

A FEMINISTA TANULMÁNYOK SZÜKSÉGESSÉGE

Mint mindig és mindenhol, a feminista tanulmányoknak – úgy az intézményesülés, mind pedig a kutatás vonatkozásában – Romániában is a helyi szükségletekre kell válaszolniuk. Ezért ezek fejlesztési irányait és stratégiáit itt is a közvetlen akadémiai környezet és a tágabb szociálpolitikai kontextus alakítja. Jellemzőjük, hogy poszt-szocialista kontextusban jelennek meg, és többnyire olyan kutatók diszciplináris fejlődése és kezdeményezése eredményeként kristályosodnak ki, akiknek néhány esetben sikerült kollektív intézményes struktúrákat is létrehozniuk.¹ Jelentős tény, hogy e szak-tanulmányok kialakulását esetünkben nem előzi meg és különösebben nem támogatja sem helyi feminista vagy női mozgalom, sem pedig kormány szintű vagy egyéb állami- és/vagy pártpolitika. Ezek terjedése kizárólag az egyetemi és tudományos életben eredményeket, pozíciót és tekintélyt elnyert kutatók személyes elkötelezettségének, érdeklődésének és intézményépítési erőfeszítéseinek köszönhető. Minden esetre, az európai integráció folyamata (melynek, legalábbis formálisan, Románia is elkötelezte magát) legitím forrásként használható arra, hogy a társadalmi nemek szemléletét is beiktassák a tanügyi reform elképzeléseibe és gyakorlatába.

Ilyen körülmények között a feminista tanulmányoknak számos célt kell követniük, mint például:

- a nők helyzetének és a nemek közti kapcsolatoknak az empirikus vizsgálata a társadalmi és kulturális elemzés különféle módszereivel;

¹ Itt kell megemlítenünk az alábbi kezdeményezéseket: a bukaresti „Școala Națională de Studii Politice și Administrative” nevű egyetemen 1999-ben indított poszt-graduális program, melynek neve ma „Studii de Gen și Politici Publice” (Társadalmi nemek tanulmánya és Közpolitikák); a kolozsvári Babes-Bolyai Tudományegyetemen létrejött „Grupul Interdisciplinar pentru Studii de Gen” (Gender Studies Interdiszciplináris Csoport), amely 2000-ben egy négy félévből álló programot kezdeményezett és kidolgozta, majd 2003-tól kezdődően megvalósítja egy poszt-graduális oktatási program tervét (ennek neve Gen, Diferențe, Inegalități” – Gender, Különbségek és Egyenlőtlenségek); a Bukaresti Egyetemen létrejött „Gender – Centrul de Cercetare al Identității Feminine” (A Női Identitás Kutatóközpontja), mely feminista irodalomkritikában tart előadásokat; valamint a Temesvári “Universitatea de Vest”-en létrehozott Feminista Tanulmányok Központot („Centru de Studii Feministe”), mely mindenekelőtt úgyszintén feminista irodalommal, de emellett társadalmi-politikai kérdésekkel is foglalkozik.

- hozzájárulás olyan elméletek kidolgozásához, melyek értelmezhetővé teszik a szocializmus előtti, a szocialista és a poszt-szocialista valóságot a nemek közti különbségek és egyenlőtlenségek szemszögéből is;
- interdiszciplináris viták indítása és az együttműködés gyakorlatának kialakítása az újrainduló társadalomtudományok minden területén annak érdekében is, hogy valóra váltsák a transzdiszciplináris kutatás potenciálját;
- küzdelem tudományos és politikai legitimitációért egy olyan közegben, amely alapvetően ellenségesen viszonyul a feminizmushoz, és a legjobb esetben azt tételezi fel, hogy a szocializmust követő időszakban nincs olyan társadalmi téma, mely indokoltá tenné a feminista szemlélet meghonosodását;
- hídépítés a tudományos élet intézményeiben dolgozó nők, valamint a civil szervezetekben, politikai pártokban és kormányzati struktúrákban aktív nők között.

A döntéshozó szervek szempontjából tekintve a feminizmus intézményesítésének fontosságát, észre kell vennünk, hogy sajátos feltételeink mellett ezeknek az alábbi szempontokat kellene figyelembe venniük:

- ahol teret hódított és elismerést szerzett, a feminizmus mindenütt hozzájárult és hozzájárul a tudományos megismerés interdiszciplináris, multikulturális, kritikai és felelősséget vállaló fejlesztéséhez;
- mivel az elmúlt évtizedben társadalmunkban a nemek közti egyenlőtlenségnek és a nők hátrányos megkülönböztetésének számos jelei mutatkoztak meg, szükségessé vált minden társadalmi problémának, és általában a poszt-szocialista változásoknak a férfiak és nők közti különbségek szempontjából való tárgyalása, melynek elméleti és módszertani eszköztárát éppen a feminista szemlélet biztosítja;
- mivel országunk a román-magyar kapcsolatok politikájában még mindig lappangó ellenségeskedéssel, a roma kérdésben pedig rasszizmussal és (ön)elzárkózással szembesül, támogatni kellene a feminizmus által végzett kritikai nacionalizmus- és identitáspolitika-kutatást, és azokat a vizsgálatokat, melyek a nemi és az etnikai hierarchiák találkozási pontjain létrejövő egyenlőtlenségekre világítanak rá;
- aki következetesen akarja kezelni Románia uniós csatlakozását, az nem engedheti meg magának azt, hogy ne vegye komolyan a nemek közti egyenlőség politikájának következményeit a nevelés és az oktatás terén.

Meggyőződésem, hogy a (romániai) feminizmusra fontos szerep hárul egy kritikai álláspont kialakításában mind a szocialista paternalizmussal, mind pedig a poszt-szocialista nacionalista és/vagy liberális politika patriarhális rendjével szemben. Ebben az összefüggésben a feminizmust olyan szemléletmódként hatá-

rozom meg, mely egyaránt kritikusan tudja kezelni a szocialista nemi tudatosságot és az úgynevezett szocialista női emancipációt, valamint a szexualitás poszt-szocialista (újra)felfedezését és a szocializmus utáni változások időszakára jellemző érzéketlenséget a nemek közti egyenlőtlenségekkel szemben, illetve azokat a mechanizmusokat, melyek révén ezek a politikák napjainkban egymást erősítik. Ugyanakkor olyan kezdeményezésként kezelem, mely képes arra, hogy újfajta egyensúlyt teremtsen meg a nemek közti különbség tudatosítása (*gender awareness*) és ezen különbségek meghaladása (*gender neutrality*) között, tekintetbe véve ezek különböző politikai-társadalmi rendszerekben megélt tapasztalatait. Ezen potencialitások tükrében bárki felismerheti, hogy a feminizmus nem „csak” az alárendelt pozícióban levő nők érdekeit szolgálja, hanem képes megvilágítani a hatalom különböző formáinak működését és, mint ilyen, az egyént autonóm és felelősséget vállaló társadalmi alanyként erősíti meg.

Az egyesek által mind politikailag, mind tudományosan megkérdőjelezett, a mások által nyugatról importált divatnak tekintett feminista tanulmányok terén, az elmúlt néhány évben, Romániában is rohamosan felgyorsult a tudományos termelés, egyszer és mindenkorra bebizonyítva azt, hogy ez a mezőny igenis hazai valóságunkba ágyazottan alakul és fejlődik. Ebben az értelemben kell itt megemlítenünk egyrészt néhány feminista munka román nyelvre való fordítását és megjelentetését,² másrészt pedig a helyi kutatások eredményeit tükröző könyvkiadást.³

² A Polirom Kiadó „Studii de Gen” Sorozatában a következő címek jelentek meg: Moira Gatens: Feminism și filosofie. Perspective asupra diferenței și egalității (Feminizmus és filozófia. Perspektívák a különbségről és az egyenlőségről); Mary Lyndon Shanley: Uma Narayan – Reconstrucția teoriei politice. Eseuri feministe (A politikaelmélet rekonstrukciója. Feminista esszék); Gloria Steinem: Revoluția interioară. Cartea respectului de sine (A belső forradalom. Az öntisztelet könyve); Andrea Dworkin: Războiul împotriva tăcerii (A hallgatás elleni háború). A Desire Alapítvány Kiadójának „Feminista Tanulmányok” Sorozatában jelenleg fordítás és kiadás alatt áll: Susan Gal – Gail Kligman (szerk): Reproducing Gender. Politics, Publics, and Everyday Life after Socialism, és Henrietta L. Moore: Feminism and Anthropology.

³ A Polirom Kiadó „Studii de Gen” Sorozatában megjelent: Mihaela Miroiu: Convenio. Despre natură, femei și morală (Convenio. A természetről, a nőkről és az erkölcsiségről); Otilia Dragomir – Mihaela Miroiu (ed.): Lexicon feminist (Feminista Lexikon), és megjelenés alatt áll: Laura Grünberg: (R)evoluții în sociologia feministă. Repere teoretice, contexte românești (A feminista szociológia (r)evolúciói); Ștefania Mihăilescu (szerk): Din istoria feminismului românesc. Antologie de texte. 1839-1929 (A román feminizmus történetéből. Szöveggyűjtemény. 1839-1929); Renate Weber – Roxana Teșiu: Dreptul de a fi femeie (A nőnek lenni joga); Otilia Dragomir: Femei, cuvinte și imagini (Nők, szavak és képek). A Desire Alapítvány „Feminista Tanulmányok” Sorozatában pedig az alábbi címek láttak napvilágot: Enikő Magyar-Vincze (szerk.): Femei și bărbați în Clujul multiethnic (Nők és férfiak a multiethnikus Kolozsváron); Ghizela Cosma – Enikő Magyar-Vincze – Ovidiu Pecican (szerk.): Prezențe feminine. Studii despre femei în România (Női jelenlétek. Tanulmányok a nőkről Romániában); Enikő Magyar-Vincze: Diferența care contează. Diversitatea social-culturală prin lentila antropologiei feministe (A fontos különbség. A társadalmi-kulturális sokféleség a feminista antropológia szemüvegén keresztül) és Talking Feminist Institutions. Interviews with European Scholars. Szintén itt kell megemlítenünk a „Gender Barométer” címmel 2000-ben kiadott közvélemény kutatást, melyet a bukaresti Nyílt Társadalomért Alapítvány támogatott, valamint a Romániai Országos Statisztikai Hivatal és a United Nations Development Program

Megfigyelhető, hogy ezeket az értelmiségi erőfeszítéseket sok esetben kiegészítik az éppen a bennük fő szerepet játszó kutatók azon kezdeményezései, amelyeknek célja, hogy kilépjenek a szűk értelemben vett akadémiai szférából és hatást gyakoroljanak a civil társadalomra és a politikumra. Ezek vagy közvetlen, más női szervezetekkel közösen szervezett civil akciók, vagy pedig az empirikus kutatások mediatizálását szolgáló megnyilvánulások, de minden esetben arra törekednek, hogy felhívják a közvélemény figyelmét arra, hogy a nők helyzetének kérdése a mai Románia egyik igen fontos társadalmi és politikai problémája.⁴

Holott egyetemi környezetünkben hallani lehet olyan hangokat, melyek szerint a társadalmi nemek tanulmányát kizárólag mint a diszciplináris mezőnybe új témákat bevezető tudományos munkát kell gyakorolnunk és intézményesítenünk, ezen a területen uralkodónak látszik az a törekvés, mely egyaránt aktivál mind a feminista tudással szemben elkötelezett intézmények létrehozásáért, mind pedig e tudás társadalmi és politikai fontosságának felismeréséért.

közös gondozásában publikált „Femei și bărbați în România” (Nők és férfiak Romániában) című kiadványt, de néhány, viszonylag régebbi, a romániai feminizmus szempontjából úttörőnek számító könyvet is, mint például: Mihaela Miroiu: *Gânduri umbre. Abordări feministe în filosofia contemporană* (Gondolkodó árnyék. Feminista megközelítések a jelenkori filozófiában), Editura Alternative, 1995; Mădălina Nicolaescu (szerk): *Cine suntem noi? Despre identitatea femeilor din România modernă* (Ki vagyunk mi? A nők identitása a modern Romániában), Editura Anima, 1996; Margit Feischmidt – Enikő Magyar-Vincze – Violetta Zentai (szerk): *Women and Men in East European Transition* (Nők és férfiak a Kelet-Európai átmenetben), EFES, 1997; valamint a „Gen și Educație” (Gender és Nevelés), „Gen și Societate” (Gender és Társadalom), „Gen și Politică” (Gender és Politika) című kiadványokat, amelyek az „ANA – Societatea de Analize Feministe” (Feminista Elemzések Társulata) gondozásában jelentek meg.

⁴ Ebben az összefüggésben kell megemlítenünk néhány, társadalomkutatásra és tudomány-szervezésre szakosodott nem-kormányzati szervezetet, mint például a bukaresti „Societatea de Analize Feministe ANA” (Feminista Elemzések Társulata), a kolozsvári DESIRE Alapítvány, a bukaresti „Centrul de Dezvoltare Curriculară și Studii de Gen FILIA” (Curriculum-fejlesztő és Gender Studies Központ). Ezek szerepet vállalnak egyrészt az akadémiai feminizmus támogatásában, másrészt pedig a közte és a kibontakozóban levő feminista „mozgalom” közti hídépítésben.

SOCIAL EXCLUSION AT THE CROSSROADS OF GENDER, ETHNICITY AND CLASS

PAPER AND RESEARCH OVERVIEW

This paper addresses the 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 have an understanding of the broader issue of social exclusion as it functions under the circumstances of post-socialist transformations (being revealed in Chapter 1). As such, it aims to have a contribution to theorizing on how exclusion works at the crossroads of ethnicity, gender and class while (re)producing inequalities, and on how does Romani women's multiple discriminations function turning them into the most underserved social categories of our society. In theoretical terms I would also like to take part in the debates about the ways in which structural factors, cultural conceptions and agency are working through each other while shaping women's everyday desires, claims and practices related to reproduction and reproductive health.

