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### Contents

### Session I

- Estimated duration: 5 hours (breaks included)
- 1. Welcome & project presentation (10 min)
- 2. Relevant data from National and Comparative Research (45 min)
- 3. Defining the role of Roma Influencers? (30 min)
- 4. Rules for online sessions (10 min)
- 5. Participatory activity: "What does influence mean to you?" (30 min)
- 7. Introduction to empathic communication & active listening (60 min)
- 8.STORYTELLING A tool for influence and awareness (40 min)
- 9. Final reflection: What have we learned today? (20 min)
- 10. Attendance form & quick feedback (Google Form) (5 min)







- •This European project, funded by ERASMUS+, addresses a key issue: early marriage and early motherhood among Roma girls.

  Implemented in 4 countries: Greece, Ireland, Portugal and Romania, it aims to empower Roma women and girls through education, counseling and active support.
- •The present material is part of Work Package 2 (WP2) and is the result of Activity 2.3 Development of educational and training material.

  It will be used for Activity 2.4 Training Roma influencers in the 4 countries.







# The reality and data on early marriage and early motherhood in each country. National (and European) framework.

- Every year, at least 15 million girls are married before their 18th birthday.

  This violation of children's and women's fundamental rights mainly affects women and girls.
- Early marriage is a global problem that is not limited to one country, culture, religion or ethnicity.
- Conventions and international human rights bodies have recognized the need to take action to combat early marriage, but the phenomenon is still present and ongoing.
- In 2015, Member States of the United Nations (UN) committed through the Sustainable Development Goals (SDGs) to eliminate early marriage by 2030.





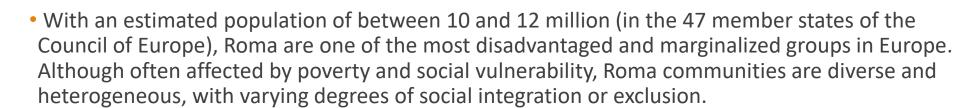












- The health situation of many Roma communities is poor, often aggravated by:
- inadequate housing conditions,
- ·lack of employment,
- •limited access to education.
- In Europe, the rate of early marriage is particularly high among Roma, especially in the 13-17 and 15-19 age groups, where more than 40% of girls are already married or have a "stable partner".







Early marriage and pregnancy - a major obstacle for Roma girls and women

Early marriages and early pregnancies diminish the decision-making power of Roma women, affecting:

access to education,

their ability to protect their health,

their real chances of building a better future.

These practices contribute to perpetuating the vicious cycle of exclusion and poverty that many Roma communities face daily.







A European framework exists, but inclusion is not achieved

Although the European Strategic Framework for Roma up to 2030 and the National Strategic Framework 2020-2030 exist, and the EU and Member States

Have developed initiatives to involve Roma in the process of developing strategies, consulted relevant stakeholders (equality bodies, human rights institutions), mainstream Roma inclusion in education, health, employment and housing policies,

Real Roma inclusion has not been achieved.









⚠ These facts and realities affect millions of Roma women and girls in the EU

Early marriage and early motherhood:

Are a serious violation of the rights of the child, especially girls;

Lead to child neglect and deprivation of the right to childhood, education, full development and freedom of choice;

Constitutes a form of gender-based violence.















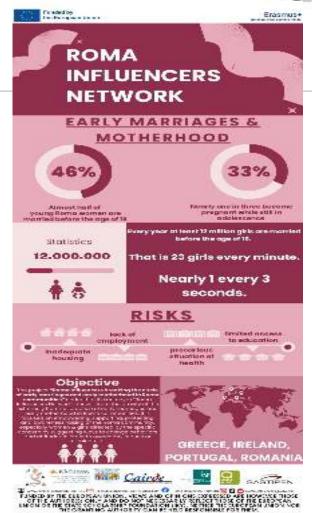
**Key facts on early marriage and motherhood:** 

46% of Roma young women marry before the age of 18.

33% become pregnant as teenagers.

Globally, 12 million girls marry before the age of 18 every year.

That's 23 girls every minute, almost one every 3 seconds.



### **Associated risks:**

Inadequate housing
Lack of jobs
Poor health
Limited access to
education







# Framework on early marriage and early motherhood at national level

- •Romanian legislation does not explicitly and separately define the concepts of child marriage, early marriage and forced marriage, but they can be deduced from the general provisions of national law. Romania's Civil Code, Law No 272/2004 on child protection and Law No 217/2003 on preventing and combating domestic violence provide relevant benchmarks for understanding these concepts.
- •Child marriage is a legal or socially recognized union between persons under the age of 18. It is permitted by law only in justified cases, with strict restrictions, and is considered an exception, not a rule. According to Article 272 of the Civil Code, the minimum legal age for marriage is 18, but this can be reduced to 16 with the consent of the parents and the approval of the court, in duly justified cases. This derogation is allowed only in special circumstances, which must be considered on a case-by-case basis.







### International conventions and guidelines

- Romania has ratified several international conventions that contribute, directly or indirectly, to combating early motherhood and forced marriage.
- One of the most important from the perspective of protecting children's rights in a comprehensive manner is the Convention on the Rights of the Child (CRC), which was ratified by Romania on November 20, 1989 by Law No. 18/1990, which entered into force on June 27, 1990. The ratification marked the country's commitment to harmonize national legislation with international standards on the protection and promotion of children's rights.
- The Istanbul Convention was ratified in Romania through Law No. 30/2016, which entered into force on September 1, 2016, thus demonstrating Romania's commitment to international standards in the field of preventing and combating gender-based violence, including forced marriage.







## National Legislative Framework in Romania

One of the most important pieces of legislation for the protection of children in Romania, inspired by the fundamental principles of the Convention on the Rights of the Child (CRC), is Law 272/2004. This law provides a solid framework to protect children against abuses, including forced marriages, and obliges public authorities - such as the General Directorates for Social Assistance and Child Protection (DGASPC) - to intervene promptly in cases of violations of children's rights.







# National policies and projects on early marriage and early motherhood

- Romania has a National Strategy on Promoting Equal Opportunities for Women and Men and Preventing and Combating Domestic Violence (2021-2027), elaborated by the Ministry of Labor and Social Solidarity. This strategy pays particular attention to topics relevant to the Roma Influencers Network project, including promoting equal access to education for girls and boys.
- Education and more specifically the prevention of school dropout is seen as a key factor in inhibiting early marriage and early motherhood. On the other hand, the notion of equal access to education is based on the elimination of gender stereotypes.







- Romania has also developed the National Strategy for the Integration of Romanian Citizens
  Belonging to the Roma Minority (2022-2027). The overall objective of this strategy is twofold: on
  the one hand, to reduce the social exclusion of Roma communities and, on the other hand, to
  improve their access to services and resources through integrated measures.
- In addition to these national strategies and plans, there are several governmental and nongovernmental initiatives in Romania aimed at preventing early marriage and early motherhood, especially in vulnerable communities such as Roma.
- Health Mediation Program, coordinated by the Ministry of Health and the Ministry of Education. This national program uses mediators to support vulnerable girls and families in accessing education and health services. Mediators play a key role in raising awareness among families about the risks of early motherhood and the benefits of education for girls.







