



**INSIGHTS:** **CHILD RIGHTS IN CENTRAL AND EASTERN EUROPE  
AND CENTRAL ASIA**

## Realizing the rights of Roma children and women

in Bosnia and Herzegovina, the former Yugoslav Republic  
of Macedonia, and Serbia

*Summary analysis of key findings from MICS surveys in Roma settlements  
in the three countries*

### Introduction

Across Europe, many Roma boys and girls, young men and women experience extreme poverty, social exclusion and discrimination. They are disadvantaged and marginalised through not being registered, low levels of parental education, low participation in early childhood care and education at all levels, and limited access to health care services, employment, water and sanitation and social services. Their exclusion is often driven by poverty, limited opportunities for participation in decisions affecting their lives, discrimination in the labour market, in public services and in society, spatial segregation, and lack of sustainable well-funded policies to change the course of these trends.

The lack of information on Roma communities, especially children, young people and women, hinders the development of effective social inclusion policies. In response, Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia and Serbia are taking crucial steps to end Roma exclusion, by monitoring progress and developing policies to prevent discrimination. These bold initiatives set a valuable example for other countries to follow.

Drawing on these efforts, the UNICEF Regional Office for Central and Eastern Europe/ Commonwealth of Independent States (CEE/CIS) has produced a study on the situation of Roma children and women in Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, and Serbia to find out how Roma children fare in comparison to non-Roma and where positive progress has been made in social inclusion. This study fills a major gap in available research and disaggregated data on Roma children, young people and women.

Improving Roma lives requires a human rights-based approach. All countries in Europe have formally committed to protecting and promoting the rights of all children and women, identified in the United Nations Convention on the Rights of the Child (CRC), and reinforced in the United Nations General Assembly's *A World Fit for Children* commitments and other human rights conventions, in particular the Convention on the Elimination of all forms of Discrimination against Women (CEDAW). The study aims to support duty-bearers – governments, civil society and individuals – in meeting their obligations, and all children and women – particularly Roma children and women – to claim their rights.

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The study assesses the situation of Roma children and women across the main areas of social inclusion, corresponding to the key rights enshrined in the CRC: birth registration, participation in early childhood care and development, access to health care services, access to education at all levels, living standards, child protection and access to information. This edition of *Insights* presents the key findings for some of these topics. More details can be found in the full report of the study.

Based on the results of this research, UNICEF recommends the following priority actions: Address malnutrition affecting young Roma children during their first two years of life; Expand supply of quality inclusive early childhood education and learning for children between 3 years and compulsory school age, and family support services to encourage equally shared parenting; Improve the quality and inclusiveness of primary and secondary education, particularly for Roma girls and women; Secure for Roma girls and women access to quality inclusive health care services and information; and Address the material deprivation and income poverty of Roma households, in particular of Roma women.

## Study methodology

The study is based on data from the Multiple Indicator Cluster Surveys (MICS) carried out in Bosnia and Herzegovina (2011-2012), the former Yugoslav Republic of Macedonia (2011), and Serbia (2010). The MICS provide information on the situation of children, women and men, focusing mainly on health, education, child development and child protection. The MICS enable monitoring of progress towards the Millennium Development Goals (MDGs) and are comparable internationally. The study mainly uses MICS data from Roma settlements which are compared with national averages. The term 'non-Roma' in this brief is used interchangeably with 'national average' and 'nationally', considering the very low proportion of Roma in the national population of each of the three countries.

## 1. Birth registration: a 'ticket' to life that all Roma children must get

Every child has the right to a name, a nationality and an identity (CRC Articles 7 and 8). Birth registration for every child – at or shortly after birth – is the means of securing these

rights. The lack of birth registration denies Roma children the chance of participating in vaccination programmes and having regular health check-ups, and hinders access to early childhood development services, education and social benefits.

6 Organized services for the early ages can enable mothers, fathers and other carers to pursue personal and societal goals. 9



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**Key Findings.** Over 98 per cent of Roma children under 5 years of age are registered in the former Yugoslav Republic of Macedonia and Serbia, and just below 96 per cent in Bosnia and Herzegovina. But this leaves 2-4 per cent who are not.

- **Delays in birth registration are common:** in Bosnia and Herzegovina only 91 per cent of children under 1 year of age are registered.
- **A high proportion of Roma mothers who say registration has taken place are unable to produce a birth certificate (more commonly in the poorest households):** from 20 per cent in Bosnia and Herzegovina to over 35 per cent in the former Yugoslav Republic of Macedonia and Serbia.
- **The mother's education and household wealth can determine whether a child has a birth certificate:** in Serbia, 14 per cent of Roma children of mothers without education and 15 per cent of children in the poorest households do not have a birth certificate.

## 2. Early childhood development: a life-long investment for every Roma child

Every child has the right to life and the best possible health (CRC Articles 6, 18 and 24). Governments must ensure that Roma children survive and thrive by providing services to support both mothers and fathers in caring for and raising their children.

Exposure to risk factors, such as poverty and non-stimulating environments, in the early years can have lifelong consequences. From pre-natal to 3 years of age, emotions are shaped, physical health established and social skills and cognitive-linguistic capacities developed. Appropriate attention to ECD can help to prevent social exclusion and poverty before it starts by ensuring that all children have the best possible nurturing and responsive care and protection from birth.

Access to early childhood education services is essential in providing all children, and particularly the most disadvantaged, an even start as they enter primary school. Organised care services can also enable mothers, fathers and other carers to pursue personal and societal goals in the education system, labour market and community. The engagement of both mothers and fathers in activities with children such as, reading books to infants promotes language and cognitive skills.

The Early Childhood Development Index (ECDI) represents the proportion of children who are developmentally on track in at least three of four principal developmental domains: physical growth, literacy and numeracy skills, social-emotional development and readiness to learn.

