

## **ASSESSMENT OF THE INTERRELATIONS BETWEEN HEALTH AND HOUSING CONDITIONS IN A HUNGARIAN ROMA SETTLEMENT**

**Csaba BÁLINT<sup>a</sup>**

<sup>a</sup>Szent István University, Institute of Regional Economics and Rural Development; Address: HU-2103 Gödöllő, Páter Károly u. 1. Phone: +36308612334; E-mail: balint.csaba@gtk.szie.hu

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### **Abstract**

Health is our most important value and resource – its preservation and development are crucial in terms of our quality of life and work. Health status is mainly influenced by lifestyle, health consciousness and the healthcare system, the accessibility and quality of health-related services. Rich literature discusses the relationship between housing conditions and health status as well. The disadvantaged socio-economic situation causes deteriorated living environments and, hence, the decline in health. Through the case of the Hungarian village of Bag and the Roma settlement located there, I would like to highlight the connection between housing conditions and health.

Keywords: housing, health, Roma settlement, Hungary, Bag

### **INTRODUCTION**

The concept of health was defined in 1946 at the establishment of the World Health Organization in Geneva as follows: „Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (WHO, 1946) The document of the organization of 1979 entitled ‘Global strategy for health for all by the year 2000’ distinguishes the following dimensions of health (WHO, 1981): physical health, the proper functioning of the body; psychic health, personal world view, basic behavioural principles, peace of mind; mental health, the ability of thinking clearly and consistently; emotional health, the ability to recognize and express properly emotions; social health, the ability of building relationships with others.

The above mentioned philosophical approach was followed by more pragmatic definitions. According to Mihályi (2003) “health is the correspondence between the individual’s actual biological functioning and the biological function available by age and sex and/or required by the society. Health assessment is based on the functionality (abilities and limitations), the existence and nature of pain, and the mental acceptance of all these factors by the individual.

## **Relations between health and housing conditions**

Since the beginning of mankind, dwelling has played a role in the protection against natural forces, in relaxation and regeneration of human workforce, it must provide adequate conditions for washing, household work, studying, family and social life, and recreation. Dwelling, home, the immediate environment and the community together form the housing conditions. If functional and satisfactory physical, social and mental conditions are provided in terms of health, safety, hygiene, comfort and privacy, we can talk about healthy living conditions. (Rudnai et al., 2007)

According to the UN document of 1996 The Habitat Agenda: Chapter IV. B. “Adequate shelter means more than a roof over one's head. It also means adequate privacy; adequate space; physical accessibility; adequate security; security of tenure; structural stability and durability; adequate lighting, heating and ventilation; adequate basic infrastructure, such as water-supply, sanitation and waste-management facilities; suitable environmental quality and health-related factors; and adequate and accessible location with regard to work and basic facilities: all of which should be available at an affordable cost.” (UN-HABITAT, 1996)

Shaw (2004) differentiates the hard (building and physical infrastructure) and soft (e.g. social and perception dimensions of housing) factors in the model describing the interrelation between housing and health. Inadequate housing conditions can have a direct and indirect impact on physical and mental health. (Wilson et al. 1998; Sharfstein, Sandel, Kahn, & Bauchner, 2001; Thomson, Petticrew, & Morrison, 2001) Risks of infections, chronic illnesses, injuries, poor nutrition, risk of mental problems are higher. (Krieger-Higgins, 2002) They increase the danger of asthma, obesity, cardiovascular diseases (Pope, Burnett, & Thun, 2002) and the risk of anxiety, depression, attention disorder, drug use and aggressive behaviour (Raffestin & Lawrence, 1990, Fullilove & Fullilove, 2000).

## **Overview of EU policies targeting Roma, with special focus on health and housing**

As it is stated in the 2010 communication of the European Commission, “(...) a significant part of the 10-12 million Roma in Europe live in extreme marginalisation in both rural and urban areas and in very poor socio-economic conditions. The discrimination, social exclusion and segregation which Roma face are mutually reinforcing. They face limited access to high quality education, difficulties in integration into the labour market, correspondingly low income levels, and poor health which in turn results in higher mortality rates and lower life expectancy compared with non-Roma. Roma exclusion entails not only significant human suffering but also significant direct costs for public budgets as well as indirect costs through

losses in productivity.” (EC, 2010 p. 2) Approximately, 6 million Roma people live in Central and Eastern European countries, of which the most exposed to the challenges of the above listed problems are: Bulgaria, Czechia, Hungary, Romania and Slovakia; these member states received country-specific recommendations for the national inclusion reforms as part of the European framework of national Roma integration strategies (EC, 2017).

Since 2011, the EU framework has been targeting the access of Roma to education, employment, healthcare and housing, and the fight against discrimination in these areas. Related to the issues discussed in this article, the 2017 ‘Midterm review of the EU framework for national Roma integration strategies’ evaluated the achievements in the above mentioned substantive policy areas. Related to the issues discussed in this paper, in terms of health, provision and use of health coverage and health services, the mental and different problems, teenage pregnancies and the lack of Roma health professionals remained challenges without significant improvement in the countries most concerned, while the health awareness, prevention, health literacy, health mediation, civil participation and cross-sectoral cooperation were the areas that can be characterized by positive changes. In the field of housing, progress has been reported regarding the housing programmes, surveillance of housing situation and new action plans and strategies on housing, but, the limited availability and low quality of social housing, discrimination in the housing market, as well as segregation and ghettoization have been mentioned as deficiencies (EC, 2017)

### **Situation of Roma population in Hungary**

Hungary is one of the countries most concerned by the poverty and exclusion of Roma people. The investigation on the changes of the spatial distribution of the Hungarian population by Péntzes, Tátrai, and Pásztor (2017) has been based on the population census datasets of 1990 and 2011 that relies on self-declaration, and other two surveys (the CIKOB survey from 1984-87 and the survey of the University of Debrecen from 2010-13), the latter representing external ethnic assessment. In the latest (2011) census 316,000 persons declared themselves as Roma and according to the recent survey approximately 876,000 Roma people lived in Hungary in 2010-2013, which is a growth of 174% compared to the estimated Roma population of 320,000 in 1971. According to the different estimations, there are the most Roma inhabitants in Northern Hungary and Northern Great Plain (24-30 and 24-26 per cent of the total Roma population), the least in Central Transdanubia (5-6%) (Péntzes, Tátrai, & Pásztor, 2017).

