, show the proportion of the poor according to the different poverty concepts and then we will show data concerning the rate of the Roma among the poor.

The proportion of the poor according to different poverty concepts is given as follows by Kapitány and Spéder (2004: 29):

– income poverty: 12.4 %
– housing poverty: 12.1 %
– absolute financial deprivation: 16.8 %
– deprivation of living conditions: 15.5 %
– social political poverty: 15.7 %

We have little comparative data concerning the rate of the Roma among the poor. Gábos and Szívós (2004: 116–117) give the rate of the poor on the basis of the Laeken indicators for the whole country as 8.3% based on half of the median, and as 13.2% on the basis of half of the average income. In the case of the Roma *the indicator on the basis of half of the median is 42.8 % (non-Roma 6.4%), while it is 59.2 % on the basis of half of the average income (10.8% of non-Roma), and on the basis of the quintile limit it is 70.6% of the Roma (17.3 % of non-Roma).*

In our study, as we have already stated, we have used the criteria of several poverty definitions, but because of different methodologies of the measuring tools we could develop comparative data with other poverty and exclusion researches in only a few cases. Therefore we show primarily proportions regarding the situation of the Roma living in the county:

– On the basis of the two studies the monthly per person income in *Roma households* living in the county can be estimated around HUF 16,000–20,000, *which corresponds to one fifth of the income of the entire population and one third of the income of the county population.* It is close to the indicators given to the eastern area reported in the research of Kemény (HUF 17,255).
– *According to the relative poverty indicator* 31.7% of the county's population was poor in 2003, while in 2004 the rate was 90% of the *Roma* living in the county.
– Since we did not use the features of individual housing as indexes, we can only say that on the basis of the two analyzed Roma researches that *housing poverty may affect half of the Roma living in the county, and that it is significantly lower than the extent of income poverty.*
– Consumer poverty *can be validated also in almost half of the Roma households in the county.*

The established *poverty rates differ significantly from one another* on the basis of the different poverty definitions. According to the highest indicator it is *income poverty* that defines most the life of most of the Roma living in the county, since on the basis of income data given by themselves nine tenths of them are considered poor. Housing poverty and consumer poverty affect half of the Roma living in the county. The size and facilities of their homes are similar to the majority social patterns, and in addition to the lifestyle patterns of the 60s of the majority society the current lifestyle patterns also affect them. Difference can be observed in the size and comfort of the flats, and the density of household members living in the home. All reflect the income situation of the Roma families. The situation is similar in the case of consumption: lower income and different cultural patterns (despite emulating the pattern) provided significantly different consumer patterns. Because of low incomes a major proportion of expenses spent on nutrition can be observed in half of the Roma families; it explains the low proportion of income spent on other expenses such as consumer durables, heating and comfort of the home. Although nine tenths of the Roma families are poor in the county, only one third is considered "social politically poor"; in other words the proportion of subsidized poor is significantly below the income poor. *Deprivation in wealth is more considerable than income poverty,* which is understandable because of lower incomes the equipment of households (also because of "consumer poverty") is scant. However, in the case of the Roma households examined by us, *income poverty is much more extensive than housing poverty and the related deprivation in wealth.* It also means that despite the low incomes in some areas – flat size, consumer durables, color television, washing machine, and fridge – the Roma have reduced their disadvantages significantly, but their consumption, housing equipment and comfort show the existence of income poverty in the final analysis. Our research results support the income data of Gábos and Szívós (2004), *primarily in the field of consumption, housing equipment and "aid" poverty as well as subjective poverty.*

