

MORTALITY PATTERNS OF ROMA POPULATION IN OLTENIA REGION

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Mortality is the only indicator that presents a series of aspects meant to emphasize both the demographic evolution of a population and its social determinants that confers it an increasing or decreasing tendency associated in most cases with a specific level of development.

Mortality, through the manifestation of present variations is caused by a series of socio-economic factors such as the level of education with consequences on the attitude towards the health care, the population age, as well as by certain exogenous factors related to the geographic environment.

The analysis of the general mortality among the Roma population intends to grasp a series of variables specific for this indicator; the values that the general mortality registers within the Roma population are in the trend of the values for this indicator measured for the overall population.

Key words: infant mortality, life quality, Roma communities, Oltenia.

Introduction

The general mortality rate for the Roma population translates into a series of tendencies whose evolution depend on the socio-economic characteristics existing in the region but equally to the characteristics of the Roma ethnic group, these communities developing themselves within a regional context. The general mortality rate for the Roma population displays the same causes and manifestations present at the level of the general population. Differences among the variables of the mortality rate for Roma population may be found in the indicators that have a direct influence over it, respectively the infant mortality rate and the morbidity rate. The analysis of the general mortality rate shows a situation with direct influences on the characteristics of this indicator for the Roma population, the existing conditions being correlated to the values registered in 2006 in Oltenia when the general mortality rate was of 17.1‰. At the county level the highest death rate was registered in Dolj (19.4‰) the figure being higher than the average rate of the region and being followed by the values of Mehedinți (18.3 ‰) and Olt (17.3 ‰) counties.

The high mortality rates registered in the above-mentioned counties relate to the morbidity, influenced drastically by the economic development level,

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education level, the degree of access to information of the population in the area but also by the state of the sanitary infrastructure. The polarization of the sanitary services, almost exclusively located within the urban areas, the insufficient number of qualified personnel distributed in the rural areas, combined with the outdated medical facilities makes for the high values registered in the counties where the rural population is predominant.

Low mortality rates registered in Oltenia are specific especially to the population in Vâlcea (15.4 ‰) and Gorj (13.7 ‰) counties, aspect influenced considerably by the medical infrastructure and services, due to the fact that an increased number of urban settlements are successfully polarizing the rural villages in these two administrative areas.

Thus, an analysis of the infant mortality is required considering the causes for the much higher values within the Roma population, and taking into account at the same time the percentage of the infant deaths registered within these communities out of the total number of infant deaths.

The analysis of the morbidity of the Roma population points out a series of causes that influence the general mortality rate, as morbidity varies for different groups of the above-mentioned population and has a specific causality directly influenced by the socio-economic factors, educational level as well as access to the sanitary infrastructure.

Thus, the analysis of the general mortality rate does not provide an exact picture of its causes as the infant mortality and morbidity represent indicators that show important differences for the Roma population and consequently constitute causes that might influence in a major degree the general mortality.

Infant Mortality within the Roma Population of Oltenia

The analysis of the infant mortality indicator within the Roma population shows increased values compared to the specific values for the general population. They are explained by multiple factors; either of a general nature as for example the characteristics of the medical infrastructure or of a more specific nature, namely the economic level of the population, its educational level or its attitude towards checking and maintaining its health care status. The infant mortality for the Roma population within the sample areas in Oltenia was analysed considering the number of infant deaths for this specific ethnic group in contrast with the total number of infant deaths for the entire population. The increased number of infant deaths registered for the Roma population shows a high degree of participation of the infant mortality registered in the above mentioned areas.

According to *fig. 1*, there were registered 122 infant deaths in 2006 within the sample areas in Oltenia, out of which more than half, 68 respectively,

occurred within Roma communities. We estimate though that the infant mortality rate is very high, considering that, Roma population represents 30% out of the total population within the sample areas. Therefore, one can consider that it significantly participates to the level of the general infant mortality rate in the region.

