



Exploring the question of how poor Roma women's status and situation influences children's survival, growth and development

Women Motherhood Early Childhood Development

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ROMA GOOD START INITIATIVE



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Acronyms

CEECIS	Central and Eastern Europe and the Commonwealth of Independent States
CSEE	Central and South Eastern Europe
ECD	Early childhood development
MDG	Millennium Development Goals
MTSP	Medium-term Strategic Plan
NGO	Non-governmental organization
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children’s Fund
UNISDR	United Nations International Strategy for Disaster Reduction



Foreword
Acknowledgements
Executive Summary

A famous psychoanalyst once declared that, “there is no such thing as a baby...” He made this rather startling statement in view of the fact that babies do not and cannot exist or develop in isolation; in fact, the second part of his observation was, “...there is a baby *and* someone.” This someone is the carer and nurturer of the helpless and dependent infant – almost always the mother. Inspired by this statement, this paper seeks to explore why the situation of young children should not be assessed or addressed in isolation and separate from that of their mothers. The paper focuses on the Roma, the largest ethnic minority in Europe, many of whose members live in conditions of abject poverty. An attempt is made to shed light on the critical connections between the social and psychological wellbeing of mothers and the survival, growth and development of their young children. The multiple risks young children in poor Roma communities face are further exacerbated by poor maternal education, health, welfare and personal wellbeing.

The care a child receives is directly dependent on the knowledge, perceptions, abilities, skills and motivation of the primary caregiver or mother, the support she receives and the social services to which she has access. All of these can be significantly compromised by poverty, illiteracy, gender bias and ethnic discrimination. Since mothers, rather than “parents” or “families,” are the primary mediators of efforts to improve the growth and development of young children, it is critical that their needs and rights as women and as members of poor and excluded communities are addressed if improved child development outcomes are to be reached. While acknowledging the importance of the situation of fathers and the whole family to the well-being of children, this paper argues that it is unrealistic to delink the situation of the young child from the

situation of mothers (and women and girls) and the several gender-related issues that are internal and external to Roma communities and inform and delimit women's opportunities for self-actualization.

The potential of a “good start in life” to improve the current situation and future of poor and excluded Roma children is receiving more and more attention from those who work with and for poor Roma communities. However, early childhood development interventions for the Roma have tended to be directed to children alone, focusing on issues of access, desegregation, language of instruction and social justice in relation to preschool aged children. Considerably less attention has been directed to very early childhood, the period from birth to three, which is the most formative phase of human development and the stage when the human brain is developing most rapidly. Where they exist, parenting programmes have sought to “teach” or “give messages” to disempowered, malnourished and impoverished mothers without adequately recognizing their ability to internalize and act on the information. The voices from the field that one can “hear” in this paper clearly demonstrate that such an approach requires fundamental re-examination and that women's rights and roles need to be appropriately and sensitively factored into efforts to improve the situation and development of young children. It is also evident from the author's analysis, that specific attention needs to be paid to ensuring that women are not reduced to their instrumental, maternal function with regard to young children. The intrinsic human rights of women as individuals and social actors if supported appropriately and comprehensively are likely to have a variety of positive outcomes for themselves, their families and especially, their young children.



Steven Allen
Regional Director
UNICEF CEECIS

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This exploratory paper was premised on the active involvement of women in local communities across Romania and the former Yugoslav Republic of

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The preliminary findings of the paper were presented and discussed at the UNICEF Regional Meeting on Roma Critical Mass Inclusion in Bucharest, May 27–28, 2010.

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Camilla Ida Ravnbøl was the lead author of the paper. She also designed and conducted the field research. Deepa Grover was responsible for the overall conceptualization, supervision and coordination of the paper. She contributed to several sections of the paper. Gordon Alexander gave valuable comments on the research design and findings.

Executive Summary

This paper explores the question of how Roma women's situation influences Roma children's survival, growth and development in the early years. It focuses specifically on the barriers and opportunities for action that Roma women experience and how these influence their possibilities to engage in efforts for their young children. The paper adopts the perspective that in poor and socially excluded Roma communities, young children's survival, growth and development cannot be addressed effectively if the rights of women are overlooked. Roma women navigate in contexts where they, as women, experience multiple barriers to their agency in particular due to multiple forms of discrimination and living in poverty on the margins of society. In such contexts of disempowerment, programme responses are likely to meet with limited success if they seek to teach mothers about child care and rearing, without an assessment of the mothers' capacity to internalize and act upon advice. It is argued that supporting Roma women's access to human rights is likely to have positive outcomes for the women and their families, especially the young children.

The paper contributes to UNICEF's growing body of research on the Roma in the CEECIS region and on issues related to equity globally. It provides a basis for developing UNICEF's position on the subject of integrating a gender lens into ECD programmes for Roma children. The paper supports UNICEF's gender policy and reflects UNICEF's mandate which is informed by the UN Convention of the Rights of the Child (CRC) as well as the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

The paper explores the question of how Roma women's situation influences Roma children in the early years from the perspective on Roma women's own opinions on the issue. Brief field visits were carried out in rural and urban communities in different parts of Romania and in the former Yugoslav Republic of Macedonia. The idea was to incorporate into the paper authentic voices from the field. Women living in poor and socially excluded Roma communities were interviewed and engaged in focus groups discussions. Interviews and focus groups were also carried out with Roma and non-Roma experts in organisations involved with Roma issues and/or early learning and development.

The aim of the paper is not to present an exhaustive ethnographic account or to make country-level or country-comparative analyses. Rather, the aim is to present different perspectives from the field and explore relevant issues that can inspire future debates and comprehensive research and programming. The ethnographic data from interviews has been triangulated with field observations and desk research.

The analytical sections of the paper explore aspects of the mother's situation that have an impact on the young child's survival, development and participation in learning and education programmes. The paper focuses in particular on Roma women's experiences of external and internal forms of discrimination and gendered poverty. It describes how many Roma women experience comprehensive barriers to their agency due to poverty and discrimination on the multiple grounds of gender, ethnic origin and low socio-economic status. Examples are presented in the analysis of how Roma women's limitations in accessing adequate health care and exclusion from educational opportunities result in their poor health conditions and high levels of illiteracy, and how these in turn affect the young child. Attention is also paid to how factors such as disempowerment, low self-confidence, maternal stress and depression, barriers to participation in the labour market and limited access to social services affect their care giving role and consequently, child outcomes. The mother is not only the primary caregiver but also often the primary role model

in children's lives. The paper argues that the tacit and explicit messages that the mother communicates to her children and the children's own experiences of their mother's limited agency are likely to influence and constrain children, especially daughters, in their own decisions and choices in later life.

On basis of the analysis and respondents' suggestions, the paper presents recommendations for areas that can be explored in the design and implementation of ECD programmes and interventions. It calls for future research on related issues. It also presents ideas for creating initiatives for Roma women's empowerment as part of ECD programmes and interventions. By including a small group of Roma women and their opinions on how their situation influences their children in the early years, the aspiration is that new ideas will emerge for future research and activities. Hopefully, this preliminary exploration of the "mother-child dyad" can encourage more comprehensive approaches that link the human rights of women and children in the design and implementation of ECD programmes.



1.

**Towards Understanding Gender,
Motherhood and
Early Childhood Development
in Roma Communities**

This paper explores the question of *how Roma mothers' situation influences Roma children's survival, growth and development in the early years*. The paper adopts the perspective that in poor and socially excluded Roma communities, young children's survival, growth and development cannot be addressed effectively if the rights of women are overlooked. As mothers, Roma women are the primary caregivers who influence and shape young children's lives and they are often primary role models for their young children, especially their daughters. At the same time, Roma women navigate in contexts where they, as women, experience multiple barriers to their agency due to discrimination and living in poverty on the margins of society. In such contexts of disempowerment, programme responses are likely to be of limited success if they seek to teach mothers about child care and rearing without an adequate assessment of the mothers' capacity to internalize and act upon advice.¹ Optimal early childhood outcomes are also difficult to reach if young children are addressed in isolation and if their situation is delinked from that of their mothers.

“How can we expect mothers to help their children, when they cannot even help themselves? We need to focus on women in order to reach their young children. Mothers are role models for their children and in particular for the girls. If women don't have skills or interest in themselves, then their daughters will also grow up and neglect themselves. They will also not study, not take care of their health and so on...”

Roma NGO Worker, Romania

The paper explores the importance of addressing Roma women's conditions and access to basic human rights, not only in their maternal role but as women in their own right, in efforts to improve Roma children's early childhood development outcomes.² It focuses specifically on the barriers and opportunities for action that Roma women experience and how this influences their possibilities to engage in and benefit from ECD efforts. It is argued that supporting Roma women's access to human rights is likely to have a variety of positive outcomes for women and their families, especially their young children.³

The sharp focus on the mother-child dyad has made it possible to understand more deeply the challenges that women face in their everyday lives and how they see these challenges as influencing their young children in the early years. It made it possible to examine the links between children's rights and the human rights of women, who are in almost all instances the primary caregivers in young children's lives. The role of fathers while acknowledged is not examined in this paper.

1.1 Defining the Target Group

The Roma are Europe's largest ethnic minority group constituting an estimated 10–12 million.⁴ 70 per cent are concentrated in the Central European and South Eastern European countries (hereafter referred to as CSEE) with the greatest proportions living in Bulgaria, Romania, Hungary, Serbia, Slovakia and the former Yugoslav Republic of Macedonia.⁵ Although Roma in general share commonalities in central historical experiences, cultural traditions, language and contemporary situations of social exclusion and poverty, Roma communities present a history of diversity. Many inhabit significantly different contexts and have different socio-economic status, which mean that traditions, norms, religions, dialects and self-appellations often vary between the groups in the region.⁶ This diversity must essentially inform any research and intervention at local levels in order to respond to the needs and concerns of the tar-

get group in question. For example, when discussing women's rights and Roma children's early development it is important to define to which socioeconomic groups of Roma we are referring. The causes and consequences of mother's engagement in ECD efforts and non-enrolment of children into preschool may be very different for the richer and the poor Roma families.

1.2 Scope and Limitations

This paper contributes to, and supports, UNICEF's growing body of research and analysis of Roma initiatives in the CEECIS. It provides ethnographic input for developing UNICEF's position and guidance on addressing the rights and needs of Roma young children and also contributes to framing UNICEF's regional strategy of the Roma.

The rationale of the paper is in line with UNICEF's mandate to realize the UN Convention on the Rights of the Child (CRC) and highlight its close connection to the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). It supports UNICEF's gender policy that approaches women's rights as an inherent good for society as a whole, recognises women as agents of human development, and affirms that the empowerment of women facilitates an environment in which gender equal results can best be achieved for children.⁷ Thus, the paper aligns with UNICEF's call for gender equality, equity and non-discrimination in the activities and pursuits of the organization.⁸

The region in focus of the paper is the Central Eastern Europe and Commonwealth of Independent States region (CEECIS), with a particular focus on Central and South Eastern European (CSEE) countries where UNICEF country offices are engaged in addressing Roma child rights issues. Visits were made to Romania and the former Yugoslav Republic of Macedonia to meet with women from Roma communities in order to understand their perspectives and ensure

that the women’s own voices were guided the articulation of the principal arguments put forward in this paper. Information gathered in the field complements the desk review of existing research from the CSEE region (please see the Methodology section).

The paper does not present an overview or a critique of UNICEF-supported ECD interventions for Roma children in the CSEE countries nor does it compare countries in the region. Rather, it adds a women’s perspective to the existing knowledge on ECD and gives concrete examples from the field of how Roma women’s situation can impact the care children receive, their access to basic services and consequently, early childhood outcomes. It does not seek to document existing child rearing practices in Roma communities and it does not make a comprehensive literature review.

The paper is by no means exhaustive since the small sample size of respondents interviewed for the paper present certain limitations. For example the pertinent questions such as the role of the father in child care and rearing have not been covered. These limitations are discussed in the Methodology section (2).

There is a burgeoning literature on early childhood development and its potential to rupture the intergenerational cycle of poverty and exclusion. It is mainly focused on the developing child and has admirably informed interventions for poor and excluded children; however, it tends to look at the mother only in her instrumental maternal role. At the same time, there is a growing literature on gender and childcare that highlights women’s right to work and the need to enable this through the provision of child care; while it concerns itself with the custodial care of young children, it tends to give short shrift to children’s *development*. In this paper we look at the “mother-child dyad” and address the inter-linkages between the human rights of women and children. Focused on the Roma, this paper is deliberately framed as a preliminary exploration of what are likely to be fundamental issues in designing and planning

comprehensive ECD programmes. It is hoped that the paper will catalyse discussion and debate, lead to a refinement of questions to be asked and issues to be researched and consequently result in holistic and effective policy and programme responses to the situation of young children which are cognizant and supportive of the roles, responsibilities and human rights of their mothers.



2.

Methodology and Critical Reflections on the Research Design

The paper is based on a desk review of literature as well as ethnographic data collected in the field. Romania and the former Yugoslav Republic of Macedonia were selected for country visits since the UNICEF country offices are engaged extensively in addressing Roma child rights issues. The limited time did not allow for visits to the other CSEE countries, where UNICEF also engages significantly in Roma issues, *viz.* Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Kosovo, Montenegro, and Serbia.

2.1 Methods

The methods used for the fieldwork where:

- ▶ Individual semi-structured interviews. The women in local communities were interviewed mostly at home but interviews were also made in public locations such as the community school or ECD centre. Interviews with persons from relevant institutions and organisations were made either on the premises of their own organisation or at the UNICEF country office.
- ▶ Focus group discussions (FGD) with groups of 6-10 persons. The women in local communities were included in focus group discussions arranged by UNICEF's partners in the field either in public school facilities or in the community ECD centre.
- ▶ Home visits and community visits with observations.

Open-ended interview and FGD guides were developed in advance of the field-work and shared with the UNICEF country offices. All interviews were carried out by the author with the assistance of native language speaking interpreters. All visits to the communities and to family homes were arranged beforehand by organisations and institutions, which have close contact with, or presence in, the given communities. This created the necessary trust and confidence for carrying out the field research, since the community members had been informed about the purpose of the field research in advance. They were aware of what the data would be used for, and that their names would be kept anonymous.

2.2 Respondents

Respondents were selected in agreement with the UNICEF country offices and the partner organisations and institutions involved in Roma issues and/or in early learning and development.

Table 1: Total number of interview and focus groups discussions

	Focus group with women in local communities	Focus group experts/NGO workers	Individual interviews with women in local communities	Individual interviews with experts/NGO workers	Time Frame
Romania	2 (total number of respondents: 17)	1 (total number of respondents: 4)	4	8	5 days
The former Yugoslav Republic of Macedonia	4 (total number of respondents: 37)	1 (total number of respondents: 5)	6	7	5 days

The opinions presented in this paper are primarily those put forward by Roma women living in relatively poor and marginalised communities. Different areas of Romania and the former Yugoslav Republic of Macedonia were visited at up to a few hours of distance from the respective capitals Bucharest and Skopje. The communities selected for research were in rural areas and urban neighbourhoods, which were either entirely Roma or mixed (Roma and non-Roma inhabitants). The communities and neighbourhoods shared the common characteristic of being very poor conglomerates with high percentages of unemployment. They shared problems of lack of basic facilities, such as running water, heating, gas, sewage systems and waste disposal. Furthermore, they had poor access to public transport and public services.

