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THE HEALTH EDUCATION AND ITS CONSEQUENCE IN THE COURSE OF EMPLOYMENT WITH THE GYPSY'S COMMUNITY

EDUKACJA ZDROWOTNA I JEJ KONSEKWENCJE W PROCESIE ZATRUDNIENIA W SPOŁECZNOŚCI CYGAŃSKIEJ

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SUMMARY

Our work is consecrated to the Roma population and related health care issues in this community. In the last few years we can see in Slovakia and also abroad some endeavor to improve health care system for Roma community. In the beginning of our work we are trying to identify specificity in health care education in Roma community, but also orientations, contents of education and specific assessment. Next part of our work is focused on presentation of the ESF Project (Education and prequalification of unemployed women, priority Roma women, to get knowledge and skill in nursing area, hygiene, life style to become care person and health assistant in Roma communities in Ružomberok). We like to present also individual experiences from the work with Roma community. We quote data about health status acquired by the survey, standardized interview and analysis of health documents, but also our suggestions for the future. Health education is focused on good life regime, attitude toward health and care for different age groups.

Key words: Roma Population, Health Education, nursing, Obstacles for Health Education, Life Regime.

STRESZCZENIE

W opracowaniu skoncentrowano się na populacji Romów oraz na kwestii opieki zdrowotnej w tej społeczności. W ostatnich latach w Słowacji, jak również za granicą, zauważyć można próby ulepszenia systemu opieki zdrowotnej dla społeczności Romów. Na wstępie tej pracy podjęto wysiłki, by zidentyfikować specyfikę edukacji opieki zdrowotnej w społeczności Romów oraz ukierunkowanie, istotę edukacji i jej właściwy wymiar.
W kolejnej części pracy skupiono się na prezentacji projektu ESF (Edukacja i przekwalifikowanie bezrobotnych kobiet, głównie kobiet romskich, by pozyskać wiedzę i umiejętności w zakresie pielęgnowaniaa, higieny, stylu życia, by stać się opiekunem w społeczności Romów w Ružomberku). Zaprezentowano również indywidualne doświadczenia z pracy ze społecznością romską. Przytoczono dane na temat statusu zdrowotnego, zdobyte poprzez badanie, wywiady standaryzowane i analizy dokumentacji dotyczącej zdrowia, jak również prognozy na przyszłość. Edukacja zdrowotna koncentruje się wokół właściwego sposobu życia, odpowiedniego stosunku do zdrowia i opieki nad różnymi grupami wiekowymi.

Słowa kluczowe: populacja Romów, edukacja zdrowotna, pielęgnowanie, przeszkody w edukacji zdrowotnej, sposób życia.

INTRODUCTION

The Gypsies are a specific heterogeneous ethnic group as well as an inferior population group because a fraction of Gypsy population living in segregated settlements to presented as the one which is mostly affected by such problems as poverty, illiteracy, low standard of living. This results in formation of social pathology, namely delinquency, abuses and others [1]. The issue of Gypsies is in the course of grave social, cultural and connected with civilization problems of Slovakia [1], but nowadays more of the European Union solutions to these problems are proposed by means of grants. In the course of the relief there is urgent team work between separate scientific events; the affairs hereby require complex solutions on both national and regional levels. The major contribution within the frame of carefulness about Gypsy population realizes nursing, birth insistency, casework. The activity of nursing consists especially in health education activities, anticipating with exhaustive appreciation of the community (town, village, segregated settlements), taking account of the manner of life and ethnic differences.

Health education focusing on Gypsy community

The characteristic of destination group

While working with Gipsy community it is necessary to respect particular differences resulting from background in which Gypsies exist. There are extreme differences among Gypsy residents in town, villages, segregated settlements and places of inconvenient health conditions.

Target groups of health education:

- Children,
- Adults,
- Seniors
- Acutely and chronically sick people.

