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and early motherhood in Roma communities”



ROMA INFLUENCERS NETWORK/2024-1-EL01-KA220-ADU-000247507



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National Report on Early Marriages and Early Motherhood in Roma Communities

Ireland Report

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Roma communities

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I. Introduction

I.1. The Roma Influencers Network Project

The present report is integrated in the European Project Roma Influencers Network - breaking the circle of early marriages and early motherhood in Roma communities (Grant Agreement n. 2024-1-EL01-KA220-ADU-000247507) in the framework of the Programme ERASMUS+.

Roma Influencers Network project centres on early marriage and early motherhood in Roma communities and is focused on empowering and awareness raising of the Roma community, especially women and girls. The main purpose is to suggest ways to change behaviours and attitudes in order to overcome, reduce or eliminate the practice and its harmful impacts.

The Consortium of the project consists of 4 countries: Greece, Ireland, Portugal and Romania.

This national report is part of the WP2 – Breaking the circle of early marriages and early motherhood in Roma Communities, and in particular of the Activity 2.2. National research, on early marriages and early motherhood among Roma community, was carried out in the four different countries with CESIS, in Portugal, as team leader.

The aim of this report is to contribute to a better understanding of early marriage and early motherhood, namely among Roma women and girls in each partner country, outlining the legal framework and policies and the situation of Roma community.

This national report is related to **Ireland**.

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I.2. Early marriage and early motherhood: Global concerns

Early marriage and early motherhood remain urgent global challenges. Both the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), along with other key research organizations such as the International Center for Research on Women (ICRW), the United Nations Population Fund (UNFPA), and Girls Not Brides, have extensively documented the causes and consequences related to these practices.

UNICEF (2023) defines child marriage as any formal marriage or informal union involving a child under the age of 18 and it estimates that approximately 12 million girls are married before reaching that age limit each year, many of whom become mothers shortly thereafter.

Early marriage and early motherhood are particularly prevalent in low- and middle-income countries, where gender inequality, poverty and lack of education combine to undermine the rights and futures of millions of girls. However, it also remains a problem in Europe, where it varies considerably between regions. Eastern European countries such as Bulgaria and Romania report higher rates of teenage births. For example, in 2021 Bulgaria had the highest teenage birth rate in Europe. If we consider the age between 10 and 14 years, the rate is 1.6‰ in Bulgaria and 1.45‰ in Romania. The rates increase when the age group 15-19 is considered: 38.7‰ and 33.89‰ respectively. 10.2‰ of all births in the country, while Romania reported that 12.3‰ of first births were to teenage mothers in 2015.¹

The same source indicates the following rates in Ireland: 4.41‰ for the 15-19 age group; 0.01‰ for the 10-14 age group.

¹ Source: Population Division, Department of Economic and Social Affairs and United Nations Population Fund . [OurWorldinData.org/maternal-mortality](https://ourworldindata.org/maternal-mortality).

According to the World Health Organization (WHO), complications related to pregnancy and childbirth are the leading cause of death among girls aged 15-19 years worldwide. Due to their physical immaturity, adolescent mothers are at greater risk of life-threatening complications such as obstructed labour and obstetric fistula. Their children are also more likely to be born prematurely, with low birth weight or with neonatal health problems.

The consequences of early motherhood are not limited to health. UNICEF (2023) emphasises that early marriage often leads to the termination of a girl's education and the loss of her autonomy and economic opportunities. Girls are also often isolated from their peers, subjected to domestic violence and forced into lifelong dependency.

These observations are supported by evidence from the International Centre for Research on Women (ICRW). Jain and Kurz (2007) argue that early marriage is deeply embedded in social norms and economic insecurity, and stress the need for comprehensive, multi-sectoral approaches that include education, community mobilisation and economic incentives for families. More recently, organizations such as Girls Not Brides (2020) further highlight the social and cultural drivers of child marriage. This organization identifies poverty, insecurity, and lack of educational access as major risk factors and calls for localized, culturally sensitive solutions.

In its State of World Population 2013 report, the United Nations Population Fund (UNFPA) explores how adolescent pregnancy often reflects deep-seated gender inequalities (UNFPA, 2013). This in turn points to the need for structural change - changing the environment in which girls live, and the expectations placed on them - and the promotion of human and women's rights.

Collectively, these institutions and researchers converge on key conclusions: early marriage and early motherhood are driven by intersecting factors, including gender



discrimination, poverty and social norms. The consequences are far-reaching, affecting girls' health, education, autonomy and future prospects. Effective solutions must therefore be equally comprehensive - combining legal reform, education, access to health care, community engagement, and economic support.

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II. Framework on early marriage and early motherhood at a national level

II.1. Irish National Legal Framework

II. 1.1. About the concepts

Child marriage is legally not allowed in Ireland. From 1 January 2019, the legal age requirement for marriage is 18 years. It is no longer possible to get a Court Exemption Order allowing a marriage to proceed if one or both parties are under 18 years.² If at least one of the persons is under the age of 18 years shall not be valid in law which means that child marriage in practice is an illegal ceremony of marriage between persons under the age of 18.

Early marriage is not defined. However, forced marriage is foreseen in legal documents and it occurs when a person is pressured into a marriage they do not consent to or cannot consent to due to age or disability. A 'forced marriage' is not the same as an 'arranged marriage', where families take a leading role in choosing the marriage partner, however the marriage itself is freely entered into by both parties.

This concept of forced marriage is clearly defined and sanctioned by law. Domestic Violence Act 2018 criminalises the act of forcing someone to enter into a ceremony of marriage or removing a person from the country for such purposes. In addition, the Family Law Act, 1995, emphasizes that marriage must be based on free will and informed consent.

² The Courts Service of Ireland: www.courts.ie/marriage-exemption

II.1.2. Law and policy in Ireland

II.1.2.1. International Conventions and orientations

Ireland has adopted several international policies and implemented a national legislative framework in relation to early marriage and early motherhood.

The Convention on the Rights of the Child (CRC) entered into force in September 1990. Ireland ratified the Convention on 28 September 1992. In 2016, in its periodic report on the implementation of the CRC, the UN Committee on the Rights of the Child recommended that Ireland expedite the removal of all exemptions in the Family Law Act 1995 that allowed for marriage under the age of 18. As a result of this recommendation, from 1 January 2019 it is no longer possible to obtain a court exemption order allowing a marriage to take place if one or both parties are under the age of 18.

In 2002, Ireland also ratified an Optional Protocol to the Convention on the involvement of children in armed conflict.

Previously an Optional Protocol on a communications procedure came into effect on 24 December 2014. This Protocol allows individual children, or those acting on their behalf, to submit complaints about specific violations of their rights under the Convention and its first two Optional Protocols directly to the Committee on the Rights of the Child.

A decision by the Committee on a complaint is non-binding on a country. However, as a party to the UN Convention on the Rights of the Child, Ireland is answerable to the United Nations for its implementation of the Convention.

The Irish Human Rights and Equality Commission (IHREC) submitted its most recent periodic report to the Committee on the Rights of the Child in August 2022³. The UN Committee on the Rights of the Child published its Concluding Observations on the combined fifth and sixth periodic reports of Ireland on 7 February 2023.

The Istanbul Convention⁴ was ratified by Ireland (March 8, 2019) and signed on November 5, 2011. However, it is only on 1st July 2019 that it enters into force. The Istanbul Convention considers forced marriage a serious form of violence against women and girls and legally binds state parties to criminalise the intentional conduct of forcing an adult or child into a marriage.

Ireland has committed to ending child, early and forced marriage by 2030 in line with target 5.3 of the Sustainable Development Goals which aims to eliminate all harmful practices, such as early or forced marriages involving children, as well as female genital mutilation.