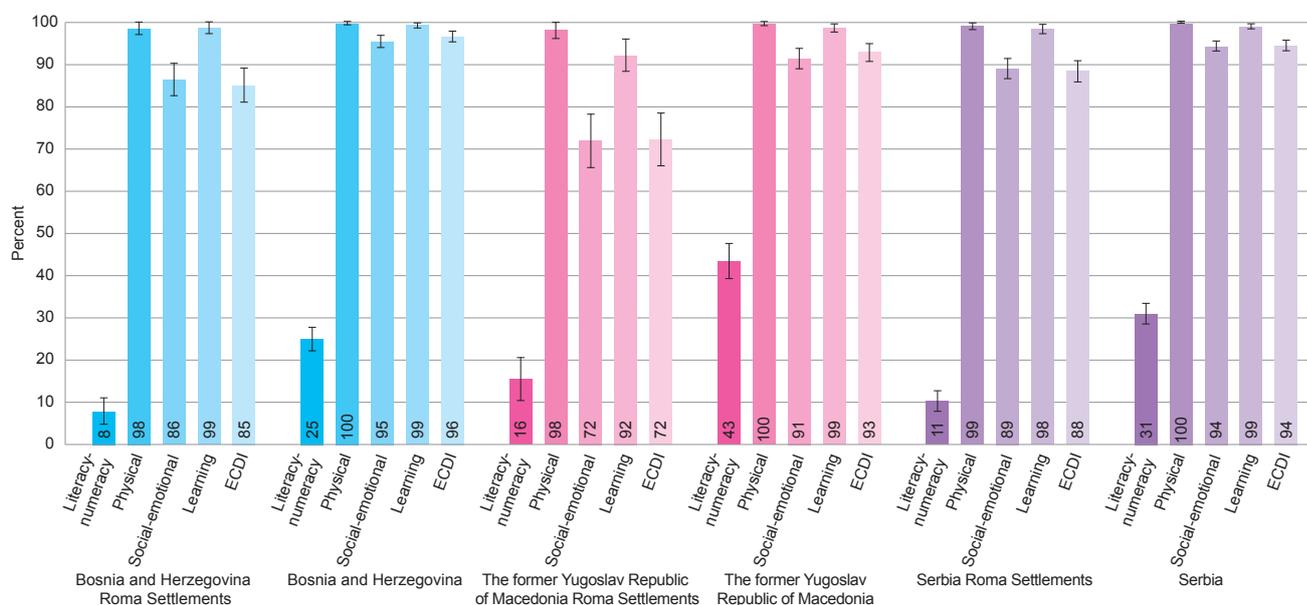


**Key Findings.** Roma children's life chances are threatened from an early age, due to limited early development opportunities:

- **There are few children who participate in early childhood education in the three countries, even fewer Roma:** in Bosnia and Herzegovina, less than 2 per cent of Roma children aged 3 to 4 years attend (13 per cent nationally), in the former Yugoslav Republic of Macedonia 4 per cent and in Serbia 8 per cent (22 and 44 per cent nationally, respectively). Household wealth and parents' education affect attendance: in Serbia, one in four Roma children whose mother attended secondary school or higher and only 6 per cent of children whose mothers received no education, attend early education. Roma young boys are slightly more likely to attend early childhood education than young girls in the former Yugoslav Republic of Macedonia, while there is no observed gender difference in the other two countries.
- **Roma children aged 3 to 4 years have less interaction with parents than non-Roma children:** less than 70 per cent of Roma parents engage with their children in all countries (over 90 per cent among non-Roma). Fathers' engagement is also lower among the Roma than non-Roma. When the mother has at least primary education, the rate is higher: over 70 per cent in Bosnia and Herzegovina and Serbia compared to 50 per cent or below without education.
- **Roma children under 5 years of age have less access to books than non-Roma children:** only one in ten Roma households in Bosnia and Herzegovina has at least three children's books and less than one in four in the other countries (compared to over half in national samples and 76 per cent in Serbia). Wealth and education levels are crucial: the poorest Roma households in Bosnia and Herzegovina and Serbia are about seven times less likely to have books than the wealthiest (2 to 16 per cent and 8 to 49 per cent respectively).
- **Roma young children aged 3 to 4 years score lower on the Early Childhood Development Index (ECDI) than non-Roma:** from 72 per cent (the former Yugoslav Republic of Macedonia) and 88 per cent (Serbia) to 93 and 96 per cent for non-Roma, respectively (Figure 1). Roma young girls score higher than boys in the former Yugoslav Republic of Macedonia (79 and 66 per cent respectively) while there is no or a very small difference in the other two countries. A significant correlation between stunting and ECDI exists among Roma children in Serbia.
- **Physical growth and learning indicators are high among Roma children, but literacy and numeracy are much lower than among non-Roma children:** about 98 per cent of Roma children aged from 3 to 4 years are on target physically and over 90 per cent on target for learning in all countries. Literacy-numeracy levels of Roma children are low, one-third the rate of non-Roma children. In the former Yugoslav Republic of Macedonia Roma girls have a lower score than boys in literacy-numeracy (12 and 19 per cent). In all countries there is no significant difference between Roma boys and girls in physical growth and learning indicators.

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**Figure 1. Differences in 4 components of early childhood development index (ECDI) between Roma and non-Roma children** (per cent of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains)



Whiskers indicate the 95 per cent confidence interval.

Source: UNICEF Regional Office for CEE/CIS, *The rights of Roma children and women: A comparative review and further analysis of findings of MICS surveys in Roma settlements in Serbia, Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia*, forthcoming in 2014.

## 3. Health: securing a virtuous cycle of good health for Roma children and mothers

Every child has the right to the best possible health and the CRC requires States to ensure that no child is deprived of the right of access health care services. (CRC Article 24). The cycle of deprivation for a disadvantaged child begins with the mother's poor health and nutrition, which can determine the health at birth of the child and the environment in which the child grows up. Governments can end this cycle by providing quality health care, services to prevent malnutrition, clean water and a clean environment for all families throughout their lives.

### 3.1 Reproductive health

All women have the right to access health care services, including those related to reproductive

health, throughout their lives (CEDAW Article 12). The CEDAW (Article 16) also requires States to ensure that women and men have the same right to enter into marriage with free and full consent, to freely choose a spouse, and to decide freely and responsibly on the number and spacing of children, including access to the information, education and means to enable such choices.

Early marriage and early childbearing can be an underlying cause of poor health among women and children, which may also hamper attendance to school. A lack of proof of age, the lack or lax enforcement of laws on child marriage, and customs and religious practices put children at risk of early marriage. The age at which girls and boys become sexually active also carries health risks.

