

THE STATE OF HEALTH - A SOCIAL PROBLEM IN ROMANIA

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Abstract: *The present paper aims at drawing attention to a social problem in Romania, namely the health state of the population. In order to diagnose and to define the magnitude of this problem it is necessary to examine the indicators of the population health condition comparatively with those of other world states, and this matter is the objective of the present paper. At first there will be presented a synthesis of the main categories of indicators which can be used to analyze this problem and then the practical utility of every indicator type will be highlighted.*

Key words: *the state health, social problem, life expectancy.*

1. Introduction

The state of health is a fundamental resource not only for the persons but for the society, being an important factor for social development and for the growing of the economic level of a society. Cristina Doboş noticed on this subject that “a sick society is less productive, meaning that it is an obstacle against economic development and calls to higher costs for treatment, costs that in the end are supported by the beneficiaries. Through its long term consequences, a sick society could cost the budget more than solving some health problems in the main points at the present time” (Zamfir, 2006, 230). Therefore, the health state of the population is a social state which can negatively affect the adequate functioning of the society or the person’s condition, thus being included in the definition given by Zamfir Cătălin (Zamfir, 2006, 17) that presents the social problem as “a factor, a process, a social or a natural state that

negatively affects the function of the society and the people’s condition”.

In other words, the health state may become a social problem when this problem affects the longevity of people or determines a series of chronic diseases to them. On the other hand the health state may become a social problem because of the inequitable distribution of health care system in society. In Romania only the persons who pay health insurance can access a range of quality services. The majority of people have access to health services but the income is an important predictor for the access to quality services. A poor health state of the population causes on one hand to reduce economic and social development, and the other hand may increase cost for the healthcare.

The most utilized indicators for measuring the health state of the population are life expectancy and healthy life expectancy. According to Eurostate data, life expectancy is continuously increasing in Romania and Europe in the

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last ten years and in the period 2004-2007 it has increased on average with 0.7 years in the UE countries. Starting with the year 2004, the healthy life expectancy follows the same trend. In this period it has increased on average with 1.8 years. Although in all the countries the Sullivan method to calculate the healthy life

expectancy was used, the comparability of the data across countries is limited by the cultural differences from country to country because the questions of the existence of disabilities might be interpreted differently from a country to another one.

The analysis of indicators life expectancy and healthy life expectancy between 2004-2007

Table 1

Country	The increase of the healthy life expectancy	The increase of the life expectancy	Country	The increase of the healthy life expectancy	The increase of the life expectancy
Belgium	5,6	1,09	Finland	5,1	0,6
Czech Republic	3,3	1,2	Sweden	5,7	0,6
Denmark	-1,4	0,74	United Kingdom	1,2	0,76
Germany	3,3	0,94	Iceland	7,2	0,64
Estonia	1,3	0,83	Norway	1,3	0,73
Ireland	1	0,96	Portugal	5,3	0,97
Greece	1,9	0,5	Romania	...	1,46
Spain	0,4	0,84	Slovenia	2,4	1,14
France	0,1	0,92	Slovakia	-0,5	0,29
Italy	-8,7	0,55	Hungary	3,7	0,65
Cyprus	4,8	1,22	Malta	0,7	0,18
Latvia	0,6	-0,18	Netherlands	0,6	1,21
Lithuania	3,4	-1,46	Austria	0,9	1,05
Luxembourg	4,4	0,67	Poland	-5,3	0,35

The analysis was conducted only on data from 2004-2007, since data was not comparable with the period before 2004 because the methodology for calculating healthy life expectancy indicator. Table 1 shows that, over a period of three years, healthy life expectancy increased more than life expectancy at birth.

This data seems to confirm the existence of "compressed morbidity scenario" shown by Frank Shaw (2002) apud Rotariu (2006, 16), which implies that in the common years there will be a growth period of delay diseases so that the interval between

the occurrence of diseases and death will be shorter.

