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Social Exclusion at the Crossroads of
Gender, Ethnicity and Class
A View of Romani Women's
Reproductive Health

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Abstract

This paper approaches the access of Roma women to reproductive health as a socially, economically and culturally, but also politically determined phenomenon. It investigates it as a problem that illustrates broader issues of post-socialist social exclusion. The study consists of a critical investigation of the current policies for Roma and reproductive health policies in Romania. It describes the socio-economic conditions, institutional arrangements, policies and cultural conceptions that shape Romani women's access to reproductive health, and also their personal ways of dealing with the related problems. It concludes by offering recommendations referring to the need for mainstreaming both ethnicity and gender into public health policy in order to overcome the effects of discrimination in relation to reproductive rights and access to healthcare.

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The views contained inside remain solely those of the author who may be contacted at vincze@policy.hu. For a fuller account of this policy research project, please visit <http://www.policy.hu/vincze>.

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Paper and Research Overview

This paper addresses the degree of access of Romani women¹ to reproductive health as a socially, economically and culturally, but also politically determined phenomenon. It investigates it in the context of post-socialist Romania as a problem through which one may gain an understanding of the broader issue of social exclusion as it functions under the circumstances of a post-socialist transformation (looked at in Chapter 1). As such, it aims to make a contribution to theorizing on how exclusion works at the crossroads of ethnicity, gender and class while (re)producing inequalities, and also looks at how the multiple forms of discrimination against Romani women's actually function, while turning them into the most underserved social categories in the society. In theoretical terms I would see the ways in which structural factors, cultural conceptions and agencies work *through* each other while shaping women's everyday desires, claims and practices as related to reproduction and reproductive health.

This analysis is based on empirical research done by means of ethnographic fieldwork and via an analysis of existing policies (and its methodological concerns are discussed in Chapter 3). The former was conducted in two Romani communities from the city of Orastie, Hunedoara county, but also within the institutions of the local health care system, using a participant observation methodology, in-depth interviews and filming (with results here being presented in Chapters 4.1., 4.2. and 4.3.). It was completed by interviews made with Romani activists from Cluj, Bucharest and Timisoara (Chapter 4.6.). In turn, policy analysis was based on a critical investigation of current policies dealing with Roma and reproductive health policies emanating from Romania from the point of view of the extent to which they do (not) take into consideration Romani women's specific needs (Chapters 4.4. and 4.5.).

The aim of this author has been to describe the socio-economic conditions, institutional arrangements, policies and cultural conceptions that shape Romani women's amount of (or lack of) access to reproductive health, but it also looks at of their own, personal ways of dealing with related problems and of being caught "between two fires". Most importantly, I have wanted to highlight how women felt, thought and acted under conditions of being situated at the crossroads of several contradictory positions, ones

¹ Throughout the paper, from time to time, instead the term "Romani women" I use "Romani" (referring to the feminine singular). "Roma" is used in the plural, while "Rom" is the masculine singular; whilst "Romani"

that have been delineated for them via different discourses, perceptions and institutions (like state policies, policies for Roma, their own communities, health care providers), and where they are prompted to have more, or fewer, children than they desire on the basis of material conditions, social relations and emotional ties.

Additionally (discussed in Chapter 2), this research focuses on reproductive health as an issue of human rights; so it looks at the reproductive rights of women, including the right to have access to reproductive health care information and services, the right to sexual education and bodily integrity, the right to decide on the number of children had and the time-spacing of births, the right to decide on contraceptive methods most appropriate for their medical and social condition, and also the right to enjoy one's sexuality as an aspect of sexual health. Recommendations here (presented in Chapter 5) point to a need to bring ethnicity into the mainstream, thus into public health policy, and to 'mainstream' gender into Roma policy in order to overcome the effects of ethnic and gender discrimination in relation to reproductive rights and access to health care of Romani - whilst also recognizing that ethnicity and gender are not naturally given internal essences but are subject positions that are constructed socially and culturally.

While using the language of 'rights' my paper has observed that it is not enough to claim reproductive health merely in terms of rights - there is a need to understand why economic, cultural and social processes make the *de facto* use of formally recognized rights impossible. So this research has aimed at identifying the obstacles to reproductive health service usage both from the perspective of Romani women's lives conditions and from the point of view of the health care system. I am able to show that Romanian reproductive health policies and existing Roma policies are failing to respond to the interests and particular conditions of Romani, and, willingly or not, the latter have been transformed into an underserved and discriminated against group (in multiple ways). Then, we will be able to see that the few initiatives as regards fighting for Romani women's rights do not yet have the authority to impose a change in ways of thinking about and acting around this issue - or to increase its legitimacy and 'prestige' within mainstream policies for Roma.

Besides the empirical data, policy recommendations here are also based upon the idea according to which the creation of circumstances under which these rights might be *de facto* used by *any* women, regardless of ethnicity, age, sexual orientation or class, would be of great importance for assuring *everybody's* reproductive health. Even if

is mostly used as an adjective.

economic inequalities persist due to the structural processes inherent in market capitalism, equity in the health system should be a key concern for governments and health service delivery should be culturally sensitive and responsive to everybody, including the disadvantaged social categories. My recommendations are suggestions as regards non-governmental organizations and governmental agencies. They are related to required changes that might improve Romani women's real access to reproductive rights and reproductive health care information and services; and, together, they suggest a general need to mainstream ethnicity and gender into the Romanian public policy.

In addition to this paper, the outcome of this research was a video-film, in two parts (the first presenting the Romani communities, while the second deals with Romani-related specific issues, including reproductive health). This will be used as a tool via which to push for recognition of the need to make a change in the structural factors and cultural conceptions that serve to produce and maintain multiple discrimination against Romani women.

1 The Conceptual Framework of the Primary Research

1.1 Approaching Reproduction and Reproductive Health

The conceptual framework that I am relying on in this research paper is one that has been developed by the anthropological and feminist literature on reproduction. Among others, this says that biological reproduction (and, implicitly, women's bodies) always and everywhere remain at the core of societal, political and economic life, being one of the domains through which one may understand why the personal is political, and vice versa.² Its being controlled – together with control of what it produces – shapes the position (including roles, opportunities and life trajectories) of women of different ethnicity and class both in the private and public spheres. Moreover, the ways in which the state and the medical system (through its legislation, policies, ideologies and actual practices)

² One should include in the history of this approach the contributions of the Radical and Marxist feminism. The former announced a whole range of arguments for treating the personal as political and for both perspectives to theoretically and socially see the importance of sexuality-related issues; while the latter emphasized the ways in which women's productive and reproductive, visible and invisible work was needed for the reproduction of capital.

deal with (the control of) reproduction also refers to the formation and maintenance of ethnicized and gendered social inequalities.

Within cultural (and, in particular, medical) anthropology many approaches towards reproduction have been developed. Symbolic anthropology dealt mainly with fertility rituals and different cults for curing reproductive problems (without considering the broader social and economic forces).³ The political economy of health linked a historically informed approach with an ethnographically grounded study, so it placed, for example, analysis of the social mediation of shared cultural beliefs connected with the body within the context of political and economic changes.⁴ There are investigations that, besides the ethnographic details and a broader focus, use a comparative perspective between - for example, Western and non-Western practices related to infertility.⁵ The issue of social personhood and agency is addressed widely by these works and opens up challenging questions about how cultural ideologies of personhood and the socially interdependent self are interpreted differently by different persons (women and men) whilst also trying to act as autonomous agents. In order to understand why it is possible for an individual to be at one and the same time a social person and an agency, some anthropologists suggest seeing, for example, bodies as not belonging to *persons* but being composed of the *relations* of which any one person is constituted - while not precluding a woman's sense of bodily autonomy or self-control.⁶ Especially Marxist approaches treat reproductive issues as embedded in the context of explicit and variable material conditions, along with broader economic relations, class divisions, the nature of health care and access to it, and the types of birth control that are available.⁷ Alongside this, the notion of stratified reproduction highlights the unequal social ordering of reproductive health, fecundity and birth experiences;⁸ while the concept of reproductive entitlement focuses attention onto women's moral claims in the area of reproduction, which are articulated in relation to social expectations referring to fertility, sexuality and

³ As reflected, for example in DeVisch Rene: *Weaving the Threads of Life: The Khita Gynecological Healing Cult Among Yaka*, Chicago: University of Chicago Press, 1993.

⁴ Illustrated, among others by Morsy Soheir: *Gender, Sickness, and Healing in Rural Egypt: Ethnography in Historical Context*, Boulder: Westview Press, 1993.

⁵ Expressed, for example, by Inhorn Marcia: *Quest for Conception: Gender, Infertility and Egyptian Medical Traditions*, Philadelphia: University of Pennsylvania Press, 1994.

⁶ Marilyn Strathern: *Reproducing the Future: Essays on Anthropology, Kinship and the New Reproductive Technologies*, Manchester: Manchester University Press, 1992.

⁷ As discussed in Faye Ginsburg and Rayna Rapp (eds.): *Conceiving the New World Order: the Global Politics of Reproduction*, Berkeley: University of California Press, 1995.

⁸ Rayna Rapp: "Gender, Body, Biomedicine: How Some Feminist Concerns Dragged Reproduction to the Center of Social Theory", in *Medical Anthropology Quarterly*, new series, 2001, 15 (4): 466-78.

motherhood.⁹ Moreover, for example in the context of anthropology on Eastern Europe, reproduction was also treated in terms of its politics and/or as an issue via which one may get to understand, say, the re-construction of post-socialist politics in Hungary¹⁰, or the functioning of the socialist regime in Romania in terms of people's duplicity and complicity with regard to the state regulations.¹¹

1.2 Understanding Social Exclusion at the Crossroads of Gender, Ethnicity and Class

The identities of women and men of different ethnicity are constituted at the crossroads of the subject positions prescribed for them by ideologies, policies and institutions, and also in relation to subjectivities (everyday experiences and meanings through which people see themselves within their significant social relations).¹² Thus, one should not treat ethnicity/"race" and gender as naturally-given internal essences that shape one's destiny but as socially- and culturally-constructed subject positions that come via cultural representations and the social locations where people are situated; there is also the effect of ways in which society builds up hierarchies according to the social expectations and cultural prejudices regarding ethnic and gender differences.

The ethnicized/racialized and gendered construction of the order within which people's lives are embedded comes in a cultural and social process. Through this, women and men are defined and classified on the basis of some characteristics supposedly determined by their ethnicity and sex, as if these were their natural and inborn essences; also via this mechanism, women and men are placed in certain social and economic positions (and, consequently, have access to, or are excluded from, specific material and symbolic resources) according to the hegemonic representations of their ethnic and sexual properties. Such processes can be observed inside different

⁹ Maya Unnithan-Kumar: "Reproduction, health, rights. Connections and Disconnections," in *Human Rights in Global Perspective. Anthropological studies of rights, claims and entitlements*, edited by Richard Ashby Wilson and Jon P. Mitchell, Routledge, 183-209.

¹⁰ Susan Gal: "Gender in the Post-Socialist Transition: The Abortion Debate in Hungary", in *East European Societies and Politics*, 8:2 (1994), 256-286

¹¹ Gail Kligman: *The Politics of Duplicity. Controlling Reproduction in Ceaușescu's Romania*, Los Angeles: University of California Press, 1998.

¹² I am relying on the conception about identity of Stuart Hall as expressed in "The Question of Cultural Identity", in S. Hall, D. Held and T. McGrew (eds.): *Modernity and its Futures*, Cambridge: Polity Press, 1992: 273-327; of Henrietta Moore discussed in *Feminism and Anthropology*, Cambridge: Polity Press, 2000 (1988) and in *A Passion for Difference. Essays in Anthropology and Gender*. Cambridge: Polity Press, 1994; and of Katherine Woodward XXX SPELLING OK?? presented in "Concepts of Identity and Difference", in K. Woodward (ed.): *Identity and Difference*, The Open University and Sage, 1999, 7-63.

institutions and within the context of their complex relationships, including different areas of lived everyday life.

This paper is thus an attempt to describe and understand the construction of the social order at the crossroads of several systems of classification (ethnicity, gender and class) as performed by real people in their everyday lives and lived through in personal experiences. More precisely, this process can be seen to be mediated via one's access to reproductive health. It deals with the relationship between ethnicity, gender and class, being understood as systems of classification and as social organizations of cultural differences.¹³ Such relations (among other issues not addressed here) structure the social order in a particular spatio-temporal location and, as such, define and position women and men within private and public hierarchies, which are, in turn, affected by broader economic and political changes. Yet this regime could not function if it were not sustained from below. People adjust their own expectations and performances to its norms, they do not automatically take up certain roles, though, but interpret, negotiate and act them out within their personal relations with their "significant others".

On the basis of the above-outlined conceptual framework, formation of the post-socialist order (in Romania) will be seen to consist of social differentiation processes and the underlying cultural mechanisms that produce and legitimize newly-constituted hierarchies. Over and above the individuals' own wills and control, there is a shaping of opportunities in such processes as regards participating with success in (classificatory) struggles around positions and resources - which, in turn, include ideologies and practices of inclusion and exclusion. Obviously, the system functions with the complicity of individuals, but one should note that - most importantly - out of these processes some gain privileges and others get shut off in disadvantaged positions. On this stage, gender, ethnicity and class - besides being prescribed subject positions and lived experiences - function as intertwined classificatory tools, markers of difference and processes aiding

¹³ When seeing identities as social processes of identification that involve mechanisms of naming, positioning and recognition, I am following the ideas of Barth (*Ethnic Groups and Boundaries. The Social Organization of Culture Difference*, Little, Brown and Co., Boston, 1969) regarding the constitution of ethnic groups via the production and maintenance of ethnic boundaries charged at times with changing cultural factors. Then, my approach is shaped by gender theories that argue that a gender analysis should see women and men, comparatively, in the terms of their culturally-constructed social roles. Moreover, it should address gender both as a system of power and a marker of difference that structures social reality, and also as a lived-through experience that affects a person's life trajectory. Most importantly, I stress that one needs to understand the ways in which gender, ethnicity and class simultaneously work together, how power relations construct differences, and how all forms of oppression affect persons, as does diversity of all kinds.

the social organizing of cultural differences.¹⁴ Otherwise, this gendered and ethnicized/racialized social differentiation is nothing more than a hierarchical distribution by gender, ethnicity and class of society's economic and social resources. The research paper here looks at these processes in the context of Romania and via the issue of reproduction and reproductive health.

2 The Conceptual Framework of the Policy Research

2.1 Problem Definition

Roma woman's reproductive health as a human right and socially determined phenomenon

Within a policy framework, this paper¹⁵ addresses the access of Romani to reproductive health in Romania as a socially-determined phenomenon and as a human rights issue that is central to one's general well-being and is crucial in achieving equity and social justice. Here, I do not deal with the health situation of Roma in statistical terms - I rely mostly on primary ethnographical research while, nevertheless, also considering available secondary sources regarding this issue.¹⁶

¹⁴ The social organization of cultural differences (a term used by Barth, see above) is about the attaching of different meanings and values to different individuals and groups, and about the establishment of their hierarchy. Yet it also includes processes by which those in power use symbolic and material mechanisms in order to build up and maintain the boundaries between them, e.g. as privileged (superior) and "others" (as the disadvantaged, i.e. inferior).

¹⁵ As a policy study, this paper will serve to inform the policy-making process via doing primary research into a specific policy issue. As such, it is issue-driven, and it refers to primary research data presented in a separate research paper; it then formulates general recommendations and gives information on policy issues, and it is by and large targeting other policy specialists from non-governmental organizations and governmental agencies.