# What is known about early marriage and early motherhood

- •Recent statistics on the number of marriages under the age of 18, disaggregated by sex, are not publicly available. However, the number of registered marriages under the age of 20 by gender can be highlighted.
- •In 2023, a total of 5,227 girls were married before their 20th birthday. This represents a decrease compared to 2021, when 5,767 cases were recorded. The phenomenon is much less prevalent among young males. If we consider cases where the spouses were under 20, the number of girls in the same age group was 653 in 2023.







- •According to official data published by the National Institute of Statistics (NIS), in 2023, a total of 648 births to mothers under the age of 15 and 14,714 births to mothers aged 15-19 were registered in Romania.
- •Considering minor fathers aged 15-19, there were 2,339 births to girls in the same age group, and 157 births to girls under 15.
- •According to general data, about 7-9% of newborns in Romania are born weighing less than 2,500 grams, thus falling into the "low birth weight" category. However, there is not enough data to establish a clear correlation between birth weight and mothers' age.







# On the reality of early marriage and early motherhood

•A survey conducted by the organization Save the Children in 2024 (Survey of Underage Pregnant Mothers and Underage Pregnant Girls - Research Report) collected information based on self-reports from participants. The study was based on a nationwide survey of underage mothers and pregnant teenage girls conducted between October and December 2023. The sample included 200 young women who were either mothers or pregnant, and interviews were conducted in 172 localities across the country.















### Overview of Roma communities

•There are an estimated 10 to 12 million Roma living in Europe, of whom about 6 million are citizens or residents of the European Union. Roma are found in most European countries, with significant concentrations in Central and Eastern Europe, particularly in Romania, Bulgaria, Hungary and Slovakia. In Romania, according to the 2021 census, the Roma population will account for 3.4% of the total population, but international estimates suggest higher percentages.

















## Early marriage and early motherhood among Roma communities in Romania

- •Studies show a high prevalence of early marriage and early motherhood among Roma girls. According to the report Early Marriages in Roma Communities: Causes and Effects (2018), the proportion of Roma girls marrying before the age of 20 has increased from 70% among the 25-29 year old generation to 84% among the 20-24 year old generation. Also, the proportion marrying before the age of 18 has increased from 44.6% to 52.1% among the same age groups.
- •In many Roma communities, early marriage and early motherhood are accepted and even encouraged as an integral part of cultural identity and traditions handed down from generation to generation. However, there are also voices within communities that recognize the negative impact of these practices on girls' education and development and advocate for change.







# "Listening to Roma voices - Field research with Roma women on early marriage and motherhood"

•As mentioned above, a total of 50 interviews were conducted with Roma women in Romania. The majority of participants were under 30 years of age (86%), which indicates that the sample is mainly composed of young women. Moreover, none of the women interviewed was aged 40 or older, which reflects the research's focus on the early experiences of marriage and motherhood among younger generations of Roma women.

Figure 1 - Age group of Roma women interviewed

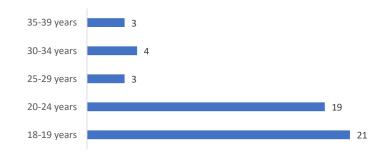
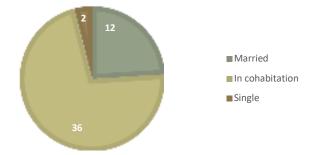


Figure 2 - Marital status of Roma women interviewed









### What women say about (early marriage)

- •In the majority of cases (75%), there was no civil ceremony or registration to formalize the marriage. Almost half of the respondents who were married or cohabiting with their partner stated that the marriage/cohabitation was celebrated according to the Roma tradition. For the other half, there was no celebration at all.
- •In terms of how the interviewed Roma women knew their spouses/partners, 12 women (25%) knew them since childhood and six knew them at school. However, the most frequent response (21 women 43.8%) indicated the importance of family in meeting future spouses or partners. A few others mentioned parties or living in the same neighborhood.







## Preventing early marriage and early motherhood

- •Given the importance of the topic of early marriage and early motherhood and how it can affect the lives of young Roma girls - not only physically, but also in terms of their choices and their future - the respondents' opinions highlight the need for intervention.
- •In this regard, 48 respondents (96%) support the promotion of activities to reduce and/or prevent early marriage, and 47 (94%) support the prevention of early motherhood.







## Asked what activities could be carried out for this purpose, several suggestions and opinions were expressed, which can be organized as follows:

- Empowering women

"Let's be encouraged to have a career before we get married." - Roma woman, 21

"To have programs for girls where we learn new things, travel and discover our passions." - Roma woman, 25

- Health information and counseling

"If there was a doctor to tell us what to do so we don't get pregnant, many girls would wait." - Roma woman, 20

"To know more about relationships, contraception and reproductive health." - Roma woman, 18







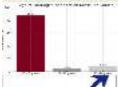






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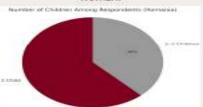


Erasmus+

#### PRELIMINARY RESEARCH RESULTS IN ROMANIA

The research on "Early marriages and early motherhood in Roma communities in 4 countries: Grece, Ireland, Portugal & Romania' which begun in November 2024, is currently in process within the framework of Erasmus+ Program under the project titled: "Roma Influencers Network" coordinated by Klimaka and has provided preliminary research results for Romania.

All respondents are mothers, 62% have one child, while 38% have two or three. The average is 1.44 children per woman.



The findings highlight a notable pattern of early marriage and cohabitation among

Roma women, with many entering such relationships while still minors. These unions are often informal and not legally registered, reflecting specific cultural and social

contexts.

#### Marriage Rates

Early Marriage



87.5% of surveyed Roma women married or cohabited as minors.

Young Cohabitation



Average age for first child among women is 16.64 years.

















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# Roma Influencers Network "Voices that change lives"

### Consortium

GREECE - Coordinator: Klimaka-Roma Day Center www.klimaka.org.gr IRELAND: Cairde www.cairde.ie

PORTUGAL: Cesis www.cesis.org & Cooperactiva www.cooperactiva.info ROMANIA: Sastipen www.sastipen.ro/ro/



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- initional researches
- A training courses
- Roma Influencers
  Network
- awareness raising campaigns
- Roma Influencers
- \*Avgood practices guide
- & policy recommendations
- anational & transnational workshops
- indocumentary films



### Opjective

The project Roma

influencers breaking the circle of early machinericod in Roma communities' under the title acronym 'Roma Influencers Network' derives from the gravity of the extremely harmful practice of early marriages and early motherhood in Roma communities.

