



LUNDS
UNIVERSITET

Lund University Master of Science in
International Development and Management
August 2022

Exploring Roma CSO's Work on Empowering Reproductive Choices among
Roma Women and Girls in Serbia

Author: Alice Hansson

Supervisor: Sara Gabrielsson

Abstract

Reproductive choice, one's ability to make informed decisions regarding sexual relations, contraceptive use, and reproductive health care, is not a given. Empowerment is considered a tool for improving women's ability to make reproductive choices. However, it is a very context-specific approach needing contextual pathways of change.

This thesis aims to investigate how Roma CSOs in Serbia work with reproductive empowerment of Roma women and girls. To understand their approaches, *intersectionality*, and *empowerment* theory help unpack the challenges Roma women face in making reproductive choices. Such a description provides an analysis of why they are facing them.

Semi-structured interviews were conducted with Roma CSO and a document analysis of SRH workshop material for Roma women and girls. It was found that the challenges Roma women and girls face in making reproductive choices are based on lack of resources, agency, and critical consciousness. Intersecting factors based on external racial discrimination, class, and gender inequalities shapes Roma women's challenges in enhancing resources, decision-making, and engaging in critical consciousness. Approaches of Roma CSOs derived from such a standpoint, using strategies for working with the challenges from a multi- and intersectional perspective, escaping condemning their own culture.

Key Words: Empowerment, Intersectionality, Serbia, Roma women, reproductive choice, Civil Society Organizations

Word Count: 14 997

Acknowledgments

To all the women from the Roma CSOs that took your time and effort to participate in my study - my deepest gratitude to you and my admiration for your work for Roma women, girls, and the Roma community in Serbia.

A million thank you's to my dearest colleagues and friends from UNFPA in Serbia who kept encouraging, supporting, and being there for me during this thesis process. I am especially grateful to my translator for your support and shared laughs.

Also, a special thanks to my supervisor Sara Gabrielsson for being so inspiring and for always finding ways to push me into further thinking and exploring. Also thank you thesis supervision group, I could not have wished for a more supportive supervision group.

Finally, I would like to thank my friends and family. Thank you, all my beautiful friends, for your support. Thank you, mom and dad, for being an inspiration to explore the social injustices of our society.

Table of contents

1. Introduction.....	7
1.1 Research Aim and Questions	8
1.2 Justification of research	9
2. Background.....	10
2.1 Roma women’s organizations in Serbia	10
2.2 SHAI Project – Workshops for Roma women and girls on SRH.....	11
3. Literature Review	12
3.1 Roma women’s sexual and reproductive health in Serbia.....	12
3.2 Approaches to Roma women’s SRH improvement.....	13
3.3 Empowerment in previous health research.....	14
3.4 Research Gap and Contribution.....	15
4. Theoretical Framework.....	17
4.1 Intersectionality.....	17
4.2. Kabeer’s Theory on Empowerment.....	18
4.2.1. Resources	19
4.2.2. Agency	19
4.2.3 Achievements.....	20
4. 2. 4 Pathways of women’s empowerment	21
4.3 Operationalization of the theoretical framework	21
5. Methodology.....	23
5.1 Ontology and Epistemology	23
5.2 Research design	23
5.3 Research Methods.....	23
5.3.1 Qualitative Interviews.....	24
5.3.2 Document Analysis.....	25
5.4 Sampling Method.....	25

5.4 Data Analysis	26
5.6 Scope and Limitations.....	26
5.7 Ethical Considerations	27
5.7 Positionality	28
5.8 Validity, reliability, and trustworthiness.....	29
6. Analysis.....	30
6.1 Challenges in making reproductive choices	30
6.1.1 Lack of resources	30
6.1.2 Intersectional perspective on lack of resources	31
6.1.3 Lack of Agency.....	34
6.1.4 Lack of critical consciousness	35
6.1.5 Intersectional perspective on lack of critical consciousness.....	37
6.2 Strategies for reproductive empowerment	39
6.2.1 Creating critical consciousness	39
6.2.2 Creating generational critical consciousness	43
6.2.3 Building trust	44
6.2.4 “The Life One Can Imagine for Oneself”	44
6. Concluding Discussion	46
References.....	48
Appendices.....	53
Appendix A: Interview Guides	53
Appendix B: Summary of Interview Data Collection.....	59
Appendix C: Summary of Document Data Collection	63
Appendix D: Informed Consent Form in English and Serbian.....	65

Abbreviations

CSO - Civil Society Organization

MICS - Multiple Indicator Cluster Survey

SDG - Sustainable Development Goal

SHAI - Social Housing and Active Inclusion

SIPRU - The Social Inclusion and Poverty Reduction Unit of the Government of the Republic of Serbia

SRH - Sexual and Reproductive Health

UNFPA - United Nations Population Fund

UNICEF - United Nations Children's Fund

UNV - United Nations Volunteer

1. Introduction

The 2030 Agenda on Sustainable Development recognizes the importance of sexual and reproductive health, including reproductive choice, in creating a more socially and economically prosperous future. The indicator for SDG 5 and its target of “Ensuring universal access to sexual and reproductive health and reproductive rights” measures not only the access to services but also the barriers that hinder women's abilities to make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care (UNFPA, 2020).

Yet, reproductive choice is not a given. It has been estimated that only 57 percent of women and girls can make deliberate choices about their SRH (UNFPA, 2022). Shame, stigma, fear, poverty, and gender inequality are some of the main factors that undermine women's and girls' ability to exercise their reproductive choices (ibid.). In light of the International Conference and Population and Development held in 1994 in Cairo, empowerment has been considered a crucial tool for improving women's health and possibilities for bodily autonomy (UNFPA, 2004). By empowering women and girls in their ability to make and claim reproductive choices, it is possible to work towards a future in which women have the strength to make decisions on their future. (UNFPA, 2022).

However, empowerment is a context-specific process in which opportunities and constraints are shaped by the local context (Kabeer, 2019). Western feminist discourses on gendered relations and autonomy have been questioned due to their “restricted frames of the notions of gender in development” (Cornwall et.al, 2007). Thus, concepts of empowerment, decision-making, and autonomy to make choices might be framed differently and take other kinds of pathways for change in other contexts (Kabeer, 2019; Stojanovski et.al, 2017).

As the first project targeting the improvement of sexual and reproductive health of Roma women and girls in Serbia, Roma CSOs were engaged in 2022 in conducting workshops in several Roma settlements in the country. The workshop material was also developed by Roma activists which is the first-time material on SRH is context-specific and emerging from the Roma community and not from another stakeholder (UNFPA, 2022).

In the case of Serbia, Roma makes up the second largest national minority, with the official number being 147,604, while unofficial estimations indicate 500,000 (Government of Serbia, 2016). The average life expectancy in the Roma population is 12 years shorter compared to the average in the population in Serbia (ibid.). Structural barriers to healthcare, such as financial

constraints, geographical inaccessibility, language barriers, and discrimination from healthcare personnel have disproportionately affected the Roma in Serbia (Grbic et al., 2014; Sedlecky & Rasevic, 2015).

The use of modern contraceptives is generally low in the whole population of Serbia. However, Roma women in settlements use it to a lesser extent, 7% compared to 21% of women in the general population (UNICEF, 2020). Concerning Roma women's reproductive health, it was revealed that the fertility rate in Roma women is higher than in the general population – 1.6 in the general population and 3.5 in Roma living in Roma settlements. Adolescent birth rates are also higher in Roma settlements with 163 births per 1,000 women aged 15-19, compared to 12 births per 1,000 women aged 15-19 in the general population (ibid.).

The MICS study also included an indicator on informed decisions on reproductive health which showed that the percentage of “married women who make their own decisions about when to have sexual intercourse, contraceptive use, and reproductive health” is 84 among the general population compared to 68 among women in Roma settlements (ibid.). Moreover, a special report by the Ombudsman of Serbia concluded that Roma women do not have the necessary information about family planning and that they lack participation in decision-making about family planning (Ombudsman of Serbia, 2017). Moreover, the MICS survey also showcased the higher abortion rates of Roma women living in Roma settlements, 28 % compared to 11% of women in the general population.

1.1 Research Aim and Questions

This thesis aim to explore how Roma CSOs in Serbia work with the reproductive empowerment of Roma women and girls, highlighting their context-specific strategies and approaches. To understand these context-specific approaches the thesis will, with the use of *intersectionality* and *empowerment* theory, unpack and describe the challenges that Roma women face in making reproductive choices. Such a description will provide an analysis of why they are facing them. This is done through a case study of Roma CSO's work on SRH in Serbia. The study is guided by the following questions;

- What challenges do Roma women in Serbia face in making *reproductive choices*?
- From an intersectional perspective, why are Roma women in Serbia facing challenges in making *reproductive choices*?

- How are Serbian Roma CSOs working towards empowering Roma women in making reproductive choices?

1.2 Justification of research

As argued by Nedel & Bastos (2020), it is crucial to extend the debate on social determinants of health and engage in a discussion that acknowledges poverty and oppression as political choices made by societies that are both present today and historically situated. When addressing the position of Roma women's health, one cannot ignore the social and economic injustice, institutional discrimination, and structural anti-gypsyism that they have been facing for more than a thousand years (Miranda et.al 2019). Solutions for change should look at factors that go beyond the material and individual perspectives and instead consider the structures shaping their living conditions. The challenge of tackling Roma health inequalities is not technical nor scientific, but social and political that requires new strategies, governance, principles, and involvement of key actors (Escobar-Ballesta et.al, 2018). It has been addressed that there is a need for generating more evidence on the causes and consequences of issues relating to reproductive choice. Such research should also explore who is more vulnerable and why and what possible responses might be (UNFPA, 2022). Therefore, one can argue that there is a need to investigate working with Roma women in relation to exploring challenges in making reproductive choices and approaches for its empowerment. This thesis will provide valuable insights on a topic that has not been explored in the case of Serbia. This can provide lessons learned in the work on reproductive empowerment which in the future can serve as a starting point for new strategies on the matter.

2. Background

This section includes a description of the context and the setting of the study, specifically Roma women's CSOs, and the recently implemented project on improving Roma women's SRH in Serbia by engaging Roma women's CSOs and the Roma women's network.

2.1 Roma women's organizations in Serbia

Roma women's organizations and activism emerged, with the first written testimonies dating back to the 1920s, with the formation of a singing society in Nis, in the south of Serbia. During the 1990s when Yugoslavia¹ and Serbia as a constituent republics were going through a period of conflict and a rise in nationalism, new voices of Roma women emerged having a greater focus on the discrimination that Roma women face. The use of "double discrimination" was introduced which later on in the 90s continued to develop into a further conceptualization of intersectional discrimination of Roma women based on grounds such as class, gender, sexual orientation, religious commitment, etc. (MRZA, n.d.).

In 2004 a founding meeting of the Roma women's Network was held where 14 activists from different national Roma women's organizations decided to develop, create and form the Roma women's network. Today, the network consists of 25 organizations from across Serbia that jointly advocate for gender and Roma issues to be a part of the political agenda and for finding systematic solutions to the issues that Roma women face (ibid).

The Roma women's organizations engaged in the network work on a range of different topics for the social inclusion of Roma women in Serbia. Many of them have also been working with education, health, employment, and economic empowerment. The network has also been involved in a national campaign to end child marriage and in the development of the Roma social inclusion strategy (SIPRU, 2019).

In addition to the Roma women's organization and their engagement with improving Roma women's health, it is also important to highlight the work of Roma health mediators. As one of the main initiatives for improving Roma women's health in Serbia, they are also working with issues relating to SRH, such as mediating between Roma women and gynecologists and providing information on family planning (UNICEF, 2020).

¹ Yugoslavia was a country that consisted of 6 constituent republics – Serbia, Croatia, Bosnia and Herzegovina, Slovenia, Montenegro, and Macedonia.

2.2 SHAI Project – Workshops for Roma women and girls on SRH

The European Union-funded SHAI project aims to provide sustainable housing solutions together with active inclusion measures and activities for the most vulnerable groups in Serbia, among which the Roma population is one of the main target groups. In addition to providing housing solutions, health care services and engagement with the civil society sector are included as the main results of the project (SHAI, 2022). As a part of the project activities for improving the social inclusion of the Roma population, the UNFPA Country Office in Serbia engaged in the implementation of activities on increased the understanding of Roma women and girls on “the importance of sexual and reproductive health” (ibid.).

For the implementation of the workshops for Roma women and girls on SRH, the Roma women’s network was engaged as facilitators. Two Roma activists who are part of the network were engaged to develop the workshop material on SRH. The project and this specific component on SRH for Roma women and girls was the first project that gave ownership to the Roma Women’s Network since they had the opportunity to develop expert products such as – publications, research, facilitation guidebook, and workshop material. Previously Serb women, activists, and experts would develop this kind of material, and Roma women would implement the final product and activities. Thus, the SHAI project activities serve as the backdrop of this thesis and as the main setting for finding interview participants (UNFPA, 2022).

3. Literature Review

3.1 Roma women's sexual and reproductive health in Serbia

Concerning Roma women's SRH, this section will address more specifically contraception and fertility. Previous literature on Roma women's health in Serbia has demonstrated that Roma women experience the greatest burden of poor self-rated sexual and reproductive health compared with men and non-Roma women (Janevic et.al, 2012). The research also concluded that the low socioeconomic position of Roma in Serbia, due to historical social exclusion, together with ethnicity as a factor, impacts their health status (ibid.). Other studies have also highlighted the lack of access to health care and cultural practices as factors influencing their health. However, which specific cultural practices influence their health and the construction of such practices situating them in the context of Roma's social exclusion in society was not further explored (Coe & Cvorovic, 2017). The study concluded by recommending participatory approaches and trust-building for health planners and educators in developing new programs which have the potential to change certain health behaviors (ibid.) Discrimination and the influence of racism on Roma women's access to maternal health care have also been researched, showing that racism influenced the perceptions and interactions, social environment and resources, financial needs, and exclusion from education (Janevic et.al, 2011).

