# EVERY WOMAN MATTERS

## A CASE STUDY OF THE COMMUNITY DOULA SERVICE IN ALSÓZSOLCA AND ITS ADAPTATION TO A NEW LOCATION

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# CONTENTS

# PREFACE AND RESEARCHER'S REFLECTION

The Community Doula Service operating in Alsózsolca is a unique initiative in Hungary, established with the aim of providing emotional and practical support during childbirth to disadvantaged Roma women. The program is founded on the belief that childbirth is not merely a medical event but a defining experience in a woman's life – one that should take place in dignified and safe conditions. This right must be accessible to all, regardless of financial situation or social status.

The Community Doula Service offers a form of support that is especially vital in communities where distrust in the healthcare system, discrimination, and lack of information fundamentally shape women's reproductive experiences. The program aims to foster active involvement among members of the local community in supporting one another, so that childbirth becomes a source of strength, and solidarity among women becomes a lived reality.

Community doulas are women from the local community who draw on their own experiences, social ties, and sensitivity to support other women during one of the most vulnerable periods of their lives – pregnancy, childbirth, and the postpartum period. They are not healthcare professionals but lay supporters who have acquired essential knowledge through training. This enables them to provide both emotional and physical support to birthing women. Their contribution helps ensure that childbirth is not an isolated or powerless experience. Instead, it becomes a process in which women can feel their own strength. Community doulas also act as bridges between local women and the healthcare system. They serve as trusted individuals who understand the woman they support – her situation, reality, and cultural background – and help her navigate the complexities of maternity care.

This study presents not only the Community Doula Service operating in Alsózsolca since 2020 but also the "Our Choice!" project, a new initiative implemented in a different location based on the experiences gained from the original program. The aim of this initiative is to adapt the successful methodology and approach developed in the earlier program to establish a similar community-based support team in another settlement.

This partnership-driven collaboration went beyond a simple training process. It launched a comprehensive community development model tailored to local needs, focusing on strengthening the reproductive rights of Roma women, supporting equitable access to maternity care, and enhancing solidarity among women.

The project, inspired by the model in Alsózsolca, did not merely replicate a previous successful practice. Instead, it created a dynamic, locally organized process demonstrating how to build and sustain a community-based support network for disadvantaged women.

I have been working as a project coordinator for the Community Doula Service Program in Alsózsolca for the past two years while writing this study. During this period, I had the opportunity to gain insights into the program's operation and development from multiple perspectives. On the one hand, I conducted various research-based data collections; on the other hand, through daily collaborative work, I accumulated practical experiences that have significantly contributed to the findings presented here.

The process description presented here is primarily based on empirical data collected through observation, existing documentation, and qualitative research methods. As part of the study, I conducted four focus group interviews over the past two years, three questionnaire-based surveys, six motivational interviews, and one paired interview with key actors involved in the program. In addition, I engaged in participant observation at program events, which allowed me to gain a deeper understanding of the ongoing processes.

# THE BIRTH OF A MODEL PROGRAM

The Community Doula Service in Alsózsolca was established as a result of two intertwined processes. On one hand, legal cases that attracted nationwide attention highlighted the violations experienced by Roma women in maternity care. On the other hand, the program could not have been launched without cooperation between a local organization representing rural women and Roma women living in a small community – an alliance built on solidarity and collective action. Ultimately, the combined influence of these two factors made the launch of the program possible.

In 2016, the European Roma Rights Centre (ERRC)[1] initiated an investigative study focused on Roma women and reproductive rights, with particular emphasis on experiences in maternity care and forced sterilization. As part of an international project, they aimed to gather up-to-date information on the general situation in Hungary, identifying the challenges and issues within the healthcare system related to these areas. In addition, the project sought to find cases suitable for litigation that would highlight the structural discrimination faced by Roma women.

In two cases, legal proceedings were initiated[2]. In one of them, a Roma woman living in Borsod-Abaúj-Zemplén County filed a complaint with the Equal Treatment Authority[3], regarding the circumstances of her second childbirth. As she had no legal representation, the ERRC offered her free legal aid. The complaint[4] included the following allegations: "According to the complainant, during labour, the midwife told her that if she screamed again, she would slap her and shove a pillow into her face. The attending doctor said that if the complainant screamed again, he would call

1 European Roma Rights Centre: Until the end of 2018, a Budapest-based civil society organization whose primary goal was the protection of the human rights of Roma people.

2 For more information about the cases and the fact-finding investigation (in Hungarian): Balogh Lídia – Gellér Judit 2019: Roma nők hátrányos megkülönböztetése a szülészeti ellátás során: két magyarországi jogeset, hátérrel. Fundamentum / 2019. 1-2. szám. Online: https://real.mtak.hu/104920/1/fundamentum-19-1-2-17.pdf

3 On 1 January 2021, the Equal Treatment Authority (EBH) was merged into the Office of the Commissioner for Fundamental Rights. Its functions are carried out by a separate organizational unit within the Office, the Directorate General for Equal Treatment.

4 Egyenlő Bánásmód Hatóság (Equal Treatment Authority ) (51. vj.) 1. quoted in: Balogh – Gellér 2019, 212.

a psychiatrist, have her child taken away, and she would not be entitled to maternity benefits. Furthermore, he added, 'You Gypsies only give birth for the money anyway'."[5] A positive decision was reached in 2016: the Equal Treatment Authority found that the healthcare provider had violated the principle of equal treatment by making a statement referring to the complainant's Roma ethnicity that was degrading and violated her human dignity during childbirth.

After learning about the case, the ERRC shifted its strategy to focus on the issue of discrimination during childbirth, with special attention to Borsod County. The cases examined – including the one uncovered by the Equal Treatment Authority (EBH) and other similar accounts heard in the Borsod region – revealed a common pattern: Roma women in labour (including underage girls) were left in the delivery room without a companion. This not only heightened their vulnerability, but also significantly reduced their ability to seek justice against degrading treatment[6]. Personal interviews further revealed that hospitals were charging money for the single-use clothing that companions are required to wear during childbirth. In practice, this policy restricted a right guaranteed under the Health Care Act: "a woman in labor has the right to have an adult person of her choice with her continuously during labour and delivery"[7]. Those unable to pay were simply excluded from this right. In its 2020 ruling, the Curia (Supreme Court) found that this practice amounted to direct discrimination based on financial status, social origin, and motherhood (pregnancy) as a protected characteristic, as well as indirect discrimination against Roma mothers, who were disproportionately affected and often forced to give birth alone[8,9].

Judit Gellér, the ERRC's lead legal expert on the project, who paid particular attention to women's rights issues and had extensive experience in strategic litigation, considered it essential that the outcome of the case should not create divisions – neither between the mmainstream society and the Roma community, nor within the community itself. From the very outset, the preparation phase prioritized minimizing potential harm. The idea was that the lawsuit should ultimately bring a "gain" for the community – not in a material or tangible sense but in the form of a collaborative program that would offer genuine support to local people.

5 Ebktv. 10. § (1).

6 Balogh – Gellér 2019, 213.

7 Act CLIV of 1997 on Health: 11. § (5)

8 Roma mothers win lawsuit before the Supreme Court of Hungary (ERRC)

9 Judgment of the Supreme Court of Hungary acting as a court of review

A local civil society organization, the Regina Foundation Miskolc, had already played an active role during the preparation for litigation, thanks to its strong connections with Roma women living in rural areas. In 2016, as part of a community action, they distributed single-use hospital clothing free of charge so that relatives of women in labour would not have to purchase them. For this reason, when the ERRC sought funding to support the local Roma community, it invited the Regina Foundation to be its partner.

> *"Since I was involved in preparing the strategic litigation – in fact, I led the fact-finding – well, I ended up staying with the project, […] and that's how I got stuck with it, much to my delight, […] so I was either inherited, or you inherited me."* (Lídia)[10]

Staff members of the Regina Foundation Miskolc, Rita Kishonthy-Kardos and Rita Tuczai, had previously begun working with disadvantaged groups of Roma women through the Holdam Association in Miskolc. They organized discussions and women's groups in several small villages, creating spaces where participants could share their experiences of childbirth and motherhood.

> *"And then I had this truly striking experience: two villages, just six kilometers apart, on opposite sides of the same road – both starting from the very same crossroads – and yet worlds apart in how the women, the Roma women, spoke about their childbirths. […] Everywhere, people were very open, but in one village they talked about it as something you could barely survive – something so awful you needed luck just to get through. In the other village, the attitude was more like, 'It's over, we got through it'."* (Rita T.)

During the first program implemented in Alsózsolca (2017–2019), sex education sessions were held once a month over the course of a school year for 7th and 8th grade girls at the local segregated school. These sessions were led by one Roma and one non-Roma woman. The need for the program was highlighted through conversations with local women, which revealed a high rate of early school dropout among girls, often caused by early childbearing.

10 Balogh Lídia, then a commissioned expert for the ERRC, who had also worked on the joint project with the Regina Foundation in Miskolc, thus represented the continuity between the two units.

Before the program could be implemented, establishing contact and building trust with local women was essential. To this end, staff from the Regina Foundation Miskolc organized women's circles in the community. At one such meeting, a pregnant woman participated who later asked Rita K. to accompany her as a doula during childbirth. Shortly after, another Roma woman asked Rita T. to support her underage daughter, who had a mild intellectual disability, during childbirth. These two specific cases clearly demonstrated the demand for women to have a supportive companion present during delivery.

The community's demand for doula services emerged clearly; however, in the long term, it neither seemed sustainable nor desirable from an equality perspective for white, middle-class women to accompany Roma women and advocate for respectful treatment on their behalf in delivery rooms. While the vision of mutual support between Roma and non-Roma women during childbirth is ideal in principle – since the focus is not on ethnicity but on strengthening solidarity among women – the local organization saw the most effective solution in training Roma women as doulas themselves. This approach enables trained Roma doulas to directly support women living within their own community.

The experiences of a similar initiative previously launched by others provided valuable guidance on what factors need to be considered to ensure the service's sustainability.

