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ΘΕΜΑ Έμφυλες διαστάσεις των δημόσιων πολιτικών
FOCUS The gender dimension of public policies

ΑΡΘΡΑ
 Articles

Μαρία Λιάπi and Anna Vouyioukas,
 Policy gaps in integration and reskilling strategies of migrant women

Theodoros Alexandridis,
 Research note on the education and health situation of Roma women in Greece

Φωτεινή Μηλιώνη,
 Έμφυλες διαστάσεις της αντεγκληματικής πολιτικής

Niki Kalavrezou,
 Gender and access to healthcare in Greece

ΣΧΟΛΙΟ
 Comment

Γεωργία Πετράκη, Τι γίνεται στους χώρους εργασίας; Η επιδημία αυτοκτονιών στη Γαλλία

ΒΙΒΛΙΟΚΡΙΤΙΚΕΣ
 Book Reviews

Μαρία Στρατηγίδα (επιμ.), Πολιτικές ιατρικής των φύλων. Ευρωπαϊκές κατευθύνσεις και εθνικές πρακτικές, (Κ. Κοσιμάτη), Ηρά Έρικα Παυλοπούλου, Η μεταναστευτική πρόκληση, Κατερίνα Βασιλικού, Γυναίκες μεταναστευτική και ανθρωπιά δικαιώματα: Μια θεωρητική έρευνα για τις οικιακές βοηθούς από τα Βαλκάνια και την Ανατολική Ευρώπη, (Β. Λώλης - Ν. Συμπολιτάς), Καλλι Παπαρήγα-Κωσταθώρα, Βισμάς, Το έγκλημα, η δική, ο νόμος και οι κοινωνικές αντιλήψεις, (Ν. Καλοσύγια - Τουρναβίτη), Βασιλική Καντζάρα, Εκπαίδευση και κοινωνία: Κριτική διερεύνηση των κοινωνικών λειτουργιών της εκπαίδευσης (Ε. Πρόκου).

Overview of field research findings regarding the educational and health situation of Roma women in Greece

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Overview of field research findings regarding the educational and health situation of Roma women in Greece

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Επισκόπηση αποτελεσμάτων ερευνών πεδίου σχετικά με την κατάσταση των γυναικών Ρομά στην Ελλάδα στους τομείς της εκπαίδευσης και υγείας

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ABSTRACT

The aim of this article is to provide an overview of the educational and health situation of Roma women in Greece. The existence of a plethora of sociological, anthropological and ethnographic texts and the commonly accepted view regarding the marginalisation of Roma women is not adequately supported by "hard" statistical data. The article intends first to address this shortcoming and second to provide an evaluation of the respective initiatives undertaken by the Greek state. The concluding part contains some practical recommendations.

KEYWORDS: Roma women, health, statistics, illiteracy, social exclusion

ΠΕΡΙΛΗΨΗ

Στο παρόν άρθρο επιχειρείται μια επισκόπηση της κατάστασης των γυναικών Ρομά στην Ελλάδα, στους τομείς της εκπαίδευσης και της υγείας. Παρά την δημοσίευση πληθώρας κειμένων κοινωνιολογικού, ανθρωπολογικού και εθνογραφικού περιεχομένου, καθώς και την κοινή αποδεκτή διαπίστωση ότι οι γυναίκες Ρομά αποτελούν μια ιδιαίτερα περιθωριοποιημένη κοινωνική ομάδα, αυτή η σύμπτωση απόψεων δεν συνοδεύεται συνήθως από παράθεση επαρκών στατιστικών στοιχείων, έλλειψη την οποία το ανά χειρας άρθρο προσπαθεί να καλύψει. Στο άρθρο επιχειρείται επίσης η αξιολόγηση των σχετικών προγραμμάτων που έχει εκπονήσει το Ελληνικό κράτος και καταλήγει με την παράθεση μερικών πρακτικών συστάσεων.

ΛΕΞΕΙΣ-ΚΛΕΙΔΙΑ: Γυναίκες Ρομά, υγεία, στατιστικά στοιχεία, αναλφαβητισμός, κοινωνικός αποκλεισμός

1. Introduction

Roma women in Greece face discrimination and social exclusion on a number of distinct yet overlapping and complementary grounds: as women in Greece, as members of the Roma minority in Greece, and as women within their community with its own discriminatory patriarchal traditions and practices. This intersection of gender, ethnicity and poverty has rendered Roma women a distinctly marginalized group, with racism, inegalitarian cultural practises and economical disadvantages building up layers of inequality and disempowerment.

The gender dimension of the discrimination Roma women face is usually neglected, subsumed in the discrimination Roma face in general as well as overshadowed by the subsistence problems Roma (men and women) encounter in their everyday life. Muslim Roma women living in Western Thrace face even harsher discrimination than Roma women in general, discrimination bordering on a form of religiously sanctioned servitude to men, tolerated by the Greek legal order (Kotzabassi, 2001, GHM/MRG, 2006, Ktistakis, 2006).

