

CAUSE OF ACTION

A SERIES BY THE EUROPEAN ROMA RIGHTS CENTRE



Reproductive Rights of Romani Women in Ukraine

FEBRUARY 2019

CHALLENGING DISCRIMINATION PROMOTING EQUALITY



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Introduction

Pregnant Romani women in Ukraine face degrading, discriminatory treatment when accessing reproductive healthcare, especially when giving birth. We set out to document this phenomenon. This report summarises what we found.

The right to health, including the right to reproductive health, is a fundamental human right and is indispensable for the exercise of other human rights. Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful healthcare throughout pregnancy and childbirth, as well as the right to be free from violence and discrimination.

According to the latest official census, there are 45,587 Romani people in Ukraine. International organisations and local NGOs estimate the number of Roma living in Ukraine to be much higher: between 120,000 and 400,000, with an average estimate of 260,000.

Roma continue to face some of the worst forms of discrimination in Ukraine.

Roma Fund Chiricli, a Roma-led organisation working in Ukraine, conducted research with support from the ERRC in order to understand what it is like for Romani women who are pregnant when they access reproductive healthcare, and, specifically, when they give birth.

This research is timely, as Ukraine is in the midst of healthcare reform. In Ukraine, the introduction of health insurance schemes is new and is likely to exclude Romani people disproportionately. This is because Roma in Ukraine (like elsewhere in Europe) are more likely to be poor, due to centuries of discrimination and exclusion, and will be less likely to be able to pay the required contributions for health insurance. The new system will be introduced in 2020.

In Ukraine, all women from their first month of pregnancy need to see their family doctor to be registered. After this, the family doctor directs pregnant women to gynaecologists or the gynaecological department of the hospital. Women must register with a gynaecologist, who will monitor their pregnancies and be there for delivery. Pregnant women undergo various diagnostic tests.

What this report is for

We've created this report as one in a series to introduce some of our litigation work to people who are interested in the action we're taking.

The ERRC exists to take cases that enable Roma to demand and achieve equality.

The right to health and reproductive rights are key issues we work on.

Romani women are disproportionately subjected to restrictions on their reproductive rights, including being placed in segregated maternity wards and being denied access to healthcare.

If you know of similar cases happening where you are, get in touch. We know that change doesn't happen overnight, but step by step, we are determined to uncover human rights abuses and to improve the situation. If you want to be in touch, please email office@errc.org.

