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RIGHTS
WATCH

“It’s Happening Even Without You Noticing”

Increasing Barriers to Accessing Sexual and Reproductive Health Care in Romania



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Reproductive Health Care in Romania**

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Summary

When Nina became pregnant at 19, she wanted an abortion. Her family doctor told her that his hospital did not provide abortions on request, so she should search online for a provider. When she Googled “abortion,” the first result was “avort.ro.” Not knowing the organization was one that promotes anti-abortion rhetoric and works to prevent pregnant women and girls from going through with having an abortion, Nina called it. “They told me things that sounded sci-fi,” she recalled. “That doctors don’t use anesthesia, that the fetus would be handed to me all sliced up.”

The woman who she spoke to assured Nina that the state and church would help her if she kept the baby. But Nina still wanted an abortion, so the woman scheduled two appointments for her at the Giulesti Maternity Hospital in Bucharest. The doctor did not show up for either appointment. By then, Nina was already 12 weeks pregnant. Nina tried calling the woman again, but she never answered. After her son was born in 2020, Nina had to postpone her university education, quit her job, and leave the capital due to financial difficulties. “Being in this situation, it was like all my dreams went out of the window,” she said. “I experienced a major break in the perception that I could do anything. Maybe that is why I can’t bond with my son as well. It was really painful, and it still is.”

In theory in Romania, women and girls enjoy most sexual and reproductive health rights, including access to abortion and family planning methods. However, in practice, women and girls increasingly face barriers to accessing the healthcare resources necessary for the enjoyment of these rights.

In Romania, abortion on request—an abortion performed within a legally defined gestational limit at the request of a pregnant woman or girl, which does not require doctors or other professionals to attest to or certify the existence of a particular reason or justification for the abortion—is permitted until 14 weeks of pregnancy. At this stage article 201 of the Penal Code comes into play and punishes those who conduct or attempt to conduct an abortion on request after 14 weeks with imprisonment or by a fine and a “ban on the exercise of certain rights.” Physicians can also face a prohibition from practicing. The “pregnant woman” cannot be punished for terminating her pregnancy.

Doctors can perform abortions for up to 24 weeks of pregnancy if done for “therapeutic purposes,” and beyond 24 weeks for therapeutic purposes “in the interest of the mother or the fetus.” However, a growing number of doctors and public hospitals no longer provide legal abortion services for several reasons described in this report:

- Hospital and clinic administrators have increasingly adopted policies, both formal and informal, that prohibit the provision of abortions on request and thus turn away patients seeking these services;
- Doctors have frequently invoked conscientious objection when turning away patients, often without referring them to other medical facilities or doctors;
- Some doctors cite concern about what they say is a lack of malpractice insurance provided to physicians working in public health care facilities, and how that might leave them without coverage for potential liability related to provision of abortion care;
- Some doctors were unaware of, misunderstand, or misinterpret certain laws and guidelines concerning abortions on request, such as the recommended time limit for medication abortion (within 12 weeks of amenorrhea) and that 16- and 17-year-old girls do not require parental or legal guardian consent for non-emergency sexual and reproductive health services, including family planning services and abortion on request.

These barriers have had a significant impact on the availability of abortion services at public healthcare facilities across the country. Two Romanian nongovernmental organizations, FILIA Center, a feminist NGO based in the capital Bucharest, and the Euroregional Center for Public Initiatives, surveyed 242 public hospitals between February and May 2021 and found that of the 137 that provided the requested information, only 59 — less than half — provided both abortion procedures and medication abortions on request. According to the government’s Public Health Directorate, in 2021, 11 out of 41 counties in the country — over a quarter — recorded zero abortion procedures on request performed in public hospitals. Two of those eleven counties also recorded zero abortion procedures on request performed in private clinics.

Between November 2023 and February 2024, the Independent Midwives Association conducted another survey on access to abortion, analyzing 959 public and private medical facilities nationwide. 552 facilities stated that they do not provide abortion services (57.6%). Of these, 176 were public medical facilities, among which 111 (63.06%) did not

provide any abortion services. The Association also found that 90% of the surveyed medical facilities that did not provide abortion services also did not refer women and girls requesting an abortion to other medical facilities or practitioners.

Such obstacles to accessing abortions on request in public hospitals often push women and girls to seek these services from private hospitals and clinics, which are not covered by Romania's public health insurance system, National Health Insurance House, and must instead be paid for through out-of-pocket payments or private health insurance. Abortion on request services can cost about 150 Lei (about €30 or US\$32) in public hospitals. In private clinics, however, abortion on demand can cost between 1,200 to 1,500 Lei (about €240 to €1,004 or US\$247 to \$1,030), which could be more than a month's salary on the national minimum wage.

As a result, many women and girls who are forced to seek out abortion services from private-sector providers are unable to access them because of cost or must face significant financial hardship to do so. This is particularly true for socially and economically marginalized communities in Romania that are more likely to experience poverty, including people from the Roma community, rural women and girls, and some adolescents.

Some women and girls also face financial barriers to accessing contraceptives, which are also not covered by the National Health Insurance House nor subsidized by any other state-funded program at time of writing. This challenge is not new: Since 2013, the Ministry of Health has not allocated funding for the acquisition and distribution of free contraceptives through any of its existing programs or the National Health Strategy.

Laws, policies, and the public perception of abortion, contraception, and sexuality education in Romania have been influenced in recent years by the anti-rights movement, which is a transnational campaign against legislative and policy developments on human rights issues, including gender equality. Proponents have built cross-border alliances under the banner of countering so-called "gender ideology", a term used to portray efforts to advance gender equality—including those aiming to uphold sexual and reproductive health rights, combat gender-based violence, and eliminate discrimination based on sexual orientation and gender identity—as foreign ideas that supposedly threaten "traditional" values and families.

Furthermore, religious institutions and governmental officials have made efforts to block access to sexual and reproductive health services, provision of sexuality education, and lesbian, gay, bisexual, and transgender (LGBT) rights. Religious denominations, particularly the Romanian Orthodox Church and Protestant churches, have perpetuated and supported anti-rights rhetoric as well, and the influence of religious conservatism extends to healthcare provision. Public hospitals often have churches on their premises; priests employed by these churches sometimes use their location to propagate anti-abortion rhetoric to pregnant women and girls going to the hospital to obtain an abortion, as well as healthcare providers who work there.

A key manifestation of the anti-rights movement in Romania is the establishment of what are referred to as crisis pregnancy centers (CPCs), a model that originated in the United States and has now spread to some other countries. Although they may present as providing comprehensive information and support to pregnant women and girls, CPCs promote anti-abortion rhetoric and seek to block pregnant women and girls from obtaining abortions, including by making misleading offers of support and information and promising them resources such as housing and money if they do not obtain an abortion. Some public institutions, including General Directorates for Social Assistance and Child Protection and public maternity hospitals, have formally or informally collaborated with CPCs, providing them with significant access to public healthcare facilities and women and girls seeking abortion services. The Ministry of Labor and Social Protection provides accreditation as a social service provider to at least one major CPC in Romania called the Pulse Center (Centrul PULS).

In practice, some CPCs do not follow through on their promises at all, while others provide access to resources for a limited period after birth, leaving these women and girls and their young children on their own after at most a couple of years. Many CPCs in Romania are religiously affiliated and conduct their anti-abortion activities alongside the provision of other charitable social assistance, sometimes in collaboration with public institutions. CPCs in Romania have been established and/or supported by religiously affiliated anti-abortion organizations in other countries, particularly the United States, through funding, training, advocacy, and networking.

Human Rights Watch found that CPCs' practices have significantly hindered access to abortion services at public healthcare facilities. While this is the overt goal of these private institutions, Romania's failure to ensure the availability, accessibility, and quality of abortion services at public facilities, exacerbated by the failure to regulate these private entities in a way to prevent them interfering with women and girls' right of access to abortion services constitute violations of the human right to the highest attainable standard of health as well as the principle of equality and non-discrimination.

Finally, adolescents in Romania do not have access to mandatory comprehensive sexuality education (CSE). While some important information regarding pregnancy, family planning, and sexually transmitted infections is included in the compulsory 7th grade biology curriculum, a CSE activist noted that many teachers avoid these topics with their students. Schools can offer "health education" as an option for students in year 1 to 12. The courses available in that curriculum include many topics that follow UN international guidance on sexuality education, providing age and stage-appropriate scientifically and evidence-based information about a full range of topics related to sexuality. But their optional nature allows teachers to avoid teaching certain topics they would deem inappropriate or controversial, such as sexuality and abortion. Participation rates have been consistently low over the years, which activists claim is due to the Ministry of Education's failure to properly implement health education, combined with the effect of the anti-rights movement.

Due to the dearth of youth-friendly education services for sexual and reproductive health, adolescents who cannot access sexual and reproductive health in schools face difficulty seeking information directly from healthcare providers and instead turn to the internet. This forces them to navigate an abundance of online sources to find correct information, which may be challenging for adolescents. Romania has one of the highest adolescent birth rates among European Union member states. The lack of access to sexual and reproductive health information, including through CSE, contributes to adolescent pregnancy rates by depriving young people of information that could help them make informed choices about their health.

As a party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), Romania bears the legal obligations to respect, protect, and fulfil the right to the highest attainable standard of physical and mental health.

The Committee on Economic, Social and Cultural Rights (CESCR), which provides authoritative interpretations of the obligations of states parties enshrined in the ICESCR, explained in its general comment no. 14 that governments' right-to-health obligations include the duty to ensure that access to healthcare resources is accessible without discrimination, especially for the most marginalized sections of the population, and without cost-based barriers. States parties must also ensure "the right to seek, receive and impart information and ideas concerning health issues." The CESCR has also explained that "private health-care providers should be prohibited from denying access to affordable and adequate services, treatments or information," and that "where health practitioners are allowed to invoke conscientious objection to refuse to provide certain sexual and reproductive health services, including abortion, they should refer the women or girls seeking such services to another practitioner within reasonable geographical reach who is willing to provide such services."

Romania has Human Rights Obligations to Ensure Access to Safe Abortion, Contraception, and CSE

Access to abortion services is a necessary element for the exercise and enjoyment of health and other human rights and Romania should take all necessary steps to ensure that women and girls have informed and free access to safe and legal abortion services. Accordingly, Romanian authorities should review and amend relevant legislation to ensure that unmonitored and unregulated legal and institutional processes in the healthcare and education systems do not impede women's and girls' rights, including the right to legal abortion access, contraception, and CSE. They should take concrete measures to make sexual and reproductive health care and information widely available and affordable so women and girls can exercise agency and make the informed decisions about their health.

Glossary

Abortion on Request: Abortion performed within a legally defined gestational limit at the request of a pregnant woman or girl, which does not require doctors or other professionals to attest to or certify the existence of a particular reason or justification for the abortion.¹

Amenorrhea: The absence of menstruation.²

Cisgender: Term that denotes or relates to a person whose sense of personal identity and gender corresponds with the sex assigned to them at birth.

Comprehensive Sexuality Education (CSE): An age and developmentally appropriate, scientifically accurate and evidence-based curriculum that encompasses the “cognitive, emotional, physical and social aspects of sexuality.”³ It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.”⁴

Conscientious Objection: In the area of reproductive health, this refers to healthcare professionals’ refusal to provide certain services, such as legal abortion and contraception, “based on religious, moral or philosophical objections.”⁵

¹ Center for Reproductive Rights, “European Abortion Law: A Comparative Overview,” <https://reproductiverights.org/wp-content/uploads/2020/12/European-abortion-law-a-comparative-review.pdf> (accessed November 8, 2023), p. 2; Center for Reproductive Rights, “Law and Policy Guide: On Request,” <https://reproductiverights.org/maps/worlds-abortion-laws/law-and-policy-guide-on-request/> (accessed November 8, 2023).

² The American College of Obstetricians and Gynecologists, “FAQs - Amenorrhea: Absence of Periods,” <https://www.acog.org/womens-health/faqs/amenorrhea-absence-of-periods#:~:text=Amenorrhea%20is%20the%20absence%20of,for%203%20months%20or%20more> (accessed August 1, 2023).

³ United Nations Educational, Scientific and Cultural Organization (UNESCO), *International technical guidance on sexuality education: An evidence-informed approach* (2018), https://cdn.who.int/media/docs/default-source/reproductive-health/sexual-health/international-technical-guidance-on-sexuality-education.pdf?sfvrsn=10113efc_29&download=true (accessed August 1, 2023), p. 16.

⁴ *Ibid.*

⁵ Council of Europe, Parliamentary Assembly, Women’s Access to Lawful Medical Care: The Problem of Unregulated Use of Conscientious Objection, Resolution 1763 (2010), October 7, 2010, <https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=12506&lang=en> (accessed November 13, 2023).

Consent: In the context of sexuality, consent is an agreement between participants to engage in sexual activity. Consent should be clearly and freely communicated.

Heterosexual: Sexual orientation of a person whose primary sexual and romantic attraction is toward people of a different sex.

Intersectional: Relating to the interconnected nature of social categorizations such as race, class, and gender as they apply to an individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

LBT (women and girls): Acronym for “lesbian, bisexual, and transgender”.

Medication Abortion: The use of pharmacological agents to terminate pregnancy. It is also called “medical abortion.”⁶

Power relations: In interpersonal interaction, the relative status, power, and/or dominance of the participants, reflected in whether expectations and behavior are reciprocal, and consequently in communicative style. Power relations are a key dimension in interpersonal communication.

Relational health: Establishing and maintaining meaningful relationships with self, other individuals, groups and communities and develops from our interactions and connections with others. Having a network, grounded in supportive relationships, can help create feelings of satisfaction and security.

Therapeutic Abortion: An induced abortion following a diagnosis of medical necessity.⁷

Transgender (also “trans”): Denotes or relates to people whose assigned sex at birth differs from their gender identity.

⁶ World Health Organization (WHO) and Human Reproduction Programme (HRP), “Key Terms – Glossary,” in *Abortion Care Guideline*, (Geneva: WHO, 2022), <https://srhr.org/abortioncare/key-terms/glossary/> (accessed March 4, 2025).

⁷ Ester di Giacomo et. al., “Therapeutic termination of pregnancy and women’s mental health: Determinants and consequences,” *World J Psychiatry* vol. 11 no. 11 (2021): 937–953, accessed March 5, 2025, doi: 10.5498/wjp.v11.i11.937.

Unsafe Abortion: A procedure for terminating a pregnancy “carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.”⁸

⁸ WHO, “Safe and unsafe induced abortion: Global and regional levels in 2008, and trends during 1995-2008,” https://apps.who.int/iris/bitstream/handle/10665/75174/WHO_RHR_12.02_eng.pdf?sequence=1 (accessed August 1, 2023), p. 1.

Recommendations

To the Parliament of Romania

- Fully decriminalize abortion and protect the right of access to abortion on request in law.
- Guarantee access to safe and legal abortions on request by promoting the availability of these services and eliminating discriminatory, cost-based, and informational barriers to access, including through:
 - Developing and enforcing clear guidelines for conscientious objection in healthcare settings to ensure that it does not impede access to abortion care. These guidelines should be aligned with Romania’s human rights obligations, and clarify that conscientious objection can only be invoked by individuals, not by institutions, and must be handled in a manner that does not create a barrier to a patient accessing care, including requiring that women or girls seeking such services be referred to another practitioner within reasonable geographical reach who is willing and able to provide such services in a timely manner.
 - Enacting or amending legislation to ensure that public hospitals provide abortions on request and cannot suspend abortion care services. This should include preventing public hospitals from using article 206 of Law 95/2006 as a justification for not providing abortions on request, and enacting binding requirements for public hospitals to have willing and trained staff available to perform abortions on request in a timely manner.
 - Removing the parental or legal guardian consent requirement so all persons under 18 can access sexual and reproductive health care, including abortion on request and contraception, without needing to involve a parent or guardian, in line with the recommendations of the UN Committee on the Rights of the Child.
- Ensure adequate allocation of resources to fully implement the National Health Strategy for 2023-2030 as it relates to sexual and reproductive health and rights--with particular attention to the needs of people in rural or marginalized communities, including Roma people and people living in or at risk of poverty--including:

- Specific Objective no. 1.4 on decreasing inequities in access to services;
- Specific Objective no. 2.1 on health education; and
- General Objective no. 4 on improving the availability of and accessibility to timely and cost-effective health services and technology for people in rural or marginalized communities, including Roma people and people living in or at risk of poverty.

To the Ministry of Health

- Urgently implement the National Health Strategy for 2023 to 2030, including:
 - Specific Objective no. 1.4 on decreasing inequities in access to healthcare services;
 - Specific Objective no. 2.1 on promoting health education;
 - General Objective no. 4 on improving the availability of and accessibility to timely and cost-effective health services and technology for people in rural or marginalized communities, including Roma people and people living in or at risk of poverty; and
 - Coordinating with the Ministry of Education to achieve the strategy’s goal of making health education a compulsory school subject by 2030.
- Guarantee universal and equitable access to sexual and reproductive health services and products by eliminating barriers to access and ensuring the full implementation of relevant laws and policies, including through enacting or proposing the amendments of relevant legislation to:
 - Regulate the use of conscientious objections by healthcare providers, including the establishment of a monitoring and oversight mechanism to ensure that the invocation of conscientious objection does not impede access to legal abortions on request in public health institutions. This should include clear guidelines on referring women and girls seeking the service to another practitioner within reasonable geographic reach in a timely manner.
 - Extend coverage of the National Health Insurance House (Casa Națională de Asigurări de Sănătate, CNAS) coverage, ensuring equitable access to this reproductive healthcare for all women and girls, regardless of income.
 - Develop a centralized information system that provides clear and accessible information, based on national and international guidelines, on

the availability of legal abortion care services in public and private health institutions.

- Ensure access to free and/or subsidized provision of contraceptives at a level sufficient to fully meet the need, including through adequate allocation of funds to the National Health Strategy and the Women’s Health Subprogram.
- Collaborate with the Ministry of Education, medical universities, and civil society organizations to develop and implement a public education campaign, in accessible and easy-to understand formats, to combat misinformation about sexual and reproductive health issues, including abortion, contraception, and comprehensive sexuality education (CSE).
- Develop and implement measures, in collaboration with medical universities and civil society organizations, to combat the spread of misinformation by nongovernmental organizations (NGOs) and religious groups about abortion and contraception in hospitals, including the establishment of an oversight mechanism to ensure that NGOs’ and religious groups’ activities and information are evidence-based and aligned with international and national laws and guidelines on sexual and reproductive health.
- Coordinate with the National Authority for Health Quality Management to develop standards and criteria for evaluating the quality of provision for comprehensive abortion care in all public hospitals and ambulatory care services.
- Ensure all hospital managers, health professionals, and health system personnel receive regular and mandatory (at least annual) training on relevant laws, regulations, technical guidelines, and procedures on legal abortion and other sexual and reproductive health services.
- Ensure that all obstetrician-gynecologists receive mandatory training on abortion procedures in the context of a comprehensive residency and through continuous medical education (at least once every two years).
- Ensure all healthcare providers know, understand, and implement article 661(b) of Law No. 95/2006 on Healthcare Reform, which guarantees adolescents over 16 access to sexual and reproductive health care without parental or guardian consent.

- Take measures to ensure that the sexual and reproductive health care provided is adolescent-responsive, confidential, non-stigmatizing.
- Systematically gather, analyze, and report data and information on access to and provision of legal abortions, availability of contraceptives, and training of health professionals.
- Include midwives in Law 95/2006 as medical professionals that provide reimbursed sexual and reproductive health care and services and expand to other medical professionals, including midwives, family doctors, school doctors, family planning doctors the competency for provision of medication abortion, in line with the World Health Organization guidelines on abortion care issued in 2022.

To the Ministry of Education

- Ensure schools provide inclusive, age and stage-appropriate, accessible, scientifically accurate and non-discriminatory CSE by:
 - Adhering to international, evidence-based technical guidelines on CSE;
 - Reinstating the requirement for all schools to provide health education with a CSE component for students of all grades and ages, without requiring parental or legal guardian consent.
 - Engaging young people, in all their diversities, and civil society organizations working on sexual health education, women’s rights, children’s rights, LGBT rights, Roma rights, disability rights, and gender equality to review the sexual health education component of the health education curriculum and ensure it is comprehensive, inclusive, age-appropriate, non-discriminatory and available in easy-to-understand formats.
 - Developing and implementing a training program, including on gender equality, for health education teachers, in collaboration with the aforementioned civil society organizations.
 - Establishing a national mechanism to regulate, monitor, and report data on the implementation of the health education curriculum, including CSE, and to prevent the spread of misinformation and disinformation about sexual and reproductive health in schools throughout Romania.

To the Romanian Society of Obstetrics and Gynecology

- Develop and implement a nationwide program to educate all obstetricians and gynecologists on World Health Organization (WHO) abortion care guidelines and on relevant national legislation and guidelines on the provision of abortion care, including:
 - the legal timeframe for abortions on request (14 weeks of pregnancy);
 - the recommended timeframe for medication abortion (12 weeks of amenorrhea);
 - the legal age at which adolescents can receive sexual and reproductive health care without parental or legal guardian consent (16 years old); and
 - that adolescents under 16 can receive sexual and reproductive health care with parental or legal guardian consent; and
 - the obligation under the Romanian College of Physician’s Code of Medical Deontology for doctors invoking conscientious objection to refer patients to other medical facilities or practitioners who can provide the service.

To the Council of Europe’s European Committee of Social Rights

- Continue urging Romania to submit information on access to modern contraception and legal abortion, including on its measures and actions taken to ensure that conscientious objections by healthcare providers do not hinder access.
- Request information on the backlash against abortion providers and civil society activists advocating for sexual and reproductive health rights.

To the Council of Europe’s Parliamentary Assembly

- Publicly condemn the spread of misinformation by anti-rights organizations that stigmatize and obstruct access to legal abortion care in Romania, as well as in other member states, in violation of women’s and girls’ sexual and reproductive health rights.
- Urge Romania to implement Resolution 2439 (2022), which includes measures to combat the spread of misinformation and obstructions to legal abortion by anti-rights organizations and measures to ensure evidence-based abortion care information is available through information campaigns and CSE.

- Urge Romania to implement Resolution 2331 (2020), which includes measures to introduce contraceptive methods in the national health insurance and introduce CSE.

To the European Commission

- Publicly condemn retrogressive measures by Romania, as well as other European Union member states, which violate women's and girls' sexual and reproductive health rights.
- Improve access to abortion care in Romania by providing funding for abortion care services.
- Urge and assist member states to develop a mechanism to facilitate access to abortion care for people living in EU countries where access is limited or blocked, including Romania.

To the European Parliament

- Urge Romania to uphold its international and regional human rights obligations to respect, protect, and fulfill sexual and reproductive health rights, which include the rights to abortion, contraception, family planning, and CSE.
- Publicly condemn all forms of threats, intimidation, and harassment directed against the civil society organizations and activists in Romania working to combat misinformation about abortion care and advance the sexual and reproductive health rights of women and girls.
- Ensure that the European Union budget prioritizes sexual and reproductive health rights and includes funding specifically targeted at ensuring access to abortion for all women, girls, and pregnant people, including adolescents, living in member states, including Romania, where access to abortion is limited.

To the European Parliament's Committee on Women's Rights and

Gender Equality

- Recommend measures to prevent any further retrogression of women's and girls' sexual and reproductive health rights.
- Continue to publicly condemn retrogressive measures on sexual and reproductive health rights and the spread of misinformation on abortion and contraception

perpetuated by anti-rights organizations in Romania, as well as in other EU member states.

To the UN Committee on the Elimination of Discrimination against Women

- Urge Romania to implement the recommendations in the 2017 concluding observations, including on sexual and reproductive health rights, specifically abortion, contraception, and CSE.
- Carry out a country visit to investigate women's and girls' access to sexual and reproductive health services, specifically abortion and contraception, and students' access to CSE.

To the UN Special Rapporteur on the Right to Health

- Carry out a country visit to investigate women's and girls' access to sexual and reproductive health services, specifically abortion and contraception, and young peoples' access to CSE.

