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Romanian NGOs' Uphill Battle for CSE in Schools, FP Clinics, Unrestricted Access to Abortion, and Trafficking Prevention

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Abstract:

In the present paper I am highlighting the most pressing SRHR-related issues Romanian NGO activists are confronted with and advocating for, such as sexuality education in schools, unrestricted abortion on request, access to family planning and contraceptive services, as well as human trafficking prevention. I am presenting an objective picture of the governmental failure in observing adolescents' and women's right to correct, unbiased, accessible, and affordable information and services in the field of sexual and reproductive health and rights. I am including best practices by my NGO, SEX vs The STORK Association, in compensating for the lack of sexuality education in schools through a successful and popular YouTube educational platform that is easily accessible and free of charge for youth in Romania and Republic of Moldova, one that could contribute to human trafficking prevention in social emergency children's centres. I am also giving examples of best practices by the Ministry of Health that has recently changed course of action and is following a progressive path towards making amends for all the inaction in the past few years. In conclusion, a feminist approach to SRHR is needed to fully protect the human rights of women and guarantee that all women can enjoy and access sexual and reproductive rights, including but not limited to reproductive healthcare, in a way which is respectful of their needs, desires, wellbeing and dignity.

1. Relevant country context

Romania ranks poorly in international assessments and media regarding girls' and women's reproductive rights. I am going to address the four most critical aspects of sexual and reproductive health and rights in Romania, a country known for its draconian pronatalist policies during communism, due to which nearly 10,000 women died from complications of self-induced and empirical abortions and over 120,000 children were abandoned in horrible orphanages. The first law that was reversed right after dictator Ceausescu was killed in 1989 was the abortion law and the next year Romania ranked first in the world in number of legal abortions on request, almost 1 million. But that's also when the first family planning clinics and sex education programmes were set up in the NGO sector. Now, according to Eurostat, almost a quarter of all teenage mothers in Europe live in Romania. The fault lies with a deadly cocktail: no sex education in schools, no public policy for reproductive health, and increasingly limited access to abortion.

1.1 Sexuality education in schools

Comprehensive sexuality education is implemented only on paper, not in schools. It is not a mandatory subject in schools in Romania. Health Education was introduced in the national curriculum for public education in 2004 as an optional discipline, it still exists, but only on the ministry of education website, and addresses only a few topics related to sexuality education. Issues such as sexual orientation, gender norms, gender identity, prevention of unwanted pregnancies and safe and legal abortion are not discussed. The number of pupils enrolled in Health Education decreased sharply, from 12% in 2011-2012 to below 6% in the 2014-2017¹ interval. Schools and parents are not encouraged by the Ministry of Education to access this optional curriculum, available upon school decision, even though the National Youth Policy Strategy 2015-2020 saw the high adolescent pregnancy and abortion rates as “an alarm signal” and “a special challenge”. Teachers have no access to specific training despite the fact that hundreds were trained in the past and are particularly reluctant to discuss issues related to puberty and sexuality. The information pupils receive is not rights-based, nor age-appropriate. The endemic lack of comprehensive, evidence-based sexuality education is one of the contributors to the high rates of teenage pregnancies in Romania. According to data published by Eurostat, Romania recorded the highest percentage of births of first children to teenage mothers (with 12.3% of total births of first children in 2015²).

1.2 Abortion

Unfortunately, both the current and previous analyses highlight a gap between the legal provisions (de jure) and the de facto practices, as there has been an increase in the number of obstetrician-gynecologists in the public health sector who refuse to perform elective abortions. The boycott of abortions by healthcare providers is no longer motivated solely by conscience or religion, as previously invoked. Financial and bureaucratic reasons are brought up: lack of malpractice insurance, lack of financial aid (the service is not paid directly to the doctors and the National Health Insurance House does not subsidize it), even lack of adequate designated space in hospitals. In the absence of consequences for specialised healthcare professionals who refuse to provide elective pregnancy termination or offer alternatives to patients, this practice is perpetuated to the point where there are currently counties (Romania has 42 counties) where no public hospitals offer the procedure anymore. This particularly affects vulnerable women in rural areas who, for financial reasons, are unable to opt for a private abortion clinic or an efficient, free of charge FP clinic that provides them with access to contraception. Therefore, it is precisely the most vulnerable women whose sexual and reproductive rights, bodily autonomy, and family planning decision rights are being violated. Like in the past, even today there are women who will do anything, risking their lives, to avoid an unwanted pregnancy. In the last three years, according to data from the National Institute of Public Health, more than 300 women had abortions at home, many of them alone, without any help, without the care of a medical professional.

In theory, the right to abortion up to 14 weeks is guaranteed by law and all public hospitals should ensure equal access to all women. In practice, Romanian women have difficulties in

¹ [Report](#) available on the site of the Romanian Presidency.