On one hand, women living in rural small villages have limited financial means, so they cannot pay honoraria to doulas. As a result, trained doulas are unable to offer independent, market-based services like those provided by middle-class doulas with an established client base. This situation called for the development of a model where doulas receive payment for their work, while doula support remains free of charge for local women – thus ensuring the service's accessibility.

On the other hand, transportation issues significantly affect the program's sustainability. Without driving licenses, doulas cannot get to the hospital on their own, while mothers typically arrive by ambulance. Sometimes doulas' or the labouring woman's husband can drive them, but this cannot be relied upon since husbands work during the day and stay home with the children at night. To ensure the program's operation, an agreement was made with a taxi service to provide transportation for doulas to the hospital when needed – especially if no public transport is available[11].

11 It is important to note that this solution is only viable if the settlement is relatively close to the city where the women go to give birth: a distance of 15–20 kilometres is still financially manageable, but longer journeys pose significant financial challenges in terms of resource mobilization.

The preparation of the Doula Service program began in 2019. The curriculum had to be developed, the venue prepared, and the organizers also reached out to local officials (such as the municipal clerk and the mayor) to support the program's integration and promote transparent communication. Among the local women, two Roma women who had already been actively involved in previous programs joined the process as coordinators and were responsible for recruiting additional participants for the training.

> *"We talked about childbirth. For us, it wasn't really a thing for some outsider to ask, 'How was this, how was that?'. And from there, well, it started out as a kind of friendship, yes, and then we somehow got swept into this work with EMMA."*
> (Viki, doula from Alsózsolca)

The training process began through a partnership involving staff from the EMMA Association, and by spring 2020, the curriculum was completed. The organizers also connected with local family support workers, health visitors, and other stakeholders, ensuring all the necessary groundwork was in place to launch the community doula training. However, due to the outbreak of the COVID-19 pandemic, the training ultimately took place only in the summer of 2020, in an accelerated and intensive format consisting of 10 sessions over 10 weeks.

The training did not focus on patient rights or managing confrontational situations; instead, it centred on how a doula can be authentically present and supportive alongside the Roma woman. Special emphasis was placed on how the doula can contribute to the physical and emotional comfort of the woman giving birth, providing her with support, calm, and empowerment.

> *"They're not there to be legal advocates, but for the physical and emotional well-being of the woman giving birth."* (Lídia)

Central to the training were empathetic presence, active listening, and learning various doula techniques, along with their practical application through role-playing exercises.

> *"She always emphasized that we should focus on the expectant mother – what she says whether what we're doing feels good for her. We should try it out, ask her if it's okay, because what feels good for us might not necessarily feel good for her. […] She showed us the oils and told us to always let the expectant mother smell them first, to see if she likes them – because even*

*if she says she likes a scent before labour, during labour or childbirth she might not. So always let her smell it."*
(Viki, doula from Alsózsolca)

In addition to massage and other calming techniques, the training also addressed how best to communicate with healthcare staff. The doulas were encouraged not to speak on behalf of the expectant mother, but to relay exactly what she requested or wanted, always framing it in line with her intentions. They were also prepared not to be discouraged if they were initially denied entry to the delivery room: they should ask again for permission, explaining that the woman in labour was expecting them and wanted them to be present.

A key aim was for the training to have an awareness-raising effect that could positively influence the wider community through the participating women. The issue of discrimination against Roma women was also a strong focus: the training provided an opportunity to speak openly about it and to share and process participants' own experiences.

*"That's where we actually learned a lot of things. For example, when Lídia talked about patient rights – what our rights are if there's abuse. And then she started listing what counts as abuse, what makes it abuse, and the different kinds of abuse, and at that point everyone's own childbirth just flashed before their eyes. Ours was even worse."* (Viki, doula from Alsózsolca)

Local professionals were also involved in the training process: a staff member from the family support service led a session on children's rights, while a health visitor covered the key issues and practices of prenatal care.

*"When the health visitor explained that when you go for a check-up – why they listen to the baby's heartbeat, why they check your weight, everything – and even told us why they do it, it was actually surprising. They explained everything so clearly, things we didn't even know had a reason, why you have to go regularly when you're pregnant. They were really nice there. But when we go for a check-up, they don't tell you anything – just 'lie down on the bed', they check you here and there, and that's it. But there, they explained everything. That was another good thing about the training, that you learned a lot – also the things they normally don't tell you, the things they hadn't told us."* (Anita, doula from Alsózsolca)

Through the doula training, the participating women gained access to information about their reproductive health and rights – information they had always been entitled to receive. For a woman to make informed, well-founded decisions about her reproductive health, clear, understandable, and comprehensive communication is essential. However, in healthcare settings, this is often missing, or there is no follow-up to ensure that the woman has truly understood what was explained.

The lack of proper information can contribute to the spread of inaccurate or false information within communities through word of mouth, which may have harmful consequences – or, at the very least, can reinforce the stigma, condescension, and perception of ignorance that women may experience from healthcare workers. Community doulas play a key role in addressing this, as they possess the necessary knowledge and know how to access reliable information quickly. In this way, they serve as trusted sources for members of their own communities.

> *"Looking back now – like Viki said – how much we used to scare each other with things like vitamins, saying, 'Oh, don't take them, you'll have trouble dilating, you won't be able to give birth, or the baby will be born with water on the brain.' Yes, and now that we've become doulas and gone through the training – where we really learned the details – we're trying to pass that knowledge on to the expectant mothers."*
> (Iza, doula from Alsózsolca)

A key milestone in the program was that, during the training period, the organization's staff arranged a hospital visit for the participants, where they met with the staff of the maternity ward. One of the aims of this meeting was to ensure that hospital staff became familiar with the doulas and the goals of the program, so they would expect their presence and not be surprised if a Roma woman was accompanied by a doula during childbirth. Another important aspect was to work with the head nurse to establish a procedure for how community doulas could be present at births.

Under the initial practice, if a woman wished to have doula support, she would send an email to the hospital in advance. This email would then be printed out, and upon arrival at the hospital, both the mother and the doula could present the document.

> *"Because even if she has the right, if the receptionist stops her, she can basically wipe the floor with her rights."* (Lídia)

The local women joined the training without knowing exactly what to expect. When the idea of a community doula training was first raised, they were not even familiar with the meaning of the word “doula”.

> *“And then Rita started telling me a bit about it, but I still didn’t really get it – like, what is this now? I go into the delivery room and I’m the one delivering the baby? But then we talked about it more and more, and it finally clicked: no, my job isn’t to ‘deliver’ the mothers, but to support them.”*
> (Viki, doula from Alsózsolca)

> *“I didn’t know what it was at first either. And then I said, ‘okay,’ – I usually say okay to everything. But at the beginning I was afraid of it, wondering how it would turn out and what it would be like.”* (Anita, doula from Alsózsolca)

Although most of them knew each other by sight – living in the same community – and some had closer relationships, it was the time spent together during the training that deepened their bonds. Practicing doula techniques on one another – such as touch, gentle stroking, or massage – became a particularly powerful shared community experience.

> *“That’s where we got to know each other. I knew who she was, but I couldn’t have said whether her nature was like this or like that – and through this, we also got to know each other better.”*
> (Iza, doula from Alsózsolca)

The participants unanimously recall the training as a positive experience: they enjoyed attending the sessions, it offered them a form of relaxation, and they gained a great deal of new knowledge. Five years on, it is particularly fascinating to look back and see how they spoke back then about the idea of accompanying other women into the delivery room.

> *“I thought, thank God, let’s go – at least we’ll get to relax a bit there. But I never would have believed that, once we really got into this whole doula thing, I would actually accompany someone into the delivery room. I always thought, well, I’ll do this doula training, but I’m probably never going to accompany anyone. I just don’t have the strength or courage to go up to the doctors or to know what to do there. But then, when I went into the delivery room for the first time – with my sister – well, I realized it’s not actually that complicated, and that we really*

*do help the women a lot there. […] I always told Viki, 'Oh, leave me alone, I'll do the training, but I'm not going to any births. Definitely not'. So it's a good feeling that I really did push myself and was brave enough to say, 'No, I will do it, I'll go in'. And yes – with a lot of talking and convincing – but in the end I did it, and I'm glad I did."* (Zsanett, doula from Alsózsolca)

*"Viki asked me if I wanted to take part in this training, and I didn't even know what I was supposed to do. […] Well, she didn't know exactly either – just that I'd have to accompany a mother during childbirth. I said, fine, whatever, I'm not going in with anyone anyway. Because for me, natural childbirth had always been my biggest fear. I'd seen someone give birth in the hospital – well, I was there to give birth myself, but I knew I was having a C-section – and across from me there was a woman giving birth naturally, and I thought I was going to faint. I'd always been afraid of it, but I figured, whatever happens, happens.*

*And then when they announced that we'd have to be present for a birth […] I thought, how on earth am I going to avoid this?! If I see someone giving birth, I'm sure I'll faint. […] I kept thinking, I'll be so scared – how am I going to encourage the mother? That was my worry: how will I be able to support her?*

*And then came the first birth. […] When we arrived at the hospital and they took her up to the delivery room, I thought, 'Oh my God, any moment now they'll call me up there'. And then I heard M. [the mother] – how she was, what she was shouting. […] When I got upstairs, she suddenly went quiet and reached her hand out to me, wanting me to come straight to her, to hug her and hold her. And in that moment – it really touched me. I knew why I was there. I truly felt then that I was needed.*

*Because the midwife even said, 'What just happened?' Yes – she'd stopped kicking, she was quiet, and she started doing what they told her. Or, more accurately, she did it when I told her – because the doctor would say it, and she wouldn't even hear. So the doctor would explain to me, and I'd pass it on to her. It was, it was a really great experience."*
(Iza, doula from Alsózsolca)

The training was ultimately completed by six women in 2020. For them, the true significance and challenges of the doula role only became tangible when they first entered the delivery room as companions. However, even this step did not go entirely smoothly.

