



Coalition for Gender Equality

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The Working Group on discrimination against women and girls conducted a visit to Romania from 24 February to 6 March 2020. In the context of the follow-up reports, [The Coalition for Gender Equality](#) is submitting an overview on the situation of women's rights in Romania for 2023-2024.

The Coalition for Gender Equality was established in 2014 and at the initiative of non-governmental organizations in the field of women's rights. It currently has 15 member NGOs. The mission of the Coalition for Gender Equality is to promote and integrate gender equality in all areas of public and private life.

Members of the Coalition:

1. Centrul Parteneriat pentru Egalitate – CPE
2. Asociația pentru Libertate și Egalitate de Gen (A.L.E.G.)
3. Societatea de Analize Feministe AnA
4. Asociația Front
5. Asociația E-Romnja (The Association for Promoting Roma Women's Rights)
6. Centrul Filia
7. Centrul de Acțiune pentru Egalitate și Drepturile Omului (ACTEDO)
8. Centrul de Studii în Idei Politice (CeSIP)
9. Asociația Plural
10. Asociația Ema
11. Asociația SEXUL vs BARZA
12. Societatea de Educație Contraceptivă și Sexuală (SECS)
13. Asociația Iele-Sânziene
14. Asociația Moașelor Independente
15. Asociația A.R.T. Fusion

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GENDER-BASED VIOLENCE

Starting with January 1, 2024, modifications to the Penal Code (Law nr. 217/2023) will automatically **punish sexual intercourse with minors younger than 16 yo as rape**. This brings a shift in the judicial system, which shows numerous examples of rape of 10-12-year-old minors being classified as consensual sexual acts with adult men, justifying this classification by the fact that the minors consented to the sexual acts by the way they were dressed, physical development and behavior. From the total number of resolved cases regarding rape, sexual assault and sexual act with a minor, registered in 2021 by the Prosecutor's Office attached to the High Court of Cassation and Justice (POHCCJ), 75% of the cases were resolved by closing them during investigation (e.g., lack of evidence, lack of information regarding the criminal behavior) or because there was no public interest to continue the criminal investigation. The law will bring increased accountability for sexual predators and protection for young girls.

The Electronic Monitoring Information System (**electronic bracelets**), with a delay of 2 years since it entered the legislation, is working in the capital and 3 counties in Romania, as a pilot program. However, the NGOs that provide services for survivors of GBV noticed a high reluctance from the survivors to accept the electronic bracelets. Unfortunately, the implementation of SIME has not been followed by a national informative campaign.

Lack of data: Romanian Police collect disaggregated data only regarding domestic violence (DV), under Law No.217/2003, when the victim and the aggressor are family members or have similar relationships as family members. GIRP does not collect disaggregated data regarding sexual violence or any other gender-based violence (GBV) crimes outside family relationships.

There is a high prevalence of **intersectional violence against Roma women and girls** caused both by patriarchal rooted systems and institutional racism.

Lack of adequate budgeting and continuous training for GBV professionals: local-level budgeting for specific GBV-related services is compulsory under the Law 217/2003, but, in reality, only a few local-level authorities are budgeting services for survivors of GBV. There is an imminent need for strengthening the partnerships between specialized NGOs and local-level authorities. The existing services should also cover the need of victims with children, and offer babysitting facilities and child-friendly psychological support (including the elimination of the provision according to which both parents must give their consent for this service) and social assistance. Establishing specific programs for aggressors at the county level and obliging the courts to complete these programs is also essential.

Rape crisis centers are not functional. ANES has opened 10 centers for intervention in cases of sexual violence, in 10 hospitals the country, press investigations show they are empty, women do not come for assistance: lack of public awareness, lack of institutional collaboration, lack of training for personnel.

ILO C190 - **Violence and Harassment Convention** in the workplace has been signed by the Romanian government, following a systematic advocacy campaign by NGOs at the initiative of A.L.E.G. Association.

NGOs have started to look more deeply at the Romanian **health system response to GBV**. We have a first mapping of legislation, institutional landscape, service provision, capacity building and training needs. The report is not public yet.

NGOs worked on improving a procedure proposed by the Ministry of Education on the **management of cases of violence perpetrated in schools**. We included important directions that were missing from the procedure: gender-based violence, sexual harassment, online harassment, revenge porn.

NGOs demand **transparent justice in cases of sexual violence**. We have asked magistrates to publish anonymized all their decisions in lawsuits on sex crimes. A more systemized monitoring will be made possible, and women and girls will see that justice is being done.

In 2024, NGOs will continue monitoring legislation and institutions and putting pressure on the correct implementation of the Istanbul Convention and ILO Convention in national legislation and institutional practice.