The women who were interviewed were selected by UNICEF's partners in the field, who have close contact with the women on an everyday basis. This created the necessary trust and transparency regarding the purpose of the fieldwork when arranging for individual interviews and focus groups sessions. The women selected for the interviews were in the age range 19–40 years and had children in the age group birth – 8 years. Most of the women were married but many were only married according to Roma tradition without the necessary civil registration. The majority of the women interviewed had never gone to school or only had a few years of school education and were largely illiterate. The majority had no formal employment but many were engaged in informal work such as collecting garbage for recycling, or working periodically on farms or in factories.

There was one significant difference between the respondents in Romania and in the former Yugoslav Republic of Macedonia. The women interviewed in Romania did not send their children to preschool or any alternative ECD centre since there was no such institution available in close proximity of the community. In the former Yugoslav Republic of Macedonia, the interviews were carried out in communities where there were functioning ECD centres and all the women interviewed had one or more children enrolled in the community

ECD centre. This underlines the importance of geographical accessibility when discussing ECD. In terms of methodology it illustrates the impossibility of a comparative country analysis, since the contexts can vary significantly. On the positive side the opinions of both mothers whose children did and did not participate in ECD programmes are included in the research.

Interviews were also conducted with Roma women and non-Roma experts who work in institutions or non-governmental organisations (NGOs) engaged in Roma issues or in early learning and education. The majority of those interviewed in this category were Roma women.

2.3 Data Analysis

The ethnographic data from the field was triangulated by way of comparing the respondents' testimonies, with field observations, and with data from the desk research. Varieties and similarities in the testimonies were critically examined and measured against the broader background of knowledge from existing research on the situation of Roma women and children in the CSEE countries. Detailed transcriptions of responses to questions were made and the names of communities and individuals have been withheld as per the wishes of the respondents. Quotations presented from the interviews throughout the paper are under pseudonyms.

2.4 Advantages and Limitations of the Small Sample Size of Respondents

The fieldwork was not intended to be exhaustive. It was also not intended to make country-level or country-comparative analyses. The aim of the fieldwork was rather to gather expert opinions on the topic of Roma women's human

rights and how these link with the situation of Roma children in the early years. In other words, the aim was to gather a sample of ethnographic data that could open up pertinent questions relating to the mother-child dyad. It is hoped that the paper will serve as inspiration and basis for future debates, in-depth research and programming.

A total of 10 days were spent in the different locations in Romania and the former Yugoslav Republic of Macedonia. Since the focus was on young children and their mothers, other family members, such as fathers, grandparents and siblings who play an important role in young children's lives and early learning and development, were excluded. The decision of not including these family members was made on several grounds. First and foremost research literature shows that the health and development status of young children are directly related to a number of attributes of their primary caregivers (e.g. education level). Second, and as confirmed by this short piece of research, the caregiver of the young child is almost always the mother (in our small sample this was *always* the case). The aim of the paper was not to endorse this gender unequal situation but to make a preliminary exploration of the mother-young child dyad and the relationship between women's status and situation and their effects on the situation and prospects of young children. Future research can and should be expanded to include secondary and tertiary caregivers. Such research would provide a comparative basis for the evaluation of gender equality and care-giving roles and responsibilities. It would also shed light on men's perspectives on Roma women's social roles and access to human rights and the impact that they regard women's situation as having on children's situation in the early years. [For a further elaboration of this theme see the section on Future Research (7.3).]

The advantages of the sharp focus on women and young children, and the limited sample size of respondents allowed for a better and deeper understanding of women's own experiences and opinions. The long individual interviews made it possible to understand more deeply the challenges that women face

in their everyday lives and how they see these challenges as influencing their young children. Anthropological qualitative fieldwork, with fewer respondents as compared to quantitative statistical analyses, has the advantages of understanding narratives through probing; this can rarely be achieved with close ended survey type questions. The limitations of this approach are that it is time consuming and if more respondents were to be included it would require much more time and/or researchers.

2.5 Advantages and Limitations of the Methods Applied in the Field

Looking at the advantages and limitations of the methods retrospectively, the focus groups discussions did not create as intimate and close an interview setting as the individual interviews. Many of the more quiet respondents were too timid to speak during the focus groups discussion, and thus the more outspoken respondents dominated. The focus group discussion is useful for gaining a quick insight into the broader picture of a given situation since many respondents discuss their general concerns at the same time. However, the nuances and particularities of the experiences of individual woman are at risk of being lost. Many of the women brought their young children with them to the focus group discussion. Whereas the presence of many children meant that the women were at times distracted, the women told me that they were happy and much more relaxed during the focus group, knowing that the children were with them and not left home alone. For this reason, it was encouraged that they bring their young children with them.

The individual interview allowed for a much more intimate interview setting and the respondents were more open and honest about their concerns and dreams for the future. Given the fact that there was more time available for the individual respondents to speak, it was easier for her to elaborate on her

thoughts and experiences, which presented a much more nuanced insight into the situation of Roma women. Since many of the individual interviews were carried out in the respondents' homes, they tended to be more comfortable and candid. This made it possible to discuss their homes, look at photos, discuss who has the main responsibility for the children, who cooks, who cleans, and so on. In other words, being in the respondent's home allowed for a deeper insight into the everyday life of the woman. Of course, the number of respondents reached in this way would be much smaller if only individual interviews were carried out. For this reason, a combination of individual interviews and focus group discussions appeared to be the best methodological approach. It is important to underline again, that the data collected during the short term fieldwork is not representative of the general situation of Roma women in CSEE. The intention was to create a paper which is informed by expert voices from the field and complement knowledge from existing research. Home visits and community visits were always made in the company of a representative from a UNICEF's partner organization in the field to ensure that community members were fully aware of the purpose of the visit. Once at the respondents place, when possible, the researcher preferred to speak with the woman alone. Prior to any fieldwork, it is essential to consider the impact that the field-researcher inevitably has on the field and the data outcome, when representing UNICEF who is a partner and a donor. For example, a few respondents, in particular during focus group discussions, were keen on asking for UNICEF's assistance in their personal matters. For this reason, the author's limited mandate as a field researcher, who collects opinions and gathers information, was continuously underlined during the fieldwork. Furthermore, the partners in the field had informed the respondents well in advance about the purpose of the fieldwork.

2.6 Desk Research and Lack of Available Data

The desk research of existing studies included academic as well as programmatic research carried out in the CEECIS region on issues relating to: ECD; Roma in general; and to Roma children and Roma women specifically. Particular attention was given to research carried out by UNICEF and partners. (Please consult the list of bibliography to see the reports and analyses used for this paper.)

One of the key concerns when writing the paper was the lack of disaggregated data by sex and ethnicity in the region.⁹ Where some data indicate differences between men and women, other data indicate differences between Roma and other ethnic groups. There are however not much data that allow one to combine both variables. Where MICS3 data 2005/2006 included these variables, these were extensively used. These limitations in data mean that in some instances it was not possible to compare Roma women's situation to those of non-Roma-women and Roma men, simply because the data does not exist. For example, where data clearly indicates that Roma women have lower life expectancy rates compared to Roma men and non-Roma women (see section X), there is limited statistical data available to compare many of the contributing causes to this situation. Whenever disaggregated is available, it is clearly indicated in the paper.



3.

Early Childhood Development

3.1 The Importance of Focusing on Early Childhood

There is an extensive and growing body of research evidence that confirms the beneficial effects of high quality care and learning services in the early years (birth to 8 years), on children's cognitive, physical, social and emotional development. Early intervention is in general more effective and less costly than later remediation. For example, results from an ECD programme involving mothers and young toddlers in Roma settlements in Bulgaria showed how child mortality was reduced and children 0–3 years showed improvement in their physical and mental health status, in particular in the emotional attachment to the parents.¹⁰ Studies also indicate that preschool have a positive influence on school enrolment and educational attainment. It improves performance in education, and development and learning skills at later stages of their lives.¹¹ For example, a study from the former Yugoslav Republic of Macedonia showed how 98.01 per cent of Roma children, who had attended preschool, completed their matriculation in primary school. In comparison, less than half of the Roma students, who did not participate, completed primary school.¹²

Interventions in the early years 0–3 are important because children's early environments influence significantly their brain development.¹³ The millions of brain cells in the newborn child's brain form physical connections through neural pathways called synapses. These synapses are formed through stimulation, communication, interaction, responsive care-giving and exposure language. Children's progress in different domains of development depends

largely on the foundations created in the first years of the child's life and is simultaneous and inter-connected; the development in each stage builds on the capacities achieved in the previous stage.¹⁴

A recent publication by UNICEF underlines how positive early experiences are determined largely by supportive family and community care practices; appropriate nutrition and health care; learning opportunities; access to quality basic services; and protection from risks. This is in turn dependent on enabling policies and investments for young children and families.¹⁵ In other words, key services for mother and child include access to regular quality pre- and post-natal health care services and access to child-care services and pre-school services of an adequate standard for the child's early development and care. A supportive and protective social environment (family and community) and appropriate nutrition are key factors to create a foundation for the young child's learning and development.

For children who come from poor and excluded families, ECD interventions are essential to support the formation of children's capacities later in life and compensate for the challenges in their physical and social environments. Impoverished and socially excluded families generally have greater difficulties in accessing health care services, preschool programmes and vital information on children's early years.¹⁶ Poverty is often associated with poor living conditions, limited access to nutrition and other factors, which can hinder significantly the potential of the child's development and can also mean that caregivers are stressed, or possess limited possibilities or knowledge, to provide the necessary care.¹⁷ Studies have shown that adverse early childhood environments tend to reproduce poverty and disadvantage, whereas investing in early childhood can contribute to breaking what is often termed the *inter-generational cycle of poverty and exclusion*.¹⁸ This is because appropriate and adequate care and a quality preschool experience can make young children from poor homes developmentally ready for school and put them on a comparable footing as their more privileged peers at the point of school entry.¹⁹

For this reason, the conclusions of the European Symposium on Improving Early Childhood Education and Care (ECEC) (October, 2008), underlined that “investing in quality ECEC provision...contribute[s] to breaking the cycle of disadvantage”.²⁰

3.2 UNICEF’s Involvement in Early Childhood Development for Roma Children in the CEECIS

The full-day kindergarten (serving children from 6 months to 6 years of age) was the main service institution for the young children of working parents during socialist times in many of CSEE countries. The preschool sector was radically affected by reductions in social spending during the transition period and many preschools closed down.²¹ Statistics from 2003 have estimated that in most CEECIS countries, more than 75 per cent of children are not attending any organised early learning programme prior to school entry, and access is increasingly unequal and favours the relatively privileged.²² Poor children, children in rural areas, and Roma children in particular appear to be largely missing out.²³ As stated in a UNICEF publication on the situation of early childhood development in the region, in the period of transition, budget cuts and efforts at decentralisation and privatisation, without complementary efforts to build local capacity, identify local resources, or establish national oversight frameworks, have resulted in ad hoc and fragmentary provision.²⁴ With regard to universal access to health care and support to poor families, many countries are currently faced with continuously growing social disparities and increased privatization of public services including health care services.

UNICEF has been working in CSEE and in the CIS since the 1990s with the mandate of protecting and promoting children’s rights. Particular emphasis is given to the most vulnerable and marginalized children. UNICEF became a formal member of the Decade of Roma Inclusion in 2007, which is a forum

that brings together governments, inter-governmental and non-governmental organizations, as well as Roma civil society. The commitment is to improve the living conditions of Roma and combat discrimination against them. By joining the Decade, UNICEF aims to bring children to the forefront of political attention and activities.²⁵ Since 2007, the UNICEF Regional Office for CEECIS launched a *Review of Best Practices and Successful Initiatives in Roma Education* and has drafted a *Roma Education Position Paper*, which aims at providing UNICEF country offices and their partners with a coherent and common approach to education for Roma children. The Regional Office has also initiated the *Roma Early Childhood Inclusion Studies* (RECI), which is a series of country reports that analyse the situation of young children in selected countries in CSEE.

UNICEF's attention to ECD responds to a situation where the international recognition of ECD interventions as mechanisms to support the full development of children's capacities, remains to be translated sufficiently into state activities in the CEECIS region. Despite variations in national developments, the aftermath of the political transition of 1989, has shown significant reductions in social expenditure and in the coverage and quality of basic services in most of the countries in the region.²⁶

UNICEF focuses particularly on building and strengthening Roma children's access to early development and learning services in countries in the CSEE and CIS. UNICEF is engaged at country level, in partnerships, for promoting the rights of Roma children through programmatic responses to birth registration, early child development, quality early education, desegregation in education and decentralization of services.²⁷

3.3 Poverty and Early Childhood Development

Addressing Roma children's early development builds on the premises of: understanding the complexities that poor and marginalised communities live in; of designing and implementing ECD interventions that are responsive to the given local context; and when possible anchoring initiatives in holistic approaches for improving broader livelihood conditions in the community. One step in the direction of a more comprehensive approach to ECD in poor communities is to reach out to Roma women as the primary caretakers who influence children's early childhood and address women's human rights concerns.

This paper addresses women's situation and ECD issues from a perspective on poor and socially excluded Roma communities in CSEE countries. This approach requires a comprehensive analysis of how ECD programmes and interventions can be implemented best in contexts of extreme poverty and social exclusion, which is the situation for many Roma communities in the region. In other words: how can we enable impoverished and excluded families to take active part in improving pre- and postnatal health care, in young children's early learning, in sending the young children to preschool and alternative ECD centres, when families experience difficulties in ensuring their survival by satisfying basic needs such as food, clean water, clothes and housing? This question was discussed during the interviews with experts on Roma issues and ECD issues in Romania and the former Yugoslav Republic of Macedonia:

“Poverty is a very powerful social determinant of a successful ECD story. Because when the family is burdened with poverty, family members focus only on their survival. Survival is the first cycle of the family needs and other cycles are secondary such as: health, education, early learning etc. Poor families usually only see the immediate problems, they don’t think long term. So if we start to work with very poor families and try to convince them how important parenting programmes are and how important early learning is for the future career of their children – this might not work! If the family cannot satisfy its basic needs, then it won’t focus on ECD.”

*Woman, Expert on women and children’s health and ECD,
the former Yugoslav Republic of Macedonia*

“It is difficult to have good ECD approaches in poor communities because people wake up in the morning only thinking about how to provide food for that day and satisfy other basic needs. If you ask them to work on ECD instead of finding food – you will not succeed. So in poor communities you need a more holistic approach, like for example working on ECD together with initiatives on income-generation, employment, health, housing, electricity, water for the community etc. Poor communities understand the needs of ECD but they are unable to engage in it when they do not even have a clean bottle of water or two square meals. It is difficult to start from nothing and there are only few successful experiences with ECD in poor communities.”

Woman, Roma Expert in Roma NGO, Romania

As the quotes underline, approaching ECD in poor and socially marginalised contexts often requires approaching the situation of the family and community more comprehensively. One step in this direction is to strengthen the outreach to the women particularly, as being the primary persons who influence children's early childhood development. The coming section will explore the importance of understanding Roma women's experiences of poverty and discrimination when focusing on Roma children's situation in the early years.



4.

Roma Women's Experiences of Poverty and Discrimination

Addressing Roma children's early development requires a comprehensive perspective on the situation of Roma women followed by targeted initiatives to improve Roma women's conditions and possibilities of action and self-confidence. Key efforts to combine with ECD interventions could for example be: Roma women's literacy training, job training, micro credit and entrepreneurship, housing security, mother's sharing groups, legal assistance sessions, women's leadership initiatives or other initiatives of relevance based on a judgement of the identified needs in the local context.