This can lead to lower costs with older people, but on the other hand the increase of health state in countries as Belgium, Luxembourg, Sweden, is due to investment in medicine. Besides the economic aspect, in the context of increasing life expectancy at birth, requires serious of preventive measures so that to increase more and more the age when a series of diseases and disabilities occur, for the society to have active people until older ages and for health state of the population does not became a serious social problem.

2. What is a Social Problem?

In order to have a complex definition of a social problem it is necessary to have a series of theoretical and methodological conditions. A problem becomes a social problem if it is considered undesirable by the population from a community or at least by a part of the community. It is clear that some social problems are perceived as undesirable only by certain category of people. In this case, the population state of health can be a social problem for the whole country population but perceived as undesirable especially by the persons older than 50.

The undesirability can be measured by identifying the social condition that would result from that problem.

The population would perceive the state of health as a problem when their own state of health is affected and that would affect their independence and mobility, wellness state and the relations with the persons that they care for, losing the status and even diminishing incomes. In this sense, the public conscience has an important role in defining a social problem, by pointing out the undesirable elements for the person but which are not noticeable for the person on a short term, as well as highlighting the negative effects for the society that are also not noticed by the population.

Most of the times people are interested in short term visible effects and do not also take into consideration the long-term effects. The health state could become a social problem only when is already manifesting a series of symptoms that are harder to be treated.

The degree of undesirability is in fact strongly linked to the degree of being fully aware and the attitude towards the existing problem. The awareness of a problem can be different to certain categories of persons. Females could define the state of

health as a problem, while males give less importance to this aspect. Likewise, persons over 50 year old have as main concern the state of health, while younger persons consider that other problems are more important. And the examples can continue with different variables which could divide the population in categories with a different level of awareness of the problem: education, residential environment etc.

Other criteria in the formulation of a social problem are the significant number of persons which are speaking about this problem. Paul B. Horton & Gerald R. Leslie (apud Himes, 1968, p.440) noticed the importance of this element. A social problem appears when a process or a social state affects a *significant number of persons*. How big needs to be the number of persons, it is not specified in the specialized literature.

It must be noticed the fact that the personal circumstances are not social problems, but can become so when they affect more people and this fact becomes public.

It is also necessary the presence of the *feeling that something can be done*. As long as the faith exists that some problems can be solved, that solutions will be found, the problems of the population will become social problems. If this feeling does not exist, the people will consider the respective social process, or the respective social state as a process, respectively a normal state that characterizes the society and therefore it is not undesirable but accepted and integrated in their life.

And not at last, the social problem needs to be caused by the action or the inaction of the persons.

The population can consider the actions of some persons as immoral or as if they do not harmonize with the moral or other juridical laws of the community. Criminality is an example in this mater.

On the other hand, a social problem could appear as well due to the fact that a population does not act in a way defined as desirable by the society. An example is the people's inaction, the fact that they do not act for the prevention and the improvement of the state of health.

3. How a Social Problem Is Formulated?

Catalin Zamfir presented in his work, *A new challenge: social development*, (2006), some steps in formulating a social problem:

- The identification of a social problem (the type of the respective problem);
- The type of diagnosis of the social problem;
- Determination of the problem magnitude;
- Identification of the solutions to that problem and their evaluation;
- The collective willing to act in a manner to solve the problem.

In the *identification of the social problem* there must be established the presence of the methodological criteria presented above. The degree of undesirability is in fact, closely linked to the degree of being fully aware and the attitude against the existing problem.

The state of health has all the elements seen in defining a social problem: it affects a large number of persons, could affect the base order of the society and the person, and the relations between people and it is mostly due to people's inaction.

The degree of awareness among population must be determined, as well as the attitude against the problem: one of resignation or the collective will to act.

It must also be taken into account the variety of the degree of consciousness of the problem between the various categories of persons. Some of them can realize the problem, others can not, some categories can have the will to act, and others can not.

The undesirability, the feeling that something can be done in this matter and the degree of consciousness among the population must be determined, as well as the attitude towards this problem: of resignation or the collective will to act.