Pregnancy-related deaths are the leading cause of mortality among 15 to 19-year-old



girls worldwide and those under 15 years are five times more likely to die than women in their twenties. If a mother is under 18 years, her baby's chances of dying in the first year of life are 60 per cent higher than for a baby born to an older mother. The risk of maternal mortality is high during labour and delivery in the antenatal period and also in the delivery and in the immediate post-partum period. The place of delivery, hygienic conditions and medical

attention from skilled staff during delivery are critical in reducing risks.

Children and adolescents are particularly vulnerable to HIV because of their age, biology and, often, legal status. They must know where to be tested for HIV, what their HIV status is and how to seek treatment. Antenatal care is a crucial opportunity for HIV prevention and care, in particular for HIV transmission from mother to child.

**Key Findings.** Roma women and girls are more vulnerable to reproductive health issues than non-Roma. Significant improvements have been made in terms of birth delivered at public health facilities which are assisted by skilled attendants.

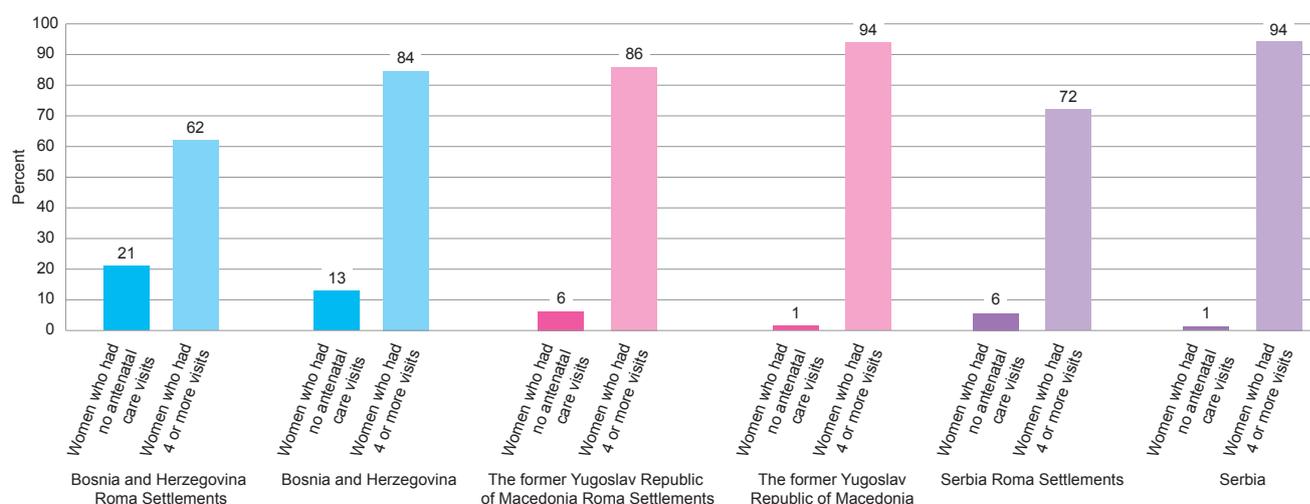
- **Roma women are more likely to be married before the age of 15 years than non-Roma women and Roma men:** 15-16 per cent of Roma women aged 15-49 years in Bosnia and Herzegovina and Serbia and 12 per cent in the former Yugoslav Republic of Macedonia were married before age 15, compared to around 1 per cent nationally. Half of Roma women aged 20-24 years are married before the age of 18 years in all countries (compared to around 10 per cent nationally). Early marriage is more common for women with a low level of education and from the poorest households. Roma women are much more likely to be married before age 15 or 18 than Roma men in all three countries.
- **Early childbearing is more frequent among Roma girls:** 40 per cent of 15 to 19-year-olds Roma girls in Serbia had a live birth or were pregnant with a first child, but only 4 per cent among non-Roma (31 of Roma women in Bosnia and Herzegovina; and 18 in the former Yugoslav Republic of Macedonia). Roma women with no education have the highest rate: almost half of women in Bosnia and Herzegovina and Serbia have had a live birth, compared with 6 per cent with secondary education or higher in Bosnia and Herzegovina and 15 per cent in Serbia.
- **Roma women are less likely to receive HIV counselling and to be offered HIV testing as part of antenatal care than non-Roma women:** 2 per cent of Roma women aged 15-24 years who gave birth in the previous two years in Bosnia and Herzegovina and 4 per cent in Serbia received HIV counselling during antenatal care (above 11 per cent nationally in both countries). No Roma women in Bosnia and Herzegovina and 1 per cent of Roma women in Serbia were offered an HIV test, were tested for HIV and received the results during antenatal care (compared to 5 per cent in Bosnia and Herzegovina and 8 per cent in Serbia nationally).
- **Knowledge on places where HIV tests can be carried out is lower among Roma than non-Roma, with wider knowledge among Roma men than Roma women:** 23 per cent of Roma women aged 15-24 years in Bosnia and Herzegovina, and 27 per cent in Serbia know about a place to get tested, compared to 70 per cent nationally in both countries.

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Differences exist also between Roma and non-Roma men: around 70 per cent of men nationally in both countries know a place to get tested compared to 51 per cent of Roma men in Bosnia and Herzegovina and 32 per cent in Serbia. For both Roma women and men the level of knowledge is especially low among the poorest and those who have no education: Roma women with no education and those from the poorest households have the lowest levels of knowledge.

- **The use of modern methods of contraception is low among married Roma women aged 15-49 years in all countries:** Serbia has the lowest, at 6 per cent (22 per cent nationally). The proportion of Roma women who use any method of contraception is lowest in Bosnia and Herzegovina at 25 per cent (46 nationally). Unmet need is also higher among Roma women (28 per cent in Bosnia and Herzegovina: three times the national average of 9 per cent).
- **Roma women are less likely to receive antenatal care visits by skilled personnel in all countries** (Figure 2): only 62 per cent of Roma women in Bosnia and Herzegovina who gave birth during the two years preceding the survey received the minimum number of four visits (84 per cent nationally), with 86 per cent in the former Yugoslav Republic of Macedonia (94 per cent nationally). The educational level of mothers is linked, as is wealth status of the household.
- **There are no differences between Roma and non-Roma in terms of the place of delivery and presence of a skilled attendant:** 99 per cent of births took place in a public health facility with a skilled attendant in all three countries for Roma and non-Roma alike.

