

Researches on Health Condition in the Apuseni Mountains

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Abstract:

Getting the best health condition that an individual is able to achieve is a fundamental right. Equity in health becomes a dominant current of thought. Health is an indicator of the human capital quality, a means through which the persons participate and contribute to the economic, social, personal and collective development of a community or society. The mountain area from Romania is affected now by a series of economic and non-economic events that have an impact on the health condition and consequently on the quality of human capital where the weakness of the potential is obvious. The interest, in the present work, is focused on the study of some aspects regarding the health in the Apuseni Mountains area, which presents a high degree of vulnerability. Two surveys in the Apuseni Mountains represent the basis of the analyses that will be presented.

The first surveys took place at Roşia Montană in 2009 and brought us to the following conclusions: 1) the investigated rural community presents a poor offer of medical services to which are added the poor means of transport that have made more difficult the access to medical services; all these emphasize the inequalities and increase the vulnerability of population; 2) the health problems seemed to pass on a second place because the long term effects of an effective action were not known ; the quality of health was ignored as long as people did not have the minimum resources to survive; thus the fulfillment of the primary needs became the main area of action; 3) the health lifestyle, the regular visits to doctor, taking regular medication when chronic disease, all remain targets almost impossible to accomplish for a population preoccupied first of all to get the means of subsistence.

Other surveys took place in 2012 in a larger area in the Apuseni Mountains (from Sălcuia to Albac, Alba County) and these allowed us to state the following general conclusion: the ill people from the investigated group, either it is about subjective evaluation of health or taking into account the chronic/acute disease, all belong to multiple vulnerable categories, being in the same time: 1) old persons; 2) persons with low education; 3) alone persons and/or families with few members ; 4) persons with low income.

The correct knowledge of these realities in the field of health and the access to services is fundamental for developing effective interventionist strategies. In relation with this observation, we inserted at the end of our paper a series of recommendation for the policies and social services from the area. These recommendations do not bring something new for those who know the field; they are available also for other areas in the country, being through this more important: 1) the real stimulation of doctors to come back and work in rural areas so that the health state of those who live there, far away from different health services to be constantly monitored; 2) encouragement of NGO sector so that it can develop constantly programs of promoting health in these areas; 3) the involvement of local authorities through specialized services in programs of preventive education that should be with a clear frequency not isolated preventive events; 4) Public-private partnerships – developed with the scope to monitor the health state of the inhabitants; 5) to continue and extend the network of taking care at the patient's home, within public-private partnerships too.

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