It is focused on empowering, supporting,

the Roma
community,
especially women & girls
affected by the specific
concern by suggesting ways
to change behaviors and
attitudes in order to

protecting and awareness raising of

> overcome, reduce or eliminate a







### **Countries involved**









## About the project & training

- •To give you a voice, confidence and concrete tools to become a role model and support in your community.
- •To better understand your role and the impact you can have on other girls and women.
- •To learn more about communication, health, body, rights and how to prevent difficult situations.
- Build together a network of influencers who change lives!







## Why are you the voice of change?

- Roma women and girls are closest to the heart of the community they are the ones who best understand the real pains, hopes and needs of those around them. They are often the first to intervene, to listen, to offer support.
- Roma influencers are living forces within the community trusted individuals who can change destinies through personal example, courage and knowledge.
- They have a deep connection with young people in the community and can shape attitudes, behaviors and mindsets.
- They know the reality on the ground and that is why they can act effectively to break the chain of harmful norms and promote the rights of Roma women and girls.







# Women changing destinies: the role of the health mediator in vulnerable communities

- ♦ Health mediators are not just field workers they are real influencers in the community.
- ♦ In Romania, they play a crucial role in preventing early marriage, being in direct contact with Roma girls and women in their daily lives.
- They know very well the real problems of the community, the way of life, the traditions and mentalities and it is precisely this cultural closeness that makes them trusted voices and role models.







# Women changing destinies: the role of the health mediator in vulnerable communities

- ♦ These brave women:
- stem; facilitate communication between Roma and the medical system;
- signal accompany vulnerable people to consultations, births, vaccination campaigns;
- stranslate the needs, emotions and suffering of the marginalized;
- **\$\$** take a stand against discrimination and support the rights of women and children;
- sare often a Roma girl's first and only link to the health system.
- When a community has a dedicated health mediator, it has a voice, a hope, a bridge between marginalization and inclusion.







# 3. The role of the Roma Influncers Network-in preventing early marriage and early motherhood

### The Roma Influencers network works in several directions:

- creates awareness among girls, families and communities;
- encourages critical thinking about gender norms and cultural pressure;
- •promotes positive alternatives: further education, access to services and counseling;
- •supports the active participation of Roma girls and women in decision-making processes;
- •works with public institutions, NGOs and community leaders to build sustainable solutions.







### The role of Roma Influencers in preventing early marriage and early motherhood

The Roma Influencers Network plays a crucial role in preventing and combating early marriage and early motherhood among Roma girls, giving a voice to women in their communities and actively contributing to breaking the vicious cycle of social exclusion and gender discrimination.



My is the intervention needed?

Girls aged 13-18 are most at risk of early marriage.

These adolescent girls:

- have limited access to education and opportunities for independent living;
- cannot decide for themselves about their own education, careers, marriages or motherhood;
- 🗹 are subject to cultural pressures and traditional customs (arranged marriage, dowry, gender inequality);
- ✓ face early family responsibilities without adequate support and information.







### The role of Roma Influencers

- Facilitators between the community and public institutions (health, education, justice);
- Spokespersons for Roma girls advocate for their rights and create safe spaces for dialog;
- **SET :** Educators in key areas: sexual and reproductive health, informed consent, prevention;
- Promoters of critical thinking and alternatives to early marriage: staying in school, career, independence;
- Creating bridges between generations, encouraging mothers, fathers and community leaders to support girls' choices.

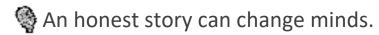






## Storytelling - a tool for transformation

Within the network, the technique of storytelling is used as a method of raising awareness and influencing. Roma girls and women tell their stories, express their traumas and transformations, inspiring others to imagine a different way forward.



















### Participatory activity: 'What does influence mean to you?

### **Individual activity**

**♦** What does influence mean to you?

**♦** Write in 2-3 sentences what influence means to you. Think about who has influenced you in your life and how you could positively influence others.

















### Participatory activity: 'What does influence mean to you?

### **Group activity**

- What does influence mean in your community?
  - Have you ever been a role model for anyone?
    - Who has influenced you the most?







### 1. What is empathic communication

"Empathic communication is about understanding the feelings and needs of the other person without judgment, offering authentic support and response." Rosenberg, M. B. (2003)

**Empathy** 

**Acceptance** 

**Authentic connection** 

Non-judgmental







### 2. What is active communication

Active listening is the process in which a person gives his or her full attention to the interlocutor, demonstrating a genuine interest in what is being said, responding in a clear, empathic and respectful way. It involves not only receiving the verbal message but also observing nonverbal communication, confirming understanding and expressing emotional support (Gordon, 2003).

### **Properties:**

eye contact

overt non-verbal language

rephrasing the message ("So what you are saying is that...")

validation of emotions

◆ Difference: P Hearing = physiological process D Listening = conscious and voluntary process







### 3. Communication barriers

- Judgment
- Rushing to give advice
- Lack of time / distraction
- Preconceived ideas







- 4. Why are they important in preventing early marriage/maternity?
- •Gives teenage girls a safe space for self-expression.
- •Helps identify their real desires and fears.
- •Builds trust between the influencer and the young Roma girl.
- •Enables early interventions through trust-based relationships.







### In general, storytelling is...

... an interactive process through which storytellers and their audience share their experience through the act of telling a story.

"Storytelling is the process of weaving language into a concrete narrative in order to create rich and believable experiences." (Glatch, 2024)

"Good storytelling can lead to excellent teaching, and an effective teacher is often a skillful storyteller". (Joel Brady, 2023)







Narrative therapy is ... (Narrative therapy - Storytelling)

... a technique first introduced in the 1970s by an Australian social worker.

It has had an impact in various scientific fields such as preventive medicine, health psychology and sociology.

Along with storytelling, narrative therapy helps people create stories about:

- 1. themselves,
- 2. their identities, and
- 3. the general situation they face.

Narrative therapy is done in a way that can be self-healing for them. By "co-writing" a new story about themselves, the therapist and patient create a therapeutic environment.







Storytelling techniques and narrative therapy = therapeutic conversations

The narrative therapy model is individual and family centered.

Although narrative work is considered part of family therapy, many authors argue that the use of these techniques by professionals can be beneficial for any individual.

The narrative technique engages them to face the challenges of the difficult situation they are facing and helps professionals to better meet the needs of the individual and their families.







### Why is it important in the work of Roma influencers?

- •Builds trust in the community.
- •Allows expression of lived experiences (including traumas, fears, desires).
- •Breaks down stereotypes and opens up sensitive conversations.
- •Delivers prevention messages in an accessible and empathetic way.
- Activates change through identification and emotion.







### Linking storytelling to early marriage prevention

### Stories can:

- •Illustrate the negative impact of early marriage/motherhood.
- •Present positive role models of girls/women who have chosen another path.
- •Open dialog with parents, girls, community leaders.
- •Support awareness and education campaigns.







## **Examples of use in practice:**

- •The story of a girl who continued her education and became a nurse.
- Story of a mother who fought for her daughter not to marry early.
- •Story of a mediator who intervened in a high risk case.