4.1 Gender and Poverty

The desk research of existing studies shows how poverty can be considered to be 'gendered' because women and men experience poverty differently and unequally. They often become poor through different, but interrelated processes.²⁸ Thus, international efforts for combating poverty increasingly address gender inequalities, underlining the importance of improving gender equity for pro-poor growth and improved wellbeing of poor families.²⁹ For example, a report by a prominent scholar, Naila Kabeer, and also UNDP's recent efforts for addressing poverty, underline how inequalities in the domestic domain intersect with inequalities in the market, state and communities and makes gender inequality a society-wide phenomenon.³⁰ They illustrate how women face various constraints related to social norms and values that govern the gender division of labour in production and reproduction in different regions of the world and tend to assign primary responsibility for reproduction and family

care to women.³¹ This means that women face greater difficulties than men in translating their labour into paid work and in translating their paid work into higher incomes. Naila Kaber also argues that gender norms and practices tend to exacerbate the effects of scarcity so that poor women enter the labour market with lower levels of health, nutrition, education and skills than poor men and with fewer productive assets.³²

Measurements of women's poverty have traditionally been limited since poverty measures have tended to focus on the household as an entity and not on the differences within the household. For example, the 'dollar-a-day poverty' measurement is based on household survey data where the only gender-sensitive indicator available is female-headed households versus male-headed households. Therefore it is only poverty in female-headed households which is in focus in such measurements of poverty and they leave out poverty among women within the male-headed households. This also links poverty to women rather than to unequal gender relations.³³ Furthermore, the lack of sex-disaggregated data on spending and consumption within the household also fails to account for the influence of gendered power relations and bargaining in the intra-household distribution of resources. Finally, traditional approaches to measuring poverty do not assign economic value to unpaid work, which is the type of work often carried out by women. This for example includes: unpaid domestic work, taking care of the family relatives, including the young, the elderly, the sick etc.

Recognising these limitations, alternative measurements address the concept of *time-poverty*, where time-use studies are made to measure the hours that women use per day for unpaid care work or provision of services within households and communities, which often limits their ability to participate in paid employment.³⁴ Measuring capabilities of the individual rather than focusing on the household has often presented more data on women's poverty. For example, Naila Kaber argues that gender-disaggregated measurements of basic aspects of human capability (such as life expectancy, education and

labour force participation), as well as more complex aspects (such as political participation and professional achievements) must be used to build a more comprehensive picture of the extent of gender inequality.

Women respondents in local communities in Romania and the former Yugoslav Republic of Macedonia also described how, in addition to work outside the home, they use the majority of their time on what can be termed unpaid care work within the household. They explained how they carry the main responsibility for child care and child rearing and also for domestic chores. The women in a focus group in Romania had these experiences:

“We women take care of the children and of the household. Our husbands work and when they come home they say that they are tired.”

Woman 35 years, mother of 4 children

“My husband does not help me with the children. I take care of the children and the household and I also have to work, so as to earn enough money to support the family.”

Woman 37 years, mother of 6 children

“I take care of the children but my husband sometimes helps me with picking up the kids from school. If I have to work he also stays with the children.”

Woman 31 years, mother of 2 children

“My husband helps me with the children if I am in the kitchen. He also helps me in bathing and dressing the children. I am happy since it is not all men who help with the children like this.”

Woman 29 years, mother of 2 children

The challenges that the respondents face in finding time for child care and rearing, household chores and work, contribute to gender inequalities in the labour market and force women into informal or menial labour.³⁵

The gendered dimensions of poverty and the limitations of existing methods for analysing women's poverty levels are essential to bear in mind when addressing the situation of Roma women and the impact that their poverty has on children in their early years. This argument will be elaborated in the following sections where some areas of relevance for gender-disaggregated analysis are discussed in greater depth, such as Roma women's health, educational levels, access to employment, and housing conditions.

4.2 Discrimination against Roma Women

If we are to ensure that Roma children have access to an environment conducive to their survival, growth and development, then the barriers that mothers experience on a daily basis, which limit their possibilities of action, must be targeted. These barriers are the causes and consequences of poverty and social exclusion as expressed in concerns relating in particular to health, education, housing, employment, legal status and access to social services and financial opportunities. Roma women can experience discrimination on basis of several, often mutually operating grounds, such as on basis of their gender, ethnic origin and low social status. This is often framed as intersectionality/intersectional discrimination or multiple discrimination.³⁶ Roma women experience intersectional/multiple forms of discrimination which can be argued to have external as well as internal dimensions.³⁷ The multiple forms of discrimination that Roma women experience are crosscutting factors that influence how women experience, and act according to, not only their own situation but also the possibilities that they foresee for their children.

4.2.1 External Discrimination

In society, Roma women on many occasions face more complex forms of discrimination compared with Roma men and non-Roma women.³⁸ Roma women may experience discrimination on the grounds of being a woman in one context, on basis of her ethnic origin as Roma in another context, and on basis of her low economic status in a third context. However, in most instances these streams of discrimination combine and enhance the disempowerment of the woman in question.³⁹ Several studies document how Roma women experience such multiple forms of discrimination from society and the state.⁴⁰ For example employers may exclude Roma women from the labour force not only due to discriminatory attitudes towards their ethnic origin, but also due to gender biases against women in the labour force and prejudice regarding the women's low socio economic status.⁴¹ Prejudice and discrimination in the justice system may result in crimes committed against Roma women, such as rape and domestic violence, being left un-investigated and un-prosecuted as "gypsy" matters and private matters.⁴² Perhaps the strongest case of intersectional discrimination is the coercive sterilization of Romani women that has been reported in some Central European countries, where omission and the absence of adequate legal frameworks have allowed such cases to go un-investigated and unpunished.⁴³ These women are targeted directly on basis of their ethnic origin and gender in combination. Additionally, their low socio-economic status exacerbates the situation; women's illiteracy and poor status frequently limits their ability to claim their legal rights.

4.2.2 Internal Discrimination

Evidence from the region, in particular evidence presented by Roma women themselves, shows that in the more patriarchal Roma communities and families, girls and boys tend to be treated differentially.⁴⁴ The girl/woman is linked to the private sphere and not expected to complete higher levels of education or engage in formal employment.⁴⁵ In patriarchal families and communities, girls and women can be regarded as subordinate to men and boys and denied

equal decision making power, voice or choice of action. During the fieldwork in former Yugoslav Republic of Macedonia, one of the women described the gender relations in her community as such:

“When a man speaks they all stop to listen but if a woman speaks no one listens”.

Roma women’s activists and experts in Europe are critical of the traditional silence surrounding sexuality (including homosexuality, trafficking, prostitution and AIDS) and domestic violence which are deemed to be private family matters.⁴⁶ They also criticise traditions of early and arranged marriages and virginity cults that are practised in some patriarchal communities and families as violating the right of free choice and the sexual and reproductive rights of the girl child.⁴⁷ Early marriages are often linked to teenage pregnancies which constitute a significant risk to the young mother and the unborn child. During the fieldwork in the former Yugoslav Republic of Macedonia, one of the interviewed women explained her own experience of early marriage:

“I don’t want my son to marry before he is 20 years old. My husband and I got married when we very young. I was 14 and he was 16 years old. I remember it as being ugly because a lot of responsibility falls on you when you get married. My husband had to think of finding work and earning money and I had to cook, clean, and I became pregnant. I think it is too early to have such concerns.”

*Woman, 19 years, mother of 4 year old son,
the former Yugoslav Republic of Macedonia*

It is important to note that although early marriages are statistically higher in some Roma communities, compared to the national average in many CSEE countries, teenage pregnancies are to a large extent a majority society concern.

4.3 Consequences of Intersectional/Multiple Discrimination with Internal and External Dimensions

Analysing existing studies together with the observations from the field presents insight into the consequences at stake for Roma women. Growing up in contexts shaped by poverty and multiple forms of discrimination that have external as well as internal dimensions, means that girls and women experience comprehensive barriers to their agency in many spheres of social life. This includes more difficult access to education, health care, employment, adequate housing conditions and other social services compared with Roma men and non-Roma women. This will be explored in the following sections of the paper. Women's limited agency in many spheres of social life also includes action taken for and on behalf of their children. It may place some Roma women and girls in a situation where they feel subjected to conflicting expectations. On the one hand the majority society expects Roma girls and women to pursue an education, find formal employment and adopt family planning. On the other hand, the traditional Roma family may expect girls to marry at an early age, bear many children and focus primarily on housework. A successful response to one message implies a failed response to the other. Already from an early age, girls may be confronted with such expectations and whereas some girls will handle this situation more easily, others can more or less consciously feel constrained and limited in their possibilities of action and of making informed life choices.

Experiences of conflicting expectations combined with experiences of being victims of multiple forms of discrimination and living in poverty may consequently influence Roma women's self-perceptions and experience of opportunities to shape their own life. This was an issue often brought up during the interviews by Roma women who work in organisations and institutions dealing with Roma issues in Romania and the former Yugoslav

Republic of Macedonia. They stressed that many Roma women in poor families lack confidence and belief in their own possibilities and capacities:

“It is an endemic problem that many Roma women are shy or lack confidence because their position in society and also in the Roma family is very low. But by attending workshops and training, the mothers feel more confident in doing many things. For example they gain the confidence to talk to authorities and ask for information. Ultimately, this changes something in the women’s situation, because they feel proud that someone provided them with information and they are honoured that they can pass on important information to others. The confidence [of the women we work with] has increased because they have never before had a chance to share something that they know.”

*Woman, Roma expert in a Roma NGO,
the former Yugoslav Republic of Macedonia*

Roma women who work in organisations and institutions dealing with Roma issues explained how Roma women in poor families, as a result of compounded constraints and lack of confidence, may end up down prioritising their own interests and concerns. Instead they focus their limited energy and resources on the children:

“A Roma mother has so many constraints that she ends up dealing with her own situation more as a matter of luck. She gives up on herself and she will say “if I am lucky to be healthy, if I am lucky not to be discriminated against, if I am lucky to find a job...then I will be fine”. This is particularly the case for the poorest women of course – they only focus on the children.”

Woman, Roma expert in state institution for Roma issues, Romania

During the interviews with Roma women experts it was discussed how lack of trust in their own capacities, also influences the possibilities that some Roma women foresee for their children and the choices they make for their children already from an early age. As the quotes from the fieldwork in Romania and the former Yugoslav Republic of Macedonia illustrate, it is essential to investigate further how Roma women's experiences of disempowerment due to multiple forms of discrimination and living in poverty on the margins of society impact the young child's early development. It is limiting to examine the situation of the young child in isolation.



5.

The Impact of Roma Women's Situation on Children's Early Years

5.1 Young Children and Women's Health Situation and Access to Health Care

Improving pre- and post-natal health standards for Roma children requires a stronger focus on Roma women's general health conditions and access to health care services and health information. Targeted initiatives for improving women's health are necessary beyond the period of the pregnancy in order to have a comprehensive approach to the health situation of the mother, the unborn child and the young child.

5.1.1 Women's Opinions of Their Own Health Conditions

Research of existing evidence shows how Roma women have poorer health conditions compared to majority society women and Roma men. The barriers are primarily poverty combined with external discrimination against Roma women in the health sector on the grounds of gender, ethnic origin and low socioeconomic conditions. Other barriers to women's access to adequate health care, which result from and enhance discrimination and poverty, are malnutrition, remote and poor housing conditions, frequent pregnancies and abortions, hard working conditions, illiteracy and limited access to health

information, lack of identity cards.⁴⁸ Traditionally taboos relating to the female body, limit women's access to health care in general and reproductive/maternal health care in particular.

The consequences of such disempowerment include unattended health problems, decreased trust in public services, increased social exclusion and lower life expectancy rates compared to majority women and Roma men.⁴⁹ For example, in Slovakia the life expectancy rate is 17 years lower for Roma women than for the majority population and 4 years lower than for Roma men.⁵⁰

The women interviewed in the field regarded their health situation as poor. As one woman replied during an interview:

“Why do you ask me about Roma women's health when you can see in the statistics that we die young? Our health situation is very bad.”

Woman, focus group, Romania

The majority of women reported that they rarely visit the doctor when they feel sick. The primary argument was that they cannot afford it, since they have to pay for medical consultations and treatments. It was also evident that the majority of the women interviewed in the field felt that they have to down-prioritise their own health concerns. They would often say that they do not visit the doctor, as they would rather spend the money on food for the children or on shoes and clothes. In this way the women weigh the concern for their own health against the immediate concern of having to ensure the survival of the family.⁵¹ Consequently, they risk neglecting serious conditions, which may negatively impact their health:

“We women always leave ourselves behind in order to provide our children with what they need. If we are sick we won't go to the hospital because with this money we can buy our children food for a few

days. For example I have a lump in my breast but I will not go to the doctor because I need this money to buy food for my children.”

Woman 35 years, mother of 4 children, Romania

Another significant issue evident in the interviews is the lack of knowledge women have about their own health risks and children’s health concerns. The majority of the interviewed women were illiterate and did not have access to general health information. They tended to depend on their mothers-in-law for advice. Thus, many women have limitations in understanding and acting upon health concerns, including the nutritional, preventive and promotive health care needs of their children.⁵²

5.1.2 Roma Women’s Health Situation during and Following the Pregnancy

The limited statistics that exist on the subject show that as compared to non-Roma women, Roma women are less likely to receive antenatal and post-natal health care compared to the national average in many of the CSEE.⁵³ For example, MICS 2005/2006 data for the former Yugoslav Republic of Macedonia indicated that 79 per cent of Roma women received antenatal care from a doctor as compared to 98 per cent of Macedonian women.⁵⁴ In Serbia, the rate of Roma mothers not receiving antenatal care was 16 times higher than that of mothers from the general population.⁵⁵ Health risks rise in cases of teenage pregnancies, as these include damage to the teen mother’s body and the risk of premature birth and low birth weight. Furthermore, teenage girls may be afraid to consult doctors during pregnancy and have limited knowledge on self-care and how to care for the newborn child.

During interviews many women reported not visiting a physician during their pregnancy. Out of 19 respondents in focus groups and individual interviews in Romania, 11 reported not visiting a physician during their pregnancy and six women said that they went to the doctor because they had complications.⁵⁶

The health mediator from one of the communities in Romania confirmed this pattern of behaviour in the community where she works. In the former Yugoslav Republic of Macedonia the responses were slightly different. Out of 30 respondents in focus groups and individual interviews 19 reported visiting a physician for medical examinations during their pregnancies. This data should be taken with caution since some of the women who replied “yes” to this question in the focus group, later answered “no” during the individual interview. Furthermore, out of the 19 who answered yes, six replied that they visited the physician because of urgent complications and five said that they only went to the doctor during their first pregnancy and not during the other pregnancies.

Although medical care is free for pregnant women in both countries many women reported that they had to make minor, but for them unaffordable, payments. This could be payments for medicine, transportation to medical facilities or registration fees at the physician. According to the women who were interviewed, it was not uncommon that physicians unofficially requested their patients to pay for medical consultations. In addition to the non-affordability of the hidden costs of health care, women’s reasons for not visiting the health facility included, long distances and not being able to leave their other children at home, unattended.

This situation was also confirmed by a woman who was a Roma health mediator in a Roma community in Romania. She also mentioned additional reasons for Roma women’s limited access to quality health care:

“The main obstacle for women to see the physician during their pregnancy is poverty, because when your children lack shoes and food, you care less about your own medical condition. But there are also other important barriers. One is that the women lack education and knowledge on health issues and don’t know what to ask for when they go to the physician. Secondly, the doctors don’t know how to speak with Roma women, what to inform them about and how

to make them feel comfortable. Thirdly, there are cultural taboos surrounding sexuality in some communities that influence whether some women will go to the gynaecologist. These women will say “yes, we go to the doctor” but probably they just go and talk to the physician and receive a prescription. As a result of either of these barriers, many Roma women do not visit gynaecologists – not only during pregnancy – but in general. They do not go for periodical health checks which interferes with disease prevention/management.”