Recommendations:

- Professionals working with survivors of GBV should be continuously trained to offer real and coordinated support for victims, to deconstruct their own racist, classist and sexist prejudices and to understand the dynamics of sexual violence and GBV. Initial and continuing training of primary (including communities and school), secondary and tertiary healthcare professionals to ensure identification, prevention, referral, and management of gender-based violence, including obstetric violence.
- All the responsible public authorities for preventing and combating GBV to collect disaggregated data at regular intervals on cases of all forms of violence covered by the scope of the Istanbul Convention, regarding gender, age, relation between the victim and the aggressor, where the crime took place (urban, rural, home, school, university, workplace, foreign country).
- Specific and clear procedures regarding the management of rape cases for the 10 centers for sexual violence victims existing in the country; elaboration and implementation of a training program for at least two medical staff from each obstetrics and gynecology department on procedures and management of cases of sexual violence; training staff of the centers for victims of sexual violence in a victim-centered approach to the best interests of victims; partnering with the Romanian Police and ANES to inform victims about the existence of these services in police stations and through the national number dedicated to domestic violence.

- More budgeting at the local level and sustainable funding support for relevant services and centers.
- Public awareness campaigns regarding GBV.
- Awareness and information campaigns regarding obstetric violence and measures to reduce it.
- Advocacy for the introduction of sexual education and education modules for the prevention of gender violence in schools by joint order of the Minister of Health and the Minister of Education. Each educational institutions, especially public schools and universities should have interventions protocols for awareness, prevention, and intervention in cases of sexual harassment, revenge porn and others form of gender-based violence. The Ministry of Education and the Universities should develop and frame regulations and develop teacher training in this regard.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Women and girls in Romania face numerous **barriers in accessing sexual and reproductive health care services**. For instance, they face financial barriers in accessing abortions on request that are not covered under the public health insurance system. Access to the full range of contraceptive methods continues to be limited, and comprehensive sexuality education is not mandated in schools.

Abortion care

The cost is a major barrier to accessing abortion-on-request services. This particularly affects women from vulnerable and marginalized populations who have no or limited means to afford paying for abortion on request. In public hospitals, the price of abortion on request can be as high as 1,000 lei, and medical abortion pills cost up to 600 lei, while the net minimum wage in Romania is 1,524 lei. In private healthcare facilities, the cost of abortion on request is even higher and can be as high as 5,000 lei.

In addition to financial barriers, the quality of abortion care is also of serious concern. Recently some hospitals have told us, in their official responses to requests under Law 544/2001, that they offer abortion on request provided with surgical methods without anesthesia. This is a form of gynecological and **obstetric violence** that affects the most vulnerable women who cannot travel for another service or cannot afford to pay for anesthesia to secure dignified care.

Another issue is the lack of abortion services across the country. Data from the first six months of 2022 (INSP) shows that 12 counties out of 42 counties in Romania did not provide abortion on request in public health care facilities and 3 other counties (Olt, Hunedoara and Vâlcea) did not provide abortion on request in either public or private health care facilities.

At the same time, **anti-abortion organizations have become increasingly prominent** in the public arena in recent years. They often present themselves as an alternative to proper medical care offered in doctors' offices. Women who seek services provided by anti-choice organizations, anti-abortion call centers and pregnancy crisis centers are often exposed to traumatizing rhetoric based on medically false information.

We propose **improving access to abortion care** by:

- Development of evidence-based clinical guidelines and related protocols on abortion care, in line with the WHO Abortion care guidelines;
- Improving the data collection system by introducing new items in the medical statistical report on induced abortion, abortion on request and therapeutic abortion, including the diagnosis and, if applicable, the reason for refusing the procedure and referral to another specialist. Any data collection must be confidential and respect women's privacy (no personal data of the abortion seekers should be collected).
- Improving access to evidence-based information on contraceptive methods and abortion services by developing an online platform (avort.ro) with information about the public sector healthcare facilities offering abortion care and evidence-based information on abortion care and the full range of contraceptive options. In addition, establish an informational telephone line for people who want to find out more about these services.
- Introduction of medical abortion by telemedicine, as recommended by WHO guidelines, and development of the evidence-based protocol on ensuring abortion care by telemedicine;
- Ensure coverage of all costs of abortion, including abortion on request, through the National Health Insurance House (CNAS) for at least certain categories of persons such as persons under the age of 18, students, women benefiting from the Guaranteed Minimum Income, uninsured women, survivors of sexual violence, refugees, asylum seekers and undocumented migrants.
- Adequately enforce laws allowing adolescents over 16 years of age to access sexual and reproductive health care without parental or guardian consent.
- Reform abortion law and policies to make them in line with the WHO abortion care guidelines.

