

**EASTERN EUROPE AND CENTRAL ASIA  
REGIONAL CAUCUS**

**WOMEN DELIVER CONFERENCE**

Copenhagen, Denmark

Thursday, May 19, 2016

10:30 – 12:00

**SURVIVE, THRIVE, AND TRANSFORM  
PREGNANCY AND CHILDBIRTH**







# Welcome to the Eastern Europe and Central Asia Regional Caucus!

Building on successful caucuses at the 2010 and 2013 global conferences, Women Deliver and PATH are hosting eight regional caucuses at WD2016. Each caucus will bring together diverse stakeholders to discuss major priorities and strategies for strengthening political and financial commitments to girls' and women's health and wellbeing. While the regional caucuses provide an important platform for developing commitments and a shared advocacy agenda, ultimately, the caucuses are meant to catalyse continued momentum upon return home.

Roda, a Croatian NGO, is organizing the caucus thanks to a grant from PATH, bringing together stakeholders from the region to discuss the importance of quality in reproductive healthcare issues covering the spectrum of issues in women's reproductive health, especially in accessing quality, evidence-based care that upholds a woman's dignity and autonomy.

At this caucus, we are proposing that the definition of adequate reproductive health and safe motherhood be transformed to include thriving before and after pregnancy and childbirth, recognising that pregnancy and childbirth especially are crucial for the health of women, children, families and societies at that moment and for the future.

## About Roda

RODA's mission is to change society into a society that acts responsibly towards children, parents, future parents and families – especially mothers - through information, education, active lobbying and inclusion in the processes of change, as well as encouraging parents and other societal groups to question the status quo and be part of change.

RODA's vision is a society that actively works to fulfil the needs of and protect the availability of the rights of children, parents, future parents and families as a whole, including the right to every person having an individual informed choice.

RODA has become an important stakeholder in the Republic of Croatia in the areas of rights to adequate maternal leave compensation and right to maternal leave, medically assisted conception, pregnancy and improving birthing conditions, breastfeeding promotion, education and counselling, education and support for parents and future parents and child traffic safety. We are a central place for pregnant women, new mothers and parents can get information about the areas we are active in as well as a forum for experiences, suggestions and complaints.

Our children are our future, but their well-being is not something that we can leave to the future.



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# **AGENDA**

## **“Survive, Thrive, and Transform Pregnancy and Childbirth”**

Date: **Thursday, May 19, 2016**

Time: **10:30 am**

Location: **Bella Center, Copenhagen, Denmark**

Organizer: **RODA – Parents in Action, Croatia**

**Introduction:** Daniela Drandic, Head of Reproductive Rights Division, RODA- Parents in Action, Croatia

**VIP Message:** Ingibjorg Gisladdottir, UN Women, Regional Director, Europe and Central Asia

### **Setting the Stage:**

**Moderator:** Elena Ateva, Maternal and Newborn Health Advocacy and Policy Advisor, White Ribbon Alliance

1. Zuzana Kriskova, Activist, Women's Circles, Slovakia – **The situation of women's rights in childbirth, major challenges that women encounter and how advocacy can help overcome them**
2. Gunta Lazdane, Programme Manager, Sexual and Reproductive Health, World Health Organization, Europe – **Evidence-based care to achieve high-quality, respectful maternity care**
3. Tamar Dekanosidze, Lawyer, Georgian Young Lawyers' Association – **The importance of understanding patients' and providers' rights and responsibilities to ensure high quality respectful maternity care**
4. Irene Donadio, Manager of Public Affairs at IPPF EN – **Current challenges on maternal health and sexual and reproductive health and rights in Central Asia and innovative approaches in Kirghizstan and Tajikistan**
5. Katrine Thomasen, Legal Adviser, Center for Reproductive Rights, Europe – **Situating the issue of women's rights in childbirth within the broader spectrum of reproductive rights issues – with a focus on women's decision making and gender stereotypes**

**Transition:** Khayriniso Yusufi, MP, Vice-Speaker of the Parliament of Tajikistan

### **Break-out sessions:**

1. **Health education for youth** – Moderator: Marinella Marejic, Croatia, Women Deliver Young Leader
2. **Increasing safety in pregnancy, childbirth and postpartum** – Moderators: Yoanna Stancheva, Bulgaria, Zebra Midwives, and Nicholas Rubashkin, USA, Human Rights in Childbirth
3. **Disrespect and abuse in pregnancy, childbirth and postpartum** – Moderator: Iveta Jancigova, Slovakia, Women Deliver Over 30 Scholarship Recipient

### **Conclusion and Next Steps** (5 min)

Expected outcome document: Consensus Statement



## Biographies

### Speakers

**Ingibjorg Solrun Gisladottir** was appointed as UN Women Regional Director for Europe and Central Asia, and Representative to Turkey in January 2014.



