

GEOGRAPHICAL COORDINATES CONCERNING THE QUALITY OF THE SANITARY SERVICES CASE STUDY – CATCHMENT AREA OF TÂRGULUI RIVER

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Considering the aspect of preoccupations of the population, the health care represents a constant line, the quality of a medical assistance becoming an important element of individual security, or on the contrary, of insecurity. The quality of the medical services is differently perceived from one life style to another, from a community to another, in the rural environment the medical need is less than in the urban one. On the other hand, the territorial village surgeries often provide only the role of local health status and of transferring centers for the sick to the urban medical units (the hospital in Câmpulung, for small affections, and the one in Pitesti or Bucharest, for the urgent affections).

Key words: health status of the people, sanitary infrastructure, medical personnel, quality of sanitary services, restructuring of the medical system.

The basin of the Târg River is totally included in Arges county, where it occupies a surface of 291 017.083 acres (117 773 ha), that is 17.2% of the whole county surface - 1 686 781.201 acres (682 631 ha). Among the ninety nine villages registered in the entire county, 19 of them, that is 19.2 % of the total number, are situated in the Târg River. Also, among the six cities in the Arges County, two are situated at the extremities of the Târg River (Câmpulung city and Mioveni city). In these regions live 149 270 people, that is 22.3 % of the total population in the Arges county.

The delimitation of the Basin of Târg River on geographical and human criteria implies small differences for the natural limits, which makes the overlapping of the natural limits and the economical ones as a quite rare coincidence. Therefore, drawing the human-geographical limits includes the administrative extremities of the village, which, as a whole, overlap the surface of the basin limited by the waters. Taking into consideration that the human

and geographical reality is based on essential components of a human settlement, that is the population, the homes and the economical space, most of the processes and phenomena have been analyzed at the level of the administrative space, regarding the limits of the nineteen rural villages and the two urban cities (Câmpulung, Mioveni) in the basin of the Târg River.

Next to the basin of the Târg River, there is a surface which overlaps almost perfectly over a space with traditional spiritual symbolic importance to the civilization – that is *the muscelean space* – which has been considered as an attractive subject for scientifically research in different spheres and which is also indirectly tackled by geographers under the physic-geographical and the social grounds. Throughout the political social and geographical aspect, it has been emphasized the evolution of this region, where the transformations have taken very different shapes. The antropical evolution has included new elements to the natural environment

by transforming the existing elements; it has determined new relations which conferred to the geographical space a great social-economical efficiency. Beside the population, the economical activities have represented a pressure element which is very relevant for the structural evolution of the whole analyzed territory. In this matter, the transformations which have been taking place over the last decay have been manifested as a continuous restructuring of the economical activities, especially the industrial ones, which led to a differentiated influence over the geographical components.

The History of the Medical Services and its Evolution in the Muscelan Space

The first shape of a medical assistance in our country has been the one created for poor people and for invalids. In the Muscel areas, starting from the consolidation of the feudal state, documents signed by the lords have existed, which stated the right of the poor people to be fed and to be taking care of by the people in Mățău village; for this favor, they got some exceptions from taxes. The poor and the invalids who were mentioned in these documents had their homes in the south part of Câmpulung city, where the church and the mill was placed (today, this area is known as *the field of the knaves*).

As for an institute of social and sanitary assistance, Alexander Ipsilanti founded in 1775 *The Community Administration (Epitropia obștilor)*, which dealt with the caring of the orphans, the invalids and the old people. The Constitutional Rules, created in 1831, stated some medical rules, among which are the establishment of civil registers and the obligation of providing smallpox vaccines.

Yet, considering the small amount of medical products and the thin medical network, because of the permanent threatening caused by epidemics, the administrative counselors in Muscel County tried to have a well knowledge of the medical state of the people in the villages. Recurrently, reports were made and kept at the Prefecture, therefore the activity of the doctor and his assistance was being marked and campaigns of vaccinating children and of providing public health could be organized.

Yet, the health state of the population was satisfying; the medical personnel were treating diseases such as: pellagra, paluster fever, the diseases of the digestive pipe and the ones of the respiratory system. The control reports¹⁾ written by doctors during the inspections in villages have also stated that some dwellings were not built properly, because of their position on bent ground. Therefore, the mud quickly surrounded them. Also, most of dwelling consisted in only one room, in which lived eight to ten persons, and together with the people lived the animals too.