Despite the existence of a sizeable bibliographical body on the Roma in Greece, there is a marked absence of readily available field and other research yielding data attesting to the discrimination Roma in general and Roma women in particular face (for an extensive bibliography see ESYEKT, 2009a). As a result, despite a broad consensus among scholars and authors that Roma are widely discriminated against, the degree and breadth of their exclusion are not corroborated by statistical data. Based on reports by international and national organisations, state agencies, NGOs and organisations implementing action projects for Roma, this article aims to address these gaps in scientific literature and provide a factual underpinning of the exclusion experienced by Roma women in Greece in the fields of education and health.

The first part of the paper examines the situation of Roma women in Greece in the fields of education and health as it emerges from various surveys and research papers; care has been taken to include and highlight findings from reports regarding communities all over Greece, in order to provide a more representative picture on a national scale. Due to the space constraints of the article as well as the lack of a strong gender aspect (in that lack of adequate housing is equally prejudicial to both men and women), the issue of housing (or rather lack thereof) of Roma in Greece will not be addressed. It cannot but be overstated however that the palpable failure of the Greek Roma programs on housing and the appalling living conditions in which more than half the Roma population of Greece lives, undoubtedly have an exceptionally adverse impact on other aspects of everyday life of both Roma men and women (GHM/COHRE et al, 2006). It should also be noted that the lack of adequate housing for Roma in Greece has been held to be in violation of Article 16 of the European Social Charter which safeguards the right of the family to social, legal and economic protection and includes a housing aspect (European Committee of Social Rights, 2005). A follow-up collective complaint alleging that the situation remains unchanged is currently pending before the European Committee of Social Rights.

The second part analyses the policy implications of the situation of Roma women as well as the policy responses and the efficiency of measures taken (or intended) to tackle multiple discrimination of Roma women in terms of race, gender and class. The concluding section of the chapter contains some tentative recommendations on changes in social policy that could help address the highly problematic situation of Roma women.

2. The educational level of Roma women in Greece

At 97,2%, Greece has a high literacy rate, the percentages for men and women being 98,2% and 96% respectively (UN Human Development Report, 2009, based on 2007 statistics). As data collected in censuses in Greece is not disaggregated by reference to ethnic origin, it cannot be established to which extent Roma are represented in the statistics above. Nevertheless various surveys on the level of literacy among Romani communities in Greece indicate that illiteracy among Roma men and women is rampant, suggesting that the educational system is consistently failing to address their needs.

According to a survey carried out by the University of Ioannina, in a sample of 339 Roma (68 of who were women), 69,7% of Roma in the age group 18-47 had never attended school and were illiterate while a further 14,9% was considered as functionally illiterate, having sporadically attended primary school. Only 10% had finished primary school while the percentages for those who graduated from junior high (γυμνάσιο) and senior high (λύκειο) school were 2,1% and 0,9%, respectively (Papakonstantinou et al, 2004). These figures led the drafters of the 2001 Integrated Action Plan for the Social Integration of Greek Gypsies (IAP) to note in the preamble that : “the percentages of illiteracy among elderly Roma, women and those living permanently or temporarily in settlements, are tragically high” (EETAA, 2001: 6).

Small scale surveys (implemented usually in the context of drafting and implementing vocational training programs for Roma) all over Greece amply corroborate this statement. According to the findings of a study conducted in the Aghia Sophia organised Roma settlement, located approximately six kilometres from Thessaloniki, 84% of men and 97% of women living in the settlement were illiterate (Prefecture of Thessaloniki, c2001). A similar study undertaken in Karditsa revealed that illiteracy among the adult Roma reached a staggering 100% (AN.KA, 2000). According to another study, in a sample of 400 Roma women from Athens, Thessaloniki and Herakleion (in the island of Crete), 16,06% had never attended school while 70,69% of the women interviewed had not completed compulsory education (primary school and junior high school) (Xilouri, c2005).

Surveys whose findings are disaggregated by gender seem to highlight a significant discrepancy between the illiteracy rates of Roma men and women. As seen in a comparative study with a sample of 342 Roma from communities in Athens and Thessaloniki, while 33% of Roma men did not know at all how to write, the respective percentage for Roma women was 55%. Similarly, while 59% of the Roma men could write with difficulty, the respective percentage for women was 39%. Only 8% of the men and 6% of the women could write well. Furthermore, while 34% of the Roma men could not read at all, the same percentage for Roma women was 51%. 57% of the men could read with some difficulty; the respective percentage for women was 39%, while only 9% of men and 4% of women could read well. The study also highlighted a significant variation in the literacy levels of these communities. Thus, while only 41% of the Roma women in Athens were found to be organically illiterate, the same percentage for Roma women in Thessaloniki was 70% (Euroergasiaki, 2007). None of the few Roma women that attended junior high school (which is compulsory) graduated. The above findings are based on self-reporting by the Roma interviewees and do not necessarily reflect their actual literacy skills, all the more since it is impossible to estimate how many Roma might have been socially promoted at school. According to the researchers:

