

International Reproductive Health Perspective: Hungary

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Hungary is notorious for contemporary conservative policies outlining reproductive rights, specifically parameters surrounding abortion. According to the Act on the Protection of Fetal Life, enacted in 1992, abortion in Hungary is permitted up until the 12th week of pregnancy under severe criminal, medical, crisis, or health circumstances (Center for Reproductive Rights, n.d.). While this is already restrictive compared to other policies in Hungary's EU counterparts such as the Netherlands, recently implemented policies warrant further concern. According to the International Planned Parenthood Federation (IPPF), Hungary's government implemented a new policy further exacerbating already existing barriers to abortion access. The new fetal heartbeat policy requires women who have previously been subjected to abortion candidate assessment to listen to the electrical impulses produced by the developing heart of a fetus prior to going through with their decision (International Planned Parenthood Federation [IPPF], n.d.). While these policies perpetuate the conservative society in which Hungary functions, they do not reveal the entirety of concerns surrounding abortion in this EU nation. According to research, major issues surrounding abortion in Hungary include adverse consequences of the, "Unwantedness effect," concerning birthing outcomes, lengthy requirements to be eligible for an abortion, along with barriers and stigma. Simultaneously, European and Hungarian organizations have implemented programs to address these concerns.

The effect of unintended pregnancies carried to term is a major issue surrounding abortion in Hungary. Between 2015-2019, 62,000 unintended pregnancies were recorded in Hungary, representing the pervasiveness of the issue at hand (Guttmacher Institute, 2022). Of this number, 30,800 resulted in a documented abortion. Examining these pregnancies, Hajdu and Hajdu researched the, "Unwantedness effect," in Hungary and found that intrusive abortion policy led to lower levels of education attainment and increased likelihood of adolescent

parenthood amongst affected children (Hajdu & Hajdu, 2021). In addition to this, the interference with an expecting mother's educational, personal or career-based plans aggravates this effect. Furthermore, individuals who unintentionally become pregnant are more likely to suffer from birthing complications such as low birth weights and stillbirth (Holten, Goeji & Kleiverda, 2021). Tragically, these individuals are also more likely to experience maternal mortality upon giving birth.

There has been a 18% decrease in abortions in Hungary between 1990-1994 data and 2015-2019 data (Guttmacher Institute, 2022). This is influenced by the intrusive steps Hungarian women must go through to be eligible for an abortion. The steps include counseling and a pregnancy confirmation letter from a gynecologist (Center for Reproductive Rights, n.d.). The request for an abortion must also be documented and presented to the Family Protection Service (Center for Reproductive Rights, n.d.). Furthermore, Réka Lebedi, Hungarian Civil Liberties Union lawyer, stated that women must first meet to discuss alternative options and meet again to discuss potential negative medical implications (Rutai, 2023). In addition to this, national insurance only covers between 30-50% of abortion expenses, which can be as expensive as 350,000 Forints in a private institution, equating to 952.50 U.S. dollars (Berkes, 2022). These expenses, on top of the steps required to receive an abortion demonstrate the barriers to care. While certain steps, such as becoming informed on potential medical implications may be beneficial, it remains a barrier nonetheless. Finally, another major issue is the safety of women experiencing an unintended pregnancy. Some seek services in other EU countries such as Austria, while others likely endure the previously outlined consequences (Rutai, 2023).

When considering societal and cultural perceptions on the matter, Roman Catholicism is the predominant religion in Hungary and influences certain negative stigma associated with

abortion. Catholicism perceives abortion as immoral, therefore an individual seeking an abortion in a Roman Catholic society would be deemed so as well (Diocese of Phoenix, n.d.). Political influence also plays a role in negative perceptions on abortion. Since 2010, Prime Minister Orbán Viktor, member of the far-right party Fidesz, has held office in Hungary, although Dóra Dúró claims the pro-life rhetoric that underlies the heartbeat policy is derived from her far-right, “Our Homeland,” party (Dyer, 2022). After the disbanding of the Soviet Union in 1991, Hungary’s government swayed from left to right leaning governments and has remained right-leaning since Orbán Viktor’s incumbency (Barany & Berend, 2024). Hungary has since adopted policies reflective of the government’s political affiliation. Interestingly enough, abortion was commonplace in Hungary during the Soviet Union control, but now the abortion rhetoric has drastically changed, demonstrating the political influence. (New Outlook, 2023).

