Until we are all equal

Sexual & Reproductive Health and Rights in Romania

Current Status and Future Trajectories

2024

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Acronyms

AG	Altamont Group
AIDS/HIV	Acquired immunodeficiency syndrome/human immunodeficiency virus
AMI	Asociația Moaşelor Independente [Romanian Independent Midwives Association]
COVID-19	Coronavirus Disease 2019
CSO	Civil society organization
EMIS	Education management information system
EU	European Union
FGD	Focus group discussion
GBV	Gender-based violence
GP	General practictioner
HIV	Human immunodeficiency virus
HPV	Human papilloma virus
IUD	Intrauterine device
KII	Key informant interview
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, intersex, asexual, and others
MoH	Ministry of Health
NGO	Non-governmental organization
PI	Plan International
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
STD	Sexually transmitted disease
SDG	Sustainable Development Goal
OHCHR	United Nations Office of the High Commissioner for Human Rights
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
WHO	World Health Organization

Executive Summary

Sexual and Reproductive Health and Rights (SRHR) in Romania have undergone a number of evolutions since the fall of the communist regime in 1989. In the emerging democracy in the late 1990s and early 2000s, Romania witnessed significant progress in the realm of SRHR, with various influential international entities such as UN Agencies, the Global Fund, USAID, UNFPA, and the US Peace Corps actively involved in improving access to sexual and reproductive health services and commodities. This funding continued steadily until shortly after Romania entered the European Union in 2007, and the country was no longer eligible for overseas development assistance, and EU funds were re-directed to other development priorities. During this period, there was consistent comprehensive sex education in schools, access to family planning services and abortion services.

In the last 10 years however, not only has funding been more scarce, but services which were previously accessible through public funding have been reduced, though the rights to these services still exist in both EU and national law and regulations. The involvement of the Romanian state in SRHR has decreased significantly, forcing community supported organizations and non-governmental organizations to step up and fill the social and political roles needed in improving SRHR for the populations in Romania. While legislative frameworks protect SRHR and access to services, the reality reveals structural gaps in the provision of these services. Romanian civil society organizations working in SRHR have been tracking this reduction in services and the related consequences with great difficulty, due to a lack of publicly available information and investment in SRHR research.

Due to the lack of available information and the need to highlight gaps in implementation, qualitative research on SRHR was commissioned by Plan International Romania in collaboration with Altamont Group. Twenty-two key informant interviews and focus groups of Romanian civil society and public sector stakeholders were conducted in person and online in January 2024. These discussions along with literature analysis and stakeholder consultations produced the following findings:

- **Access to SRHR** services and information has decreased in Romania as a result of current government policies: There is limited knowledge and understanding of SRHR particularly in reference to abortion.
- **Despite abortion being legal,** many doctors refuse to perform it in public clinics and will also not provide referrals as they are required by law to do. Sometimes this is for genuine religious beliefs, but there are many examples of doctors citing religious reasons as a pretext, but then offering to perform the abortion in a private clinic for a fee.
- **There is a lack of a coherent strategic plan** to prevent and eradicate the transmission of HIV/AIDS, evidenced by the low rate of HIV testing, a lack of data, and insufficient budget allocation at the Ministry of Health for prevention and treatment strategies.

Limited comprehensive sexual education is contributing to high rates of teenage pregnancies:

- There is currently little to no comprehensive sexual education being given to youth in Romanian public schools, despite past achievements in this area
- Inadequate sexual health education contributes to high rates of teenage pregnancies (around 35–40 births per 1,000 were from women 15-19 years old, which is twice the European average, UNICEF, 2021) and limited awareness of reproductive rights and contraceptive options among young people.

- Youth receive most of their information about sex from their families, social media, the internet, and peers.
- Misinformation and mythology about sex is rampant in Romanian youth culture due to the outsized influence of social media and pornography readily available on the internet.
- Parents are reluctant to speak to their children about sexual and reproductive health issues.

There are structural and societal challenges in the Romanian healthcare system which further impede access to SRHR: SRHR in Romania is further hampered by conservative attitudes, bureaucratic hurdles, and a underfunded healthcare system, hindering access to contraception and abortion care, as well as holistic reproductive health, including prenatal, intranatal and postnatal care.

- Financial constraints make accessing reproductive healthcare, including abortion care, prohibitively expensive for many individuals, exacerbating socio-economic disparities.
- Societal stigma in healthcare impact women's access to reproductive services, with male doctors often lacking understanding, and a shortage of female doctors further complicating care, particularly for sensitive issues.
- Inadequate prenatal and postpartum support, and the medicalization of childbirth and lack of respectful maternity care highlight the need for comprehensive reforms to improve healthcare worker education and their provision of patient-centered care.

Marginalized populations in Romania face additional barriers in accessing SRHR services:

- There is significant SRHR discrimination and marginalization of groups such as refugees, Roma, LGBTQIA+, rural populations, and persons with disabilities.
- This is especially relevant to healthcare, where access to services and active discrimination within healthcare services are significant.
- Marginalized populations also experience sexual and gender-based violence at higher rates.
- Little is known about persons with disabilities and SRHR discrimination, which itself speaks to the marginalization of this population group.
- While CSOs and NGOs in Romania do provide services for marginalized populations, many do not have specific programming. When programming is geared for the whole population, it may not be enough to combat significant and systemic discrimination of vulnerable groups.

Challenges accessing SRHR are symptomatic of increasingly conservative gender norms within Romanian society:

- Gender-based violence and discrimination is pervasive and nurtured by a socio-cultural mentality of 'blaming the victim' that also has ramifications in the legal justice system.
- There is entrenched gender discrimination, evidenced by socio-economic disparities, cultural norms, and systemic barriers that disproportionately affect women, including teenage mothers and marginalized communities.
- High rates of teenage pregnancy reflect broader societal hurdles and limited access to comprehensive sexual education and reproductive healthcare services, perpetuating cycles of poverty.
- Gender normative beliefs around the traditional role of women in society, particularly within and towards communities such as the Roma, play a part in restricting women's autonomy and ability to make choices outside of traditional expectations.
- Advocacy groups and legal reforms play crucial roles in challenging discriminatory ideologies, promoting awareness, and advocating for inclusive policies and support mechanisms to address gender-based discrimination and ensure the realization of reproductive rights for all individuals in Romania.
- SRHR organizations describe the prevalence of traditional views on issues such as contraception, abortion, and gender roles within the family and society, as stemming from influence of religious institutions. This influence extends to political advocacy, where it makes use of external funding to shape legislation and public policies according to its own values. This can be a challenge, but also an opportunity to collaborate with religious organizations to affect change.

Recommendations

In light of the above challenges, the following recommendations, developed alongside Romanian civil society organizations, are proposed to improve sexual and reproductive health and rights in Romania:

- The Romanian Government should ensure the full realization of SRHR in line with Romanian law and EU standards, including as it relates to appropriate healthcare and abortion access.

- Free access to contraception should be provided, especially to marginalised groups, to prevent high rates of unwanted pregnancies including among adolescent girls.

- Respectful maternal care, including pre, intra and post-natal, should be improved, including education and training reforms to provide comprehensive, respectful and patient-centered care.

- Guidelines should be developed and training should be provided to healthcare workers on sexual and reproductive health and rights, including as it relates to survivor-centred GBV care and the clinical management of rape.

- Romanian education authorities should implement the teaching of comprehensive sexual education (CSE), respectful relationships and the prevention of gender-based violence from a young age as standard elements of the school curriculum. CSE needs to be seen as an integral component to prevention of unwanted pregnancies, abortions and reduction of sexually transmitted diseases. Comprehensive sexual education classes are an opportunity to also provide adolescents with information on how to protect themselves from risks of sexual exploitation and abuse both online and in person.

- Comprehensive sexual education should also address sexual orientation and gender identity, to enable LGBTQIA+ students to learn important sexual health information to stay healthy, but to also promote inclusion and respectful conversations as well on gender equality, gender identity and sexual orientation.

- Projects that focus specifically on marginalized populations should be initiated and supported. An equity-based and social justice approach is needed to work specifically with marginalized groups to address systemic inequalities.

- A data collection strategy is needed to ensure the centralized collection, collation, dissemination, collaboration, and application of data related to SRHR in Romania.

- The Romanian Government, SRHR service providers and civil society should work together to increase the dissemination of factual SRHR information, to ensure the Romanian public has easy access to fact-based and rights-based information. This should include free and confidential online, telephone, social media and in-person access to SRHR information. Online information portals should be available targeting both young people as well as information for parents on how to talk to their children about sexual and reproductive health and rights.

Introduction

The current state of sexual and reproductive health and rights (SRHR) in Romania is one characterized by inadequate resources, a lack of awareness, and significant misinformation and discrimination. An overview of the current government policies and initiatives related to SRHR in Romania shows that the country does have laws that protect reproductive rights and access to reproductive health services. These laws include provisions for family planning, contraception, abortion, and maternal health care. However in comparison with the rest of the European Union, Romania has very high rates of teenage pregnancy[1], underreported sexually transmitted infections (STIs)[2], high gender-based and sexual violence[3]; and deep-rooted challenges in terms of access to contraception, access to healthcare, and receiving appropriate sexual education.

As the United Nations Office of the High Commissioner for Human Rights highlights, SRHR is exceptionally important, especially for the youth, as not only could it mean the difference between life and death, but a lack of SRHR can significantly limit the personal, social, and economic opportunities a person can achieve in their life[4]. Therefore, it is crucial to better understand the status of SRHR in Romania, the challenges that are faced, how data and indicators are gathered and applied, and future programming that can support SRHR development.

This research study was commissioned by Plan International-Romania (PI-Romania) and undertaken in collaboration by Altcamont Group (AG). The research was conducted, and this report was authored, by Dr. Matthew Schuelka and Dr. Adela Fofiu on behalf of Altamont Group. PI-Romania was interested in the current status and gaps regarding SRHR in Romania, and how stakeholders can use this report to move forward in further supporting SRHR progress in Romania.

1 Romania is second in the European Union in terms of birth rate among teenage mothers: around 35–40 births per 1,000 were from women 15-19 years old, which is twice the European average (UNICEF, 2021).

2 Exact STI rates from Romania vary widely and there is a lack of comprehensive data and screening for STIs available. Geretti et al. (2022) report that STIs have been rising across all of Europe. One study found that when actively screening for STIs in Romania, the prevalence rate was much greater than 'official' population statistics (Grad, et al., 2020).

3 While there is a lack of current comprehensive data on GBV, Romania currently ranks last in the EU in the Gender Equality Index and experiences of GBV are underreported (Robayo-Abril, et al., 2023).

4 (UNOHCHR, 2018)

Research objectives

The objectives of this research are as follows:

1. **Understand the current situation of SRHR in Romania, with specific reference to:**
   - Youth
   - The refugee population in Romania, such as Ukrainian refugees
   - The Roma population
   - Persons with disabilities
   - Other marginalized groups
2. **Understand the gaps, challenges, and opportunities for SRHR, regarding:**
   - The Education Sector
   - The Healthcare Sector
   - The Civil Society Sector
   - Government Policy
3. **Understand how SRHR data is collected and disaggregated in Romania.**
4. **Apply what is learned on SRHR in Romania to highlight successful interventions that could be scaled-up and propose a Theory of Change to enhancing SRHR programming in Romania.**

Research questions

Based on the research objectives, the following questions were formulated:

1. **What are the challenges, entry points, and scalable opportunities to improve SRHR in Romania?**
   a. In the education sector and for youth?
   b. In the healthcare sector?
   c. For marginalized and minority populations such as refugees, Roma, LGBTQIA+, rural populations, and persons with disabilities?
2. **What is the status of SRHR data collection, compilation, coordination, and dissemination in Romania? Is data disaggregated by identity categories such as gender, age, location, Roma, refugee, LGBTQIA+, disability?**

Background

The evolution of sexual and reproductive health and rights in Romania represents a notable shift from the restrictive policies under the communist regime to a more liberalized approach post-1989. This transition, marked by the introduction of family planning programs and sexual education, has been pivotal in enhancing women's reproductive health and autonomy, significantly improving the landscape of women's health and rights in the country[5].

In the last 30 years, comprehensive initiatives have been undertaken to further these rights, tackling various facets of women's sexual and reproductive health. These efforts include improving access to medical services for migrant women and asylum seekers, launching awareness campaigns on domestic violence, and establishing support programs for victims. Such initiatives embody a holistic approach toward ensuring healthcare access, education, and violence prevention, crucial for bolstering women's health and rights in Romanian society[6]. In the late 1990s and early 2000s, Romania witnessed significant progress in the realm of SRHR as it transitioned towards democracy. Various international entities such as UN Agencies, the Global Fund, USAID, UNFPA, and the US Peace Corps were actively involved in this endeavor. While there's a need for concrete data on the legislative developments during this period, the departure of these international organizations upon Romania's accession to the EU marked a halt in these efforts. Their assistance contributed to the establishment of robust legislation and service delivery frameworks in collaboration with local NGOs. The legislative reforms of the early 2000s represented a milestone in this domain, with the resulting laws still in effect today. However, data collection and aid provision ceased over time. In 2001, the Ministry of Education and Ministry of Health collaborated to introduce sexual education in the mandatory education system, supported by both international and national organizations. While successful initially, the initiative faltered due to dwindling financial resources.