Based on the different databases, the proportion of Roma population living in villages is around 38-50%, especially in the settlements with less population than 2,000 people. This concentration in small rural settlements is linked to territorial disadvantages (Nemes-Nagy-Németh, 2005), although this sort of Roma population is dynamically decreasing (Pénzes Pásztor, & Tátrai 2015), while a slight growth of Roma population is observable in the villages of the agglomeration of Budapest and the suburban areas of the county centres (Bajmócy, 2014). The increasing Roma population in the capital and the cities with county rights can be attributed to the intensifying internal migration (Szilágyi & Péntzes, 2016).

According to the 2011 population census data, 33% of the Roma population is 14 or younger, the proportion of 15-49 years old Roma people is 43%, while 20% of them is between 40-59%. The old age group (60 years or older) is under represented with a share of only 4.6%, which is only one-fifth of the total population's value (24%) for the same age group. Overall, more than three-fourth of the Roma population is younger than 40 years of age (at the same time, in case of the entire population this is only 49%. 58 per cent of the Roma people above 15 years has the educational attainment level of primary school (8 grades) only, 23% of them did not finished 8 grades, so 79% of the Roma population has no more than primary education, while only 13% has secondary education without graduation, and only 5% graduated in high school. The presence of university diploma is marginal, only 1% of the Roma population has degree. Overall educational situation of the Roma women is worse than men's (Bernát, 2014 based on HCSO, 2011).

In 2013, 27% of the active Roma population was employed (which is very low compared to 60% share of the non-Roma population), and, 25% of them were long-term unemployed, that is five times bigger share than the proportion of 5% in case of non-Roma active people. Among Roma women aged 15-64, the unemployment rate was 61% in 2011, 17 percentage points higher than men's value (44%) (Ivanov & Kagin, 2014).

It can be considered as a general rule that the worse is the situation of a social strata, the more Roma are among them. More than 50 percent of the households in the lowest income decile are Roma, but deep poverty does not only affect Roma population. In Hungary, more than one million households are considered cumulatively poor. Every fourth household cannot satisfy either its most basic needs on a regular basis (Messing & Molnár, 2010).

There are roughly a hundred settlements in the country that have become a permanently poor Roma ghetto, and another two hundred which is currently in an inexorable way toward that state (Havas, 2008). The inhabitants of the settlements are mostly but not exclusively Roma. There are more than 1600 slums in more than 800 settlements, of which 60% are

located in villages. It is estimated that 16 of one hundred Roma live in Roma settlements where not only the gas supply or bathroom is missing, but often drainage, water and electricity, and which are impossible to approach by the ambulance, and danger of epidemics is constant (Cserti Csapó & Orsós, 2015).

Based on the 2013 household-level large sample survey of the National Institute for Family, Youth and Population Policy, it can be seen that, compared to the 2003 Roma survey, generally the Roma people live in bigger dwellings and with smaller number of dwellers, which increased the average space per one person. The larger the proportion of Roma in the population of a settlement is, the larger the homes of the local Roma households are. Comfort level of the Roma flats and houses also increased, especially the share of dwellings with flush toilet. The reason of the improvement of living conditions is that dwellings which remain vacant after the aging and dying residents, provide an attractive moving alternative for Roma families. In the neighbourhoods where Roma families appear, the real estate prices fall, and the cheap dwellings continue to be inhabited by other Roma families.

Although the housing conditions of the Roma population have improved remarkably in the last decade, the indicators lag behind in both quantitative and qualitative terms compared to the Hungarian national average (NCSSZI, 2013).

### **Effects of disadvantaged situation on health status in relation to the Roma population**

Disadvantage can be characterized by the separate or combined existence of unfavourable economic factors. Usually it involves low income (partly or wholly consisting of social benefits) as well as poor housing conditions, small dwellings with a lot of residents, low per person area, unhealthy housing conditions (wet, slate walls, basement apartments, emergency housing, patio) poor amenities (lack of bathroom, kitchen, toilet, household utensils) (Andorka, 2003). The environment, the social situation, the lifestyle affects the quality of life through the health status. More frequent illnesses, disability represent a burden for the healthcare systems, and premature deaths are typical (Forrai, 2008).

The Roma population is the social group of Hungary living in the worst socio-economic and health circumstances. Among them the average age is lower, illness is more common, mortality is more premature than in majority society. (Merker, 2012) Life expectancy at birth can be 10 years below the population's average. (Prónai, 2000; Hüse & Péntzes, 2015) Housing and living conditions are mostly unfavourable: often lacking adequate sanitation, running water, electricity, and waste disposal. In Roma settlements there is a higher risk of spreading infectious diseases, such as tuberculosis, hepatitis A virus, scabbiness, pediculosis

and other skin diseases. Many Roma people live in one-roomed flats, although they are equipped with electricity, they frequently lack water pipe and flush toilet. In most parts of the settlements there is no drainage, freshwater supply and refuse collection. They often use public spaces instead of running water for washing and cleaning. Outhouses used instead of toilet can easily become the source of infections and epidemics, to which especially children are exposed. (Csépe, 2010)

The low educational attainment level among the Roma population is associated with low employment and income levels, which has a bad impact on health status and health behaviour (Kemény & Janky, 2003). Most often, they turn to a doctor rarely and late (Gyukits, 2000): 64.2% of the Roma population rarely or never go to a general practitioner, 63% rarely or never visit outpatient clinics, and inpatient care is never visited by 39.3% of them. Only one-sixth of them participates in dental screening and only one third is involved in cervical and lung screening. Among Roma people, there is a high incidence of depression, cardiovascular disease, diabetes and cancer mortality, and all of their risk factors are higher. More than three quarters of the Roma population are smokers, more than one third of them are overweight (Köbli, 2011). The prejudicial, discriminatory attitude they frequently experience on behalf of healthcare workers, does not help their situation either (Puporka & Zádori, 1999).