“The great difference in the percentages of illiteracy between men and women proves the attitude of the Roma especially about the role of the women in their society. More clear [sic], is the traditional role of men and women concerning their education and social integration, which includes a two-way tendency: most of the times they avoid education and consequently their integration. If we compare the results between Athens and Thessaloniki, the percentages of women graduating from the preliminary school in Thessaloniki are quite different from those of Athens. This is due to the fact that the Roma women of Thessaloniki are restricted because of their geographical placement in “ghetto” which consequently leads to the maintenance of their traditional role imposed by the Roma society” (Kokotsakis, 2007: 43).

The discrepancy in literacy rates between men and women is partly attributable to the fact that Roma men are exposed to social environments where they might acquire, albeit rudimentary, reading and writing skills. As noted in the RomNetwork Survey, out of the 34 Roma interviewees who could read / write, 4 (11,8%) learned to read and write during their military service while another 9 Roma (26,5%) did so thanks to their interaction with (non-Roma) people in the course of their work (ROMNET, 2000).

Greek Government initiatives in the field of Roma education do not seem to have yielded any appreciable results, as evidenced by two recent pan-Hellenic surveys: in a sample of 641 Roma (334 women) aged 16 and above, 83,2% had not completed primary school - by far the biggest percentage out of the seven countries included in the report. Only 15,1% had finished primary school (the lowest percentage among the seven countries in the report) and only 1,6% had completed secondary and tertiary education. Overall, 88,5% of the Roma women were considered to be completely illiterate, suggesting yet again a significant difference in the illiteracy rates among Roma men and women in Greece (Fundación Secretariado Gitano (coordinator), 2009). According to a survey undertaken in the framework of an impact assessment of the 2001 Integrated Action Plan for the Social Integration of Greek Gypsies (IAP), out of 1,122 Roma (roughly half of who were women), a full 88,1% had not finished primary school while only 1% had attended some classes in senior high school or had enrolled in a Technical Educational Institute (Τεχνολογικό Εκπαιδευτικό Ίδρυμα, TEI). (ESYEKT, 2009c). Although these percentages are not disaggregated by gender and are in any case high enough not to warrant any further analysis, it is estimated that Roma women are more heavily represented than men.

3. Health conditions and access to the social security and national health system

The health of many Roma in Greece is generally poor, due to a disastrous combination of inhuman living conditions in substandard Romani settlements, poverty, high levels of illiteracy, lack of education, and in many cases lack of funds for medical treatment. Their life expectancy is a useful indicator of the health-related problems they face. According to the RomNetwork survey, only 45 out of the 4,034 Roma included in the survey were more than 70 years old, i.e. a percentage of 1,8%; although no gender breakdown is provided, the percentage is in any case alarming (ROMNET, 2000). Similarly, according to a study by DEPOS (Public Enterprise for Town Planning and Housing), only 15 Roma out of the 1,336 Roma the study encompassed were more than 65 years old, a percentage of 2% (DEPOS, 1999). By way of comparison, those aged 65 and above make up approximately 17% of the total population of Greece (NSSG (based on the 2001 census), 2005). It should also be noted that according to 2003 data, life expectancy for ethnic Greeks was 76,5 years for men and 81,3 for women (Ministry of Employment and Social Protection, 2006).

Unregistered marriages

In many cases, Roma women are married according to Roma customs while they are still teenagers, and virginity is considered a prerequisite. Out of the 400 Roma women interviewed in the context of a survey, 63% had been married before their twentieth birthday, while 5% of them had in fact been married before their fourteenth birthday. Only 2% of the interviewed women had been married when they were aged 25-30 - by way of comparison, the average age for marriage for ethnic Greek

women is 28,1 years. It is also interesting to note that 77% of the interviewees stated that they would rather get married after their twentieth birthday (Xilouri, c2005), evidence that Roma women are increasingly recognising (although *ex post facto*) that marrying at an early age is detrimental to their personal development. Romani marriages are often not registered (approximately one out of three of the 608 Roma couples of the sample had married exclusively according to Roma customs, (ESYEKT, 2009c), and as a result the *de facto* divorces leave women even more vulnerable and unprotected, since their marriages have not been registered and hence they cannot claim any benefits from their husbands such as alimony. Their problems are compounded by the low amount of state benefits they receive for their children and the lack of support by social workers.