To the UN Working Group on Discrimination against Women and Girls

- Urge Romania to implement the recommendations from its 2020 visit, including on sexual and reproductive health rights, specifically on issues related to abortion, the monitoring and regulation of conscientious objection, contraception, and CSE.
- Request permission from Romania to carry out a follow-up visit to investigate whether the recommendations given after the 2020 visit are being implemented.

Methodology

This report is based on in-person and video interviews that Human Rights Watch conducted between December 2022 and May 2023. Interviewees were in Braşov, Bucharest, Hunedoara, Iaşi, Suceava, and Timişoara.

Human Rights Watch interviewed 31 activists, journalists, and experts working on rights issues concerning women and girls in Romania, including sexual and reproductive health rights, sexuality education, sexual and gender-based violence, lesbian, gay, bisexual, and transgender (LGBT) rights, and Roma rights. Human Rights Watch also interviewed 27 healthcare providers and experts in Romania, including doctors, a medical resident, hospital and clinic managers, community medical assistants, medical students, and a lecturer of medical law. We interviewed six women about their experiences accessing sexual and reproductive health care, including abortion on request and crisis pregnancy centers, since 1995. We communicated with some interviewees more than once for updates or clarifications.

In addition, Human Rights Watch contacted 11 anti-abortion organizations in Romania: the founders of four of these organizations spoke with us, but seven declined. We spoke with one archbishop and two priests from the Romanian Orthodox Church and one priest from a Greek Catholic Church who were involved in the provision of social services and/or counseling to women and girls, either through charities they established or through their work in public hospitals. Human Rights Watch also contacted three anti-abortion organizations in the United States, but they had not responded at time of writing.

Finally, we met with several national- and local-level government officials. We interviewed three representatives of the Ministry of Health and four from the National Agency for Equal Opportunities between Women and Men (ANES). We also interviewed four representatives from the political party Reper, including three members of parliament (MPs) and one legal advisor. At the local level, we spoke with the General Directorate of Social Services and Child Protection (DGASPC) and the County School Inspectorate in Braşov as well as the Public Health Directorate in Iaşi. We also wrote to the Ministries of Health, Education, Labor and Social Protection, and Family, Youth and Equal Opportunities, but did not receive responses.

Some interviewees' names and identifying details have been withheld at their request to protect their privacy and security, given the politicization of these topics in Romania and the evolving political context.

Researchers explained the research and purpose of the interviews to all interviewees, as well as how Human Rights Watch would use the information, and offered interviewees the option of anonymity in any written materials. Where the report uses names and identifying details, interviewees gave informed consent for Human Rights Watch to do so. Researchers also explained that interviewees could pause or stop the interview at any time or elect not to respond to specific questions. All interviewees gave verbal consent to participate in interviews.

Researchers conducted the interviews in English or in Romanian with English interpretation. Most were conducted individually, but several were group interviews with more than one representative of a group or organization. In-person interviews occurred in the offices of organizations or institutions or in public spaces, such as cafés, selected by interviewees. No financial compensation was paid to interviewees.

Finally, as this research documents the experiences of women and girls who identified as heterosexual, cisgender, and non-Roma, it does not necessarily reflect the intersectional experiences of particular groups who are also affected, such as LBT, Roma, or migrant women and girls. These intersectional experiences are also key to fully understanding this issue. Two Roma activists told us that racism permeated the provision of health care to Roma women and girls; we tried to find Roma interviewees without success.

I. Background

Romania's widely criticized abortion ban (Decree No. 770 of 1 October 1966), which caused tens of thousands of women and girls to suffer or even die, ended in 1989, and the country enjoyed a period of greater respect for reproductive rights in the years that followed.⁹ However, in recent years access to key sexual and reproductive health services, such as abortion, contraception, and sexuality education, is increasingly declining in Romania, partly fueled by a transnational anti-rights movement that undermines women's and girls' rights. This has pushed some women and girls toward what are referred to as "crisis pregnancy" services, typically modeled after right-wing anti-abortion centers in the United States, that offer pregnancy related information but proactively seek to prevent pregnant women and girls from obtaining abortions.

According to 2022 data, the country had the highest adolescent birth rate for girls ages 10 to 14, and the second highest adolescent birth rate for girls ages 15 to 19, of all EU member states.¹⁰

Legislative Framework on Abortion, Contraception, and Sexuality Education

Romania's legal framework on abortion, contraception, and sexuality education impacts access.

Abortion

Romania's Penal Code provides that those who carry out abortions on request when the pregnancy has exceeded 14 weeks are punishable by up to 3 years imprisonment, or by a fine and deprivation of rights.¹¹ Physicians can also face a prohibition from practicing.¹² However it also provides that physicians specializing in obstetrics and gynecology (ob-gyns) who perform abortions for "therapeutic purposes" for up to 24 weeks of pregnancy

⁹ See Appendix 1: Decree 770: A History of Abortion Ban.

¹⁰ Eurostat, "Live births by mother's age and newborn's sex," accessed March 5, 2025, https://ec.europa.eu/eurostat/databrowser/view/demo_fagec/default/bar?lang=en.

¹¹ Penal Code of Romania, Law No. 286 of July 17, 2009 amended in 2012, [https://www.venice.coe.int/webforms/documents/default.aspx?pdffile=CDL-REF\(2018\)042-e](https://www.venice.coe.int/webforms/documents/default.aspx?pdffile=CDL-REF(2018)042-e) (accessed March 5, 2025), art. 201(1)(c).

¹² Penal Code of Romania, art. 201(4).

or, if necessary, even later if “in the interest of the mother or of the fetus”, shall not commit an offence.¹³ While the Penal Code does not define “therapeutic purposes,” Romania’s Law on Patients’ Rights states that a woman’s right to life prevails “if the pregnancy represents a major and immediate risk factor” to her life.¹⁴ Under the Penal Code, a “pregnant woman” cannot be punished for terminating her pregnancy.¹⁵

In line with guidance of the World Health Organization (WHO), the Romanian Society of Obstetrics and Gynecology recommends medication abortion within 12 weeks of amenorrhea.¹⁶ WHO-recommended medications for medication abortion are available in Romania, although women’s and girls’ access depend on the location or doctor’s knowledge about medication abortion, as well as their financial situation.¹⁷

Romanian law requires doctors, dentists, nurses, and midwives to accept patients “when the lack of medical assistance may seriously and irreversibly endanger the patient’s health or life.”¹⁸ Such healthcare providers must also provide health care within medical institutions, according to legal regulations.¹⁹

Romania has no legislation indicating that abortions are considered “medical assistance,” or a “medical act,” which would obligate doctors to perform them.²⁰ However, there is guidance on when doctors may refuse to perform abortions on request. Under the Romanian College of Physicians’ Code of Medical Deontology, there are legal parameters that permit a doctor to refuse to provide medical services that would “undermine his professional independence, affect his image or moral values,” or violate “the fundamental

¹³ Penal Code of Romania, art. 201(6).

¹⁴ Law on Patients’ Rights, No. 46 of 2003, https://www.cdep.ro/pls/legis/legis_pck.htm_act_text?id=39946 (accessed March 5, 2025), art. 26.

¹⁵ Penal Code of Romania, art. 201(7).

¹⁶ Romanian Society of Obstetrics and Gynecology, “Medical Abortions (Avortul medicamentos),” 2019, <https://sogr.ro/wp-content/uploads/2019/11/35.-Avortul-medicamentos.pdf> (accessed March 5, 2025), para. 6.1; WHO, “Medical management of abortion,” 2018, <https://iris.who.int/bitstream/handle/10665/278968/9789241550406-eng.pdf?ua=1> (accessed March 5, 2025), pp. 24-25.

¹⁷ Human Rights Watch interview with five obstetrician-gynecologists in Hunedoara, Iași, Brașov, and Bucharest, May 4-5, 10, and 17, 2023.

¹⁸ Law on Healthcare Reform, No. 95 of April 14, 2006, https://legislatie.just.ro/Public/DetaliiDocument/71139#id_ttlA5706_ttl%20 (accessed March 5, 2025), art. 663(3).

¹⁹ Law on Healthcare Reform, art. 665(1).

²⁰ Human Rights Watch interview with Andrei Nanu, lecturer of medical law, Carol Davila University of Medicine and Pharmacy, video interview, June 22, 2023.

principles of the practice of the medical profession.”²¹ This allows doctors to deny services on grounds of so-called conscientious objection. Although the code obligates doctors invoking conscientious objection to refer patients elsewhere, a 2024 telephone survey conducted by the Independent Midwives Association found that 90% of hospitals and clinics (out of 959) refused to provide referrals for women and girls requesting abortion.²²

Contraception

The Law on Patients’ Rights guarantees the right to effective and safe family planning methods.²³ Emergency contraceptives do not require a prescription and are available over the counter in pharmacies.²⁴

Legal Restrictions for Adolescents Under 16

Adolescents under 16 must obtain parental or legal guardian consent to obtain non-emergency sexual and reproductive health services, including contraception and abortion on request.²⁵ According to some of the young people Human Rights Watch spoke to, this restriction contributes to them being reluctant to access reproductive health services.²⁶

Sexuality Education

In 2001, Romania’s Ministry of Education and Ministry of Health signed a protocol establishing the National Health Education Program.²⁷ Based on the foundational framework provided by the protocol, the Ministry of Education approved the curricula of a discipline called “health education” in 2004—a broad, optional discipline under which various

²¹ Romanian College of Physicians, Code of Medical Deontology, published in the Official Gazette, Part I nr. 981 of December 7, 2016, effective from January 6, 2017, <https://www.cmr.ro/cod-deontologic> (accessed March 5, 2025), art. 34(1).

²² Ibid, art. 34(2); Independent Midwives Association, “Report on Access to Safe Abortion – Problems and Solutions for Guaranteed Access to Abortion in Romania,” March 2024, https://moasele.ro/wp-content/uploads/2024/03/RO_Raport-AMI_Accesul-la-Avort-in-Romania.pdf (accessed March 5, 2025).

²³ Law on Patients’ Rights, art. 28(3).

²⁴ “European Contraception Policy Atlas – Romania,” European Parliamentary Forum for Sexual & Reproductive Rights, accessed March 5, 2025, <https://www.epfweb.org/node/747>; Human Rights Watch interviews with two activists, Bucharest, December 7, 2022.

²⁵ Law on Healthcare Reform, art. 661(b); United Nations Children’s Fund (UNICEF) and SAMAS Association, “Report: Adolescent pregnancy in Romania,” <https://www.unicef.org/romania/media/4081/file/Adolescent%20Pregnancy%20in%20Romania%20Report.pdf> (accessed March 5, 2025), p. 58.

²⁶ Ibid., p. 57.

²⁷ Ministry of Education and Research, “National Program: Health Education in Romanian Schools,” <http://arhiva.gov.ro/upload/articles/100013/program-educatie-sanatate.pdf> (accessed March 5, 2025).

subjects concerning sexual and reproductive health are subsumed. The curriculum offers teachers guidelines on which subjects are considered appropriate to teach at each educational level. The curriculum comprises nine “compulsory themes,” from which teachers may choose age-appropriate “sub-themes.” For instance, the curriculum recommends that students in grade 7 be taught about topics such as nutrition, reproductive health, family, and substance abuse. From grade 8 onwards, the curriculum recommends going into topics such as social relationships, unwanted pregnancy, and abortion.²⁸

Also in 2004, the parliament passed Law No. 272 on the Protection and Promotion of the Rights of the Child, which included a specific reference to sexuality education in article 46(3)(i) that required specialized government institutions at all administrative levels to provide the “systematic implementation” of sexuality education in order to prevent the transmission of sexually transmitted infections and underage pregnancies.²⁹ This article was supplemented in April 2020 by an amendment stipulating that such sexuality education must be offered at least once a semester in schools.³⁰

Anti-rights actors pushed back.³¹ Parliamentarians from the Social Democrat Party (PSD) and the National Liberal Party (PNL) drafted an amendment making the sexual education subject optional in grades 8 and higher while requiring parental or legal guardian consent for students under 18. This draft was adopted by the Chamber of Deputies in June 2020 and sent

²⁸ Ministry of Education and Research and the National Curriculum Council, “Revised school curricula for the optional subject: Health Education (Programele școlare revizuite pentru disciplina opțională: Educație pentru Sănătate),” 2004, https://rocnee.eu/images/rocnee/fisiere/programe_scolare/CDS/OMEC%204496_2004_%20CDS%20Ed%20pentru%20sanatate_clasele%20I%20-%20a%20XII-a.pdf (accessed March 5, 2025), pp. 19 and 25.

²⁹ Law on the protection and promotion of the rights of the child, No. 272 of June 21, 2004, <https://legislatie.just.ro/Public/DetaliiDocument/156097> (accessed March 5, 2025).

³⁰ Law No. 45 of April 3, 2020 for the amendment and completion of Law No. 272 of 2004 on the protection and promotion of the rights of the child, <https://legislatie.just.ro/Public/DetaliiDocumentAfis/224685> (accessed March 5, 2025).

³¹ “Sexual education in schools replaced with health education and only with the consent of parents/USR and PNL abstained from the vote (Educația sexuală în școli înlocuită cu educație sanitară și doar cu acordul părinților/USR și PNL s-au abținut de la vot),” *HotNews*, June 3, 2020, <https://hotnews.ro/update-eduati-a-sexuala-n-scoli-nlocuita-cu-eduatie-sanitara-si-doar-cu-acordul-parintilor-usr-si-pnl-s-au-abtinut-de-la-vot-255180>, (accessed March 6, 2025). “Pro Vita Federation says NO to Sex Education in Schools! Open letter addressed to Parliament, Presidency and the entire civil society (Federația Pro Vita spune NU Educației sexuale în școli! Scrisoare deschisă adresată Parlamentului, Președinției și întregii societăți civile),” *Active News*, February 8, 2021, <https://www.activenews.ro/stiri/Federatia-Pro-Vita-spune-NU-Educatiei-sexuale-in-scoli-Scrisoare-deschisa-adresata-Parlamentului-Presedintiei-si-ntregii-societati-civile-165118> (accessed March 5, 2025); Oana Ivan, “The Parents’ Alliance asks Parliament not to eliminate parental consent for children to attend sex education classes. Otherwise, parents will withdraw their children from state schools (Alianța Părinților cere Parlamentului să nu elimine acordul parental pentru prezența copiilor la orele de educație sexuală. În caz contrar, părinții își vor retrage copiii de la școlile de stat),” *R3media*, February 5, 2021, <https://r3media.ro/alianța-parintilor-eduatie-sexuala-acord-parental/> (accessed March 5, 2025).

to President Klaus Iohannis for promulgation.³² Meanwhile, over 50 NGOs supportive of universal and comprehensive CSE mobilized to push back against these changes.³³

The president submitted a complaint of unconstitutionality in response, referring to procedural inconsistencies, contesting the requirement for parental consent, and criticizing the removal of the “once a semester” requirement.³⁴ The Constitutional Court overruled the president’s complaint in October 2020, noting that the legislation still provided for sexuality education. The next month, the president submitted a request to the Constitutional Court for re-examination.³⁵ Meanwhile, anti-abortion civil society organizations continued lobbying for the adoption and promulgation of the amendments. For example, in February 2021, the Federation of Orthodox Pro Vita Organizations in Romania, an anti-rights umbrella group that includes the PRO VITA Bucharest Association, published an open letter to parliament, the President, and civil society calling for “the promotion of the moral values of chastity, abstinence, and love as the basis of sexual activity.”³⁶

Over the next two years, political parties debated the adoption of these retrogressive amendments to Law No. 272 of 2004.³⁷ Right-wing politicians took issue with and

³² Alexandru Costea, “Sex education, only with parental consent. PSD and PNL voted the law in Parliament United for Life – a new National Blood Donation Campaign organized by ASCOR students in the month for life (Educația sexuală, doar cu acordul părinților. PSD și PNL au votat legea în Parlament Uniți pentru viață – o nouă Campanie Națională de donare de sânge organizată de studenții din ASCOR în luna pentru viață),” *Digi24.ro*, June 3, 2020, <https://www.digi24.ro/stiri/actualitate/social/educatia-sexuala-doar-cu-acordul-parintilor-psd-si-pnl-au-votat-legea-in-parlament-1317315> (accessed March 5, 2025); Chamber of Deputies, “PL-x No. 457/2019: Draft Law amending and supplementing Law no. 272/2004 on the protection and promotion of children’s rights,” https://www.cdep.ro/pls/proiecte/upl_pck2015.proiect?idp=18096 (accessed March 6, 2025).

³³ Raluca Juncu, “Youth for Youth Association, on sex education in schools: The current debate demonstrates the state’s incompetence in managing such situations (Asociația Tineri pentru Tineri, despre educația sexuală în școli: Dezbateră de acum demonstrează incompetența statului de a gestiona astfel de situații),” *Wall-Street*, June 18, 2021, <https://www.wall-street.ro/articol/Educatie/273245/asociatia-tineri-pentru-tineri-despre-educatia-sexuala-in-scoli-dezbateră-de-acum-demonstrează-incompetența-statului-de-a-gestiona-astfel-de-situații.html> (accessed March 5, 2025).

³⁴ The President of Romania, Notificare de neconstituționalitate, The Constitutional Court file no. 795A/2020, Bucharest, June 24, 2020, <https://www.cdep.ro/proiecte/2019/400/50/7/795A.2020.PDF> (accessed March 5, 2025).

³⁵ Chamber of Deputies, PL-x No. 457/2019: Draft Law amending and supplementing Law no. 272/2004 on the protection and promotion of children’s rights.

³⁶ “Pro Vita Federation says NO to Sex Education in Schools! Open letter addressed to Parliament, Presidency and the entire civil society (Federația Pro Vita spune NU Educației sexuale în școli! Scrisoare deschisă adresată Parlamentului, Președinției și întregii societăți civile),” *Active News*, February 8, 2021, <https://www.activenews.ro/stiri/Federatia-Pro-Vita-spune-NU-Educatiei-sexuale-in-scoli-Scrisoare-deschisa-adresata-Parlamentului-Prezidentiei-si-intregii-societati-civile-165118> (accessed March 5, 2025).

³⁷ Maia Van Kline, “Romania’s Parliament passes controversial bill that changes ‘sex education’ into ‘sanitary education’,” *Romania-Insider*, <https://www.romania-insider.com/romania-parliament-passes-sexual-education-bill#:~:text=%E2%80%99CWe%20need%20freedom%2C%20not%20ideology,%2C%20not%20%22sanitary%22%20educati> on (accessed March 5, 2025).

misinterpreted the phrase “sexual education”; one described it as “child masturbation, gender ideology, teenage abortions, in a word: sexualization.”³⁸ One member of parliament, Simina Tulbure from the political party Reper, who supported the bill, was threatened. “I got death threats from the extremist, ultra-religious groups,” she said. “The groups also went after my family’s Facebook and messaged them saying how bad of a daughter I was.”³⁹

Ultimately, politicians opposed to mandatory CSE succeeded at pushing back: in June 2022, parliament readopted the retrogressive amendments and President Iohannis promulgated them by Decree no. 927/2022.⁴⁰

While the health education curriculum as a whole contains crucial information, teachers may pick and choose from the pool of designated age-appropriate sub-themes and teach only some of them.⁴¹ This allows them to bypass and avoid topics at their liking, such as abortion and sexual orientation.⁴² Although the June 2022 amendments did not change the content of the health education curriculum, civil society organizations have raised concerns that the erasure of the term “sexual education” can, in practice, encourage teachers to limit the sections of the curriculum that they choose to teach to personal hygiene topics while excluding important issues for young people “such as relational health, consent, power relations or gender equality.”⁴³

³⁸ Alina Novăceanu, “Room: Health education programs will be implemented in schools, starting with the 8th grade, with the consent of parents (Cameră: În școli se vor derula, începând cu clasa a VIII-a, programe de educație pentru sănătate, cu acordul părinților),” *Agerpres*, June 21, 2022, <https://www.agerpres.ro/viata-parlamentara/2022/06/21/camera-in-scoli-se-avor-derula-incepand-cu-clasa-a-viii-a-programe-de-eduactie-pentru-sanatate-cu-acordul-parintilor-937836> (accessed March 5, 2025); Dora Vulcan, “Scandalous vote in the Romanian Parliament. Sex education in schools, only with parental consent (Vot cu scandal în Parlamentul României. Educația sexuală în școli, doar cu acordul părinților),” *Europa Liberă România*, June 21, 2022, <https://romania.europalibera.org/a/legea-educa%C8%9Biei-sexuale/31908279.html> (accessed March 5, 2025).

³⁹ Human Rights Watch interview with Simina Tulbure, member of the parliament, Reper, video interview, June 9, 2023.

⁴⁰ Parliament of Romania, Law no. 191/2022 amending and supplementing Law no. 272/2004 on the protection and promotion of the rights of the child, effective July 3, 2022, https://copii.gov.ro/1/wp-content/uploads/2022/08/legea_nr_191_2022.pdf (accessed March 5, 2025), para. 10; Chamber of Deputies, “PL-x No. 457/2019: Proiect de Lege pentru modificarea și completarea Legii nr.272/2004 privind protecția și promovarea drepturilor copilului,” https://www.cdep.ro/pls/proiecte/upl_pck2015.proiect?idp=18096 (accessed March 5, 2025).

⁴¹ Ministry of Education and Research and the National Curriculum Council, “Revised School Programs for the Optional Subject Health Education, Grades I–XII (Programe școlare revizuite pentru disciplina opțională educație pentru sănătate, clasele I – a XII-a),” 2004, http://isj.sv.edu.ro/images/Docs/Discipline/Biologie/2017/PROGRAME_SCOLARE_Educa%C5%A3ie_pentru_s%C4%83n%C4%83tate.pdf (accessed March 5, 2025), p. 4.

⁴² Human Rights Watch interview with two activists, Bucharest, December 7-8, 2022.

⁴³ Federatia ONG pentru copil, Youth for Youth, and the Romanian Youth Delegate at the UN, “Joint submission for the Universal Periodic Review of Romania,” 2023, <https://upr-info.org/sites/default/files/country-document/2023->

Members of the Standing Committee on Sexual & Reproductive Health including HIV/AIDS (SCORA), a medical students' association with provincial branches that some public schools contracted to provide health education, said some school directors were reluctant to allow the inclusion of topics such as abortion and contraception. The Local Officer of Reproductive Health of SCORA's Braşov branch said she reached out to at least eight public schools to seek a contract to teach sexual and reproductive health to 9th and 12th grade students but faced difficulties:

One [school] said no at first, and it took three months of convincing to get a contract with them.... Initially, we did not tell the school about the subject we wanted to teach. When the school found out that it was about sexual and reproductive health, they didn't want to let me in.⁴⁴

Of the 10 adolescents and young adults across four counties interviewed by Human Rights Watch all said their health education was limited to lessons on basic anatomy.⁴⁵ In 2021, the Ministry of Education reported that only 7% of students across Romania had attended health education classes.⁴⁶ According to one student volunteer: "There is a cloak of invisibility around girls. You are not supposed to discuss things such as their sexual health."⁴⁷

Pushback from the Anti-Rights Movement

The anti-rights movement has further shaped the abortion, contraception, and sexuality education landscape. This movement is a transnational campaign against legislative and

04/JS7_UPR43_ROM_E_Main.pdf (accessed March 5, 2025), para 1.1(2); Human Rights Watch interview with Adina Manea, President, Youth for Youth, video interview, May 26, 2023. See also Valentina Nicolae, "Three perspectives on sex education from pioneering NGOs in the field (Trei perspective asupra educației sexuale de la ONG-uri pioniere în domeniu)," *Scoala 9*, August 6, 2020, <https://www.scoala9.ro/trei-perspective-asupra-educației-sexuale-de-la-ong-uri-pioniere-in-domeniu/620> (accessed March 5, 2025).

⁴⁴ Human Rights Watch interview with Ema, 19, Local Officer of Reproductive Health, SCORA, Braşov, May 7, 2023.

⁴⁵ Human Rights Watch interviews with 10 adolescents and young adults in Braşov, Bucharest, Iaşi, and Timișoara, December 6, 2022, April 28 and 29, May 1-3, 7, and 26, 2023.