Woman, Roma Health Mediator in Roma community, Romania

In both countries, all the women age 19–40 years who were interviewed in local communities reported having given birth in the hospital.⁵⁷ In terms of post natal care, no respondents in Romania had received post-natal home visits by a nurse. The Roma health mediator confirmed this, particularly in the rural areas in Romania. In the former Yugoslav Republic of Macedonia, women in one community reported having received visits by the patronage nurse in their homes, following the child birth. In another community they had never received such visits. Health professionals interviewed explained that this was because there were not enough nurses to cover densely populated areas:

“There are areas where there are not enough nurses. For example this area with Roma settlements is so densely populated and houses are small and not registered. Many Roma women are pregnant without us knowing and we only discover them by chance when we are in the community to visit other houses.”

Woman, Patronage Nurse, the former Yugoslav Republic of Macedonia

In both countries, most of the respondents interviewed in local communities reported that it was only during the few days in the hospital that they received information on breastfeeding and how to care for the new born child and themselves. Some said that they did not receive any information in hospital

and their mother in law told them how to take care of the young child. Important to note is that many women argued that although the doctor informed them on what to eat and drink, and how to stay healthy, they could not possibly afford to follow the doctors' advice. The women said that they were not given any information on how to eat a balanced diet within limited economic resources.⁵⁸

“The doctor and nurses gave me information in the hospital on what to eat and how to take care of myself but I do not have the money to do what he said. For example the doctor told me that it is healthy to drink freshly squeezed orange juice but I cannot even afford to buy clean water.”

Woman, focus group, Romania

5.1.3 Impact on Pre- and Post-natal Health and the Young Child's Health

The consequences of Roma women's poor health situation and limitations in accessing health care are reflected the few available statistics on the subject. Disaggregated data reveal higher levels of infant mortality amongst the Roma and lower birth weights compared to that of the national average. They also show that Roma children are less likely to be vaccinated compared to national averages. For example, data from 2007 in the former Yugoslav Republic of Macedonia showed how infant mortality rate was 19.3 per 1000 live birth amongst the Roma population, whereas it was only 9.8 per 1000 live births in the Macedonian population.⁵⁹ The MICS 2005/2006 data indicate that Roma children are twice as likely to be stunted and more likely to be underweight than Macedonian or Albanian children.⁶⁰ Also, Roma children (66 per cent) were less likely to be vaccinated, compared to Macedonian children (88 per cent).⁶¹ MICS 2005/2006 data from Serbia illustrated similar tendencies where the infant mortality rate among the Roma children living in Roma settlements was estimated at 25 per 1000 live births, while the probability of dying under

the age of 5 was approximately 28 per 1000 live births. These figures are almost three times higher than the national average.⁶² Malnourishment was much higher among the Roma: almost 8 per cent were underweight and 20 per cent had stunted growth.⁶³ Whereas 57 per cent of Serbian children aged 18–29 had been fully immunized, only 27 per cent of Roma children living in Roma settlements have received all vaccinations.⁶⁴ Nutritionally deprived women are likely to give birth to low-weight babies. When the mother is poor, illiterate and has limited access to information on health issues, she is less likely to have the possibilities and awareness to ensure her child's optimal health and nutritional status.⁶⁵

5.2 The Influence of Stress and Maternal Depression on Young Children

Efforts for improving Roma children's survival, growth and development in the early years should focus more strongly on Roma women's well being. Building on existing knowledge of maternal depression as disproportionately associated with poverty and maternal depression as influencing adversely on children's development in the early years; efforts are needed to support Roma mothers and in particular young mothers in poor communities. Approaches to support the mother's well being and openly communicate about her experiences of stress and depression in ECD interventions can include therapy and counselling sessions. Parenting programmes which in addition to issues relating to the young child's care, development and learning can also include discussions on the broader constraints experienced by the family and the mother.

5.2.1 Stress in Poor Families as Linked to Maternal Depression

Depression in caregivers can negatively influence the well-being of their children. Research reviewed by the Harvard Centre for the Developing Child, shows that when children grow up in an environment of serious depression, the development of their brains may be seriously weakened, with implications for their ability to learn and for their physical and mental health at later stages.⁶⁶ Maternal depression is argued to have a particularly large impact on the young child. Children who are exposed to maternal depression early in life may experience lasting effects on their brain architecture and disruptions of their stress response systems.⁶⁷ Studies of children of depressed mothers show patterns of brain activity that are similar to those found in adults with depression.⁶⁸

Poverty increases family stress. The Harvard study as well as other studies show how maternal depression affects low income families disproportionately due to the stress levels experienced by the poor family. For example, studies show that in households below the poverty threshold, one in four mothers of infants, experiences moderate-to-severe levels of depressive symptoms.⁶⁹ Studies, such as a recent publication by Early Childhood Matters, also show that when mothers are depressed, children are less likely to receive adequate nutrition or preventative healthcare. They are more likely to encounter insensitive, unresponsive, inconsistent or punitive parenting.⁷⁰ Consequently, children are more prone to have early developmental problems such as insecure attachment, altered stress reactivity, social-emotional deficits and eventual behavioural disorders.⁷¹

It is important to bear in mind the impact of stress related poverty on the mother's psychological and physical well being when addressing the situation of poor Roma communities in Europe. For example, a case study from Bulgaria showed that Roma families involved in an ECD intervention were experiencing such high levels of stress due to their poverty that it was necessary to address

this in the design of the ECD intervention through including family counselling and group therapy.⁷²

The interviews carried out during fieldwork in Romania and the former Yugoslav Republic of Macedonia reflected the strong concerns that the mothers have relating to their situation and the pressure that they experience of securing their children's wellbeing. This extract of a life story of a woman in a local community in the former Yugoslav Republic of Macedonia illustrates well the level of stress that she lives with on a daily basis:

"I am 32 years old and the mother of four children. My son is currently very ill and the doctor has told me that he has leukaemia. I have to cook special food for him since he needs many fresh vegetables to get well. But it is also very expensive. We cannot afford the food, consultations and treatments. He now has problems with his sight due to the disease. I am very worried about him [...]

I suffer from migraines, high blood pressure and anaemia. I always have such a big headache and sometimes I have to go to the doctor and get treatment, even though it is very expensive [...] My husband, four children and I live together in one room and the room is very humid. I don't like the room – it is not even suitable for a dog to live in [...]

I sometimes participate in the literacy classes held here at the ECD centre and I really like it because they have taught me how to write my name and I can also count a little. But I can't go so often because I have to find money for the family. My husband does not work all the time, only sometimes when they give him some work in different factories or on farms. For this reason I go out to beg for money sometimes. My husband does not permit me to beg because he says it is very dangerous to beg in the streets. People can hurt me or even

kill me. So I have to sneak out to beg. I have to beg because we need food. My husband only thinks from day to day and then when we wake up in the morning, there is no food. So I have to beg, and not tell him about it. When I go out I leave the kids home by themselves, what else can I do?"

It is essential that further and more comprehensive studies are conducted on the links between poverty, family stress and maternal depression in particular, and how this affects children in the early years. No studies of this sort have so far been conducted in Roma families and communities. [See section on Future Research (7.3).]

5.3 Impact of Women's Literacy and Educational Attainment on Children's Early Years

Approaching Roma children's situation in the early years requires a stronger focus on the impact that mother's literacy and educational attainment has on young children's survival, development and growth. Also, approaching young Roma children's early education and inclusion into preschool requires a stronger focus on Roma women's literacy levels and own experiences of the educational system. Adult literacy training and adult education can contribute essentially to improving children's development in the early years and performance in Roma children's enrolment and completion of preschool and school.

5.3.1 Multiple Barriers to Women's Educational Attainment

The Roma have the highest illiteracy rates in comparison with other ethnic groups. Evidence suggests that Roma women have even higher levels of illiter-

acy compared to majority women and to Roma men.⁷³ A study prepared for the European Commission in 2008, indicated that the illiteracy rate of the Roma was 15 times higher than that of the non-Roma and the share of illiterate Roma women was twice that of illiterate Roma men. The share of Roma women with secondary education was a third that of Roma men.⁷⁴ According to the MICS 2005/2006 data from Serbia, only 52 per cent of young Roma women living in Roma settlements were considered to be literate.⁷⁵ Data from the former Yugoslav Republic of Macedonia show that 60.4 per cent of Roma women were literate compared to Macedonian and Albanian women (98.7 per cent).⁷⁶

Field observations confirmed high levels of illiteracy amongst the Roma women who were interviewed. Many had never gone to school and out of those who attended school, the majority had not completed more than five grades. There were only a few women who had finished eight grades. None of the respondents had attended high school or higher education.

The desk research combined with the data from the fieldwork illustrate how Roma women's low levels of literacy are grounded in a range of complex factors which present external and internal barriers to Roma women's education. Children experience discrimination within the school system on basis of their ethnic origin. They are confronted with discriminatory attitudes that expect them to perform worse and have less capacities for educational achievement compared with non-Roma. Furthermore, prejudice held by the teachers relating to early marriages and teenage pregnancies make some teachers have lower expectations to Roma girls and expect them to drop out of school early.

... Segregation in the school system is a childhood experience that many adult Roma women and men share, and which continues to be a pervasive phenomenon in most European countries where the Roma live.⁷⁷ Segregation may take the form of intra-school segregation through the organization of separate Roma classes, or intra-class segregation through offering Roma children in the class different standards of curricula. There can also be interschool segrega-

tion in the form of concentrating Roma children in certain schools and individual segregation, in the form of alleged home schooling. In each of these types of segregation, Romani children are provided with inferior curricula, and very often Romani children receive less attention than other children.⁷⁸

The external barriers to Roma girls' access to education in many instances combine with internal barriers within the family and the community. In some communities and families, Roma women are expected to marry and bear children and focus their attention on the household rather than on attaining higher education. Girls may be taken out of school at an early age to help their mothers in the household or to marry at an early age.⁷⁹ For this reason, the girl may not complete more than primary or secondary education. The exclusion from education is further enhanced by an educational system, which is often not geared to supporting young mothers through alternative solutions for completing school.

During the fieldwork in Romania, this situation was explained by a Roma school mediator in Romania who observed that:

“During the first years of school, Roma boys drop out more often than girls. Girls are usually more interested in learning and perform better. But when they get older, it is more likely that the girls will drop out and especially if we are talking about education after the eighth grade. The girls drop out or don't continue to high school because they marry. In many families it is tradition that the girl marries and become a woman around this time. Only a few married girls continue in school because they have to take care of the household and bear children.

In general when Roma children finish eighth grade they have good grades but then when they go to high school they realise that they are not as prepared as the other students. They have less knowledge

than the others because the curriculum that they followed in school was inferior. So they end up dropping out because they cannot keep up. Roma children are not expected to do well in school so they are given lower curricula standards. The teachers don't expect Roma children to be able to learn as much as other children. I once visited a Roma school in the rural areas and there all the children were in the same classroom. The teachers said that they were in the fourth grade but they were still learning how to read and write and many could not even write their own name. So Roma do not have the same opportunities of quality education as other children."

Man, Roma School Mediator, Romania

5.3.2 The Impact of Mother's Illiteracy on Early Childhood

The impact of the mother's illiteracy on the young child can be significant, since it creates limitations for women's agency in a range of spheres such as accessing vital information relating to health, social risks, social assistance, housing, legal matters etc. Demographic and Health Survey data (DHS) analysed by Naila Kabeer in study on gender and poverty, suggest that there is an inverse relationship between mother's education and child mortality, particularly in lower-income countries. Kabeer shows that DHS data from 25 developing countries suggest that, other things being equal, 1–3 years of maternal education reduce child mortality by 15 per cent while an equivalent level of paternal education only achieves a 6 per cent reduction.⁸⁰

5.3.3 Influence of Mothers' Illiteracy on Roma Children's Enrolment in Preschool Education

Roma children's preschool attendance is low in the region and is estimated to range from 0.2 per cent in Kosovo to 17 per cent in Romania.⁸¹ According to MICS data from 2005/2006, only 3.5 per cent Roma children are enrolled in preschool in the former Yugoslav Republic of Macedonia.⁸² This is lower than the Macedonian average of 16.9 per cent of children aged 36–59 months who

attend preschool. Higher percentages of boys attend preschool compared to girls in the former Yugoslav Republic of Macedonia, however gender disaggregated data are not disaggregated by ethnicity and thus it is not clear how many Roma girls attend preschool compared to Roma boys.⁸³ In Serbia, only 3.9 per cent Roma children were enrolled in preschool compared to 33.4 per cent of Serbian children.⁸⁴ In other words, Roma children attended preschool eight times less than the rest of the population in Serbia.⁸⁵

MICS data 2005/2006 for the former Yugoslav Republic of Macedonia show that the higher level of education the mother, the more likely it was that she would enrol her children in preschool. For example, for mothers with no education only 0.7 per cent enrolled their children in preschool, whereas for mothers with secondary education the percentage was 28 per cent. This on the one hand indicates that women who have attained some level of education are more likely to see the benefits of their children's early learning. On the other hand, it might also indicate that mothers who have attained secondary education are more likely to be employed and thus use preschools because it provides day care. In other words, the numbers do not explain mothers' reasons for enrolling their children in early education.

During the fieldwork, the link between mothers' literacy and children's enrolment into preschool was confirmed by practitioners working in ECD centres in the former Yugoslav Republic of Macedonia. They observed that mothers who participate in adult literacy classes in the ECD centre are often more keen on enrolling their children in preschool as well as in primary and secondary school. The women engaged in literacy classes understood better the purpose of the ECD centre and themselves experience the difficulties of learning at an older age better than women who are not enrolled in literacy programmes:

“The children who have mothers who participate in our literacy classes have greater success in preschool and later in school because they get support from the mother in learning numbers, reading and

writing and so on. The mothers who attend the literacy classes are much more interested to ensure that their children attend and complete their schooling. Childrens' drop out has nothing to do with the children's intelligence or mental capacities, it has a lot to do with the parents support and especially the mother's support. Participating in literacy classes has not only given them knowledge about reading, writing and counting. It has also influenced the women's perceptions of early marriages significantly. For example many of them have daughters around the age of 15, the age when girls usually get married, but many of the mothers say that they want to wait until their daughters finish school, so they can get a job and a better position in life."

*Woman, educator ECD centre,
the former Yugoslav Republic of Macedonia*

5.3.4 Women's Attitude to Preschool Education

The majority of the women respondents were very interested in sending their children to preschool or alternative ECD centres run by NGOs. An important finding was women's very similar opinions about the benefits of preschool, despite their relatively different situations. The women interviewed in Romania did not send their children to preschool because there was no such facility in close proximity to their community. The women in the former Yugoslav Republic of Macedonia did send their children to the community ECD centre. However, both groups of women were positive about the benefits of preschool. They were interested that the children learn the letters in the alphabet, numbers, and songs and were able to more easily interact with adults as well as children in their own age. The women emphasised that they themselves could not teach the children these things as they did not know how. Women also mentioned that sending their children to preschool gives them more time at home to care for the other children and perform daily chores.

