

Roma in an Expanding Europe: Challenges for the Future (στα αγγλικά)

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ROMA WOMEN'S FORUM Panel: "Breaking the Silence: The Sexual and Reproductive Rights of Roma Women"		
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Now that the EU opens its doors to the countries of Eastern Europe, it is also opening its doors to millions of Roma. They are a people who, after a millennium in Europe, have never fully assimilated and frequently suffer from poor health conditions. Efforts to promote the health of Roma populations often fail to confront the social structures which shape health in the first place: inequity and discrimination in education, employment and housing as well as in general in economic, social and political participation.

Political developments on a European level

Nine years after the Cairo Conference of 1994, at which a new vision of the sexual and reproductive rights of women was proclaimed, what progress has Europe made? In both East and West many inequalities remain in the approaches to issues such as family planning and

contraception, sex education, abortion and pregnancy.

On 3 July 2002, the EP adopted a significant report on sexual and reproductive health and rights in Europe drafted by Member of the EP Ms Anne Van Lancker for the Women's Rights Committee. The report highlights the inequalities existing within the Union and each of its Member States in attitudes towards family planning and contraception, sex education, abortion and pregnancy. While noting that legislation on reproductive health is a matter for the Member States, the EU can help by facilitating exchanges of information on best practices.

The report calls for equal access for all to a range of high quality contraceptive and fertility awareness methods. Contraception as well as sexual and reproductive health services should be available free of charge, or at low cost, for disadvantaged groups, young people, ethnic minorities and the socially excluded.

'In order to safeguard women's reproductive health and rights, abortion should be made legal, safe and accessible to all'. The governments of the Member States and the accession countries are asked not to prosecute women who have undergone illegal abortions.

The report emphasizes that adolescent sexual and reproductive health needs should be seen as distinct from those of adults. Sex education should be provided from early in life, continuing to adulthood and taking into account different lifestyles, which means raising awareness about sexually transmitted diseases such as HIV/Aids. MEPs say that adolescents and young people should have access to sexual and reproductive health centres, for example in schools and colleges, where they can obtain relevant information and services. Governments are

called upon to provide support for pregnant adolescents whether they wish to terminate their pregnancy or carry it to full term.

Despite strong opposition, a clear majority of the EP supported the resolution, sending a firm international signal that it intends to fight for the right of all people for sexual and reproductive health. The resolution was prepared in the context of the commitments made by all the EU Member States and Accession Countries in regard to the Programmes of Action of the International Conference on Population and Development (Cairo, 1994 and 1999). Although many policy makers believe that the outcomes of these international conferences only apply to developing countries, they do, in fact, have worldwide implications-including Europe.

There is certainly reason for action in Europe particularly in terms of the inequalities which exist between the East and West. Average contraceptive use in the EU is around 65%, but in the Accession Countries it is only around 35%. In Central and Eastern Europe abortion still remains the principal means of fertility regulation. Abortion rates are also significantly different ranging from the lowest rates in the world (Belgium, Germany 7/1000) to some of the highest abortion rates in the world to be found in Romania (50/1000). A resolution from the EP does not form a legal basis for action and the Commission has no authority to engage in health care delivery, including sexual and reproductive health services. However, it was stressed that sexual and reproductive health will be part of the new Health Strategy, which includes statistical, epidemiological investigations on the basis of collected data.

The report by Anne Van Lancker provided the Women's Rights Committee with the opportunity to launch a debate on these matters by holding a public hearing on 26 February 2002

in premises of the European Parliament with experts from EU Member States and the candidate countries.

The hearing highlighted that access to sexual and reproductive healthcare is a fundamental right affecting the entire lives of women and men and that recognition of this fact was the key to a better quality of life. In Ireland abortion is allowed only to save the mother's life.

Thousands of Portuguese women go to Spain to have abortions, although those from the poorest levels of society have backstreet abortions, thereby putting their lives at risk. By contrast, in several European countries abortion can be carried out on demand, subject to certain conditions.