The country also co-sponsored several Human Rights Council resolutions: the 2013 procedural resolution on child, early and forced marriage; the 2015 resolution on child, early and forced marriage; the 2017 resolution on recognising the need to address child, early and forced marriage in humanitarian contexts; the 2019 resolution on the consequences of child marriage; the 2021 resolution on child, early and forced marriage in times of crisis, including the COVID-19 pandemic; and the 2023 resolution on ending and preventing forced marriage. In 2014, Ireland also signed a joint statement at the Human Rights Council calling for a resolution on child marriage.

³ With an Additional Submission to the Committee on the Rights of the Child submitted in December 2022.

⁴ Council of Europe, Ireland - Istanbul Convention Action against violence against women and domestic violence: <https://www.coe.int/en/web/istanbul-convention/ireland>



Ireland co-sponsored the 2013, 2014, 2016, 2018, 2020 and 2022 UN General Assembly resolutions on child, early and forced marriage.

Also acceded to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1985, which obligates states to ensure free and full consent to marriage.

In recent years Ireland has made gender equality a priority in its international development co-operation and foreign policy. Preventing and responding to all forms of gender-based violence (SDG 5.2) and harmful practices (SDG 5.3) are a core priority for Irish Aid (Ireland's overseas development programme), who provide funding for international NGOs working on child marriage, such as Plan International Ireland and ActionAid Ireland.⁵

⁵ Girls not Brides. Available at: <https://www.girlsnotbrides.org/learning-resources/child-marriage-atlas/regions-and-countries/ireland/>

II. 1.2.2. Irish National legislative framework

The Child Care Act 1991⁶ is the primary piece of Irish legislation regulating childcare (alternative care) and child protection policy. The 1991 Act is a wide-ranging piece of legislation, which, at its' core, seeks to promote the welfare of children who may not be receiving adequate care and protection, and it covers several main areas of this care and protection. However, early marriage and early motherhood are not mentioned as so.

Domestic Violence Bill 2017⁷, sponsored by the Minister for Justice and Equality, is the Act to consolidate the law on domestic violence. One of the objectives of this law is to consider forced marriage a criminal offence; to repeal provisions for exemption, in certain cases, from minimum age requirements for marriage.

In addition, the Domestic Violence Act 2018⁸, which came into force on 1 January 2019, criminalises the act of forcing someone to enter into a ceremony of marriage or removing a person from the country for such purposes. It includes several indicators that can indicate a situation of forced marriage.

Ireland Family Law Act 1995⁹ (amended to 2022) requires that people are over 18 before they can get married. The Family Law Act addresses early marriage by prohibiting marriage before the age of eighteen. This is the case even if either person lives in Ireland, but you marry outside of Ireland. Even if you are not ordinarily resident in the State, you must be over 18 years of age to marry someone in Ireland. There are no exceptions. The Act states that people must freely consent to marriage.

⁶ The Irish Statute Book: <https://www.irishstatutebook.ie/eli/1991/act/17/enacted/en/html>

⁷ Houses of the Oireachtas: <https://www.oireachtas.ie/en/bills/bill/2017/13/>

⁸ Domestic Violence Act 1998: <https://www.blueblindfold.ie/forced-marriage/>

⁹ Family Law Act 1995: <https://www.irishstatutebook.ie/eli/1995/act/26/enacted/en/print#sec32>

Also, the person who wants to marry must have the mental capacity to understand the nature of marriage and not be related by blood or marriage to a degree that legally prohibits you from marrying each other.

II.1.3. National policies and projects covering early marriage and early motherhood

Ireland has an Equality, Diversity and Inclusion Strategy 2024¹⁰ which recognises that “diversity and inclusion is for everyone”. However, there are certain groups that should be the focus of specific efforts to promote an inclusive environment. One of these groups mentioned in this strategy is Roma people but there is no specific reference to Roma women nor to early marriage and early motherhood that affects particularly women.

On the other hand, Irish Government has a National Traveller and Roma Inclusion Strategy 2024 - 2028 (NTRIS II)¹¹ which aims to create a safe, fair, and inclusive Ireland where both Travellers and Roma are supported to lead inclusive, healthy, and fulfilling lives. Its overarching objectives are focused on addressing the disadvantages, discrimination, and inequalities faced by these communities across various life domains such as health, education, employment, and accommodation. The specific high-level objectives include: Combatting racism and discrimination; Ensuring equal access to

¹⁰ Houses of the Oireachtas, Equality, Diversity and Inclusion Strategy 2024 - https://data.oireachtas.ie/ie/oireachtas/corporate/strategy/2024/2024-05-28_equality-diversity-and-inclusion-strategy-2024_en.pdf

¹¹ National Traveller and Roma Inclusion Strategy 2024 - 2028 (NTRIS II). Available at: <https://www.gov.ie/en/publication/834f1-national-traveller-and-roma-inclusion-strategy-ii-2024-2028/>

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education, employment, health, and housing; and Promoting equal participation across all societal sectors.

As mentioned above, the target groups of the NTRIS II are Travellers and Roma. Travellers are an indigenous minority ethnic group recognized in Ireland, with distinct cultural and social identities, officially acknowledged in 2017. The Roma, an ethnic group with origins in South Asia, have a long history of migration and are often marginalized across Europe, including in Ireland (Fraser, 1995). Both groups face systemic barriers related to housing, education, employment, and other key areas of social inclusion.

The Strategy specifically emphasizes Roma women, highlighting their unique needs, particularly in gender equality and access to services such as domestic violence support, health, and housing.

The Strategy is organised according to nine areas of intervention:

- i) Combating Racism and Discrimination – Promoting respect for Traveller and Roma cultures and providing cultural competence training across public services.
- ii) Children and Young People – Ensuring that children and youth from Traveller and Roma communities have access to education, welfare services, and are supported to lead healthy lives.
- iii) Gender Equality – Addressing the unique challenges faced by Roma and Traveller women in areas like gender-based violence, leadership participation, and service access.
- iv) Health and Wellbeing – Improving access to health services and supporting mental health initiatives for Travellers and Roma, particularly around issues like homelessness and suicide prevention.

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- v) Education – Fostering equal access to education, increasing retention rates, and ensuring that Traveller and Roma culture is included in curricula.
- vi) Employment and Enterprise – Addressing high unemployment rates and creating pathways to employment in both the public and private sectors, with an emphasis on Roma and Traveller women.
- vii) Accommodation – Ensuring appropriate housing and addressing homelessness among Travellers and Roma.
- viii) Culture, Heritage, and Identity – Promoting the cultural heritage of Travellers and Roma, including protection and recognition of their rights.
- ix) Participation, Empowerment, Cooperation, and Accountability – Ensuring that both Roma and Traveller communities are actively involved in policy discussions and the implementation of the Strategy.

The implementation of the NTRIS II will be monitored through quarterly public reporting, with a comprehensive annual report on progress. There will also be an annual forum for Traveller and Roma representatives to raise concerns, ensuring transparency and continuous engagement.

Ireland has also started implementing the Traveller and Roma Education Strategy (TRES) 2024-2030¹², with its goals developed in consultation with the TRES Advisory Group and incorporates the rights-based approach that has underpinned all work on the strategy. TRES focuses on improving educational outcomes for Traveller and Roma communities in Ireland. The strategy was published in 2024 and outlines key actions to address

¹² Traveller and Roma Education Strategy (TRES) 2024-2030. Available at:
<https://assets.gov.ie/299048/7b10169c-9c93-4353-8503-60fc4ae16a61.pdf>



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educational inequalities for these communities. This Strategy is directly tied to NTRIS II's objective of improving access to education for Roma and Traveller communities.

Besides the cultural inclusion - ensuring Traveller and Roma cultures are reflected in school curricula – TRES has two other key areas that can be related to the interests of the Roma Influencers project: access to education – aiming an increasing participation and completion rates for Roma and Traveller children; support structures - providing targeted support for students from these communities to address barriers they face, such as school absenteeism and lower educational outcomes.

This strategy includes several evaluation actions during the implementation process.