Practical activity: 'Story that changes'

Participants write or tell:



How they would tell the story to a girl at risk

What message they would convey through that story







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# Session-II Human body, mind and health

















# Session II



**(2)** Estimated duration: 5 hours (breaks included)

- 1. Introduction to the theme (15 min)
- 2. Basics of the human body female and male (45 min)
- 3. Mental health How to recognize and maintain it (45 min)
- 4. Myths and realities about the body and health (30 min)
- 5. Introduction to the Dorothy Johnson Model (45 min)
- 6. Final reflection and feedback (30 min)

















# Introduction to the theme

- ✓ In vulnerable communities, such as Roma communities, access to accurate information about health, body development and sexuality is often limited, which makes the role of local influencers in health education even more important. Motivation and self-confidence can be cultivated by understanding the body and the real needs of developing girls so that they can form a balanced and responsible lifestyle.
- ✓ In the public arena, health education, especially on sexuality, is sometimes misinterpreted. Although there are myths that correct information encourages early sexual initiation, studies show the opposite: adolescents who receive comprehensive sex education have fewer sexual partners, experience fewer unplanned pregnancies and are better protected from sexually transmitted infections.

















# Introduction to the theme

- Unfortunately, this topic often remains shunned in families and schools as taboo or shameful. But an age-appropriate, culturally and socially sensitive approach is essential to empower Roma girls to make informed and safe decisions for their bodies and their future.
- Within the Roma Influencers Network project, the promotion of reproductive health, sexuality education and healthy behavior are treated as fundamental rights of every person. According to the World Health Organization (WHO), health is defined as "a state of physical, mental and social well-being and not merely the absence of disease or infirmity". Therefore, this curriculum aims to develop influencers who can convey accurate and empathetic messages in their communities, contributing to girls' empowerment and empowerment.







# Introduction to the theme

- **\*** Keywords:
- \*reproductive health
- comprehensive sexuality education
- healthy behavior
- positive influence
- fundamental rights



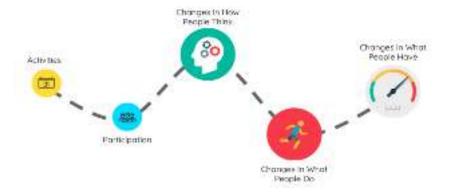




# WHY? Health promotion and health education?

### **According to the World Health Organization**

- Individual health is defined as "a state of physical, mental and social well-being and not merely the absence of disease or infirmity".





### Knowledge protects us?!

Promoting the correct knowledge on various aspects of health and the formation of attitudes and skills essential for a responsible and healthy behavior.







# WHY? Health promotion and health education?

### **Health and Health Matters for Life**

- ✓ Both young women and young mothers need guidance in health and wellness promotion, personal development of young people, prevention of accidents and health risk behaviors;
- ✓ Being in the adolescent period thinking and approach may be wrongly shaped on negative social considerations, having the role of identifying these problems;
- ✓ Knowledge about the human body, the need to keep it in good health and functioning;
- ✓ Providing confidence and depth in approaching sensitive and difficult health related topics;







# "Health is nature's richest and most beautiful gift." (Michel de Montaigne)

- ✓ For our own good, and that of the community, it is essential to realize how important health is especially during the period when a child's body is developing. At this stage, the body needs support, care and healthy nutrition, rich in nutrients and vitamins.
- ✓ Health is not just about not being sick, it is a state of wellbeing both physically and mentally. Our bodies need balance, and if one organ is not functioning well, the whole body can be affected. That's why we need to learn how to listen to our body, how to ask for help and how to choose what is good for us.
- ✓ For a young girl, especially in Roma communities, access to the right health information is a superpower. An informed influencer can pass that power on and change lives.

















# Basic body functions

- ✓ Relational (the link between the body and the external environment through the sense organs)
- ✓ Nutrition (this function is carried out by the respiratory, digestive, circulatory and excretory systems)
- ✓ Reproductive (sexuality, which physiologically is designed to ensure reproduction, and emotionally is linked to essential emotional aspects).



William Cairde













### From child to adult: Transformations of body and mind

**Puberty -** is the transitional stage from childhood to adulthood, characterized by physical, hormonal and emotional changes.

*It begins:* 

- -8-13 years in girls,
- -between 9-14 years in boys, and ends around the age of 16-17 years.

"Puberty is a complex biological process that marks the transition from childhood to adulthood, generally occurring between the ages of 8-13 for girls and 9-14 for boys" (National Institutes of Health, 2021). (National Institutes of Health, 2021)







## From child to adult: Transformations of body and mind

**Adolescence** - According to the World Health Organization (WHO), adolescence is the period between the ages of 10-19 years and is a critical phase of personal and social development.

### **Stages of adolescence:**

- ≥10-13 years early adolescence
- ➤ 14-16 years middle adolescence
- >17-19 years late adolescence

"Adolescence is a unique and formative period. Multiple physical, emotional and social changes, including exposure to poverty, abuse or violence, can make adolescents vulnerable to mental health problems." (World Health Organization, 2023)







### From child to adult: Transformations of body and mind

### Youth (15-35 years)

Some specialists consider that youth extends up to the age of 35, taking into account the postponement of the stages of maturation (family, career, housing). Sub-stages may include:

24-28 years - Adaptation (apprenticeship, couple life, first professional steps)

28-32 years - Establishing (consolidating professional, parental status)

32-35 years - Stability (clarification of personal values and aspirations)

(UNESCO, 2019; WHO, 2022)







### 1. The human body, human development and hygiene

### Competency 1.1: Identify body changes at puberty, using appropriate language

- **Puberty is a period of biological and psychological transformation** in which a child's body develops to become capable of reproduction. This stage is triggered by hormonal changes, in particular by activation of the hypothalamic-pituitary-pituitary-gonadal axis.
- •In girls, puberty begins between the ages of 9 and 13. Signs include breast development, onset of menstruation (menarche), growth of pubic and axillary hair, enlargement of the hips.
- •In boys, it starts between 10 and 14, with growth of the testicles and penis, facial and body hair, thickening of the voice and increased muscle mass.
- **Puberty** comes with new emotions, confusion and questions about the body that's why the right language and the right information are essential for understanding and accepting this stage.









Pubertal Development Timeline Review" - Participants will receive an illustrative timeline showing the stages of body development in girls and boys. Everyone will mark on the chart the stages they have already gone through and discuss in a safe and empathic setting how they felt at those moments.







### Competency 2.1: Explain the differences between health / physical discomfort / illness

- ➤ Health is defined by the World Health Organization as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948).
- Physical discomfort refers to a temporary state of unpleasantness such as fatigue, muscle aches or tension that does not necessarily imply the presence of disease. Illness, on the other hand, involves persistent symptoms, impaired normal functioning of the body and sometimes the need for medical intervention.
- It is essential for teenage girls to recognize the signs of good health, discomfort or illness. This understanding contributes to disease prevention, balanced living and addressing care needs in a timely manner.







