

**IPPF European Network** believes in lifelong sexual and reproductive healthcare and support for everyone. In particular, we stand with people whose wellbeing and safety are severely undermined by systemic obstacles such as poverty, discrimination and stigmatisation. In the Western Balkans, we are working with local partners to support sexual and reproductive freedom and gender equality in communities that experience huge structural barriers to care. Now we need political decision-makers at all levels to join our fight to protect the health, lives and dignity of all people.



## My Body, My Rights

# Bringing people together for reproductive freedom

IPPF members are working hand-in-hand with networks of actors from within and around diverse Roma communities in Bulgaria<sup>1</sup>, Romania<sup>2</sup> and Serbia<sup>3</sup>.

**The common goal:** to improve access to life-changing sexual and reproductive healthcare for girls, women and young people, and tackle some of the deep-rooted obstacles that prevent people – especially women and youth – from living safer and healthier lives.

At the heart of this collective action are committed Roma volunteers, girls and boys, health mediators and NGOs, leading grassroots change and advocating for the needs of people in their neighbourhoods.



Map of project countries and sites.

Men and boys are active participants in all aspects of the project, and the younger generations are at its heart. As a result, concrete steps are being taken towards building healthier, safer and more gender-equal societies.

1. Bulgarian Family Planning and Sexual Health Association: <http://safesex.bg>

2. Contraception and Sexual Education Society, Romania: <https://www.secs.ro>

3. Serbian Association For Sexual And Reproductive Rights: <https://asocijacijasrh.rs>

Doctors, community nurses and teachers are partnering with these local actors, building on their expertise to provide healthcare as well as relationship and sexuality education.

**In this way, they are helping create supportive contexts in which people have the freedom, skills and knowledge to make their own decisions about their sexual and reproductive lives.**

Through this work, **IPPFEN** is helping to overcome limited knowledge and trust in modern contraception among communities that often live in isolation and where institutionalised discrimination and stigmatisation mean provision of healthcare, education and other vital social services is very weak.



## Who are the partners working together for change?

### 1. Peer educators and self-support groups

Roma women, men and youth have been trained as volunteers and have organised to help and guide their friends, children, neighbours and families when they have questions and concerns relating to sexual and reproductive health (SRH). As a first point of reference, they support discussion about issues that matter to people and can help others to seek healthcare.

### 3. Roma activists and civil society

Local groups are key players in designing effective strategies for their own communities and supporting the promotion of reproductive freedom and gender equality. Partner Roma NGOs are also successfully advocating towards local authorities for greater investment.

### 5. Community nurses and teachers

Teachers and local nurses together with health mediators are providing vital safe spaces for young people and their communities to talk about sex, sexuality, contraception, relationships, gender, consent and more. We are supporting them as they foster essential skills that will empower young people to live safer, healthier lives.

### 2. Health mediators

As members of the Roma community, they act as a bridge between local people and the healthcare system, running SRH workshops and connecting women and girls with care providers. Their role in fostering trust, maintaining relationships and listening to people's needs is central to the success of My Body, My Rights.

### 4. Doctors

Roma women and girls face many systemic hurdles in accessing healthcare services that are difficult to get to, unaffordable, and discriminatory. Our partners are encouraging doctors to make the journey to Roma communities, to get to know their clients' needs, and to provide care that is free of charge.

### 6. Decision-makers

There is an urgent need for local and national authorities, and politicians at all levels, including regional, to step up and play their part in providing the political and financial support needed to secure reproductive freedom and dignity for Roma communities on a sustainable basis. Some have started to respond, but there is a long way to go – see our policy recommendations below.





## Pathways to health, safety and gender equality

### Family planning care is being delivered by trained primary health care providers, without discrimination.

Local actors have integrated sexual and reproductive health and rights issues – a new area for many – into their work and activities, promoting healthcare services, and referring and accompanying women and girls to them. In many cases, they have worked together with doctors for the first time, and the latter have been successfully encouraged to visit Roma communities to provide care, counselling and relationship and sexuality education (RSE).