Previous research on Roma women's challenges in sexual and reproductive health has demonstrated that Roma women tend to rely more on traditional contraceptive methods than non-Roma women (Sedlecky & Rasevic, 2015). Another study found that Roma women tend to use withdrawal as a method against pregnancies more often than non-Roma women (Nikolic & Djikanovic, 2014). The following barriers to modern contraceptive use among Roma women were highlighted; negative attitudes of husbands, financial constraints to buy contraceptives, the lack of information, and fear that it is harmful to health. Possible explanatory factors such as women's employment status and personal income were highlighted as important factors (Ibid.). A regional quantitative study on the low levels of contraceptive use in the Western Balkans found that modern contraceptive use is "problematically" low amongst all women in the Western Balkans, but that it is even lower for Roma in all countries (King et.al, 2018). The study also found a connection between low use of modern contraceptives with the justification of domestic violence, which was higher among Roma (ibid.). Thus, these multiple studies indicate that intersecting factors such as class, gender, and race, are influencing the reproductive choices of Roma women. Prejudices that Roma women suffer from healthcare

workers are influencing their utilization of health care (Nikolic & Djikanovic, 2014). Services responsible for prevention often fail to recognize this more structural and systematic violence against Roma women and tend to blame the victims, in this case, the Roma community, Roma women and girls (ibid.).

In addition to academic research in Serbia, UN agencies have been engaged in developing comprehensive research on the position and the health situation of Roma women in the region and in Serbia (UN Women, 2019; UNICEF, 2017). Regional research on the discrimination of Roma women in the Western Balkans highlighted Roma women's health situation but also the issue of child marriage. Discrimination was used as the starting point of the analysis and how discriminatory practices toward Roma women and girls shape their access to health care. The report also addressed child marriages and their interlinkages with poverty and discrimination (UN Women, 2019). A lack of research on child marriage exists in academia in Serbia. UNICEF together with the Roma women's organization carried out an ethnographic study with child marriage as the main topic. The research concluded several risks and protective factors for practices of child marriage which takes into consideration both external marginalization which informs internal risk factors (UNICEF, 2017).

3.2 Approaches to Roma women's SRH improvement

To situate this thesis to the research field on approaches to improvement of Roma women's health, with a more specific focus on SRH, this section will highlight previous research on health improvement approaches. Previous research is not only connected to the context of Serbia. The use of Roma health mediators as a good practice for multisectoral cooperation in health promotion has been highlighted (Kilibarda et.al, 2019). It was concluded that inclusion and capacity building of members from vulnerable groups into promoting health to their population is a good practice since they can understand and adapt to the needs of the population. It was also highlighted that capacity building of Roma health mediators empowers them for integration into society, something that goes beyond the scope of being a Roma health mediator (ibid.).

A concept mapping study conducted with health and social service professionals and policymakers proposed several measures for health care access improvement for Roma living in social exclusion. Amongst them, interventions that include topics of empowerment, cultural competence, and communication training for professionals were rated as feasible and important measures as well as focus on education and awareness of Roma and professionals (Svobodova

et.al, 2021). Miranda et.al (2019) used a health justice approach in their community-based participatory action research case study in Spain which concluded that previous top-down approaches to service delivery have solidified and reproduced health disparities and have not improved the health problems of Roma. It highlighted the importance of focusing on empowering Roma through socio-political awareness and included it as one crucial step in the procedure (Ibid.). Escobar-Ballesta et.al (2018) also call for the need of strengthening the Roma community's critical thinking and to use it as a tool for their potential for liberation. EscobarBallesta et.al (2019) also addressed sexual and reproductive health in Roma women in Spain by describing the challenges, resources, and strategies of staff of a family program in Seville. Amongst the conclusions, the study points out that when adapting SRH programs targeting Roma women it is necessary to develop actions that address the multiple vulnerabilities of Roma women and to acknowledge professionals who advocate for the health of these women within their organizations (ibid.).

3.3 Empowerment in previous health research

There is substantial research demonstrating that women's empowerment is related to women's pregnancy desires, decisions, and health (Amraeni & Nirwan, 2021; Stojanovski et.al, 2017). Findings demonstrate internal motivations such as social value and "joys of motherhood" and that existence of choice was limited due to economic situations, pressure from partners, and fear of contraceptive side effects (Karp et.al, 2020). Prata et.al (2017) provides a literature review on the relationship between women's empowerment and contraceptive use and conclude that it is a complex process with mixed, positive, and null associations.

Concerning the context of Serbia, research demonstrates that Roma women who have greater involvement in their own healthcare decisions were more likely to desire the timing of their pregnancies (Stojanovski et.al, 2017). The results support the conclusion that improvement of gender equity is needed to enhance Roma women's autonomy. However, it also highlights the need to understand how to frame Roma women's autonomy in relation to the complexities of gendered relationships in the community, and household. This is to avoid a western perspective of autonomy (ibid). Empowerment as a health promotion tool has been promoted in community-based participatory action research on empowering Roma girls mattering through reproductive justice. The study concluded that by building critical thinking among Roma girls and empowering them in decision-making regarding their gender rights, empowerment was a critical tool for reproductive justice among Roma girls (Garcia-Ramirez, 2020).

Ramirez (2021) found that Roma women in France experienced structural inequalities based on discrimination on the grounds of ethnicity, nationality, gender, economic status, language, and stereotypes of the Roma community. This intersectional discrimination was experienced both on the individual and structural levels. The research concluded by highlighting how connecting Roma women with essential resources and envisioning anti-racist interventions would lead to the empowerment of Roma women and thus reduce their experience of health inequalities (ibid.).

3.4 Research Gap and Contribution

To date there is scarce research exploring reproductive choices among Roma women (Stojanovski et.al, 2017). Research in Serbia that focuses on SRH and the use of contraceptives is mostly based on quantitative data. Thus, it is possible to argue that a qualitative perspective exploring challenges in reproductive choices is missing. Previous research focusing on Roma health approaches has explored the work of Roma health mediators but there is a research gap exploring the work of Roma CSOs and other non-governmental initiatives.

Scholars engaged in research on Roma health issues are calling for the need for a more nuanced understanding of poor health and well-being amongst the Roma population (Orton et.al, 2019). More attention needs to be put on the social, political, and economic structures and power differentials that shape the health-defining experiences of Roma populations (ibid.). Further, it is suggested that research should include best practices across country settings that can help identify future strategies. By paying attention to interventions and their role in alleviating or further perpetuating Roma's disadvantage it is possible to identify good and bad practices, which in the future can help direct actions and strategies. Moreover, the concept of intersectionality in Roma health research is also addressed as a best practice for future research (ibid). With the incorporation of an intersectionality perspective on reproductive empowerment and its challenges, this thesis has the potential to contribute to best practices on how Roma CSOs are working with reproductive empowerment. But also, to add to the intersectionality research field in Roma health.

Moreover, the theoretical approach of the thesis and its combination of the theories on empowerment and intersectionality will further contribute to extending the literature in the respective and combined research fields. Thus, the contribution of this thesis to previous research is the adding of an intersectional lens to the empowerment framework and adding to

the understanding of the strategies and approaches of Roma CSOs in empowering Roma women through not only an empowerment conceptualization but also intersectionality.

4. Theoretical Framework

This thesis draws upon two main theories in analyzing what challenges Roma women in Serbia face in making Reproductive choices– *Intersectionality* and *Empowerment* theory. Empowerment theory was chosen because it can inform both an analysis of the dimensions limiting Roma women in making reproductive choices and also an analysis of how Roma CSOs are working to empower Roma women. Intersectionality theory is used since it addressed several dimensions of oppression that shape Roma women’s ability to make reproductive choices, also looking more into structural forms of discrimination. This enables the empowerment framework to look further than the individual level in terms of making reproductive choices.

4.1 Intersectionality

A more integrated approach that looks at the “causes of the causes” is called upon in future research on health inequalities (Ingelby, 2012). The theory of intersectionality has gained momentum in the literature on Roma health inequalities (Orton et.al, 2019). Intersectionality has been applied in Romani women’s activism and research to challenge the sole focus on ethnicity as the main dimension of shaping the concept of “Roma women” (Kocze, et.al, 2019). Kocze states that the social position of Roma women is “shaped by the interaction of ethnic, gender, and class inequalities” which have had an extensive impact on their health status (Kocze, 2009b). Gendered norms and values result in women usually controlling less power and fewer resources than men (Kocze, 2009a). The gendered dimensions of Roma women’s situation and the specific vulnerabilities in terms of health are exemplified by early pregnancies, sexual violence, and sterilization. She argues that instead of using exclusionary categories such as gender or ethnicity, the intersection of them provides a more in-depth analysis (2009b).

Race and gender have been viewed as the main categories of oppression shaping the situation of Roma women. However, the need for including the class position as an intersecting category has been stressed since poverty and social exclusion “intensify the level of discrimination experienced by Roma women” (Kocze, 2009a). The category of class is often highlighted in the difficulties to pay for health care, medication, and hospitalizations (ibid.). Moreover, it is addressed how the categories of race, gender, and class all shape access to health care since this access is directly linked to unemployment, poverty, low education, inadequate housing, and living conditions (Kocze, 2009a). They are also discriminated against due to the perception that their fertility and reproduction are higher. The perception is based on the “undesirability” of

the Roma community. This is in contrast with countries' pro-natal policies which encourage the population to increase fertility levels. As stated, “it is not a matter about high fertility, but of *whose* fertility” (Kocze, 2009b).

Culture and tradition have also been used for blaming the Roma population for their health problems. Such focus neglects the deeply rooted structural inequalities which are exacerbated by poverty and illiteracy that prevents and denies Roma from accessing and maintaining health (ibid.). In terms of gendered oppression against Roma women inside the community, Kocze argues that there is a need to recognize the hierarchical social oppression matrix within which the Roma community is located within. When an oppressed group has been discriminated against for a long time, there is a probability that “those who are oppressed will become new oppressors in a different domain of social life”. Hence, these forces of oppression will turn against the most vulnerable ones inside the community, in this case, Roma women. She argues that century of oppression against the Roma community has caused internalized forms of oppression against women, one of the examples being child marriage (Kocze, 2009b).

Therefore, types of violence and discrimination against Roma women inside the community should not be viewed as a cultural attribute to the Roma community, but as “outcomes of various oppressions” (Kocze, 2009b). However, the Western gaze, which views the Roma community as back-warded does not critically reflect on the contextualization of the issue. This has further built on the need for Western feminists to “save Roma women”. She takes this critique and compares it to more critical feminist theories such as intersectionality, in which ethnicity, gender, class, and other components are shaping forms of oppression. Kocze calls for challenging the monofocal conceptualization of “Roma culture” as being the only factor for their experiences (ibid.). Therefore, when theorizing on the oppression of Roma, there is a need to expose the racialization of Roma and the mechanisms of structural racism and not attribute the oppression of Roma to their culture (Kocze, 2018). Moreover, she argues that such an approach in which structural forms of oppression are highlighted will help Roma women avoid the trap of condemning their own culture (ibid.).

4.2. Kabeer’s Theory on Empowerment

Nalia Kabeer conceptualizes power in terms of the *ability to make choices*. Thus, empowerment is defined as “the process by which those who have been denied the ability to make strategic life choices acquire such an ability”. Consequently, being disempowered means being denied the ability to make choices. It is only when “the failure to achieve one’s goals reflects some

deep-seated constraint on the ability to choose that it can be taken as a manifestation of disempowerment” (Kabeer, 1999, p. 438).

It can be argued that Kabeer’s framework is more comprehensive since it addresses various domains of empowerment and looks at the possibilities and opportunities that people have in acquiring abilities. The notion of choice is also argued to imply the *possibility of alternatives* and that not all choices are “relevant for the definition of power” (ibid.). This is because some behaviors can be argued to reflect a choice but some choice also derives from subordinated positions of women (Kabeer, 1999, p. 441). Thus, power can also operate through “consent and complicity, as well as through coercion and conflict” (Ibid. p. 441).

Empowerment is also phrased as “creating conditions that will expand the possibilities for the lives we can imagine for ourselves rather than lives imposed on us through customs, law, and norms of society” (Kabeer, 2019). Moreover, Kabeer’s conceptualization goes further than individual empowerment and situates it within a broader context of social justice (ibid.).

The ability to exercise choice can be theorized into three interrelated dimensions; resources (pre-condition), agency (process), and achievements (outcomes). According to Kabeer “alternatives must not only exist but they must also be seen to exist....gender operates through unquestioned acceptance of power” (Kabeer, 2005). Thus, choices available for women must consider what is the “realm of possibility” for women to make choices since some women in cases where certain choices are denied internalize their lesser claims.

4.2.1. Resources

Resources are conceptualized as not only economic resources but also human and social resources which enhance one’s ability to exercise choices. Resources are enhanced in different social relationships in various institutional domains such as family, market, and community. Access to these resources will reflect the rules and norms that govern distribution and exchange in these different institutional arenas. I.e heads of households and elites within the community have decision-making authority within different contexts due to their positioning in these institutions (Kabeer, 1999, p. 437).