¹⁶ Among others, the report *Breaking the Barriers – Report on Romani women and access to public health care* (2003) shows that Roma have lower life expectancies, higher infant mortality, a high rate of sickness, and low rates of vaccination. In Slovakia, for instance, the life expectancy of Romani women is 17 years less than for the majority of the population; for men, it is 13 years less. The infant mortality rate for Roma has also been found to be notably higher than national averages throughout Europe. The author shows that poor living conditions both cause and further exacerbate illness by impeding access to preventive care, proper nutrition, hygienic materials and medication. In Romania, we do not have statistics disaggregated by ethnicity – or, within ethnicity, by sex - on the basis of which one might gain an overview of the Roma health situation in terms of reproductive health. Quantitative research done in 2003 on a Roma sample, including 1.511 households and 7.990 people, gives only some information about this, in particular related to knowledge about/use of contraceptive methods. See in Sorin Căce - Cristian Vlădescu, coord., *Starea de sănătate a populației Roma și accesul la serviciile de sănătate* (The health situation of Roma and their access to health services), 2004. Out of the investigated subjects, 48% had heard of at least one contraceptive method (51.4% of men, and 42.9% of women) while on a national level 99.6% of women and 99.7% of men had information about contraceptives. 25.8% of interviewed persons said that they used at

I subscribe to the definition according to which "reproductive health is a state of complete physical, mental and social well-being...in all matters relating to the reproductive system".¹⁷ In terms of physical well-being its mostly-used indicators are: fertility rate, infant mortality rate, and maternal mortality rate, the proportion of births attended by skilled health personnel, contraceptive prevalence, and occurrences of abortions, cervical cancer and breast cancer.¹⁸ As is health in general, reproductive health in particular is socially and culturally conditioned. In the case of Romani communities it is shaped by structural discrimination, cultural prejudices, school segregation and school abandonment, poverty, disparities in income distribution and unemployment, inadequate housing and food, a lack of clean water and sanitation, lack of official documents and of medical insurance in many cases. In this ethnographical research I focus on the ways in which the use of contraceptives and abortion has been shaped by Romani women's lives conditions, by cultural conceptions dominant within the

least one contraceptive method, 30.9% declared that they never used anything, and 43.3% refused to answer the question (they were mostly aged above 35 years). The most frequently known and used methods were: preservatives, pills and *coitus interruptus*. Only 9.1% said that they had recourse to an abortion in the case of an unwanted pregnancy. Besides these specific data, results show that the average age at death in the case of Roma was 53.4 years (respondents were asked to reveal the number of deaths within their families in the last five years). The most frequent causes of death were: cardiac disease (24.5%), cancer (15.5%), accident (9.7%) neurological infection (5.2%), age-related (5.2%), or pulmonary problems (3.8%). Asked about their health situation during the last two weeks, persons said that 29.5% of adults and 27.3% of children had had an illness. The most frequent ones affected the cardiovascular system (2.6%), being followed by digestive apparatus disease (1.8 %) and breathing system complaints (1.6%). With children, the leading diseases affected the breathing apparatus (14.2%), being followed by different infections (1.3%) and nervous system infection (1.2%). A very recent report, *Broadening the Agenda. The Status of Romani Women in Romania* (2006), deals with the complexity of Romani women's situations, including (reproductive) health-related issues. Among other concerns, it emphasizes that the health needs of Romani and their children should, in general, give them more interaction with the health care system. Of the Romani women surveyed, 71% of them felt that Roma suffer ethnic discrimination from medical staff, and 23% of them felt that their gender was also grounds for discriminatory treatment from health care providers. Acts of discrimination included lack of interest in Romani patients, prescriptions for the cheapest, most easily available - and often ineffective drugs, and payment for medicine ordinarily provided free-of-charge by the public health system.

¹⁷ Agreement on this definition was achieved at the International Conference on Population and Development (ICPD) held in Cairo in 1994 (see www.unfpa.org/icpd/icpd_poa.htm#ch7). In 1995, the Fourth World Conference on Women, held in Beijing, affirmed the definition of reproductive health and rights agreed at the ICPD, and also called upon states to consider reviewing laws that punish women for having illegal abortions.

¹⁸ Addressing population and reproductive health concerns and trends in Central and Eastern Europe and Central Asia, UNFPA emphasizes the following, though without offering ethically disaggregated data: the rapid rise in rates of HIV/AIDS and sexually transmitted infections (the rate of increase during 2002 was among the fastest ever experienced anywhere), especially among young people, and in the eastern parts of the region; inadequate access to quality services for counseling, diagnosis and treatment of STIs is increasingly being recognized as a constraint for the whole region; the need to address the reproductive health needs of young people, ensuring access to information and services to help them adopt healthy behaviour; the continuing incidence of recourse to abortion; the large discrepancy between the life expectancy of males and females in many countries; negative population growth rates in many countries; the ageing of the population throughout the region; the rise in trafficking of women and girls; and high maternal mortality rates. See: *Country Profiles for Population and Reproductive Health* (2003).

investigated communities and by the nature and functioning of the local health care system - and, on another level, by existing public health and other policies related to Roma.

Most importantly, as a policy study this paper treats issues of reproductive health as part of the problem of reproductive rights, and sees reproductive rights as including:

- a woman's "right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, and being free of coercion, discrimination and violence",¹⁹
- the right to the highest standards of reproductive health,
- the right to have access to reproductive health care information and services,
- the right to sexuality education and bodily integrity,
- the right to decide on the number of children and the time-spacing of births, and a woman's right to decide on the contraceptive method most appropriate for her medical and social condition.

A whole range of stakeholders are involved in the issue of Romani women's reproductive health as a human right: among them, governmental agencies (most importantly the Ministry of Health and the National Agency for Ethnic Roma of the Romanian Government) and non-governmental organizations working in the domain of sexual education and reproductive health (e.g. the Society for Sexual and Contraceptive Education, and the Romanian Family Health Initiative), and also in the domain of Roma woman's rights (e.g. the Association of Roma Women from Romania, Association for the Emancipation of Roma Women, and the Association of Gypsy Women for Our Children). Yet, obviously, this issue is also in the interest of a larger community of people dealing with Roma, among them Romani health mediators, Romani schools mediators, local Romani experts and other (formal or informal) community leaders.

I see Romani women's organizations as playing a huge role in empowering Romani within their own communities and, in turn, mainstream Romani organizations do have a responsibility to support them in this endeavor. That is why recommendations here refer to this aspect of policymaking, too. Only the empowerment of women can turn them into individuals able to make decisions about their reproductive health, so they are able to *use* 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 to have more or fewer children).

2.2 *The Importance of the Problem*

The impact of (or lack of) reproductive rights on Romani women's lives and on Roma communities

Reproductive health is defined and recognized by the international community and by the Romanian government as being an important dimension of public health. Yet a human rights discourse hardly shapes public talk or practices at all regarding reproductive health, and there is a reduced concern with the *de facto* access of Romani women to health care information and services.²⁰ This is why there is a need to raise public awareness about reproductive health as a reproductive right both within policies for Roma and within public health policies, and about the need to consider the social determinants of Romani women's health and access to health care.

Reproductive rights are important because the presence or absence of these rights has a huge impact on how people live and die, on their physical security, bodily integrity, health, education, mobility, social and economic status and other factors that relate to poverty. Reproductive health underpins other goals relating to gender equality, maternal health, HIV and AIDS and poverty alleviation, and these are crucial to the achievement of goals overall.²¹

Women belonging to marginal groups (among them, Romani communities) often lack the rights or opportunities to make choices about reproduction even if Romanian laws formally ensure these rights. Their general living conditions, the racism of the majority of the population (something existing, among other things, in the public health care system), pressures coming from their own family members, the existence of different social and cultural norms related to women's bodies and sexuality, as well as gender roles and relations (in particular related to a woman's status or to the desired number of children) may restrict their options. They may have difficulties gaining access to family planning services or preventive medical consultations or to the proper treatment of illness; and they may easily become victims of the use of inappropriate contraceptive methods or of

¹⁹ See Paragraph 96 of the Beijing Declaration, 1995.

²⁰ The National Strategy of Reproductive Health and Sexuality developed in 2004 (as mentioned in Chapter 3.A. of this paper) introduces the perspective of rights into the discussion on reproductive health. Yet this remains only a theoretical approach, which is far from what is happening in reality - and even farther away from dealing with Roma woman's status, not only because the mechanisms of monitoring rights' implementation are not functioning but also because people (as patients) still have to learn about pointing to their rights.

²¹ See Eldis Health Key Issues, A Guide on Sexual and Reproductive Health and Rights, at

the destructive effects of repeated abortions, or even targets in a racist fertility control movement. This proves that women's reproductive rights not only refer to them as women but are also strongly linked to the rights and the well-being of the Roma communities in general. As is usual here, women's issues do not concern only women, but men and the whole community as well; so everybody should have an interest in and obligation to work on the improvement of their condition. While advocating Romani women's reproductive health might make a contribution to mainstreaming gender into public (health) policies, in particular to generally advancing women's reproductive rights.

2.3 Statement of Intent

Mainstreaming gender and ethnicity into public policies. Ethnicizing reproductive health policy and a gender policy for Roma

This paper aims to make a research-based contribution to the developing of a reproductive health policy and of a policy for Roma, as a human right of women and a socially and culturally determined phenomenon. Ethnic awareness of a reproductive health policy and the gender awareness of Romani policy should be based on recognition of the fact that ethnic/racial and gender differences are not naturally given but are socially produced, culturally valued and turned into inequalities by several social and cultural factors and mechanisms. Most importantly, always constructed and relational, gender and "race" have an impact on individuals not as if they were social constructs but, rather, naturally given, being inscribed into their bodily appearance as a visible difference and in taken-for-granted institutional arrangements that make an evaluation of such differences. The ethnicization of reproductive health policy and the gendering of Romani policy refers to the importance of raising awareness about how ethnicity/"race" and gender works here, i.e. the way in which they are understood and treated in a social context does have an impact on people's everyday life, for example by excluding them from vital resources.

The policy recommendations here refer to a need to mainstream ethnicity into public health policy and to put gender within Romani policy so as to overcome the effects of ethnic and gender discrimination in relation to reproductive rights and Romani access to health care. They seek to contribute to the general aim of mainstreaming gender and ethnicity into all public policies for Romania.

One of the conclusions of this paper in the context of policy recommendations is that the problem of women's reproductive rights is a highly sensitive issue within Romani communities and within the Romani movement, and also for public health care services providers. That is why recommendations also refer to a need:

- to empower women within Romani communities and within the Romani movement to turn public talk about women's bodies, sexuality and related rights into a legitimate issue;
- to liberate Romani from the pressures of pro-natal concerns to make those concerned able to feel entitled - and act accordingly - in decisions concerning reproduction;

to end the risk of the emergence and functioning of a racist form of fertility control, which claims that it provides Romani women with reproduction control methods while it is actually working with the aim of "preventing the Roma's over-population".

3 Methodological Concerns

As already said, this research is based on recognition of the fact that Romani women's (reproductive) health is determined socially, economically and culturally, and has been shaped by the mechanisms of social exclusion that function in our society. Due to the latter, there is a lack of reproductive rights or a lack of opportunities to *make use of* these rights, i.e. things embedded in social conditions, institutional arrangements, policies and cultural conceptions regarding Romani communities. This is why this analysis has a social, cultural and critical approach. Otherwise, it is based on primary empirical research done in the summer of 2004 (in cooperation with the Society for Sexual and Contraceptive Education, from Cluj) and between June 2005 and March 2006 (with the support of the International Policy Fellowship Program).²²

As is the case with health in general, the state of reproductive health is shaped by the social and economic conditions of Romani women's lives and by the cultural conceptions/prejudices about Romani existing within their own groups, within broader society and, in particular, within the community of health care providers. Such aspects of the problem can be seen in the results of ethnographic research done within local Romani groups and the local community of health care providers (family doctors, gynecologists, and medical assistants) in the city of Orastie from Hunedoara county.

²² Here, I would like to express my thanks to my master and doctoral students, who from time to time assisted me in the field and gave several valuable interviews. My gratitude goes especially to Iulia Hossu, Plainer Zsuzsa and Viorela Ducu-Foamete, and also to Petruta Mindrut and Gelu Teampau. I should mention that Iulia also working very hard on film-shooting in Orastie, being the camerawoman without

Participant observation and in-depth interviews were the main methods used at this stage of the research. These results are looked at in Chapter 4.1., 4.2. and 4.3. The same techniques were used to identify perspectives related to the importance of, strategies and limitations when representing Romani women's rights within several non-governmental organizations of or for Roma from Cluj, Bucharest and Timisoara. These results are presented in Chapter 4.6.

As access to reproductive health also depends on how politics and policies treat this issue, to investigate documents reflecting reproductive health policy and Roma policy from Romania a discourse analysis method has again been used. The aim was to see how open they actually are towards Romani women's health specifically - and to the condition of Romani women in general. My own participation in the Roma Health Conference organized in December 2005 by the Presidency of the Decade of Roma Inclusion in Bucharest made it possible for me to get further ideas regarding internal debates on gender-related issues and about the current state of affairs in the development of Roma-related policies. The results of this part of the research can be seen in Chapters 4.4. and 4.5.

4 Between Two Fires, or Mechanisms for Multiple Exclusions

4.1 The Socio-economic Conditions of Romani Communities

According to the 2002 census, out of the 21,213 inhabitants of Orăștie 865 persons (4.07 % of the total population) declared themselves to be Roma, and 156 said that they spoke Romanes. However, among them, one is able to encounter more people assuming a Romani identity. They live in three quite well-defined locations on the periphery of the city (*Diguluj, Dealulul Bemilor, Stadion*) although some are housed in blocks of flats from socialist times. After 1990, a number of such buildings were privatized, as a result of which Roma were evacuated and moved to the former football stadium of the city (where they still are, with their personal spaces being composed of 'cubicles' previously being of service to sportsmen). Out of these three groups, I chose to approach the two who had a longer history within the territory marking out their identity. Also, during my fieldwork I

whom the film we made could not have been produced.

spent more time within the non-traditional *băieși* Romani community from *Digului* district than within the Romanes-speaking *corturari* from the nearby hill, called *Bemilor*. However, I made interviews and filmed there, too, though during my stay I was able to approach, basically, only two families, i.e. ones who invited me in their homes. Nevertheless, in this paper there will also be reference to them because, in the local context, it is important to understand how the two communities refer to each other while identifying whom and how they are themselves.

We should mention that, while the ghetto-type locations where these communities dwell are both symbolically and geographically cut off from the outside world, they *are* parts of the whole. And, as scholars consider, "much of what should concern us about ghetto life has its ultimate determinants in much larger structures, beyond the reach of ghetto dwellers."²³ That is why in this paper, while particularly addressing Romani women's reproductive health, I see this as a social and cultural phenomenon produced at the crossroads of people's personal lives, immediate community, broader social environment (including schools, health care institutions, work-places, city hall, etc.), of state policy and the activities of non-governmental agencies.

4.1.1 *The Romani Community from "Dealul Bemilor"*

The Romani community from *Dealul Bemilor* is a traditional group whose members have descended from traveler ancestors and who spoke Romanes. They settled down here at the end of the 1960s and are called by local Romanians and other Romani groups "*corturari*". The 40 persons, out of whom 10 were children aged below the age of 14, live in 20 households, and the houses, without utilities (10 houses have electricity), are situated on the hill near the rubbish heap at the periphery of the city. Half of them do "own" the houses where they live (though they do not have house contracts with city hall!), while others live with their relatives. Nobody is employed, none of the children are enrolled in school, only 5% of the adults finished primary school, and only 7 families get a social allowance (for which they do community work). Some occasionally work abroad, others do harvesting in the summer, and many collect scrap-iron. 25% of people above the age of 14 do not possess an identity card, and 10% of all inhabitants do not have a birth certificate. Apart from other causes, the lack of identity cards is due to the fact that even if their houses had been built by them or were inherited from their parents, they do

²³ U. Hannerz: *Soulside: Inquiries into Ghetto Culture and Community*, The University of Chicago, 1969, p. 13.

not have a housing contract with the local administration – and, while they are not paying taxes on the houses, identity cards will not be issued for those living there; and such persons, as people without identity cards, are eligible for social allowances. The houses are connected to the city's electric grid, though the community does not have its own source of clean water, so people have to go down a hill or even further to get water for their daily supplies.

Due to the fact that they wear traditional Romani costumes and speak Romany, they are easily identifiable as “Gypsies” - and are thus exposed to discrimination and other negative prejudices.

Some of the “*corturar*” families which became wealthy owing to their occasional traveling to do work in Spain or Italy have moved down the hill into the city, buying houses on nearby streets - though not within the *Digului* district, known in the city as the “Gypsy neighborhood” (*țigănime*). Those who move out try to end any relationship with “those up on the hill”, though the latter do visit from time to time their relatives living “downstairs”. Living on the hill becomes part of someone’s past, which is worth forgetting.

Formally, this community is ruled by a *buljubaša*, although, today, he happens to be a man who does not practice the traditional duties of such a leader, so the community is, in practice, not represented by anyone and it does not have access to the resources that are supposed to serve the Romani communities’ needs. It is a well-known fact throughout the whole city that this community has not benefited from any of the projects that were supposed to improve the Roma’s life conditions.

4.1.2 The Romani Community from “*Cartierul Digului*” Housing

The urban Romani community looked at in the city of Orăștie, whose ancestors were brick-makers (*cărămidari*), settled on the margins of the city, near the river. This location became a ghetto-type space (called *cartierul Digului*, after a dike or *dig* was created on the river) existing close to the road that goes up to the hill where the “*corturar*” live. Their presence here dates back to the 19th century.