**Figure 2. Differences in antenatal care coverage between Roma and non-Roma women** (per cent of women aged 15-49 years who had a live birth during the previous two years, by number of antenatal care visits by any provider)

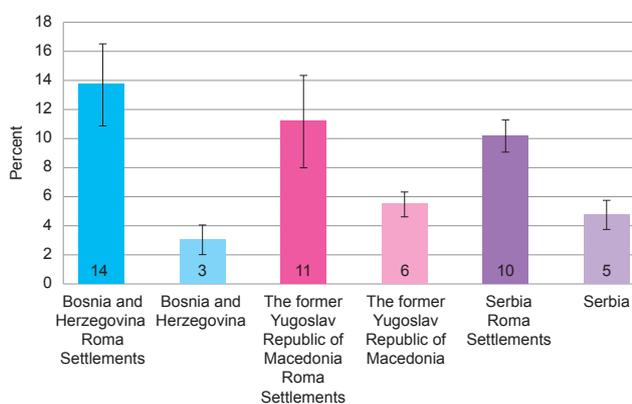


Source: UNICEF Regional Office for CEE/CIS, *The rights of Roma children and women: A comparative review and further analysis of findings of MICS surveys in Roma settlements in Serbia, Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia*, forthcoming in 2014.

### 3.2 Nutrition

A newborn's weight at birth is a good indicator of a mother's health and nutritional status as well as of her or his chances for survival, growth, long-term health and psychosocial development. Low birth weight is a significant risk factor and is associated with poor child development outcomes. Breastfeeding for the first few years of life protects children from infection, helps growth and provides an ideal source of nutrients; stopping breastfeeding too soon might entail severe consequences for the child. Undernourished children are more likely to die from common childhood ailments and have faltering growth. Stunting reflects chronic malnutrition and, if not treated during the first two years of life, the impact on physical and cognitive development is largely irreversible. Wasting is usually the result of a recent nutritional deficiency.

**Figure 3. Differences in weight at birth** (per cent of last live-born children in the last two years weighing less than 2500 grams at birth)



Whiskers indicate the 95 per cent confidence interval.

Source: UNICEF Regional Office for CEE/CIS, *The rights of Roma children and women: A comparative review and further analysis of findings of MICS surveys in Roma settlements in Serbia, Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia*, forthcoming in 2014.

**Key Findings.** Disparities exist in nutrition between Roma and non-Roma children, with differences between girls and boys in the case of meal frequency, but there are positive indicators on breastfeeding:

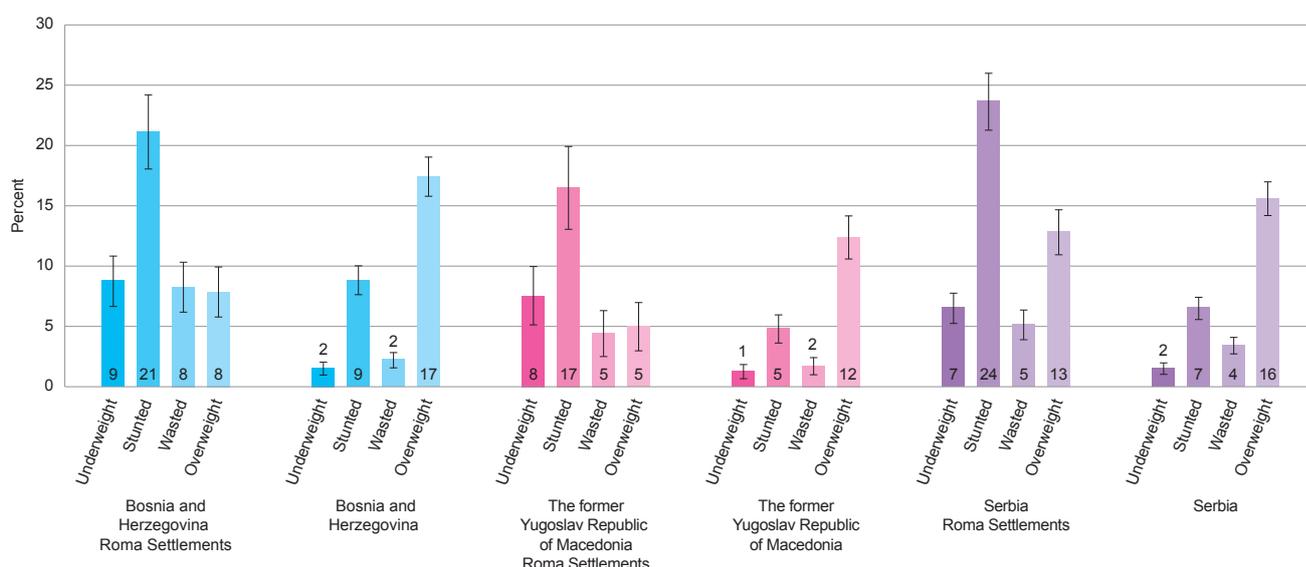
- **Roma infants are more likely to have low birth weight than non-Roma in all countries** (above 10 per cent, Figure 3): in Bosnia and Herzegovina the proportion of low birth weight Roma infants is over four times that of non-Roma (14 per cent compared to 3 per cent). Household wealth is a determining factor.
- **Roma children under 5 years of age are more likely to be underweight, wasted and stunted than non-Roma children in all countries** (Figure 4): the proportion of underweight Roma children is more than four times higher than non-Roma in all three countries. One in five Roma children in Bosnia and Herzegovina and one in four in Serbia are moderately or severely stunted (less than one in ten nationally). The proportion of wasted children is higher among Roma children and highest in Bosnia and Herzegovina, affecting one in five 6-11 months-old infants. A mother's education and household wealth is linked to underweight children, and wealth also to stunting.
- **The proportion of Roma babies being breastfed for the first time within one hour of birth is low, but higher than nationally in all three countries:** half of Roma babies in Bosnia and Herzegovina, 39 per cent in the former Yugoslav Republic of Macedonia but 10 per cent in Serbia. The proportion of Roma children breastfed within one hour is higher

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in all countries than nationally. Similarly differences are observed with breastfeeding within one day (apart from Bosnia and Herzegovina where Roma and non-Roma are almost the same) and duration of breastfeeding.