4.2.2. Agency

Agency refers to “the ability to define one’s goals and act upon them” (ibid. p. 437). It refers not only to an “observable action” but to the motivations, meanings, and purpose that individuals bring to their activity, *their power within*. Agency is often referred to decision-

making, but can also take the form of bargaining, negotiation, and manipulation, but also more analytical processes of reflection and analysis. Thus, it is also a reflective process in which thinking critically becomes central. In relation to power, agency has both a positive and negative meaning. The positive meanings refer to people's abilities to define their own life choices and to pursue their own goals, while the negative meanings refer to the power over someone to override the agency of others usually by the use of violence, coercion, and threat. Power can also operate in the absence of agency where instead norms and rules of social behavior ensures that some outcomes are reproduced without the exercise of agency. As an example, Kabeer addresses how certain norms are unquestioned, i.e marriages where the parents choose the partner of their child, and thus no power is seen to be experienced (Kabeer, 1999, p. 438).

4.2.3 Achievements

Kabeer's framework also includes the domain of *achievements* in which attention is given to how choices are understood. Resources and agency together constitute people's capabilities; "the potential that people have for living the lives they want" and the achievements refer to the outcomes of choices, a measure of whether this potential is achieved or not. Empowerment should concern the possible inequalities of people's capacities to make choices and not the differences in the choices they make (Kabeer, 1999, p. 448). Kabeer also highlights the difficulties in measuring achievements because of the challenges in knowing what people want to achieve. Kabeer conceptualizes power as not only operating through the limitations on someone's possibility to make choices but also through people's preferences and values. It is stated that the concept of choice has to be understood as "the material possibility of having chosen differently, to encompass the existence of discursive alternatives...whether other choices were materially or ideologically possible" (Kabeer, 1999 p. 442).

Critical consciousness is addressed as crucial for the concept of choice and for "moving from a position of unquestioning acceptance of the social to a critical perspective on it" (Kabeer, 1999, p. 441). The move to this position of critical consciousness is argued as possible only when;

Competing ways of being and doing becomes available as material and cultural possibilities so that common sense propositions of culture begin to lose their 'naturalized' character, revealing the underlying arbitrariness of the given social order. (Kabeer, 1999, p. 441)

At this discourse level, people are able to “at least imagine the possibility of having chosen differently”. Only at this level, critical consciousness can emerge (ibid.).

4. 2. 4 Pathways of women’s empowerment

Kabeer argues that the processes of empowerment are specific and shaped by the constraints of gender-related structures of the context in which they occur. The local context both shape the opportunities and constraints that women face in accessing choices. Consequently, the local context also forms the resistance to justice and the pathways for negotiating change (Kabeer, 2019). Thus, social change “carries the imprint of the societies in which they occur” (Kabeer, 2011, p. 500). In some contexts, certain social arrangements such as child marriage are not necessarily considered unjust (ibid. p. 503). The awareness and recognition of injustice must come before the struggles for justice. However, if some injustices are ingrained in the social relationships of women’s life and security, they are also likely to be ingrained in women’s gendered subjectivities. Thus, she begs the question how it is possible for women to acknowledge and tackle these injustices that “are embedded in the social relationships that define their identities and give meaning to their lives without at the same time negating or undermining these relationships” (ibid. p. 503).

According to Kabeer a way out of this problem is through participation in “alternative forms of associational life” in which women can get reflexive awareness to assess these social relationships that might create forms of inequalities. These kinds of new social interactions for women do not have to signify a rupture with the past but they can provide women the possibility to “formulate their vision of a better society” (ibid.).

In her conceptualization of pathways for empowerment, Kabeer highlights the changes in awareness that occurs through “a process of learning, reflection, action, experience, observation, and analysis, reflective forms of practice generally absent in lives that were dominated by the struggle for survival” (Kabeer, 2011, p. 511). Kabeer also speaks about the relational dimension of empowerment where she highlights the expansions of social relationships and the sharing of life stories and experiences as important dimensions of empowerment (Kabeer, 2011. p. 513).

4.3 Operationalization of the theoretical framework

Kabeer’s *empowerment theory* and its three interrelated dimensions, will inform the factors that shape Roma women’s ability and challenges to make reproductive choices (Kabeer, 1999). To

address more structural factors of discrimination *intersectional theory* provided by Kocze (2009) will be used for analyzing how gender, race, and class intersect in Roma women’s ability to make reproductive choices. Thus, the intersectional theory will be used for informing the context and position of Roma women in Serbia.

Since pathways for empowerment are context-dependent, the context described and analyzed herein with the use of the two theories will also inform the strategies and approaches of Roma women CSOs in Serbia in their work of empowering Roma women in their ability to make reproductive choices. Hence, the two theories will be used for analyzing the kinds of strategies and approaches that Roma women CSOs are using in order to answer the third research question.

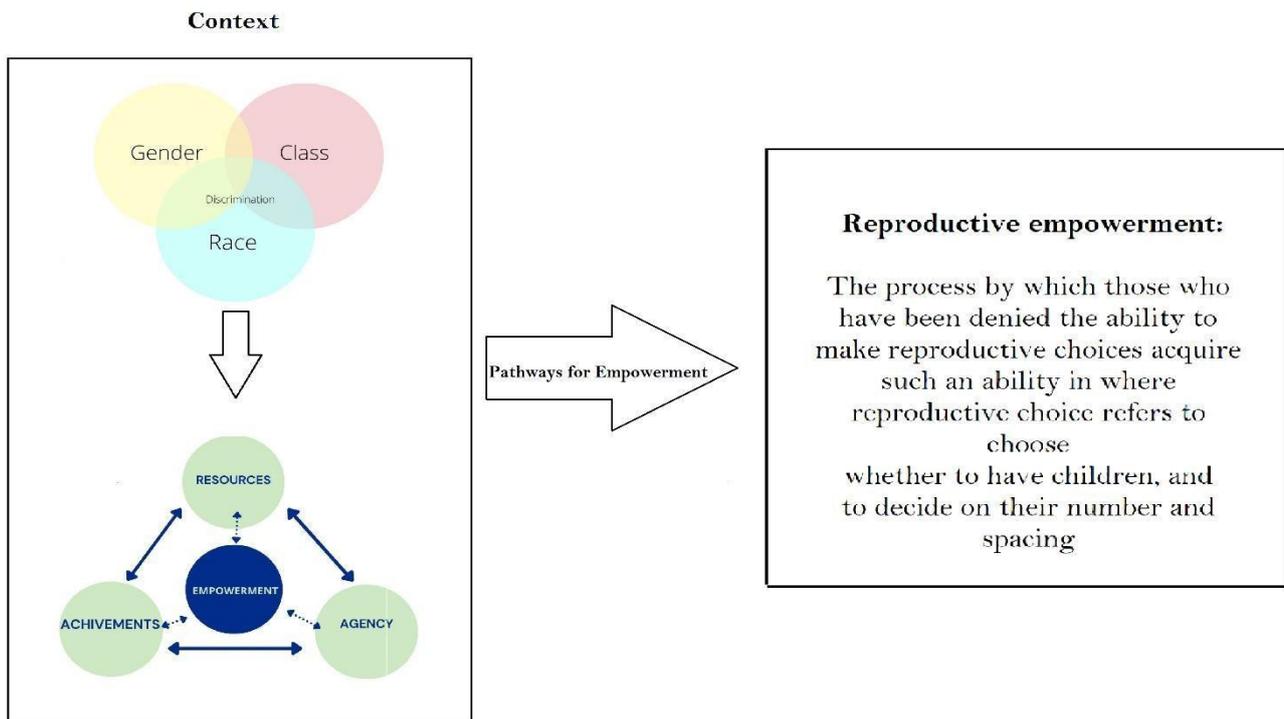


Image: Created by author

5. Methodology

5.1 Ontology and Epistemology

A social constructivist approach is adopted to the research, seeking to understand the meanings of the world and the complexities of views in which subjective meanings are negotiated socially and historically (Creswell & Poth, 2017). A subjectivist epistemology is adopted where I as a researcher try to recognize how my own personal, historical, and cultural background and experiences shape the interpretation of the findings. The knowledge is constructed through interaction and dialogue between me and the research participants based on our personal experiences of reality. Thus, the ontological approach for this thesis is based on a relativist ontology, meaning that the case studies have multiple realities (Kivunja & Kuyini, 2017).

It has been stated that research with a social constructivist approach has an inductive relationship with theory (ibid.) However, since predefined concepts were used in creating the interview guide based on existing theories this thesis also derives from a deductive approach. However, due to the use of semi-structured interviews and open-ended questions the researcher also intends for concepts and themes to emerge.

5.2 Research design

This is a qualitative case study since the aim of the thesis is to interpret and make sense of the meanings that persons bring to the inquiry of Roma women's reproductive empowerment (Creswell & Poth, 2017). The framework guiding this thesis is a qualitative case study, focusing on the case of Roma CSOs in Serbia and their work on reproductive empowerment of Roma women. By using an *instrumental case study approach*, it is possible to get a detailed understanding of the topic and to illustrate how Roma CSOs are working with reproductive empowerment by using the case of Roma CSOs in Serbia (Creswell & Poth, 2017). Moreover, since the aim is not to compare the CSOs with each other, this research is a single case study.

5.3 Research Methods

The research methods for collecting data were qualitative interviews and document analysis which allowed for data triangulation (Bryman, 2012). The results of the data sets were analyzed independently but compared to each other. Thus, the triangulation was conducted for the data

sets to complement each other, to provide a fuller picture of the topic researched (Nightingale, 2020).

5.3.1 Qualitative Interviews

Qualitative interviews provide the interviewees an opportunity to unfold the meanings of their experiences and perspectives. Semi-structured interviews are defined as having the purpose to “obtain descriptions of the life world of the interviewee with respect to interpreting the meaning of the described phenomena” (Kvale, 1996). The data collected from the qualitative semistructured interviews can obtain descriptions of the life world of the Roma CSOs, their interpretation of their work, and the challenges that Roma women face in making reproductive choices.

Semi-structured interviews can both provide a structure in line with the pre-defined themes and let new themes arise. It allows for asking follow-up questions and reflecting on the answers of the research participants. Thus, the interviewees had the possibility to further develop their perspectives at the same time as the researcher was able to change the sequence of the questions (ibid.).

An interview guide was developed to facilitate the structure of the interview and to ensure that all themes were covered. The interview guide was changed during the research process after reflection and testing (Appendix A). The questions in the interview guide tried to be both explorative and theory testing. As addressed in Bryman (2012), the specific research questions of the thesis were used to inform the interview topics (resources, agency, achievements, reproductive choice, challenges in making reproductive choice). Different interview guides were also created in accordance with the research participant. The key informant interviews had a more focus on the *what* and *why* questions, while the interviews with Roma women’s CSOs had a greater focus on how they work with reproductive empowerment.

In total 11 semi-structured individual interviews and one semi-structured group interview with two persons were conducted (Appendix B). After 12 interviews theoretical saturation was achieved since the data sets from the interviews provided “a reliable sense of thematic exhaustion and variability” and no new codes emerged (Bryman, 2012, p. 426).

Language is an important factor in the production of knowledge and local languages have the potential to provide richer data (Hammet et.al, 2014.). Since I do not speak Serbian and since the English language level varies among the interview participants, it was decided to engage a

translator in the interviews. The same translator was engaged for all interviews, a colleague from my internship's placement, who was aware and informed of my thesis topic and aim. However, the power relation between the translator and the researcher might impact the data as well as the translator's own analysis grounded in their theoretical and epistemological understanding (Temple & Young, 2004).

5.3.2 Document Analysis

Documents analysis of the SHAI workshop material was also used as a research method to provide a deeper understanding of how Roma CSOs work with Roma women's reproductive empowerment and to see how and what context-specific approaches were used. According to Bryman's (2012) definition "official documents deriving from private sources" were analyzed. In this case, the three different sets of workshop material and methodology were analyzed; i) Methodology for workshops with adult women ii) methodology for workshops with girls iii) Methodology for joint workshops with mothers and daughters. Each set of workshop methodology included guidelines for 10 workshops raising awareness on different topics such as; gender equality, discrimination, reproductive system, early marriages, and violence (Appendix C).

5.4 Sampling Method

The sampling population for the research is persons with knowledge of how Roma CSOs work with Roma women issues, targeting more specifically SRH. The sample units were Roma CSOs and key informants (Appendix B).

The interviewees were sampled using a purposive sampling method with the selection of units directly referenced to the research question; How are Serbian Roma CSOs working towards empowering Roma women in making reproductive choices. The sampling approach used is *criterion sampling* since the criterion that the interview participants have been working with SRH promotion and empowerment for Roma women in Serbia, which they all had since such experience was needed to be part of the SHAI project. However, it is not their connection to the project that is the *case* for this study, it is merely their involvement in this program that gives them experiences of working with reproductive empowerment.

As a new researcher in the research context, it was decided to use key informants since they can provide important sources on specialized issues and expertise on the research topic. They

were also sampled through a purposeful sampling strategy with the criterion to have knowledge of Roma SRH issues and/or involvement in the SHAI project.

5.4 Data Analysis

The interviews and documents were analyzed using a thematic analysis method, in line with Clark and Braun's (2006) principles of thematic analysis, which comprises searching for underlying themes in the documents. Such an approach was chosen since thematic analysis is compatible with different research paradigms and approaches, such as the constructivist, thus providing a flexible research tool in line with the chosen paradigm (Braun & Clarke, 2014; Bryman, 2012).

The interviews were transcribed and then thematically coded followed by thematically coding the documents. As above mentioned, triangulation was used to ensure convergence of the data and for them complement each other (Nightingale, 2020). In developing the interview guide and when analyzing the data, theoretical concepts were used. Thus, Kabeer's theory of empowerment was used and its different themes of resources, agency, and achievements when coding the interviews and the documents. However, to ensure a more open approach to analyzing the data, themes outside of the theoretical framework also emerged, allowing for the analysis to be more reflexive and less rigid (*ibid.*). Moreover, since the aim of analyzing the documents is to be able to interpret how the strategies of SRH improvement and empowerment are in line with the context, a hermeneutic approach will also be used. The aim of the approach is to bring out the meanings of the text from the perspective of the author (*ibid.*). Thus, the analysis of the text is not looking for simply defining codes and themes in the document but is trying to look for the meanings of the texts and to interpret those meanings in relation to the social and historical context of Roma women and in relation to the theories chosen for this research.

