Submission of EMMA Association to the Secretariat of the Framework Convention for the Protection of National Minorities on the sexual & reproductive health and rights of Roma women in Hungary
October 2024

In the professional experience of EMMA[1], both discrimination against Roma and fundamental structural deficiencies in health care prevent Roma women from receiving high-quality gynaecological-obstetric care that respects their human rights and dignity. They are more exposed to ***gynaecological-obstetric violence***, and their reproductive and childbirth rights are more often violated. It is therefore of the utmost importance that Roma women are also properly informed and aware of their rights and options.

Background

The Roma population, particularly Roma women, faces significant health risks due to poor living conditions, a lack of information stemming from socio-cultural disadvantages, and limited access to adequate healthcare. In Hungary, the life expectancy of Roma women is notably lower than that of their non-Roma counterparts, with a national average of 77.2 years for women compared to 71.3 years for Roma women.

[1] **About EMMA Association:** EMMA Association is a national women's organization, which works for the fundamental rights and societal equality of women, paying special attention to gender-based oppression, violence against women during the childbearing and childrearing period, and sexual and reproductive health and rights (SRHR), on the individual, community and social level, with a special focus on vulnerable groups of women.

Romani women encounter discrimination in the education system, when seeking employment, experience unequal gender dynamics within the family, and have ***limited access to sexual and reproductive health (SRH)*** and family planning services. The strongly defined gender roles prevalent in many Roma communities together with socio-economical reasons often lead to early marriages and motherhood. Additionally, the severe ethnic and social segregation faced by adolescent Romani girls often results in them becoming mothers at a young age with little support, which increases the likelihood of dropping out of school without adequate educational resources.

High rates of early pregnancies, frequent abortions, and preterm births are all consequences of the poor living conditions and systemic exclusion faced by Romani women. When pregnant, these women have limited access to maternity care services, and those who do seek assistance often experience discriminatory treatment, verbal harassment, segregation, and obstetric violence.

Barriers and difficulties of Roma women in Hungary related to their Sexual and Reproductive Health

General under-staffing, under-financing in health care leads to shrinking SRH care options to all women, but marginalized groups are especially affected. ***Shrinking access to health care*** further increases the already existing geographical health inequalities, as rural Roma women and girls have less choice in their health care, less services available and at a larger distance. Scarcity of accessible services is a direct threat to the health and safety of vulnerable populations.

Obstetric and gynecological violence is violence suffered by women during delivery care in health centers, being a “widespread and systematic phenomenon”[2]. This term encompasses instances of violence, abuse, mistreatment, and neglect experienced throughout the sexual and reproductive life cycle — including during pregnancy, childbirth, the postpartum period, and in the context of obstetric, gynaecological and abortion care. International and regional human rights bodies, such as the United Nations, the Council of Europe and the European Parliament have all recognised these practices as forms of gender-based and institutional violence[3].

Roma women are at higher risk of being subject to ***interventions without informed consent***, of being humiliated and verbally abused, being neglected physically and emotionally during antenatal care, birth and postpartum care. They do not receive culturally competent care, their birth traditions, personal preferences and values are not respected.

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[2] **“A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence”**, UN Special Rapporteur on violence against women, 2019

[3] **Obstetric and gynaecological violence in the EU** - Prevalence, legal frameworks and educational guidelines for prevention and elimination, European Parliament, 2024 (p 40)

I. An article[4] in Gender and violence in Romani and Travellers lives refers to a human rights fact-finding investigation in Hungary (conducted in 2016). The investigated topic was the discrimination of abuse of Romani women in Maternity Care. The article states that reports from various European countries (Watson & Downe 2017), including Hungary (Izsák 2004; Bodrogi 2016), detail the mistreatment of birthing Romani women. This mistreatment includes ***disrespectful behavior, verbal harassment*** that ranges from stereotypical comments to outright racist remarks, as well as ***physical coercion and abuse***. The author also shows that this issue has a clear intersectional dimension: while Romani individuals of both genders with different health issues reported experiences of mistreatment and discrimination (ERRC 2006), the circumstances for birthing Romani women differ significantly from those of non-Romani women. They are often subjected to violations related to their most intimate aspects of life, such as sexuality and motherhood, and may face explicit warnings that they are unwelcome in maternity wards due to the perception that their fertility is undesirable.

The research represents how Roma women experience mistreatment in maternity care, ranging from neglect to physical abuse during labor—proved to be the most significant concern. They quote many participants who noted that medical staff in maternity wards provided less professional attention to economically disadvantaged women, including Romani women, compared to middle-class, non-Romani women.

Participants of the research also highlighted their frustration over how doctors or nurses would speak to adult Romani women as if they were children, using the informal version of "you" in Hungarian, which conveys a power imbalance when used exclusively between adults.