According to Belak, Geckova, van Dijk, J. P. & and Reijneveld (2017), regarding Roma people, the higher alcohol consumption, the greater promiscuity, the more adverse peer pressure and the dysfunctional social support belong to the category of myths about which there are no evidence obtained.

### **Experiences of national and local housing programs**

Molnár, Ádány, Ádám, Gulis, and Kósa (2010) found that the health consequences of international and local-level housing initiatives in most cases fail to be assessed prospectively or evaluated after implementation. This is the reason they carried out a retrospective health impact assessment (HIA) of a Roma housing project in a Hungarian settlement called Hencida, in comparison with the outcome evaluation of the same project. In the framework of the project, 12 Roma families moved to new dwellings, and 46 houses were renovated from the outside, along with the restoration of the built and natural environment of the settlement. As a result of the research based on interviews with project-stakeholders, positive impacts on education, in- and outdoor conditions were noted, but negative impacts on social networks, housing expenses and maintenance, neighbourhood satisfaction and no sustained change in health status or employment were identified. As a basis of regional or national level housing programmes, the authors recommended small scale pilot projects with the careful selection

and continuous involvement of the beneficiaries, kept under control by group of professionals. The projects' impact on health prevails through the socio-economic determinants of health, and not directly by the housing improvements.

Regarding the interrelations of health and housing conditions in countries most concerned by the Roma problem, Molnár et al. (2012) analysed the national policy programmes of Bulgaria, Hungary, Lithuania and Slovakia, by the method of health impact assessment. Generally, it can be stated that the market-based housing is hardly accessible for Roma people due to lack of financial resources, and so is social housing with adequate living conditions. According to their findings, the 'top-down' approach of the central governments, the missing knowledge of local conditions and decisions subordinate to politics worsen the implementation of nationwide programmes. Instead of this, the principle of subsidiarity is recommended to be applied for Roma housing projects, the closest to the localities and the direct stakeholders, and HIA should be carried out for particular actions than strategic policies, prospectively and retrospectively too.

## **OBJECTIVES AND METHODS**

“For research into the social root causes behind any particular health-inequality, qualitative case-studies focusing on the worse-off population's health-endangering everyday settings and practices represent a good starting point.” (Belak et al., 2017. p. 2)

Through the case of the Hungarian village of Bag and the Roma settlement located there, I would like to highlight the connection between housing conditions and health. After reviewing literature about the interrelations of Roma population's situation in Europe and Hungary, the disadvantaged social status, and the housing conditions and health, I will carry out a demographic and socio-economic analysis on the village of Bag, followed by the examination of data on local housing conditions. Focusing on the Roma settlement of the village, I will recall findings of former field researches, characterizing the infrastructural and social environment which can be found there.

The field research that provided the empirical results of the study, was conducted in June 2017, in the framework of the so-called Village Seminar of Szent István University, which is one week stay at the researched location. Several topics are deeply investigated by the participants, e.g. history, demography, spatial relations, physical infrastructure, local governance, community life, civil activity, health, social care etc. Main methodologies of the field research are questionnaire surveys, interviews, observations and document analyses, in addition to the literature review and the collection, systematization and analysis of secondary

statistical data. The Village Seminar program aims to carry out a monitoring research for the systematic, recurring examination of villages that make a rural phenomenon (Molnár, 2009).

Bag was visited for the first time in 2009: in choosing this settlement as a sample, it was important to examine that, in a former agricultural, railway and industrial village near the agglomeration of Budapest, showing quite early citizenry, how the community experienced changes. Among others, the 2009 field research had a romological direction to explore the Roma living in the settlement and the certain aspects of coexistence with the majority society. The 2017 research aimed to examine the several open-ended questions regarding Roma-Hungarian coexistence, reflecting on the changes compared to 2009.

Regarding the Roma settlement's issues in Bag, I will review the findings of the authors participating in the 11<sup>th</sup> village seminar, acquired in the framework of questionnaire surveys and interviews made in summer of 2017.

I will introduce the results of my own interviews with the actors of the local healthcare system, i.e. the general practitioner, the dentist and the district nurse, with the aim of giving a detailed presentation of the effects of living conditions on the health status of the residents of the Roma settlement. The interviews were done personally in June 2017, at the workplace of the respondents, in 45-60 minutes conversations. Results of the questionnaire survey, involving 157 Bag households, based on proportional sampling, were not used in this study, because most of the answers from the Roma settlement can not be interpreted due to the lack of clear understanding by the respondents.