An overview of the current government policies and initiatives related to SRHR in Romania shows that the country does have laws that protect reproductive rights and access to reproductive health services. These laws include provisions for family planning, contraception, abortion, and maternal health care. By law, these reproductive health services are provided through the public health system, including family planning counseling, contraceptive methods, prenatal care, and maternal health services. Sexual education programs are placed on the public agenda to be integrated into school curricula to provide young people with accurate information about sexuality, reproductive health, and relationships. Romanian law also ensures access to a variety of contraceptive methods, including condoms, oral contraceptives, intrauterine devices (IUDs), and emergency contraception. These methods are supposed to be available through public health clinics and pharmacies. Similarly, abortion is legal in Romania and regulated by law. Women have the right to access safe and legal abortion services under specified conditions, such as when the pregnancy poses a risk to the woman's health or life, in cases of fetal abnormalities, or in cases of rape or incest. The Romanian government has policies aimed at improving maternal health outcomes, including prenatal care, skilled attendance during childbirth, and postpartum care[7]. It is important to note, that the gaps between stated policy and actual practices and resource-allocation in Romania are significant. Notably, legislation concerning child protection, particularly in the realm of health education, has faced recent challenges. One example of this gap is the provision for comprehensive sex education in schools in the legal structure, but as it is not mandatory and there is no public funding for it, it is not consistently provided. Although Romania is a signatory to numerous international conventions, including the Istanbul Convention[8], these have not been adequately translated into national legislation or there is a lack enforceability within the national context.

The involvement of the European Union has been instrumental, with the introduction of policies and resolutions designed to enhance access to sexual and reproductive health services. Emphasizing the promotion of contraception, access to legal abortion, awareness raising, and the integration of sexual

5 (Drăghici, 2017)
6 (Anais, 2021)
7 (EC, no date)
8 (EP, 2024)

and reproductive health and rights into public health strategies reflect the EU's commitment to accessible, high-quality SRHR services across its member states[9]. The adoption of the Matić Report by the European Parliament marks a significant step toward securing reproductive health rights across the EU. It emphasizes the importance of universal access to sex education and legal abortion services, representing a comprehensive approach to SRHR[10].

After the end of the communist regime in 1989, initiatives such as the legalization of abortion signify substantial advancements in Romania's reproductive rights landscape. These changes, achieved despite recent challenges, indicate a considerable shift in the nation's approach to reproductive health[11]. Nevertheless, it is extremely important to note that these initiatives are largely led by the civil society, with some variable support from the Romanian government. As our data will also show, the involvement of the Romanian state in SRHR has decreased significantly in the last 10 years, forcing community supported organizations and non-governmental organizations to step up and fill the social and political roles needed in improving SRHR for the populations on Romania's territory. Despite the existence of a Working Group for Health Education within the Ministry of Health, it has never convened due to the absence of a signed executive order, highlighting a policy barrier. Challenges such as limited access to services in rural areas, stigma surrounding sexuality and contraception, and disparities in access to care among vulnerable populations still exist. Efforts to address these challenges require ongoing advocacy, education, and collaboration among government agencies, civil society organizations, healthcare providers, and communities.

Efforts to address the SRHR needs of refugees, particularly during crises such as the Ukraine conflict, have focused on ensuring the availability of medical abortion, care for survivors of sexual violence, and inclusive healthcare services. These initiatives underscore the critical role of crisis response and humanitarian aid in comprehensively addressing SRHR needs.

The challenges related to SRHR in Romania are complex and dynamic. Firstly, the heightened maternal, birth, and perinatal risks associated with rising teenage pregnancy rates, particularly among minors under 15 years of age, underscore the necessity for specialized management and intervention to mitigate complications and ensure the well-being of both mother and child. This further highlights the intersectionality of gender discrimination and healthcare access, emphasizing the imperative for targeted interventions[12]. Secondly, the lack of comprehensive sexual health education regarding early STIs, pregnancy, and contraception exacerbates these challenges, necessitating urgent attention to develop targeted educational programs[13]. Lastly, a notable legislative gap impedes the full integration of midwives into the healthcare system, particularly in addressing pregnancy among minors and provision of family planning advice and products, especially in rural and disadvantaged communities where primary care is limited. This gap hinders the provision of comprehensive SRHR services to vulnerable groups, indicating a crucial area for policy intervention to ensure equitable access to reproductive healthcare services[14].

Limited access to contraception and reproductive health services, resistance to reproductive health education, financial constraints affecting access to abortion services, and the prevalence of gender-based violence, particularly impacting marginalized groups, compound the challenges within the SRHR landscape[15]. While progress has been made, especially post-1989, there is also a general complacency and even reversion that has been occurring in the past decade or so, according to both the literature and the participants of this study. The initial progress, investment, and energy that came with post-communism and post-dictatorship, and with joining the European Union, has gradually worn off, and now Romania finds itself in a place of increasing conservative politics. This is not unique to Romania alone, as much of Europe has also experienced this anti-progressive tilt. As will be evident this has a profound effect on SRHR progress in Romania.

9 (Marques-Pereira, 2023)
10 (Filia Center, 2021)
11 (Benavides, 2021)
12 (Radu et al., 2022)
13 (Radu et al., 2022)
14 (Radu et al., 2022)
15 (Filia Center, 2021; Nemeș & Crișan, 2022)

Methodology

This study employed a concurrent qualitative research design that collected data from the following participants/sources:

Youth with knowledge of SRHR in Romania, such as youth activists and school leaders

(defined as ages 13 – 18)

Young adults with knowledge of SRHR in Romania, such as youth activists and school leaders

(defined as ages 19 – 24)

Adults with knowledge and professional expertise of SRHR in Romania, such as medical practitioners

(ages 24+)

Civil society organizations (CSO) / non-governmental organizations (NGO) stakeholders

(defined as those non-profit organizations that have done at least some work in the SRHR sector in Romania)

Stakeholder consultation meeting held by Plan International Romania

(PI-Romania) in October 2023

Literature

(governmental, non-governmental, academic, media)

This research was triangulated using the following methods:

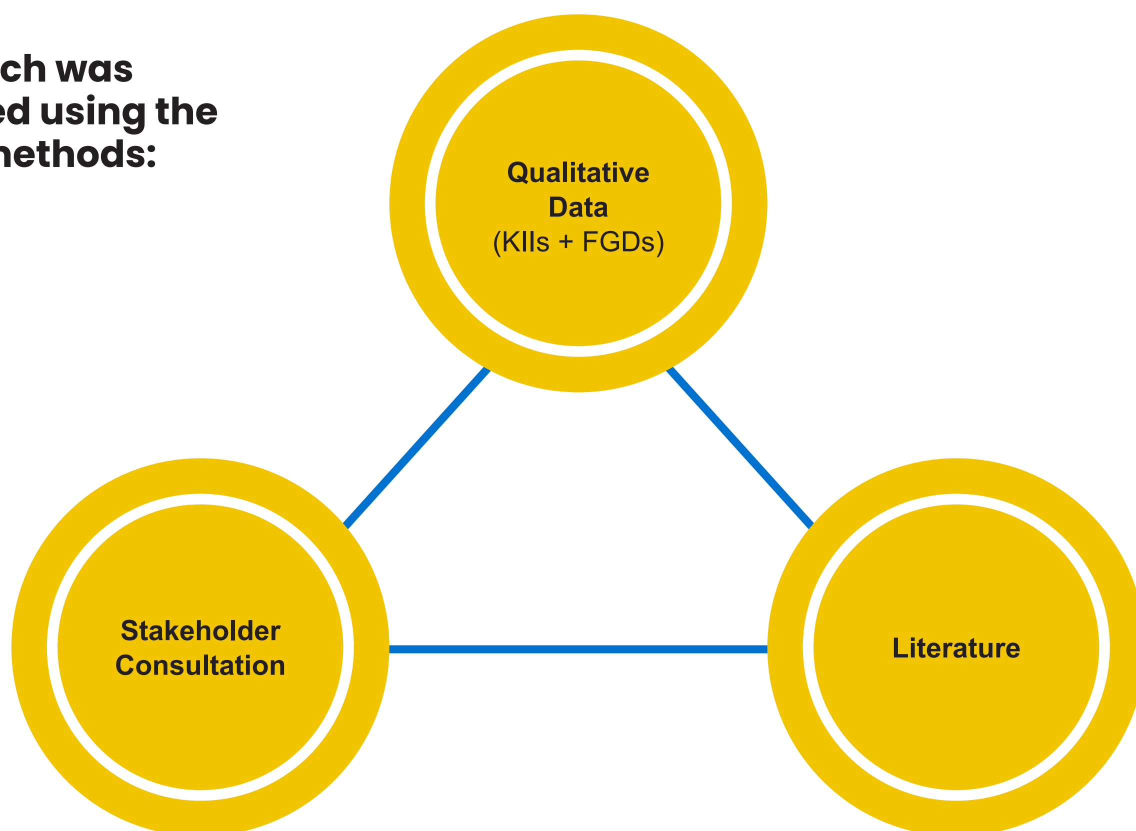

Figure 1: Data Triangulation Strategy

The number of participants and number of data collection activities are noted in the table below:

Participant Group	Data Collection Type	Number of Data Collection Activities	No. of Participants
Youth (13–18)	Focus Group Discussion (FGD)	1	12
Young Adults (19–24)	Focus Group Discussion (FGD)	1	2
Adults	FGD	2	12
CSO/NGO	Key Informant Interview (KII) [16]	18	20
Total		**22**	**46**

Participants were located and contacted by the PI-Romania office. A preliminary stakeholder consultation activity to identify initial themes to develop the research questions was conducted in October 2023. This involved the major CSO and NGO stakeholders relevant to SRHR in Romania. The PI used this consultation activity to develop a list of initial participants. Most of the data collection activities centered around those working in local CSOs. Due to the limited number of SRHR initiatives in Romania, the CSOs that were interviewed represent nearly all of the organizations in Romania currently working in the SRHR space.

Data was collected over one month (January 2024), both through online FGDs and KIIs, and by in-person fieldwork by Altamont Group's in-country staff. Examples of the interview protocols used for the research can be found in the appendices. Interviews and focus group discussions were offered in both Romanian and English. Due to participant preferences most, interviews were conducted in English, although some were also conducted partly or

16 Two of the KIIs involved two participants from a CSO/NGO.

fully in Romanian with the assistance of AG's in-country staff. At least two AG staff were present at every data collection activity to ensure reliability, and a native Romanian speaker was present at every data collection activity.

All standard research ethics procedures were followed. Participation was voluntary, participants were not compensated, and had the right to withdraw from the data collection process at any time. Participants provided verbal or written consent to be interviewed and recorded, with assurances of anonymity and the right to privacy. All participant data is stored on secure and encrypted servers only available to Altamont Group staff involved in this project. The participant information sheet and consent form can be found in the appendices of this report.

The qualitative data collected was analyzed to answer key research questions and to generate recommendations for further SRHR programming in Romania. The main analytical method for qualitative data was a thematic analysis matrix that identified key themes and take-aways and highlighted illustrative quotes relevant to the research questions. Analysis codes and themes were primarily grounded, with minimal a priori coding performed. All quotations from participants are presented as 'intelligent verbatim' transcriptions, in that they are cleaned of verbal fillers and repetitions, but the intent of the speaker is maintained. In some instances, brackets [] are used inside the quotations to indicate an interpretation or grammatical error.

The second source of data collection was a comprehensive literature review that included research reports, policy briefs, white papers, grey literature, media and news reports, and academic literature. A literature search was conducted in both English and Romanian. It is reasonable to assert that there exists a gap in the existing literature concerning the topic of Sexual and Reproductive Health and Rights (SRHR) in Romania. Literature data was used in the same manner as interview and focus group data: a grounded theory approach was used to identify themes and codes, with an additional literature search activity to supplement already established a priori codes to answer the research questions.

Stakeholders provided validity and reliability at two important junctures of this study. As mentioned earlier, a stakeholder consultation was held at the inception of the project to identify key themes, challenges, and opportunities. This consultation was used to form the objectives and research questions for the study. After data collection, analysis, and synthesis of the results, stakeholders were again convened in March 2024 to review the findings and the first draft of this report. Their feedback and insight validated that this study's findings are accurate and substantiated by their own experiences.

Despite providing a significant situational analysis of SRHR in Romania, this study has its limitations in terms of the number of participants and the time allocated for data collection, particularly from the general Romanian population. A more comprehensive study of SRHR in Romania would require at least 6 months of in-person, in-country data collection fieldwork to attain a more statistically robust sample. Such fieldwork demands robust networks, connections, and snowball sampling. Building trust within any community, especially in rural areas and with marginalized populations, necessitates time. Additionally, the researchers were unable to engage government stakeholders in the study. Despite efforts, government involvement proved challenging, as evidenced throughout the report by the government's reluctance to engage with the topic of SRHR.

Discussions with CSOs addressed the work and challenges faced by marginalized populations in Romania, including those in rural areas. However, greater representation of these groups would have been beneficial. Nevertheless, the value of the CSO interviews is paramount. These local CSOs have significant reach and impact in Romania, working with thousands of youths and adults on SRHR programming. Therefore, they serve as important representatives of the broader Romanian population.

Current Challenges and Opportunities for SRHR in Romania

Status of Sexual and Reproductive Health and Rights:

Legislative frameworks and implementation gaps

In Romania, the status of sexual and reproductive health and rights reflects a dynamic interplay of evolving policies, healthcare provision, and societal attitudes, marked by both progress and persistent challenges. This is often exacerbated by shortcomings in government policies and implementation. Despite the progress made, challenges persist, including geographic disparities in service availability and persistent social stigmas.

