Inequities in Roma Women's Health

"I had different wishes for my future"

Arnela, bottle-feeds her 18-month-old daughter in her pram while Sabrina, 17, cradles her 28-day-old son on her lap.
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Arnela is a teenage Roma mother from Bosnia and Herzegovina. Although she married in her late teens, unlike other Roma girls who marry and become mothers as young as 12 or 13, she admits she never thought she might get pregnant at that age: 'I was still a child,' she says.

At the time, Arnela had no knowledge about any contraceptive methods or how to obtain such services. She was not aware of the significant health risks that an early pregnancy can pose to both young mothers and their babies. Teenage girls' bodies are often insufficiently mature to undergo pregnancy and safe delivery, and very young mothers may lack the emotional and intellectual maturity to seek necessary assistance for personal and natal care.

Fortunately for Arnela, she had her mother's support, as she acknowledges it was not easy to cope: 'Motherhood is not as simple as it looks ... it's hard.' This was what she wishes she had known before becoming a mother. Marrying so young 'is not the easy game one would think it is'.

Her advice to other teenagers is to finish school and not get married early. She also wanted to finish school, and then to become a hairdresser: 'But my wishes never came true... I had different wishes for my future.'

Early marriages and early pregnancies disempower Roma women, hindering their chances to get an education, to protect their health and to improve their prospects in life. They contribute to perpetuating the vicious cycle of exclusion and poverty with which many Roma communities struggle.

Other life stories and testimonies on early marriages and early pregnancies can be found at: http://www.teenpregnancyeeca.org

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44% of Roma girls in Serbia (15-19) are married

Research shows that adolescent birth rates are significantly higher among Roma groups than the overall population. In Turkey, a study covering four provinces with Roma groups showed that 10.7% of Roma women had their first child between the ages of 12 to 16, while 71% had a first child between 17 and 21[6]. In Bulgaria, more than 50% of Roma adolescent girls gave birth to a child before turning 18[7], and in Albania the average age of Roma mothers at the birth of their first child was 16.9 years[8]. In Serbia, the adolescent birth rate (number of adolescent births per 1,000 women ages 15-19 years) among the Roma population is more than six times the national average and higher than the rate in many of the world's least developed countries[9].

Early marriages and early pregnancies, along with inadequate access to SRH, deprive young Roma of their adolescence and their chance to fulfil their potential. To improve the situation of Roma women and young people, the multiple dimensions of their vulnerability should be addressed. Effective policies and comprehensive targeted interventions should be used to ensure their equal access to sexual and reproductive health information and services, in order to obtain better health, social, and economic outcomes for families and communities.

Roma Face **Complex Inequalities in Health**

With an estimated population between 10 to 12 million[1], the Roma[2] are among the most disadvantaged and marginalised groups in Europe. While often affected by poverty and social vulnerability, the Roma constitute diverse and heterogeneous communities, with groups and sub-groups representing different degrees of integration or social exclusion.

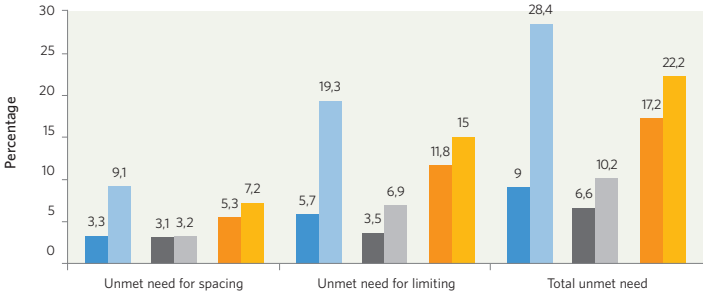
The health situation of many Roma communities is precarious and often compounded by inadequate housing, lack of employment and limited access to education. Many Roma women and girls have no, or only limited, access to sexual and reproductive health (SRH) services and information. Stigma and discrimination, as well as cultural factors, limited reproductive decision-making autonomy, low education levels, and poor living conditions all add to the barriers Roma face in accessing mainstream healthcare systems.

This leads to striking differences in the sexual and reproductive health between Roma communities and the general population, with Roma facing greater risks related to sexually transmitted infections (STIs) and HIV and experiencing greater unmet need for family planning (in terms of spacing and limiting pregnancies).[3]

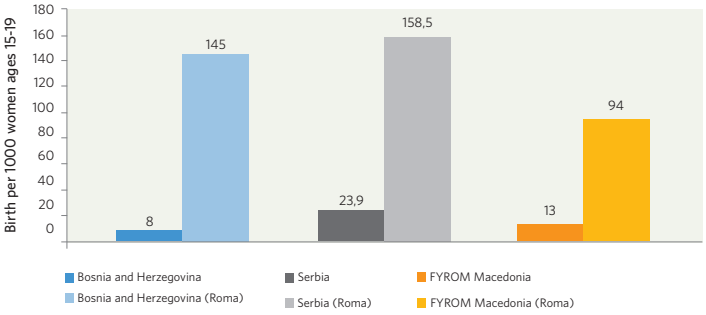
In Eastern Europe, early marriage rates are particularly high among the Roma. UNFPA estimates that almost half of young Roma women are married before the age of 18 and nearly one in three become pregnant while still in adolescence[4]. In 2011, '31% of Roma girls in Albania, and 44% in Serbia, in the respective age groups 13-17 and 15-19, were married or in a union'[5]. Early marriages are sometimes used by Roma families as survival strategies, but they increase their vulnerability and significantly limit the prospects for the healthy development of new generations.