- **Roma children are exclusively breastfed more commonly than non-Roma** in Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia, and predominant breastfeeding is more prevalent in all countries. Continued breastfeeding at 1 year of age is higher for Roma children in all three countries, as is breastfeeding up to 2 years of age: 40 per cent are appropriately breastfed for their age compared to 18 per cent nationally in Bosnia and Herzegovina and 43 per cent compared to 22 per cent in the former Yugoslav Republic of Macedonia.
- **The proportion of Roma children aged 6-23 months receiving the minimum number of recommended meals per day is lower than national averages:** 60 per cent (72 per cent nationally) and 72 per cent (84 per cent nationally) of Roma children in Bosnia and Herzegovina and Serbia, respectively, were getting meals the minimum number of recommended times. Gender inequalities in minimum meal frequency are high in Roma settlements in the former Yugoslav Republic of Macedonia where only 56 per cent of Roma girls were achieving the minimum meal frequency compared to 69 per cent of Roma boys (gender inequalities are similarly observed at the national level).

**Figure 4. Comparison of anthropometric indicators between Roma and non-Roma children** (per cent of underweight, stunted, wasted and overweight children under the age of 5)



Whiskers indicate the 95 per cent confidence interval.

Source: UNICEF Regional Office for CEE/CIS, *The rights of Roma children and women: A comparative review and further analysis of findings of MICS surveys in Roma settlements in Serbia, Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia*, forthcoming in 2014.

“ Educated, informed and healthy girls and women are empowered to pursue their goals, transform their families and communities. ”



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## 3.3 Child health

As children grow up, many die unnecessarily due to a lack of immunization and prevention/treatment of pneumonia and diarrhoea. Pneumonia is the leading cause of death in

children and diarrhoea the second leading cause of death among children under 5 years of age worldwide. Both can be prevented or treated.

**Key Findings.** Roma children, equally girls and boys, do not receive adequate disease prevention and treatment services:

- **Roma children aged 18-29 months are less likely to be immunized than non-Roma children** in Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia (data not collected for Serbia). Coverage tends to decrease for the second and third dose of all repetitive vaccinations. In Bosnia and Herzegovina only 4 per cent of Roma children had all the recommended vaccinations, compared with 68 per cent among non-Roma children.
- **Diarrhoea is more common among Roma children in all countries:** 13-15 per cent of Roma children under 5 experienced diarrhoea (within two weeks prior to the survey and as reported by mothers) compared to 6-8 per cent for non-Roma. Treatment differs, with Roma children given less to drink during diarrhoea, most strikingly in Bosnia and Herzegovina with 64 per cent for Roma and 16 per cent for non-Roma. Roma children also receive less food afterwards and less oral rehydration treatment.
- **Roma mothers are less likely to recognise the danger signs of pneumonia in all countries:** knowledge is highest in Serbia (16 per cent of Roma mothers recognised the signs compared to 26 per cent nationally) and lowest in the former Yugoslav Republic of Macedonia (3 per cent compared to 6 per cent nationally).

## 3.4 Continuum of care

The concept of continuum of care is an integrated approach recognising that the health and well-being of women, newborns and children are closely linked and should be managed in a unified way. The concept promotes care for mothers and children

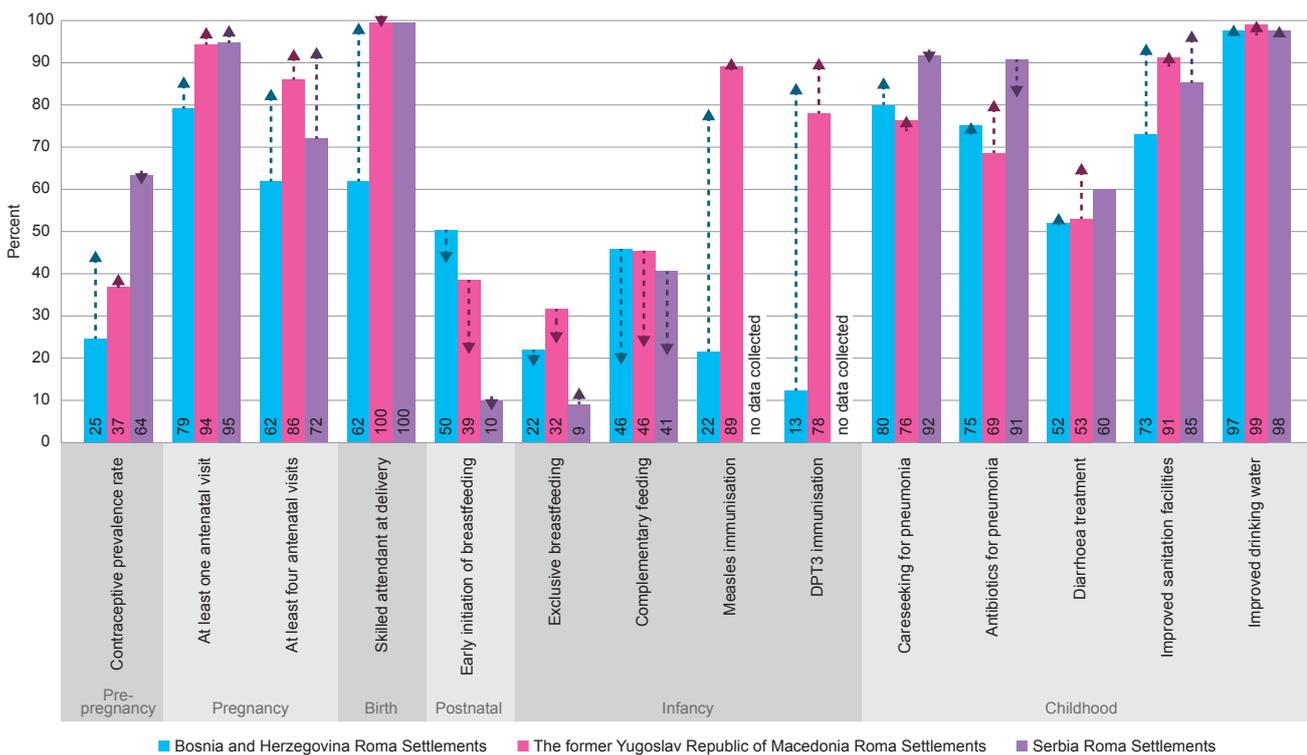
from pregnancy to delivery, in the immediate postnatal period and into childhood, recognising that safe childbirth is critical to the health of both the mother and child. It focuses particularly on the highly vulnerable maternal, newborn and child health periods.



