

**UNIVERSIDAD AUTÓNOMA DE GUERRERO**  
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MACEDONIAN AND KOSOVAN *ROMÁ* LIVING  
IN “NOMAD CAMPS” IN ITALY:  
HEALTH AND LIVING CONDITIONS OF CHILDREN  
FROM BIRTH TO FIVE YEARS OF AGE

**SUMMARY REPORT**

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ACAPULCO, GUERRERO, 26 DE OCTUBRE DE 2005

The situation of the *Rom* and *Sinti* populations in Italy is adverse from many points of view. Particularly worrying is the plight of many foreign *Rom* who arrived from Eastern and Southern Europe at different times during the 1990s. Thousands have lived ever since in camps built officially or unofficially throughout Italy.

Official camps are those which are formally recognised by municipalities and usually have basic facilities like water, electricity and toilets. Living in an official camp does not guarantee a decent standard of living or protection in the case of families without a regular residence permit, but it is usually a guarantee against eviction. Unofficial camps are tolerated illegal settlements, often with no facilities at all, where no protection is granted against eviction or expatriation.

The unstable conditions of life in the camps, the lengthy wait for regularisation of status, the lack of serious planning to deal with a situation that involves almost 20,000 people and the lack of co-ordination among policies adopted by various local administrations, generate a situation that lessens the possibility for integration of foreign *Rom* into Italian society. Thorough research is needed to investigate the potential social and health implications of this situation at a community level.

The general objective of this thesis is to demonstrate that quantitative research among marginalized urban populations widely dispersed in small groups, such as the foreign *Rom* living in camps in Italy, is capable of providing reliable evidence that communities themselves can use to advocate for change – provided the design is based on the communities’ own priorities.

Following a preliminary analysis of the existing problems inside the camps, the specific objectives arose from the main concern expressed by *Rom* living in camps in Italy: the health conditions of their children. This was also regarded as a problem by the local health authorities. An association between the conditions in the camps and the health status of children living there should provide ample motivation for improving the living conditions. The amount of resources already devoted to creating and maintaining these camps suggested that funds could be found to plan alternative, participatory and permanent solutions. It was therefore decided that the state of health of the children in the camps would be the main focus of this study.

As part of this work, a bibliographic analysis on the “health of Gypsies” was carried out. As well as reviewing previous relevant findings, this bibliographic analysis examined the approach taken by other researchers to the issue of Gypsies’ health. Much of the published research does not take account of the great heterogeneity to be found among *Rom*, *Sinti*, *Kalè*, *Manush*, etc., from different countries, placed into different contexts and with distinct life-styles.

All the foreign *Rom* camps in Italy were mapped in 2001, before the selection of the camps to be included in the present study. This task was carried out by the author as part of the European project *The Education of the Gypsy Childhood in Europe*. The mapping of the camps provided important contextual information (the geographical location, the number of residents and the nationality of the *Rom* who lived in camps in Italy) for the research carried out in five camps allocated to Kosovan and Macedonian *Romá*. The mapping study identified 155 settlements comprising a total of over 18,000 foreign *Rom*, with an average of 115 inhabitants per camp. Kosovans and Macedonians represent, respectively, 16% and 11% of this population, totalling some 5,000 people.

The number of foreign *Rom* not living in camps-like situations is extremely difficult to estimate. The lack of recognition of the *Rom* and *Sinti* minority in Italy and prejudice towards the Gypsies makes it more convenient, when possible, to hide their ethnic identity to the external world.

Before commencing the fieldwork, living in a camp was deemed necessary in order to strengthen contacts and knowledge from the inside, and in this way carefully prepare the approach to the research, the definitions and the instruments to be utilised.

The study design took into account the views and priorities of the people living in the camps. The study focused on five *Rom* camps situated in the centre and north of Italy. Only camps comprising Kosovan and Macedonian *Xoraxané Romá* were covered by the research, in order to have a homogeneous population and reduce as far as possible differences in habits and life-styles among study participants.

The settlements chosen were: the camp in *Via del Poderaccio* in Florence, the camp in *Via Rovelli 160* in Bergamo, the farmhouse called “*Camafame*” in *Via Chiappa* in Brescia, the *San Giuliano* camp in Mestre/Venice and the *Castel Firmiano* camp in Bolzano.

The five selected camps had different historical backgrounds, were set up in different periods (ranging from 1990 for the camp in Florence to 1996 for the camp in Bolzano) and were structured differently in terms of their location in the urban environment, their surface area (from 1500m<sup>2</sup> in Bergamo to 7500m<sup>2</sup> in Venice), the number of inhabitants (from over 300 in Florence to 80 in Brescia), the type of housing structure (brick structure in Brescia, self-built wooden bungalows in Bolzano and shacks in Bergamo, Venice and Florence), and the availability of sanitary facilities (unusable communal facilities in Bergamo, facilities for groups of families in Florence, and prefabricated units for individual families in Bolzano).

In gathering information various instruments were used. The main instrument was a household survey questionnaire enquiring into the health of the children, housing conditions and access to health services. All the instruments were fine-tuned and finalised during the month spent living at the *Poderaccio* camp in Florence between November and December 2001. The fieldwork in all the camps was carried out between December 10<sup>th</sup> 2001 and March 7<sup>th</sup> 2002 so as to reduce any seasonal variation in the diseases of interest.

The five camps comprised 137 families, totalling 737 people of which 167 were children from birth to five years of age.