# **Exercises**:

Realizarea unui tabel comparativ cu următoarele coloane:

- Simptome specifice
- •Cât durează?
- •E nevoie de ajutor medical?
- •Exemplu din viața reală Completează tabelul pentru fiecare stare: sănătate, disconfort, boală.







# Competency 3.1: Apply personal and environmental hygiene rules

- •Personal hygiene is the set of habits and behaviors by which a person keeps his or her body clean and prevents infections. The most important rules of hygiene include
- Regular hand washing with soap and water (especially before eating and after using the toilet),
- •daily body hygiene, care of hair, nails and teeth, the use of personal hygiene items (towels, underwear, sanitary towels, absorbent pads, etc.), maintaining intimate hygiene, especially during menstruation.







# Competency 3.1: Apply personal and environmental hygiene rules

Environmental hygiene includes maintaining cleanliness in the home, at school, in the community - properly disposing of waste, airing rooms and maintaining bathrooms and kitchens.

Hygiene is a form of self-respect and respect for others. Poor hygiene can lead to serious health problems, social exclusion or stigmatization, especially among adolescent girls.

### Link to the Roma Influencers Network project:

Discussions about hygiene are essential in vulnerable communities where access to hygiene products and basic services is limited. Roma women influencers can educate girls in the community about menstrual hygiene, combating myths and the importance of hygiene as a tool for protection and dignity.









# **Suggested practical activity:**

Participants work in small groups to create a 'Personal Hygiene Kit' for a teenage girl.

The kit will include essential items and the groups will present why each item is important. Optional: a list of "Golden rules for my daily hygiene" can be created.







### 2. Reproductive health

### Competency 2.1: Understanding the reproductive system

The reproductive system is a set of organs and structures that play an important role in reproduction, but also in the hormonal and sexual development of each individual.

The female reproductive system includes: ovaries (produce eggs and hormones such as estrogen), the fallopian tubes (carry eggs to the uterus), the uterus (where pregnancy develops), vagina (the birth canal), vulva (external part of the genitals).

The male reproductive system includes: testicles (produce sperm and testosterone), vas deferens (transport sperm), seminal vesicles and prostate (contribute seminal fluid)

Note: Teaching materials will be used in the presentation of the organs for a deeper understanding







### Competency 2.1: Understanding the reproductive system

It is essential for teenagers to know their own bodies, understand how they work, and eliminate shame or myths about reproduction. Body knowledge is the first step towards a healthy sex life, preventing abuse and unwanted pregnancies.

# Link to the Roma Influencers Network project:

In many Roma communities, information about reproduction is either taboo or misinformed. Girl influencers have a key role to play in educating girls and boys about their bodies in a fair and friendly way. They can combat shame and encourage girls to talk confidently about their bodies and ask for help if they have questions or problems.









### 1. Simulating a community workshop

You are in an informal meeting with two girls from the community, aged 14 and 16. The girls have heard many myths about menstruation, puberty and have never understood how their bodies work.

How would you explain to them what the uterus is? Or ovulation? What would you tell them to make them feel safe and shameless?"

Participants write down their answers or discuss in pairs. Then 3-4 of them present briefly in plenary what they would say.

### 2. Creating a simple message (15 min)

Each influencer formulates a short and clear message of impact that she can use in the community.

Example: "Your body is yours. You have the right to know and protect it."







### Competence 2.2: Emotional development

### Puberty brings not only physical changes, but also emotional ones:

- •Anxiety, sadness, anger, confusion or shame
- •A desire for autonomy and exploring your own identity
- •Increased sensitivity to the opinions of others
- Distrust or insecurity in your own body

### It's important for girls to learn:

- Recognize and name emotions
- •Express them in a healthy way, without fear of judgment
- Develop empathy understanding the feelings of others



- healthy relationships
- responsible decisions
- combating anxiety and the risk of isolation







# Reflection discussion:

- •What emotions were you not allowed to feel as a child?
- •What do you wish someone had told you about growing up?
- •How can you support another girl who feels fear or shame?







# Competency 2.3: Understand the structure of relationships and the elements of a healthy relationship

Healthy relationships - be they friendship, family or couple - are built gradually, over time, and involve:

#### **Mutual respect**

- Honest communication
- Trust
- Time spent getting to know the other person
- Clear boundaries

**The relationship** pyramid is a visual model that helps participants understand the differences between **surface relationships** (based on physical attraction or interest) and **deep relationships** (based on knowledge, empathy, commitment).









#### Necessary instruments :

- Google Jamboard
- Breakout Rooms on Zoom
- Step by step:
- 1. Presenting the pyramid on a slide:
- Base: Respect and trust
- Middle: Communication, common interests
- Top: Emotional intimacy and commitment
- 2.Break into small groups (3-4 participants):
- Each group gets a Jamboard link or a worksheet in Google Docs
- Task: To describe a healthy relationship built step by step, starting from the ground up
- What is not a healthy relationship?
- 3. Exemplu de relație toxică (lipsă de respect, control excesiv, izolare etc.)Întoarcere în plen (15 min):

Each group presents its own pyramid and draws conclusions

Discussion: "How can we help a girl in the community who is in an unhealthy relationship?"







#### Competency 2.4: Know the main sexually transmitted diseases and how to prevent them

Sexually Transmitted Diseases (STDs) are infections that are transmitted mainly through vaginal, oral or anal sex. Some STDs can also be transmitted from mother to child through blood or contact with infected fluids.

#### **Most common STDs:**

- >HIV (Human Immunodeficiency Virus) weakens the immune system
- > HPV (Human Papilloma Virus) some strains can cause cervical cancer
- Chlamydia often without symptoms, but can lead to infertility if untreated
- Gonorrhea bacterial infection that can affect the reproductive organs







# Competency 2.4: Know the main sexually transmitted diseases and how to prevent them

# Possible (but not always occurring) symptoms:

- >Unusual secretions
- ► Pain when urinating
- Sores or blisters in the intimate area
- ➤ No symptoms does not mean no disease!

#### **Effective prevention:**

- Correct condom use (internal or external)
- ➤ Regular STD testing
- >Avoiding unprotected sex
- >Access to correct information and counseling







#### **Practical online activity:**





Google Slides or Mentimeter



The trainer presents a series of statements and the participants have to say whether they are Truth or Fiction:

"If you don't have symptoms, you don't have an STD."  $\rightarrow$  Myth  $\chi$ 

"HPV can lead to cervical cancer." → Truth \\*

"Only women can get STDs." → Myth 💥

"Condoms are the only method that protects against STDs."  $\rightarrow$  Truth  $\boxed{\hspace{1cm}}$ 

#### **Guided discussion:**

Which statement surprised you?

What did you learn something new?







# Competency 2.5: Know the main contraceptive methods and their role in preventing pregnancy

Contraception is the use of methods to prevent an unplanned pregnancy. It is a fundamental right of every person to have access to information and means of contraception, in a safe, informative and shameless way.



### Types of contraceptive methods:

#### Condom

- The only method that protects against both pregnancy and sexually transmitted diseases.
- There are male and female condoms.

