

## REPRODUCING INEQUALITIES THROUGH REPRODUCTIVE CONTROL

### THE CASE OF ROMANI WOMEN FROM ROMANIA

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Patriarchy<sup>1</sup> and ethnocracy<sup>2</sup> are dimensions of structural power<sup>3</sup> that control both people's consciousness and the distribution of resources, and legitimate the socially constructed order as natural. Inequalities produced at the intersection of ethnicity and gender result from exclusionary mechanisms mediated by social relations, underlaid by cultural devaluation and sustained by structural economic and political factors. Within a racist and sexist ethno-patriarchal social order, women of the ethnic minority suffer multiple forms of disadvantage, which transform them into one of the most underserved social categories. This study addresses these issues through the specific problem of reproductive control and access to reproductive health. More precisely, I am dealing with this broad issue through the case of Romani women from Romania, in particular of the Boyash Romani (*băieşi*) women from the town of Orăştie, located in the Southern part of Transylvania, in Hunedoara county.<sup>4</sup>

My research included ethnographic fieldwork in the Digului district from Orăştie, but also analysis of the Romanian politics of reproduction and policies for Roma and an investigation of Romani women's organizations.<sup>5</sup> As part of my ethnographic fieldwork, I conducted in-depth interviews and participant observation in the above-mentioned Boyash Romani community, as well as in the community of the local health care providers. This allowed me to situate the reproductive experiences of Romni<sup>6</sup> in their economic, social and political context. Moreover, this vantage point illuminates the multidimensional processes of social exclusion, which – on the base of their ethnicity, gender and class – placed Romani women in multiple disadvantaged positions, from where they negotiated and resisted the forces that shaped their life while making their decisions on reproduction.

I consider the phenomenon of reproductive control and access to reproductive health as a "small problem" that allows us to have a look at a "large issue,"<sup>7</sup> in particular on how different resources are unequally distributed by the interlinked systems of classification (such

<sup>1</sup> Following Verdery (1996) this paper considers that a patriarchal gender regime is an order whose "inbuilt" inequalities favor those who occupy masculine roles. Patriarchy functions both through gender stereotypes and institutional arrangements generating structural discrimination and inequalities between women and men.

<sup>2</sup> I define ethnocracy as the order that organizes social relations as power relations according to the principle of ethnic affiliation. This regime, based on an ethnocentric worldview and institutional arrangements, favors the own ethnic group and promotes its members into privileged positions, while disadvantaging the ethnic others, thus producing structural inequalities on ethnic lines.

<sup>3</sup> In defining structural power Wolf refers to the conception of Foucault about the power to govern consciousness, but he uses it in a broader sense, "as power that structures the political economy" (1990: 587).

<sup>4</sup> Romania has the highest number of Roma in Europe. In the 2002 census 2.5 percent of a total population of approximately 21.6 million

identified themselves as Roma, but unofficial estimates of their actual figure range between 1.8 and 2.5 million. In the same year out of the 21,213 inhabitants of Orăştie 865 persons (4.07 percent) declared themselves Roma, and 156 stated that they spoke Romanes. Boyash Roma speak a more or less archaic dialect of Romanian.

<sup>5</sup> As a policy research this investigation was conducted with the support of the International Policy Fellowship Program of the Open Society Institute between April 2005 and March 2006, and it was preceded by a research conducted in the summer of 2004 on the behalf of the Society of Contraceptive and Sexual Education from Cluj.

<sup>6</sup> The Romanes-language term *Romni* refers to Romani women.

<sup>7</sup> In defining this approach I am relying on the conception of Gullestad (1991) about the anthropological research of complex societies.

as ethnicity, gender and class), as a result of which some social categories are excluded from access to employment, proper housing, education and health, or services of a good quality. In the case of Romani communities, health is shaped by structural discrimination, cultural prejudices, school segregation and school abandonment, poverty, disparities in income distribution and unemployment, inadequate housing and food, lack of clean water and sanitation, lack of official documents and of medical insurance in many cases. This article treats reproductive health in terms of the socially determined access to it and as an issue of human rights central to general well-being and crucial for achieving equity and social justice. So here I am not dealing with the health situation of Roma in statistical terms, but rather relying fundamentally on my primary ethnographic research while also considering the available secondary sources regarding this issue.<sup>8</sup> I subscribe to the definition that considers that “reproductive health is a state of complete physical, mental and social well-being ... in all matters relating to the reproductive system.”<sup>9</sup> In

terms of physical well-being, its most frequent indicators are fertility rate, infant and maternal mortality rate, the proportion of births attended by skilled health personnel, incidence of cervical and breast cancer, contraceptive prevalence and the occurrence of abortions.<sup>10</sup> Out of this complex phenomenon I have chosen to focus primarily on the ways in which the use of contraceptives and abortion is shaped by Romani women's life conditions, by the cultural conceptions dominant within the communities I investigate, and by the nature and functioning of the local health care system, but, on another level, also by the existing public health and Roma policies. By narrowing the issue of reproductive health to these aspects I am not suggesting a reduction of the latter to “family planning,” but I am claiming that “family planning” should protect women's reproductive health, and should not be racialized and transformed into a strategy of reproductive control used against their rights and moral entitlements.

