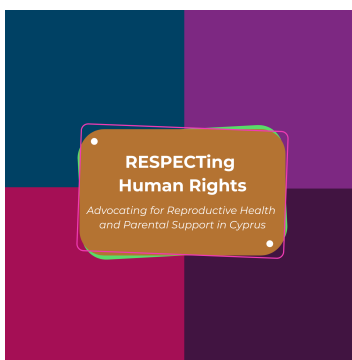


RESPECTing Human Rights – Advocating for Reproductive Health and Parental Support in Cyprus



National Snapshot Report: Respectful Maternity Care in Cyprus

Executive summary

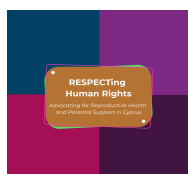
This National Snapshot Report presents key findings on the state of Respectful Maternity Care (RMC) in Cyprus, developed under the bicommunal initiative *RESPECTing Human Rights: Advocating for Reproductive Health and Parental Support in Cyprus*, jointly implemented by Birth Forward and KAYAD with funding support from PLACE.

Cyprus' unique socio-political division creates two distinct contexts for maternity care: the Republic of Cyprus (RoC), an EU Member State since 2004, and the northern part of Cyprus, outside the effective control of the RoC and the scope of the EU acquis. Despite these differences, parents across communities report strikingly similar experiences of disrespect, lack of informed consent, fragmented services, and inadequate postnatal support.



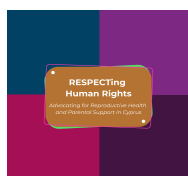
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1. Introduction

The island of Cyprus, situated at the geopolitical crossroads of Europe and the Middle East, presents a uniquely complex socio-political and legal context shaped by its protracted division. Following 1974, the island remains divided into two parts: the Republic of Cyprus (RoC), which has been a Member State of the European Union since 2004, and the northern part of Cyprus, which lies outside the effective control of the RoC and where the EU *acquis communautaire* does not apply.

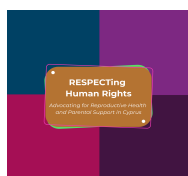
This National Snapshot Report is developed under the bicommunal initiative *“RESPECTing Human Rights: Advocating for Reproductive Health and Parental Support in Cyprus”*, jointly implemented by Birth Forward and KAYAD, with funding support from PLACE. The initiative seeks to consolidate evidence, elevate lived experiences, and foster coordinated advocacy for rights-based, inclusive, and equitable maternity care across the island’s divided communities.

The report offers a strategic, rights-informed overview of the state of Respectful Maternity Care (RMC) in Cyprus, with a focus on identifying legal, structural, and operational gaps in implementation. Particular attention is paid to vulnerable and marginalised populations, including migrants, asylum seekers, and non-Greek or non-Turkish speaking persons, who often experience disproportionate barriers to respectful and dignified care.

Within the scope of the project, each implementing organisation has undertaken stakeholder mapping, community engagement, and contextual analysis within its respective areas of work. Birth Forward has led efforts in the RoC, including policies targeting migrant and asylum-seeking populations residing within the Republic of Cyprus (advocacy meeting#1), as well as putting into social dialogue the fact that Turkish-Cypriots are not aware of the Patients’ Association (OSAK) which holds a watchdog mechanism for reporting (advocacy meeting#2). While KAYAD has spearheaded research and mapping activities in the northern part of Cyprus, covering Turkish-speaking communities and others residing in areas not under the effective control of the RoC.

This mapping is urgently needed to address the widening gap between internationally recognised rights in childbirth—including human dignity, informed consent, freedom from discrimination, and access to redress—and their uneven realisation in practice across the island. While the Republic of Cyprus has transposed key EU legal instruments (such as Directive 2011/24/EU on patients’ rights in cross-border healthcare and Directive 2010/41/EU on equal treatment in self-employment), these protections remain inconsistently applied in perinatal and reproductive health settings, especially for those on the socio-economic or legal margins.