Other problems, such as the plight of teenage mothers, access to contraception, sex education in schools, the cost of healthcare and social security were dealt with in very different ways from one Member State to another. The lack of comparable statistics was highlighted by speakers at the seminar, who stressed that laws that were too restrictive had serious consequences for women's lives and that the poorest sectors of society and minority groups suffered discrimination as a result.

The spread of Aids, the increase in "traditional" sexually transmitted diseases, child mortality rates and artificial fertilization methods were among other issues which required coherent policies by Member States.

Following the Cairo Conference, women should have the power to decide about their own sexuality. In addition, sexual rights and reproductive health should fall within the Community's sphere of competence under the single market, in the same way as other EU policies.

In the resolution on the follow-up to the International Conference on Population and Development Conference on 04.07.1996, the European Parliament calls for the EU to play a leading role in promoting the creation of networks, research and information exchange facilities concerning reproductive health care. Additionally, in its resolution on the follow-up of the Beijing Platform for Action on 18.05.2000, the European Parliament urges specific attention to be paid to the right to reproductive health and called especially for actions of information campaigns and improving the quality and accessibility of sex education. In another resolution on the state of women's health in the European Community on 09.03.1999, the EP acknowledges that the conditions in which women can enjoy sexual and reproductive health varies significantly throughout the European Union.

The Council of Europe has also thoroughly treated the topic of sexual and reproductive health and rights on several levels.

IV. Policy recommendations

The EU has always played an important role in promoting sexual and reproductive health and rights. Member States and the new accession countries shall review the implementation of the ICPD Platform of Action and the safeguarding of International human rights instruments. The concept of sexual and reproductive health and rights in the EU and the new Accession Countries needs to be reinforced.

There are great disparities between the Member States of the EU and the Accession Countries. Therefore, there is a need for a clearer picture of the state of sexual and reproductive health and rights and an overview of best practices. To this end, the Commission must develop a database concerning sexual and reproductive health and

rights, based on harmonized reproductive health indicators.

The research currently supported by the European Commission in this field should be continued under the new Community Health Action Programme, e.g. the Reprostat project that aims to develop indicators and determinants of reproductive health for monitoring and evaluating reproductive health in the EU, and the ECHI project that inserts sexual behaviour as a health determinant in the EU health strategy. Although reproductive health policies remain merely within the competence of the Member States, the EU could add value by launching a process of mutual learning, based on comparisons of reproductive health data and on sharing positive experiences and best practices in Member States "and Accession Countries" sexual and reproductive health programmes and policies.

Through long term investment into reproductive health supplies, services and provision of information, the EU can encourage and empower both women and men to take responsibility for their own destinies and ultimately go a significant way towards the ultimate objective of poverty eradication. A healthy and well-informed population goes a long way to establishing and maintaining economic stability and ultimately growth.

Gender issues inevitably enter into any text or policy framework in the area of reproductive health. Men play a key role in bringing about gender equality since, in most societies, they exercise predominant power in nearly every sphere of life. Governments should promote equal participation of women and men in all areas of family and household responsibilities, including responsible parenthood, sexual and reproductive behaviour and prevention of sexually transmitted diseases.

Roma issues

Any discussion on the reproductive health of Roma people must take account of the practice of forced sterilization of Roma women, prevalent in some countries, and its possible effect on present day help seeking behaviour.

A study of the sexual culture of Roma women in Bulgaria found only 61% using contraception regularly, abortions were more common than in the majority population 2.41 abortions per woman, with 33% of women having had more than three and that Roma women had their first pregnancy earlier. A more detailed study of contraceptive practices among Roma women in Spain found significantly that Roma women know about safe methods, but do not use them, they were less likely to seek contraceptive advice than non-Roma women and they have more induced abortions and more pregnancies which lead to a greater number of live births.

A Bulgarian study found nearly half of pregnancies where the mother was aged 13–16 to be among women of Roma origin. A study of commercial sex workers attending a sexually transmitted disease clinic in Plovdiv Bulgaria, found more than half to be of Roma origin.

Surveys among pregnant women in Spain have indicated high rates of hepatitis A and hepatitis B in the Roma population.

