

## Key Facts

Romomatter aims to empower Roma girls to envision their own futures through critical knowledge, education and participatory action research.

Issues of ethnic and patriarchy-based discrimination impact the ability of Roma women to access reproductive rights and health services.

Empowering Roma women during girlhood through interventions with a reproductive justice lens is a key entry point for improving their overall reproductive rights and health.

## Social and Cultural Factors Impede Interventions to Empower Roma Women on Reproductive Rights

By Daniel La Parra, Emily Felt, Gaby Ortiz-Barreda and Jose Miguel Carrasco

Roma people are an integral part of European civilization, and yet evidence shows that many live in extremely poor conditions and suffer from prejudice, discrimination and social exclusion [1]. Despite the European Union (EU) member states' pledges to reduce inequalities in employment, housing, health and other areas between the Roma population and the general population, inequalities persist [2]. Up to 80 percent of European Roma are at risk of poverty, 70 percent are unemployed, and 50 percent of Roma children do not attend school. Rates of healthcare coverage vary from 45 to 98 percent across the EU [3].

Among Roma people, women are particularly vulnerable.

Roma women face social, economic and gender exclusion due to the nature of mainstream society, which is characterized by both ethnic and patriarchy-based domination. These issues impact their ability to exercise their fundamental reproductive rights and to access reproductive health services that are sensitive to their needs [4]. There is a higher incidence of low birth weight, premature birth and neonatal deaths among Roma women, due in part to their living conditions. Roma women have more complications and miscarriages during pregnancy, higher rates of early marriage and adolescent pregnancies, and are more at risk of sexually transmitted diseases [5].

Research suggests that patterns of disadvantage of Roma women begin in girlhood, with the impact of the intersection of socio-cultural factors and other social determinants [6]. Thus, the objectives of the Romomatter project include gaining an understanding of the social mechanisms that influence the sexual and reproductive health and rights of Roma women and documentation of

existing resources to promote Roma equality; including participatory interventions, programs and strategies to promote reproductive justice among Roma women and girls. To meet the aims of the project, we carried out a review of the literature to map and describe these social influences and to document programs, strategies and resources.

We conducted a scoping review to identify peer reviewed articles in major medical databases related to sexual and reproductive health and rights in the Roma population, which resulted in 28 papers. The majority of the papers were published between 2016 and 2019 in Western Europe.

Scientific evidence shows multiple forms of violation of Roma women's reproductive rights.

Vulnerabilities begin in girlhood with early marriage and low education levels and are related to social factors present in the societies where Roma women live. We found only a single publication that documented an empowerment initiative related to Roma women's reproductive health.

Roma women's reproductive rights and health is strongly influenced by historical discrimination. Four of the papers documented the historical forced or involuntary sterilization of Roma women in European countries. These practices took place from the 1930's through the 1970's in countries like Sweden, Norway and Finland, and were in place as recently as 1990 in the Czech Republic and Slovakia. Healthcare providers were involved in these practices, which constitutes a grave violation of human rights. The Universal Declaration of Human Rights asserts the right of all couples to decide freely and responsibly the number, spacing and timing of their children and to attain the highest standard of reproductive health.

<sup>1</sup>La Parra Casado, D., Gil González, D., & de La Torre Esteve, M. (2016).

The social class gradient in health in Spain and the health status of the Spanish Roma. *Ethnicity and Health*, 21(5), 468–479.

<sup>2</sup>A European Union framework for national Roma integration strategies up to 2020 (2011). Brussels, European Commission.

<sup>3</sup>EU Minorities and Discrimination Survey. Agency for Fundamental Rights, 2018.

<sup>4</sup>Ghebreyesus, T. A., & Kanem, N. (2018). Defining sexual and reproduc-

tive health and rights for all. *The Lancet*, 391(10140), 2583–2585.

<sup>5</sup>Green, A., & Lynch, S. A. (2006). Health of the world's Roma population. *Lancet*, 368(9535), 575.

<sup>6</sup>Analysis of the EU Minorities and Discrimination Survey by Gender, (2013). European Agency for Fundamental Rights.

<sup>7</sup>Sedlecky, K. (2015). Challenges in sexual and reproductive health of Roma people who live in settlements in Serbia, 5187.

## Cont.

Roma women's vulnerabilities are influenced by living conditions and cultural factors.