Born in 1954 in Iceland, prior to her appointment as the Regional Director, Ingibjorg worked as UN Women Country Director in Afghanistan (2011-2014), was the Minister for Foreign Affairs of Iceland (2007 – 2009) and a Member of Parliament where she served for two separate terms between 1991 – 1994 and 2005-2009. She was one of the founding members of the Women's Alliance in Iceland in 1982, a successful and historical political movement that promoted the cause of women and changed their status radically. She was also the editor of VERA, a feminist magazine, published by the Women's Alliance between dates 1988-1990. She was first elected to the Parliament in 1991 – 1994 from the Women's Alliance and again in 2005 – 2009 representing the Social Democratic Alliance. She was elected as Chairperson and Leader of the Social Democratic Alliance, the second largest political party in Iceland, in a party-wide vote in 2005 and re-elected in 2007. She was a member of the City Council of Reykjavik for 18 years (1982-1988 and 1994-2003), including Mayor for 9 years.

Ingibjorg holds a degree in history and literature from the University of Iceland (1979) and had post-graduate studies and research in history at the University of Copenhagen (1979-1981). She is married to Hjörleifur Sveinbjörnsson, a university lecturer in Chinese and Chinese literature and translator of literature into Icelandic. They have two sons; born in 1983 and 1985.

**Zuzana Krišková** is a cofounder and currently serves as chairwoman of the Slovak NGO Ženské kruhy (Women's Circles). She studied financial management and has PhD in accounting. After her first pregnancy and childbirth she became passionate about natural childbirth and later about human rights in childbirth which lead her to make a significant career change. In her work for Ženské kruhy she focuses on disrespect and abuse in childbirth. She believes that every doctor, midwife and nurse is capable of provide respectful maternity care. In her future work she wants to address the "victim blaming" phenomenon between maternity healthcare providers, doulas and activists.



**Gunta Lazadne, PhD** is an obstetrician and gynaecologist who has worked as a professor, and Head of the University Department in Riga Stradins University, Latvia. Since 2003 she has been working at the WHO Regional Office for Europe as the Programme Manager, Sexual and Reproductive Health in the Division of Non-Communicable Diseases and Promoting Health Through the Life-course. She is assisting the 53 WHO Member States in the European Region to improve sexual, reproductive, maternal and newborn health through promoting good health at key stages of life, taking into account the need to address social determinants of health and gender, equity and human rights.





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Gunta has participated in many European and global conferences and congresses including International Conference on Population and Development in Cairo in 1994. She is the Editor-in-Chief of the European Magazine for Sexual and Reproductive Health *Entre Nous*.

**Tamar Dekanosidze** works as a lawyer at the Georgian Young Lawyers' Association, a human rights NGO in Georgia. Her focus is human rights in health care, women's rights and strategic litigation at the European Court of Human Rights. Tamar holds a law degree from Tbilisi State University [Georgia]. She studied at Utica College (Utica, NY, USA) for an academic year



as an UGRAD scholar. Tamar obtained a LLM in International Human Rights Law at the University of Essex (Colchester, UK) as an OSF scholar. Tamar has experience working for various human rights organizations in Georgia, Kosovo, the UK and the US.

**Khayriniso Yusufi** is Vice-Speaker of the Lower House of the Parliament in Tajikistan and has been an MP since 2010, as a member of the People's Democracy Party. She has university degrees in several areas such as veterinary medicine, law, philology and management. In 2004, after serving several years on various managerial positions, Khayriniso became



Vice-Prime Minister of the Republic of Tajikistan. Upon leaving this position, she became Chair of the National Committee on Women and Family Affairs. One of her major accomplishments as a legislator was the adoption of the Law on Domestic Violence, the first of its kind in Tajikistan. The Law was adopted in 2013 after 10 years of advocacy work she spearheaded. She has also initiated

the Law on protection of the Rights of the Child, adopted in 2015. In 2014, the National Committee on Population and Development was established and Khayriniso was chosen to lead it. In November 2015, the Inter-Parliamentary Assembly of the CIS awarded Khayriniso for her contribution to development of inter-country relationships.