### Reproductive policies and health care in historical and local context

The multiple dimensions of Romani women's disadvantage should also be addressed in the context of the Romanian politics of reproduction and of the anti-*Țigan* attitudes of the local health care providers. Even with their positive post-1990 developments, reproductive policies do not consider the particular situation of Romani women, and as a system of indirect discrimination keep them underserved in the area of reproductive health.

The abolition of the Ceaușist anti-abortion law (a law that conferred, among others, the specificity of Romania among the then socialist states) was among the very first issues on which, in December 1989, the new political leadership focused its attention. Abortion became legal if performed by a medical doctor upon a woman's request up to 14 weeks from the

<sup>8</sup> Among others, the report, *Breaking the Barriers – Report on Romani women and access to public health care* (2003), shows that Roma have lower life expectancies, higher infant mortality, a high rate of sickness, and low rates of vaccination than their non-Romani fellow citizens. A very recent report, *Broadening the Agenda. The Status of Romani Women in Romania* (2006), deals with the complexity of Romani women's situation, including (reproductive) health-related issues. Among others, it emphasizes the health needs of Romni and their children in general give them more interaction with health care systems. Of the Romani women surveyed, 71 percent of them felt that Roma suffer ethnic discrimination from medical staff, and 23 percent of them declared that their gender was also grounds for discriminatory treatment from health care providers. Acts of discrimination included lack of interest in Romani patients, prescriptions for the cheapest, most easily available, and often ineffective drugs, and payment requirements for medicine ordinarily provided for free by the public health system.

<sup>9</sup> The agreement on this definition was achieved at the International Conference on Population and Development (ICPD) held in Cairo in 1994 ([www.unfpa.org/icpd/icpd\\_poa.htm#ch7](http://www.unfpa.org/icpd/icpd_poa.htm#ch7)). In 1995, the Fourth World Conference on Women,

held in Beijing, affirmed the definition of reproductive health and rights agreed at the ICPD, and also called upon states to consider reviewing laws that punished women for having illegal abortions.

<sup>10</sup> See the *Country Profiles for Population and Reproductive Health* (2003), <http://www.unfpa.org/profile/>.

date of conception, for which no spousal consent, no mandatory counseling, and no waiting period was required. Altogether, it ended up being celebrated as “the gift of democracy.” In 1990 the number of registered abortions increased to 992.300 (from 193.100 in 1989), while the number of maternal death resulting from abortion decreased to 181 (from 545 in 1989). As part of this picture, it should be also mentioned that in 1993, when the first Reproductive Health Survey was completed in Romania, only 57 percent of the married women were using contraceptive methods, out of which 43 percent used traditional methods and 14 percent modern. Eventually the international pressure (such as the financial support from the United Nation’s Population Fund in 1997 and the need to harmonize national to European legislation) and the local civic initiatives forced the Romanian government to introduce the issue of reproductive health on their agenda. As a result, some formal structures were constituted across the health care system and (though only in 1999!) family planning was integrated into the basic package of services provided to the population. The Strategy of the Ministry of Health in the domain of reproduction and sexuality was launched in 2003, as a result of which courses on family planning for physicians and the distribution of free contraceptives started. Further on, in 2004 the civil-society organization Romani Criss initiated a strategy aimed at developing a network of community nurses and Roma health mediators, which was adopted by the government. But even given these efforts, much would have to be done in order to counter-balance the disadvantaged social conditions and the cultural stereotypes that transform Romani women into an underserved category in the area of reproductive health. Romani women thus continue to be disposed to “choose” abortion as a method for the control of reproduction, and if they decide to use modern contraceptives they “choose” the ones that are available free of charge and not necessarily the ones that might be indicated according to their health condition.

In the context of the local setting where I did my fieldwork, I observed that due to the marketization of the health care system, the gynecology section was downsized to a small compartment with a reduced number of beds and the services of contraceptive provision and pregnancy interruption were disrupted due to the non-payment of the physicians. Under these

conditions in 2004 the head of the gynecology department decided to no longer make abortions available on demand at the state hospital. Her argument for this decision was full of anti-*Țigan* sentiment expressed in such statements: “there are mostly *Țigan* women who are applying for abortions here,” “they are dirty and we would not want to threaten our civilized patients because of them being irresponsible, uneducated and unable to use contraceptives,” and “our section is full of them, because they cannot do anything but have children.” Another story reveals how even the system of distribution of free contraceptives may instrumentalize Romani women's bodied and may serve racist purposes: the female director of the social assistance department of the city hall quite proudly presented to me her idea regarding “the necessity to make a fertility control campaign using the injectable contraceptives (*campanie de injectare*) in order to prevent the problematic Romani over-population of the town.” All these examples illustrate how the distinction between the *Țigan* and non-*Țigan* world is also maintained through issues related to reproduction, and how particular “problems” (such as “too many births”, “too many abortions”, “the unreliability of regularly taking pills,” and the like) are ethnicized/racialized as part of the processes of the exclusion of Roma even from “normalcy.”