#### The contraceptive pill

- Take daily.
- Doctor's recommendation.

#### Sterile sterilization (IUD)

- Small device inserted into the uterus by a doctor.
- Can protect between 3 and 10 years.

# **Contraceptive injections**

- They are given every 3 months.
- Requires regular doctor visits.

#### **Natural methods**

- Menstrual calendar, withdrawal etc.
- Less safe and do not protect against STDs.

#### Other modern methods

- Patches, subdermal implants, vaginal ring.







# It is important:

Each method has advantages and risks.

Discussion with a health professional is recommended.

The choice of method should be informal, voluntary and personal.







# Practical online activity :

**o** "Choose the right method!" - Interactive game on Zoom



**Padlet** 

Zoom breakout rooms (optional)



Participants are divided into small groups.

#### Each group gets a script:

"Ana is 17 and wants to go to college. She has a boyfriend but doesn't want children yet."

"Loredana is married and already has 2 children. She wants to avoid pregnancy for 5 years."

"Sanda has a new partner. She's afraid of sexually transmitted diseases."

Girls discuss: Which contraceptive method would suit her and why?

Back to plenary: each group presents their choice and arguments.









Mental health is a state of emotional, psychological and social well-being. It influences how we think, feel, behave and manage stress, relationships and decision-making. World Health Organization (WHO, 2022). Mental health: strengthening our response.

"Mental health is more than the absence of mental disorders - it is a resource that helps us cope with life."







- Signs of good mental health:
- You feel secure in your body and your thoughts;
- You have the ability to enjoy, laugh and connect with others;
- You can ask for help when you need it;
- You manage difficult emotions.

# Signs of mental imbalance:

- Lack of sleep or extreme tiredness;
- Persistent sadness, hopelessness;
- Social isolation;
- Irritability or anger for no clear reason;
- Lack of interest in daily activities;
- Eating disorders.

Mental Health Foundation (UK, 2021). How to support your mental health.







#### Postnatal / post partum depression

#### What is postpartum depression?

Postpartum depression is a mental disorder that can occur in mothers in the first months after giving birth. It is not a form of 'weakness' or 'laziness', but a real medical condition caused by hormonal changes, stress and lack of social support. American Psychological Association (APA, 2020). *Understanding Postpartum Depression* 

#### **Common symptoms:**

- Frequent and unexplained crying;
- Lack of energy and difficulty concentrating;
- •Feelings of guilt, shame or worthlessness;
- Difficulty bonding with the baby;
- •Thoughts of self-harm or suicide (in severe cases).







# How do we support a mother with postnatal depression?

- Non-judgmental listening;
- Encouragement to talk to a specialist (psychologist, doctor);
- Offering concrete help (childcare, household);
- •Validating emotions: "It's ok to feel overwhelmed, you are not alone."

WHO (2023). Maternal mental health and child development







# Myths and facts about the body and health

# **Objectives:**

- ➤ Developing critical thinking
- ➤ Combating body shame
- ➤ Promoting a correct understanding of health















# Myths and facts about the body and health

" In our communities, a lot of information about the body, health or sexuality circulates from mouth to mouth. Some is true, but much is myth. We look at them together and see what the science says."







- Myth 1: "Girls are not allowed to bathe during menstruation."
- √ Fact: Girls can shower or bathe if they feel comfortable. Hygiene is even more important during this time.

WHO (2011), Puberty education & menstrual hygiene







- Myth 2: "If you talk to girls about menstruation and sexuality, they will want to try sex."
- **False:** Proper sex education delays the onset of sexual debut and helps prevent pregnancy and disease.

UNFPA (2021), Comprehensive Sexuality Education







- Myth 3: "Menstruation is something shameful to be hidden."
- X False: Menstruation is a natural biological process. It is nothing to be ashamed of.
- •Sample discussion "What did you learn about menstruation as a child?" Trust and storytelling moments can be created.







# ♦ Myth 4: "If a girl develops faster, she's ready for marriage."

**False:** Physical development does NOT mean emotional or social readiness. Adolescent girls have the right to decide when they are ready.

UNICEF (2012), Adolescence: An Age of Opportunity







# Online activity - "Myth or Reality?"

Participants respond in chat with <a>[</a> (fact) or <a>(myth)</a>

Guided discussion after each answer: "Why do you think this myth has spread?" / "How can we combat shame?"

# **E** Consolidation activity:

Individual Worksheet (Google Form):

Fill in 3 myths you've heard about your body.

Write down how you would respond now, after this session. Do you have the courage to share one in a group?







# The Dorothy Johnson Model - Behavioral Subsystems and Equilibrium

The human body is not just a sum of organs, but a complex system of interconnected behaviors and emotions that can influence physical and mental health.

#### What is the Dorothy Johnson Model?

◆ Dorothy E. Johnson was a nurse who proposed a behavioral model in which humans are viewed as a system made up of 7 subsystems. Each subsystem has a specific role in maintaining personal balance. Johnson, D. E. (1980)



















# The 7 subsystems in the Johnson model:

Subsistem	What is	Example adapted
1. Attachment - affiliation	Need for relationships and connections	"I need someone to talk to"
2. Dependence - independence	Need for support vs. autonomy	"Sometimes I need help, sometimes I can help myself"
3. Elimination	Correct physiological functioning	Digestion problem → stressed or diet?
4. Feed	The need for proper and balanced nutrition	"I eat regular and healthy meals"
5. Sexuality	Identity and sexual development	"I understand my body and respect my limits"
6. Aggression - self-protection	Managing fear, anger	"How do I react when I feel threatened?"
7. Self-control	The need to feel they are making progress	"I set goals and I'm happy when I reach them"







# The Dorothy Johnson Model - Behavioral Subsystems and Equilibrium

#### **Adaptation in Roma communities**

The Johnson model can be a guide to understanding young women's behavior in the context of social pressures, early pregnancy or forced marriage. For example:

If a girl doesn't have a stable attachment subsystem (doesn't have someone she trusts), she may seek validation in toxic relationships.

If she doesn't feel capable of making decisions (the fulfillment subsystem is blocked), she will let others decide for her (e.g. parents, partners).

If she is not explained how her body works (sexuality subsystem), she cannot make informed decisions.







# Final Reflections & Feedback

# **Reflection questions**

What information changed my perspective?

How do I feel after this session?

What thoughts do I go home with?

What do I want to take forward in my community?



🥕 Thanks for getting involved! See you again with energy! 🌈









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# Sesiunea-III

Gynecology & adolescent body development

















# **Contents**

# Session III

- Estimated duration: 5 hours (breaks included)
- 1. Introduction (15 min)
- 2. How do we talk about gynecology in the community? (30 min)
- 3. What does consent/sexual agreement mean (45 min)
- 4. About sex life?
- 5. Discussion & role-play (45 min)
- 6.Conclusions & reflection exercise (30 min)







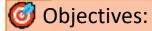








# 1. Introduction - Knowledge is power



- To create a trusted space for discussion about reproductive health.
- To understand what gynecology means and why it is important.
- To normalize the idea of visiting the gynecologist as part of self-care.