5.6 Scope and Limitations

Due to the qualitative nature of this thesis, the scope of this thesis is situated in a specific context and a specific case. Since it is a case study, it is important to note that the results and analysis will mostly be limited and respond to the specific case of Roma women in Serbia. Thus, the study is limited to the social and historical context of Roma women in Serbia and the results are not to be generalized to other countries or to all Roma women CSOs across Serbia. Moreover, in terms of SRH, there are many themes that can be covered, but for this study, a

focus on reproductive choice and empowerment was chosen. Furthermore, keeping in mind that the focus was to generate an understanding of how CSOs work to improve Roma women's SRH and empowerment, other actors such as governmental bodies and international organizations were not included in the study.

The lack of Serbian language skills might also pose a limitation to the study, limiting the researcher from fully exploring the underlying meanings for the researcher participants. Field observations could have been used as a method to further explore *how* Roma CSOs work but due to the late implementation of the project, it was not possible to visit the workshops. Thus, the study is only limited to the words of the Roma CSOs and not their practice in action.

5.7 Ethical Considerations

Ethical decisions do not only belong to one stage of the research but throughout the whole process (Kvale, 1996). As a researcher, making ethical considerations means having a foreknowledge of the moral issues that can arise in the different stages and making reflective choices by being aware of the sensitive issues that might arise (Kvale, 1996). When seeking contact with the interview participants it was important to ensure their voluntary participation, and that they were not forced or should feel coerced to participate due to their relation with my colleagues and gatekeeper.

Before the interview, informed consent from the interview participants was obtained through the signing (verbally or written) of an informed consent form (Appendix C), to ensure that they were aware of the use of data, the purpose, and the aim of the study. The informed consent form was translated into Serbian. It was also stated that the participant had the right to withdraw from the study at any point during the research process.

Moreover, it is also crucial to ensure the confidentiality and anonymity of the research participants. It means that private data that could be used for identifying the participant will not be reported (Ibid.) Therefore, their names were not used when transcribing, coding, and storing the data, or when analyzing the names of the organizations they belong to. The use of the data and who will have access to the material was also made clear in the informed consent form.

When analyzing the data, it was considered how deeply and critically the interviews can be analyzed without letting the research participant have their own say on how their statement is being interpreted (ibid.). Therefore, ethical considerations need to be considered when exiting the research scene and when sharing the results to not risk participants suffering any unintended

consequences. Since the researcher does not have full control of how people will read the results it was considered how to best present the research (Tracy, 2010). Therefore, it is important to reflect on the produced knowledge on the topic of the thesis and the representations of Roma women. Since Roma women and the Roma population are living in more vulnerable conditions in Serbia, suffering from stigma and discrimination, it is crucial not to further reproduce this image. Being sensitive to the stories shared and not objectifying and victimizing them became crucial. Also, “Roma women” is a heterogeneous group caring diverse identities in terms of religion, language, and position in society. When portraying Roma women in Serbia it is important to remember. Instead, Roma women should be seen as a diverse group not only being reduced to their mere vulnerabilities but also considering their agency for change.

5.7 Positionality

The positionality of the researcher and its difference from the position of the group that is being studied is important to address (Rice et.al, 2019). The research population is Roma women which are more sensitive to living in vulnerable conditions due to an intersection of discrimination in society. As an ethnic minority in Serbia, the Roma population has been oppressed by colonial practices and discrimination for generations which makes it important to consider these colonial legacies when conducting this research (Thambinathan & Kinsella 2021). Roma women in Serbia have also been subjected to dehumanizing practices and stereotypes, with forced sterilizations as an example. Their lived reality is therefore very far from my own in Serbia. When entering the research field and throughout the process, a critical reflection of negative assumptions regarding Roma women and their reproductive choices was considered.

The importance of critically reflecting on the knowledge that I as a researcher produce about the Roma community is highlighted in the following quote: “Roma issues were discussed and theorized by white people for too long without acknowledging our lived experience.” (Kocze & Bakos, 2021). As a white, northern European, woman, and academic, the power I bring to the research and to knowledge creation was reflected. Further, my professional position working as a United Nations Volunteer in Serbia also comes with privileges and power imbalances. This research will be influenced by my lack of lived experience as a Roma woman and the biases I bring to the research field. Therefore, I reflexively engaged in my assumptions, interpretations, biases, and positionality during the research process (Thambinathan & Kinsella, 2021). Moreover, for doing intersectionality justice there is a need to deploy research methods that elicit marginalized voices and de-center the experiences and the interests of privileged

groups. However, there will always be underlying biases in “giving voice” to the research participants (Braun & Clark, 2006). A giving voice approach is a process of “carving out unacknowledged pieces of narrative evidence that we select, edit, and deploy to border our arguments” (ibid.) Thus, my positionality will also shape the voices that I elicit and there is a need to acknowledge this.

Due to ethical considerations, it was decided that interviews with Roma women in Roma settlements would not be interviewed for informing the research on their challenges in making reproductive choices. All the interview participants from Roma CSOs identified and were part of the Roma community and instead they had the possibility to provide an alternative perspective of these challenges.

5.8 Validity, reliability, and trustworthiness

Reliability refers to the extent to which the study can be replicated (Bryman, 2012). Due to the study being qualitative it is difficult to freeze its social setting and assess its reliability. In relation to the validity, continued participation in the social context and the prolonged engagement with interviews until data saturation can be an argument ensuring a higher level of balance between the theoretical concepts and observations. However, the external validity of the thesis is low since the results can not be generalized across social settings due to it being a case study design (ibid.).

It has been suggested that research conducted with a socially constructed approach should be evaluated according to the criteria of trustworthiness (Kivunja & Kuyini, 2017). During interviews, there were no leading questions and the researcher gave the possibility to the participant to develop their interpretation of their social reality. In order to ensure transferability, a thick description of the details of the cultural context was developed. In order to assure dependability, the auditing approach suggested in Bryman (2012) was adopted. Hence, all records from the process were kept such as the interview transcripts, the recordings, notes from interviews, and data analysis decisions. This allows peers to act as auditors if needed. In relation to ensuring confirmability, by being transparent in the positionality section and in the research approach section, sources of my theoretical inclination were addressed, which will unconsciously and doubtlessly influence the thesis.

6. Analysis

6.1 Challenges in making reproductive choices

This section will address the challenges for Roma women in making reproductive choices identified by the interview participants. Context-specific challenges identified in the interviews will also be addressed, such as child marriage and the cult of virginity. The challenges will be analyzed by using the theoretical framework and will highlight how the lack of the dimensions of the empowerment framework and intersecting forms of discrimination shape the disempowered position of Roma women, influencing their ability to make reproductive choices.

6.1.1 Lack of resources

Resources conceptualized as financial, social, and human enhances one's ability to exercise choices (Kabeer, 1999, p.437). In the case of Roma women's ability to exercise reproductive choices, the lack of financial, social, and human resources was addressed as a challenge. As in previous research, low socioeconomic position of Roma women, consequently financial constraints in buying contraceptives were addressed as a challenge for making reproductive choices (Janevic et.al, 2012; Nikolic & Djikanovic, 2014);

They don't have money, they don't have conditions to use it. She knows it is good for her but she must buy food for her kids...we are improving, their thoughts and their way of living but in Serbia in generally the problem is money. (I1)

Similarly, interview participants addressed the low use of contraceptives as a class issue; "it is connected to class, contraceptive methods are expensive, they don't have sufficient funds for it" (I11). Although Roma women have been given information on contraceptives and "are aware of condoms and pills and other available contraceptive methods they are not able to use them since they demand a certain amount of money" (I5). Even though they have raised their level of awareness and agency to a certain extent, limited financial resources are challenging their ability to act upon the goals that they define (Kabeer, 1999, p.437). Since financial resources are not enhanced, Roma women are left with what Kabeer defines as "observable action" in which the pre-condition for agency is lacking (ibid.).

Resources were also addressed as social where poor living conditions were raised as a factor shaping their vulnerable position. It was argued that their general health is “jeopardized mainly because of the living conditions they have” (I4). The lack of human resources was mostly discussed in terms of lack of formal education in shaping Roma women’s vulnerable position and consequently their challenges to make reproductive choices. Education was considered “an underlying determinant of their overall status and opportunities of living their lives with full potentials” (I3). However, economic resources were also considered as a pre-condition for education;

Women who actually go to high formal education have the possibility to make choices, they are coming usually from families that have better economically situations...and they try to empower these girls to study. However, when we discuss communities such as xx, they are living on the edge, there is no possibility for these kinds of things. (I2).

Education and economic resources were addressed as giving Roma women “a choice” because they have “power in their minds, they can say stop, I have my body and my rules. And okey if you don’t want that goodbye” (I6). Further, economic resources were also considered as creating different power structures for women, empowering them to be more independent; “If you have your money and your apartment, and where to live, if you have some kind of position you don’t need a man in your life” (I6).

The above text highlights how lack of resources, in terms of both social, human, and economic are interlinked in creating challenges for Roma women and their reproductive choice. Thus, it is important to acknowledge that resources should not only be considered financial but also human and social which have the capacity to enhance one’s ability to make choices (Kabeer, 1999, p. 437).

6.1.2 Intersectional perspective on lack of resources

As argued by Kabeer (1999, p. 437), resources are enhanced in different social relationships in various institutional domains such as family, market, and community. Access to these resources will reflect the rules and norms that govern distribution and exchange in these arenas. Therefore, in the case of Roma women these social relationships enhancing resources can be looked at through an intersectional perspective. Categories of race, gender, and class all intersect in shaping one’s health since these categories influence one’s ability to enhance

resources shaping conditions of unemployment, poverty, low education, inadequate housing, and worse off conditions (Kocze 2009a). Roma women's economically disadvantaged position compared to other women was explained as the following;

They are not going to school, not working, they are not formally employed so they are not paid for their work. They work all the time for their families or the families of their husbands and practically do not have a choice (I9).

This highlights their disadvantaged position within and outside the Roma community. The gendered relations between Roma women and men are highlighted, creating a double work burden for Roma women which restricts their access to choices. Moreover, the comparison to other women from the general population highlights Roma women's disadvantaged position in terms of class also outside of the Roma community. Thus, both their gender and class position is intersecting in their enhancement of resources such as education, employment, and finances.

As research argues, there needs to extend the debate on "causes of the causes" when discussing social and economic injustices (Miranda et.al 2019; Nedel & Bastos, 2020). In terms of living conditions of Roma women and their connection to SRH, it was stated that the categories of class, gender, and intersect in shaping their SRH situation;

The major issue is the economic aspect. One part of it is the bad living conditions but it's also the way they are earning money... specifically the role of women and gender it is significant since it is expected of them that they care of the household, the children and they have to feed the family and organize everything and take care of education.
(I5)

The above quote highlights how intersecting factors of gender and class, based on their poor living conditions, shape the specific position of Roma women which govern the distribution of economic resources in the domain of the family but also in society. Thus, when understanding Kabeer's dimension of *Resources* it is important to acknowledge how intersecting factors of race, class, and ethnicity are also interfering with Roma women's enhancement of resources from a more structural level.

Roma women's position within the community should be recognized in relation to the social oppression matrix within which the Roma community is located (Kocze, 2009b). Thus, it is important to look at the more structural economic factors shaping their living conditions and their economic vulnerabilities and how this intersects with women's ability to enhance

resources. In terms of enhancing human resources such as education the intersection of gender and class was thought of in the following way;

When a girl is like 10, 12 years old she gets a specific role in the family, to take care of the younger siblings, this is something given to the girls, not the boys. She has to work in the house, often she also goes to work to collect secondary materials. The drop out of school is more related to economic issues than to maybe this virginity cult. (I7).

Thus, it is possible to argue that poverty, the category of class, is an important factor shaping their challenges in enhancing resources such as education and employment which are preconditions for reproductive choices. This category intersects with Roma women's gendered position within the community in which gendered relations result in Roma women controlling fewer resources than men (Kocze, 2009b).

Population policies and financial contributions for children were addressed as an example of how the category of class figures in challenging the enhancement of resources in a more institutional domain. It was argued that such policies influence Roma women's abilities to make reproductive choices due to their lack of financial resources;

I go to the Roma settlements and hear that "I will give birth to a child" because I will get money from the State". And I often tell them that this money is not sufficient for them to provide everything for their child...For people that earn a lot of money this is just a financial little gain, but for Roma people this is a huge amount of money. This population policy is very bad, it is linear, doesn't look at the inequalities and factors and gives the same amount to everyone, and it should be determined based on the social and material status of the ones that actually want to have a child (I7).

This quote reflects the category of class and how the vulnerable economic position of Roma influences their reproductive choices. In line with Kocze (2009b), it has been argued that Roma community is racially discriminated against due to their high fertility levels. The interview participant addressed this kind of stereotype and how the word "Roma women" usually would create a condescending picture "of a Roma woman with a lot of children around her" (I7). This stereotyping reflects the undesirability of the Roma community and which these policy measures are "not a matter about high fertility, but of *whose* fertility" (Kocze, 2009b). Therefore, in these institutional domains in which class is figuring as a factor for Roma women

to make reproductive choices, it is visible how racial discrimination is also intersected. Moreover, population policies are argued to also influence the domains of family in which gendered relations are influencing Roma women's decision-making in the following way; "When this financial moment of the State comes it is not more about the choice of a woman but a choice of the partner, the men, in the community."(I7).