My analysis was founded on an empirical research carried out by the means of an ethnographic fieldwork and of the analysis of existing policies (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 the methods of participant observation, in-depth interviews and filming (its results are presented in Chapters 4.1., 4.2. and 4.3.). It was completed by interviews made with Romni activists from Cluj, Bucharest and Timisoara (Chapter 4.6.). At its turn the analysis of policy consisted in the critical investigation of the current policies for Roma and reproductive health policies from Romania from the point of view of the extent to which they do (not) consider Romani women's particular needs (Chapters 4.4. and 4.5.).

Altogether my aim was to describe the socio-economic conditions, institutional arrangements, policies and cultural conceptions that shape Romani

¹ Throughout the paper, by time to time, instead the term "Romani women" I am using "Romni" (referring to the feminine singular). "Roma" is used in the case of plural and "Rom" as masculine singular, while the form "Romani" is mostly used as an adjective.

women's (lack of) access to reproductive health, but also of their personal ways of dealing with the related problems and of being "between two fires". Most importantly I wanted to highlight how women felt, thought and acted under the conditions of being situated at the crossroads of several contradictory subject positions, which were prescribed for them by different discourses and institutions (like state policies, policies for Roma, their own communities, health care providers) wanting them to have more, or – on the contrary – less children than they desired on the base of their material conditions, social relations and emotional ties.

Additionally (being discussed in Chapter 2), my research focused on reproductive health as an issue of human rights considering that reproductive rights of women included 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 and the time-spacing of births, and the right to decide on the contraceptive method most appropriate for their medical and social condition, but also the right to the enjoyment of sexuality as part of sexual health. Its recommendations (presented in Chapter 5) were referring to the need of mainstreaming ethnicity into the public health policy and of mainstreaming gender into Roma policy in order to overcome the effects of ethnic and gender discrimination in relation to reproductive rights and access to healthcare of Romni, while recognizing that ethnicity and gender are not naturally given internal essences, but subject positions constructed socially and culturally.

While using the language of rights my paper observed that it was not enough to claim reproductive health in terms of rights, but there was a need to understand why economic, cultural and social processes do make impossible of the *de facto* use of the formally recognized rights. That is why my research aimed to identify the obstacles of the reproductive health services usage both from the perspective of Romani women's life conditions and from the point of view of the health care system. I could show that the Romanian reproductive health policies and the existing Roma policies were failing to respond to the interests and particular conditions of Romni, and willingly or not transformed them into an underserved and multiple discriminated group. And eventually could observe that the few initiatives for militating for Romani women's rights do not have yet the authority to impose a change in the way of thinking about and acting around this issue and to increase its legitimacy and prestige within the mainstream policies for Roma.

Besides the empirical data, my policy recommendations were also based on the idea according to which the creation of circumstances under which these rights might be *de facto* used by any women, regardless of their ethnicity, age, sexual orientation and class would be of great importance for assuring

everybody's reproductive health. Even if economic inequalities persist due to the structural processes of 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 for non-governmental organizations and governmental agencies. They are related to the needed changes that might improve Romani women's real access to reproductive rights and reproductive health care information and services and altogether they suggest the general necessity of mainstreaming ethnicity and gender into the Romanian public policies.

In addition to this paper the outcome of my research was a video-film of two parts (the first presenting the Romani communities, and the second dealing with Romni's specific issues, including reproductive health). This is going to be used as a tool for advocating for the recognition of the need to make a change in the structural factors and cultural conceptions, which produce and maintain Romani women's multiple discrimination.

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 developed by the anthropological and feminist literature on reproduction. Among others this is revealing that biological reproduction (and implicitly women's body) always and everywhere stays at the core of the societal, political and economic life, is one of the domains through which one may understand why the personal is political, and vice versa.² Its control – together with the control of production –, structures the position (including roles, chances 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) are dealing with (the control of) reproduction, are also talking about the formation and maintenance of the ethnicized and gendered social inequalities.

Within cultural (and in particular medical) anthropology there were developed many approaches towards reproduction. Symbolic anthropology was dealing 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 the analysis of the social mediation of the shared cultural beliefs about the body in the context of political and economic changes.⁴ There are investigations that besides the ethnographic details and the 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) while trying to act as autonomous agents. In order to

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

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.

understand why it is possible for an individual to be at once a social person and an agency, some anthropologists propose to conceive for example bodies as not belonging to persons but being composed of the relations of which a person is constituted while not precluding women's sense of bodily autonomy or self-control.⁶ Especially Marxist approaches treat reproductive issues as embedded into the context of explicit and variable material conditions... and 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, the notion of stratified reproduction highlights the unequal social ordering of reproductive health, fecundity and birth experiences.⁸ And the concept of reproductive entitlement is focusing attention to women's moral claims in the area of reproduction, which are articulated in relation to social expectations referring to fertility, sexuality and 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 through which one may understand, for example 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 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 of their subjectivities (everyday experiences and meanings through which they perceive themselves within their significant social relations).¹² So I am not treating ethnicity/"race" and gender as naturally given

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.

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*

internal essences that shape one's destiny, but as socially and culturally constructed subject positions that are constituted by cultural representations and social locations where people are situated also due to the 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 life is embedded is a cultural and social process. Through this – on the one hand – women and men are defined and classified on the base of some characteristics supposedly determined by their ethnicity and sex as if these were their natural and inborn essences. On the other hand – through this mechanism – women and men are located in certain social and economic positions (and consequently are having access to or are excluded from specific material and symbolic resources) according to the hegemonic representations of their ethnic and sexual belongings. These processes might be observed inside different institutions and in the context of their complex relationships, including different sites of everyday life.

This paper is 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 concrete people in their everyday life and lived through their personal experiences. More precisely views this process as mediated by access to reproductive health. Eventually it deals with the relationship between ethnicity, gender and class, understood as systems of classification and as social organizations of cultural differences.¹³ This relation – among other mechanisms not addressed here – structures the social order in a particular spatio-temporal location, and – as such – defines and positions women and men within private and public hierarchies, at their turn being under the impact of broader economic and political changes. But this regime could not function if it would not be sustained from below. People not only adjust their expectations and performances to its norms, they do not automatically take up

Anthropology and Gender. Cambridge: Polity Press, 1994; and of Katherine Woodward presented in "Concepts of Identity and Difference", in K. Woodward (ed.): *Identity and Difference*, The Open University and Sage, 1999, 7-63.

¹³ In the understanding of 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) about the constitution of ethnic groups through the production and maintenance of the ethnic boundaries charged time-to-time with changing cultural stuff. Further on, my approach is shaped by those gender theories, which consider that a gender analysis should view comparatively women and men in the terms of their culturally constructed social roles. And, moreover, should address gender both as a system of power and marker of difference that structures social reality, and as a lived experience that affects a person's life-trajectory. Most importantly I am stressing that one needs to understand the ways in which gender, ethnicity and class simultaneously work together, how power relations construct difference, and how the multitude of forms of oppression affect, and are affected by diversity of all kinds.

certain roles, but also interpret, negotiate and act out them within their personal relations with the “significant others”.

On the base of the above described conceptual framework I address the formation of the post-socialist order (in Romania) as consisted of the processes of social differentiation and the underlying cultural mechanisms that produce and legitimize the newly constituted hierarchies. Above the individuals’ will and control, the former shape their chances of participating with success in the (classificatory) struggles around positions and resources, which – at their turn – are including ideologies and practices of inclusions and exclusions. Obviously, this whole system functions with the complicity of the individuals, but one should note that – most importantly – out of these processes some gain privileges, and others get blocked in disadvantaged positions. On this stage gender, ethnicity and class – beside being prescribed subject positions and lived experiences – are functioning as intertwined classificatory tools, markers of differences and processes of socially organizing cultural differences.¹⁴ Otherwise, the gendered and ethnicized/racialized social differentiation is nothing else than the hierarchical distribution by gender, ethnicity and class of society’s economic and social resources. My research views these processes in the context of Romania and through the issue of reproduction and reproductive health.

¹⁴ The social organization of cultural differences (a term used after Barth, see above) is about the attachment of different meanings and values to different individuals and groups, and about the establishment of their hierarchy. But 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, as privileged (superior), and the “others” as disadvantaged (inferior).

2. THE CONCEPTUAL FRAMEWORK OF THE POLICY RESEARCH

2.1. PROBLEM DEFINITION

In a policy framework my paper¹⁵ addresses the access of Romni to reproductive health in Romania as a socially determined phenomenon and as an issue of human rights central to general well-being and crucial for achieving equity and social justice. Here I am not dealing with the health situation of Roma in statistical terms, but relying mostly on my primary ethnographic research, nevertheless also considering the available secondary sources regarding this issue.¹⁶

¹⁵ As a policy study this paper wants to inform the policy-making process by carrying out primary research into a specific policy issue. As such it is issue-driven, it refers to the primary research data, it formulates general recommendations and information on policy issues, and it targets mostly 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 population; for men, it is 13 years less.¹⁰ Infant mortality rate for Roma has also been found to be notably higher than national averages throughout Europe. The author shows that the poor living conditions both cause and further exacerbate illness by impeding access to preventive care, proper nutrition, hygienic materials and medications. In Romania we do not have statistics disaggregated by ethnicity and within ethnicity by sex on the base of which one might have an overview of Roma health situation in the terms of reproductive health. A quantitative research done in 2003 on a Roma sample including 1.511 households and 7.990 people gives only some information regarding that, in particular related to knowledge about and use of contraceptive methods. (*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% heard about at least one contraceptive method (51,4% of men, and 42,9% of women), while on the national level 99,6% of women and 99,7% of men were having information about contraceptives. 25.8% of the interviewed persons declared that they used at least ones a contraceptive method, 30.9% declared that they never used anything, and 43.3% refused to answer to this question (they mostly were above 35 years). The most frequently known and used methods were: preservatives, pills and *coitus interruptus*. Only 9.1% declared that they made recourse to abortion in the case of an unwanted pregnancy. Besides these specific data the results show that the average age at death in the case of Roma was 53.4 years (respondents were asked to declare the number of deaths within their families during the last five years), and the most frequent causes of death were: cardiac diseases (24.5%), cancer (15.5%), accidents (9.7%) neurological affections (5.2%), oldness (5.2%), and pulmonary problems (3.8%). Asked about their health situation during the last two weeks, they declared that 29.5% of the adults and 27.3% of children were confronted with illnesses. The most frequent diseases were affecting the cardiovascular system (2.6%), followed by the diseases of the digestive apparatus (1.8 %) and those of the breathing system (1.6%). In the case of children the leading diseases were affecting the breathing apparatus (14.2%), followed by different infections (1.3%) and affections of the nervous system (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 situation,

I am subscribing 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 occurrence of abortions, cervical cancer and breast cancer.¹⁸ As 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, lack of clean water and sanitation, lack of official documents and of medical insurance in many cases. In my ethnographic research I was focusing on the ways in which the use of contraceptives and abortion was shaped by Romani women's life conditions, by the cultural conceptions dominant within the investigated communities and by the nature and functioning of the local health care system, but, on another level, also by the existing public health and Roma policies.

Most importantly as a policy study my paper treats the issues of reproductive health as part of the problem of reproductive rights, and considers that reproductive rights include:

including with (reproductive) health-related issues. Among others, it emphasizes: the health needs of Romani and their children in general give them more interaction with health care systems. Of the Romani women surveyed, 71% of them felt that Roma suffer ethnic discrimination from medical staff, and 23% of them felt 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 requirements for medicine ordinarily provided for free by the public health system.

¹⁷ The agreement on this definition was achieved at the International Conference on Population and Development (ICPD) held in Cairo in 1994 (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 which punished women for having illegal abortions.

¹⁸ Addressing the population and reproductive health issues and trends in Central and Eastern Europe and Central Asia, UNFPA emphasizes the following, but without offering ethnically 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 recognized as a constraint on 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 behaviors; the continuing incidence of recourse to abortion; the large discrepancy between the life expectancy of males and females in numerous countries; negative population growth rates in many countries; the ageing of the population throughout the region; the rise in trafficking of women and girls; high maternal mortality rates. See in *Country Profiles for Population and Reproductive Health* (2003).

- women’s “right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence”,¹⁹
- the right to the highest standard 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,
- women’s right to decide on the contraceptive method most appropriate for her medical and social condition.

A whole range of stakeholders are involved into the issue of Romani women’s reproductive health as 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 on the domain of sexual education and reproductive health (like the Society for Sexual and Contraceptive Education, and the Romanian Family Health Initiative), but also on the domain of Roma women’s rights (like the Association of Roma Women from Romania, the Association for the Emancipation of Roma Women, and the Association of Gypsy Women for Our Children). But 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 consider that Romani women’s organizations are playing a huge role in empowering Romni within their own communities, and – at their turn – the mainstream Romani organizations do have the responsibility to support them in this endeavor. That is why my recommendations do refer to this aspect of policymaking, too. Only the empowerment of women could turn them into individuals able of taking decisions about their reproductive health and of really using their reproductive rights regardless of the requirements of different (patriarchal and/or racist) authoritarian discourses and institutions that put a pressure on them, for example wanting them or to make more, or to make fewer children.

2.2. THE IMPORTANCE OF THE PROBLEM

Reproductive health is defined and recognized by the international community and by the Romanian government as an important dimension of public health. But the human rights discourse is hardly shaping the public talk and practices regarding reproductive health, and there is a reduced concern with

¹⁹ See Paragraph 96 of the Beijing Declaration, 1995.

the *de facto* access of Romani women to health care information and services.²⁰ That 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 necessity 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 underpin the other goals relating to gender equality, maternal health, HIV and AIDS and poverty alleviation, and are crucial to the achievement of the goals overall.²¹

Women belonging to marginal groups (among them Romani communities) often lack the rights or opportunities to make choices around reproduction even if Romanian laws are formally ensuring these rights. Their general living conditions, the racism of the majority population inscribed among others into the public health care system, the pressures coming from their own family members, the existence of different social and cultural norms related to women's body and sexuality, to gender roles and relations, in particular to women's status or to the desired number of children may restrict their options. They may have difficulties accessing at all family planning services, or preventive medical consultations, or proper treatments of illnesses. They easily become victims of the use of inappropriate contraceptive methods or of the destructive effects of repeated abortions, or even targets of a racist fertility control. This proves that women's reproductive rights are not only referring to them as women, but are also strongly linked to the rights and the well-being of the Roma in general. As usually, in this case, too, women's issues are not concerning only women, but men and the whole community as well, so everybody must have the interest and the obligation to work on the improvement of their condition. On the other hand the advocacy for Romani women's reproductive health might have a contribution to mainstreaming gender into public (health) policies, in particular to generally advocate for women's reproductive rights.