### The setting – Roma in Orăștie

In Orăștie, Roma live in three quite well delimited locations on the periphery of the city (Digului, Dealul Bemilor, Stadion), though some are housed in blocks of flats dating from the socialist times. After 1990, a number of such buildings were privatized, as a result of which Roma were evicted and moved to the former football stadium of the city (where they still live, carving their personal spaces out of the former locker rooms). Out of these three groups, I chose to approach those two who had a longer history on the territory that marked their identity. Moreover, during my fieldwork I spent more time within the *băieși* Romani community from Digului district than within the Romanes-speaking *corturari* from the nearby hill called Bemilor, though I did conduct interviews and filmed in Bemilor as well. Nevertheless, I also mention them here, because in the local context it is important to understand how the two communities refer to each other in identifying themselves and their characteristics.

It is necessary to mention that while the ghetto-type locations where these communities live are both symbolically and geographically delimited from the outside world, they are parts of the whole. That is why “much of what should concern us about ghetto life has its ultimate determinants in much larger structures, beyond the reach of ghetto dwellers” (Hannerz, 1969, 13). For this reason— while particularly addressing Romani women's reproductive health — I view it in this article as a social and cultural phenomenon produced at the crossroads of people's personal lives, immediate community, broader social environment (including schools, health care institutions, work-places, and the city hall), state policies and the activities of non-governmental agencies.

### ***The Romani community from Cartierul Digului Housing***

The urban Romani community in the city of Orăștie with which I worked most deeply and whose ancestors were brick-makers (*cărămidari*), settled on the margins of the city near the river. This location became a ghetto-type space (called *cartierul Digului* after a dike, *dig*, was made on the river) close to the road that goes up to the hill where the *corturari* live.

The *corturari* call them *băieși*, which in this context is a denigrating term that refers to their “inability” to speak Romanes and to maintain Romani cultural traditions. Before the 1960s whole families usually went out in their carriages for brick-making to different villages in the larger surroundings from spring to early fall. Insofar as anyone remembers, they never spoke Romanes and “slightly became like Romanians”: during the 1970s and 1980s they lived in close proximity to and were factory colleagues with Romanians. At that time, the whole Digului district was not so over-populated, and was basically composed of two major streets, Digului and Muzicanților (populated not only by Roma, but also by Romanians, who moved out after a while). Because in time the new generations had no place to live (during the socialist period only some families got apartments in blocks of flat), they remained in the district, building houses and makeshift shelters (*șoproane*) of planks and plastered mud in between the already existing buildings or on the two banks of the river. I observed how six families (of at least of five or six members each) lived in a former city stables,

dividing the space with fences of plank, leaving free a corridor which was in turn populated by newcomers. This group of people (not necessarily relatives) acted as if they had a separate identity from the other Romani groups. They were those who could not find a place to live in the Digului district or elsewhere in the city and — for different reasons — could not either stay in their parents' houses. They were repeatedly threatened with eviction, but wished to remain together and in any case could not accept to be moved on the hill “near the *corturari*.”

Today, 800 people (180 families) live in a total of 125 houses. Fifty percent of the total population is composed of children below the age of 14, and 85 percent of the school-aged children are enrolled in schools. Some 135 families live on welfare allowance (*sociulul*) performing community work for the city, though they are rarely assigned to work in their own district. Fifteen percent do not possess identity cards, and two percent do not have birth certificates. Ten men are employed as street sweepers and two have jobs at a private brick-factory, where work availability fluctuates. Sixty percent of the population receives welfare allowance, but payment is often problematic. Between April and October 1999, for example, the mayor declared that the city hall did not have enough funds, and also let people know that authorities did not want to continue paying “those who do not do anything” (out of the 380 families who were supposed getting the allowance more than 300 were Romani). In November and December 2005, the mayor decided to pay low-income families the so-called heating benefit (*bani de încălzire*) but he subtracted the welfare allowance from the sum (for which recipients were doing community work). Twenty percent from this community declare that they collect scrap metal, almost five percent collect herbs and seven percent receive disability pensions.

The whole community has only one source of clean water (which is illegally organized), 80 percent of the houses do not have toilets of any kind, and the slop water is thrown out in the mound from the middle of the street or into the river along with the garbage (this is a permanent source of infections and a cause of several illnesses). Ninety percent of the houses have electricity, and the majority of the families (even the poorest ones) invest in televisions. Some also have CD, video, and DVD players.