Sexual, reproductive and psychological health

Knowledge and/or use of contraceptives are extremely rare, to a large extent due to the fact that the Roma society is a highly patriarchal one where such practises are frowned upon, as well as due to the lack of long-term medical outreach programmes for Roma regarding STDs (Sexually Transmitted Diseases) or family planning (EKKA, 2008). Access to such information is also hampered by the high illiteracy rate among Roma women, since they are the first to drop out of school, if indeed they were attending before. Another obstacle is the lack of a culture of prevention among Roma in relation to health issues; Roma are more likely to solicit medical help only at the terminal stages of an illness (EKKA, 2008). All the above factors severely curtail Roma women's access to health care. Between March 2003 and February 2004, Panayotis Spyridis (Professor of Pediatrics at the University of Athens) and his team from the Aglaia Kyriakou Children's Hospital visited over 70 Romani settlements with Mobile Medical Units, in the framework of a state program for the vaccination of Roma children, collecting a wealth of statistical data in the process. Limiting the reference here to gender related issues, the study reported that among Roma mothers to 3,464 Roma children the study initially encompassed (no absolute numbers for Roma mothers are provided), 40% of them gave birth to their first child at the age of 12-16 years and another 50% between the age of 17 to 21 years of age – in comparison, the average age of giving birth for an ethnic Greek woman is 30,3 years (NSSG, 2007, based on 2005 data). This reflects early marriages (in many cases exclusively according to Roma customs) as children out of wedlock are inconceivable in these communities. Another widespread phenomenon is the marriage with close relatives: 12% of the children in the study mentioned are born into such families: from anecdotal GHM and MRG-G evidence, many of them have consequent health problems or permanent disabilities. Finally, 20% of the children were not born in hospitals but in the tents or shacks where their families lived (Aglaia Kyriakou, 2004). Such practises clearly bear significant health risks for mothers but also pose the risk that the children will not be registered and hence wont be able to be issued with a birth certificate in the future, preventing them from having an I.D. card issued, enjoy social benefits and medical care and so forth GHM/MRG-G have come across decisions issued by the First Instance Court of Thessaloniki, following *ex parte* proceedings requesting a late registration into the birth registry, in which the court acknowledged that the applicants had given birth to their children outside a hospital and hence the children had not been registered. Rather alarmingly, some of the cases concern mothers giving birth to their children outside hospitals as late as 2007, while in some of the cases the mothers gave birth in their houses in the Aghia Sophia organised Roma settlement in Thessaloniki, evidence that even residents of an organised settlement might have no effective access to proper medical care.

Although the data collected by the Aglaia Kyriakou staff in the course of their activities were almost invariably focused on children, they nevertheless affords the reader with a glimpse into the living conditions of the Roma who live in these destitute settlements. Out of the 3,464 Roma children [half of the total number of children surveyed] living in settlements, only 4 (0,1%) enjoyed all basic amenities and followed rudimentary health rules. Those 4 Roma children at the same time lived permanently in a “proper” (i.e. built) house with running water, electricity and heating; washed up their whole body more than 3 times a week; washed their hands with soap; used toothbrushes; changed into night clothes before going to sleep; ate meat more often than twice per week; wore shoes all year long; and attended school regularly. On the other hand, 41% of the children had no access to water where they lived (Aglaia Kyriakou, 2004). In such living conditions, it is no surprise that a measles outbreak in Greece was reported in February 2006, with 55% of the patients being Roma (versus 15% immigrants and 30% from the majority population (Georgakopoulou et al, 2006) when the groups share in the total population are estimated at around 3% for Roma, 10% and 87% respectively. Another indication of the appalling living conditions that Roma women live in Greece arose during an academic research into the prison inmates of the Korydallos prison facility. According to the researchers, more than 150 Roma women were detained at the time of their visit; upon release, some of them would seek to “return” to the prison in order to find shelter there (Zervas, 2007).

Other reports from medical staff that came into contact with Roma communities around Greece portray an equally highly problematic picture. According to the findings of a survey with a sample of 538 Roma women living in the Municipalities of Larissa, Farsala and Tyrnavos,

“the early start of sexual relations with marriage following almost immediately and a high number of births / abortions [...] the vast majority of the women (of the survey) is unaware of the rules and methods of contraception, the breast self-examination, the PAP smear test and in general of the measures of prevention of cervical cancer” (Fika et al, undated, author’s translation)

The survey also noted that women whose doctor had a private practise were better informed about health issues – a feature suggesting the Greek National Health System (NHS) is not responsive to the needs of Roma women or that Roma women tend to avoid visiting state hospitals. This impression is reinforced by the fact that according to the survey, Roma women who do not have a private doctor tend to go to state hospitals only in order to give birth or in cases of serious health problems. Yet another very important finding of the survey was that “Both state authorities and NGOs have not attempted to elucidate Gypsy women in health related issues, whose vast majority lives in total ignorance of the dangers involved.” (Fika et al, undated, author’s translation).