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 about reproductive health. But this remains only a theoretical approach, which is far away of what is happening in reality, and even more far away from treating Roma women's status. Not only because the mechanisms of monitoring the implementation of rights are not functioning, but also because people (as patients) still have to learn about claiming their rights on this domain, too.

²¹ See in Eldis Health Key Issues, Guide on Sexual and reproductive health and rights at www.eldis.org/health.

2.3. STATEMENT OF INTENT

This paper aims to have a research-based contribution to the development of a reproductive health policy and of a policy for Roma, which consider reproductive health as a human right of women and treat it as a socially and culturally determined phenomenon. The ethnic awareness of reproductive health policy and the gender awareness of Romani policy should be based on the 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" are having an impact on individuals not as if they would be social constructs, but as if they would be their natural givens, being inscribed into their bodily appearance as a visible difference and in the taken-for-granted institutional arrangements that evaluate these 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 in this sense, i.e. how the way in which they are understood and treated in a social context do have an impact on people's everyday life, for example by excluding them from vital resources.

My policy recommendations refer to the need of mainstreaming ethnicity into the public health policy and of mainstreaming gender into policy for Roma in order to overcome the effects of ethnic and gender discrimination in relation to reproductive rights and access to healthcare of Romni. They seek having a contribution to the general aim of mainstreaming gender and ethnicity into all public policies from 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, within the Romani movement, but also within the public health care services providers. That is why my recommendations are also referring to the need:

- of empowering women within Romani communities and within the Romani movement in order to turn the public talk about women's body, sexuality and related rights into a legitimate issue;
- of liberating Romni from the authority of pro-natalist concerns in order to be free for feeling entitled and acting accordingly in decisions concerning reproduction;
- of excluding the risk of the emergence and functioning of a racist fertility control, which claims that it provides Romani women with reproduction control methods while actually is working with the aim of "preventing Roma's over-population".

3. METHODOLOGICAL CONCERNS

As already mentioned my research was based on the recognition of the fact that Romani women's (reproductive) health was determined socially, economically and culturally, and was shaped by mechanisms of social exclusion that function in our society. Due to the latter this issue was also talking about the lack of reproductive rights or about the lack of opportunities to make use of these rights, embedded within the social conditions, institutional arrangements, policies and cultural conceptions regarding Romani communities. That is why my analysis was shaped by a social, cultural and critical approach. Otherwise was based on a 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 health in general, the state of reproductive health is shaped by the social and economic conditions of Romani women's life, but also by the cultural conceptions/prejudices about Romni existing within their own groups and within the broader society and in particular within the community of health care providers. I managed to reveal these aspects of the problem by the means of an 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. Participant observation and in-depth interviews were the main methods used at this stage of the research. The out-coming results are discussed in Chapter 4.1., 4.2., and 4.3. The same techniques were used for identifying the perspectives related to the importance, strategies and limitations of representing Romani women's rights within several non-governmental organizations of and for Roma from Cluj, Bucharest and Timisoara. They are presented in Chapter 4.6.

As the access to reproductive health depends also on how politics and policies treat this issue, in order to investigate documents reflecting the reproductive health policy and Roma policy from Romania I also used the method of discourse analysis. The aim was to identify how opened they were towards Romani women's health in particular and Romani women's condition in general. My participation on the Roma Health Conference organized in December 2005 by the Presidency of the Decade of Roma Inclusion in Bucharest made possible to get further ideas about the internal debates on gender-related issues and about the state of affairs in the development of current Roma-related policies. The out-coming results of this part of the research are presented in Chapters 4.4., and 4.5.

²² Here I would like to express my thanks to my master and doctoral students, who by time to time assisted me on the field and made several valuable interviews. My gratitude goes especially to Iulia Hossu, Plainer Zsuzsa and Viorela Ducu-Foamete, but also to Petruta Mindrut and Gelu Teampau. It is to be mentioned that Iulia was also working very hard on shooting in Orastie, being the camera-woman without whom the film we made could not have been produced.

4. RESEARCH RESULTS. BETWEEN TWO FIRES, OR MECHANISMS OF 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 Roma, and 156 stated that they speak Romanes. However, going among them, one may encounter more people assuming Romani identity. They live in three quite well-delimited locations on the peripheries of the city (*Digului*, *Dealulul Bemilor*, *Stadion*), but some are housed in blocks of flats from the 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, detaching their personal spaces out of the cubicle previously being of service to sportsmen). Out of these three groups, I chose to approach those two who were having a longer history on the territory that marked their identity. Moreover, during my fieldwork I 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 was filming there, too but during my stay I could approach basically only two families whom invited me in their houses. Nevertheless, in this paper I am also referring to them, because in the local context it is important to understand how the two communities are referring to each other while identifying whom and how they are.

It is to be mentioned that while the ghetto-type locations where these communities live are both symbolically and geographically delimited 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 my paper – while particularly addressing Romani women's reproductive health – I am viewing it as a social and cultural phenomenon produced at the crossroads of people's personal life, immediate community, broader social environment (including schools, health care institutions, work-places, city hall, etc.), state policies and activities of non-governmental agencies.

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

The Romani community from "Dealul Bemilor"

The Romani community from *Dealul Bemilor* is a traditional group whose members descend themselves from traveler ancestors and speak Romanes. They settled down here at the end of the 1960s and are called by local Romanians and other Romani groups as "corturari". The 40 persons, out of whom 10 are children below the age of 14, are living in 20 households and their houses without utilities (10 houses are having 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 (but they do not have house contracts with the city hall!), while others live together with their relatives. Nobody is employed, none of the children are enrolled into school, only 5% of the adults graduated primary school, and only 7 families are receiving social allowance for which they do community work. Some of them are occasionally working abroad, others are collecting plants during summer, and many do collect scrap-iron. 25% of people above the age of 14 do not possess identity card, and 10% of the total inhabitants do not have birth certificate. Up to other causes, the lack of identity cards is due to the fact that even if their houses were built by them or were inherited from their parents they are not having house contracts with the local administration and until when they are not paying taxes on these houses, identity cards are not going to be issued for those living there, who – moreover – as people without identity cards will not be eligible for receiving social allowance. The houses are connected to the city's electric line, but the community does not have its own source of clean water, people have to go down on the hill and even further for bringing water for their daily supplies.

Due to the fact that they wear traditional Romani costumes and speak Romanes everywhere are easily identified as "Gypsies" and are exposed to discrimination and negative prejudices.

Some of the "corturar" families which became wealthy due to their occasional migration for work to Spain or Italy were moving down from the hill into the city, buying houses on the streets nearby, but not within the *Digului* district known in the city as the "Gypsy neighborhood" (*țigănimie*). Those who move out try to disrupt any relations with "those up on the hill", however the latter are visiting by time to time their relatives living "downstairs". For them living on the hill becomes part of a past, which is worth to forget.

Formally this community is ruled by a *buljubasa*, but today he happens to be a man who does not practice the traditional duties of such a leader, so the community is practically not represented by anyone and 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 did not benefit from any of the projects that were supposed to improve Roma's life condition.

The Romani community from "Cartierul Digului"

Housing

The urban Romani community investigated by me in the city of Orăștie more deeply, whose ancestors were brick-makers (*cărămidari*), was settled down on the margins of the city near the river. This location became a ghetto-type space (called *cartierul Digului* after a dike, *dig*, was made on the river) close to the road that goes up to the hill where the "*corturari*" are living. Their presence here was dated back to the 19th century.

The travelers are calling them "*băieși*", which is a denigrating term that refers to their "inability" of speaking Romany and keeping alive Romani cultural traditions. Before the 1960s usually whole families were gone out on their carriages for brick-making to different villages in the larger surroundings from spring to early fall. As people remember, they were never ever speaking Romanes and *slightly became "like Romanians"*: during the 1970s and '80s they were living in the close neighborhood of and were factory colleagues with the latter. By then the whole *Digului* district was not so over-populated, basically was composed of two major streets, *Digului* and *Muzicanților* (populated not only by Roma, but also by Romanians, whom moved out after a while). Because in time the new generations had no place where to leave (only some families got apartments during socialist times in block of flats), they remained in the district, building up houses and kinds-of-shelters (*șoproane*) of plank and/or of plastered mud in-between the already existing buildings or on the two margins of the river. I could also observe how six families (at least of 5-6 members each) living in a former city stable separated the space by building up fences of plank, leaving free a corridor which now started to be populated by newcomers. This group of people (not necessarily relatives) acted like having a separate identity from the other Romani groups. They were those whom could not find a place to live in the *Digului* district or other-where in the city and – for different reasons – could not either stay in their parent's houses. They could imagine to get another housing (were threatened for many times with evacuation!), but wished to remain together and in any case could not at all accept to be moved on the hill, somewhere too near to "*corturari*".

Today, in the total of 125 houses composed of 1-2 premises there are living 800 persons, grouped in 180 families, figures that give a sense about the high density of people living within this cramped space. 50% of the total population is composed of children below the age of 14, and 85% of the school-aged children are enrolled into schools. 135 families are living on welfare allowance (*socialul*) performing community work on the behalf of the city (they are allowed very-very rarely to work in their own district!). 15% do not possess identity card, and 2% do not have birth certificate. 10 men are employed as sweeper and 2 got jobs at one private brick-factory, but this fluctuates, as there are periods of times when there

are a little more people hired with temporary contracts. 60% of the population does receive welfare allowance, but by time to time its payment is problematic. Like it was between April and October 1999, when the mayor declared that the city hall does not have enough funds, but also let people know that authorities do not want to pay any more "those who do not do anything" (out of the 380 families who were supposed getting 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*, which everybody was supposed to receive under a certain income level) and less the welfare allowance. 20% from this community declare that they are collecting scrap-iron, almost 5% are collecting plants and 7% do receive pension. The majority of the latter are having sick-pension, because, even those who were working 30-35 years were not at the age of retirement when the socialist industries collapsed starting with the 1990s.

The whole community has only one source of clean water – put into function somehow illegally –, 80% of the houses do not have toilets of any kind, and the slop water is thrown out in the mound from the middle of the "street" or into the river together with the garbage (being a permanent source of infections and a cause of several illnesses).

90% of the houses are having electricity, and the big majority of the families (even the poorest ones) do invest in providing a television, while some also do have CD-, video, and DVD-players. Besides their practical utility, these objects are also part of people's symbolic status and prestige within the community. Obviously those who are working abroad are doing better in these terms. Television programs do transmit to local people cultural models that they may not implement into their everyday life because the huge economic gap between their condition and the material status of those representing those patterns. However they do like to discover similarities between, for example, their life and the destinies of the soap opera characters, discovering that they might share some universal human problems with others despite the shortcomings of their particular life. The tension between the messages transmitted by the cultural apparatus (which objectifies a certain standard of living and equalizes it with "normality"), and the life-styles and behavioral models that they are actually living out may translate into frustration or self-blaming, but also into anger and rebellion usually expressed verbally towards some persons (like the mayor) embodying the Romanian majority and the causes of Roma's failures.

Work and the ambiguities of dependence

During the socialist regime the majority of Roma from this community (both men and women) was employed in one of the main factories of the city, out of which, after 1990, but mainly during the 2000s all collapsed, leaving them partially or totally unemployed for a long period of time (with very few changes

for reemployment) and without state pensions. Many of people's current illnesses were due to the pollutions to which they were exhibited while working in the chemical industry (*Întreprinderea "Chimica"*), or metal works (*Uzina "Mecanica"*) or the leather and fur-coat factory (*Vidra*). Due to the pesticides used in the nearby plant factory (*Întreprinderea "Fares"*), which is still functioning, the water from the few existing fountains became also polluted.

Work and paid labor seemed to be a central concern for the *băieși* Gypsies whom I have met. Their memories about the socialist past – when they all were employed and were having a secure income – was a reference point in their current self-perception. Life under the conditions of today's long-term unemployment forced them to find short-run strategies of *making it* from one day to another. Up to all this, during socialism they could not practice their traditional jobs, and under the circumstances of the new market economy would be impossible for them to make a living from those, for example from the traditional brick-making. On the other hand they expressed their desire to integrate into the broader society – *to become like Romanians* – but were and are constantly rejected by the majority, who practice towards them mechanisms of exclusion and not of inclusion.

Nevertheless, usually they do not treat unemployment and poverty as something that is their individual failure, but have the power to criticize the system for what is happening (embodied by the mayor or by the new employers, or others) and eventually are ending up by losing their feelings of attachment to it. However, today their attitudes and practices towards state institutions and authorities are full with ambiguities, which is, of course, a reaction to their condition: they are dependent on the welfare provisions, and do wait for some help from above but, at the same time, they do find on their own on a daily basis strategies of survival.

The apparent conflict between dependence and independence is treated by them through the following arguments: they are getting welfare benefits, but in exchange they are obliged to do and they really do work on the behalf of the "community" (meaning by this not their immediate community, but the whole city). Because they do work for the "others", for the Romanians, they do wipe "their" streets, they do clean "their" dirtiness, the welfare benefit they get is not experienced by them as a "gift", but as a payment for their work. They also feel that it is unfair to be punished if they are looking for other jobs on the "black market" or other-where around. Almost at the same time they stress repeatedly that *"we should be helped out, but no one helps us"*, expressing that they are like some neglected children (the term *"necăjiții"* stands for this), while they also proudly tell stories about how they manage to sustain themselves even if this is about begging. One may interpret this as a reaction to the fact that they are living in an encapsulated social space and are looking for strategies of survival on the

margins of the society, where, nevertheless, they have to build up their self-confidence and sense of living properly, inverting in a way necessity into virtue.

