

Booklet on combating hate speech

Mothers

Project implemented by





According to the World Index[1] on the state of the world's mothers, Romania ranks 66th in terms of mothers' well-being (defined through 5 indicators such as health, well-being of children, economic and political status and education). The large number of pregnant teenagers (a quarter of underage mothers in the European Union live in Romania[2]), high infant and maternal mortality rates (higher among ethnic Roma women[3]), high level of institutional discrimination of vulnerable categories, limited support from the community for working mothers and difficult interactions within the medical system are among the acute problems identified by a report on mother and child health in Romania [4].

If we look closely at certain groups of mothers (the list is non-exhaustive), such as

- underage mothers,
- mothers with disabilities,
- mothers who live in rural areas,
- mothers who live with HIV,
- Roma mothers,
- LGBTQIA+ mothers,
- single mothers,

their well-being is even lower than the rest.



In these cases, we are talking about **multiple or intersectional discrimination and, among other things, non-existent, limited or difficult access to medical services**. A study on the health of mothers and children who live in rural areas shows that 40% of underage mothers consider that their income is not enough for the bare essentials, while in the case of over 60% of households with underage mothers, running water is not available[5]. Prenatal care in rural areas is extremely deficient and contributes to a higher maternal and infant mortality rate[6]. Roma women continue to be discriminated against within medical institutions and detail how they are segregated within maternity wards, treated with contempt or denied medical service [7].

The present material is not exhaustive, the complexity and multitude of problems and the discrimination faced by women in Romania being impossible to address in one document that aims to debunk some of the myths about them. We hope this material is a start for an open and structured discussion about women (thus referring to all people who identify as women) and motherhood.





Deconstructing myths

Myth:

Mothers need to be helped with lots of unsolicited advice.

Fact:

It is very likely that a woman will not receive as much unsolicited advice at any other time in her life as she will receive during pregnancy and motherhood. In fact, it comes to no surprise that, along with the positive pregnancy test, a lot of seemingly mundane tasks, for example, what you eat or how you sleep, will constantly be hot topics of discussion for a large group of people. Although most of these topics seem trivial, they can have a considerable impact on mothers' health, because of their intrusive nature. Especially since what they have in common is that we are talking about someone else's "expertise". From extended family and friends to waiters, bosses or passersby on the street, all kinds of "experts" will offer their point of view and will try to impose it on the mothers on things such as the introduction of solid food, how appropriately the child is dressed for the temperature outside, the ability of the mother to have a coffee or a glass of wine.

Behind the benevolent (or not) advice is society's belief that others know what's best for the mother-to-be, which ignores the burden of the large and constant amount of unsolicited advice on that mother's mental health.

Myth:

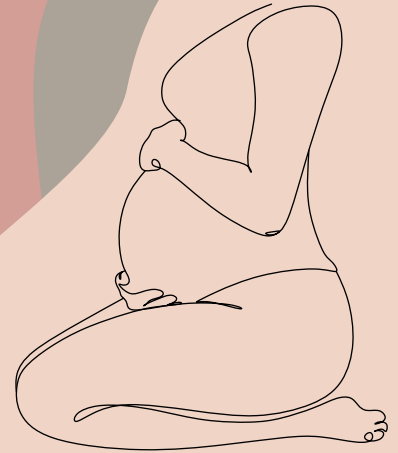
As a mother-to-be or mother of a newborn, you have autonomy over your body.

Fact:

From the moment a pregnancy becomes visible, the woman loses the autonomy of her body, starting with the fact that people close to her or simple acquaintances will touch her, often without asking permission, "to feel the baby".

When it comes to birth, bodily autonomy and informed decisions, the phenomenon extends even into the medical field, where doctors, midwives or nurses can make unilateral decisions about the mother's body, sometimes unjustified, to the point that many women experience childbirth as an out-of-control, disrespectful and traumatic event.

(more information on the same myth ->)



Fact:

Medical science has evolved and improved mother and child health, so that nowadays maternal mortality has decreased considerably, from up to 1,000 maternal deaths for every 100,000 births in the XIXth century, to less than 10 deaths per 100,000 births[8]. **Beyond the extraordinary benefits of medical expertise that can save lives, the medical establishment does not remain untouched by bias towards mothers.** The examples throughout history are numerous[9]. Medical staff may proceed without the mother's consent or ignore her preferences, and some medical actions and decisions are not necessarily scientifically justified.