> *"So when Viki first said the training was going to start and explained what it was about, I said to her, are you serious? Do you really think anyone here is going to ask us to go in with them? I'm telling you, there's no way anyone here will want us to go with them to give birth."* (Iza, doula from Alsózsolca)

According to the doulas' feedback, in the early stages of the program it was not the expectant mothers who approached them – instead, the doulas had to proactively offer their support. This required awareness, courage, and initiative, as they had to represent a new, previously unfamiliar service in a credible way within their own community. Several of them first accompanied a family member to give birth, yet even in these cases, they sometimes had to "persuade" the mother-to-be beforehand about the benefits of having a doula present. According to the doulas, this reluctance often stemmed from feelings of shyness or modesty: many women did not want anyone – even a trusted helper from within their own circle – to witness their experiences in the delivery room.

> *"Who's going to find an expectant mother here? I said, 'Are you crazy? I'd never let anyone see me like that!' Honestly, at the beginning this was a real struggle. Only one or two mothers had a good experience, but thanks to them sharing it with each other, now they say they wouldn't want to go [to give birth] any other way than with someone there to support them."*
> *(Iza, doula from Alsózsolca)*

> *"In the beginning, it really was very hard. But we knew it would be, actually – we just couldn't imagine how the first one would even happen, or whether this would make any sense at all, that we'd gone and done this. Because we thought the women wouldn't come and ask us to accompany them, since they're so shy they just wouldn't do it. And yet – here we are. In fact, it's burst wide open. They're pouring in."*
> (Viki, doula from Alsózsolca)

Today, the doulas' determination has produced tangible results: positive birth experiences have spread by word of mouth within the community, leading more and more women to recognize how much more supportive and safe childbirth can feel when they have someone by their side. Now, the doulas only need to actively approach those women who still feel shy and are hesitant to ask for their help.

One of the program's most important foundations is the trust-based relationship between women, built on peer support. This trust was crucial from the very beginning. Since the doulas work within their own community, they understood perfectly that one of the biggest concerns about having a companion could be the fear that intimate information shared or experienced during childbirth might make its way back into the community. A sensitive and discreet approach was essential for the doula role to become a truly trusted position.

> *"What they were thinking was that we'd go and tell everyone what goes on in there – that she pooped, that she peed, that she screamed, that she swore – everything about how she behaved. Or how the doctors treated her. They thought we'd go and tell it all, and she'd be the one to feel ashamed. Even though, actually, we never talk about [what happens in the delivery room]."* (Viki, doula from Alsózsolca)

Over time, positive experiences strengthened the women's trust, and today they see it as natural to go into childbirth with doula support.

# THE COMMUNITY DOULA SERVICE IN ALSÓZSOLCA

The cases represented by the ERRC and the women's negative experiences during childbirth laid the groundwork for the creation of the program. The expertise, tireless work, and commitment of the staff at the Regina Foundation Miskolc and the EMMA Association made it possible for the program to start and operate in a way that allowed for the possibility of long-term sustainability. However, none of this would have been possible without the strength, courage, and perseverance of the women in Alsózsolca who continue to work as doulas today.

> *"When the mother actually gives birth, it's such an experience for us too – and the mother is so happy, thanking us for being there and supporting her. That excitement, how good it was for them. They're grateful that we're there with them."*
> (Iza, doula from Alsózsolca)

Of the six women who completed the training in 2020, five are still working as doulas today. In 2022, a second training was held, where two more women joined the team, bringing the current number of community doulas in the community to seven.

> *"I was really happy, because two years had already passed by then, and in that time so much had happened in this doula work, which I already liked so much and wanted to keep doing. […] Even though I'd already had three children, I didn't really know what was happening with me at the time. And through this, I learned so many things that I hope I'll be able to pass on to others as well."* (Brigi, doula from Alsózsolca)

The second training was led by the program's professional coordinator, Rita Kishonthy-Kardos (K. Rita), and a "mentor" doula, Viktória Vadász (Viki), who had attended nearly twenty births in the two years prior, making her the most experienced in practice. Viki became a key figure in the Doula Service: her work and personal commitment were of particular importance to the program's sustainability.

The program's success depended greatly on whether the participating women could find the motivation and sense of vocation needed for such a unique role – and in Viki's case, this was achieved in an exemplary way. She not only shared her experience with her peers but also encouraged and supported them in taking on the doula role. Later, as a mentor, she guided them in navigating hospital situations, communicating with professionals, and handling emotionally challenging moments. Her personal example – how she carried out her work – served as an inspiration to the others.

Supporting the doula, who takes on the role of a mentor and local coordinator, is also a key priority – the program's professional leader provides her with ongoing professional and emotional support. K. Rita's (mentoring) role serves as a kind of compass: a trusted figure from whom the doulas regularly seek and receive feedback, reassurance, and guidance – and who, in turn, also seeks feedback, reassurance, and guidance from the doulas in order to help the program develop.

This process of mutual reinforcement provides not only professional but also emotional security, especially in situations where the doulas step outside their familiar environment to represent the program in an external setting. The professional mentor – K. Rita – thus acts as a bridge between the safe learning space and a professional public presence.

> *"*Zsanett: *Rita really stands by us. I've thought about it so many times – yes, it's her job, she's working – but still, after everything we've been through, she's still there encouraging us, never getting tired of explaining things to us, over and over.*
> Iza: *Especially when she's already explained it once, and then the poor thing has to explain it again.*
> Zsanett: *And even a third time! And honestly, you can't see on her that she's worn out by it. Or maybe she is, but at least I never notice it.*
> Iza: *She always says she draws strength from us.*
> Viki: *And we draw strength from her."*

The program's two mentors – the professional leader and the local coordinator – serve as driving forces for the group. One of them focuses on bringing the group together, keeping field activities in motion, and facilitating the sharing of experiences, while also assisting the other mentor with administrative and operational tasks. The other mentor plays a significant role in the program's sustainability and fundraising, alongside supporting the doulas' professional growth and helping them develop their capacity for self-organization.

Supporting the doulas also means giving them the opportunity to share their experiences – whether positive or difficult – and helping them process these experiences. In this way, the coordinator plays a key role in both facilitating the flow of information and providing emotional relief, while also actively participating in doula work herself.

The role of local coordinator is not always something that can be planned – it can emerge organically during the process. Viki herself often mentions that, at the start of the training, she was the one who thought she definitely wouldn't be able to do this, partly because she doesn't like hospitals. Nevertheless, over time she became one of the pillars of the doula community – and today, if someone runs into difficulties, she is the first person they call. Her role extends beyond the circle of doulas: she has become a respected and trusted figure in the wider community, where most people simply call her "Aunty Viki".

It is important to highlight that the work of the local coordinator is closely tied to the commitment of the community doulas – a program of this kind cannot be sustained in the long term solely on the enthusiasm of a single "driving force". For it to function, each participant must find her own motivation, purpose, and sense of meaning in it. Just as Viki gradually came to understand the significance of birth support and "got a taste for it", she inspired and mobilized those around her as well. In the words of Brigi, one of the doulas: *"You can only do this work if you truly love it with all your heart"*.

A major factor in the program's success is that, although the doulas work independently, they still function as part of a team. The sense of belonging to a group and the shared community experience both strengthen the program's sustainability. They not only provide each other with encouragement and reassurance but can also rely on one another for practical tasks. They step in for each other when needed, and if someone temporarily steps back for personal reasons, the community is there to offer support in that as well.

The doulas meet regularly and keep in touch with one another. There are spontaneous gatherings and one-on-one case discussions with the mentors, but since 2024, they have also shared their experiences, dilemmas, and insights in a more structured way during so-called "Doula Hubs" – sessions where they also prepare together for upcoming tasks and involve those responsible for sustaining the program. These monthly meetings help maintain group cohesion, provide opportunities for shared learning where participants gain new or deeper knowledge, and also serve as a form of supervision.

The greatest strength here, too, lies in peer support: the doulas understand exactly what the others are going through, as they themselves experience similar situations. In the case discussions, they give and receive reassurance, safety, and acceptance from one another. This is especially important, as they work in an environment where the work is often vulnerable, intense, and emotionally demanding.

The opportunity for honest connection also creates space for negative experiences – such as distressing or traumatic hospital encounters – to be shared. While these conversations can at times be difficult, it is essential that such experiences are not left unspoken.

> *"I talk about [the negative cases] too, because if I only shared the good, then the other doula would always be asking, 'So why is this still happening to me?' […] Well, it's the same with childbirth. 'Why is this happening to me if it didn't happen to her, to that mother?' So, we really share everything."*
> (Viki, doula from Alsózsolca)

This kind of dynamic shows that sharing is not only permitted but actively encouraged – and indeed forms the foundation of the community's functioning. Contact is therefore continuous and being present for and supporting one another goes beyond occasional meetings. Through shared experiences and time spent together, the women not only strengthen their professional bonds but also become increasingly able to rely on each other in their personal lives.

> *"I mean, Roma women coming together like this?! Not yet – not that I know of. For us, this is happening now, and we've built a team like this. […] In our little community, it's rare for people to come together like this. And these are Roma women who, well, aren't exactly known for their schooling – they've finished eight grades, and that's it. But still, we're able to build something out of this."* (Viki, doula from Alsózsolca)

## Doula Support During Childbirth

The first step in birth support is inviting the doula, which can happen at various stages of pregnancy. Some women reach out to a doula early in their pregnancy, while others request support only as the birth approaches. This largely determines how much time the doula and the expectant mother can spend together before the birth.

Once invited, the doulas – with the support of the mentors – collect the necessary information, clarify the conditions of the doula's support, and share relevant information tailored to the woman's needs, while also creating space to address fears or emotional barriers. For first-time mothers, they explain the hospital birth process in detail, including practical matters such as when it is advisable to call an ambulance and head to the hospital, as well as what examinations to expect upon admission.

In the period between being invited and the birth itself, some women regularly turn to their doula with small questions or concerns – for example, if they feel abdominal tightening or notice some physical change. While such questions would generally fall within the responsibilities of the health visitor system, women often feel greater trust in approaching the doula.

There are several reasons for this: firstly, the doula is not part of the medical hierarchy, which makes the relationship feel less hierarchical; secondly, she is more directly and personally accessible. Because the doulas live locally, are known in the community, and can be easily reached by phone or through online messaging platforms, they often encounter expectant mothers spontaneously – in the street, at the shop, or at the bus stop. These encounters also provide opportunities for the woman to share her current feelings, physical state, or a particular worry, allowing the relationship to develop organically and enabling ongoing support.