THE HEALTH CONDITION OF THE COUNTY'S ROMA POPULATION

The Hungarian researches examining the Roma's health condition support the main findings of the international literature interpreting the health condition of ethnic minorities as one of the possible areas of ethnic inequality. Ethnic inequalities are partly of structural and partly of cultural origin. Belonging to certain social groups shapes health condition more significantly than ethnicity, however, at the same time, since the rate of those who belong to minorities is higher in groups with lower status and occupations, structural effects and socio-economic factors have a serious impact on the health condition of those who belong to ethnic minorities (Smith et al. 2000). Culture, beliefs and behavior have major effects on the health condition resulting in essential differences between different ethnic groups, e.g. in the case of smoking, eating, alcohol consumption, sexuality, health concepts and body image. Racism and discrimination have considerable effects on the health condition of the minority ethnic groups in both indirect and direct ways, for example through socio-economic

disadvantages, with the recognition of relative disadvantages, or with the mental effect of the "multiple victim's" role which results in bad health condition somatically as well. (Smith et al. 2000). As an explanation of ethnic inequalities forming the health condition Nazroo also emphasizes that there is connection between economic status, ethnic discrimination and racism; in the case of health condition there is relationship between the inequality of the socio-economic status and ethnic inequalities, although the connection between health condition and ethnic inequalities is not explained entirely by them (Nazroo 2003).

In the Hungarian literature also it is the health condition and the condition of ethnic groups, shaped by *factors that change the Roma's social situation* (school education, employment, settlement circumstances, segregation and discrimination) *and the peculiarities of the ethnic culture,* such as lifestyle, health behavior and the availability of the health care system and contacts developed with it are also emphasized. Hungarian research in most cases examines the structural and the cultural factors as well, but the number of those studies is few which examine and analyze the effect of both factors and their interaction (as enumerated in the research of e.g. Mária Neményi and György Gyukits). Most of the studies either have a very small sample, or are representative ones of large samples, which analyze the results of the investigations dealing mostly with subjective health status indicators, variables that are suitable for the analysis of the structural effects – educational level, economic activity, income, age, sex (most research belongs to this group). Ethnic culture as a factor shaping health behavior, health condition and body image is treated as an effect occurring in these studies also, but measuring this effect is not operationalized. Apart from this, particularly in research suitable for the Roma non-Roma comparisons the effect of ethnic culture can be found. Ethnographic and cultural anthropology research belong to the third group of research, which discuss the questions of customs related for example to health–illness, child rearing, and health care. Among the Hungarian researches most considerations and interpretational opportunities appear in the research of Mária Neményi examining Roma mothers who were expecting children, young mothers, and public health actors. The author, as it was already mentioned, simultaneously takes both the structural and cultural points into consideration and examines the process of constructing "differentness" as well as process of exterior and inner classification and that of the related, mutual stereotypes (Neményi 2000, 2005).

In the Hungarian literature relatively few publications based on empirical researches deal with the health condition of the Roma. Zoltán Szirtesi proposed conclusions based on data concerning 166 patients in the course of his small-sample research (Szirtesi 1998). In his books Szirtesi characterizes illnesses that are widespread among the Roma, and the treatment proposed for them. Lajos Puporka and Zsolt Zádori's study was made on the basis of several small-sample researches done in the seventies (Puporka and Zádori 1998). In addition to the 'structural' analysis concerning health condition the authors deal with the questions of health behaviour and lifestyle. Ferenc Babusik conducted several large-sample representative investigations (Babusik and Papp n.d.). Their national representative research was suitable for the interpretation of structural effects shaping the Roma's

health condition, as well as interpreting the effects of ethnic culture. In the course of their research to characterize differences in access they examined anti-Gypsy attitudes as well. György Gyukits and his colleagues in a study primarily applying qualitative research methods examined the health condition of the Roma and the mutual stereotypes linked with access to services and how they affect health condition (Gyukits 2000). A new research workshop emerged in recent years at the University of Debrecen, Faculty of Public Health, and in the course of their best-known research they examined some components of the health status of those who live in slum circumstances (Kósa et al. 2007). In 2003, Mária Bényi and his colleagues investigated the health condition of people living in Gypsy slums in a national sample (Bényi 2006). During our survey analysis the research results of Zsigmond Kósa and his colleagues could not be taken into consideration yet, but in our present study we have already referred to comparable areas. Research examining the Roma's health condition regards the study of the Roma's way of life, their health behavior and the contact between the Roma and the health institutions, and the chances of the Roma to have access to the services as important questions. Among the Hungarian researchers Mária Neményi and György Gyukits and his colleagues, and Ferenc Babusik and his colleagues focus on these questions. In our own research studies we primarily examined structural factors underlying the health condition of the Roma, their health behavior, and we examined some elements of the Roma's lifestyle, their health behavior, the relation of the Roma to the provision system and we only touched the problem of accessing services.