The travelers call them “*băieși*”, which is a denigrating term that refers to their “inability” to speak Romany or to keep Romani cultural traditions alive. Before the 1960s whole families usually left on their carriages to do brick-making in different villages from spring to early fall. As people remember, they never ever spoke Romanes and *became rather “like Romanians”*: during the 1970s and '80s they lived in a nearby neighborhood - and were factory colleagues with the latter. By then, the whole *Digului* district was not so

over-populated, basically being composed of two major streets, *Digului* and *Muzicanților* (populated not only by Roma but also by Romanians, whom moved out after a while). Because, over time, new generations had no place to go to (only some families got apartments during socialist times in blocks of flats) they remained in the district, building up houses and shelters (*șoproane*) of wooden planks and/or of plastered mud, in between the already existing buildings or on the two margins of the river. I was also able to observe how six families (with at least of 5-6 members each) living in a former city stable divided up the space by putting up plank fences, leaving a corridor free - which has now begun to be populated by newcomers. This group of people (not necessarily relatives) acts as if it has a separate identity from that of the other Romani groups. These persons could not find a place to live in the *Digului* district or elsewhere in the city and, for different reasons, were unable to remain in their parent's houses. They could imagine getting other housing (and had been threatened many times with evacuation!) but they wished to remain together and, in any case, would not wish to go the hill, i.e. which would be too near the "*corturari*".

Today, in a total of 125 houses, with 1-2 premises, 800 persons live, grouped into 180 families - figures that will give a sense of the high density of people living within such a cramped space. 50% of the total population comprises children below the age of 14, and 85% of school-aged children are enrolled into schools. 135 families live on welfare allowance (*socialul*), performing community work on behalf of the city (they are allowed very, very occasionally to work in their own district!). 15% do not possess an identity card, and 2% do not have a birth certificate. 10 men are employed as sweepers, and 2 obtained jobs at a private brick-factory, though this fluctuates, as there are periods of times when there somewhat more people hired with temporary contracts. 60% of the population gets a welfare allowance, though its being paid may be problematic - as was the case between April and October 1999, when the mayor said that city hall did not have enough funds but also let people know that the authorities did not wish to pay any more to persons "who do not do anything" (and out of the 380 families who were supposed to get the allowance, more than 300 were Roma); or in November-December 2005, when, again, the mayor decided to pay them the so-called "hitting benefit" (*bani de încălzire*, when everybody was supposed to get money if earning below a certain income level). So there would be a lessening of the welfare allowance. 20% from this community say that they collect scrap-iron, almost 5% do harvesting and 7% get a pension. The majority of

the latter have a sick pension as even persons who had worked for 30-35 years were not at the age of retirement when socialist industries collapsed at the start of the 1990s.

The whole community has only one source of clean water – functioning illegally, somehow– while 80% of houses do not have a toilet of any kind; so waste water is thrown onto a mound from the middle of the “street” or into the river, together with the garbage (with this being a permanent source of infection and a cause of several illnesses).

90% of the houses have electricity, and the big majority of families (even the poorest ones) do invest in a television, while some also possess CD-, video and DVD-players. Besides their practical utility, these objects are also a part of people's symbolic status and prestige within the community. Obviously, those who work abroad do better here. Television programs transmit to local people cultural models that they cannot bring into their everyday lives due to the huge economic gap between their own state and the material status of ones representing such patterns. Yet they do like to discover similarities between, for example, their own life and the destinies of soap opera characters, discovering that they might share some universal human problems with others despite the shortcomings of their own particular lives. The tension between messages transmitted via the cultural apparatus (which objectifies a certain standard of living and equalizes it with "normality") and the lifestyles and behavioral models that persons here actually live out may translate into frustration or self-blame, or into anger and rebellion (which is usually expressed verbally towards some persons - like the mayor – who is an embodiment of the Romanian majority and is one of the causes of the Roma's failures).

4.1.3 Work and the Ambiguities Involved in Dependence

During the socialist regime the majority of Roma from this community (both men and women) were employed in one of the main factories of the city – work from which, after 1990 (though mainly after 2000) disappeared, leaving persons partially or totally unemployed for a long period of time (with very few chances of re-employment) and without state pensions. Many persons' currently existing illnesses are due to the chemicals they came across whilst working in the chemical industry (*Întreprinderea "Chimica"*), at the metal works (*Uzina "Mecanica"*) or the leather and fur-coat factory (*Vidra*). Due to the pesticides used in nearby plant factory (*Întreprinderea "Fares"*), which is still functioning, the water from the few existing springs also became polluted.

Work and paid labor seemed to be a central concern for the "băieși" Gypsies whom I met. Their memories of the socialist past – when they were all employed and had a secure income – was a reference point in their current self-perceptions. In contrast, life under the conditions of today's long-term unemployment has forced them to find short-run strategies of *making it* from one day to the next. During socialism they were not allowed to do their traditional jobs, and under the circumstances of the new market economy it is impossible for them to make a living from them still (e.g. from traditional brick-making); though they have expressed a desire to integrate themselves into wider society – *to become like Romanians* – but have been constantly rejected by the majority, who use mechanisms of *exclusion* in their regard.

Nevertheless, they do not usually see unemployment and poverty as something that is an individual failure - they have the power to criticize the system for what is happening (embodied by the mayor, or by new employers, or others), so will eventually lose any feelings of attachment to it. However, today, their attitudes and practices as regards state institutions and authorities are full of ambiguity, which is, of course, a reaction to their condition: they are dependent on welfare provision, and await for some help from above - though, for them, it is merely a daily strategy of survival that is needed.

The seen conflict between dependence and independence is dealt with via the following arguments: they get welfare benefits but, in exchange, they are obliged to do work for the "community" (meaning by this not their immediate community, but the whole city). Yet because they do work for the "others", for Romanians – i.e. they scrub "their" streets, they clean away "their" dirtiness - the welfare benefit they get is not experienced by them as a "gift", but as *payment* for their work. They also feel that it is unfair to be punished if they look for other jobs on the "black market" or elsewhere. At the same time, people repeatedly stressed that "*we should be helped out, but no one helps us*", expressing that they are like neglected children (the term "*necăjiții*" stands for this); though they can also proudly tell stories about how they have managed to sustain themselves even if begging. One could interpret this as a reaction to the fact that they live in an encapsulated social space and are looking for strategies of survival on the margins of the society – a place where, nevertheless, they have to build up their self-confidence and sense of living properly, thereby in a way inverting necessity into a virtue.

4.1.4 Social Bonds and Negotiating One's Gypsy Nature or 'Gypsiness'

Relationships within this community are structured by several factors, among them by economic differences. Poor people (defining themselves as desperate ones, "*necăjiți*") get loans from the wealthier families (named "*cămătarii*") and have to pay back double the credited amount. Those who are doing better – families of the very few employed, of retired people with a pension, of workers abroad – are proud of being Gypsies, of having a relatively acceptable life despite the fact of being Gypsies; and they wish to show everyone that a Gypsy is a good worker and a honorable person. They try to isolate themselves from the rest of community and hold onto the belief in the system of meritocracy within which, as they say, *those who are lazy and do not want to work deserve to live in misery, "like a Gypsy"*. And they recognize the fact that one of the main obstacles to their inclusion into Romanian society is rooted in the prejudices that treat them as members of a stigmatized community, and *not as individuals* who are just different from the "*stereotypical Roma*". They are critical of Romanians for this reason, among whom (as they say) one may also find criminals and thefts and people living in misery. One man told me that he has been a Gypsy *twice*: once because he is of Gypsy origin and, secondly, because he was born in Romania. In the second part of his statement he was using the category of Gypsy as a general stigma in order to denigrate what is happening in Romania today.

One is able to see that the meaning of Gypsiness has shifted from a proudly assumed identity to being a stigma, so it functions as a category of classification even within a single Romani community and also in any relationship between two different Romani groups. Such multiple meanings of Gypsiness probable come from the parallel existence of a desire for self-respect going with an internalized stigmatization, from the ambivalence of identifying with a community and also keeping a distance from it, and from one's latent strength of character in always having to seek out another relative with whom one can feel "suitable". This explains why someone self-identifying as a Gypsy, can at the same time *blame* Gypsies for being dangerous or dirty or lazy, and so on. While being in one location, we interviewers were warned from different places about the "dangerousness" of the other grouping: the "*corturari*" referring to the "*băieși*", and vice-versa; the "*băieși*" community about the "*necăjiți*", the last about the "*cămătari*", and back again.

4.1.5 Education and Experiences of Discrimination

People from this community do report acts of discrimination experienced whenever they apply for jobs and give an address in *Digului* street and can refer to discriminatory acts encountered by their school children. It happens very often that Roma children are allowed to fail at elementary grade three times, or are negatively "evaluated" by a psychologist after the fourth grade so they can be sent to a special school - which, in a hidden way, reproduces segregation, but which is worse because it functions as a school for the mentally disabled, i.e. so is a place where 'normal' children gather more and more disadvantages. Or it happens that Romani children giving good performances are undervalued in the grading process in order to be excluded from the group of the leading pupils of their class.

Such phenomena, together with the dropout rates for girls and boys at a younger age from school, maintains the disadvantaged position of Roma and increase the already-existing social inequalities between them and the majority population. Dropping out occurs for different reasons: there is a need for bigger children to take care of the youngsters or help do housework or go for wood in the forest or collect medicinal plants from nearby fields or get scrap iron or do other types of work on a daily basis (perhaps begging) for a living. While, for girls, early marriage and early births are among the most frequent causes for their dropping out.

The value of education is interpreted *paradoxically* within this community: both women and men see the fact that job adverts (including those from abroad) require at least eight grades from applicants, though they can also see how even those who graduated after ten grades during socialism do not have secure jobs and are not employed because of their "darkness". These factors relate to the social conditions of Romani communities but also connect with the cultural values predominant within them, developing and becoming fixed in response to the exclusionary practices of the broader environment. Some families might not place sufficient emphasis on school education or, even more, might not have the material conditions to do so. The employment-related failures of schooled people may, again, reinforce the lack of belief in the value of formal education. In addition, the "culture of living in presence"²⁴ may not be compatible with

²⁴ As scholars argue (*Lilies of the Field. Marginal People Who Live for the Moment*, edited by S. Day, E. Papataxiarchis and M. Stewart, Westview Press, 1999), living in the present (which characterizes very many communities around the world who live in enclaves at the margins of society) "is an active, not passive response to conditions of marginalization and social exclusion" (p. 7). It might be "a source of joy and satisfaction" (p.2.), but also "an effective cultural and political critique" (p. 7), and it could be a way of avoiding dependencies, of feeling free, but also a "form of resistance", and definitely "a strategy for dealing

long-term planning among those looking at an unimaginable future and seeking secure employment after studying hard for a long time period; for families have to survive on a daily basis, and this is the concern that they need to pass over to their children, who, under these conditions, have first of all to be taught that life is tough and one always has to find solutions right here and right now. This can be of greater value than long-term education as it is about the means of providing elementary resources from one day to the next - and for many people I talked with, both are important: the former because of its immediate results, and The latter due to its still hoped for, long-term benefits. Otherwise, living in the present goes hand in hand with long-term planning in any person's life. The former might be a source of satisfaction and give a sense of freedom to people, while the latter can be a foundation for lasting security, however dependent on institutions of social control. Thus, "a commitment to the here and now can belong with mainstream values and behavior as well as on the margins - and the difference is one of degree".²⁵

4.1.6 *Representatives*

Nonetheless, this community has an informal representative and in the recent past has benefited from supportive projects assuring different community services. Their representative was a candidate at the last local elections, but unfortunately did not get enough votes. Moreover, even if he *is* recognized both by the community and by the local administration as a Roma expert, and even if according to governmental strategy for the improvement of the Roma's situation a Roma expert should be hired by the local government, he is only to be used by the latter as an informant on the community and as a mediator in some cases, but is not taken on in a paid position and is not involved in decision-making.

His wife has been taken on as a school mediator, and the two of them together are committed to making a change in their community's situation and would like to get more support in terms of information and empowerment from Romani organizations distributing resources. They are convinced that Romani identity should be assumed proudly, which is why he is teaching youngsters Romanes language, culture and history, he gets money from selling scrap-iron to make them traditional costumes and takes Romani children to festivals, where they are liked due to their dancing and singing abilities. Both of them consider that integration of the Roma into Romanian society

with encapsulation" (p.9.).

²⁵ See the volume cited above, p.4.

should start with their *inclusion*, and this is why they cannot agree with any segregation phenomenon wherever it occurs (schooling, housing, etc.). However, they think that special programs and even affirmative action could be directed towards improving Roma life conditions, empowering persons here by strengthening their self-esteem and cultural pride.

4.1.7 Conclusions

When learning about how identification processes work and how the category of Gypsiness structures social relations, I realized again that one of the main obstacles for the Roma as regards building a positive self-identity is the "Romanization" of negative social phenomenon (like poverty, criminality, lying, stealing, dirtiness, laziness and so on), and the internalization by them of practices that blame the victim and are naturalizing/legitimizing acts of discrimination against them. In the case of both Rom and Romani, the processes of social exclusion not only function via class differentiation and social stratification but are also due to their culturally devalued ethnicity, something marked by having a darker skin color - on the basis of which they are discriminated against and excluded from having vital resources (like education and employment); and these are things that, according to dominant norms, are *crucial* to living in dignity and having the self-respect needed to make future plans.

When I refer to "Romanization" I am referring to the mechanisms by which many features that are considered bad and deviant are seen as being Gypsy-related, and accordingly are excluded from a "normality". Yet one must also think about the fact that, due to the structural discrimination, Roma are much more exposed to the risk of impoverishment on the basis of being termed "Gypsy" (a category referring to, as said, all negative features one may have, including "dark skin") and, at the extreme, to having a "choice" of ensuring their survival by illegal means, which, in turn, re-enforces their social exclusion and cultural devaluation: *one may stay hungry for a day or two, but cannot see his family suffering of hunger, so on the third day he goes out and steals something and buys a piece of bread; it is not acceptable that, under these conditions, if Roma steal some scrap-iron they are imprisoned for years; how could they ever start another life after this; you cannot expect Roma to do work for nothing - you should at least give him something to eat because when his stomach is empty he has to go out to get something in an illicit way; we also have our bad guys (uscăturile noastre) but, usually, Roma like to*

work - they just want to have an opportunity to work and not to be forced to look for something in an illegal way.

One of their greatest losses experienced during post-socialism is related to their former sense of internal solidarity and brotherhood. Envy and denunciation of each other weakens the community. These phenomena are also rooted in their huge economic dependence, so, for example, those who are employed as street sweepers by the city hall might be used by the local leadership to provide information on illicit activities performed within the community, or some may receive construction materials or wood during wintertime in exchange for information given about others.

As stressed in this chapter, such persons' attitudes towards education and employment is ambiguous because their self-perception includes, on one hand, memories of socialist times, when they had access to schools and secure jobs considered to have a value – and, on the other, current experiences of making a living from one day to the next. Their paradoxical situation is also due to the fact that wider society has left them somewhere in the middle of the road: it promised to integrate them if they accept the values of the majority but, at the same time, has continued to make their integration impossible by always reminding them that they will always remain Gypsies (meaning something inferior or non-modern or unacceptable). Under such conditions one might expect the appearance of attitudes that reject "values" that they cannot attain *anyway*, when they may start to identify with other values that actually help them to 'make it' on a daily basis. This is how the already-mentioned "living in the present" and culture of living in the present develops, not as an ethnically-shaped issue - and not even as a totally free choice, and for sure not as an extension of some "Gypsy essence" - but as a reaction to what one could define as being "the processes of encapsulation".²⁶

4.2 Roma Woman's Conceptions, Feelings and Practices in Relation to Reproduction

During my fieldwork I was able to see that besides the social and economic conditions and the cultural devaluation of Roma, Romani women's reproductive health (and choice as regards having control over this) is also shaped by the (gender-based) cultural conceptions predominant within their own communities. As always happens, in this case too "structural factors, including the distribution of economic, political and institutional

²⁶ *Lilies of the Field. Marginal People Who Live for the Moment*, edited by S. Day, E. Papataxiarchis and M. Stewart, Westview Press, 1999, p. 7.

resources" do not only act by themselves but are "both experienced directly by individuals and interpreted and made meaningful through cultural processes."²⁷ These include views on gender relations, on a woman's role in family and public life, on their role in sexual relations and with their body, on the 'proper' number of children, girls and boys, while also taking into account religious beliefs that might criminalize not only abortion but the use of contraceptive methods and sexuality as a whole.

Likewise, views and ideas here do not function alone while shaping women's choices regarding reproduction: feelings have their own roles in decision-making, because – especially regarding issues that belong so much within intimacy and privacy – women cannot make an abstraction of their emotional ties, i.e. which link them to their children, spouses and other kin whom they consider significant others in their lives. Furthermore, the economic conditions in which they live or, rather, the ways in which they think that they might cope with poverty, do shape Romani women's decision-making regarding reproduction, its control and, implicitly, their reproductive health. One can conclude that, eventually, "social, emotional and economic issues are linked in women's desires, claims and practices related to reproduction",²⁸ so Romani do not conceptualize their thoughts regarding reproduction in terms of rights but mostly in terms of their material conditions, social relations and feelings.