**Key Findings.** The majority of Roma and non-Roma children and mothers are well covered with skilled attendance at delivery and improved water sources and sanitation (Figure 5), however,

- **For Roma women and children the most important gaps in coverage are in the pre-pregnancy, postnatal and infancy periods:** The pre-pregnancy period is marked by low contraceptive prevalence rates both for Roma and non-Roma women while Roma children are slightly better off in terms of exclusive breastfeeding and complementary feeding.
- **The most important disparities between Roma and non-Roma across the continuum of health care are seen in antenatal care and immunisation coverage:** these gaps are considerable in Bosnia and Herzegovina compared to the former Yugoslav Republic of Macedonia and Serbia.

**Figure 5. Coverage of interventions across the continuum of care in Roma settlements**



Note: Arrow heads are data points representing national figures.

Whiskers indicate the 95 per cent confidence interval.

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## 4. Education: harnessing the greatest opportunity to transform a Roma child's life

A child's right to education is based on equal opportunity and aims at promoting the fullest possible development of all girls and boys, without discrimination on any ground. (CRC Article 28). Education equips girls and boys, women and men with the qualifications and skills needed for a self-sufficient, productive and satisfactory life. It is a vital prerequisite for combating poverty, realizing human rights and democracy, promoting gender equality, and protecting the environment. All children must be able to realise their right through access to quality education and to be treated with respect at school.

Girl and boys can be restricted from attending school due to segregation, language barriers, distance from school, lack of identity papers, and lack of money to pay for school clothes and equipment and fear of stigma. Limited access to education can often begin at the pre-school stage and then continue throughout a child's school years.

### 4.1 School readiness

Quality pre-school education is important for children's development and to prepare them for formal school education (see Section 2). Even when pre-schools are available, take-up can often be limited due to lack of transport from remote settlements or unaffordable costs.

**Key findings.** Access of Roma to pre-school education largely depends on the national pre-school system:

- **The proportion of Roma children attending first grade of primary school who had attended pre-school is very low:** in Bosnia and Herzegovina only 4 per cent currently attending first grade attended pre-school the previous year (16 per cent nationally). The highest attendance levels for Roma are in Serbia at 78 per cent (97 per cent nationally), where one pre-primary year is compulsory, free of charge and available country-wide. There were no observed differences between girls and boys in the three countries.

### 4.2 Primary and secondary school participation

For children who have limited access to education from the pre-school level onwards, making the transition to the next level can be challenging. Even when enrolled disadvantaged children risk having to endure poor quality,

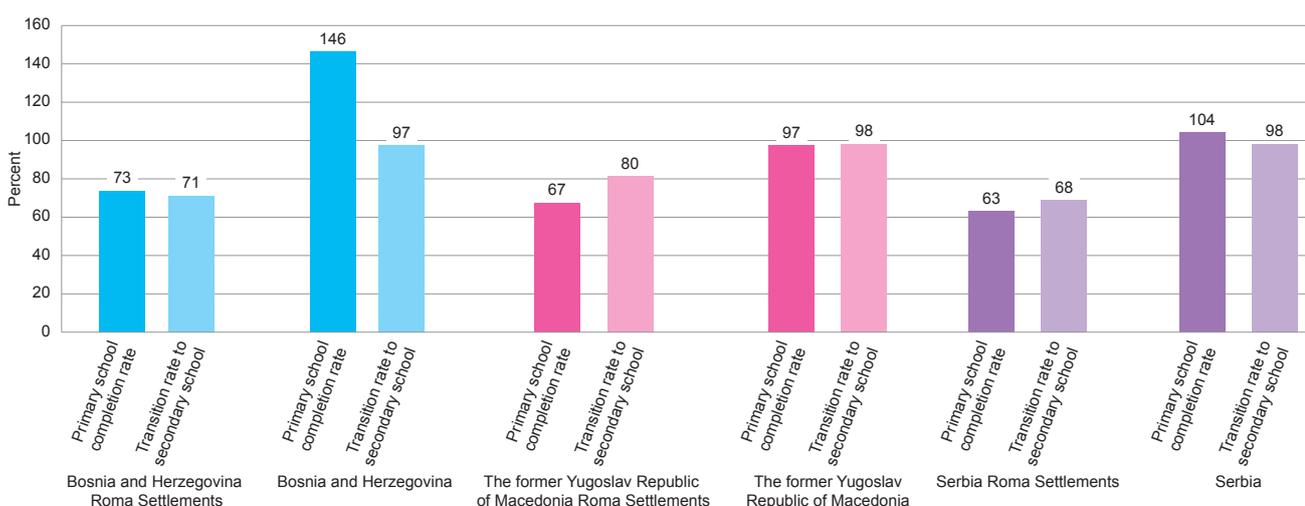
under-resourced, segregated facilities, with a curriculum that does not recognise or promote multiple languages and cultures, and discrimination from peers and teachers. Early marriage and childbirth can curtail opportunities for girls.



**Key findings.** The lack of access to education for Roma children continues at all levels, with lower participation rates for Roma girls from age 12 onwards:

- **Roma children of primary school age are less likely to enter the first grade of primary school than non-Roma children:** in Bosnia and Herzegovina only 47 per cent enter the first grade (83 per cent nationally), while the figure is 84 per cent (91 per cent nationally) in the former Yugoslav Republic of Macedonia and 91 per cent (95 per cent nationally) in Serbia. However, the proportion of female children who enter the first grade in Bosnia and Herzegovina is higher than that of males.
- **Fewer Roma children attend primary school than non-Roma children:** in Bosnia and Herzegovina only 69 per cent; in the former Yugoslav Republic of Macedonia, 86 per cent, and in Serbia, 89 per cent (compared to around 98 per cent nationally in all three countries).
- **Roma children are less likely to complete primary school than non-Roma** (Figure 6): around two-thirds of Roma children complete primary school in all countries (around 100 per cent nationally), while the transition rate is 80 per cent or less in all (over 97 per cent nationally).
- **Fewer Roma children attend secondary school than non-Roma children:** in Serbia only 19 per cent (compared to 89 per cent of non-Roma children); in Bosnia and Herzegovina, 23 per cent (compared to 92 per cent), and in the former Yugoslav Republic of Macedonia, 39 per cent (compared to 86 per cent).
- **Attendance among Roma boys is higher than Roma girls in secondary school** (Figure 7): while Roma boys and girls attending primary school in equal numbers, in all countries a gender gap emerges after the age of 12 and gets irreversibly wider from age 15. Such gender inequalities are not seen nationally.