This is clearly expressed by the participants to our study:

> **"[In] terms of legality or what exists on paper, Romania actually looks quite good. Let's take the example of abortion, which is technically a right that is given to women within this country, and it exists on paper, it is enshrined, it has existed for a long time and Romania has a particular history with regards to that. However, in practice that right is not exercisable. It exists, but it's not respected, and you will see this across many other things." (KII15)**

Romania permits abortion up to 14 weeks (about 3 months) "on demand" and up to 24 weeks (about 5 and a half months) for medical reasons. However, parental consent is required for teenagers under the age of 16, reflecting challenges in establishing clear norms for youth access to abortion services. Accessibility to abortion services remains restricted, with only select public hospitals offering abortions on demand, despite it being legal. Financial barriers and conscientious objections by doctor's further complicate access. The cost on average for a private abortion is estimated at 1200 RON (€241) for a medical abortion and 3000 (€600) for a surgical abortion, with prices even higher on the private healthcare market.

Romania's communist history includes stringent pronatalist policies with prohibitions on contraceptives and most abortions, with enduring psychosocial repercussions.[17] One of our informants made a reference to how abortion rights are affected by ideology or moral concepts, mentioning the case of fake pregnancy emergency centers in Iași (KII12). These centers function based on convincing women who wish to have an abortion to keep the pregnancy, working

17 (Iepan, 2005)

around the legal provisions on the rights to abortion. Effects of these historical and moral attitudes are still visible on the public agenda and in attitudes towards abortion, sexual education, and family planning.

According to a recent report by the AMI [Romanian Independent Midwives Association],[18] only 4% of public hospitals provide medical or surgical abortions, and only 15% provided any sort of pregnancy termination. However, those that did provide pregnancy termination services and counseling would only provide abortions up to a limited number of weeks of pregnancy, a lower number of weeks than the medical recommended guidelines as well as those reflected in national legislation. The numbers for private clinics are only slightly better. The figure below shows the level of access to abortion services across Romania

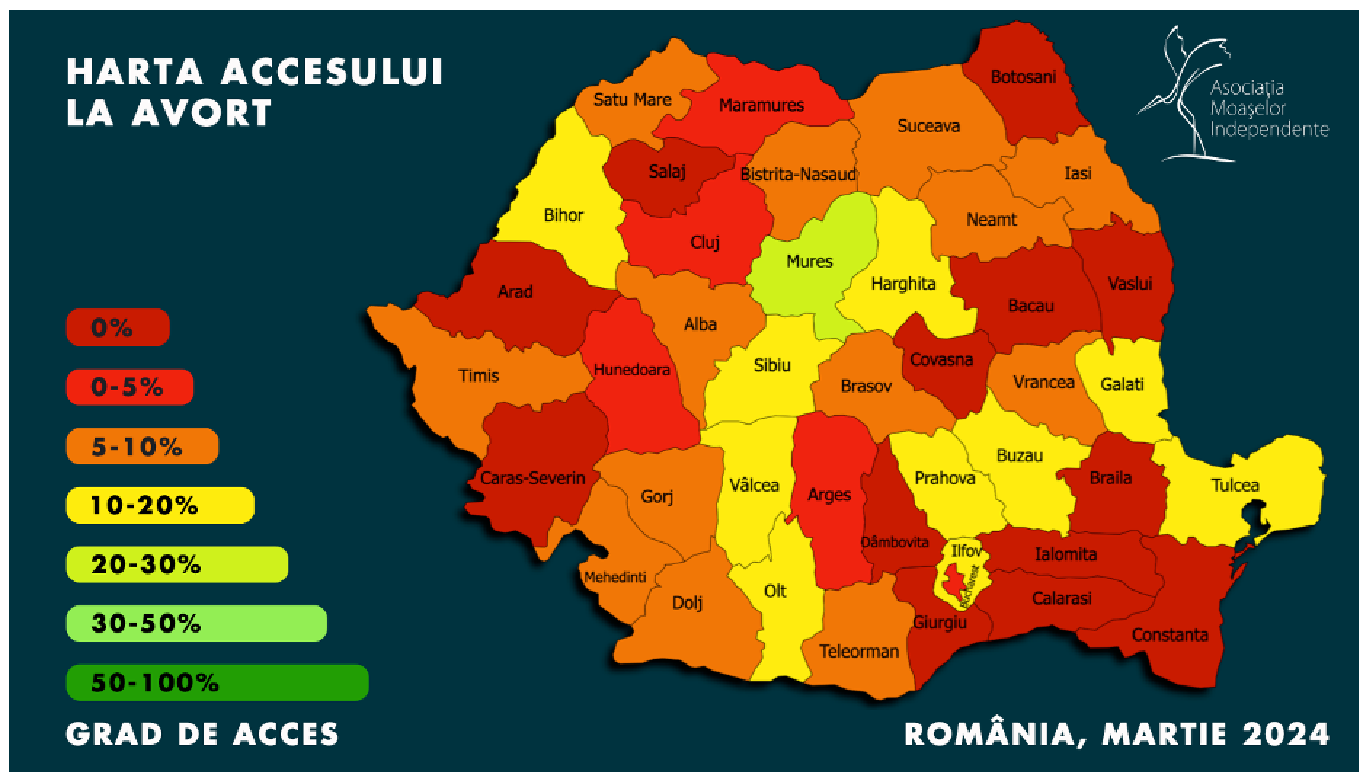

Figure 2: Level of Access to Abortion Services in Romania.
The scale indicates the degree of access to abortion services in percentage, as of March 2024[19]

Government initiatives frequently fall short in addressing the diverse needs of populations, particularly in rural and marginalized communities, where access to SRHR services remains limited. The Ministry of Health currently does not provide free and universal access to contraceptive methods, emergency contraception and protection, and the Government did not allocate the necessary funds for these services in the 2024 Budget. The Romanian NGOs concerned with SRHR issues requested the allocation of these funds, of 10,000,000 lei according to the National Health Strategy, considering that the money can still be allocated for the current year within the budget rectification or from the Budget Reserve Fund.[20] Additionally, bureaucratic hurdles, resource constraints, and outdated attitudes within governmental institutions hamper efforts to ensure equitable access to contraception and safe abortion services. Despite nominal support for gender equality and women's rights, systemic barriers perpetuate disparities in healthcare access and maintain harmful social norms. Focus group discussions within this study repeatedly showed that the laws for SRHR are oftentimes confusing and subject to interpretation and that the awareness and understanding of rights by the population are very low, particularly when it comes to abortion.

18 (AMI, 2024)

19 (AMI, 2024, p. 22)

20 (Coaliția pentru Egalitate de Gen, 2024)

Prevention of Gender-based violence

There are several projects across the country that aim to assist victims of domestic violence, offering counseling, legal aid for protection orders, psychological support, and integration activities. The overarching goal is to raise awareness about gender-based violence and enhance the implementation of human rights standards.[21] Our focus group data, though, shows that general attitudes in the country are built around misconceptions about what sexual violence, domestic violence, or rape means, further strengthened by the custom of 'victim blaming'. Generally, the authorities fail to provide support to victims of gender-based violence and are not trusted, as they oftentimes ***"turn a blind eye"*** (KII14). Nevertheless, respondents have observed that the system for obtaining restraining orders against abusive partners has gotten better. Advocacy efforts also focus on modifying legislation concerning violence against women to drive systemic changes in how gender-based violence is addressed institutionally and perceived societally.

Romanian NGOs specialized in SRHR issues implement educational sessions and professional training to raise awareness about gender-based violence, including intimate partner violence, human rights, and sexual and reproductive health. Information materials are distributed in multiple languages to cater to the diverse demographic landscape. This work is mostly done by community-supported organizations and by NGOs and less so by government structures and agents.

Restricted access to reproductive healthcare has had profound psychosocial effects on women, undermining their reproductive rights and leading to personal tragedies. The low knowledge and understanding of SRHR, as mentioned earlier, makes the situation worse for women. The most frequent complaints that participants to our FGDs reported are that babies are removed from their mothers immediately after birth, and that maternal care during pre-natal, birth, and post-natal periods is considerably problematic, taking the form of dismissive comments from nurses or delays in treatment of pain.

Education and Youth

In Romania, the landscape of sexual education for youth is marked by significant gaps and challenges, reflecting broader societal, cultural, and policy-related issues. The country's educational system does not systematically provide comprehensive sexual education, leaving a void in young people's understanding of sexual health. This gap is further heightened by the Romanian Senate's resistance to revisiting legislation that proposed sex education classes, contingent upon parental consent and limited to once a semester.[22] The participants in this study voiced significant concerns regarding SRHR education for youth in Romania. As was mentioned earlier in this report, sexual education for the youth is seen as the greatest challenge in Romania, according to participants.

The historical context of sexual education in Romania, particularly during the communist era, was characterized by severe restrictions and secrecy. This legacy of limited sexual health information has contributed to ongoing challenges in addressing unintended pregnancies and ensuring effective sexual education. The controversy surrounding sexual education in Romanian schools stems from opposition by religious and conservative groups, leading to inconsistent implementation and reliance on parental consent. This situation illustrates the significant resistance and lack of consensus on the need for structured sexual education programs.[23] One participant noted that it is widely believed in Romania that sexual education will "teach children to become perverts" (KII12). Abstinence-only messages are pervasive and targeted towards youth, as there is also a belief that contraception encourage youth to have sex.

Currently, sexual education is an opt-in reduced module offered to secondary students. Schools in Romania can choose whether to even offer the curriculum, and then parents must decide whether they allow their children to participate. The teacher must also be open to teaching the curriculum and can opt out. This is drastically different from how sexual education used to be offered in Romania, particularly in the immediacy of the post-communist era. In previous curriculum development, there was consultation with NGOs and SRHR experts from Romania and abroad. Currently, there is no consultation on sexual education curriculum outside of the prevailing religious institution according to one of our participants (KII13).

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21 (Dinu, 2022)

22 (Filia Center, 2021)

23 (Dinu, 2022)

The little sexual education that does occur in Romanian schools is primarily medical and scientific in its approach. Conversely, when topics such as sexual and reproductive organs come up in human biology class, teachers tend to skip over the topic completely (KII06). On one hand, biology classes avoid any mention of sex, such as what this participant mentioned:

> *"Our biology teacher – a woman – said, "I'm supposed to teach you about STIs but I'm sure you know all about it so I'm not going to go through it" (KII10). On the other hand, classes that are supposed to be about sex become quite medical, such as what this focus group participant mentioned: "So the teacher just told us something like how it happens or what are the organs, but nothing about specific diseases that we can get, nothing about the risks that we could be exposed to. So, she was also a bit shy, so she just wanted to have everything done so that we can go to summer holiday" (FGD03).*

This is not to say that teachers are not interested in better materials and information when it comes to sexual education, but such materials and information are not readily available unless they proactively seek it out from civil society.

With the absence of sexual education in schools, youth are primarily getting their SRHR information from social media, the internet, and other youth. However, media literacy is a big problem in Romania (KII18) and misinformation and sexual mythology are pervasive. According to one of our participants,

> *"All our Romanian teenagers or teenagers living in Romania are getting information, but not [from] the right places: not from their teachers, not from schools. [They] go online, they watch porn, they ask around. We [now] have a lot of teenagers and youth that are calling our helpline and they are checking with us what they discussed with their friends. And, of course, it's a lot of misinformation and of myths that are circulating around." (KII02)*

According to our participants, primary sources of SRHR information for youth include TikTok, YouTube, and pornography. Global influencers such as Andrew Tate (who is a Romanian resident) – which represents a brand of toxic masculinity that appeals to young men – are popular in Romania. Online sources can spread sexual myths and misinformation rapidly and easily. According to a participant in a focus group,

> *"I myself have watched a few videos on TikTok for example, from a person who says was a doctor but still did not recommend using any contraceptive methods, including condoms, because she was saying that it's God's will [if you get pregnant] and you would have to keep the child" (FGD03).*

Other examples of misinformation cited by our participants include ***"wearing two condoms to increase prevention"*** (KII03) and far-right propaganda news sites like Sputnik.ru that spread the false believe that the HPV vaccine causes autism. To combat this misinformation, there are some popular CSOs in Romania that have a significant presence online and in social media. For example, one CSO we interviewed reported that they use social media (TikTok, YouTube, etc.) to teach youth about positive SRHR beliefs and practices. They have approximately 500,000 followers and more than 100 million views of their videos.

In general, parents in Romania are reluctant to speak to their children about sex – similar to the reason behind a lack of sex education in schools, believing that talking to their children about sex will encourage them to be sexually active. Likewise, youth are reluctant to speak to their parents about sex and ask questions. Despite this, parents and families are a primary source of sexual education for youth. Many adults in Romania share similar misinformed views on sex with youth and are also likely to have conservative and religious views when it comes to abortion, sexual activity, contraception, STIs, menstruation, and women's bodies in general. However, several participants in our study noted that attitudes are slowly shifting as a younger generation of parents emerge with more liberal and cosmopolitan views. In a survey of over 300 youth and young adults (age 15–35) conducted by PI Romania, the majority (50%) of sexual education – particularly when it comes to girls and menstruation – was reported to come from families.

