

This thesis is engaged in health provision problems in non integrated Romany population who live at the low social level. This is the qualitative research focused on practices and beliefs associated with health provision (it means family treatment, prevention, adherence to physician recommendation, ....), a different perception and a communication with health care providers.

Romanies do not practice prevention of illnesses and they come to the physician when a disease is far gone. Usually reason for seeing a doctor is a pain. Romanies fear serious diagnosis and an invasive examination or treatment. Romanies are very emotional and it gets manifested in their behaviour. They ventilate their emotions without scruples. A different perception, a style of communication, a low level of education and a hard approach to information have an influence on a level of health provision in some Romany population. The key to positive change is well developed communication between the health providers and Romany patients and their families. It means not to expert language, to explain everything comprehensively and clearly, to be patient, to support feedback from the patient.