The intention, content of health education

The essential aim of health education is not only to prepare population better for accepting the rational decisions in question inducing the people to take care of their health and to achieve valuable standards of living, but also to eliminate or to reduce health damaging activities [2]. Another aim is to lead an inferior group of population to effective interactivity, with preferred bearing children and rising generation. The content consists of selected information cohering protection and health development, which differ from each other according to primary, secondary or tertiary health education.

The content of education:

- basic information about health, healthy lifestyle, factors of health damaging,
- appropriate regimen – nutrition, adjusting of nourishment, hygienic principles in nutrition, adequate nutrition for particular classes of age, nutrition of acutely and chronically sick people,
- kinetic activity, movement and its importance, practice, applicable and inapplicable brands of sports activity;
- alcohol – damaging influences by long-time alcohol abuse, alcohol intake by girls, during maternity, during breast feeding, menace of alcohol, accidents, poisoning;
- smoking – damaging influences on both health condition and the respiratory system causing cancer diseases; teenage smoking, during maternity and lying-in, during breast-feeding;
- drug abuse treatment;
- sexual education, premature carnality, self-indulgence, carnality in family;
- preventive examinations, health care,
- care for infants,
- care for children according to particular growth periods,
- care for women (maternity – prenatal care, fertile period, menopause, post menopause period, senescence),
- care for men,
- care for seniors,
- care for acute and chronic indisposed,
- social care,
- infectious and non-infectious diseases.

Sorts of health education

a) Individual – appropriate for activity of an individual and giving solutions to specific problems.
b) Group – small groups are recommended; uniformity is important; focusing on both health and social problems; dealing with a high risk group concerning „failure of education“; confusion; small concentration; scattering.

METHODS

Methods of health education:

Verbal – a lecture, discussion, illuminating information, chat (by a review of the target group).

a) Lettering – leaflets, papers.
b) Combined – audio-visual presentation.
c) Show – applied reviewing.

Principles of education process:

- acquainting with new information is necessary to accomplish gradually and slowly;
- making easier to choose measure of education by administrators; preparing an appropriate milieu for education – no or marginal troublesome factors;
- amount of information afforded in one assembly should be lower – absence of achievements, often barely basic education;
- educational meetings like long, monotonous lectures cause elevated yawning and therefore it is necessary to choose convenient time for educating;
- information should be transparent, completing with visual aids; it is appropriate to form written bases for use, possible translation in Gypsy's language;
- mobilizing the target group by different impulses and questions to mix commentary with new information as well as to both stimulate reckoning information and co-operate;
- enabling to both answer questions and to solve problems which bother individual participants of education.

Factors which influence education

Educator and educating can deal with inapt education contingencies concerning Gypsy population:

- deficient motivation, unwillingness to co-operate,
- conflict of interests, problem of not being promoted to next forms,
- low attainment – undone attainments, illiteracy,
- insufficient communicative ability – problems in understanding in speaking or writing,

- low health consciousness,
- different value orientation, vivacity,
- awkward influence of the milieu,
- in powers of concentration because of different activities - seasonal jobs, pay period and so on, mental retardation of children and adults,
- reduced mental and physical efficiency,
- drug taking and so on.

Contingencies from health personnel:

- lack of information about Gypsy community - hygienic conditions, social conditions, intellectual level;
- immature figure, rawness;
- lack of communication abilities (the ones which have considerable consequences); Gypsies apprehend verbal communication, overdue authority; they order in an expressive vocal way;
- language barriers;
- prejudices in confrontation with the community, „halloo effect",
- inability to adjust commentary to the level of the target group and incomprehensibly complicated illuminating information,
- too extensive commentary introspective of individual needs in individual and group education.

The process of education and its specialties at work with Gypsy's community

I Reviewing

Reviewing is cardinal for the implementation of health education. We appreciate it at the beginning, during and in the conclusion of education. For correct reviewing there is a considerable choice of methods depending on current situation of an individual, family and all community.

There are very frequently employed methods:

- observation (a customer, members of a family, regarding relations in a family, function of a family, arrangement of environment);
- interview (aggregated and exaggerated), conversation with relatives, with community workers, medical practitioners – physicians, district nurses and institutional care comprising Gypsies;
- an analysis of health documentation (nursing records, statistical reports, notices of nurses, other health documentation).