Challenges in accessing reproductive health services highlight the intertwined issues of sexual education and reproductive health, affected by cultural and religious norms. These barriers point to a broader context of obstacles impacting sexual and reproductive health rights in Romania. Informal education efforts, while vital, are not enough, and there is considerable need for formalized, systematic, and science-based sexual education within schools to ensure comprehensive and accurate information reaches all young people. The COVID-19 pandemic has exacerbated existing vulnerabilities, including increased domestic and sexual violence, highlighting the urgent need for accessible sexual education and support services.[24] Many of the

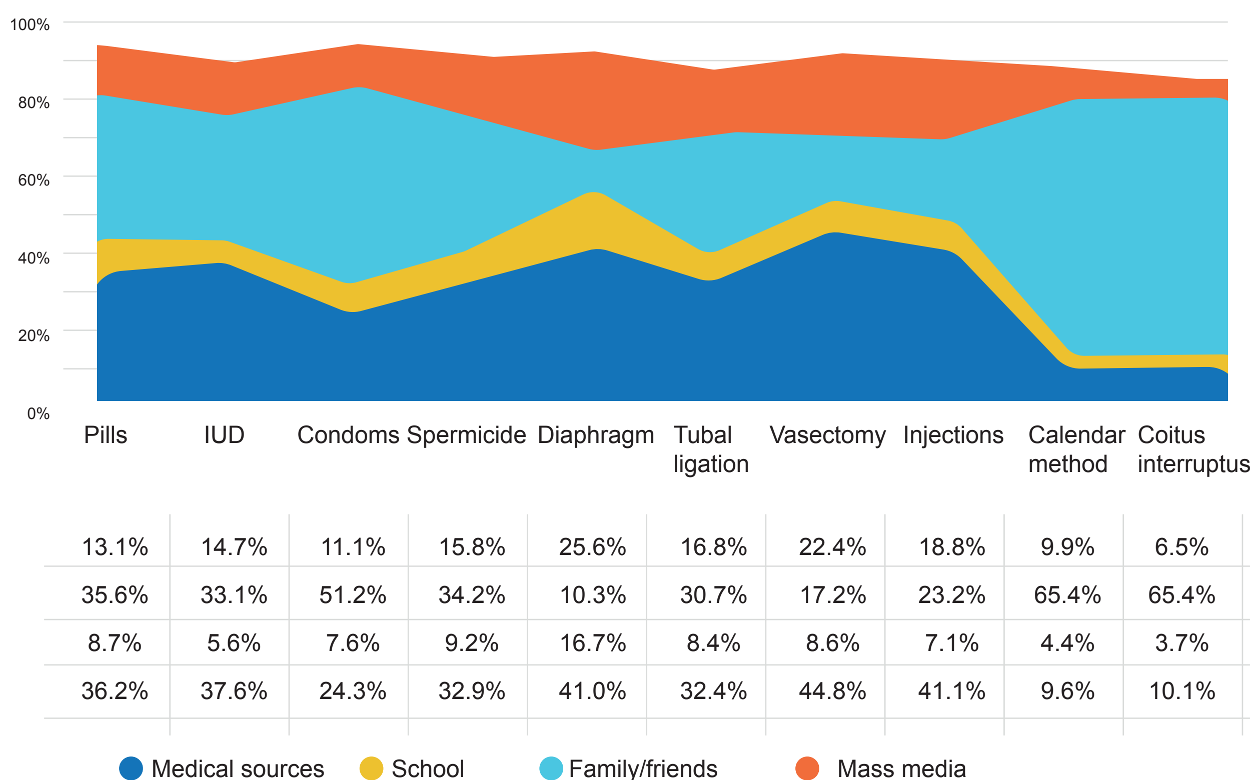
24 (Alexandru, Braga, and Pantel, 2021)

CSOs that we interviewed are addressing these needs head-on. One participant involved in this kind of work shared:

> *“We are trying to teach children from ages 12 to 18 how to have not only respectful relationships between their peers and romantic relationships, but [we’re] also teaching them what healthy boundaries mean, how to reinforce them, [and] how to tell if they’re in an abusive relationship. And also sex ed: how their body works when they’re hitting puberty and what to expect, what changes what we noticed in our from our experience, and also based on what our colleagues are doing. It’s working better when we have both girls and boys alike in the same classroom, because boys are also curious about how girls are functioning.” (KII04)*

Many CSOs that we interviewed are engaged in providing youth with direct sexual education, either through offering workshops in schools or through programming and discussion groups at youth centers. Since CSOs that work in schools must be invited in by the teachers and Principal, their scope is limited. It is harder to reach schools in more remote areas of the country, and especially those in more rural județe [counties] that are more religiously conservative such as in the region of Moldavia.

A SRHR survey of over 300 youth and young adults (age 15–35) was recently conducted by PI Romania, reinforcing what was reported by the participants and found in the literature. Less than half of participants in the survey reported using contraceptives (43%), and access to contraception varies widely according to gender, region, and socio-economic status. In terms of education, the results of the survey indicate that only 25% of girls received any information or support on menstruation in schools. As mentioned above, families are the primary source of sexual education, and doctors are the least preferred source of sexual information. These findings are echoed in a similar study conducted by UNICEF – see figure below – that found that family, friends, and mass media are by far the greatest source of sexual education and contraception information and school is by far the lowest source of sexual education and contraception information.



Pills	IUD	Condoms	Spermicide	Diaphragm	Tubal ligation	Vasectomy	Injections	Calendar method	Coitus interruptus
13.1%	14.7%	11.1%	15.8%	25.6%	16.8%	22.4%	18.8%	9.9%	6.5%
35.6%	33.1%	51.2%	34.2%	10.3%	30.7%	17.2%	23.2%	65.4%	65.4%
8.7%	5.6%	7.6%	9.2%	16.7%	8.4%	8.6%	7.1%	4.4%	3.7%
36.2%	37.6%	24.3%	32.9%	41.0%	32.4%	44.8%	41.1%	9.6%	10.1%

Figure 3: Sources of Information on Contraception Methods[25]

The consequences of the dearth of comprehensive and science-based sexual education also can be seen in the outcomes for youth in Romania. For example, Romania has the second highest teenage pregnancy rate in

25 (UNICEF, 2021, p. 48)

the European Union (see figures below).[26] The restrictive impact of historical pronatalist policies and the current landscape of misinformation and fear surrounding sexuality and reproductive health underscore the profound psychosocial effects on individuals' decision-making abilities regarding their sexual and reproductive health. This situation necessitates comprehensive policies and programs to effectively address these pervasive issues.[27] These should be led by centralized government efforts, in partnership with SRHR experts and CSOs working on these issues, although the current political climate makes progressive and comprehensive sexual education very difficult.

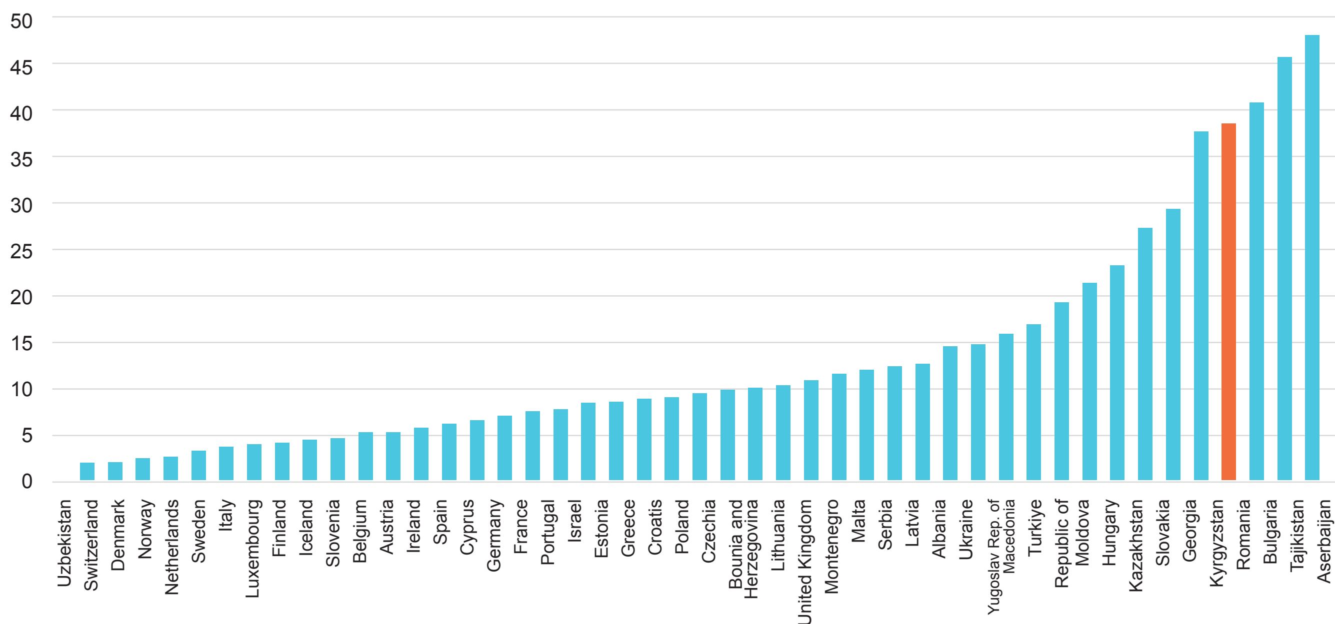


Figure 4: Adolescent Birth Rates (ages 15–19) in Europe and Central Asia, per 1,000 women[28]

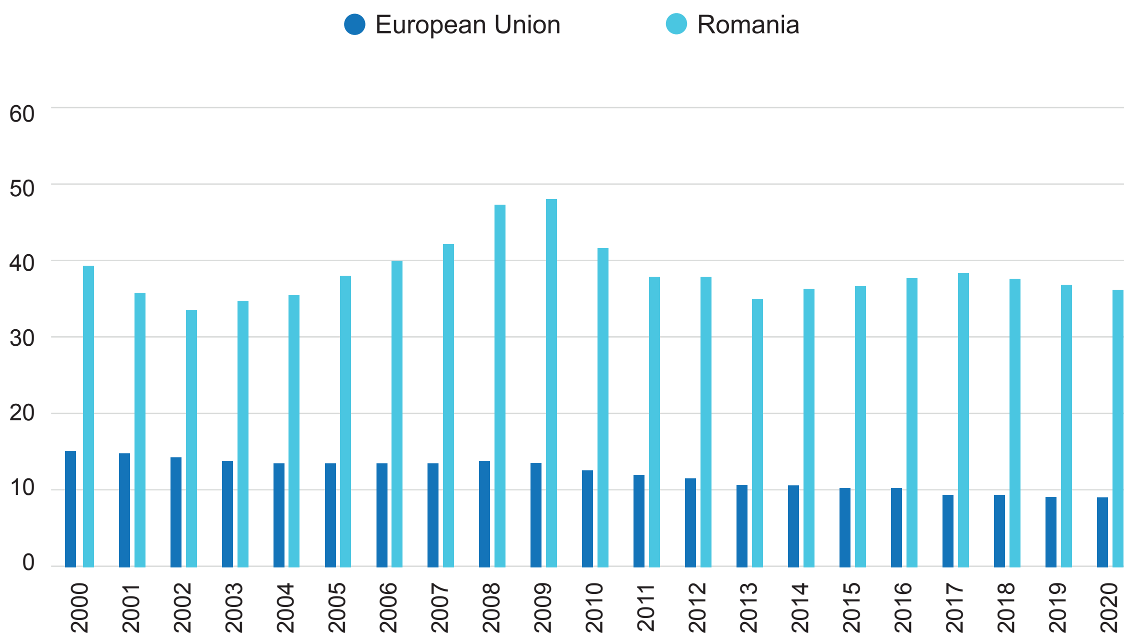


Figure 5: Adolescent Fertility, Romania vs. EU Average, 2000–2020[29]

26 (Radu, et al., 2022)

27 (Baban and David, 1994)

28 (Robayo-Abril, et al., 2023, p. 39)

29 (Robayo-Abril, et al., 2023, p. 39)

Healthcare

Healthcare in Romania related to sexual and reproductive health presents a landscape marked by challenges and shortcomings, reflecting deep-rooted societal, cultural, and systemic issues. Despite legal provisions and international commitments aimed at safeguarding reproductive rights, access to comprehensive sexual healthcare remains limited and unevenly distributed across the country. Romania grapples with conservative attitudes, bureaucratic obstacles, and an underfunded healthcare system, impeding individuals' ability to access essential services such as contraception, STI testing, and birth or abortion care.[30] Stigma and misinformation surrounding sexual health persist, exacerbating barriers to education and equitable healthcare access. In examining Romania's SRHR framework, it becomes evident that urgent reforms and increased awareness are imperative to address the multifaceted barriers undermining the sexual health and rights of its population.