The present contribution builds upon a multi-year trajectory of civil society-led engagement on these issues, informed by previous initiatives such as the RESPECT project (2020–2022), the RespectWATCH observatory (2023–2024), and now *RESPECTing Human Rights* (2025–2026). Rather than duplicating legal analysis already developed in earlier phases, this report aims to distil current stakeholder dynamics, policy leverage points, and concrete opportunities for



collaboration—ultimately informing future advocacy for the institutionalisation of respectful maternity care as a recognised human right on the island.

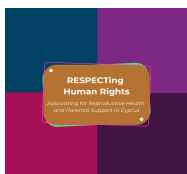
2. Background and Methodology

This report draws upon a multi-source, cross-project evidence base developed through more than three years of sustained civil society engagement and thematic monitoring in the field of **Respectful Maternity Care (RMC)** in Cyprus.

It reflects a continuum of efforts across previous and current initiatives—including *RESPECT*, *RespectWATCH*, *Mind the Mum*, and the ongoing *RESPECTing Human Rights* project—each of which has generated empirical insight into the lived experiences of women and birthing individuals, as well as the structural and systemic barriers that impede access to dignified, rights-based care.

The evidence base is drawn from a combination of qualitative and documentary sources, including:

- **Structured roundtables and national conferences** (2022–2025) that brought together healthcare professionals, community leaders, women’s rights advocates, and parents engaged in grassroots mobilisation for perinatal policy reform. These forums provided a platform for open dialogue, cross-disciplinary exchange, and collective problem-solving.
- **Informal consultations and bilateral meetings** with policy-makers, health institutions, and civil society actors, allowing both insider perspectives (institutional representatives, health administrators) and end-user voices (patients, parents) to inform the findings.
- **Internal documentation and participatory tools** produced in earlier initiatives (*RESPECT*, *RespectWATCH*, *Mind the Mum*), including surveys, needs assessments, case studies, and advocacy materials. These provide a comparative baseline and highlight recurring themes in women’s experiences.
- **Desk-based legal and policy analysis** reviewing national legislation, relevant EU directives, and international frameworks such as the WHO’s Respectful Maternity Care Charter, ILO Convention 183 on Maternity Protection, and the Universal Rights of Childbearing Women. This triangulation ensures alignment between lived realities and legal obligations.
- **Official minutes and keypoints from stakeholder meetings** convened under *RESPECTing Human Rights: Advocating for Reproductive Health and Parental Support in Cyprus*, documenting the scope of stakeholder participation and emerging consensus on priority reforms.
- **Bicommunal dialogue platforms and awareness campaigns**, including participation in island-wide working groups, advocacy coalitions, and initiatives such as *Break the Silence* and *RESPECT*, which have created a unique space for cooperation across communities.



The research design prioritises **experiential, participatory, and rights-based inquiry**. It examines how stakeholders—medical professionals, policy-makers, and community-based actors—

conceptualise respectful care, how power and information are exercised in healthcare settings, and the extent to which accountability mechanisms function in practice. Particular attention is given to the intersection of gender, migration status, disability, and socio-economic marginalisation, acknowledging the heightened risks of mistreatment faced by migrant and asylum-seeking women, as well as the systemic invisibility of non-Cypriot birthing people.

The methodology is deliberately **advocacy-oriented**, seeking not only to map deficiencies but to generate actionable intelligence for reform. The methodology places strong emphasis on identifying leverage points for policy influence and professional engagement, with the aim of clarifying where meaningful change is most feasible in the short to medium term. This allows advocacy efforts to remain both strategic and realistic.