For the improvement of the health condition in rural villages, the doctor proposed the following during his speech made in front of the County Council of Muscel, in 1890: "it should be pleading at the Government for the building of the rural ambulances, which had satisfying results for the sick people; it should also be pleading for the building of

¹⁾ in a report written by the mayor doctor of Muscel county, handed to the County Prefecture in 1886, he stated that Sanitary Services was led by the mayor doctor, three doctors and three medical agents; 760 inspections were made and 3 509 consultations at home were made. Diseases such as: scarlet fever, dysentery, typhoid fever, diphtheria, measles, convulsive cough were found in 45 villages, from 870 sick persons 79 died. Also, none of the villages was missed by the disease called paludism, brought by the spring rains – 1876 cases had been treated.

rural hospitals in this county, because, as we know, the only county hospital which exists is insufficient considering the number of people and their necessities; the mayors and teachers should execute the orders given by the doctors regarding the prevention of sickness; the teachers should be thought to vaccinate children in case the medical personnel is insufficient; the people should not wash their clothes in wells; the people should not melt the hemp in the village; the dwellings should be aired; the swamps in the yard should be buried with sand; the rural pharmacies should be provided with more drugs, in case they exist”²⁾.

The first real hospital was founded in 1864, but it was placed in an old building which needed a year of repairing and improvements (the rooms permanently needed being painted and repairing to be done, the medical supply was incomplete, and, also, the clothes, the sheets, the kitchen supply etc.). After three decays, in 1890, it has been initiated the building of a new county hospital, as a consequence of several reports to the County Sanitary Service, which stated that “ the county hospital has almost become ruined, and any repairing expenses are useless”³⁾.

The proper medical activity in Câmpulung city, also, has fortunated with some valuable doctors (Nicolae Jugureanu, Gheorge Costea, Haralambie Makerie, Petre Georgescu, Nicolae Falcoianu etc.)

²⁾ Sima Violeta, Pintilie D., (1983) Aspects regarding the sanitary situation in Muscel county at the end of 19th century, Studies and Communications, Câmpulung Muscel Publishing Museum.

³⁾ for building a new place for the county hospital 2000 lei was allotted from the budget for creating the project, the building being finished with lent money from the Deposition and Registration House (100 000 lei). The county hospital had also received another donation from Minister Dionisie Aninosteanu from Câmpulung in 1882, 15 000 lei, and later on, in 1909, another donation of 15 000 lei from Elena Rucareanu (born as Baldovin).

who imposed themselves inside the city and beyond its limits. The sanitary service has gravitated around the old county hospital, which was named after Nicolae Kretulescu⁴⁾, a son of Muscel and also one of the promoters of the Romanian Medicine.

The Organization of the Sanitary System at the Present Time

After the war, in Câmpulung was one hospital for adults, one for children, a maternity, several medical circumscriptions (on neighborhoods), a hospital for TBC, a nursery, an orphanage and three pharmacies. After 1960, it is noticed a rising of the number of sanitary units, because of the opening of medical clinics in the rural space and inside the factories. The state politics stated that every village must be provided with special conditions for medical assistance and with at least one clinic and one pharmacy in the public sector. On the other hand, the clinics for working people (inside the factories) allowed a faster accessibility to the medical services for the working men, a better report of their health condition, having a preventing prophylactic and healing role.

In the present time, in Câmpulung city 2 hospitals exist, a territorial one and one treating lung diseases, which sum up 557 beds, 3 clinics (of which one is specialized in stomatology), and one

⁴⁾ founder of Small Surgeon School at Coltea Hospital, in 1842, the first school of medicine in our country, also author of the first book of medicine written in Romanian language (Book of Descriptive Anatomy); Nicolae Kretulescu has also been an important political and cultural figure of the 19th century. He has participated at the Revolution in 1848, as a reviser in several counties, he was three times called prime-minister between 1862 and 1866, he held several ministry portfolios and he represented the country as a minister in Berlin, Petersburg, Rome, and Paris. Culturally speaking, he contributed to the creation of the Romanian Academy, of the University of Bucharest and Iasi, of the Romanian Athenaeum, of beautiful Art Schools and the Music Conservator in Bucharest. – Dumitru Baciu (1980).