In the course of our research, the results which are presented in this chapter, we examined subjective health condition indicators which restrict the possibility of generalizing the results to a considerable measure. We examined the self-image concerning one's health condition, how often the services are used, how much the patients are satisfied with it, complaints and illnesses, and mental state. In our research we primarily analysed structural effects, therefore our results can best be compared to researches that have the same approach. Because of this approach we have only indirect data for example about ethnic discrimination.

SELF-IMAGE: THE HEALTH CONDITION

How the individuals judge their own health largely influences their real health condition and how often they use certain medical and social services.

Respondents were asked to judge their own health by marking their opinion on a 10 point scale with 1 indicating a very bad condition and 10 indicating excellent health.

Based on the subjective assessment of one's own health condition that is the general image of health as an important component of self-image the population of the county *assesses its health condition as low* in general. Age, type of settlement and educational level primarily influence the assessment of the health status. The data in the table indicate that ethnic affiliation causes only a slight difference, primarily in the case of men. Based on the two-year study of the Roma living in the county they assess their

health condition as very bad, which, however, does not lag much behind low indicators of the whole county. We have only a few comparable research data: in the course of the research the interview and the grouping of the data was performed with different methodology among people living in colonies. Based on this there was a bigger difference between women and men in the assessment of their own health condition with Roma women considering their health condition much worse than Roma men. Essential differences were found in the self-image of those who live in colonies from the whole population, particularly in the age groups above 30 where the proportion of the Roma who regard their health condition bad is twice as high (Kósa 2007).

Table 8. What do You think Your own Health Condition is like?

2003 (county sample)									2004 (only Roma)		
Men			Women			Together					
Entire sample	Non-Roma	Roma	Entire sample	Non-Roma	Roma	Entire sample	Non-Roma	Roma	Men	Women	Together
6.09	6.19	5.27	6.09	6.1	6.0	6.09	6.13	5.69	5.73	5.70	5.71

Source: own data registration. 2003: N=1452 (from this Roma: 119), 2004: N=500.
2003 (Roma – non-Roma) P?0,092, Chí-square: 14.968, Df: 9

USING SERVICES, SATISFACTION

In evaluating the use of certain health services most of those interviewed visit their G.P. most often. It is in a very similar frequency to the average population (OLEF 2003). Meeting the family doctor can be considered regular, 52.6% of those interviewed visit their G.P. once a week, or several times a month.

The aim of consulting a doctor is mostly to have medicines prescribed (36.8%) and for a chronic medical problem. Only 2.9% of the interviewed went to the doctor for advice, and it happened in cases of both men and women only in a few cases. Only 9.8% visited the doctor with smaller complaints. Some 13.4% postpone their visits, symptoms and complaints and 19.8% see their G.P. only when they have serious pain, however, 43% visit their G.P. regularly and 77.2% of the examined population saw their doctors at least once within a year. This proportion is higher in the case of women and it is lower in the case of men.

In our research sample there is a significant relationship between visiting the G.P. and the sex of the patients, as women use the services provided by their general practitioners more often.[9] There is also a strong relationship between the person's age and how often they visit their G.P., avail themselves of specialist care, going to hospital or reporting for different examinations (of blood pressure, ECG, blood-sugar

9 When did you last visit your General Practitioner, by gender. Pearson Chí-square: 19.528, Df: 8, $P \leq 0.012$

level), going for gynaecological cancer screening, pregnant- and infant counseling.[10] There are more elderly people among those who visit their G.Ps, use the forms of specialist care or go to hospital.

In general one fifth of those interviewed is completely satisfied with medical care, or with the treatment experienced in the course of the provision of health services.

Table 9. Satisfaction with the Provision or with Treatment (5-point scale)

Type of medical service	Provision		Treatment	
	Average	Deviation	Average	Deviation
G.P. for adults	3.62	1.21	3.50	1.31
G.P. of children	3.26	1.59	3.17	1.61
Dentist	3.17	1.65	3.11	1.68
Duty	2.94	1.76	2.87	1.67
Clinic	2.94	1.73	2.89	1.73
School doctor	2.84	1.82	2.78	1.81
Health visitor	3.42	1.61	3.31	1.63
Hospital	3.25	1.49	3.19	1.52

Source: own data registration.

