

REPRODUCTIVE HEALTH OF ROMA WOMEN AS A POLICY MATTER¹

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Main research findings

My analysis on reproductive health was focused on the prevalence of abortion and use of contraceptives neglecting its other aspects.² I am aware of the fact that it is dangerous to reduce reproductive health to these issues, because this – willingly-or-not – might favor the assimilation of the former with fertility control that I would like to avoid. Especially because during my fieldwork I encountered both on the side of Romani organizations and on the side of health care providers this tendency due to which one claimed pro-natalist, and the other racist fertility control aims forgetting about the main issue that is supposed to be served by reproductive health policies, i.e. about women's health. Still, under the conditions of post-socialist Romania, the analysis and public talk about the prevalence of abortion and contraceptive use is important, because these are circumstances where abortion was celebrated as "a gift of democracy" and the predominance of abortion was very slowly changed through sustained campaigns focused on the use of contraceptives. My research showed that even if this change is

¹ The policy-related conclusions presented in this paper are one of the outcomes of my research on Roma women's access to reproductive health conducted between 2005 and 2006, which resulted in several publications, such as: *Social exclusion at the crossroads of gender, ethnicity and class. A view through Roma women's reproductive health / Excluderea socială la intersecția dintre gen, etnicitate și clasă. O privire prin prisma sănătății reproducerii la femeile Rome*, Cluj: EFES, 2006; "Romani Women's Multiple Discrimination through Reproductive Control", in *Anthropo – Lenyomatok. Amprente. Imprints*, edited by Hajnalka Harbula and Eniko Magyari-Vincze, Cluj: EFES, 2008, 299-317; "Public Policies as Vehicles of Social Exclusion. The Case of Romani Women's Access to Reproductive Health in Romania", In *Gender Politics in Post-Comunist Eurasia*, edited by Linda Racioppi and Katehrine O'Sullivan, 2009, 87-119; „Etnicitás és nemiség. Reprodukciós politikák és gyakorlatok egy romaniai kisvárosban élő roma nők körében” (Ethnicity and gender. Reproductive policies and practices in the case of Roma women from a Romanian small town), in *Etnicitás. Különbségteremtő társadalom*, szerkesztette Fesichmidt Margit, Budapest: Gondolat, 2010, 195-208; Reproducing Inequalities through Reproductive Control. The case of Romani women from Romania, in *The Anthropology of East Europe Review*, Special issue on Roma, Volume 25, Number 2, Fall 2007, 108-121, <http://Las1.depaul.edu/Aeer>; Culture, rights and moral entitlements, In *Nevi Sara Kali*, No. 2, 2010, pp. 9-29.

² This analysis is based on an empirical research carried out in Romania between 2005 and 2006 with the support of the International Policy Fellowship Program of OSI Budapest, by the means of an ethnographic fieldwork and of the analysis of existing policies addressing the access of Romani women to reproductive health as a socially, economically and culturally, but also politically determined phenomenon. The original whole research paper with policy recommendations is available at: http://www.desire-ro.eu/?attachment_id=155. The resulted documentary might be watched here: <https://www.youtube.com/watch?v=60tPCQ6xds0>

welcomed, unfortunately it does not serve properly Romani women's health due to several reasons which turn them into a social category excluded from qualitative medical services on the base of their gender, ethnicity and class. Romani women's multiple discrimination is produced and maintained by several mechanisms as presented below.

Romani women's discrimination in the context of reproductive health care policies and services

The abolition of the Ceausist anti-abortion law (a law that conferred, among others, the specificity of Romania among the by-then socialist states) was amid the very first issues on which, in December 1989, the new political leaders were focusing their attention. Abortion became legal if performed by a medical physician upon a woman's request up to 14 weeks from the date of conception, no spousal consent, no mandatory counseling, no waiting period was required. One could suppose that – through this – “women's issues” were to be included among the priorities of the new regime. But this was not going to happen. It was true that through this change women gained the formal right of controlling their body and reproduction. But a real concern with women's interest would not have turned the respect of women's right to control their body into the celebration of abortion as the gift of democracy. Instead it should have mean the development of a whole health care and educational system within which women – as responsible and accountable individuals – could decide on the most proper contraceptive method that might assure their own wellbeing. Viewed from this point of view (too), the social order of the post-socialist Romania is showing signs of the exclusionary practices on the base of gender.