Currently there does not appear to be a specific, standalone initiative in Ireland that is exclusively dedicated to the prevention of early marriage and early motherhood. While there are some supportive programs, such as the Teen Parent Support Programme (TPSP), which focuses on helping young parents, the broader efforts to prevent these issues tend to be integrated into education, gender equality, and social inclusion policies, rather than being addressed through distinct prevention programs.

II. 2. What it is known about early marriage and early motherhood

II. 2.1. What figures are saying

According to the Population Division, Department of Economic and Social Affairs and United Nations Population in Ireland the adolescent birth rate, in 2021, for the group 15–19-year-olds was 4.41‰; 0.01‰ for the 10-14 age group.

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Also regarding early motherhood, according to the 2022 census, the Central Statistics Office¹³ reported that a total of 798 teenagers had babies in 2022 (699 in 2021). Of these, 19 were aged under 16 years.

Also, according to the Central Statistics Office, in Ireland in 2022, for the general population, 6.3% of all babies born were in the low-birth-weight category (weighing less than 2,500 grams)¹⁴ but it is not possible to establish a relationship between low birth weight and the mothers' (early) age.

Alongside the scarcity of statistical information on the phenomenon of early marriage and early motherhood, there is a lack of studies on these phenomena.

¹³ Central Statistics Office, Vital Statistics Yearly summary 2022. Available at:

<https://www.cso.ie/en/releasesandpublications/ep/p-vs/vitalstatisticsyearlysummary2022/>

¹⁴ Department of Department of Children, Equality, Disability, Integration, and Youth, State of the Nation's Children 2022. Available at:

<https://www.gov.ie/pdf/?file=https://assets.gov.ie/315204/75d69777-4598-4e5a-876b-5c170d44a43b.pdf#page=null>

II.3. Roma communities in Ireland

II.3.1. General characterisation of Roma communities

According to Census 2022, there are 16,059 Roma people usually resident and present in the state. Given a total population in Ireland of approximately 5 million usually resident in 2022, this group form a very small proportion of the total population – 0.3%. Census 2022 was the first to include Roma as a category of ethnic or cultural identification, so no direct comparison is possible. However, previous estimates of the Roma population in Ireland were considerably smaller. An estimated 4,000 – 5,000 Roma were living in Ireland in 2016, according to the National Roma Needs Assessment (2018).

Roma are much younger on average than the general population. The majority located in Dublin (6,144) and Cork (1,251); There are a smaller number of Roma living in each of the other 24 counties.

Still according to Census 2022, the overall majority of Roma living in Ireland perceived their health as good (86%), matching the same trend as the general population (88%) but also more likely to report their health as being bad or very bad (2.6% compared with 1.9% of general population). In terms of education, Roma are very disadvantaged compared with general population. Compared with the general population aged over 15 who have finished their education (34%), the percentage of Roma who have the third-level degree is 26%. Roma also have lower educational attainment than the general population.

The majority of the Roma population over the age of 15 years old are persons at work, accounting for 61% of the population in this age range. Just under 10% of the Roma population over the age of 15 look after the home/family. In terms of employability,

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according to Ipsos survey it was noted that 63% of those surveyed believe that identifying as a member of the Roma community would put a person at a disadvantage when being hired for a role. The Roma community was the second highest ethnic group (first was the Traveller community) that those surveyed believe would face disadvantage when being hired for a role.

The Roma population includes almost 5,000 families which were bigger on average than families in the general population: Around 40% of Roma families had no children; 20% had one child; 24% had two children; 10% had three children and 7% had four or more children. By comparison approximately 52% of families in the general population had no children; 18% had one child; 17% had two children; 8% had three children and 3% had four or more children.

II.3.2. Early marriage and early motherhood among Roma communities in Ireland

There are currently no specific studies exclusively addressing early pregnancy among Roma women in Ireland; however, related research provides valuable insights into the broader maternal healthcare experiences of Roma women. Drawing on five recent and relevant studies, the review highlights critical issues such as high birth rates, low antenatal service utilisation, mistrust of healthcare providers, and the role of cultural sensitivity in improving maternity care. Collaborative efforts between healthcare institutions and Roma community organisations have emerged as pivotal in addressing disparities and fostering trust. The findings contribute to an ongoing dialogue about the necessity for culturally inclusive healthcare policies and practices in Ireland.

A study conducted by the UCD IRIS Centre and other partners aims to develop a national suite of measures for the quality and safety of maternity and neonatal services, which will be included in the national surveillance system. In collaboration with Cairde, the study engaged Roma women to better understand their experiences with maternity services.

The key findings of this study are:

- **High birth rate and early pregnancy:** Roma women tend to marry young, often resulting in early pregnancies. Participants had their first child between ages 15 and 18, with families having between 2 and 6 children (UCD IRIS Centre et al., 2024).
- **Obstetric complications:** Roma women face a higher risk of complications during childbirth (UCD IRIS Centre et al., 2024).
- **Low utilisation of antenatal services:** Barriers such as mistrust of healthcare services, cultural differences, and lack of interpreters contribute to underutilisation of antenatal care (UCD IRIS Centre et al., 2024).
- **Mistrust of healthcare services:** Discrimination, cultural insensitivity, and financial barriers perpetuate mistrust, leading to delayed engagement with healthcare providers (UCD IRIS Centre et al., 2024).
- **Cultural sensitivity and community-led approaches:** Peer-supported initiatives and culturally tailored healthcare interventions were shown to improve Roma women's engagement with maternity services (UCD IRIS Centre et al., 2024).

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Finally, an academic scoping review by the University College Dublin and National Maternity Hospital provides a comprehensive analysis of the experiences and outcomes of Gypsy Roma, and Traveller (GRT) pregnant women, including those in Ireland. This study also mentioned the importance of racism and discrimination as barriers to accessing healthcare were common across GRT communities (University College Dublin and National Maternity Hospital, 2024). On the other hand, the issues of mental health and teenage pregnancy emerged as significant as well as complications such as the increased risks of congenital abnormalities, premature labour, and negative birth

¹⁶ Pavee Point Traveller and Roma Centre and Department of Justice and Equality (2018). *Roma in Ireland: A National Roma Needs Assessment*.

experiences were highlighted (University College Dublin and National Maternity Hospital, 2024).

Initiatives on health such as Supporting Roma Women During and After Pregnancy (2023)¹⁷ underscore the importance of community-led initiatives in improving health outcomes and reinforcing the trust-building measures (included the involvement of Roma representatives, culturally appropriate materials, and direct support services) and the improvement of healthcare access.

In conclusion it can be said that the reviewed studies underline the pressing need for culturally sensitive and inclusive healthcare services for Roma women in Ireland. High birth rates, early pregnancies, and systemic barriers to accessing healthcare remain significant challenges. Addressing these issues requires collaboration between healthcare providers, policymakers, and Roma community organisations.

¹⁷ HSE and Pavee Point (2023). *Roma Daja: Supporting Roma Women During and After*.

III. Listening Roma people – Field work research with Roma women on early marriage and early motherhood

In addition to the legal and policy framework of the subject, this national report also presents findings gathered directly from Roma women through interviews. The primary aim of these interviews was to gather insights that help describe and analyse the practice of early marriage and early motherhood within Roma communities as it is foreseen in the project. These conversations provided valuable perspectives on the consequences of these practices, considering the various dimensions of women's lives.

In general, according to the evaluation of all partners of the Project, the interview process was satisfactory/very satisfactory and went as expected. The tools used were also evaluated positively.

III.1. The Roma Influencers Network Research Methodology

In Ireland, the project conducted a total of 30 interviews with Roma women. The target group consisted of Roma women aged 18 and over who were either married and/or had children. In order to reach this number, purposive sampling was the main method used to select participants. In addition, snowball sampling was used in some cases, where interviewees were asked to suggest other Roma women who might be willing to participate.