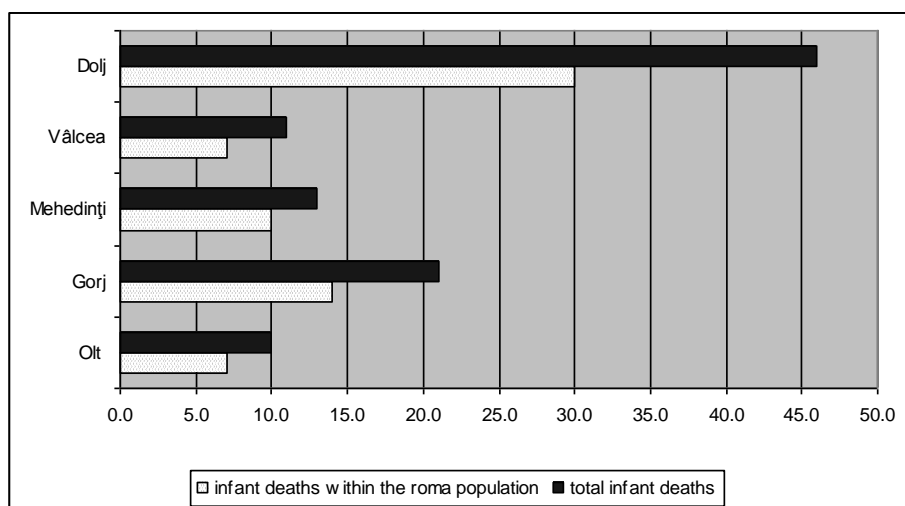


Fig. 1. The infant deaths within the Roma population in the sample areas in Oltenia

If analysing this indicator for each administrative territorial unit, the highest number of infant deaths within the Roma population registered in the sample area in Dolj County. The value counted for a number of 30 deaths out of 40 registered for the total population. This aspect is explained by complex causes, the most important one being the standard of living. Roma population living in the rural areas respectively at Lipovu, Amărăștii de Jos, Cerăt and Bârca is confronted with severe even extreme poverty, depending heavily upon the society. The aids these families receive constitute in many cases their most important source of income. Temporary activities such as daily labours that generate income are not meant to provide a decent existence, if considering that the above-mentioned areas are among those with a high or very high fertility rate (above three children per family).

Thus, poverty as a phenomenon characteristic for this ethnic group influences the level of the infant mortality rate keeping it at a high value. The value is though supported by the precarious raising and carrying for children, the poor hygiene and sanitary conditions, the limited access to medical assistance as well as the lack of possibility for keeping a balanced diet all these factors being entirely conditioned by the financial resources of each family.

Another cause for the high level of infant mortality refers to the educational level of the parents, as they are exclusively responsible of using any family planning methods. The weak interest showed by the Roma population within the sample areas in Dolj County in possible family planning methods make it to display the lowest rates of contraception usage. Only 7.6% of the women are actually using these methods. This leads to the birth of unwanted children who are, in the above-mentioned economic conditions, exposed to a high risk of death. The birth of children into an already crowded family with extremely scarce financial resources normally leads to a decrease in the interest for these children if considering the fact that the raising and education processes are extremely costly.

Other factors are the insufficient diet of mothers as well as their weak medical monitoring during the pregnancy. All these are influenced by the educational level that is on its turn closely related to the financial one.

The sanitary infrastructure is also responsible for the values of the infant mortality rates as the Roma population within the sample areas is directly affected by the poor development of the medical units. The sanitary network of the urban areas is located mainly in Craiova, which concentrates 7 hospitals, but also in Drăgășani, Calafat, Filiași, Segarcea (each with one hospital) and polarizes the entire rural area. Within the sample areas in Dolj County the number of medical units is confined to one consulting room (private) as eight family doctors are attending for this area.

In the urban area, the access to the medical infrastructure is easier, the Roma population showing superior life standards if compared to those within rural areas. A determining factor is the financial level of each family, which is a moderate one as the communities in Craiova, Șegarcea, or Băilești are not affected by severe or extreme poverty.

A high infant mortality rate also registers among the Roma communities in Gorj County 14 infant deaths out of a total of 21 belonging to Roma population. The high number of deaths within the first year of life is caused by a series of factors similar to those mentioned before among which the poverty is one of the most important. Poverty manifests itself primarily in the communities located in rural areas respectively in Telești, Scoarța, Bâlteni and Albeni as these are the ones with a high degree of dependence upon the government social aids and displaying a severe or extreme degree of poverty (e.g. the Roma population in Scoarța).

The fertility rate is also high reaching values of more than three children per family, as the usage of family planning methods is generally scarce for Roma communities.

The sanitary infrastructure is very well represented within the sample urban areas where Roma population is not affected by severe or extreme poverty and its living conditions reach a satisfactory level. There are 5 hospital

units, one in every city (except for Țicleni). Consequently, the urban areas are polarizing the rural areas around them. The rural area doesn't have any medical dispensary unit and is served by approximately 9 family doctors.