Those interviewed are the most satisfied with care provided by the G.Ps and the health visitors. The reason appears to be the personal daily connection between the individual and the G.Ps or health visitors. The results support our conclusion expounded about the use of services: the "closer" a provision is to the population the more satisfied the interviewed Roma are with it. This corresponds to the results of the other research examining provisions with particular respect to the assessment of the health visitors (Gyukits 2000; Neményi 2005; Babusik and Papp n.d.). The assessment of the treatment is suitable, although indirectly, for the study of mutual stereotypes appearing in connection with the provision of services: how far do the Roma patients feel that the reason of the quality of care provision is their ethnic affiliation. Attention should be paid to dissatisfaction with the duty system and with the school doctor service. In case of the school doctor service we can explain it as a result of the Roma

10 When did you last use the health services, by age.
General Practitioner: Pearson Chí-square: 144.135, Df: 88, P≤0.000
Dentist: Pearson Chí-square: 108,9, Df: 88, P≤0,065
Specialist Consultation: Pearson Chí-square: 130.447, Df: 88, P≤.002
Labor: Pearson Chí-square: 114.299, Df: 88, P≤0.03
Hospital: Pearson Chí-square: 109.566, Df: 88, P≤0.060
Breast cancer Screening: Pearson Chí-square: 110.789, Df: 88, P≤0.051
Have blood pressure taken : Pearson Chí-square: 113.880, Df: 88, P≤0.033
EKG: Pearson Chí-square: 113.146, Df: 88, P≤0.001
Have blood sugar level measured : Pearson Chí-square: 136.367, Df: 88, P≤0.001
Gynaecological cancer Screening: Pearson Chí-square: 101.323, Df: 88, P≤0.157
Pre-natal (pregnancy) advice: Pearson Chí-square: 141.384, Df: 88, P≤0.000
Baby advice: Pearson Chí-square: 164.078, Df: 88, P≤0.000

families' socialization characteristics. Based on the experience of researchers in these studies concerning the duty system this is the most neuralgic part of the medical care system, because according to the opinion of duty doctors Roma families use the duty system even if it is not necessary. Presumably dissatisfaction with the duty system and the treatment they get there is how the Roma respond to this situation.[11] Many different reasons may be surmised behind the unnecessarily frequent use of the duty system, but it can be primarily explained by the expectations of those who use the service and with the fact that they are not informed about the work of the service. In addition, one cannot leave the general poor state of health or the difficulty of taking patients into treatment early out of this consideration either.

COMPLAINTS AND ILLNESSES

In addition to the different frequency indicators, for example how often they visit doctors or other health services, the list of illnesses and complaints that made them go to the doctor recently more directly express the health status of the Roma population, irrespective of the level of care, and we present those results in this paper. To obtain this information we asked the following questions: "Have you gone for a medical examination? Has the doctor examined you (for the given illness, or complaint)? Although both the list of the possible illnesses and their frequency are based on the statement of the respondents, the overall analysis of the different frequency indicators makes it possible for us to characterize the health condition of the population. In the course of research we asked not only about the illnesses and complaints of the respondents, but about those of the other people living with them in the same household. Our experience is that answers concerning their own health condition are primarily more reliable ones, while the answers concerning the health condition of the family members/household members are suitable only for indicating tendencies.

11 This was the characteristic conflict between the doctors and the Roma in the course of our Hajdúböszörmény research. The Roma felt that the doctors deal with them as unworthy ones while the doctors objected that the Roma do not appear in the proper surgery hours, and the Gypsies want them to visit them in their houses, often without reason.