Besides their practical utility, these objects form part of people's symbolic status and prestige within the community. Obviously those who work abroad do better in these terms. Although viewers recognize the unbridgeable economic gap between their own living conditions and those depicted on television, they draw parallels between the universal human problems they share in common with the characters in soap operas. The tension between the messages transmitted by the cultural apparatus (which objectifies a certain standard of living and equalizes it with "normality"), and the life-styles and behavioral models of their actual lives may translate into frustration or self-blame, but also into anger and rebellion usually expressed verbally towards those who, like the mayor, embody the Romanian majority and the causes of Romani poverty.

### Work and the ambivalence of dependency

During the socialist regime the majority of Roma from this community (both men and women) were employed in one of the main factories of the city, all of which collapsed after the revolution, leaving workers unemployed for long periods of time with few chances for reemployment and without state pensions. Many current illnesses are also due to the pollution to which workers were exposed in the chemical industry (Întreprinderea Chimica), the metalworks (Uzina Mecanica) and the leather and fur-coat factory (Vidra). Due to the pesticides used in the nearby plant factory (Întreprinderea Fares), which is still functioning, the water from the few existing fountains is also polluted.

Work and paid labor was a central concern for the *băieși Țigani* whom I have met. Their memories about the socialist past – when they all were employed and had a secure income – was a reference point in their current self-perception. Long-term unemployment has forced them to find short-term strategies of "making it" from one day to the next. During socialism they could not practice their traditional crafts, such as brick-making, and in the new market economy it would be impossible for them to make a living from these trades. On one hand, they expressed their desire to integrate into the broader society – "to become like Romanians" – but on the other, they are constantly rejected and excluded by the majority society.

Nevertheless, they usually do not treat unemployment and poverty as an individual failure, but they have the power to criticize the system for what is happening (embodied by the mayor or by their new employers or others). However, today their attitudes and practices towards state institutions and authorities are ambivalent, which is, of course, a reaction to the fact that they are dependent on the welfare provisions, and must wait for some assistance from above but, at the same time, they live through their own daily strategies of survival. They treat the apparent conflict between dependence and independence through the following arguments: they receive welfare benefits in exchange for the work they do on the behalf of the community (by which they mean not their immediate community but the whole city). Because they work for the "others," for the Romanians, they wipe "their" streets, they clean "their" dirtiness, the welfare benefit they get is not experienced by them as a "gift," but as payment for their work. They also feel that it is unfair to be punished if they are looking for other jobs on the black market or elsewhere. Almost at the same time they stress repeatedly that "we should be helped out, but no one helps us," expressing that they are neglected (*necăjiții*), while they also proudly tell stories about how they manage to sustain themselves even when this refers to begging. One may interpret this as a reaction to the fact that they live in an encapsulated social space and seek strategies of survival on the margins of the society, where they nevertheless have to build up their self-confidence and sense of living properly, inverting in a way necessity into virtue.

### Social bonds and the negotiation of Țigan-ness

Relationships within this community are structured by several factors, among them economic differences. Poor people (defining themselves as "desperate," *necăjiții*) take loans from the wealthier families (named *cămătarii*) and have to repay double the credited amount. Those who fare better – the families of the very few employed, of the retired people with pension and of workers abroad – are proud of being *Țigani*, of having a relatively acceptable life despite being *Țigani* and of proving to everyone that "a *Țigan* is a good worker and a honorable man." They try to isolate themselves from the rest of community and sustain a belief in the system as a meritocracy within which, as they say, "those who are lazy and do not want to work

deserve to live in misery, like a *Țigan*.” Moreover, they recognize the fact that one of the main obstacles to their inclusion in Romanian society is rooted in the prejudices that treat them as members of a stigmatized community, and not as individuals who are different than the stereotypical *Țigan*. They are critical towards Romanians for this reason, among whom – as they say – one may also find criminals and theft and people living in misery. One man told me that he is *Țigan* twice: once because he is of ethnic *Țigan* origin and second because he was born in Romania. In the second part of his statement he uses the category of *Țigan* as a general stigma in order to denigrate what is happening in Romania today.

It is clear that the meaning of *Țigani* shifts between a proudly assumed identity and a stigma, and thus it functions as a stereotypical category of classification even within one Romani community and also in the relationship between different Romani groups. These multiple meanings of *Țigani* probably result from the parallel existence of the desire for self-respect and of internalized stigmatization, from the ambivalence of identifying with a community and distancing oneself from it at the same time, and from the latent will to find always an Other relative to whom one may feel “all right.” This explains why someone self-identifying as a *Țigan*, at the same time stereotypes *Țigani* as dangerous, dirty, lazy, and so on. While in the field, I was warned by various people about the “dangerousness” of the internal Other: this was stressed by *corturari* about *băieși*, and vice-versa, and within the *băieși* community by *necăjiții* about *cămătari*, and vice-versa.