During the referred investigation, several participants reported experiencing verbal harassment, including inappropriate or judgmental questions that explicitly or implicitly referenced their ethnicity. Some women noted that there was a perception that *"Roma women are said to have babies just for the [welfare] money.*" One participant mentioned facing sarcasm from a midwife post-delivery: *"Obviously, you gave birth for the money; now we're curious how you'll provide for the child!"*

Participants explained that Romani women with several children were often questioned in the delivery room, "*Why are you here again?*" A young Romani woman recounted being threatened by a midwife: "*I don't want to see you here next year! I promise I'll choke you!*" ***Obscene verbal insults*** were also reported. One participant, who gave birth at age 14, recalled a midwife saying, "*Come on, you stinky Gypsy, if you enjoyed opening your legs, let's deliver your child!*"

The most alarming accounts of what the research found involved physical abuse. Several participants, including underage mothers, reported being hit or forcibly silenced

[4] Balogh, L. (2024) **Researching Discrimination and Abuse of Romani Women in Maternity Care** in Gender and violence in Romani and Travellers lives (p 121-137)

during labor and delivery at a specific hospital. One woman recounted that while in labor with her first child at age 16, she cried out in pain and was slapped by a midwife who scolded her, "*Shut up, you stupid Gypsy! If you don't calm down, you'll get more slaps!*"

II. The joint community video project of Hoztam e világra[5] and EMMA Association was made in 2023 where Roma mothers speak about their birthing experiences, including the harmful practices of obstetric violence they faced at the maternity ward[6]:

a) Patronising communication
b) Humiliating comments
c) No respect for mothers' intimacy and autonomy related to their body (*"Then I felt that I had no voice there, I didn't decide anything. It was my body, but I felt that the doctors here could do what they wanted with it. Whoever wants to watch me watches me."*)
d) ***Racist threatening*** with professional power (*"Don't tell me, because you're under my hand, not me under yours."*)
e) Separation of Roma and non-Roma at the postnatal ward.

III. Roma mothers' voice (related to their sexual and reproductive rights) are also promoted through a social media campaign of EMMA Association, called PUT FOCUS ON THE EXPERIENCES OF ROMA WOMEN! Here they also point out systematic problems in the health-care system, which relate to their labour, contraception and abortion.

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[5] **Hoztam e világra** is a participatory art project in Hungary that aims to highlight the experiences of mothers at the maternity ward, also the societal patterns and taboos of motherhood.
[6] **Roma women's birth stories**

1. Labour (will be posted on the 25th of November, on International Day for the Elimination of Violence against Women)
    a) Complicated professional language or no explanation of intervention in the labour room
    b) No answers for patient's questions
    c) ***Prohibition of free movement*** of the birthing women, not allowing getting up from the maternity bed
    d) No warning before causing pain (before inserting needles, examination of the uterus, stitching the wound, Kristeller maneuver, artificial rupture of the membranes)
    e) Routine episiotomy without medical reason
    f) Different attitude to Roma and non-Roma women
    g) Verbal abuse of Roma women

2. Contraception: Obstetricians postpone IUD insertion after 6 weeks of birth (on the grounds that there is no menstrual period, although the scientific evidence supports that IUD can be inserted at any time during the menstrual cycle), or deny IUD insertion for underage girls

3. Abortion: Manipulation and undue pressure to dissuade from abortion by the family protection nurse

IV. The research publication **COULD YOU BE A LITTLE QUIETER? - Sexual and Reproductive Health from the Perspective of Roma Women** (at the moment only available in Hungarian: LEHETNE EGY KICSIT HALKABBAN? Szexuális és reprodukciós egészség roma női szemmel[7]) discusses the sexual and reproductive health of Roma women in Hungary. It includes research articles and perspectives by various Roma authors on issues such as early school dropout, reproductive health access, discrimination in the healthcare system, and the broader social and political challenges Roma women face.

V. A comprehensive report by the EMMA Association, titled **„And then we reached the border: there were a million women!”** - Experiences of Roma refugee women from Ukraine with sexual and reproductive health care in Hungary[8]- in the light of the EMMA Association's Humanitarian Programme" examines the critical challenges Roma refugee women and girls face in accessing sexual and reproductive health and rights (SRHR).

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[7] **Lehetne egy kicsit halkabban? - Szexuális és reprodukciós egészség roma női szemmel**, Romaversitas Alapítvány, Emma Egyesület 2023

[8] **“And Then We Reached the Border: There Were a Million Women!” - Experiences of Roma Refugee Women from Ukraine with Sexual and Reproductive Healthcare in Hungary** - in the Light of the EMMA Association’s Humanitarian Programme, Emma Egyesület, 2024

This publication summarizes the results of our qualitative interview research with twenty-one Roma refugee women. To get a broader picture of the situation of women, we not only focused on SRH issues, but also addressed other questions relevant to refugee women, such as the circumstances of their arrival in the country, the housing difficulties, their livelihoods, their attitude towards womanhood and their plans for the future.

Key Findings:

1. **Systemic Discrimination**: Roma refugee women and girls encounter widespread discrimination within healthcare systems, leading to significant disparities in SRHR services.
2. **Economic Barriers**: Lack of financial resources is a major obstacle preventing access to necessary health services.
3. **Lack of Information**: There is a substantial information gap regarding the legal and financial framework of SRHR services among the health care providers as well as Roma refugees, exacerbating health inequalities.
4. **Lack of Respectful Care**: Healthcare services often lack women-centered and trauma-informed support skills, which discourages vulnerable populations from seeking care.

Discrimination against Roma refugee women has also been reported in other countries bordering Ukraine, as detailed in the Care in Crisis fact-finding study[9]

Illustrations courtesy of Renyagyar

[9] **Care in Crisis. Failures to Guarantee the Sexual and Reproductive Health and Rights of Refugees from Ukraine in Hungary, Poland, Romania and Slovakia**, Center for Reproductive Rights, 2023