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Efforts were made to include women from different communities and neighbourhoods to reflect a wide range of experiences and contexts. Cairde, as each project partner, used the most effective approach to identify and reach Roma women in their respective countries. Throughout the interview process, the principles of non-discrimination, privacy and anonymity were strictly adhered to. To create a more comfortable and trusting environment for the respondents, all interviews were conducted by women.

Before and during the interviews, participants were fully informed about the purpose of the interview, how the data would be used, and their rights—including the right to skip any question or to end the interview at any time. The time and/or location of each interview were arranged in advance in consultation with the respondent.

In Ireland, the interviews were carried out between December 2024 and February 2025.

III. 2. Characterisation of the participants in the interviews

As previously mentioned, a total of 30 interviews were conducted with Roma women in Ireland. Of these, 15 women (50%) were under the age of 30, with the majority falling within the 20–24 age range. Only one woman was in the youngest age bracket, under 20 years old (but older than 18 years old).

Focusing specifically on the group aged up to 29, 9 women (60%) were between 20 and 24 years of age, making this the most represented subgroup among younger participants.

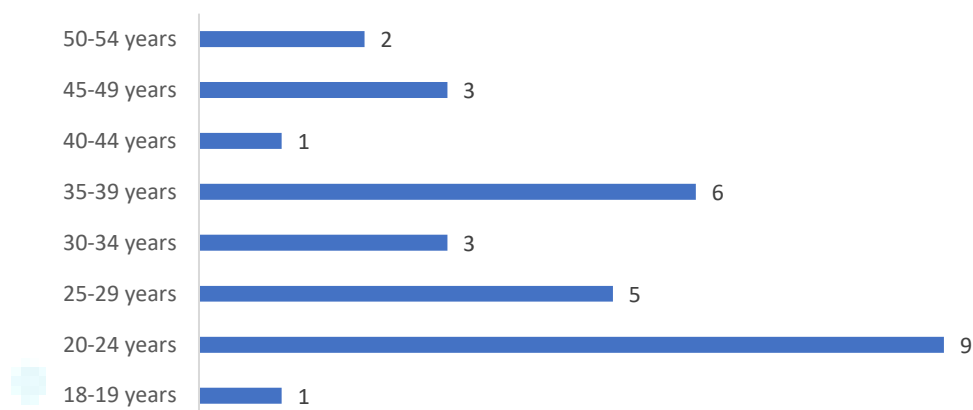
Among the women aged 30 and above, the most represented age group was 35–39 years. Notably, no interviews were conducted with women aged over 54.

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Figure 1 - Age group of the Roma women interviewed (Absolut numbers)



Regarding their living conditions:

- About half (16- 53%) of the interviewees live in urban areas and 13 (43%) in rural areas. In one situation there is no classification of the area.
- 15 women (50%) live in overcrowded housing and 2 women (6.7%) consider themselves to live in deprived housing and/or deprived areas and 2 referred houses in bad conditions. On the contrary 10 women (33.3%) considered themselves to live in houses with good conditions. In one case it was not possible to classify the house conditions.

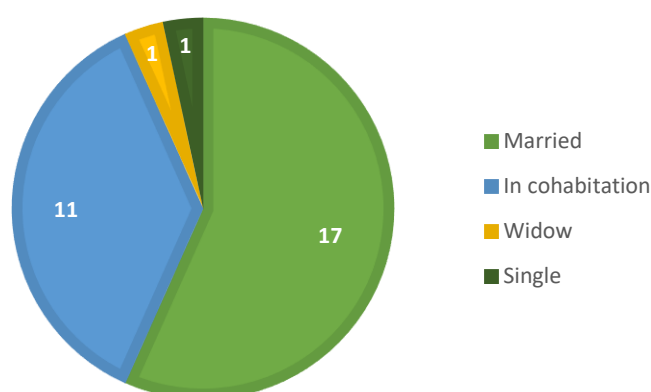
The majority of people (19 women – 63%) live in a social housing flat.¹⁸ Only 4 (13%) of the respondents reported living in a flat in similar conditions to those of the general population, in a rented or in their own home. It should be noted that a total of seven women live in temporary accommodation. Although it is not possible to confirm through the information gathered from the Roma women interviewed, based on background information, it is important to highlight that many of the women interviewed for this

¹⁸ These figures are based on responses from participants in this specific study and should not be taken as representative of the entire Roma population in Ireland.

report have experienced homelessness at some point in their lives in Ireland. This is also in line with Cairde's 2024 Annual Report, which states that over 70% of incoming calls to the National Roma Infoline were made by or on behalf of Roma individuals who were experiencing homelessness (Cairde, 2024).

The information collected on marital status shows the importance of marriage or living as a couple: only one woman is single. Of the others, 17 (57%) are married and 11 (37%) live with their partners. There is also one widow.

Figure 2 - Marital status of the Roma women interviewed (Absolut numbers)



The majority of women surveyed (23, or around 77%) live with their husband/partner only, with or without children. Three of them also share their homes with their parents-in-law; another three live on their own with their children.

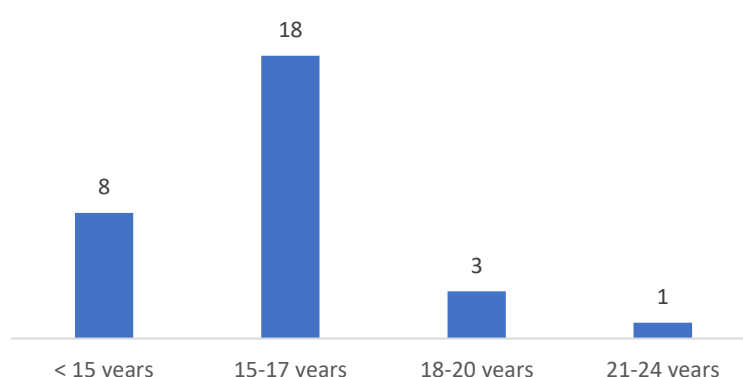
III. 3. What women say about (early) marriage¹⁹

¹⁹ Only responses from married (including widows) or in cohabitation women, i.e. 29, are included in this section.

All the married women mentioned that their husbands or partners were also of Roma origin and for most of them - 17 women (i.e. almost 60% of respondents) - family arrangements were the way to find a husband or partner. Six (21%) knew their partner/husband from childhood. The remaining seven mentioned: friends; social networks or being from the same community as the way they met their current husband/partner.

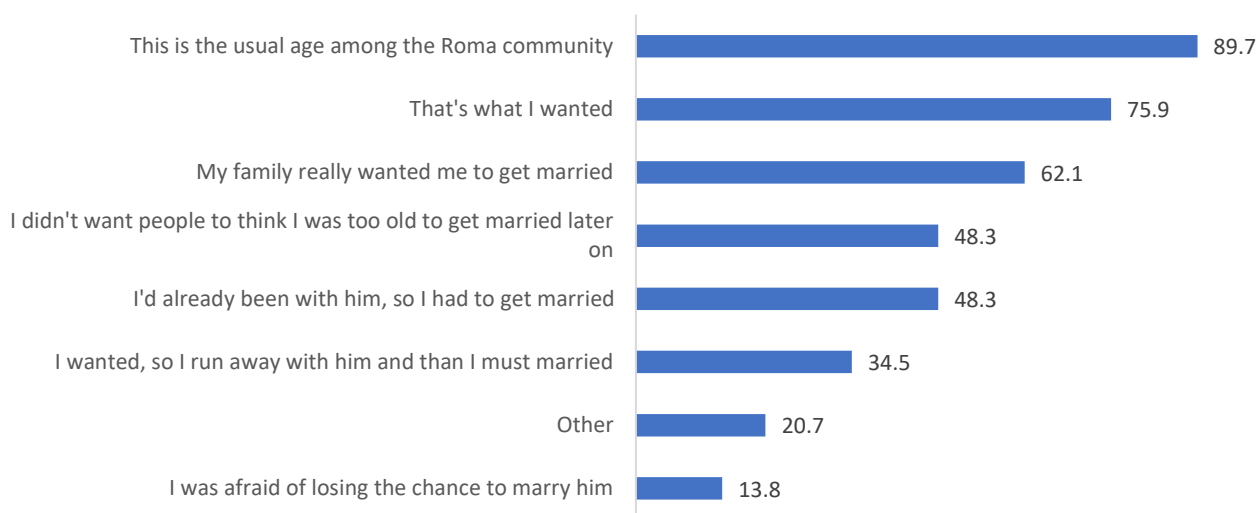
As the graph below shows, the vast majority of women in the survey had marriage at a very early stage in their lives. The most prevalent age group is the one between 15 to 17 years old. In fact, over 60% of women married when they were in this age group. In addition, 8 were married/came together before the age of 15, which means that the number of underage unions taking place before the legal minimum age for marriage, in Ireland, among the respondents is 26 (90%).