⁴⁶ Iulia Rosca, "UPDATE How many students take the optional Health Education course, which also includes sex education, and what they learn each year, from primary to high school / Plus: Sex education, part of the biology curriculum in 7th grade (UPDATE Câți elevi urmează opționalul de Educație pentru sănătate, în care este integrată și educația sexuală și ce învață în fiecare an, de la clasele primare la liceu / Plus: Educația sexuală, parte a programei la biologie din clasa a VII-a)," *HotNews*, June 18, 2021, <https://hotnews.ro/update-cti-elevi-urmeaza-opționalul-de-educație-pentru-sanatate-n-care-este-integrata-si-educația-sexuala-si-ce-nvata-n-fiecare-an-de-la-clasele-primare-la-liceu-plus-187854> (accessed March 5, 2025).

⁴⁷ Human Rights Watch interview with Julia Nămoloiu, 18, volunteer, WISE project, Timișoara, April 29, 2023.

policy developments on human rights issues, including gender equality.⁴⁸ Proponents have built cross-border alliances under the banner of countering so-called gender ideology, a term used to portray efforts to advance gender equality—including those aiming to uphold sexual and reproductive health rights, combat gender-based violence, and eliminate discrimination based on sexual orientation and gender identity—as foreign ideas that supposedly threaten “traditional” values and families.⁴⁹

In Romania, religious institutions and government officials have attacked sexual and reproductive health services, sexuality education, and LGBT rights. The Romanian Orthodox Church has objected to abortion on request, contraception, and CSE.⁵⁰ For instance, when parliament made “sexual education” mandatory in April 2020, the church called it an “attack on the innocence of children.”⁵¹ Vasile Bănescu, spokesperson of the

⁴⁸ Sara Pantuliano, “Women Deliver 2023: we can’t let the anti-rights movement prevail,” *Overseas Development Institute*, July 17, 2023, <https://odi.org/en/insights/women-deliver-2023-we-cant-let-the-anti-rights-movement-prevail/> (accessed March 5, 2025); Naureen Shameem, et al., “Rights at Risk – Time for Action: Observatory on the Universality of Rights Trends Report 2021” 2021, https://www.awid.org/sites/default/files/2022-01/RightsAtRisk_TimeForAction_OURsTrendsReport2021.pdf (accessed March 5, 2025), pp. 115 and 116.

⁴⁹ European Union Agency for Fundamental Rights (FRA), “*Challenges to Women’s Human Rights in the EU: Gender discrimination, sexist hate speech and gender-based violence against women and girls*,” Contribution to the third Annual Colloquium on Fundamental Rights, FRA: Vienna, Austria, November 2017, https://fra.europa.eu/sites/default/files/fra_uploads/fra-2017-challenges-to-women-human-rights_en.pdf (accessed March 5, 2025), p. 21; Conny Roggeband and Andrea Krizsan, “Democratic backsliding and backlash against women’s rights: Understanding the current challenges for feminist politics,” UN Women, June 2020, <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Discussion-paper-Democratic-backsliding-and-the-backlash-against-womens-rights-en.pdf> (accessed March 5, 2025), pp. 2 and 4; Marie Wittenius, “The transnational anti-gender movement in Europe,” Heinrich Böll Stiftung Gunda Werner Institut, February 3, 2022, <https://www.gwi-boell.de/en/2022/02/03/the-transnational-anti-gender-movement-europe> (accessed March 5, 2025); FRA, *Challenges to Women’s Human Rights in the EU: Gender discrimination, sexist hate speech and gender-based violence against women and girls*, p. 21.

⁵⁰ Ștefana Totorcea, “Press release: Abortion is legal, but not moral. BOR’s position on abortion is irreversibly pro-life (Comunicat: Avortul este legal, dar nu și moral. Poziția BOR față de avort e ireversibil orientată pro-viață),” *Basilica*, December 19, 2022, <https://basilica.ro/comunicat-avortul-este-legal-dar-nu-si-moral-pozitia-bor-fata-de-avort-e-ireversibil-orientata-pro-viața/> (accessed March 5, 2025); Sorin Ioniță, “Vasile Bănescu: The Church is favorable to any type of education that is truly (not imaginary), useful and authentically formative (Vasile Bănescu: Biserica este favorabilă oricărui tip de educație cu adevărat (nu imaginar), utilă și autentic formatoare),” *Basilica*, June 22, 2021, <https://basilica.ro/vasile-banescu-biserica-este-favorabila-oricarui-tip-de-educatie-cu-adevarat-nu-imaginar-utila-si-autentic-formatoare/> (accessed March 5, 2025); “Pastoral Circle in the III Capital Provost Youth and its role in the life of the Church (Cerc pastoral în Protoieria III Capitală Tineretul și rolul lui în viața Bisericii),” *Basilica*, September 25, 2013, <https://basilica.ro/cerc-pastoral-in-protoieria-iii-capitala-tineretul-si-rolul-lui-in-viața-bisericii/> (accessed March 5, 2025).

⁵¹ Gheorghe Anghel, “The Romanian Patriarchate campaigned for the optional nature of life education classes in schools (Patriarhia Română a militat pentru caracterul opțional în școli al orelor de educație pentru viață),” *Basilica*, April 27, 2020, <https://basilica.ro/patriarhia-romana-a-militat-pentru-caracterul-optional-in-scoli-al-orelor-de-educatie-pentru-viața/> (accessed March 5, 2025).

church, criticized “gender ideology” as being the “progressive demolition of the society.”⁵² This church’s stance is relevant since 85.3 percent of the population is Romanian Orthodox as of 2021.⁵³

Members of Protestant churches have also participated in anti-rights activities, including key politicians who expressed their anti-abortion, CSE, and/or LGBT stances through interviews, social media posts, and legislative initiatives. For example, former Baptist pastor and current politician Ben-Oni Ardelean called the “Matić Report”—a groundbreaking report on sexual and reproductive health rights in the European Union—“a project that promotes the idea that the woman does not have to be a mother.”⁵⁴ In addition, Pentecostal pastor and politician Robert Sighiartău and Pentecostal politician Titus Corlăţean authored the 2022 regressive amendments on sexuality education in schools.⁵⁵

Moreover, the government has taken an anti-LGBT rights stance. In October 2018, the government, with the support of US-based anti-rights organizations, Alliance Defending Freedom and Liberty Counsel, held an unsuccessful referendum against same-sex marriage.⁵⁶ Parliament continued trying to undermine gender equality, including through the unsuccessful 2020 legislative proposal to ban the propagation of “gender ideology” in

⁵² “Romanian Patriarchate’s spokesman: Gender ideology is toxic to the community body of any society,” *Orthodox Times*, June 25, 2020, <https://orthodoxtimes.com/romanian-patriarchates-spokesman-gender-ideology-is-toxic-to-the-community-body-of-any-society/> (accessed March 5, 2025).

⁵³ National Institute of Statistics, “First provisional data for the Population and Housing Census, round 2021 (Comunicat de presă - Primele date provizorii pentru Recensământul Populaţiei şi Locuinţelor, runda 2021),” January 31, 2023, <https://br.prefectura.mai.gov.ro/wp-content/uploads/sites/29/2023/01/cp-date-provizorii-rpl2021.pdf> (accessed March 5, 2025), p. 3.

⁵⁴ Ben-Oni Ardelean’s Facebook page, <https://www.facebook.com/ArdeleanBenOni/posts/pfbido2snHcxNH2BX2d6cioZTMyxL92y31b822rKAQLvsckti3VRdHs6Sf4BQYggL4yN2xHl> (accessed March 5, 2025).

⁵⁵ Chamber of Deputies, “PL-x No. 457/2019: Proiect de Lege pentru modificarea şi completarea Legii nr.272/2004 privind protecţia şi promovarea drepturilor copilului,” https://www.cdep.ro/pls/proiecte/upl_pck2015.proiect?idp=18096 (accessed March 6, 2025); Diana Oncioiu and Vlad Stoicescu, “Revealed: The Influence Network that Blocks Sex Education in Romanian Schools,” *Decree Chronicles*, October 22, 2021, <https://decreechronicles.com/revealing-the-influence-network-that-blocks-sex-education-in-schools/> (accessed March 5, 2025).

⁵⁶ Sian Norris, “Romanians didn’t show up to an anti-LGBT referendum. But the battle for equality continues,” *OpenDemocracy*, October 8, 2018, <https://www.opendemocracy.net/en/5050/romanians-anti-lgbt-referendum-battle-continues/> (accessed March 5, 2025); Hélène Barthélemy, “American Anti-LGBT Groups Battling Same-Sex Marriage In Romania,” *Southern Poverty Law Center*, September 27, 2018, <https://www.splcenter.org/hatewatch/2018/09/27/american-anti-lgbt-groups-battling-same-sex-marriage-romania> (accessed March 5, 2025).

educational settings and the 2022 “anti-LGBT propaganda” bill, which sits in the Chamber of Deputies (the lower house of parliament) at time of writing.⁵⁷

Crisis Pregnancy Centers (CPCs)

Both international and Romanian anti-rights groups, which often have religious affiliations, have established or supported organizations in Romania that target women and girls experiencing a “*criza de sarcină*” (“crisis of pregnancy”). Anti-abortion actors in Romania define a “crisis of pregnancy” as the moment a woman or girl considers abortion. Some understand the “crisis” to involve a personal difficulty, including with her partner, family, or community and/or financial or educational concerns.⁵⁸

Romania’s “crisis pregnancy centers” (CPCs) often borrow the methodology and language of centers in the US, their country of origin. Like those of their US counterparts, the websites of Romania’s CPCs do not usually make it clear to visitors that they are anti-abortion. Instead, they display open ended phrases such as: “Are you pregnant, scared, and in need of help?” Or may also have explicitly misleading questions such as “Do you want to have an abortion? We are at your service!”⁵⁹ In addition, many CPCs in Romania are connected to and receive training, money, and other resources from anti-abortion organizations in the US.⁶⁰ CPCs often use misinformation, deception, and scare tactics—

⁵⁷ Chamber of Deputies, “PL-x nr.617/2019 Propunere legislativă pentru modificarea și completarea Legii educației naționale nr.1/2011,” https://www.cdep.ro/pls/proiecte/upl_pck2015.proiect?idp=18210 (accessed March 5, 2025); Chamber of Deputies, “PL-x nr. 243/2022 Proiect de Lege pentru modificarea și completarea Legii nr.272/2004 privind protecția și promovarea drepturilor copilului,” https://www.cdep.ro/pls/proiecte/upl_pck2015.proiect?cam=2&idp=19747 (accessed March 5, 2025); Diana Oncioiu et al., “Dozens of Romanian Public Hospitals Refuse to Perform Abortions” *Decree Chronicles*, October 1, 2021, <https://decreechronicles.com/dozens-of-romanian-public-hospitals-refuse-to-perform-abortions/> (accessed March 5, 2025).

⁵⁸ “What is pregnancy crisis? (Ce este criza de sarcină?),” *România pentru viață*, 2019, <https://romaniapentruviata.ro/2019/06/02/ce-este-criza-de-sarcina/> (accessed March 5, 2025); “The pregnancy crisis is not a myth (Criza de sarcină nu este un mit),” Clujul pentru Viață, (accessed March 5, 2025), <https://clujulpentruviata.ro/centrul-de-consiliere/> (accessed March 5, 2025); Human Rights Watch interview with Alexandra Nadane, Executive Director, ROUA Centre, December 9, 2022; Valerica Celmare, “Unwanted pregnancy and abortion trauma. Methods of prevention and pre- and post-abortion intervention, (Sarcina nedorită și trauma avortului. Metode de prevenție și intervenție pre- și post-avortiv),” *Sociologie*, no. 4 (2009), <https://www.gup.ugal.ro/ugaljournals/index.php/socio/article/view/3837/3397> (accessed March 5, 2025), p. 147.

⁵⁹ “Do you want to have an abortion? (Vrei sa faci avort?),” Avort, (accessed March 5, 2025), <https://avort.ro/>; “Home (Acasă),” Precious Little Feet, (accessed March 5, 2025), <https://www.preciouslittlefeet.org/>; “Welcome! Schedule an appointment (Bine ai venit! Programează-te),” ROUA Center (accessed March 5, 2025); <https://centrelero.ua.ro/programeaza-te/> (accessed July 19, 2023); “Home,” Pregnancy Crisis Center (accessed March 5, 2025) <https://www.morristownpcc.org/>.

⁶⁰ Diana Meseșan, “The ‘Pregnancy Crisis’ Franchise: from the United States to Romania,” *Scena9*, June 14, 2019, <https://www.scena9.ro/en/article/pregnancy-crisis-franchise-from-the-united-states-to-romania> (accessed March 5, 2025); “2022 European Pregnancy Help Leaders Summit,” Heartbeat International (accessed March 5, 2025); <https://www.heartbeatinternational.org/international/international-news/itemlist/tag/Romania>; Human Life International,

also imported from the US—to prevent or dissuade women and girls from terminating pregnancies.⁶¹ For example, their advertising may imply that they offer abortions, or they may provide false or medically unsound information (for example, that having an abortion renders women unable to become pregnant again).⁶²

However, in some areas of Romania where public health services remain scarce and access difficult due to financial, geographic, and structural constraints, there are no available or affordable sources of accurate information or support for pregnant women and girls.⁶³ Some county or municipal medical facilities or social service departments have even partnered with CPCs or promoted their services, giving them greater access to and credibility in communities.⁶⁴

“Mission Report, No. 434,” June 2021, <https://www.hli.org/wp-content/uploads/2021/09/MR-434-2021-06.pdf> (accessed March 5, 2025), p. 1.

⁶¹ Human Rights Watch interview with Diana Oncioiu, journalist, December 5, 2022; Weronika Strzyżyńska and Diana Oncioiu, “How US dollars put anti-abortion groups at the heart of Romanian healthcare,” *The Guardian*, July 22, 2022, <https://www.theguardian.com/global-development/2022/jul/22/how-us-dollars-put-anti-abortion-groups-at-the-heart-of-romanian-healthcare> (accessed March 5, 2025); Claire Provost and Nandini Archer, “Exclusive: Trump-linked religious ‘extremists’ target women with disinformation worldwide,” *openDemocracy*, February 10, 2020, <https://www.opendemocracy.net/en/5050/trump-linked-religious-extremists-global-disinformation-pregnant-women/> (accessed March 5, 2025).

⁶² Human Rights Watch interview with Nina, video interview, May 18, 2023; Human Rights Watch interview with Irina Mateescu, Romanian Midwives Association, video interview, January 18, 2023. For an example of a CPC’s medically unsound advertising, see “Risks and consequences of abortion (Riscuri și urmări ale avortului),” PRO VITA Bucharest Association, accessed March 5, 2025, <https://asociatiaprovita.ro/resurse/bioetica/avortul-riscuri-urmari-complicatii/> (accessed March 5, 2025); Andrada Lautaru et. al, “Trap Clinic for women who want to have an abortion (Clinica-capcană pentru femeile care vor să facă avort),” *Scenag*, July 8, 2021, <https://www.scenag.ro/article/femclinic-clinica-anti-avort-iasi-botosani> (accessed March 5, 2025).

⁶³ Human Rights Watch interviews with Diana Oncioiu, journalist, Bucharest, December 5, 2022; Human Rights Watch interview with Florin Buhuceanu, activist, Bucharest, December 7, 2022.

⁶⁴ Human Rights Watch interviews with Diana Oncioiu, journalist, Bucharest, December 5, 2022; Weronika Strzyżyńska and Diana Oncioiu, “How US dollars put anti-abortion groups at the heart of Romanian healthcare,” *The Guardian*, July 22, 2022, <https://www.theguardian.com/global-development/2022/jul/22/how-us-dollars-put-anti-abortion-groups-at-the-heart-of-romanian-healthcare> (accessed March 5, 2025); “ONG-uri partenere (ONG-uri partenere),” Dolj County Council: General Directorate of Social Assistance and Child Protection Dolj (Consiliul Județean Dolj: Direcția Generală de Asistentă Socială și Protecția Copiului Dolj), accessed March 5, 2025, <http://www.dgaspcdolj.ro/parteneri-si-colaboratori/ong-uri-partenere/79;> “Useful links (Legături utile),” Timis County Council: General Directorate of Social Assistance and Child Protection (Consiliul Județean Timis: Direcția Generală de Asistentă Socială și Protecția Copiului), accessed March 5, 2025, <https://archive.ph/ZegeD#selection-95.19-103.47> (accessed April 23, 2023).

II. Availability and Accessibility of Abortion Services and Contraception

It's a whole paradox. In Romania, it's legal to have an abortion, but this right is actually restricted.

—Diana Oncioiu, journalist, Bucharest, December 5, 2022⁶⁵

Diminishing availability and accessibility of access to abortions on request and contraceptives has a damaging impact on and violates the right to health of women and girls in Romania. Public health services for abortions on request are often unavailable or inaccessible for a variety of reasons, affecting everyone seeking an abortion, but especially harming certain demographics such as girls under 18, poor and rural women and girls, and Roma women and girls, who face additional access barriers. Most of the activists, journalists, and experts that Human Rights Watch interviewed said that religious conservatism contributed to perpetuating anti-abortion discourses and creating barriers for women and girls trying to access abortions on request in Romania.⁶⁶ Legal loopholes and the lack of clarity on key laws concerning sexual and reproductive health services have also impacted healthcare providers' ability and/or willingness to provide timely access.

Inadequate Availability of Abortion Services at Public Healthcare Facilities

Twenty local activists, journalists, and experts interviewed by Human Rights Watch said access to abortions on request is decreasing, which they primarily attributed to the growing number of public hospitals and doctors that no longer provide abortions on request.⁶⁷ In addition to the aforementioned barriers posed by hospitals' administrative decisions and conscientious objection (both of which have been influenced by religious conservatism), Human Rights Watch's research found that practices related to or purporting to be related to Covid-19 restrictions, lack of space, lack of malpractice insurance coverage, and unclear legislation on abortions on request were key contributing factors to services being unavailable.

⁶⁵ Human Rights Watch interview with Diana Oncioiu, journalist, Bucharest, December 5, 2022.

⁶⁶ Human Rights Watch interviews with 20 activists, journalists, and experts in Braşov, Bucharest, Iaşi, and Timişoara, December 5-7 and 9, 2022, January 18, 2023, April 26, 2023, May 1, 7, and 11, 2023, and July 5, 2023.

⁶⁷ Human Rights Watch interviews with 20 activists, journalists, and experts in Braşov, Bucharest, Iaşi, and Timişoara, December 5-9, 2022, January 18, 2023, April 26, 2023, May 1, 7, 9, and 11, 2023, and July 5, 2023.

In their 2021 report, local NGOs FILIA Center and the Euroregional Center for Public Initiatives found that, between February and May 2021, only 59 of the 137 public hospitals that responded to their survey provided both abortion procedures and medication abortions on request.⁶⁸ According to the government's Public Health Directorate, in 2021, 11 out of 41 counties recorded zero abortion procedures on request performed in public hospitals; 2 of those 11 counties also recorded zero abortion procedures on request performed in private clinics.⁶⁹ This data does not include statistics on medication abortions, which public and private hospitals and clinics do not track.⁷⁰

Of the 16 ob-gyns Human Rights Watch interviewed in the cities of Braşov, Bucharest, Hunedoara, Iaşi, Timişoara, 14 said they did not provide abortion procedures on request in their public and/or private practices due to personal reasons or institutional restrictions. Of those 14, 10 did not give prescriptions for medication abortions.⁷¹

Hospitals' Administrative Decisions

Some doctors do not perform abortions on request because of administrative decisions by public hospitals.⁷² According to one journalistic investigation in 2019, 30 percent of 190 contacted hospitals refuse to grant abortions.⁷³ At least two public hospitals have official statements enshrining their administrative decisions not to provide abortions on request, but most made informal decisions (without accompanying paperwork) not to offer this service.⁷⁴

⁶⁸ FILIA Center, "Refusal to Perform Abortion on Request in Romania: 2020-2021," 2021, <https://centrulfilia.ro/new/wp-content/uploads/2021/10/Abortion-report.pdf> (accessed March 5, 2025), p. 10.

⁶⁹ Public Health Directorate (Directia De Sanatate Publica), "Termination of pregnancy (in hospitals and obstetrics-gynecology clinics total) - on request in the year 2021 (Înteruperea cursului sarcinii (în spitale și în cabinete de obstetrică-ginecologie total) - la cerere în anul 2021," 2021, unpublished document on file with Human Rights Watch.

⁷⁰ Human Rights Watch interview with Name Withheld, Manager, and Andrada Szebeni, medical resident, DR. I.A. Sbarcea Spitalul Clinic of Obstetrics and Gynecology, Braşov, May 5, 2023.

⁷¹ Human Rights Watch interviews with 16 gynecologists, Braşov, Bucharest, Hunedoara, Iaşi, and Timişoara, January 27, 2023, April 27-29, 2023, May 2-5, 9-10, and 17, 2023, June 10, 2023, and July 7, 2023.

⁷² Diana Oncioiu et. al., "Dozens of Romanian Hospitals Refuse to Perform Abortions," *Decree Chronicles*, October 1, 2021, <https://decreechronicles.com/dozens-of-romanian-public-hospitals-refuse-to-perform-abortions/> (accessed March 5, 2025); Lina Vdovii and Michael Bird, "Over 30 percent of hospitals in Romania are refusing legal abortions," *The Black Sea*, July 11, 2019, <https://theblacksea.eu/special-reports/quarter-hospitals-romania-are-refusing-legal-abortions/> (accessed March 5, 2025); FILIA Center, "Refusal to Perform Abortion on Request in Romania: 2020-2021," 2021, p. 4.

⁷³ Lina Vdovii and Michael Bird, "Over 30 percent of hospitals in Romania are refusing legal abortions," *The Black Sea*, July 11, 2019, <https://theblacksea.eu/special-reports/quarter-hospitals-romania-are-refusing-legal-abortions/> (accessed March 5, 2025).

⁷⁴ Diana Oncioiu et. al., "Dozens of Romanian Hospitals Refuse to Perform Abortions," *Decree Chronicles*, October 1, 2021, <https://decreechronicles.com/dozens-of-romanian-public-hospitals-refuse-to-perform-abortions/> (accessed March 5, 2025).

Informal decisions can be longstanding. One medical resident whose hospital prohibits abortions told Human Rights Watch about its unwritten policy:

There is no written protocol to my knowledge, but this is the unwritten rule at this hospital for about 10 years. I found this out from the medical staff who had been at this hospital for 10 years or more, but no one could tell me the reasons why.⁷⁵

Informal, unwritten decisions lead to a lack of transparency and uncertainty regarding the provision of abortions. One family planning doctor recalled how she learned her hospital stopped providing them:

Ten years ago, I received a patient. The patient found out she was pregnant during the examination, and so I called my colleagues who were in the relevant department to schedule an abortion. They told me that this service was no longer being performed.... I received the news verbally and did not receive any written notice.⁷⁶

This lack of clarity, in turn, can make it much harder for women and girls who require abortion services to obtain them, especially if the person is nearing 14 weeks of pregnancy (the legal time limit for abortions on request). One journalist explained how this can happen:

You might hear in the city that this hospital does not perform abortions, but other than that, you don't really know. You just go there and find out that this hospital does not do abortions. And maybe you're in a hurry, and you don't have enough time. There is a limited time when you can have an abortion.⁷⁷

⁷⁵ Human Rights Watch interview with Andrada Szebeni, medical resident, DR. I.A. Sbarcea Spitalul Clinic of Obstetrics and Gynecology, Braşov, May 5, 2023.

⁷⁶ Human Rights Watch interview with Irina Caţighera, primary doctor, family planning office, Cuza Vodă Obstetrics and Gynecology Hospital, Iaşi, May 3, 2023.

⁷⁷ Human Rights Watch interview with Diana Oncioiu, journalist, Bucharest, December 5, 2022.