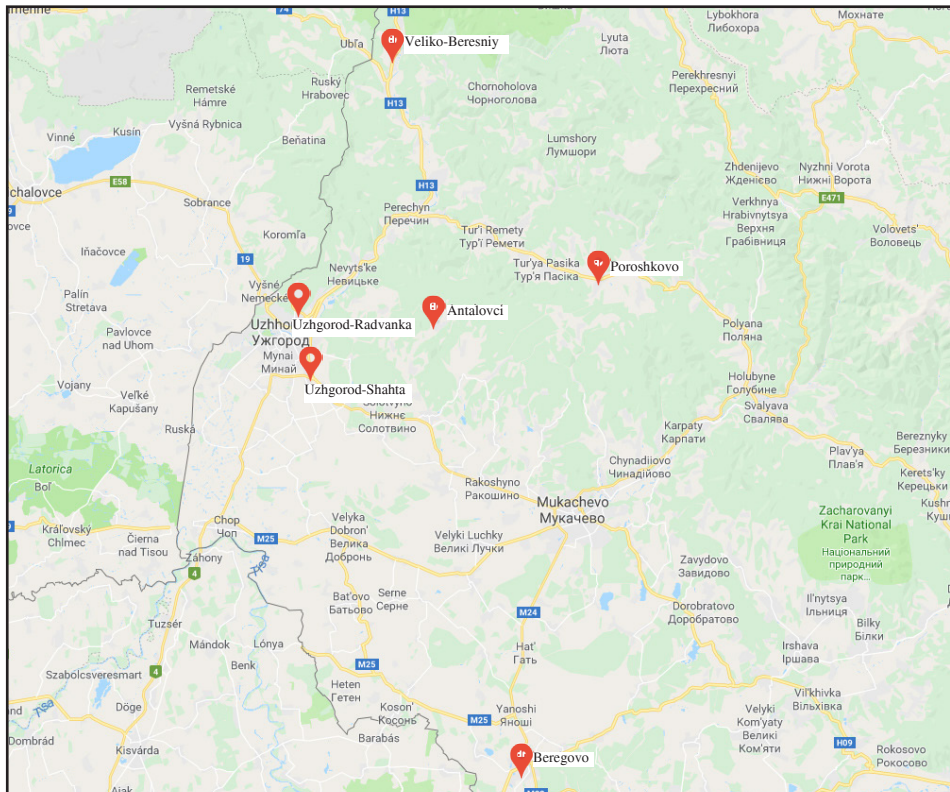
Dorđe Jovanović
President

This report has been reviewed and approved by the ERRC's Board Chair, Ethel Brooks.

The Interviewees

Chiricli conducted a four-month field research project between March and June 2018, conducting 359 qualitative in-depth interviews with Romani women from the following places: Antalovci, Beregovo, Poroshkovo, Svalyava, Uzhgorod, and Veliko-Beresniy.

Location	Number of interviews
Antalovci	53
Beregovo	58
Poroshkovo	83
Svalyava	50
Uzhgorod-Radvanka	60
Uzhgorod-Shahta	55
Veliko-Beresniy	53
Total	412



The interviewees were mothers who had given birth to their last child in a public hospital no more than three years before the interview. The women who agreed to take part in the research were between 14 and 58 years old and were selected at random during the visits. Chiricli secured permission from the parents of interviewees below the age of 18. Although some of the interviewees are children (i.e. under the age of 18), all of them are mothers, and we refer to “the women interviewed” throughout this report to cover all of the interviewees regardless of age.

Most of the women interviewed had between three and twelve children. Sixty percent of the interviewees had their first child before reaching the age of 18.

The majority of the interviewees live with their husbands, children, parents, and, in some cases, their grandchildren. Ninety-five percent of interviewees live in houses with very poor conditions, without water, electricity, or sewage. There were cases where homes with only two rooms accommodated 15 to 20 people. Many houses were built informally (that is, without the appropriate legal permits) in segregated areas.

What the Research Uncovered

According to the interviews, 350 women, approximately 90% of those interviewed, were separated from non-Roma women when giving birth. For example, in Uzhgorod, Romani women must pay extra money to be placed on the maternity ward; otherwise they are left in the corridors. Moreover, Romani women who did pay could only give birth on the third floor in a separate area; the other parts of the facility were not available to them. In Beregovo, there is a maternity hospital which also segregates Romani women on the third floor for delivery. In Svalyava, six Romani women were put into the rooms with women from other ethnic minority groups. Only a small number of interviewees indicated that they were put into the same room with ethnic Ukrainians.

The situation is worse in Poroshkovo, where Romani women are often unable to access the maternity ward at all, instead staying in the corridor of the hospital when giving birth.

In Veliko-Beresniy, Romani women are put into separate Roma-only rooms or maternity wards in the central regional hospital, with three Romani women in the same room. Doctors are aggressive towards the Romani women in these segregated rooms, treating them in what is clearly a discriminatory manner. In Antalovci, Romani women are placed on a separate floor of the village hospital from ethnic Ukrainians and other women.

As one interviewee put it: *“We are put into the separate rooms or wards because we are Roma. Non-Roma (gadje) do not like us.... We know this because they look at us with negativity and do not want to listen to us, turning their heads from us. We are very grateful our Roma health mediators and to Chiricli for listening to us”.*

ROMANI WOMEN WHO WERE SEPARATED FROM NON-ROMA WHEN GIVING BIRTH

City	Yes	No	Total
Antalovci	53	0	53
Beregovo	58	0	58
Poroshkovo	80	3	83
Svalyava	44	6	50
Uzhgorod	115	0	115
Veliko-Beresniy	53	0	53
Total	345	67	412

Another interviewee said: *“Yes we are Roma and doctors are afraid of us. They don’t trust us, they think we can steal and spoil the bedsheets. Some doctors scream at us and put us separately from Ukrainian women. This is a habit they have, to scream at us for nothing”.*

According to the research, forty percent of women are afraid to reveal that doctors discriminate against them in maternity wards.