The effectiveness of sexual healthcare services in Romania presents a complex picture marked by both advancements and persistent challenges. Studies, such as the one conducted in Ploiești[31], reveal significant gaps in health literacy among teenage mothers, underscoring a nationwide shortfall in sexual health education and awareness. This deficiency contributes to high rates of teenage pregnancies and their associated complications. According to Radu and colleagues, "among teenagers between 15 and 19 years old in Romania, 5-10% get pregnant annually. The birth rate in these adolescents is constantly increasing. Romania ranks first in the European Union (EU) in the number of children born by mothers under the age of 15, representing a third of all EU cases, i.e., 676 in 2000".[32] This suggests a pressing need for enhanced educational policies and a multidisciplinary approach to address these issues across both rural and urban areas. The scarcity of information and educational programs exacerbates young women's difficulties in accessing sexual healthcare services, with socioeconomic factors notably influencing healthcare access. Teenage pregnancies disproportionately affect those in impoverished conditions, creating a cycle of inadequate medical supervision and restricted access to vital healthcare services, thereby perpetuating the problem within affected families and communities.[33] While live births to mothers under 15 years of age has been falling, between 2018 and 2019 it increased in the northeast and northwest of Romania, as seen in the figure below:

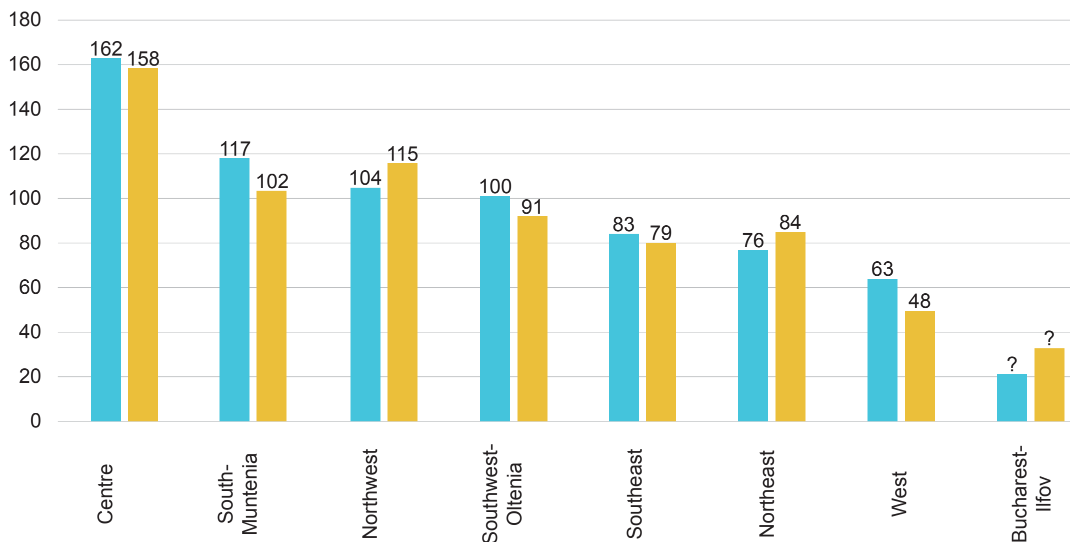


Figure 6: Live Births to Mothers Under 15 Years of Age in Romania, 2018–2019[34]

Nationwide, the accessibility of family planning services is limited, with a mere two out of One hundred seventeen (2 out of 117) offices offering free contraception. The lack of a coherent national strategy for contraceptive methods and the obstacles faced in accessing abortion services highlight further systemic issues. The COVID-19 pandemic

30 (Filia Center, 2021)

31 (Radu et al., 2022)

32 (Radu et al., 2022)

33 (Radu et al., 2022)

34 (UNICEF, 2021, p. 13)

has added strain to the healthcare system, disrupting reproductive health services and underscoring the necessity for an efficient information system to bridge communication between doctors and patients amidst mobility restrictions.[35]

> *"Some hospitals said that due to COVID, they had shut down all elective services that they were providing in terms of sexual and reproductive health and rights. So during the pandemic and later on, until the state of emergency and the state of alert was kind of diminished by the government and the presidency, hospitals were not offering any elective services in terms of sexual and reproductive health rights." (FGD03)*

Financial constraints, lack of resources, societal and cultural resistance, coupled with conservative ideologies, present significant barriers to sexual healthcare. Public attitudes and healthcare system responsiveness to reproductive health needs are influenced by gender stereotypes and conservative views, resisting sexual health education and services.[36] Romania meets its legislative obligations for SRH services, yet faces challenges such as corruption and informal financial barriers. The identification of comprehensive SRHR education as a pivotal need by the civil society highlights the urgency to address cultural and traditional views impeding women's rights and access to sexual and reproductive health services.[37]

Structural inequalities affecting healthcare access impact women, especially those from minority groups or with lower educational attainment. The exacerbation of these challenges by the COVID-19 pandemic has significantly hindered access to essential medical services, including maternal and reproductive healthcare for women in rural and vulnerable populations.[38] Furthermore, the Family Planning Centers that were created in the early 1990s, after the revolution of 1989, are very under-resourced and people are either choosing to not access them or are not able to access them. Reflecting on the communist regime's strict pro-natalist policies, their enduring influence on reproductive rights and access to sexual healthcare services is evident.[39] Post-1989 legislative changes have fostered progress, yet the challenge of promoting modern contraceptive use persists, underscoring the ongoing need for advocacy and efforts to enhance women's status in society, particularly in reproductive health matters.[40] The historical context of sexual health and education, marked by taboos and restrictions during the communist era, continues to influence contemporary societal attitudes towards open discussions and access to sexual and reproductive healthcare. Documentation on issues like domestic violence sheds light on the broader challenges women face, including access to justice and healthcare services, compounded by factors like low education levels and economic constraints.[41]

As mentioned, sexual healthcare services in Romania are provisioned through a framework that includes medical access, educational initiatives, and support systems aimed at addressing the spectrum of reproductive health needs. This framework seeks to prevent unwanted pregnancies, ensure safe childbirth, offer abortion and post-abortion care, as well as family planning and contraception counseling. According to the World Health Organization, sexual health encompasses a state of complete physical, mental, and social well-being in sexual matters, advocating for a life free from coercion, discrimination, and violence. This broad definition frames the scope of services provided within the country, emphasizing the prevention and treatment of sexual diseases and the safeguarding of sexual rights.[42] The emphasis on universal healthcare access, including reproductive health services, is supported by the European Union. It champions the provision of a comprehensive array of services without coercion, allowing individuals the autonomy to make informed decisions about their reproductive lives. The EU further recommends the implementation of age-appropriate, evidence-based sexual and reproductive health education, alongside efforts to dismantle social barriers obstructing the realization of these health rights. Access to sexual and reproductive health services, particularly for women, includes free abortion consultations and efforts to improve service accessibility and raise awareness about available rights and services. There is also an initiative aimed at increasing men's awareness and responsibility towards sexual and reproductive health issues.[43]

However, challenges in accessing these essential services persist, as evidenced by the limited number of family planning offices offering free contraception and the lack of a national contraceptive strategy.

35 (Filia Center, 2021)
36 (Filia Center, 2021)
37 (Dinu, 2022)
38 (Alexandru, Braga & Pantel, 2021)
39 (Alecu & Băltărețu, 2022)
40 (Baban & David, 1994)
41 (Nemes & Crisan, 2022)
42 (Marques-Pereira, 2023)
43 (Marques-Pereira, 2023)

The resistance of the government to developing sex education legislation further complicates access to necessary educational resources.[44] The decline in government support for family planning services, evidenced by clinic closures and the refusal of gynecologists to perform abortions due to conscientious objections, indicates growing access challenges.[45] Our FGDs have highlighted that doctors refuse to give care for religious and political reasons – whether or not this is actually true or if this is a pretext to refer women to private care where doctors can make additional money – and when they do provide care, medical cases can become difficult and complicated, as one of our respondents testified:

> *"I almost died like at the end of October because of one of those abortion pills taken at the doctor's office … I spent three days in hospital almost dead and with a blood transfusion. Anyway, the doctors are like this: they prescribe me the pill [and say] 'good luck lady, go home', whatever." (KII04)*

This discovery aligns with the findings of the AMI in their recent report,[46] indicating that doctors are hesitant to assume any risks or potential liabilities due to the complexities involved.

Furthermore, public access to reproductive healthcare services is severely lacking, forcing many individuals to turn to private care if they have the financial means to do so. This discrepancy in access is starkly illustrated by the reality that even in cases of rape necessitating abortion care, individuals are required to bear the financial burden: ***"Even if you have a rape, you have been raped and you need abortion care, you have to pay for it"*** (KII02). Public insurance covers only specific checkups or procedures, leaving many essential reproductive health services out of reach for those reliant on the public healthcare system. Consequently, private clinics, while more efficient and offering superior services, are often inaccessible due to their prohibitive costs. Unfortunately, the privatization of healthcare exacerbates disparities, as doctors frequently advise women to seek appointments with private providers, including themselves in private practice, further perpetuating the cycle of unequal access to reproductive healthcare in Romania.

Efforts by Romanian NGOs demonstrate the active pursuit of improved sexual and reproductive healthcare access, collaborating with national organizations to offer alternatives for those unable to obtain termination services in Romania.[47] However, refugees and other vulnerable populations encounter significant obstacles, including financial barriers and policy ambiguities, that hinder their access to these critical healthcare services. Several of our informants working with Ukrainian refugees mentioned that they had managed SRHR cases where doctors discriminated and refused to provide care for Ukrainians because of language issues. Also, there is persistent discrimination against HIV positive individuals, hepatitis cases, sex workers, or rape cases, with doctors refusing to provide the proper prevention or treatment care, further pressing responsibility and blame on the side of the victims and patients.

> *"We have HIV transmitted from mother to child because they don't get the care that they need and the treatment in pregnancy. We have a lot of hepatitis also. For example, we don't have a [prophylaxis] after rape from the hospitals." (KII02)*

In Romania, the level of awareness and understanding of rights to contraception remains subpar, hindered by persistent societal taboos, inadequate education, and limited access to comprehensive sexual health information. While contraception is legally available and accessible, particularly through pharmacies and healthcare providers, the cultural and social stigma attached to discussions about sexual health often deter individuals, especially young people, from seeking information and services.

Additionally, comprehensive sex education in schools is lacking, with curricula often skirting around topics related to contraception, leaving many young people uninformed about their reproductive rights and contraceptive options. Conservative societal norms and religious influences contribute to the perpetuation of myths and misconceptions surrounding contraception, undermining individuals' autonomy and decision-making regarding their sexual and reproductive health.[48] Consequently, despite the legal framework in place, the practical realization of rights to contraception in Romania remains impeded by systemic and cultural barriers, highlighting the urgent need for comprehensive education and awareness campaigns to promote informed choice and access to contraceptive services.

The transition from the restrictive practices of the communist era to the present-day challenges in accessing contraception and abortion services presents

44 (Filia Center, 2021)
45 (Benavides, 2021)
46 (AMI, 2024)
47 (Filia Center, 2022)
48 (Cassonet, 2022)

a complex narrative within the domain of women's sexual and reproductive health. Historical prohibitions on contraception and abortion have evolved into current situations where knowledge about and access to reproductive health services significantly vary, reflecting the influence of broader societal and political shifts. This evolution is marked by a legacy of low contraception use and substantial gaps in women's awareness of their reproductive rights and health options, a situation exacerbated by recent decreases in government funding and the influence of conservative and religious groups.[49]

Access to contraception in Romania is negatively affected by several challenges, particularly noticeable in rural areas where healthcare providers are even more reluctant to offer contraceptive services. Financial constraints make contraception and abortion services prohibitively expensive for many, contributing to the country's high rates of teenage pregnancies, among the highest within the European Union. This situation signals a critical gap in SRH education, further hindered by the cessation of government subsidies for contraceptives in 2011 and the removal of sex education from school curricula.[50] While contraception use has been rising in Romania, there are still a significant proportion of women who either do not use any form of contraception or use a traditional method (abstinence, rhythmic tracking, withdrawal), as opposed to a modern method (oral pills, implants, injectables, condoms).

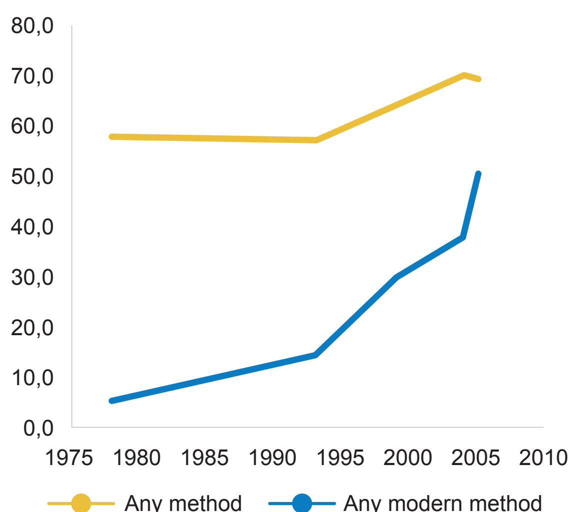


Figure 7: Share of Women of Reproductive Age in Romania Using Contraception (Any vs. Any Modern Method)[51]

The prevailing conservative attitudes towards abortion and contraception, as exemplified by government spokespersons' comments favoring pregnancies over abortions in 2020, reflect broader societal challenges to reproductive rights. Such attitudes, combined with financial barriers and systemic corruption in the healthcare sector, restrict access to essential reproductive health services.

The reluctance to provide contraceptive services is further complicated by the influence of conservative and religious beliefs,[52] a fact also confirmed in our interviews:

> *"Big culture of shaming in Romania … a lot of young people are afraid to ask their parents about contraception … ask for money to buy contraception … parents will feel shame as well." (KII10)*

> *"Probably because of the same reasons as stigma, maybe they're afraid that the people who are there in the drug store will look through like 'oh you're a slut' or whatever nice names we can add next to contraceptive." (KII04)*

The cost of contraception is often prohibitively expensive for many individuals, exacerbating existing socio-economic disparities. Social stigma surrounding discussions about sexual health further impedes access, creating a culture of silence and misinformation. For women seeking oral contraception, additional hurdles exist as it requires a prescription and can only be obtained with parental approval before the age of 16. Emergency contraception such as the Plan B/morning-after pill or abortion pill is restricted to individuals over the age of 18, adding another layer of restriction to reproductive healthcare access. Statements from focus group and interview discussions in this research also show that doctors refuse to give birth control to teenagers, based on the belief that the teenager is too young. These barriers underscore the urgent need for comprehensive reforms and initiatives to address systemic deficiencies and promote equitable access to contraception for all individuals in Romania.