Social bonds and the negotiation of Gypsiness

Relationships within this community are structured by several factors, among them by economic differences. Poor people (defining themselves as desperate ones, “*necăjiți*”) are taking loans from the wealthier families (named “*cămătarii*”) and have to pay back the double of the credited amount. Those who are doing better – the families of the very few employed, of the retired people with pension and of workers abroad – are proud of being Gypsies, of having a relatively acceptable life despite the fact of being Gypsies and of proving for everyone that *a Gypsy is a good worker and a honorable man*. They try to isolate themselves from the rest of community and do sustain at their turn 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”*. Moreover, they recognize the fact that one of the main obstacles of their inclusion into the Romanian society is rooted in the prejudices that treat them as members of a stigmatized community, and not as individuals who are different than the “*stereotypical Roma*”. They are critical towards Romanians for this reason, among whom, – as they say – one may also find criminals and thefts and people living in misery. One man was telling me that he is Gypsy for twice: once because he is of Gypsy origin and second 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’s happening in Romania today.

One may observe that the meaning of Gypsiness is shifting from a proudly assumed identity to a stigma, so it functions as a category of classification even within one Romani community and also in the relationship between two different Romani groups. These multiple meanings of Gypsiness probable result from the parallel existence of the desire of self-respect and of the internalized stigmatization, from the ambivalence of identifying with a community and taking a distance from it at the same time, and from the latent will to find always an Other relative to whom one may feel “properly”. This explains why someone self-identifying as a Gypsy, at the same time blames Gypsies for being dangerous, or dirty, or lazy, and so on and so forth. While being there, we were warned from different directions about the “dangerousness” of the Other: this was stressed by “*corturari*” about “*băieși*”, and vice-versa, and within the “*băieși*” community by “*necăjiți*” about “*cămătari*”, and vice-versa.

Education and experiences of discrimination

People from this community do report acts of discrimination experienced whenever they apply for jobs and are declaring their address from *Digului* street,

and/or discriminatory acts encountered by their school children. It happens very often that Roma children are let failing an elementary grade for three times, or are negatively "evaluated" by a psychologist after the fourth grade in order to be sent to a special school, which, in a hidden way, reproduces segregation, but actually is even worth because it functions as a school for mentally disabled, where normal children accumulate more and more disadvantages. Or it happens that Romani children with high performances are undervalued in the grading process in order to be excluded from the group of the leading pupils of their class.

These phenomena, together with the dropout of girls and boys at a younger age from school definitely maintain the disadvantaged position of Roma and increase the already existing social inequalities between them and the majority population. Dropouts are having different reasons: there is a need for the help of the bigger children for taking care of the youngsters or helping in housework or going for wooden in the forest or collecting medical plants on the surrounding plains or collecting scrap iron or doing other types of works on a daily basis (among them begging) for a living. Up to this for girls the early marriage and the early birth are among the most frequent causes for dropout.

The value of education is interpreted paradoxically within this community: on the one hand both women and men face the fact that job announcements (including those from abroad) require at least eight grades from the applicants, but on the other hand they observe how even those who graduated ten grades during socialism are not having secure jobs and are not employed because of their "darkness". These factors are related to the social conditions of Romani communities, but also to the cultural values dominant within, developed and fixed at their turn also as a 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 for doing so. The employment-related failures of the schooled people may, again, reinforce the lack of believe in the value of the formal education. Moreover, the "culture of living in presence"²⁴ might not be compatible with long-term planning among others with preparing for an unimaginable future secure employment by learning in a sustained way during a long period of time. Because families have to survive on a daily basis, this is the concern that they need to pass over to their children, who – under these conditions – need first of all to be taught that life is tough and have to always find solutions right here and right now. This might have a bigger

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", but definitely "a strategy for dealing with encapsulation" (p.9.).

value than long-term education because it is about the means of providing elementary resources from a day to another, but for many people whom I talked with, both seemed to be important. The former because of its immediate results, and the later due to its still hoped long-term benefits. Otherwise, living in the present goes hand in hand with long-standing planning in any people's life. The former might be a source of satisfaction and sense of freedom for everybody, and the later a foundation for a lasting security, however dependent on institutions of social control, so "a commitment to the here and now can belong to mainstream values and behavior as well as to the margins, the difference is one of degree".²⁵

Representatives

Nonetheless, this community has an informal representative and in the recent past did benefit from some supportive projects assuring different community services. Their representative was a candidate at the last local elections, but unfortunately did not receive 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 the governmental strategy for the improvement of Roma's situation a Roma expert should be hired by the local government – he is only used by the later as an informant about the community and as a mediator in several cases, but is not hired on a paid position and is not involved into decision-making.

His wife is hired as a school mediator and the two of them together are committed to make a change in the situation of their community, 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, that is why he is teaching the youngsters Romanes language, culture and history, collects money from selling scrape-iron for making them traditional costumes and takes Romani kids to several festivals where they are appreciated due to their dancing and singing abilities. Both of them consider that integration of Roma into the Romanian society should start with their inclusion, and that is why they cannot agree with any phenomenon of segregation wherever it occurs (schooling, housing, etc.). However, they consider that special programs and even affirmative action should be directed towards improving Roma's life conditions and empowering them by strengthening their self-esteem and cultural pride.

Conclusions

Learning about how identification processes are going on and how the category of Gypsiness is structuring social relations I realized again that one of the main obstacles for Roma of constructing a positive self-identity is the

²⁵ See the volume cited above, p.4.

"Romanization" of negative social phenomenon (like poverty, criminality, lying, stealing, dirtiness, laziness and so on and so forth) and the internalization by them of the practices that are blaming the victim and are naturalizing/legitimizing acts of discrimination against them. In the case of Rom and Romni the processes of social exclusion are not only functioning through class differentiation and social stratification, but also due to their culturally devalued ethnicity marked by a darker skin color on the base of which they are discriminated and excluded from vital resources (like education and employment) that – according to the dominant norms – are crucial for living in dignity and providing a self-respect needed for making future plans.

When I am referring to "Romanization" I am referring to the mechanisms by which many features that are considered as bad and deviant are labeled as being Gypsy-related, and accordingly are excluded from "normality". But I am also thinking about the fact that – due to the described structural discrimination – Roma are much more exposed to the risk of impoverishment on the base of being defined as "Gypsy" (a category referring to, as mentioned above, all the negative features one may have including the "dark skin"), and – on the extreme – to the "choice" of assuring their survival by illegal means, which, at its turn, re-enforces their social exclusion and cultural devaluation: *one may stay hungry a day or two, but cannot see his family suffering of hunger so on the third day he goes out and stills something and buys a piece of bread; it is not acceptable that if under these conditions Roma still some scrap-iron, they are imprisoned for years, how could they ever start another life after that; you can not await from 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 to provide something in an illicit way; we are also having 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 illegal.*

One of their greatest losses experienced during post-socialism is related to their former sense of internal solidarity and brotherhood. Envy and each others denunciation 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 in order to inform about illicit activities performed within the community, or some may receive construction materials or wood during wintertime in the exchange of information about others.

As stressed in this chapter, their attitudes towards education and employment is ambiguous, because their self-perception includes on the one hand memories of socialist times when they had access to school and secure jobs considered to have a value, and on the other hand the current experiences of making a living from a day to another. Their paradoxical situation is also due to the fact that the broader society left them somewhere in the middle of the road:

promised them to integrate them if they accept the values of the majority, but, at the same time, continued and continue to make their integration impossible by always reminding them that they are going to remain always "Gypsies" (meaning something inferior or non-modern or un-acceptable). Under these conditions one may expect to the appearance of attitudes that reject the "values" that they anyway cannot attain, and start to identify with other values that really help them to make it on a daily basis. This is how the already mentioned "living in the present", or the culture of living in the present is developing, but not as an ethnically shaped solution, not even as a totally free choice, and for sure not as the extension of some "Gypsy essence", but as a reaction to what one may define as being "the processes of encapsulation".²⁶

4.2. ROMA WOMEN'S CONCEPTIONS, FEELINGS AND PRACTICES RELATED TO REPRODUCTION

During my fieldwork I could observe that besides the social and economic conditions and the cultural devaluation of Roma described above, Romani women's reproductive health (and choice to have a control on this) was also shaped by the (gendered) cultural conceptions dominant within their own communities. As it always happens, in this case too, the "structural factors, including the distribution of economic, political and institutional resources" do not only act in themselves, but are "both experienced directly by individuals and interpreted and made meaningful through cultural processes."²⁷ These include views on gender relations, on women's role in family and in public life, on their role in sexual relations and their body, on the proper number of children, girls and boys, but also religious beliefs that might criminalize not only abortion, but the use of any contraceptive method and sexuality altogether.

Moreover, views and conceptions do not function alone while shaping women's choices regarding reproduction. Feelings do have their own role in decision-making, because – especially regarding issues that belong so much to intimacy and privacy – women cannot make abstraction of their emotional ties, which link them to their children, spouses and other kin whom they consider as significant others of their life. Furthermore, the economic conditions in which they live, or more properly said, 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 may conclude that eventually "social, emotional and economic issues are linked in

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.

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

women's desires, claims and practices related to reproduction",²⁸ so Romni do not conceptualize their thoughts regarding reproduction in terms of rights, but mostly in the terms of their material conditions, social relations and feelings.

Women's status

It looks paradoxical how women's status is shaped within this community: under the regime of a male dominance (or of an order, which favors the occupants of masculine roles), they do have power and look not to be materially dependent on men. But this power might have no authority. And their independence might have no value under the conditions of living in severe poverty and within large families, where everybody is relying on the other and, as a community, is dependent on the socio-economic conditions where they are pushed into by factors that they cannot control.

Women do all kinds of works besides giving birth to children: childrearing, shopping, cooking, cleaning, washing, taking care of elders, going out for wood. They also perform remunerated labor: mainly medical plant collection during the summer and/or domestic work during the whole year (having their "*ladies*", *femeia mea*, as they say, where they mostly do the cleaning), and – as usually happens today when they are not employed any more – they do community work for the welfare allowance they receive. At the same time they seem to be the "experts" of the family's external relations, taking the children to the school or to the doctors, and making claims at the city hall and so on and so forth. If they would only need to sustain themselves they seem to 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 is dedicated during her whole life to only one man*. One may hardly find single women and even 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 this as he probably hits you only under the influence of alcohol*. However, I have met single mothers, like the widows considered by their children with whom they lived too old (even in their forties!) to "marry" again, or like the girls whose partners did not recognize the newborns as being their children, or the ones whose men were imprisoned, or the ones who were abandoned by their men and decided to live on their own with their children mostly in the houses of their parents asserting that they *do not need any man from now on* (*nu îmi mai trebuie bărbat*). Being alone is totally impossible under the conditions in which there is hardly any free space within the ghetto where to live as such. And

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

additionally, if a woman wishes to be considered as a grown up has to find a man for herself.

The idea of male dominance is maintained through the moral rule according to which *a woman should respect her man*, moreover, *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 it is* (adding: fortunately or unfortunately depending on the speaker), but for sure this idea could not have survived if would not have its social function in the contemporary community life. A man is supposed to have the force to protect his family and community, and to provide his parents' house or, in better case, the house of its own, for his family. He may fail on the latter, because housing arrangements do depend on many factors, and this is why people in this community cannot afford to sustain a strict rule regarding this, they rather adjust their immediate solutions to the given situation. This is a mechanism, which generally shapes what is acceptable and not in that context. The case observed under similar conditions 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 the ghetto-specific culture provides some degree of socially recognized release from certain mainstream norms."²⁹

Marriage

As I was told, in the community from *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 high school, and at the best they had ten grades during Ceausescu, but after revolution is good if they graduate eight grades, usually dropping out after the fourth or even never enroll*.

They do not marry officially (nevertheless this is a recent development), giving many reasons for this, among them the following: *I do not like to change my name; we do not have our own home, he stays with his parents and I am staying together 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 works on a daily basis without being blamed for also taking the social allowance; this is how is happening here; he can abandon me anyway if he wants*.

However, 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 they name *credință* or *legămînt*) after having slept with their partner in one of the parent's house. Before "marriage" they meet and are together during the nights on the dark corners of the streets, so one may observe many young couples near each other kissing or even making love. Also due to the

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

material reasons mentioned above, the cultural definitions of marriage as an institution shape people's relationships, which – as a result – do not depend on "official papers" nor when they are constituted or when they are broken.

Girls feel free of choosing their husband, so they are entering freely into relations of love. However there are more rules regarding a women's sexual behavior than a men's: *she needs to be a virgin; it is a shame to leave your husband and to look for another and having children of two kinds; women who change their husbands are blamed by their community together with their whole family.* It happens more often that a man leaves her woman for another one, and in this case the first "wife" moves back to her parent's house and the "new wife" moves in the men's or the men's parent's house. But it also happens that a woman *tries to run away* (usually due to the frequent acts of domestic violence), but her attempt is much more difficult to fulfill: she might be accepted back by her mother but risking to be labeled negatively by the community; or might try to leave from the district and even from the city, but each time being afraid of being followed, founded and returned back by the angry man who cannot accept to be abandoned.