6.1.3 Lack of Agency

Negative meaning of agency refers to when others have the power to override their agency in forms of violence, coercion, and threat. However, power can also operate through the absence of agency, in which choices are derived from subordinated positions of women, and in which power is operated through "consent and complicity" (Kabeer, 1999, p. 441). The interview participants mainly addressed challenges in making reproductive choices and decision-making in relation to absence of power. In these cases, the decision-maker for reproductive choices were men (I2, I4, I5, I6, I10, I12);

Men are the one's who actually makes the decisions, and usually, they don't want to use contraceptives, so usually what happens is that women have 2,3,5,6 pregnancies which really affects their health (I5).

It was argued that Roma women don't "question about whether she will have more children or if she wanted to have this number of children" (I4). Since power and agency are not being questioned due to norms and rules of social behaviors, the exercise of making reproductive choices and its outcomes is reproduced without the "*exercise of agency*" (Kabeer, 1999, p. 438). Social construction of motherhood was argued to create certain social norms that in turn creates barriers for Roma women to make certain choices; "There is no choice for women, if she is in a marriage, it is her role to be a mother and her role is to give birth and that is it" (I6). It was seen as a prevailing norm in the whole community and the social norms of having kids are supported by women as by men since "there is a belief that having more kids will make us more rich" (I8).

From an intersectional perspective, it was highlighted how these gendered norms of Roma women are also being reproduced outside the community, where they figure as racial stereotyping and discrimination of Roma women based on the perception of their fertility by health care professionals;

I have hear several times from medical doctors “How should I talk to her, with a young girl, about contraception when it is her... the only purpose...Many professionals are convinced that it is their obligation, Roma girls, to have those pregnancies at that age and to have that many children in a very young age, because for them it is their basic value. (I9).

From an intersectional perspective, the above quote highlights how racial forms of discrimination are reproducing gendered stereotypes of Roma women, contributing to the norm of motherhood being reproduced. Consequently, unquestioning the absence of agency of Roma women. As highlighted by Koczé it is important to expose the racial oppression against Roma and not to only attribute the oppressions of Roma to their culture (Koczé, 2018).

6.1.4 Lack of critical consciousness

Kabeer speaks of critical consciousness as an important factor in agency in which people “move from a position of unquestioning acceptance of the social order to a critical perspective of it” (Kabeer, 1999, p.). Interview participants highlighted how shame, fear, and tabus restricted and created barriers to reflecting on reproductive choices and for having the awareness and information to reflect on possible choices;

The main barrier we are facing is to make women believe that this is important to take care about their health, and also SRH...The main challenge is shame, Roma women feel ashamed to talk about these issues. (I10).

Reproductive choice is not talked about at all since “this topic of reproductive rights is not existing at all, the only environment where they discuss SRH is on these workshops when we talk with the Roma women and girls.” (I10). The lack of awareness and consciousness was also addressed as a “transgenerational lack of knowledge on SRH” in which young girls do not have knowledge about family planning (I4). It was raised as a problem because; “it’s a shame to speak with your daughter about anything relating to sex” (I6).

Further, the unquestioning of certain norms became visible in one interview where the participant addressed positive aspects of the persistence of virginity cult and early marriages, mostly in terms of decreased risk of STIs. When further elaborating on why such kinds of “traditions” of following these norms and practices, the research participant stated, “That I

don't know, that even I respect traditions, but we do not question them and just proceed with them and sometimes think that they are good or bad" (I12).

Kabeer argues that awareness and recognition of injustices must come before struggles for gender justice (Kabeer, 2011, p. 503). However, the difficulties of working with gender equality were pointed out by an interview participant and it was stated that "In the Roma community you won't even talk about gender equality" (I6).

This context is where tabus, social norms, difficulties in dismantling gender inequalities, and talking about SRH and reproductive choices create a lack of critical consciousness. In this context, certain norms, such as child marriage are unquestioned since no analytical process of reflection on gender equality is made. In such cases, no discursive alternatives are possible since other choices are not "ideologically possible" (Kabeer, 1999 p. 442). Thus, one can argue that power operates not only through limitations but also in the values and preferences of Roma women in making reproductive choices. This in turn creates a challenge in making empowered reproductive choices since choices are made in "a position of unquestioning acceptance of the social order" and not from a critical perspective on it (Kabeer, 1999, p. 441).

The example of child marriage was brought up in almost all interviews as a contextual challenge for Roma women in making reproductive choices due to the strong social norm of being a virgin when getting married; "if they know that you are not a virgin when you get married you will be a shame for your family" (I6). Since child and early marriages are more prevalent, due to these strong norms, higher rates of early pregnancies were addressed as risk of their health; "they also start having sexual relationships and they are completely unprepared and if they are pregnant it's a huge risk for the mother and the baby" (I9).

Early and child marriages were addressed as both contractual and non-contractual and in some cases as voluntary in were "they are entering in the child marriage willingly because they just are in love with that person. And being married is the only way to have sex with that partner." (I9). Strong social norms regarding virginity were addressed as one of the factors at play;

For example, that 16/17 year old girl has a boyfriend that is like 20 years old and if they want to have sex, she needs to get married with him, because it is a strong cult, social norm, that a women has to be a virgin when she gets married. In order to keep this patriarchal norm and the respect of her parents, she decides to get married just in order to satisfy at least her partner and boyfriend and also for her to get sexual

pleasure. So in some kind of way this is also coercion because she is doing something to respect her family (I5).

Thus, some choices to get married can be considered as a strategy for emancipation where girls seek the possibility to escape the social norm of virginity. However, it is argued that women need to be agents of transformation in which achievements need to be assessed based on their transformative implications in relation to gender inequalities embedded (Kabeer, 1999b, p.27). Even though these choices seem to reflect an empowered decision they are still made within the gendered inequalities in which certain gendered norms are being reproduced.

Thus, power is still being operated through people's preferences, values, and choices. Thus, the exercise of choice did not encompass the existence of discursive alternatives in which gendered inequalities were discussed (Kabeer, 1999 p. 442).

6.1.5 Intersectional perspective on lack of critical consciousness

It is argued that an intersectional perspective on the several forms of oppression towards Roma women should be considered in analyzing their situation within the community (Kozce, 2009b). The case of child marriage presents an opportunity to highlight how intersecting factors are at play in Roma women and girls agency for making reproductive choices.

The above section highlighted the gender relations within the Roma community and how social and gendered norms influenced the ability to make reproductive choices. However, other factors at play in relation to child marriages and their practice should be put into the context of century of oppression against the Roma community in which certain internalized forms of oppression against Roma women are shaped. Hence "those who are oppressed will become new oppressors in a different domain of social life" (Kocze, 2009b). In the interviews factors such as poverty and racial discrimination were also addressed as contributing to the practice of child marriage. The category of class, linked to poor living conditions, unemployment, low education, and poverty was considered as an important factor in the practice of child marriages; The main factor is actually poverty and the lack of education. When they have those contractual marriages parents, usually from poor families, are thinking that they are helping the girl to leave the misery and poverty and moving her to a rich family. However, they are pushing her towards being marginalized and again violating her health. (I12)

The above quote highlights both the aspect of poverty, in other words, class as a category for discrimination, but also the aspect of needing to build critical consciousness about this social

norm. However, the need to build critical consciousness should also be thought of on a more structural level since racial discrimination was also addressed as the main factor contributing to the practice of child marriage. Racial discrimination was considered to create harmful stereotypes of the Roma community where child marriages have considered a “Roma tradition”;

The general population in Serbia, they are considering child marriages or any harmful practices something that is a Roma tradition and specifically...but also institutions and professionals (I4).

This stigmatization of Roma as backward and child marriage as a “Roma tradition” completely dismisses how other forms of oppression are at play in this practice. It was raised that if a girl from the general population would like to be involved in marriage actions would be taken but not for Roma;

Because it's considered as a typical social norm for Roma women and girl being in a child marriage. And they would usually refer that to “gypsy business”, so like something spiteful in the sense that they do this because they are gypsies (I5).

Similar problematization was raised in relation to early pregnancies in which it was argued that if a Roma girl gets pregnant “they will probably say “oh that’s gypsies business” (I6). Thus, the practice of child and early marriage should also be considered from a lens of discrimination of how structural forms of oppression based on race further marginalizes and stigmatize the community. As the quote states, the practice of child marriage is considered something part of being “gypsy” which further reproduces the line of thinking which Kocze wants to challenge, that Roma culture is the only factor for their experience (Kocze, 2009b). Violence and discrimination against Roma women inside the community should not be viewed as a cultural attribute to the Roma community, but as “outcomes of various oppressions” (ibid). This becomes visible in the case of child marriage since forms of oppression are visible not only inside the Roma community but also from the outside. In this case, structural oppression based on racism, perceiving the problem of child marriage as a “gypsy business” is intersecting with the category of gender. Understanding child and early marriages from an intersectional point of view will avoid Roma women from condemning their own culture as the only factor for their experience.

6.2 Strategies for reproductive empowerment

The context shapes the processes of empowerment and the pathways for negotiating change (Kabeer, 2019). Previous research has stated the need for developing actions that address the multiple vulnerabilities of Roma women (Escobar-Ballesta et.al, 2019). Since members of vulnerable communities have the capacity to understand and adopt the needs of their population it has been addressed that they should be included in promoting the health of their own population (Kilibarda et.al, 2019). Roma activists developed the SRH workshop material which was analyzed for this thesis and the material was used by Roma CSOs in conducting workshops on SRH for Roma women and girls. Thus, the material was developed from a Roma women's point of view in which their knowledge of the needs and challenges of their population was included. In the interview with the Roma activist developing the material challenges of putting SRH and reproductive issues into the context of Roma were addressed;

One of the comments on the material that United Nations gave was that sex should not only perceive as something reproductive but that they can talk about sex as something with pleasure and how they can enjoy it more. So one of the struggles we had was how to make the terminologically well so that the workshop facilitators say this in a manner that doesn't scare women off, because if they start to talk about pleasure and orgasm they will be shocked and they will not come to the workshops, so I had a struggle how to put something in a contextually set framework. (I2)

To talk about pleasure in a context ruled by strong social norms where sex is seen as a tabu it was not seen as a possibility for empowering Roma women in this case. The quote highlights the need to put strategies and approaches to empowerment in a "contextual set framework". This section will unpack how the specific challenges of making reproductive choices based on the intersection of discrimination will inform the kinds of strategies and pathways for empowerment.

6.2.1 Creating critical consciousness

As discussed in section 6.1, education and employment were addressed as important factors for working towards reproductive empowerment of Roma women and girls. However, formal education was not a specific approach that interview participants from Roma CSOs were working with. Instead, interview participants focused on sharing information and creating awareness on issues relating to SRH. They highlighted the need for changing social norms in

relation to SHR since it was described as “one of the major things are building awareness and the change of social norms to make women take their reproductive choices” (I5). Breaking tabus around talking about SRH and reproductive choices and creating “enlightenment” was addressed as a crucial factor in creating awareness on reproductive choices (I7). However, since these social and gendered norms have been raised as strong and persistent in the Roma community one can beg the question in line with Kabeer’s on how to work with empowerment without undermining certain gendered relationships and injustices that “are embedded in the social relationships that define their identities and give meaning to their lives” (Kabeer, 2011, p. 503).

Kabeer (2011, p. 503) argues that participation in “alternative forms of associated life” in which women can get a reflexive awareness of the social relationships that might create forms of inequalities is a way out of this dilemma. One can argue that the workshops conducted by Roma CSOs in which Roma women and girls were participating are one form of “alternative associated life” in which they come as mothers and daughters with the aim to get a reflexive awareness of possible gender inequalities within the community. 10 workshops were conducted separately for the mothers and 10 separately for their daughters and also 3 joint workshops. For the first workshop in both groups, they start talking about themselves; “Who am I” (GW1) and “who am I as a mother” (AW1). It was argued that in the workshops with mothers such an approach was because of the strong identity of being a mother; “the main identity, characteristic, is that of parenting, that of motherhood. So, this is the first number one role, regardless of education and ambition, and employment status” (I9). The material and workshop instructions contained reflective questions such as;

- What does being a mom mean to you?
- How difficult is it to be a mother in the Roma community?
- Do children respect their father or you more?
- What do you think, at what age should a woman become a mother?
- Do you think that you became a mother too soon?

(AW1)

Since the social norm of motherhood was perceived as important by interview participants from the CSOs, one can argue that such identity is “embedded in the social relationships that define their identities and give meaning to their lives” (Kabeer, 2011, p. 503). Thus, departing from taking a reflexive discussion of the role and meaning of being a mother would thus not

undermine that identity but has the possibility, in Kabeer's words to "formulate their vision of a better society" without a rupture from the past (ibid.)

In relation to building critical consciousness around other social and gender norms such as virginity, child and early marriage other approaches were highlighted by the interview participants. In line with Kocze's suggestion, these approaches take a more intersectional perspective on the problem of child and early marriages and intend to escape the monofocal perspective that Roma culture is the only factor for this practice (Kocze, 2009b). By not condemning child marriage as part of Roma culture and tradition they are unpacking the problem from a multi and intersectional perspective where discrimination on a structural level is brought up. Interview participants underlined that when working with building critical consciousness it was important to address how; "some issues such as child marriage are not specific to Roma culture... this is not part of their culture and part of their social norm" (I5).

Since early and child marriages was understood from an intersectional perspective, the strategies for tackling child marriage also derived from such a standpoint. In the workshops conducted by Roma CSOs, one session for girls on "Identity, customs, culture, and traditions of Roma (GW9) and one session with adult women on "early marriages and consequences" (AW6) were conducted. In the workshop with girls the theme of child and early marriage was not explicitly mentioned, instead, it focused on reflecting on culture, situating it to a wider perspective;

- What part of the Roma culture do you like and what are you proud of?
- What would you change in the Roma culture? - How do we like others to look at us as Roma?
- What are the expectations from the young Roma woman in the family?
- What are the expectations from the young Roma woman from the wider environment?
- Does tradition affect our lives? In what way?