A number of papers included in this review highlighted how cultural practices in Roma communities result in Roma women's vulnerabilities in terms of their sexual and reproductive health. One of these practices is early marriage, which was found to be more prevalent among Roma girls than the general population, with poverty as a key factor [7]. Several studies suggested that the important role of the family in Roma communities was related to women's ability to make decisions about having children [8]. Studies also documented lower access of Roma women to available contraception, fear of contraceptive practices and lack of knowledge about HIV and other sexually transmitted diseases [9].

Institutional discrimination and lack of tailored services influence access to reproductive health services.

Ten of the studies in this review documented discriminatory behavior of Roma women by health institutions. This suggests that discrimination is one of the main factors in poor reproductive health outcomes among Roma women. Lack of knowledge of health professionals about Roma sexual and reproductive patterns, improper requests for payments for free services such as maternity and pregnancy, and poor communication and shame experienced by Roma women were described as the main factors that influence the health-seeking behavior of Roma women [10]. The invisibility of Roma women without personal documents and the lack of programs tailored to their needs was described as a barrier to their access to sexual reproductive services [11].

Despite the fact that we sought out strategies and programs tailored to Roma women's reproductive health and rights, our review found evidence of only one such program carried out in France among Roma women from Bulgaria and Romania.

Overall, the results of our review show that research on Roma women's reproductive

PEER REVIEWED ARTICLES RELATED TO ROMA WOMEN'S REPRODUCTIVE HEALTH

	Number of articles
<b>Publication year</b>	
2000 -2010	3 (10.7%)
2011- 2015	9 (32.1%)
2016 - 2019	15 (53.6%)
<b>Main topic of the articles</b>	
Discrimination, maternal smoking, low birth weight, and fetal growth	2 (7.1%)
Desiring pregnancy	1 (3.6%)
Fertility and childbearing practices	2 (7.1%)
Sexual reproductive health	2 (7.1%)
Family planning and health professionals' experiences	2 (7.1%)
Family planning and contraceptive use	3 (10.7%)
Attitudes to non-injection drugs or HIV risk sexual behavior	3 (10.7%)
Attitudes towards cervical cancer	1 (3.6%)
Early marriage	3 (10.7%)
Access to sexual reproductive services and availability of primary healthcare	5 (17.9%)
Forced sterilization	4 (14.3%)

health and rights is only beginning. All of the studies we reviewed were very recent, with incomplete coverage of the many different countries where Roma women live. Though some of the historical, cultural, and social influences have been documented, there are wide gaps in research, and more depth is needed in terms of the evidence. Empowering Roma women during girlhood seems to be an entry point for improving their overall reproductive health outcomes. However, there is a need for reproductive health and rights strategies that address the roots of Roma women's vulnerability.

Strategies should address the roots of vulnerability both in Roma communities and mainstream society.

Our review highlighted the significant disparities in Roma women's reproductive rights and health and suggests the need for tailored programs. It also suggests the need to redefine the nature of health interventions through the lens of reproductive justice [12]. Our search did not identify any published evidence of tailored programs related to this topic. Thus, empowerment interventions are needed that are not only specifically adapted to the cultural and community characteristics of Roma women but that also include evaluation. In terms of research, a specific focus on Roma women's reproductive justice is needed in order to begin the task of transforming inequalities.

## About Romomatter

Romomatter is a transnational project that aims to tackle gender discrimination by empowering Roma girls to envision their own futures and choose motherhood only if and when they are ready.

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<sup>8</sup>Stojanovski, K., et al. (2017). An Assessment of Romani Women's Autonomy and Timing of Pregnancy in Serbia and Macedonia. *Maternal and Child Health Journal*, 21(9), 1814–1820.

<sup>9</sup>A Kelly, J. A., et al. (2004). Gender roles and HIV sexual risk vulnerability of Roma (Gypsies) men and women in Bulgaria and Hungary: an ethnographic study. *Gender roles and HIV sexual risk vulnerability of Roma (Gypsies) men and women in Bulgaria and Hungary: an ethnographic study*. *AIDS Care*, 16(2), 231–245.

<sup>10</sup>Janevic, T., Sripad, P., Bradley, E., & Dimitrievska, V. (2011). "There's no kind of respect here": A qualitative study of racism and access to maternal health care among Romani women in the Balkans, 1–12. *tempor*.

<sup>11</sup>Escobar-Ballesta, M., et al. (2019). Salud sexual y reproductiva en mujeres gitanas : el programa de planificación familiar del Polígono Sur. *Gaceta*

<sup>12</sup>Stars, A.M et al. (2018). Accelerate progress—sexual and reproductive health and rights for all. *The Lancet*; 391: 2642-92.