In their work, doulas pay particular attention to respecting the boundaries of their competence, referring women to the appropriate professionals when issues arise that go beyond their role. At the same time, there are occasions when the doula can reinforce a professional's recommendations – such as taking vitamins during pregnancy or undergoing genetic testing – by explaining them clearly and understandably, ensuring that the woman has fully grasped the information. This is always done without applying pressure, leaving the final decision to the woman herself.

> *"And it's such a good thing that, when it comes from a Roma woman – many of them from the settlement, living here – well, if she says it, then there must be something to it."*
> (Viki, doula from Alsózsolca)

Every woman in labour arrives in the delivery room with her own unique physical and emotional needs. The doula's role is to sensitively recognize these individual needs and, through her supportive presence, help the mother during childbirth. She attentively follows the events, continually checking in with the woman about what feels good and what she needs in that moment. With empathy and clarity, she explains what is happening, helping to reduce uncertainty and fear.

During childbirth, the doula stays by the woman's side with patience and empathetic presence: she talks with her, offers encouragement, calms her, or distracts her when needed. She also provides physical support – offering an arm to hold, holding the woman's hand, hugging her, rocking her gently, or softly stroking her if that brings comfort. The doula helps the mother find the most comfortable position for her – even when hospital conditions limit the options. She supports her in resting, regaining strength, and relaxing, so that the mother can be as fully present as possible in her own birth experience.

Doulas act as a kind of protective bubble between the woman in labour and the potential harms of the healthcare system. Their presence creates a safe, supportive environment that allows the woman to focus on her own bodily processes and on giving birth. Even if inappropriate treatment or obstetric violence occurs during care, doula support can help reduce the negative impact of the experience – in some cases, the woman may not even become fully aware of what happened. Doulas buffer and, at times, even "absorb" the negative effects that would otherwise directly impact the woman giving birth.

> *"You have to experience this. […] I feel like I'm the woman's soul – I'm her ears, her eyes, her everything – because what she doesn't see, I follow, I hear, I see. Maybe she doesn't realize it, or even if she does, she's in another state of mind."*
> (Brigi, doula from Alsózsolca)

Six weeks after the birth, the final official contact takes place between the doula and the woman she supported. At this meeting, the mother has the opportunity to share her birth story, give feedback to the doula, and express any further needs for support on other reproductive health-related matters.

## Expanding the Scope of Support

Structural racism is a form of discrimination that is deeply embedded in social systems and, at an institutional level, perpetuates the disadvantaged position of ethnic minorities, including Roma communities. One of its most visible manifestations is segregation, which in Hungary often appears in the form of so-called "Gypsy settlements", where basic infrastructure – such as piped water, electricity, and transportation – is lacking, making daily life more difficult.

These conditions significantly hinder, among other things, Roma women's ability to maintain their health and to access sexual and reproductive healthcare: services

related to pregnancy, childbirth, contraception, or abortion are physically difficult to reach, and during care, they face institutional racism and sexism. Intersectional prejudices and restrictions pose serious obstacles to the realization of Roma women's right to health.

The expansion of the Doula Service's activities – initiated in 2023 at the suggestion of the mentor doula – helps to bridge these structural barriers. Today, women can request doula support not only during pregnancy and childbirth but also in matters related to contraception and abortion. The reason for this expansion is that women in the community encounter difficulties not only during pregnancy and childbirth but also when trying to access other reproductive healthcare services.

Access to contraception can be hindered by a range of factors, particularly for women in disadvantaged situations. A common issue is the lack of information: many women do not have sufficient, reliable knowledge about different contraceptive methods. Past negative experiences or fears related to the healthcare system – such as concerns about humiliating treatment – can also discourage them from seeking care. Misconceptions and myths circulating within communities, as well as a partner's disapproving attitude – when he discourages or forbids the use of contraception – are also significant influencing factors.

In addition, the previously mentioned practical barriers also make access more difficult: the necessary care is often available only in more distant hospitals or clinics. Another challenge is that women frequently cannot find the time for a gynaecological appointment due to childcare responsibilities and housework, especially when there is no one to help with the children. It is also not uncommon for the cost of contraception to be pushed aside in the family budget in favour of other basic needs.

Access to safe abortion is a fundamental component of women's bodily autonomy and reproductive rights. When, despite legal provisions, the path to care is filled with obstacles – such as complicated administrative procedures, stigmatizing attitudes, or difficulties in access – women can find themselves in vulnerable situations, increasing the risk that they may be forced to make decisions without adequate information, without support, or even in unsafe conditions.

Safe, accessible, and non-judgmental abortion is not only a healthcare necessity but also a matter of social justice: its absence disproportionately affects women who are disadvantaged, low-income, or belong to marginalized groups, further deepening inequalities in access to healthcare.

Although in Hungary abortion is available up to the 12th week for any woman who considers herself to be in a state of serious crisis – with no requirement for this to be verified by a professional – the procedure to obtain it is far from simple. In addition, both abortion itself and the women who choose this option continue to face significant social and community stigma.

Community doulas also provide comprehensive support in processes related to contraception and abortion, tailored to women's individual needs. Their work combines the sharing of information, emotional support, and practical assistance. The aim of the doulas is to ensure that women can make informed, safe, and dignified decisions about their own bodies and reproductive health.

The process always begins with data collection and an assessment of needs, during which the doula provides detailed information about the available options and offers emotional support if needed. After this, the doula and the woman remain in regular contact until the case is concluded.

In relation to contraception, doulas help ensure that women have access to accurate, understandable, and accessible information about the various contraceptive methods. The program offers the possibility of donating long-term contraceptive devices – typically an intrauterine device (IUD) – and also provides condoms to all members of the community. Doulas not only help to overcome financial barriers but also accompany women to the medical examinations required for using these methods and often take on childcare duties in clinics in addition to their role as companions.

Follow-up is also part of their work: they help women seek appropriate professional care if they experience any problems with the method and encourage them to attend regular check-ups.

In providing support related to abortion, doulas offer information on the legal framework and available procedures, with particular attention to the process of surgical abortion. If needed, they accompany women to the mandatory Family Protection Service appointments and gynaecological examinations and assist in scheduling and arranging access to these services. After the procedure, they provide emotional support and information on future contraception options.

The presence of a community doula is particularly important in life situations where a woman's bodily autonomy is hindered by social, economic, or institutional barriers. Through personal support, the doula helps to ease anxiety, provides reassurance in decision-making, and directly contributes to the exercise of women's reproductive rights.

## Youth Women Circles

Comprehensive sexuality education for young people is key to their physical, mental, and social well-being. Modern sexual education goes beyond biological knowledge: it contributes to the development of healthy self-awareness, supports the formation of safe and mutually respectful relationships, and equips young people with the tools they need to make responsible decisions about their bodies, sexuality, relationships, and future family planning.

Sexual education reduces the incidence of unintended pregnancies and sexually transmitted infections, helps prevent violence, and empowers young people to recognize and protect their own boundaries.

Since 2024, at the initiative of one of the doulas, Youth Women's Circles have been launched in the community of Alsózsolca for young girls. These gatherings take place in a culturally sensitive, inclusive way, building on the participants' own experiences. In this process, the doulas are actively present not only as organizers but also as facilitators. Their role is especially important, as they act as credible role models while remaining constantly accessible within the community. Through the trust-based relationships they establish with the girls, they ensure that the young participants have an adult they can confidently turn to when they have questions or face difficulties.

## Feedback

Over the past five years, 201 disadvantaged Roma women have received comprehensive doula support, including 112 birth attendances, 54 cases related to contraception, and 35 related to abortion care. Since the expansion of the program – roughly the last two years – the doulas have distributed 125 contraception-related donations, 156 fertility-related donations, and 569 menstruation-related donations to those in need.

Doulas play a key role in ensuring that topics which were once considered taboo in the community – such as sexual health, reproductive rights, and violence against women – are now discussed more openly. Through doula support, fear and isolation related to healthcare have decreased. According to the doulas' experience, the program also helps Roma women navigate reproductive healthcare with increasing confidence, including childbirth, contraception, and abortion.

According to women's feedback, the program's impact is clearly positive: many reported feeling more informed and confident, while also developing a stronger sense of the importance of female solidarity and the ability to stand up for themselves beyond their own community.

> *"She rubbed my back, that was probably the best part. I lay down, she massaged me, my legs – that was good too. She even massaged my lower back. She wiped my mouth with a wet cloth – oh, that was such a relief, I was so thirsty. When the strong contractions came, she held my hand the whole time, gave me strength, that's how it was good. For my first two births no one was there with me, I thought I was going to die there. Both times, literally. Now that the doula was there, I wasn't afraid. The fear just went away, literally – I had no fear at all. It meant so much that she was there for me as a doula. I can't even describe how relieved I felt. She was there with me, told me not to be afraid, to be strong, to push if I needed to. We did most of the labour at home, and then it was almost like the baby just popped out. I'd tell everyone I can to get a doula. She's a life-saver, literally. It's not the same as going alone. Especially for someone who doesn't have a mother or anyone else, like me."*[12]

## The Doulas' Professional Journey

This innovative, community-based model simultaneously improves maternal health outcomes, strengthens trust and community resilience, and serves as an effective tool for preventing healthcare discrimination and institutional abuse. The presence of doulas in hospitals provides women with both safety and respect. Through the Youth Women's Circles, the program now also reaches younger generations, fostering body awareness and early sexual education.

However, the program has an empowering impact not only on the women it serves but also on the doulas themselves: through their personal and professional growth, they gain a sense of security, independence, and health awareness, while actively driving change in their roles within the community.

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12 Quote from a postpartum interview.