For example, **lithotomy** (lying on the back during birth) continues to be the dominant position of most women during childbirth, although there is no data on the advantages of this position, on the contrary, other upright positions are considered physiologically better[10]. Furthermore, the origin of this practice seems to be completely ridiculous, being placed by some researchers in the 17th century, at the court of King Louis XIV, when the supine position was preferred at court for giving the physician a better visibility during birth[11].

Fact:

Similarly, the use of **episiotomy** (incision to widen the opening of the vagina) during childbirth continues to be a common practice without being necessary. E.g, The World Health Organization does not recommend the use of episiotomy as a routine procedure and estimates a general rate of use no higher than 10% [12]. In a study carried out in Romania [13], out of a total of 11,863 women surveyed, 71% of them, respectively 93% of women having their first childbirth experience, had an episiotomy. The obvious conclusion of this study is that episiotomy is a norm in maternity hospitals in Romania. Beyond the controversies of this medical procedure's benefits and the necessity to perform it, what is most concerning is the fact that it is oftentimes carried out without the consent of the mothers. In fact, more and more researchers consider **episiotomy routine without patient consent as a form of obstetric violence** [14].

(more information on the same myth ->)





These practices and norms are harmful and discriminatory because they dismiss the mother's consent on decisions regarding her body and affect how a mother experiences her pregnancy and life.

Mothers should benefit from more support, information and advice and above all, be treated as responsible persons and free to make decisions about their bodies and their lives.



Myth: Mothers have the freedom to make informed decisions about breastfeeding.

Fact: Breastfeeding is another example where many "experts" will share their strong opinions and, in some cases, they will pretend to have the final say about how, if and where breastfeeding can happen. Employers and bar or restaurant owners will decide on the rules of feeding a baby in public.

Spaces that don't allow women to breastfeed, workplaces where there isn't a single designated area for breastfeeding or pumping and a work schedule that doesn't accommodate breastfeeding are all forms of discrimination that mothers face frequently. So are the harsh judgments passed on mothers who decide not to breastfeed. The benefits of breast milk over formula on the health of the child and the mother are documented, but the discussion needs to be more nuanced[15] and the pro-breastfeeding argument in no way justifies the verbal and emotional abuse and discrimination against mothers who choose not to breastfeed, nor feelings of guilt associated with stopping the breastfeeding process[16].



Myth: All mothers should aspire to be the perfect mother.

Fact: The myth of the perfect mother is maintained through the institution of motherhood[17] as a political, social and cultural context in which mothers are expected to obey and self-sacrifice while bearing the full burden of domestic labor. And if they do not adhere to these standards, they will be harshly criticized. The idyllic image of the perfect mother is familiar to all of us. She is the mother we see on TV, in magazines, books and movies, and often in our ambitions. She is fully aware of how she should look like after giving birth, what she should eat, how to balance motherhood with married life and a career, and even what emotions she should feel.

In Romania this image gets combined with elements reminiscent of the socialist heroine mother, who was a housewife and labourer at the same time, in fact a double exploited mother. And during the pandemic, this burden has tripled.

(more information on the same myth ->)



Fact:

Parents need increased access to quality information and services in terms of raising children, but this should be delivered without making them feel that they have failed in their role as parents. Instead, part of the current literature (some self-help and parenting books) continues to sell and promote this image of the perfect mother who does everything in complete happiness. This is not to say that the usefulness of these books or advice should be disputed, but in the process they demand increased and endless attention from parents and often fail to consider the state of physical and mental exhaustion they are in, and the difficulties of everyday life. At the slightest failure to meet a child's every need, while keeping a smile on their face, it is

no surprise that many mothers will doubt their parenting skills. It would be much more useful if such books described a more realistic image[18] of parenting with realistic information about the child's growth and avoiding guilt-tripping mothers who cannot do everything "by the book".



(more information on the same myth ->)

Fact: *In addition, the way gender roles are in place in Romanian society affects mothers, as partner involvement continues to be low and the responsibility of caring for the newborn is perceived as exclusively the mother's.*