At the same time, the research maps receptive institutional and professional actors who can serve as allies in advancing respectful maternity care within healthcare systems. By doing so, the project builds a clear picture of potential champions and the networks through which reform can be pursued. A further focus lies in locating opportunities for cross-sector and bicommunal collaboration, thereby reinforcing synergies between civil society, professional associations, and academia. These partnerships are vital to ensuring that advocacy has both breadth and legitimacy across diverse constituencies. The methodology also seeks to integrate rights-based tools and frameworks into both formal healthcare protocols and the everyday practices of maternity and reproductive care providers. This ensures that the principles of dignity, autonomy, and informed consent move beyond theory into practice.

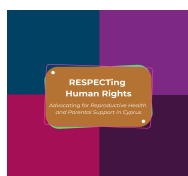
Finally, the approach strengthens advocacy narratives by grounding them in lived experiences. Calls for reform are anchored in women's voices and realities, rather than being expressed only in legal or technical terms, thereby giving advocacy both authenticity and resonance. Taken together, this section establishes the evidentiary and methodological foundation for the advocacy, policy development, and capacity-building activities envisaged in the forthcoming stages of implementation.

3. Key Observations on Respectful Maternity Care in Cyprus

International organisations such as the World Health Organisation (WHO), the White Ribbon Alliance, and the International Confederation of Midwives (ICM) have consistently affirmed that maternity care must be grounded in human rights, with a particular emphasis on informed consent and bodily autonomy. Respectful Maternity Care (RMC) provides a normative framework for this approach, centering dignity, agency, and shared decision-making between providers and service users. It demands the elimination of practices that constitute mistreatment or coercion, and aligns maternity services with the wider human rights architecture.

Despite these global commitments, maternity care in Cyprus continues to show striking disparities. Differences in the organisation and delivery of services mean that some women face





delayed or inadequate access to care, whether due to geographic distance, cost, or systemic inefficiencies. Moreover, the quality of care is uneven, with some parents receiving evidence-based and supportive services, while others encounter preventable complications and negative outcomes. These variations underscore the need for reform that is both structural and rights-based: one that standardises care, ensures equity, and guarantees the protection of fundamental rights in childbirth. Human rights violations in maternity settings take many forms: non-consensual procedures, denial of pain relief, verbal abuse, lack of privacy, or outright neglect. Collectively, these practices are increasingly recognised under the concept of Obstetric Violence (OBV). While often normalised as “medical necessity” or “routine practice,” they directly undermine women’s autonomy and dignity.

3.1 Legal Protections Exist—But Implementation in Maternity Care Remains Uneven

The RoC possesses a solid legal framework that, on paper, protects the rights of all patients, including those receiving maternity care. Core constitutional provisions safeguard the right to life (Art. 7), dignity (Art. 8), liberty (Art. 11), and equality before the law (Art. 28). In addition, Law 1(I)/2005 on the Protection of Patients’ Rights enshrines key principles relevant to Respectful Maternity Care (RMC), such as informed consent (Art. 10), the right to dignified and culturally sensitive care (Art. 4), and access to redress mechanisms (Arts. 22–23).

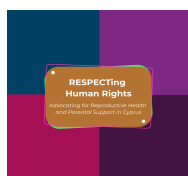
However, despite these formal protections, the practical enforcement of rights in childbirth settings remains inconsistent. While informed consent is a legal requirement, its application during labour is often inadequate or circumstantial, particularly in fast-paced or hierarchical clinical environments. The right to companionship during birth, recognised as a critical aspect of respectful care, is not explicitly guaranteed in national law, leading to variations across facilities. Furthermore, marginalised groups—including migrant and asylum-seeking women—face systemic barriers to accessing these legal entitlements in practice.

In sum, while the legal infrastructure for RMC exists in Cyprus, the lack of maternity-specific enforcement protocols, monitoring mechanisms, and accountability pathways continues to undermine its realisation at the point of care.

3.2. Absence of Common Decision Making and Structural Exclusion of User Voices

Although the legislation in the RoC recognises the principles of informed consent and patient autonomy, these rights are often applied in a procedural rather than participatory manner. In clinical settings, decision-making during pregnancy and childbirth remains largely provider-led, with minimal integration of shared or common decision-making (CDM) processes. This structural deficiency affects all patient groups—not only migrants and asylum seekers, but also Greek-speaking Cypriot women and birthing individuals within the Republic of Cyprus.