Despite abortion being legally available, the refusal of numerous doctors to perform abortions based on conscientious objections highlights the barriers to accessing safe and legal abortion services. The legislative framework to provide SRH services exists, yet practical barriers to accessing these services persist.[53] Finding a clinic or hospital that offers abortion services can be a daunting task, as the number

49 (Bird, 2019; Benavides, 2021; Drăghici, 2017)
50 (Benavides, 2021; Dinu, 2022)
51 (Robayo-Abril, et al., 2023, p. 40)
52 (Benavides, 2021; Dinu, 2022)
53 (Dinu, 2022)

of state hospitals providing abortions continues to dwindle. This scarcity forces many individuals to seek abortions at private clinics, where costs can soar up to €800. Considering that the minimum wage hovers around €400 per month, this steep price tag creates a significant barrier to access for those with limited financial means. One participant stated:

> *"I mean, the situation on the ground is not so great because there are fewer and fewer [public] hospitals that provide abortions. Usually, you would get an abortion at the private clinic. [The costs] go up to around €800. But a minimum wage is, I don't know, like €400 right now. Yeah, this definitely creates a problem of access."* (KII14)

As a result, the intersection of financial constraints, limited availability, and provider reluctance underscores the urgent need for comprehensive reforms to ensure equitable access to safe and affordable abortion care.[54] The abortion rate has been falling steadily in Romania for the past decade, and it is now below the EU average, as seen in the figure below.

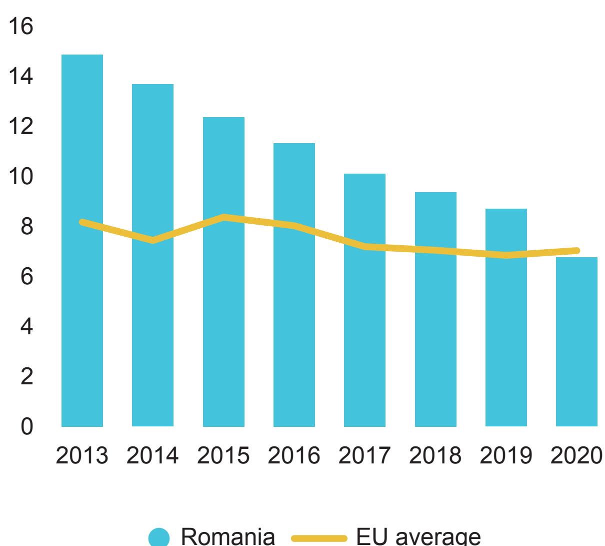


Figure 8: Abortion Rates (per 1,000 Women of Reproductive Age), Romania vs. the EU Average, 2013–2020[55]

The discourse surrounding sexually transmitted infections and diseases (STIs, STDs) reveals a complex intersection of knowledge gaps, healthcare access, societal stigma, and sexual health education shortcomings. Despite recognition of STIs as a public health concern, specific data on their prevalence are sparse, suggesting substantial gaps in sexual health education and awareness. This lack of detailed data indicates a significant public health issue not adequately addressed, with the high incidence of STIs hinting at underlying challenges in prevention and awareness efforts.[56]

For individuals suspecting they have an STI, the Romanian healthcare system provides avenues for treatment, though specific treatment protocols or designated facilities for STI management are not widely publicized. This omission reflects a broader deficiency in the healthcare infrastructure's capacity to respond effectively to STIs, likely aggravating the difficulties in managing and curtailing the spread of these infections. The societal stigma tied to STIs, inferred from Romania's conservative societal norms and the obstacles faced in accessing sexual health education, compounds these challenges. The pervasive influence of conservative and religious ideologies, along with the scant sex education, cultivates an environment where stigma and misconceptions about STIs are prevalent, hindering efforts to foster awareness and encourage responsible sexual health behaviors. STIs pose significant risks to maternal and neonatal health, with reports indicating that most adolescents do not seek medical advice during pregnancy, thereby missing essential opportunities for STI screening and treatment. This oversight emphasizes the critical need to integrate STI education and screening within maternal healthcare services to safeguard both mothers and their infants from potential health complications.[57]

Public support, especially by CSOs specialized in SRHR, for improved sexual education, encompassing STI prevention, signals a potential shift toward bridging knowledge gaps and enhancing preventive measures through education. This public backing reflects a growing acknowledgment of the importance of introducing comprehensive sexual education in schools, aiming to address the deficiencies in knowledge and awareness about STIs and foster better preventive practices.

Navigating the healthcare system, particularly for maternal and newborn care, is fraught with challenges stemming from a lack of understanding and knowledge among individuals. Prenatal, intranatal, and post-partum care are affected by inadequacies, with many pregnant women only seeing a doctor at the time of delivery, highlighting a concerning gap in pre-natal care. Breastfeeding is discouraged, and support for it is minimal, contributing to low breastfeeding rates. Only 3.4% of babies under six months of age are exclusively breastfed in Romania.[58]

54 (Filia Center, 2021)
55 (Robayo-Abril, et al., 2023, p. 40)
56 (Radu et al., 2022; Filia Center, 2021)
57 (Radu et al., 2022)
58 (UNICEF, n.d.)

At National Level	
2.43	Months average duration of exclusive breastfeeding for children aged 0–6 months, in decline compared to 2004 (3.9 months).
31.3%	Infants below 1 month of age exclusively breastfed. Percentage gradually decreases with age: • 22.7% of infants below 2 months of age exclusively breastfed • 3.4% of infants below 6 months of age exclusively breastfed
15.4%	Prevalence of exclusive breastfeeding in urban areas – almost twice higher compared to rural areas (9.8%).

Figure 9: Breastfeeding Statistics in Romania[59]

Babies are often separated from their mothers at birth in the medical system, with birth being highly medicalized, undermining the crucial early bonding process. Women face stigma and blame when experiencing miscarriages, exacerbating emotional distress. The high rate of caesarean sections underscores the medicalization of childbirth, reflecting a system where birth is treated as a clinical procedure rather than a natural process. It is not common for women to seek out obstetric and gynecological care, further perpetuating gaps in maternal healthcare access and quality: “A lot of women that are pregnant never see a doctor until the moment that they will have the child” (KII01). Addressing these systemic deficiencies requires comprehensive reforms to promote education, support, and patient-centered care throughout the maternal and newborn healthcare continuum.

The experiences of women regarding prenatal, intranatal, and post-natal care in Romania are characterized by a complex interplay of advancements, ongoing challenges, and significant areas in need of improvement. The country faces difficulties providing comprehensive care and education for teenage mothers and combating societal and cultural barriers to sexual health education. A study conducted in Ploiești highlights the heightened risks associated with teenage pregnancies, particularly for minors under 15, including increased maternal, obstetric, and perinatal complications.[60] These findings point to the necessity of specialized management and support for young mothers, who often come from disadvantaged backgrounds and struggle to access adequate medical care. The lack of proper medical supervision exacerbates the potential for preventable complications, emphasizing the urgent need for targeted educational programs designed to prevent early pregnancies and mitigate their associated health risks. The cyclic problem of teenage pregnancies, especially prevalent within impoverished families, underscores the socio-economic disparities and healthcare access challenges in Romania. The role of midwives, particularly in rural and disadvantaged communities, is highlighted as essential for providing education and ensuring access to medical and social benefits. However, legislative gaps currently limit their full integration and effectiveness within the healthcare system.[61]

Accessing primary healthcare services through family doctors or general practitioners (GPs) is another significant challenge, especially in rural areas where medical professionals are scarce. Securing an appointment with a healthcare provider is often an arduous task, with waiting times stretching up to a month, exacerbating health issues and undermining timely care.

> *“If I have to wait for an appointment [that is free], generally it takes at least a month to get any sort of appointment for a specialist. They only take appointments on a month-by-month basis. … I feel like as a woman you have to be very prepared, do a financial analysis, and have savings to have any sort of quality health experience.” (KII06)*

59 (UNICEF, n.d., p. 10)

60 (Radu et al., 2022)

61 (Radu et al., 2022)

Patients lament the poor quality of care and the lack of empathy exhibited by doctors, who frequently lack adequate training and bedside manners. Particularly concerning is the lack of understanding among male doctors regarding women's medical needs, reflecting a systemic gender bias in healthcare delivery.

> *"But what we've seen in other interviews is that also there's this patriarchal attitude, especially if the obstetrician is a man, that there is about the doctor's gender, not the patient's gender." (KII05)*

The patriarchal attitudes prevalent in medical settings, especially when male doctors attend to female patients, contribute to feelings of discomfort and shame among women seeking medical care, further deterring them from accessing essential services.

> *"It will be like the mother will feel shame going back to her husband after the medical meeting with the doctor because the mother will need to undress in the same room with a male doctor and then go back to her husband and they feel like cheating or something." (KII05)*

The shortage of female doctors exacerbates the problem since women frequently find it more reassuring to address delicate health concerns with physicians who share the same gender. The marginalization of women's voices in the development of health services perpetuates these disparities, highlighting the urgent need for comprehensive reforms to address gender biases, enhance medical training, and ensure equitable access to quality healthcare for all individuals in Romania.

Marginalized populations

In 2023, a deaf Roma woman was refused care at a Romanian hospital and was forced to give birth on the pavement outside the hospital.[62] This topic garnered significant attention within Romanian society and was frequently brought up by numerous participants in our interviews and focus groups when discussing sexual and reproductive health rights (SRHR) and marginalized populations. This case stands out notably due to the intersectionality of marginalized identities and the blatant discrimination it entails, serving as a vivid illustration of the everyday microaggressions experienced by marginalized populations in Romanian society. This is particularly evident when seeking access to healthcare, especially when any perception of sex is involved.

Discrimination and segregation hinder access to health services for marginalized groups such as Romani women and women with disabilities and are rooted in deep-seated societal prejudices and stereotypes).[63] Concurrently, domestic violence remains a pervasive issue, necessitating strengthened legal and social frameworks to effectively support victims and address violence.[64] Marginalized populations in Romania, for the purposes of this study, include refugees (from Ukraine and from elsewhere), Roma, LGBTQIA+, sex workers, and persons with disabilities.

As illustrated in the example from the beginning of this section, marginalized groups face significant challenges in accessing basic gynecological and maternal healthcare, with disparities in risks and prenatal care access necessitating targeted healthcare interventions.[65] The COVID-19 pandemic has further exacerbated these SRHR disparities, highlighting the urgent need for inclusive and responsive health policies.[66] Non-governmental organizations (NGOs) and civil society initiatives play a pivotal role in bridging these gaps by providing SRHR education and support to marginalized groups. These efforts include distributing menstrual hygiene products and organizing hygiene classes for vulnerable populations, particularly in rural areas. According to participants, the COVID-19 pandemic has notably impacted abortion services, with public hospitals suspending non-essential services, thereby significantly reducing access and forcing reliance on expensive private clinics. Cultural and religious influences on SRHR policies and practices disproportionately affect marginalized populations, often discouraging women from seeking abortions and impeding access to accurate information. The historical context of abortion bans under the communist Ceaușescu regime, resulting in maternal deaths and a culture of fear,

62 (ERRC, 2023)

63 (Nemeș and Crișan, 2022)

64 (Nemeș and Crișan, 2022)

65 (Alexandru, Braga & Pantel, 2021)

66 (Alexandru, Braga & Pantel, 2021)

highlights the essential need for legal and accessible abortion services to safeguard women's health and lives, especially for marginalized groups.[67]

The Roma population has long been discriminated against in Romania. Participants had many anecdotal, yet illustrative, stories about discrimination against Roma women. One participant spoke of a story of a Roma woman that died in front of a hospital because they had suspected that she had self-performed an abortion and she was refused care by doctors for religious reasons (KII02). Another participant cited a case where a Roma woman was given nearly two dozen abortions (KII12). The Roma population, in general, have difficulty accessing the national health insurance system and are routinely denied SRH care. They are more likely to experience sexual violence,[68] and face significant discrimination in the police and judicial system making them much less likely to seek out SRHR services and support.

Refugees are another population that face a high degree of discrimination in Romania. In the case of refugees from Ukraine, there was initially a great deal of sympathy and support from Romania during the first few months of the Ukrainian war with Russia, but this goodwill has gradually eroded as the war in Ukraine has dragged on for over two years. Ukrainian refugees are often traumatized and need additional care and understanding, and ***"Ukrainian refugees experience exacerbation of all vulnerabilities due to the crisis situation and [due] to the fact that the Romanian state is not capable"*** (KII15). According to our participants, Ukrainian refugees are less likely speak about SRHR issues and are less likely to seek out healthcare services. This is because of language barriers, costs, and doctor attitudes. This was expressed by one of our participants:

> *"Ukrainian mothers will say also maybe [the doctor] felt like 'I will not understand the words because I don't speak Romanian'. I don't speak English, it takes too much time for the doctor to use the translation for Ukrainian, so it will take [twice as long]. So this is why sometimes the hospital will not offer enough time for them because of the translation. But for Romanian mothers, it will be like the doctor decided that he knows better for me and he refused to answer. He pretends that he doesn't have enough time." (KII05)*

In an ironic twist, there have been several participants that reported that they have heard of the phenomenon of Ukrainian refugees travelling back to Ukraine to receive medical care and abortions, because the quality and access is better back in Ukraine than it is in Romania.

> *"We have a lot of people that went back to Ukraine for to have abortions or different kind of SRHR care because – believe it or not – they have better public health system than we do, at least from what we've heard and learned from them" (KII13).*

In the context of Romania, the perception and treatment of individuals within the LGBTQIA+ community are subject to dynamics encompassing societal attitudes, cultural mores, and legal frameworks. For example, headteachers may allow in CSO and groups to offer some sex ed curriculum, but they ask that LGBTQIA+ specific issues not be mentioned at all (KII12). Significantly, societal attitudes in Romania, reflective of a blend of traditionalist and conservative ideologies, can impede access to sexual and reproductive healthcare services for LGBTQIA+ individuals.[69]

Romania contends with elevated rates of LGBTQIA+ violence and discrimination within the European Union, potentially exacerbated by legislative measures targeting gender identity education.[70] The prospective enactment of statutes proscribing gender education in educational institutions raises profound concerns regarding the rights and educational prospects of the LGBTQIA+ community. Cultural influences, particularly those emanating from the predominate religious institutions in the country, contribute to the perpetuation of conservative societal perceptions toward LGBTQIA+ individuals, thereby impacting the formulation and implementation of policies concerning sexual and reproductive health rights.[71] There are several prominent organizations that spearhead initiatives aimed at advancing LGBTQIA+ rights through advocacy, awareness campaigns, and support programs. These entities play a pivotal role in catalyzing legal reforms, fostering societal inclusivity, and furnishing assistance to LGBTQIA+ cohorts in Romania.