## RESULTS

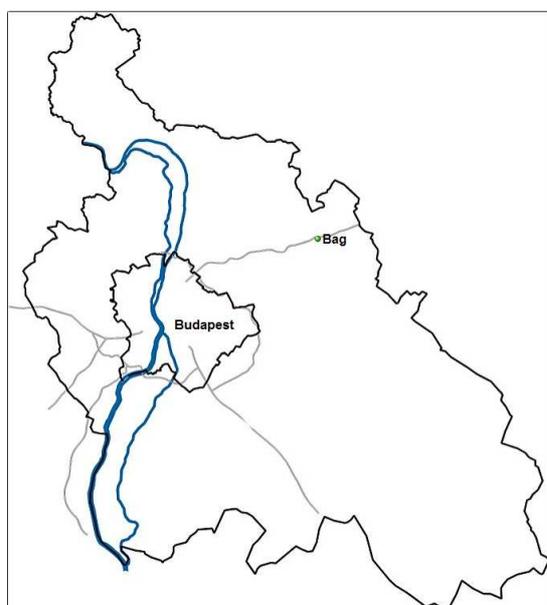
### **Geographical location, demographic situation of Bag**

The village of Bag is located in Central Hungary NUTS 2 region, in Pest (NUTS 3) county, in Aszód (LAU 1) district, 40 km from Budapest. By public road it can be approached from the M3 highway or from the main road no. 3, or by bus and by train. The image of the village was transformed by the large regional investments of the past (railroad, main road Nr. 3, M3 highway), but a significant part of the settlement was able to preserve its characteristic image. Although the village can not be classified as a settlement in the agglomeration of the capital, its transport connections make it possible to profit from the proximity of Budapest and the city of Gödöllő (Nagy, 2017).

Bag's territory is 23.55 km<sup>2</sup> and the population on 1 January 2017 was 3669. The population dropped by 9.65% between 2010 and 2014 (of which 5.44% happened from 2010 to 2011), followed by 2.37% increase between 2014 and 2016. Since 2007, the migration

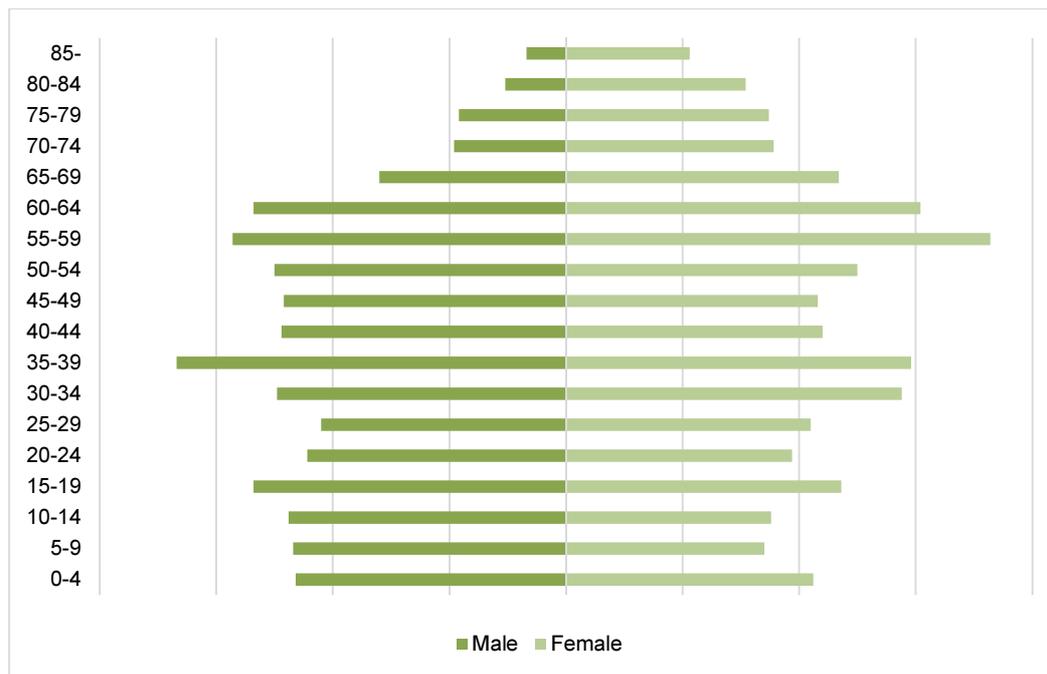
balance was positive for the first time in 2015 (6.95), the average value of the 2005-2015 period was -4.87. The lowest value, -19.06 was registered in 2011, but emigration was high in 2012-13 as well. The regrowth after 2013 can be attributed to the cheap real estate prices and the proximity of Budapest (Lőrinc, 2017). According to the latest population census (held in 2011), 88.43% Hungarian, 5.07% Roma and 1% Romanian, German, Slovakian and other (or not declared) nationalities lived in Bag. The share of self-declared Roma ethnicity is three-times higher than in Pest county (Lőrinc, 2017).

**Figure 1** The position of Bag in Pest County



Source: [https://upload.wikimedia.org/wikipedia/commons/e/e8/Pest\\_location\\_map.jpg](https://upload.wikimedia.org/wikipedia/commons/e/e8/Pest_location_map.jpg)

In terms of age structure, the village is considered to be ageing: in 2016, the proportion of population aged 0-14 was 15.92%, the population aged 15-64 was 65.3%, and the population aged 65 and over was 18.77% (age pyramid can be seen on Fig. 2), the ageing index (i.e. the ratio of the age group of 60+ and 0-14) was 1.54 (constantly increasing). Natural increase (i.e. the number of live births and deaths per thousand inhabitants) was -2.9 in the average for 2011-2016 (lower than the country average). According to the available 2011, 2013 and 2016 data, the number of infant deaths appears to be low in absolute value (always 1), but it was very high per 1000 live births, 20.41 in 2016, (though it is decreasing due to the growing number of births, the value was 29.41 in 2011 and 23.26 in 2013): this is above the national-level. The proportion of children with multiple disadvantages in the population aged 0-14 was 26.2% in 2016, which is very high compared to the country rate of 8.47%. This rate suggests that the majority of children in Bag are born into disadvantaged Roma families.