In Veliko-Beresniy, 53 women stated that medical staff at the central regional hospital did not let their relatives enter the hospital at all. Visits were also a problem in Antalovci. In other locations, things were more mixed, with some women reporting relatives could visit while others were not allowed to receive visits. Many of the women could not compare the situation they faced to that of non-Roma women. Since they were separated from non-Roma, they could not see if the relatives of non-Roma women had an easier time coming to visit.

The vast majority of the women stayed in the hospital or maternity unit for less than one week. Most women said they wanted to come home quickly because of the hostile attitude of the doctors and nurses.

In theory, in accordance with Article 49 of the Constitution of Ukraine, giving birth in a public hospital is free of charge. In practice, though, many of the women interviewed were expected to make payments. According to one woman, *“We have to pay some money in a hidden way and ask doctors to put us on the fourth floor where conditions are better than on the third floor”.*

In relation to the conditions in the maternity wards, in Veliko-Beresniy women reported that the rooms were clean but without a toilet inside the rooms; the toilets were on the corridor and only had cold water. This was not uncommon: a full 90% of the women interviewed who were separated from ethnic Ukrainian women only had access to bathrooms at the end of the corridor and with cold water only. These facilities were exclusively for Romani women. Bedsheets were provided for up to 12 days without being changed.

One woman said: *“I was discriminated against, doctors talked to me without any respect, degrading me only because I am Roma. They called me Gypsy and screamed at me frequently... I asked some questions about putting my baby near with me after delivery, but the doctors screamed at me, ‘You Gypsies want too much, this is not a show house or theatre. It’s a hospital’”.*

In Uzhgorod, Romani women complained that the bedsheets were old and stained with blood: *“I got these bedsheets for me and my child. My child was sick and I had to be in the hospital with him. Two days in a row I was getting a message delivered by a nurse in a very rude way that I had to pay for the bedsheets and other basic bed accessories because I am a Gypsy, or she would call the police. I started to cry and called health mediator”.* The mediator helped solve the problem by having a conversation with the nurse and explaining that the bedsheets were already in bad shape and that the nurse could not discriminate against Romani women by extorting money this way. The mediator specifically cited the provision of the criminal code in Ukraine that makes discrimination an offence. The mediator could have escalated the matter through a complaint to the Ministry of Health, but hospital staff discouraged her from doing so.

Otherwise, in Uzhgorod there was running water only at the end of the corridor, the rooms were dirty, and staff had a discriminatory attitude. One woman asked a nurse for a change of bedsheets. The response was that: *“We don’t clean bedsheets. Bring your own bedsheets from your home. This is not a hotel for you. Nobody will change your bedsheets”.*

In Svalyava, hot and cold water were available on the corridor but not in the rooms. In Beregovo, 40% of women said they received very yellow bedsheets, probably because the water was bad in the hospital and turned the bedsheets that colour. In Beregovo, the water taps and sinks were on the end of corridor, a situation which only Romani women faced. Some of the women complained: *“We sometimes asked doctors to put us into the wards on the fourth floor with Ukrainians and other women and then it worked, but we paid for it illegally”.*

In Poroshkovo, there was no running water at all. Seventy women out of the 83 interviewed there stated they did not have access to hot and cold running water at all: *“We only had a toilet in the corridor of the hospital on the floor where deliveries take place”.*

In Antalovci, half of the women interviewed did not go into details because they were afraid of how the doctors would treat them in the future. What was clear was that they also only had access to running water at the end of the corridor on a floor that was only for Romani women, and that doctors acted aggressively towards Romani women, in a way that was clearly based on their ethnicity. The same was true of other medical staff.

More than 70% of the women interviewed said that they were put into the smallest rooms, often with many other Romani women. For example, In Poroshkovo, up to eight Romani women could stay in the same small room. Women had a lack of space and it was very difficult to move. Sometimes, doctors put ten Romani women into the same ward, violating national legislation.

The women were often unable to compare the situation with that of non-Roma women, who were in completely separate wards or floors.