4.2.1 Women's Status

It is paradoxical how a woman's status is shaped within this community: under a regime of male dominance (or of an order which favors the occupiers of masculine roles) they do have power - and seem not to be materially dependent on men. Yet this power may have no authority; and their independence might have no value under conditions of living in severe poverty and within large families, where everybody relies on others and, as a community, is dependent on the socio-economic conditions into which they are forced by factors beyond their control.

Women do all kinds of work besides giving birth to children: child-rearing, shopping, cooking, cleaning, washing, taking care of elders, going out for wood. They also perform

²⁷ C. H. Bowner: "Situating Women's Reproductive Activities", in *American Anthropologist*, December 2000, Volume 102, Issue 4

²⁸ Maya Unnithan-Kumar: "Reproduction, health, rights. Connections and disconnection", in *Human Rights in a Global Perspective. Anthropological studies of rights, claims and entitlements*, ed. by Richard Ashby Wilson and Jon P. Mitchell, Routledge, 2003, 183-209, p. 184

remunerated labor: mainly medical plant collection in the summer and/or domestic work for the whole year (having their "*ladies*", *femeia mea*, as they say, where they mostly do the cleaning); and - as usually happens now, when they are not employed any more - they do community work for the welfare allowance they get. Also, they seem to be the "experts" regarding the family's external relations, taking the children to school or the doctors, making claims at city hall and so on. If they only needed to sustain *themselves* they would be able to survive easily. But there are always the children there, whose material support cannot be assured only by one "income", *especially if you are not supported by your parents*.

Moreover, a woman's value *symbolically* is strictly linked to *her man* and is even greater if *she remains dedicated for her whole life to only one man*. One can hardly find any single women or single mothers in the community. The law is: *you should bear all the difficulties near him, even if he beats you - you have to accept even this, as he probably hits you when only under the influence of alcohol*. Yet I did meet single mothers: like widows seen by their children, with whom they lived, as being too old (even if in their forties!) to "marry" again, or like the girls whose partners did not recognize the newborns as being their own children, or ones whose men had been imprisoned, or ones who were abandoned by their men and decided to live on their own with their children, mostly in the houses of their parents, and who assert that they *do not need any man from now on* (*nu îmi mai trebuie bărbat*). Being alone is impossible under conditions in which there is hardly any free space at all in the ghetto where one could live! And, additionally, if a woman wishes to be considered a grown-up, she will have to find a man for herself.

The idea of male dominance is maintained via a moral according to which *a woman should respect her man*, indeed *should serve him also by giving him money for drinks or cigarettes*. Usually, people trace this idea from the remote past, saying that *this is how it was and still is* (adding: fortunately or unfortunately, depending on the speaker); but this idea could certainly not have survived if it did not have its social function in contemporary community life. A man is supposed to have the power to protect his family and community, and to provide his parents' with a house - or, better, let them live in his own house. He may fail in the latter because housing arrangements depend on many factors, and this is why people in this community cannot afford to sustain any strict rules here; they would rather weigh up immediate opportunities in the given situation. This is the mechanism that generally says what is acceptable, and what is not, in the context. What has already been seen is applicable here, too: "the community seems to have evolved a certain

measure of tolerance for certain non-conformity as compared to the mainstream ideal... and ghetto-specific culture provides some degree of socially-recognized release from certain mainstream norms."²⁹

4.2.2 Marriage

As I was told, in the community from the *Digului* district girls usually marry early and give birth at an early age, abandoning school at the age of 13-15: *there is no girl in our district who graduated from high school; at best, they attained ten grades under Ceausescu, but after the revolution it is good if they get eight - though they usually drop out after the fourth, or just never enroll.*

They do not marry officially (although this has been a recent development) - giving many reasons for this, among them the following: I wouldn't like to change my name; we do not have our own home - he stays with his parents and I remain with my children at my mother's house; if we do not marry, I may receive the social allowance, while he might find all kinds of work on a daily basis without being blamed for also getting social allowance; this is how it happens here; he might abandon me anyway, if he wants.

Nevertheless, women refer to their partner as *my husband*, or even more often as *my man (bărbatul meu)*. As a rule, the family and the community *consider* them married (due to what is termed *credință* or *legământ*) after having slept with their partner in one of the parent's houses. Before "marriage" they meet and are together at night on the dark corners of streets, so one may see many young couples then, kissing or even making love. Also for the material reasons mentioned, cultural definitions of marriage as an institution serve to shape people's relationships, which, as a result, do not depend on "official papers" either when they are constituted or when there is a break-up.

Girls feel free to choose their husband, so they enter freely into love relations. Yet there are more rules regarding a woman's sexual behavior than a man's: *she needs to be a virgin; it is dishonorable to leave your husband and look for another, thus having children from two men; women who change their husbands are held responsible by their community and their whole family.* It happens more often that a man leaves his woman for another one and, then, the first "wife" moves back to her parent's house and the "new wife" moves into the man's or the man's parents' home. It also happens that a woman *tries to run away* (usually due to frequent acts of domestic violence) though her attempt to

²⁹ Ulf Hannerz: *Soulside. Inquiries into ghetto culture and community*, University of Chicago Press, 1969, p. 104

do so is very difficult: she might be accepted back by her mother but would risk being labeled negatively by the community; or she might try to leave the district, or even the city, yet each time will be afraid of being followed, caught and returned by the angry man who cannot accept being abandoned.

4.2.3 Children

Usually in the first year after marriage – even if at an early age – girls give birth to their first child. And, after that moment, children continue "to come" yearly: *the year and the child*, they say. Breastfeeding creates a major dependency between the mother and her child. It goes on for many years, even to three or four. Even if this means that a mother will always have to carry a child with her, this is part of her proudly assumed identity: *I give breast (fîfă) wherever I go, whenever it is needed - when my child is hungry, or irritable, or cannot fall asleep; on the street, on the bus or in a shop; there's no shame in this.*

Being a mother has a prestigious role in the community; it is actually the way by which a girl starts to be recognized as an adult. Up to this point, if she has her own home - or at least her own bed, one that does not have to be shared with her little brothers or sisters, but with her husband - she may experience an increase in status. Having many children is considered a sign of the powerfulness of the family, and the masculinity of a Rom is judged according to the number of the children he produces in a lifetime. Women who need to look after their family and household, and also relationships between family and public institutions (being in charge of taking the children to school, to the doctor, or dealing with things at the mayor's office) might have other opinions concerning the "correct" number of children. Yet in the case of communities where tradition strongly shapes people's lives and choices, their voice is barely heard. They might have the power to make decisions (and they do this secretly), but this power lacks authority, so is considered an illegitimate one.

Responsibility for having children lasts one's whole life: anything could happen to me, but I need to take care of my children; I just feel wonderful when I am together with all six children in bed; I need to feed him first, and see he's well; if my daughter wants to come back in my house, she is always welcome - but I told her that it is wrong to leave your husband while the children are small; you have to stay near your man and suffer if you have to, even if he beats you when he is drunk - for the sake of your children... anyway, where could you go with them?; children gave me the strength to go further, to survive; I

take them to the doctor whenever they are sick, but I don't go there for myself. Responsibility is expressed also in the terms of not wishing to have any more children: I wanted to have these four kids, especially in the time of Ceausescu, when we had a place to work and a stable income; but now I can't afford to have any more - I couldn't bear seeing them go hungry!

4.2.4 Contraceptives

Almost every woman I met from this community had information about modern contraceptive methods but, for many reasons, they had had several abortions during their life-time. The sources of information were family doctors, a gynecologist, or women friends and neighbors.

There is no open and public talk about contraceptives, abortion or about reproduction and sexuality generally, even among women themselves: *I'm ashamed to discuss this; if I suddenly get fat - or become thinner - the community starts to whisper that this was due to the pill; if they found out that we use condoms, they would accuse me of being a prostitute (traseistă); they'd say that I am giving myself airs (mă dau mare) if they heard about me doing this.* The "public opinion" (mostly whispered, and not openly expressed, but still being a form of "community control") is of major importance in shaping opinions about "proper" contraceptive methods: *my friend got fat from using the pill; when I took the pill, I lost weight; there was someone who died after the injection; my neighbor got cancer after she used an intrauterine device (sterilet).* All such rumor-type information has some kind of truth at its base: some get fat, others lose weight, a woman who had injections died (though for other reasons), and cervical cancer exists (albeit caused by other medical factors).

The mixture of all such knowledge – when, as said, women do not dare to talk about these problems openly, and doctors for many times do not listen to them or do not deal with their doubts – turns the whole issue of contraceptives into a rather mystical topic; or into a problem that one needs to face if one wishes to avoid having more children or an abortion, but which is one that, due to the related stress, one simply seeks to forget.

The connected frustration is even greater owing to the contradictory "messages" a woman receives from different authorities and the experiences she lives through regarding reproduction: *the community expects women to give birth to as many children as she can; it is said that you are more powerful if you have more children; if God wants you to be pregnant, you have to give birth to the child; it is said that you, as a woman,*

have to respect your parents and your man - so if, for example, he wants to have lots of children, you have to create them; how can I make more children in this 'booth'?; it is unbearable for a mother to see her children freezing or hungry; once you have children you have to work and to worry all the time - you see, I have to have all my four children with me, all the time; it is a sin to have an abortion or to use contraceptives so, even now, when in my forties, I would bear a child if one were to come.

4.2.5 Abortion

Given conditions of limited and quite complicated access to contraceptive methods (ones having non-controllable side effects too), abortion remained for many Romani "the best" or at least the "most practical" solution to an unwanted pregnancy. The majority of women I spoke to stressed that having an abortion is a practical decision: *I couldn't have raised any more children; if you don't want him, because you don't have the material means of support, it's better not to give birth - it is better to have an abortion, as it would be far worse to 'torture' the child afterwards.* Almost everybody considered it a sin, however: *you kill a soul, and this will affect you for ever after, God will not give you sustenance after you die; you feel like a murderer.* Nevertheless, abortion is used as a last resort: *it is like a war going on inside your body - it is difficult to decide but, finally, you opt for it, if there is no other way...*

Otherwise, the "option" involved here harmonizes with the predominant strategy of going to see a doctor. Going to the doctor (especially for concerns related to the reproductive organs) is an unpleasant event, one linking up with taboos regarding one's body and sexuality; also, thinking and acting in a preventive way is *not* a part of the health culture in general in this society (N.B. and not only within Romani communities). For these reasons, abortion (as specific and direct intervention in an emergency) is more "favored" over the use of contraceptive methods (which require regular 'controls', supervision, involve more costs and, as said, cause unease and have unknown aspects): *up to now I've had only one abortion - so I can still have two or three... I'll just go to a doctor - it is allowed now, and it's cheap at the state hospital; you just have to ask for one.*

The act of having an abortion is sometimes considered to be a manifestation of women's power, a moment that is controlled by her, and which might be done secretly: *I don't tell him about this - this is my problem, and I have to deal with it.* Paradoxically, this kind of power is "achieved" by a woman after her man has *failed to be careful, i.e. as he is supposed to do.* It is a kind of ironical retrieval of control from the hands of a man who has

proved himself unsuccessful, who has made a woman pregnant against her will. Within a shortage-dominated micro-economy and perhaps having a bad relationship, too - one that may threaten her bodily safety and not give any emotional pleasure - having an abortion is about escaping from *further* troubles. If such is the case, side effects will be small or not thought of, for elementary survival is what is important here. This shows that, due to several factors, Romani women do *not* take care of their bodies and do not see reproductive health as a crucial issue within their life until they become very ill.

Women may indeed join, together with their families, some sort of Neo-Protestant church (which is a phenomenon that is getting more common within Romani communities, implying a very strict form of community 'control'): and, from their point of view, not only is *abortion* very wrong – also, the use of any *contraceptive method* is a sin. Here, therefore, contraception, for cultural reasons, is not an available tool via which to control reproduction.

4.2.6 Conclusions

What is happening with regard to Romani women living in conditions of severe poverty in terms of reproductive health appears to be a vicious circle from which one cannot easily escape. On the basis of their material conditions they do not want to have many children. Yet men are not so preoccupied with *not* allowing their wives to get pregnant (they do not like using condoms), so women will have to have an abortion if given an unwanted pregnancy. Not being married officially, and most probably not having their own home (i.e. the man and woman, the latter with the children, may live separately, in their respective parent's homes), women cannot therefore rely on their husband's help when raising children. Yet women do know about contraceptives, though their information may not necessarily be medically-based; and they will not readily talk about this, even to each other (and certainly not to strangers). Doctors are more than willing (we refer to this in Chapter 4.3.) to give to Romani contraceptives for free, i.e. the ones that are at their disposal (mostly injectibles, whose secondary effects are only very vaguely known). Thus, women "choose" to use such free contraceptives, for they cannot afford to get others (types that might be more better for their health); they would rather take something/anything that is freely available (despite possibly negative consequences) than have any more children

The prevalence of abortion over the use of modern contraceptives might also be seen as part of the already-mentioned culture of "living in the present". Contraceptives would

suppose long-term planning and would appear to be incompatible with a life lived from one day to the next. Nonetheless, Roma cultural values give women the 'burden' of having as many children as they can, so being pregnant is, in a way, a "strategy" of living up to social expectations. In these conditions, abortion remains a means via which a woman can escape from control, can be free - or, rather, it is an alternative by which she "chooses" to live in the present; she is able to decide, in the light of immediate material conditions, social relations and emotional ties, if she wishes to continue her pregnancy or not.

Romani women make decisions regarding reproduction according to their own views and feelings, but also with regard to the social expectations that they would like to live up to as wives/mothers. This is why it might look odd to look at, in their regard, reproductive health as a human rights issue. Nevertheless, one can make recommendations – as I do in this paper (see Chapter 5.3.) – using the language of human rights. The reasons for this are multiple: this is a discourse that is legitimate in the realm of policy-makers and, given this, should be used as a means of making such persons aware of Romani women's needs and of the social, economic, cultural and political processes that turn them into one of the most 'underserved' categories; it is a language that emphasizes Romani women's rights as *humans* (regardless of gender, ethnicity and class) while remaining conscious of the fact that gender, ethnicity and class - as systems of power and socially constructed identities - *do shape* destinies by excluding them, as individuals and groups, from having *de facto* access to resources (e.g. reproductive health). This a discourse claiming that Romani have a right to make decisions (among other things, about reproduction issues) on the basis of material conditions and emotional ties, and regardless of pro-natal/fertility control policies that try to subordinate them to "higher instances" - like those of family, community, nation or God.

The majority of the women I met within the Romani communities expressed a powerful desire to have their destiny in their own hands (or acting as an agent) yet they have a very limited choice in this sense. On the basis of what they considered to be a correct decision (in their living conditions, and within specific social relations) they felt morally entitled to decide, for example, upon the number of children wanted, on whether to have an abortion or to use contraceptives. Their desire might have been to act as powerful individuals, and they made moral claims on the basis of which they made decisions regarding reproduction - even though such decision-making has many non-controllable limitations put upon it (structural factors, social expectations, cultural

conceptions). In this way their choice-making was not totally theirs i.e. given the fact that they are excluded on the basis of their gender, ethnicity and class from resources that might ensure their reproductive health (an aspect discussed in the terms of medical services in the next chapter); also because it has always been important for them to be accepted and respected individuals within their community, and given the fact that their autonomy is limited by very strict community expectations regarding femininity and motherhood.

4.3 Health Care Providers' Attitudes towards Romani Women

In this research I made individual and group interviews; and I had informal discussions with local health care providers who deal with a woman's reproductive health: family doctors, gynecologists, their medical assistants, and also staff in the County Health Directorate, including community medical assistants.

4.3.1 Medical Community Nurses

We need to mention that in the city of Orastie there was no Roma health mediator and no center for family planning. In a way, the Roma health mediator role was played by a community medical nurse, though she was a woman not belonging to the community (as a Roma health mediator should be). She did not have much authority either in the eyes of the community or in the eyes of the family doctors/ gynecologists, and Roma only made up a small number of the large community of patients (almost 2000) under her supervision. She was directly subordinated to the County Health Directorate, used a city hall office, and had worked in harmony with the department of social work. When I met the (female) director of this public service she got very excited about the fact that this research was linked to the issue of reproduction and the use of contraception. She very quickly let me know her ideas – ones shared with the mentioned community nurse – about the need to have a “fertility control campaign” directed at Roma women (*campanie de injectare*), using injectible contraceptives, being convinced that the main causes of Roma poverty (and of the troubles that city hall and she, personally, faced day after day owing to Roma) were rooted in their “over-population”. During formal interviews done with them, however, no-one referred to this idea any more (proving that that they knew it was not politically correct to resort to such ideas).