Contraceptive services and information

In November 2023, more than 120 NGOs sent an open letter to the Government and the Ministry of Health demanding adequate budgeting and effective implementation of a **National Contraception Plan in 2024. For over 10 years, women and girls in Romania have not had access to state-subsidized contraceptive methods.** Reproductive

health services, including modern contraception and family planning services, are increasingly inaccessible for many people and particularly those belonging to vulnerable groups.

Besides funding, training and involvement of family doctors (including with the help of community nurses) is needed, also involving the school medicine network in providing information about contraception, prevention of unwanted pregnancies and prevention of sexually transmitted infections and in prescribing and/or distributing contraception and protection drugs and devices. Also, developing a **campaign to inform the population about the importance of contraception and protection** is very necessary.

We are still facing the **lack of a data collection system in the SRHR area**, especially in the private health sector, which is not collecting and providing data about SRHR-related procedures. The doctor's refusal of abortion on request is not recorded anywhere, which complicates the process of finding out about the magnitude of the phenomenon.

We support **the vitalization of the family planning network** with a significant role in providing free specialized support to whomever needed it and free contraception.

Recommendations:

- Ensure availability and accessibility of the full range of modern contraceptive methods across the country and for everyone, including by covering the full range of modern contraceptive methods under the national programs for health.
- Ensure access to evidence-based information on contraception in accessible formats, both online and offline, and provide regular training to health care workers on the full range of contraceptive options to ensure that people are able to make informed decisions about their contraceptive use based on their needs.
- Establish evidence- and human rights-based, age-appropriate and gender sensitive comprehensive sexuality education in schools and ensure teachers receive adequate training and tools to be able to deliver comprehensive sexuality education in line with international standards.
- Ensure regular human rights-based data collection on the use of modern contraceptive methods disaggregated by age, education level, ethnicity, parity, location etc.

MATERNAL AND INFANT HEALTH

Romania has one of the highest maternal and infant mortality rates in the EU, the maternal mortality rate in Romania doubled in 2021 as opposed to 2020, reaching 28.2, compared to the EU average of 8. The infant mortality rate reached 5.5 in 2021, compared to the EU average of 3.2. Romania ranks first in terms of girls aged 12-15 giving birth and we have approximately 18,000 childbirths per year for girls younger than 19.

In the last few years, the number of cesarean sections and teenage pregnancies has been alarming, and no actions or measurements have been taken to reduce this, while both represent causes for complications and maternal deaths. We face violations of human rights during childbirth such as verbal, physical and psychological abuse, mistreatment, medical interventions without women's informed consent such as episiotomies, Kristeller maneuver.

Antenatal care is not available in the public healthcare system, although it is included in the national fund for social health services. No policies for primary health care and for secondary care are in place to put into practice the universal access for antenatal care and, **in 2021 only 2.6% of the pregnant women have had access to antenatal care through the universal coverage**, while 28% of pregnant women never have been to a medical examination through the whole pregnancy.

The Baby Friendly Initiative was excluded from the governance of the Ministry of Health and no other program was established for education and promotion of breastfeeding and best practices regarding maternal and neonatal care after birth. **Romania does not use evidence-based guidelines for maternal and newborn care** and the last guidelines published in 2011 for neonatological care are outdated.

Romania has a deficit of well-trained midwives and a lack of universities that offer the training program. Midwives can prevent 67% of the premature birth, to save maternal and newborn lives and complications, to offer family planning, to offer sexual and reproductive health education but they are not paid for antenatal and postnatal care and family planning by the health insurance fund and not able to work at their full scope of practice either in public or in the private system. We currently have only 600 licensed midwives, and we need a minimum of 4,000 more. Currently, the only universities offering midwifery studies are the University Dunărea de Jos in Galați and UMF Carol Davila in Bucharest, after we have recently restarted the program for 2023, actively promoting the profession and preparing candidates for the exam. Additionally, we have established the first medical midwife office in Bucharest, and we are awaiting authorization from the National Order of Midwives and Nurses and the Public Health Direction. Laboring women are not allowed to have any support person in public maternity hospitals in Romania and newborns are immediately separated from their mothers after birth in 100% of the cases.

In terms of practices associated with **forced marriages**, between 2015 and 2019, 2,775 underage girls were married compared to 40 underage boys. At the national level, the collection of this data is difficult and the debates about forced marriages and early marriages are filled with prejudices and generally associated with the Roma ethnicity although the phenomenon at the national level shows that it is a wider practice, culturally justified when a form of abuse occurs.