Our partners have reported an increase in trust among community members towards doctors who visited their neighbourhoods, and some primary health care centres and family planning doctors have recorded an increase in visits by Roma women and girls.

“I noticed that the health facility in Palilula was providing more information on sexual and reproductive healthcare and emotional support for those who wanted it... A lot of Roma women are now more interested in visiting a gynaecologist... I saw that the doctors changed their approach in working with the Roma population; they became more patient and open to communication and had less discriminatory attitudes.”

**Health mediator,**  
Belgrade, Serbia

These collective efforts are achieving positive change in support of people's health and well-being:

### Attitudes to modern contraception among Roma people have become more positive.

Trained Roma community members have formed self-support groups and raised awareness about family planning and maternal and child health among their peers, with the support of local project coordinators, health mediators and doctors.

Their activities have reached almost 30,000 people, and together with health mediation, have made contraceptives more acceptable to people. Demand for condoms in particular has increased, as well as for intrauterine devices (IUDs) and pills.

A mobile app, **MYRA**, was developed in Romania, Bulgarian and Serbian, providing accurate information on contraception and other topics such as pregnancy, birth, sexually transmitted infections, sex and relationships (see page 7).

“I was inspired to use contraceptives because of my older sister. She got involved in **My Body, My Rights** through a self-support group and then peer education sessions, and she taught me and other young girls how family planning can change our lives... I've witnessed positive changes in her life, and now I want to finish school and become a hairdresser. Using contraception has helped me focus on this because I'm not worried about getting pregnant.”

**16-year-old girl,**  
Belgrade, Serbia



### Teenagers and their families feel more favourable towards gender equal societies and reproductive freedom.

Over 8,000 adolescent girls and boys were able to build crucial life skills through RSE received from trained peers, teachers, health mediators or community workers. This is leading to important changes in their attitudes towards sensitive topics such as gender norms and stereotypes.

Vital dialogue has been successfully opened up in the communities more broadly about gender equality and the risks of early marriage and teenage motherhood, using theatre-based workshops as well as debates, discussions and information sessions.

Some fathers and older men have changed their opinions as a result, for example realising the importance of allowing girls the freedom to make their own choices.

“I started participating in sex education workshops with other young people ten months ago. Thanks to the good atmosphere and open discussions, I now feel more comfortable to ask and speak to my father about sexuality, love, and how to protect myself. I’m really happy to know I can step out of a more traditional picture frame.”

**22-year-old man,**  
Pirot, Serbia

### Decision-makers have strengthened their commitment to the provision of quality family planning services for all.

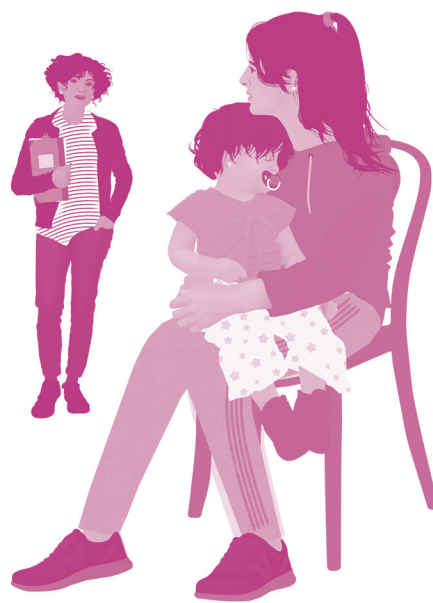
The job of ‘Health Mediator’ has now been recognised and regulated by law in Bulgaria, and the number of mediators employed and financed by the State has increased.

In Romania, the Ministry of Health set up a working group to develop a reproductive health strategy, though progress has stalled due to the COVID-19 pandemic and political instability.

And in Serbia, local Roma NGOs have successfully advocated for additional SRH budgets in local municipality action plans. Funds are now allocated for activities such as awareness – raising and education in Roma communities, and in some cases for condom distribution too.

“What is valuable for us is that over the years we have managed to establish the role of health mediators in the Kosharnik district. We have managed to pool our expertise and the uniqueness of each of us as professionals. And we now have a very strong team, which is actually the key to the success of all these activities.”

