



FACTSHEET

Inequalities in health, sexual and reproductive rights faced by Roma and Traveller women

The Council of Europe's response



Roma and Travellers

COUNCIL OF EUROPE

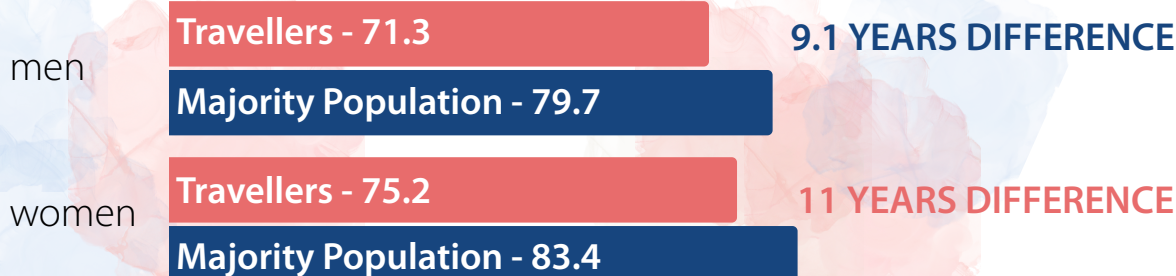


CONSEIL DE L'EUROPE

DATA ON HEALTHCARE OF ROMA AND TRAVELLERS



Discrepancies in life expectancy compared to general population in Ireland



11 % of Roma and Traveller women perceive their health status to be "BAD"

8 % of Roma and Traveller men perceive their health status to be "BAD"

In average, Irish Travellers live 8 years less

16 % of Roma women experienced discrimination in healthcare

13 % of Roma men experienced discrimination in healthcare

Non-discrimination in accessing health care

Member States should take effective measures in a timely and non-discriminatory manner to ensure for all Roma and Traveller¹ women and girls, including for those who lack the necessary financial resources or documentation, the best possible state of health and respond appropriately to and prevent all avoidable health risks they are exposed to, in particular in the areas of sexual and reproductive health and rights, including contraception, prenatal, natal and postnatal care, and mental health.

Remove financial and administrative impediments

Member States should remove any financial or administrative impediments that prevent Roma and Traveller women and girls from accessing healthcare. For those lacking financial resources, this can be achieved through free or subsidised healthcare, affiliation with a health insurance scheme free of charge or another system through which the authorities bear the costs for the necessary care.

Raise awareness

Member States should inform, raise awareness of and advise Roma and Traveller women and girls about health issues, including sexual and reproductive health and rights to enable them to request and access appropriate healthcare and create safe spaces for them to share knowledge on this topic

Eliminate any form of violence in health care

Member States should prohibit, prevent, eliminate and sanction any form of violence against women, including forced sterilisation, and other human rights violations, as well as discrimination and segregation of Roma and Traveller women and girls in the health sector, especially in maternity and reproductive healthcare settings.

Health mediators

Member States should deploy social workers and health or community mediators from Roma and Traveller communities, including women, to facilitate access to healthcare for Roma and Traveller women and girls and ease communication between them and health professionals.

¹ The terms "Roma" and "Travellers" are being used at the Council of Europe to encompass the wide diversity of the groups covered by the work of the Council of Europe in this field: on the one hand a) Roma, Sinti/Manush, Calé, Kaale, Romanichals, Boyash/Rudari; b) Balkan Egyptians (Egyptians and Ashkali); c) Eastern groups (Dom, Lom and Abdal); and, on the other hand, groups such as Travellers, Yenish, and the populations designated under the administrative term "Gens du voyage", as well as persons who identify themselves as Gypsies.

BARRIERS FACED BY ROMA AND TRAVELLER WOMEN



Societal Barriers:

- expectation to fulfil traditional gender roles
- limited education and employment opportunities
- physical and social isolation
- poor living conditions

Gender-Based Violence:

- higher risk of domestic violence
- mental and physical consequences on health



Maternity-related risks:

- early and late pregnancies
- large families
- poor access to antenatal care

Healthcare Access and Discrimination:

older Roma women are more noticeable and therefore at greater risk of negative treatment

unemployment leads to lack of social security and medical insurance

verbal abuse and hate speech when contacting healthcare services

evictions create obstacles to maintaining continuity of healthcare and public health efforts

Roma women experience discrimination and segregation in hospital rooms when giving birth

European Convention on Human Rights

Article 2 of the Convention lays down a positive obligation to take appropriate measures to protect the life and health of those under their jurisdiction (*Vavříčka and Others v. the Czech Republic*).

Positive obligation under Article 8 to have in place regulations compelling both public and private hospitals to adopt appropriate measures for the protection of their patients' physical integrity (*Vasileva v. Bulgaria*)

European Social Charter

Article 11 – The right to protection of health

The Parties undertake, either directly or in cooperation with public or private organisations, to take appropriate measures designed inter alia:

1. to remove as far as possible the causes of ill-health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;
3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

The best possible state of health should be guaranteed to Roma and Traveller women in line with international and regional instruments, the case law of the Court and the ECSR, as well as the findings and recommendations of monitoring bodies with respect to the right to health (ECRI, General Policy Recommendation No. 13 on combating antigypsyism and discrimination against Roma, § 7; General Policy Recommendation No. 16 on safeguarding irregularly present migrants from discrimination, §§ 21-25).