Table 10. Have You had Medical Examination, were You treated by Doctors? (The Frequency of the Choice of Single Statements, in Percentage)

	The inter-viewed	Spouse/ common-law wife	Other adult	Child
High blood pressure	30.2	11.4	4.4	2.6
Gynaecological	19.2	7.4	1.0	1.2
Nervous	12.0	2.8	1.2	1.2
Eyesight problem	8.8	2.8	2.2	2.2
Other cardiac disease	8.2	2.8	1.8	1.2
Anginal attack, grasping pain around the heart	6.6	2.0	2.0	0.6
Stomach or duodenal ulcer	6.2	3.2	0.4	0
Hearing problem	5.0	2.2	1.4	1.2
Locomotion disease	4.4	2.2	0.6	0.4
Psychic	4.2	1.2	0.2	1.3
Asthma	4.2	1.6	2.2	6.2
High blood sugar level, diabetes	4.0	1.4	2.0	0.2
High cholesterol level	3.6	2.0	0.4	0
Allergic illnesses	2.8	0.4	0.8	2.6
Heart attack	2.6	1.0	4.4	0.2
Chronic respiratory illness	2.4	0.6	0.4	0.8
Liver disease	1.4	0.4	1.6	0
Tumor (cancer)	1.2	0.6	2.6	0
Brain hemorrhage (stroke, cerebral palsy), hydrocephalus	0.4	0.6	0.4	0
Infectious disease	0.2	0.2	0	0.6

Source: own data registration.

Concerning illnesses and symptoms confirmed by the doctor, 30% of the interviewed suffer from high blood pressure or were treated with it, whereas only 17.6% of them go to get their blood pressure checked regularly. The proportion of those who regularly have ECG examination is much lower (7.6%), although more people have medical problems affecting the circulatory system. Taking the frequency of high blood pressure into consideration the proportion of appropriate medical screening is relatively low. Children primarily suffer from asthma (6.2%), and its treatment is presumably done in primary care. For special provision of services they go to allergist or pulmonology. The incidence rate and the sequence of illnesses, symptoms and complaints are basically the same as the results of the research of Babusik–Papp (Babusik and Papp n.d.), and are similar to Zoltán Szirtesi's data (Szirtesi 1998), but they differ a rather considerably from the data of Puporka and Zádori (1998), which can be explained by the different data collection methods. Zoltán Szirtesi examined health condition, causes of death and the distribution of chronic illnesses among approximately 400 Vlach and Carpathian Gypsies living in the Gypsy colonies of Szeged-Kiskundorozsma. He found heart attack to be the leading cause of death. On the list of chronic illnesses from the 62 cases in his

study kidney diseases are the most frequent (ten cases). This was followed by coronary artery diseases, illnesses of the ear, and respiratory illnesses with similar frequency, with eight cases each. Stomach, cardio-vascular diseases and high blood pressure were also mentioned in a relatively high proportion of cases. These illnesses were among the most frequently mentioned diseases in our research too. Szirtes explained that these diseases reported in his research were different from the "surrounding population" in that generally the health condition of the Gypsies had different inherited factors, a different social situation and an underdeveloped health culture (Szirtes 1998: 18).

Publications dealing with the health condition of the Roma often refer to Lajos Puporka and Zsolt Zádori's publications (1998). The report does not only analyze the Roma's socio-economic situation but it also deals with mortality and morbidity questions, with issues of lifestyle, health behavior, social cohesion and anomie. It aims at giving a structural and cultural explanation of the health condition of the Roma on the basis of the relevant literature and on the basis of the results of several small sample researches. Based on Wilkinson and Kaplan they claim that the mortality rates of the developed countries are not connected to the GDP, but to inequality inside the society, which can be characterized by the high rate of unemployment, higher criminal rates, lack of capacity of work, the proportion of the new-born with low birth weight, with a smaller number of those who have higher educational/job qualifications, and with a lower amount of money allocated to education (Puporka and Zádori 1998: 10–12). On the basis of two county analyses done at the end of the seventies, the authors state that the Gypsies differ from the non-Gypsy population not only on the basis of their social situation, but on their health condition as well. For example, at the end of the seventies, diseases caused by infections and parasites and respiratory diseases were more frequent while the occurrence of the diseases of the circulatory system was lower. They suggest that at the end of the seventies the Roma's morbidity structure was similar to data found in the total population 20–30 years earlier (which explained the rate of the infectious and digestive organ illnesses, and the high perinatal mortality), and it was assumed that there was an essential change in these areas in the past decades; we believe that it explains the differences found. The authors treat the question of infections and epidemics as factors forming the Roma's health condition, which are explained by hygienic circumstances and lack of information. They emphasize the effect of lifestyle in the case of emphysema, chronic bronchial catarrh, and asthma; although in our research we did not find these differences. These illnesses stem from elements of lifestyle and health behavior, and are part of the unchanging predominant patterns of ethnic culture. In connection with addictions, the data from the literature emphasize that alcohol addiction and smoking are higher among the Roma than among the non-Roma. As possible causes of it bad circumstances, exclusion and differentness are mentioned. They think that because of the weakening of social cohesion and anomie Hungarian Gypsies are more exposed to illnesses originating from depression than the majority population; it is also justified by the results of our own research.