**Figure 6. Primary school completion and transition to secondary school**

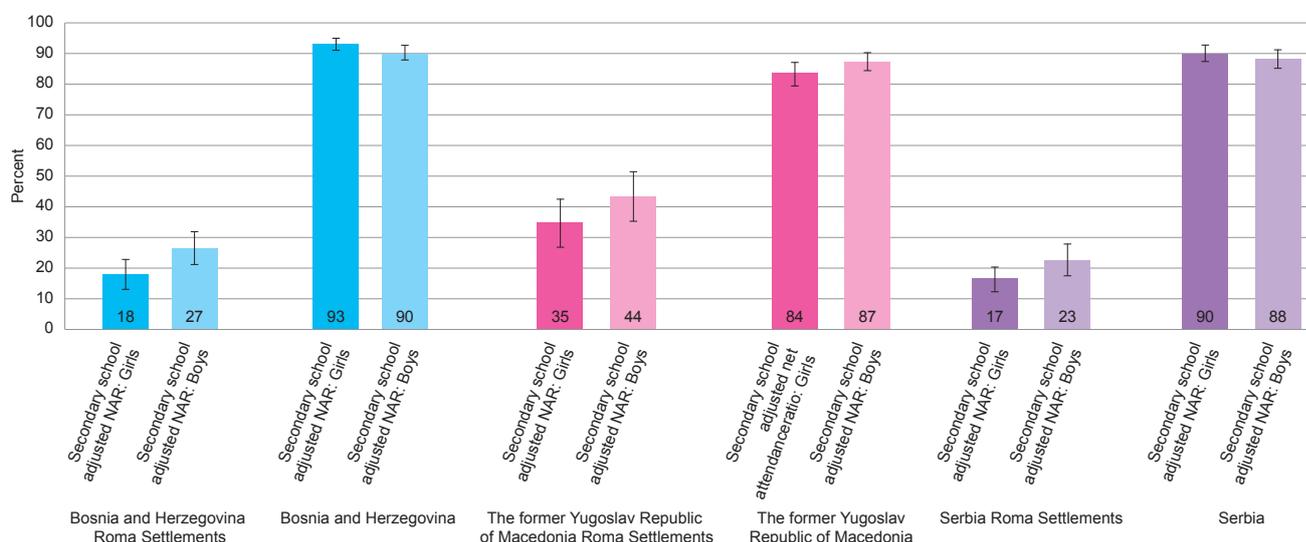


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**Figure 7. Education gender parity in secondary school** (ratio of adjusted net attendance ratios of girls to boys)



NAR: net attendance ratio

Whiskers indicate the 95 per cent confidence interval.

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## 4.3 Literacy among young women and men

Literacy is a fundamental human right of women and men, the foundation for lifelong learning and an instrument of empowerment to improve one's health, well-being, income and relationship with wider society. For women in

particular, literacy is essential to bolstering their productive, entrepreneurial, community and societal roles.

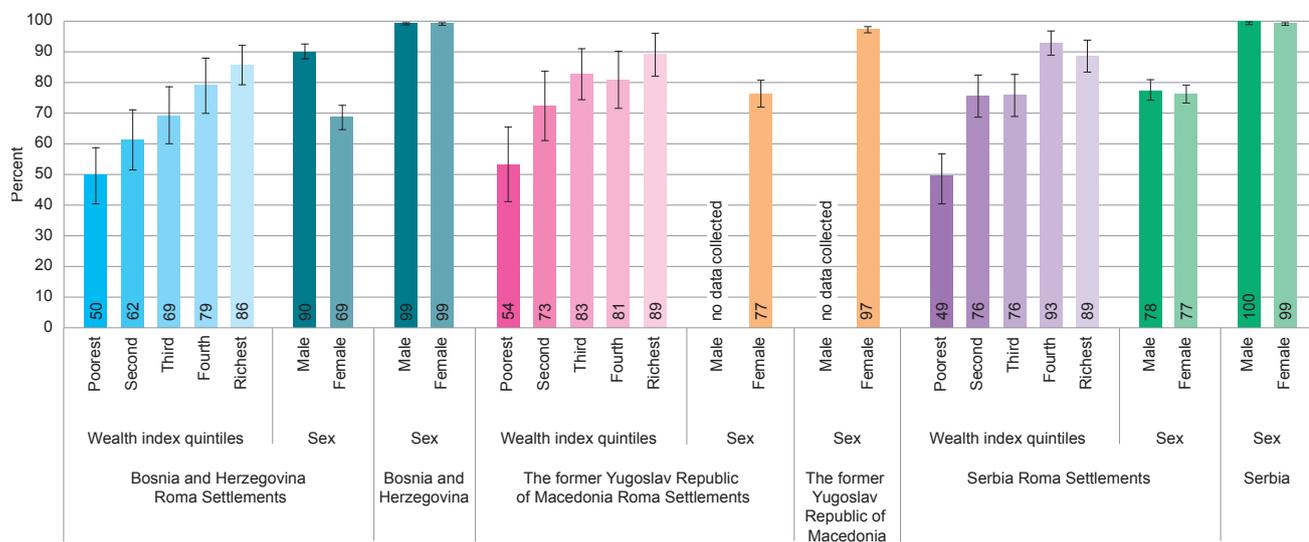
The education and literacy levels of parents, mothers in particular, determine a child's survival, growth and development prospects.

**Key findings.** Young Roma women are more likely to have lower literacy rates than young Roma men and non-Roma:

- **Roma women have lower literacy levels than non-Roma women:** less than 80 per cent of Roma women aged 15-24 are literate in all countries (compared with almost 100 per cent nationally). Bosnia and Herzegovina has the lowest rate at 69 per cent. Literacy is much higher among men, both Roma and non-Roma.
- **The majority of young Roma women with no education are illiterate:** over 80 per cent in all countries.
- **Wealth status plays a key role in literacy** (Figure 8): only half of Roma women in the poorest households in all countries are literate, compared to around 90 per cent of the richest. However, literacy rates for Roma women from the richest quintiles are still lower than the female and male literacy rates nationally.



**Figure 8. Literacy by wealth and sex** (per cent of the literate among women aged 15-24 by wealth quintiles and sex in Roma settlements and by sex nationally)



Whiskers indicate the 95 per cent confidence interval.