Also, this was not an "officially held" position, so one need not assume that such a campaign would occur. Nevertheless, such hidden opinions might be harmful and

dangerous, i.e. if they are held by persons who are in a position from where they might manipulate Romani women, and not deal with their reproductive health but other concerns... The lack of real communication between health care providers and Romani is, symbolically, well illustrated by the following story: when the Society for Sexual and Contraceptive Education planned to publish some advertising materials regarding contraceptives, whose information could be understood by Romani women too, the latter were asked by the community nurse about the photo that they would like to see on the cover page of such a booklet. The Romani with whom I talked remembered that they had expressed a desire to have both a Romani and a non-Romani woman but, in the end, local organizers said that women – and, accordingly, they too - had opted for a picture of a blond haired, middle-class woman.

4.3.2 Family Doctors

In 2004, out of the thirteen family doctors of the city of Orastie, four were part of the network via which contraceptives were distributed freely; yet in 2005 (due to training organized by the above-mentioned S.E.C.S.) family planning services covered more than 90% of medical services available at a primary health care level. Romani families were allocated to those who belonged in this network. However, due to the huge number of Romani patients, to administrative work related to the distribution of free contraceptives and to the fact that they do all such work on a voluntary basis, personnel did not have much time to have deep family planning discussions. As said, they habitually advised Romani to take injectibles. On the basis of my discussions with them and with their patients, I can conclude that, besides the material conditions under which these women live, there are many cultural beliefs and attitudes that stop women using contraceptives, such as: a fear of becoming fat (resulting in rejection of the of pill); a fear of cancer (resulting in a rejection of intrauterine devices); fear of menstrual non-regularity (a rejection of injectibles); the sexual taboos of the community (and a resulting fear of family/community controls); shyness in front of a medical doctor, i.e. a stranger; a lack of confidence in the health-care system as part of an un-friendly state authority; disregarding one's health under harsh conditions of poverty; predominant religious beliefs; the passive role of women in sexual relations (via which men are supposed "to take responsibility", though if they fail to do so women are supposed to deal with things).

Among family doctors I was able to witness attitudes that had racist implications (I have too many Roma patients, and this happened because I am a newcomer to this city,

so I've had to take what it was left by my colleagues; they come very often to the clinic, and are always after something; it's very hard to work with them, as they don't listen to you; they have too many children). Yet there were also opinions that recognized the following: Roma women do take good care of their children - they bring them in for their shots; Roma children are healthier because their mother breastfeeds them for a long period of time.

4.3.3 Gynecologists

The three city gynecologists were working both at the public hospital and at their own private clinics. Their prestige within the former location was quite reduced, both materially and symbolically. Their private enterprises were doing well though, obviously, Romani women, due to their finances, could not benefit from the better quality services on offer in this sector. At the public hospital the gynecology section was downsized to a compartment (the number of beds was drastically reduced owing to the reduced number of births occurring after 1990); while its material infrastructure was very old: *here we have the losers of the transformations process, beings totally devalued and mistreated - even if, theoretically, the Ministry of Health talks about the need to look after maternity wards...*

Due to the market-orientation of public health care, gynecologists were being paid according to a strictly defined norm, which did not include, for example, family planning consultations, the administering of intrauterine devices and abortion at the patient's request – i.e. as if these were not medical services; all of this was being done on a voluntary basis (and there was a lot of work done in this respect in the 1990s). Thus, the Romani wanted to benefit from the existence of abortion services at a *state* clinic (i.e. as they were more expensive in the private sector), though among state physicians one could encounter an anti-Roma attitude, based on cultural prejudices about their "*dirtiness*", "*excessive fertility*" and "*stupidity*": *they cannot do anything but have children; they have neither the will, nor the intelligence, nor the education to use such pills properly...* This was the reason why a decision was made, in 2004, regarding the re-localization of the abortion-on-request-service, whose location was moved from the hospital to poli-clinics. Responsibility then rested with one of the gynecologists (out of the three). Prices went up, and free access to an abortion for women already having four children or for 'minors' was eliminated. The move took three months and, meanwhile, no abortions occurred upon request. Those who could afford it approached the private clinics, therefore - while others probably gave birth to an unwanted child; although,

fortunately, no complications related to an induced abortion were reported during this period of time.

In the attitudes of doctors towards Romani women I was able to uncover some 'double talk'. Their gestures, words used in characterizing them (as quoted above) and informal confessions (about the "fact" that mainly Roma women seek abortions at a state clinic; about the "need" to segregate them in order "*to protect our Romanian patients*"; or about the "*immorality of an abortion*") reveal the existence of mechanisms aimed at excluding Romani on the basis of their ethnicity and when from a particular location; while specific rights, like the one where persons can ask to have an abortion at a state clinic under safe conditions, are also coming into question. Complaints about the "fact" that "*chiefly Roma women give birth nowadays*" were maintained - even if they run counter to given figures: *last year 17% of births occurred with Roma women; this year, it is even more, at around 26%*. These statements are, of course, more biased and prejudiced than would be the reality if we put them together with complaints about having "*too many*" Roma women requiring abortions at the public hospital. There are no figures on this, though - for no statistics are permitted here. Within the realm of feelings about and fears of "Roma overpopulation", however, such statements clearly express a deep aversion to Roma - suggesting that, even if they *do* have more abortions, they will still give birth more; and, anyway, they are simply bothersome, and there are "too many of them".

4.3.4 Conclusions

One of the conclusions I could make regarding what was happening in the relationship between Roma patients and medical doctors is that of the phenomenon of the "Romanization" of particular services. Obviously, there were not only Romani but also impoverished, 'majority' women who sought abortion services in public hospitals. Yet as poverty and all the related and assumed characteristics usually ended up being seen as a sign of Gypsiness here, abortion on request, problems with using the pill on a daily basis and an 'excessive' number of births is "Romanized" as well. Thus, Roma women began to represent these issues - and such problems tended to be defined as "Romani issues".

All mentioned characteristics of the local medical system were obstacles to any real access of Romani women to good quality health care and, as a result, to any opportunities of *de facto* being able to use legally assured reproductive rights. They were factors of structural discrimination against women based on their sex. With Roma, this

discrimination became a triple one, i.e. being produced at the crossroads of their ethnicity, gender and social position. In a broader context, the downsizing of the gynecology section at the state hospital and its under-developed infrastructure served to illustrate the devaluation of women's concerns, in particular of reproductive health. Even if, theoretically, society and the state recognize the role of women in biological reproduction, they do not invest much money into it, and do not confer much symbolic prestige to this health care area. As discussed in Chapter 4.5, foreign investment and assistance were crucial in raising awareness about women's reproductive health but, by mainly focusing on the provision of contraceptives, they reduced public consciousness about reproductive health to merely birth control. One needs to recognize that all this happened under the post-Ceausescuist conditions of the abolishment of the anti-abortion law and of (willingly or not) celebrating abortion "as a gift of democracy". In these circumstances there was indeed a need to relocate the emphasis from a woman's right to abortion to their right to control reproduction by means of contraceptives. But, again, the stress lies here: the aim of this change is to increase women's access to reproductive health – without there being birth control of any kind.

4.4 Roma Policies. From Gender-blindness to Pro-natal Concerns

In Romania, in the 1992 census, 401.087 people (1.8%) of a total population of approximately 22.6 million identified themselves as Roma, and in the 2002 census the number of those self-identifying as Roma increased to 535.250 (2.5%) - although unofficial estimates of the actual figure of Roma in Romania ranged from 1.8-2.5 million. Due to the large Romani population in Romania and the extremity of the situation of the Roma there, many international organizations are focusing their attention on this issue. For example, the European Roma Rights Center has made Romania a priority country since beginning activities in 1996; and the European Union has been strongly critical of Romania's treatment of its Romani population. In its Regular Report on Romania's Progress towards Accession from November 8, 2000, for example, the European Commission stated that, "Roma remain subject to widespread discrimination throughout Romanian society. However, the government's commitment to addressing this situation remains low, and there has been little substantial progress in this area since the last regular report."

The current situation of Romani communities should be viewed in the context of the socialist and pre-socialist legacy, too. Roma were enslaved for a long period of time (the

first records of their enslavement in the provinces of Wallachia and Moldavia date from the mid-fourteenth century, and they were liberated only by the second half of the nineteenth century), afterwards continuing to live on the margins of rural and urban communities. During the communist regime they were not recognized as national minorities; half of Romani workers were employed in rural areas; doing traditional jobs was on the limits of legality; and a state decree from 1970 identified them as causing a danger of “social parasitism, anarchism and deviant behavior” (with this being followed by measures aimed at eliminating nomadism). All of this transformed Roma people (living in approximately forty “nations”, some of them keeping old cultural traditions and speaking Romany) into a culturally undervalued and socially-excluded category, whose “problems” were identified as problems of social underdevelopment, of a “culture of poverty” and not as issues resulting from forced de-ethnicization and a related structural racism and discrimination.

4.4.1 Strategy of the Romanian Government to Improve Roma Conditions

As many reports on the situation of Roma show, after the collapse of the Ceaușescu regime in December 1989 anti-Romani sentiment broke out in a wave of collective violence against Roma. Under the pressure of international organizations and internal Roma activism the “Strategy of the Government of Romania to Improve Roma Conditions” was published on April 25, 2001 by the Ministry of Public Information. Since then, the strategy gave rise to a monitoring process both at central and local levels, and reports noted the following.³⁰

The document included a commitment to ensuring the conditions necessary for Roma to have equal opportunities in obtaining a decent standard of living, as well as a commitment to the prevention of institutional and societal discrimination against Roma. The Strategy included as “sectoral fields” of action “community development and

³⁰ Strategy materials and evaluations can be read in: Strategy of the Romanian Government to Improve Roma Conditions, at http://www.riga.lv/minelres/NationalLegislation/Romania/Romania_antidiscrim_English.htm; *O necesară schimbare de strategie. Raport privind stadiul de aplicare a Strategiei guvernamentale de îmbunătățire a situației romilor din România* (A necessary change of strategy. Report regarding the application of the Strategy of the Government of Romania to Improve Roma Conditions, by the Resource Centre for Ethnocultural Diversity, 2004, at www.edrc-ro; *Monitorizarea implementării la nivel local a Strategiei pentru Îmbunătățirea Situației Romilor din România* (Monitoring implementation at the local level of the Strategy of the Government of Romania to Improve Roma Conditions), by the Resource Centre for Ethnocultural Diversity, Open Society Institute Budapest and EUMAP, 2004, at www.edrc-ro, <http://www.romacenter.ro/noutati/index.php?page=8>; *Report on the Implementation of the Strategy for the Improvement of the Situation of the Roma Community in Romania*, 2002, <http://www.eumap.org/reports/2002/content/07>.

administration”, “housing”, “social security”, “health care”, “economics”, “justice and public order”, “child welfare”, “education”, “culture and denominations” and “communication and civic involvement”. The overall timeframe of the Strategy is ten years (2001-2010), with the medium-term plan of action having a target of four years. While the general aims of the Strategy were for the most part noble in sentiment, there was a considerable lack of detail in the plans. For example, the goal of “including Roma community leaders in local administrative decision-making which affects the Roma” is to be welcomed, but the means of realizing this aim are not stated. The sections of the program on “Justice and public order” and “Education” are particularly weak. Revealed is the image of a passive state, viewing discrimination as solely the effect of laws, a state which is unwilling to act to address discriminatory acts, remaining content to “observe” human rights without acting to *guarantee* that they are respected by all. Other measures implicitly rehash the prevailing view that Roma are to blame for the unsatisfactory human rights situation in Romania. Education provisions on are in essence flawed. Similarly, the development of a family planning and contraceptive program within the set of targets to be achieved in health care suggests a lack of sensitivity in approaching the issue of Romani women and health care (see Action nr. 112, p.23). Another fundamental question raised by the Strategy in its present form is the question of resources. Nowhere in the Strategy document is the issue of funding addressed.

4.4.2 Decade for Ethnic Roma Inclusion

The “Decade for Ethnic Roma Inclusion” (an initiative of eight Governments in Central and Southeast Europe started as a joint initiative of the World Bank and the Open Society Institute) was launched in Romania in February 2005. Its activities focus on increasing education access at all levels and on basic medical services; also on a valuing of Roma cultural heritage and on living condition improvements in areas populated mainly by ethnic Roma. From July 2005, Romania had the first Presidency of the Decade of Roma Inclusion – and, obviously, the National Agency for the Ethnic Roma of the Romanian Government plays a major role in this. Its aim is to give substance to the concept of Roma inclusion and, among other things, to coordinate the processes of sharing best practices in terms of Roma policies. At this point, Romania is given as an example, due to its program on Roma health mediators.³¹ Yet debates about its efficiency, results and

³¹ The results of a recent policy research coordinated by Marta Schaaf were just published under the title *Mediating Romani Health. Policy and Program Opportunities*, Open Society Institute, Network Public

limitations – which are related to broader debates about the advantages and disadvantages of affirmative action (in Romania called “positive discrimination”) – become ever more heated.

The National Agency for the Ethnic Roma, after seeing the difficulties encountered by the implementation of the already mentioned strategy, thinks it is time to link the mainstreaming and targeting strategies – and also to mostly emphasize the *former* as the most suitable one as regards ending Roma isolation. The Roma are not considered to need special treatment as preferential treatment reinforces dependency and isolation, and re-produces the prejudices according to which Romani issues represent a set of problem separated from the rest of society; instead, they suggest the Decade develops the concept of mainstreaming. Resulting policies should be based on convictions according to which the role of promoting inclusion belongs to all state authorities. The mentioned agency is supposed to have a coordinating role making sure that Roma are taken into account in every area of public policy.

4.4.3 Conference on Roma Health

The Conference on Roma Health organized in December 2005, in Bucharest – in which I participated via my International Policy Fellowship grant – proved that central Romani agencies think they should *not overemphasize* the issue of women’s reproductive health, as international agencies do so much, due to the forced sterilization cases that occurred in Slovakia. I could see again that, obviously, reproductive rights are a highly sensitive issue within the Romani communities and its movement. Yet this is not only because they might be made use of for the sake of action taken against Roma reproduction - and, misused, might be transformed into an excuse for fertility control; it is also due to the fact that some Roma leaders interpret them in terms of attacks against Romani traditions regarding the “proper” number of children or a woman’s role and her sexuality - or as an assault against the unity of the movement. Fears regarding the assimilation of reproductive rights with birth control are enhanced by suspicions surrounding the idea of treating family planning (alongside sexual disease) as a Romani issue, which can then produce negative prejudices against Roma.

In this context a Romani leader said: it is not acceptable that if Roma families have four children, the latter are considered to be unwanted ones. We should not forget that infantile mortality within Roma communities is 16% - and the Roma has been able to

survive owing to the fact that we dare to have five or six children, or more...³² Basically, there have been no discussions around this issue, as it was clear to everybody, both Roma and non-Roma, that it is too sensitive an issue to be discussed; while suspicions about a need for statistics that are disaggregated on grounds of ethnicity (not to talk about gender) arose in the same context.

From international organizations the following perspective was formulated: The reaction given to the so-called "overemphasis" of women's reproductive health is probably due to the fact that in the first part of the day participants were discussing this issue. It is not that reproductive health is not important, because, for example, maternal mortality in the case of Roma women is 28%. The problem is that this is discussed in the wrong terms, owing to which reproductive health is associated with family planning, and with forced sterilization and fertility control. We should define reproductive rights more broadly, and consider them alongside having a right to work, the right to non-discrimination, and the right to have a decent living condition. Again, there was no serious discussion about this at the conference, especially because it seemed that two "camps" were being formed and there was no third position from where to argue - or there was no-one who had the courage talk from this position: first, there were the non-Roma international representatives talking about women's reproductive health and rights; and, second, the (mostly male) Roma representatives stressing traditional family values and pointing to the inappropriateness of this issue.