### Education and experiences of discrimination

People from this community experience discrimination whenever they apply for jobs and declare their address as Digului Street, and when it comes to issues of school attendance. Very often Romani children are left by teachers to fail an elementary grade three times, or are negatively evaluated by a psychologist after the fourth grade in order to be sent to a special school (which functions as a school for mentally disabled), which thus reproduces segregation. High-performing Romani children are often undervalued in the grading process in order to be

excluded from the group of the leading pupils of their class.<sup>11</sup>

These phenomena, together with the dropout rates of girls and boys at a young age maintain the disadvantaged position of Roma and increase the already existing social inequalities between them and the majority population. Dropouts occur for different reasons: the older children are needed to take care of the youngsters, to help with the housework, to collect wood in the forest or herbs on the surrounding plains, to collect scrap iron, or to do other types of work, on a daily basis (among them begging) for a living. For girls, early marriage and child-birth are the most frequent causes they are forced to abandon their education.<sup>12</sup>

The value of education is interpreted paradoxically within this community: on the one hand both women and men face the fact that job announcements (including those from abroad) require at least an eighth-grade education, but on the other hand they observe how even those who graduated from tenth grade during socialism do not have secure jobs and are not employed because their skin color is read as “dark,” that is, as the biological sign that they are *Țigani*. The factors limiting access to education and employment are thus not simply related to the cultural or social values of Romani communities, but are determined by the exclusionary practices of broader society.

<sup>11</sup> The placing of Roma into special needs schools and classes is a pervasive practice across Central and Eastern Europe, as a recent news calls attention (*Roma school segregation rising in Central, Eastern Europe*, April 2, 2007, [http://www.eubusiness.com/news\\_live/1175522401.58](http://www.eubusiness.com/news_live/1175522401.58)), and as the report by the European Roma Rights Centre together with other two institutions and published by the European Commission shows (*The Situation of Roma in an Enlarged European Union*, 2004, 17-22). Moreover, regarding Romania, Mihai Surdu’s researches in this domain are of interest (1999, 2002).

<sup>12</sup> In order to understand these phenomena from within, see the reports and studies of the Romni activists/analysts Nicoleta Bițu (1999, 2005), Isabela Mihalache (2003) and Alexandra Oprea (2004, 2005).

### Romani women's feelings and practices related to reproduction

I observed that in addition to the social and economic conditions and the cultural devaluation of Roma described above, Romani women's reproductive health and their choices to control it are also shaped by the gendered cultural concepts dominant in their own communities. As always, the "structural factors, including the distribution of economic, political and institutional resources" do not only act in themselves, but are "both experienced directly by individuals and interpreted and made meaningful through cultural processes" (Bowner, 2000). These include views on gender relations, on the role of women in the family and in public life, on their role in sexual relations and their body, on the proper number of children, and also religious beliefs that might sanction not only abortion, but the use of any contraceptive method and sexuality altogether. Romni tend to postpone attention to personal well-being in the interest of attending family care and the home, such that obtaining contraception for themselves is among the last on their list of medical priorities; they are dominated by a feeling of shame when seeking help, especially if this requires a break in social codes of modesty; there are Romani customs that prevent women from seeking care during or after pregnancy; under the circumstances of unequal gender relations women feel little power to choose when, with whom and with what form of protection, if any, to have sex; women fear seeking medical care because of the potential of violence, abandonment, or ostracism on the part of their partner, family and community; and last, but not least, the stereotypical view that Romani women do not think of future, and other gender and ethnic stereotypes might cause health care workers not to offer family planning information and services, or provide information only on certain type of contraception.<sup>13</sup>

Moreover, feelings, especially those regarding issues of intimacy and privacy with children, family and community, play a role in

the decisions that women make about reproduction. Furthermore, the economic conditions in which they live, or more properly said, the ways in which they think that they might cope with poverty, shape Romani decision-making regarding reproduction, its control, and implicitly, their reproductive health. One may conclude that eventually in this case, too, "social, emotional and economic issues are linked in women's desires, claims and practices related to reproduction" (Bowner, 2000), and their moral claims regarding reproduction are articulated "in relation to social expectations referring to fertility, sexuality and motherhood" (Unnithan-Kumar, 2003).

### Women's status

It seems paradoxical that women under the regime of male dominance (or of an order which favors those who occupy masculine roles) still have the power (or necessity) to be materially independent of men. But this power might have no social authority, and their independence might have no value in living conditions of severe poverty and within large families in which everybody relies on each other and, as a community, are restricted by socio-economic conditions beyond their control.