The prevailing model of care in both public and private maternity settings is highly medicalised, with decisions around interventions—such as induction, caesarean section, or episiotomy—frequently made without genuine dialogue, collaborative planning, or adequate time for reflection. While the legal framework mandates that patients be informed (Law 1(I)/2005, Art. 10), it stops short of requiring a two-way, values-based conversation about care options, risks, or



preferences. This results in widespread normalisation of non-consensual practices and a culture of deference to clinical authority.

Moreover, policy formation processes in reproductive healthcare seldom incorporate the voices of service users—especially those of diverse socio-economic or cultural backgrounds. Formal mechanisms for user participation in health governance are limited or underutilised, and parental feedback is often treated as anecdotal rather than a structured input for reform.

This exclusion is compounded for marginalised communities, whose experiences of maternity care are often shaped by language barriers, legal insecurity, and unfamiliarity with healthcare entitlements. However, the gap in participatory care models is not limited to these groups. Interviews and advocacy dialogues held as part of the RESPECTING Human Rights initiative consistently highlight a system-wide absence of CDM practices, even for native-born, Greek-speaking patients.

Closing this gap requires not only legal reform, but also a paradigm shift toward inclusive, user-centred healthcare culture—one that positions birthing people as active participants in their care, rather than passive recipients of clinical decisions.

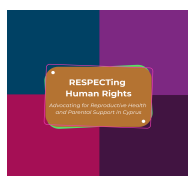
3.3 Fragmented Service Provision and Lack of Interdisciplinary Coordination

Maternity and reproductive healthcare in Cyprus is characterised by significant fragmentation—both across disciplines and between service levels. Clinical pathways for perinatal care are siloed, with obstetricians, midwives, general practitioners, mental health professionals, and social workers operating in parallel rather than within a coordinated, interdisciplinary framework. This fragmentation results in disjointed experiences of care, duplication of effort, and significant gaps in the continuum of support—especially around vulnerable transitions such as childbirth, postpartum recovery, and pregnancy loss.

There is no established mechanism to ensure continuity of care between hospital-based services and community-based or psychosocial support systems. Women who experience reproductive trauma—such as stillbirth, miscarriage, or termination (IVG)—are rarely referred to clinical psychologists or grief counsellors, despite the existence of such professionals within the General Health System (GeSY). In most cases, emotional and psychological aftermaths are treated as private matters rather than legitimate health concerns, leaving individuals to navigate grief and complex decision-making without institutional support.

The absence of trauma-informed and loss-responsive care is compounded by a lack of formalised communication channels between providers. While midwives, gynaecologists, and general practitioners all interact with women during the perinatal period, there is no shared care protocol or integrated referral system that addresses the multifaceted nature of reproductive health—one that includes not only physical but also emotional, relational, and cultural dimensions.

Furthermore, critical support services—such as clinical social work, interpretation for non-Greek speakers, or parenting education—are inconsistently available and largely dependent on



individual initiative or NGO interventions. The healthcare system lacks a coherent approach to case management or personalised care plans, particularly for women from vulnerable groups, including survivors of violence, migrants, or persons with disabilities.

Efforts to implement Respectful Maternity Care (RMC) must therefore prioritise the establishment of interdisciplinary, rights-based protocols that promote seamless referrals, shared decision-making, and recognition of perinatal mental health as an essential component of quality care. Addressing loss, grief, and trauma through systematic and dignified pathways should not be viewed as optional, but as a fundamental obligation of a responsive and equitable healthcare system.