Even if – as discussed in Chapter 4.6. – there are some Romani women's initiatives in Romania that militate for women's rights, their voice was not heard at this meeting. The issue of reproductive health as a right was formulated by the representatives of international organizations; while such persons also emphasized that *Roma health mediators are a way to empower women*. But, seemingly, there was no consensus on

³² As a comparative report on Roma in Central and Eastern Europe shows, the health status of Roma populations is another area negatively effected by there being a lack of statistical data disaggregated by ethnicity. Still, the report suggests that "there is much evidence that life expectancy, infant mortality, morbidity XXX WORD?? and other major health indicators are substantially worse for Roma than for majority populations in CEE countries". Making reference to the Romanian Reproductive Health Survey from 1999 regarding children born between July 1994 and June 1999, the report observes that the infant mortality rate in the case of Romani children is of 80.0 in 1000 live births, being 3 to 4 times higher than those for the Romanian or Hungarian populations. (*The Roma in Central and Eastern Europe: Avoiding the Dependency Trap. A Regional Human Development Report*, United Nations Development Program, <http://roma.undp.sk/online.php>)

this among conference participants although, initially, when the institution was established, the decision regarding the sex of the Roma health mediator was taken on the basis of the following arguments:

- A woman is the one who maintains contact with the *gadje* world (city hall, school, doctors); she takes the children to doctors and has her husband go as well, even if she does not take care of herself so much; and when should be thinking about buying contraceptives, she uses the money for the sake of her children;
- In terms of health issues one can most successfully enter the community via women as they look after their families; due to the fact that health mediators are supposed to inform the community about their rights and their access to medical information and services it is good if they are women, because, in this way, they can come into contact with women more easily;

Through health mediators, it is possible to identify women's needs, and also to promote women in public roles, while recognizing their role within the family, in the community and in the broader Roma movement.

Nevertheless, many sensitive issues were *not* talked about at the conference; and the debate about Roma health mediators was important because, at least potentially, it can be linked to a series of other issues, like: women's roles in Romani communities, a woman's presence in the Romani movement, the advantages and disadvantages of affirmative action, negotiations between and within governmental agencies and Roma non-governmental organizations, and governmental involvement in solving the problems of Romani communities. This is why such a topic should continue to be in the focus of policies regarding Roma woman's reproductive rights.

4.4.4 Conclusions

Neither the strategy nor other documents reflecting the basic orientation of Roma policy in Romania took seriously the issue of gender relations and of unequal power relations between women and men within the Romani communities – and they did not dwell upon the fact of multiple discrimination experienced by Romani, which is why the need for a gender aware Roma policy should be strongly emphasized. It should address the Romani-specific types of discrimination, both those coming from outside Romani communities and those generated within them. For sure, issues like those related to childbearing, mothering, abortion, the use of contraception and reproductive health ones via which the hardships of Romani are lived out as particular experiences which need to be addressed *explicitly*. The recent orientation towards mainstreaming could be used within the Romani movement as an argument towards the need for another form of mainstreaming: that of gender into policies for Roma. Yet I would say that this does not

altogether replace the policy of targeting Roma woman's special needs with affirmative action measures, mainly because the implementation of a mainstreaming policy would take a long time and because women militating for women's rights are hardly at all involved in policy making.

Discourses that characterize the above-presented policies and views about Romani women reveal the fact that they are driven in the best cases by a gender-blindness, which refuses to recognize the importance of these issues and, in the worst case, leads to pro-natal versus birth control concerns, which go to reproduce the subordinated position of Romani - from which it is very difficult to act as an autonomous subject trying to make *de facto* use of reproductive rights. One can try to understand that, in the case of a vulnerable community that is aiming to build its identity on the basis of culturally-valued traditions, pro-natal concerns may have their functions. They might be used as an instrument of defense against racist prejudices and practices directed at the community. This is why the issue of reproduction control is sensitive with the Roma (though, in fact, it is sensitive in the case of *any* social grouping in times when it wants to prove its strength through demographic indicators). In addition, this is why it is important to stress that this paper considers reproductive rights as women's rights - and makes recommendations in Chapter 5.3. in this regard; while it also stresses that this issue cannot be treated separately from the *general* problems of women's status within Romani communities, and it should be linked to the empowerment of Romani within the mainstream Romani movement.

4.5 Reproductive Health Policies. From Ethnically Blindness to Racism

The abolition of the Ceausescuist anti-abortion law (a law that conferred, among others, the unique nature of Romania among the then-existing socialist states) was one of the very first issues on which, in December 1989, the new political leaders focused their attention. Abortion was legal if performed by a medical doctor, upon a woman's request, up to 14 weeks from the date of conception; and no spousal consent, no mandatory counseling, and no waiting period was required. One might then suppose that, via this, "women's issues" were to be included among the priorities of the new regime. Yet this was not going to happen.

It was true that, with this change, women gained a formal right to control their body and reproduction. The fact that women made use of this right is reflected in the following figures: in 1990, the number of registered abortions increased to 992.300 (from 193.100

in 1989) although the number of maternal deaths caused by abortion went down to 181 (from 545 in 1989). It was also true that the new power then gained great popularity, but for many years to come had a non-improving medical system, which, otherwise, could have increased the access of women to modern contraceptive methods ensuring their reproductive health. XXX OK?? In 1993, when the first Reproductive Health Survey took place in Romania, only 57% of married women used contraceptive methods. 43% used traditional methods (*coitus interruptus*, calendar), and only 14 % used modern methods. Repeated in 1997, the survey showed a change here, as the percentage of women using modern contraceptive methods had increased to almost 30%.

Any real concern with women's interests would *not* have turned respect for a woman's right to control her body into a celebration of abortion as a gift from democracy. Instead, it should have meant the development of a whole health care and educational system, within which women, as responsible and accountable individuals, could decide upon the most suitable contraceptive method ensuring their own well-being. Thus, the very first change here (which wished to be restorative) was actually a sign of *excluding* women as reproducers from among the priorities of the new regime; and concerns considered to have been dealt with in a way that defined the *real* interests of involved individuals. Viewed from this point of view (too), the social order of the post-socialist Romanian "transition" was showing signs of exclusionary practices based on gender, which, moreover, were observable from other perspectives too (their presence on the labor market and in politics, for example).

Eventually, international pressure (like the loan agreement between the World Bank and Romanian government in 1991, financial support coming from the United Nation's Population Fund in 1997, and the need to harmonize national legislation with Europe's) and local civic initiatives structured around it forced Romanian national governments to put on their agenda reproductive health. As a result, some formal structures were constituted across the health care system and (though only in 1999!) family planning was integrated into the basic package of services given to the population. The Strategy of the Ministry of Health in the area of reproduction and sexuality (developed with the technical assistance of the World Health Organization and supported by the United Nations Fund for Population) was launched in 2003, from which courses on family planning for family doctors and the distribution of free contraceptives began. The strategy provided the framework within which related legislation could have been developed. An important role in this process was (and still is being) played by the Society for Sexual and Contraceptive

Education (SECS), a non-governmental organization with its center in Bucharest and with several focal points across the country (such as Cluj's, which covers many Transylvanian counties). SECS is currently involved in training medical staff from a primary health care level so that they become family planning providers, and it gives technical assistance to Local Health Authorities to implement the national family planning program. This program aims to create an expanding network of medical providers in order to ensure free access to contraceptives for a large segment of the population. SECS recognizes that the usage of contraceptives among the population living in smaller towns and rural areas continues to be low, with abortion remaining the main method of fertility control.

SECS was involved, in 1996, in the creation of the Coalition for Reproductive Health that, as part of its POLICY project, published a booklet entitled "*Sănătatea Femeii – sănătatea națiunii*" (The Health of Woman – the Health of the Nation), a title which suggests that public debate in today's Romania on women's (reproductive) health is not being explicitly treated in the (feminist) terms of women's rights but in the context of a well-established national discourse. The latest booklet published by SECS entitled "*Fiecare mamă și copil contează*" (Each Mother and Child Counts) aims to make available information about contraceptive methods to a large segment of the population but (at least via its title) is not addressing - or empowering - women as autonomous subjects located in particular social conditions but, rather, as human bodies centering upon their reproductive function.

Ultimately, in 2004 a law proposal regarding reproductive health and the medically-assisted human reproduction was elaborated in Romania, defining the issue of reproductive health and sexual health as a public health system *priority*; and it discusses these issues in terms of rights, although its discourse is mostly couple (family)-centered than women-based. As stated, these new regulations aimed to reduce the number of unwanted pregnancies, of illegal abortions, of maternal death and abandoned children. In its spirit, each woman who decides to have an abortion has to be given appropriate information in order to make a decision, doctors have to prove that they do such informing, and women have to give their approval in a written form, while free provision of post-abortion contraception should also be provided. This part of the proposed law (which restricts a woman's free decision-making regarding abortion by trying to convince them that this is *wrong*, and giving birth to children could have many benefits), and mostly the articles referring to medically-assisted human reproduction, was contested by many

civic organizations. After being voted upon in the lower house, the proposal has still not passed in the senate.

The liberalization of abortion, the establishment of a family planning network, the provision of free contraceptives via the family doctor system, the above-mentioned Strategy and Law proposal, and the law on violence against women all reflect the progress achieved since 1990 in Romania. Yet, still, a lot needs to be done until all these formal provisions function *in reality* and make a change in the reproductive health situation of women.³³ Furthermore, none of the referred to documents and underlying policies consider the specific situation of Romani women, so one can conclude that involved persons are not aware (or do not care) about the existing ethnic inequalities or about the social and cultural factors that transform Romani into an underserved category regarding access to reproductive health - which is why my recommendations will be structured, among other things, around desiring more change in this area.

The problem of access of the Roma to health care was addressed in Romania, though in a broader context. The counselor of the minister of health and a representative of Romani Criss developed and presented, in 2004, a strategy entitled "National Health Policies Relevant to Minority Inclusion". This program aimed to develop and strengthen a network of community nurses and Roma health mediators in order to improve Roma's health conditions and to involve different Roma representatives in finding solutions for these issues. Its goals were "to implement the National Health Programs in 100% of the Roma communities, with special focus on preventive programs, health promotion, and the health of the child and family"; "to guarantee the access of 100% of Roma communities to primary medical and pharmaceutical services, corresponding to EU standards"; "to promote intercultural education among all categories of medical personnel, nationwide"; and "to facilitate inclusion in the health insurance system of Roma not meeting the current legislative criteria for certain reasons (lack of ID, poverty)". Rules regarding the sex of the health mediator do promote Romani, though no emphasis is put on Romani *women's* health problems, in particular on obstacles to their being able to gain access to health services (although recognized internationally). For example, the Organization for Security and Co-operation in Europe, the European Monitoring Center

³³ Indicators on this are provided in the *Summary Report of 2005 on the Reproductive Health Survey done in Romania in 2004* as an outcome of cooperation between the Romanian Ministry of Health, the United Nations Population Fund, the United Nations Children's Fund, the United States Agency for International Development, the JSI Research and Training Institute, the Swiss Agency for Development and Cooperation, the World Health Organization and the Institute for Mother and Child Care 'Alfred Rusescu'.

on Racism and Xenophobia, and the Council of Europe did a joint project in 2003 that argued for the need to involve Romani women in development policies specifically for women, and to build better health care access for Romani and their communities with principles of equality, non-discrimination, and participation.³⁴

Scholars and activists looking at the access to health care of Roma³⁵ emphasized that, besides the high rates of illness, lower life expectancy, and higher infant mortality, Romani women begin childbearing at a young age and have less access to preventive sexual and reproductive health information or care (including gynecological care, family planning and natal care); and they stress the following for this situation: Romani tend to put off giving attention to personal well-being in the interests of attending to the family and the home (so obtaining contraception for themselves is among the last things on their list of medical priorities); they have a feeling of shame when seeking help, especially if this requires breaking social codes of modesty; there are Romani customs that prevent women seeking care during or after pregnancy; under the circumstances of unequal gender relations, women feel little power to choose when, with whom and with what form of protection, if any, to have sex; women have a fear of seeking medical care because they fear violence, abandonment or ostracism from their partner, family and community; and last, but not least, the stereotypical view that Roma women do not think of the future along with other gender and ethnic stereotypes may cause health care workers not to offer family planning information and services, or provide information on certain types of contraception only.

Recognizing that the effects of discriminatory health care are felt disproportionately by women (as it is women who typically bear the main responsibility for family health care and maintain contact between Romani communities and public health services), the inclusion of Romani women's perspectives and experiences into policies devised on the

³⁴ The outcomes of this research were published under the title *Breaking the Barriers – Report on Romani women and access to public health care*, by OSCE, The European Monitoring Centre on Racism and Xenophobia, and Council of Europe, 2003. The project was administered by the Council of Europe and overseen by an advisory group consisting of representatives of the Council of Europe, OSCE HCNM, OSCE Office for Democratic Institutions and Human Rights, the European Union's European Monitoring Centre on Racism and Xenophobia (EUMC), and the World Health Organization Regional Office for Europe. In the course of this study, two independent experts were engaged to conduct country visits and individual interviews, Anna Pomykala assisted by Mariana Buceanu

³⁵ Corinne Packer has written extensively on this issue. See, for example: *The Health Status of Roma: Priorities for Improvements*, in the Human Rights Tribune, Volume 11, N° 1; or: *Roma Women and Public Health Care*, in *Sexual and Reproductive Health in a Multicultural Europe*. The European Magazine for Sexual and Reproductive Health, No. 55/2003, at <http://eumap.org/journal/features/2002/sep02/romwomenprior>

behalf of Roma is urgently needed, and – I would add – into policies devised on the behalf of women generally.

4.5.1 Conclusions

Ethnically blind reproduction policies maintain Romani women's underserved status because do not see the differences between the socio-economic condition of Romani and non-Romani women, and do not care about the lack of equal opportunities in being able to make use of formally assured reproductive rights. This means that Romani continue to be disposed towards "choosing" abortion as a method of reproduction control, and if they decide to use modern contraceptives they are obliged to "choose" the ones that are available for free and not ones that might be better for their actual medical condition. Still, one might say that reproduction policies are, at least, ethnically blind, though it might happen that they will be "ethnically aware" (not in a positive sense, but a negative one). More precisely, reproduction policies might *not* be like this *by themselves* - they might be used for racist purposes, with an aim to control unwanted Roma "overpopulation".

The following story reveals possibilities for this development. During my fieldwork, while trying to deal with some issues for a Roma family at the city hall in Orastie, within a labyrinth of local administration one day, I was able to meet – among others persons – the (female) director of the Public Service for Social Work. She got very excited when learned about the fact that this research was linked to the issue of reproduction and use of contraception. She very quickly made her ideas known about the need to have a "campaign of fertility control" among Roma women (*campanie de injectare*) using injectible contraceptives; for she was convinced that the main causes of Roma poverty (and of the troubles that the mayor's office and she, personally, had to face day after day) were rooted in Roma "over-population". Her discourse and attitude made me aware, again, of the fact that reproduction policy needs to outline very clearly the issue of women's reproductive rights as regards birth control and has to have mechanisms that prevent the transformation of a policy for reproductive rights into a racist policy of controlling population growth (or of excluding some from having the right to procreate). Such an experience also convinced me of the need to address the issue of women's (reproductive) rights within the context of the general Roma policy in a way that reflects a clear standpoint on the relationship between reproduction and Roma's harsh life

conditions, and which makes known the fact that the latter cannot be improved via restricting population growth because other causes are involved here.

4.6 Roma Women's Organizing

Besides the aspects discussed in the previous chapters, an analysis of Romani women's access to reproductive rights needs also to reflect on the extent to which and ways in which this issue is present in the country's Romani movement. The state of affairs in reproductive rights reflects on the one hand the status of Romani within their communities and, on the other, is strongly shaped by the attention accorded generally to women's rights within the movement and within the broader social environment. This is why policy recommendations here need to refer to this dimension also.

Rights-based Roma discourse began to explore the gender dimension of racial discrimination and the Romani women's situation quite recently. All this began when the Specialist Group on Roma/Gypsies decided at its 7th meeting in Strasbourg (29-30 March 1999) to ask a consultant to prepare an introductory report on this issue, though this was preceded by Romani women's organizational efforts at a local level. The report was written by Nicoleta Bițu.³⁶ She then worked at the Roma Center for Social Intervention and Studies (Romani CRISS) in Bucharest, and acted as an independent consultant on Romani women's issues for the Network Women's Program of the Open Society Institute. Now, she is a senior policy consultant of the Roma woman's Initiative, launched by the Network of Women's Program in 1999 (see www.romawomensinitiatives.org).³⁷ If, in 1999, it was true that Romani women's associations did not have access to information at an international level (as she observed), this is not the case any more. Moreover, the participation of Romani women in different international organizations has empowered

³⁶ She wrote many reports and policy papers related to Romani women, the most recent ones being: Romani women in the European Union: Realities and Challenges (November 2005); National Action Plans and Equality for Roma Women. A Report to the International Steering Committee of the Decade of Roma Inclusion (January, 2005). In the latter she observes that "we asked for the mainstreaming of Romani women's issues, not for separation - but instead of gender awareness within all sectors of action plans, we see nothing but superficial and token mentions of women's issues. Our recommendations ... were ignored". Bițu drew the attention of the Steering Committee to work with the Roma woman's Initiative to figure out how to address issues of women and gender before the Decade launch.