Women do all kinds of works besides giving birth to children: childrearing, shopping, cooking, cleaning, washing, taking care of elders, going out for wood. They also perform remunerated labor: mainly herb collection during the summer and domestic work during the whole year (having "their ladies," *femeia mea*, as they say, where they mostly do the cleaning), and community work for the welfare allowance. At the same time they are the "experts" of the family's external relations, taking the children to the school or to the doctor, and making claims at the city hall. If they would only need to sustain themselves they seem to be able to survive easily, but there are always the children whose material support cannot be assured only by one income "especially if you are not supported by your parents."

Moreover, a woman's value is strictly linked to "her man" and is even greater if "she is dedicated for her whole life to only one man." One rarely finds single women or single mothers in this community. The law mandates that "you should bear all the difficulties near him even if he beats you; you have to accept this as he probably hits you only under the influence of

<sup>13</sup> Corinne Packer wrote largely on these issues for example in: "Roma Women and Public Health Care", in *Sexual and Reproductive Health in a Multicultural Europe: The European Magazine for Sexual and Reproductive Health*, No. 55/2003, <http://eumap.org/journal/features/2002/sep02/romwomenprior>.

alcohol.” However, I have met single mothers, like the widows considered by their children with whom they lived too old (even in their forties!) to marry again, like the girls whose partners did not recognize their newborns as their own children, the ones whose men were imprisoned, or the ones who were abandoned by their men and decided to live on their own with their children mostly in the houses of their parents asserting that they “do not need any man from now on” (*nu îmi mai trebuie bărbat*). Being alone is totally impossible under the conditions in which there is hardly any free living space within the ghetto. Additionally, if a woman wishes to be considered a grown up, she has to find a man for herself.

Male dominance is maintained through the moral rule according to which “a woman should respect her man,” moreover, “should serve him also by giving him money for drinks or cigarettes.” Usually people trace this idea from the remote past, saying that “this is how it was and still it is” (adding “fortunately” or “unfortunately” depending on the speaker), but this idea could not have survived if it did not have a social function in contemporary community life. A man is supposed to have the force to protect his family and community, and to provide his parents’ house, or a house of their own, for his family. He may fail in the latter, because housing arrangements depend on many factors, and this is why people in this community cannot afford to sustain this rule strictly rule; rather, they adjust their immediate solutions to the given situation. This mechanism generally shapes what is acceptable and not in that context. The case observed under similar conditions is applicable here, too: “the community seems to have evolved a certain measure of tolerance for certain non-conformity as compared to the mainstream ideal ... and the ghetto-specific culture provides some degree of socially recognized release from certain mainstream norms” (Hannerz, 1969, 104).

### Marriage

As I was told, in the community of Digului district girls usually marry and give birth at an early age, leaving school between the ages of thirteen to fifteen. “There is no girl in our district who graduated from high school,” it was put to me, “and at best they finished ten grades during Ceaușescu, but since the revolution its good if they graduate from eighth grade; they

usually drop out after the fourth or even never enroll.”

They do not marry officially (though this is a recent development), for a variety of reasons: “I do not want to change my name;” “we do not have our own home, he stays with his parents and I am staying together with my children at my mother’s house;” “if we do not marry, I may receive the social allowance, while he might find all kinds of works on a daily basis without being blamed for also taking the social allowance;” “this is how it works here;” and “he can abandon me anyway if he wants.”

However, women refer to their partners as “my husband,” or even more often as “my man” (*bărbatul meu*). As a rule, the family and the community consider them married (due to what they name *credință* or *legămint*) after having slept with their partner in one of the parents’ houses. Before “marriage” they meet and are together during the nights on the dark corners of the streets, so one may observe many young couples near each other kissing or even making love. Also due to the material reasons mentioned above, the cultural definitions of marriage as an institution shape people’s relationships, which, as a result, do not depend on official papers when they are constituted or when they are broken.

Girls feel free to choose their husbands, so they enter freely into relations of love. However there are more rules regarding a women’s sexual behavior than a man’s: “she needs to be a virgin;” “it is a shame to leave your husband and to look for another and have children of two kinds;” “women who change their husbands are blamed by their community together with their whole family.” It happens more often that a man leaves one woman for another, and in this case the first “wife” moves back to her parents’ house and the “new wife” moves into the man’s or the man’s parents’ house. But it also happens that a woman “tries to run away” (usually due to the frequent acts of domestic violence), but her attempt is a much more difficult undertaking: she might be accepted back by her mother but risks being negatively labeled by the community, or she might try to leave the district and even the city, but each time is afraid of being followed, found and returned back by the angry man who cannot accept being abandoned.