**Figure 2** Age pyramid of the village of Bag (2011)

Source: own editing based on population census data of Hungarian Central Statistical Office, 2018

### **Economic and employment situation of Bag**

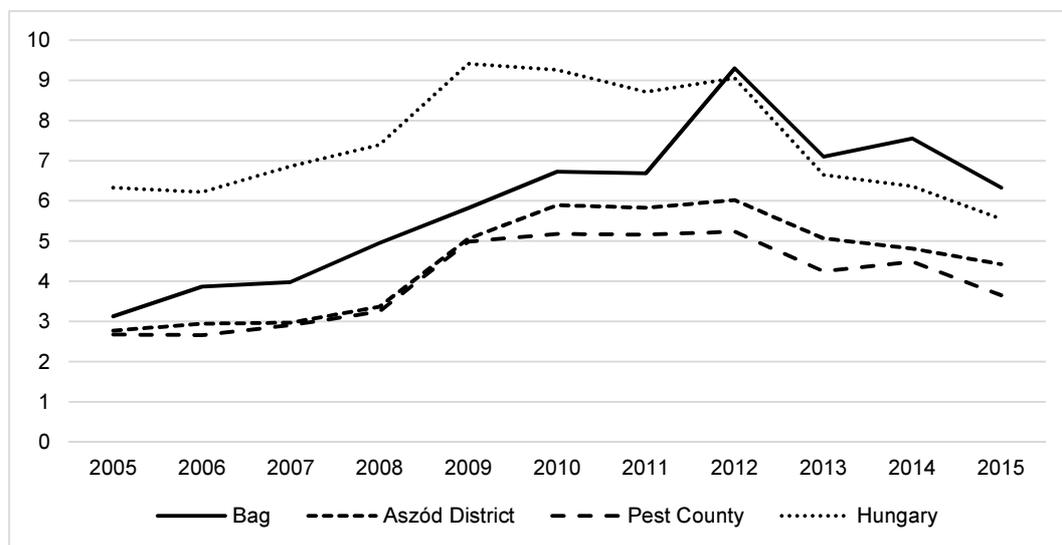
The deliberate development of the local economy is indicated by the fact that the number of registered businesses in Bag grows year by year (89 in 2004 and 153 in 2014), so the trend is favourable, although the processes are not helped by the fact that the development of the 45 hectares farm logistics centre called Central Business Park is not exactly in line with expectations.

In the village, the proportion of taxpayers (i.e. the share of those who have income as base of PIT by 100 permanent residents) starts to approach the pre-2009 level after the decline caused by the crisis (40.09% in 2014). Total net income per capita (as basis of PIT) grew steadily before the crisis, followed by a decline and stagnation. After the year 2012, however, the value of the indicator jumped to above the level of 2008: in 2014 it was HUF 667 494 (Figure 2)- In line with the general trends, a widening income inequality in Bag is indicated by the increase in the number of tax payers with an income over HUF 5 million projected to 100 tax payers with an income under HUF 1 million, it increased from 4% in 2005 to 23.5% in 2015.

The unemployment rate had steadily increased between 2005 and 2012 in Bag, since then it has declined, but has not reached yet the pre-2010 level (Fig. 3). The proportion of long-term (over 180 days) unemployment within the unemployed persons was 48.36% in the above mentioned period, and showed fluctuations over the years. In case of Roma, the economic

inactivity and unemployment is strongly linked to the low educational attainment level (Lórinç, 2017).

**Figure 3** Unemployment rate (%), 2005-2015



Source: own editing based on Hungarian Central Statistical Office, 2018

In the light of recent population census data, most of the employees were employed in industry and construction (28.93%), 24.98% as other intellectual professions, 16.73% in commerce and service, 16.44% as executives or intellectuals, and only 2.85% in agriculture and forestry (10.08% in some other jobs). The employment structure therefore corresponds to trends observed at higher territorial levels. Due to the characteristics of the village and the proximity of Budapest and its agglomeration, the proportion of persons employed in other settlements is 73.41% (according to the 2011 census data), so most of the employees commute from Bag.

According to 2011 census data, for 100 employed males there were 59.3 inactive men, while for women the same indicator's value was 129.19. Among the inactive earners, the proportion of pensioners and annuities is 90.68% for men and 80.86% for women. Of the 15-59-year-old population, there were 24.2 dependent men and 21.06 dependent women for 100 persons. 61.73% of dependent men, 56.64% of dependent women study in full-time education, in which case the social benefit of the dependency status prevails through the increase of qualifications.

### **Housing conditions in Bag**

In the village of Bag, the dwelling stock grew steadily until 2012, since it has been near stagnation (1340 flats). In terms of dwelling stock per 1000 inhabitants, the highest value was registered in 2014 with 373.61 dwellings. At the time of the 2011 census, 94.73% of the

dwelling were occupied and 99.25% of the dwellings were owned by private individuals. More than a quarter of the dwellings were built before 1960, almost a quarter (24.7%) between 1961-1970, 21.57% between 1971-1980, and 13.66% between 1981-1990. Only 14.25% of the current dwelling stock was built after the change of regime.

The construction of the public water conduit network in Bag started in 1974 (Fercsik, 2002), and the proportion of dwellings connected to it has been around 96% for a long time (which is higher than the national average). The construction of the gas pipeline was completed by 1995 (Fercsik, 2002), today more than 80% of household heats with gas. 64.4% of the dwellings in Bag had central heating at the time of the 2011 census. In 2001, Bag with four other settlements started to develop a sewage collection network (Fercsik, 2002). In 2004, 74% of households had sewage conduit, today 89% of households have sewerage settled. In 2011, the proportion of homes with flush toilet was 94.21%.