We propose the following action points:

- Measures to increase reimbursed, universal and non-discriminatory access to prenatal and postnatal care, including through monitoring services and prenatal and postnatal education provided by midwives.
- Resumption of the *Baby Friendly* Hospital program (Spitalul Prieten al Copilului), in collaboration and under the coordination of an expert group including representatives of the civil society.
- Arrangements for the access of the partner / designated person / translator together with the patient in labor and birth.
- Continuous quality assessment and integration of patient feedback and complaints into measures to improve primary, secondary, tertiary and community care.
- Establishing effective, confidential complaint and oversight mechanisms enabling patients and medical personnel to file complaints anonymously.
- Development of protocols and regular trainings of healthcare personnel to decrease medicalization of childbirth including reduction of cesarean sections, and to ensure dignified and respectful obstetric care for everyone. Continuous quality assessment and patient feedback integration into measures that can improve tertiary care.
- Develop a monitoring system for the implementation of the existing legislation and strategies.
- Every public institution with responsibilities in GBV/ domestic violence should elaborate regular reports on activities concerning prevention and case management.
- The Ministry of Health, in collaboration with other stakeholders and including GBV experts, should elaborate and validate a guideline at the national level for addressing GBV in the healthcare system in primary, secondary and tertiary healthcare.
- The Specialized Commissions under the Ministry of Health, together with Specialized Medical Societies and GBV experts, should elaborate and validate clinical guidelines and protocols at national level, for addressing GBV in different healthcare specialties.
- Ensure the dissemination, training and implementation of guidelines and protocols for addressing GBV in the healthcare system.
- Sensibilization and training of top decision-makers in healthcare institutions at national level, professional medical colleges, hospital managers and heads of hospital departments;
- Include training on healthcare response to gender-based violence during university studies for doctors, nurses, and midwives.

GENDER EQUALITY

Romania ranks poorly in international assessments of women's rights. The World Economic Forum Global Gender Gap Report 2022 and the European Gender Equality Index puts Romania on the worst ranking in Europe. **Women are very discriminated against in political participation**, which in turn generates a low representation for women's specific needs in public policies and budgeting. At the political level, there is a lack of gender awareness, small percentages of women in executive positions, small chances of being granted eligible positions, a highly misogynistic party culture, patriarchal gender roles and stereotypes.

Economic gender inequalities in Romania are the biggest in Europe, with no improvements in sight. The percentage of women active on the labor market was 42.6% in 2020, one of the lowest in Europe, caused by women being the main providers of care work and domestic work. Women are not only underrepresented in the salaried population (43.7% in 2020, less than ten years ago), but also as a self-employed population or entrepreneurs. One category clearly dominated by women is that of unpaid family workers, whose situation is by far the most precarious. Although Romania has good economic growth, this is not transferred to women, which remain economically vulnerable and with an elevated risk **of poverty**.

One objective from the National Strategy for Sustainable Development is to regulate the **occupation of experts in equal opportunities between women and men and promote hiring such an expert** in all state institutions, as well as in private companies with over 50 employees. This legal provision is stated by Law 202/2002, which regulates equal opportunities and treatment between women and men in our country. The state does not communicate on its implementation, there is no data and no reports on these experts' activity. In 2022-2023, The Coalition for Gender Equality organized discussions with state representatives to initiate the formal procedure of revising and professionalizing the current occupational standards, focusing on gender equality and equal chances at the intersection of different inequalities such as disability, race, religion, sexual orientation. The standards have been changed and improved thanks to our efforts.

Although the National Strategy for Sustainable Development mentions the importance of including the **gender perspective in the school curricula**, along with youth awareness campaigns regarding gender stereotypes, the Ministry of Education is ignoring this topic.

Recommendations:

- Comprehensive teacher training for both raising awareness on gender equality and providing them more inclusive pedagogical and gender sensitive pedagogical tools; an evidence-based curriculum development that is inclusive from a gender perspective. Update the mandatory primary and secondary educational curricula, school learning books, teachers training programs and guidelines to promote and support gender equality. Exclude the textbooks and educational approaches that promote discriminatory gender stereotypes.

- Public policies aimed at reducing labor market disparities between men and women, and establishing equal salary scales for economic branches, either feminized or masculinized.
- Investments in care facilities (cheches, kindergartens, after-school) so that women can fully participate in the labor market. Multiply the social assistance facilities also for the elderly and the disabled.
- Mandatory gender quotas in electoral legislation; political parties should be encouraged through different methods to adopt quotas.
- The revision of the legal frame and the inclusion of more specific details regarding the implementation of equal chances in the electoral process and sanctions if not done.
- More systematized data collection on women's political representation.
- Awareness campaigns regarding the importance of political representation for women, encouraging women's active citizenship and explaining notions like quotas or glass ceiling would improve the political representation of women.
- Mandatory responsible person for equality between men and women in public institutions with more than 50 employees.