According to participants in this study, discrimination for LGBTQIA+ individuals in healthcare is rampant. There are only a handful of private clinics that are LGBTQIA+ friendly. For such persons, there is little to no treatment options and many resort to buying hormone drugs

67 (Kligman, 2022)

68 (WomanStats Project, 2022)

69 (Filia Center, 2021)

70 (Dinu, 2022)

71 (Dinu, 2022)

from the illegal black market. According to one of our participants with deep knowledge of this issue:

> *"For example, we have lesbian women that do not find LGBTQIA+-friendly gynecologist. We have trans women that have to buy their hormones off the black market because there's not enough endocrinologists to prescribe. A couple of years ago the Romanian government also banned testosterone because it was used for people that work out at the gym. I don't know exactly, but nevertheless, the testosterone for trans men is not available anymore on the Romanian market. [That decision] impacted directly the need of the trans community. The government decision impacted directly a very fundamental need of the trans community." (KII11)*

Another marginalized group that is often overlooked are those living in rural areas. As noted earlier, access to healthcare is a particular challenge in Romania and this is much more so in rural areas. There is a lack of family doctors and general practitioners (GPs) in rural areas, and a lack of pharmacies and drug stores to get treatment and obtain contraception. Youth that live in urban and semi-urban areas of Romania generally have more access to information and support, according to our participants. Youth in rural areas do desire to receive sexual education and SRHR services, according to research conducted by World Vision (KII07).

Of note in Romania are the cultural differences and realities between isolated rural areas and urban areas. Rural areas are much more culturally and religiously conservative, and SRHR practices and beliefs are centered around these worldviews. For example, forced childhood marriage occurs much more frequently in rural Romania.[72] In rural areas, there is still a significant amount of victim blaming when it comes to sexual violence. Domestic violence is occurring in rural communities that often becomes socio-culturally normalized. The message, reinforced by local authorities, is that ***"it is ok that your husband is using violence, and that rape cannot occur within marriage"*** (KII08). One interviewed participant (KII15) was giving a training on gender-based violence (GBV) in a rural school to a group of teachers, and right across the classroom window a man was beating his wife. The police were called. The teachers in the training did not react at all. They were ***"nonplussed because it happens all the time. It is normalized in the rural areas"*** (KII15). This participant, with deep experience working in rural communities, went on, ***"If I go visit the rural schools that I have where there's chickens in the backyard of the school and those children don't have new clothes and you try to talk to them about using condoms, they don't even know what a condom is"*** (KII15).

There was very little mentioned on persons with disabilities and SRHR discrimination, mostly because participants did not know enough to speak about these issues. That, in and of itself, is a significant finding because our participants represent the primary CSOs working on SRHR issues in Romania. The fact that they had no knowledge of SRHR for persons with disabilities – besides a small amount of anecdotal second-hand stories – points to a major gap of programming and advocacy for an extremely marginalized group.

Those engaged in sex work were also mentioned as being discriminated against, but only in passing from most of the participants. Sex work – specifically, prostitution – was only marginally decriminalized in 2014 but it remains illegal to sell and solicit sex for money. Albeit it is currently treated as a minor offense and only lightly enforced. This places Romania as an outlier in Europe, where most sex work has been completely decriminalized.[73] Illegal sex trafficking is much more of an issue in Romania, particular children, and Romania is a major exporter of forced sex workers.[74] Within Romania, sex workers face discrimination when seeking out sexual health services, as doctors routinely turn away sex workers from receiving treatment because of their profession.

These challenges exist for all Romanians, as outlined above, but are even worse for marginalized populations. For these populations, the basic challenges and gaps in education and healthcare are exacerbated. Some of the CSOs that we spoke to have some programming that is specific to marginalized and vulnerable groups, but most only have general programming that is meant to be inclusive of all identities and not targeted.

72 (Velentza, 2020)

73 (Reinschmidt, 2016)

74 (US Department of State, 2023)

Government policy implementation and engagement

Research participants noted the lack of coherent policies and implementation plans for public health issues surrounding sexual and reproductive health.

The absence of a coherent strategic plan for HIV prevention and eradication underscores a significant gap in Romania's public health initiatives. As one of our respondents stated, while the UN recommends HIV testing for 90% of the population, Romania's testing rate remains below 10% (KII01), indicating a stark disparity between international standards and local implementation efforts. Compounded by the lack of sufficient budget allocation at the Ministry of Health, the country faces formidable challenges in scaling up its HIV prevention and treatment programs. Without adequate funding and strategic direction, Romania struggles to address the pressing public health concerns posed by HIV/AIDS.

In December 2022, the ministry approved a strategy, yet there remains no national plan for HIV (KII12). There is a lack of funding for prevention mechanisms, and there are no programs aimed at raising awareness about HIV, resulting in limited exposure. Unlike neighboring countries with effective prevention strategies, Romania has not approved such measures. While the national strategy contains preliminary information, HIV medication is not accessible in pharmacies,[75] prompting individuals to resort to purchasing medication from online sources without a doctor's prescription. Although individuals with HIV in Romania receive subsidized treatment from the state, there is a persistent shortage of medication, requiring monthly visits to doctors for a month's worth of treatment. The yearly budget only accounts for existing patients, leaving new patients in limbo as they await budgetary reallocations and procurement procedures, which often result in months-long shortages of medication. This situation jeopardizes the lives of citizens living with HIV while increasing the chances of transmission to others due to higher viral loads.

Furthermore, the marginalization of SRHR issues within governmental agendas reflects a broader trend of neglect and oversight. Initiatives such as providing menstrual hygiene products for girls and women in public school bathrooms encounter resistance and bureaucratic hurdles in policy development, highlighting the entrenched barriers to progressive SRHR policies. One interview proposed that the limited involvement of women in the development of health services and systems could be part of the cause for perpetuation of systemic inequalities, and could undermine the inclusivity of healthcare delivery models. (KII04) Women's agency and representation in Romanian politics and social power also face major challenges; and Romania has lowest percentages of female members of parliament in the EU.[76]

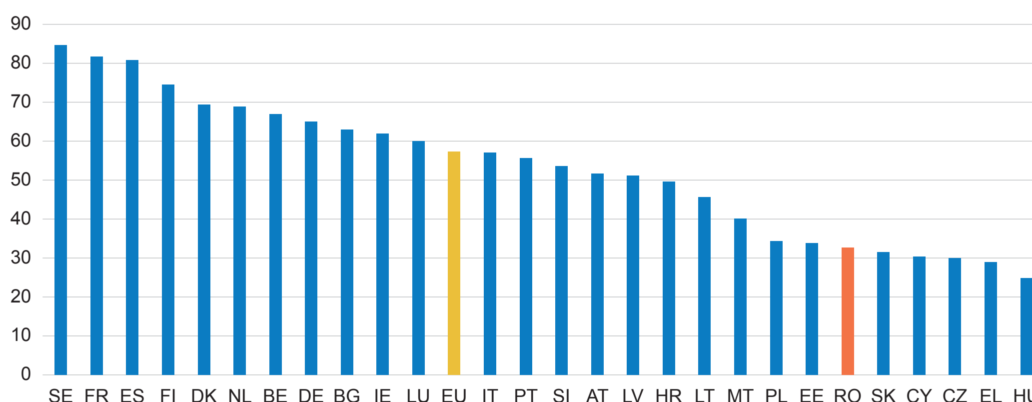


Figure 10: Power Domain Scores for Romanian Women vs. EU-27 Member States, Gender Equality Index 2022[77]

75 (Correlation, 2021)

76 (Robayo-Abril, et al., 2023)

77 (EIGE, 2022, cf. Robayo-Abril, et al., 2023, p. 85)

Midwifery in particular faces challenges in gaining recognition from the Romanian government (FGD01). Historically, the healthcare system in Romania has been more physician-centric, with obstetricians often assuming primary roles in childbirth care. Midwifery as an independent profession has not received the same level of acknowledgment or support. There are bureaucratic complexities and regulatory frameworks that do not adequately accommodate midwifery practice. Cultural and societal perceptions of childbirth and the roles of healthcare professionals may influence government policies regarding midwifery, considering the large extent to which childbirth is medicalized in Romania.

During the stakeholder validation session for the first draft of this report, a stakeholder representative with knowledge and experience of midwifery provided this insight:

> *"I think that the midwifery profession faces a different challenge in Romania. We have national legislation that is a reproduction of the EU directive that regulates our profession. We don't have a contract with the national insurance house, so we face a policy problem, not a legislative one.*
>
> *Also, cultural and societal perceptions are supporting midwifery care, at every level. Midwives' role regards SRH in all levels of care: communities, out of hospital medical offices, ambulatory care and hospital care. Also, midwives play a crucial role in family planning, preventing teenage pregnancy, care of a woman that doesn't want children at one moment or at all, antenatal care and education, postnatal care and education, intranatal care, newborn care, and maternal care.*
>
> *[International Confederation of Midwives] and [World Health Organization] expand the role of midwives in all the guidelines and curricula, and we have a clear representation of our competencies in the national legislation also, covering family planning and SRH at all levels. So, I do not recommend restricting midwifery only to intranatal roles, because it is only a small part of our competencies and activities.*
>
> *I recommend also to enforce the important role of midwives in prescribing contraceptives and medical abortions, competencies that should be obtain urgently for midwives in Romania." (Stakeholder Consultation, March 2024)*

Following the 1989 revolution, the abortion rate was notably high, along with a prevalence of unsafe procedures. Aid agencies intervened, introducing effective contraception, comprehensive family planning, and thorough sex education in schools. Initially following the revolution, abortion was readily available and free upon request, especially up to 14 weeks (about 3 months). However, with the departure of many international aid agencies, especially after Romania joined the EU, and the rise of right-wing influences, there has been a significant tightening of regulations surrounding SRHR:

> *"After the revolution in Ceausescu's time, you know that the abortion rate had been so high, unsafe abortions have been so high that the aid agencies came in and they had good contraception, really good family planning, really good sex education in schools. Abortion was free on demand. I mean, it was easily free on demand up to 14 weeks. But as aid agencies have moved out, particularly when Romania joined the EU and now that sort of more of the right-wing influences come in, that's really kind of clamped down on sexually protected health and rights." (KII17)*

Based on our KIIs, the government's alignment with modern and progressive perspectives on SRHR does not meet societal expectations. Between 1992 and 1993, the government established 13 model family planning clinics within the public sector. In 2005, there were discussions on sustainability which led to a reduction in physicians. In 1994, the World Bank funded the Ministry of Health to network 250 family planning clinics across the country, particularly in smaller towns. While a network of physicians was established, it dwindled due to the Ministry of Health's failure to supply resources. Instead, they only provided counseling and referred patients to pharmacies to purchase contraceptives. In 2015, the first SRHR strategy proposed that contraceptives should be free of charge. However, this strategy expired without further approval or budget allocation. Currently, a new SRHR strategy proposed by the Ministry of Health remains unapproved, leaving Romania without a formal SRHR strategy in place (KII07). According to one of our participants, the timeline for SRHR policy development has been as follows:

> *"… 2001 – succeeded a signed protocol with ministries on a national school curriculum on health ed, approved by 2004-2005. Sex ed combined gender identity, reproductive health, launched under the PM, embassies, major donors. The public speech from high level decision makers, together with the civil society,*

medical doctors, family planning centers, with family planning included in basic healthcare services – seemed like everybody was working on the issue. Currently none of this is happening anymore." (KII18)

The regression of SRHR in Romania reflects a complex interplay of historical legacies, political shifts, and dwindling external support. The failure to sustain momentum on SRHR initiatives, including the abandonment of national school curricula on health education (KII17, KII18), underscores the fragility of public health gains and the urgent need for renewed governmental commitment and multi-stakeholder collaboration to address the evolving challenges of SRHR in Romania.

Romanian socio-cultural challenges

As noted previously, in Romania discrimination against the LGBTQIA+ community is prevalent, characterized by high levels of homophobia, and traditional gender normative beliefs. The term "gender" is primarily associated with transgender individuals, reflecting an anti-gender equality agenda propagated by certain groups, which have political influence and aim to influence legislation, including modifications to child protection laws (KII18). The country also faces the highest rate of teenage pregnancy in Europe,[78] with evidence suggesting significant societal stigma against contraception, particularly among boys and men. Focus group discussions with teenage and young men has shown that accessing contraception in shops – such as buying condoms – can be met with shame, pressure, and a feeling of awkwardness, because of the perception that using contraceptive methods diminishes masculinity, virility, and fertility.