**Irene Donadio** joined the International Planned Parenthood Federation European Network's Brussels office in 2005. She is the Manager of Public Affairs, overseeing advocacy in Europe, communication and fundraising. Irene has been working on European affairs and has worked on a wide range of issues from



consumer and health issues to asylum, migration, conflict prevention and SRHR. She has been a passionate activist for sexual and reproductive rights in the European Parliament, the European Commission, the Council of Europe, WHO and other UN agencies for over a decade. Irene holds a degree in political science from the University of Florence (Italy) and a postgraduate degree in social enterprise management.

**Katrine Thomsen** joined the Centre for Reproductive Rights in 2013 and has been working on litigation to promote respect for reproductive rights in Europe. Prior to joining the Centre, Katrine worked with the Open Society Justice Initiative advocating with various UN human rights bodies in Geneva; she also worked with Human Rights Watch as an advocate at



the UN. Katrine has worked at the International Service for Human Rights, an international human rights organization that provides training and strategic advice to human rights defenders on the UN human rights system, engaging in





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wellbeing of women and the celebration of their bodies, which she does through her midwifery work. Yoana uses midwifery as a tool for envisioning social change and exploring the parameters of freedom. For her, midwifery is an experiment in applied feminism and caring for women's bodies – a revolutionary practice with a daily significance.

### Organisers

**Daniela Drandić** has been head of the Reproductive Rights Program at RODA – Parents in Action, the largest parents' advocacy group in Croatia and the region since 2012. Several years ago while pregnant she was forcibly hospitalized against her will and given a caesarean section she did not need or want. Afterwards, she decided to dedicate herself to improving the maternity care system in Croatia. Today, she helps to lead Roda as it provides evidence-based maternity care resources and advocates for women to speak up for their own rights in maternity care. She co-organizes an annual conference held in Zagreb that aims to educate healthcare providers in Croatia and the region on evidence-based maternity care and on human rights during pregnancy and childbirth. The reBIRTH Conference is currently in its fourth year. She is a member of UNICEF Croatia's Working Group on the Mother-Friendly Hospital Initiative. Her next goal is to begin advocating for midwifery-led units in Croatian maternity hospitals. Daniela holds a degree from the University of Toronto



(Canada) is mother to three children, the youngest of whom she birthed with the assistance of foreign midwives who attended her in a country where autonomous midwives are unheard of. She can be reached on Twitter @CroatiaBirthActivist.

**Elena Ateva** is a human rights attorney and activist involved in the movement for women's rights in childbirth. She started her work in Bulgaria where, together with a team of 30 women, she co-founded Rodilnitza, a non-profit organization that advocates for women in pregnancy and childbirth. Elena was the Eastern Europe Legal Advocacy Coordinator for Human Rights in Childbirth and together with Roda in Croatia organized the first conference on women's rights in childbirth in Eastern Europe in 2015. Elena recently joined the White Ribbon Alliance as a Maternal and Newborn Health Policy and Advocacy Advisor where she coordinates the work of the Respectful Maternity Care Global Council and supports the work of national alliances in Africa, Asia and Europe. Elena is collaborating with Roda to coordinate the Eastern Europe and Central Asia caucus at the Women Deliver Conference, as this is a critical period for the region.





# Eastern Europe and Central Asia Caucus

## Reproductive Health Issues that Impact Women during Pregnancy, Childbirth and Postpartum

In preparation for the caucus we consulted individuals and organizations from the region to identify the most pressing reproductive rights concerns in their countries. We compiled the following list, which is non-exclusive, but is an attempt to highlight the priorities for the region in terms of reproductive health issues which impact women especially in pregnancy, childbirth and postpartum. We hope that with your help during the caucus we can propose a strategy to address these issues on a regional level.

### 1) Gender Stereotyping – Women Perceived as not Competent to Make Decisions about Their Bodies and Their Babies

- Lack of respect for reproductive health choices throughout a woman’s lifecycle that negatively impacts her right to decide freely and responsibly on the number and spacing of her children. Includes: lack of respect for the right to access abortion and contraception<sup>1</sup>; forced abortions due to fetus defects or preterm birth.<sup>2</sup>
- Lack of respect for the right to informed decision-making: including the lack of understanding by health professionals of the basic principle that decisions connected to reproductive healthcare (and to all other healthcare) are ultimately taken by the clients and beneficiaries of the care and not by health personnel.<sup>3</sup>
- Disrespect, abuse and other violations of rights in reproductive healthcare settings, be it psychological, verbal or physical (including shaming and social stigma regarding “bad” choices)
- Harmful stereotypes about women, including the stereotype of a woman as a mother and as an incompetent decision-maker that contribute to violations of sexual and reproductive rights of women and girls, including in childbirth; social security systems and employment and social policies that perpetuate the roles of women as mothers and hinder women from a balanced exercise of their parental responsibilities and paid work
- Lack of assisted reproductive care. Includes: insurance companies’ limitations on how many couples per year can have treatment or how many cycles a couple (or woman) can go through; limitations to extent of coverage of treatment.