Here is what two women in Romania and the former Yugoslav Republic of Macedonia said:

“I am so happy to see how much my son has learned when he comes home. Now he knows the numbers and he also knows many songs and some letters. He is also much more polite and well behaved in front of adults and can play with other children easily. It will also be easier for him to go to school later because he has already learned so many things. When I bring my son to preschool I run home so that I can use the hours while he is away for cleaning the house and for preparing the food for when he comes home.”

Woman, 19 years, the former Yugoslav Republic of Macedonia

“I would very much like my children to go to preschool because they learn so many new things. I want them to be well behaved and also to learn how to play with other children. In the kindergarten they teach the children games and songs and letters and numbers – all this I cannot teach them at home.”

Woman, 32 years, Romania

Women interviewed in Romania presented said that the main reasons for not sending their children to preschool included non-affordability, distance and competing responsibilities which did not allow them the time to accompany children to and from preschool.

“I have 11 children; 8 of them are in school but the two others who are 4 and 5 years old are at home. I would very much like to send them to kindergarten but it is too far away, it is 10 km from where we live. If I have to travel so far to send them to kindergarten how will I be able to be home when my other children return home from school? I also have to cook and clean the house.”

Woman, focus group, Romania

Practitioners working in ECD centres, Roma women experts and Roma NGO representatives also shed light on additional reasons. They explained how many families may be sceptical because the preschools do not use Romani language nor do they have intercultural educational components. Some parents fear that educators will discriminate against their children on basis of their ethnic origin. Others are sceptical because preschool is not part of their family tradition and that mothers should take care of the young children themselves.

“There is not a tradition in Roma families of bringing children to crèches. A Roma woman would never send her son or daughter to a crèche since they are too young to be left alone. They don’t believe that other people can take good care of their children. This mentality continues a little bit into kindergarten, and some women don’t trust the kindergarten to be a good place for their children.”

Woman, Roma Expert in State Institution, Romania

“Studies show that Roma who send their children to crèches and kindergartens are those with higher income, whereas the poor have their youngest children at home since they cannot afford a crèche or they don’t work so they don’t need it. Also many parents only speak Romani and don’t want to send their child to an institution where they don’t speak Romani so neither the children nor the parents can communicate with the educators. Intercultural education is important but not many kindergartens have it.”

Woman, Roma Expert in Roma NGO, Romania

5.3.5 Mothers’ Illiteracy and Children’s School Education

A recent study by UNICEF illustrates how enrolment of Roma children in primary school in CSEE is low. On an average in many of the SCEE countries, only one Roma child enrolls in primary school for every four non-Roma children. For example in Bulgaria, 20 per cent of Roma children never go to school. Similar

to the case of preschool, even though the enrolment rate might be higher, the actual completion rate is very low. For example, in Bosnia and Herzegovina, 50 per cent of Roma children start primary school, but only 32.6 per cent finish. Secondary school has even lower rates of enrolment of Roma children. Hungary has 46 per cent enrolment of Roma children, with a 12.9 per cent completion rate. In Montenegro, 1.5–11.7 per cent of Roma children enter secondary school and 3.7 per cent is the completion rate. In the Czech Republic, Roma children have a completion rate of 1.2 per cent. In the former Yugoslav Republic of Macedonia, 4.9 per cent of age-appropriate Roma students are estimated to be enrolled in secondary education, of whom 11.6 per cent graduate. An estimated 1.6 to 4 per cent of Roma enter tertiary education in the former Yugoslav Republic of Macedonia, and only 0.6 per cent of Roma adults have completed a tertiary education.

A supportive family environment is needed in order for the child to remain in school and attain good results. It is not only a matter of the child's developmental readiness but also a matter of the parents "school preparedness" in terms of interests, trust and interaction with institutions, and support and help that they are able to give to the child. Existing data from many countries illustrate how children who have gone to preschool are more likely to be enrolled and to complete finish first and secondary education. This is due to the child's higher level of school readiness but also due to the fact that the parents have seen the value of the early learning for the children and have been more prepared during preschool to communicate with educators and support their children's learning process at home. Furthermore, evidence suggest that in families where the parents, and in particular the mother, have gone to school, children are more likely to complete preschool, primary and secondary school. Vice versa, in families where the parents are illiterate, and in particular where the mother is illiterate, the illiteracy is more likely to perpetuate generations.

The ECD educators who were interviewed during the fieldwork in the former Yugoslav Republic of Macedonia largely confirmed this data. Their experience

was that if the child had gone to preschool it was more likely that the child continued to school and performed better in school. They argued that the mothers were more familiar and trusted the institutional system, had good communication with the educators and asked many questions, and had adjusted to the daily routine so there was time to bring and pick up the children. Furthermore, the ECD educators argued that if the Roma mother had some form of educational attainment or was literate, it was more probable that she would see the value of education.

5.3.6 Women's Own Perspectives the Impact of Their Illiteracy on Children's Educational Achievements

The fieldwork in Romania and the former Yugoslav Republic of Macedonia did not show such clear divisions between literate mothers wanting education and illiterate mothers as being less interested. Rather, the fieldwork showed that most of the women expressed strong interests in their children to complete their primary and secondary education. Furthermore, some of the women who were illiterate were very conscious about the limitations that their illiteracy presents to their children's educational achievement. They recognised that their illiteracy could have an adverse impact on their children's performance in school:

"When my children come home from school I cannot help them with their homework and it makes me very sad. I have to send them back to ask the teacher for help and sometimes they are too embarrassed to ask and instead get a bad grade. If I knew how to write, read and count I could help them do better in school."

Woman, focus group, Romania

"I want my children to have a better life than me. I want them to learn how to read and write and find a good job. I can't do anything without help because I can't read or write. I cannot even sign my own name."

When the electricity bill came I did not know how to count the measurements and pay the bill. Now my daughter who is in school helps me. I don't want them to have such a life – I want them to finish school.”

Woman, focus group, the former Yugoslav Republic of Macedonia

A few mothers argued that the reasons for which they signed up for adult literacy classes was in order to help their children with their homework. They wanted to improve their own skills in order to create opportunities for their children to perform better in school:

“The reason why is started going to literacy classes was because I wanted to be able to help my children in school. I wanted to be able to help them with their homework when they come home from school. Now I can sign my own documents and handle many things by myself and I can also help them with their homework, at least for now when they are young.”

Woman, 35 years, Romania

The women in local communities, who were illiterate, were very self-conscious during the interviews. This self-consciousness can also influence children's perspectives of their educational opportunities and capacities, since they witness the barriers that their parents struggle with. The mother's self-consciousness can particularly influence the girls who mirror themselves on their mother. Statements that illustrate such self-consciousness this are for example:

“My parents did not send me to school when I was a little girl because I did not have the capacities to learn. You need to have skills in order to learn. So I am not interested in learning how to read and write now, because I don't have the skills. It is too late for me.”

Woman, 32 years, mother of 6 children where the oldest is 16 and the youngest is 3 years old, the former Yugoslav Republic of Macedonia

Various Roma experts who were interviewed during the fieldwork also underlined how the opposite effect can be seen when women's confidence is built. Through involvement in training and leadership programmes, many women become more confident about their own agency and this transmits to their hopes and aspirations for their children:

"I think that with time when women receive training they might change their perceptions on their role in the family and in the matrimony and they will start talking about achieving things for themselves. We had that experience with the health mediators. Some of them had not finished school and did not have jobs. Through the training to become a mediator they learned many new things, went to seminars and they met with high level persons and negotiated with men in the community. This gave the women a feeling of confidence and as a result many have now completed their high school and some even go to university. They are 45 years and are now are finishing high school at the same time as their children – this is beautiful! They understood the importance of finishing education 5–6 years after becoming a health mediator. And all their children go to school."

Woman, Roma expert in Roma NGO, Romania

A few general analytical arguments can be made on basis of the desk research and the fieldwork data. It is important to underline that statistics that indicate variations in the mothers' behaviour as being positive or negative towards their children's enrolment in preschool and school might also be rooted in economic reasons. A family, which is illiterate, might have much lower income compared to a family where one or both parents are literate and might have a job. Thus, expenses for preschool or school may be more difficult to cover and the poorest family may be more prone to taking the older girls out of school to help take care at their siblings at home. For this reason the family appears to be more negative towards children's education where the real reasons can lie

in financial resources at hand. This way girls' disempowerment due to patriarchal norms are enhanced and reproduced by an economic disempowerment within the family. The same can be said for parents' awareness of the impact of segregation. Cases concerning segregation of Roma children show how the parents often do not receive adequate information on the consequences of educational segregation and what this means to the children's future life opportunities. This practice has been noted by the Committee on the Rights of the Child in various Concluding Observations. Some families may choose to send their children to a special school because it is closer in geographical distance; children are together with other Roma and less discriminated against; and it is economically affordable since the family receives subsidies when having children in special schools. For parents who themselves have not attended school the difference between a special school and a mainstream school might appear rather abstract. Here, the availability of subsidies (for special schools) compared to the non-availability and increased expenses for a poor family, may be a much more immediate and tangible concern.

5.4 Roma Women's Access to Formal Employment

Improving young children's lives and protection from social risks also requires a focus on the barriers that Roma women experience in the labour market. Job training, micro credit and other alternative forms of employment and income generation for women are important in order to address Roma women's unemployment that in many instances draw women into informal work or hazardous character. Hazardous work present a range of social risks and can be detrimental to the health and well being of the pregnant woman and the young child.

5.4.1 Women's Employment as Influencing Young Children's Situation

It is important to understand the benefits for young children of Roma women's employment or control of household resources in the light of global studies and evidence from other countries. No such studies have yet been made specifically concerning the Roma. Global studies show that women use resources at their disposal differently than men and invest resources in the children to a larger extent than men. For example, data from Brazil showed that mothers were more likely to invest in children's health than fathers and for child survival the effect was 20 times larger.⁸⁶ A study from Guatemala highlighted how women are more prone to invest in children's education, nutrition and health compared to men.⁸⁷ A study from Bangladesh showed that an increase in the percentage of women working in manufacturing employment resulted in a decline in the number of child labourers per urban household because the women who entered the factories shared a strong desire to educate their children.⁸⁸

Evidence shows how unemployment rates are very high amongst the Roma in Europe and the highest among Roma women. Women's unemployment rates extend to more than 50 per cent in some countries and only very few Roma women participate in the formal labour market at all. The reasons for Roma women's unemployment vary depending on their socio-economic status, family traditions and levels of education.⁸⁹ For the poorest families it is often a combination of low formal education rates among Roma women, ethnic and gender biases in the labour market towards Roma women and patriarchal traditions that tie women to the domestic sphere. Studies also show how trade unions do not take into consideration the concerns of Roma women in many countries and largely leave Roma women outside of collective bargaining.⁹⁰ In Romania, a study by the Open Society Foundation showed that 67.9 per cent of the Roma women who were interviewed were housewives and only 11 per cent of the women were officially employed. According to the responses of 58.4 per cent of the interviewed women, the reasons for their unemployment were multiple discrimination.⁹¹

5.4.2 Roma women's Perspectives on Employment

The women respondents from Romania and the former Yugoslav Republic of Macedonia all came from poor families and explained that finding work was often their main concern. During a focus group in the former Yugoslav Republic of Macedonia one of the women explained how she regarded the reason for which she was dismissed from her work as being her ethnic origin:

“Since I am Roma I cannot find a job anywhere! I started as a seamstress in a factory but later they told me to leave because I was Roma.”

Woman, focus group, the former Yugoslav Republic of Macedonia

The women explained how the forms of labour that they were typically engaged in included collecting plastic and metal waste for recycling or occasional work on farms or factories. Some of the women also engaged in begging. The responses exemplified the tendency seen in other research; that when poor women are largely excluded from the labour market they have to work in the informal sector often carrying out hazardous work such as e.g. scavenging, or heavy work on agricultural farms. If the woman is pregnant such forms of hazardous work can have a detrimental impact on the health of the woman and the unborn child.

A few of the respondents expressed concerns over bringing the children with them to work and many preferred to leave the children at home under the care of one of their oldest of daughters or other relatives.

“We cannot afford that I stay at home and take care of the children. In order to survive both my husband and I have to work. For example we go and collect plastic and metal for recycling and this can sometimes take the whole day. When we are away our daughter who is now 16 years old takes care of the youngest children.”

Woman 32 years old, the former Yugoslav Republic of Macedonia

These data should be understood in the light of existing knowledge on child labour, which shows how children are statistically more prone to being drawn into child labour if they go with their parents to work. Furthermore, if the oldest daughter has to take care of her siblings there is a high probability that she will drop out of school. It is important that more research is conducted on women's labour in poor Roma families and how children are affected by the mother's working conditions as well as risks of child labour.

5.5 Other Aspects of Social Protection and Assistance: Social Benefits, Identity Cards and Housing

Reaching out to Roma women includes addressing the barriers that they experience within the social service system. When the mother is excluded from the social system young children are automatically also excluded.

On the basis of data from the field and desk research, this short section directs attention to some further issues that need to be better understood, researched and taken into consideration when designing ECD programmes. A deeper, evidence-based understanding is needed on the multiple forms of discrimination that Roma women experience and how this influences their access to social assistance and social protection services – and ultimately how this affects the young child.

5.5.1 Social Benefits

Social benefits are often the only income for many of the poorest Roma families where neither the wife nor the husband is employed in the formal labour market. According to recent UNICEF research, there are only a few countries

in the CEECIS region which are providing minimum social protection that can be described as satisfactory.⁹²

During the fieldwork in it became clear how much confusion there is amongst the poor Roma families on the benefits and allowances to which they are entitled. The families received very different amounts of social benefits and allowances, many did not know why they received them, and whether they were entitled to additional benefits or allowances. The confusion is rooted partly in constantly changing legislations and new policies. It is also partly rooted in the lack of knowledge on where and how to claim social benefits and limited assistance in accessing such information. If the parents are illiterate, they are even more hindered in reaching social services, signing welfare applications etc. Particularly, the women interviewed during the focus groups expressed confusion and frustration over not understanding the system and feeling limited by their illiteracy. One example of this confusion over social benefits shared by many women was evident during a focus group interview in the former Yugoslav Republic of Macedonia. Here, the women were asked the question of how much they receive in social benefits per month. This sparked a discussion where some women said that they received 2500 Denars (40 euro) for 3 children per month. Others received the same sum of 40 euro, but for 6 children. Many of the women appeared very confused over the large differences in social benefits per family and the discussion grew louder. An elderly woman then took lead of the discussion and started explaining to the others how much they are entitled to per child, according to the child's age and number of children per family. The women, in particular the young women, listened to her very attentively. The older woman explained: "When I became a mother I spent a lot of time going to social service offices in order to understand to which social benefits I was entitled. It took whole days and it was a lot of trouble to fill out all the paperwork, but then finally I received what I was entitled to for my children."

5.5.2 Identity Documents

In many countries in CEE and SEE there is an ongoing concern of Roma who are without birth certificates or identity documents, and thus not registered in the civil status register.⁹³ Women who do not own social identity cards are excluded from accessing public services such as health care during their pregnancy, visits by patronage nurses, and child allowances, which inevitably impact negatively on the unborn child and young child. Children's birth registration in many countries depends on the parents' ownership of identity cards or other forms of documentation of their identity and relationship with the child.

In the interviews conducted during the fieldwork for this paper it was however only one respondent who said that she did not have any identity documents. The case of this respondent is a very rough but illustrative example of the slippery slope of consequences that the lack of identity documents can present to a woman:

"I am 18 years old and my children are three years old and six months old. I was married when I was 15 years old and moved to live with my husband in his parent's house. I never went to school because my mother did not want me to. My mother had problems and I don't know where she is now. I don't have any other family members here since I don't come from this community, but moved here when I married [...] I don't have any social identity documents because my mother did not want to sign them. Therefore my children are not registered since I have no identity papers to document that I am the mother."