orphanage with 150 beds. In the public sector, it is found: three pharmacies, seven medical clinics, and in the private sector: ten pharmacies (among which five are mix), one pharmaceuticals storehouse, four medical rooms, 13 dentist rooms, two medical laboratories, five dental laboratories. In Mioveni, it is found one hospital (in Racovita neighborhood) with a capacity of 65 beds, placed in an old building, not corresponding with the needs, which should receive urgent improvements, one clinic, three human surgeries and one pharmacy. In the private sector, there are four medical rooms (of which, three are dentist) and two pharmacies.

At the level of each village, a territorial village surgery functions, yet the medical services offered here are of a low quality, because of the insufficient number of medical personnel. In the rural environment, the private medical sector is not properly prepared, the only private units are the pharmacies (one unit for each village in: Aninoasa, Boteni, Darmaresti, Leresti, Mihaiesti, Stalpeni), two private medical rooms (in Stalpeni) and one private dentist room (in Leresti).

The number of the employee in the sanitary system is differently structured on life levels (urban - rural) and on property levels. Therefore, at the level of the basin, 94.5% of the total number of the doctors and 96.7% of the total sanitary personnel which is included in the public sector, meanwhile the private sector is weakly represented (aprox. 6 % of the total number of doctors and 4.6% of the total number of the medical personnel). On life grounds, 76.6% of the total number of doctors work in the urban environment (141 doctors among who: 112 in Câmpulung and 29 in Mioveni), 23.4% in the rural

environment and among the sanitary personnel 83.6% of them work in the urban environment (489 persons, among who: 403 in Câmpulung and 86 in Mioveni), and 16.4% in the rural environment.

At the level of a village, four doctors work in Leresti and Hartiesti, three doctors in Berevoiesti, Mihaiesti, Poienarii de Muscel, Titești and Valea Mare Pravat, the rest of the rural town (63%) are provided with the services of one or two doctors. The sanitary medium personnel is better represented in Hartiesti town and Valea Mare Privat (11-13 employee) and in other nine towns: Albestii de Muscel, Balilesti, Berevoiesti, Godeni, Leresti, Mihaiesti, Poienarii de Muscel, Schitu Golesti, Stalpeni (each with 5-6 employee), the rest of the towns (42%) have 2-4 employees.

Regarding the number of villagers which correspond to an employee in the sanitary system, it suffers quite large variations of limits at the level of the basin, from 72.2 (Câmpulung) to over 1000 (Bughea de Jos, Darmanesti). Among these limits, 47.3% of the rural town register numbers of 400 and 600 (Aninoasa, Berevoiesti, Boteni, Davidesti, Godeni, Leresti, Poienarii de Muscel, Stalpeni, Valea Mare Pravat), in other 31.5% of the rural town it is registered a number from 600 to 800 (Albestii de Muscel, Mioarele, Schitu Golesti, Mihaiesti, Balilesti, Titești). Due to a large personnel number in the sanitary system, in Mioveni city and in Valea Mare Pravat and Hartiesti town, the number of patient villagers which correspond to one employee in the sanitary system is visibly decreased than the other rural towns (with numbers less than 400).

Table 1. The Sanitary Personnel (2005)

Nr. crt.	Settlements	total	Doctors		Medium sanitary personnel		Nr. crt.	Settlements	total	Doctors		Medium sanitary personnel	
			Spb	Spv	Spb	Spv				Spb	Spv		
1	Câmpulung	530	112	3	403	12	12	Hârțiești	17	4	-	13	-
2	Mioveni	125	29	2	86	8	13	Lerești	11	3	1	6	1
3	Albești	6	1	-	5	-	14	Mihăiești	9	3	-	6	-
4	Aninoasa	6	2	-	4	-	15	Mioarele	3	1	-	2	-
5	Bălilești	7	2	-	5	-	16	Poienari	9	3	-	6	-
6	Berevoiești	8	3	-	5	-	17	Schitu Golești	7	2	-	5	-
7	Boteni	5	2	-	3	-	18	Stâlpeni	9	2	1	5	1
8	Bughea de Jos	3	1	-	2	-	19	Țițești	7	3	-	4	-
9	Davidеști	5	2	-	3	-	20	Valea Mare	14	3	-	11	-
10	Dărmănești	3	1	-	2	-	21	Vlădești	6	2	-	4	-
11	Godeni	7	2	-	5	-							