(GW9)

Culture is here not brought up to condemn it but to create a "reflexive awareness to assess these social relationships that might create forms of inequalities" (Kabeer, 2011, p. 503). These kinds of questions have the possibility for the girls to reflect on external factors which issues such as racial discrimination can be addressed and reflected upon.

The aim of the workshop session with adult women on "Early marriages and consequences" was "to make the participants speak openly about early marriages and different life experiences

and to emphasize the harmfulness of early marriage” (AW6). The instructions also emphasized that employment and education should be promoted, in Kabeer’s terms, connecting the practice to the need of enhancing resources. The instructions included following questions in raising awareness and reflecting on the consequences of early marriage;

- Do you have similar cases of early marriages in your environment?
- How do these women live today?
- Would the lives of these women have been different if they had married later?
- What are the consequences of early marriages?

(AW6)

Moreover, questions regarding gender equality were also included in where the women were to reflect on the following questions;

- What do you want for your sons and what for your daughters in the future?
- Do you think that your children are equal?
- Do you talk about the same topics with your sons and daughters (innocence, family, education)?
- Do you talk to your sons about their problems?

(ibid.).

The questions are encouraging Roma women to share their life stories and experiences which according to Kabeer is an important aspect of expanding social relationships and the process of empowerment (Kabeer, 2011. p. 513). The questions are also challenging certain gendered relations existing within their families and communities in which Roma women have the possibility to create critical consciousness in where they are “moving from a position of unquestioning acceptance of the social order to a critical perspective on it” (Kabeer, 1999, p. 441). In line with creating critical consciousness that takes into consideration intersectional factors, the workshop material for adult women also included a section on “Stereotypes, prejudice, and discrimination” (AW3). The aim was for Roma women to “raise their awareness on prejudices and stereotypes about minorities, discrimination, and mechanisms for protection against discrimination” (ibid). Reflective questions included; “Encourage the participants to remember one positive and one negative insulting opinion about Roma women” (ibid.). The material becomes empowering for Roma women since it is not only creates critical consciousness on internal factors but also on the external and intersecting factors such as racial discrimination.

However, it was also addressed by interview participants that more work is needed in engaging with the general population on topics such as racial discrimination in order to tackle intersectional challenges for Roma women in making reproductive choices (I5; I6); they need to be aware that they are discriminating” (I11). Thus, strategies for Roma CSO's work on empowerment and reproductive choices should not only be limited to inside the community but also to the general population.

6.2.2 Creating generational critical consciousness

An approach that was addressed by Roma CSOs for working with reproductive empowerment was the engagement of mothers and daughters in workshops together (JW1). As addressed in section 6.1.3, generational lack of awareness of SRH was considered a challenge for Roma women in their agency to make reproductive choices. Since shame and tabus on SRH are being reproduced throughout generations they argued for breaking that circle and “provide good relationships between mothers and daughters... and what they need to work on together” (I6). The importance of creating spaces where “mothers and daughters are participating together, and they can honestly and openly discuss topics on SRH” (I5) were stressed.

The workshop material for the joint mother and daughter sessions included topics of norms and “unwritten rules” in relation to Roma women and girls (JW1). The instructions included presenting a short documentary called “I want to have a choice” which touches on the importance of giving Roma girls the possibility to make their own choices in life. The instructions include discussion topics such as; “To what extent do unwritten rules in the Roma community hinder us in achieving our goals?”. It also included proposed key messages; “Mothers should support their daughters in their schooling and employment” (JW1). The material had a strong focus on mothers’ roles in supporting their daughters in “*making right decisions*” in which they should promote education, employment, and not only getting married (ibid.). Thus, the need for resources to make empowered choices are also addressed during the workshops but the focus is that mothers should motivate their daughters in such empowerment. Such an approach also has the possibility to create not only individual empowerment but empowerment within a broader context of social justice, in this case within the Roma community (Kabeer, 1999, p. 441). Since the workshops also focused on bringing mother and daughters together, strengthening their bond, and sharing their experiences from their gendered subjectivities one can argue that it is in line with Kabeer’s (2011, p. 511) call to encapsulate their gendered subjectivities but at the same time giving new meanings to them (JW2).

6.2.3 Building trust

Because of the tabus, shame, and strong social norms around issues on SRH, all interview participants highlighted the need for Roma women to “have trust towards the workshop facilitator so that they can open up and talk about this topic” (I4) and to share a “safe space” between the participants (I6). When answering how to build enlightenment on SRH and talking with girls about issues of contraceptives it was stated that “the most important is to build trust with them” (I7). Trust building as an approach was also emphasized in the workshop material for adult women, younger girls, and in the joint workshops (AW1; GW1; JW1). The value of Roma women teaching other Roma women was also stressed since they “would have automatically more trust towards a woman that is Roma” (I2). This finding is in line with previous research highlighting the emphasized need to include members of the vulnerable group in the promotion of health since they can understand the needs of their peers (Kilibarda et.al, 2019). Moreover, in accordance with the need to frame certain approaches in a context-sensitive manner, avoiding a colonial and western view, the inclusion of Roma women in building trust building can be argued as a strategy for reproductive empowerment (Stojanovski et.al, 2017).

6.2.4 “The Life One Can Imagine for Oneself”

Another aspect raised by interview participants, specifically by the younger and by the activists, was the importance of promoting Roma role models for younger people in where they can see;

That there is a different world from their world, we need to give them a chance. It is important that Roma girls can see that they can do the same as Serbian girls...it good to see us as role models (I6).

To give visibility to educated Roma women and give them opportunity “to speak out, to show that they can be different and things can change for them.” (I2) was also highlighted. As Kabeer argues having agency and being empowered means expanding the possibilities for “the lives we can imagine for ourselves” and not living by customs, laws, and norms of society imposed upon us (Kabeer, 2019, p. 210). To move to such a position of having the ability to at least imagine the possibility of choosing differently is an important aspect of being critically conscious. By promoting role models, Roma CSOs and activists are representing “*competing ways of being and doing*” which might go against social and gendered norms within the community but also breaking stereotypes based on intersecting factors of discrimination in the

general population (Kabeer, 1999, p. 441). Thus, it becomes an important tool for Roma CSOs in working with reproductive empowerment since it provides Roma women and girls the possibility to imagine other lives and choices.

6. Concluding Discussion

This thesis aimed to explore how Roma CSOs in Serbia work with reproductive empowerment of Roma women and girls and to highlight context-specific strategies and approaches. Since pathways for empowerment are context-dependent, an analysis of Roma women's challenges in making reproductive choices was conducted followed by an analysis seeking a deeper understanding of why they are facing these challenges.

To conclude, the challenges Roma women and girls face in making reproductive choices are based on a lack of resources, agency, and critical consciousness which places Roma women in a disempowered position to make reproductive choices. These factors should not be seen as solely produced by the Roma culture and gender inequalities within the Roma community. It was found that intersecting factors based on external racial discrimination, class, and gender inequalities are shaping Roma women's vulnerable position in society. Thus, when working with Roma women's reproductive empowerment, the approach of not further stigmatizing practices such as child marriages and not condemning traditions was found as a key strategy and approach. Instead, traditions were sought to be unpacked in a reflexive matter in which mothers and daughters could share their experiences from their gendered subjectivities and at the same time give new meanings to them.

In line with the previous research, it was found that the lack of economic resources poses a challenge for Roma women in terms of buying contraceptives and thus making reproductive choices. It was also found, as previous research also has highlighted, that racial discrimination is an important factor in shaping Roma women's health and their lack of resources (Janevic et.al, 2011).

The findings on strategies and approaches to reproductive empowerment of Roma women and girls add to the recommendations from the previous literature in their call for including members of the own population since they can understand and adapt to their needs. Thus, including Roma women in development of SRH material and approaches should be seen as a valuable best practice since this research highlights how they work with context-specific challenges in a way that is not condemning their own culture but creates critical reflections leading to empowerment. The Roma CSOs in Serbia are answering the call for strengthening Roma communities' critical thinking and answering to their multiple vulnerabilities as a tool for potential liberation (Escobar-Ballesta et.al, 2018). This conclusion also answers to Kocze's

argument that when engaging in approaches that also considers structural forms of oppression, Roma women will avoid the trap of condemning their own culture (Kocze, 2018).

As Stojanovski et.al (2017) stated, it is important to understand how to frame Roma women's autonomy so that it answers to the complexities of gendered relationships in the Roma community and the household. Engaging in an approach where traditions, costumes, and norms, can be reflected upon and where Roma women and girls - mothers and daughters - can share their experiences from their gendered subjectivities without undermining them but instead give new meanings to them, is found as a concluding recommendation for this study.

It is important to highlight the limited generalizability of the study since it is based on a small sample and a case study on Roma CSOs in Serbia. However, the study might have relevance to other contexts where similar problems of working with SRH and/or reproductive choices with vulnerable populations are found. Previous research has argued that there is a need to generate more evidence on causes and consequences relating to reproductive choices and to explore who is most vulnerable and why and what possible responses might be (UNFPA, 2022). This case study and its focus on the context of Roma women in Serbia has the potential to fill a small part of this wider call to action. To further fill this gap, future research could be conducted in the Western Balkan region with Roma CSOs to share best practices and to further collect data on how to engage with Roma on reproductive empowerment.

Since this study only focused on Roma CSO's experiences and perspectives on reproductive choices future research would benefit from including the perspectives of Roma women participating in the workshops on SRH and exploring their pathways for reproductive empowerment.

References

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Braun, V., & Clarke, V. (2014). What can “thematic analysis” offer health and wellbeing researchers?. *International journal of qualitative studies on health and well-being*, 9(1), 26152
- Bryman, A. (2012). *Social research methods*. Oxford university press.
- Coe, K., & Čvorović, J. (2017). The health of Romanian Gypsy women in Serbia. *Health Care for Women International*, 38(4), 409-422
- Cornwall, A., Harrison, E., & Whitehead, A. (2007). Gender myths and feminist fables: The struggle for interpretive power in gender and development. *Development and Change*, 38(1), 1-20.
- Creswell, J. W., & Poth, C. N. (2017). *Qualitative Inquiry and Research Design (International Student Edition): Choosing Among Five Approaches*. Sage Publications.
- Escobar-Ballesta, M., García-Ramírez, M., & De Freitas, C. (2018). Taking stock of Roma health policies in Spain: lessons for health governance. *Health Policy*, 122(4), 444-451.
- Escobar-Ballesta, M., García-Ramírez, M., Miranda, D., & Petrova-Benedict, R. (2018). Shedding light on governance for Roma health inequities. *Journal of Prevention & Intervention in the Community*, 46(1), 84-99.
- Escobar-Ballesta, M., García-Ramírez, M., Albar-Marín, M., & Paloma, V. (2019). Salud sexual y reproductiva en mujeres gitanas: el programa de planificación familiar del Polígono Sur. *Gaceta Sanitaria*, 33, 222-228.
- The European Union Support to Social Housing and Active Inclusion. (2022, July 7). About Project. Retrieved July 30, 2022, from <https://social-housing.euzatebe.rs/en/about-project>
- Freire, P. (1996). *Pedagogy of the oppressed* (Rev. ed.). New York, NY: The Continuum International Publishing Group Inc.
- Gaitonde, R. (2018). Conceptual approaches to examining health inequities. In *Health Inequities in India* (pp. 31-54). Springer, Singapore
- Garcia-Ramirez, M., Soto-Ponce, B., Albar-Marín, M. J., Parra-Casado, D. L., Popova, D., & Tomsa, R. (2020). RoMoMatteR: Empowering Roma Girls' Mattering through Reproductive Justice. *International Journal of Environmental Research and Public Health*, 17(22), 8498
- Government of Serbia. (2016). *The Strategy for social inclusion of Roma in the Republic of Serbia for the Period from 2016 to 2025*. Official Gazette of RS, No. 26/2016.
- Grbic, M., Ilic, V. L., Baros, S., Stamenic, F. B., Grbic, R., Parlic, M., & Samardzic, S. (2014). Vulnerability to HIV of Internally Displaced Persons in the Republic of Serbia. *BMC Infectious Diseases*, 14(2), 1-1.

Hammet, Daniel, Chasca Twyman, and Mark Graham. 2014. (eBook) *Research and Fieldwork in Development*. Routledge

Janevic, T., Jankovic, J., & Bradley, E. (2012). Socioeconomic position, gender, and inequalities in self-rated health between Roma and non-Roma in Serbia. *International Journal of Public Health*, 57(1), 49-55.

Janevic, T., Sripad, P., Bradley, E., & Dimitrievska, V. (2011). " There's no kind of respect here" A qualitative study of racism and access to maternal health care among Romani women in the Balkans. *International Journal for Equity in Health*, 10(1), 1-12

Kabeer, N. (1999). Resources, agency, achievements: Reflections on the measurement of women's empowerment. *Development and change*, 30(3), 435-464

Kabeer, N. (2005). Gender equality and women's empowerment: A critical analysis of the third millennium development goal 1. *Gender & development*, 13(1), 13-24

Kabeer, N. (2011). Between affiliation and autonomy: navigating pathways of women's empowerment and gender justice in rural Bangladesh. *Development and change*, 42(2), 499-528

Kabeer, N. (2019). Women's empowerment and the question of choice. *Journal of International Affairs*, 72(2), 209-214.