Similar are the findings of empirical research held between July 2005 and September 2006 by Xanthippi-Argiro Koutsoukou who served as a doctor during the aforementioned period at the Health Centre of the Municipality of Sophades, Prefecture of Karditsa. Sophades is a small town of approximately 6,000 inhabitants, approximately half of whom are Roma. The very succinct report makes for very sombre reading all the more since the living situations prevailing in the Sophades, while indisputably bad, are nowhere as appalling as the living conditions in shanty-settlements elsewhere in Greece. Focusing on health issues relating to Roma women, Koutsoukou notes that 2 to 3 Roma women would visit the Health Centre daily, asking for pregnancy tests to be performed on them. Roma women would not take any measures for contraception and only a small number of them, usually aged 35 – 45 and who had already given birth to many

children and / or had a medical record of many abortions, would resort to the application of an inter-vaginal spiral. According to Koutsoukou, the non-use of prophylactics results in an increased birth rate as well as an increased number of abortions. Roma women were reported as not using prophylactics not because they are not aware of them but because their partners objected to their use. As a result many Roma women became mothers at the age of 14. In such an unstable family environment, the flight of parent(s) and the children's upbringing by their remaining parent and / or by their close relatives is a frequent occurrence. During her service in the Health Centre, Koutsoukou also came across many cases of alcoholism (in both sexes) as well as cases of inter-marital violence while use of medicines for psychological conditions and epilepsy was unusually high (Koutsoukou, undated). This last observation (namely the increased use of anti-depressants by Romani women) is echoed by a member of the Greek Ombudsman who also noted that Roma women increasingly resort to the use of anti-depressive drugs while the number of Roma men using drugs has increased considerably. A social worker from Thessaloniki also confirmed these trends (EKKA, 2008: 31, 74.).

Findings of two recent pan-Hellenic field surveys indicate that the health situation of Roma women in the fields of prevention, contraception and mental health remains gloomy. 92% out of sample of 227 Roma women had never had a mammogram performed on them while 68% had never had a PAP smear test. 21% of the Roma women had never consulted an obstetrician while 35,5% had visited one only for pregnancy-related reasons. Even those Roma women who visited their obstetrician for non-pregnancy related issues however (28%), did not do so regularly: 17,2% of them had last visited their doctor more than one year before their interview. Turning to contraception, only 3,1% of the women used birth-control pills, out of which 1% did so without prescription. 10% of the adult sample (426 Roma men and women) also made use of anti-depressants without a prescription but only 7,7% had been diagnosed with depression. Although these figures are not disaggregated by gender, the study found that overall Roma women in the seven countries were five times more likely than men to resort to such medication (Fundación Secretariado Gitano (coordinator), 2009). Reinforcing the above, according to a survey undertaken in the framework of an impact assessment of the 2001 Integrated Action Plan for the Social Integration of Greek Gypsies (IAP), out of a sample of 145 Roma women, only 49 of them had been submitted to a PAP smear test, 26 of whom only once; the remaining 99 either had not had a smear test (60) or did not answer the relevant question (36), the latter suggesting that most probably they did not know what the smear test was and that they had not been submitted to one. Similarly, only 22 out of the 92 interviewees had been submitted to a mammogram; out of these 22, 12 had been submitted to a mammogram only once. Finally, only 13 of the 142 Roma women interviewees stated they used a contraception method (ESYEKT, 2009c).

Roma women access to the Greek National Health System

An issue that was not been adequately researched relates to the modalities of the access of Roma in general and Roma women in particular to the Greek National Health System. MERIA NGO conducted extensive research, based on communications with doctors and medical staff in hospitals to close to the Roma communities where the research was conducted, Roma as well as field research in hospitals / clinics. The preliminary findings of the research suggest that in many cases, both low and high-ranking hospital staff often discriminate against Roma. More specifically, medical staff charged with administering the ingoing and outgoing patients (e.g. security guards, orderlies etc) might seek to prevent Roma women from gaining entry, citing various reasons (MERIA, 2008) while altercations with racist overtones are reported to take