Spb = public sector; Spv = private sector.

source: Institutul Național de Statistică

The situation is more dramatically in matter of the number of patients corresponding to one doctor. The only town where the value of the parameter remains at a normal level is Câmpulung city (372.2 villagers for one doctor), thanks to the existence of a town hospital with a large capacity, including a large number of medical experts. In the rural environment, in eleven towns (58 % of the rural town) the number of it is 1500, among which three town show very large numbers: Albestii de Muscel (4652), Darmanesti (3725), and Bughea de Jos (3027). The rest of the villages (also Mioveni), where 2-4 doctors work, show numbers from 1000 to 1500.

The Quality of Sanitary Services

The quality of the sanitary services has been analyzed after collecting the information on field; after synthesizing the results of the opinion test, applied on a considered sample at the level of micro chain, on life environments – neighborhood for urban, village for rural, in all the component town in the Basin of Târg River.

After the field research, on one hand, it has been noticed that the life environment is an element which generates differences at the level of health care in the Basin of Târg River. From analyzing the final results, one may emphasize that in only one town (Câmpulung) the sanitary services have been appreciated as being of a high quality, in the condition of a well representation of sanitary units and specialized personnel (only 2 % of the interrogated people were totally unsatisfied with the medical care in the town, while 40 % declared themselves satisfied).

The rural environment confronts, as demonstrated before, with major problems at the level of organizing and unfurling the medical services, the villagers generally manifest their dissatisfaction concerning them, identifying the lack of specialized personnel, the insufficient number of special units, the lack of medicines and of other supply in the village surgeries. Alarming is the fact that, in over 56% of the rural villages, the sanitary

services in the town are considered as being of a low quality and even of a very low quality. Generally, among these are included the small villages with an isolated position in the region (Bratia, Otelu, Malu,

Putina, Draghescu, Chilii, Colnic, Cocenesti, Grosani, Vacarea, Pitigaia, Dealu Frumos etc.) or the communities of rudders (Gamacesti, Gura Pravat, Pojorata, Valea Manastirii etc.).