## Children

Girls usually give birth to their first child – even if at an early age – in the first year of marriage. After that moment, children continue “to come” yearly: “the year and the child,” they say. Breastfeeding creates a dependency between the mother and her child. It goes on for many years, often up to the age of three or four. Even if this means that the mother always has to carry her child, this is part of her proudly assumed identity: “I am breastfeeding wherever I go, whenever it is needed, when my child is hungry, or nervous, or cannot fall asleep, on the street, on the bus or in the shop, there is no shame in this.”

Being a mother is a prestigious role in the community, and it is actually the way in which a girl starts to be recognized as an adult person. If she gets her own home or at least her own bed that does not have to be shared with her little brothers or sisters but with her husband she may experience an increase in social status. Having many children is considered a sign of the powerfulness of the family, and the masculinity of a Rom is judged according to the number of the children he fathers during a lifetime. Women who have to take care of their family and household, but also of the relationship between family and public institutions (being in charge of taking children to school, or to a physician, or to make necessary arrangements at the mayor’s office) might have other opinions about the “proper” number of children. But in the cases of communities where tradition strongly shapes people’s lives and choices, the women’s voices are hardly heard. They might have power to decide (and they do it secretly), but this power lacks authority and is considered illegitimate.

The responsibility of having children is assumed for the whole life: “anything can happen to me, I need to take care of my children;” “I just feel wonderful when I am together with all of my six children in bed;” “I need to feed him first and see him well,” “if my daughter wants to come back to my house, she is always welcome, but I told her that it is wrong to leave her husband while the children are small,” “you have to stay near your man and suffer if you need to, even if he beats you when he is drunk, for the sake of your children... anyway, where would you think you could take them;” “children gave me the strength to keep going and survive.” “I take them to the physician whenever they are sick, but I am not really going

there for myself.” Responsibility is expressed also in terms of not desiring to have more children: “I wanted to have these four kids, especially during Ceaușescu when we had places to work and a stable income, but now I cannot afford to make more, I cannot stand to watch them go hungry”.

## Contraceptives

Almost every woman whom I met from this community had information about modern contraceptive methods, but, for many reasons, they had also had several abortions over the course of their lifetimes. The sources of information were the family physicians, the gynecologists, or women friends and neighbors.

As women reported, there was no open and public talk about contraceptives, abortion or, generally, about reproduction and sexuality, nor even among themselves: “I’m ashamed to discuss this,” “if I suddenly get fat or to the contrary become thinner the community starts to whisper that this was due to the pills,” “if they find out that I am using condoms they would accuse me of being a prostitute (*traseistă*),” “they say that I give myself airs (*mă dau mare*) if they hear that I am doing this.”<sup>14</sup> “Public opinion,” mostly whispered and not openly expressed, thus had the function of community control shaped opinions about the “proper” contraceptive method: “my friend got fat from using the pills,” “when I took those pills I lost weight,” “there was someone who died after the injection,” “my neighbor got cancer after she used the intrauterine device (*sterilet*).” All these rumors

<sup>14</sup> Despite this, during my several visits to the community between 2004-6, I encountered many women who after a while started to talk about these personal issues in front of me and even agreed to tell their stories to the camera, thanks to which I was able to produce the film *Red Poppies* in conjunction with several colleagues (55 minutes, 2006, camerawoman Iulia Hossu, video editor Tibor Schneider, director E. Magyari-Vincze). The film proves the powerfulness of Romani women who dare to talk about topics that are still taboo not only within Romani communities, but in the Romanian society as a whole, and also their strength by which they (self-)analyze through an ironic discourse that enables them to distance themselves from the conditions of the social order within which they happen to live.

claimed to have some kind of truth at their base: some women did get fat, others lost weight, a woman who had injections died (but for other reasons) and the cervical cancer was there, but these events were caused by other factors. The mixture of all of these forms of rumor as knowledge, on top of condition that woman did not dare to talk openly about these problems and combined with the refusal of doctors to listen to and engage with the concerns of the women served to mystify the whole subject of contraception and make it more stressful for women to attempt to do something than to do nothing.

The associated frustration is even larger because of the contradictory messages a woman receives from different authorities and the personal experiences she has of reproduction: “the community would expect women to give birth to as many children as they can;” “it is said that you are more powerful if you have more children;” “if God wants you to get pregnant, you have to give birth to the child;” “it is said that you, as a woman, have to respect your parents and your man, so if for example he wants to have many children, you have to have them;” “how can I make more children in this booth?” “it is unbearable for a mother to watch their children freezing or hungry;” “once you have children you have to labor and to worry all the time, you see, I have to carry all my four children with me all the time;” “it is a sin to have an abortion and to use contraceptives so even now, in my forties I would give birth to a child if he would come.”