Within the communities in Mehedinți County 10 out of the total of 13 infant deaths were registered within the Roma communities and 7 of them occurred in the rural areas. The existing differences for the living standards between the rural and urban areas are the same for the entire population, both from an economic and a social point of view, and have repercussions on the decisive factors, which influence the infant mortality rate.

The sample areas with Roma population in Mehedinți County fall under the same conditions enumerated above displaying an infant mortality rate that reach high values in the communities from Gârla Mare, Jiana, Gogoșu and Pungina. These areas with Roma population show financial exclusion and are highly dependent on the social aids they receive. All the sample areas in this county are severely affected by poverty the only exception being Strehăia due to the presence of a wealthy Roma community.

The education level of the population is very low thus the usage of contraception methods is roughly spread among 9.5% of the population. It should also be remarked that 25.8% out of the fertile aged women appeal to abortion in order to end up an unwanted pregnancy. Fertility has moderate values (2.3-3 children per family), but is still higher than the national value (1.3 children per woman in 2007).

There are six hospitals in the county of Mehedinți. Each city has a hospital except for Drobeta Turnu Severin that has two. As for the medical units situated in the rural area, they are almost inexistent. Nine family doctors are medically assisting the population. All these causes lead to a representative infant mortality rate for Roma population within Mehedinți sample areas, situating these communities in the middle of the hierarchy at the level of Oltenia region.

The lowest numbers of infant deaths register within the Roma communities of Vâlcea (7 out of 11 deaths registered for the total population) and Olt (7 out of 10 deaths). However the situation for these 2 counties is not less alarming than in the other ones, considering the fact that approximately 75% of the infant deaths within the total are linked to the Roma communities. It may though be stated that the Roma population manifests overall a higher infant mortality than the non-Roma population.

The high infant mortality rate is caused by the low economic level of the Roma population that is characterized by severe poverty even in the urban centres (exception for Caracal and Drăgănești Olt). Other factors are the low level of awareness about contraception methods (only approximately 15.2% of the interviewed persons heard about them) and the high fertility rates (3.6 children per family).

The sample areas with Roma population within Vâlcea County fall into the same category from a social-economic point of view (excepting Râmnicu Vâlcea and Drăgășani where a special category of Roma population with high incomes represented by the tinkers guild lives. The rate for using family planning methods is

very low (8% at the level of the sample communities within the county), thus leading to a high fertility that has a value of 3.1 children per family.

The medical infrastructure has similar characteristics to the previously described counties, most of it being located in the urban area and counting a number of seven hospitals located in Râmnicu Vâlcea, Drăgășani, Bălcești, Brezoi, Călimănești and Horezu.

The high number of infant deaths registered within the Roma population is homogenous in the sample areas; the main causes deriving from the economic ones. Poverty is one decisive factor for the health care status, and determines at the same time the education level of the population.

Family planning is one of the variables that has a low manifestation rate within the Roma population, and is thus one of the causes that determine a high dimension of the family. The consequence of this fact is an increased fertility rate within a population with reduced financial possibilities affected by poverty and highly dependent on social aids. All these aspects represent the premises for an increased infant mortality rate.

Morbidity

Morbidity represents the second most important variable in the analysis of the general mortality, directly influencing it through the population health care status. The morbidity structure represents an important element in evaluating the general mortality. The analyses on morbidity comprise studies on its causes that lead to an amplification or diminution of deaths number depending on factors like the level of economic development, sanitary conditions, education level and life standards that reflect a certain attitude towards preserving the health status or towards the environmental conditions.

The health pattern of the population has a direct influence on morbidity, its characteristics relating to the economic, social and behavioural status with repercussions upon the incidence of a certain typology of morbidity. The morbidity rate primarily relates to the economic level of the population so that the communities affected by poverty will tend to have a more accentuated morbidity than those with high living standards.

As for the Roma population, the evaluation of the morbidity will take into consideration the health care status analysing at the same time the main morbidity causes and the degree to which it manifests itself within this population. Both the evaluation of health care status and of morbidity causes was made based on the answers of the Roma population within the sample areas.

At the level of the sample areas concentrating Roma population selected within Oltenia region 53% of the interviewed population living within Roma communities admitted that their health care was poor. The high share of negative answers regarding the health care status emphasizes the existence of pre-installed morbidity for more than a half of Roma population.