Eighty percent of all of the women interviewed had access to food and drink. Most women had to go to the kitchen and take their meals. There were complaints from Romani women in Uzhgorod about staff in the kitchen being rude to them. According to the rules, nurses should bring food to women on the maternity wards, but in reality it seems this never happened.

In Poroshkovo, women did not have meals at all. The nurses simply said that they had no food for Roma. Romani women there had to get food from their relatives. In Antalovci, women complained that they got very little food and there was no hot water.

About half of the women interviewed understood all the documents they were asked to sign when giving birth. Some 5% of the women interviewed did not pay attention to what they were being asked to sign before giving birth. Forty percent of the women did not sign any documents because they were illiterate and asked health mediators, nurses, or a literate relative to help sign documents; about 5% of the women were illiterate and did have any help, so did not sign anything.

Only 30% of the women interviewed were told that their personal information was being kept confidentially. Another third said they did not know whether their personal information was kept confidentially. Most of the women were unhappy that they were asked to sign documents that were not explained to them and whose purpose they did not understand.

Eighty percent of the women interviewed explained that they had limited access to medicines, in particular analgesics or anaesthesia, during their staying at the maternity ward or hospital.

In Beregovo and Svalyava, most of women were told that if they needed medicine that was not available in the hospital, they had to go and buy it themselves. In Antalovci, one woman was in severe pain for three days until she was given the appropriate medicine and medical care: *"I was almost dying until I got medical help"*. In Veliko-Beresniy, women had to buy medicines themselves. In some cases, women got medicines from health mediators or NGOs.

Sometimes women needed pain relief during delivery, but doctors could not do anything because of a lack of appropriate medicine. Women had to suffer in terrible pain. As one woman said: *"I had a small haemorrhage but doctors did not pay attention to it, stating it could happen as a consequence of delivery"*.

What We Will Do

It does not take a legal expert to realise that what many Romani women face when accessing reproductive healthcare in Ukraine is illegal. There are international human rights treaties that Ukraine has ratified which protect the right to health, free from discrimination. Some of them protect that right directly (such as the International Convention on the Elimination of All Forms of Racial Discrimination or the European Social Charter) while others do not mention these rights explicitly, but implicitly cover the right of Romani women to have their health

and dignity respected. For example, it is clear that what many of the women interviewed for this research have experienced violates the European Convention on Human Rights, which protects the right to life, the right to be free from inhuman and degrading treatment, the right to respect for private and family life, and which prohibits discrimination in relation to these rights. What we have described here is intersectional discrimination: the women interviewed have faced inferior treatment in complex ways based on being Romani, being women, being in the particular situation of giving birth, being poor, and living in segregated areas.

The ERRC supports Roma to challenge this kind of unlawful treatment in court. This is challenging for the context of this report. It is understandable that anyone in the position of the women interviewed would not want to be named as a plaintiff in a court case. They could face victimisation – that is, retaliation – from the doctors or nurses they are complaining about and whom they will have to see again the next time they have a child or have other healthcare needs. This kind of reluctance is not unique to Roma, to women, or to Ukraine. But it is all the more understandable, especially in a country where strategic litigation is not very common.

In such circumstances, the ERRC often looks to bring a complaint in its own name. This can be done in a number of ways. In some countries, the ERRC can be a named plaintiff in a discrimination case in the national courts. We can also bring complaints to certain bodies, such as the European Committee of Social Rights, through a collective complaints procedure. But these options are not open to us in Ukraine. Ukraine's anti-discrimination law does not allow NGOs to bring complaints. In fact, there are a lot of problems with that law, including the fact that it does not allow people bringing discrimination complaints to "shift the burden of proof" onto defendants after bringing enough evidence to raise a presumption that there has been discrimination. Ukraine has also not accepted the process for collective complaints to be made against it.

So what can we do? We are considering the options. One is to make a complaint to the Parliamentary Ombudsman for Human Rights, which can pursue the matter, including through the courts. Another is to pursue advocacy solutions.

We will also work with Chiricli to focus in particular on the conditions in Poroshkovo, which appear to be the worst.

Most importantly, we will continue to talk to women affected by these problems – including those interviewed – to see how they want to take this forward. Because their rights are at stake and their voices must be heard and respected.