place (EKKA, 2008). This might lead in turn to the adoption by the Roma women of an aggressive stance (expressing by shouting or gesticulating) that might or might not be effective but in either case it certainly reinforces existing stereotypes regarding the “unruly” character of the Roma; an additional source of friction between Roma and hospital staff is the presence of numerous Roma on the hospital grounds, escorting their sick relatives (Antigone, 2007). Even if however Roma women manage to pass the first hurdle and gain access to the hospital, they usually fare no better in their encounters with the doctors / nurses. The latter in many cases seek reasons to avoid them (by e.g. soliciting and insisting on being provided with proof of insurance) or perform a very cursory examination on them / their children (in some cases the medical examination was reported to have been held in the hall-way and not in the doctor’s office). MERIA research also indicates an alarming tendency among medical staff to consider Roma as being uninterested in further medical information other than the prescription and some basic pieces of advice, with the result that the doctors often omitting from providing Roma with more detailed information. This in turn strengthens the belief prevalent among Roma that hospitals and clinics are effectively “pharmacies”, exclusively dispensing medicines. Furthermore, Roma women are often spoken-to in a patronizing and chauvinistic manner, even by female medical staff, and criticized for their assumed unhealthy behaviour (which in many cases is no different than of ethnic Greek women) but no further crucial advice is given to them. For example, Roma women will be told – sometimes in rather harsh terms- not to drink or smoke during their pregnancy but the doctors will usually not address other important pre-natal issues such as diet, use of certain drugs / substances, breastfeeding and so forth (MERIA, 2008).

Moreover, Roma rights advocates often receive allegations that Roma women are put in special rooms in hospitals, away from ethnic Greek women. Recently a member of the Greek Ombudsman confirmed that, at least in one case, this was indeed true; she noted that Roma women were placed in fact at the hospital’s corridor, called “zero room”, regardless of what their ailments were. Thus seriously ill Roma women were placed next to pregnant women and so forth. When questioned on this by the Greek Ombudsman, the hospital staff replied that this was in order to prevent them (the staff) from contracting diseases (EKKA, 2008).

Muslim Roma women

According to research relating to Muslim Roma women (inner migrants from Western Thrace) living in the Metaxourgheio area, in the centre of Athens, out of the 30 women questioned, 20 reported that they had never been informed about contraception, six had given birth to their first child at the age of 17, two had given birth to their first child at the age of 13, and 23 of the women had had at least one abortion. The same study found that a lack of money meant that visits to an obstetrician were infrequent, with 17 of the women not having been to a doctor in the previous year. Four out of 25 of the women, moreover, did not know where to go should they experience a serious health problem. A combination of lack of regular school attendance and a lack of readily available information to Romani mothers means that many Roma children are not sufficiently provided with the protection offered by vaccination against disease. 20 of the 30 women questioned could not answer whether their children had received all of their vaccinations. The survey also found that the Roma women did not always take their children for vaccinations as recommended by the medical community (KETHI, c1998). The above indicate a very problematic situation in respect of Muslim Roma women which gives rise to serious concerns regarding their access to health information. The situation of Muslim Romani women in Western Thrace

is equally problematic. During the period 1997-2000, out of a total of 1,225 pregnant women that visited the Komotini state hospital, 152 of them were 13-18 year old mothers belonging to the Muslim Minority. 28 of the mothers were under 15; only 28 out of 152 had been seeing an obstetrician regularly before childbirth; in 39 childbirths a caesarian or a suction cup was used; 15 babies were premature while less than half weighed above 3 kg (Pantazi et al: 2000). It should be noted that the information does not contain any evidence as to the ethnic breakdown of the juvenile mothers as the study merely refers to "Minority Groups." Nevertheless, Komotini is home to two sizeable and destitute Roma communities (the residents of one of which identify as ethnic Turks but are considered as Gypsies by the surrounding society). Considering that such practices are not witnessed regularly among the other two groups belonging to the minority (namely ethnic Turks and Pomaks), it could be safely assumed that a large number of these cases concern Muslim Roma women. Such a conclusion is reinforced by reports of highly regressive cultural practices among Roma living in one of the two sizeable settlements (that of Alan Koyu. Thus according to Roma living in the settlement, marriages at an early age (13 – 14 years old) are still the norm, with the groom being required to pay 3,000 to 4,000 euro to "buy" the bride who should be a virgin; failing to meet this "precondition" will lead to her return to her family. The article also refers of a 48 years old Romani women, married at 13, who gave birth to six children while she underwent 36 abortions and was at the time raising her grandchildren. Another Rom confirmed that Roma men are increasingly turning to drugs while Roma women take pills in order to cope with the exigencies of their everyday life. (Paratiritis, 2007).

Turning to the field of mental health, a field research that was held between 2001-2004 in the outpatients' offices of the Psychiatric Section University General Hospital of Alexandroupolis provides a number of interesting insights. The sample consisted of 122 Roma patients (35 male and 87 female – the discrepancy in numbers among the two genders is quite telling) from Xanthi, Komotini and Alexandroupolis, cities with Muslim Roma communities. Although both Roma men and women demonstrated similar mental ailments (such as phobic stress, sleep disturbances and hysteria), Roma women not only presented them in a more accentuated form, they also presented symptoms of depression and lack of interpersonal empathy (διαπροσωπική ευαισθησία) that were absent from men. The researcher also noted that Roma patients were more likely to stop their treatment than non Roma, a phenomenon for which both Roma and doctors are to be held responsible, (Vorvolakos, 2006).