The communities that manifest a *very high morbidity rate* are the ones where more than 60% of the respondent population acknowledged that their health care was poor. In this category we can mention Potcoava, Brebeni, Iancu Jianu (Olt County), Rovinari, Scoarța and Bălteni (Gorj County), Frâncești (Vâlcea County) and Amărăștii de Jos (Dolj County). These communities correspond to the areas with a poor sanitary infrastructure (with the exception of Rovinari and Potcoava) and with low living standards and poverty.

For the Roma population in Rovinari, along with the economic factors determining financial exclusion and a constantly high number of illnesses, the environmental factors also lead to an increased morbidity rate. They are mainly responsible for the incidence of respiratory diseases as among them the most damaging is the atmospheric pollution caused by the placement within the city limits of a plant as well as by the existing surface mining in quarries of lignite in the nearby area. In the case of Roma population in Potcoava, one should mention the existence of the coppersmith's guild which determines an increased morbidity due to the diet taboos that include an increased consumption of fats, with a high incidence of diabetes as a main illness.

The communities that manifest a *high morbidity*, in which the majority of the respondents declared that their health care is very bad (50-60%), are the ones in Drăgănești Olt and Grădinari (Olt County), Târgu Cărbunești (Gorj County), Strehaia, Gârla Mare and Pungina (Mehedinți County), Călimănești, Bujoreni, Frâncești and Mihăești (Vâlcea County), as well as in Băilești and Cerăt (Dolj County).

Determining factors for the high morbidity rate are the low living standards, to which we can add the poor diagnostic rate and the treatment of diseases because of the poorly represented sanitary system at the level of the rural sample areas.

Moreover, for the Roma population, the access to the sanitary system is also limited by the level of poverty. People that cannot afford to pay the medical insurance, only benefit of paid medical assistance and many Roma inhabitants cannot afford it due to massive unemployment. Thus, in most cases the late diagnostic usually done in emergency regime, leads to increased costs for consultation, treatment and spitalization and only comes to amplify the morbidity conditions.

Although the medical infrastructure is present in the urban centres of Drăgănești-Olt, Târgu Cărbunești, Strehaia, Călimănești, Băilești as well as in some of the rural ones respectively Mihăești, it doesn't modify the morbidity rate basically because of the economic factor (poverty) as well as of the social factor. The educational level generates an indiferent attitude towards health state and the adopting of some unhealthy dietary taboos (like the case of the communities with significant incomes like the tinker's guild from Drăgănești-Olt, Strehaia, Băilești, Mihăești). Although the percentage of population that appreciate its own health care status as being very bad is the lowest within all the sample areas, it is not significantly inferior as there is no other community that register a percentage of over 30% of the population to consider its health care a very bad one (*fig. 2*).