The correlation between poverty and lack of reproductive and sexual rights is one, which has long been established. Conditions in which most East European Roma live, are unquestionably poorer than their non-Roma neighbours in numerous areas of life Research shows that where couples and individuals have access to quality reproductive health services, supplies and information, they can control their fertility

and exercise their human right to choose the timing, spacing and size of their family.

Family planning enables women to space their pregnancies for optimal health for themselves and their children, and encourages barrier methods of contraception to provide protection against sexually transmitted infections (STIs), including HIV/AIDS. In wider social and economic terms, reproductive health care can free couples, especially women, from the repeated cycle of childbearing, alleviating poverty and enabling them to be economically active.

The Role of the European Union

In my capacity as a MEP, I have recently submitted two written questions awaiting answer, addressed both to the Council of the EU and the Commission concerning forced sterilization on Roma women in Slovakia and the situation of Roma refugees on the FYROM/Greece border. By these questions, I call on the European institutions to launch effective policies and protect the rights of Roma people from any discrimination, abuse and violence.

The EU standpoint on the Roma issue is very clearly shown by its policies. Protection of minority rights is a part of the Copenhagen criteria, detailing obligations to be fulfilled by EU applicant countries. However, there are two major challenges in implementing this policy.

The first is the lack of sufficient political pressure concerning Roma rights. The other challenge concerns certain aspects of EU financial aid for supporting Roma development in the candidate countries. The divided sums have been relatively small – between 1993 and 1999 only 20m Euros were allocated to explicit Roma-related initiatives across six countries.

Still, the disappointing financial aid is not the main challenge in that area. On closer inspection of the list of funded projects, some initiatives concerning sexual and reproductive health and education can be found. The EU should define clear goals for the development of the Roma community, therefore forming the basis for result-oriented funding principles.

EU activities should be based on a country-by-country approach ensuring initiatives are appropriate to the particular needs of different Roma populations and take account of the conditions and traditions of each country. European institutions cannot possess the knowledge and expertise required to understand the diversity of Roma communities and the complexity of their specific situations. The EU must rely on local experience and facilitate domestic consensus.

The EU already provided financial support for Roma-related initiatives through the PHARE programme for candidate countries of Central and Eastern Europe. However, in the European Commission's publication 'Enlargement Briefing' – 'EU support for Roma communities in central and eastern Europe' (December 1999) the insignificant allocations to this important domain are spelt out clearly.

The enlargement of the European Union provides a unique opportunity to address the increasingly critical situation of Roma minorities in Eastern Europe and to influence official Roma health policies and practice. The "Roma strategies" which were prepared by the accession country governments as part of the accession process and which make explicit governments' commitments to promote Roma rights in all spheres.

As a political institution, the activities of EU need to be based not only on an accurate understanding of Roma people and their circumstances, but also on objective analysis of political conditions. This represents a considerable challenge due to the way "Roma" has evolved as a policy paradigm at the European level, characterized by the down-playing of social, economic and political complexity in favour of a superficial focus on discrimination.

Such support needs to be massively increased. Therefore, initiatives should be encouraged which cut across ethnic lines and address wider problems of disadvantage and social exclusion. Also, methods for the effective and transparent use of resources are needed.

Conclusion

Fortunately, conditions may finally be beginning to change for Roma. Europe's accelerating process of political integration offers the prospect of improved legal protection for the Roma and other minorities, through human rights laws and strict conditions imposed on countries eager to join the European Union.

Such a positive future for the Roma women is by no means secure, however. In recent years, the Roma women have been subjected to inequalities, sexual abuse and physical attacks.

The opportunity for the EU is to establish equality of opportunity through facilitating significant improvement in the life chances and living conditions of Roma women and communities. The challenge is to avoid the temptation to construct separate policy and administrative structures for Roma women and to prevent further ethnic fragmentation of their societies by reversing the trend toward segregation and exclusive ethno-politics. A clear

policy agenda should aim at ensuring the sexual and reproductive health and rights of all. Sexuality for all women of whatever minority should be lived free of discrimination, coercion and abuse.

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