It is very important to take a firm case history, appreciation of mental and bodily level of the group.

We especially fix data such as:

- data of family, household, safety of habitat for children and members of family,
- data of financial assurance, quality of the social habitat, external sources of community, employment and unemployment of adult members of a family and community,
- conditions of habitation – being fond of drinking water, the sewage system, the waste disposal system, farming, disorder, bad hygienic conditions, food storage,
- it evaluates verbal and non-verbal communication among members of the community and family [3],
- risk events, characteristics of neighborhood, unhealthy stereotypes,
- conditions of life, tradition, merits, expediencies,
- lifestyle, culture of taking meals, physical activity, smoking, alcohol and drug abuse,
- making an appraisal of the presence of risk factors for diseases- smoking of mothers and children, corpulence, malnutrition, deficient and awkward clothing of children, promiscuity…
- appreciation of the biological aspects, environment and lifestyle,
- reviewing accessibility and sharing health attendances (preventive and monitoring care, check-ups, inoculation),
- obtaining information about the acutely and chronically sick members of the community, getting information about infectious diseases.

II Diagnostics

For a basic evaluation we have selected a group of educational diagnoses, deficient attainments, handiness in a certain domain as well as the health diagnoses focused on the betterment of health – according to the announcement of administration of health, it is assigned to **E-100-119** Education and attainments; documentation of education presents designations and codes of diagnoses:

- **E 100** – deficiency of information,
- **E102** – reluctance to benefit from information,
- **E 103** – deficiency of attainments.

III Planning and IV realization

In the course of planning we start from the common assumption, specifically for the target group and data necessary for being evaluated at the beginning of the course. Educational assumptions are surveyed to achieve new attainments and to check the correctness of the approaches as well as their handiness by identifying problems. It is very important to take into account the already remembered specification of the educational process.

In the course of planning we survey the planning of interferences oriented on education or reeducation of an individual or a group.

It is very important to both plan and realize education for a long time - so we assure interactivity and we acquire the feeling of respect and mutual assurance as well as we motivate participants and we can abolish troublesome factors from the environment. So called

„gipsy assistants“ and community workers can help us to carry out health educational activity.

V Evaluation

We can assess the effect of education by taking certain approaches into account :

- direct – control of acquired attainments by means of didactic methods,
- indirect – collecting and recording changes – better regimen, arrangements of environment, decreasing morbidity and mortality.

The ambition fails many times because of lack of effort and goodwill to change lifestyle – community living in segregated dwelling places, in kennels and settlements, when co-operation is obstructed by many risk factors (low mental level, stereotypes of unhealthy lifestyle and poor education of children).

Applied part

Destination of working:

- to acquire information about health and social aspects of Gipsy population in a town Ružomberok and in a village Rudňany,
- to compare a health aspect of town-village-segregated settlements (Rudňany),
- to present applications of health – education action on account of the particular age categories and other specialties.

Collection and methodology:

Collection

The choice of respondents was measured, the questionnaires were filled by the respondents – participants and, of course, the study was conducted by the Faculty of Nursing and Health Sciences through the project ESF in Ružomberok (96 respondents), in Rudňany (47 respondents).

METHODOLOGY

We applied qualitative and quantitative methods, comparison, analysis, synthesis.

The quantitative method – a survey:

- separate, orientated towards many things, such as occurrences of diseases in individuals, members of a family, a sick call, care for oneself, social-economic stuff, an actual psychic aspect, notions about acquiring of information, necessity to acquire information.

The qualitative methods

- a non-standard interview- carried out by physicians and nurses – the health centre in Rudňany with a community actor. Analysis of health documentation for comparing information acquiring by means of the interview and the survey.

RESULTS

The results we obtained by means of the survey, which was applied during three consecutive courses in the village Rudňany- January 2007 and in the town Ružomberok- February, March 2007. The particular data from the survey which we carried out, have been analyzed gradually, numerically and verbally.

We offer to present some instructive findings.