Roma Girl, Romania

[*Interviewer's/author's notes:* The girl lives with her husband in a shack made of wood in an area where they have no electricity, water, sewage systems or heating. The mother in law tells us that she threw

the young couple out of the house because she did not get along with the girl. It appears that the mother-in-law is convincing the son to abandon the girl and the son is denying paternity of the oldest child. The mother-in-law explains that if her son abandons the girl, she will most likely have to live in the street with her children and it will be difficult for her to get any social assistance since she does not have any documents. Since the marriage is not registered the girl will be left outside the protection of legal system relating to divorces.]

This is an extreme case where a young woman experiences multiple forms of significant disempowerment. However, it illustrates clearly how the lack of identity documents can limit a young Roma woman's access to reaching social services for help and claiming legal documents and social support for herself and her children.

5.5.3 Housing Conditions

A recent report by the European Union Agency for Fundamental Rights (FRA) illustrates the housing disadvantages that Roma face in private and social housing across EU member states. This includes discrimination in access to housing, poor housing conditions, segregation, and forced evictions.⁹⁴ Similar concerns exist for Roma in non-EU SEE states. Many Roma live in segregated, isolated districts or in camps on the outskirts of urban areas.⁹⁵ Consequently, the living conditions are marked by problems of extreme overcrowding and lack of basic facilities, such as running water, electricity, heating, gas, sewage systems and waste disposal. Additionally, they have poor access to public transport, social services, schools and employment. This adds on to the feelings of frustration and stress within the Roma family and aggravates health problems.⁹⁶ The FRA report illustrates that 70 per cent of Roma do not know that laws exist which prohibit discrimination in their access to housing, 71 per cent think nothing would happen if they reported it, and 41 per cent are unsure how to report discrimination. As a result, the number of official complaints remains very low.⁹⁷ Roma women are at even further disadvantage due to gender-based discrimi-

nation, which combines with ethnic discrimination in the housing market, and women have higher levels of illiteracy and unemployment.

The women interviewed in Romania and the former Yugoslav Republic of Macedonia expressed many concerns relating to their housing situation. Housing was often a key issue they brought up during the interviews and many women were highly preoccupied with the poor living conditions and the health risks this presents to their children:

“My husband, 6 children and I live in two rooms together. We don’t have electricity or running water. We all sleep in one room together because the other room is so humid that I would not even let my dog sleep in there. It is becoming a problem now since my children are getting older. My daughter is soon a teenager and I wish that I had a separate room for the children so there could be more privacy.”

Roma Woman, the former Yugoslav Republic of Macedonia

Another concern often expressed relating to housing was insecurity of tenancy or ownership. The women were afraid of being evicted from their homes since they had no legally recognised documents to the house or contracts for their tenancy. Young children are most at risk and vulnerable in housing evictions:

“I only have a hand written document to the house which my husband and I got when we bought it during communist rule. Now this document is invalid but we cannot afford to start the process for legal documents. This takes a long time and we can’t afford a lawyer for so long. On one hand, I am afraid what will happen if land speculators suddenly come to claim the house, but on the other hand it should be ours because we have the handwritten document. What worries me more is what will happen when my husband and I die – how can the children claim the house as their inheritance without the necessary documents?”

Roma Woman, Romania

Analysing the data from the field shows that housing insecurity thus also comprise an inheritance insecurity for the children. If the parents pass away, they risk eviction. Conflicts may also arise between the siblings regarding who should inherit the house since there are no legal documents that allow for the sale of the house. In such conflicts between siblings it is probable that the girls/young women do not gain informal rights to live in the house, since they are expected to marry and move to live with their husbands.

A few of the women interviewed explicitly mentioned that they wanted to secure their name on the property documents so that they would not lose entitlements to the house in case they would divorce their husband. The women argued that they wanted to secure a place for themselves and their children. They argued that in divorce in most families women would leave the house with the children and the husband would remain in the house. This is a division of property not at all particular to Roma but rather particular to patriarchal families and societies in general, where male ownership of property is favoured. One example of this situation was explained by this woman who is 19 years old and the mother of a 3 year old son:

“My biggest dream is to build a house for myself and my husband and children. And I want to have my own furniture in the house because the furniture we have now belongs to my in-laws. I will insist in having my name of the documents to the new house! I want to have my name on the documents to the new house, because if we divorce one day then half of the house will be mine and half of the house will be his. When couples divorce then the husband stays in the house and the wife usually has to leave with the children.”

*Woman, 19 years old, mother of 4 year old son,
the former Yugoslav Republic of Macedonia*



6.

A Snapshot of Key Issues and their Impact

Key issues	Impact on the young child
<p><i>ECD programmes typically do not take note of Roma women's social roles and access to rights.</i></p>	<ul style="list-style-type: none"> • The poor physical and psychological well-being of the mother and her access to resources and opportunities can directly or indirectly compromise the survival, growth and development of the young child. • Delinking the situation of the child from that of the mother (the primary caregiver) is likely to limit the success of ECD programmes significantly.
<p><i>The experience of poverty and multiple forms of discrimination adversely affect Roma women's possibilities of action and self-confidence.</i></p>	<ul style="list-style-type: none"> • Lack of agency affects how women view themselves as well as the possibilities and choices they foresee for their children from an early age. • As a result of complex constraints, women may end up down prioritising their own concerns, which can ultimately affect the child (e.g. health during pregnancy). • Lack of self-confidence has a negative effect on the ability to care for the young child. • Messages that she communicates directly and indirectly and children's own experience of their mother's limited agency can influence their life choices at later stages. • Daughters are more likely to internalise their mother's behaviour of powerlessness within and outside the family.

Key issues	Impact on the young child
<p><i>Limited access to health information, discrimination within the health system, poverty and traditional taboos around sexuality in some families, cause Roma women's limited access to health care. It also results in poor Roma women down-prioritising their health, including before, during and after pregnancy.</i></p>	<ul style="list-style-type: none"> • Women have limited access health care, including reproductive health care, pre-conception and during pregnancy. • Unhealthy and malnourished mothers are more likely to give birth to low birth weight babies. • Poor maternal health and nutrition interfere with the ability and motivation to care for young children. • Poor knowledge of health and nutrition can include limited awareness of how to ensure young children's optimal health and nutritional status. • Poor health outreach, including home visits and health counselling, represent an opportunity lost for early childhood development.
<p><i>Due to poverty related stress maternal depression affects women from low income families disproportionately; being amongst the poorest in CSEE countries, Roma women's psychological well-being deserves greater attention.</i></p>	<ul style="list-style-type: none"> • Children who experience maternal depression early in life may experience disruptions of their stress response systems. • When children grow up in an environment of serious depression, the development of their brains may be seriously weakened, with implications for their ability to learn and their physical and mental health at later life-stages.
<p><i>As a result of poverty and internal and external forms of discrimination, Roma girls experience multiple barriers to their educational attainment. Adult Roma women have lower levels of education and lower level of literacy compared to majority society women and to Roma men.</i></p>	<ul style="list-style-type: none"> • Illiteracy and lack of formal education creates barriers for Roma women in all aspects of social life. This includes limitations in accessing services that are essential also to ensure young children's early learning and development. This includes accessing the health system; information on child health, child care and children's early development; information on social risks, social assistance, adequate housing, legal matters for birth registration etc. • Women's illiteracy and experiences of denied access to education to high extents impact their young children's access to and completion of preschool and school. Statistics indicate that the higher level of the mother's education, the more likely it is that she will enrol her children in preschool.

Key issues

Multiple discrimination and the lack of formal education constitute major barriers to Roma women's access to formal employment. Consequently, Roma women from poor communities work in the informal sector, and often in menial and hazardous work.

Impact on the young child

- Hazardous work such as scavenging or heavy work on agricultural farms can have a detrimental impact on the woman's health and particularly on the health of the pregnant woman and the unborn child.
- In the absence of child care options, young children accompany their mothers to worksites which compromises their health and safety.
- Older girls may drop out of school in order to take care of younger children and the cycle of low/no education for Roma women repeats itself.

Roma women in poor communities may lack identity documents, have limited access to information on social benefits to which they are entitled and live in poor segregated and housing, frequently under the threat of forced evictions.

- The lack of identity documentation excludes women from accessing health care (before, during and after pregnancy), which automatically excludes their young children also.
- Children's birth registration in many countries depends on the parents' ownership of identity cards.
- Lack of access to child allowances and other social benefits can have a detrimental effect on the young child's survival, growth and development.
- Poor housing conditions, including unhygienic and unsafe environments and lack of potable water, has a direct impact on the pregnant woman's and the young child's well-being.
- The threat of forced evictions constitute a significant source of stress and insecurity; this is especially so with regard to women-headed households.



7.

Recommendations

The recommendations of this paper are particularly based on recommendations presented by Roma women in local communities and Roma experts from relevant institutions and organisations during interviews in Romania and the former Yugoslav Republic of Macedonia. They are also based on findings from the desk study of existing research. The recommendations are generic ideas and suggestions for further reflection and action which should be adapted according to the given programme and local context. The recommendations will only focus on how Roma women’s situation can be addressed and targeted in programmes and interventions concerning Roma children’s early development (ECD). The recommendations build on the rationale that: *If we want to make a difference in young children’s lives we need to include women, not only as mothers but as women in their own right.*

7.1 Areas That Can Be Explored in the Design and Implementation of ECD Interventions That Incorporate a Gender Lens

- ▶ **Gender lens in all interventions relating to Roma children’s early childhood development:** Address Roma children’s early childhood development with a gender lens in ECD programmes and interventions. Understanding Roma women’s situation compared to that of Roma men and non-Roma women is necessary for designing and implementing ECD

programmes. Programmes should take stock of women's de facto opportunities and limitations for engaging in efforts for ensuring young children's early development as well as enrolment in ECD interventions.

- ▶ **Comprehensive approaches in poor communities:** In communities where poverty and social exclusion are endemic to the lives of the families, a more comprehensive approach to ECD with initiatives that target the livelihood situation more broadly can prove to be more efficient. Addressing Roma women's concerns is one essential step in this direction. This requires a poverty analysis that takes into account gender related synergies.
- ▶ **Research and best practices:** More research at country level and comparative country level is needed on Roma women's human rights and the impact that women's situation has on children in the early years. This includes collecting best practices on ECD interventions, which have a more comprehensive approach to improving women's situation.
- ▶ **Identifying external and internal forms of discrimination:** Context analysis and research on the situation of the Roma, and Roma children specifically, should take note of the multiple forms of discrimination that Roma women and children experience and how this impacts their possibilities of action. Particular focus should be on external and internal forms of discrimination and on how discrimination experienced by women translates down to their young children.
- ▶ **Data collection:** The need for more disaggregated data continues within the area of young children's survival, growth and development in the early years (disaggregated according to sex as well as per ethnic groups). Disaggregated data are necessary in order to have broader analytical insights into the complexities faced by Roma women at national and regional level and how their situation influences children in the early years. Quantitative data should be supported by qualitative research.
- ▶ **Combat discrimination and promote gender sensitivity in key sectors engaged in ECD interventions for Roma children:** Training of per-

sonnel in sectors engaged in ECD on Roma women's social roles, conditions and access to human rights in the given society. Include training on women's experiences of gendered poverty and multiple discrimination and how Roma women's situation impact young children. This should be part of broader initiatives for combating discrimination against Roma by social workers and institutions engaged in ECD efforts. It should also be part of intercultural initiatives for improved communication and understanding between social workers and institutions engaged in ECD and Roma families.

- ▶ **Budgeting for ECD with a gender lens:** In cooperating with sectors engaged in ECD push for gender-responsive budgeting in government planning, programming and budgeting relating to ECD in order to contribute to the advancement of gender equality and realisation of women's rights within the given interventions and programmes.
- ▶ **Consultations with national stakeholders with expertise within the field of Roma and women's issues:** Civil society organisations and activism, in particular those lead by Roma women, have long pushed for a stronger focus on Roma women and for targeted interventions that take Roma women's specific concerns into account. Resource persons from these organisations should be included in consultations and as key stakeholders in future efforts for integrating a gender lens into efforts for improving young children's situation.
- ▶ **Promote increased participation of Roma women:** Strengthen participation of Roma women in the design and evaluation of ECD interventions. Focus on women's own experiences of the intervention's outreach and how it responds to their particular conditions and de facto possibilities of ensuring their children's development in the early years as well as enrolment in ECD programmes. Focus on women's own assessments of how the intervention serves to address their needs as mothers but also as women in their own right, including recommendations for improvement. This includes ensuring that women are given realistic possibilities

of participating in the design of the given ECD intervention/programme. Explore the possibility of employing Roma mothers as ECD workers.

7.2 Ideas Concerning Initiatives for Roma Women as Part of ECD Programmes

- ▶ **Outreach of state services:** Push for enhanced attention to ensure the outreach of services to Roma women within sectors engaged in ECD (e.g. strengthen the outreach of the patronage nurse system to Roma communities, improve Roma women’s access to free health care in accessible and adequate clinics etc).
- ▶ **Consider Roma women’s needs and concerns in existing programmes for young Roma children’s early development and education:** Revise existing ECD programmes and identify where further steps can be taken to strengthen the focus on Roma women’s concerns, not only as mothers but as women in their own right. This can for example include a stronger focus in parenting programmes and parental support initiatives on Roma women’s concerns relating to family counselling, literacy and skills classes for women etc.
- ▶ **Support to Roma women:** identify the possibilities of designing components for Roma women within ECD interventions or within comprehensive community initiatives. Supporting Roma women in building skills will influence positively young children’s development and preschool attendance. These components could for example include:
 - **Literacy classes for women** either as part of a community project or at a component for mothers who have children enrolled in the ECD centre. Literacy classes should be long term investments. Literacy classes can either take place in the community centre or in the women’s homes. During the fieldwork, the most positive outcome was seen with the “at home” literacy classes, since the women could

attend classes while still being with their children and thus more easily reconcile family life and literacy classes.

- **Combining second chance education and ECD:** Investigate the possibilities for second chance education to be linked with ECD interventions and adapted to the variations in older and younger women's needs and learning pace. During the hours where the young child attends preschool, the mothers could be offered second chance education, which will ultimately result in obtaining a formal education certificate. Focus specifically on young mothers' completion of formal education through e.g. flexible school classes in the evening or on weekends.
- **Young Mothers:** focus specifically on strong support to young mothers. Many of the interviewed women expressed the interest in having **groups for first time mothers**, so they could receive information and share experiences amongst their peers. The groups should not replace but rather complement parenting sessions for both parents. The groups could include antenatal classes with teaching of respiratory techniques and post natal group sessions for the sharing of experiences and discussions on child care and self-care. Other aspects of the young mother's lives should be discussed. Relevant topics include e.g. discussions on social risks, how to continue education after having had the first child, and how to find employment as a young woman with a small child.
- **Job training:** investigate the possibilities of linking ECD interventions with family support programmes that also supports Roma women in accessing the labour market or quality job training programmes.
- **Consider alternative micro-credit solutions:** Successful micro-credit initiatives for women in Roma communities have been made, however never related to ECD. It is relevant to investigate the pos-

sibilities of creating micro-credit projects for women where the surplus goes to funding of the preschool or ECD centre.