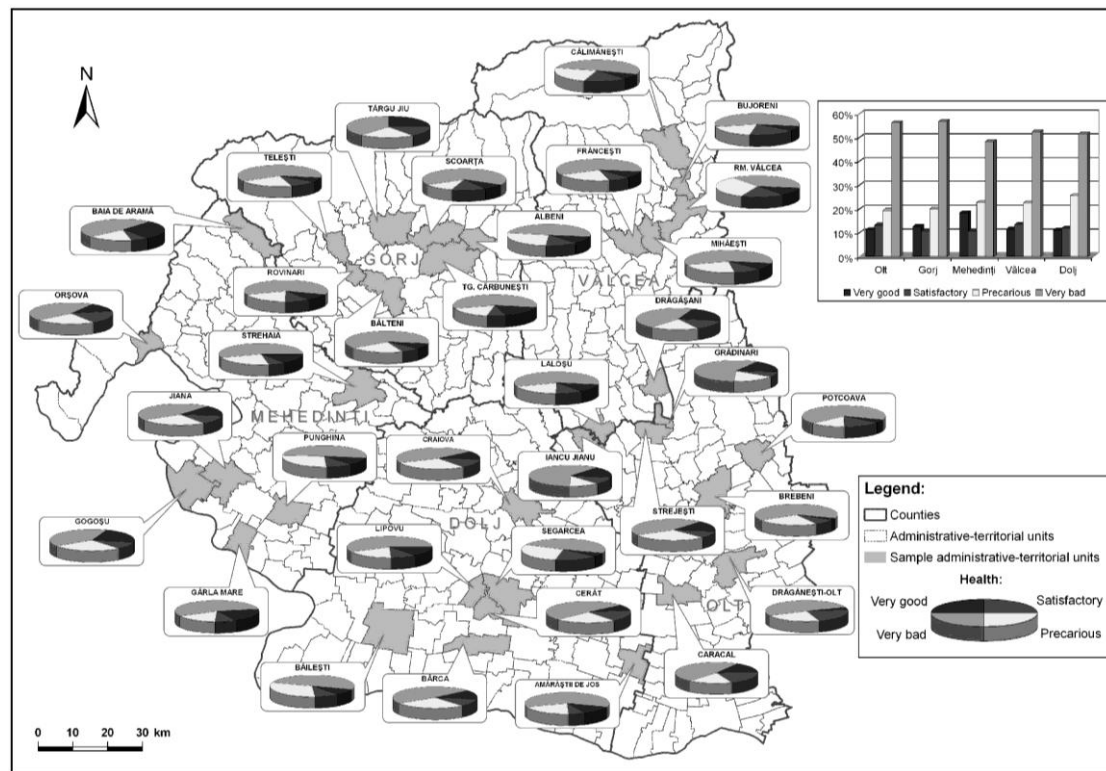


Fig. 2. Evaluating the health care state of the roma population from the sample areas in Oltenia

Roma communities in Caracal and Strejești (Olt County), Târgu Jiu and Albeni (Gorj County), Orșova, Baia de Aramă and Jiana (Mehedinți County), Râmnicu Vâlcea and Drăgășani (Vâlcea County), Craiova, Șegarcea and Bârca (Dolj County) show a *moderate morbidity* identified because of a smaller percentage of answers (between 30% and 50%) declaring a very bad health care status. However the figures are not explained by the fact that the Roma community has a decreased morbidity rate which is still high as a direct result of the living standards of the population and its economic poverty.

Within the other Roma communities, however there is also a much lower percentage of respondents that identify with a precarious health care state, with values between 10 and 20%.

The percentage of the population that consider their own health to be precarious added to the category that considers to have a very bad health care status leads to almost 70% of the Roma population having serious health problems and only 30% presenting a low morbidity rate.

The causes for this situation are mainly the economic situation and the low education level. The latter factor leads on its turns to a low level of responsibility towards health care. Moreover, the fact that prophylaxis is one of the least developed medical domains in the sanitary system suffering from constant reforms adds an external factor that leads to a high prevalence of the morbidity predominantly among the poor sector of the population. Numerous of the previously stated factors explain the low percentage of the Roma population that considered their health as being satisfactory. At the level of the sample areas in Oltenia only 12% of the population declared that their health state was satisfactory. The communities that register the highest values (over 15%) are the ones in Caracal, Drăgănești Olt, Târgu Jiu, Orșova, Râmnicu Vâlcea, Călimănești, Șegarcea and Bujoreni. The communities with the lowest percentages that appreciated their health status as satisfactory (less than 10%) are present in the sample areas in Brebeni, Grădinari (Olt), Rovinari, Târgu Cărbunești, Bălteni (Gorj), Strehaia, Baia de Aramă, Gârla Mare, Punghina (Mehedinți), Frâncești (Vâlcea), Băilești, Lipovu, Amărăștii de Jos (Dolj).

The respondents that considered their health status a very good one are fewer compared to the ones that considered it very bad, only 13% of the total respondents at the regional level entering this category. At the county level the best representation of the ones that consider not to have any health problems are found in Mehedinți (18.4%), followed by Gorj (12.6%) and Vâlcea (11.6%).

The communities that have a high percentage of population that considers not to be affected by morbidity (more than 15%) are the ones from Caracal, Iancu Jianu, Grădinari, Strejești (Olt), Târgu Jiu, Târgu Cărbunești (Gorj), Strehaia, Baia de Aramă, Gârla Mare, Gogoșu, Jiana (Mehedinți) and Drăgășani (Vâlcea). The lowest shares (less than 10%) of people that appreciated their health status as a very good one register among the Roma population in Drăgănești Olt,

Potcoava, Brebeni (Olt), Telești, Scaorța, Bâlteni (Gorj), Călimănești, Bujoreni, Mihăești (Vâlcea), Segarcea, Băilești and Cerăt (Dolj).

The poor representation of Roma population with good or satisfactory health status is the result of the social and economic problems that constantly affected it. On the other hand the very high morbidity rate registered at the level of Roma population is owed to diseases which also represent potential mortality factors.

At the level of the Roma population within sample areas in Oltenia, the main morbidity causes are the circulatory diseases (31.2% out of the total respondents). Cerebrovascular diseases, coronary diseases and hypertension are extremely frequent among the elderly population and present an increased incidence among the adult population. They are a direct result of the unhealthy living conditions and last but not least of a poorly developed attitude towards maintaining one's health. Medical check-ups occur mostly each time when the diseases become very serious with radical consequences.