Roma and Traveller women and girls should benefit from healthcare in a timely and non-discriminatory manner, without facing inappropriate financial or administrative barriers. This is particularly relevant for women residing in remote locations.

Roma and Traveller women and girls should have access to health insurance schemes on an equal footing with the general population. Member States are encouraged to remove barriers which impede Roma and Traveller women and girls from accessing those schemes. Member States should take positive measures to ensure that no financial or administrative hindrance impedes the access of Roma to health insurance, healthcare and medical treatment (ECRI, General Policy Recommendation no. 13).

Promising practices

Bulgaria's Ordinance No. 26 (2007) ensures obstetric care and medical examinations for uninsured women beyond mandatory health insurance coverage.

Montenegro's Health Insurance Law exempts socially vulnerable groups, such as pregnant women up to one year postpartum, seniors over 65, and individuals with contagious diseases, from treatment costs.

Türkiye Law on Social Insurance and General Health grants free public healthcare to those earning less than one third of the minimum wage.

RIGHT TO EFFECTIVE ACCESS TO INFORMATION CONCERNING HEALTH AND REPRODUCTIVE RIGHTS

The right to effective access to information concerning health and reproductive rights is linked to private and family life within the meaning of Article 8 (K.H. and Others v. Slovakia).

To support the effective exercise of health-related, sexual, and reproductive rights by Roma and Traveller women, appropriate informative outreach is strongly recommended.

The outreach is supposed to facilitate **comprehensive and accessible sexual education** adjusted to their specific needs, **empowerment of women** and girls through knowledge and awareness.

Outreach efforts must adopt a proactive, preventive approach, addressing health risks before they escalate and ensuring early intervention. Equally important is the creation of safe, inclusive spaces where Roma and Traveller women feel respected, heard, and supported—**enhancing trust and enabling meaningful engagement with healthcare and support services.**

There is a necessity for a **trustworthy stakeholders** to be involved in the outreach conducted in **appropriate languages** understood and spoken by Roma and Traveller women and girls. The combination of the two essentials enables the facilitation of clear and effective communication channels, encourages cooperation with trusted individuals within their communities, and supports the involvement of health mediators and civil society representatives who can bridge gaps between service providers and the communities. This approach strengthens trust, understanding, and participation, ensuring that health-related interventions are both **culturally and linguistically accessible.**

Promising practices

- deployment of medical units in Roma communities and mobile vaccine teams (Bulgaria, Belgium);
- awareness campaigns, lectures and training to increase
- health knowledge on various topics; educational and informative workshops; public calls through the media for examinations and vaccinations; distribution of information materials and contraceptives (Bulgaria, Montenegro, Poland);
- Roma Information Centres with counsellors and health mediators cooperating closely with Roma (North Macedonia);
- nurses offering guidance on nutrition, hygiene, breastfeeding, and vaccination while also informing women about birth control methods (Belgium)

ELIMINATION OF DISCRIMINATORY AND ABUSIVE MEDICAL TREATMENT

Roma and Traveller civil society organisations at the International Roma Women Conferences echoed an urgency for a structural reform and accountability due to systemic healthcare inequalities.

Roma women in several Central and Eastern European countries face an exceedingly **high risk of abusive and discriminatory treatment in healthcare settings**, as confirmed by the Council of Europe's 2022 research on barriers to justice in Bulgaria, Greece, Italy, and Romania. The qualitative study highlights that Roma women frequently encounter **refusals of medical examinations, particularly from gynecologists**, and report that their access to healthcare is often obstructed by **negative and discriminatory attitudes from medical professionals**. These experiences are further compounded by **unequal treatment in hospitals and emergency care units**.

The Council of Europe Commissioner for Human Rights highlighted in 2017 alarming discriminatory practices affecting Roma women in maternal health facilities, including forms of spatial and sanitary segregation.

Documented cases revealed the use of separate rooms, bathrooms, and eating areas for Roma women within maternity hospitals or departments. In more severe instances, women were forced to share a single bed after childbirth or were assigned to beds in hospital corridors when segregated rooms were full. Additionally, conditions in these segregated areas were marked by soiled bedclothes and unhygienic toilets, reflecting a serious neglect of health standards and human dignity.

Member States should take action to address antigypsyism in healthcare and eradicate segregation in hospitals and maternity wards, as well as verbal and physical abuse against Roma and Traveller women and girls in hospital settings. This can be achieved for instance by revising anti-discrimination legislation, ensuring its proper implementation and by ensuring adequate training for health staff.

Additionally, effective complaint mechanisms should be established, and perpetrators of discrimination should be duly prosecuted and punished. Member States should take measures to ensure that Roma and Traveller women and girls are aware of these mechanisms and provide assistance in utilising them (ECRI, General Policy Recommendation. No 13).