³⁷ A report entitled *The Situation of Roma/Gypsy Women in Europe, 1999*, stresses that their life is often characterized by a conflict between traditional culture and modern developments, though one always has to consider the particular Roma group to which a woman belongs. It gives an overview of the international activities related to Romani/Gypsy women issues and of state policies in favour of them, and she concludes that Spain has the most advanced policy here. The paper talks also about the participation of Roma women in public and political life and observes: women have to work three times more than others in order to gain respect from males, and it is even worse when they are single.

them to organize at a national level. Some young women activists ended up working within international women's agencies, while others got positions within international women's networks whilst also keeping their local institutional affiliations; and, again, others entered into national Roma organizations while remaining involved in gender-related programs or even separate NGOs dealing with women-specific issues. This paper is not aiming, however, at analyze the developments of the Romani women's movement, so I will not focus in detail on it (for there are other efforts being made here).³⁸ Yet I have mentioned these models due to the fact that, during this research, I came across cases representing them. Nicoleta Bițu (whom I could not meet) is one who fits into the first model, while Violeta Dumitru and Letiția Mark are in the second, and Mariana Buceanu, Magda Matache and Ioana Neagu are participants in the last. In the following paragraphs, this paper will show how they organized and how the issue of Romani women's health came to their attention.

At all events, it is important to note that organizing at an international level was and remains crucial in terms of fighting for women's rights - and in particular for reproductive rights. This is so because the former has the potential to empower those local women who might not have enough legitimacy and authority within their *own* societies and male-dominated Romani movements; and if this is true in general terms, it might be even more so in the case of reproductive rights as this is a domain that affects very much a woman's condition within her community, i.e. where sexual taboos, the virginity cult, arranged and early marriages, and domestic violence shape their position and opportunities.

In general, the Roma woman's Forum organized by the Open Society Institute's Network Women's Program and the Roma woman's Initiative in 2003 in Budapest (preceding the conference "Roma in an Expanding Europe: Challenges for the Future", which ended up endorsing the "Decade of Roma Inclusion") had a huge importance in giving Roma women a place at the policy table, for example.³⁹ The resulting paper

³⁸ See, for example, an analysis of Isabela Mihalache *Romani Women's Participation in Public Life*, 2003, at www.errc.org/rr_nr4_2003/womens2.shtml, who talks about "the process of the emergence of a 'consciousness' among Romani women concerning the realities of a patriarchal culture"; but also about the fact that "it is extremely difficult for Romani women activists ... to embark on a journey on a road full of risks and insecurities – the road of activism against oppression from within the community." Very recently (2006), an important report assisted by Mihalache was published under the auspices of the Roma Participation Program, entitled *Broadening the Agenda, The Status of Romani Women in Romania*, by Laura Surdu and Mihai Surdu, being presented as the outcome of research done by Roma about Roma.

³⁹ The resulting report was entitled "*A Place at the Policy Paper*" Report on the Roma woman's Forum, Budapest, June 29, 2003.; it included a series of recommendations related to women's education, economic empowerment, sexual and reproductive rights, and grassroots leadership and political

expresses very clearly the agenda of Romani women activists: “[they] do not want to create a separate movement of Roma women but, rather, seek to mainstream Roma woman’s issues into all levels and structures for both women and Roma”. The recommendations of this policy paper are also formulated in this spirit.

The first women's organization in Romania concentrating on Roma was founded in September 1996, in Bucharest. The Roma woman’s Association from Romania (RWAR at www.romawomen.ro) is a non-governmental, non-profit association overseen by Violeta Dumitru. According to the RWAR statute, the main objective and mission of the organization is “to defend the rights of Roma women and support the development and expression of ethnic, cultural, linguistic, and religious identity of its members.” The RWAR addresses the following issues: improving women’s access to job opportunities; ensuring the quality of educational opportunities; providing health care and reproductive health for women; providing social assistance; protecting Roma women and children. It sees a possible balance between developing social programs that benefit the Roma community in general and aiding women’s emancipation. Up until now it has run literacy programs, a program to teach Roma women skills which would enable them to find better-paying jobs in the future, and health-related projects. Among the latter, one entitled "Information on contraception and familial planning in Roma communities" and the publication and distribution of the brochure “Information about Birth Control and Family Planning” have appeared. RWAR is member of the Coalition for Health – Romania, and, as such, it promotes family planning as a strategy for reproductive health and partnership actions with governmental representatives and the mass media.

In December 1999 RWAR organized the international conference "Public Policies and Romani Women in Central and East European Countries" with the support of the Open Society Institute. This brought together, in Bucharest, more than 20 Romani women from Bulgaria, Croatia, Hungary, Macedonia, Yugoslavia and Romania. The conference addressed the participation of Romani women in public life, and issues related to health and education. Discussions focused on the status of Romani women at different levels of society, existing resources on a national and international level for promoting the rights of Romani women, and elements of a future strategy for Romani women in civil society, governmental and international organizations. Participants stressed the issue of discrimination and racism confronted by Roma women. They identified the following

participation.

priorities for future work: a broader study and inventory of projects addressing Romani women; integrating Romani women's issues into the Romani movement, women's rights movement, ecumenical movement, and the agendas of governments and international organizations; lobbying for the inclusion of Roma woman's issues into national strategies concerning Roma, and in state policies concerning women's rights; increasing the participation of Romani women in decision-making bodies related to public policies concerning Roma and in political life; improving the level of leadership skills amongst Romani women; promoting policies that create more individual choice in relation to migration, family planning, culture and education; strengthening already-existing Romani women's organizations, and supporting the creation of new organizations throughout the region. Participants recognized the need for specific measures to ensure equality between men and women and for creating more choices in relation to questions of family planning, domestic violence and prostitution. In order to implement these priorities, the participants decided to create a European network. The document presenting these aims was also signed by Roma activists from Romania: Violeta Dumitru and Mihaela Zătreanu from the Association of Roma Women in Romania, Letiția Mark from the Association of Gypsy Women for their Children, Mariana Buceanu and Nicoleta Bițu, then working at Romani CRISS (Roma Center for Social Intervention and Studies), Lavinia Olmazu from Aven Amentza SATRA ASTRA, Salomeea Romanescu, school inspector, and Petre Florica, Cristea Mihaela, Osar Mariana, Gheorghe Marinela, Dinca Maria (community health mediators).

The Association of Gypsy Women for our Children was funded in 1997 in Timisoara by its president, Letiția Mark; and it functions as a grassroots organization very much integrated into the life of local Roma communities. She has a long history of Roma activism (started in 1993, when she was among the first militants seeking education-related rights), one characterized by there being a permanent struggle in-between local successes and a lack of central recognition and always being in between important accomplishments and marginalization. This is probably due to the fact that she was always critical of the dominant elite but it was also due to her "white" appearance, which made many activists not accept her as a "proper" Roma; also, as she explained, to being a divorced woman and a single mother, and not belonging to any of the dominant clans within the Roma movement. She never received any support from the national Roma organizations. In October 2005 Letiția Mark was elected as one of the three representatives of the International Roma Women Network

(http://advocacynet.autoupdate.com/resource_view/link_366.html) into the European Roma and Travelers Forum. The Network was created in November 2002 to review the health of Roma women in Europe. At the first meeting, in Vienna, The Advocacy Project worked with participants to develop their advocacy capacity and brainstorm what networking role they wanted to play at both a regional and international level. This was jointly sponsored by the Council of Europe, the Organization for Security and Co-operation in Europe (OSCE) and the European Union's Monitoring Center on Racism and Xenophobia (EUMC).

As far as her local activism is considered, the Association, led by her, aims “to promote Roma people in Romania’s social-political life with pride, without prejudices, and by providing educational and cultural activities for Roma women and children”. Its biggest accomplishment was the establishment, between 2000 and 2004, of the Roma Women’s House - as a result of a Phare project and a partnership with the Timișoara City Hall. The team, coordinated by Letiția Mark, transformed four walls into a warm place where women (and their children) from the local Roma communities might meet, discuss and benefit from getting professional support concerning many problems, including obtaining legal documents, jobs, health insurance, health education, information on reproduction and contraception, psychological counseling, social assistance and other issues. Education remains one of the central issues on which the Association has a focus, aiming, among other things, to empower women by teaching them how to get self-confidence and how not to interiorize prejudices coming both from their own communities and from the larger society.

Romani Criss – Roma Center for Social Intervention and Studies was established, in Bucharest, in 1993, as a human rights organization, but also as one campaigning for the design and implementation of public policy for the benefit of Roma communities. As far as our topic goes, it should be emphasized that via its (then) executive director, Mariana Buceanu, Romani Criss had a crucial role to play in developing a policy for the improvement of Roma access to health services and in implementing one of its major components, a position of Roma health mediator, which, in 2002, was introduced into the Romanian classification of occupations. Buceanu had an important role in promoting women into these jobs by defining the criteria via which to choose a suitable person for this position. (Connected details are also discussed in Chapter 3.A.). My interviews at Romani Criss revealed many problematic aspects of dealing with reproductive health;

and there were voices there saying that this issue came out as a result of an international pressure.

Magda Matache, the present executive director of Romani Criss was convinced of the fact that changes within Roma communities are proceeding slowly, and non-Roma, but also modernized Roma, should not enforce so rigidly the agenda for change in traditional communities. According to her, there is no Roma woman's movement in Romania, though there are charismatic individuals who do very important work in this area. This is also due to the fact that women do not really believe in these things, and they do what they do in everyday life not because they like to do so but because they assume that this is 'correct'. She recognized that there have been some pilot projects in Romania that aimed to teach Roma women about contraceptives, but observed that many women did not want to go to a gynecologist, for they were ashamed, and that physicians might have treated them in an embarrassing way; while others did not have the financial resources make such visits to doctors and, in all, people did not have the habit of thinking preventively about their health. She stressed: "Women are open-minded, and we need to continue with information campaigns, both for them and for men. Yet we should not forget the great value that exists within Roma communities as regards having a lot of children. So the issue of contraceptive methods should be put as an alternative to abortion, and not as an alternative to having as many children as one wants".

Daniel Rădulescu, in charge of the health department of Romani Criss, emphasized that the health problems of Roma women did not differ so much from the health problems of non-Roma women, so they did not need any special measures. He thought that the positive discrimination measures were not effective as they reinforced existing prejudices. By this, he wanted to say that there were *no specific* Roma illnesses, and the Roma population was not, due to its "origins", more vulnerable when faced with illness than a non-Roma one. However, he did recognize that Roma did not have a good level of health education, and this was a problem, which needed to be explained via considering many factors, including racism and discrimination. Radulescu also thought that the issue of reproductive health was a delicate and difficult one. They did a project on this in 2003, yet it was difficult to implement it because, in a community of traditional male leaders, it was a taboo subject. They realized that women *do* talk about this among themselves, privately, but without the acceptance of the community one could not just enter and open up such a discussion so everybody should be careful to not enforce these projects onto communities that are not ready to accept them. He thought that the biggest problem was

that, if a Roma woman went to the family doctor, he or she would not have been informing her about her choices but would give her an injection, and nobody would know about the consequences or about the risks of causing sterility.

The Association for the Emancipation of Roma Women was constituted in Cluj, in 2000, mostly by young women enrolled in higher education. As its current president, Ioana Neagu said, they have encountered all kinds of attitudes among their male fellows, and some of them even ridiculed the efforts to establish a women's organization. They knew about the existence of other Roma women's organizations in Bucharest and Timisoara, yet had had no contact with them, and did not even know if they were really functioning (or what were they doing).

They had a campaign on family planning in several communities from the county, and their strategy was that of presenting the usage of modern contraceptives as an alternative to abortion, and aimed to make women understand that they were free to choose on the basis of this information. As she argued, women recognize the fact that they do not have the financial resources and the personal energies to sustain a big family, but they will see the problems in this regard after becoming pregnant, so need to have recourse to abortions. On the basis of her experiences, Ioana Neagu was reluctant to define the main reason why Roma women do not use contraceptive methods. Was it tradition, or religious belief? In any case, she observed that even in communities where women had used contraceptives, after the influence of neo-protestant churches had become stronger, they gave it up. And she stressed that one should not make general affirmations about the use of modern contraceptive methods by Roma women, but observed that they might have problems in using them correctly, or in selecting the most suitable forms.

She thought that there was a need to have an education campaign within the community of health care program with Roma patients in order to make such persons aware of the conceptions that Roma have about the female body - in particular about the fact that they associate its bottom part with dirtiness, or about male virility, and about the value of one's having many children to make a family stronger. More information campaigns should be done *within* Roma communities as well, involving both women and men. She strongly affirmed that Roma do not need special laws, but a mentality change, which would then eliminate discrimination and internalized prejudices.

4.6.1 Conclusions

This research has recognized the potential empowering ability of international organizations for local women's organizing. Yet it should be mentioned that there is a gap between the discourse and practices of international organizations, and those of local ones, where the latter still have major difficulties implementing these ideas within their national movements and also within the communities where they work. A lack of financial resources, the lack of primary research on which policy-making from below could be based, the reduced number of projects dealing with women-related issues, the resistance of central Romani 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. In turn, at the level of NGOs this phenomenon reproduces women's discrimination on the basis of their sex and ethnicity within their communities and in broader society.

Eventually, this reflects the fact that, while many Romani organizations are addressing issues of racism, they fail to deal with the topic of internal sexism - and do not dare open up discussions about Romani women's reproductive rights. This might be so because they think that this would be a back door through which racist fertility control might come into their communities or because they are not able to think about this owing to their patriarchal ways of thinking. Otherwise, patriarchy might work in the same way in the case of *any* ethnic group, though with the Roma – or with any other disadvantaged community whose identity is being threatened – women tend to be used more strongly as markers of community identity and as means via which community survival might be ensured. Under conditions like these even discourses and practices regarding women's rights will be interpreted as threatening.

5 The Reproductive Health of Roma Women as a Policy Matter

5.1 The Policy Problem

My initial project has defined the policy problem as being the lack of real access of Romani women to reproductive health, and is asking how a gender-conscious policy for Roma and an ethnically aware reproductive policy might serve it better. Here, though

(and in the light of my fieldwork) I would like to emphasize another aspect of this issue. Since last year, when I visited the same settlement, the access of Romani to free contraceptives has increased, with the injectible format being the most widespread birth control method that is “suggested” and administered to Romani women by family doctors.

There is a risk here of turning a woman-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 bodies, including the right to decide on the contraceptive method that is the most suitable for their health and lifestyle) into an instrument of structural (and hidden) racism, by which one may “prevent” Roma “over-population”.

In my original research proposal I emphasized that policy recommendations being made would make a contribution to the development of a (reproductive) health policy that recognizes ethnic differences and inequalities as produced by the social and cultural system, and which is able to overcome the effects of discrimination in relation to health care access for Roma. Now, I would like to add that this policy needs to function in a way that precludes the risk of becoming mechanistic, reproducing racism by practicing and hiding it beneath the surface of “humanitarian aid” (claiming that it provides Romani women with reproduction control methods while, actually, is concerned with preventing Roma “over-population”).

5.2 Context of the Problem

Real access of Romani to reproductive health, understood as a reproductive right, comprises several social, economic and cultural factors, among them the following:

- The general life conditions of Roma (including all social and economic problems, starting from a lack of proper housing, through non-access to education, to unemployment), under the conditions of which a concern for Romani women’s reproductive health is defined as a luxury and non-important issue (even by women themselves), and in which circumstances even Romani internalize the “explanation” according to which population growth is a 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 were “natural” consequences and not structural causes of Roma life circumstances.
- The gender regimes predominant within Romani communities, including power relations between women and men, and cultural conceptions about Romani women’s roles in the family and larger community; and about women’s bodies, sexuality, childbearing, abortion, contraception and so on.
- The ethnically 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 health care system, which turns Roma women into an underserved social category and/or exposes them to risks of being treated as instruments for a racist “Roma birth control”.

- The actual functioning of a gender-blind governmental strategy for the improvement of the situation of Roma from Romania (adopted in 2001), which, generally speaking, has many insufficiencies and which, in particular, neglects Romani women’s needs and interests, thereby reproducing their minority status within a minority grouping; and, related to this, there are the pro-natal concerns of Romani communities and their leaders, which prevent the considering of women’s reproductive health and rights to be a priority.
- The malfunctioning of communication and cooperation between central and local Romani organizations and experts, as a result of which local people might not be supported sufficiently in their efforts to get information and resources for their activities on behalf of their immediate communities.

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

5.3 Policy Recommendations

5.3.1 Principles Guiding Policy Recommendations Appearing Here

- A woman’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.
- Application of the principle of equality between women of different ethnicity in terms of access to reproductive health is not enough to counter-balance the structural discrimination to which Romani women are exposed, so there is a need for affirmative action that could ensure, in reality, equal opportunities and equal outcomes in this area.
- Medical services provided must have as their basis respect for human dignity and for the individual choice of those seeking (reproductive) health care regardless of ethnicity; and, as far as Romani are concerned, health care 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 a duty of the latter to amend discriminatory attitudes shown towards Roma.
- Principles of equity and participation should guide the involvement of Romani women (and not only activist Romani) as regards decision-making in different areas (including the family, doctor-patient relations, different central and local governmental institutions, Roma organizations, and so on).