Gender roles also influence cultural perception on abortion in Hungary. After the heartbeat policy became publicized, Orbán assured Hungarians that further restriction was not to follow (Than & Szakacs, 2022). This assurance may have been articulated in response to the reproductive rights protests in Budapest, in which over 1,000 individuals organized to demonstrate their outrage in regard to the new policy (Than, 2022). Many of the Hungarian women at the protest believe that abortion is not something a male incumbent should be creating policies on or placing restrictions upon. These women are fighting against a society regarded as exhibiting low gender equality with traditional gender roles in EU standards (British Broadcasting Corporation [BBC], 2022). Women make up a higher rate of students enrolled in Hungarian higher education which has led to public concerns of women’s marriage and birthing rates, potentially contributing to restrictive abortion policies. Furthermore, the outspoken commentary provided by many women and young Hungarians is a testament to the varying

opinions when considering age and gender demographics in the perception of abortion.

Although, according to the Pew Research Center, 81% of Hungarians support legal abortion and responses were similar amongst all genders, outlining the influence gender roles have on abortion in traditional minded policy versus personal beliefs (Fetterolf & Clancy, 2024).

The heartbeat policy has already been thoroughly discussed as a major issue regarding abortion in Hungary. The 12th week of abortion requirements and steps women in Hungary must take to be eligible for an abortion according to the Protection of Fetal Life Act has been mentioned as well. However, this act has further relevant outlines. While 12 weeks is the most generally accepted time in pregnancy when women are legally allowed to terminate under previously outlined conditions, pregnancy may also be terminated in the 18th, 20th or 24th week (Center for Reproductive Rights, n.d.). For abortions in the 18th, 20th and 24th week of pregnancy, the conditions of abortions in the 12th week must still apply. In 18th week abortions, the woman must not have been knowledgeable of the amount of time she has been pregnant due to reasons outside of her control. For 20th or 24th week abortions, there must be immediate medical threat to either the fetus, the woman or potential harm to the child following the birth.

Displaced individuals or asylum-seekers may also be eligible to have an abortion in Hungary if they fit the requirements outlined in the Protection of Fetal Life Act (Center for Reproductive Rights, n.d.). The individual must be in possession of a residency document, or have been documented to have requested asylum, along with other treaty considerations involving other nations. This is particularly relevant as the war in Ukraine has led to 50,000 Ukrainians fleeing to Hungary for refuge (Fagan, Gubbala, & Austin, 2023). However, Ukrainian women have attested to returning back to Ukraine amidst the war to receive abortion care (Rutai, L, 2023). A Hungarian woman interviewed at the reproductive rights protest following the

heartbeat policy in 2022 revealed that doctors did not inquire about the intentionality behind her pregnancy, which exacerbated hostile care. These conditions are likely to be worse for Ukrainians, a country with historic tension with Hungary and potential language barriers, outlining another major issue within the Protection of Fetal Life Act and heartbeat policies in Hungary.

Examining Hungary's abortion policy requires a deeper understanding of the nation's political history, religious affiliations, and traditional societal and gender role framework. Despite policies that are endangering women seeking abortions in Hungary, organizations are making a positive impact by implementing programs to alleviate these reproductive rights concerns and seek to implement life-saving measures. Society Against Patriarchy or Patent, based in Budapest and the ASTRA Network, based in Warsaw, are two service organizations that focus on access to reproductive health services which promote equitable and accessible care. Patent, a member organization of the ASTRA Network, and ASTRA provide integrative services for vulnerable women and advocate for inclusive sexual and reproductive health policies. Patent focuses on measures for Hungary exclusively (Patent, n.d.). The ASTRA Network, however, comprises 19 member countries throughout Central Europe, Eastern Europe and Central Asia and operates within an intersectional lens (Astra Network, n.d.). Further research may also give insight into the major issues that exist physically and psychologically in Hungary in regard to abortion access and further demonstrate a need to advocate for the women living in Hungary and throughout ASTRA's member countries.

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