3.4 Unequal Access and Barriers for Vulnerable Populations

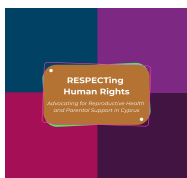
Despite formal protections in law, meaningful access to Respectful Maternity Care (RMC) in Cyprus remains deeply unequal. Marginalised groups—including migrant women, asylum seekers, survivors of gender-based violence, and persons with disabilities—face persistent and often invisible barriers to dignified, informed, and equitable care.

One of the most acute gaps concerns women and birthing individuals who have survived Female Genital Mutilation (FGM). While the practice is criminalised under Cypriot law and national strategies recognise the need for prevention, there is currently no provision of medical defibulation services within the public health system. Survivors must live with the daily physical and psychological consequences of FGM—pain during menstruation, difficulty urinating, severe complications in childbirth—without access to the specialised care needed to restore bodily integrity. These individuals remain invisible to the healthcare system, suffering in silence even during life-altering reproductive events.

Equally concerning are the barriers faced by women and pregnant people with disabilities. There is a systemic absence of disability-inclusive care pathways in both public and private settings. Persons who require wheelchair access frequently encounter architectural inaccessibility in maternity clinics and hospitals, while those who are blind or have low vision have no access to information in Braille or audio formats regarding pregnancy, childbirth options, or postnatal care. Deaf and hard-of-hearing individuals also lack consistent interpretation services in clinical settings, resulting in compromised autonomy and informed consent.

Language barriers and legal uncertainty further undermine access for migrant and asylum-seeking women. Interpretation services are irregular or non-existent, and written materials on rights, procedures, and postnatal entitlements are rarely available in languages other than Greek or English. Women may be unaware of their right to a birth companion, to refuse interventions, or to seek redress when their dignity is violated. This creates a dual standard of care in which marginalised women receive suboptimal services—not due to medical necessity, but because of institutional inertia and a lack of inclusive infrastructure.

These inequities are further compounded for women with chronic health conditions such as Multiple Sclerosis, Crohn's disease, endometriosis, or diabetes. The interplay between complex medical needs and reproductive health is poorly understood and insufficiently coordinated in



practice. Rather than being offered tailored, multidisciplinary support, these women often find their care fragmented and their experiences dismissed. Referrals to specialists—such as clinical psychologists, urologists, or pain management experts—are rarely initiated, even in cases involving pregnancy loss, termination, or postpartum mental health challenges. This signals not only a failure of care continuity but also a profound disregard for the intersectional realities of those who navigate pregnancy while managing chronic illness.

While isolated efforts by NGOs and individual practitioners have attempted to bridge some of these gaps, the absence of a systemic response perpetuates cycles of exclusion. Addressing this issue requires more than symbolic recognition—it demands a structural shift towards universal design, cultural competence, and intersectional health equity as cornerstones of reproductive care policy and practice.

3.5. Civil Society as the De Facto Driver of RMC: Fragile Advocacy Ecosystem, Systemic Dependence

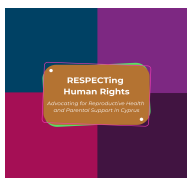
While the advancement of Respectful Maternity Care (RMC) in Cyprus has been marked by pockets of innovation, training, and awareness-raising, these efforts have overwhelmingly been driven by a small cohort of civil society organisations operating with limited and often short-term funding. Rather than reflecting a robust ecosystem of institutional stakeholder mobilisation, the current landscape is one of **NGO-driven substitution** for what ought to be **state-led** commitments to maternal health, patient rights, and gender equality.

Organisations such as Birth Forward, SPAVO, and MIGS have developed rights-based educational tools, launched campaigns, and directly supported vulnerable populations, including migrant women, survivors of gender-based violence, and parents in crisis. Projects such as **RespectWATCH**, **Mind the Mum**, and **Baby Buddy Forward** have introduced innovative methodologies, including digital rights-awareness platforms, participatory training curricula, and data-driven advocacy instruments aligned with international standards.