*In Albania, the average **age of Roma mothers at the birth of their first child is 16.9 years***

Unmet need (%) for Family Planning among women, ages 15-45 years (General vs Roma)



Adolescent birth rates, per 1000 women, ages 15-19 years (General vs Roma)



1 Estimated number for the 47 member states of the Council of Europe: http://www.coe.int/t/dg3/romatravellers/default_EN.asp
2 Generic designation for different Roma groups: Abdal, Ashkali, Balkan Egyptians, Dom, Lom, etc.
3 UNICEF, Multiple Cluster Indicator Survey 2013
4 'State of World Population Report', UNFPA 2013, http://www.unfpa.org/webdav/site/global/shared/swp2013/EN-SWOP2013-final.pdf
5 WHO EURO/UNFPA, 'Child marriage', in *Entre Nous: the European Magazine for Sexual and Reproductive Health*, 2012
6 'Identifying the Social Factors that Influence the Situation of Roma and Other Roma-like Groups in Turkey', Research report, Zero Discrimination Association, May 2014
7 508.8 per 1,000, according to data from 2001. http://www.undp.org/content/dam/undp/documents/projects/SVK/00060975/UNDP_WB%20inter-im%20report%20II_2011_revised_F.doc, p. 21
8 from a 2001-2003 study. In 'Adolescent Pregnancy in Eastern Europe and Central Asia', UNFPA, http://www.teenpregnancyeeca.org/wp-content/uploads/2013/10/Adolescent_pregnancy_in_Eastern-Europe_and_Central_Asia.pdf, p.4
9 'Adolescent Pregnancy in Eastern Europe and Central Asia', UNFPA, http://www.teenpregnancyeeca.org/wp-content/uploads/2013/10/Adolescent_pregnancy_in_Eastern-Europe_and_Central_Asia.pdf, p.5

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UNFPA's Regional Work **on Roma Health**

UNFPA's Regional Office for Eastern Europe and Central Asia addresses the social determinants of health and health inequalities of the most vulnerable populations, with a focus on women and young people's sexual and reproductive health.

Evidence-based Advocacy for Roma SRH

To provide evidence on the high degree of vulnerability of Roma in the region and targeted needs for intervention, UNFPA conducted the study *'Exploring Models and Approaches for Reducing Health Inequalities. Incentives Aimed at Enhancing Roma Access to Health, in the Most-at-Risk Communities'*. Focusing on five countries in the region (Albania, Bulgaria, Romania, Serbia, and Turkey), the study provides recommendations on approaches and interventions to improve the access of vulnerable groups to needed services.

In order to provide strategic guidance and strengthen the effectiveness of programmes related to the health of Roma youth, UNFPA established a *Steering Committee on Roma Youth Health* that is supporting the advocacy, communication, and coordination process among relevant stakeholders at the country level and within European institutions. Committee members include politicians, policy-makers, representatives of NGOs working on Roma youth health, and UNFPA representatives.

Capacity-building and Collaboration

UNFPA initiated a consultation process with Roma and non-Roma NGOs working on Roma youth health and has been supporting the capacity of UNFPA Country Offices and partner NGOs to work in advocacy and resources mobilisation for Roma health. This included a seminar on Roma youth advocacy in Turkey and an advocacy and resource mobilisation workshop for national partners working with Roma in Bulgaria. Moreover, methodologies and training curricula on peer education have been elaborated for young Roma, with the aim of reaching them with accurate information on sexual and reproductive health and dispelling misconceptions.

Partnerships and Coordination

Since 2011, UNFPA has been actively involved in different Roma-focused coordination mechanisms, including the *Roma Regional Working Group of the United Nations Development Group,* the *UN Roma Task Force,* the *Roma Right to Health Civil Society Group,* and the *Inter-Agency Coordination Group.*

For the past three years, in partnership with WHO, UNFPA organised a series of yearly *Roma Health Resource Workshops,* with the aim of debating and producing resources to address the social determinants of Roma health inequities as well as supporting the development, revision, and updating of the health components of the National Roma Integration Strategies and the Decade of Roma Inclusion Plans.