Summarising, the challenges faced by Roma women in the areas of literacy and health appear to be daunting and remain effectively unaddressed. These concerns were also shared by the UN Independent Expert on Minority issues, Gay McDougall who paid an official visit to Greece in September 2008. She dedicated a paragraph to the cross-cutting problems that Roma women face, with a particular emphasis on those living in Western Thrace, concluding that:

"The unique issues faced by women from the Roma and the "Muslim" minority are failing to gain the special focus they require. Roma and Muslim women suffer disproportionately high levels of illiteracy and unemployment and are often subjected to norms incompatible with the constitution and international standards - like child marriages and denial of inheritance rights under Sharia Law. Additionally, gender-based violence is not being effectively addressed. Efforts in this regards must be well-grounded in a consultative process with the affected women." (UN IEMI, 2009).

4. National policies regarding Roma

The Greek Government implemented a Greece-wide program for the Roma entitled “Integrated Action Plan for the Social Integration of the Roma people” (IAP), which as originally envisaged had a total budget of approximately 308 million euro. The IAP consisted of two Axes, the first one labelled “Structures” and concerning housing (e.g. setting of new settlements or effecting improvements to already existing ones) while the second one was labelled “Services”. The latter consisted of all Roma related education, employment, vocational training programmes and had a total budget of 132,6 million euro (42,85% of the total budget for the IAP). EU contribution was in the range of 88,04 million euros, with the remainder 44,02 million euro coming from Greek public funds. The budget for employment related services (vocational training, counselling etc) was to be in the region of 66 million euro. The European Social Fund would contribute 49,5 million euro, while Greece would contribute the remaining 16,5 million euro from its national funds (EETAA: 2001). It is important to remember that the IAP did not provide the funding required for the various Roma oriented programmes. It rather aimed at grouping together all these programmes, without however exercising effective authority over them. Thus, employment related projects were to be funded through various initiatives, e.g. the “Employment and Vocational Training” National Operational Program or one (or more) of the Regional Operational Programmes.

In the aftermath of the program’s conclusion and pending the beginning of the implementation of its follow up, it is safe to say that it was in fact never implemented as its drafters intended (GHM/COHRE et al: 2006). As a result, it has failed to have any substantial and lasting positive effect on the lives of Roma and especially of those living in settlements, for reasons ranging from reactions at the local level to lack of a comprehensive approach (NCHR, 2009). Turning to Roma women related projects, the Greek state recently (2007) had a very good opportunity to collect such information and present it to the UN Committee on the Elimination of Discrimination against Women (CEDAW). The latter however was rather critical of the paucity of information presented by the Greek state and called upon it to:

“[...] implement effective measures to eliminate discrimination against ethnic minority women, in particular Roma and Muslim women, and to enhance their enjoyment of human rights. The Committee requests the State party to provide, in its next report, information on the situation of women from ethnic minority groups, including with regard to access to education, employment and health care, and on the impact of measures taken to enhance such access and results achieved, as well as trends over time” (UN CEDAW, 2008).

It would be therefore interesting to attempt an evaluation of the Greek state’s initiatives in the fields of Roma women’s education and health.

Education initiatives

Despite the implementation since 1997 of educational programmes aimed at addressing the special problems faced by Roma children, the findings of a survey in settlements by the mobile unit implementing a program of the Ministry of Health, submitted on 19 March 2004 to the Deputy Minister of Health, make for sombre reading. Following the processing of available information in relation to 3,464 out of the more than 8,000 children (no gender breakdown is provided) vaccinated by the mobile units of the Aglaia Kyriakou Children’s Hospital in 2003-2004, it was noted that 2,184 out of these 3,464 Romani children were aged 6 to 16, i.e. of

compulsory education age. Nevertheless 63% of these children (i.e. 1,366 out of 2,184) had not attended school for two consecutive years and did not attend school at the time they were vaccinated (i.e. 2003 – 2004) (Aglaiia Kyriakou, 2004). One year after the report submitted to the Ministry of Health challenging the figures, an external evaluation of the relevant Roma children education programme implemented by the University of Ioannina, commissioned by the Ministry of Education reported *inter alia* in April 2005 that “*during the fieldwork in schools with a large number of registered Romani children, the evaluators could not find children attending classes regularly*” (REMACO, 2005). The University of Ioannina program had been discontinued since 2004 while a follow-up program, launched by the University of Thessaly, was also discontinued.

Health initiatives

Two positive initiatives in the field of health are the setting up and functioning of social-medical centres in Roma communities (whose purpose would be to provide basic medical services to Roma) and the operation of a mobile gynaecological unit. According to the evaluation report commissioned by the Greek government, both initiatives fell short of their objectives. Thus the social-medical centres appear to have taken no measures to protect and promote women’s health while the gynaecological unit performed a number of smear tests (according to 2006 data, approximately 400 smear tests had been performed until then. Ministry of Interior: 2006) and dispensed medication. The researchers painted a picture of lack of coordinated action and failure to launch measures that would promote health awareness and would have a strong preventive character (ESYEKT, 2009b).