Religious Institutions Interference in Individual Healthcare Decisions

Human Rights Watch was able to speak with two priests in hospitals; one priest's church was on the premises of the hospital. Dan Damaschin, a Romanian Orthodox priest whose church sits in the grounds of a public hospital in Iași, intercepted women and girls seeking abortions in order to dissuade them.⁷⁸ In an interview with a local newspaper associated with the Romanian Orthodox Church, Damaschin described how he and his helpers would attempt to detect which patients passing through the hospital courtyard might be on their way to seek abortion, and how they enlisted the help of a female volunteer to approach women and try to convince them to come to the church where Damaschin or his team would tell them about "what an abortion really means."⁷⁹ According to a doctor working at the hospital, who wanted to remain anonymous, Damaschin's efforts also contributed to the hospital's informal administrative decision to stop providing abortions on request approximately 10 years ago.⁸⁰

Doctors' Conscientious Objection

Romania does not have any legal provisions or mechanisms to regulate or monitor conscientious objection.⁸¹ Unregulated conscientious objection in health care creates a

⁷⁸ Human Rights Watch interview with Name Withheld, doctor, Cuza Vodă Obstetrics and Gynecology Hospital, Iași, May 3, 2023. See also Oana Nistor, "'When God sends you on such a mission, you can't be rusty' ('Când Dumnezeu te trimite la o așa misiune, nu ai voie să ruginești)," *Ziarul Lumina*, February 5, 2020, <https://ziarullumina.ro/educatie-si-cultura/interviu/cand-dumnezeu-te-trimite-la-o-asa-misiune-nu-ai-voie-sa-ruginesti-151698.html> (accessed March 5, 2025); Daniela Bălinișteanu, "ProVita Iași Mission at Cuza Vodă Maternity Hospital: one baby in 100 is saved from death (Misiunea ProVita Iași la Maternitatea Cuza Vodă: un prunc din 100 este salvat de la moarte)," *DOXOLOGIA*, <https://doxologia.ro/misiunea-provita-iasi-la-maternitatea-cuza-voda-un-prunc-din-100-este-salvat-de-la-moarte> (accessed March 5, 2025); Diana Mesesan, "The 'Pregnancy Crisis' Franchise: from the United States to Romania," *Scenag*, June 14, 2019, <https://www.scenag.ro/en/article/pregnancy-crisis-franchise-from-the-united-states-to-romania> (accessed March 5, 2025).

⁷⁹ Ibid.

⁸⁰ Human Rights Watch interview with Name Withheld, doctor, Cuza Vodă Obstetrics and Gynecology Hospital, Iași, May 3, 2023.

⁸¹ Committee on the Elimination of Discrimination Against Women (CEDAW Committee), "Concluding observations on the combined seventh and eighth periodic reports of Romania," CEDAW/C/ROU/CO/7-8, July 24, 2017, <https://digitallibrary.un.org/record/1305060?ln=en> (accessed September 11, 2023), paras. 32(c) and 33(c); Working Group on the Universal Periodic Review, "Romania: Compilation of information prepared by the Office of the United Nations High Commissioner for Human Rights," A/HRC/WG.6/43/ROU/2, February 15, 2023, <https://digitallibrary.un.org/record/4006099?v=pdf> (accessed March 5, 2025), para. 50; Human Rights Watch interview with Valentina Simbotin, Manager, Marie Stopes International Bucharest, December 9, 2022, Iustina Ionescu, lawyer, video interview, December 5, 2022, and Voichița Slevoacă, Sanitary Pads for All, Iași, May 1, 2023.

lack of transparency about the availability of abortions on request in medical facilities and can lead to arbitrary and often damaging delay in or even prevention of access.⁸²

Doctors and other people Human Rights Watch interviewed had conflicting opinions about whether doctors were legally obligated to perform abortions on request. Eight healthcare providers that Human Rights Watch interviewed said doctors had a right to refuse to provide abortions on request.⁸³ Mirela Buiciuc, Specialist in the Women and Mother Health Unit at the Ministry of Health, shared this view, telling Human Rights Watch that the “conscientious objection clause” in the Code of Medical Deontology allowed doctors to decline when asked to perform an abortion on request.⁸⁴ Melany Pasca, legal adviser to three members of parliament in the political party Reper, disagreed: “Technically, public hospitals should be providing abortions on request as it is a medical service.”⁸⁵ “The law is thin ice,” said one doctor, referring to such confusions surrounding abortion care provision. “I think the rules of abortion should be more specific.”⁸⁶

According to a 2019 investigation by *EUobserver*, as well as several experts we interviewed, many doctors did not provide referrals to another healthcare provider after denying patients abortion care.⁸⁷ Of the doctors that Human Rights Watch interviewed who did not perform abortions on request, none considered it their duty to refer patients to other institutions or doctors. “If somebody wants to get an abortion, they will find a way,” replied a doctor when asked about the lack of legal obligation for referrals for women and girls who seek an abortion on request. “It’s a false problem. There are much more real

⁸² WHO, “Chapter 3. Recommendations and best practice statements across the continuum of abortion care – Law & policy Recommendation 22: Conscientious objection (3.3.9),” in *Abortion care guideline* (March 2022), <https://srhr.org/abortioncare/chapter-3/pre-abortion-3-3-law-policy-recommendation-22-conscientious-objection-3-3-9/> (accessed March 5, 2025).

⁸³ Human Rights Watch interviews with eight healthcare providers in Braşov, Bucharest, Hunedoara, and Iaşi, December 9, 2022, January 27, 2023, May 2, 4, and 17, 2023, and July 7, 2023.

⁸⁴ Human Rights Watch interview with Mirela Buiciuc, Specialist, Women and Mother Health Unit, Ministry of Health, May 10, 2023.

⁸⁵ Human Rights Watch interview with Melany Pasca, legal advisor, Reper, video interview, May 25, 2023.

⁸⁶ Human Rights Watch interview with Madalina Ciuhodaru, Head of the gynecology department, Elena Doamna Hospital of Obstetrics and Gynecology, Iaşi, May 4, 2023.

⁸⁷ Lina Vdovii and Michael Bird, “Why 60 Romanian hospitals are refusing abortions,” *EUobserver*, July 11, 2019, <https://euobserver.com/news/145391> (accessed March 5, 2025); Rosa Schwartzburg, “In Romania, Hard-Won Abortion Rights Are Being Systematically Undermined,” *The WIRE*, January 20, 2022, <https://thewire.in/women/romania-abortion-rights-right-wing-reproductive-rights> (accessed March 5, 2025); Human Rights Watch interviews with Irina Mateescu, midwife, online, January 28, 2023, Valentina Simbotin, Manager, Marie Stopes International Bucharest, Bucharest, December 9, 2022, Iustina Ionescu, lawyer, Bucharest, December 5, 2022, and Irina Caţighera, primary doctor, family planning office, Cuza Vodă Obstetrics and Gynecology Hospital, Iaşi, May 3, 2023.

issues.”⁸⁸ The two doctors who said they actively referred patients elsewhere did not believe it was a duty tied to any code or legislation.⁸⁹ One doctor described doing so as “an act of kindness.”⁹⁰

Two public hospital managers said that their hospitals do not keep a record of which doctors refuse to provide abortions on request.⁹¹

Religious Conservatism’s Influence

Religion plays a notable role in doctors’ conscientious objections. According to 2020 research by the FILIA Center, a feminist NGO based in Bucharest 51 of the 137 hospitals that responded to its inquiry cited “religious reasons” as the main reason that doctors refused to perform abortions on request.⁹²

Some of our interviews reflected this as well.⁹³ A doctor in Bucharest told Human Rights Watch that she thought abortion refusal among doctors was partly a “religious issue”; she used as an example the fact that the two colleagues who performed abortions on request at the public hospital where she worked were not Christians. She said she referred people seeking an abortion to those colleagues, as she does not provide them. This doctor also believed doctors pressured each other not to provide abortions.⁹⁴

A doctor in Timișoara said she would convince her patients not to have abortions because she believes God decides the number of pregnancies and children. When one pregnant woman (who already had a son) was feeling sick and wanted an abortion, this doctor said she stopped her from going ahead by saying: “Kill the baby that’s already in your home. What’s the difference?”⁹⁵

⁸⁸ Human Rights Watch interview with Name Withheld, ob-gyn, Odobescu Municipal Hospital, Timișoara, April 28, 2023.

⁸⁹ Human Rights Watch interview with two ob-gyns, Bucharest, January 27, 2023, and July 7, 2023.

⁹⁰ Human Rights Watch interview with Name Withheld, ob-gyn, video interview, January 27, 2023.

⁹¹ Human Rights Watch interview with two hospital managers, Brașov and Iași, May 2 and 5, 2023.

⁹² FILIA Center, “Refusal to Perform Abortion on Request in Romania: 2020-2021,” 2021, <https://centrulfilia.ro/new/wp-content/uploads/2021/10/Abortion-report.pdf> (accessed March 5, 2025), p. 15.

⁹³ Human Rights Watch interviews with five healthcare providers, Brașov, Bucharest, Hunedora, and Timișoara, January 27, 2023, April 29, 2023, and May 10 and 17, 2023.

⁹⁴ Human Rights Watch interview with Name Withheld, ob-gyn, video interview, January 27, 2023.

⁹⁵ Human Rights Watch interview with Olivera Iordache, ob-gyn, Bega Maternity, Timișoara, April 29, 2023.

Covid-19 Restrictions Continuing Impact on Availability of Abortion Services

When the government declared a state of emergency because of the Covid-19 pandemic in March 2020, some public hospitals were designated “Covid hospitals.” They became responsible for Covid-19 patients and officially suspended a range of other services, including abortions on request.⁹⁶

In April 2020, the Ministry of Health released a circular recommending that hospitals resume providing unrestricted access to abortion procedures and medication abortion in accordance with domestic law.⁹⁷ However, the process of reinstating abortions on request has been slow, in part because the circular “was apparently a subject to free interpretation by health institutions” many of which did not comply.⁹⁸ “The rights of women during the pandemic were undermined,” said one doctor.⁹⁹

⁹⁶ Ministry of Internal Affairs, “Order of the Commander of the Action (Ordinul Comandantului Actiunii) nr. 74527 of March 23, 2020,” March 23, 2020, https://www.cnsrbt.ro/index.php/legislatie_cov/1578-ordinul-74527-din-23-03-2020-masuri-unitati-sanitare/file (accessed March 5, 2025), art. 1; “ORDER No. 533 of March 29, 2020

on the approval of the Plan of Measures for the Preparation of Hospitals in the Context of the COVID-19 Coronavirus Epidemic and the List of Support Hospitals for Patients Tested Positive for the SARS-CoV-2 Virus (ORDIN nr. 533 din 29 martie 2020 privind aprobarea Planului de măsuri pentru pregătirea spitalelor în contextul epidemiei de coronavirus COVID-19 și a Listei spitalelor de suport pentru pacienții testați pozitiv cu virusul SARS-CoV-2),” Ministry of Health, March 29, 2020, <https://legislatie.just.ro/Public/DetaliiDocument/224501> (accessed March 5, 2025); FILIA Center, “Refusal to Perform Abortion on Request in Romania: 2020-2021,” 2021, <https://centrulfilia.ro/new/wp-content/uploads/2021/10/Abortion-report.pdf> (accessed March 5, 2025), p. 4.

⁹⁷ Diana Oncioiu et. al., “Dozens of Romanian Hospitals Refuse to Perform Abortions,” *Decree Chronicles*, October 1, 2021, <https://decreechronicles.com/dozens-of-romanian-public-hospitals-refuse-to-perform-abortions/> (accessed March 5, 2025); “Romania – At least a small improvement, one hospital more is doing abortions,” International Campaign for Women’s Right to Safe Abortion, May 28, 2020, <https://www.safeabortionwomensright.org/news/romania-at-least-a-small-improvement-one-hospital-more-is-doing-abortions/> (accessed March 5, 2025); FILIA Center, “Refusal to Perform Abortion on Request in Romania: 2020-2021,” 2021, <https://centrulfilia.ro/new/wp-content/uploads/2021/10/Abortion-report.pdf> (accessed March 5, 2025), p. 8; Neva Bojovic, Jovana Stanisljevic and Guido Giunti, “The impact of COVID-19 on abortion access: Insights from the European Union and the United Kingdom,” *Health Policy* vol. 125 no. 17 (2021):841-858, accessed March 5, 2025, doi: 10.1016/j.healthpol.2021.05.005.

⁹⁸ Neva Bojovic, Jovana Stanisljevic and Guido Giunti, “The impact of COVID-19 on abortion access: Insights from the European Union and the United Kingdom,” *Health Policy* vol. 125 no. 17 (2021):841-858, accessed March 5, 2025, doi: 10.1016/j.healthpol.2021.05.005; “How has COVID19 changed Romanian women's access to abortion on demand? (Cum a modificat COVID19 accesul românelor la avortul la cerere?)” FILIA Center, accessed March 5, 2025, <https://coronavirus.centrulfilia.ro/avortul-si-covid19/> (accessed March 5, 2025); “In Romania, women living in precarious conditions face restricted access to abortion,” *Kafkadesk*, March 23, 2021, <https://kafkadesk.org/2021/03/23/in-romania-women-living-in-precarious-conditions-face-restricted-access-to-abortion/> (accessed March 5, 2025); Human Rights Watch interview with Andrada Lautaru, journalist, Libertatea, Bucharest, December 6, 2022.

⁹⁹ Human Rights Watch interview with Madalina Ciuhodaru, Head of the gynecology department, Elena Doamna Hospital of Obstetrics and Gynecology, Iași, May 4, 2023.

Dubious Excuses for Not Providing Abortion Services

“Covid hospitals” and other public hospitals have relied on Law No. 95/2006 on Healthcare Reform—which stipulates that a public hospital can stop performing a medical act if it has insufficient staff or administrative services necessary to carry out that act¹⁰⁰—to legally justify not offering or reinstating abortions on request.

For example, the Elena Doamna Hospital of Obstetrics and Gynecology in Iași became a “Covid hospital” in March 2020, suspending abortions on request and most non-emergency services. As of 2024, all services except abortion procedures on request had been restored.¹⁰¹ One doctor said the hospital explained its failure to restore abortion procedures on request claiming that it now had a “lack of space.”¹⁰²

The Odobescu Municipal Hospital in Timișoara, which had suspended abortions on request since April 2020 due to Covid-19, also used lack of space to justify why they did not reinstate abortion procedures on request.¹⁰³

Not all space-related assertions were related to the pandemic. Human Rights Watch found that one hospital, Dr. I. A. Sbarcea Hospital, had stopped offering abortion procedures on request in 2015 due to ongoing construction, which halved the number of functional operating rooms. Doctors at this hospital, as well as other public hospitals, said they could not perform abortion procedures on request without a separate operating room.¹⁰⁴ “This is the only way hospitals can [legally] restrict services,” explained a lecturer of medical law. “They can’t do it by telling doctors to perform or not perform something, but the physician cannot perform any treatments without the proper resources that are provided by the hospital.”¹⁰⁵

¹⁰⁰ Law on Healthcare Reform No. 95 of April 14, 2006, art. 206, <https://legislatie.just.ro/Public/DetaliiDocument/71139> (accessed March 5, 2025).

¹⁰¹ Human Rights Watch interview with two ob-gyns (Name Withdrawn) at Elena Doamna Hospital of Obstetrics and Gynecology, Iași, May 4, 2023.

¹⁰² Human Rights Watch interview with Madalina Ciuhodaru, head of the gynecology department at Elena Doamna Hospital of Obstetrics and Gynecology, Iași, May 4, 2023, and November 10, 2023.

¹⁰³ Human Rights Watch interview with Name Withheld, ob-gyn, Odobescu Municipal Hospital, Timișoara, April 28, 2023.

¹⁰⁴ Human Rights Watch interviews with four healthcare providers, Brașov and Iași, May 4-5, 2023.

¹⁰⁵ Human Rights Watch interview with Andrei Nanu, lecturer of medical law, Carol Davila University of Medicine and Pharmacy, video interview, June 22, 2023.

“It’s not normal to have no place in a county, to have no county hospital that provides abortions. This is the Ministry of Health’s responsibility,” Radu Vlădăreanu, then vice president of the Romanian Society of Obstetrics and Gynecology, said. “During the pandemic, hospitals restricted unnecessary interventions, but abortions are an emergency because of their deadline.” He also said there is no medical reason for hospitals to require a separate operating room for abortion procedures on request.¹⁰⁶

Lack of Malpractice Insurance Coverage

Concerns about a lack of malpractice insurance coverage for elective services, including for abortions on request, was cited as playing a role in limiting the number of physicians willing to provide such services, further restricting their availability.¹⁰⁷ In February 2022, responding to an inquiry by Senator Silvia Dinică on access to abortions on request during the Covid-19 pandemic, the then Secretary of State within the Ministry of Health pointed to a lack of malpractice insurance coverage for abortions on request as a factor contributing to the diminishing number of state hospitals providing the service.¹⁰⁸ According to FILIA Center, a lack of malpractice insurance coverage for abortions on request was a main reason some medics and public hospitals gave for not providing them.¹⁰⁹ For instance, a medical resident at a hospital in Braşov, told Human Rights Watch that having no malpractice insurance for abortions on request pushed doctors to practice “defensive medicine.” “It’s complicated legally. It’s probably easier to say we don’t do that here,” she

¹⁰⁶ Human Rights Watch interview with Radu Vlădăreanu, First Vice President, Romanian Society of Obstetrics and Gynecology, Bucharest, May 9, 2023.

¹⁰⁷ ERGO Asigurări S.A, “Professional liability insurance for medical/pharmaceutical personnel (Asigurarea de răspundere civilă profesională a personalului medical/farmaceutic),” https://aifacturi.ro/roboti/documente/Malpraxis/conditii_pid_ergo.pdf (accessed March 5, 2025), p. 9; SIGNAL IDUNA Asigurări S.A, “Civil liability insurance for healthcare facilities (Asigurarea de răspundere civilă a unităţilor sanitare),” https://asigurarigenerale.signal-iduna.ro/assets/PID/PID_RCGS_Signal_Malpraxis_UW13IPGS10.pdf (accessed March 5, 2025), p. 1; FILIA Center, “Refusal to Perform Abortion on Request in Romania: 2020-2021,” 2021, <https://centrulfilia.ro/new/wp-content/uploads/2021/10/Abortion-report.pdf> (accessed March 5, 2025), p. 10.

¹⁰⁸ Romanian Parliament Senate, “Bucharest Parliamentary Group: USR Senate meeting of: 16.02.2022 Subject of the interpellation: Unblocking access to abortion on demand during the pandemic (Bucureşti Grupul Parlamentar: USR Şedinţa Senatului din data de: 16.02.2022 Obiectul interpelării: Deblocarea accesului la avort la cerere pe perioada pandemiei),” February 16, 2022, <https://www.senat.ro/PDFIntrebari/b%20ip%20Dinica%20986%20c-Min%20Sana.pdf> (accessed March 5, 2025); Letter from Silvia Dinică, senator, to the Romanian Ministry of Health, March 7, 2022, <https://www.senat.ro/PDFIntrebari/b%20r%2016%2002%20dinica%20986%20c.pdf> (accessed March 5, 2025).

¹⁰⁹ FILIA Center, “Refusal to Perform Abortion on Request in Romania: 2020-2021,” 2021, <https://centrulfilia.ro/new/wp-content/uploads/2021/10/Abortion-report.pdf> (accessed March 5, 2025), pp. 4-5.

explained, referring to the fact that the public hospital where she worked did not perform abortions on request.¹¹⁰

However, an activist from the Romanian Midwives Association informed Human Rights Watch that there are multiple insurance companies which give doctors coverage for malpractice related to abortions on request. As of February 2025, Human Rights Watch confirmed that at least one major insurance company, Omniasig, has a medical malpractice insurance policy that does not explicitly exclude coverage for abortion on request or elective services.¹¹¹

Women’s rights experts who spoke to Human Rights Watch about malpractice insurance issues questioned the level of risk that existed from a threat of a malpractice lawsuit for a doctor providing abortions on request.¹¹² One doctor who provides the service agreed, saying, “I think it’s an excuse not to perform abortions on request.”¹¹³ In January 2023, three members of the Romanian Parliament requested the Ministry of Health to provide information on the number of medical malpractice cases reported following abortion procedures in the previous five years. The Ministry of Health reported that among the 35 out of 42 Public Health Departments across Romania that submitted a response as of February 2023, none had reported any cases of malpractice cases related to abortion procedures.¹¹⁴

Lack of Awareness of Abortion Law, Medication Guidelines

Despite the existence of law and guidance on abortions on request, doctors are not always aware of them.

¹¹⁰ Human Rights Watch interview with Andrada Szebeni, medical resident, DR. I.A. Sbarcea Spitalul Clinic of Obstetrics and Gynecology, Braşov, May 5, 2023.

¹¹¹ OMNIASIG Vienna Insurance Group, “Professional liability insurance general conditions (Asigurarea de răspundere civilă profesională condiții generale),” 13.02.01.W.001.o.O, pp. 3-4. Document on file with Human Rights Watch.

¹¹² Human Rights Watch interview with two activists, Bucharest, December 6 and 7, 2023.

¹¹³ Human Rights Watch interview with Radu Vlădăreanu, First Vice President, Romanian Society of Obstetrics and Gynecology, Bucharest, May 9, 2023.

¹¹⁴ Letter from Tiberius Marius Brădăţan, Secretary of State (affiliated with the Romanian Ministry of Health, Office of the Minister), to Deputies Oana-Alexandra Cambera, Andre-Răzvan Lupu, Simina Geanina-Daniela Tulbure, March 3, 2023, <https://www.cdep.ro/interpel/2023/r8128A.pdf> (accessed March 5, 2025).

According to a medical law lecturer, a potential explanation for the various misconceptions about abortion care legislation is:

The medical law is young and not necessarily very well known by physicians. Some studies show that physicians are not very well aware of all the legal requirements, which is why, in some situations, they are not complying with the law.¹¹⁵

The Romanian Society of Obstetrics and Gynecology’s guidelines recommend that doctors provide medication abortion within 12 weeks of amenorrhea.¹¹⁶ However, some doctors Human Rights Watch interviewed believed that medication abortion could only be prescribed within 5 to 10 weeks of amenorrhea.¹¹⁷ Since a few doctors that Human Rights Watch interviewed only provided medication abortion (and refused to perform surgical abortion procedures on request), doctors’ lack of understanding of the legal time limit for medication abortion further restricts the availability of abortion services for women’s and girls’.¹¹⁸

Barriers to Accessing Abortion Services

Women and girls in Romania face major barriers to accessing abortion care. These barriers include harmful laws, cost, lack of information, misinformation, lack of available services, and obstruction of access. These barriers affect all women, girls, and pregnant people, and they also have a disproportionate impact on some specific populations, including people living in poverty, people living in rural areas, and adolescents under age 18.

¹¹⁵ Human Rights Watch interview with Andrei Nanu, lecturer of medical law, Carol Davila University of Medicine and Pharmacy, video interview, June 22, 2023.

¹¹⁶ Romanian Society of Obstetrics and Gynecology, “Medical abortion (Avortul medicamentos),” 2019, <https://sogr.ro/wp-content/uploads/2019/11/35.-Avortul-medicamentos.pdf> (accessed March 5, 2025), p. 13.

¹¹⁷ Human Rights Watch interview with four doctors, Braşov, Bucharest, Hunedoara, and Iaşi, May 5, 10, and 17, 2023.

¹¹⁸ Human Rights Watch interviews with three ob-gyns, Timișoara and Braşov, April 27 and 29, 2023 and May 5, 2023.