*"Since we've been part of EMMA, we, as Roma women, stand up for ourselves more. If we are treated unfairly, we can defend ourselves now. We also protect birthing women, if we're accompanying them and they are treated differently just because they're Roma. [...] For example, if I go for a check-up and in the past I wasn't welcomed warmly, or the problem wasn't necessarily what they said, but how they said it – I used to let it slide, but not anymore. Why does it have to be said in that tone? Why can't it be said more kindly? Now I dare to speak up more openly. [...] So I'm happy that I can stand up for myself more, both for myself and for others. If we are treated badly when we're not at fault, just because we're Roma – I won't accept that anymore."* (Brigi, doula from Alsózsolca)

*"And we also tell [the women]: protect yourself, nothing bad will happen. Speak up! Because [if you ask], it might turn out that they have no answer. Ask again! And again, and maybe they'll finally listen. [...] I used to have the same experience – they wouldn't even let me speak. I kept talking and talking, but they had no idea why I had come! At least listen to me! And I would just walk away. [...] Before, I might have just grumbled to myself, but now I say it out loud – you don't even know what I'm talking about, you're not listening to what I want to say, so what now? I turn away from them, and then they suddenly say: 'Alright, then please come back'."* (Viki, doula from Alsózsolca)

Due to their empowerment and years of experience, they have become active contributors to shaping the program's development. Over the past two years, they have participated in 67 professional events, representing the program as facilitators or invited speakers.

# KEY ELEMENTS FOR ESTABLISHING AND SUSTAINING THE PROGRAM

*The following points have been compiled based on the experiences and strategies observed during the study of the establishment and five years of successful operation of the Community Doula Service in Alsózsolca.*

## 0. "Favourable" External Conditions

A fundamental prerequisite for launching the program is the availability of resources – primarily financial – that make it possible to begin operations. Establishing a doula service program is a complex process requiring long-term commitment, supported by a stable foundation: funding, infrastructure, and adequate professional capacity. These conditions create the opportunity for a locally rooted, community-driven initiative to truly get off the ground and – provided resources remain available – to operate in the long term.

## 1. Grounded in Real Needs

The program responds to real social issues, such as women's limited access to reliable information and supportive services in the areas of childbirth, contraception, and abortion. Women are in a particularly vulnerable position within a healthcare system that, in general, is not truly woman-centered – an issue compounded by the systemic racism faced by Roma women. Matters of women's health – apart from a small circle – are still considered a social taboo, especially in segregated settlements where adequate sexual education is often lacking both from institutions and within families. As a result, information often comes from unreliable sources, leading to misunderstandings, partial knowledge, and serious consequences that can shape the course of a woman's entire life.

## 2. Grassroots Approach

The program is rooted in local needs and relationships. Community embeddedness is crucial, as it would be extremely difficult for an outsider to launch an initiative based on trust. Preparatory steps – such as meetings, women's circles, and group discussions – help establish the credibility and acceptance of an external organization.

## 3. Engaging Local Women

The program's success is closely linked to its collaboration with local women — those who are part of the community, familiar with local realities, beliefs, and customs,

and who enjoy the trust of other women. This not only strengthens the program's acceptance but also offers growth opportunities for the women involved, potentially opening up new visions for their future.

### 4. The Role of a "Key Person" or Mentor(s)

Sustaining the program relies heavily on one or more local women who are strongly committed to the initiative and able to motivate and support others. The mentor facilitates the flow of information, coordinates activities, and provides stability to the group through her presence.

### 5. Community Building and Group Dynamics

One of the program's core elements is strengthening the sense of belonging to the group. Through shared learning, experience-sharing, supervision, and case discussions, participants grow closer not only professionally but also personally, creating a lasting support network. These occasions contribute to both personal and professional well-being, while teamwork enables members to substitute for and continuously support one another – a factor that can also help prevent burnout.

### 6. Opportunities for Learning and Development

Even after completing the initial training, it is essential to ensure ongoing opportunities for growth and learning for the doulas – whether through participation in professional events, gaining new experiences, or simply stepping away from everyday routines. Such opportunities help sustain long-term commitment and prevent burnout. The program's continued development is made possible by responding to emerging needs, expanding services, and fostering collaborations with partners.

### 7. Stable Organizational Framework

For the program to remain sustainable, it requires an organization capable of securing the necessary resources, professional support, and administrative background over the long term. Organizational backing provides stability and enables the program's growth. Achieving this depends, among other factors, on reliable funding.

### 8. Advocacy and Public Awareness

The program seeks to have an impact not only at the local level but also to contribute to systemic change. The experiences and perspectives of participants provide a valuable basis for broader social knowledge-sharing: through communication campaigns, research, and publications, the program can help raise public awareness of the issue, shape systemic attitudes, and promote institutional change.

# OUR CHOICE! PROJEKT – PART 1

***Launching, Preparation, Training, and Mentorship***

*The following section presents the circumstances of implementing our joint project with the Somnakuno Drom Roma Women's Civil Association. As a starting point, I have used the considerations outlined in the previous chapter as the key elements for establishing and sustaining the program. The aim of the project was to adapt and implement the Community Doula Service program in a new location – tailored to local needs and circumstances.*

## 0. "Favourable" External Conditions

By the time this initiative began, the Community Doula Service in Alsózsolca had already been operating routinely for three years and had matured to a stage where growth and expansion were both possible and necessary. This development was further supported by EMMA Association's Humanitarian Program, in which both the doula service's professional leader and the local coordinator were involved, significantly broadening the scope of activities.

At the same time, the idea emerged that the complex, peer-support-based assistance provided by community birth companions could and should be made accessible to women in other communities as well. For this, however, a partner was needed – one committed to Roma women and with strong embeddedness in the local community. Initially, the planning remained on a theoretical level, until the right funding opportunity was identified.

The two organizations involved in the project already had an existing relationship, established through their joint work supporting refugee women from Ukraine. The Somnakuno Drom Roma Women's Civil Association actively expressed both interest and commitment to implementing a community companion program within its own community. This created the right conditions for launching the project and building a working partnership.

## 1. Grounded in Real Needs

In Hungary's small towns and villages, there is a particularly pressing need for the support provided by community companions, as sexual and reproductive health services are often inadequate or entirely absent in many areas. Limited access to

reliable information and supportive services – whether related to childbirth, contraception, or abortion – poses a serious challenge, further compounded by systemic misogyny and the structural racism faced by Roma women.

This is especially true in segregated settlements (such as the Roma communities of Nagykálló or Nyírmihálydi), where sexual education is frequently lacking both at the institutional and family levels. In such contexts, women often rely on uncertain or misleading sources for information that can fundamentally shape their lives. This situation not only worsens individual health and quality-of-life outcomes but also deepens social inequalities and exclusion.

For these reasons, it is essential to ensure that community companions – who can support women with authenticity, empathy, and cultural sensitivity – are available in as many communities as possible.

## 2. Grassroots Approach

The Somnakuno Drom Roma Women's Civil Association was founded in 2019 by ten Roma women living in Szabolcs-Szatmár-Bereg County. Before formally registering as an organization, they had already been working together informally as a women's group since 2012. Recognizing the structural disadvantages within Roma communities – particularly those affecting women, young people, and children – the founding members established the Association with the aim of contributing to social change through community-based action, grounded in local knowledge and experience.

The Association's membership is made up of local Roma women, several of whom have since earned higher education degrees. Their work focuses on involving those directly affected, strengthening community participation, and improving the social position of Roma women. The Association's name – Somnakuno Drom, which means "Golden Road" in the Romani language – symbolically expresses their commitment to community building, self-organization, and social advancement.

Somnakuno Drom's activities contribute to the empowerment of Roma communities on several levels. These include preserving and promoting Roma culture, supporting the educational advancement of Roma children, and promoting gender equality for Roma women. A key goal is to reduce social prejudice and actively combat discrimination.

One of the Association's flagship programs focuses on early childhood development, with particular attention to providing both individual and group support for children aged 0–7. As part of this work, they run parent clubs where Roma parents can expand their knowledge on child-rearing, health promotion, and practical skills for everyday life.

Their social work extends beyond the local Roma community in Nagykálló. Since the outbreak of the war in Ukraine in 2022, they have also supported refugee families arriving from Ukraine – helping meet their basic needs and involving them in community and integration programs through on-the-ground social work and family mentoring.

Although the organization had not previously worked specifically on reproductive health and rights, as a local organization they were well aware of the difficulties women face in this area. According to their accounts, many Roma women in their community go through pregnancy alone and in fear, without anyone to truly support them during this sensitive period. In hospital settings, they are often misunderstood, face prejudice, are unsure what to expect during childbirth, and may not be aware of their rights. This leads to significant anxiety and uncertainty.

Somnakuno Drom entered into the joint program with the goal of training Roma women – who are themselves members of the community – to become birth companions, and later to work in this role. These women have first-hand knowledge of the everyday challenges faced by local women and families. As a result, Roma women will no longer be alone during major life events affecting their reproductive health – such as pregnancy, childbirth, or the postpartum period. They will be able to count on trusted local women who understand their language and culture, and who will help them assert their rights.

### *2.1 Preliminary Assessment*

*To ensure the partnership and the new companion service would operate effectively, we conducted an anonymous questionnaire survey with the partner organization's staff shortly after the project was launched. Our aim was twofold: first, to understand the relationship and division of responsibilities between the two organizations from the partner's perspective; and second, before starting the women's circles and the training, to assess how the local organization perceived the situation of women in their community.*

The partner organization described the collaboration and implementation of activities as nearly flawless, highlighting our close working relationship, joint support for women's healthcare access, and the successful delivery of our shared project. They also noted that EMMA Association's expertise had enriched their knowledge of sexual and reproductive health and improved their skills in supportive communication.

To better understand the situation of local women, we asked about their general mental and physical well-being, as well as their sexual and reproductive health awareness. Responses suggested that, thanks to Somnakuno Drom's long-standing

presence and community work, women here face fewer challenges than in places without similar initiatives. Even so, their health awareness and emotional well-being were rated only moderate or lower – showing the continued need for sustained support.

When asked specifically about sexual and reproductive health knowledge, the partner indicated that local women's understanding remains limited, despite many having firsthand experience with pregnancy, childbirth, abortion, and interactions with healthcare providers. This points to a primarily experiential, rather than comprehensive, knowledge base.