Children

Usually in a 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 huge dependency between the mother and her child. It goes on for many years, even up to three or four. Even if this means that the mother always have to carry her child after herself, this is part of her proudly assumed identity: *I am giving breast (tîță) wherever I am going, whenever it is needed, when my child is hungry, or nervous, or cannot fall asleep, on the street, on the bus or in the shop, it's no shame about this.*

Being a mother, altogether, is a prestigious role in the community, and it is actually the way by which a girl starts to be recognized as an adult person. Up to this, if she gets her own home or at least her own bad that has not to be shared with her little brothers or sisters but with her husband she may experience the increase of her status. Having many children is considered a sign of the powerfulness of the family and masculinity of a Rom is judged according to the number of the children he made during a lifetime. Women who have to take care of their family and household, but also of the relationship between family and public institutions (being in charge with taking children to school, to doctor, or to make the necessary arrangements at the mayor's office) might have other opinions about the "proper" number of children. But in the cases of communities where tradition is strongly shaping people's life and choices, their voice is hardly heard. They might have power to decide (and they do it secretly), but this power lacks authority and is considered an illegitimate one.

The responsibility of having children is assumed actually for the whole life: *anything would happen to me I need to take care of my children; I just feel wonderful when I am together with all of mine six children in the bed; I need to give him first to eat and see him well; if my daughter wants to come back in my house, she is always welcomed, but I told her that it is wrong to leave her husband till the children are small; you have to stay near your man and suffer if you need to, even if he beats you when he is drunk, for the sake of your children... anyway, where would you think you could go together with them; children gave me the strength of going further on and survive; I take them to the doctor whenever they are sick, but I am not really going there for myself.* Responsibility is expressed also in the terms of not desiring to have more children: *I wanted to have these four kids, especially during Ceausescu when we had where to work and we had a stable income, but now I cannot afford to make more, I cannot support to watch them being hungry.*

Contraceptives

Almost every woman whom I met from this community was having information about the modern contraceptive methods, but – due to many reasons – they made several abortions during their life-time. The sources of information were the family doctors, the gynecologists, or women friends and neighbors.

There was no open and public talk about contraceptives, abortion or, generally, about reproduction and sexuality, nor even among women themselves: *I'm ashamed to discuss about this; if I suddenly get fat or to the contrary become thinner the community starts to whisper that this was due to the pills; if they would find out that I am using condoms would blame me of being a prostitute (traseistă); they say that I give myself airs (mă dau mare) if they hear that I am doing this.* The "public opinion" which was mostly whispered and not openly expressed, but still, as such, was having the function of a community control was having a huge importance in shaping the opinion about the "proper" contraceptive method: *my friend got fat from using the pills; when I took those pills I lost weight; there was someone who died after the injection; my neighbor made cancer after she used the intrauterine device (sterilet).* All these rumor-type information were having some kind of truth on their base: some got fat, others lost weight, a woman who made injections died (but for other reasons) and the cervical cancer was there, but caused by other medical factors.

The mixture of all of these knowledge – under the conditions of which woman do not dare to talk about these problems openly and doctors for many times do not listen to them or do not answer to their doubts – turns the whole issue of contraceptives into a mystical topic. Into a problem that one needs to face if she wishes to avoid having more children or abortions, but also one which – due to the related stress – she wants to forget altogether.

The connected frustration is even bigger because of the contradictory "messages" a woman receives from different authorities and the experiences she lives out regarding reproduction: *the community would expect women to give birth to as many children as they can; it is said that you are more powerful if you have more children; if God wants you to remain 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 many children, you have to make them; how can I make more children in this booth?; it is unbearable for a mother to watch their children freezing or hungry; once you have children you have to labor and to worry all the time, you see, I have to carry all my four children after me all the time; it is a sin to make abortion and to use contraceptives so even now, in my forties I would give birth to a child if he would come.*

Abortion

Under the conditions of this limited and quite complicated access to contraceptive methods (having all kinds of uncontrollable side effects) abortion remained for very many Romani "the best", or at least the "most practical" solution for unwanted pregnancy. The majority of women whom I talked stressed that making an abortion is a practical decision: *I could not have raise more children; if you don't want him, because you don't have the material conditions, it is better not to give birth, it is more acceptable to make an abortion, because it would be far worse to torture him afterwards.* Almost everybody considered it a sin: *you kill a soul, and this will affect you all along; God will not give you to eat after you die; you feel like a murderer.* Nevertheless, abortion was requested as a last resort: *it is like a war inside your body, it is difficult to decide, but finally you opt for it if there is no other way.*

Otherwise, the "option" for this intervention harmonizes with the dominant strategy of visiting to doctors. As going to doctor (and especially for reasons related to reproductive organs) is an unpleasant event linked to several taboos regarding body and sexuality, and thinking and acting preventively is not really part of the dominant health culture generally in our society (and not only within Romani communities) abortion (as a concrete intervention in the case of an emergency) is more "favored" than the use of contraceptive methods (which impose, among others, a regular control and supervision, involve more costs, and, as I discussed above, are full with several tensions and unknown aspects): *as far as now I did only one abortion, I can still make two or three, I'll just go to the doctor, now it is allowed and it is cheap at the state hospital, and make a request for it.*

The act of making an abortion sometimes is considered to be the manifestation of women's power, a moment that is controlled by her, which might be done secretly: *I do not 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 *failed to take care, as he was supposed to do.* It is a kind of ironically

taking back the control from the hands of a man who proved to be unsuccessful, or who let her woman pregnant without her will. Under the conditions of a shortage micro-economy within which they live, or of a bad social relation that threatens even their bodily safety and does not offer emotional pleasures making an abortion is about escaping from further troubles. If this is the case, its side effects are less or not at all considered, are a luxury topic that is far behind the elementary survival. This again proves that – due to several factors – Romani women do not take care of their bodies and do not consider reproductive health a crucial issue of their life till they do not really get sick.

The case of women who together with their family join some sort of neo-protestant church (and this is a phenomenon that becomes more and more usual within the Romani communities and implies a very strict community control) is totally different in these terms. From their point of view not only abortion, but also the use of any contraceptive method is a sin and – due to cultural reasons – contraception for them is not an available tool for controlling reproduction.

Conclusions

What is happening with Romani women living under the conditions of severe poverty in terms of reproductive health looks to be a vicious circle from which one may not easily escape. On the base of their material conditions they do not want to have many children. But men are not really preoccupied with not letting their wives pregnant (they do not accept to use condoms) and women – if they rely on their partners – do need to make abortions in the case of any unwanted pregnancy. Not being married officially and hardly having their own home (sometimes on the one hand men and on the other hand women with their children stay separately in their parent's houses) women cannot rely on their husband's help in raising children. Nevertheless, women do know about contraceptives, but their information are not necessarily medically based and – due to the existing taboos – they hardly talk about this openly nor even among each other, not to speak about how they feel talking about this in the presence of strangers. Doctors are more than willing (we are going to talk about this in Chapter 4.3.) to administer to Romni for free the contraceptives that are at their disposal (mostly injectables, whose secondary effects are only very vaguely known). Under these conditions women "choose" to use the contraceptives that are for free because they do not afford buying others (which might be more proper for their health) and they better take something/anything that is available for free (despite its negative consequences) than making more children under their given material conditions (that they do not even imagine to change).

The prevalence of abortion over the use of modern contraceptives could be also seen as part of the already mentioned culture of "living in the present". The later would suppose a long-time planning and, as such, looks to be incompatible with a life lived from a day to another. On the other hand, Roma cultural values

put on women the burden of having as many children as they can, so remaining pregnant seems to be – on the side of the woman – a "strategy" of corresponding to social expectancies. Under these conditions abortion remains a woman's freedom to escape from control, or, more properly said, an alternative by which she "chooses" to live in the present, i.e. to decide according to her immediate material conditions, social relations and emotional ties if she is keeping her pregnancy or not.

Romani women take decisions regarding reproduction according to their views, feelings but also to the social expectations that they wish to fulfill as wives and mothers. This is why it might look odd to discuss in their context about reproductive health as a human rights issue. Nevertheless, one may make – as I do this paper (see Chapter 5.3.) – recommendations by using the language of human rights. The reasons for this are multiple: this is discourse that is legitimate in the realm of policy-makers and, as such, should be used as an advocacy tool for making them aware about Romani women's needs and about the social, economic, cultural and political processes that turn them into one of the most underserved categories; this is a language, which emphasizes Romani women's rights as humans regardless of their gender, ethnicity and class, while being conscious about the fact that gender, ethnicity and class as systems of power and socially constructed identities do shape their destinies by excluding them, as individuals and groups from the *de facto* access to resources (example to reproductive health); eventually this a discourse that claims the right of Romni to be entitled to decide (among others on reproduction) on the base of their material conditions and emotional ties regardless of the pro-natalist or fertility control policies that try to subordinate them to "higher instances", like those of family, community, nation or God.

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

important for them to be accepted and respected individuals within their group and their autonomy was limited by very strict community expectations regarding femininity and motherhood.

4.3. HEALTH CARE PROVIDERS' ATTITUDES TOWARDS ROMANI WOMEN

As part of my research I conducted individual and group interviews, but I was also having informal discussions with those local health care providers who had to deal with women's reproductive health: family doctors, gynecologists, their medical assistants, but also staff of the County Health Directorate, including the community medical nurses.

Medical community nurses

It is to be mentioned that in the city of Orăștie there was no Roma health mediator and no centre for family planning. In a way the role of the Roma health mediator was played by a community medical nurse, but she was a woman not belonging to the community (as a Roma health mediator should be supposed to be). She did not have much authority nor in the eyes of the community, or in the eyes of the family doctors and gynecologists, and Roma were the few among her large number of patients (almost 2.000) whom she had under her supervision. She was directly subordinated to the County Health Directorate, possessed an office belonging to the city hall, and was in good relations of cooperation with its department of social work. When I met the (female) director of this public service she got very excited about the fact that my research was linked to the issue of reproduction and use of contraception. She exposed very quickly her ideas – otherwise shared with the mentioned community nurse – about the need of making a “campaign of fertility control” among Roma women (*campanie de injectare*) using the injectable contraceptives, being convinced that the main causes of Roma poverty (and of the troubles that the city hall and she personally has to face day-by-day due to them) were rooted in the Roma “over-population”. During the formal interviews done with them, none of them was mentioning this idea any more, so they proved that they knew it was not politically correct to use such a language.

Moreover, this was not an “officially sustained” position, so I may not assume that such a campaign is going to be announced as such. Nevertheless, these hidden opinions might be very harmful and dangerous, as far as they are held by persons who are in a position from where they might manipulate Romani women and might not serve their reproductive health, but some other causes. The lack of real communication between health care providers and Romni symbolically is well illustrated by the following story. When the Society for Sexual and Contraceptive Education planned to publish some advertising materials

regarding contraceptives, whose information might have been understood also by Romani women, 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 Romni with whom I talked remembered that they were expressing their desire of having both a Romani and a non-Romani woman, but eventually the local organizers said that women and accordingly they too opted for the picture of a blond hair middle class woman.

Family doctors

Out of the thirteen family doctors of the city of Orastie in 2004 four were part of the network through which contraceptives were distributed for free, but (due to the training organized by the above mentioned S.E.C.S.) in 2005 the coverage with family planning services reached more than 90% of the medical services available at primary health care. The Romani families were allocated to those family doctors who did belong to this network. But due to the huge number of their patients, to the administrative work related to the distribution of free contraceptives and to the fact that they do all this work on a voluntary basis, they do not really have time to offer a serious consultation in family planning. As already mentioned, they mostly advised Romni to take injectables. On the base of my discussion with them, but also with their patients, I may conclude that besides the material conditions under which these women are living, there are many cultural beliefs and attitudes, which prevent women from the use of contraceptives, such as: the fear of becoming fat (resulting in the rejections of pills); the fear of cancer (resulting in the rejection of intrauterine devices); the fear of the deregulation of menstruation (rejection of injectables); the sexual taboos within the community (and the resulting fear of family and community control); the shyness in the front of medical doctors as strangers; the lack of confidence towards the health care system as part of the un-friendly state authority; the disregard of health under the harsh conditions of poverty; the dominant religious beliefs; the passive role of women in sexual relations (as a result of which men are supposed "to take care", but if they fail to do so, women are supposed to find a solution).

Among the family doctors I could encounter attitudes that were having some sort of racist implications (*I am having too many Roma patients, and this happened because I was a newcomer in this city, so I had to take what it was left by my colleagues; they do come very often to my cabinet and are always claiming something; it is very hard to work with them because they do not listen to you; they do make to many children*). But there were also opinions that recognized: *Roma women do take care well of their children, they bring them in for shots; Roma children are healthier because their mother breastfeed them for a long period of time.*

Gynecologists

The three gynecologists of the city 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 went pretty well, but obviously Romani women – due to their financial conditions – could not benefit from the services of a better quality offered by this sector. At the public hospital the gynecology section was downsized to a compartment (the number of beds was drastically reduced due to the reduced number of births after 1990) and its material infrastructure was very old: *here we are the looser of the transformations process, totally devalued and mistreated, even if, theoretically, for example the Ministry of Health talks about the need to take care of maternities.*

Due to the marketization of the public health care gynecologists were paid according to a strictly defined norm, which did not include, for example, family planning consultation, the administration of intrauterine devices and the abortion on the patient's request as if these would not have been medical services. All these were done on voluntary base, and there was a lot of work in these terms during the 1990s. As Romni wanted to benefit from abortion services at the state clinic (because these were more expensive in the private sector) among these physicians one could encounter even an anti-Roma attitude based on cultural prejudices about their "*dirtyness*", "*excessive fertility*" and "*stupidity*": *they cannot do anything but children, they do not have the will and the intelligence and the education for using properly the pills.* These were the reasons why a decision was taken in 2004 about the re-localization of the abortion-on-request-service, whose site was moved from the hospital to the policlinics and practically entered into the responsibility of one of the gynecologists out of the three. The price of this intervention went higher and the free access to abortion in the case of women having four children or in the case of minor girls was eliminated. The moving took three months and meanwhile no abortions were made on women's request, those who could afford approached the private cabinets, others probably gave birth to the unwanted child, but fortunately no cases of complications related to induced abortions were reported during this period of time.