The Strategy of the Romanian Ministry of Health on the domain of reproduction and sexuality was launched only in 2002, as a result of which courses on family planning for family physicians and the distribution of free contraceptives started (but very timidly!). Ultimately, in 2004 the *Law proposal regarding reproductive health and the medically assisted human reproduction* was elaborated, which defines the issue of reproductive health and health of sexuality as a priority of the public health system, and discusses about these issues in terms of rights. Leaving aside the fact that its discourse is mostly couple (family) than women-centered, one should also expect that – as it was in the case of each gender-equality-related law – for quite a time a gap is going to be there between the legal provision and its actual implementation. Altogether, the law proposal was/is criticized by many human rights groups.

The downsizing of the gynecology section at the public hospital of the city where I did my fieldwork and its under-developed infrastructure illustrated the mechanisms of devaluing women's concerns, in particular reproductive health. Even if theoretically the society and the state recognize the role of women in biological reproduction, they do not invest much money into and do not confer much symbolic prestige to this domain of health care.

At the local level health care providers looked to be more than willing to administer to Romani women for free the contraceptives that were at their disposal (mostly injectables, whose secondary effects are only very vaguely known). Under these conditions women had "chosen" to use the contraceptives that were for free because they did not afford buying others (which might have been more proper for their health) and they better took something/anything that was available for free (despite its negative consequences) than say making more children under their given material conditions, or having another abortion. However, linked to the "culture of living in the present" developed as a reaction to encapsulation and for many other reasons explained throughout of paper, abortion remains among their most "favored" and accessible fertility control methods.

The ethnic-blind reproduction policies maintain Romani women's underserved status, because do not consider the differences between the socio-economic condition of Romani and non-Romani women and do not care about the lack of equal opportunities in *de facto* using the formally assured reproductive rights. This means, among others, that – also due to this – Romni continue to be disposed "to choose" abortion as a method for the control of reproduction, and if they decide to use modern contraceptives they are obliged "to choose" the ones that are available for free and not the ones, which might be indicated according to their medical condition. Still, paradoxically, one may say that reproduction policies are in the best case ethnic-blind, for it might happen that they might be "ethnically aware", although not in a positive but in a negative sense. More precisely, reproduction policies might not be like that in themselves, but they might be used for racist purposes, following the aim to control the unwanted Roma "overpopulation".

Romani women's marginalization

within the mainstream Roma policies and movement

The discourses that characterize policies for Roma and the views about Romani women reveal the fact that they are driven in the best case by a gender-blindness, which refuses

to recognize the importance of Romani women's issues, and, in the worst case, by pro-natalist concerns, which, at their turn, reproduce the subordinated position of Romani from which it is very difficult to act as autonomous subjects trying to *de facto* use their reproductive rights. One may try to understand that in the case of a vulnerable community which, on the top, aims to construct its identity on the base of culturally valued traditions, pro-natalist concerns may have their functions in this attempt. They might be used as an instrument of defense in the front of the racist prejudices and practices directed against the community. This is why the issue of reproduction control is sensitive in the case of Roma (but in fact it is sensitive in the case of any social group during times when it wants to prove its strength through demographic indicators).

International organizations are having a potential empowering ability towards local women's organizing that started to have important initiatives since the 2000s. However, it should be mentioned that there is a gap between the discourse and practices of international organizations, and those of the local ones, so the latter are still having huge difficulties in implementing these ideas within their national movements, and also within the communities where they work. The lack of financial resources, the lack of primary researches (whose first results, nevertheless, are starting to be seen) on which policy-making from below should be based, the reduced number of projects dealing with women-related issues, the resistance of central Roma organizations towards deconstructing traditions that subordinate women, the lack of cooperation between Romani and non-Romani women's organizations, and many other factors are responsible for the marginalization of Romani women's organizations. At its turn, at the level of NGOs, this phenomenon is reproducing women's discrimination on the base of their sex and ethnicity within their community and the broader society.

Romani women's social exclusion on the base of their ethnicity, gender and social position

In the case of Romani men and women the processes of social exclusion are not only functioning through class differentiation and social stratification, but also due to their culturally devalued ethnicity marked by a darker skin color on the base of which they are discriminated and excluded from vital resources (like education and employment).

The ethnicization/racialization of the negatively valued social phenomenon (like poverty, criminality, lying, stealing, dirtiness, laziness, abortion on request, too-many-birth and so on and so forth) and the internalization by Roma of the practices, which are

blaming the victim and are naturalizing/legitimizing acts of discrimination against them are having a contribution to the discrimination of Romani men and women.