Depending on the degree of consciousness, the problems can be of potential nature or actual nature. There are problems that are not realized yet in some contexts could be made aware. These are of potential nature. The problems that are not made aware of have various degree of consciousness and various degree of willingness to act. Those that could be made aware, but a passive attitude is present, one of resignation are named problems in a latency. They could be made aware of and manifest the will for action. If the problem is just among the priorities, then it has the statute of manifest, and if it becomes the most important then has the name of centrality.

The way of determining whether a problem is a social problem is to carry out opinion surveys, analysis of the articles made by experts, analysis of the statistic data, case studies, interviews, attitude scales or focus groups. For the mentioned articles to be valid, the personalities that wrote them must be experts in the respective social problem domain.

Therefore there will be used subjective indicators as well as objective indicators. By analyzing the objective indicators there can be determined the *magnitude* of the analyzed problem too.

4. Data Analyses for Romania

By analyzing the data from the opinion barometer about health services realized by the "Politics and Health Services Center", in Romania 2006, it results that 30.5% have declared that at least a person from the household was hospitalized, 55% are suffering of some illness and 22.5% did

not work for health reasons. This data confirms that there is a high number of persons (at least a quarter) that have a precarious state of health.

55% of those interviewed declare that are suffering from a chronic disease or handicap and 20,7% of respondents declare that they have a poor health state or very poor health state, 31,5% consider themselves to be in good health and 47,8% are satisfied with their health. Self-reported poor and very poor health is found more frequently in women over 65 years old who live in rural areas. There is a 7.3% of people who although have a series of health problems perceive themselves as satisfied with their own health state.

It is noted that more than half of people suffering from chronic diseases or handicap are nevertheless satisfied with their health, those diseases becoming "normality" for these people.

From the Eurobarometer, conducted by the European Commission in 2007 (Health in The European Union) there results that 63% of the respondents are satisfied with their health and 26% consider themselves to be in a satisfactory health condition.

A high number of persons are affected, but how serious is the problem?

To answer this question the most important indicators of the state of health will be analyzed. There are direct indicators such as the healthy life expectancy and the morbidity, but there are indirect indicators to measure the state of health of the population, such as: the general mortality, infantile mortality, life expectancy at birth, median age, modal age, the indicator of assurance with human resources, the budget allocated for health by the Romanians etc.

There is data in Romania for healthy life expectancy only for 2008, but from the data analysis from other countries in Europe, it can be observed that generally

this indicator has a 7-8 years lower values than life expectancy at birth.

In other words, people are living on average 7-8 years with severe health problems till death. In Romania the life expectancy is 72.5 years, 69 years for men and 76 years for women (in 2007), healthy life expectancy, according to Eurostat, is 62.4 years (in 2007) and healthy life expectancy would be of 61 years for men and 68 years for women.

In other words, the male persons do not reach the retirement age without severe health problems. Also according to Eurostat data, 85.5% of male life expectancy is a good state of health while in the case of women the percentage is only of 76.8%. So women live more but with more health problems than men.

This data from the state of health include only those persons that were under family doctor attention or a specialized doctor. To this data it can be added those persons that do not consult a doctor till the moment that their illness developed into a serious problem.

Also the indirect indicators give precious information about the Romanian state of health. Counting the value of life expectancy, Romania is on the penultimate position in UE and on position 104 in the world. On the top of the hierarchy there are countries economically developed as well as countries such as Albania, Cuba, Taiwan, Jamaica and Ecuador etc which are less developed.

Also Romania is situated on the 2nd place in Europe for infantile mortality and the 89th place in the world, surpassed only by countries from Africa. The 89th place in the world is obtained regarding the general mortality indicator. 50% of the population dies till the age of 40-44 years, but most of them take place at age of 75-79 years.

In 2002-2006, Romania had the smallest number of doctors per 1000 inhabitants from all European states and was on the

top of countries with the lowest number of doctors, along with countries such as Kuwait, Ecuador, China, Tunisia and other African countries. I assume that the situation has not changed a lot lately, taking into account the fact that a large number of doctors are emigrating to other states for a decent remuneration.

Now we ask ourselves if these people are aware of the seriousness of the problem and have the intention to act in order to eliminate it.