The collection of communal waste is organized in Bag since 1975 (Fercsik, 2002), the latest data on the ratio of dwellings involved in regular waste collection is available from 2012: 86.4%. Although the reliability of the data is questionable, the information extracted from the data shows that the issue of selective waste collection is somewhat neglected in Bag: in 2012, for 1000 dwellings involved in regular waste collection, 15.48 tons of selective waste were disposed, while at country level this quantity was 26.43 tons. Taking into account that in the average of the 2006-2016 period the amount of household waste collected per inhabitant (67.25 t) in Bag was not much higher than the national value, the 'poor' situation of selective waste management in the settlement cannot be explained by the fact that less waste was produced.

Based on the classification of Act. LXXVIII of 1993 on Certain Rules of the Lease and Alienation of Residential and Non- Residential Premises ("Housing Act"), according to the latest census data, in Bag 63.61% of the dwellings have all amenities, 28.95% have principal amenities, 2.56% have part of amenities, 4.51% are without comforts, 0.38% are emergency dwellings. Regarding the proportion of dwellings with all amenities, the settlement exceeds the 59.38% national level. The situation is similar in the case of dwellings without comforts: the 4.51% value of Bag is more favourable than the national level data (5.76%).

In addition to the level of comfort, quality of life is influenced by the size of the dwelling as well. According to the census data, Bag is also in a very favourable situation concerning the distribution of the dwellings according to the number of rooms and the floor area. The proportion of one-room dwellings in the settlement was only 2.18% in 2011 (10.39% at country level), and 78.5% of the dwelling stock had 3 or more rooms in the year of the census (compared to the country level data of 51.45%). The proportion of dwellings over 80 square

meters is higher in Bag, while in the lower size categories the proportions are lower in the village (and decrease by lowering categories) in comparison with the national averages.

### **‘Telep’ – The Roma settlement in Bag**

The Gypsy settlement is a famous, rather notorious part of the village of Bag. Some „oláh” and „musician” Gypsy families lived in the center of the village already around 1920, their memory is preserved by the place called „Cigánygödör” (Gypsy Pit). In 1959-60, the Municipal Council relocated the Gypsy families living there to the edge of the village (to the streets named Ősz and Tél utca). From the 1960s onwards, Gypsies were resettled to Bag from all over the country, including the neighbouring Hévízgyörk, following the slum elimination decree issued by the Hungarian Socialist Workers’ Party (MSZMP) in 1961, but many of the Gypsies moved voluntarily. The border of the settlement was shrinking more and more in the direction of Nyár, Dankó, Liget and Szentlászlói streets. The elimination of the Roma settlement was not successful in Bag, and houses built with the help of „szocpol” (housing support for families with children) modernized the Roma settlement’s environment, contrasting with the run-down adobe huts.

By definition, the so-called ‘Telep’, Roma settlement, is a separate place composed of at least four settlement parts that do not meet social requirements. It is characteristic that regarding its technical state and physical appearance, it lags behind the norms prevailing in the community (in our case, among the Hungarians) (Berey, 1991). Because of the segregation of the Roma groups living there, the settlement is divided into the lower part, the (less developed) upper part and the separate Tavas street. In the less developed upper parts (Ősz, Tél, Dankó streets) smaller adobe houses, missing public utilities and the lack of gardens can be observed (Morvay, 2009).

In her questionnaire survey, aiming Bag’s so-called street image analysis, Tóth (2017) concluded from the 135 evaluable answers that the quality of the public road is the worst in the streets of the ‘Telep’. Not only the residents of the Roma settlement mentioned the bad road quality here, but the major of Bag also: long time ago there has been a plan for reconstruction, but all the tender applications were refused because of the lack of funds, and the municipality can not afford it on its own. The only public drinking fountains remained in the Roma settlement, but the question arises: who should be charged and how for the use of water? The Roma residents need the freshwater, taking into account that in most of their dwellings there are no any water source, and it is mandatory task for the local government to provide drinking water. In addition to the bad condition and low value of the real estates in the Roma settlement, the houses in the neighbouring streets are getting devalued on the

market, which can be considered as the main reason of the disadvantageous ‘population change’ and the expansion of the ‘Telep’ (Tóth, 2017).

The Roma settlement creates an environment for the children in which the disadvantage is encoded: their inclusion is a serious challenge for the local kindergarten and school, and it requires a high-level knowledge and professional skills from the educators. In the elementary school of Bag, half of the students are disadvantaged. The effects of substance use in the Roma settlement appear in the changed behaviour of the Roma students as well (Bogárdi, 2017).