What is happening with Romani women living under the conditions of severe poverty in terms of reproductive health looks to be a vicious circle from which one may not easily escape. On the base of their material conditions they may not want to have many children. But men are not really preoccupied with not letting their wives pregnant (they do not accept to use condoms, for example) and women – if they rely on their partners – do need to make abortions in the case of any unwanted pregnancy. Not being married officially and hardly having their own home (sometimes on the one hand men and on the other hand women with their children stay separately in their parent's houses) women cannot rely on their husband's help in raising children. Nevertheless, women do know about contraceptives, but their information are not necessarily medically based and – due to the existing taboos – they hardly talk about this openly even among each other. In terms of modern contraceptives they "choose" what is available for free and not what is proper for their medical condition.

Romani women expressed a powerful desire towards taking their destiny in their hands (or acting as agency), nevertheless having very limited choices for doing this. On the base of what they considered to be a right decision under the given material conditions and within the social relations in the context of which they were living they felt (and were) morally entitled to decide, for example, on the number of children, on making abortion or using contraceptives. Their desire might have been to act as powerful individuals and they did make moral claims on the base of which they took their decisions regarding reproduction, but this decision-making was strongly limited by structural factors, social expectations and cultural conceptions which they could not control. In this way their choice was not totally theirs among others due to the fact that they were excluded on the base of their gender, ethnicity and class from the resources that could ensure their reproductive health. But also because it was always important for them to be accepted and respected individuals within their group and their autonomy was limited by very strict community expectations regarding womanness and motherhood.

My research proved that Romani women were situated at the crossroads of several contradictory subject positions, basically "between two fires". These were prescribed for them by different discourses and institutions (like state policies, Roma policies, their own communities, health care providers, etc.), so they might have been quite confused in their effort of identifying with one or another position while also following their own interests and desires as autonomous human beings. How did they feel, think and act under these circumstances? My paper discussed this aspect of women's reproductive health in the context of their lived experiences (as revealed by the interviews) observing

their paradoxical situation created due to the fact that they belonged to different communities, and, as such, were subordinated to different regulations.

As Romanian citizens, since December 1989, formally they were entitled to make use of their reproductive rights, but – as culturally devalued and socially excluded Roma – they were subjected to racial discrimination which made them unable to really use their reproductive rights (transforming them into underserved categories, or even exposing them to racist fertility control). On the other hand, Romani women were viewed by the mainstream Romani movement (that expressed and legitimated patriarchal community values) as life-givers and caretakers who were obliged to carry the burden of the biological and cultural reproduction of Roma. This position prescribed to them might also has become an obstacle (at this time constructed from within) of their *de facto* access to reproductive health as far as it culturally imposes to them to marry and give birth at an early age, and give birth to as many children as they could in order to ensure the survival of the community.

The issue of Romani women's status is a newcomer one on the agenda of the Romani movement from Romania so one may not expect to find a public debate, for example, on Romani women's reproductive rights (this is also due to the fact that it is a taboo topic within the Romani communities). But my interviews, my observations and my lectures on analysis made by Romani women intellectuals allow me to assume that there is an implicit and hidden tension around this issue, which, in other contexts, is felt by Romani women in their everyday life, however they find strategies dealing with these conflicts and tensions on a daily basis.

I consider that Romani women's organizations might play a huge role in empowering Romni within their own communities, and – at their turn – the mainstream Romani organizations should have the responsibility to support them in this endeavor. That is why my recommendations do refer to this aspect of policymaking, too. Only the empowerment of women could turn them into individuals able of taking decisions about their reproductive health and of really using their reproductive rights regardless of the requirements of different (patriarchal and/or racist) authoritarian discourses and institutions that put a pressure on them for example wanting them or to make more, or to make fewer children.

Representing Roma women's rights and entitlements

In its analytical part my paper used a descriptive discourse and interpreted data in the context of the anthropological and feminist literature on reproduction, but in the context of policy recommendations it turned towards a language of human rights. The reasons for this are related to the fact that this language:

- is legitimate in the realm of policy-makers and, as such, should be used as an advocacy tool for making them aware about Romani women's needs and about the social, economic, cultural and political processes that turn them into one of the most underserved categories;
- emphasizes Romani women's rights as humans regardless of their gender, ethnicity and class, while being conscious about the fact that gender, ethnicity and class as systems of power and socially constructed identities do shape their destinies by excluding them, as individuals and groups from the *de facto* access to resources (example to reproductive health);
- claims the right of Romani women to be entitled to decide (among others on reproduction) on the base of their material conditions and emotional ties regardless of the pro-natalist or fertility control policies that try to subordinate them to "higher instances", like those of family, community, nation or God.