Figure 3 - Age of marriage/start of cohabitation (Absolut numbers)



According to the responses (see Figure 4), the most frequent reasons pointed out for marriage at such a young age are a combination of the fact that it is a common practice in Roma communities and the will of the women themselves, and their families, to marry. Of course, this will must be understood in a context in which one wishes to follow what is established as the norm and it turns to the reason pointed: *This is the usual age among the Roma community.*

Figure 4 - Reasons for marrying at this age (%)²⁰



However, 19 women said they would wait a little longer to get married - this response was most common among those who married before the age of 18. A total of 9 respondents said that they would still marry at the same age. Only one woman would choose to marry at a younger age.

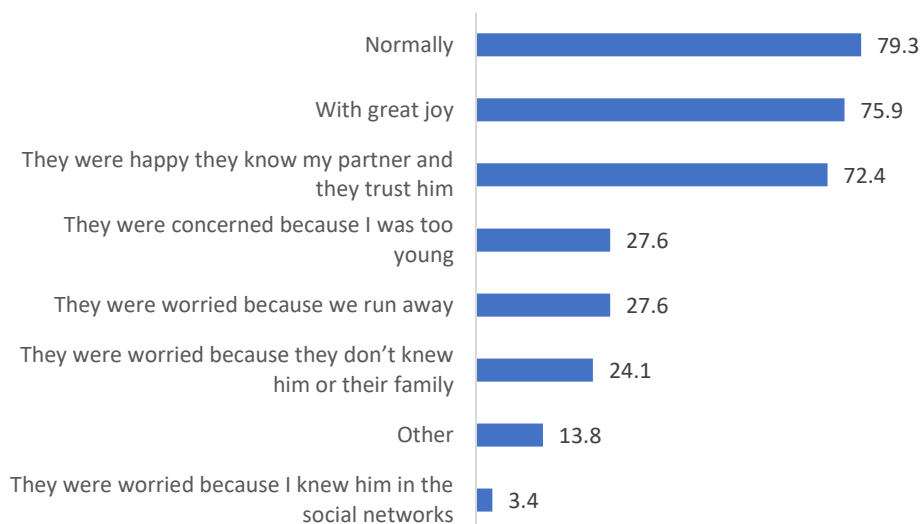
The importance of the event is reflected in the reactions of the family to the wedding, as reported by the women interviewed. The majority of the women reported that their family reacted with normality, but normality meant "great joy" and the happiness of knowing and trusting their future son-in-law.

Even when marriage took place at an age that is common in Roma communities, some respondents expressed that their families were concerned because they were too young. Another reason for concern is the existence of pre-marital relationships that have

²⁰ Multiple answers.

given way to running away and the fact that they do not know their daughters' future partners.

Figure 5 – Family reactions to marriage (%)²¹



Before marriage, 17 (58.6%) of the Roma women interviewed lived with their parents and looked after the family and home. A total of 12 (40%) were still at school.

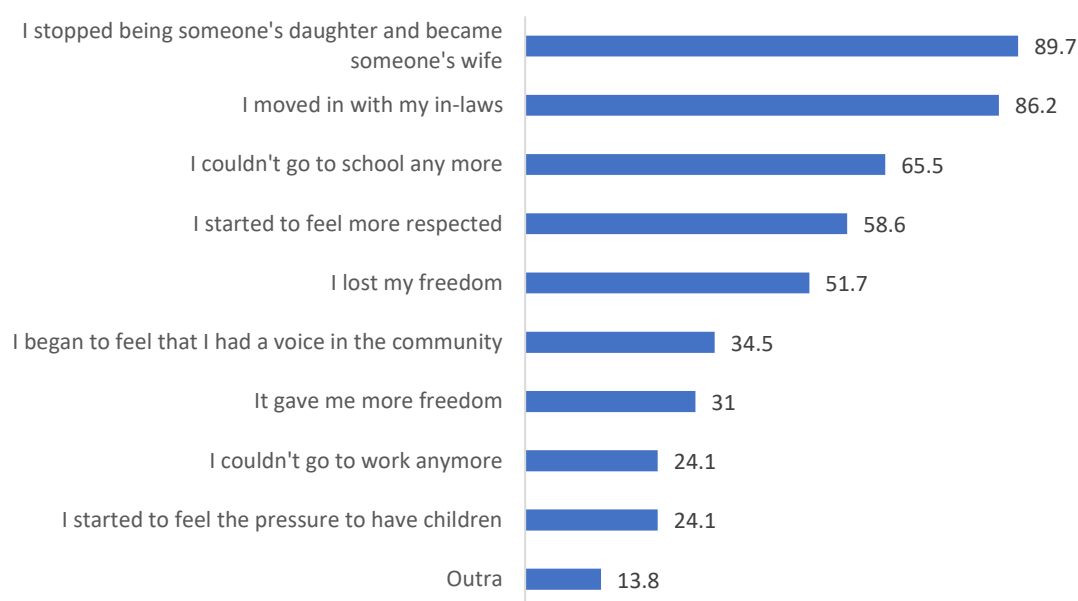
It is not surprising that all the women interviewed felt that their marriage had changed their lives. There are many reasons why these women saw their marriage as a turning point. The main reason given is related to the change in status: they became someone's wife and stopped being seen as someone's daughter (26 women - 89.7%). This perception may represent a change. However, the idea that within the Roma community, women are still often defined through their relationships to others — as daughters, wives, or mothers seems to persist.

²¹ Multiple answers.

On the other hand, this new status is not necessarily associated with independence, as some of them also say that marriage led them to live with their parents-in-law (25 women - 86.2%); to stop going to school (19 women - 65.5%); to lose their freedom (15 women - 51.7%); to stop going to work (7 women - 24.1%).

However, this issue is bound to be controversial, giving rise to feelings and perspectives that can be contradictory. Even in smaller percentages, there were women who identified an increase in their freedom (9 women - 31%) and in their recognition within the community (10 women - 34,5%) as a result of their marriage.

Figure 6 – Perceptions of changes in life after marriage (%)²²



²² Multiple answers.

III. 4. Motherhood

It is common knowledge among those working with Roma communities that motherhood plays a central and deeply respected role, serving as both a cultural cornerstone and a symbol of identity and continuity. In many Roma cultures, becoming a mother is seen as an important milestone, marking a woman's full participation in community life and reinforcing her status and influence within the family structure. Through motherhood, Roma women play a role not only in raising children, but also in preserving traditions and values across generations.