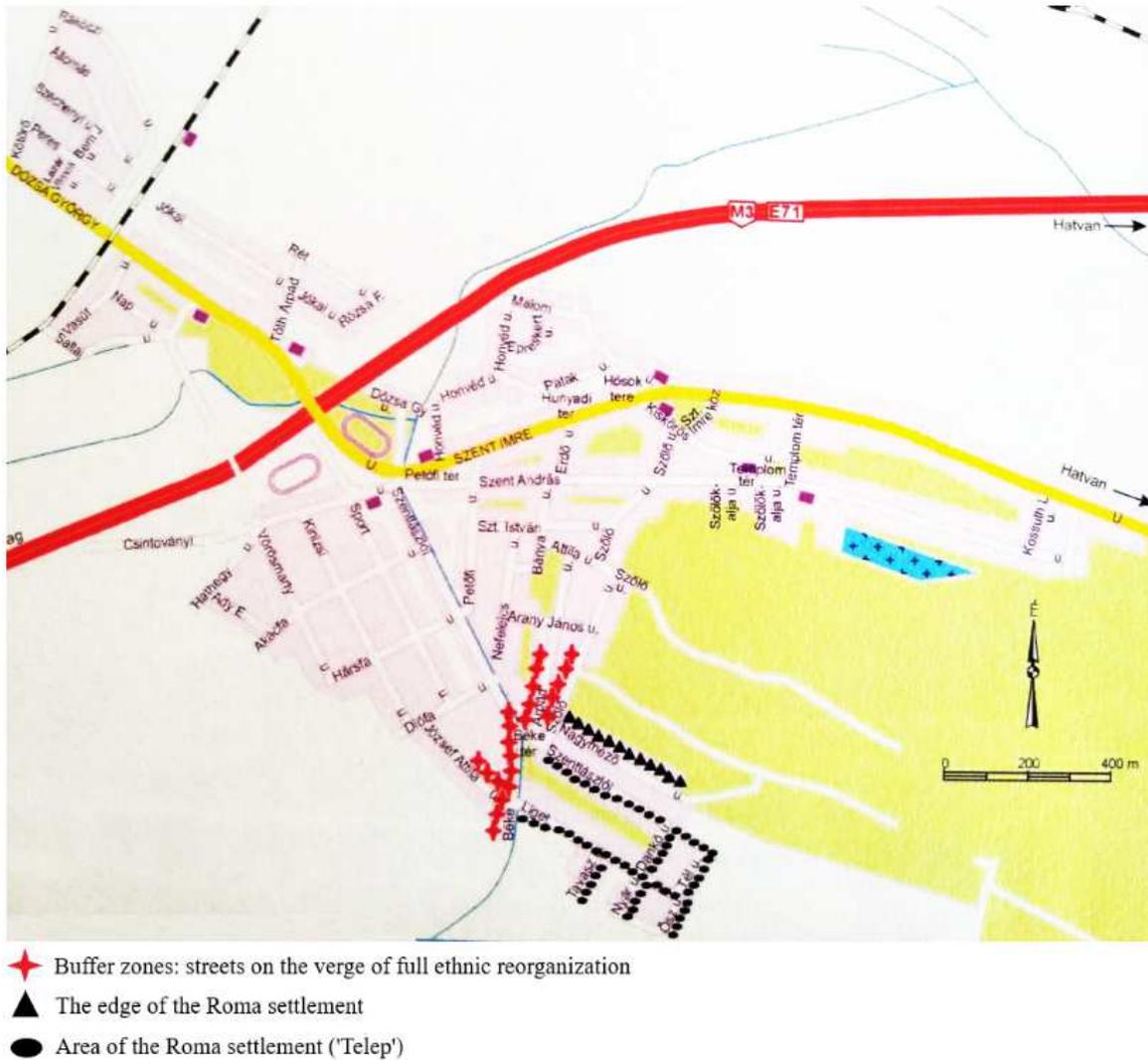
Molnár (2009) investigated in the framework of a questionnaire survey asking 101 households, aiming mental mapping, in which parts of the village they would like to live and where not. (Fig. 7) On the map, the most negatively perceived zone was overwhelmingly overlapping with the Roma settlement consisting of the streets of Tél, Tavaszi, Nyár, Ősz and Dankó, and the other streets in direct contact with these. The reasons for the unfavourable judgment of the area were partially the environmental and infrastructural conditions of the site (waste on the streets and in the houses, unsolved rainwater drainage, unpaved roads, etc.), and partly the conflicts with the Roma minority.

Most of the people living outside of the Roma settlement did not rely on their experiences, they were not able to differentiate between the streets within that neighbourhood, their opinion reflected the conflicts that complicated coexistence. Almost all of the people of the Roma settlement expressed a negative opinion of the streets inside the settlement falling outside of their place of residence. The community of the Roma settlement is not unified and does not see itself as being such (Molnár, 2009).

In the recent mental mapping of Molnár (2017), significant changes can be seen compared to 2009. Based on the 157 household-level questionnaires, Liget utca and Szentlászlói utca from the former neighbouring streets have become part of the Roma settlement: the ethnical transition has been completely implemented, and mostly associated with negative perceptions by the respondents. In Nagymező utca, where in 2009 the minor negative judgment originated from the ‘unfixed’ conflicting social interactions, now there is a ‘fixed’ physical coexistence emerging: approximately every second household is of Roma ethnicity. The reasons of negative opinion about the Roma settlement were e.g. deprivation, crime, untreated heaps of garbage, lack of proper sanitation, bad quality roads etc. A lot of respondents outside the Roma settlement have never been in this part of Bag, or had been a long time ago, and they did not distinguish between the different streets of the ‘Telep’. For the residents of the Roma settlement, the ‘Telep’ is not a homogeneous area: in their evaluation, Tél and Dankó utca,

with the messy, ramshackle houses far from the public drinking fountain are representing the parts where they do not want to live (Molnár, 2017). (Fig. 4)

**Figure 4** Mental map of Bag



Source: Molnár M. (2017)

## DISCUSSION

### Assessment of Roma health in Bag by local healthcare staff

In my own field research (carried out in June of 2017) I strongly relied on the interviews made with the actors of Bag's local healthcare system. There are two general practitioners in the village of Bag. The doctor of district 1 is Dr. Gyöngyi Balatoni, Dr. Ibolya Cséke is responsible for district 2. The joint building of district 1 is shared by Dr. Melánia Szabó's dentist's office, where she operates school dentistry as well. Night and weekend attendance (where Dr. Gyöngyi Balatoni takes also charge) is available in the town of Tura. The nearest specialized health care institution is the outpatient polyclinic in Aszód town. In Bag, the

district nurse care is divided into two districts: in district 1 Andrásné Czerok, in district 2, Erzsébet Szemán serve as district nurse. Their office is in the vicinity of the general practitioner's surgery of district 2. The pharmacy is operated by dr. István Télessy.