Because community accompaniment is rooted in solidarity and mutual support, we also explored how often women help one another in difficult situations. While the will to help was strong, the skills to provide effective support were often lacking. We addressed this by introducing group solidarity and peer support practices in women's circles, and by making attentive listening and mutual aid skills central to the companion training.

The ten women's circles held during the project period strengthened mental and emotional well-being, increased awareness of sexual and reproductive health, and improved access to reliable information. These gains will be further reinforced by the work of newly trained community doulas.

## 3. Engaging Local Women and Integrating into the Community

*For assessing the preparatory meetings and women's circles that served to lay the groundwork for the project, we chose the method of participant observation. The observation was carried out by one person, who, on behalf of the EMMA Association, also served as the project coordinator, thus following the processes from the inside. This added an extra dimension to tracking the process that could not have been achieved through the involvement of an external expert. The person conducting the assessment also became a trusted figure for the community, enabling participants to speak openly with her about their experiences.*

To establish the doula program in a new location, it is also essential for the external organization – in this case, the EMMA Association – to earn the trust of local women.

This is where the partnership plays a crucial role, as our presence in the community is not independent, but in collaboration with an organization that is already committed to the local population.

### *3.1 Preparatory Meetings*

To support the integration of the project, we held two so-called preparatory meetings – one in Nagykálló and one in Nyírmihálydi. These events were attended by local healthcare professionals who shared their knowledge and listened to the experiences of the community doulas from Alsózsolca. Overall, they welcomed the news of the program's launch in Szabolcs-Szatmár-Bereg County.

At one of these meetings, the discussion touched upon the fact that women often place an excessive amount of trust in their doctors during childbirth. While this might be considered normal given the current social circumstances, it can be a misplaced trust, since doctors in the current system are often overworked and thus less able to provide emotional support. Together with the professionals, we agreed that this is where doulas play a crucial role – they are there solely for the woman, to ensure she feels safe.

At both meetings, the project's launch was met with a positive reception, and the professionals also emphasized that if a doctor or midwife cannot create the right environment for the birthing woman, it is vital that she have a doula (or community companion) to provide that support.

### *3.2 Women's Circles*

During the first year of the project, we held a total of ten women's circles across three locations – four in Alsózsolca, four in Nagykálló, and two in Nyírmihálydi.

At the two new locations (Nagykálló and Nyírmihálydi), the women's circles focused on topics related to sexual and reproductive health, with particular emphasis on the experiences and perspectives of local women. We explored subjects such as the menstrual cycle, female fertility, and pregnancy termination, highlighting the importance of understanding our bodily processes – not only for family planning but also for other aspects of women's lives. One example is the sexual education of their own children; on some occasions, we also discussed key approaches to the sexual education of both girls and boys.

The topics were shaped based on requests from the local women themselves.

The women's circles confirmed our initial assumption that while women naturally possess information and knowledge related to sexual and reproductive health, this information is often incomplete or misleading. As is common within any close-knit community, experiences are passed on by word of mouth, and many are accepted and retold as unquestionable truths.

An example of this is the misconceptions surrounding contraceptive devices: “the IUD will grow in” – and they can even name the woman in the village this allegedly happened to. What they might not know, however, is that problems with an IUD are typically linked to a lack of follow-up or failure to remove or replace it after five years. When used correctly, the chances of it causing serious problems are very low.

In addition to these community-circulated misconceptions, there are also the powerful influences of beliefs, which can be religious or ethnic in origin. The taboo around menstruation, for instance, can lead to inadequate management (e.g., hygiene issues) and feelings of shame. This, in turn, stems from the fact that in some circles, menstruating women are still considered “impure” and subject to restrictions – such as being forbidden from touching certain foods during menstruation for fear they will spoil.

Given the topics discussed, it was not surprising that women’s experiences with healthcare providers also came up. Unfortunately, these accounts were overwhelmingly negative. Every woman who shared her story described clear problems during gynaecological examinations – whether it was a routine cervical screening, prenatal care, IUD insertion, or the diagnosis of gynaecological conditions such as PCOS or endometriosis.

A recurring issue was that doctors failed to explain, in a clear and understandable way, either what was happening during the examination or what the implications of a diagnosis, treatment, or contraceptive method might be. In addition to this lack of information, many also reported experiencing a dismissive or condescending attitude, which made them reluctant to ask questions.

This combination of inadequate communication and poor treatment leads to multiple consequences: women lose trust in doctors, avoid regular (preventive) check-ups, and – lacking essential information – either remain unaware of what is happening with their bodies or piece together their understanding from word-of-mouth within the community. In some cases, this community-circulated information can be actively harmful.

When the topic of childbirth came up, women also shared experiences of obstetric violence, including threats of force or actual physical violence such as fundal pressure (the Kristeller manoeuvre). In connection with healthcare providers, women discussed the possibilities for giving feedback and filing complaints, as well as the importance of sharing positive experiences of respectful care – because such cases do exist – so that others know which doctors are likely to treat them well. These small, informal “support strategies” among women can serve as the foundation for a more structured, peer-based service, such as the work done by community companions.

Beyond the concrete exchange of experiences, the women's circles also introduced participants to the concept of peer support in a group setting. At the start of each circle, we repeated the ground rules that ensure every participant feels safe. In fact, these same principles form the basis of community accompaniment as a peer support relationship.

- **Confidentiality:** What is shared in the women's circle stays in the circle. We may speak about our own experiences, but we do not share other women's stories.
- **Everyone gets their turn:** We wait for each person to say what she wishes. We do not interrupt or cut into someone's sharing.
- **Acknowledging each other's feelings and experiences:** We recognize and respect them even if we cannot relate to them or fully understand them.
- **Reflecting on our own feelings:** We speak from our own perspective and do not judge or evaluate another woman's experiences.
- **No judgment:** Each woman is the foremost expert on her own life, and only she can decide what is best for her. We accept this and, as supporters, we focus on helping her in that decision.

The women's circles did not always have the same participants, although there were some recurring attendees. The changes in group behaviour were most noticeable among those who participated in multiple circles. The most evident shift was in how they allowed each woman to finish speaking and how they responded to opinions or experiences that were entirely at odds with their own values.

From this perspective, abortion proved to be the most relevant and sensitive topic. For some women, processing this difficult life event is harder than for others. Many factors can play a role in this, but throughout the discussions we sought to emphasize that no one has the right to judge a woman who chooses to terminate her pregnancy. This is her personal decision and must be respected.

At the same time, we also found it important to talk about focusing on prevention – abortion is not a contraceptive method, but rather a solution for a woman in a crisis situation. Using an IUD or another form of contraception is safer in every respect.

In addition to knowledge sharing and gaining the trust of local women, the women's circles were also intended to allow for the organic emergence of participants from the community who felt motivated to complete the community companion training and to support local women as doulas.

Some of the women's circles held in Alsózsolca, initiated by one of the doulas, took the form of Youth Women's Circles, focusing on the menstrual cycle and contraception. These sessions not only provided information but also created a trusting, supportive community space where girls could openly ask questions and receive sensitive, respectful answers. In doing so, they helped foster a more conscious and health-aware woman's identity.

### *3.3 Community Companions Training*

> *"You really have to fall in love with this work to be like us – so that if someone says, 'We need to go now', you're already getting dressed and on your way."* (Brigi, doula from Alsózsolca)

Almost all of the women who took part in the training had attended at least one women's circle and had already been in long-term contact with the Somnakuno Drom. The pool of candidates shifted during the preparatory phase: some women initially appeared motivated to pursue the role of a doula, but circumstances in their lives changed in such a way that they could no longer commit to participating in the ten-week training.

In the end, ten women joined the training. Three of them were staff members of Somnakuno Drom, and one was a participant in another program run by the EMMA Association. Of the ten women, seven were residents of Nagykálló, two lived in Nyírmihálydi, and one joined from Miskolc.

#### *3.3.1 Motivation and Goals of Women Interested in the Training*

*Among the applicants for the training, we conducted motivational interviews with those who lived in Nagykálló or Nyírmihálydi and were not staff members of Somnakuno Drom. These interviews were carried out by the two project coordinators together with two community doulas from Alsózsolca.*

*In addition, all ten women completed a pre-training questionnaire designed to assess their knowledge of sexual and reproductive health and rights. The questionnaire also included a basic "baseline assessment" covering their current mental health, health awareness, and attitudes toward supporting other women.*

The motivational interviews clearly revealed that the women applying for the training were driven by personal experiences and a desire to support others. Several shared stories of their own difficult birth experiences, during which they had felt vulnerable and deprived of the emotional and physical support they needed. A recurring theme was the wish to prevent other women from going through the same sense of isolation they themselves had experienced within the healthcare system.

Some recalled the traumatic birth experiences of relatives or friends, which had similarly inspired them to offer supportive presence to women in similar situations. One applicant expressed the belief that, had she had a doula during her birth, the experience would have been entirely different – not only physically, but emotionally as well. Another had already accompanied a birth and witnessed first-hand how transformative it can be when someone is there to hold a woman's hand and encourage her through labour.

All of the women interested in the training demonstrated a strong motivation to help other women, often those in disadvantaged situations – both Roma and non-Roma alike. Their commitment to becoming community companions stems from inner drive, empathy, and a sense of collective responsibility. Their goal is to provide emotional safety, information, and practical support to women who enter the healthcare system alone, fearful, and often carrying the weight of past trauma.

### *3.3.2 Assessment of Participants' Knowledge and Well-Being*

Based on the questionnaire responses, all women who joined the training reported paying conscious attention to physical symptoms related to their reproductive health and regularly attending check-ups and screenings. Most participants rated their emotional and mental well-being as good; despite the everyday challenges they face. One respondent noted that while she generally feels well, she occasionally senses a need for additional support.

As mentioned earlier, women in the community already support one another to some degree, but those involved in the training are approached particularly often by local women seeking help. Although they do not have formal professional qualifications, they do their best to assist within their means – either by looking into the issue themselves or by directing women to other trusted sources of support.