All women who responded to the project's questionnaire in Ireland (already) have children. A total of 19 women (63.3%) have four or more children. Looking at this group of 19 women: 13 have between four and five children and the remaining 6 have six or more children. This means that the average number of children is 4.1.²³

As mentioned above, most of these women married at a very young age and consequently entered motherhood at a very young age. The average age of these women when they have their first child is 17.4 years. It is important to put these figures into context by saying that in 2023, the average age of women giving birth to their first child in Ireland was 31.6 years which reflects a significant increase over the last two decades.²⁴

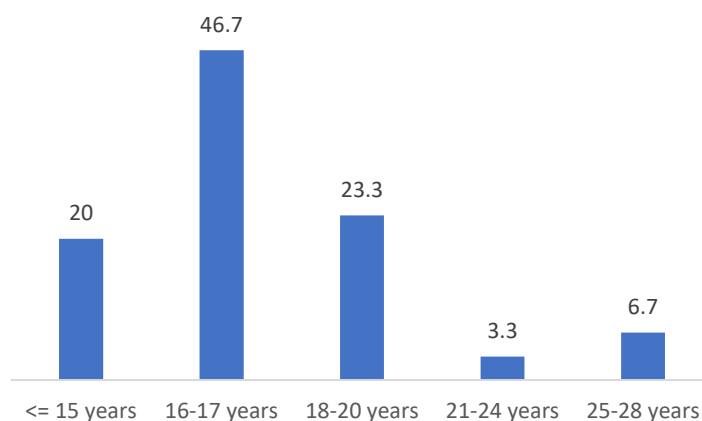
Presenting these results differently, as shown in the figure below, most first births took place when the women were under 18 years of age: 14 women (46.7%) were between

²³ It should be noted that Ireland has one of the highest fertility rates in the European Union. Even so, the average number of children per woman in Ireland in 2023 was 1.5, compared with 1.38 in the European Union.

²⁴ In 2003 the average age was 28.2 years.

16 and 17 years old; 6 women (20%) were up to 15 years old. This means that out of the group of 30 women surveyed, 20 had their first child when they were minors.

Figure 7 – Age of women at the birth of their first child (%)

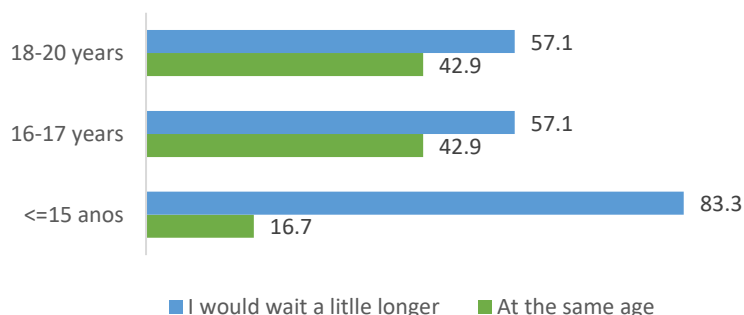


According to the responses, most of the pregnancies were unplanned (22 women – 73.3%). Only 8 respondents had planned their pregnancies.

Whether because they became mothers at a very young age or because it was not planned, more than half of the women said they would like to wait a little longer before having their first child. In fact, 18 (60%) of Roma respondents held this view. On the other hand, eleven said that they would have their children at the same age.

It is mainly young women under 15 who would prefer to wait a little longer before having children. In the other age groups, this view is still held by the majority of respondents, but to a lesser extent, as can be seen in the following graph.

Figure 8 – Age preference for first-time motherhood by age group of Roma women (%)



For those interviewees who prefer to wait a little longer, there are two main reasons for waiting. One is the desire to have a longer education, and the other is the feeling of not being ready to be a mother.

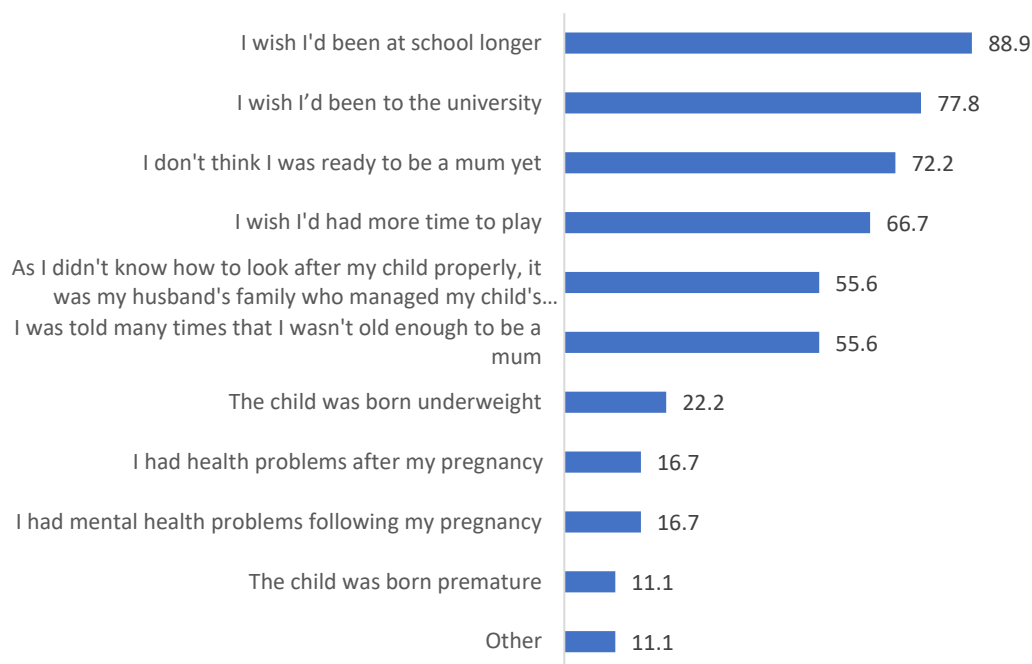
In fact, 16 women (88.9%) of the responses indicate a willingness to stay in school longer and 14 women (78%) wanted to go to university. There is also a feeling among 13 women (72.2%) that some women were not ready to be mothers at that particular age, which can be linked to the fact that *'I didn't know how to take care of my child properly, it was my husband's family who took care of my child's education'*. (56%).

It is important to note the percentage of women who said they would have liked more time to play (66.7% or 12 women). This indicates an interrupted childhood, which is well expressed in the sentence of one of the interviewees: *'Firstly, girls do not have a childhood. They learn how to take care of children before they learn to read or write. We have to stop treating girls as if they are parents. They should be able to enjoy their childhood, because they basically think that they will have more freedom when they get married.'* Roma Woman, 53 years.

There were also women who cited problems with their physical and/or mental health (3 women each) or the health of their children (2 children were born prematurely and/or

4 were born underweight) as reasons why they now think it would have been better for them to have become mothers later.

Figure 9 – Reasons for wanting to have children later in life (%)²⁵



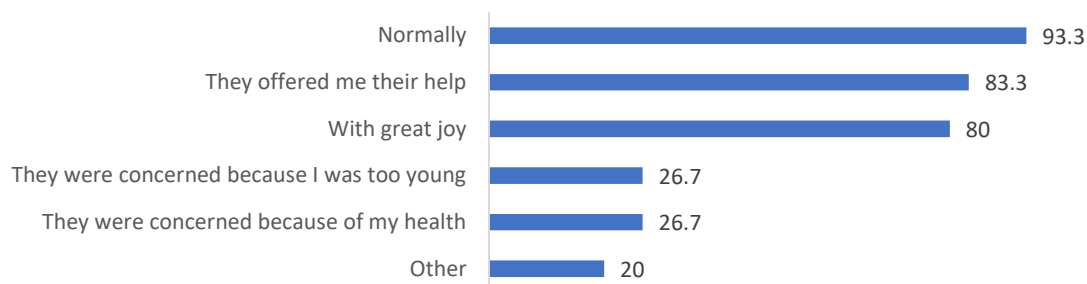
Traditionally, in Roma communities, the birth of a child is not just a private family affair, but a communal event that strengthens social bonds.²⁶ This perspective is reflected in the responses of the women, who most often express the family's great joy at the new birth (80% - 24 women) and the willingness to help the young mother (83% - 25 women). These two reasons are also considered normal by the majority of respondents.

Fewer women (8) felt that their family was worried about them because of their age and health.

²⁵ Multiple answers.