Economic Barriers to Accessing Abortion Services

Romania's National Health Insurance House does not cover the cost of abortion on request, which must instead be paid for by the patient through out-of-pocket payments or private health insurance.¹¹⁹

At public hospitals, these services can cost about 150 Lei (about €30 or US\$32) for the abortion procedure, and up to 1,500 Lei (about €300 or US\$308) including the ultrasound and check-up procedures — the equivalent of about half a month to a month's wages for someone working on the national minimum wage. In private hospitals, however, these services can cost between 1,200 to 5,000 Lei (about €240 to €1,004 or US\$247 to \$1,030).¹²⁰ On the higher end, the cost for these services at private clinics equates to roughly Romania's average net monthly income of 5,158 Lei (about €1,037 or US\$1,127).¹²¹

The lack of available and accessible abortions on request at public hospitals, discussed in the previous section, often push women and girls to seek these services from private hospitals and clinics.¹²² But many women and girls who are forced to seek out abortion services from private-sector providers are still unable to access them because of these cost, or must otherwise face significant financial hardship to do so. Around 32 percent of the population was at risk of poverty and social exclusion in 2023.¹²³ “Rich women will

¹¹⁹ National Health Insurance House Casa (Națională de Asigurări de Sănătate), “The basic medical service package for hospital healthcare (Pachetul de servicii medicale de bază pentru asistența medicală spitalicească),” https://cnas.ro/wp-content/uploads/2024/02/pachet-de-baza_-asistenta-medicala-spitaliceasca.pdf (accessed March 5, 2025); Law on Health Care Reform, art. 248(i), (l), (r).

¹²⁰ Human Rights Watch interview with Ramona Mihaila, Head of the Secretary of State's Office in the National Agency for Equal Opportunities Between Women and Men (ANES), May 9, 2023; Akmaljon Akhmedjonov et. al., “Europe's growing abortion nightmare,” *POLITICO*, July 1, 2023, <https://www.politico.eu/article/europes-growing-abortion-nightmare/> (accessed March 5, 2025); Imogen Mathers, “High costs and broken health system freeze many out of abortion care in Romania,” International Planned Parenthood Federation, September 28, 2024, <https://europe.ippf.org/stories/high-costs-and-broken-health-system-freeze-many-out-abortion-care-romania> (accessed March 5, 2025).

¹²¹ National Institute of Statistics, “The Average Gross Earnings on Total Economy in August 2024 were 8443 Lei and the Net 5158 Lei,” 2004, https://insse.ro/cms/sites/default/files/com_presa/com_pdf/cso8e24.pdf (accessed March 5, 2025).

¹²² Rosa Schwartzburg, “In Romania, Hard-Won Abortion Rights Are Being Systematically Undermined,” *The WIRE*, January 20, 2022, <https://thewire.in/women/romania-abortion-rights-right-wing-reproductive-rights> (accessed March 5, 2025); Lina Vdovii and Michael Bird, “Over 30 percent of hospitals in Romania are refusing legal abortions,” *The Black Sea*, July 11, 2019, <https://theblacksea.eu/stories/quarter-hospitals-romania-are-refusing-legal-abortions/> (accessed March 5, 2025); Radu Dumitrescu, “Two out of three on-demand abortions in Romania done in the private system,” *Romania-Insider*, December 14, 2022, <https://www.romania-insider.com/two-out-three-demand-abortions-romania-private-system> (accessed March 5, 2025).

¹²³ “Persons at risk of poverty or social exclusion by age and sex,” Eurostat, accessed March 5, 2025, https://ec.europa.eu/eurostat/databrowser/view/ilc_pepso1n/default/bar?lang=en.

always have a solution for abortion,” a doctor pointed out. “The problem is with [poor] women, who cannot afford the procedure.”¹²⁴

These cost-based barriers have much more pronounced impacts on the accessibility of abortion services for certain socially and economically marginalized communities in Romania that are more likely to experience poverty, including Roma, and rural women and girls. According to the World Bank, as of 2021, 46 percent of Romania’s population lived in rural areas, where there are higher levels of poverty and less healthcare infrastructure.¹²⁵ The Survey on Minorities and Discrimination in EU (2016) found that about 70 percent of Roma people in Romania live below the risk-of-poverty threshold.¹²⁶

The lack of available healthcare services in rural communities creates additional cost-based barriers for rural women and girls, who may have little to no access to specialized care in their vicinity. They must instead travel at their own expense to access gynecological care or go without.¹²⁷

Barriers for Adolescents Under 18

The law requires adolescents under the age of 16—not those between 16 and 18—to have parental or legal guardian consent for non-emergency sexual and reproductive health services.¹²⁸ However, several doctors and a medical resident Human Rights Watch

¹²⁴ Human Rights Watch interview with Madalina Ciuhodaru, Head of the gynecology department, Elena Doamna Hospital of Obstetrics and Gynecology, Iași, May 4, 2023.

¹²⁵ “Rural population (% of total population) – Romania,” World Bank, accessed March 5, 2025, <https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=RO>; UN Human Rights Council, Report of the Working Group on discrimination against women and girls, Meskerem Geset Techane and Ivana Radačić, Visit to Romania, U.N. Doc. A/HRC/47/38/Add.1, April 20, 2021, <https://www.ohchr.org/en/documents/country-reports/ahrc4738add1-visit-romania-report-working-group-discrimination-against> (accessed March 5, 2025), paras. 56 and 59.

¹²⁶ “Survey on Minorities and Discrimination in EU (2016) – Living Conditions,” FRA, accessed March 5, 2025, <https://fra.europa.eu/en/publications-and-resources/data-and-maps/survey-data-explorer-second-eu-minorities-discrimination-survey>.

¹²⁷ The Organization for Economic Cooperation and Development (OECD) and European Observatory on Health Systems and Policies, “State of Health in the EU: Romania Country Health Profile 2021,” 2021, <https://www.oecd.org/publications/romania-country-health-profile-2021-74ad9999-en.htm> (accessed March 5, 2025), pp. 9 and 17; Akmaljon Akhmedjonov et. al., “Europe’s growing abortion nightmare,” POLITICO, July 1, 2023, <https://www.politico.eu/article/europes-growing-abortion-nightmare/> (accessed March 5, 2025); Ioana Epure, “How you end up dying in Romania from a low-cost abortion (Cum ajungi să mori în România dintr-o întrerupere de sarcină pe bani puțini),” *Press One*, September 24, 2022, <https://pressone.ro/cum-ajungi-sa-mori-in-romania-dintr-o-intrerupere-de-sarcina-pe-bani-putini> (accessed March 6, 2025); Human Rights Watch interviews with three healthcare providers, Bucharest and Iași, January 27, 2023, May 10 and 26, 2023.

¹²⁸ Law on Healthcare Reform, art. 661(b). The situation is so difficult that a 2023 study documented the fact that some Ukrainian women who had fled to Romania to escape the war in Ukraine were travelling back to Ukraine to access sexual and

interviewed believed that they could not legally provide obstetrics and gynecological services to a girl between the age of 16 and 18 without guardian consent.¹²⁹ Two experts said they believed doctors were sometimes simply reluctant to provide such services to girls under 18—perhaps because of stigma around adolescent sexuality.¹³⁰ This is another area of health legislation that healthcare providers are unaware of, misunderstand, or misinterpret, contributing to barriers to 16- and 17-year-old girls’ access to sexual and reproductive health services. A 2024 telephone survey of clinics and hospitals providing ob/gyn services by the Independent Midwives Association found that out of 66 public hospitals and clinics they identified as providing some form of abortion care, only 17 confirmed that they would provide services for girls ages 16 to 18 without a legal guardian present.¹³¹ Laws that require parental consent can create a significant barrier for adolescents seeking sexual and reproductive health care, as they can delay or entirely prevent access to essential services, particularly for those who fear judgement, lack supportive family environments, or face potential harm from disclosing their needs to parents.¹³²

Lack of Access to Contraceptives

From 1999 to 2007, an internationally funded, nationwide program expanded access to family planning, establishing 210 family planning clinics that offered free contraception and training to over 8,000 doctors and nurses in family planning.¹³³ Since losing its eligibility for international development aid after joining the EU in 2007, Romania’s state-run family

reproductive health services. Center for Reproductive Rights et al., “Care in Crisis Fails to Guarantee the Sexual and Reproductive Health and Rights of Refugees from Ukraine in Hungary, Poland, Romania and Slovakia,” 2023, <https://centrulfilia.ro/new/wp-content/uploads/2023/05/Care-in-Crisis.pdf> (accessed March 5, 2025).

¹²⁹ Human Rights Watch interviews with 5 ob-gyns and 1 medical resident, Braşov, Hunedoara, Timișoara April 27 and 28, 2023, May 5 and 17, 2023.

¹³⁰ Human Rights Watch interviews with Iustina Ionescu, lawyer, video interview, December 5, 2022, and Adina Manea, President, Youth for Youth, Bucharest, December 8, 2022.

¹³¹ Independent Midwives Association, “Report on Access to Safe Abortion – Problems and Solutions for Guaranteed Access to Abortion in Romania,” March 2024, https://moasele.ro/wp-content/uploads/2024/12/Report-on-Access-to-Safe-Abortion-Map_AMI_2024.pdf (accessed March 5, 2025). The 66 public clinics and hospitals they identified as providing some form of abortion care were out of a total of 176 public clinics and hospitals contacted as part of the survey. Thirty-two of those facilities (18 percent) did not answer the phone.

¹³² Human Rights Watch, *Only the People It Really Affects are the People It Hurts: Human Rights Consequences of Parental Consent and Notification Laws in the U.S.*, March 11, 2021, <https://www.hrw.org/report/2021/03/11/only-people-it-really-affects-are-people-it-hurts/human-rights-consequences>; Lee Hasselbacher and Amber Truehart, “Parental Involvement in Youth Abortion Creates Obstacles to Access, Even with Judicial Bypass,” *Journal of Adolescent Health* 68 (2021): 5-6, accessed March 6, 2025 doi: 10.1016/j.jadohealth.2020.10.013.

¹³³ Merce Gasco et al., “Romania: Scaling Up Integrated Family Planning Services: A Case Study (2006),” https://www.researchgate.net/publication/294427372_Romania_Scaling_Integrated_Family_Planning_Services_A_Case_Study (accessed March 5, 2025), pp. 4-6.

planning clinics have decreased in number by nearly 50 percent and have eliminated key services. As of February 2025, all 138 Ministry of Health-operated family planning clinics offered family planning services, including free counseling on family planning and sexually transmitted infections (STI), but they no longer provided free contraceptives.¹³⁴ Also since 2013 until at least 2024, the Ministry of Health did not allocate funding for the acquisition and distribution of free contraceptives through any of its existing programs, such as the Women’s Health Subprogram and the National Health Strategy.¹³⁵

Compounding the lack of free contraceptives from these facilities, the national health insurance does not cover contraceptives, creating a financial barrier for women and girls, especially for people with lower incomes.¹³⁶ Emergency contraceptive pills, for example, typically cost between 60 and 74 Lei (between about €12 and €15, or US\$13 to US\$16) – equating to roughly one-half of a day’s pay for someone working a minimum wage job.¹³⁷ For some, particularly those experiencing poverty, the lack of state-sponsored provision of free or subsidized contraception can contribute to unwanted pregnancies.

¹³⁴ Human Rights Watch interview with Mirela Buiciuc, Specialist, Women and Mother Health Unit, Ministry of Health, Bucharest, May 10, 2023; Human Rights Watch interview with Monaliza Elena Cristea, Director of Prevention of Gender Based Violence, National Agency for Equal Opportunities Between Women and Men, Bucharest, May 9, 2023; “Useful resources – Family planning clinics (Resurse utile – Cabinetele de planificare familială),” SEXUL vs BARZA, accessed March 6, 2025, <https://sexulvsbarza.ro/resurse-utile/>.

¹³⁵ Coman, “‘They Left Us Dead in the Water’: Romania’s Crisis in Family Planning,” *Decree Chronicles*, October 29, 2021, <https://decreechronicles.com/they-left-us-dead-in-the-water-romania-s-crisis-in-family-planning/> (accessed March 5, 2025); Human Rights Watch interviews with: Irina Mateescu, midwife, Romanian Midwives Association, video interview, January 18, 2023, and two Ministry of Health representatives, Bucharest, May 10, 2023; Ministry of Health, “VI. National Women’s and Children’s Health Program – VI.2. Women’s Health Sub-program (VI. Programul National de Sanatate a femeii si copilului – VI.2. Subprogramul de Sanatate a Femeii),” <https://www.insmc.ro/wp-content/uploads/2021/01/interventia2.1.pdf> (accessed March 5, 2025), 1A(2); Irina Mateescu, “NGOs: The Ministry of Health has failed again in 2024 to ensure access to contraceptives and protect women and young people | For over 10 years, the population in Romania has not had access to methods of contraception and protection against sexually transmitted infections (ONG-uri: Ministerul Sănătății a ratat și în 2024 să asigure accesul la contraceptive și să protejeze femeile și tinerii | De peste 10 ani, populația din România nu are acces la metode de contracepție și protecție împotriva infecțiilor cu transmitere sexuală),” Independent Midwives Association, January 30, 2024, <https://moasele.ro/en/comunicat-de-presa/ministerul-sanatatii-a-ratat-si-in-2024-sa-asigure-accesul-la-contraceptive/> (accessed March 6, 2025).

¹³⁶ National Health Insurance House, “The basic medical service package for hospital healthcare (Pachetul de servicii medicale de bază pentru asistența medicală spitalicească),” https://cnas.ro/wp-content/uploads/2024/02/pachet-de-baza_-asistenta-medicala-spitaliceasca.pdf (accessed March 5, 2025); Law on Health Care Reform, art. 248(i), (l), (r).

¹³⁷ Human Rights Watch interview with Name Withheld, pharmacist, Catena, Timișoara, April 29, 2023; “Postinor - 1, 1500 micrograme, 1 comprimat orodispersabil, Gedeon Richter,” FarmaciaTei, accessed March 6, 2025, <https://comenzi.farmaciatei.ro/medicamente-otc/aparatul-genital-feminin/anticonceptionale/postinor-1-1500-micrograme-1-comprimat-orodispersabil-gedeon-richter-p361927>; “Postinor 0.75 mg x 2 compr.,” Spring Farmacia, accessed March 6, 2025, https://www.springfarma.com/postinor-075-mg-x-2-compr.html?utm_source=catena.ro&utm_medium=referral&utm_content=produs_966&referral=88; “EllaOne 30mg, 1 comprimat, Hra Pharma,” Dr. Max, accessed March 6, 2025, <https://www.drmax.ro/ellaone-30mg-1-comprimat-hra-pharma>.

The lack of access to scientifically accurate information about contraceptives in Romania contributes to stigma and myths that adversely impact the ability of women and girls to make informed choices about avoiding pregnancy. Two community medical assistants who serve communes in Iași county said that lack of information contributed to the stigma surrounding contraception and made it harder for them to distribute free condoms that had been given to them by an NGO.¹³⁸ “This is a taboo subject and people do not open their hearts easily,” one community medical assistant explained.¹³⁹ Healthcare experts at the Public Health Directorate of Iași raised concerns about misinformation online, saying it included false claims that contraception use causes infertility and weight gain, and that spreads fear about contraceptives.¹⁴⁰

Lack of Support from the Ministry of Health for Sexual and Reproductive Health Rights

The Ministry for Health remained passive in the face of activists’ concerns about the declining access to abortions on request and other sexual and reproductive health issues. As reported by Newsweek Romania, in 2020 the spokesperson of the Ministry of Health said: “Abortion on demand is at the discretion of the doctor whether or not he accepts such a practice. It is not an obligation.... And the Ministry, I told you before ... encourages birth.”¹⁴¹ In response, 12 NGOs sent an open letter to the then-Minister of Health on September 29, 2020, decrying what they perceived to be an undermining of women’s bodily autonomy and calling for the spokesperson’s dismissal.¹⁴² Anti-rights organizations retaliated by sending an open letter of their own to that same minister on October 2, 2020, stating: “Given the unprecedented demographic crisis Romania is going through, we can

¹³⁸ Human Rights Watch interview with two community medical assistants, video interviews, May 25 and 26, 2023.

¹³⁹ Human Rights Watch interview with Name Withheld, community medical assistant, video interview, May 25, 2023.

¹⁴⁰ Human Rights Watch interview with two healthcare experts at the Public Health Directorate of Iași, May 3, 2023.

¹⁴¹ Octavia Constantinescu, “GLOBE Ministry of Health spokesperson, about a woman who died after an abortion: We encourage birthrate (GAFĂ Purtătoarea de cuvânt a MS, despre o femeie care a murit după avort: Încurajăm natalitatea),” *Newsweek*, September 25, 2020, <https://newsweek.ro/actualitate/gafa-purtatoarea-de-cuvant-a-ms-despre-o-femeie-care-a-murit-dupa-avort-incurajam-natalitatea> (accessed March 6, 2025).

¹⁴² Centrul Filia’s Facebook post, https://m.facebook.com/centrul.filia/photos/a.455572067822263/3468747173171389/?type=3&eid=ARAX2P-wdbUNFGuoeg_657WmToVt3yZGUwYxjXBL1B22vl8bby7uidHoQDttwriTjPl1QkR7LnbchYSJ&locale=pt_BR (accessed March 6, 2025).

only welcome and encourage the fact that the ministry is promoting pro-natal policies.”¹⁴³ As of 2024, the government had not responded to the 12 NGOs’ letter.

In May 2023, a Ministry of Health representative told Human Rights Watch that increasing access to abortions on request was a priority for the ministry, as evidenced by its National Health Strategy for 2023-2030.¹⁴⁴ The same representative and another both said there was a working group actively strategizing around topics such as family planning and access to abortion on request.¹⁴⁵ The Ministry of Health specified that decreasing inequities in access to health services and improving the availability and accessibility of timely and cost-effective health services and technology are objectives in the National Health Strategy.¹⁴⁶ Yet, according to activists interviewed by Human Rights Watch, the ministry had been unresponsive to their advice and inefficient in ensuring sexual and reproductive health rights, including access to abortion.¹⁴⁷ However four activists confirmed to Human Rights Watch that the working group was revived to discuss and finalize the 2023-2030 sexual and reproductive health rights strategy, including an action plan and budget. In order to be implemented, these proposals require approval from the newly elected government and the allocation of necessary funds.¹⁴⁸

Protocol Between the Romanian Orthodox Church and the Ministry of Health

The Ministry of Health has signed protocols with the Romanian Orthodox Church to collaborate in the field of health care, despite the church’s anti-abortion activities, including on the grounds of public hospitals.

¹⁴³ Mihai Șomănescu, “EXCLUSIVE Civil society supports Oana Grigore, the spokesperson for the Ministry of Health, who has been attacked for her pro-natal statements. Open letter addressed to Minister Nelu Tătaru (EXCLUSIVITATE Societatea civilă o susține pe Oana Grigore, purtătorul de cuvânt al Ministerului Sănătății, atacată pentru declarațiile pro-natalitate. Scrisoarea deschisă adresată Ministrului Nelu Tătaru),” *R3Media*, October 2, 2020, <https://r3media.ro/exclusivitate-societatea-civila-o-sustine-pe-oana-grigore-purtatorul-de-cuvant-al-ministerului-sanatatii-atacata-pentru-declaratiile-pro-natalitate-scrisoarea-deschisa-adresata-ministrului-nelu-tat/> (accessed March 5, 2025).

¹⁴⁴ Human Rights Watch interview with Mirela Buiciuc, representative, Women and Mother Health Unit, Ministry of Health, May 10, 2023.

¹⁴⁵ Human Rights Watch interview two representatives from the Ministry of Health, Bucharest, May 10, 2023.

¹⁴⁶ Ministry of Health, “National Health Strategy 2023-2030 ‘For Health, Together’ (Strategia națională de sănătate 2023-2030 „pentru sănătate, împreună,” https://ms.ro/media/documents/Anexa_1_-_SNS.pdf (accessed March 5, 2025), OS.1.4 and OG.4.

¹⁴⁷ Human Rights Watch interviews with three activists, Bucharest, December 7, 2022, January 12, 2023, and May 11, 2023.

¹⁴⁸ Human Rights Watch communication with Daniela Draghici, Sexul vs. Barza, Irina Mateescu, Romanian Midwives Association, and Andrada Cilibiu, Filia Center, December 2024.

In October 2022, the Ministry of Health signed a new 10-year-long protocol with the Romanian Orthodox Church, replacing older protocols signed in 1995 and 2008.¹⁴⁹ The new protocol regulates the church’s activities in “health units subordinated to the Ministry of Health” and collaboration between the two institutions.¹⁵⁰ The protocol focuses on the delivery of “medical services for the benefit of individuals, families and communities in situations of difficulty.” It does not explicitly discuss sexual and reproductive health, including abortion, or women and girls’ needs.

The protocol assimilates the hospital priest into a category referred to as “specialized staff,” that also includes psychologists, and ensures the Ministry of Health pays them.¹⁵¹ It also facilitates conversations between the church and the ministry in order to “debate and define priorities in the field of medical assistance integrated with religious assistance.”¹⁵²

¹⁴⁹ Ministry of Health and the Romanian Patriarchate, “Protocol on the conduct of Christian Orthodox religious assistance activities in health units subordinated to the Ministry of Health (Protocol privind desfășurarea activităților de asistență religioasă creștin-ortodoxă în unitățile sanitare subordonate Ministerului Sănătății),” October 25, 2022, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://basilica.ro/wp-content/uploads/2022/10/PROTOCOL-intre-Patriarhia-Romana-si-Ministerul-Sanatatiei.pdf (accessed March 6, 2025); “Patriarchate of Romania & Ministry of Health sign protocol to ensure religious assistance in hospitals,” *Basilica*, October 27, 2022, https://orthodoxtimes.com/patriarchate-of-romania-ministry-of-health-sign-protocol-to-ensure-religious-assistance-in-hospitals/ (accessed March 6, 2025).

¹⁵⁰ Ministry of Health and the Romanian Patriarchate, “Protocol on the conduct of Christian Orthodox religious assistance activities in health units subordinated to the Ministry of Health (Protocol privind desfășurarea activităților de asistență religioasă creștin-ortodoxă în unitățile sanitare subordonate Ministerului Sănătății),” October 25, 2022, https://basilica.ro/wp-content/uploads/2022/10/PROTOCOL-intre-Patriarhia-Romana-si-Ministerul-Sanatatiei.pdf (accessed March 6, 2025), section III, para. 1.

¹⁵¹ *Ibid.*, section II, para. 3 and section VI, para. 1(c).

¹⁵² *Ibid.*, section VI, para. 1(d).

III. The Role of Crisis Pregnancy Centers in Limiting Access to Reproductive Health Care

They put a lot of pressure on me to keep the pregnancy although I told them I don't want to, that I can't. Everything was disguised as 'We will help you to get what you need.'

—Irina Mateescu, activist and midwife, Romanian Midwives Association, January 18, 2023¹⁵³

Access to abortion has also been complicated by the emergence of so called crisis pregnancy centers (CPCs), which are a manifestation of the anti-rights movement.¹⁵⁴ CPCs promote anti-abortion rhetoric and misinformation and target women and girls in difficult life situations, making misleading offers of support and information and sometimes promising resources such as temporary housing and money in exchange for keeping a pregnancy, which may or may not be fulfilled.¹⁵⁵ Many CPCs in Romania are affiliated with religious organizations and conduct anti-abortion activities alongside the provision of other charitable social assistance, sometimes in collaboration with public institutions.¹⁵⁶

Human Rights Watch found that many of the practices of these actors often undermine the right of women and girls to seek and receive information vital for their reproductive health, an essential element of the human right to health. Romania's failure to protect undue interference with women and girls' access to information about the availability of abortion services through the adequate regulation of these actors, and explicit collaboration with them in certain instances, described below, can and has led to violations of the right to health.

¹⁵³ Human Rights Watch interview with Irina Mateescu, midwife, Romanian Midwives Association, January 18, 2023.

¹⁵⁴ Human Rights Watch interviews with eight activists and journalists, Bucharest, December 5-7 and 9, January 18, 2023, and May 11, 2023.

¹⁵⁵ Human Rights Watch interview with Ana Maita, President, SAMAS Association, Bucharest, May 11, 2023; Human Rights Watch interview with two founders of CPCs in Bucharest and Timișoara, December 9, 2022 and April 28, 2023; Diana Meseșan, "The 'Pregnancy Crisis' Franchise: from the United States to Romania," *Scenag*, June 14, 2019, <https://www.scenag.ro/en/article/pregnancy-crisis-franchise-from-the-united-states-to-romania> (accessed March 6, 2025).