### **Abortion**

Under the conditions of this limited and quite complicated access to contraceptive methods (which has all kinds of uncontrollable side effects) abortion remained for very many Romani “the best,” or at least the “most practical” solution for unwanted pregnancy. The majority of women whom I talked stressed that having an abortion is a practical decision: “I could not have raise more children;” “if you don’t want him, because you don’t have the material conditions, it is better not to give birth, it is more acceptable to have an abortion, because it would be far worse to torture him afterwards.” Almost everybody considered it a sin: “you kill a soul, and this will affect you all along;” “God will not give you anything to eat after you die;” “you feel like a murderer.” Nevertheless, abortion was requested

as a last resort: “it is like a war inside your body, it is difficult to decide, but finally you opt for it if there is no other way.”

The “option” of abortion harmonizes with the dominant strategy of going to physicians. As visiting doctors (especially for reasons related to reproductive organs) is an unpleasant event linked to several taboos regarding the body and sexuality, and thinking and acting preventively is not really part of the dominant health culture generally in Romanian society, abortion is more “favored” than the use of contraceptive methods (which impose, among others, a regular control and supervision, involve more costs, and, as I discussed above, are full with several tensions and unknown aspects): “up to now I’ve had only one abortion, I can still have two or three, I’ll just go to the physician, now it is allowed and it is cheap at the state hospital, and request it.”

The act of having an abortion is sometimes considered to be the manifestation of women’s power, a moment that is controlled by her, which might be done secretly: “I do not tell him about this, this is my problem, and I have to deal with it.” Paradoxically, this kind of power is “achieved” by a woman after her man “failed to take care, as he was supposed to do.” It is a bitter irony that women take back control from a man when he has proven unsuccessful, after he gets a woman pregnant against her will. Under the conditions of a shortage micro-economy within which they live, or of bad social relations that threaten even their bodily safety and do not offer emotional pleasure, having an abortion is about avoiding further trouble. If this is the case, its side effects are of lesser or no consideration – a luxury topic far behind elementary survival. This again proves that – due to several factors – Romani women do not take care of their bodies and do not consider reproductive health a crucial issue until they get really sick.

The case of women who together with their family join some sort of neo-protestant church (a phenomenon that has become more and more common within the Romani communities and implies a very strict level of community control<sup>15</sup>) is totally different in these terms. From their point of view not only abortion but also the use of any contraceptive method is a sin and contraception is thus not possible.

<sup>15</sup> See Fosztó and Ries, both in this issue.

### Socio-cultural constraints and Romani women's agency

My ethnographic case study on reproductive control in the case of Romani women aimed to contribute to the understanding of the social and cultural processes of exclusion that reproduce marginalization and inequality in a post-socialist context. Altogether my aim was to describe the socio-economic conditions, institutional arrangements, and cultural conceptions that shaped Romani women's (lack of) access to reproductive health, and also of their personal ways of dealing with the related problems and of being "between two fires." Most importantly I wanted to highlight women's agency: how women felt, thought and acted under the conditions of being situated at the crossroads of several contradictory subject positions prescribed for them by different discourses and institutions (such as state policies, health care providers, policies for Roma, their own communities, etc.) and wanting them to have less, or – on the contrary – more children than they might have desired on the basis of their material conditions, social relations and emotional ties.

On the one hand, since December 1989, as Romanian citizens Romani women are formally entitled to make use of their reproductive rights, but – being culturally devalued and socially excluded – they are subjected to racial discrimination, which de facto prevents them from accessing these rights. As a result, they are transformed into underserved social categories, or even exposed to racist fertility control that aims to make them have fewer children than they may desire, and all this in order to not "threaten" the majority. On the other hand, Romni are viewed by the patriarchal Romani movement as life-givers and caretakers who are obliged to carry the burden of the biological and cultural reproduction of Roma. This position prescribed to them also by their family members and community norms may too become an obstacle of their de facto access to reproductive rights as far as it culturally imposes them to give birth to as many children as they can in order to ensure the preservation of their community. However, as my argument hopefully demonstrates, while Romani women were enduring these contradictory regulations they expressed a powerful desire to act as agent.

They made decisions regarding reproduction according to their own feelings but also to the social expectations that they wished to fulfill as wives and mothers. Their majority expressed a powerful desire towards taking their destiny in their own hands, though they had very limited opportunities to do so. Their desire might have been to act as powerful individuals and they did stake moral claims on the basis of which they made decisions regarding reproduction, but this decision-making was strongly limited by structural factors, social expectations and cultural conceptions which they could not control. In this way, the choice was not totally theirs. On the basis of their gender, ethnicity, and class they were excluded, for example, from the resources that could ensure their reproductive health. But this also happened because it was always important for them to be accepted and respected individuals within their group, and their autonomy was limited by very strict community expectations regarding femininity and motherhood. In this way Romni eventually face a problem known by any other human being, even if they experience and express it differently than others living in different social and cultural contexts. This is the problem of being at once a social person and an individual agent, or – paraphrasing the anthropologist Strathern (1992) – of being constructed by one's social relations while trying not to preclude one's sense of autonomy or self-control.

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