²⁶ See: Rozvitok Human Rights Foundation. (2017). *Romani Customs and Traditions: Birth*. Retrieved from <https://rozvitok.org/en/romani-customs-and-traditions-birth/>.

Figure 10 – Reaction of the family to the pregnancy (%)²⁷



The period following childbirth, known as the postpartum period, is a profound time of change for new mothers—physically, emotionally, and mentally. While it is filled with joy it also comes with challenges. Family support during this time is not just helpful; it is often essential for the well-being of both the mother and the baby.

In this sense, 24 women (80%) of the respondents had help after the birth. However, the answers to the question of who provided the most important help may be surprising, as the majority of respondents mentioned the male figure – the father of the child born as the main person who helped with childcare (21 women - 87.5%).

This kind of response could be a sign of a change in attitudes and beliefs where care work, and in particular childcare, is seen as almost exclusively the responsibility of women.

However, the extended family still plays an important role (15 women - 62.5%), as the in-laws' house became the couple's house after marriage. The mother of the new mother was also considered helpful by 14 women (58.3%).

It is also important to note that 6 of the respondents (20%) received no help after their childbirth.

²⁷ Multiple answers.

5. Became a mother - feelings changes

Roma women interviewed mentioned this. This new responsibility also brings (18 women mentioned it) and respect from their husbands' families (18 women) in their community (10 women).

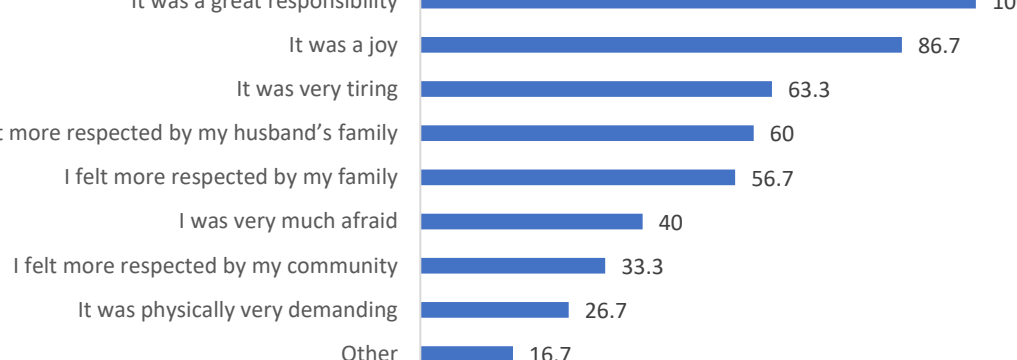
However, there is also an awareness that motherhood can be very stressful, demanding

exhausting. A total of 19 women (63.3%) admitted to feeling tired after becoming a mother and 12 women (40%) even mentioned that they were afraid of this new responsibility.

Figure 11 - What it was like to become a mother (%)²⁸

Category	Percentage (%)
It was a great responsibility	63.3
It was a great responsibility	40

Figure 11 - What it was like to become a mother (%)



Of the 30 Roma women interviewed expressed this view of change when asked a question about how their lives had changed after becoming mothers.

Multiple answers.

²⁸ Multiple answers.

According to the respondents, some of the changes that come with motherhood are particularly impactful for a new mother. A total of 27 (93%) responses from Roma women indicated that they no longer have time for themselves - this is the main impact felt by these women.

The baby became the centre of their lives and their priority and therefore some of them had to leave school (21 women - 72.4%); lost their freedom (18 women - 62.1%); were unable to work (11 women - 37.9%).

On a more positive note, 25 women (86.2%) said that the baby's arrival had improved their relationship with their husbands, and 15 (51.7%) said that the community's respect for them had increased.

Figure 12 – Changes in life after motherhood (%)²⁹



²⁹ Multiple answers.

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III. 6. The relevance of information

Becoming a mother does not necessarily mean having all the information needed to manage this event in the best possible way, considering the wellbeing of both mother and child.

Of the Roma women surveyed, 20 (66.7%) acknowledged that they did not have adequate information about pregnancy. But it seems more difficult the recognition that they did not have enough information to look after the newborn child: also 20 women considering having the adequate information on this specific subject.

In order to better understand this position, it should be borne in mind that some of these girls (who became women through marriage and motherhood) took care of their families before they had children. Roma communities value learning through life experience, and caregiving is something that is present in the lives of these women from a very early stage. A phrase from one of the interviewees illustrates this idea well: *'The education provided by the family is the most important thing, especially the relationship between mother and daughter. This problem can only be improved by starting with home education.'* Roma Woman, 36 years.

According to the European Perinatal Health Report 2015-2019, published by the Euro-Peristat³⁰ network, the majority of pregnant women in Europe have access to medical care during pregnancy. More than 90% of women have at least one antenatal appointment. The majority have 7 or more consultations during pregnancy, in line with World Health Organisation (WHO) recommendations and national guidelines. The first consultation usually takes place in the first trimester of pregnancy. For those women

³⁰ Euro-Peristat Project (2022). European Perinatal Health Report: Core indicators of the health and care of pregnant women and babies in Europe from 2015 to 2019. <https://www.europeristat.com/publications/european-perinatal-health-report-2015-2019/>

that did not attend antenatal appointments, it can cause problems for both the baby and the mother.

In relation to the Roma women interviewed only 16 of them (53.3%) had attend hospital/medical appointments before giving birth.

The reasons for not attending these appointments are most often related to difficulties in communication between patient and doctor, both in verbal expression (8 women – 57.1%) and in understanding (8 women – 57.1%) what is said. This led us to the need for culturally sensitive and inclusive health services for Roma women in Ireland raised in the first part of this report.

On the other hand, half of the women said they did not know how important this follow-up could be. Some women also said that they felt they did not need it or simply did not have anyone to explain the importance of these appointments.

Few, but particularly relevant to their importance seem to be those who said they were ashamed to go to the doctor (21.4%).

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Κλίμακα
Φορέας Ανάπτυξης Ανθρώπινου
& Κοινωνικού Κεφαλαίου
για την Αντιμετώπιση
του Κοινωνικού Αποκλεισμού



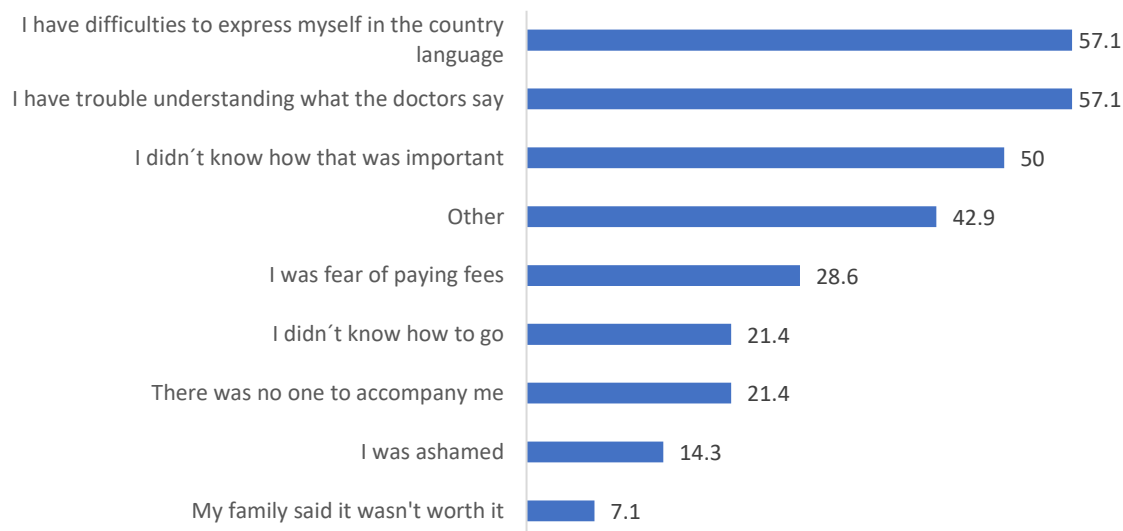
Cairde
Challenging ethnic minority health inequalities