**Health mediator  
and local My Body, My Rights coordinator,**  
Montana, Bulgaria



## How decision-makers can protect the sexual & reproductive lives of those whose needs are greatest

Our partners have implemented strategies to ensure care and support, and their energy and dedication will continue to drive progress. But the precious steps that are enabling communities to build safer and healthier lives can only be truly sustained and built upon if decision-makers at all levels commit politically, and invest structurally, in essential areas.

Decision-makers should adopt an intersectional approach, recognise that Roma women and girls face particularly high and specific obstacles to access to SRH due to discrimination and exclusion, and adopt the targeted measures required to remedy these, both in policies and budgets.



## We call for the following steps to be prioritised:

- Ambitious political commitments on access to SRH for Roma women and girls are made and implemented through European and national policies (e.g. implementation by governments of the [EU Roma strategic framework for equality, inclusion and participation](https://ec.europa.eu/info/publications/new-eu-roma-strategic-framework-equality-inclusion-and-participation-full-package_en)<sup>1</sup>, including its objective on access to SRH).
- Financial investments are made to improve access to SRH for Roma women and girls through national and European Union budgets (e.g. in the EU's response to COVID-19, the [EU4Health Programme](https://ec.europa.eu/health/funding/eu4health-2021-2027-vision-healthier-european-union_en)<sup>2</sup>).
- Contraceptives and related sexual and reproductive healthcare are made freely and easily available for all people who cannot afford them.
- Provision of relationship and sexuality education is introduced and supported, both in and out of schools.
- The position of health mediator is officially recognised, and governments invest in this crucial function.
- Family planning is included as an integral part of maternal health policies, programmes and budgets.
- Inter-sectoral collaboration at local level in support of family planning is enabled and encouraged, bringing together NGOs, health and social services and professionals, schools, community nurses and community leaders. Decision-makers should consult and collaborate with this wide range of actors.
- Mobile health teams are set up and enabled to deliver sexual and reproductive healthcare in remote communities.

1. **EU Roma strategic framework for equality, inclusion and participation:**  
[https://ec.europa.eu/info/publications/new-eu-roma-strategic-framework-equality-inclusion-and-participation-full-package\\_en](https://ec.europa.eu/info/publications/new-eu-roma-strategic-framework-equality-inclusion-and-participation-full-package_en)

2. **EU4Health Programme:**  
[https://ec.europa.eu/health/funding/eu4health-2021-2027-vision-healthier-european-union\\_en](https://ec.europa.eu/health/funding/eu4health-2021-2027-vision-healthier-european-union_en)

## Resources

Read more about the health impacts of institutionalised discrimination and deprivation affecting Roma communities in Europe via [WHO/Europe](https://euro.who.int/en/health-topics/health-determinants/roma-health)<sup>1</sup> and the [Council of Europe](https://coe.int/en/web/roma-and-travellers/health)<sup>2</sup>.

1. **WHO/Europe:**  
<https://euro.who.int/en/health-topics/health-determinants/roma-health>

2. **Council of Europe:**  
<https://coe.int/en/web/roma-and-travellers/health>



## MYRA app

A mobile app, **MYRA**<sup>1</sup>, was developed in Romanian, Bulgarian and Serbian, providing accurate information on contraception and other topics such as pregnancy, birth, sexually transmitted infections, sex and relationships. It was designed to work both on and offline.

### 1. MYRA APP

**Google Play:**  
<https://play.google.com/store/apps/details?id=com.shealth.myra>

**Apple App Store:**  
<https://apps.apple.com/hr/app/myraapp/id1541585047>



GET IT ON  
**Google Play**



Available on the  
**App Store**



Read more  
about highlights of  
**My Body, My Rights**  
at [mbmr.europe.ippf.org](https://mbmr.europe.ippf.org)

Watch a short film  
about this work

**My Body, My Rights short film**  
[www.youtube.com/watch?v=948jX2RQD6M](https://www.youtube.com/watch?v=948jX2RQD6M)







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