By doing this I am confronted with many dilemmas inherent in the relationship between sciencing and social activism, and between the universal language of human rights and the commitment of the anthropological discourse towards cultural particularism. Eventually I am handling them by the means of a feminist anthropology, which is aware about the need to address both issues of cultural differences and gender differences, and is conscious about the internal diversity of any community, within which cultural beliefs might be shared but are mediated by gender, age, education, social position. In my whole research I was committed to this idea while trying to consequently represent Romani women's perspective in the analytical discussions about their reproductive health and in my policy recommendations. Most importantly, my interpretations and normative statements were subsumed to the recognition and respect of their right to be morally entitled for taking decisions regarding reproduction under the conditions in which some would like to make them to make more, and others to make less children as they would desire on the base of their material conditions, social relations and emotional ties.

The policy problem

My initial project defined the policy problem as the lack of real access of Romani women to reproductive health, asking how a gender conscious policy for Roma and an ethnic aware reproductive policy might serve it better. But now, in the light of my fieldwork experiences I would like to emphasize another aspect of this issue. Since last year, when I visited the same settlement, the access of Romni to free contraceptives increased, and - according to Roma women whom I talked with - the injectable became the most wide-spread fertility control method that is "suggested" and administered to Romani women by family physicians.

I am observing here the risk of turning the women-centered reproduction policy (which aims to assure that women, including Romani women, are really using their reproductive rights as a right to control their own life and body, including the right to decide on the contraceptive method that is the most proper for their health and lifestyle) into an instrument of structural (and hidden) racism by which one may "prevent the Roma over-population".

In my original research proposal I was emphasizing that the policy recommendations to be made are going to have a contribution to the development of a (reproductive) health policy aware of ethnic differences and inequalities as produced by the social and cultural system, and able to overcome the effects of discrimination in relation to access to healthcare for Roma. Now I would like to add to this that this policy would need to function in a way that excludes the risk of becoming a mechanism, which reproduces racism by practicing and hiding it under the surface of a "humanitarian aid" (claiming that it provides Romani women with reproduction control methods while actually is concerned with "preventing Roma over-population").

The context of the policy problem

The context of the real access of Romni to reproductive health understood as reproductive right is composed by several social, economic and cultural factors, among them the following.

► The general life conditions of Roma (including a whole set of social and economic problems, starting from the lack of proper housing, through the non-access to education, to unemployment), under the conditions of which the concern for Romani women's reproductive health is defined as a luxury and non-important issue even by women themselves and under which circumstances even Romni are internalizing the "explanation" according to which population growth is the casual determinant of poverty.

- ▶ The mistreatment of Romani communities as a cultural group by the majority population, using “culture” and “cultural difference” to legitimate discrimination and negative prejudices against Roma (women) as if these would be the “natural” consequences and not the structural causes of Roma’s life circumstances.

- ▶ The gender regimes dominant within Romani communities, including power relations between women and men, and cultural conceptions about Romani women’s role in family and larger community, about women’s body, sexuality, childbearing, abortion, contraception and so on and so forth.

- ▶ The ethnic-blind reproductive health policy (including the National Strategy of Reproductive Health and Sexuality adopted by the Ministry of Health in 2004) and the actual functioning of the medical healthcare system which turns Roma women into an underserved social category, and/or, moreover, exposes them to the risk of being treated as instruments for a racist Roma fertility control.

- ▶ The actual functioning of the gender-blind Governmental strategy for the improvement of the situation of Roma from Romania (adopted in 2001), which, generally speaking, has a lot of insufficiencies and which, in particular, neglects Romani women’s needs and interests, reproducing their status of minority within a minority group.

- ▶ Related to the above factor, the pro-natalist concerns of Romani communities and their leaders, which prevent considering women's reproductive health and rights as a priority.

- ▶ The malfunctions of the communication and cooperation between central and local Romani organizations and experts, as a result of which local people might not be supported properly in their efforts to get information and resources for their activities on the behalf of their immediate communities.

- ▶ The marginalization of Romani women’s activists within the larger movement for Roma rights, the lack of authority and prestige of women’s issues, including women’s reproductive rights within the mainstream policies for Roma.