¹⁵⁶ *Ibid.*; Weronika Strzyżyńska and Diana Oncioiu, "How US dollars put anti-abortion groups at the heart of Romanian healthcare," *The Guardian*, July 22, 2022, <https://www.theguardian.com/global-development/2022/jul/22/how-us-dollars-put-anti-abortion-groups-at-the-heart-of-romanian-healthcare> (accessed March 6, 2025); Human Rights Watch interview with Diana Oncioiu, journalist, Bucharest, December 5, 2022.

Impact on Access to Abortion

As the availability of abortion services and other reproductive health care has decreased in public healthcare facilities and private healthcare services remain prohibitively expensive, many women and girls have increasingly sought help from CPCs.¹⁵⁷ However, one activist noted, “even when they tackle legitimate social issues, they do it in a biased way.”¹⁵⁸ According to her, CPCs such as the ones associated with Pro Vita lured young girls with promises of support, but do not make clear that such support lasts no longer than one or two years after they gave birth. Some of these girls ended up in her NGO. This activist spoke about the consequences of not being able to choose:

The girls say, ‘I love my baby so much, but...’ Their life spirals down when they have babies in a context where there is no support. Most leave school.¹⁵⁹

Human Rights Watch found that CPCs’ practices have significantly hindered access to abortion services at public healthcare facilities. While this is the overt goal of these private institutions, Romania’s failure to ensure the availability, accessibility, and quality of abortion services at public facilities, which is exacerbated by the failure to regulate these private entities to prevent their interference with women and girls’ access to abortion services leads to violations of the human right to the highest attainable standard of health as well as the principle of equality and non-discrimination.

As CPCs and their anti-abortion rhetoric increasingly penetrate the public healthcare system and impact access to legal abortion, those working on sexual and reproductive health rights expressed growing concern about the future of Romania’s abortion landscape.

¹⁵⁷ Weronika Strzyżyńska and Diana Oncioiu, “How US dollars put anti-abortion groups at the heart of Romanian healthcare,” *The Guardian*, July 22, 2022, <https://www.theguardian.com/global-development/2022/jul/22/how-us-dollars-put-anti-abortion-groups-at-the-heart-of-romanian-healthcare> (accessed March 6, 2025); Human Rights Watch interview with Diana Oncioiu, journalist, Bucharest, December 5, 2022.

¹⁵⁸ Human Rights Watch interview with Ana Maita, President, SAMAS Association, May 11, 2023.

¹⁵⁹ *Ibid.*

Spread of Misinformation about “Post-Abortion Trauma”

CPCs commonly propagate misinformation about something they call “post-abortion trauma,” a term coined by CPC activists in the US.¹⁶⁰ Scientific studies have found claims of the existence of “post-abortion trauma” to be unfounded.¹⁶¹

Two anti-abortion activists described to Human Rights Watch their beliefs regarding “post-abortion trauma”. Alexandra Nadane, the Executive Director of ROUA Center, a CPC network in Romania, situated CPCs’ anti-abortion stance in relation to “post-abortion trauma”:

Our attitude is that, in all situations, to have a baby is better than to have an abortion.... If the teens and the women had an abortion, the trauma, it’s very difficult and there are consequences over time.¹⁶²

Dan Damaschin, who also runs the anti-abortion organization Voice of Life (Glasul Vieții), told Human Rights Watch that he considered “the trauma of giving birth much less significant than the trauma of getting an abortion.” In keeping with his belief, he counseled two adolescent girls who had become pregnant after rape, whom he said had agreed to continue their pregnancies after his interventions.¹⁶³

Nina’s Encounter with a CPC, Inability to Obtain an Abortion, and Challenges after Her Son’s Birth

When Nina became pregnant at 19 in 2019, she wanted an abortion. Her family doctor told her that his hospital did not provide abortions on request, so she

¹⁶⁰ “Post-abortion therapy and healing (Terapie și vindecare post-avort),” PRO VITA Bucharest Association, accessed March 6, 2025, <https://asociatiaprovita.ro/activitati/consiliere-psihologica-terapie-post-avort/>; Human Rights Watch interview with Alexandra Nadane, Executive Director, ROUA Center, Bucharest, December 9, 2022; “Services(Servicii),” Centrul PULS, accessed March 6, 2025, <https://www.centrulpuls.ro/servicii>; Kimberly Kelly, “The spread of ‘Post Abortion Syndrome’ as social diagnosis,” *Social Science and Medicine* vol. 102 (2014): 19, accessed March 6, 2025, doi: 10.1016/j.socscimed.2013.11.030.

¹⁶¹ Ibid., p. 22; Vignetta E. Chares et. al., “Abortion and long-term mental health outcomes: a systematic review of the evidence,” *Contraception* vol. 78 no. 6 (2008):448-449, accessed March 6, 2025, doi: 10.1016/j.contraception.2008.07.005; Brenda Major et. al., “Report of the APA Task Force on Mental Health and Abortion,” 2008, <https://www.apa.org/pi/women/programs/abortion/mental-health.pdf> (accessed March 6, 2025), pp. 11, 92.

¹⁶² Human Rights Watch interview with Alexandra Nadane, Executive Director, ROUA Center, Bucharest, December 9, 2022.

¹⁶³ Human Rights Watch interview with Dan Damaschin, founder, Glasul Vieții, Iași, May 2, 2023.

should search online for a provider. When she Googled “abortion,” the first result was “avort.ro.” Not knowing it was a CPC, Nina called the organization. “They told me things that sounded sci-fi,” she recalled. “That doctors don’t use anesthesia, that the fetus would be handed to me all sliced up.”

The woman with whom Nina spoke said that the state and church would help her if she kept the baby. But Nina still wanted an abortion, so the woman scheduled two appointments for her at the Giulesti Maternity Hospital in Bucharest. The doctor did not show up for either appointment. By then, Nina was already 12 weeks pregnant. Nina tried calling the woman again, but she never answered. “I felt betrayed,” Nina said. “I felt like my life was not my own, in a way. It felt like somebody else was making decisions for me.” She was unable to access abortion care before the 14-week limit. After her son was born in 2020, Nina had to postpone her university education, quit her job, and leave the capital due to financial difficulties. She recounted how her inability to have an abortion still affects her today:

Being in this situation, it was like all my dreams went out of the window. I experienced a major break in the perception that I could do anything. Maybe that is why I can’t bond with my son as well. It was really painful, and it still is. I had my objectives, and I couldn’t achieve them.¹⁶⁴

Government Support

Some public institutions, including General Directorates for Social Assistance and Child Protection and public maternity hospitals, have formally or informally collaborated with CPCs, providing them with significant access to public healthcare facilities and women and girls seeking abortion services.¹⁶⁵ The Ministry of Labor and Social Protection provides

¹⁶⁴ Human Rights Watch interview with Nina, 23, Suceava, May 18, 2023.

¹⁶⁵ Weronika Strzyżyńska and Diana Oncioiu, “How US dollars put anti-abortion groups at the heart of Romanian healthcare,” *The Guardian*, July 22, 2022, <https://www.theguardian.com/global-development/2022/jul/22/how-us-dollars-put-anti-abortion-groups-at-the-heart-of-romanian-healthcare> (accessed March 6, 2025); “Services(Servicii),” *Centrul PULS*, accessed March 6, 2025, <https://www.centrulpuls.ro/servicii>; Human Rights Watch interview with Diana Oncioiu, journalist,

accreditation as a social service provider to at least one major CPC in Romania called the Pulse Center (Centrul PULS).¹⁶⁶ On its website, Pulse Center warns that abortion causes “a series of long-lasting and often irreversible physical, mental and emotional consequences” for women and girls, and offers “post-abortion syndrome” counselling.¹⁶⁷

In addition to the government’s partnership with the Romanian Orthodox Church within health facilities, the government has also endorsed the church’s role as a major provider of social services. In April 2023, the Ministry of Labor and Social Protection signed a protocol with the Romanian Orthodox Church, formalizing their collaboration in the provision of social assistance, including the development of a network of social services provided by the church.¹⁶⁸

This collaboration can direct state support toward anti-abortion initiatives conducted by the church through its associated organizations, which carry out such activities and social services. Examples include Pro Vita Department in Iași, which also conducts food drives and provides educational scholarships—and pressures women and girls not to seek abortion. Another example is the Romanian Christian-Orthodox Students Association (Asociația Studenților Creștin-Ortodocși Români, ASCOR), whose members volunteer at

Bucharest, December 5, 2022. Examples of CPCs that collaborated with public institutions: “Program (Programe),” Fundația Iochebed Brașov, accessed March 6, 2025, <https://web.archive.org/web/20230602221646/https://iochebed.ro/programe/>; “International Festival of Family, Life and Good Deeds – Inimo (Festivalul Internațional al Familiei, al Vieții și al Faptelor Bune – Inimo),” TRINITAS TV, August 14, 2024, <https://www.trinitas.tv/festivalul-international-al-familiei-al-vietii-si-al-faptelor-bune-inimo/> (accessed March 6, 2025); “About our work (Despre activitatea noastră),” Fundația Pro Vita Medica, accessed March 6, 2025, <https://www.provitamedica.com/despre-activitatea-noastra.html>; Ghergel Maria, “Presentation,” June 10, 2006, <https://familiasiviata.ro/prezentare/prezentare/> (accessed March 5, 2025); Lulian Dumitrascu, “Pro Vita Iași organized the Family Festival. Participants contributed to the construction of the “Sf. Emilia” Maternity Center (Pro Vita Iași a organizat Festivalul Familiei. Participanții au contribuit la construirea Centrului Maternal „Sf. Emilia”),” *Basilica*, September 11, 2023, <https://basilica.ro/pro-vita-iasi-a-organizat-festivalul-familiei-participantii-au-contribuit-la-construirea-centrului-maternal-sf-emilia/> (accessed March 6, 2025).

¹⁶⁶ Weronika Strzyżyńska and Diana Oncioiu, “How US dollars put anti-abortion groups at the heart of Romanian healthcare,” *The Guardian*, July 22, 2022, <https://www.theguardian.com/global-development/2022/jul/22/how-us-dollars-put-anti-abortion-groups-at-the-heart-of-romanian-healthcare> (accessed March 6, 2025); “Services (Servicii),” Centrul PULS, accessed March 6, 2025, <https://www.centrulpuls.ro/servicii>.

¹⁶⁷ *Ibid.*

¹⁶⁸ “Collaboration Protocol between the Ministry of Labor and Social Protection and the Romanian Orthodox Church in the Field of Social Assistance,” November 4, 2023, https://patriarhia.ro/images/pdf_2024/Protocol_Ministerul_Muncii_si_Solidaritatii_Sociale_2023.PDF (accessed March 6, 2025).

annual anti-abortion marches and support the work of CPCs while also delivering forms of social assistance.¹⁶⁹

The Pulse Center (Centrul Puls), a CPC in Oradea, has had contracts with public social service and educational institutions to conduct abstinence-only sex education across the counties of Bihor, Botoșani, Cluj, and Iași.¹⁷⁰ In Iași county, Dan Damaschin’s CPC carried out a significant amount of social service work in the absence of sufficient state-provided social services.¹⁷¹ It also offered a free hotline billed as providing counseling and material support to pregnant women and girls who called, which dispensed medical misinformation about abortion.¹⁷² In August 2023, the Iași City Hall was an official partner and organizer for Damaschin’s “International Festival of Family, Life and Good Deeds,” which promoted his CPC’s work.¹⁷³ Pro Vita Department also organized a “Family Festival” in September 2023 in

¹⁶⁹ “Our projects (Proiectele noastre),” Pro Vita Department, accessed March 6, 2025, <https://provitaiasi.ro/proiectele-noastre>; “United for Life – a new National Blood Donation Campaign organized by ASCOR students during the month for life (Uniți pentru viață – o nouă Campanie Națională de donare de sânge organizată de studenții din ASCOR în luna pentru viață),” *DOXOLOGIA*, March 15, 2023, <https://doxologia.ro/uniti-pentru-viata-o-noua-campanie-nationala-de-donare-de-sange-organizata-de-studentii-din-ascor> (accessed March 6, 2025); Alexandru Boboc, “Young people from ASCOR go to camp at the Pro Vita Settlement in Valea Plopului (Tineri din ASCOR merg în tabără la Așezământul Pro Vita de la Valea Plopului),” *Basilica*, June 21, 2023, <https://basilica.ro/tineri-din-ascor-merg-in-tabara-la-asezământul-pro-vita-de-la-valea-plopului/> (accessed March 5, 2025).

¹⁷⁰ “Services (Servicii),” Centrul PULS, accessed March 6, 2025, <https://www.centrulpuls.ro/servicii>; Weronika Strzyżyńska and Diana Oncioiu, “How US dollars put anti-abortion groups at the heart of Romanian healthcare,” *The Guardian*, July 22, 2022, <https://www.theguardian.com/global-development/2022/jul/22/how-us-dollars-put-anti-abortion-groups-at-the-heart-of-romanian-healthcare> (accessed March 6, 2025).

¹⁷¹ Human Rights Watch interview with Iuliana Paduraru, community medical assistant, Iași, video interview, May 26, 2023; Human Rights Watch interview with Dan Damaschin, priest and founder, *Glasul Vieții*, Iași, May 2, 2023; Ionuț Benea, “10 questions. Priest Dan Damaschin, the institutional man for thousands of poor people: ‘Children don’t know about vaccines, they know about hunger’ (10 întrebări. Preotul Dan Damaschin, omul-instituție pentru mii de săraci: „Copiii nu știu de vaccinuri, știu de foame”),” *Radio Free Europe*, February 1, 2021, <https://romania.europalibera.org/a/%C3%AEntreb%C4%83ri-preotul-dan-damaschin-omul-institu%C8%9Bie-pentru-mii-de-s%C4%83raci-copiii-nu-%C8%99tiu-de-m%C4%83%C8%99tiu-sau-vaccinuri-%C8%99tiu-c%C4%83-le-e-foame-/31079708.html> (accessed March 6, 2025).

¹⁷² Dan Damaschin, “Mother’s House! (Casa Mamei!)” *Glasul Vieții*, June 7, 2023, <https://glasulvietii.ro/2023/06/07/casa-mamei/> (accessed March 6, 2025); Cristina Radu et. al., “The story of the website where the “on-call doctor” calls and threatens women with death if they have an abortion (Citește întreaga știre: Povestea site-ului de unde sună „medicul de gardă” și amenință femeile cu moartea dacă fac avort Povestea site-ului de unde sună „medicul de gardă” și amenință femeile cu moartea dacă fac avort),” *Libertatea*, July 10, 2021, <https://www.libertatea.ro/stiri/povestea-siteului-de-unde-suna-medicul-de-garda-si-ameninta-femeile-cu-moartea-daca-fac-avort-3639726> (accessed March 6, 2025); “Home (Acasa),” Telve Info Sarcină, <https://insarcinata.info/> (accessed March 6, 2025).

¹⁷³ “International Festival of Family, Life and Good Deeds – Inimo (Festivalul Internațional al Familiei, al Vieții și al Faptelor Bune – Inimo),” *TRINITAS TV*, August 14, 2024, <https://www.trinitas.tv/festivalul-internațional-al-familiei-al-vietii-si-al-faptelor-bune-inimo/> (accessed March 6, 2025).

partnership with the Iași City Hall and fundraised for the construction of its anti-abortion Saint Emilia Maternal Center.¹⁷⁴

Romanian Orthodox Church's Support

Since at least 1990, the Romanian Orthodox Church has supported CPCs.¹⁷⁵ In 2020, Patriarch Daniel donated €6,000 for the inauguration of a Bucharest-based CPC that was established by a woman who had been honored in 2019 by Heartbeat International with an award for her anti-abortion work in Romania.¹⁷⁶ During the Sixth National Conference of Support Centers for Pregnant Women in September 2022, the Patriarch's welcome speech said that the church "needs to become systematic and professionalized" to establish more CPCs.¹⁷⁷

Several Romanian Orthodox-affiliated CPCs across Romania utilize the name "Pro Vita,"¹⁷⁸ which activists tend to associate with the country's overarching anti-rights movement.

Pro Vita organizations connected to the church have worked to oppose abortion, as well as contraception, sex education, and LGBT rights.¹⁷⁹ For instance, the Federation of Orthodox

¹⁷⁴ Iulian Dumitrașcu, "Pro Vita Iași organized the Family Festival. Participants contributed to the construction of the "Sf. Emilia" Maternity Center (Pro Vita Iași a organizat Festivalul Familiei. Participanții au contribuit la construirea Centrului Maternal „Sf. Emilia”),” *Basilica*, September 11, 2023, <https://basilica.ro/pro-vita-iasi-a-organizat-festivalul-familiei-participantii-au-contribuit-la-construirea-centrului-maternal-sf-emilia/> (accessed March 6, 2025).

¹⁷⁵ See, for example, "The early years of the pro-life movement in Romania (Primii ani ai mișcării pro-vita în România)" Pro Vita București, accessed March 6, 2025, <https://asociatiaprovita.ro/despre/istoricul-miscarii-provita-in-romania/>.

¹⁷⁶ "The "Holy Empress Helen" crisis pregnancy center inaugurated at Bucharest. Patriarch of Romania donates icon and 6,000 Euros," *Family News*, August 19, 2020, <https://familynews.ro/the-holy-empress-helen-crisis-pregnancy-center-inaugurated-at-bucharest-patriarch-of-romania-donates-icon-and-6000-euros/> (accessed March 6, 2025); "Dallas, Texas: Alexandra Nadane receives Heartbeat International's 'Heart of Future' Award for promoting pregnancy crisis centers in Romania and EU," *Family News*, April 27, 2019, <https://familynews.ro/dallas-texas-alexandra-nadane-receives-heartbeat-internationals-heart-of-future-award-for-promoting-help-in-pregnancy-crisis-in-romania-and-eu/> (accessed March 6, 2025).

¹⁷⁷ Sorin Ionițe, "Patriarch of Romania: We are called to become the arms of God's merciful love for unborn children (Patriarhul României: Suntem chemați să devenim brațele iubirii milostive a lui Dumnezeu pentru copiii nenăscuți)," *Basilica*, September 12, 2022, <https://basilica.ro/patriarhul-romaniei-suntem-chemati-sa-devenim-bratele-iubirii-milostive-a-lui-dumnezeu-pentru-copiii-nenascuti/> (accessed March 5, 2025).

¹⁷⁸ "Our projects (Proiectele noastre)," Departamentul Pro Vita, accessed March 6, 2025, <https://provitaiasi.ro/proiectele-noastre/>; "About us (Despre noi)," Pro Vita București, accessed March 6, 2025, <https://asociatiaprovita.ro/>; "About us (Despre noi)," Asociația Pro Vita, accessed March 6, 2025, <http://voluntar-provita.ro/despre-noi/>; "Pro Vita," Healthbridge Global, accessed March 6, 2025, <https://healthbridgeglobal.org/provita/>.

¹⁷⁹ "Open letter: Mr. President, parental consent for 'sex education' cannot be circumvented (Scrisoare deschisă: Domnule Președinte, acordul parental pentru „educația sexuală” nu poate fi eludat)," Pro Vita București, accessed March 6, 2025, <https://asociatiaprovita.ro/activitati/scrisori/scrisoare-deschisa-domnule-presedinte-acordul-parental-pentru-educatia-sexuala-nu-poate-fi-eludat-asa-este-firesc-si-constitutional/>; Archdiocese of Iași, "Pro Vita working meeting on healthy education of young people (Întâlnire de lucru Pro Vita privind educația sănătoasă a tinerilor)," *Doxologica*, September 19,

Pro Vita Organizations published a press release in 2022 denouncing abortion in all circumstances, stating:

Even if abortion is legal today in Romania, this does not make it any less serious or moral.... The Orthodox Church has always condemned abortion.... Pro-abortion activists, soldiers of the culture of death, invoke all sorts of pretexts and borderline situations to create exceptions by which they claim to morally justify the killing of the unborn in the womb.¹⁸⁰

The press release also included misinformation on contraception and called for the integration of “moral education” and compulsory pre-abortion counseling.¹⁸¹ Human Rights Watch contacted PRO VITA Bucharest Association, a major anti-abortion organization and member of the Federation of Orthodox Pro Vita Organizations, in April 2023. This organization has been at the forefront of anti-abortion activities in Bucharest, including by offering CPC services and advocacy for anti-abortion laws and policies through the Romanian and European courts.¹⁸² The organization’s founder, Bogdan Stanciu, declined to speak with us.

While visiting the Elena Doamna Hospital of Obstetrics and Gynecology in Iași, Human Rights Watch saw advertisements posted in the reception area for Pro Vita Department, an anti-abortion organization that is part of the Romanian Orthodox Church’s Archdiocese of Iași. Pro Vita Department conducts “crisis of pregnancy” activities, including the operation of a phone line for pregnant women and girls seeking information about abortion.¹⁸³ Human Rights Watch contacted the presiding priest, but he declined to speak with us. However, we spoke with doctors and a security guard at the hospital who confirmed that a

2019, <https://doxologia.ro/intalnire-de-lucru-pro-vita-privind-educatia-sanatoasa-tinerilor> (accessed March 6, 2025); “Abortion – uncensored images (Avortul – imagini necenzurate,” Pro Vita București, <https://asociatiaprovita.ro/resurse/bioetica/imagini-avort/> (accessed March 6, 2025).

¹⁸⁰ Emma Ionescu, “Press release from the Pro Vita Orthodox Federation of Romania: Abortion is never a moral solution, whatever the circumstances (Comunicat al Federației Ortodoxe Pro Vita din România: Avortul NU este niciodată o soluție morală, oricare ar fi circumstanțele),” *R3media*, July 21, 2022, <https://r3media.ro/comunicat-al-federatiei-ortodoxe-pro-vita-din-romania-avortul-nu-este-niciodata-o-solutie-morala-oricare-ar-fi-circumstantele/> (accessed March 6, 2025).

¹⁸¹ *Ibid.*

¹⁸² “PRO VITA Bucharest,” Pro Vita București, accessed March 6, 2025, <https://asociatiaprovita.ro/english/provita-bucharest/#>.

¹⁸³ “Our projects (Proiectele noastre),” Pro Vita Department, accessed March 6, 2025, <https://provitaiasi.ro/proiectele-noastre>.

woman from Pro Vita Department frequently entered the hospital to provide anti-abortion counseling services.¹⁸⁴

US-Based Actors' Support

Several activists, journalists, and experts interviewed by Human Rights Watch said religious actors in the United States, particularly Protestants, advance anti-abortion discourses and activities in Romania, including through CPCs.¹⁸⁵

One activist told Human Rights Watch about how American missionaries spread anti-abortion ideology in Romania:

In Braşov, there are a lot of American missionaries. Some are doing a good job of providing services to people who need them, but some spread these [anti-abortion] messages in addition to offering the social services. It's a very good way to infiltrate and brainwash.¹⁸⁶

Establishment and Support of Crisis Pregnancy Centers

Christian affiliated US-based anti-abortion organizations have established and/or supported CPCs in Romania through funding, training, advocacy, and networking opportunities.¹⁸⁷ PRO VITA Bucharest Association, a major anti-abortion organization in Romania, credits US anti-abortion activists with developing so-called pre- and post-abortion counseling in Bucharest hospitals in the early years of Romania's anti-abortion movement in the 1990s.¹⁸⁸

¹⁸⁴ Human Rights Watch interviews with two doctors and one security guard, Elena Doamna Hospital of Obstetrics and Gynecology, Iaşi, May 4, 2023.

¹⁸⁵ Human Rights Watch interviews with six activists, journalists, and experts in Bucharest, Braşov, and Iaşi, December 7-9, 2022, May 1 and 7, 2023.

¹⁸⁶ Human Rights Watch interview with Elena Belloiu, President, Asociația Femeile se Implică, Braşov, May 7, 2023.

¹⁸⁷ Weronika Strzyżyńska and Diana Oncioiu, "How US dollars put anti-abortion groups at the heart of Romanian healthcare," *The Guardian*, July 22, 2022, <https://www.theguardian.com/global-development/2022/jul/22/how-us-dollars-put-anti-abortion-groups-at-the-heart-of-romanian-healthcare> (accessed March 6, 2025); For example, US-based religiously-affiliated organizations such as Heartbeat International, Healthbridge Global, and Human Life International support the anti-abortion movement in Romania; Human Rights Watch interview with Ioan Chişăraiu, Catholic priest and founder, anti-abortion organization Gift of Life, Timișoara, April 28, 2023.