Two researches conducted by Ferenc Babusik dealt with the Roma's social situation and their health condition. In 2002 in Borsod-Abaúj-Zemplén County the

conditions of 1500 Roma household were examined (Babusik and Papp n.d.). Methodology the aim of which was getting acquainted with the health condition of the Roma was elaborated within the framework of this research. Their list containing symptoms was suitable for identifying disease groups. This methodology was applied in their more recent national research when they studied 1200 households and the conditions of the Roma living in them, including their social situation, school education, economic activity, income, housing, health condition, and access to the system of medical care. In another national research differences in access were analysed (Babusik and Papp n.d.: 115–223). *Essential differences can be seen in the data concerning the proportions of illnesses* between county and national researches, which sometimes reveal a double or triple difference, therefore we take the results of their national analysis into consideration. We found similar differences in our research results from Szabolcs–Szatmár–Bereg County, published in 2003, referring to the population and households (Filepné et al. 2004), and the research results from 2004 that were done also in the county but only in Roma households. That is why the results of our research examining the Roma households will be the basis of this study.

Of the research results of Ferenc Babusik's team we concentrate on the results related to the health condition of the Roma, and do not analyze the other dimensions of the research. Based on their results, significant differences were seen between the Roma and the whole population in view of certain disease groups the following areas: *blindness and decreased vision, TB, deafness and reduced hearing, asthma, peptic ulcer, spine disorders, thyroid gland illnesses, ischaemic cardiac diseases, tumorous diseases* (Babusik and Papp n.d.). It also shows which of those illnesses or groups of illnesses appear more frequently among the Roma. The higher ratio which is sometimes ten or fifteen times higher is explained by two factors by Babusik and his colleagues: (1) the consequences of the social situation that is structural reasons and (2) by the health behavior and lifestyle of the Roma, in which ethnic culture has a considerable effect.

On the basis of our research results it can be stated that among *diseases of the cardio- vascular system, including high blood pressure, coronary artery disease and cerebral circulatory disturbances, stomach and duodenal ulcer, eyesight problems, respiratory illnesses, asthma, as well as neural and psychic illnesses* appear in higher proportion among the Roma than among the non-Roma. A similar situation was found in the course of the 2003 research in the colony that 23% of those interviewed mentioned cardio-vascular illnesses, a similar proportion complained about nervous and sense-organ problems, one fifth of them mentioned disorders of the spinal and muscular system, while 16% complained about chronic respiratory and 12% about allergic respiratory diseases (Bényi 2006).

Although the morbidity data of our research in the case of heart diseases and the disorders of the vascular system are similar to the processes which can be found in the total population, i*n addition to the higher incidence rate we also found an illness structure differing from the total population* in areas which are similar to the ones in Babusik's research. We also attribute it to the structural (social situation, education, activity, income, housing, settlement and school segregation, labor-market discrimination) and cultural effects (health behavior, opinions concerning health and illness, beliefs and customs, lifestyle) and with the fact that they intensify each other.

Our 2003 county research signals significant differences also in these areas between the county's Roma and non-Roma population.[12] The different data collection methodologies offered opportunities of comparison primarily in areas mentioned by the respondents of illnesses. (In our own research we asked "What kind of complaints did you have when you visited your doctor?", while Ferenc Babusik and his colleagues obtained data through a list of the possible symptoms of illnesses.)