In the attitudes of doctors towards Romani women I could discover a double talk. Their gestures, the words used for characterizing them (as those quoted above) and their informal confessions (about the "fact" that mainly Roma women are requesting abortion at the state clinics, or about the "need" to segregate them in order "*to protect our Romanian patients*", or about the "*immorality of abortions*") revealed the existence of mechanisms which aimed to exclude Romni on the base of their ethnicity from particular locations, but also from certain rights like the right to make a request for abortion at a state clinic under safe

conditions. Complains about the "fact" that "*mainly Roma women do give birth our-days*" were maintained even if they ran counter to the figures used with the aim to sustain this opinion: *last year 17% of the births were given by Roma women, and this year is even more, around 26%*. These statements prove to be more biased and prejudiced than they seem if we put them together with the complaints of having "*too many*" Roma women demanding abortion at the public hospital. There are no figures on this, no statistics is permitted to be done in these terms. But in the realm of feelings about and fears from "Roma overpopulation" these affirmations clearly express a deep aversion against Roma suggesting that even if they have more abortions, they still give more birth, but anyway, they are disturbing altogether, they are "*too many everywhere*".

Conclusions

One of the conclusions I could make regarding what was happening in the relationship between Roma patients and medical doctors was the phenomenon of "Romanization" of particular services. Obviously, there were not only Romni, but also impoverished majority women who were looking for abortion services in the public hospital. But as usually poverty and all the related and assumed characteristics ended up being considered as a sign of Gypsiness, in this case abortion on request, the problems with the use of pills on a daily basis and the phenomenon of too-many-births was Romanized as well, Roma women started to symbolize these issues and moreover these problems tended to be defined as "Romani issues".

All the mentioned characteristics of the local medical system were obstacles in the real access of Romani women to a health care of a good quality and, as a result, to the opportunities of *de facto* using their legally assured reproductive rights. They constituted the factors of structural discrimination of women on the base of their sex. In the case of Roma this discrimination became a triple one, 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 illustrated the mechanisms of devaluing women's concerns, in particular reproductive health. Even if theoretically the society and the state recognize the role of women in biological reproduction, they do not invest much money into and do not confer much symbolic prestige to this domain of health care. As discussed in Chapter 4.5., foreign investment and assistance were crucial for raising awareness about women's reproductive health, but – by mainly focusing on the provision of contraceptives – they reduced the public consciousness about reproductive health to the issue of fertility control. One should recognize that all this was happening under the post-ceausist conditions of the abolishment of the anti-abortion law and of – willingly-or-not – celebrating abortion "as a gift of democracy". Under these circumstances there was indeed a need to relocate the emphasis from women's

right to abortion to their right of controlling reproduction by the means of modern contraceptives. But it would be always important to stress: the aim of this change is the increase of women's access to reproductive health and not fertility control of any kind.

4.4. ROMA POLICIES. FROM GENDER-BLINDNESS TO PRO-NATALIST CONCERNS

In Romania, in the 1992 census 401.087 people (1.8%) out 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%), but unofficial estimates of the actual figure of Roma in Romania range between 1.8-2.5 million. Due to the large Romani population in Romania and the extremity of the situation of Roma there, many international organizations are focusing their attention on this issue. For example the European Roma Rights Centre has made Romania a priority country since beginning activity 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 of 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) and afterwards continued to live on the margins of rural and urban communities. During the communist regime they were not recognized as national minorities, half of the Romani workers were employed in rural areas, the practice of their traditional jobs was on the limit of legality, and a state decree from 1970 identified them with the "dangers of social parasitism, anarchism and deviant behavior" being followed by measures aiming to eliminate nomadism. All these transformed Roma people (living in approximately forty "nations", some of them keeping old cultural traditions and speaking Romanes) into a culturally undervalued and socially excluded category, whose "problems" – on the top of all these – were identified as problems of social underdevelopment, of "culture of poverty" and not as issues resulting from forced de-ethnicization and related structural racism and discrimination.

Strategy of the Government of Romania for Improving the Condition of the Roma

As many reports on the situation of Roma present, 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 for Improving the Condition of the Roma” was published on April 25 2001, by the Ministry of Public Information. Since then the Strategy went through monitoring process both at the central and local level, and reports were emphasizing 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 “sectorial fields” of action “community development and administration”, “housing”, “social security”, “health care”, “economics”, “justice and public order”, “child welfare”, “education”, “culture and denominations” and “communication and civic involvement”. The overall time-frame 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 the Roma community leaders in the 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, unwilling to act to address discriminatory acts, 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. Provisions on

³⁰ Materials of the Strategy and its evaluation might be read in: *Strategy of the Government of Romania for Improving the Condition of the Roma*, 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 for Improving the Condition of the Roma, 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 the implementation at local level of the Strategy of the Government of Romania for Improving the Condition of the Roma), by the Resource Centre for Ethnocultural Diversity, the 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 Roma Community from Romania*, 2002, <http://www.eumap.org/reports/2002/content/07>.

education are basically 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.

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 February 2005. Its activities are focusing on increasing the access to education at all levels and to basic medical services, on the valuation of the Roma cultural heritage and on the improvement of living conditions in areas populated mainly by ethnic Roma. Starting with July 2005 Romania has 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 others, to coordinate the process of sharing the 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 But debates about its efficiency, results and limitations – related to broader debates about the advantages and disadvantages of affirmative action (in Romania called “positive discrimination”) – are becoming more and stronger.

The National Agency for the Ethnic Roma – also on the base of the difficulties encountered by the implementation of the already mentioned Strategy – considers that its time to link the mainstreaming and targeting strategies, and even more, to emphasize mostly the former as the proper one for ending the isolation of Roma. They consider that they do not need special treatment, because special treatment reinforces dependency and isolation, and re-produces the prejudice according to which Romani issues are a set of problem separated from the rest of the society. Instead, they propose for the Decade to develop the concept of mainstreaming. The resulting policies are supposed to be based on the conviction 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 each areas of public policy.

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 Health Program, New York, 2005

Conference on Roma health

The Conference on Roma Health organized in December 2005 in Bucharest – on which I participated due to my International Policy Fellowship grant – proved that central Romani agencies consider that they should not overemphasize the issue of women’s reproductive health as international agencies do mostly due to the forced sterilization cases in Slovakia. I realized again that, obviously, reproductive rights are a highly sensitive issue within the Romani communities and movement. However, this is not only because they might be instrumentalized for the sake of actions against Roma reproduction and, misused, might be transformed into an alibi for a racist fertility control. But this is also due to the fact that some Roma leaders interpret them in the terms of an attack against Romani traditions regarding the “proper” number of children or to women’s role and sexuality, or, moreover, as an assault against the unity of the movement. The fears regarding the assimilation of reproductive rights with fertility control are completed by the suspicions around the risk of treating family planning (alongside with sexual disease) as a Romani issue and around the reproduction of the negative prejudices about Roma.

In this context a Romni leader affirmed: *it is not acceptable that if Roma families are having four children, the latter are considered to be unwanted ones. We should not forget that infantile mortality within Roma communities is of 16% and Roma could survive due to the fact that we dared to make five or six children, or more.*³² Basically there were no discussions around this issue, it became clear for everybody, Roma and non-Roma that this is too sensitive to be discussed. Suspicions regarding the need of statistics disaggregated on the grounds of ethnicity (not to talk about gender) were formulated in the same context.

From the side of the international organizations the following perspective was formulated: *The reaction to the so-called “overemphasis” of women’s reproductive health was probably due to the fact that in the first part of the day the participants discussed this issue. It is not that reproductive health would not be important, because, for example maternal mortality in the case of Roma women is of 28 %. The problem is that this is discussed in wrong terms, due to which reproductive health is associated with family planning, and with forced*

³² As a comparative report on Roma in Central and Eastern Europe shows, the health status of Roma populations is another area that is negatively impacted by the lack of statistical data, which are disaggregated by ethnicity. Still, the report suggests that "there is much evidence that life expectancy, infant mortality, morbidity, and other major health indicators are substantially worse for Roma than for majority populations in CEE countries". Making a reference to the Romanian Reproductive Health Survey from 1999 regarding to 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 by 1000 live births, being 3 to 4 times higher than those for the Romanian or Hungarian population (*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>)

sterilization and fertility control. We should define reproductive rights more broadly and consider them alongside the right to work, the right to non-discrimination, and the right to have decent living conditions. Again, there was no serious discussion about this at the conference, especially because it seemed that two "camps" were formed and there was no third position from where to talk, or there was no one who wanted to take the courage of talking from this position: on the one hand there were the non-Roma international representatives talking about women's reproductive health and rights, and on the other hand the (mostly male) Roma representatives stressing the traditional family values and warning about the un-appropriateness of this issue altogether.

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 reproductive right was formulated as such by representatives of international organizations. They were those who also emphasized: *Roma health mediators are a way to empower women.* But seemingly there was no consensus on this among the participants of the conference. However, initially, when this institution was established, the decision regarding the sex of Roma health mediator was taken on the base of the following arguments:

- woman is the one who maintains contacts with the *gadje* world (city hall, school, doctors), she takes the children to doctors and send her husband as well, even if she is not taking care so much of herself, and when she would think about buying contraceptives, she would better think about using that money for the sake of her children;
- in terms of health issues one may enter most successfully into the community through women, because they take care of 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 may contact women easier;
- through health mediators it is possible to identify women's needs, and also to promote women in public roles, while recognizing their role in the family, in the community and in the broader Roma movement.

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

Conclusions

Neither the Strategy, or other documents reflecting the basic orientation of Roma policy in Romania were taking seriously the issue of gender relations and of the unequal power relations between women and men within the Romani communities, and did not reflect on the multiple discrimination experienced by Romni. That is why the need for a gender aware Roma policy should be strongly emphasized. This should address the Romni-specific types of discriminations, both those coming from the outside of Romani communities, and those generated within them. For sure, issues like those related to childbearing, mothering, abortion, use of contraception and reproductive health are ones through which the hardships of Romni are lived out as particular experiences which are required to be addressed explicitly. The recent orientation towards mainstreaming mentioned above could be used within the Romani movement to argue for the need of another mainstreaming, that of gender into policies for Roma. But I would say that this does not replace altogether the policy of targeting Roma women's special needs with affirmative action measures, mainly because the implementation of mainstreaming policy would take a very long time and because women militating for women's rights are hardly involved into policy making.

The discourses that characterize the above presented policies and views about Romani women reveal the fact that they are driven in the best case by a gender-blindness, which refuses to recognize the importance of their issues, and, in the worst case, by pro-natalist versus fertility control concerns, which, at their turn, reproduce the subordinated position of Romni from which it is very difficult to act as autonomous subjects trying to *de facto* use their reproductive rights. One may try to understand that in the case of a vulnerable community which, on the top, aims to construct its identity on the base of culturally valued traditions, pro-natalist concerns may have their functions in this attempt. They might be used as an instrument of defense in the front of the racist prejudices and practices directed against the community. This is why the issue of reproduction control is sensitive in the case of Roma (but in fact it is sensitive in the case of any social group during times when it wants to prove its strength through demographic indicators). Moreover, this is why it is important to stress that my paper considers reproductive rights as women's rights and makes recommendations in Chapter 5.3., in this sense. At the same time it emphasizes that this issue might not be treated separately from the general problem of women's status within Romani communities and should be linked to the empowerment of Romni within the mainstream Romani movement.

4.5. REPRODUCTIVE HEALTH POLICIES. FROM ETHNIC-BLINDNESS TO RACISM

The abolition of the Ceausist anti-abortion law (a law that conferred, among others, the specificity of Romania among the by-then socialist states) was amid the very first issues on which, in December 1989, the new political leaders were focusing their attention. Abortion became legal if performed by a medical doctor upon a woman's request up to 14 weeks from the date of conception, no spousal consent, no mandatory counseling, no waiting period was required. One could suppose that – through this – “women's issues” were to be included among the priorities of the new regime. But this was not going to happen.

It was true that through this change women gained the formal right of controlling their body and reproduction. The fact that women really used this right is reflected by the following figures. In 1990 the number of registered abortions increased to 992.300 (from 193.100 in 1989), but the number of maternal death resulted from abortion decreased to 181 (from 545 in 1989). But it was also true that – through it – the new power achieved high popularity and for many years to come had not improving the medical system in a way in which this could have increased the access of women to modern contraceptive methods that might have assured their reproductive health. In 1993, when the first Reproductive Health Survey was made in Romania, only 57% of the married women were using contraceptive methods. 43% were using traditional methods (*coitus interruptus*, calendar) and only 14 % used modern methods. Repeated in 1997, the survey showed a change, the percentage of women using modern contraceptive methods increased to almost 30%.

A real concern with women's interest would not have turned the respect of women's right to control their body into the celebration of abortion as the gift of democracy. Instead it should have mean the development of a whole health care and educational system within which women – as responsible and accountable individuals – could decide on the most proper contraceptive method that might assure their own wellbeing. So, the very first change on this domain (which wanted to be recuperative) was actually a sign of excluding women as reproducers from those priorities of the new regime which were considered to be solved in a way that was concerned with the real interests of the involved individuals. Viewed from this point of view (too), the social order of the post-socialist Romanian “transition” was showing signs of exclusionary practices on the base of gender, which moreover were observable from other perspectives as well (like their presence on the labor market and politics, for example).

Eventually the international pressure (like the loan agreement between World Bank and Romanian government in 1991, the financial support coming from the United Nation's Population Fund in 1997, and the need to harmonize the national legislation with the European one), and the local civic initiatives

structured around forced the Romanian national governments to introduce on their agenda the issue of reproductive health. As a result, some formal structures were constituted across the health care system and (but only in 1999!) family planning was integrated into the basic package of services provided to the population. The Strategy of the Ministry of Health on the domain 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, as a result of which courses on family planning for family doctors and the distribution of free contraceptives started. The Strategy provided the framework within which the related legislation could have been developed. An important role in this process was and still is played by the Society for Sexual and Contraceptive Education (SECS), a nongovernmental organization with a centre in Bucharest and with several focal points across the country such as that from Cluj covering many Transylvanian counties. SECS is currently involved in training the medical staff from primary health care level to become family planning providers, and offers technical assistance for 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 the access to free of charge contraceptives for a large segment of population. SECS recognizes that the use of contraceptives among the population living in smaller towns and rural areas continues to be low, abortion remaining the main method of fertility regulation for this population segment.