# Open questions for circle discussion (cognitive activation):Introduction to the topic

- How would you approach the subject of gynecology in the community?
- ➤ How would you get young Roma girls to see a gynecologist?
- Why yes/no?What are your emotions when you hear "gynecologist"?







# Introduction to the theme

Video: "What to Expect at Your First Gynaecologist Visit"

https://www.youtube.com/watch?v=XoRko5yPT44

https://www.youtube.com/watch?v=Kp9Uo hrGk

https://www.youtube.com/watch?v=BbFPauPPL48

\*\*Idee-cheie transmisă: "Mergem la ginecolog nu doar când avem probleme, ci și pentru că ne pasă de sănătatea noastră. Este un act de responsabilitate și curaj."







# How do we talk about gynecologist in the community?

#### The importance of the first visit

The first gynecological consultation is a defining moment in a girl's life, which contributes to taking responsibility for her own body and begins a journey of conscious care.

#### Purpose of the visit

General Reproductive Health Check

- •Information opportunity on puberty, menstruation and hygiene
- •Safe space to ask questions about your body and sexuality.

#### What the first visit entails

A discussion first - explaining what will be done and why

- •Simple examinations, explained step by step to reduce anxiety
- •Establishing frequency: advisable annually, especially if they have started sex life.







# How do we talk about gynecologist in the community?

#### **Encouragement and empathy**

The subject is approached with understanding, emphasizing that visits to the gynecologist are not just preventive, but reflect concern for your own health.

The first visit isn't about the problem - it's about empowerment, responsibility and caring for your body and health.

#### **Emotions and support**

Anxiety about a first visit is normal, so it is helpful to have an empathetic and understanding manner from the medical staff.

•The young woman may be accompanied by a trusted person for emotional support.

For many girls, the first visit to the gynecologist is accompanied by strong emotions.

Having someone you trust and meeting a doctor who listens with empathy can turn this experience into a time of learning and confidence, not fear.







# When and why the first gynecological check-up is indicated?

# **When?**

- Between 13-15 years, even if there are no health problems.
- At the first signs of puberty or menstruation.
- Before sexual debut When pelvic pain, irregular or heavy periods occur.

#### **WHY?**

- To get accurate information about your own body.
- For disease prevention and development monitoring.
- For advice on intimate hygiene, menstruation, sexuality.
- To create a trusting relationship with a doctor. American College of Obstetricians and Gynecologists (ACOG, 2020)







# What happens in the surgery? Simple and safe steps

# 1. Introductory discussion:

- About menstrual history, general and emotional.
- Questions about lifestyle, hygiene, family.
- Nothing is done without the girl's consent!

### **2.** General examination:

- Measurement of blood pressure, weight, height.
- An external abdominal ultrasound may be done.

#### **3.** Gynecological examination (only if necessary):

- With the consent and understanding of the girl.
- It can be postponed if it's not urgent.
- The doctor explains everything step by step.
- A support person may be present during the consultation.







# What happens in the surgery? Simple and safe steps

- **P** Checklist util:
- Go with someone you trust (mother, sister, friend) Write down your questions in advance.
- Tell the doctor if you are anxious it's natural!
- No need for full waxing or other 'special' preparations.
- Wear comfortable clothes.
- Important: You choose what you want to say and what you don't. It's your body.







#### What is sexual consent?

"Sexual consent is a clear, informed, freely given and enthusiastic agreement between two people who decide to engage in intimate activity. No coercion, no fear, no pressure." Planned Parenthood (2023), WHO (2010)

Golden rule: "Without consent, any sexual act is abuse."







#### Participatory discussion: what does consent NOT mean?

- X "If he doesn't say anything, it's OK."
- X "We're in a relationship, so it's normal."
- X "She said yes a month ago."
- "He made it clear he still wants to now."
- Discuss: consent must be free, clear, present, ongoing, and reversible.

















### **Consent traffic light**

	Example of behavior	It means
GREEN	"Yes, me too!"	Clear consent
YELLOW	"I don't know / silence / hesitation"	Stop, discuss
RED	"Not / unconscious / forced"	NO consent















### **Pinal key messages**

- ✓ Consent is not valid if you are frightened, coerced, under the influence of alcohol or being lied to.
- ✓ "NO" is a complete answer. You do not need to explain or justify.
- ✓ You can say "YES" and then change your mind. That's your right.







#### When is the right time to start your sex life?

"There is no perfect age, there is a right time - when **YOU** are emotionally, physically and mentally ready, and the **DECISION** is **YOURS**". UNESCO (2018) International Technical Guidance on Sexuality Education.UNFPA (2021)

#### **Reflection questions:**

- •What do you think "being ready" means?
- •What factors do you think influence girls in the community to start sex early?
- •Who should decide when is the right time?
- Answers are written in mentimeter







#### What is 'preparation' for a healthy sex life?

- Information you understand the risks and protection methods.
- Consent you agree 100%, no pressure.
- Respect your partner respects you, listens to your boundaries.
- Safety you use protection, you trust each other.
- Emotional you feel good about yourself, you don't do it "so they don't leave you".
- Maturity you understand the consequences of a pregnancy or STD.

Advocates for Youth (2020) Rights, Respect, Responsibility (3Rs Curriculum).







#### Activity: role-play "Pressure or decision?"

Scenario: "15-year-old girl has an older boyfriend who tells her that if she doesn't have sex with him, he will leave her."

How does the girl feel?

What are her options?

What would a responsible influencer say?

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### Myth or reality?

MYTH	TRUTH
"If I love him, I have to have sex with him."	Love means respect and patience, not pressure.
"All the girls do it early."	There is no rule. Everyone decides for themselves.
"Sex is shameful."	Sex is a natural part of life, but it must be treated responsibly.







"Sex life is a choice, not an obligation. You only have the right to say YES when you are fully ready to say NO."

International Planned Parenthood Federation (IPPF, 2016). Healthy Sexuality Toolkit.







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# Session-IV

The link between education, health and the future

















### Contents

### Session IV

- Estimated duration: 5 hours (breaks included)
- 1. Opening & Introduction (30 min)
- 2. Education = health + future (45 min)
- 3. True story: The road to success (60 min)
- 4. Worksheet: "My educational dream" (60 min)
- 5. Vocational Counseling (60 min)
- 6.Closing & Recap (45 min)















### 1. Introduction - Knowledge is power

#### Education is more than school.

#### It's a personal development process that gives girls the tools to:

- make informed decisions about their health (sexual, emotional, physical),
- avoid risks (early marriage, unwanted pregnancies, abusive relationships),
- build a stable life based on economic autonomy and dignity.

#### An educated girl is more likely to:

- postpone marriage and motherhood until she is ready,
- know her rights and defend them,
- -actively contribute to the development of her community.

















To realize the profound connection between education and personal health, life choices and economic self-sufficiency. Participants will understand how education can be a protective and developmental tool for young girls.