Table 11. The Frequency of mentioning of Illnesses and Complaints (in Percentage)

	Szabolcs–Szatmár–Bereg County researches*			Research of Delphoi Consulting **		
	2003 county research		2004 County Roma Research	B.A.Z. County	National	
	Roma	Non- Roma		Roma	Roma	Total population
High blood pressure	34.3	33.3	30.2	12.2	21.0	22.0
Stomach or duodenal ulcer	12.7	7.2	6.2	6.6	17.1	3.0
Asthma	5.9	3.6	4.2	3.6	3.6	1.4
Diabetes	6.9	8.1	4.0	1.2	5.2	5.8
Liver disease	3.9	1.6	1.4	1.0	1.5	2.3
Tumour	5.9	2.5	1.2	1.0	3.4	2.0

**Source:* own researches, 2003: 1500 households (from this 103 are Roma), 2004: 500 Roma households.
***Source:* Delphoi Consulting: Borsod-Abaúj-Zemplén County representative research (Babusik and Papp n.d.: 15); 1500 Roma households, national representative research, 1200 Roma households (Babusik and Papp n.d.: 64).

MENTAL STATE

In our research analyzed we studied the mental condition of the Rome with the help of questions used in the domestic researches into anomie and alienation as well as inclination towards suicide. We modelled the questions concerning anomie, alienation and state of mind on the basis of research by Zsolt Spéder, Borbála Paksi and Zsuzsanna Elekes (Spéder et al. 1998). Spéder and his colleagues compared their own results with the results of these researches. The above mentioned authors conducted their research in the nineties, and we have more up-to-date data but only from the results of an international examination. On this basis we have found that the preferences changed very little in the past decade (*Az anómia elterjedtsége* …2001), which indicates the existence of long-term processes. As other data are missing we

12 What complaints did you mention to the general practitioner when you visited them, by ethnic group:
Heart Attack: Pearson Chí-square: 7.941, Df: 3, P≤0.047
Angina pain or seizure: Pearson Chí-square: 25.295, Df: 3, P≤0.000
High Blood sugar level: Pearson Chí-square: 9.274, Df: 3, P≤0.026
Chronic respiratory disease: Pearson Chí-square: 14.210, Df: 3, P≤0.003
Asthma: Pearson Chí-square: 12.3, Df: 3, P≤0.006
Nervousness: Pearson Chí-square: 12.132, Df: 3, P≤0.007

compare the 1997 data with the appropriate ones of our own research. From among the indicators of the mental state we will first present those referring to anomie and alienation.

Table 12. The Manifestations of Anomie and Alienation (in Proportion)

Anomie and alienation	1997, country*		2004, Szabolcs–Szatmár–Bereg County, Roma sample**	
	Entirely true	Partly true	Entirely true	Partly true
I can hardly influence my fate	11.1	38.7	17.4	33.4
I can hardly ease the majority of my problems	11.6	33.7	17.6	37.7
I am often unstable in important things too	10.1	32.4	19.7	27.3
I am not able to solve my problems	8.1	37.3	20.5	24.0
I often feel myself lonely	9.0	13.6	21.4	18.3

**Source:* Social report 1998: 499, ** own data collecting (N=500).

Those Roma who were sampled agree with the statements indicating that they experience anomie and alienation themselves much more than it was reported in the course of the 1997 national survey. In our sample every fifth person suffers from serious mental problems; they feel that they are unstable, that they have almost no influence in their life, and their problems cannot be solved. This finding sufficiently explains their somatic illnesses and symptoms to a great extent. One of the serious social problems reported by the Roma population is that a considerable proportion the Roma is unable to cope with their problems. These problems result from the underclass situation – from poverty, exclusion, segregation and discrimination – which expresses a characteristic feeling for many of the Roma. Anomie and alienation are especially high among women, which stems from the Roma women's greater social disadvantages. Experiencing anomie and becoming alienated in their lives properly explains the problems of their state of mind, in which spiritual, mental and somatic complaints become interwoven.