However, these contributions have largely been funded by European programmes (e.g. CERV, REC) or private foundations—without long-term sustainability, integration into public services, or formal recognition by national institutions. Despite repeated invitations and formal submissions, there remains a reluctance by state actors to systematically incorporate civil society knowledge, tools, or data into official policy planning. The result is an advocacy ecosystem that is **vibrant but vulnerable, resourceful but overextended**, and ultimately **under-recognised** in shaping the country's reproductive health agenda.

This model is neither sustainable nor equitable. Civil society cannot continue to operate as the informal safety net for structural failures in healthcare delivery, nor should it be expected to shoulder the responsibility for legal literacy, service navigation, or trauma recovery in the absence of state-provided infrastructure.

If Cyprus is to move toward a rights-respecting maternity care model, this **asymmetry must be acknowledged and redressed**. Strategic investment in civil society, co-governance mechanisms,



and formal inclusion in healthcare standard-setting processes are not optional—they are prerequisites for building an accountable and equitable system.

3.6 Shared Realities, Missed Opportunities: Towards Cross-Communal and Cross-Sectoral Collaboration

Despite the geopolitical and administrative fragmentation of the island, the challenges faced by parents in accessing respectful, rights-based maternity care are strikingly similar across all communities in Cyprus. Whether Greek-speaking, Turkish-speaking, Latin, Maronite, or from migrant and asylum-seeking populations, birthing individuals report common experiences: lack of informed consent, fragmented care pathways, psychological distress, and inadequate postnatal support. These are not isolated or community-specific failures—they are systemic and island-wide.

The absence of a national framework on Respectful Maternity Care (RMC) represents not only a policy vacuum but also a **missed opportunity for coordinated, cross-communal advocacy** grounded in shared lived experience. Parents, regardless of language, ethnicity, or legal status, are navigating **similar bureaucratic, medical, and cultural barriers** to equitable care—often in silence and isolation. This convergence of experience creates fertile ground for **collaborative engagement**, mutual learning, and collective demands for structural reform.

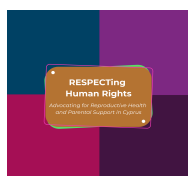
Support groups led by civil society, such as Birth Forward's **Parents' Consulting Group**, offer a promising model for inclusive and participatory dialogue that transcends communal boundaries. These platforms can and should be intentionally expanded to incorporate voices from the Turkish-speaking community, Latin and Maronite populations, and broader migrant communities who also reside and give birth in Cyprus. The lived expertise of these parents is a critical but underutilised resource in shaping culturally competent and rights-aligned maternal health policy.

The bicommunal nature of the current **RESPECTing Human Rights** initiative provides a rare and valuable entry point to institutionalise such collaboration. Rather than treating RMC as a technical issue confined to the healthcare sector, this approach recognises it as a **societal and civic matter**—one that requires inclusive processes, plural narratives, and co-developed solutions across the island.

Harnessing this momentum will require active political will, resource allocation, and mechanisms for sustained engagement. But the potential gains—in solidarity, systemic understanding, and transformative policy change—are substantial and long overdue.

4. Stakeholder Landscape

The support system for respectful maternity care in Cyprus is shaped by a web of institutional, professional, and community-based actors, operating within two distinct socio-political contexts. Despite differences in formal structures between the Republic of Cyprus and the northern part of the island, common challenges emerge: fragmented accountability, limited awareness of rights, and insufficient mechanisms for redress.