² <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/DDN-20170808-1>

accessing this right, as hospitals refuse to perform the procedure or don't have it listed in their medical services. Women are forced to resort to private clinics, which do not exist all over the country and have higher costs. In some cases, doctors from public hospitals, who are also working in private clinics, refer women to their private clinics (in 2020, it is believed that 1 in 2 abortions were performed in the private sector that does not report abortion cases)³. In 2021, no abortion on demand was performed in public hospitals located in 11 counties in Romania, according to a journalistic investigation mentioning official data from the National Institute of Statistics⁴. Access to abortion is becoming more and more difficult each year, women need to travel to other regions or to pay huge amounts in the private sector.

At the same time, anti-abortion organisations 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' clinics. Women who seek these services are exposed to a traumatic discourse based on medically false information. The field experiences of several women who have turned to our NGOs for help show that in cases where hospitals offer patients the option of abortion, medical consultations often become sessions where women are advised to keep the pregnancy. During ultrasound scans, some hospitals force patients to listen to the embryonic heart beat, putting even more pressure on them at a vulnerable time.

What is happening in Romania is part of a recent trend across Europe, as Christian organisations and conservative lobbying groups, often bankrolled by U.S. funders, gain political influence. Romania's Orthodox Church is a powerful institution, particularly in rural areas and crisis pregnancy centres, run by various Christian groups, have popped up around the country to try to dissuade women from terminating unwanted pregnancies.

1.3 Access to family planning and contraceptive services

Romania used to boast a well-equipped and staffed family planning clinic network, created after the Society for Education in Contraception and Sexuality FP clinic model developed in 1992. In 1994 there were 242 public sector clinics, but in 2020 only 117 remained, only 2 of which still had contraceptives. That means women can only get counselling and health checks, but purchase contraceptives from pharmacies. Emergency contraception is sold over the counter with no special medical reference letter. In practice, restrictions derive mainly from costs, availability of contraceptives in rural areas and the personal beliefs of the personnel in healthcare facilities and pharmacies. The national health insurance only covers family planning consultations twice a year and does not cover the cost of contraceptives.

The pronounced need for effective contraception contrasts sharply with the weakness of Romania's FP program as shown by the latest National Composite Index for Family Planning. The results call for more attention to a large number of FP program concerns: strategy objectives, priority population groups, and resource needs; quality of FP services in public and private facilities, accountability structures to monitor discrimination and free choice, review violations, and report denial of services; and equity issues particularly coverage of

³ [Journalistic investigations are discovering the links between the public and the private sector regarding access to abortion](#)

⁴ [Libertatea](#)

underserved groups and access to services. These issues are for discussion among Romania's FP stakeholders in their efforts to strengthen the country's FP programme.⁵

Breaking news: a reform of family planning clinics is underway thanks to the National Recovery and Resilience Plan funding to which my organization contributed. 117 FP clinics will be renovated and upgraded, provided with modern equipment, educational materials, contraceptives and more physicians will be trained to obtain competency in FP.

1.4 Human Trafficking

Romania remains the first source country for those being exploited and trafficked throughout the EU, to countries like Germany, UK, France, Spain, or Italy. 82% of victims are women, trafficked especially for sexual exploitation. Almost 70% of trafficked victims did not complete high school. Almost 50% of trafficked victims were minors under the age of 18 (according to a 2019 Romanian National Agency Against Human Trafficking Report). 40% of missing children in Romania come from the state protection system (said the Romanian Parliamentary Commission for Missing Children in 2020). NGOs reported the practice of state care workers allowing girls in their care to „date” traffickers outside the institution, thus paving the way for them to be trafficked. 80% of children who end up in the social emergency children's centres are (pre)teen girls. Most of them share the same story, namely they live in a situation of (sexual) vulnerability and violence in the family. Following a peak crisis moment in their family, they flee from home, most of the time in the arms of a young or mature man, who will engage with them sexually as a form of indirect payment for taking them in. The girls are often as young as 12, usually between 12 and 16. Most often, these men are inside or have ties with human trafficking networks and have been waiting for the crisis moment in the girls' family to be able to lure them away from home. When the police intervene, the girls are brought back to the social emergency centre. In the 2 months in the centre, girls' cases go to court and a process of recovery begins, whereby they are placed either with the (extended) family, or in state care.

2. Policy debate

2.1 Sexuality education legislation in Romania

The Romanian Parliament voted this June to replace sexuality education, despite the purpose provided by the law on the protection and promotion of children's rights⁶, regarding the prevention of "sexually transmitted diseases and the pregnancy of minors" [art. 46 paragraph (3) letter i) of Law no. 272/2004]. The current non-mandatory discipline Health Education contains a reduced informational segment on sexuality education. On June 21, 2022, the Parliament resumed the debates on the terminology to be used, i.e.: 'sanitary education' or 'life-skills education' in the Child protection act, rather than what had already been sanctioned in 2004, namely 'health education'. After endless, outrageous debates, parliamentarians finally voted on the amendment, specifying that it should start in 8th grade, pending on written

⁵ [National Composite Index for Family Planning \(NCIFP\) ROMANIA:](#)

⁶ <https://childhub.org/en/child-protection-online-library/law-no-2722004-protection-and-promotion-rights-child?language=ro>

parental consent, without taking into account that the compulsory subject Biology, taught in 7th grade, has content related to conception, contraception and sexually transmitted infections. This is a setback from the initial health education program approved by the government in 2004, the content of which is still to be found on the Ministry of Education website, specifically chapter 7 deals with reproductive health and sexuality education. Specialized NGOs made repeated advocacy campaigns for the initial law that had already been promulgated by the president, but antichoice parliamentarians won this battle.