Karp, C., Wood, S. N., Galadanci, H., Kibira, S. P. S., Makumbi, F., Omoluabi, E., ... & Moreau, C. (2020). 'I am the master key that opens and locks': Presentation and application of a conceptual framework for women's and girls' empowerment in reproductive health. *Social Science & Medicine*, 258, 113086.

King, J., Stojanovski, K., & Jennifer Acosta (2018) Low levels of modern contraceptive use and associated factors in the Western Balkans, *The European Journal of Contraception & Reproductive Health Care*, 23:4, 295-302

Kivunja C and Kuyini AB. (2017) Understanding and Applying Research Paradigms in Educational Contexts. *International Journal of Higher Education* 6: 26-41

Kóczé, A. (2009a), *Missing Intersectionality: Race/Ethnicity, Gender, and Class in Current Research and Policies on Romani Women in Europe*, CEU University Press, Budapest

Kóczé, A. (2009b). The limits of rights-based discourse in Romani women's activism: The gender dimension in Romani politics. In *Romani politics in contemporary Europe* (pp. 135-155). Palgrave Macmillan, London.

Kóczé, A. (2018). Transgressing borders: Challenging racist and sexist epistemology. *Roma Activism: Reimagining Power and Knowledge*. Oxford and New York: Berghahn Books, 111-128.

Kóczé, A., Zentai, V., Jovanović, J., & Vincze, E. (2019). Introduction: Romani Feminist Critique and Gender Politics. In *The Romani Women's Movement* (pp. 1-25). Routledge

Kóczé, A. (2011). *GENDER, ETHNICITY AND CLASS: ROMANI WOMEN'S POLITICAL ACTIVISM AND* (Doctoral dissertation, Central European University).

Kóczé, A., & Bakos, P. (2021). "We need to learn about each other and unlearn patterns of racism": A conversation with Angéla Kóczé. In *Postcolonial and Postsocialist Dialogues* (pp. 209-215). Routledge.

Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. Sage

Mitroi, L. R., Sahak, M., Sherzai, A. Z., & Sherzai, D. (2016). The women's health care empowerment model as a catalyst for change in developing countries. *Health care for women international, 37*(3), 275-289

Miranda, D. E., Garcia-Ramirez, M., Balcazar, F. E., & Suarez-Balcazar, Y. (2019). A community-based participatory action research for Roma health justice in a deprived district in Spain. *International journal of environmental research and public health, 16*(19), 3722.

MRZA. (n.d). *O Nama* Retrieved August 1, 2022, from <http://mrza.info/about-us/>

Nedel, F. B., & Bastos, J. L. (2020). Whither social determinants of health?. *Revista de Saúde Pública, 54*.

Nightingale, J. (2020). Triangulation. In: Editor(s): Audrey Kobayashi, *International Encyclopedia of Human Geography (Second Edition)*, Elsevier, 2020, Pages 477-480,

Nikolic, Z., & Djikanovic, B. (2015). Differences in the use of contraception between Roma and non-Roma women in Serbia. *Journal of Public Health, 37*(4), 581-589.

Nutbeam, D., Harris, E., & Wise, W. (2010). *Theory in a nutshell: a practical guide to health promotion theories*. McGraw-Hill.

Ombudsman of Serbia. (2017). Special Report Protector of the Citizens on Reproductive Health of Roma Women with Recommendations. Retrived 7 August, from https://www.ombudsman.rs/attachments/article/5536/Posebna%20izvestaj%20ZG%20Rep%20Zdravlje%20Romkinja%2011.pdf?fbclid=IwAR1_RxO4Bj3vKmGzBly5XfMGBiJhVpQ_pwU9UomrC3YpBhmY9phmsrpU3Y

Orton, L., de Cuevas, R. A., Stojanovski, K., Gamella, J. F., Greenfields, M., La Parra, D., ... & Whitehead, M. (2019). Roma populations and health inequalities: a new perspective. *International journal of human rights in healthcare*.

Patton, M. Q. (2014). *Qualitative research & evaluation methods: Integrating theory and practice*. Sage publications.

Prata, N., Fraser, A., Huchko, M. J., Gipson, J. D., Withers, M., Lewis, S., ... & Upadhyay, U. D. (2017). Women's empowerment and family planning: a review of the literature. *Journal of biosocial science, 49*(6), 713-743.

Petraki, I. (2020). Roma Health Mediators: a neocolonial tool for the reinforcement of epistemic violence?. *Critical Romani Studies*, 3(1), 72-95

Ramirez, L. S. (2021). Discrimination as A Barrier to Romani Women's Health and Empowerment: A Qualitative Study. *Social Work in Public Health*, 36(5), 588-605.

Rice, C., Harrison, E., & Friedman, M. (2019). Doing justice to intersectionality in research. *Cultural Studies ↔ Critical Methodologies*, 19(6), 409-420.

Sedlecky, K., & Rašević, M. (2015). Challenges in sexual and reproductive health of Roma people who live in settlements in Serbia. *The European Journal of Contraception & Reproductive Health Care*, 20(2), 101-109

Smith, K. E., Bambra, C., & Hill, S. (Eds.). (2016). *Health inequalities: critical perspectives*. Oxford University Press

Social Inclusion and Poverty Reduction Unit (SIPRU). (2019). *National Coalition For Ending Child Marriages Formed*. Retrieved 3 August, 2022, From <https://socijalnoukljucivanje.gov.rs/en/national-coalition-for-ending-child-marriages-formed/>

Stojanovski, K., Janevic, T., Kasapinov, B., Stamenkovic, Z., & Jankovic, J. (2017). An assessment of Romani women's autonomy and timing of pregnancy in Serbia and Macedonia. *Maternal and Child Health Journal*, 21(9), 1814-1820

Svobodova, I., Bobakova, D. F., Bosakova, L., & Veselska, Z. D. (2021). How to improve access to health care for Roma living in social exclusion: a concept mapping study. *International journal for equity in health*, 20(1), 1-14

Thambinathan, V., & Kinsella, E. A. (2021). Decolonizing Methodologies in Qualitative Research: Creating Spaces for Transformative Praxis. *International Journal of Qualitative Methods*, 20, 16094069211014766.

Temple, B., & Young, A. (2004). Qualitative Research and Translation Dilemmas. *Qualitative Research*, 4(2), 161-178.

Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative inquiry*, 16 (10), 837-851.

United Nations International Children's Emergency Fund (UNICEF). (2020). Serbia Multiple Indicator Cluster Survey 2019 and Serbia Roma Settlements Multiple Indicator Cluster Survey 2019. Retrieved 7 August, 2022, from [https://www.unicef.org/serbia/media/16301/file/Serbia%20\(National%20and%20Roma%20Settlements\)%202019%20MICS%20Statistical%20Snapshots_English.pdf](https://www.unicef.org/serbia/media/16301/file/Serbia%20(National%20and%20Roma%20Settlements)%202019%20MICS%20Statistical%20Snapshots_English.pdf)

United Nations International Children's Emergency Fund (UNICEF). (2020). Health Mediators - You are not alone! Retrieved 31 July, 2022, from <https://www.unicef.org/serbia/en/stories/health-mediators-you-are-not-alone>

United Nations Population Fund (UNFPA). (2004). INVESTING IN PEOPLE National Progress in Implementing the ICPD Programme of Action 1994-2004 A SUMMARY REPORT. Retrived 6 July, 2022, from at:

https://www.unfpa.org/sites/default/files/resourcepdf/icpd_global04_summary_eng_0.pdf

United Nations Population Fund (UNFPA). (2020). Tracking women's decision-making for sexual and reproductive health and reproductive rights. Retrived 10 July, 2022, from:

https://www.unfpa.org/sites/default/files/resource-pdf/20-033_SDG561-BrochureA4v1.21.pdf

United Nations Population Fund (UNFPA). (2022). State of the World Population 2022, Seeing the unseen, The case for action in the neglected crisis of unintended pregnancy. Retrived 15 July, 2022, from:

https://www.unfpa.org/sites/default/files/pubpdf/EN_SWP22%20report_0.pdf

United Nations Population Fund (UNFPA). (2022). Quarterly Narrative Reports on the European Union Support to Social Housing and Active Inclusion (SHAI) Project. Internal UNFPA report. Unpublished.

Vives-Cases, C., Goicolea, I., Hernández, A., Sanz-Barbero, B., Davó-Blanes, M., & ParraCasado, L. (2017). Priorities and strategies for improving Roma women's access to primary health care services in cases on intimate partner violence: A concept mapping study. *International journal for equity in health*, 16(1), 1-10

Appendices

Appendix A: Interview Guides

<u>Interview Guide for Group Interview with representative of Ministry of Health and Roma Health Mediators</u>
<p>Introduction:</p> <p>Presentation of myself, the research topic, and purpose</p> <p>First, could you please introduce yourself and tell me about your role at the Ministry of Health? / As a Roma Health Mediator</p> <p>Presentation of myself, the research topic, and purpose</p> <p>First, could you please introduce yourself and tell me about your role at the Ministry of Health? / As a Roma Health Mediator</p> <p>Presentation of myself, the research topic, and purpose</p> <p>First, could you please introduce yourself and tell me about your role at the Ministry of Health? / As a Roma Health Mediator</p> <p>Theme: Roma women’s health inequalities</p> <p>Could you please describe the situation of Roma women’s sexual and reproductive health and rights in Serbia?</p> <p>What kind of challenges and barriers exists for Roma women to make informed reproductive choices in Serbia?</p> <p>Why are they facing these challenges? Are there any special factors that contribute to these challenges?</p> <p>Theme: How do they work, Roma health mediator program</p> <p>From an institutional perspective, how does the ministry of Health works to improve Roma women’s Sexual and Reproductive Health?</p> <p>Could you tell me a bit about the Roma Health Mediator program and its strategy and methods for improving Roma women’s sexual and reproductive health and rights?</p> <p>How do Roma Health Mediators work to provide Roma women with better conditions to make informed choices regarding their sexual and reproductive health?</p> <p>How do Roma health mediators work to improve Roma women’s role in decision-making in relation to their sexual and reproductive health?</p> <p>What do you think are the challenges working to improve Roma women’s sexual and reproductive health and rights in Serbia?</p>

What kinds of results have you observed in women ability/empowerment/or women's possibilities to make informed reproductive choices?

Ending Questions

What kinds of initiatives would you like to see in the future for improving Roma women's SRH?

Is there anything else you would like to add in relation to the questions?

Interviews Guide for Roma CSOs

Introduction

Presentation of the researcher and the research topic

First, could you please introduce yourself and tell me about your engagement at the Roma Women's Network and in the organization Ternipe?

Roma women's health inequalities

How would you describe the situation of Roma women's sexual and reproductive health and rights in Serbia?

What health inequalities exist for Roma women in Serbia? If you compare Roma women and the general population in Serbia, what are the differences in their SRH?

Why are they facing these inequalities? What are the factors, could it be class, ethnicity, and gender that are factors behind?

When it comes to reproductive choice, how would you say that it is talked about in the Roma community?

How is it spoken about? Who talks about it? Are there any differences between generations? Is there access to information in order to speak about it?

What kind of challenges and barriers exists for Roma women to make informed reproductive choices in Serbia?

Roma Women's Network

Could you please tell me a bit about XX, and how it was Funded?

How does the organization work to improve Roma women's Sexual and reproductive health?

What are the main challenges you are targeting?

What kinds of strategies and methods does the organization use to tackle these challenges?

Are there any barriers you are facing in your work when reaching out to Roma women?

To what extent in your work is awareness-raising about harmful practices and norms targeted? How much of the workshops/work is devoted to raising awareness and building critical consciousness on harmful practices and norms?

Reproductive Empowerment - Talk more specifically about reproductive health, such as family planning, regular gynecologist checkups, and the use of contraception. (People's ability to make strategic life (reproductive) choices in a context where this ability was previously denied to them.)

Agency (Process)

If women have the money and the resource, what would say are needed for enabling them to make informed reproductive choices?

How big of a role does resources, for example, money or education have in making informed choices?

Achievements (Outcomes)

What are the advances and examples of good practice, some specific programme that you are proud of?

What long and short-term results have you seen in Roma women participating in workshops or initiatives? Do you have any examples?

Do you notice in the groups that you are working with, fewer pregnancies?

Ending question

To end the interview, I would just like to ask a final question:

What kinds of initiatives would you like to see in the future for improving Roma women's SRH?

Is there anything you would like to add to our discussion or add to your answers?

Interview Guide with Key-Informant: Researcher at Faculty of Social Medicine

Introduction

Presentation of the researcher and the research topic

First, could you please introduce yourself and tell me about yourself and your research on Roma health issues?

Roma women's health inequalities

How would you describe the situation of Roma women's sexual and reproductive health and rights in Serbia?

What health inequalities exist for Roma women in Serbia? If you compare Roma women and the general population in Serbia, what are the differences in their SRH?

Why are they facing these inequalities? What are the factors, could it be class, ethnicity, and gender that are factors behind?

Previous Research

Could you please tell me a bit about the research you conducted together with a colleague on the health inequality of the use of contraceptive methods between Roma and the general population?

Ending question

To end the interview, I would just like to ask a final question:

What kinds of initiatives would you like to see in the future for improving Roma women's SRH?

Is there anything you would like to add to our discussion or add to your answers?

Interview with Roma Activist, member of the Roma Women's Network, and engaged in creating workshop material for SHAI

Introduction

Presentation of the researcher and the research topic

First, could you please introduce yourself and tell me about your engagement at the Roma Women's Network?

Roma women's health inequalities

Could you please describe the situation of Roma women's sexual and reproductive health and rights in Serbia?

What health inequalities exist for Roma women in Serbia? If you compare Roma women and the general population in Serbia, what are the differences in their SRH?

Why are they facing these inequalities? What are the factors, could it be class, ethnicity, and gender that are factors behind?