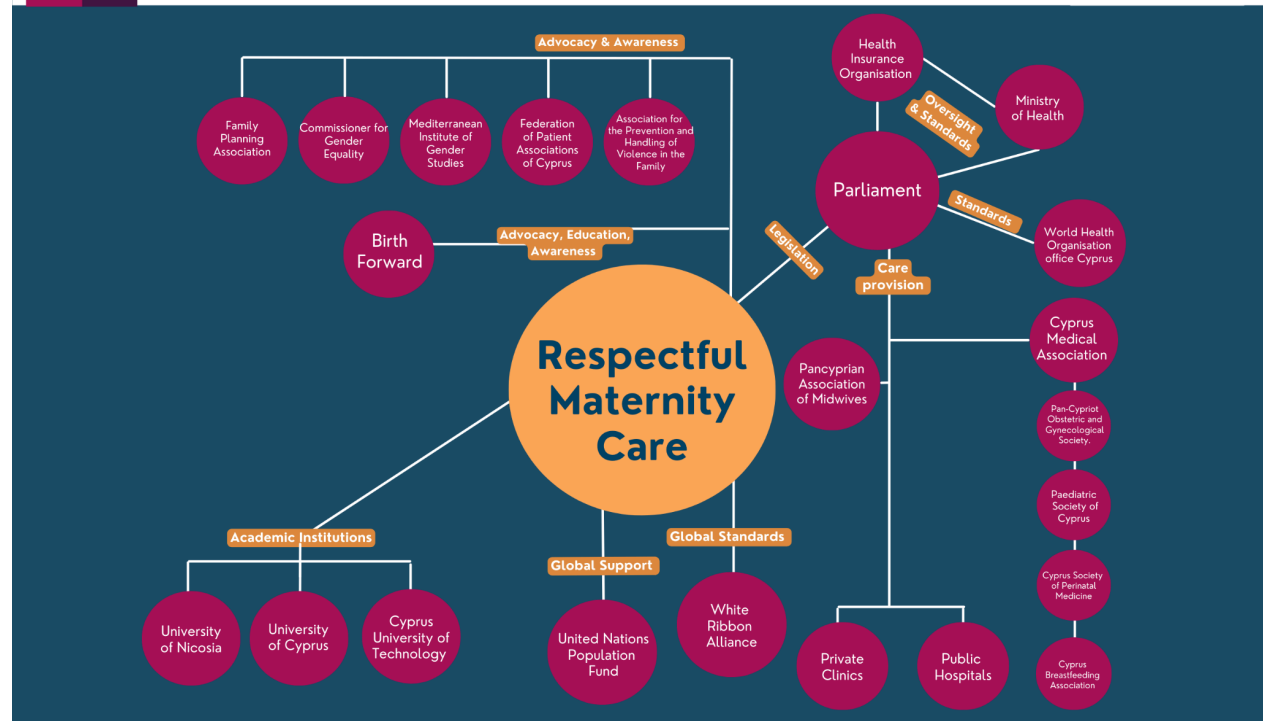
A recent study (Hadjigeorgiou et al.) surveying 360 mothers found that nearly one in four described their experience of childbirth as “bad,” with a further 13.3% reporting it as “very bad.” The most significant factors shaping whether an experience was positive or negative were the degree of respectful treatment, the extent of communication and information provided, and the presence or absence of coercive interventions.

These findings echo evidence presented at the European Parliament Intergroup on Maternal Health (2024), which documented systemic mistreatment and obstetric violence across several Member States, including Croatia and Italy. This demonstrates that Cyprus’ challenges are part of a broader EU-wide implementation gap between rights on paper and rights in practice.

Republic of Cyprus (RoC)

Within the Republic, maternity care is situated at the intersection of state health services, professional associations, and civil society advocacy. The Ministry of Health and public hospitals remain the primary duty-bearers, while midwives and obstetricians constitute the professional frontline. Yet, oversight mechanisms are weak, particularly regarding informed consent and the prevention of obstetric violence. Professional councils, while formally mandated to regulate practice, often fall short in investigating or sanctioning violations, which creates the gap in *law in books vs law in action*.

Civil society fills part of this gap, with organisations such as Birth Forward providing direct support, awareness-raising, and advocacy. Legal actors, including the Cyprus Bar Association and individual practitioners, are slowly beginning to engage with reproductive rights as Charter-based claims, but systemic use of litigation remains limited. Academic institutions, notably the Technological University of Cyprus, as well as the University of Cyprus, contribute by linking medical and legal analysis to rights-based frameworks. This interplay illustrates both the promise and the limitations of the RoC system: the legal scaffolding is strong on paper, but its enforcement in perinatal settings remains fragile.