Based on the data of the Hungarian Central Statistical Office, after the turn of the millennium, the number of cases in the general practitioner's surgery has increased steadily until 2012 and then returned to the 2010 level by 2015. The number of cases treated outside the surgery in the dwellings started in 2011 to deviate from a nearly stagnating state towards a slightly declining trend. Although, according to the HCSO, the population of the village declined by 9.81% from 2008, the drop in GP visits awaited until 2011, when, compared to the previous year, natural increase decreased by 2.6, and the migration balance got lower by 6.3, with a continuing tendency.

During the interview, the general practitioner of district 1 acknowledged that in Bag the Roma population is characterized by a youthful age structure, while the Hungarian population is ageing: the young families leave the village and children are taken out of the local school. According to the Doctor, the Roma population has only the sense of illness, health consciousness is solely characteristic for the people living outside the Roma settlement.

According to the district nurse of district 2, the majority of Bag's pregnant women are of Roma origin. Since they give birth early (from the age of 16) and it is not uncommon that they have three children at the age of 26, they become sort of "worn out" relatively young. Despite the existing differences, bad health and prolonged chronic illness are not specific neither among Roma nor among Hungarian women. In the Roma settlement, child neglect unfortunately appears, both in material sense and in the form of verbal abuse. After having given birth to several children, premature birth is frequent among Roma mothers. According to the district nurse's opinion, the women living in the settlement are mostly passive sufferers of the bad habits of men, but they themselves also smoke usually, up to 5-6 cigarettes a day (and many mothers occasionally or regularly consumed drug earlier in their life). Roma children often receive prepared food – not adequate for their age – at the age of 4-5 months, which does not reverse their development but increases the risk of allergies, diabetes and digestive problems.

There is very poor general hygiene at the Roma settlement, generally dwellings are without bathroom with toilet, there is no kitchen, stove, but what is even more surprising is that there is no public drinking fountain or outhouse. Roma families live in crowded conditions, the quality of life of the inhabitants of the settlement is spoilt in winter by the pediculosis being a public health problem, and, from spring to autumn, by upper respiratory illnesses. It is worth

mentioning, that, according to the district nurse, psychological disturbances, “tics” are less likely to occur among Roma children than among Hungarians, although at school they are usually ashamed of coming from the Roma settlement and the difference between the home and school environment causes considerable internal tensions for them.

It is interesting that according to the dentist, 30 years ago the condition of the local Gypsy children's teeth was better than the Hungarians', but nowadays, due to the consumption of soda with a lot of sugar and the almost total lack of dental care, this situation has reversed and drastically deteriorated. Roma patients often present at the dental practice the social insurance card of another Roma during the visits, so their identification is also a problem.

### **BAGázs: a civil initiative aiming Roma integration in Bag**

In 2010, the BAGázs Public Benefit Association was established by the founder president Emőke Both, together with her friends as volunteers. The organization's aim is to implement the peaceful coexistence of the Roma and Hungarian population, by assisting the Roma to formulate goals and to do something for themselves, providing tools and knowledge to make progress. Specific objectives are the decrease of drug use and crime, dialogue-based conflict management, promoting volunteering and alternative education methods, and through it, to enhance social sensitivity. Particular activities are carried out in the framework of six programs, targeting the competence development of Roma children, adult education, debt management, legal assistance and counseling, promotion of employment, political advocacy and community building by the help of sport. The programs are financed to the extent of 75% by private investors and 25% by tenders. The main drawback of mission accomplishment is the lack of public awareness about the activity of the association among the residents of Bag, and, the lack of trust due to the late contact with the municipality government, as well as the educational and social institutions (Mezei, 2017).

## **CONCLUSIONS**

Physical and mental health is the most important factor in the quality of life, and its interrelation with economic performance is obvious: a healthy person is more willing to learn, more creative, more entrepreneurial, can work more and better and create this way the financial and cognitive basis for maintaining and developing health. Health is heavily influenced by housing conditions. Unfavourable socio-economic situation leads to deteriorated housing conditions, which lead to a deterioration in health, further reducing economic performance and the chances of creating a more favourable standard of living.

Millions of Roma are concerned by the disadvantage and substandard living conditions in Europe, especially in the Central and Eastern European countries. The European Union targets the inclusion and integration of Roma by a common framework, which provides specific recommendations and financial resources to achieve the goals. The national strategic programs must be based on the experiences of local small-scale housing projects, based on the principle of subsidiarity.

In the village of Bag in Hungary, which is the subject of my analysis –based on questionnaire and personal interviews carried out in summer 2017-, the proximity of the motorway and the capital intensifies the ‘suctioning’ effect, low value is generated locally, and the income is not spent in the locality. The Roma settlement in Bag is a segregated part of the village: the Hungarian majority society, which is gradually acquiring an urban lifestyle, while commuting and slowly migrating elsewhere, is isolated from the problem and the society inside the Roma settlement is also divided. Among the Roma people in Bag, the destruction of their own health (e.g. drug consumption, smoking) is not uncommon, congestion, the low comfort level being below basic requirements, poor hygiene conditions are also unacceptable from the point of view of public health requirements. The early and frequent parenthood of the Roma population causes the ‘extended’ reproduction of the problem and the possibility of outbreak is extremely limited.

The risk of ghettoization is dependent on numerous economic and ecological factors. The Roma settlement’s spatial expansion is not a reason for ghettoization in itself, but the lack of clean water, sanitation, waste management and the missing basic elements of comfort jeopardizes the ‘Telep’ to become a fully segregated, more and more hopeless part of the village. For avoiding the further deterioration of the situation and to improve the Roma population’s health by influencing its socio-economic and environmental determinants, the coordinated work and cooperation of the local government, the social, healthcare and educational institutions, and the civilian sector is needed, by the continuous involvement of the beneficiaries.

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