UNFPA's Work **on Roma Health** by Country/Territory

UNFPA in **BOSNIA and HERZEGOVINA**
- Supporting Roma health mediators.
- Engaging in advocacy efforts on the importance of education of Roma girls, and its linkages with reproductive health and rights.
- Supporting capacity-building of national partners to meet the SRH needs of youth with focus on marginalised adolescents and girls, including provision of life skills and sexuality education.

UNFPA in **Kosovo (UNSCR 1244)**
- Supporting work targeting Roma, Ashkali, and Balkan Egyptians through partnerships for improving women and children's health.
- Organising community sessions on sexual and reproductive health, family planning, and gender-based violence.
- Providing theatre-based education activities for youth and others.

UNFPA in **ALBANIA**
- Contributing to the implementation of the Health Component of the Decade of Roma Inclusion Action Plan, in cooperation with other UN agencies.
- Providing training for primary healthcare providers, community leaders, health mediators, and youth.
- Organising theatre-based peer education activities.
- Engaging in advocacy and awareness-raising for family planning and prevention of HIV, AIDS, and other STIs.

UNFPA in **Former Yugoslav Republic of Macedonia**
- Carrying out market segmentation research on RH commodities with the aim of identifying the most vulnerable populations, including Roma, to enable the provision of comprehensive reproductive health services.
- Developing family planning curricula for healthcare providers, including gynaecologists, in order to strengthen their skills in working with vulnerable groups, including Roma.

UNFPA in **SERBIA**
- Strengthening the capacity of Roma health mediators in the field of SRH, including addressing gender-based violence.
- Raising awareness among young Roma by using theatre-based peer education and engaging men as change agents with an equal role within the community.

UNFPA in **TURKEY**
- Working on improving access to information and services on sexual and reproductive health among the most vulnerable population groups, including Roma.

Focus on **Challenges in the Field**

In spite of the efforts and achievements made in past decades through targeted policies and programmes at the European level, Roma – in particular women and young people – face many challenges, including:

- **Inadequate access to health, including sexual and reproductive health and family planning services, exacerbated by poverty and social exclusion**
  - Lack of a comprehensive approach in the implementation of actions targeting the social determinants of Roma health.
  - Uninformed and prejudicial attitudes both of service providers towards vulnerable and marginalised social groups, including the Roma, and of the Roma towards health institutions, especially in the case of sexual and reproductive health services and providers.
  - Insufficient attention to inclusive voluntary family planning strategies and programmes that aim to prevent unwanted pregnancies among Roma by effectively tackling high unmet needs for family planning services and access to contraceptive commodities.
  - Lack of incentives (material, financial, educational), for the demand-side (Roma patients) as well as the supply side (health providers), negatively affecting the quality of care as well as the ability of the most-at-risk Roma to comply with the necessary healthcare regimens.

- **High rates of early marriages and early pregnancies.** Cultural practices, poverty, low education, and poor awareness affect Roma sexual and reproductive health and need increased attention.
  - Lack of proper community outreach by health providers and other relevant stakeholders to address information and awareness needs on the health and developmental issues raised by early marriages and early pregnancies.
  - Insufficient enforcement of legal instruments for addressing the issue of early marriages.
  - Unaddressed opportunities for peer education on sexual and reproductive health within Roma communities.
  - Lack of role models and sustainable practices to trigger change.

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Shaping a Better Future **for Roma Women and Youth**

Active through its offices in non-EU countries and through partners in some EU member states, UNFPA focuses on ensuring equity in exercising the right to quality sexual and reproductive health services and education of vulnerable populations.

Addressing the challenges faced by Roma, one of the most-at-risk population groups in the region, has become a priority on the European agenda. Integrated approaches tackling the social determinants of health are necessary to make progress. UNFPA has the know-how in supporting policy-makers and disadvantaged communities to achieve universal access to reproductive health. In supporting healthcare providers by further increasing their capacity to work with vulnerable groups such as the Roma, UNFPA aims to enable an equitable environment for the Roma to access quality health services.

Moreover, following a rights-based approach, UNFPA prioritises addressing the issues of early marriages and early pregnancies – gendered phenomena that increase Roma vulnerability. Working on the health issues faced by Roma women and young people has the potential of shaping a better future for their communities.

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UNFPA, the United Nations Population Fund, is the lead UN agency for delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.

UNFPA is on the ground in about 150 countries, working with governments, other UN agencies, civil society and the private sector, to improve the lives of youth and women by advocating for human rights and gender equality and by promoting the understanding of population dynamics.

UNFPA's work is fully aligned with the Programme of Action of the International Conference on Population and Developments (ICPD) and the UNFPA Family Planning Strategy 2012–2020. It contributes to achieving the Millennium Development Goals and the WHO Health 2020 objectives.

UNFPA tackles health inequities and the underlying social determinants by supporting effective and sustainable policies protecting human rights, countering stigma and discrimination, addressing structural drivers of inequality and exclusion, and establishing concrete measures to support the most marginalised populations.