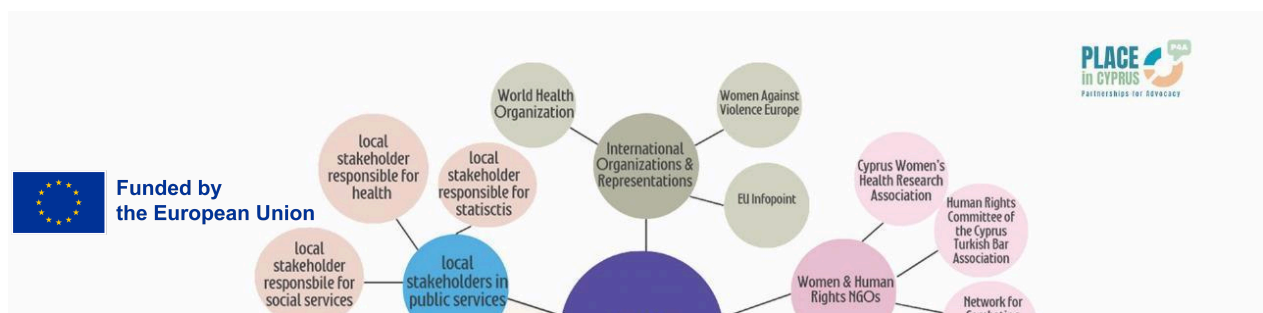
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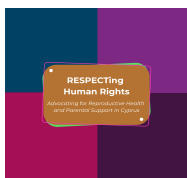


Turkish Cypriot Community

In the northern part of the island, maternity care is provided through a set of *local bodies* and professional actors that operate outside the effective control of the Republic of Cyprus. Obstetricians, midwives, and private clinics dominate the provision of services, often with limited external oversight. Professional associations exist, but their regulatory powers are informal and inconsistently applied.

Civil society organisations, such as KAYAD, play a crucial role in filling structural gaps, offering psycho-social support and advocacy, while also documenting violations that would otherwise remain invisible. Importantly, community-based networks act as informal support systems for women navigating MAR/IVF and maternity care, compensating for the absence of institutional safeguards. As in the Republic, the voices of women and parents themselves remain the strongest drivers of accountability, pushing for cultural change in a context where formal





accountability remains underdeveloped.

Cross-cutting observations

Across both contexts, the most significant resource for advancing respectful maternity care lies in civil society and grassroots mobilisation. The Charter of Fundamental Rights, together with international frameworks such as the WHO's RMC guidelines, provides a common language to bridge fragmented systems. Feminist legal analysis highlights how rights that are “in the books” fail to materialise “in action” due to entrenched hierarchies in medicine and gendered power relations in healthcare.

Therefore, the support system around respectful maternity care cannot be reduced to ministries, hospitals, or professional councils alone. It must also account for parents' groups, NGOs, legal practitioners, and academic allies who collectively form the ecosystem of accountability. Only through this broader, rights-informed network can structural change be sustained.

5. Recommendations and advocacy entry points

The current bicommunal initiative, *“RESPECTing Human Rights: Advocating for Reproductive Health and Parental Support in Cyprus”*, offers a timely and strategic platform to catalyse institutional change. By fostering stakeholder dialogue, strengthening cross-community collaboration, and foregrounding the lived experiences of women and birthing people, this project aims to shape a rights-based, inclusive, and dignity-driven vision for maternal health on the island.

We remain committed to advancing this work in close partnership with all relevant actors—health professionals, civil society, academic institutions, and decision-makers—toward a shared goal: that every person giving birth in Cyprus experiences safety, dignity, and respect.