The assessment of knowledge about sexual and reproductive health and rights revealed results that differed from the Somnakuno Drom's earlier assumptions. The organization had previously estimated that women in the community possessed only a moderate level of knowledge on these topics. However, the self-reported answers of the training participants painted a more positive picture. It is important to note, though, that these women were not selected at random; rather, they were already motivated to take on a supportive role within their community. It is therefore reasonable to assume that their knowledge and awareness are higher than average. Another factor to consider is that with self-administered questionnaires, people often find it difficult to realistically assess their own knowledge, as they lack clear points of reference. In the case of women's health, it is particularly common for individuals to feel they have sufficient knowledge – until they are personally confronted

with a specific problem. In reality, many essential pieces of information never reach them unless they engage with these topics consciously and purposefully.

We also asked the women what problems or challenges they see in the functioning of the obstetric and gynaecological care system. Their feedback centred on the following areas:

- **Discrimination and prejudice:** Most participants stated that Roma women often face disadvantage and discrimination in healthcare institutions. This can manifest in condescending behaviour, inattention, and even harsh or degrading communication. Several women emphasized that they are not treated "with human dignity", and described racism as a frequent experience.
- **Lack of information:** Many women reported that healthcare workers do not provide adequate, clear, and comprehensive information during pregnancy, childbirth, or gynaecological examinations.
- **Poor treatment and lack of support:** According to general experience, healthcare workers do not actively assist women in labour, fail to communicate with them, and often display cold, dismissive attitudes. Some accounts noted that the greatest difficulty lies precisely in the fact that the very people who are supposed to help them do not treat them with respect.

This feedback further illustrates that systemic problems in obstetric and gynaecological care hinder Roma women's access to safe, dignified, and well-informed healthcare.

### *3.3.3 The Training and Post-Training Assessment*

*In the end, eight women completed the training, and they filled out the post-training questionnaire. This included questions about the knowledge they had acquired, their sense of belonging to the group, the presence of the Community Doula Service in Alsózsolca, and their readiness to begin providing support.*

The aim of the training was to equip the selected doula candidates with both theoretical and practical knowledge that would enable them to successfully begin their work as community companions. During the course, participants gained insights into pregnancy, childbirth, contraception, and abortion, with particular attention to the experiences of disadvantaged Roma women.

*"The most important thing I learned is that the birthing woman is at the center, and everything revolves around her decisions."*[13]

*"The key takeaway for me was that informing and empowering women is essential. I came to understand that many women lack adequate information about the available methods, their effectiveness, side effects, or how to choose the option that best fits their life circumstances."* [14]

*"In the topic of abortion, the most important lesson for me was that it is an extremely sensitive and personal decision that must always be approached with respect and without judgment."*[15]

They also became familiar with hospital protocols, patient rights, and clarified the role of the doula – whose aim, when accompanying a woman to childbirth or other medical examinations, is not legal advocacy or confrontation, but rather creating and maintaining a sense of safety for the woman. We placed strong emphasis on presenting the foundations of peer support and practicing specific techniques that companions are most likely to need in the course of their work.

*"Active Listening: For me, it means paying close attention and listening without interrupting. I let her speak freely, while also being mindful of my body language. If necessary, I offer key words to help her continue. She needs to feel that she is at the centre right now and can share what she is going through."*[16]

*"Flexibility: For me, it means being able to adapt to situations and the individual needs of pregnant women, while preserving the fundamental goal of providing support. This skill helps me avoid following rigid rules, allowing me instead to act based on the specific situation and circumstances. Without flexibility, it would be difficult to offer real help, because every woman and every situation is different, and it is important to respect that. For me, flexibility is the balance of respect, understanding, and seeking creative solutions, enabling the support to be truly effective and personalized."* [17]

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13 Quote from the post-training questionnaire (the most important thing learned about childbirth).

14 Quote from the post-training questionnaire (the most important thing learned about contraception).

15 Quote from the post-training questionnaire (the most important thing learned about abortion).

16 Quote from the post-training questionnaire (on selecting and defining a peer support technique).

17 Quote from the post-training questionnaire (on selecting and defining a peer support technique).

During the training, participants not only gained knowledge but also went through a deep emotional and experiential learning process. In the sessions that explored topics related to sexual and reproductive health and rights as part of the female life course, it was not uncommon for someone to find guidance for processing events from their own life. Among the participants, there was someone who, for the first time during the training, recognized that what had happened to her was obstetric violence. Creating space to share and work through personal experiences is an important part of such training, as it is difficult to carry out genuine support work while still in the shadow of our own traumas and grievances.

> *"They are left alone, shamed, carrying a heavy burden at a stage of life when they are vulnerable and exposed – physically, emotionally, and economically."*[18]
>
> *"Anything that happens without a woman's consent constitutes violence. This includes the lack of information and disrespectful, harsh treatment."*[19]
>
> *"Obstetric violence includes physical abuse – for example, when a woman is forcefully pressed on the abdomen. I would also include the psychological aspects, such as when a woman is spoken to in a condescending or inappropriate manner."*[20]

The doulas from Alsózsolca highlighted a very significant point during the evaluation of the training: they observed that when experienced, trained professionals in the field (such as doulas or midwives) speak about obstetric violence, its reality and severity often do not come across as brutally as women actually experience it. This is due to the use of learned and/or professionally accepted terminology, which can soften the harshness of the events. Their presence in the training was therefore crucial, as they were able to speak about the topic in a more vivid and tangible way.

The doulas from Alsózsolca also took a leading role in presenting the roles of doulas or community companions, as well as real-life cases from practice. On each training day, they acted as facilitators, sharing their experiences with the new doulas. Their authentic stories, emotional support, and professional role-modelling inspired and motivated the participants.

18 Quote from the post-training questionnaire (on defining obstetric violence).

19 Quote from the post-training questionnaire (on defining obstetric violence).

20 Quote from the post-training questionnaire (on defining obstetric violence).

*"We were able to share our own experiences – at least I could only share that, because I'm definitely not the learned, text-book type. But I could pass on what I already have experience with – in the delivery room, during an abortion, or when accompanying someone to a gynecological appointment – what really happens there. […] So I was always a bit nervous, especially when we were paired up and assigned topics, and then I always felt relieved that yes, I can actually talk about this."* (Zsanett, doula from Alsózsolca)

*"We encouraged them by saying that we've already been through this, and they will get through it too. And once they experience and feel what it's like, they will come to love it."* (Rita, doula from Alsózsolca)

One of the biggest differences in launching the program at the new location is this: although the training curriculum changed in other ways as well, it is hugely significant that a successful program run by Roma women is being presented by the women themselves to newly trained Roma women. According to Viki (doula from Alsózsolca, local coordinator), this is especially important because they not only presented the positive aspects of the support role but also its challenges – such as the reality that, even as a doula, Roma women must still confront institutional racism.

*"You know, the [doula training] we had before never mentioned the downside – like that you might get chewed out, or they might say, 'What do you mean you're a doula?' You know, those things were never brought up. And for me, compared to the current training in Nagykálló, that was missing. I think those things could have had a big impact, because then we could have prepared ourselves for them as well."*
(Viki, doula from Alsózsolca)

They also highlighted that thanks to their existing four years of experience at the time, the new training combined much more complex and structured theoretical and practical elements. However, they did not necessarily see this as a disadvantage for themselves:

> *"For me, that was just enough, because I always learned from experience afterwards. And I think that's what brought us closer together – that even though we didn't know as much of the theoretical side of the whole doula role, we always learned from our own experience, and I think that's what really forged us together. […] We always discussed what had happened to us."* (Brigi, doula from Alsózsolca)

For the participants of the current training, it was a unique experience to hear active Roma community companions speak about their work, to connect with them, and even to ask them personal questions during breaks.

In the post-training questionnaire, seven of the eight women who completed the course stated that "the presence of the Alsózsolca doulas, who could share their several years of experience as companions, was very important for the training". Six also expressed that "it meant a lot that they spoke honestly about the process of accompanying women, both the positive and negative experiences", and four felt that "it was good to connect with Roma women from other towns as well". Only one woman felt that "the training would have been just as good and useful without the doulas' participation".

The most important thing they learned from them was[20]:

> *"If a difficult situation arises, I shouldn't give up."*
>
> *"That they dared to speak honestly about what they went through, what they experienced, why they made the decisions they did. […] The way they owned their stories – well, that was something! I learned courage from them!"*
>
> *"From the Alsózsolca doulas, I learned how deeply community accompaniment is connected to humanity, empathy, and a profound knowledge of local experiences. What especially*

21 Quotes from the post-training questionnaire (on the key lessons learned from the doulas from Alsózsolca).

*struck me about their work was how, despite everyday challenges, they can create a supportive atmosphere within their own community that truly empowers women."*

*"Patience! No matter how hard it is, you must learn to be patient and focus on the mother – not on the inappropriate comments from the doctor, the nurses, or the staff."*

*"The most important thing I learned from them was not to judge others. And that building trust is very important – as is always being honest."*

Alongside sharing information and serving as role models in attitude, another crucial part of the training was introducing the new group to the administrative and practical aspects of accompaniment work. In this, too, the community companions from Alsózsolca supported the trainers.

Of the eight women who completed the training and filled out the questionnaire, 75% felt they had adequately mastered seven of the peer-support techniques – such as active listening, emotional responsiveness, non-judgmental empathy, adaptability, and so on. Learning and applying these techniques is what truly provides a solid foundation for the support work.

*"For me, it was more about abortion […] that there were women who were very judgmental about it, but by the end they came to see things differently. That we don't judge a woman for going for an abortion. It was such a beautiful thing that everyone really dug deep into the topic, and in the end we heard from everyone that they no longer condemn the woman, but instead understand her." (Zsanett, doula from Alsózsolca)*

More than half of the women who took part in the training felt confident that they could provide comprehensive information on at least eight pregnancy- and birth-related topics (such as the emotional processes of pregnancy and birth, hospital interventions like episiotomy or caesarean section, etc.) to women in their community. All participants, however, felt they could offer adequate support in at least three such areas.

75% of the new doulas reported being able to give detailed information about at least four contraceptive methods (e.g., IUD, condoms, birth control pills, etc.) to women in their community.