Anomie and alienation indicators clearly explain the indicators of the specifically poor state of mind among the Roma respondents. The 'basic' experience of their life is constant excitement and exhaustion, the result of which is the high proportion of those who complain about frequent headache, strong heartbeat and trembling. Concern about their health condition, feeling hopelessness, anxiety, and confusion derives directly from this state of mind and their general health perception. These mental problems are especially high among women. As a result of anomie, alienation, and an unbalanced state of mind, suicide, as an answer indicating a possible problem solution method appear in the examined sample. Every twentieth respondent would be able to imagine committing, with 4.1% of men and 2.0% of women having thought about it in the last year, and attempted suicide in the same proportion with almost all of them having psychiatric treatment. Suicide attempt has already happened in 6.0% of men's

families, and in 3.2% in women's families – half of those who attempted suicide died. This datum indicates that in the Roma population we studied, because of the problems of high anomie and problems in their state of mind, every twenty-fifth Roma adult may accept suicide, as a possible problem solution method.

Table 13. The Incidence of the Symptoms signaling the Problems of the State of Mind (the Distribution of "Yes" Answers in Percentage)

Anomie and alienation	1997, county*	2004., Szabolcs–Szatmár–Bereg County, Roma sample**
Often gets exhausted, or upset	51.1	52.2
Frequent strong heartbeat	25.7	52.6
Always excited, nervous	21.6	40.6
Frequent trembling	15.3	32.9
He feels he has no luck	47.2	57.4
Worries a lot about his health	33.0	50.3
Feels confused if he has to do more activities simultaneously	22.7	40.6
Often severe headache	25.4	52.4
Is not able to get rid of his fears, anxieties	14.7	36.4

**Source:* Társadalmi riport [Social Report]1998: 494.
***Source:* own data collecting (N=500).

SUMMARY

There is a strong correlation between social status, ethnic affiliation and health condition in the Roma population we studied. It also means that the social and health condition indicators experienced by the Roma in the sample can change only in the case of well considered systematic "interventions", taking into account the fact that their own way of life is formed by the individual's life style to a large extent. The effect of the lifestyle on the health condition is heavily influenced by the framework and conditions in which that lifestyle occurs so the values of ethnic culture have a serious effect for example on the health-image and on behavior. Consequently poverty, ethnic-based exclusion and discrimination influencing the Roma's health condition to a considerable degree can be solved only with the known therapy of the Hungarian "solution method", that is with a considerable increase in the educational level which may make the Roma's labor-market position better in the medium run and may thereby increase their income. The potential programme of increasing the level of school education, however, would be able to reduce exclusion and discrimination only partly. Exclusion and discrimination by themselves can increase the anomie and alienation phenomena experienced by the Roma themselves and may contribute to the disturbances of a balanced state of mind, and to the high proportion of mental problems.

The other part of our analysis looked at the "ethnizication of poverty" and the social situation of the underclass. Our research results confirm the thesis of the "ethnicization of poverty" as the majority of the samples studied by us live under subsistence level and the relative poverty line. Our county research of 2003 indicated that the Roma comprise a definite group among the poor, who, in addition are among those excluded in all the dimensions of exclusion forming an underclass social situation. Their educational level is low, their school segregation is high, the level of their employment is low, the level of the settlement segregation within the settlements and among settlements (post-socialist ghetto), is also high (Ladányi and Szelényi 1997). Our other researches also support the fact that a narrow Roma entrepreneurial elite and an even narrower qualified and a graduate middle class appeared in the county, who, for the most part live in an area separate from the poor Roma. This is an indicator of the fact that the situation of the Romanies living in the county is in a true underclass situation, which is not characterized by under-caste, or a lower class situation.

Our hypothesis that the health status and mental state are simultaneously both *the consequences of and indicators of exclusion, and the indicator for this situation* is an important finding of our research. For example it means that the poor health and mental condition develops partly as a consequence of (ethnic) exclusion and by itself indicates exclusion, among others in the areas of anomie and alienation, or the mental state, but also in the area of somatic health indicators, which show a strong correlation with each other. "Exclusions" include the structural and cultural effects and components and the structural and cultural effects are often explained by ethnic affiliation.

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