Policy recommendations

Principles guiding my policy recommendations

- ▶ Women's right to reproductive health (as part of reproductive rights) is a human right, so every woman must be able to use this right regardless of her ethnicity, age, social position and sexual orientation.

- ▶ The application of the principle of equality between women of different ethnicity in terms of access to reproductive health is not enough in order to counter-balance the structural discrimination to which Romani women are exposed, so there is a need of affirmative action measures that could really assure equal opportunities and equal outcomes in this domain (too).

- ▶ The medical services provided must be based on the respect of human dignity and individual choice of those seeking for (reproductive) healthcare regardless of their ethnicity, and – as far as Romni are concerned – healthcare providers must avoid racist practices that subsume contraception to the aim of “preventing Roma over-population”.

- ▶ The well-being of Romani communities is part of the welfare of the larger community within which they live, so it is not only the responsibility of the former to integrate, but also the duty of the later to change its discriminatory attitudes towards Roma.

- ▶ The principle of equity and participation should guide the involvement of Romani women (and not only activist Romni) on decision-making at different sites (including family, physician-patient relation, different central and local governmental institutions, Roma organizations, and so on and so forth).

- ▶ Even if concerned with the prevalence of abortion and use of modern contraceptives, the policy that would improve Romani women's reproductive health should not be reduced to these issues and should not be confused with fertility control or family planning, because, if it would be so, it could easily be expropriated by other interests than women's health (like pro-natalist concerns on the side of the Roma, or racist fertility control on the side of the majority population).

Expected changes

- ▶ The improvement of the (reproductive) healthcare policy and system in order to respond to the needs of the underserved Romani women (including the anti-racist cultural education of healthcare providers and of other authorities whose jobs are linked to Romani communities, for example of those working at the Public Service for Social Work of the City Hall).

- ▶ The treatment of the issue of access of Romani women to reproductive health as an integral and important part of the conditions under which Roma are living and on which strategies of improvement should be applied.

- ▶ The avoidance of explaining poverty through population growth but instead - while respecting Romani women's reproductive rights - identifying the social and cultural factors (including racism), which exclude Roma from elementary resources necessary for a decent life.

- ▶ The empowerment of Romani women as a result of which they might be enabled to claim their (reproductive) rights within their own communities and within their broader social environment (among others, empowering their self-organizing capacities, increasing their participation on decision-making at different levels, and eventually mainstreaming their activities within the larger Romani movement).

- ▶ The elimination of practices of "convincing" Romani women to have more or fewer children as they desire according to their material conditions, social relations and emotional ties.

Policy recommendations

My policy recommendations might be subsumed under a larger heading, which refers to the need of mainstreaming ethnicity and gender into the Romanian public policies. This idea reflects the recognition of the fact that Romani women's issues (among them their reproductive health understood as reproductive right) are an integral part - on the one hand - of the broader problems faced by Roma and - on the other hand - of the larger issues faced by women from Romania.

Romani women's issues should be treated as such because otherwise their solutions would be only partial and not efficient enough. That is why there is a need for mainstreaming ethnicity into public policies, which means the necessity to analyze each public policy (including reproductive health policy) from the point of view of its impact on different ethnic groups living under different social conditions. On the other hand, there is a need for mainstreaming gender, meaning that public policies (among them policies for Roma) should be gendered, or, differently put, should be assessed from the perspective of their impact on both women and men.

Subsumed to these broader aims, I am formulating the following policy recommendations related to Romani women's reproductive health understood as a human right.

GENERAL RECOMMENDATIONS

(for governmental agencies, for non-governmental organizations working on the domain of Roma rights and reproduction/sexual education/contraception, and for donors)

► The reproductive health policy should be aware of ethnic differences and of the inequalities between women of different ethnicity, in particular of the social and cultural factors that turn Romani women into underserved categories. This links the issue of reproductive health of Romni to rights regarding proper housing (including satisfactory sanitation infrastructure), education and employment, and to the right of living in dignity, of not being exposed to different forms of cultural devaluation and social exclusion.

► The reproductive health policy should include mechanisms of self-control in order to eliminate those factors that expose Romani women to the risk of becoming the subject of racist manipulations, and in order to avoid the transformation of the free distribution of contraceptives among Roma women into an instrument of institutionalized Roma fertility control governed by the "fear of Roma over-population". A clear and explicit distinction should be made at each time between fertility control and reproductive rights.

- ▶ The policies responding to the health needs of Roma should be mainstreamed into national health strategies and services, which, at their turn should be gender sensitive.