Romanian activists will have to continue and intensify their advocacy efforts to:

- Increase access to Health Education for all students and offer comprehensive, rights-, evidence-based and age-appropriate sexuality education and information in schools.
- Develop behaviour change communication and awareness campaigns on health risks targeting adolescents and secure their access to youth-friendly family planning/reproductive health services.

3. Good practice examples

Out of School CSE: the SEX vs The STORK YouTube education platform

A very good alternative practice has been established by the SEX vs The STORK Association by means of a YouTube educational channel that has been striving to supply sex education-related teaching material since 2013⁷. Out of school CSE provides an opportunity to reach adolescents and young people who are not in school and where CSE is not in the school curriculum or who prefer asking and receiving quality information anonymously. My colleague, Adriana Radu, president of the Association, and I successfully tested using the videos in modernized public libraries, gathering large numbers of students, teachers and librarians, who highly appreciated the initiative. Several libraries carried out information sessions on their own, in collaboration with the Family Planning Association.

NGOs part of Ministry of Health Working Groups

Working groups have recently been set up by the Romanian Ministry of Health for the reorganization of family planning/reproductive health program and specialised NGOs have been invited to join. The working groups' mandate is to 1) finalize the national reproductive health strategy and work on other related policies, especially on those securing contraceptives in the existing family planning clinics; 2) discuss and agree on standardized clinical guidelines for Sexual and Reproductive Health; 3) upgrade Family Planning clinic staffing and training, contraceptive supplies, management information and logistics system; and 4) develop information, education, behaviour change communication, awareness and advocacy campaigns. My contribution to group 4 is a resource document in which I have compiled information about most, if not all NGOs active in the field of SRHR and links to their educational materials, which will be a useful starting point for the envisaged rebranding of the family planning/reproductive health programme. It is a work in progress, and I will add governmental sources as well.

⁷ [SEX vs The STORK](#)

CSE in social emergency children's center to prevent human trafficking

The SEX vs The STORK NGO proposes a pilot intervention in the child protection service structure in Romania, namely comprehensive sexuality education in a social emergency children's center, which must be an integral part of human trafficking prevention. Children in emergency situations are brought by intervening police and social workers to this type of center. Here, they remain for a maximum of 2 months. The gender aspect is crucial in the project, as it looks at prevention and resilience building for Romanian girls in danger of human trafficking for sexual exploitation.

4. Transferability aspects

A potentially transferable good practice could be the SEX vs The STORK YouTube educational channel, which is extremely popular in Romania and Republic of Moldova, boasting 83 million views, half a million followers on YouTube, TikTok, Facebook, 5,000 teens and young adults counselled online in reproductive health and gender equality relationships via the joint Instagram and Facebook inbox. One constraint is the language barrier, but the videos could be subtitled into other languages, for instance into Ukrainian for the countries that are hosting Ukrainian refugees, many of whom are teenagers.

A potentially transferable good practice from France could be the **creation of the national toll-free number “Sexuality, contraception, and abortion”**, considering that the SEX vs The STORK has already proposed a similar concept as part of the National Recovery and Resilience Plan, namely a web and mobile application to be created that brings together family planning for telemedicine for the users of the platform and the clients of the FP clinics.

One important transferable good practice from Belgium would be **“Improve access to contraception for all”**, especially for vulnerable populations, as per the Sexual and Reproductive Health Strategy under development. Fortunately, the Health technology assessment (HTA) tool has been removed from oral contraceptives this August, so the Ministry of Health will be able to purchase oral contraceptives from the state budget funding health programmes.

5. Conclusions and recommendations

Our governments must put gender equality at the heart of education sector plans, budgets and policies, identifying and addressing gender disparities and their underlying factors, in order to transform harmful gender norms, stereotypes and practices that are often perpetuated in and through education.

Our governments need to increase investments for girls, women, boys and men, so they may have access to all forms of quality comprehensive sexuality education in and out of school, create specific targeted digital programs to enable young girls and boys to have free access to such essential information. In addition, replicate the male responsibility in reproductive health and “Women Voting Health” campaigns carried out in 2000, in view of the 2024 elections.

A feminist approach to SRHR is needed to fully protect the human rights of women and guarantee that all women can enjoy and access sexual and reproductive rights, including but

not limited to reproductive healthcare, in a way which is respectful of their needs, desires, wellbeing and dignity.