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 a public talk in today’s Romania on women’s (reproductive) health is not treated explicitly in the (feminist) terms of women’s rights but in the context of the well-established national discourse. The latest booklet published by SECS entitled “*Fiecare mamă și copil contează*” (Each Mother and Child Counts) is aiming to make available information about contraceptive methods for a large segment of population, but – at least according to its title – is not addressing (and empowering) women as autonomous subjects located in particular social conditions, but as human bodies centering on their reproductive function.

Ultimately, in 2004 the Law proposal regarding reproductive health and the medically assisted human reproduction was elaborated in Romania, which defines the issue of reproductive health and health of sexuality as a priority of the public health system, and discusses about these issues in terms of rights, but its discourse is mostly couple (family) than women-centered. As stated, these new regulations would aim to reduce the number of unwanted pregnancies, of illegal abortions, of maternal mortality and abandoned children. In the spirit of this

proposal each woman who decides to make an abortion has to be informed appropriately in order to take a decision, doctors have to prove that they did this informing and women have to express their decision in a written form, and free provision of post-abortion contraception should be provided. This part of the proposed law (which restricts women's free decision on abortion by trying to convince them that this is actually wrong and giving birth to their children could have many benefits), but mostly the articles referring to the medically assisted human reproduction were highly contested by many civic organizations. Voted by the lower-house, the proposal still did not pass through the senate.

The liberalization of abortion, the establishment of the family planning network, the provision of free contraceptives through the family doctor's system, the above mentioned Strategy and Law proposal, and the Law on violence against women, reflects the progresses achieved since 1990 in Romania. But still a lot should be done till all these formal provisions would function in reality and make a change in the reproductive health situation of women.³³ Furthermore, none of the mentioned documents and underlying policies are considering the particular situation of Romani women, so one may conclude that they are not aware (or do not care) about the existing ethnic inequalities, and about the social and cultural factors that transform Romni into underserved category regarding the access to reproductive health, too. That is why my recommendations presented in this paper are structured – among others – around the recognition of the need for a change in this domain.

Nevertheless, the problem of access of Roma to healthcare was addressed in a way in Romania, but 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 the 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 condition 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 health of child and family"; "to guarantee the access of 100% of the Roma communities to the primary medical, and pharmaceutical services, corresponding to the EU standards"; "to promote intercultural education among all categories of medical personnel nationwide"; and "to facilitate the including in the health insurance system of the Roma not meeting the current legislative

³³ Indicators on this are provided among others in the *Summary Report* made in 2005 on the *Reproductive Health Survey made in Romania in 2004* as an outcome of the 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'.

criteria due to objective reasons (lack of ID, poverty)". The rules regarding the sex of the health mediator are promoting Romni, but no emphasis is put on Romani women's particular health problems, in particular on the obstacles of their access to health services, however they are recognized on the international scene. For example, the Organization for Security and Co-operation in Europe, the European Monitoring Centre on Racism and Xenophobia, and the Council of Europe was coordinating a joint project in 2003 that was arguing for the need of involving Romani women in developing policies specifically for women and to build better access to healthcare for Romni and their communities alongside the principle of equality, non-discrimination, and participation.³⁴

Scholars and activists addressing the access to healthcare of Roma³⁵ – besides the high rates of illness, lower life expectancy, and higher infant mortality – are also emphasizing that Romani women begin childbearing at a young age, and are having less access to preventive sexual and reproductive health information and care (including gynecological care, family planning and natal care). Among others, they stress the following reasons for this situation: Romni tend to postpone attention to personal well-being in the interest of attending family care and the home (so obtaining contraception for themselves is among the last on their list of medical priorities); they are dominated by a feeling of shame when seeking help, especially if this requires a break in social codes of modesty; there are Romani customs that prevent women to seek 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 are having 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 future, and other gender and ethnic stereotypes might cause health care workers not to offer family planning information and services, or provide information only on certain type of contraception.

Recognizing that the effects of discriminatory healthcare are felt disproportionately by women (because it's women who typically bear principal

³⁴ The outcomes of this research was 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 wrote largely on this issue. See, for example: *The Health Status of Roma: Priorities for Improvements*, in *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>

responsibility for family health care and maintain the contact between Romani communities and public health services) it is urgently needed to include Romani women's perspectives and experiences into policies devised on the behalf of Roma, and – I would add – into policies devised on the behalf of women.

Conclusions

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

The following story already mentioned in this paper reveals the possibility of this development. During my fieldwork, while trying to solve some issues for a Roma family at the city hall in Orăștie, in the labyrinth of local administration one day I could meet – among others – the (female) director of the Public Service for Social Work. She got very excited when learned about the fact that my research was linked to the issue of reproduction and use of contraception. She exposed very quickly her ideas about the need of making a "campaign of fertility control" among Roma women (*campanie de injectare*) using the injectable contraceptives, being convinced that the main causes of Roma poverty (and of the troubles that the mayor's office and she personally has to face day-by-day) were rooted in the Roma "over-population". Her discourse and attitude made me aware again of the fact that reproduction policy needs to delimitate very clear the issue of women's reproductive rights from the issue of fertility control, and has to have mechanisms that prevent the transformation of the policy for reproductive rights into a racist policy of controlling population growth (or of excluding some from the right to procreate). At the same time, this experience convinced me once again about the need to address the issue of women's (reproductive) rights in the context of the general Roma policy in a way, which reflects a clear standpoint on the relationship between reproduction and Roma's harsh life condition and makes explicit the fact that the latter could not be improved through restricting the growth of population because it has other causes than this.

4.6. ROMA WOMEN'S ORGANIZING

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

The rights based Roma discourse started to explore the gender dimension of racial discrimination and Romani women's situation quite recently. All this begun when the Specialist Group on Roma/Gypsies decided at its 7th meeting in Strasbourg (29-30 March 1999) to request a consultant to prepare an introductory report on this issue, but it was preceded by Romani women's organizational efforts at local levels. The report was made by Nicoleta Bițu.³⁶ By then she worked at the Roma Centre for Social Intervention and Studies (Romani CRISS) in Bucharest and acted as an independent consultant on Romani women issues for the Network Women Program of the Open Society Institute. Now she is a senior policy consultant of the **Roma Women's Initiative** launched by the Network of Women's Program in 1999 (see at www.romawomensinitiatives.org).

³⁷ If in 1999 it was true that Romani women's associations were not having access to information at international level (as she observed), this is not the case any more. Moreover, the participation of Romani women in different international organizations empowered them to organize at national level. Some young women activists ended up working within international women's agencies, others were getting positions within international women's networks while keeping their local institutional affiliations, and again others entered into national Roma

³⁶ She wrote many reports and policy papers related to Romani women, the most recent ones were: *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 the action plans, we see nothing but superficial and token mention of women's issues. Our recommendations ... were ignored". Bițu called the attention of the Steering Committee to work with the Roma Women's Initiative to figure out how to address issues of women and gender before the Decade launch

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

organizations while being also involved into gender-related programs or even separate NGOs dealing with women-specific issues. But my paper is not aiming to analyze the developments of Romani women's movement, so I am not going to focus in details on it, there are other efforts that are doing this.³⁸ However, I mentioned these models due to the fact that during my research I encountered cases that represent them. Nicoleta Bițu (whom I could not met) is one who fits into the first model, Violeta Dumitru and Letiția Mark into the second one, and Mariana Buceanu, Magda Matache and Ioana Neagu into the last one. In the following paragraphs my paper will show how they organized and how the issue of Romani women's health entered into their attention.

Anyway, it is important to observe that organizing at 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 is having the potential to empower those local women who might not have enough legitimacy and authority within their own societies, respectively male-dominated Romani movements. And if this is true in general terms, it might be even more so in the case of reproductive rights, because this is a domain that affects very closely women's condition within their communities, where sexual taboos, virginity cult, arranged and early marriages, and domestic violence shape their position and opportunities.

Altogether, for example, the **Roma Women's Forum** organized by the Open Society Institute's Network Women's Program and the Roma Women's Initiative in 2003 in Budapest (preceding the conference "Roma in an Expanding Europe: Challenges for the Future", which concluded endorsing the "Decade of Roma Inclusion") had a huge importance in giving Roma women a place at the policy table.³⁹ The out coming paper 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 women's issues into all levels and structures for both women and Roma". The recommendations of my 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 Women's Association**

³⁸ See for example the 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 about the realities of a patriarchal culture", but also about the fact that "it is extremely difficult for Romani women activists ... to embark 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, presented as an outcome of a research conducted by Roma about Roma.

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

from Romania (RWAR at www.romawomen.ro) is a nongovernmental, non-profit association directed 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: improve women’s access to job opportunities; ensure the quality of educational opportunities; provide health care and reproductive health for women; provide social assistance; protect Roma women and children. It sees a possible balance between developing social programs that benefit the Roma community in general and between helping the emancipation of women. Concretely till now it 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 the 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”. 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 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. The discussions focused on the status of Romani women at different levels of society, the existing resources on 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 priorities for future work: a broader study and inventory of the 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 women's issues into the national strategies concerning Roma, and in the 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 choices 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. The 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, by 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 for the education-related rights), characterized by a permanent struggle in-between local successes and lack of central recognition, and in-between important accomplishments and marginalization. This was probably due to the fact that she was always critical towards the dominant elite, but also due to her “white” appearance, which made many activists not accepting her as “proper” Roma, and – as she said – 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 the 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 Centre on Racism and Xenophobia (EUMC).

As far as her local activism is considered, the Association led by her aims “to promote the Roma people in Romania’s social-political life with pride, without prejudices, 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 City Hall of Timișoara. The team coordinated by Letiția Mark transformed four walls into a warm space where women (and

their children) from the local Roma communities might meet, discuss and benefit of professional support in very many problems, including obtaining legal documents, jobs, health insurance, health education, information on reproduction and contraception, psychological counseling, social assistance and others. Education remains one of the central issues on which the Association is focusing, aiming, among many 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 which campaigns for the design and implementation of public policy for the benefit of Roma communities. As far as our topic is considered, it should be emphasized that through its (by-then) executive director, Mariana Buceanu Romani Criss had a crucial role in developing the policy for the improvement of Roma's access to health services and for implementing one of its major components, the occupation 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 of choosing the proper person for this position. Connected details are also discussed in Chapter 3.A. of this paper. My interviews at Romani Criss revealed many problematic aspects of dealing with reproductive health, there were even voices there, which considered that this issue came out as a result of an international pressure.

Magda Matache, the present executive director of Romani Criss was convinced about the fact that changes within Roma communities are going on slowly, and non-Roma, but also modernized Roma should not enforce so rigidly the agenda for change in the traditional communities. According to her opinion there is no Roma women's movement in Romania, but there are charismatic individuals who do a very important work on this domain. 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 that, but because they assume that this is correct. She recognized that there were some pilot projects in Romania, which aimed to teach Roma women about contraceptives, but observed that many women did not want to go to gynecologists, they were ashamed, and the physicians might have been treating them in an embarrassing way, while others did not have financial resources for making such visits to doctors, and overall people did not have the culture of thinking preventively about their health. She stressed: *"But anyway, women are open-minded, and we need to continue with making information campaigns both for them and for men. Still, should not forget about the great value that is put within Roma communities on having many*

children. So the issue of contraceptive methods should be put as an alternative to abortion and not as an alternative to making as many children as they want”.

Daniel Rădulescu, in charge with the health department of Romani Criss emphasized that the health problems of Roma women did not differ so much from the health problem of non-Roma women, so they did not need special measures. He considered that the positive discrimination measures were not effective, because they reinforced the existing prejudices. By this he wanted to say that there were no specific Roma illnesses, and the Roma population was not more vulnerable in front of illnesses than the non-Roma one due to its „origins”. However, he recognized that Roma did not have a proper level of health education, and this was a specific problem, which needed to be explained by considering many factors, including racism and discrimination. Rădulescu also considered that the issue of reproductive health was a delicate and difficult one. They had a project on this in 2003, but it was difficult to implement it, because in the community of traditional male leaders this was a taboo subject. They realized that women do talk about this among them in secret, but without the acceptance of the community one could not just enter and open up the discussion, so everybody should be careful about not enforcing these projects on communities that are not ready to accept them. He considered 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 have make her an injection, while nobody knew about its consequences and about its risks of leading to sterility.

The **Association for the Emancipation of Roma Women** was constituted in Cluj in 2000 mostly by young women enrolled into higher education. As its current president, Ioana Neagu mentioned, they encountered all kinds of attitudes among their male fellows, some of them even ridiculized the effort of establishing a women’s organization. They knew about the existence of other Roma women’s organizations in Bucharest and Timisoara, but had no contact with them, 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 whole county and their strategy was that of presenting the use of modern contraceptives as an alternative to abortion, and aimed to make women understand that they were free to choose on the base of their information. As she said, women recognized the fact that they did not have the financial resources and the personal energies to sustain a big family, but they usually did this after becoming pregnant, so had to make recourse to abortion. On the base of her experiences, Ioana Neagu was reluctant in defining the main cause that made Roma women not using contraceptive methods. Was that tradition, or religious belief? In any case, she observed that even in communities where women used contraceptives before, after the influence of neo-protestant churches became stronger, they gave this up. Most importantly she stressed that one might not

make general affirmations about the use of modern contraceptive methods by Romani women, but might observe that they might have problems in using them correctly, respectively in having the chance of using the most proper ones.

She considered that there would be a need for making an education campaign within the community of health care providers who have Roma patients, in order to make them aware about the conceptions Roma have about the female body, in particular about the fact that they associate its bottom part with dirtiness, or about male virility, or about the value of numerous children who make a family stronger. More information campaigns should be done within the 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 eliminate discrimination and internalized prejudices.