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Figure 13 - Reasons for not attending hospital/medical appointments (%)³¹



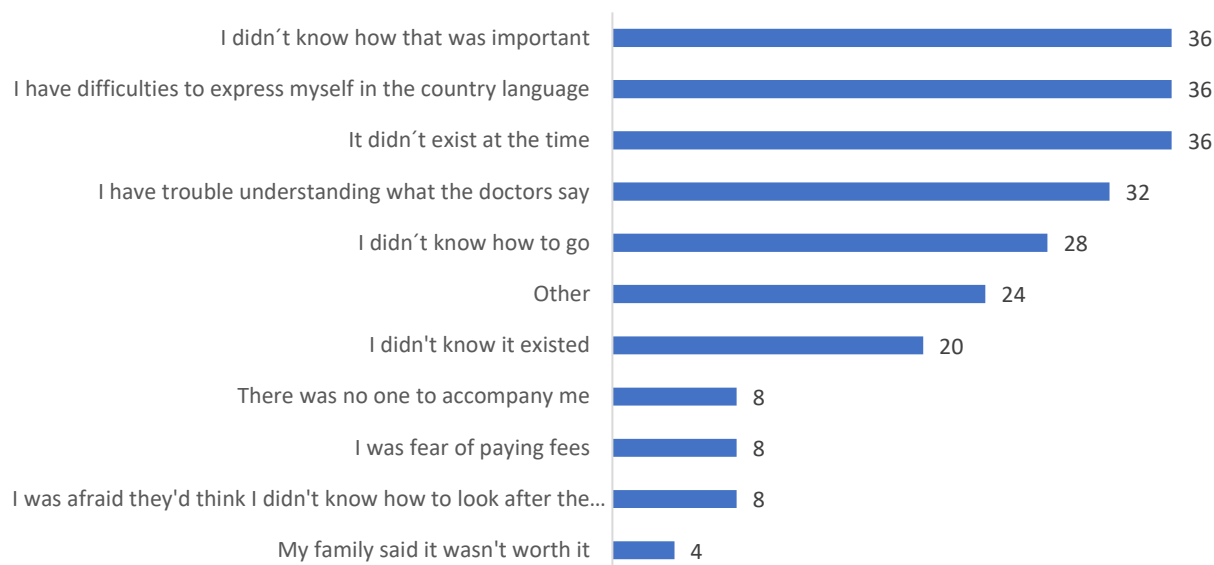
When taking antenatal classes into account, only one woman responded positively. The majority had not prepared for the birth: *'When I had my first child, I didn't know that existed.'* Roma Woman, 28 years; *'I was not offered that option.'* Roma Woman, 20 years. These results are in line with studies that had highlighted that Roma women tend to have fewer antenatal visits as mentioned before.³²

Once again, lack of awareness of the importance of these classes (9 women) and difficulties in communication between doctor and patient were the reasons for non-attendance (9 women). Also 9 women mentioned that this type of care did not exist before: *'In those days this kind of thing didn't exist.'* Roma Woman, 53 years.

³¹ Multiple answers.

³² For example: UCD IRIS Centre et al., 2024 and BMC Women's Health. (2015). *Standpoints of Roma women regarding reproductive health*.

Figure 14 - Reasons for not attending prenatal classes (%)³³



On the other hand, the majority (23) of these Roma women had heard about postnatal depression (76.7%) although they did not know anyone who had suffered from it (19 women – 82,6%).

When asked about their own situation, only two women felt that they were suffering from it, but none of them were getting help for it. The reasons given were that they did not want to get help; they did not understand what was happening to them, i.e. they did not recognise the symptoms and there was no talk, among family and friends, about this kind of problem.

³³ Multiple answers.

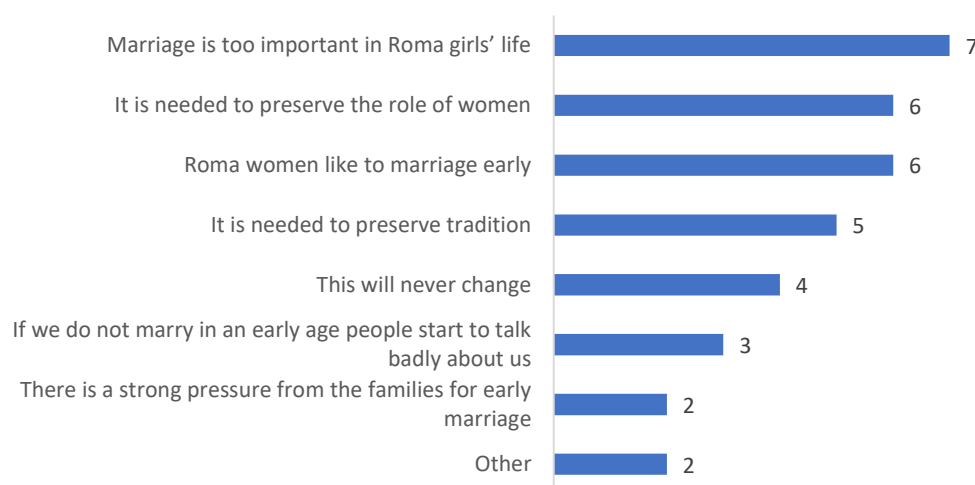
III. 7. Preventing early marriage and early motherhood

Given the importance of the issue of early marriage and motherhood and how it can affect the lives of young Roma women, not only physically but also in terms of their choices and futures, the opinions of respondents highlight the need for intervention.

In this sense, promoting some activities to reduce and/or prevent early marriage was considered important by a total of 23 (76.7%) respondents.

In contrast seven women do not agree with the opinion of that majority. They considered that marriage is too important in the life of the Roma girls, and it is needed to preserve tradition. They also pointed out that Roma women like to marry at an early age.

Figure 15 - Reasons for not promoting activities to reduce/prevent early marriage (Absolute numbers)³⁴



³⁴ Multiple answers.

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Of these women, only two are over 40. The rest are all young women, which means that opinions about the need to preserve traditions and not change beliefs are not exclusive to older women and is a sign of continuity.

However, with regard to early motherhood, there are more opinions (29 years old woman) defending the importance of promoting activities to reduce and/or prevent it.

When asked what activities could be undertaken to achieve this goal, many suggestions and opinions were expressed. It is quite clear that the promotion of education has a role to play in these suggestions, not only for girls but also for their families:

‘Continue studying so that when you have children you are prepared to offer them a good education and be able to offer them better opportunities.’ Roma Woman, 26 years.

‘Finish school, behave well and listen to parents.’ Roma Woman, 22 years.

‘Parents should stop being afraid of sending their girls to school, we have to prioritize education. We have to break the circle, and this will be achieved by first educating parents so that they do not repeat the circle, the world has changed, now we no longer have to be afraid we can have more opportunities and a better life. Everything bad in the world is fought with education, so we can fight better for our rights.’ Roma Woman, 53 years.

‘I think they should prioritize their studies and if there was anything they should teach their parents to change this tradition a little and stop believing in marriage at a young age because the world has evolved, and it is no longer the way it used to be in their time.’ Roma Woman, 34 years.

‘Wait to grow up and hope that in the future you have all the time in the world and finish school first.’ Roma Woman, 19 years.

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'The girls should stand up for themselves.' Roma Woman, 24 years.

'This does not depend on the girls; it depends on the parents and education in home.' Roma Woman, 38 years.

Also important can be more information on health: *'Girls need to understand that getting married, (...) and children doesn't mean you become a woman, you're still a girl. They need to learn to protect themselves, not only to prevent pregnancy but more importantly to protect themselves from sexually transmitted diseases, since men are freer and tend to do what they want. I know many Roma women who end up with diseases and have only been with one man in their life.'* Roma Woman, 20 years

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