- ▶ The policies responding to the needs of Romani women should be mainstreamed into the national strategies of promoting Roma rights and women's rights, including reproductive rights. These rights should be also respected by Roma organizations and women's perspective should be introduced into the discussions concerned with demographic issues.

- ▶ A balance between policies of mainstreaming and targeting should be assured in order to guarantee equal opportunities for Roma (women). For this there is a need to integrate the special measures intended to reach equal access to health care (and reproductive rights) of the underserved categories into the policies, which generally aim to ensure equal access to well-being on each domain of life.

- ▶ The position of Roma mediators, including health mediators (who should be sensitive towards the particular needs of Romni, too) needs to be strengthened within the institutions of local authorities (including medical institutions), in order to not being used only as sources of information about the community, but to act as empowered individuals able of taking decisions and controlling the available human and financial resources needed for the community development projects.

- ▶ More primary research (both quantitative and qualitative) should be done on Roma (women) with the involvement of Roma (women), in order to produce more data on which effective policy-making should be bases. The advantages and risks of the disaggregated statistics by ethnicity, sex, rural/urban should be considered from this point of view, too.

SPECIAL RECOMMENDATIONS FOR GOVERNMENTAL AGENCIES

For the Committee of Anti-Discrimination and Committee for Equal Opportunities between Women and Men

- ▶ They should enforce the application of the Law of Equal Opportunities and of the Law of Anti-Discrimination in the domain of health care and in particular in the domain of reproductive rights.

- ▶ They should give attention to the field of health care for Roma in their monitoring and recommendations.

- ▶ They should consider how discrimination works at the crossroads of ethnicity and gender, in particular how Romani women, for example, are prevented from their access to a (reproductive) health care of a good quality and how they might become victims of racist fertility control.

- ▶ The implementation of complaint mechanisms and the provision of legal assistance to those in economic need should be assured.

For the National Agency for Roma of the Romanian Government

- ▶ A bigger attention should be paid to permanent contact and communication with Roma NGOs at local levels, in order to assure effectively that they really have access to information, services and funds needed for different community development project.

- ▶ A stronger support should be given to Romani women's organizations and initiatives, which would be the sign of *de facto* recognizing the role of women in the community and within the Romani movement.

- ▶ The participation of Romani women in the decision-making processes regarding Romni's rights (including the right to reproductive health) should be increased, and generally speaking the needs of Romani women should be included into the mainstream Roma policies.

- ▶ The recognition of Romani women's reproductive rights within the strategies regarding Roma rights and the revisiting of pro-natalist concerns from the perspective of women who are morally entitled to choose on the number of children they desire to have.

For the Ministry of Health and public health care providers

- ▶ A culturally sensitive and anti-racist curriculum should be introduced into the education of physicians, including knowledge about taboos within Romani communities regarding women's body and sexuality.

- ▶ A bigger emphasis should be put on the permanent education of health care providers in the domain of contraceptives.

- ▶ Material and symbolic support should be given to physicians involved in family planning counseling.

- ▶ Mechanisms that would enforce the cooperation within the community of health care providers (between family physicians, gynecologists, medical assistants, health mediators) should be implemented.

- ▶ A stronger commitment of physicians towards patient's rights should be assured, in particular towards the rights of vulnerable and underserved groups, including Roma and, of course, Romani women, for example related to their right to choose the contraceptive method most appropriate for their medical condition.

- ▶ Efforts should be made to train medical professionals belonging to Romani communities, an objective that links the issue of reproductive health of Romni to the issue of access to education at all levels (including medical high schools and universities).

- ▶ Besides the ethnic perspective, the gender perspective should be also introduced into the development and implementation of national health strategies.

SPECIAL RECOMMENDATIONS FOR NON-GOVERNMENTAL ORGANIZATIONS

- ▶ Cooperation between Romani and non-Romani women's organizations, local Roma experts and mediators, and NGOs working on sexual/contraceptive education should

be strengthened. Together they should coordinate at local levels several programs, aiming to break the barriers between Romani women and health care providers, while considering the particular social and cultural background of the communities within which they work. Their aim should be the empowerment of Romani women, both as caregivers and as patients. They could provide, for example, the following services:

- ▶ health and sexual education for both women and men within Romani communities, in a way that respects women's moral entitlements and rights to decide on reproduction-related issues;
- ▶ information on patient's rights and reproductive rights;
- ▶ culturally sensitive education of health care providers and authorities.