- ▶ **Combining efforts for women and young children in ECD interventions:** investigate the possibilities of combined “mother-child” sessions in ECD centres. For example while the youngest children are in the preschool there could be literacy classes in the ECD centre in a separate room for women. Or in centres with child play groups or children’s homework sessions, mothers could take part in literacy classes.
- ▶ **Initiatives for building Roma women’s capacities and self-confidence:** Support the building of women’s possibilities of action within the ECD intervention or broader community programme. This can be done through for example:
 - Concrete initiatives for women’s literacy and formal education, job training, entrepreneurship etc.
 - Initiatives for Roma women’s leadership at community levels is essential to give women confidence, create new role models in the community, and change patriarchal gender-perceptions. Leadership at community levels can for example be as community mediators (see annex 6.1). Alternative leadership roles linked to the ECD interventions should be considered e.g. training of women from local communities as ECD educator assistants.
 - Many of the interviewed women wanted a space for sharing their experiences and concerns on different matters relating to health, education, livelihood constraints etc. They believed that such interaction would also help strengthen community solidarity and integration.
- ▶ **Improve women’s access to information:** service providers in health, education and welfare who come into contact with Roma mothers and families of young children should be in a position to inform them or direct them to sources of information regarding their entitlements to allowances, hous-

ing, identity documents, and legal support. Such support should obviously take into consideration the high levels of illiteracy among Roma women in certain communities.

7.3 Future Research

- ▶ It is essential that future research on this topic expands the scope and includes men as respondents in order to underline the importance of both mothers' and fathers' engagement in child care and rearing. They could for example be women's husbands, brothers, uncles, community leaders and male Roma experts in relevant institutions. This would provide a comparative basis for a gender analysis and shed light on men's perspectives on Roma women's social roles and access to human rights and the impact that they regard women's situation has on children's situation in the early years.
- ▶ Similarly, more research is needed on the role of other relatives (and in particular of the woman's mother in law) in young children's early learning and development. The fieldwork conducted for this is preliminary explorative paper showed that the mothers-in-law often have a great deal of influence on the daughter-in-law's choices and actions relating to child care and rearing, in particular when it comes to first time mothers and teenage mothers. They also influence them with their perceptions on women's self-care and gender relations.
- ▶ Domestic violence is a sensitive issue that should be investigated further from a perspective on violence against women and how this affects children in the early years. This issue was beyond the scope of this paper, but the short time in the field indicated that it was a concern shared by some of the respondents. Future studies on this subject would contribute to understanding the extent of domestic violence and how this affects children age 0–8 years.



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Annexes

Annex 1:

Examples of ECD Programmes that also Address Women

The following are some examples of ECD interventions that include efforts for improving Roma women's situation in different ways. The interventions are supported by UNICEF's partners in the field. In the absence of adequate evaluation research, the examples are not presented as best practices, even though they possibly are as such.

Multifunctional Centres in Romania: ensuring inclusion of Roma children and their parents⁹⁸

The Multifunctional Centres (MCs) in Romania are an interesting example of efforts to provide quality ECD programmes that include Roma children. The MCs were designed to change the old system of child care for children age 2–4 years and to provide quality ECD programmes to children from different social and ethnic groups with a particular focus on reaching children in vulnerable families including the Roma children. The MCs were organized in existing crèches and kindergartens and currently, seven MCs are functioning at the country level. An important part of the project is parental involvement, and especially the mother's involvement. Parents have regular classes and discussions with specialists on child rearing issues. Evaluations so far suggest that

over the lifecycle of the programme, parents have begun to participate in real partnership with the ECD teams in the MCs. In total 140 parents have been trained in ECD and 40 children from vulnerable families and Roma families have participated out of a total of 160 children.

Engaging in partnerships with the parents and particularly the mother is an important component of the MCs. However, no classes or discussions take up the concerns and needs shared by the women. In order to ensure that the mother has a real possibility to act upon her ECD training, it is necessary to assess and take action on improving women's situation and their access to basic human rights.

Roma Health Mediators in Romania: Social mediation as a means of reaching women and children together⁹⁹

Social mediation on health matters has shown to have great success in countries where the patronage nurse system is weak and where Roma communities have limited access to the health care system. Mediators from the Roma community have shown largely to strengthen the contact between Roma families, the majority society and state institutions. They improve integration with mainstream services and heighten Roma participation. There are Roma School Mediators and Roma Health Mediators in many CSEE countries. The Roma Health Mediator is an interesting example of how Roma women can be better included in matters that relate to their own health and be assisted in connecting with the health system and receiving information on health matters.

Romania is one of the leading countries that has established a Roma health mediator system, through the cooperation between the Romanian Ministry of Health, Romani Criss and the support of OSI. Roma women are trained on health issues and function as mediators between the local community and the health sector. Many work in their own communities. The mediators identify

health problems as well as associated social problems and focus on the health of the entire family, in particular women and children. They disseminate information on a range of matters relating to family wellbeing such as how to access the health system, consult the family physician as well as birth registration, immunization, contraception and family planning. The success of the health mediators is to a large extent rooted in the trusting relationship they share with the community. They understand and address the gaps and inaccuracies in women's health knowledge. They can discuss sensitive matters such as sexual and reproductive rights and domestic violence, which are shrouded in silence in many families. Roma health mediators are in continuous touch with the community and women and hence their remit extends beyond that of the four home visits made post-natally by patronage nurses.

According to interviews with NGO representatives and health mediators carried out during the fieldwork in Romania, the social mediation role also has a positive impact on the women's confidence and perspectives on own possibilities of action. Becoming a leader and receiving training makes them desire more things for themselves and even aspire to engage in education.

Whereas the health mediator system has demonstrated some positive results, it is also associated with some risks. On the one hand, health mediators may overstep their role. They are not trained health professionals and it is important that both they as well as the communities that they serve remember that they are a link to the health system and not qualified to deal with complex health concern. On the other hand, there is the risk that the health system may transfer its obligations and accountabilities of serving poor and vulnerable communities to these under-qualified, modestly paid, extra-sectoral workers.

NGO Roma community centre the former Yugoslav Republic of Macedonia: Combined sessions with mothers and children¹⁰⁰

The Roma NGO community centre, SUMNAL, in Skopje, the former Yugoslav Republic of Macedonia has a broad programme for Roma families. The NGO also has an ECD programme wherein children ages 2–5 years participate. The NGO carries out a range of workshops and debate forums on topics of relevance for women such as women’s health, social services, protection risks (including trafficking), literacy training, women’s job training and vocational training etc. During the fieldwork, the NGO reported that they try to combine sessions with mothers and their children. For example, when older children come for the homework sessions in the centre, the mother’s join them for adult literacy classes. They sit in the same room, at different tables where they receive literacy training and help with their homework. NGO workers also mentioned that during the hours when the young children participate in the early learning programmes, the mothers take part in workshops and discussions on topics that they have selected together with the NGO. Much more research is needed to evaluate the effects of these initiatives and of the NGO, to assess whether the most vulnerable community members are included. However, it is an interesting example of how a comprehensive approach can include both ECD as well as interventions that build Roma women’s skills and awareness.

Gardens of Mothers and Children, Albania: a community centre for supporting mothers and children¹⁰¹

The Gardens of Mothers and Children project in Albania comprises low-cost community-based centres for children birth-6 years and their parents. The Gardens of Mothers and Children are situated primarily in remote and poor rural areas in the north and northeast of Albania, where about 15% of the population is in the birth – 6 age group. The ECD programme includes 1,300 children from poor and isolated areas. Currently, 39 centres are operating daily. The Gardens model is a success and has been demanded by local governments

in other areas of Albania. The Gardens provide children with preschool education and opportunities for play and interaction with their peers. While the children participate in these activities, the children's mothers as well as other women in the community, participate in training and discussions on matters relating to children. This includes training on child health and development, early learning, nutrition education, play, and children's rights. The Gardens also offer counselling for mothers, health check-ups and home visits for children, conflict resolution and women's empowerment activities.

This is an interesting example of a more comprehensive approach to reaching out to young children by also including efforts for improving the situation of the mother. More research is needed in the design and outcomes of these activities and of the specific content of the women's empowerment activities. It is essential that such activities do not reduce women to their maternal function, but approach women's concerns and needs as women with rights in their own right.

A home-based preschool programme Slovakia: Roma women as at-home educators¹⁰²

A preschool component in Jarovnice, Slovakia was designed as part of the Roma Education Initiative in Slovakia. This was a home-based preschool programme run by the mothers. The mothers participated as educators on the basis of training that they received each week. Together with the trainers they reviewed the lessons to be taught to the children and during the given week the mothers held classes for the children in one of their own homes. This intervention benefitted the children's education, but also contributed to raising the women's self-confidence by supporting them in building new competencies. The preschool programme was part of a broader project in Jarovnice to improve preschool education and changing local attitudes. In addition, programmes for mothers were offered at the community centre that focused on

parenting, family planning counselling and a 'Mother and Children's Club'. This is an interesting example of a more comprehensive approach to supporting parents, and the mother in particular, on issues relating to their broader situation. By including the mothers, the chances of including the young child are bigger.

It is however important to mention that the mothers did not receive enough training to become employable in the pre-school sector and it would have been interesting if this had been set up as an objective. Another possibility would have been to train them to become home-based (and paid) non-formal early educators and carers of young children. It would also be relevant to consider linking this kind of home-based preschool programme to broader efforts for enrolling women in educational programmes.

Annex 2: Two Roma Women's Stories

These two stories were collected during the fieldwork in Romania and the former Yugoslav Republic of Macedonia. They are extracts of the life-stories of two Roma women who were interviewed in local communities. The stories are not unique but rather exemplify parts of life-experiences that many Roma women share in many CSEE countries. The women and their families have been made anonymous and thus all names are pseudonyms.

Maria and Her Family

I meet Maria in her home, which she shares with her parents-in-law and her brother-in-law and his wife. Maria and her husband Peter have two small rooms for themselves. They live in the poorest area in the community where there is no sewage system and no heating. The furniture in the two rooms is very scarce and simple. Maria has covered the old sofa with colourful, soft blankets.

Maria is 19 years old and the mother of a 3 year old son, Tom. When I ask if she has any other children, Maria smiles, touches her stomach, and tells me that she is 3 months pregnant. She shows me pictures from her marriage. There are many people in the pictures who are clapping their hands and dancing. Maria and her husband have a look on their faces that resembles surprise. Maria tells me that this is because they got married too young. She was 14 years old and her husband, Peter, was 16 years old. They were not ready for it. She explains how their parents decided that they should marry after she and Peter told them that they had fallen in love. Maria says that she does not want her son Tom to marry so early because it brings with it a lot of adult responsibility that young persons are not ready to carry. She explains how after their marriage Peter had to think of finding work and of gaining money and she had to cook and clean. *“And then I became pregnant”* she says. Maria has never finished any school grades but has learned how to read a little bit. She does not work, but

sometimes cleans the houses of richer non-Roma families in other neighbourhoods. It is Peter, the husband who works. Maria says that he takes different occasional jobs when he finds them.

Maria talks about her first pregnancy and that she went to the doctor regularly because it was free of charge. She is rhesus negative and needed treatment during the pregnancy. She explains that the doctor and the nurses did not give her any information on childcare when she gave birth to her son, Tom, in the hospital and that she learned everything from her mother-in-law. She never received visits from a patronage nurse after she returned home with the new born baby. Maria says: *“I did not feel prepared for being a mother – I was only 15 years old so I was young. If I could go back, I would wait a few more years because I did not know how to become a mother. But it just happened. Now with my second child I know things that I did not know before, for example how to change his dippers, how to feed him and so on”.*

Maria tells me that she does not visit a physician during this second pregnancy because she now has to pay for the consultations and examinations: *“My family doctor says that I have to pay. He asks for money for each consultation. I don’t know why he does this. I have a health insurance card but he says that I still have to pay. But I can’t afford it. I told the doctor about my problems, but it is the case for everyone here...so I just don’t go anymore. I only go to make an ultrasound and rhesus negative injections”.*

Maria talks about when Tom started going to the pre-school centre a short while ago. She is happy that he is now learning numbers, letters and songs. While we talk, Tom laughs and holds up his fingers to show us that he is 3 years old. Maria gives him a hug and tells us that she tries to do the same exercises with him that they use in the ECD centre, so that he will learn the numbers and letters better. Maria is happy that Tom plays with other children in his own age and has become more polite when speaking with adults. She also underlines that when Tom is at the centre, it gives her more time during the day to take

cook, clean etc. *“All this responsibility is on me, my husband and family-in-law only help me from time to time”* she says.

We talk about activities for women in the community, but Maria has never attended or heard about such activities. She says that if there were activities for women, she would like to attend: *“For example if we would met twice a week for a few hours then we could talk and share experiences [...] I think it would be good for me to participate in literacy classes because then when my children go to school I would also be able to teach them. It would also be nice to learn how to count, add and subtract...some basic things...and also maybe health information so that I know more about how to take care of Tom when he is sick. But nothing like this is organised and if it is, it is probably expensive!”*

Maria tells me about her biggest dream. She wants to build a house for herself and her husband and children. She does not want to live with her in-laws for long because she is always afraid that they will throw them out of the house. Maria explains that her parents-in-law have promised the house to her brother-in-law who is abroad to work. When he returns to claim it, then they will all be out in the street. Maria wants to have her own house and own furniture and she underlines several times that she wants to have her name on the property documents. She wants to make sure that if she and her husband ever divorce, she will be entitled to half of the property. When I ask about Maria's dreams for her son Tom and her unborn child she says that it is almost the same – she wants to build Tom a house so that he has somewhere secure to live which belongs to him. *“And I want him to be educated and move out of the neighbourhood to a better place than here”* Maria says.

Magda and Her Family

Magda, her husband Marek and four children live in a one-room concrete structure without windows. They live in a slum area where there is no sewage system and where many houses have no potable water. Magda and her

family tap water from small pipes, which lie in the midst of garbage piles on the ground outside their house. In the room they have two sleeping couches, a carpet, a chair and a television. We sit together in the small room and in the middle Miro, the 6 month old son is sleeping in a cradle. The family is clearly very poor and has limited means of securing their own survival. The father, Marek, was born with a physical disability and has problems walking. However, Marek finished high school and reads and writes with ease. Magda never went to school and does not know how to read or write. Magda tells us that in her family, girls were not expected to study but rather to help their mother and get married. Magda's brothers went to school.

Magda and her husband tell me about their children. The daughter is 14 years old, and the three sons are 12 years, 4 years, and 6 months old. The family receives a minimal sum of social welfare and otherwise relies on friends and neighbours to help them with money and food. They inherited the small house from the husband's father.

Magda is a very quiet woman who prefers her husband, Marek, to do the talking. Marek is eager to answer most of my questions. He repeatedly says that he knows more because he went to school and that Magda depends on his help because she is illiterate. Marek explains how all the children attended the community ECD centre when they were young and the two oldest are now in school. He is very proud of his daughter, who is in the 8th grade and one of the top students of her class.

I ask Magda how she felt during her pregnancies. Magda tells us that she only received free health care for the 3 oldest children and not for the youngest son, Miro. She explains to me that this is because the state only provides free health care for up to 3 children: "*So number four is not covered – we have to pay for Miro when he gets sick.*" For these reasons, Magda did not go to the doctor during her pregnancy with Miro, because she would have had to pay for the examinations.

Magda tells me that Miro was born two months premature. She suddenly started bleeding and was rushed to the hospital where Miro was delivered by a caesarean section. He was put in an incubator. The hospital wanted to charge the family for the expenses related to the treatment and the family were worried because they were too poor to pay. Marek went to the social service department and explained their situation and that he was unable to work due to his disability. After much discussion; social services eventually covered the expenses. However, the family did not receive any financial help afterwards and no nurse came to visit them at their house. Magda shows me that she still has the stitches in her stomach from where the caesarean section was made. In the hospital they told her to return to have the stitches removed but she tells me that she is too afraid to go to the doctor. Magda also tells me that since she does not produce breast milk, and they cannot afford to buy infant formula, she feeds him regular milk. She is worried about him because he is often sick.