Conclusions

My research recognized the potential empowering ability of international organizations towards local women's organizing. However, it should be mentioned that there is a gap between the discourse and practices of international organizations, and those of the local ones, so the latter are still having huge difficulties in implementing these ideas within their national movements, and also within the communities where they work. The lack of financial resources, the lack of primary researches on which policy-making from below should 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. At its turn, at the level of NGOs, this phenomenon is reproducing women's discrimination on the base of their sex and ethnicity within their community and the broader society.

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

5. REPRODUCTIVE HEALTH OF ROMANI WOMEN AS A POLICY MATTER

5.1. THE POLICY PROBLEM

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

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

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

5.2. THE CONTEXT OF THE PROBLEM

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

- The general life conditions of Roma (including a whole set of social and economic problems, starting from the lack of proper housing, through the non-access to education, to unemployment), under the conditions of which the concern for Romani women’s reproductive health is defined as a luxury and non-important issue even by women themselves and under

which circumstances even Romani are internalizing the “explanation” according to which population growth is the casual determinant of poverty.

- The mistreatment of Romani communities as a cultural group by the majority population, using “culture” and “cultural difference” to legitimate discrimination and negative prejudices against Roma (women) as if these would be the “natural” consequences and not the structural causes of Roma’s life circumstances.
- The gender regimes dominant within Romani communities, including power relations between women and men, and cultural conceptions about Romani women’s role in family and larger community, about women’s body, sexuality, childbearing, abortion, contraception and so on and so forth.
- The ethnic-blind reproductive health policy (including the National Strategy of Reproductive Health and Sexuality adopted by the Ministry of Health in 2004) and the actual functioning of the medical healthcare system which turns Roma women into an underserved social category, and/or, moreover, exposes them to the risk of being treated as instruments for a racist “Roma fertility control”.
- The actual functioning of the gender-blind Governmental strategy for the improvement of the situation of Roma from Romania (adopted in 2001), which, generally speaking has many insufficiencies and which, in particular, neglects Romani women’s needs and interests, reproducing their status of minority within a minority group. And as related to this, the pro-natalist concerns of Romani communities and their leaders, which prevent considering women’s reproductive health and rights as a priority.
- The malfunctions of the communication and cooperation between central and local Romani organizations and experts, as a result of which local people might not be supported properly in their efforts to get information and resources for their activities on the behalf of their immediate communities.
- The marginalization of Romani women’s activists within the larger movement for Roma rights, the lack of authority and prestige of women’s issues, including women’s reproductive rights within the mainstream policies for Roma.

5.3. POLICY RECOMMENDATIONS

5.3.1. Principles guiding my policy recommendations

- Women’s right to reproductive health (as part of reproductive rights) is a human right, so every woman must be able to use this right regardless of her ethnicity, age, social position and sexual orientation.
- The application of the principle of equality between women of different ethnicity in terms of access to reproductive health is not enough in order to counter-balance the structural discrimination to which Romani women are exposed, so there is a need of affirmative action measures that could really assure equal opportunities and equal outcomes in this domain (too).
- The medical services provided must be based on the respect of human dignity and individual choice of those seeking for (reproductive) healthcare regardless of their ethnicity, and – as far as Romni are concerned – healthcare providers must avoid racist practices that subsume contraception to the aim of “preventing Roma over-population”.
- The well-being of Romani communities is part of the welfare of the larger community within which they live, so it is not only the responsibility of the former to “integrate”, but also the duty of the later to change its discriminatory attitudes towards Roma.
- The principle of equity and participation should guide the involvement of Romani women (and not only activist Romni) on decision-making at different sites (including family, doctor-patient relation, different central and local governmental institutions, Roma organizations, and so on and so forth).
- Even if concerned with the prevalence of abortion and use of modern contraceptives, the policy that would improve Romani women’s reproductive health should not be reduced to these issues and should not be confused with fertility control or family planning, because, if it would be so, it could easily be expropriated by other interests than women’s health (like pro-natalist concerns on the side of the Roma or racist fertility control on the side of the majority).

5.3.2. Expected changes

- The improvement of the (reproductive) healthcare policy and system in order to respond to the needs of the underserved Romani women (including the anti-racist cultural education of healthcare providers and of other authorities whose jobs are linked to Romani communities, ex. of

those working at the Public Service for Social Work of the local government).

- The treatment of the issue of access of Romani women to reproductive health as an integral and important part of the conditions under which Roma are living and on which strategies of improvement should be applied.
- The avoidance of explaining poverty through population growth but instead – while respecting Romani women’s reproductive rights – identifying the social and cultural factors (including racism), which exclude Roma from elementary resources necessary for a decent life.
- The empowerment of Romani women as a result of which they might be enabled to claim their (reproductive) rights within their own communities and within their broader social environment (among others, empowering their self-organizing capacities, increasing their participation on decision-making at different levels, and eventually mainstreaming their activities within the larger Romani movement).
- The elimination of practices of "convincing" Romani women to have more or fewer children as they desire according to their material conditions, social relations and emotional ties.

5.3.3. Policy recommendations

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

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

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

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

- The reproductive health policy should be aware of ethnic differences and of the inequalities between women of different ethnicity, in particular of the social and cultural factors that turn Romani women into underserved categories. This links the issue of reproductive health of Romni to rights regarding proper housing (including satisfactory sanitation infrastructure), education and employment, and to the right of living in dignity, of not being exposed to different forms of cultural devaluation and social exclusion.
- The reproductive health policy should include mechanisms of self-control in order to eliminate those factors that expose Romani women to the risk of becoming the subject of racist manipulations, and in order to avoid the transformation of the free distribution of contraceptives among Roma women into an instrument of institutionalized “Roma fertility control” governed by the “fear of Roma over-population”. A clear and explicit distinction should be made at each time between fertility control and reproductive rights.
- The policies responding to the health needs of Roma should be mainstreamed into national health strategies and services, which, at their turn should be gender sensitive.
- The policies responding to the needs of Romani women should be mainstreamed into the national strategies of promoting Roma rights and women’s rights, including reproductive rights. These rights should be also respected by Roma organizations and women’s perspective should be introduced into the discussions concerned with demographic issues.
- A balance between policies of mainstreaming and targeting should be assured in order to guarantee equal opportunities for Roma (women). For this there is a need to integrate the special measures intended to reach equal access to health care (and reproductive rights) of the underserved categories into the policies, which generally aim to ensure equal access to well-being on each domain of life.
- The position of Roma mediators, including health mediators (who should be sensitive towards the particular needs of Romni, too) needs to be strengthened within the institutions of local authorities (including medical institutions), in order to not being used only as sources of information about the community, but to act as empowered individuals able of taking decisions and controlling the available human and financial resources needed for the community development projects.

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

SPECIAL RECOMMENDATIONS FOR GOVERNMENTAL AGENCIES

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

- should enforce the application of the Law of Equal Opportunities and of the Law of Anti-Discrimination in the domain of health care and in particular in the domain of reproductive rights;
- should give attention to the field of health care for Roma in their monitoring and recommendations;
- should consider how discrimination works at the crossroads of ethnicity and gender, in particular how Romani women, for example, are prevented from their access to a (reproductive) health care of a good quality and how they might become victims of racist fertility control;
- 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:

- a bigger attention should be paid to permanent contact and communication with Roma NGOs at local levels, in order to assure effectively that they really have access to information, services and funds needed for different community development projects;
- a stronger support should be given to Romani women's organizations and initiatives as a proof of *de facto* recognizing the role of women in the community and within the Romani movement;
- the participation of Romani women in the decision-making processes regarding Romani's rights (including the right to reproductive health) should be increased, and generally speaking the needs of Romani women should be included into the mainstream Roma policies;
- the recognition of Romani women's reproductive rights within the strategies regarding Roma rights and the revisiting of pro-natalist concerns from the perspective of women who are morally entitled to choose on the number of children they desire to have.

For the Ministry of Health and public health care providers:

- a culturally sensitive and anti-racist curriculum should be introduced into the education of physicians, including knowledge about taboos within Romani communities regarding women's body and sexuality;
- a bigger emphasis should be put on the permanent education of health care providers in the domain of contraceptives;
- material and symbolic support should be given to physicians involved in family planning counseling;
- mechanisms that would enforce the cooperation within the community of health care providers (between family doctors, gynecologists, medical assistants, health mediators) should be implemented;
- a stronger commitment of physicians towards patient's rights should be assured, in particular towards the rights of vulnerable and underserved groups, including Roma and, of course, Romani women, for example related to their right to choose the contraceptive method most appropriate for their medical condition;
- efforts should be done to train medical professionals belonging to Romani communities, an objective that links the issue of reproductive health of Romni to the issue of access to education at all levels (including medical high schools and universities);
- besides the ethnic perspective, the gender perspective should be also introduced into the development and implementation of national health strategies.

**SPECIAL RECOMMENDATIONS FOR
NON-GOVERNMENTAL ORGANIZATIONS**

Cooperation between Romani and non-Romani women's organizations, local Roma experts and mediators, and NGOs working on sexual/contraceptive education should be strengthened. Together they should coordinate at local levels several programs, aiming to break the barriers between Romani women and health care providers, while considering the particular social and cultural background of the communities within which they work. Their aim should be the empowerment of Romani women, both as caregivers and as patients. They could provide, for example:

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

6. CONCLUSIONS

6.1. MAIN RESEARCH FINDINGS

My analysis of reproductive health was focused on the prevalence of abortion and use of contraceptives neglecting its other aspects. I am aware of the fact that it is dangerous to reduce reproductive health to these issues, because this – willingly-or-not – might favor the assimilation of the former with fertility control that I would like to avoid. Especially because during my fieldwork I encountered both on the side of Romani organizations and on the side of health care providers this tendency due to which one claimed pro-natalist, and the other racist fertility control aims forgetting about the main issue that is supposed to be served by reproductive health policies, i.e. about women's health. Still, under the conditions of post-socialist Romania, the analysis and public talk about the prevalence of abortion and contraceptive use is important, because these are circumstances where abortion was celebrated as "a gift of democracy" and the predominance of abortion was very slowly changed through sustained campaigns focused on the use of contraceptives. This paper showed that even if this change is welcomed, unfortunately it does not serve properly Romani women's health due to several reasons which turn them into a social category excluded from qualitative medical services on the base of their gender, ethnicity and class. Romani women's multiple discrimination is produced and maintained by several mechanisms as presented below.

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

The abolition of the Ceausist anti-abortion law (a law that conferred, among others, the specificity of Romania among the by-then socialist states) was amid the very first issues on which, in December 1989, the new political leaders were focusing their attention. Abortion became legal if performed by a medical doctor upon a woman's request up to 14 weeks from the date of conception, no spousal consent, no mandatory counseling, no waiting period was required. One could suppose that – through this – "women's issues" were to be included among the priorities of the new regime. But this was not going to happen. It was true that through this change women gained the formal right of controlling their body and reproduction. But a real concern with women's interest would not have turned the respect of women's right to control their body into the celebration of abortion as the gift of democracy. Instead it should have mean the development

of a whole health care and educational system within which women – as responsible and accountable individuals – could decide on the most proper contraceptive method that might assure their own wellbeing. Viewed from this point of view (too), the social order of the post-socialist Romanian “transition” is showing signs of the exclusionary practices on the base of gender.

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

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

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

The ethnic-blind reproduction policies maintain Romani women's underserved status, because do not consider the differences between the socio-economic

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

6.1.2. Romani women's marginaliyation within the mainstream Roma policies and movement

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

International organizations are having a potential empowering ability towards local women's organizing that started to have important initiatives since the 2000s. However, it should be mentioned that there is a gap between the discourse and practices of international organizations, and those of the local ones, so the latter are still having huge difficulties in implementing these ideas within their national movements, and also within the communities where they work. The lack of financial resources, the lack of primary researches (whose first results, nevertheless, are starting to be seen) on which policy-making from below should be based, the reduced number of projects dealing with women-related issues, the resistance of central Roma organizations towards deconstructing

traditions that subordinate women, the lack of cooperation between Romani and non-Romani women's organizations, and many other factors are responsible for the marginalization of Romani women's organizations. At its turn, at the level of NGOs, this phenomenon is reproducing women's discrimination on the base of their sex and ethnicity within their community and the broader society.

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

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

The ethnicization/racialization of the negatively valued social phenomenon (like poverty, criminality, lying, stealing, dirtiness, laziness, abortion on request, too-many-birth and so on and so forth) and the internalization by Roma of the practices, which are blaming the victim and are naturalizing/legitimizing acts of discrimination against them are having a contribution to the discrimination of Romani men and women.

What is happening with Romani women living under the conditions of severe poverty in terms of reproductive health looks to be a vicious circle from which one may not easily escape. On the base of their material conditions they do not want to have many children. But men are not really preoccupied with not letting their wives pregnant (they do not accept to use condoms) and women – if they rely on their partners – do need to make abortions in the case of any unwanted pregnancy. Not being married officially and hardly having their own home (sometimes on the one hand men and on the other hand women with their children stay separately in their parent's houses) women cannot rely on their "husband's" help in raising children. Nevertheless, women do know about contraceptives, but their information are not necessarily medically based and – due to the existing taboos – they hardly talk about this openly nor even among each other, not to talk about in the presence of strangers. In terms of modern contraceptives they "choose" what is available for free and not what is necessarily proper for their medical condition.

Romani women expressed a powerful desire towards taking their destiny in their hands (or acting as agency), nevertheless having very limited choices for doing this. On the base of what they considered to be a right decision under the

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

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

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

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

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

6.2. REPRESENTING ROMA WOMEN'S RIGHTS AND ENTITLEMENTS

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

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

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

Feladatok

- Elemezd a Protestáns Teológiai Intézet felvételirendszerében észlelt nemi diszkrimináció körüli vitát, kiemelve azt, hogy milyen kulturális elképzelések húzódnak meg a különféle álláspontok mögött.
- Saját környezetben keress példát arra, hogy miként működik a kulturális különbségek és a társadalmi egyenlőtlenségek összefonódása a *gender*, az etnicitás és/vagy az osztály-identifikációk tekintetében.