Source: UNICEF Regional Office for CEE/CIS, *The rights of Roma children and women: A comparative review and further analysis of findings of MICS surveys in Roma settlements in Serbia, Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia*, forthcoming in 2014.

## 5. Living standards: improving the conditions in which Roma children grow up

All children need a standard of living adequate for their physical, mental, spiritual, moral and social development, and have a right to access to clean drinking water (CRC article 27 and 24). The CRC establishes the primary responsibility of parents or other formal carers, but with a clear accountability of States to provide assistance where adequate standards cannot be met by primary carers solely. Lower income levels, substandard housing and a lack of access to basic services, such as water, sanitation and safe cooking fuels can increase the risk of ill-health, especially of children and women, and a lack of a permanent home and address can mean administrative exclusion from health care.

Although access to safe drinking water, water resources and sanitation facilities have improved in all three countries, the threat of waterborne diseases and contamination from unsafe drinking sources remains. Inadequate disposal of human excreta and personal hygiene can result in a variety of diseases including diarrhoea (see Section 3.3). Hand washing with water and soap is the most cost effective action to prevent diarrhoea and pneumonia in children under 5 years of age.

Solid fuels – wood, crops, agricultural waste, animal dung and coal – when used for cooking and heating create indoor smoke and increase, for girls, boys, women and men in the household, the risk of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, asthma or cataracts, and may also lead to low birth weight of babies of pregnant women.

# Realizing the rights of Roma children and women

**Key findings.** Roma households experience lower living standards than the non-Roma population, including in access to safe drinking water, use of improved water sources and improved sanitation:

- **There are high rates of improved drinking water sources in all countries:** equally high in Roma settlements (97 per cent) and nationally (99 per cent).
- **Roma households are less likely to have improved sanitation than non-Roma:** the rate is lowest in Bosnia and Herzegovina (73 per cent compared to 94 per cent nationally) and highest in the former Yugoslav Republic of Macedonia (91 per cent in Roma settlements and 93 per cent nationally). Only just over a third of the population in the poorest households use improved sanitation in Bosnia and Herzegovina (compared to 95 per cent of the richest). Education is also a critical factor.
- **Roma households are less likely to have hand-washing facilities than non-Roma:** 22 per cent of the poorest Roma households do not have a place for hand washing in Bosnia and Herzegovina. Water and soap are not available in 36 per cent of the poorest Roma households in Serbia. Education is a significant determinant.
- **Solid fuels (mainly wood) are mostly used for cooking in Roma households:** in Bosnia and Herzegovina, 92 per cent use solid fuels (70 per cent nationally) and 76 per cent in Serbia (32 per cent nationally). There is a link between wealth and education and solid fuel/electricity use in Roma communities in all three countries.

## 6. Protection: Roma children must be protected from violent discipline methods at home

Children must be protected from all forms of physical or mental violence (CRC Article 19) while in the care of parents or others. 'Corporal' or 'physical' punishment – in which physical force is used to cause pain or discomfort (such as hitting children with the hand or implement) – is regarded as degrading by the Committee on

the Rights of the Child (in its General Comment 13). Non-physical forms of punishment which humiliate or threaten a child are also degrading and cruel.

The State is responsible for the prevention of all forms of violence against children, whether it is by State officials or by parents, carers, teachers or other children. The Committee on the Rights of the Child emphasises to individual states that no form of corporal punishment should be permitted.



**Key findings.** Like their peers, Roma children are at risk of being subjected to physical punishment:

- **Similar trends concerning attitudes towards physical punishment and methods of child discipline experienced by children are observed in both Roma and non-Roma households:** attitudes are influenced by social-economic disparities, and the education and wealth level of parents are the main determinants. Using physical discipline methods is more prevalent in the poorest households for both Roma and non-Roma.
- **Roma children aged 2-14 years are subjected to physical punishment at a slightly higher rate than non-Roma children:** in the former Yugoslav Republic of Macedonia and Serbia four out of five Roma children are subjected to physical methods of punishment (compared to around 70 per cent among non-Roma), while in Bosnia and Herzegovina the levels are lower at 60 per cent for both. Roma boys in all three countries have a slightly higher rate of severe physical punishment than girls, while no major gender differences are observed for the other methods of punishment.

## SOCIAL INCLUSION FOR ROMA CHILDREN AND WOMEN: WHAT WILL IT TAKE?

The findings presented in this *Insights* provide clear indication of the priority areas that need urgent attention from duty bearers in order for Roma children to have equal opportunities to develop and flourish as human beings:

- **Address malnutrition affecting young Roma children during their first two years of life:** investments in nutritional supplements and social protection programmes today will yield future benefits in terms of reduced healthcare costs, higher earnings, increased productivity and higher GDP.

- **Expand supply of quality inclusive early childhood education and learning for children between 3 years and compulsory school age, and family support services to encourage equally shared parenting:** nurturing, stimulating and safe environments promote optimal early childhood development and have positive lifelong effects. Quality preschool education is beneficial for child development outcomes, especially for the most disadvantaged groups, and prepares children for participation and success in basic education. Organised services for the early ages can enable mothers, fathers and other carers to pursue personal and societal goals in the education system, labour market and community.

# Realizing the rights of Roma children and women

- **Improve the quality and inclusiveness of primary and secondary education, particularly for Roma girls and women:** educated girls and women are empowered to pursue their goals, participate on equal footing with boys and men in the economic, social and political life, generate ideas and, ultimately, contribute to more dynamic communities with better quality of life. Educated girls and women are also more likely to complete school, marry later and, when they become mothers, have healthier children. The education status of the mother is the most critical determinant of child deprivations documented in this study. The timely completion of a full basic education for Roma children including pre-primary, primary and lower secondary education will bring significant social and economic returns on investment.
- **Secure for Roma girls and women access to quality inclusive health care services and information, in particular related to family planning, counselling and prevention of sexually transmitted diseases, and in the pre-pregnancy, postnatal and infancy periods:** informed and healthy girls and women are able to reach their full potential, transform their families, communities and societies, and shape future generations.
- **Improve living standards and address income poverty of Roma households, in particular of Roma women:** wealth, including its intersections with gender, is the second most common determinant of the deprivations and equity gaps documented in this study.

## Credits

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“ Investments in nutrition today will yield future benefits in reduced healthcare costs. ”

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