Even if concerned with the prevalence of abortion and the use of modern contraceptives, the policy that would improve Romani women’s reproductive health should not be reduced to just these issues, and it should not be confused with birth control or family planning because, if so, it could easily be expropriated by interests

other than those promoting women's health (like pro-natal ones on the side of the Roma, or racist fertility control on the side of the majority).

5.3.2 Expected Changes

- Improvements in (reproductive) health care policy and system so as to respond to the needs of underserved Romani women (whilst also dealing with the anti-racist cultural education of health care providers and of other authorities whose jobs are linked to Romani communities, e.g. those working at the Public Service for Social Work of the local government).
- Treatment of the issue of access of Romani women to reproductive health as an integral and important part of the conditions under which Roma live and on which strategies of improvement need to be applied.
- Avoidance of 'explaining' poverty by reference to population growth - instead (and while respecting Romani women's reproductive rights), pointing to social and cultural factors (including racism) that exclude Roma from elementary resources necessary for a decent life.
- The empowerment of Romani women from which they might be enabled to claim (reproductive) rights within their own communities and within the wider social environment (among others, empowering self-organizing capacities, increasing their participation in decision-making at different levels, and eventually 'mainstreaming' their activities within the larger Romani movement).

Elimination of practice of "convincing" Romani women to have more or fewer children (the number they desire) according to material conditions experienced by them, social relationships and emotional ties.

5.3.3 Policy Recommendations

My policy recommendations can be come under a larger heading, one referring to the need to mainstream ethnicity and gender into Romanian public policies. This idea reflects recognition of the fact that Romani women's issues (among them, their reproductive health understood as a reproductive right) are an integral part of the broader problems faced by Roma and, also, of the greater issues faced by women from Romania generally.

Romani women's issues should be treated as such because, otherwise, solutions would be only partial, and non-efficient. That is why there is a need to mainstream ethnicity into public policies, which means needing to analyze each public policy (including reproductive health policy) from the point of view of its effect on different ethnic groupings living under different social conditions. There is a need to mainstream gender, meaning that public policies (among them policies for Roma) should be gender-based, or, differently put, should be assessed from the perspective of their impact on both women and men.

Given these broader aims, the following policy recommendations related to Romani women's reproductive health understood as a human right are put forward general recommendations (for governmental agencies, for non-governmental organizations working in for Roma rights and reproduction/sexual education/contraception, and for donors)

- A reproductive health policy should take into account ethnic differences and inequalities between women of different ethnicity, and the social and cultural factors that turn Romani women into an underserved category. This will link the issue of the reproductive health of Romani to rights regarding suitable housing (including a satisfactory sanitation infrastructure), education and employment, to the right to live in dignity, and as regards 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 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 birth control". A clear and explicit distinction should be made each time between fertility control and reproductive rights.
- Policies responding to the health needs of Roma should be mainstreamed into national health strategies and services, which should also be gender-sensitive.
- The policies responding to the needs of Romani women should be mainstreamed into national strategies promoting Roma rights and women's rights, including reproductive rights. These rights should be also respected by Roma organizations and women's perspectives should be introduced into discussions dealing with demographic issues.
- A balance between mainstreaming and targeting policies should be ensured so as to guarantee equal opportunities for Roma (women). For this, there is a need to integrate special measures seeking to guarantee equal access to health care (and reproductive rights) of underserved categories into policies that aim, generally, to ensure equal access to well-being in each domain of life.
- The position of Roma mediators, including health mediators (who should be sensitive to specific needs of Romani too), needs to be strengthened within the institutions of local authorities (including medical institutions) so as to not be used only as a source of information about the community; they should be able to act as empowered individuals able to make decisions and control available human and financial resources required for 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 regarding which factors effective policy-making should be based. Both advantages and risks taken aboard with disaggregated statistics - by ethnicity, sex, rural/urban - should be considered from this point of view, too.

5.3.4 Special Recommendations for Governmental Agencies

For the Committee of Anti-Discrimination and Committee for Equal Opportunities:

- Application of the Law of Equal Opportunities and of the Law of Anti-Discrimination in the area of health care and, in particular, in the domain of reproductive rights should be enforced;
- The area of health care for Roma with reference to monitoring and recommendations should be given attention;
- How discrimination operates at the crossroads of ethnicity and gender - specifically how Romani women, for example, are prevented from gaining access to a (reproductive) health care of a good quality - should be considered; also, how they could become victims of racist birth control;
- Implementation of complaint mechanisms and provision of legal assistance to those in economic need should be assured.

For the National Agency for Roma of the Romanian Government:

- Greater attention should be given to the idea of permanent contact and communication with Roma NGOs at local levels in order to effectively ensure that they really do have access to information, services and funds needed for different community development projects;
- Stronger support should be given to Romani women's organizations and initiatives as proof of *de facto* recognizing the role of women in the community and within the Romani movement;
- The participation of Romani women in decision-making processes regarding Romani's rights (including the right to reproductive health) should be increased; and, generally speaking, the needs of Romani women should be included within mainstream Roma policies;
- Recognition of Romani women's reproductive rights within strategies regarding Roma rights and a re-evaluation of pro-natal concerns from the perspective of women - who are morally *entitled* to choose the number of children they wish to have - should occur.

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 bodies and sexuality;
- Greater emphasis should be given to the continual education of health care providers within the area of contraceptives;
- Material and symbolic support should be given to physicians involved in family planning counseling;
- Mechanisms that would enforce cooperation within the community of health care providers (between family doctors, gynecologists, medical assistants, health mediators) should be implemented;
- A stronger commitment of physicians towards patient's rights should be ensured, in particular to 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, this being an objective linking the issue of Romani reproductive health to the issue of access to education at all levels (including medical high schools and universities);
- Alongside an ethnic perspective, the gender perspective should be also introduced within the development and implementation of national health strategies.

5.3.5 *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 be able to coordinate several programs at local levels, thus aiming to break down the barriers between Romani women and health care providers whilst also recognizing the specific social and cultural backgrounds of the communities within which they work. Their aim should be the empowerment of Romani women, both as care-givers and as patients. They could provide, for example:

- 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; the culturally-sensitive education of health care providers and authorities.

6 Conclusions

6.1 *Main Research Findings*

This analysis of reproductive health has focused on the prevalence of abortion and the use of contraceptives, thereby sidestepping other aspects. I am aware of the fact that it is dangerous to reduce reproductive health to these issues as this, willingly or not, might favor assimilation of the former with fertility control - which I would like to avoid; especially because, in my fieldwork, I encountered both on the side of Romani organizations and on the side of health care providers such a tendency - owing to which one claimed pro-natal, and the other racist birth control aims, thereby seeming to forget 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, analysis and public talk about the prevalence of abortion and contraceptive usage is important because these are circumstances in which abortion has been celebrated as "a gift of democracy"; and the predominance of abortion is becoming slowly altered through sustained campaigns focusing on the use of *contraceptives*. This research paper shows

that, even if this change is to be welcomed, unfortunately it does not properly serve Romani women's health, for to several reasons, ones that turn them into a social category excluded from qualitative medical services on the basis of gender, ethnicity and class. Romani women's multiple discrimination is being produced and maintained via several mechanisms, as presented below.

6.1.1 Discrimination against Romani Women within the Context of Reproductive Health Care Policies and Services

The abolition of the Ceausescuist anti-abortion law came was one of the very first issues on which, in December 1989, the new political leaders focused their attention. Abortion became legal if performed by a medical doctor upon a woman's request up to 14 weeks from the date of conception, there did not have to be any consent from a spouse, and no mandatory counseling or any waiting period was required. One might suppose that, via this, "women's issues" were to be included among the priorities of the new regime. But this did not occur. It was true that, through this change, women gained the formal right to control their body and reproduction. Yet any *real* concern with women's interests would not have turned respect for a woman's right to control her body into a celebration of abortion as a gift of democracy. It should have meant 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 well-being. Viewed from this perspective, the social order of the post-socialist Romanian "transition" is giving signs of exclusionary practices on the basis of gender.

The Strategy of the Romanian Ministry of Health in the domain of reproduction and sexuality was launched only in 2002, as a result of which courses on family planning for family doctors and the distribution of free contraceptives were begun (albeit timidly!). Ultimately, in 2004 the *Law proposal regarding reproductive health and medically-assisted human reproduction* was elaborated, defining the issue of reproductive health and the health of sexuality as a public health system *priority*, while discussing 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 was the case with every gender equality-related law – a gap will, for some time, exist between legal provision and its actual implementation. And, overall, the proposal has been criticized by many human rights groups.

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

At a local level, health care providers looked to be more than willing to give Romani women, for free, the contraceptives that were at their disposal (mostly injectibles, whose secondary effects are not well known). In these conditions women had "chosen" to use the free contraceptives because they could not afford to buy others (which might have been better for their health), i.e. they would rather take something/anything that was available for free (despite negative consequences) than create more children under given material conditions or have an(other) abortion. However, linked to the "culture of living in the present" (a reaction to being ensnared and for other reasons) abortion remains among their most "favored" and accessible fertility control methods.

Ethnically-blind reproduction policies maintain Romani women's underserved status for do not consider 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* usage of formally-assured reproductive rights. This means that Romani continue to "choose" abortion as a means of reproduction control - and if they do decide to use modern forms of contraceptive they are obliged "to choose" the ones that are available for free and not ones that might be more suitable for their medical condition. Paradoxically, one might say that reproduction policies are indeed ethnically blind, for they may be "ethnically aware", though in a negative sense. And reproduction policies might not be like they are by and for *themselves*: they might be used with racist purposes, against Roma "overpopulation".

6.1.2 Romani Women's Exclusion from Mainstream Roma Policies and Its Movement

Discourses that characterize policies for Roma and views on 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-natal concerns, which will reproduce the subordinated position of Romani, from which it is difficult to act as autonomous subjects trying to make actual use of reproductive rights. One needs to understand that, with a vulnerable community that aims to construct its

identity on the basis of culturally-valued traditions, pro-natal issues do have a function: for they can be used as a defense instrument if faced with racist prejudices and practices directed against the community. This is why the issue of reproduction control is sensitive with the Roma (though it is sensitive in the case of *any* social group when it wishes to prove its strength via demographic indicators).

International organizations, who have come up with important initiatives in the 2000s, have a potential empowering ability with regard to local women's organizing. Yet 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 still have huge difficulties in implementing ideas within their national movements and also within the communities where they work. A lack of financial resources, a lack of primary research (whose first results, nevertheless, are starting to be seen) on which policy-making from below could be based, the reduced number of projects dealing with women-related issues, the resistance of central Roma organizations towards deconstructing traditions that subordinate women, a lack of cooperation between Romani and non-Romani women's organizations, and many other factors are all responsible for the marginalization of Romani women's organizations. And at the level of NGOs, the phenomenon is reproducing women's discrimination based on their sex and ethnicity both within their community and in broader society.

6.1.3 Romani Women's Social Exclusion on the Basis of Ethnicity, Gender and Social Position

In the case of Romani men and women, the processes of social exclusion are not only function via class differentiation and social stratification but also come via culturally devalued ethnicity marked by having a darker skin color, on the basis of which they are discriminated against and excluded from vital resources (like education and employment).

The ethnicization/racialization of negatively-evaluated social phenomena (like poverty, criminality, lying, stealing, dirtiness, laziness, abortion on request, large numbers of births etc.) along with the internalization by Roma of such practices of blaming the victim are naturalizing/legitimizing acts of discrimination against them which make a contribution to discrimination against Romani men and women.

What is happening with Romani women living in conditions of severe poverty in terms of reproductive health seems to be a vicious circle, one from which one cannot easily

escape. On the basis of their material conditions, they do not want to have a lot of children; though men are not really preoccupied with not allowing their wives to become pregnant (they do not like to use condoms), and women, if relying on their partner like this, will need to have an abortions given unwanted pregnancies. Not being married officially and perhaps not having their own home, women cannot rely on their "husband's" help when raising children. Nevertheless, women do know about contraceptives, though their information is not necessarily medically based and – due to the existing taboos – they will not easily talk about this openly, even among each other. In terms of modern contraceptives, they "choose" what is available for free, and not what might be necessary for a specific medical condition.

Romani women expressed a powerful desire to take their destiny into their own hands, but they have limited choices in doing this. On the basis of what they considered to be the right decision under given material conditions and within given social relations lived in, they felt (and were) morally entitled to decide, for example, on the number of children to have, and on whether to have an abortion or use contraceptives. Their wish might have been to act as powerful individuals, and they did have moral claims on the basis of which they made decisions regarding reproduction, though this decision-making is strongly limited by structural factors, social expectations and cultural conceptions that they cannot control. In this way, their choice was not totally theirs, among other things being due to the fact that they are excluded on the basis of gender, ethnicity and class from resources that could ensure their reproductive health; and also because it is always important for them to be accepted and respected individuals within their group even though their autonomy is limited by very strict community expectations regarding femininity/woman-ness and motherhood.

This research argues that Romani women are situated at the crossroads of several contradictory subject positions, basically "between two fires", positions given to via different discourses and institutions (state policies, Roma policies, their own communities, health care providers) - so they may be confused in their efforts to identify with one position or another whilst also following their own interests and desires as autonomous human beings. How do they feel, think and act under such circumstances? My paper has discussed this aspect of women's reproductive health in the context of lived-through experiences (as revealed in interviews), observing paradoxical situations created due to the fact that they belong to different communities, and, as such, are governed by different rules and regulations.

As Romanian citizens, since December 1989, they were formally entitled to make use of their reproductive rights, but – as culturally devalued and socially excluded Roma –they have been subjected to racial discrimination which makes them unable to actually use their reproductive rights (thus transforming them into underserved categories, or even exposing them to racist fertility control movements). On the other hand, though, Romani women are viewed by the mainstream Romani movement (which expressed and legitimated patriarchal community values) as life-givers and caretakers, and as being obliged to carry the burden of the biological and cultural reproduction of Roma. The position given them might also become an obstacle (constructed within) to having access to reproductive health (for, culturally, they are expected to marry and give birth at an early age, and to give birth to as many children as they can in order to ensure the survival of the community).

The issue of the Romani woman's status is new on the agenda of the Romani movement from Romania, so one cannot expect to find public debate, for example, on Romani women's reproductive rights (this also being due to the fact that it is a taboo topic within Romani communities). Yet my interviews, observations and analyses made by Romani women intellectuals allow me to assume that there is an implicit and hidden tension surrounding this issue, which, in other contexts, is felt by Romani women in their everyday lives (and even though they do find strategies to deal with these conflicts and tensions on a daily basis).

I see Romani women's organizations as playing a notable role in empowering Romani within their own communities and, in turn, mainstream Romani organizations should support them in this endeavour. This is why recommendations presented in the separate policy paper refer to this aspect of policymaking, too. Only the empowerment of women could turn them into *individuals* able to make decisions regarding their reproductive health and whilst really using their reproductive rights regardless of the requirements of different (patriarchal and/or racist) authoritarian discourses and institutions that put a pressures on them.

6.2 Representation of Roma Women's Rights and Entitlements

- In its analytical section, this paper has used a descriptive discourse and interpreted data in the context of anthropological and feminist literature on reproduction, though in the context of policy recommendations it makes use of the 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 to make persons aware of Romani women's needs and of 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 remaining conscious of the fact that gender, ethnicity and class, as systems of power and socially-constructed identities, do shape such persons' destinies by excluding them, as individuals and groups, from having *de facto* access to resources (e.g. reproductive health); claims the right of Romani women to be able to decide (amongst other things, on reproduction) on the basis of material conditions and emotional ties, and regardless of pro-natal or fertility control policies that try to subordinate them to "higher instances", like those of family, community, nation or God.

In doing this one is confronted with many dilemmas inherent in the relationship between 'science' and social activism, and between the universal language of human rights and a commitment of anthropological discourse towards cultural particularism. Eventually, I handle them via means of a feminist anthropology, which is aware of the need to address both issues of cultural differences and gender differences, and is conscious of the internal diversity of any community within which cultural beliefs might be shared but which are mediated by gender, age, education and social position. In this paper I have been committed to this idea whilst trying to represent Romani women's perspectives in any analytical discussions about their reproductive health and also in policy recommendations. Most importantly, interpretations and normative statements come with recognition of and respect for their right to be morally entitled to make decisions regarding reproduction, where some persons would like to make them to make more, and others fewer children than wished for given specific material conditions, social relations and emotional ties.