1 (due to various barriers, e. g. lack of subsidisation from the public health insurance, exercise of conscience-based refusals on the side of health professionals, religious and social pressures)

2 (preterm birth abortions: pregnancy was wanted, birth started early, forced - non-consented abortion/birth. Non-existing palliative care in hospices;)

3 (also, lack of legal provisions enabling supported but autonomous decision-making by persons with disabilities)



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## 2) Access to Information and Education

- Lack of awareness and access to information about reproductive health: including lack of formal or informal information dissemination about reproductive health, contraception, abortion, pregnancy, birth and postpartum, especially among youth; religious influence on the content of sexuality education classes; lack of open discussions of menstruation; lack of education of health professionals and policy makers on reproductive health.

## 3) Discrimination/Inequality

- Inequality in access to reproductive health services, including maternity care, for minority, disadvantaged and marginalized groups (including: rural, poor, ethnic minorities (including Roma), migrant women or transgender women.).
- Substandard quality of reproductive care provided to minority, disadvantaged and marginalized groups<sup>4</sup> as compared to majoritarian population.
- Restrictions on access to assisted reproduction for disadvantaged groups: same-sex couples; women living without a male partner; minority women and women with disabilities.
- Lack of knowledge and understanding and/or discrimination or coercion by health care providers against minority, disadvantaged or marginalized groups seeking sexual and reproductive services including lesbians, people with disabilities, transgender people, ethnic and religious minorities.
- Lack of holistic care that meets the needs of people with disabilities, or sicknesses requiring specific approaches to sexual and reproductive healthcare.
- Forced sterilizations and/or forced contraception, particularly of ethnic or religious minorities, disadvantaged and marginalized populations (e.g. Roma women, women with disabilities, transgender people)

## 4) Lack of Accountability

- Lack of accountability for healthcare providers and decision makers; lack of mechanisms and procedures providing adequate remedies and systemic improvements to the functioning of health care facilities, practitioners and systems.
- Lack of channels and procedures for gaining meaningful feedback from mothers/families to providers in person or in writing (particularly focusing on general treatment and respect)
- Fees for service in the field of childbirth: including, out-of-pocket or informal payments that have to be made to doctors, midwives or health care facilities; fees for a companion at birth; fees for epidurals.
- Lack of good-quality data collection systems: including for information on mortality, caesarean, episiotomy, all labour and delivery practices including interventions<sup>5</sup>, abortion rates, unmet need for

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<sup>4</sup> See issue 11.

<sup>5</sup> (e.g. pushing and laboring position, Kristeller, what is done exactly to babies etc.)

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contraception etc.; also lack of gender, ethnicity, disability, sex orientation and age aggregated data on SRHR indicators

- Poor political support for reproductive health including pregnancy, childbirth and postpartum care and lack of financing. Lack of gender sensitive approaches to public budgeting.
- Guidelines/standards of care are not developed jointly with all stakeholders, including the potential beneficiaries of care and their advocates or representatives.

## 5) Lack of evidence based care

- Lack of evidence-based protocols for handling pregnancy, birth and postpartum (e.g. no continuity of care during pregnancy; lack of homebirth protocols); and lack of awareness, on the side of healthcare providers of internationally accepted standards of care in the field of childbirth, reliance on outdated and harmful practices that negatively affect women and newborns
- Lack of parenting support and access to the newborn after birth. Includes: Lack of continuous contact with the newborn after birth<sup>6</sup>; lack of access to a sick newborn; and lack of support and empowerment focused on the exercise of confident parenting (e. g. lack of support in breastfeeding).
- Lack of choice of provider (midwife or doctor) and/or place for birth (birth center, hospital or home birth)
- Lack of awareness of psychological impacts of childbirth, including of birth trauma and ways to address it

## 6) Provider Barriers

- Frustrating working environments for providers of care, lack of respect for and fulfillment of their personal and professional needs and rights connected to exercising an occupation
- Gender imbalances among health professionals providing care in childbirth and designing systems of care in childbirth

## 7) Violence against Women

- Violence against women, including sexual violence and intimate partner violence and its interconnections with and impacts on the sexual and reproductive rights of women, including in connection with pregnancy, birth and postpartum (lack of awareness, lack of data, lack of appropriate systems of interventions) .

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<sup>6</sup> (e.g. separation of the child from the mother, after vaginal birth for few hours, after C-section also for few days)

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