Birthweight was recorded in 147 out of 167 children. Ten percent of these children had a birthweight of less than 2.5 kg (14/147) (95%CI 6%-15%). In Italy, according to data reported by UNICEF and the World Health Organisation (WHO), the percentage of children born underweight (<2.5kg) in the period 1995-99 was 5%. For comparison, countries with 10% children born underweight included Egypt, Iran and Zimbabwe.\*

The percentage of children who suffered diarrhoea in the 15 days previous to the interview was 32% (53/165). The risk of diarrhoea was significantly higher in children from families that had been living at the camp for more than two years. Children living in overcrowded houses (more than 2.5 people per room) or in camps where water stagnated (due to damaged paving and inappropriate drainage) were more at risk if their families (and not necessarily the children) had been living at the camp for more than five years.

The percentage of children with cough in the two weeks preceding the interview stood at 55% (90/165). Children were more likely to have cough if the family did not have access to a shower and if there was stagnant water in the camp. Children of families living in overcrowded houses were

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\* Unicef. *La condizione dell'infanzia nel mondo, 2001 – Prima infanzia*. Unicef 2000.

more likely to have had cough if wood stoves were used for heating rather than gas cylinders or electric heaters.

The proportion of children who exhibited respiratory problems in the previous 12 months (17%, 28/165) was significantly associated with camp overcrowding (less than 25 square meters per person), conditions of the house and access to toilets with showers.

The prevalence of asthma recorded in the camps was higher than the nationally recorded rate (7% versus 5.2% for “respiratory problems with wheezing in the preceding 12 months”; 4% versus 1.4% for “at least four attack of wheezing in the last 12 months”). For the children of the camps, the prevalence of asthma was associated with the reported presence of rats in the camp, camp overcrowding, condition of the house and house overcrowding.

The camp inhabitants held clear views about the camp living conditions affecting the health of their children. From camp to camp, interviewees’ answers about causes of disease in the children varied in number and types of causes, according to the actual situation of the camps they were living in. In camps with more unstable living conditions and more elements of concern for the health of the children, interviewees reported a higher number of causes of child illnesses linked with the camp environment.

The inhabitants saw the camps as squalid and unstable, making it difficult to raise a family and look after children. The poor quality of the housing, the damp, the difficulty in keeping children and the home clean, the lack of playing space for the children, and the difficulty in finding a permanent job while living in the camp were all mentioned as problems of daily living.

The table in the next page shows a summary of the correspondence between the concerns expressed by the camp inhabitants and the statistical associations determined between child health conditions and the actual conditions observed.

The poor conditions of life inside the camps increased the degree of prejudice felt toward the *Rom* population by outsiders. Living in a “nomads’ camp” added an extra layer of discrimination to the fact of being a “Gypsy”; it increased instability made finding employment even more difficult and had an overall adverse effect on the possibility of integration.

The author concludes with the recommendation that *Rom* families presently resident in the camps should be helped to integrate into Italian society. In the meantime, the camps should be modified to conform to official health and safety norms. These requests come in first place from the *Romá* interviewed before and during field work, people who never lived in camp-like situations before coming to Italy. By no means do these camps represent something the *Romá* would like to safeguard.

These results can be achieved recognizing that prejudice has negatively affected the planning and realisation of permanent solutions. Prejudice, indeed, holds back the creation of a national policy that would take into account the reasons that induced the *Rom* to migrate to Italy and prevent them returning to their countries: such a policy is essential to facilitate the regularisation and integration of these people that are described, instead, as “nomads”.

While the prejudice towards the *Rom* is hindering the possibility of their involvement and participation in planning, this study confirms the reliability of their concerns, suggesting a participatory approach to research and emphasizing the importance of their involvement in the development of integration policies.

**Concerns expressed by the Romá****Filth**

Refuse, Dirtiness, Sewage outlets

**Unstable housing conditions**

Structure and quality of the house

No air circulation

Heating, dry air

Difficult to warm up the house

Leaks and mouldiness

**Cold and humidity**

Bathrooms outside

Lack of hot water

No warm bath for children

No heated bathroom

**Presence of rats****Poor quality of air, unpleasant smell****Overcrowding**

Living space in the camp

Living space in the house

Issues not explicitly mentioned:

**Years spent living at the camp**

Apparently contradicting:

**Water inside the house****Main significant associations****Stagnant water**

Cough (5 years living)  $p=0.001$

Breathing difficulties (all)  $p=0.026$

**Condition of the house**

Breathing difficulties (all)  $p=0.010$

Asthma (in overcrowded camp)  $p=0.016$

**Wood stoves**

Cough (in overcrowded households)  $p=0.027$

**Lack of access to a toilet with a shower**

Cough (all)  $p=0.003$

Breathing difficulties (all)  $p=0.007$

**Rats**

Breathing difficulties (all)  $p=0.027$

Asthma (all)  $p=0.071$

**Polluting industrial sites**

Breathing difficulties (all)  $p=0.003$

**Home overcrowding**

Asthma (day and night overcrowding)  $p=0.014$

**Camp overcrowding**

Breathing difficulties (all)  $p=0.001$

Asthma (+house conditions)  $p=0.016$

**Years spent (by parents) living at the camp**

Diarrhoea (all)  $p=0.014$

Diarrhoea (in overcrowded household)  $p=0.002$

Diarrhoea (in camp with stagnant water)  $p=0.005$

**Water access inside the house**

Cough (children 0-3)  $p=0.019$