Not all data are shown in tables; we put the answers with the maximal count. The oral presentation is made and followed by a discussion.

Most frequent diseases in a family:

Jaundice, diarrhea, itch of skin, dyspeptic bothers, constipation, accidents.

A sick call:

Rudňany – only in the case of problems or for the need of a long-term job-disability. Ružomberok – not only in the case of acute diseases, secondary affections, but also for the purpose of preventive surveys.

Care for particular age categories:

Rudňany – care for particular age categories is limited and there is a low level of care for children and pregnant women. Gypsies’ consciousness of health issues is of a very low level – deficient knowledge, a low mental level of the population, deficient attainments.

Ružomberok – care for the particular age categories is relatively good. Consciousness of health issues is of a medium level – only a fraction of the population with low social- economic status does not care for their health.

DISCUSSION

Based on the obtained results, which are closely connected with the preliminary theoretical information, we can state the following:

At work with Gypsy community and its education it is important to have some basic information about an area, working, living and health conditions of the corresponding groups – Gypsies in a town, a village, settlements. Comparing the information obtained from two different communities – Gypsies living in the town Ružomberok, and Gypsies living in the village Rudňany and segregated settlements belonging to this village, we detected different information about the living conditions, risk factors and morbidity of the Gypsy population.

In the town Ružomberok, the health aspect and the consciousness of health issues were on a higher and relatively good level. In the course of health education, participants joined in a discussion; they suc-

Table 1. Health aspect of Gypsy population

Diseases	Ružomberok	Diseases	Rudňany
Cardiovascular diseases, high blood pressure	58	Cardiovascular diseases, high blood pressure	30
Diseases of motion system	30	Metabolic diseases	25
Respiratory diseases	17	Diseases of motion system	15
Metabolic diseases	9	Respiratory diseases	14

Table 2. A physician-call/a sick call

Answer	Rudňany	Ružomberok
I call physician only in case of illness	23	60
I call dentist regularly	13	33
I call gynecologist regularly	12	27

Table 3. Value of health

Answer	Rudňany	Ružomberok
I am feeling very well	19	26
I have lesser health problems	13	44
Without answer	15	26

Table 4. Remedy taking

Answer	Rudňany	Ružomberok
In case of prescribing (by physician)	26	55
I not taking	21	41

Table 5. Admission of physician ordering

Answer	Rudňany	Ružomberok
Yes	18	41
No	6	1

Table 6. Habitation/Dwelling places

Habitation	Rudňany	Habitation	Ružomberok
Kennel	22	Flat	86
Flat	24	House	9
House	1	Social habitation	1

Table 7. Contentment with habitation/dwelling places and conditions of life

Answer	Rudňany	Ružomberok
Yes	32	77
Partially	4	19

Table 8. Risk factors

Smoking
Corpulence
Irregular consuming
Alcohol consumption

Risk factors were identical in the course of the surveys carried out in Ružomberok and Rudňany.

Table 9. Number of births

Number of births	Rudňany	Number of births	Ružomberok
Three	8	Two	67
Two	5	Three	20
Five and over	34	Five and over	9

Table 10. Care of woman

Answer	Rudňany	Ružomberok
Unusing of contraception	35	43
Gynaelogical problems	6	6
Problems during pregnancy	10	7
Problems during birth	7	5

Table 11. Hard substances

Hard substances	Rudňany	Ružomberok
Smoking	33	63
Alcohol	19	34

Table 12. Leisure time activities

ACTIVITY	Rudňany	Ružomberok
Training	3	4
Move – walkings	21	48
Gardening	2	10

Table 13. Hobbies

Hobby	Rudňany	Ružomberok
TV-seeing	37	68
Hand-works	17	18
Reading	4	16

Table 14. Letters

Letters	Rudňany	Letters	Ružomberok
Elementary	38	Elementary	67
Special school	7	Special school	1
Apprentice school	2	Apprentice school	25
		Secondary school	2