According to the data from opinion Barometer made by "Politics and Health Services Center" 2006 or the data from opinion Barometer made by Metro Media Transylvania, in the same year, and data from Eurobarometer conducted by European Commission in 2007, less than half of the persons are not satisfied with their state of health. In this case the state of health is seen as the main factor to the problems that the population confronts with, after the income and the upkeep expenses.

Romanians are considered to have a much healthier lifestyle than many other states across Europe.

According to the data from Eurostat (2007), the only weak points would be the fact of being sedentary, bad alimentation habits and smoking. The alcoholism is not perceived as a problem; just 6% from them consider that Romanians have alcohol problems, while the Ministry of Health reports a percentage of 10% that have alcohol problems. At the same time, 60% of the Romanians are aware that giving up some habits from their actual lifestyle could lead to a growing life expectancy with 1 year or many years.

To all this I would add the results from some interviews that had as the main subject the attitude towards health and sickness of the community from Brasov city. From the interview data analysis it resulted that along with age growth also

grows the intention to act for improving and preventing the state of health. Especially persons after 50 show an active conduct, informing themselves about health, combining allopathic medicine with the alternative one.

In conclusion, it can be considered that this problem is in a potential state for the persons younger than 50 and in a manifest state for the person over that age.

The persons under 50 are realizing that the state of health could be a problem, but they have a passive attitude: they do not act to prevent or to ameliorate it. In exchange, among persons over 50 years old the state of health can be considered as a social problem, these persons having an active attitude, they want to act for treatment, improvement or prevention. The more they age the more this problem becomes a central problem in the representation of the social problem hierarchy.

For the *social problem diagnosis* it is necessary to identify the causes responsible for the respective social state. But the causes for the social states or processes are not always clear, most of the times there is a complex of factors which are interdependent.

There are 3 major approaches to understand the social problems (Raab, Selznick, 1964): historical approach, sociological approach and psychological approach.

In the analysis of the health state as a social problem of Romania there could be used the sociological approach of the deviant behavior. The illness can be seen as a deviant form, and the role of the sick person is a legitimate role. A person has a series of social roles and by fulfilling them the optimal function of the society is ensured. The persons that are getting sick cannot fulfil anymore their roles at full capacity or even more are absolved from fulfilling the role that they use to have. The

sick person's role is assigned by the doctor and will have new obligations, but of other nature, that only consume financial resources from the budget.

The same approach (sociological) should take in consideration the factors responsible for the health state of the population. This view may be supplemented by the psychological approach to identify individual factors that influence the health of people and indirectly of society. The state of the present health system leads to holding of a high morbidity state. The precarious conditions in hospitals, the lack of funds for the equipments and medicines, the high numbers of patients assigned to one doctor, the low number of specialized sanitary personnel are few of the elements which would contribute to a precarious state of health. To all this is added the lack of efficient legal measures to sustain the health as well as other factors (environment – pollution, the income at a global level). Another category of factors which could contribute are of individual nature, as it is the lifestyle, the attitude towards health and illness, beliefs and values they have, the character as well as the working and living conditions.

To *determinate the magnitude* of this problem a series of objective indicators will be used, which will be presented in the next sections.

Furthermore, the sociologist starts by *identifying the solutions* to this problem and by *evaluating* the level of their applicability as well as the evaluation of some possible positive results.

At this stage there is also concluded an analysis of the existing public policies in the respective domain, with the identification of the strong and weak points and starting from this information all the solutions are identified and then the best solution is selected.

Conclusions

The identification of the solutions and the social problem diagnosis do not represent the object of this paper. My intention was just to bring to attention the fact that the health state in Romania can be considered a social problem because it satisfies all theoretical requirements for the classification of a problem in the category of social problems and most important of them, awareness. Although objective indicators show a poor health state, however, the population under the age of 50 is passive, not manifesting a desire to act to improve health, and some of them considering to be normal to have different chronic health problems.

Therefore, the prevention campaign should have this aspect as an objective and the messages should draw the attention to the unfavourable position Romania has in the world regarding the state of health, through the indicators by which it is measured.

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