When it comes to reproductive choice, how would you say that it is talked about in the Roma community?

How is it spoken about? Who talks about it? Are there any differences between generations? Is there access to information in order to speak about it?

What kind of challenges and barriers exists for Roma women to make informed reproductive choices in Serbia?

Roma Women's Network

Could you please tell me a bit about the Roma women's network, and how it was funded?

How does the network work to improve Roma women's Sexual and reproductive health?

What are the main challenges you are targeting?

What kinds of strategies and methods does the organization use to tackle these challenges?

Are there any barriers you are facing in your work when reaching out to Roma women?

Are there any strategies to reach out to the most marginalized persons, I sin kommunikation, hur gör man för att nå ut till de mest marginaliserade, finns det någon strategi för det?

To what extent in your work is awareness-raising about harmful practices and norms targeted?
How much of the workshops/work is devoted to raising awareness and building critical consciousness on harmful practices and norms?

Material for SHAI project

Could you tell me a bit about your engagement in the SHAI project?

How would you say that the material developed for the SHAI project

What methods/strategies did you have in mind when developing the material for SHR?

How do you see that the SHAI material can increase Roma women's empowerment?

Reproductive Empowerment - Talk more specifically about reproductive health, such as family planning, regular gynecologist checkups, and the use of contraception. (People's ability to make strategic life (reproductive) choices in a context where this ability was previously denied to them.)

Agency (Process) If women have the money and the resource, what would say are needed for enabling them to make informed reproductive choices?

How big of a role does resources, for example, money or education have in making informed choices?

Achievements (Outcomes)

What are the advances and examples of good practice, some specific programme that you are proud of? -

Decision - making - hur pratar de om sin egen ställning i samhället? Kan de exemplifiera hur de skulle kunna se ut.

What long and short-term results have you seen in Roma women participating in workshops or initiatives? Do you have any examples

Do you notice in the groups that you are working with, fewer pregnancies?

Ending question

To end the interview, I would just like to ask a final question:

What kinds of initiatives would you like to see in the future for improving Roma women's SRH?

Is there anything you would like to add to our discussion or add to your answers?

Appendix B: Summary of Interview Data Collection

Lable	What	Who	From Where	When	Focus
I1	Semi-structured Group Interview	-Officer at the Ministry of Health in Charge of the Roma Health Mediator Program and the work with Roma health -RHM	Belgrade	2022-03-09	The Ministry of Health of the Republic of Serbia's work on Roma women's health and the Roma Health Mediator Programme. Working as a RHM. Roma women's health inequities and how RHM tackles these challenges.
I2	Semi-structured interview in person	Funder of national Roma network for students, member of Roma women's network, and consultant for UNFPA project on SRH developing material for SRH workshops for Roma women and girls	Novi Sad	2022-18-03	Roma women's health inequities, its factors and consequences. The developed material for the UNFPA project on SRH for Roma women and girls.
I3	Semi-structured interview with Keyinformant in person	Researcher at the faculty of social medicine involved in research projects regarding Roma women and the use of contraceptives	Belgrade	2022-22-03	Roma women's health inequities from a researcher's perspective. RHM. Challenges and opportunities for improving Roma women's health.

I4	Semi-structured interview through zoom	Founder and director of Roma CSO. Part of Roma women's Network	Belgrade	2022-04-04	Roma women's health inequities, its factors, and consequences. Reproductive choice. The Roma CSO's strategy for empowering Roma women economically.
I5	Semi-structured interview through zoom	Founder and Director of Roma CSO. Part of Roma women's Network. Consultant for UNFPA project on SRH for Roma women and girls.	Pirot	2022-06-04	Roma women's health inequities, its factors, and consequences. Reproductive choice. Good practices of working with Roma SRH.
I6	Semi-structured interview in Person	Roma women's rights activist. Consultant for UNFPA project, developing material for workshops on SRH for Roma women and girls.	Pirot	2022-07-04	Roma women's health inequities, their factors, and consequences. Personal experience of resisting traditional norms. Personal experience of activism.

I7	Semi-structured interview through zoom	Founder and Director of Roma CSO	Šabac	2022-21-04	Historical background of Roma health protection system in Serbia. Roma women's health inequities, its factors, and consequences. Reproductive choice. Strategies of the Roma CSOs for empowering Roma girls.
----	--	----------------------------------	-------	------------	--

I8	Semi-structured interview through zoom	Roma activist and member of Roma youth organization	Subotica	2022-29-04	Roma economic empowerment, victimization of Roma, gender inequalities from a male perspective, reproductive choice, men's role in increasing women's reproductive choice
----	--	---	----------	------------	--

I9	Semi-structured interview in person	SRHR expert, UNFPA coordinator on the project on SRH for Roma women and girls.	Belgrade	2022-04-05	Content of the workshop material for the project on SRH for Roma women and girls. Challenges for Roma women and girls in Serbia in relation to SRH. National public policies in relation to SRH and fertility. Child marriage and the cult of virginity. Multisectoral responses.
----	-------------------------------------	--	----------	------------	---

I10	Semi-structured interview through zoom	Founder of Roma CSO	Krusevac	2022-05-11	Roma women's health inequities, its factors, and consequences. Reproductive choice. Good practices of working with Roma SRH.
I11	Semi-structured interview through zoom	Roma health mediator, roma activist, member of Roma CSO	Vranje	2022-05-11	Roma women's health inequities, its factors, and consequences. Reproductive choice. Good practices of
					i12working with Roma SRH. Work as a Roma health mediator.
I12	Semi-structured interviews through zoom	Founder of Roma CSO	Vranje	2022-20-05	Roma women's health inequities, its factors, and consequences. Reproductive choice. Good practices of working with Roma SRH. Work as a Roma health mediator.

Appendix C: Summary of Document Data Collection

Workshop material to be used by Roma CSOs conducting workshops for the project on Roma women on SRH in Serbia.	
Lable	Workshops for girls
GW1	Who am I?
GW2	Discrimination and gender
GW3	My Body and I
GW4	Puberty, reproductive system and reproductive health
GW5	Reproductive health care
GW6	Early marriages, pregnancy and reproductive health
GW7	Let's stop violence against women
GW8	Covid-19 and health impact
GW9	Roma identity, customs, culture and tradition
GW10	Our Evening
Lable	Workshops for adult women
AW1	Who am I as a mother
AW2	Gender, sex, gender roles, and gender equality
AW3	Stereotypes, prejudices and discrimination
AW4	Reproductive system
AW5	Reproductive health care
AW6	Early marriages, consequences
AW7	Covid-19 and health impact
AW8	Domestic Violence
AW9	Protection from domestic violence (How and to whom to contact in case of domestic violence)
AW10	Our better side
Lable	Joint workshops with mothers and daughters
JW1	Our side of the story

JW2	Our life choice
JW3	Reproductive health and intergenerational (mis) understanding

Appendix D: Informed Consent Form in English and Serbian

Research Project Title	Exploring Roma CSOs strategies for Roma women’s sexual and reproductive health promotion and empowerment in Serbia
Research Investigator	Alice Hansson
About the researcher	I am a master's student studying International Development and Management at Lund University in Sweden (LUMID). I am passionate about health equality, especially the work on improving women’s SRH. Therefore, my thesis topic aims to explore the factors and challenges for Roma women’s health inequalities and the work and CSOs strategies to improve and empower their sexual and reproductive health in Serbia.
Purpose of Informed Consent form	Thank you for agreeing to be interviewed as a part of the above research project. This consent form is necessary for us to ensure that you understand the purpose of your involvement, how the information contained from the interview will be used, and that you agree to the conditions of your participation.
By signing this document I agree to the following:	<ul style="list-style-type: none"> ● The interview will be audio-recorded and transcribed. ● If needed a translator will be engaged for Serbian to English translation during the interviews. ● The transcript will be analyzed by Alice Hansson in her capacity as a researcher for this thesis ● Access to the transcripts of the interviews will be available to Alice Hansson and to the translator engaged during the interview. ● Your participation will be anonymous meaning that your name will not be used or published. Direct quotations and summary interview content that are made available through academic publication will be anonymized so that you cannot be identified. Care will also be taken to ensure that other information in the interview that could identify yourself is not revealed. ● The data collected through the interview will be published in Alice Hansson’s Master Thesis which will be published on the Lund Student Paper Website, once the thesis is approved and passed. ● Electronic data from the interviews such as the recording and the transcripts will be stored on a password-protected computer. ● Once the thesis is submitted and completed to the University of Lund the recordings will be deleted and destroyed. ● The interview will be held either online or in-person depending on your choice.

<p>By signing the form I, the research participant, agree that</p>	<ol style="list-style-type: none"> 1. I am voluntarily taking part in this interview which will be used for Alice Hansson's master thesis research project. 2. The interview will be audio-recorded 3. I have the right to stop the interview at any time. 4. I have the right to withdraw from the research project at any time. If I choose to withdraw my consent non of the information gathered during the interview will be used by the researcher Alice Hansson 5. The transcribed interview will be used as described above. 6. The data from the interview will be stored as described above 7. I do not expect to receive any benefit or payment for my participation 8. I can request a copy of the transcript of my interview and may make edits I feel necessary to ensure the effectiveness of any agreement made about confidentiality 9. I have been able to ask any questions I might have, and I understand that I am free to contact the researcher Alice Hansson with any questions I may have in the future.
<p>Participant Name:</p> <p>.....</p> <p>Participant Signature: Date:</p> <p>.....</p> <p>I, Alice Hansson, promise to adhere to the procedures described in this consent form:</p> <p>Researcher Signature: Date:</p> <p>.....</p>	

Naziv istraživačkog projekta	Istraživanje strategija romskih organizacija civilnog društva za promociju i osnaživanje seksualnog i reproduktivnog zdravlja Romkinja u Srbiji
Istraživačica	Alice Hansson
O istraživačici	Ja sam studentkinja master studija na međunarodnom razvoju i menadžmentu na Univerzitetu Lund u Švedskoj (LUMID). U fokusu mog rada je zdravstvena jednakost i poboljšanje seksualnog i reproduktivnog zdravlja žena. Tema mog master rada ima za cilj da istraži faktore i izazove zdravstvene nejednakosti Romkinja, kao i strategije rada na unapređenju i osnaživanju seksualnog i reproduktivnog zdravlja Romkinja u Srbiji.
Svrha obrasca informisanog pristanka	Hvala vam što ste pristali da budete intervjuisani u okviru gore navedenog istraživačkog projekta. Ovaj obrazac za pristanak je neophodan kako biste razumeli svrhu vašeg učešća, način na koji će se koristiti informacije sadržane u intervjuu, kao i potvrda da ste saglasni sa uslovima učešća.
Potpisivanjem ovog dokumenta prihvatom sledeće:	<ul style="list-style-type: none"> ● Intervju će biti audio snimljen i transkribovan. ● Po potrebi biće angažovan prevodilac za prevod sa srpskog na engleski jezik tokom intervjuja. ● Transkript će analizirati Alice Hansson u svojstvu istraživačice ove teze. ● Pristup transkriptima intervjuja biće dostupan Alice Hansson i prevodiocu angažovanom tokom intervjuja. ● Vaše učešće će biti anonimno, što znači da se vaše ime neće koristiti niti objavljivati. Direktni citati i sažeti sadržaj intervjuja koji su dostupni kroz akademsku publikaciju biće anonimni tako da ne možete biti identifikovani. Takođe će se voditi računa da se u intervjuu ne otkriju druge informacije koje bi mogle da vas identifikuju. ● Podaci prikupljeni tokom intervjuja biće objavljeni u master radu Alice Hansson koja će biti objavljena na veb stranici Lund Student Paper, nakon odbrane rada. ● Elektronski podaci sa intervjuja, kao što su snimak i transkripti, biće pohranjeni na računaru zaštićenom lozinkom. ● Kada master rad bude predat i odbranjen na Univerzitetu u Lundu, snimci će biti izbrisani i uništeni.

	<ul style="list-style-type: none"> ● Intervju će se održati ili onlajn ili lično u zavisnosti od vašeg izbora.
<p>Potpisivanjem obrasca ja, učesnik/ca istraživanja, saglasan/na sam sa tim:</p>	<ol style="list-style-type: none"> 1. Dobrovoljno učestvujem u ovom intervjuu koji će biti korišćen za istraživački projekat master rada Alice Hansson. 2. Intervju će biti snimljen putem audio zapisa. 3. Imam pravo da prekinem intervju u bilo kom trenutku. 4. Imam pravo da se povučem iz istraživačkog projekta u bilo kom trenutku. Ako odlučim da povučem svoj pristanak, istraživačica Alice Hansson neće koristiti nijednu od informacija prikupljenih tokom intervjuja. 5. Transkribovani intervju će se koristiti kao što je gore opisano. 6. Podaci iz intervjuja će se čuvati na gore opisan način. 7. Ne očekujem da dobijem bilo kakvu korist ili uplatu za svoje učešće. 8. Mogu da zatražim kopiju transkripta mog intervjuja i mogu da izvršim izmene za koje smatram da su neophodne, kako bih osigurao/la delotvornost poverljivosti podataka. 9. Mogao/la sam da postavim pitanja i razumem da sam slobodan/na da kontaktiram istraživačicu Alice Hansson u vezi sa dodatnim pitanjima u budućnosti.
<p>Ime učesnika/ce:</p> <p>.....</p> <p>Potpis učesnika/ce: Datum:</p> <p>.....</p> <p>Ja, Alice Hansson, obećavam da ću se pridržavati procedura opisanih u ovom obrascu saglasnosti:</p>	

Empty rectangular box for text input.

Potpis istraživačice: Datum:

Empty rectangular box for text input.

.....

Large empty rectangular box for text input.