¹⁸⁸ "The early years of the pro-life movement in Romania (Primii ani ai mișcării pro-vita în România)," *Pro Vita București*, accessed March 6, 2025, <https://asociatiaprovita.ro/despre/istoricul-miscarii-provita-in-romania/>.

At time of writing, US-based anti-abortion organizations continue to support anti-abortion counseling through CPCs in Romania. For instance, priest Ioan Chișărău’s organization, Gift of Life (Darul Vieții), is affiliated with and funded by the American Catholic anti-abortion organization Human Life International. Chișărău told Human Rights Watch that he worked in tandem with Protestant churches, such as Baptist and Pentecostal ones, which he said are the Christian denominations most supportive of the anti-abortion movement in Romania.¹⁸⁹ In September 2022, Heartbeat International, an American interdenominational Christian anti-abortion organization, held a “pregnancy help” conference in Bucharest where anti-abortion activists and operators of CPCs in Romania gathered to train and network.¹⁹⁰

¹⁸⁹ Human Rights Watch interview with Ioan Chișărău, founder, Gift of Life, Timișoara, April 28, 2023.

¹⁹⁰ “2022 European Pregnancy Help Leaders Summit,” Heartbeat International, accessed March 6, 2025, <https://www.heartbeatervices.org/international/international-news/item/2276-2022-european-pregnancy-help-leaders-summit>.

IV. Lack of Access to Comprehensive Sexuality Education

Reproductive health and rights is something everyone needs but lack information on. This subject is taboo.

—Loredana Apachiței, Head of the regional branch of the Standing Committee on Sexual and Reproductive Health and Rights including HIV and AIDS (SCORA), Timișoara, April 28, 2023¹⁹¹

Preventing unintended pregnancies can be difficult due to barriers in access not only to contraceptives, but also to scientifically accurate sexual and reproductive health information. Several activists and doctors we interviewed said sexuality education was crucial for preventing unplanned and adolescent pregnancies.¹⁹² One activist stressed that “Access to contraception must happen with sex education. One without the other won’t work.”¹⁹³

Activists advocating for CSE and sexual and reproductive health rights in Romania told Human Rights Watch that the Ministry of Education has not properly implemented the curriculum; according to the most recent data available at time of writing, its enrollment rate was 12 percent in 2011-2012 and below 6 percent in 2014-2017.¹⁹⁴ In 2021, the Ministry of Health reported a 7% enrollment rate.¹⁹⁵

¹⁹¹ Human Rights Watch interview with Loredana Apachiței, Head of the regional Standing Committee on Sexual and Reproductive Health and Rights including HIV and AIDS (SCORA), Timișoara, April 28, 2023.

¹⁹² Human Rights Watch interview with two activists, Bucharest, December 8, 2022, and May 11, 2023; Human Rights Watch interview with three ob-gyns in Brașov and Bucharest, May 5, 9 and 10.

¹⁹³ Human Rights Watch interview with Ana Maita, President, SAMAS Association, Bucharest, May 11, 2023.

¹⁹⁴ Daniela Draghici, “Romanian NGOs’ Uphill Battle for CSE in Schools, FP Clinics, Unrestricted Access to Abortion, and Trafficking Protection,” in *The EU Learning Programme in Gender Equality – Sexual and Reproductive Health and Rights: Comments paper – Romania*, November 2022, https://commission.europa.eu/system/files/2023-01/mlp_ro_comments%20paper_november_2022.pdf (accessed March 5, 2025), p. 2; Human Rights Watch interview with Florian Buhuceanu, Bucharest, December 7, 2022 and Adina Manea, President, Youth for Youth, Bucharest, December 8, 2022.

¹⁹⁵ Iulia Rosca, “UPDATE How many students take the optional Health Education course, which also includes sex education, and what they learn each year, from primary to high school / Plus: Sex education, part of the biology curriculum in 7th grade (UPDATE Câți elevi urmează opționalul de Educație pentru sănătate, în care este integrată și educația sexuală și ce învață în fiecare an, de la clasele primare la liceu / Plus: Educația sexuală, parte a programei la biologie din clasa a VII-a),” *HotNews*, June 18, 2021, <https://hotnews.ro/update-cti-elevi-urmeaza-opcionalul-de-educatie-pentru-sanatate-n-care-este-integrata-si-educatia-sexuala-si-ce-nvata-n-fiecare-an-de-la-clasele-primare-la-liceu-plus-187854> (accessed March 5, 2025).

In its 2020 review of Romania, the UN Working Group on Discrimination Against Women and Girls noted that a global anti-rights backlash was impeding the introduction of sexuality education in Romania.¹⁹⁶ Romania’s actions to broadly erode sexual and reproductive health rights, including retrogression in guaranteeing access to sexuality education, undermines the sexual and reproductive health rights of women and girls across the country.

As discussed above in the background section, in April 2020, parliament amended the law on the protection and promotion of children’s rights to require schools and specialized governmental institutions to specifically cover “sexual education” “at least once a semester” in schools.¹⁹⁷ But in June 2022, parliament removed the “once a semester” requirement and made the subject optional again, and now only available to students in grades 8 and higher, with written consent from the parents or legal representatives of students under 18. The amendment also replaced the term “sexual education” with “health education,” under pressure from the Romanian Orthodox Church.¹⁹⁸ According to a deputy inspector chief, school inspectors are not obligated to ask or collect feedback about health education because it is an optional course.¹⁹⁹

Inadequate Training for Health Education Teachers

Health education teachers, who are usually teachers of biology or other relevant subjects, are not adequately trained in all the subjects that the curriculum covers, including on gender equality.²⁰⁰ Consequently, some ask external experts, such as doctors and nurses or NGO staff, to cover certain subjects.²⁰¹ Such external organizations have included Youth

¹⁹⁶ UN Working Group on Discrimination against Women and Girls, “End of Mission Statement of the Working Group on discrimination against women and girls Official visit to Romania 24 February – 6 March 2020,” *OHCHR*, March 9, 2020, <https://www.ohchr.org/en/statements/2020/03/end-mission-statement-working-group-discrimination-against-women-and-girls> (accessed March 6, 2025).

¹⁹⁷ Law No. 45, para. 1.

¹⁹⁸ LAW No. 191 of June 28, 2022, for the amendment and completion of Law No. 272/2004 on the protection and promotion of the rights of the child, <https://legislatie.just.ro/Public/DetaliuDocumentAfis/256905>, (accessed March 6, 2025), para. 10; Marcel Gascón Barberá, “Romania Bow to Church, Scraps Mandatory Sex Education,” *Balkan Insight*, June 3, 2020, <https://balkaninsight.com/2020/06/03/romania-bows-to-church-scraps-mandatory-sex-education/> (accessed March 6, 2025); Oris Sarany, “The new law on health education is constitutional,” *Transylvania Now*, September 25, 2020, <https://transylvanianow.com/the-new-law-on-health-education-is-constitutional/> (accessed March 6, 2025).

¹⁹⁹ Human Rights Watch interview with Savin Neculai, Deputy Inspector Chief of Braşov County School Inspectorate, Braşov, May 8, 2023.

²⁰⁰ *Ibid.*; Human Rights Watch interview with Simona, nurse, Braşov, May 6, 2023.

²⁰¹ *Ibid.*

for Youth and SCORA, which are both organizations that work to bring scientifically accurate and accessible education on sexual and reproductive health to the classrooms.²⁰²

Efforts to Undermine Gender Equality in Schools

Gender equality is a key value and component of CSE, and the two are mutually reinforcing.²⁰³ However, educators lacked guidance on how to integrate gender equality into their teaching, including any state-provided gender equality manual for teachers.²⁰⁴ In its absence, activists created and introduced one in 2022.²⁰⁵ In response, anti-rights actors wrote an open letter to the Ministry of Education criticizing the manual prepared by activists as an “attempt to indoctrinate students early with gender ideology,” including by discussing gender stereotypes and gender roles.²⁰⁶ One of the manual’s creators described how anti-abortion activists sabotaged workshops that were introducing the manual to educators, mocking its contents and harassing activists:

In the second part of the event, one of the men [who seemed intent on sabotage] left the room. I felt relief. But the man came back claiming he had a ‘gender revelation’ last night. He was wearing a dress and impersonating a trans person and acting ridiculous. He came over to me and tried to kiss me.²⁰⁷

²⁰² Human Rights Watch interview with Adina Manea, President, Youth for Youth, Bucharest, December 8, 2023; “About us (Despre noi),” Youth for Youth, accessed March 6, 2025, <https://y4y.ro/>; Human Rights Watch interview with Name Withheld, national coordinator of a regional branch, Standing Committee on Sexual and Reproductive Health and Rights including HIV and AIDS (SCORA), May 2, 2023.

²⁰³ UNESCO, “International technical guidance on sexuality education: An evidence-informed approach,” 2018, https://cdn.who.int/media/docs/default-source/reproductive-health/sexual-health/international-technical-guidance-on-sexuality-education.pdf?sfvrsn=10113efc_29&download=true (accessed March 5, 2025), pp. 17, 51 and 52.

²⁰⁴ Human Rights Watch interview with Irina Ilisei, President, Plural Association, December 9, 2022; Alexandra Columban, “Chapter 2 – Gender Equality in the Romanian Educational System,” in *Non-discrimination in Education*, Centre for Legal Resources (Bucharest, January 2020), <https://www.crj.ro/wp-content/uploads/2020/02/Study-on-non-discrimination-English-summary-2020.pdf> (accessed March 6, 2025), p. 9.

²⁰⁵ Alexandra Columban et.al., “Gender equality: teaching and integration in pre-university education (Egalitatea de gen: predarea și integrarea în învățământul preuniversitar)” August 2022, <https://www.activenews.ro/documente/Manual-Egalitate-Gen-2022.pdf> (accessed March 6, 2025).

²⁰⁶ “Gender ideology. Open letter (Ideologia de gen. Scrisoare deschisă),” *Alianta Parintilor*, November 1, 2022, <https://aliantaparintilor.ro/2022/11/01/ideologia-de-gen-scrisoare-deschisa/> (accessed March 6, 2025).

²⁰⁷ Human Rights Watch interview with Irina Ilisei, President, Plural Association, Bucharest, December 9, 2022.

Misinformation about Sexual and Reproductive Health

The intentional removal, by political actors, of key topics and discussions that matter to young people from the school curriculum and educational spaces, leaves an enormous gap in student’s lives, which is often not filled through legitimate and science-based means. Such gaps expose children and young people to misinformation and disinformation about their sexual and reproductive health and undermine broader efforts to protect children and young people from sexual and gender-based violence.

A 19-year-old high school student in Iași told Human Rights Watch: “We were misinformed about many things,” referring to the health lessons she received. She recalled how, due to her lack of knowledge about consent and sexual violence, she did not realize that a nonconsensual sexual experience she had had constituted sexual assault until she talked to a friend with more knowledge of sexuality education.²⁰⁸ A 20-year-old university student in Iași said his high school teachers ignored students who asked questions about sex.²⁰⁹

Adolescents who cannot access sexual and reproductive health education in schools are reluctant to seek information directly from healthcare providers due to the dearth of youth friendly services for sexual and reproductive health.²¹⁰ Instead, they often turn to the internet. One 17-year-old activist in Bucharest used TikTok to learn. “There’s so much about my body and how it works that I found out through TikTok,” she said. “I had to learn sex ed through TikTok, and that’s very telling about the situation in Romania.”²¹¹

Although that activist’s search was educational, some activists we interviewed were concerned about how adolescents could navigate the abundance of sources on the internet to find accurate and helpful information without the foundations to identify accurate and scientifically-accurate information.²¹² Some children and young people rely on online pornography to find answers, without guidance from trained professionals on the dangers of normalizing harmful pornography. A volunteer coordinator and advocate for

²⁰⁸ Human Rights Watch interview with Alexandra, 19, Iași, May 3, 2023.

²⁰⁹ Human Rights Watch interview with Name Withheld, National Coordinator, Standing Committee on Sexual and Reproductive Health and Rights including HIV and AIDS (SCORA), Iași, May 2, 2023.

²¹⁰ Human Rights Watch interviews with five activists and experts, Bucharest, Iași, and Timișoara, December 7 and 8, 2022, April 28, 2023, and May 1, 2023.

²¹¹ Human Rights Watch interview with Ecaterina Olariu, Vice President, Girl Up Romania, Bucharest, December 6, 2022.

²¹² Human Rights Watch interview with Gabriel Brumariu, Project Manager, SECS, Bucharest, December 7, 2022; Human Rights Watch interview with Yasmina Micu, Volunteers’ Coordinator at Youth for Youth, video interview, May 26, 2023.

young people's sexual health at local NGO Youth for Youth (Tineri pentru Tineri) said: “I had friends who were interested in the topic of sexual and reproductive health and searched online for answers...They only found porn and could not find much information.”²¹³

Impact on Adolescent Pregnancy and Birth Rates

According to Eurostat data from 2022, Romania had the highest adolescent birth rate for girls ages 10 to 14, and the second highest adolescent birth rate for girls ages 15 to 19, of all EU member states.²¹⁴

In Romania, the lack of access to sexual and reproductive health information, including CSE, coupled with barriers to accessing contraceptives, contributes to adolescent pregnancy rates by depriving adolescents of their right to seek, receive, and impart information that can help them make informed choices about their health.²¹⁵

While there is no available data on the social and economic effects of pregnancy on adolescent girls and young women in Romania, global studies have shown that adolescent pregnancy can detrimentally impact educational attainment, wages, and girls and women’s mental health, among other things.²¹⁶

²¹³ Human Rights Watch interview with Yasmina Micu, Volunteers’ Coordinator, Youth for Youth, video interview, May 26, 2023.

²¹⁴ “Live births by mother’s age and newborn’s sex,” Eurostat, https://ec.europa.eu/eurostat/databrowser/view/demo_fagec/default/bar?lang=en (accessed March 6, 2025).

²¹⁵ Convention on the Rights of the Child, adopted November 20, 1989, G.A. Res. 44/25, Annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), entered into force September 2, 1990, art. 13(1); European Parliament, European Parliament Resolution of 8 July 2021 on the Rights of Persons with Disabilities (2021/2577(RSP)), P9_TA(2021)0314, July 8, 2021, https://www.europarl.europa.eu/doceo/document/TA-9-2021-0314_EN.html (accessed March 6, 2025), para. I; Diana Oncioiu, “Record-high Teenager Pregnancies in Romania, But Sex Ed for Teens is “Only Optional,” *Decree Chronicle*, October 14, 2021, <https://decreechronicles.com/record-high-teenager-pregnancies-in-romania-but-sex-ed-for-teens-is-only-optional/> (accessed March 6, 2025). Back in 2015, the Guttmacher Institute, reported that 22 percent of girls and women in Romania ages 15 to 19 had unmet needs for contraception, see Guttmacher Institute, “Adolescent Pregnancy and Its Outcomes Across Countries,” August 2015, <https://www.guttmacher.org/fact-sheet/adolescent-pregnancy-and-its-outcomes-across-countries> (accessed March 6, 2025).

²¹⁶ UNICEF, “Policy Framework to prevent teenage pregnancy and its consequences,” January 2022, <https://www.unicef.org/romania/media/8881/file/POLICY%20FRAMEWORK%20to%20prevent%20teenage%20pregnancy%20and%20its%20consequences.pdf> (accessed March 6, 2025), p. 25; The World Bank, “The Social and Educational Consequences of Adolescent Childbearing,” February 25, 2022 <https://genderdata.worldbank.org/en/data-stories/adolescent-fertility> (accessed March 6, 2025); OECD, “Teenage Parenthood,” December 12, 2018, https://www.oecd.org/en/publications/teenage-parenthood_de7859a0-en.html (accessed March 6, 2025).

V. Romania's Human Rights Obligations

Obstacles to access to safe abortion, contraception, and sexual and reproductive health information in Romania violate the government's human rights obligations under European and international law. In particular, they violate the rights to life, health, non-discrimination, privacy and respect for family life, and freedom from cruel, inhumane and degrading treatment.²¹⁷ Where abortions (at any stage of pregnancy) are criminalized, the arrest and imprisonment of individuals on abortion-related charges also violate the right to liberty and security of person.²¹⁸

These rights are enshrined in various international human rights treaties—including the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention Against Torture (CAT), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of the Child (CRC)—and regional treaties, including the Council of Europe's European Convention on Human Rights and the European Social Charter as well as the Charter of Fundamental Rights of the European Union.

The Right to Health

As a party to the International Covenant on Economic, Social and Cultural Rights (ICESCR) Romania has legal obligations to respect, protect, and fulfil all economic, social, and cultural rights, including the right to the highest attainable standard of physical and mental health. The Committee on Economic, Social and Cultural Rights (CESCR), which provides authoritative interpretations of the obligations of states parties enshrined in the ICESCR, explained in its general comment no. 14 that governments' right-to-health obligations include the duty to ensure the availability, accessibility, acceptability and quality of health facilities, goods and services. This includes the duty to ensure that access

²¹⁷ Working Group on discrimination against women and girls, Women's and girls' sexual and reproductive health rights in crisis, U.N. Doc. A/HRC/47/38, April 28, 2021, <https://digitallibrary.un.org/record/3926754?ln=en> (accessed March 6, 2025), para. 18.

²¹⁸ International Covenant on Civil and Political Rights (ICCPR), adopted December 16, 1966, G.A. Res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171, entered into force March 23, 1976, ratified by Georgia on August 3, 1994, art. 19; The UN Human Rights Committee (HRC), Report of the Special Rapporteur on the right of everyone to enjoyment of the highest attainable standard of physical and mental health, U.N. Doc. A/HRC/38/36, April 10, 2018, <https://digitallibrary.un.org/record/1637420?ln=en> (accessed March 6, 2025), para. 75.

to these healthcare resources is accessible without discrimination, especially for the most marginalized sections of the population, and without cost-based barriers. This also requires that states parties ensure “the right to seek, receive and impart information and ideas concerning health issues.”

In its general comment no. 22 on the right to sexual and reproductive health, the CESCR noted the right to sexual and reproductive health is “indivisible from and interdependent with other human rights” and “essential to the realization of the full range of [women’s] human rights.”²¹⁹ The CESCR has also specified that sexual and reproductive health care and information should be characterized by non-discrimination; physical, financial, and information accessibility; and a lack of barriers.²²⁰

Safe Abortion

Both the CESCR and the Committee on the Elimination of Discrimination against Women (CEDAW Committee), which oversees compliance with CEDAW, found that denying women and girls access to safe abortion, including abortion on request, can violate their rights, including their rights to life, health, and non-discrimination.²²¹ In some cases, barriers to abortion access may even amount to cruel, inhumane and degrading treatment.²²²

The UN Human Rights Committee (HRC), which monitors compliance with the ICCPR, has clarified that states parties should not regulate abortion in a manner that pushes women and girls to resort to unsafe abortions.²²³

The European Convention on Human Rights (ECHR) guarantees, among others, the rights to life, prohibition of torture and inhuman or degrading treatment or punishment, liberty and

²¹⁹ UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 22, The right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights), U.N. Doc. E/C.12/GC/22, (2016), paras. 10 and 25.

²²⁰ *Ibid.*, para. 15.

²²¹ *Ibid.*, paras. 10 and 34; CEDAW Committee, General recommendation No. 24, Article 12 of the Convention (Women and Health), U.N. Doc. A/54/38/Rev.1, chap. I, (1999), <https://www.refworld.org/legal/general/cedaw/1999/en/11953> (accessed March 6, 2025), para. 11.

²²² CESCR, General Comment No. 22, The right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights), U.N. Doc. E/C.12/GC/22, (2016), para. 10; CEDAW Committee, General recommendation No. 35, Gender-based violence against women, updating general recommendation No. 19, U.N. Doc. CEDAW/C/GC/35, (2017), para. 18.

²²³ UN Human Rights Committee, General Comment No. 36, Article 6: right to life, U.N. Doc. CCPR/C/GC/36, (2019), para. 8.

security, and respect for private and family life.²²⁴ While neither the right to health nor the right of access to abortion are explicitly enumerated in the ECHR, the European Court of Human Rights has on many occasions found that fundamental rights including the right to privacy and family, and the right to be protected from inhuman and degrading treatment, have been violated where women or girls have been unable to access abortion effectively.²²⁵ The Court has repeatedly found that when abortion is allowed in some situations, the legal framework governing that right to abortion must ensure effective access and failure to ensure access in practice will lead to a violation of the right to private life and may lead to violations of the prohibition on inhuman and degrading treatment and to an effective remedy.²²⁶

The Charter of Fundamental Rights of the European Union enshrines the rights to “benefit from medical treatment under the conditions established by national laws and practices” and to integrity of the person.²²⁷ Currently the Charter does not explicitly address access to abortion in EU countries where abortion is not legally available, but in April 2024 the European Parliament adopted a resolution calling for inclusion of the right to abortion in the Charter on Fundamental Rights.²²⁸

²²⁴ Convention for the Protection of Human Rights and Fundamental Freedoms (ETS No. 005), 1950, articles 2, 3, 5 and 8 respectively. All Council of Europe Member States are and are required to be parties to the ECHR.

²²⁵ See for example, European Court of Human Rights Factsheet, “Reproductive Rights,” December 2023, https://www.echr.coe.int/documents/d/echr/FS_Reproductive_ENG (accessed March 6, 2025).

²²⁶ See, European Court of Human Rights (ECtHR), A, B and C v. Ireland [GC], (Application no. 25579/05), Judgement of December 16, 2010, available at: <https://hudoc.echr.coe.int/fre#%7B%22itemid%22%3A%5B%5C22002-680%5D%7D>}, para. 249; ECtHR, R.R. v. Poland, (Application no. 27617/04), Judgement of November 28, 2011, available at: <https://hudoc.echr.coe.int/fre#%7B%22itemid%22%3A%5B%5C22001-104911%5D%7D>}, paras. 159 and 187; ECtHR, P. and S. v. Poland, (Application no. 57375/08), Judgement of October 30, 2012, available at: <https://hudoc.echr.coe.int/fre#%7B%22itemid%22%3A%5B%5C22001-114098%5D%7D>}, para. 99; ECtHR, Tysi c v. Poland, (Application no. 5410/03), Judgement of September 24, 2007, available at: <https://hudoc.echr.coe.int/eng#%7B%22itemid%22%3A%5B%5C22001-79812%5D%7D>}, para. 116. See also the ECtHR, “Guide on Article 3 of the Convention – Prohibition of Torture,” August 31, 2024, https://ks.echr.coe.int/documents/d/echr-ks/guide_art_3_eng (accessed March 6, 2025), para. 22; and the ECtHR, “Guide on Article 8 of the Convention – Right to respect for private and family life, home and correspondence,” August 31, 2024, https://ks.echr.coe.int/documents/d/echr-ks/guide_art_8_eng (accessed March 6, 2025), para. 138.

²²⁷ European Union, Charter of Fundamental Rights of the European Union, 2012/C 326/02, October 26, 2012, https://eur-lex.europa.eu/eli/treaty/char_2012/oj. (accessed March 6, 2025), arts. 3 and 35.

²²⁸ “European Parliament resolution of 11 April 2024 on including the right to abortion in the EU Fundamental Rights Charter (2024/2655(RSP)),” European Parliament, accessed March 6, 2025, https://www.europarl.europa.eu/doceo/document/TA-9-2024-0286_EN.html#:~:text=Everyone%20has%20the%20right%20to,4. See also Matteo Pedrazzoli, “EU Parliament calls for inclusion of abortion in Charter of Fundamental Rights” *eunews*, April 11, 2024, <https://www.eunews.it/en/2024/04/11/eu-parliament-calls-for-inclusion-of-abortion-in-charter-of-fundamental-rights/> (accessed March 6, 2025).