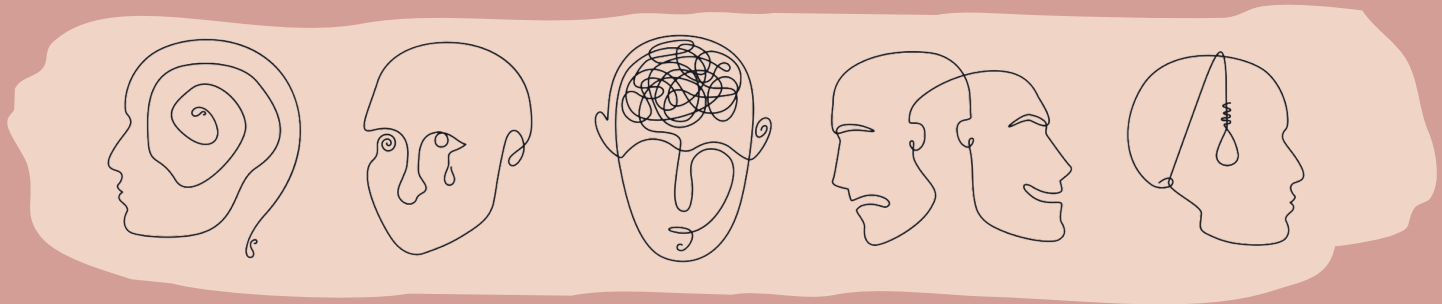


Although paternity leave is an option for men in Romania, most often this is perceived as a humiliation or shame, being a deviation from traditional gender roles [19]. At the same time, women who want maternity leave for up to 2 years face pressure to return to work earlier, while women who want to return to work earlier faces societal stigma and/or order administrative and financial problems: requiring access to a daycare or nanny or others people who can take care of the child during the day.

As the saying goes, *it takes a village to raise a child*, maybe we should also ask **what we can do as a society to increase children's well-being**. There is little public discussion about the collective responsibility of parenting [20].
(more information on the same myth ->)

Fact:

The myth of the perfect mother contributes to **the mental health problems** of real mothers. If we look at the abundance of advice, both online and offline, the silent consensus over the fact that mothers are the only ones responsible for raising and educating their children, the criticism for not complying with the aesthetic norms related to body image (body shaming), a lack of support in general, and on a personal and societal level, a lack of support services, many mothers are also not as enthusiastic about motherhood as the myth of the perfect mother would have us imagine. Testimonials and data on mothers' low self-esteem, loneliness, overwhelm, anxiety and even depression abound in research journals and call for improved mental health services[21].



Myth: It was easier during the pandemic, because many mothers stayed at and or worked from home.

Fact: The pandemic has exacerbated existing inequalities. The closing of kindergartens and schools, working at home or even not being able to work from home, job loss affected mothers disproportionately[22].

A report on the experience of women in Romania during the pandemic shows that while women mainly dealt with domestic and childcare activities on a regular basis, with the pandemic the time allocated to these activities increased considerably[23].

(more information on the same myth ->)



Fact: The report also shows that many of the 443 women interviewed faced:

physical and mental
exhaustion,

increased time dedicated
to care activities



insufficient livelihood
resources,

and mental health
deterioration.

The same report indicates a considerable increase in the incidence domestic violence and the growing vulnerability of women to violence (Roma, disabled, elderly, refugee, etc. women being exposed to additional risks).

(more information on the same myth ->)

Fact: According to the European Parliament, around 50 women lose their lives as a result of domestic violence every week in the EU, and this number increased during the quarantine period. The restrictions have made it even harder for victims to get the help they need[24].



According to the report on how the pandemic affected Romanian women, what was noticeable was the lack of help from the state.

So, despite progress on gender equality, motherhood seems to be a time machine that transports women back to the 50s and we are left to wonder, like the publication The Guardian does, when will there be a #metoo of motherhood [25]?

Myth: Motherhood is the only way a woman can become a fulfilled person.

Fact: This myth is based on two preconceived notions: that a woman's purpose is to be a mother (with the alternative narrative that *all women have maternal instinct/ want children*), but, above all, that the life of woman who doesn't have children is an unfulfilled life or childless women are not accomplished women.



Women who don't have children and women who regret motherhood are, at best, viewed with suspicion and, at worst, as dysfunctional. The social belief that every woman must become a mother dominates our culture. Being a complete woman is perceived as an identity intrinsically linked to the condition of being a mother. Such views that it is women's destiny to be mothers are deterministic and assume that the experience of being a woman is universal. Without denying the importance of motherhood for a person's identity[26] and potentially for her fulfilment, it is not the only source of fulfilment and by no means applies to everyone. In fact, the need to have children is culturally constructed and not a sacred calling necessarily felt by every woman. (more information on the same myth ->)

Fact:

The social pressure on women who don't want children is huge in a traditional society, such as the Romanian one, and so is the constant pressure to thoroughly justify one's choice, even though no reason seems to be *good enough*.

There have been cases in which women of childbearing age have their sexual and reproductive rights restricted or violated, for example, cases in which medical personnel denied them access to contraception (irreversible or not), deciding, for those women, that this is better choice for them [27].