At the county level Gorj (30.1%) leads the regional hierarchy, followed by Dolj (21.4%), Olt (20.7%) and Mehedinți (19.9%). The lowest share of population with this type of health care problems is registered in Vâlcea County (17.2%).

The respiratory diseases (21.8% of the total number of respondents) represent the second major illness cause within the Roma population in Oltenia sample areas. A very high incidence presents asthma (*fig. 3*). At the county level Gorj (30.1 %) leads again the hierarchy, followed by Dolj (21.4 %), Olt (20.7 %), Mehedinți (19,9%) and at last Vâlcea (17.2 %), with the lowest manifestation rate.

Infectious and parasitic diseases are also responsible for a high morbidity rate counting for 14.2% of the total number of Roma respondents suffering from one or another form of such illnesses.

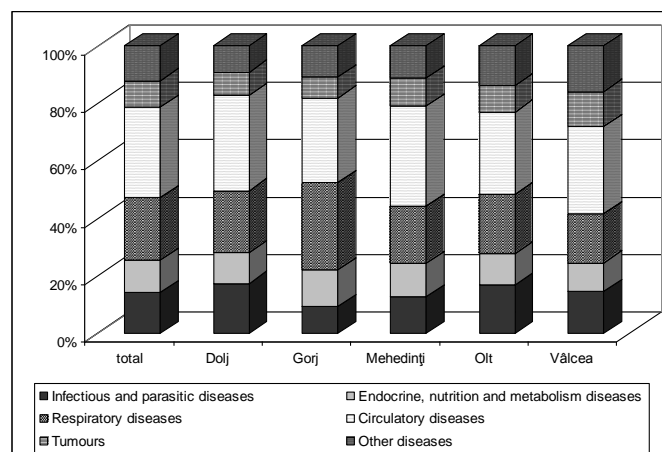


Fig. 3. Morbidity rate, by disease cause, for the Roma population in the sample areas in Oltenia

The highest morbidity rate for infectious diseases pertains to tuberculosis also known as the 'poverty disease', due to a life style with numerous privations and an inadequate diet that leads to a decreased immunity and a high morbidity risk. The Roma population in Dolj presents the highest morbidity rate (17.4%), the share of this category is similarly high in Olt (16.9%), Vâlcea (14.7%) and Mehedinți counties (12.8%), with the lowest values registering in Gorj (9.4%).

The endocrine, nutrition and metabolism diseases are another category responsible for the increased morbidity rate, 11.1% of the respondents within the sample areas in Oltenia mentioning the presence of these illnesses. At the county level Gorj registers the highest score for this type of disease (12.8%), followed by Mehedinți (11.6%). Among the most common forms of diseases specific for this type one should mention diabetes, caused especially by the lack of information and education regarding a proper diet.

The tumours concentrate a share of 9.3% within the total number of respondents. They are caused mainly by late diagnostics because of a poor level of health education. Most part of the population presents lung tumours (caused by tobacco consumption) while breasts and genital tumours are among the most common within the female population. This category of diseases is mostly present in Vâlcea County (12.3%) and it has the lowest representation in Mehedinți (7.2%). The rest of the counties present percentages between 8 and 9% within the total number of Roma respondents in the sample areas (*fig. 3*). Another 12.1% of the respondents mentioned diseases of a different nature like for example gastric, genitourinary or nervous diseases.

In conclusion, we can mention that the increased percentage of Roma population with health care problems is due to its economic situation as poverty is the main factor that causes a precarious health care state. The lack of financial resources represents an obstacle in accessing the sanitary system; a significant share of the Roma population does not have a family doctor, as they do not pay medical insurance, this being a direct result of the reduced work force. Because of this situation the health care status of Roma population is not properly monitored the morbidity risk being very high. Moreover, doctors are only called in when the disease has reached an aggravated state of emergency. Therefore the financial situation characterized by poverty leads to a weak responsibility towards sanitary education.

It is necessary to point out that this attitude is not restricted to the poor Roma population as it is constant among the rich communities as well. It is mainly due to the absence of a proper education and a weak responsibility towards health care that Roma citizens adopt an unhealthy life style. An obvious example would be the copper-smith's guild that due to the dietary taboos, of consuming a large amount of meat and fat, register the highest morbidity rate of diabetes, circulatory diseases being also present.

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