There's a prevailing notion that it is solely the woman's responsibility to practice safe sex, with men often resisting condom use due to cultural norms or personal preferences: "You know how men are, they do not like to wear a condom" (KII12). In cases of accidental pregnancies, societal attitudes tend to blame women rather than holding men equally responsible, reflecting a gendered double standard. Gendered expectations dictate how individuals, especially boys, express emotions and vulnerabilities. Boys may face ridicule for expressing emotions like crying, perpetuating harmful gender stereotypes and reinforcing discrimination based on gender norms:

"So, I have one example for this, actually a testimonial from one of the researcher research reports that we produced on the situation of GBV in schools where a boy who had lost his mother was crying a lot in class whenever the subject of mother was coming up and all of the other boys made fun of him and they were like, 'you can't cry after your mother'. And all the girls were like, he's allowed to cry – leave him alone. And in that instance, the boy was getting discriminated against because he's a boy and should not cry after his mother and inversely against girls." (KII15)

Within communities like the Roma, cultural practices such as early marriages and large family sizes are prevalent, perpetuate gender norms by curtailing women's autonomy and reproductive rights.[79] Low health education and contraceptive knowledge among teenage mothers underscores the imperative for targeted educational interventions to address the root causes of gender discrimination.[80] Women experience gender-based discrimination within the healthcare sector, including disparities in pain management and dismissals of their pain as psychosomatic, reflecting broader issues of gender inequality.[81]

Domestic violence remains a pressing issue, with a significant portion of women experiencing physical or sexual assault by intimate partners, often going unreported. Structural barriers impede access to justice for women, particularly those from rural areas or minority groups, emphasizing systemic discrimination.[82]

"I'm sure domestic violence is still not well understood. When [Romanians] hear about domestic violence, they think of a woman who is permanently beaten by her husband and that's about it. But domestic violence takes so many shapes, and we still don't know how to notice them or how to assess them or what to do in case of domestic violence. We still have this attitude that, oh, I know about somebody who's beaten by her husband. Well, their problem." (KII04)

78 (KII02; KII09; Radu et al., 2022)
79 (Radu et al., 2022)
80 (Radu et al., 2022)
81 (Filia Center, 2021)
82 (Nemes & Crisan, 2022)

Recommendations for addressing gender discrimination center on the development of robust support and protection mechanisms for victims, heightened awareness campaigns to challenge entrenched gender stereotypes, and ensuring equitable access to justice for all women.[83] Advocacy groups continue to advocate for women's rights, particularly concerning reproductive health and rights, aiming to rectify historical injustices and promote gender-equitable societal norms.

Romania's historical milieu, notably the legacy of the communist Ceaușescu regime, has profoundly shaped its stance on gender-based violence and reproductive rights. First-hand testimonies from this era illuminate the perils and ramifications of constrained access to reproductive health services, accentuating the significance of advocacy and education in advancing reproductive rights. Activists and NGOs have played pivotal roles in contesting constraints and fostering sexual health education, notwithstanding challenges such as dwindling governmental support for family planning and heightened obstacles amid the COVID-19 pandemic.[84]

> *"There is progress in last decade. In 2000 there was an article in Playboy that was teaching men on how to beat women. That generated the first feminist protest. Only 20 people attended. Such things created a reaction in society. Until then many things happened. [Our organization's] biggest achievement is a violence against women network, [and we] introduced restriction orders and protection orders by police officers for women. In rural areas [there are] still a lot of victim blaming & pressure from society. Domestic violence is happening in communities, obstacles, pressure by society on marriage failure & others like victim blaming. Coming from local authorities, that it is ok that your husband is using violence. In 2024 you still have professors from universities who sexually harass students. There is still workplace harassment. GBV is still a topic to be addressed in many ways." (KII08)*

Within the legal domain, Romania's endorsement of the Istanbul Convention epitomizes its commitment to combatting GBV through legislative avenues and establishing frameworks for victim support. Entities like the National Coalition of NGOs are actively engaged in raising awareness, advocating for legal reforms, and furnishing direct aid to GBV victims, reflecting a nationwide endeavor to confront this pervasive issue.[85] The largely conservative popular beliefs and challenges that these advocacy efforts face are significant. A widespread belief is that marital rape is not an issue, with rape and sexual assault cases in general not being handled with dignity and confidentiality, even in hospitals and institutions:

> *"First, I have witnessed stories and heard stories where if you are the victim of a rape, let's say you would have to go to the hospital to get an exam. However, the doors in the hospital are labeled that that is the rape exam room, and they make you wait in front of the door on a chair while everybody's passing. Everybody can see the fact that you're waiting there. This happens to the public hospitals because the law states that every room in a hospital has to be properly labeled." (FGD03)*

The COVID-19 pandemic has exacerbated challenges associated with GBV, manifesting in heightened reports of domestic and sexual violence. Adaptations by non-governmental organizations (NGOs) to sustain support services amid the pandemic underscore the resilience and indispensability of these entities in safeguarding the rights and well-being of women and girls during crises.

The pro-natalist policies entrenched in Romania's past have engendered enduring repercussions on women's reproductive rights and contributed to a culture of GBV, characterized by severe limitations on women's autonomy over their sexual and reproductive health. Advocacy groups and scholarly inquiries focusing on women's encounters within the ambit of these policies aspire to instigate societal transformation, advocating for equitable participation in family planning and a paradigm shift towards responsible sexual conduct, as the work of CSOs specialized in SRHR proves.

83 (Nemeș & Crișan, 2022)

84 (Benavides, 2021)

85 (Nemes and Crisan, 2022)

A conservative culture shapes public decisions, including those related to reproductive rights.

> *"We're kind of hanging by a thread because in Romania we can also see things going in the complete opposite direction with the rise of pro-life movements and with the fact that the church still has such a big influence on every decision that's happening in the public sector." (KII10)*

Religious organizations in Romania hold significant influence over societal attitudes and political decisions regarding SRHR.[86] Traditionally, the prevailing religious institutions in Romania maintain conservative views on issues such as contraception, abortion, and gender roles within the family and society. The resulting patriarchal culture often places emphasis on women's traditional role and responsibilities within the family and society, while completely disregarding any notion of societal and familial support for mothers:

> *"It was a message sent by the almighty superior Archbishop of our region; I think sent to the churches. And it was a lot about the importance of the woman in the family, but it was about her responsibility to the family. And I got a little bit frustrated by it because it was a lot about the responsibilities that she had, about the things that she has to face and to do for her family and children. Nothing on the responsibility of the society and of the family to be a support system for the mother." (KII06)*

The stance of religious institutions tends to oppose liberal interpretations of sexual and reproductive rights, advocating for policies that prioritize procreation and family values. Religious influence extends beyond moral teachings to political advocacy, where it seeks to shape legislation and public policies according to its conservative values. Discussing the issue of sexual education in our focus groups and interviews, all participants affirmed that the controversy around sexual education on the public agenda is stimulated mainly by the prevailing religious institution, directly influencing political decision on the matter. Its involvement in public discourse often reinforces traditional gender roles and family structures, which can impact societal perceptions and government decisions related to sexual and reproductive health. While participants in this study were critical on the role of the church when it comes to moving forward on SRHR issues, the central presence and power of the church does present an opportunity to collaboration with religious organizations and to find 'middle-ground' when it comes to finding areas of SRHR that all stakeholders can agree upon.

86 (Cassonet, 2022)

Status of SRHR Data Monitoring and Reporting in Romania

Having centralized, publicly available, and methodologically robust data on SRHR is very important. SRHR data allows governments, non-governmental organizations, and civil society organizations to make informed and evidence-based decisions on policy, programming, and resource allocation. It is also important that data be disaggregated by various identity types and characteristics, so that areas of marginalization and discrimination for vulnerable groups can be highlighted and addressed. SRHR data also allows for comparison and the development of progress indicators across Romania, across Europe, and across the world.

The centralized collection and dissemination of SRHR data in Romania was identified as a significant challenge by the members of the consultation meeting that was held in October 2023. From that feedback, a data gathering question was included as a research question for this study. Without having any access to governmental personnel, this study relies on the opinion of SRHR experts and CSOs/NGOs. Our participants ultimately had little to say about SRHR data gathering in Romania, specifically because they were not aware that any sort of centralized SRHR data gathering had taken place or was in any way legitimate.

Theoretically, the Romanian Ministry of Health (MoH) should be the agency responsible for collecting and disseminating SRHR data. As our participants pointed out, the MoH do not want to become involved in any SRHR issues because of current politics and religiosity in the country. As one participant voiced,

> *"So this data is not collected really because exactly if you if you go at high level Ministry of Health also the ones that are in leadership but instructor also because they were my colleagues, you will understand that they see this as a problem of social part, not health" (KII02).*

While there may be some centralized data collected in the health system, this does not include data on sexually transmitted infections (STIs) or comprehensive sexual education.

> *"Most data are medical data" (KII13).*

The National Institute for Public Health and the National Institute of the Mother and Child Health and Protection can also enhance their SRHR data collection practices.

Even the small amount of SRHR data that is available from the government is viewed with extreme skepticism. ***"The government has very poor methodology,"*** voices one SRHR expert that participated in our study (KII18). This fits with the general sentiment on SRHR and the Romanian government, which is very negative.

Without the presence of a legitimized SRHR data gathering process in Romania, CSOs and NGOs must rely on their own data. Because the Romanian government has essentially abdicated its responsibility on SRHR issues, one positive result is that there has been an increase of CSOs and NGOs collaborating, sharing, and working together to try to fill in the gaps. This collaboration has also increased in the last few years because of major events that require collective action, such as the COVID-19 pandemic and the 2022 escalation of the conflict in Ukraine leading to an influx of refugees into Romania.

Conclusion

Sexual reproductive health and rights are a challenge in Romania, as this research has shown, but there is significant potential for improvement. There are numerous organizations with experienced and dedicated teams that are working to make things better, and the researchers are hopeful that this report helps those organizations get closer to their goals. There are key gaps in SRHR education and provision of care that are preventing young people and especially women from exercising their rights as Romanian citizens and EU citizens to equality and freedom of reproductive choice. These barriers are especially acute for marginalized groups, including people with disabilities, the LGBTQIA+ community, the Roma community, rural populations, and refugees and migrants. The Civil Society is an immensely powerful stakeholder, and there are countless avenues for the civil society members to affect positive change for SRHR in Romania, though the government of Romania has the mandated role in management of public health and enabling access to legally afforded rights.

Based on the finding of this report, civil society actors have agreed on a set of recommendations to improve sexual and reproductive rights for everyone in the country. The recommendations are:

- **The Romanian Government should ensure the full realization of SRHR in line with Romanian law and EU standards, including** as it relates to appropriate healthcare and abortion access.
- **Free access to contraception should be provided**, especially to marginalised groups, to prevent high rates of unwanted pregnancies including among adolescent girls.
- **Respectful maternal care, including pre, intra and post-natal, should be improved**, including education and training reforms to provide comprehensive, respectful and patient-centered care
- **Guidelines should be developed and training should be provided to healthcare workers on sexual and reproductive health and rights**, including as it relates to survivor-centred GBV care and the clinical management of rape
- **Romanian education authorities should implement the teaching of comprehensive sexual education (CSE), respectful relationships and the prevention of gender-based violence** from a young age as standard elements of the school curriculum. CSE needs to be seen as an integral component to prevention of unwanted pregnancies, abortions and reduction of sexually transmitted diseases. Comprehensive sexual education classes are an opportunity to also provide adolescents with information on how to protect themselves from risks of sexual exploitation and abuse both online and in person.
- **Comprehensive sexual education should also address sexual orientation and gender identity**, to enable LGBTQIA+ students to learn important sexual health information to stay healthy, but to also promote inclusion and respectful conversations as well on gender equality, gender identity and sexual orientation.
- **Projects that focus specifically on marginalized populations should be initiated and supported.** An equity-based and social justice approach is needed to work specifically with marginalized groups to address systemic inequalities
- **A data collection strategy is needed** to ensure the centralized collection, collation, dissemination, collaboration, and application of data related to SRHR in Romania.
- The Romanian Government, SRHR service providers and civil society should work together to **increase the dissemination of factual SRHR information**, to ensure the Romanian public has easy access to fact-based and rights-based information. This should include free and confidential online, telephone, social media and in-person access to SRHR information. Online information portals should be available targeting both young people as well as information for parents on how to talk to their children about sexual and reproductive health and rights.

Stakeholders concluded that there is a great opportunity for civil society to work together with government and religious institutions to improve sexual and reproductive rights in Romania.

Acknowledgements

We would like to acknowledge the Altamont Group team who conducted this research and wrote the first draft of this report. This piece of work was made possible through funding received by Plan International Australia through the generosity of the Australia Department of Foreign Affairs and Trade, and we thank them for their flexibility and support in highlighting this important issue in Romania. Plan International Romania staff contributed significantly to the design of the research, the stakeholder engagement process and participatory research method. Specific acknowledgement goes to Aya Saeed, Miruna Teleasa, Marilena Veronica Ene, Diana Biclineru, and Janna Smith. The final report was edited by Louise Allen and Janna Smith. We would like to thank the key civil society stakeholders who participated in the October 2023 workshop to develop the research questions, the Key Informant and Focus Group participants who provided their invaluable perspectives for this report, and the stakeholders who participated in the validation and advocacy recommendation workshops.

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Until we are all equal

About Plan International

Plan International is an independent development and humanitarian organisation that advances children's rights and equality for girls. We believe in the power and potential of every child but know this is often suppressed by poverty, violence, exclusion and discrimination. And it is girls who are most affected.

For over 85 years, we have rallied other determined optimists to transform the lives of all children in more than 80 countries.

Since March 2022, we've worked in Romania to deliver immediate humanitarian aid to children and their families affected by the conflict in Ukraine.

We collaborate with Romanian civil society organisations who provide support to refugees from Ukraine, including schooling for children from Ukraine, and youth centres for Romanian and Ukrainian young people. Our projects with our partners cover the length and breadth of Romania, delivering services to those in need of support.

Beyond the direct life-saving humanitarian support we provide, we are partnering with local organisations to support children's rights and equality for girls in Romania.

Plan International