"How education changed my life" <a href="https://www.youtube.com/watch?v=2izn9XSNzww">https://www.youtube.com/watch?v=2izn9XSNzww</a>







# How does education protect us? The four pillars

#### 1. Education and personal health

Educated girls develop healthy behaviors earlier: personal hygiene, proper nutrition, physical activity.

They are less at risk of diseases (including sexually transmitted diseases).

Education helps them understand how their body works and how to care for it.







# How does education protect us?

#### 2. Education and sexual and reproductive life

Informed young women make more conscious decisions about early sexual life.

They can avoid early pregnancies, toxic relationships or forced marriages.

They learn what consent means and how to say no.







# How does education protect us?

#### 3. Education and access to health services

An educated girl knows where and when to seek medical help.

She understands medical language more easily and takes control of her own health







# How does education protect us?

#### 4. Education and economic independence

Education provides girls with skills for work and their own income.

They are no longer economically dependent on marriage or family.

They can choose when and with whom they start a family.







### True story - the road to success

Mirela's story (name changed)

Mirela was born in a small village in a traditional Roma family with 5 siblings and a mother who never went to school. Her father worked construction by day and the family lived on the little he brought home.

At 14, Mirela found out that she was to be engaged to a boy from a neighboring family, "so she wouldn't be a burden on her parents". At the time, she was studying at the village primary school and dreamed of becoming a teacher.

One day, her teacher came to Mirela's home, talked to her parents and told them that Mirela had potential, that she deserved to go to high school. The parents hesitated, but with the support of a community health mediator and an association, they agreed.

Mirela moved to a social placement center for girls learning, went to high school in the city and was always first in her class. She worked weekends as a nanny and saved for college.

Today, Mirela is a community nurse and helps other girls in the community follow their dreams. She goes to the villages, talks to parents, participates in health campaigns and does exactly what she wished for: education, health and hope.







# Vocational counseling - "My way"

**Vocational counseling** is the process by which a person discovers what is right for them professionally, taking into account their skills, passions, values and personal context. It is essential for teenagers, especially in communities where career decisions are influenced by family, lack of information or financial resources.















# Vocational counseling - "My way"

Nivel	Example	Advance
<b>©</b> Liceu	Technological, theoretical or vocational high school	Further studies, baccalaureat
Professional courses	Cook, hairdresser, hairdresser, hairdresser, carpenter, personal care worker	Quick job + employment
Post-secondary school	Asistent medical, educator childcare worker, accountant	High skills, high market demand
Volunteer	NGOs, youth centers, European projects	Experience, personal development, networking







# Interactive game: career in small steps

**Objective:** Girls visualize a possible career path and translate it into concrete steps, aware that nothing happens "overnight".

#### **Instructions:**

Participants choose a profession (e.g. nurse, hairdresser, educator, entrepreneur).

In Google Jamboard/collaborative slide, they draw a route (path with steps).

Each step has to be specific:

Ex: 8th grade  $\rightarrow$  technological high school  $\rightarrow$  volunteering in an NGO  $\rightarrow$  qualification course  $\rightarrow$  job.

Then, in plenary, 2-3 participants present their career path.

The others offer questions and empathic feedback.







#### Bibliografie

- UNICEF (2022). Education and adolescent well-being.
- UNESCO (2017). Education transforms lives.







# Session-V

Roma culture, traditions and early marriage







# Session-V

Roma culture, traditions and early marriage

















# Contents

### Session IV

- Estimated duration: 5 hours (breaks included)
- 1. Introduction: Roma culture and identity (45 min)
- 2. Traditions vs rights: Early marriage (60 min)
- 3. Role Play: "How would I explain early marriage?"
- 4. Mind Map: Culture Education Health (45 min)
- 5. Reflection and feedback (30 min)















### Introduction: Roma culture and identity

### **Objectives:**

- ☐ To create a space for personal and cultural expression for participants;
  - ☐ To highlight the positive values of Roma culture;
- ☐ To start a critical reflection on the difference between tradition, identity and social pressure.















#### "What does being Roma mean to you?

\* Format: Mentimeter

How do you feel when you say you are Roma/Rromani?

What are the first 3 words that come to mind about your culture?

Do you have a fond memory related to your identity?















# Mini-presentation: Key elements of Roma culture

Value	Meaning	Reflection exercise
<b>Extended family</b>	Support, belonging, solidarity	Who are the people who have supported you the most?
Rromani language	Linguistic identity, transmission of values	Do you know any words or expressions?
★ Spirituality	Beliefs, superstitions, respect for life and death	What traditions do you respect in your family?
	Cultural expression, way of life, honor	Which Romani song sounds "yours"?















# "What do we preserve from tradition? What makes us proud?"

#### Reflection questions:

What traditions or customs do you keep in your family?

What parts of Roma culture do you want to pass on to your children?

Are there things that you feel need to be changed or adapted?

"Being Roma is not just an ethnicity, but a history, a collective memory and a hope." - Nicolae Gheorghe







# Traditions vs rights: Early marriage

#### **Session objective:**

Participants will understand what early marriage is, what its causes are in Roma communities, and how cultural traditions intersect with girls' fundamental rights.







### Social and cultural factors

- Poverty: For some families, early marriage is seen as a survival strategy "one less member to support".
- Community pressure: Traditional norms may dictate that a girl must marry as early as possible to "preserve the honor" of the family.
- Lack of sex education and access to information: Girls don't know their rights and don't have the tools to make informed choices.
- Family patterns passed down from generation to generation: In some cases, mothers or grandmothers have gone through the same experience, considering it "normal".

Plan International (2018) Their time is now: Eliminating child, early and forced marriage in Europe.







# **Community testimonials**

"Let's be encouraged to have a career before we get married." - Roma woman, 21

"To have girls' programs where we learn new things, travel and discover our passions." - Roma woman, 25

"If there was a doctor to tell us what to do so we don't get pregnant, many girls would wait." - Roma woman, 20

"To know more about relationships, contraception and reproductive health." - Roma woman, 18







### **Tradition vs Rights**



Participants are encouraged to reflect on the concept of tradition and to differentiate between positive cultural elements and those that can become harmful when they violate fundamental rights, especially of girls.







### **Tradition vs Rights**

- 1. What does "good tradition" mean to you?
- Example: traditional dress, holiday customs, family solidarity.
- **2.Can you give an example of a tradition that, in your opinion, can become dangerous or restrictive?** Example: early marriage, girls denied access to education, stigmatization.
- 3. How can we preserve our Roma culture without violating girls' rights?

Discussion of positive alternatives: family dialog, educated Roma women role models, symbolic rites of passage (without marital pressure).

**4.If a girl is under pressure to get married, who can she turn to for help in the community or outside?** Possible examples: a health mediator, a teacher, a trusted friend, an NGO, a counseling hotline.

















# Tradition vs Rights

"Culture and tradition are alive - they can evolve with human values. When we choose to protect and support girls, we preserve our identity and make it stronger., Nicolae Gheorghe