Table 15. Appointment

Job	Rudňany	Job	Ružomberok
„Activation makings“	19	Worker	16
indoors	5	Shop assistant	6
Dressmaker	4	„Activation makings“	66

The obtained information from documentation and a non-standard interview:

Table 16. Health aspect – the village Rudňany

Respiration diseases
Diseases of motion system
Infection diseases
Cardiovascular diseases, high blood pressure
Diseases of digestion system

Table 17. Health aspect – Ružomberok

Cardiovascular diseases
Metabolic diseases – diabetes mellitus
Motion system
Diseases digestion system
Respiration diseases

ceeded in filling in the survey questionnaire, they took an interest in complementing information especially focused on health, health conditions of life, inborn defects and social questions. During the evaluation of attainments, it was highlighted that no participant was illiterate. They were able to write and read without any language barriers. According to the data, these inhabitants of the town are attacked by modern illnesses – diseases (it has been proved for the greater part of the Gypsy community), caused by bad lifestyle, incorrect regimen, relatively high consumption of alcohol, smoking, lack of motor activity. These findings are also confirmed from scientific writings, namely *„Physical activity, health style of life, prevention of diseases is for gypsies' unknown idea"* [4].

Other positive pieces of information were in questions concerning contentment in life, solutions to conflicts and problems in a family. There was also a negative answer concerning drug consumption. In the village Rudňany, there was a worse situation, participants were in need of active help for filling in the survey questionnaire; the ones had problems with verbal or written communication. The data listed in the questionnaire did not correspond with the data obtained from medical staff, community/social workers and health documentation. A dominant difficulty in education was caused by the facts that it was too unusual to find a heterogeneous group of educated people in the Gypsy community, the motivation for learning was low and there were negative impacts of the surroundings. The importance of health education and mainly positive influence caused that at least part of the population could afford to advance.
There are many findings, such as:

Objectionable housing conditions – kennels occupied by even 30 lodgers. There were on average 10 people in a newly-built double-room flat. There was lack of drinking water, awkward canalization and storage of food, bad hygienic habits of Gypsies – especially concerning children,

- parturitions directly in kennels and other dwellings,
- a low mental level – many children attend special school,
- genetic charge, partnerships of relatives,
- drinking alcohol and smoking by teenagers, pregnant and suckling women,
- deficient „drinking regimen", awkward composition of both received and prepared food,
- high occurrence of diseases – especially of the respiratory system, namely chronic bronchitis, consequently inhabitants often died because of complications resulting from these diseases; occurrence of diseases of motor and cardiovascular systems,
- deficient care for children, because children also in winter do not wear enough warm clothes,
- the inhabitants call a physician only in case of health problems and do not respect physicians and nurses' recommendations,
- they do not go for regular check-up in spite of the life-threatening situations when TBC or rabies are diagnosed,
- they do not take preventive examinations, as well as compulsory examinations during pregnancy.

It is possible to improve the situation by finding solutions to the above mentioned problems, individual actions with the selected group of Gypsy population, which will be interested in receiving help to tackle the problems – assistants of a podiatrist, general practitioners, dentists, medical trainees. There is a necessity of long-time, practical work with the community, which allows to go through life of the Gypsy community and to comprehend mentality and culture of this ethnic group [6–8].

CONCLUSION

The report not only in the abstract but also in the applied part described specialties of health education of the Gypsy community as an inferior part of population. The The existing few data about the health aspect of Gypsies - deficient statistical processing and feeling of discrimination of this population interfere in accurate assignments. Based on obtained from the scientific and special studies as well as own experiences, we can state that in this population there are actually many risk factors resulting basically from incorrect regimen, objectionable conditions and bad social and economic situation. Problems are identified among the Gypsies living in settlements and often consider driving conditions. According to the findngs concerning communication with social workers, physicians, nurses, and also with magistrates of villages who have long-time experiences with Gypsies, the change of an approach of this group to eduction is almost slender. The positive results are achieved among Gypsies in villages and towns, when their mental and social level is relatively advanced. While working with this group of population, co-operation with the Gypsy civic association and activists as a new Gypsy generation often helps.

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