The way forward

One of the causes behind the highly problematic situation is the Greek state’s failure to institute and put in place adequate evaluation / assessment mechanisms, which would ensure that the progress of the various programs is adequately monitored and remedial action taken on time. This omission is notwithstanding the fact that many of the initiatives undertaken or meant to be undertaken in the framework of the IAP had EU funding and should therefore be subjected to such evaluation. More specifically, the IAP is included into the various European Union National Action Plans for Social Inclusion (NAPs/incl) that Greece regularly submits to the European Union. These action-plans form part of the EU’s 2000 Lisbon European Council strategy to eradicate poverty and social exclusion by 2010. To date, Greece has submitted four such action plans (covering the periods 2001-03, 2003-05, 2006-08 and 2008-2010).

In the context of these plans, the emphasis is almost invariably placed on quantitative factors (number of beneficiaries, seminars held and so forth) and not to qualitative ones. Even without raising two very legitimate concerns (namely by reference to which criteria is a potential participant classified as a Roma woman or not and whether the above estimates are very low in relation to the number of Roma women in Greece), no information has been forthcoming to a number of issues such as the quality of training provided, the absorption rate of Roma women who took part in subsidised vocational or other training programs and so forth. According to a December 2005 study by the Management Organisation Unit of Community Support Framework (MOU), a percentage of 30 to 60% of the sample of agencies involved in implementing EU supported initiatives were found for a multitude of reasons not to observe, *inter alia*, modern methods of quality assessment (MOU, 2005). This is in fact a general problem with all social inclusion policies in Greece. In its comments on the *National Strategy Report on Social Protection and Social Inclusion 2008-2010* the Economic and Social Committee of

Greece (OKE) observed that: *“in this as in the previous report there is no systematic review and evaluation of the implementation and the ensuing results of the actions taken in the framework of previous plans. There is no systematic procedure of impact analysis on the basis of selected indicators and evaluation criteria”* (OKE, 2008: 11).

The Greek authorities are increasingly realizing the above. Thus, the Ministry of Employment's General Secretariat for the Administration of Community and Other Resources is currently conducting a large scale survey regarding the outcomes of all the Roma related programmes undertaken until now. Extensive data was collected (see ESYEKT, 2009a, b and c), with the aim of designing a new cross-sectoral Action Plan for the Roma, to be implemented under the auspices of the 4th Community Support Framework (2007-2013). Similarly, a recent document produced by the Greek state is very self-critical of the policies followed to date and contains a number of insightful suggestions (Host Country Report - Greece, 2009).

5. Conclusions and recommendations for policy measures

In light of the above, it is tentatively suggested that any further action relating to Roma women in Greece should take into account the following practical considerations, in addition to the numerous recommendations put forward by domestic bodies such as the NCHR (NCHR, 2009) and the Greek Ombudsman (Greek Ombudsman, 2008) and international organs such as the various United Nations bodies (e.g. UN CEDAW, 2008, UN IEMI, 2009) or Council of Europe ones (European Committee of Social Rights, 2005):

First, that the living conditions of approximately half the Roma population of Greece are totally inhumane. This clearly calls for immediate action that should aim towards at the very least providing the Roma with basic shelter, where they will enjoy security of tenure and access to necessary facilities such as electricity, running water and garbage disposal. Although this could only be considered as a half measure at best, it should be noted that the Greek state has failed so far to ameliorate the living conditions of almost half the Roma population of Greece.

Second, emphasis should be placed on outreach health (in particular sexual and psychological health) awareness programs aimed at the younger generation of Roma in general and Roma women in particular. Such programs could have a positive “spill over” effect on a number of other issues. For example, instituting subsidised courses of sexual and reproductive health education for Roma women would not only provide them with a source of income, however modest, but would also enlighten them on the issues (health / financial / personal) they will face should they become pregnant and give birth at an early age, thereby allowing them to make a more informed choice. Furthermore, given the alarming evidence of the outbreak of a veritable depression epidemic among Roma women and the ramifications this can have on e.g. children upbringing, pertinent targeted initiatives should be designed and put into effect. A precondition for the effectiveness of such programs is their implementation on a continuous and lasting basis, rather than the holding of one-off activities, without any follow-up action being envisaged, as well as their linkage with literacy and employment programs. At all stages, due consideration should be paid to the “duality” of Roma women that are to a very high percentage both women and mothers at the same time.

Third, it should not be forgotten that Roma women fall broadly into three distinct categories: Muslim Roma women, Roma women living in integrated settlements and Roma women living in destitute settlements. These three groups face different problems (both in terms of nature and of extent) and as a result different measures in order to address them are required.

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