Conscientious Objection

The HRC has directed states parties to remove barriers to legal abortion, including those caused by healthcare providers' exercise of conscientious objection.²²⁹ The CESCR has likewise stated that conscientious objection “must not be a barrier to accessing services” and that there should be an adequate number of available and accessible healthcare providers who provide abortion services at all times, in both public and private healthcare facilities.²³⁰

In its general comment no. 24 on state obligations in the context of business activities, the CESCR stated that “private health-care providers should be prohibited from denying access to affordable and adequate services, treatments or information,” but “where health practitioners are allowed to invoke conscientious objection to refuse to provide certain sexual and reproductive health services, including abortion, they should refer the women or girls seeking such services to another practitioner within reasonable geographical reach who is willing to provide such services.”²³¹

In its 2017 concluding observations on Romania, the CEDAW Committee expressed concern about the refusal of doctors and hospitals to perform abortions. The CEDAW Committee called on Romania to legally prohibit institutions from invoking conscientious objection and to guarantee mandatory referrals when doctors conscientiously object.²³² During its Universal Periodic Review (UPR) in 2023, Romania also received and accepted recommendations to strengthen its protection of the right to safe abortion and ensure that conscientious objection does not deny access to legal abortion.²³³

The European Court of Human Rights has, on multiple occasions, addressed states' obligations to ensure that healthcare providers' conscientious objections do not impede

²²⁹ HRC, General Comment No. 36, Article 6: right to life, U.N. Doc. CCPR/C/GC/36, (2019), para. 8.

²³⁰ CESCR, General Comment No. 22, The right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights), U.N. Doc. E/C.12/GC/22, (2016), para. 14.

²³¹ CESCR, General comment No. 24, State obligations under the International Covenant on Economic, Social and Cultural Rights in the context of business activities, U.N. Doc. E/C.12/GC/24, (2017), para 21.

²³² CEDAW Committee, Concluding observations on the combined seventh and eighth periodic reports of Romania, CEDAW/C/ROU/CO/7-8, July 24, 2017, <https://digitallibrary.un.org/record/1305060?ln=en> (accessed March 6, 2025), para. 32(c) and 33(c).

²³³ Working Group on the Universal Periodic Review, Report of the Working Group on the Universal Periodic Review: Romania, U.N. Doc. A/HRC/54/7, June 23, 2023, <https://digitallibrary.un.org/record/4017800?ln=en> (accessed March 6, 2025), paras. 109.113 and 109.118.

access to legal reproductive health care. In *R.R. v. Poland*, where doctors refused to provide a woman timely access to pre-natal diagnostic services and abortion care, and *P. and S. v. Poland*, where doctors invoking conscientious objection failed to comply with the obligation to refer patients to other physicians, thereby causing difficulties for a teenage rape survivor to access legal abortion, the court found violations of article 8 (right to respect for private and family life) of the ECHR.²³⁴

In its 2021 conclusion on Romania, the European Committee of Social Rights, which oversees compliance with the Council of Europe’s European Social Charter, said that states parties with statutory provisions for abortion (like Romania) must “organise their health service system” to ensure that conscientious objections do not impede access to abortion services.²³⁵

Parental or Legal Guardian Consent for Adolescents Under 16

The UN special rapporteur on the right to health and the Committee on the Rights of the Child (CRC Committee), which monitors compliance with the CRC, have both noted that the requirement of third-party consent hinders access to legal abortion.²³⁶ The CRC Committee specifically urged states to ensure adolescents’ views are always heard and respected in abortion-related decisions.”²³⁷

²³⁴ ECtHR, *R.R. v. Poland*, (Application no. 27617/04), Judgement of November 28, 2011, available at: [https://hudoc.echr.coe.int/fre#%22itemid%22:\[%22001-104911%22\]](https://hudoc.echr.coe.int/fre#%22itemid%22:[%22001-104911%22]) and ECtHR, *P. and S. v. Poland*, (Application no. 57375/08), Judgement of October 30, 2012, available at: [https://hudoc.echr.coe.int/fre#%22itemid%22:\[%22001-114098%22\]](https://hudoc.echr.coe.int/fre#%22itemid%22:[%22001-114098%22]); Center for Reproductive Rights, “Addressing Medical Professionals’ Refusals to Provide Abortion Care on Grounds of Conscience or Religion: European Human Rights Jurisprudence on State Obligations to Guarantee Women’s Access to Legal Reproductive Health Care,” 2018, https://reproductiverights.org/wp-content/uploads/2020/12/GLP_Refusals_FS_Web.pdf (accessed March 6, 2025), pp. 1 and 2.; ECtHR, “Teenage girl who was raped should have been given unhindered access to abortion,” October 30, 2012, p. 3. Press release on file with Human Rights Watch.

²³⁵ European Committee of Social Rights (ECSR), “Conclusions 2021 – Romania – Article 11-1,” 2021/def/ROU/11/1/EN, December 31, 2021, [https://hudoc.esc.coe.int/eng/#%22sort%22:\[%22escpublicationdate%20descending%22\],%22escdcidentifier%22:\[%222021/def/ROU/11/1/EN%22\]](https://hudoc.esc.coe.int/eng/#%22sort%22:[%22escpublicationdate%20descending%22],%22escdcidentifier%22:[%222021/def/ROU/11/1/EN%22]) (accessed March 6, 2025).

²³⁶ Interim report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, U.N. Doc. A/66/254, (2011), para. 24; UN Committee on the Rights of the Child (CRC Committee), General Comment No. 20, The implementation of the rights of the child during adolescence, U.N. Doc. CRC/C/GC/20, (2016), para. 60.

²³⁷ *Ibid.*

Non-discrimination

The Working Group on the issue of discrimination against women in law and in practice (now the Working Group on discrimination against women and girls) has noted that where abortion is restricted or otherwise unavailable, “women with limited resources have little choice but to resort to unsafe providers and practices.”²³⁸ After its 2020 visit to Romania, the group commented on the barriers faced by rural women and girls those living in poverty and discriminations against Roma women and girls, in access to health care. It encouraged the government to financially support and include civil society working to address such problems in decision making.²³⁹

The European Committee of Social Rights, has also noted that “in assessing whether the right to protection of health can be effectively exercised, the Committee pays particular attention to the situation of disadvantaged and vulnerable groups...” Noting that regional norms require “member states to take as their main criterion for judging the success of health system reforms effective access to health care for all, without discrimination, as a basic human right” the committee explicitly focuses on “disparities between urban and rural areas”.²⁴⁰

Contraception

The CESCR has interpreted states parties’ right to health obligations to include the adoption of measures to improve “access to family planning ... and access to information, as well as to resources necessary to act on that information.”²⁴¹ According to the UN special rapporteur on the right to health, family planning, which includes the use of

²³⁸ Working Group on the issue of discrimination against women in law and in practice, “Women’s Autonomy, Equality and Reproductive Health in International Human Rights: Between Recognition, Backlash and Regressive Trends,” October 2017, <https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WG/WomensAutonomyEqualityReproductiveHealth.pdf> (accessed March 6, 2025), page 2.

²³⁹ Working Group on discrimination against women and girls, “End of Mission Statement of the Working Group on discrimination against women and girls Official visit to Romania 24 February – 6 March,” March 9, 2020, <https://www.ohchr.org/en/statements/2020/03/end-mission-statement-working-group-discrimination-against-women-and-girls> (accessed March 6, 2025).

²⁴⁰ Council of Europe, “European Committee of Social Rights, Conclusions 2005 - Statement of interpretation - Article 11,” 2005, https://hudoc.esc.coe.int/fre/?i=2005_Ob_1-1/Ob/EN (accessed March 6, 2025).

²⁴¹ CESCR, General Comment No. 14, The Right to the Highest Attainable Standard of Health (Art. 12), U.N. Doc. E/C/12/2000/4, (2000), para. 14.

contraceptives, empowers women to make autonomous, informed choices about their health while also reducing unsafe abortion and maternal mortality rates.²⁴²

Given its importance, both the HRC and the CEDAW Committee have urged Romania to ensure access to contraceptives, as well as information about them, for all women and girls.²⁴³ In its 2018 review, the HRC recommended that Romania intensify efforts to prevent high numbers of early pregnancies and unsafe abortions by disseminating information and enhancing access to modern contraceptive supplies.²⁴⁴ More recently, during its UPR in 2023, Romania also received and supported recommendations to develop its family planning services and increase access to free contraceptive supplies for adolescents and women.²⁴⁵

Comprehensive Sexuality Education

All children and adolescents have a right to information about sexual and reproductive health, including in accessible and easy-to-understand formats, as guaranteed under international law. The right to information includes a positive responsibility to provide complete and accurate information necessary for the protection and promotion of rights, including the right to health.²⁴⁶

According to the CESCR, the right to health includes access to education and information on sexual and reproductive health.²⁴⁷ The UN Committee on Economic, Social and Cultural Rights notes the interdependence of the realization of the right to sexual and reproductive

²⁴² Interim report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, U.N. Doc. A/66/254, (2011), paras. 44-45.

²⁴³ HRC, Concluding observations on the fifth periodic report of Romania, CCPR/C/ROU/CO/5, December 11, 2017, para. 26; CEDAW Committee, Concluding observations on the combined seventh and eight periodic reports of Romania, CEDAW/C/ROU/CO/7-8, July 24, 2017, para. 33(a).

²⁴⁴ HRC, Concluding observations on the fifth periodic report of Romania, CCPR/C/ROU/CO/5, December 11, 2017, para. 26.

²⁴⁵ Working Group on the Universal Periodic Review, Report of the Working Group on the Universal Periodic Review: Romania, U.N. Doc. A/HRC/54/7, June 23, 2023, <https://digitallibrary.un.org/record/4017800?ln=en> (accessed March 6, 2025), paras. 109.113 and 109.118.

²⁴⁶ CESCR General Comment No. 14, The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights), U.N. Doc. E/C.12/2000/4, (2000); and CESCR General Comment No. 22, The right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights), U.N. Doc. E/C.12/GC/22, (2016). The Committee on the Rights of the Child also notes that adolescents' ability "to access relevant information can have a significant impact on equality." See UN Committee on the Rights of the Child (CRC Committee), "General Comment No. 20 (2016) on the implementation of the rights of the child during adolescence," U.N. Doc. CRC/C/GC/20, (2016), para. 47.

²⁴⁷ CESCR, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), para. 11.

health with the right to education and the right to non-discrimination and equality between men and women, which, when combined, entail a “right to education on sexuality and reproduction.”²⁴⁸ In order to fulfill this right, the CESCR has urged states to adopt measures ensuring that “all educational institutions incorporate unbiased, scientifically accurate, evidence-based, age-appropriate and comprehensive sexuality education into their required curricula.”²⁴⁹ The CESCR also called for states to remove all barriers to women’s access to comprehensive sexual and reproductive health education.²⁵⁰

The Committee on the Rights of the Child has recommended that states adopt:

Age-appropriate, comprehensive and inclusive sexual and reproductive health education, based on scientific evidence and human rights standards and developed with adolescents, should be part of the mandatory school curriculum and reach out-of-school adolescents. Attention should be given to gender equality, sexual diversity, sexual and reproductive health rights, responsible parenthood and sexual behaviour and violence prevention, as well as to preventing early pregnancy and sexually transmitted infections.²⁵¹

The HRC and the CEDAW Committee have called on Romania to implement mandatory and age-appropriate education on sexual and reproductive health rights. The HRC urged Romania to use such education to help prevent high rates of early pregnancies and unsafe abortions, and the CEDAW Committee recommended it cover modern contraception and risks of unsafe abortion.²⁵²

The Group of Experts on Action against Violence against Women and Domestic Violence, which monitors compliance with the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence treaty (Istanbul Convention),

²⁴⁸ See CRC Committee, “General Comment No. 20, The implementation of the rights of the child during adolescence,” U.N. Doc. CRC/C/GC/20, (2016), para. 47. See also, CESCR, “General Comment No. 22, The right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights),” U.N. Doc. E/C.12/GC/22, (2016), para. 9.

²⁴⁹ *Ibid.*, para. 63.

²⁵⁰ *Ibid.*, para. 10.

²⁵¹ CRC Committee, “General Comment No. 20, The implementation of the rights of the child during adolescence,” U.N. Doc. CRC/C/GC/20, (2016), para. 61.

²⁵² CEDAW Committee, Concluding observations on the combined seventh and eight periodic reports of Romania, CEDAW/C/ROU/CO/7-8, July 24, 2017, para. 33(b); HRC, Concluding observations on the fifth periodic report of Romania, CCPR/C/ROU/CO/5, December 11, 2017, para. 26.

encouraged Romanian authorities to “step up their efforts to promote” a range of principles in formal education curriculums, including gender equality, non-stereotyped gender roles, and the right to personal integrity.²⁵³

²⁵³ Group of Experts on Action against Violence against Women and Domestic Violence, “GREVIO Baseline Evaluation Report on legislative and other measures giving effect to the provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention): Romania,” June 16, <https://rm.coe.int/final-report-on-romania/1680a6e439> (accessed March 6, 2025), para. 122.

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Appendix 1: Decree 770: Romania’s Historical Abortion Ban

Nicolae Ceaușescu, then-general secretary of the Communist Party and later president of Romania from 1974 to 1989, enacted Decree No. 770 of 1 October 1966 Regulating the Termination of Pregnancy.²⁵⁴ Decree 770 banned abortion and contraception for women under 45 who had fewer than four biological children (increased to five in 1985).²⁵⁵ Exceptions were permitted for women whose lives would be “in a state of danger that cannot be removed by any other means” if the pregnancy continued, who had “serious physical, mental or sensory disabilities,” who were pregnant from rape or incest, or if either parent had a “serious disease” that is hereditary or causes “serious congenital malformations.”²⁵⁶ However, getting an abortion still required authorization from a district or city medical commission.²⁵⁷ Authorities denied authorizations at the slightest suspicion that the woman’s situation did not fall under the exceptions or that she had attempted an illegal abortion, leaving some women to suffer or die even in cases of miscarriage.²⁵⁸

To ensure compliance with Decree 770, the government monitored women’s reproductive status by recruiting informants, usually current or former medical workers or students, to spy on them, and by subjecting them to invasive and humiliating medical checkups in the presence of police.²⁵⁹ Because of the regulation and its draconian implementation, women and girls with unwanted pregnancies often had clandestine abortions in unhygienic conditions, leading to the deaths of an estimated 10,000 women and girls, although some

²⁵⁴ “Nicolae Ceaușescu,” Britannica, accessed March 6, 2025, <https://www.britannica.com/biography/Nicolae-Ceausescu>.

²⁵⁵ Decree No. 770 of October 1, 1966 for regulating the termination of pregnancy, <https://legislatie.just.ro/Public/DetaliuDocumentAfis/177> (accessed March 6, 2025), art. 2(d) and (e).

²⁵⁶ *Ibid.*, art. 2.

²⁵⁷ *Ibid.*, art. 5.

²⁵⁸ Octavian Coman, “Guardians of the Decree: The Hidden World of the Anti-Abortion Enforcers,” *Decree Chronicles*, December 3, 2021, <https://decreechronicles.com/guardians-of-the-decree-the-hidden-world-of-the-anti-abortion-enforcers/> (accessed March 6, 2025); Gail Kligman, “Romania’s abortion ban tore at society, a warning for U.S.,” *The Washington Post*, September 15, 2022, <https://www.washingtonpost.com/made-by-history/2022/09/15/romania-exposes-how-abortion-bans-kill-women-rip-society-apart/> (accessed March 6, 2025).

²⁵⁹ *Ibid.*

experts believe the number to be much higher.²⁶⁰ When the government repealed Decree 770 in 1989,²⁶¹ Romania had the highest maternal mortality rate in Europe.²⁶²

²⁶⁰ Amy Mackinnon, “What Actually Happens When a Country Bans Abortion,” *Foreign Policy*, May 16, 2019, <https://foreignpolicy.com/2019/05/16/what-actually-happens-when-a-country-bans-abortion-romania-alabama/> (accessed March 6, 2025); Gail Kligman, “Romania’s abortion ban tore at society, a warning for U.S.,” *The Washington Post*, September 15, 2022, <https://www.washingtonpost.com/made-by-history/2022/09/15/romania-exposes-how-abortion-bans-kill-women-rip-society-apart/> (accessed March 6, 2025).

²⁶¹ Decree-Law No. 1 of December 26, 1989, regarding the repeal of certain laws, decrees and other normative acts, <https://legislatie.just.ro/Public/DetaliuDocumentAfis/688> (accessed March 6, 2025), art. 8.

²⁶² UNICEF, “Children at Risk in Central and Eastern Europe: Perils and Promises,” April 1999, <https://digitallibrary.un.org/record/239352?ln=en&v=pdf> (accessed March 6, 2025), p. 163; WHO, “Maternal Mortality Ratios and Rates: A Tabulation of Available Information,” 1991, <https://iris.who.int/bitstream/handle/10665/272290/WHO-MCH-MSM-91.6-eng.pdf?sequence=1> (accessed March 6, 2025), pp. 4 and 46-52; Charlotte Hord et al., “Reproductive Health in Romania: Reversing the Ceausescu Legacy,” *Studies in Family Planning* vol. 22 no.4 (1991), accessed March 6, 2025, doi:10.2307/1966479, p. 233.

Appendix 2: Timeline of Key Anti-Abortion Legislative Initiatives

- **March 2003:** Ovidiu Brînzan, then-Minister of Health (2003-2004), registers a legislative proposal in the Chamber of Deputies to establish mandatory counseling for women and girls seeking an abortion.²⁶³
- **April 2004:** The Chamber of Deputies adopts Brînzan’s proposal.²⁶⁴
- **February 2006:** The Senate rejects Brînzan’s proposal.²⁶⁵
- **March 2012:** Sulfina Barbu and Marius Cristinel Dugulescu, who has connections to the anti-rights group European Christian Political Movement (ECPM), initiate a legislative proposal to establish mandatory counseling and a five-day waiting period before an abortion.²⁶⁶ ECPM hosts and sponsors anti-abortion, anti-sexuality education, and anti-LGBT events across Europe, including the Agenda Europe summits.²⁶⁷
- **September 2012:** The Senate rejects Barbu and Dugulescu’s legislative proposal.²⁶⁸
- **March 2013:** The Chamber of Deputies rejects Barbu and Dugulescu’s legislative proposal.²⁶⁹
- **March 2020:** The government announces a state of emergency due to Covid-19 and issues an order to suspend admissions for non-emergency surgeries and medical treatments in public and private hospitals for 14 days.²⁷⁰

²⁶³ Romania Chamber of Deputies, “Pl no. 217/2003: Legislative proposal on compulsory advice in the event of termination of pregnancy,” https://www.cdep.ro/pls/proiecte/upl_pck.proiect?idp=3870 (accessed March 6, 2025).

²⁶⁴ Ibid.

²⁶⁵ Ibid.

²⁶⁶ Ibid.; European Christian Political Movement (ECPM), “ECPM 2010 Yearbook,” 2010, <https://ecpm.info/ECPMyearbook2010.pdf> (accessed March 6, 2025), p. 8.

²⁶⁷ Neil Datta and the European Parliamentary Forum for Sexual & Reproductive Rights, “Tip of the Iceberg: Religious Extremist Funders against Human Rights for Sexuality and Reproductive Health in Europe 2009-2018,” June 2021, <https://www.epfweb.org/sites/default/files/2021-08/Tip%20of%20the%20Iceberg%20August%202021%20Final.pdf> (accessed March 6, 2025), pp. 36-38; ECPM, “ECPM 2022,” https://ecpm.info/Yearbook%2022_Web.pdf (accessed September March 6, 2025), pp. 16, 26, and 59.

²⁶⁸ Romania Chamber of Deputies, “Pl-x no. 348/2012: Legislative proposal on the establishment, operation and organization of advisory offices for the crisis of pregnancy,” https://www.cdep.ro/pls/proiecte/upl_pck2015.proiect?cam=2&idp=12593 (accessed March 6, 2025).

²⁶⁹ Ibid.

²⁷⁰ Ministry of Internal Affairs, “Order of the Commander of the Action (Ordinul Comandantului Actiunii) nr. 74527 of March 23, 2020,” March 23, 2020, https://www.cnsctb.ro/index.php/legislatie_cov/1578-ordinul-74527-din-23-03-2020-masuri-unitati-sanitare/file (accessed March 5, 2025), art. 1.

- **April 2020:** The government extends the aforementioned suspension for the entire duration of the state of emergency.²⁷¹ Since abortions on request are not considered essential health care, they are consequently suspended. Activists write to the Ministry of Health demanding that abortions on request be considered essential health care. In response, the ministry’s Obstetrics and Gynecology Commission releases a circular recommending that hospitals and clinics provide unrestricted access to abortion procedures and medication abortion within the legal timeframe.²⁷²

²⁷¹ Ministry of Internal Affairs, “Order of the Commander of the Action (Ordinul Comandantului Actiunii) nr. 745553 of April 7, 2020,” April 7, 2020, https://insp.gov.ro/download/CNSCBT/docman-files/Coronavirus%20onCoV/legislatie_si_jurisprudenta/Ordinul-Comandantului-Actiunii-74553_07.04.2020.pdf (accessed March 6, 2025), art. 1.

²⁷² “Romania – At least a small improvement, one hospital more is doing abortions,” International Campaign for Women’s Right to Safe Abortion, May 28, 2020, accessed March 6, 2025, <https://www.safeabortionwomensright.org/news/romania-at-least-a-small-improvement-one-hospital-more-is-doing-abortions/>; FILIA Center, “Refusal to Perform Abortion on Request in Romania: 2020-2021,” 2021, <https://centrulfilia.ro/new/wp-content/uploads/2021/10/Abortion-report.pdf> (accessed March 5, 2025), p. 8; Neva Bojovic, Jovana Stanisljevic and Guido Giunti, “The impact of COVID-19 on abortion access: Insights from the European Union and the United Kingdom,” *Health Policy* vol. 125 no. 17 (2021):841-858, accessed March 5, 2025, doi: 10.1016/j.healthpol.2021.05.005; Diana Oncioiu et al., “Dozens of Romanian Public Hospitals Refuse to Perform Abortions” *Decree Chronicles*, October 1, 2021, <https://decreechronicles.com/dozens-of-romanian-public-hospitals-refuse-to-perform-abortions/> (accessed March 5, 2025).

“It’s Happening Even Without You Noticing”

Increasing Barriers to Accessing Sexual and Reproductive Health Care in Romania

The sexual and reproductive health and rights of women and girls, including the right to access abortion and family planning methods, are partially protected under Romanian law. In practice, however, women and girls are regularly and systematically thwarted in their efforts to exercise these rights. For example, abortion on request is legal until 14 weeks of pregnancy, but a growing number of doctors and public hospitals no longer provide the service. Doctors frequently invoke conscientious objection—their own religious beliefs—to turn away patients requiring abortion care. They often do so without referring patients to colleagues or other hospitals, in violation of the patients’ rights. Some entire healthcare facilities refuse to provide abortion care, through formal or informal policies. Romanian authorities facilitate the work of anti-abortion activists and so-called crisis pregnancy centers that seek to dissuade or prevent women and girls from accessing abortion through means that are sometimes deceptive and unethical.

Doctors also engage in a range of practices that further reduce access to abortion services. Doctors sometimes misapply, whether by mistake or intentionally, laws and guidelines concerning abortions on request, such as the legal time limit for medication abortion. Some doctors require all patients under age 18 to obtain consent from a parent or guardian, even though by law adolescents over age 16 can access sexual and reproductive health care without it. Some also claim they need and cannot get medical malpractice insurance for abortion services and therefore refuse to provide abortions on request. Women and girls also face barriers to accessing contraception, and the failure by the authorities to provide age appropriate and scientifically accurate comprehensive sexuality education in schools harms young people and their rights to health and education.

Romania’s failure to tackle and dismantle the barriers to safe abortion, contraception, and sexual and reproductive health information violates its human rights obligations under European and international law. Romanian authorities should provide comprehensive sexuality education and take all necessary steps to ensure in practice that women and girls can exercise their rights to make informed decisions about their health and to access safe and legal abortion services and contraception, and are not impeded by unmonitored and unregulated processes in the healthcare system, lack of information, availability, or affordability.



*A woman holds a banner that reads “Abortion is an essential public health service” at a rally on International Women’s Day, in Bucharest, Romania, March 8, 2023.
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