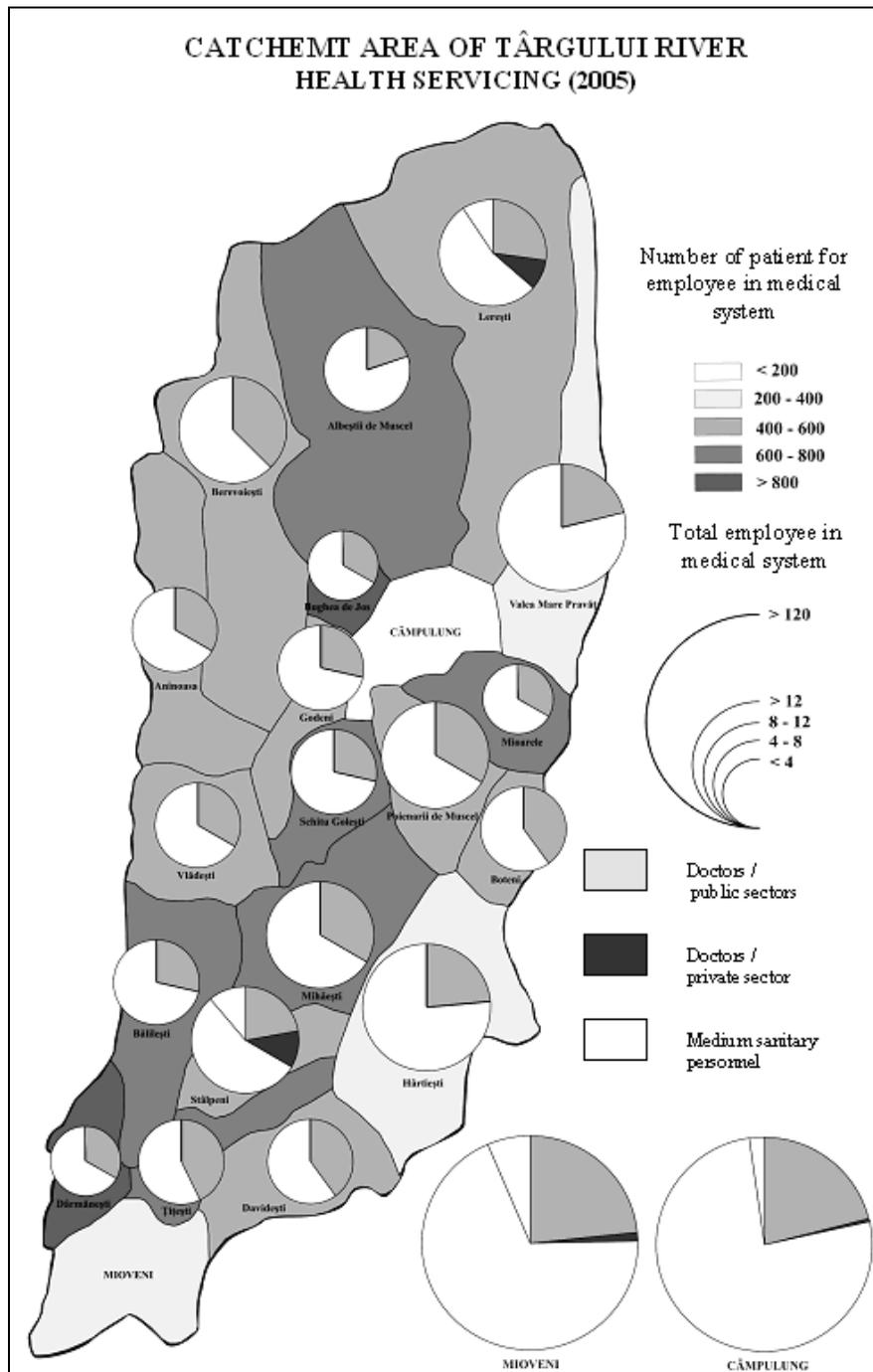


Fig. 1 Catchment Area of Targului River Health Services

In some larger villages (28 villages – 31 % of the rural towns), considering the conditions of a limited representation of sanitary units and of trained personnel, the medical services provide a part of the necessary work, the majority of 41 % of the questioned people declaring themselves partly satisfied. Among these are nine villages (Vladesti, Balilesti, Bughea de Jos, Godeni, Poienarii de Muscel, Matau, Boteni, Davidesti and Titesti), placed along the main affluent of Târg River (Bratia, Bughea, Argesel). To them, it is added some other medium villages placed along the main roads, such as Valea Pechii, Valea Popii, Livezeni, Valea Stanii (along Campulung-Pitesti road), or the ones on the north part of the Campulung Depression: Albesti, Candesti and Bilcesti.

Given the conditions of a better organized sanitary system, in 13 villages (14.3 % of the rural towns), the quality of the medical services is perceived as of a medium quality (over 20 % of the questioned people declared themselves satisfied

with the local medical service). Almost with no exception, these are large villages, which, in time, reached a social and economical progress (in the sanitary domain several territorial village surgeries work, being governed by agricultural societies or the state industries), such as Berevoiesti, Aninoasa, Schitu Golesti (ex mine-centers), Mihaiesti, Hartiesti, Vulturesti, Leresti, Voiesti, Valea Mare Pravat, Bughea de Sus, Stalpeni (villages with a complex economical profile, agro-industrial) etc.

In conclusion, the accessibility sort of facile to the sanitary assistance, the technology and the more complex equipments of which disposes the urban medical centers, the medium age and the young population, are reasons for a better health status in the rural environment. The rural population tends to appeal to less medical services, due to the isolation, the lack of roads or transportation, as well as the high costs of the displace to the nearest city. In this condition, numerous affections among the rural population are treated too late or at all.

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