I ask Magda if she participates in any of the literacy classes or other skills classes held in the local community centre run by the NGO. She tells me that she has never participated in any classes and that now she is too old to participate in the skills classes, because they have an age limit of 30 years. Magda is 34 years old. I ask her if she would want to go and she looks at me and shrugs her shoulders; "I don't know" she says with a smile. I then ask her about her interest in her daughters' school and she nods and says that it is important. Marek interrupts Magda and takes over the conversation again. Marek tells me that he is very proud of his daughter and if they could afford it, they would enrol her in high school. Since they cannot afford it, the daughter will instead be married this summer when she finishes the 8th grade. She is already engaged to a boy from another community. The father shakes his head and says: "*What can I do? If she stays here I cannot help her since I have no money. She is very much in love with this boy. It is better that she leaves and maybe has a better life.*"



Endnotes

- 1 Deepa Grover for UNICEF Regional Office for CEE/CIS “Is it possible to include children if mothers continue to be excluded” Concept Note prepared for the JLICED meeting, Sydney 9–23 October 2008 p. 5.
- 2 The concept of “gender” is in this paper inspired by the work of Naila Kabeer who states that: “‘Gender’ refers to the rules, norms, customs and practices by which biological differences between males and females are translated into socially constructed differences between men and women and boys and girls. *This results in the two genders being valued differently and in their having unequal opportunities and life chances.*” Kabeer; “Gender Mainstreaming in Poverty Eradication and the millennium Development Goals: a handbook for policy makers and other stakeholders”, Commonwealth Secretariat 2003 p. 1.
- 3 Grover 2008, op. cit. p. 5.
- 4 The exact number is difficult to calculate since many Roma do not identify themselves as “Roma” in statistics and large numbers of Roma also lack identity documents; CoE Roma and Travellers New Point at: http://www.coe.int/T/DG3/RomaTravellers/Default_en.asp; Fenger-Grøndahl “Sigøjnere: 1000 år på kanten af Europa. Aarhus Universitetsforlag [Gypsies: 1000 Years on the Margins of Europe] 2006 p. 11; Sykora for UNICEF Regional Office CEE/CIS op.cit 2010 p. 10.
- 5 Sykora for UNICEF Regional Office CEE/CIS op.cit 2010 p. 10.
- 6 E.g. some use self-appellations as Kale, Sinti, Romanichal instead of “Roma” that is most common in the Central and Eastern European region. Ilona Klimóvá-Alexander “The Romani Voice in World Politics: The United Nations and Non-State Actors.” 2005 p. 30.
- 7 UNICEF “Commitment to an equal future: UNICEF Policy on Gender Equality and the Empowerment of Girls and Women”, final draft 2009 p. 3.
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Human Rights Based Approach to Programming; UNICEF Mid-term Strategic Plan 2006–2009.

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- 10 International Step by Step Association op.cit. 2009 p.33.
- 11 Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) “Getting the basics right: contribution of early childhood development to quality, equity, and efficiency in education” 2009; Deepa Grover for UNICEF Regional Office CEECIS “Start at the Beginning: the meaningful inclusion of Roma children in Early Childhood Services” 2009; International Step by Step Association “Handbook of ECD Experiences, Innovations and Lessons, from CEECIS” 2009.
- 12 Joanna Laursen Brucker for UNICEF Country Office the former Yugoslav Republic of Macedonia “Roma Children: a Study of Barriers to Educational Attainment in the Former Yugoslav Republic of Macedonia” Out of School Children, Paper Series, Paper 1. p. 18.
- 13 GTZ op.cit 2009 p. 8.
- 14 Grover op.cit. 2009 p. 2.
- 15 Grover op.cit. 2009 p. 2.
- 16 Early Childhood Matters: “Strengthening the young child’s care environment” 2007 pp. 9–14; GTZ op. cit 2009 p. 12; Grover op.cit. 2009 p. 2; UNICEF Regional Office for CEECIS “A Good Start in Life; a Future without Barriers: Early Childhood Development as an Entry Point to the Social Inclusion of Roma Children” 2010 p. 2.
- 17 Early Childhood Matters opt. cit. 2007 p. 4; GTZ opt. cit. 2009 p. 6.
- 18 UNICEF Country Office Serbia: “Breaking the Cycle of Exclusion: Roma children in South East Europe 2007 p. 61.
- 19 Grover op.cit. 2009 p. 9
- 20 Early matters: European Symposium on Improving Early Childhood Education and Care: “Symposium Conclusions” 2008 p. 1. Last consulted 05.05.10 and available at: http://www.eenee.de/portal/page/portal/EENEContent/_IMPORT_TELECENTRUM/DOCS/conclusions.pdf.
- 21 Grover for UNICEF Regional Office for CEECIS op. cit. 2009 p. 9; UNICEF Regional Office for CEECIS op. cit. 2008 pp. 20–22; RECI study the former Yugoslav Republic of

Macedonia (in press); UNICEF “Towards Roma Inclusion: A Review of Roma Education Initiatives in Central and South Eastern Europe” 2010.

- 22 UNICEF Regional Office for CEECIS op. cit. 2008 p. 25 with reference to the MICS3 database.
- 23 UNICEF Regional Office for CEECIS op. cit. 2010 p. 2.
- 24 UNICEF Regional Office for CEECIS op. cit. 2008 p. 21.
- 25 UNICEF Regional Office for CEECIS op. cit. 2010 p. 4.
- 26 Excluding Turkey. UNICEF Regional Office for CEECIS “Early Childhood Development in the CEECIS region: situation and guidance” 2008 pp. 20–22.
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- 29 International Poverty Centre “Poverty in Focus” 2008; UNIFEM at www.unifem.org; UNDP at http://www.undp.org/poverty/focus_gender_and_poverty.shtml.
- 30 Kabeer op. cit. 2003 p. xiv; Naila Kabeer “Gender, Labour, Markets and Poverty: an overview” in *Poverty in Focus* 2008 p. 3; UNDP at http://www.undp.org/poverty/focus_gender_and_poverty.shtml
- 31 Kabeer op. cit. 2008 p. 3.
- 32 Kabeer op. cit. 2008 p. 3.
- 33 Annalise Moser: “Gender and Indicators: Overview report” UNDP 2007 p. 24; Kabeer op. cit. 2003.
- 34 Moser op. cit. 2007 p. 25.
- 35 Broader challenges also contribute to gender equality within the family, community and society. The care that young children receive from both parents contributes significantly to their healthy development and sharing of care work also promotes gender equality. Although many fathers worldwide take a more active role, there is a continuous need for structural change. For example a recent study from India challenges familial assumptions and the naturalisation of the division of labour. It questions whether the approach to be taken to unpaid care work is to simply recognise care as women’s work and give it value or push for more fundamental changes in the gender division of labour. In response, the study argues for a shift away from the “male bread winner” perception towards a “dual breadwinner-dual carer” model. This should be followed by provision of different preferences for care arrangements, and for quality child care services. This paper does not enter into this debate, but rather contributes with insight into the situation of Roma women in some families. This way it contributes with ethnographic knowledge to future debates and approaches on gender issues and child care regimes.

- 36 Intersectional discrimination and intersectionality are concepts that describe the situation where several grounds of discrimination operate at the same time, as for example when Romani women experience harassment and abuse on the basis of their gender and ethnicity in combination. *Multiple* discrimination is often argued to be a slightly different term that describes a situation where discrimination takes place on the basis of several grounds operating separately. Kimberlé Crenshaw (1993) in Minority Rights Group International (MRG), 'Gender, Minorities and Indigenous Peoples', 2004, pp. 11–33; European Commission, 'Tackling Multiple Discrimination' Practices, policies and laws', Office for Official Publications of the European Communities, Luxembourg, 2008 p. 16; Timo Makkonen 'Multiple, Compound and Intersectional Discrimination: Bringing the experiences of the most marginalized to the fore', Institute for Human Rights, Åbo Akademi University, 2002, pp. 1–5.
- 37 Camilla Ida Ravnbøl: "The Human Rights of Minority Women: Challenging International Discourses with the Case of Romani Women" 2008 p. 29 and 37.
- 38 Andrea Braga et. al "What does dialogue with wife of Roma say?" in *Roma Women's Journal* vol. 1, 2009; Nicoleta Bitu "The Situation of Roma/gypsy women in Europe" 1999; Nicoleta Bitu "The Situation of Roma/gypsy women in Europe" 2009 in *Nevi Sara Kali:Roma Women's Journal* vol. 1, 2009; International Romani Women's Network report (IRWN) "A Place at the Policy Table" 2003; Alexandra Oprea, "Re-envisioning Social Justice from the Ground Up: Including the Experiences of Romani Women" in *Essex Human Rights Review*, vol. 1, no. 1, July 2004.
- 39 Ravnbøl op. cit. 2008 p. 29; European Commission op. cit. 2008 p. 16.
- 40 European Commission op. cit. 2008.
- 41 European Commission op. cit. 2008 p. 41.
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- 44 Braga et. al op. cit. 2009; Bitu op. cit. 1999; Bitu op. cit 2009; IRWN op. cit. 2003; Oprea op. cit. 2004.
- 45 Braga et. al. op. cit. 2009 p. 85; Bitu op. cit. 1999; Bitu op. cit. 2009 p. 224–225.
- 46 Bitu op. cit. 1999 p. 7; IRWN op. cit. 2003 p.5.
- 47 Romani Criss: "Are the Rights of the Child Negotiable: the Case of Early Marriages within Roma Communities in Romania" 2010; UNICEF Country Office Serbia op. cit. 2007.

- 48 European Monitoring Centre on Racism and Xenophobia (EUMC) “Breaking the Barriers: Roma Women’s Access to Public Health Care” 2003 p. 6.
- 49 Berliner Institut für Vergleichende Sozialforschung (BVIS), “Economic Aspects of the Conditions of Roma women “ 2006 p. VII.
- 50 Marcella Corsi et al. for the European Commission: “Ethnic Minority and Roma Women in Europe: a case for gender equality” 2008 p. 148.
- 51 This observation confirms findings from the EUMC study on Roma women’s health *“For many reasons, Romani women tend not to prioritise attention to their own health; at the same time they are often the primary caregivers in their families and communities.”* EUMC op. cit. 2003 p. 6.
- 52 The former Yugoslav Republic of Macedonia State Statistical Office and UNICEF; Multiple Indicator Cluster Survey 2005/2006 (UNICEF the former Yugoslav Republic of Macedonia MICS) 2007.
- 53 EUMC op. cit. 2003 p. 50.
- 54 UNICEF the former Yugoslav Republic of Macedonia MICS op. cit. 2007 p. 43.
- 55 Grover op. cit. 2009 p. 7 with reference to UNICEF Multiple Indicator Cluster Survey, Serbia, 2005.
- 56 This data should be considered with caution, since we have not seen the women’s medical records to triangulate the data for verification. Still, the small number is alarming.
- 57 According to interviews with experts on Roma health issues in Romania and the former Yugoslav Republic of Macedonia, the prevailing forms of discrimination that the women experience within the health system is health personnel who have prejudice against Roma women, expecting them to bear many children, not to take care of themselves, to have a bad lifestyle etc. They might not take the women’s concerns and pains seriously. Furthermore, Roma women who do not speak the majority language may not receive adequate information in a language that they understand. According to a health expert, the causes are not only that the women are Roma, but the fact that many of them are poor and attend public clinics. Some doctors prefer to use their time in private clinics or with patients, who unofficially pay for the consultation. None of the respondents reported discrimination in health institutions which is comparable to data from other CEE countries such as Hungary where women experience segregation in Roma maternity wards, non-attendance by doctors and nurses, or that ambulances did not arrive in Roma settlements (European Roma Rights Centre “Ambulance not on the way: the disgrace of health care for Roma in Europe” 2006).
- 58 See also examples of similar findings in the EUMC op. cit. 2003 pp. 15–16.

- 59 UNICEF Country Office the former Yugoslav Republic of Macedonia: "Child poverty study in the former Yugoslav Republic of Macedonia" 2007 p. 30 with reference to data from the Institution for Mother and Child Health Protection, the former Yugoslav Republic of Macedonia.
- 60 UNICEF Country Office the former Yugoslav Republic of Macedonia op. cit. 2007 p. 31.
- 61 UNICEF the former Yugoslav Republic of Macedonia MICS op. cit. 2007 p. 32.
- 62 Statistical Office of the republic of Serbia and UNICEF Multiple Indicator Cluster Survey 2005 (UNICEF Serbia MICS) 2007 p. 13.
- 63 UNICEF Serbia MICS op. cit. 2007 p. 14.
- 64 UNICEF Serbia MICS op. cit. 2007 pp. 14–16.
- 65 GTZ op. cit. 2009 p. 9.
- 66 Harvard University, Center on the Developing Child: "Maternal Depression can Undermine the Development of Young Children" working paper 8, 2009 p. 1.
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- 70 Theodore Wachs "The nature and consequences of stress on families living in low-income countries" in *Early Childhood Matters: "Family Stress: safeguarding children's care environment"* 2009 p. 6.
- 71 *Early Childhood Matters* op. cit. 2009 p. 6.
- 72 International Step by Step Association op. cit. 2009 p.33.
- 73 BVIS op. cit. 2006 p. 159 and p. vii.
- 74 Corsi et al. op. cit. 2008 p. 143.
- 75 UNICEF Serbia MICS op. cit. 2007 p. 17.
- 76 UNICEF the former Yugoslav Republic of Macedonia MICS op. cit. 2007 p. 102.
- 77 Grover op. cit. 2009 p. 13.

- 78 Camilla Ida Ravnbøl 'Intersectional Discrimination against Children: Discrimination against Romani children and anti-discrimination measures in child trafficking programming', Innocenti Working Paper, UNICEF Innocenti Research Centre, Florence. 2009 p. 31.
- 79 RECI the former Yugoslav Republic of Macedonia op. cit.(in press); Braga et. al op. cit. 2009 p. 85; Bitu op. cit. 2009 pp. 224–225.
- 80 Kabeer op. cit. 2003 p. 161.
- 81 Sykora for UNICEF Regional Office for CEECIS op. cit. 2010 p. 12.
- 82 UNICEF the former Yugoslav Republic of Macedonia MICS op. cit. 2007 p. 95
- 83 UNICEF the former Yugoslav Republic of Macedonia MICS op. cit. 2007 p. 95 p. 47.
- 84 UNICEF Serbia MICS op. cit. 2007 p. 185.
- 85 UNICEF Serbia MICS op. cit. 2007 p. 16. What is important to underline, and what the MICS data do not illustrate, is the difference between enrolment, attendance and quality learning. Where more Roma children may be enrolled at the beginning of the year, the child may drop out later in the year. Furthermore, the statistics do not show the quality of the preschool service, for example if this is more oriented towards day care such as nutrition and sleep and less oriented towards early learning and development. Where Roma children might attend the free public kindergartens close to their community, the level of the education may not be according to early learning standards.
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- 89 BVIS op. cit. 2006 p. viii.
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- 100 Based on field visits to the NGO community centre and interviews in the former Yugoslav Republic of Macedonia.
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- 102 Based on Sykora for UNICEF Regional Office CEECIS op.cit 2010 pp. 39–40.