(more information on the same myth ->)

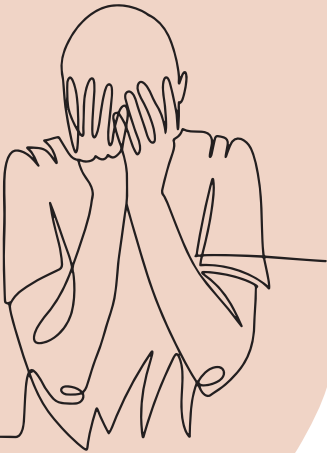


Fact:

At the same time, those who are mothers but regret motherhood are not accepted by society. In fact, the topic of regretting motherhood is a taboo subject, as several studies show, also pointing out that in a society that idealises motherhood, it is most likely for this regret to be confused (erroneously) with a lack of maternal love or even with parental negligence[28], while reports reveal that mothers who regret motherhood have feelings of guilt, loneliness and fear of talking about their experiences, but especially wish not to be harshly judged and denigrated by those close to them[29].

The choice to have a child or not must be and should remain a personal choice, belonging to that person's private life.

(more information on the same myth ->)



Fact: Regarding maternity, sexual and reproductive rights in Romania, let's not forget that recent history includes Decree 770 from 1966, which banned abortions on demand, as part of a pro-natalist policy of the Ceausescu regime. Following this measure, it is estimated that between 10,000 and 20,000 women died as a result of clandestine abortions (maternal mortality almost doubled from 1966 to 1985, 86% of these deaths being the result of these abortions). And at the outbreak of the 1989 Revolution, over 100,000 children were living in inhumane conditions in orphanages[30].
(more information on the same myth ->)



Fact: A 2021 study shows that, out of 171 Romanian hospitals with gynaecology wards that chose to participate in the study:

- 59 said they do abortions on demand,
- 69 reported that they don't provide related services at all,
- while 9 hospitals said they provide abortion pills.

In addition, among the doctors specialising in obstetrics and gynaecology, only a third perform abortions on demand (275 of 802). Moreover, there were reported cases in at least five Romanian cities of clandestine abortions – meaning the termination of a pregnancy performed outside a medical facility, without medical staff, in the absence of a sterile environment [31].

It should also be noted that while Romania sees all these worrying data (as well as others related to gender-based violence or the highest mortality rates from cervical cancer in EU[32]), the Romanian government categorically refuses to introduce mandatory sexual and reproductive health education in school curricula.

(more information on the same myth ->)

Fact: The myth of ultimate fulfilment through motherhood does nothing but invalidate the complex feelings associated with motherhood, such as sadness, fragility, vulnerability, as well as discrimination and violence against mothers and women. It is absolutely necessary to remove the censorship of women's voices and not ignore the diverse experiences of mothers, of all mothers, from an inclusive and comprehensive perspective if we want an objective approach to this topic, a deeper understanding of the experience of mothers and better social policies for their well-being and that of their children.



What can we do?

We can replace the mythic and idealised image of motherhood with a more realistic approach to the subject, which captures not only the complexities, but also the ambivalence of the experience of being a mother.



What does it mean to be a mother nowadays?

This question should be answered first and foremost by mothers, while prejudiced and essentialist images about motherhood should be dismantled and replaced with data and open discussions. The myth of the perfect mother and unattainable expectations of motherhood promoted in our culture by society, as well as the media could be replaced by accepting the multitude of diverse experiences of mothers and increased social support.

How can we address the issues?

Maternity and pregnancy related services, especially in the medical field, should be rethought to put mothers and their needs at the centre of the decision-making process. Likewise, public policies should focus on the needs of mothers who face multiple social inequalities and they should combat discrimination (multiple and intersectional) against mothers through gender equality policies and measures. Such policies should be data and research-driven according to the realities of motherhood in Romania and not on nationalist and pro-natalist discourses, as we often find in the Romanian political discourse and media, which do not take into account the actual situation, such as the precarious conditions and inequalities which many mothers from Romania face and find themselves in.



Footnotes:

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About the author: **Iulia Pascu** has more than 9 years of work experience in the field of human rights and especially women's rights. Currently, Iulia works at Mama Cash, the first international fund for women, in a team that aims to mobilise resources for supporting feminist activism. Previously, Iulia co-founded and worked for ACTEDO (Action Center for Equality and Human Rights) from Cluj-Napoca. Iulia graduated with a master's degree in Gender and Equal Opportunities and the master's degree in Community Development from Babeş-Bolyai University.



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