More than half of the participants said they fully understood the practical steps involved in various accompaniment processes, and the rest indicated they would only need minimal support to carry them out. In this, they are supported by two staff members of the partner organization, both of whom have also been trained as community companions and act as mentors.

> *"The most valuable element was the supportive community created together by the participants and the trainers."*[22]

## 4. The Role of a "Key Person" or Mentor(s)

*The mentoring roles emerged organically but were already in place when the training began. Two staff members of Somnakuno Drom face the task ahead with genuine dedication: keeping the doula teams active in Nagykálló and Nyírmihálydi united, mentored, and supported. After the training, we conducted paired interviews with them, focusing on their attitudes and motivations related to their new roles.*

The two staff members who voluntarily took on the mentoring role are motivated by a desire to see change in how the healthcare system treats Roma women. They want women to feel safe even during a routine gynaecological exam, let alone in the delivery room. Both are deeply committed to the belief that this program will provide real support to Roma women living in Nagykálló and Nyírmihálydi.

They fully embrace their mentoring role, and are happy to take on the administrative, team building, motivating, and safety-providing aspects of the position.

> *"I feel like I've become the 'mother' of the whole thing, the whole situation. [...] I'm a constant navigator – our future doulas come to me with little questions, looking for guidance on when they can do something, say something, speak up. On one hand, maybe this isn't always necessary, but they need my reassurance because they're afraid of expressing themselves incorrectly or saying something foolish. I'm the one they turn to for direction. [...] I see myself as a driving force in our work together."* (Bogi, doula from Nagykálló)

22 Quote from the post-training questionnaire (on what participants found to be the most valuable element of the training).

> *"I will definitely be the person who holds this doula team together, who shows them the way and supports them in everything – especially in passing on information and sharing experiences. [...] We'll be the ones they tell their stories to, both good and bad. And I think we'll also help them process the cases they go through."* (Gizus, doula from Nagykálló)

The mentors have a strong belief that this team will be able to operate as sustainably as the group in Alsózsolca. They are certain that they will do everything in their power to make this happen, as their experience shows there is a great need for this program. Their strong vision is also evident in the fact that they can imagine supporting similar initiatives in several other towns in Szabolcs-Szatmár-Bereg County in the future. However, what could stand in the way of long-term continuation is the challenge of securing financial resources:

> *"And the problem is that I still don't see how we'll be able to secure funding for the continuation. I would really, really like there to be a source from somewhere for this. Because this is the kind of task, the kind of work, that really should continue. There is such a great need for it."* (Gizus, doula from Nagykálló)

# OUR CHOICE PROJEKT – PART 2

*Launch of Accompaniment Work, Expected Impacts, and Sustainability*

During the project period in Nagykálló and Nyírmihálydi, the seven women who completed the training accompanied a total of 24 women – one during childbirth and 23 in cases related to contraception. In addition, staff from the partner organization distributed a total of 124 donations related to contraception and fertility within the local community.

As the project drew to a close, we felt it was important to assess what impact the partner organization hoped to achieve in its community regarding Roma women's access to healthcare, their sense of safety, and the support available to them. Their response reflected both a deep commitment and the recognition that this was not merely about creating a new service. It is also a process of changing attitudes – one that will take time to mature, and for which the continued building of trust within the community, as well as the active and consistent presence of community companions, is essential.

The following long-term impacts were envisioned for the project:

- **Roma women will participate more confidently in healthcare settings:** they will feel able to attend medical examinations and consultations and will not hesitate to ask healthcare professionals their questions.
- **They will become more informed about sexual and reproductive health:** gaining greater confidence in understanding their own bodies and how they function and attending regular screening appointments.
- **Pregnancy, childbirth, and the postpartum period will become more balanced experiences,** with reduced anxiety.
- **Their sense of safety will increase,** knowing that trained doulas are by their side, making birth and other gynaecological experiences less emotionally taxing.
- **The program will not only strengthen women's sense of security** but will also contribute to their children being born in better circumstances and to the overall strengthening of families.

The impact expected by the Somnakuno Drom will not happen overnight. Community-based initiatives like the Doula Service Program need time to take root and bring about real change. It takes time for community members to understand and accept the importance of the doulas' role. As the experiences from Alsózsolca show, in the initial phase of the program – right after the training – it is the community companions who must take the initiative: they need to reach out to and engage those women who require support, even if seeking help feels unfamiliar or difficult for them at first. The key to long-term sustainability is local acceptance, which cannot be achieved without maintaining group cohesion and the internal motivation of the doulas. This, in turn, requires continuous professional and community support, along with a stable organizational background that can ensure the conditions for operation and respond effectively to emerging challenges.

## 5. Community Building and Group Dynamics

Even during the training, we aimed to make the importance of solidarity among doulas tangible for the participants. We considered it essential not only to develop individual knowledge but also to foster a sense of community among them. To this end, we deliberately incorporated practical exercises and role-play scenarios that strengthened trust and connection between the women and supported collaborative learning. According to the post-training survey, every new doula valued belonging to the group and supporting one another – something that had already begun to take shape during the training itself.

An especially important element of the program is the cooperation between the two doula groups – the one in Alsózsolca, which has been operating for years, and the newly formed team in Nagykálló. What these women are creating is a unique initiative in Hungary: a community-based network supporting disadvantaged Roma women. This makes it particularly significant for them to stay connected, exchange experiences, and learn from one another. The stories, questions, and solutions they share not only support professional development but also help shape a women's community that can serve as a foundation for long-term sustainability. To this end, during the project period we organized a joint case discussion session to provide space for sharing experiences related to accompaniment. Similar sessions – mostly held online due to geographical distances – will continue to be organized in the future.

> *"It felt good to know that something like this is starting there too, and that we went to share our experience – that felt good. [...] But I think this connection will really start to develop when they [...] come to ask for advice, like, 'What would you do in this*

*situation?' or 'How does this work for you?' And I think that's when it will truly arrive for us, and that's when we'll feel that there are women there too who are supporting others – when they start coming to us with things like that."*
(Éva, doula from Alsózsolca)

## 6. Opportunities for Learning and Development

Following the training, it remains crucial to ensure that community companions have continuous opportunities for growth and learning. These not only help expand their knowledge but also contribute to maintaining long-term commitment and preventing burnout. In this spirit, during the project we organized a study visit for the two doula groups, which, in line with their needs, included an advanced training session on the topic of intimate partner violence.

In addition, members of both groups participated in a professional event (the MPPPOT Conference[23]), further strengthening their connection and shared goals. Such appearances also create opportunities for the doulas to grow into their roles and to represent the program and its values actively and confidently in public spaces.

However, participation in professional events does not happen overnight. According to the post-training questionnaire, seven out of the eight women felt motivated to represent the program outside their own community. Some, however, believe that obstacles may include their jobs, maternal responsibilities, and the fact that participation would require traveling to another city – possibly staying overnight – which, in many cases, is not something widely accepted within their communities.

## 7. Stable Organizational Framework

The long-term sustainability of the program is unimaginable without a stable and committed organizational background. For the community companion system to operate in the long run, there must be an organization that not only provides professional support to the doulas and the program but is also able to generate resources and identify new opportunities for growth. In this work, EMMA Association plays a key role, supporting the Somnakuno Drom Association in mentoring, case follow-up, and joint strategic planning.

23 https://www.mpppot.hu/english

Our collaboration does not end with the conclusion of this first joint project – we believe that this initiative can be sustainable in the long term and will continue to provide real solutions to the challenges faced by Roma women in accessing obstetric and gynaecological care.

## 8. Advocacy and Public Awareness

During the project, we carried out two communication campaigns aimed at challenging entrenched, stereotypical narratives about Roma women and amplifying the real, complex lived experiences, courage, and resourcefulness of Roma women.

In November–December 2023, our #EveryWomanMatters communication campaign took place as part of the 16 Days of Activism initiative, focusing on obstetric violence. Throughout the campaign, we published nine short teaser videos on our Facebook page, featuring Roma women's childbirth experiences. Drawing on the women's own words, we raised awareness about obstetric violence and emphasized the importance of respectful treatment in maternity care.

In autumn 2024, our "Roma Women's Lived Experiences in Focus" campaign ran on Facebook and Instagram (in Hungarian) and on LinkedIn (in English). We shared quotes from Roma women on topics such as safe abortion, peer support, access to contraception, giving birth with the support of a community doula, and obstetric violence. The campaign's aim was to draw attention to these fundamental reproductive rights issues through the real stories of Roma women and to strengthen solidarity among women.

# FINAL REFLECTIONS AND KEY TAKEAWAYS

I close this study with the lessons emerging from the data gathered during the process.

Based on my observations, three key factors currently play a decisive role in the successful operation and sustainability of the Community Doula Service programs in Alsózsolca and Nagykálló.

It is important to recognize that building such a program is a time-consuming process. Supporting women's sexual and reproductive healthcare is a deeply personal task that requires trust – trust that cannot be rushed. This trust develops slowly, through positive experiences and tangible results. This natural, organic growth means that the doulas' work gradually spreads within the community, and **while the number of support cases may not appear large, the time and energy invested are significant.** Supporting a single woman can take months or even more than a year, and many return to the same doula for later births of their children – or seek help with other issues such as contraception. This clearly demonstrates the deep trust that has developed.

**Capturing the true value of this personalized, long-term support requires a MEL system capable of reflecting the complexity of community-based casework.** In this area, impact measurement should focus on the development of both the women in the community and the doulas themselves, using qualitative methods.

Special attention must be given to the issue of **secondary trauma** experienced by doulas and its appropriate management.

While their work creates a protective bubble around the women they support and helps foster more positive birth experiences, doulas themselves remain exposed to the systemic injustices embedded in the healthcare system.

The presence of a doula alone cannot eliminate unnecessary medical interventions or remove barriers to accessing contraception or abortion. While their work often has a positive impact on their own lives, it can also be emotionally taxing. To address this,

**the program has begun developing tools and methods to help doulas process the emotional burdens of their role.** However, further resources and opportunities are needed to safeguard the doulas' wellbeing.

Taking all of these aspects into account, **one of the program's most important lessons is the critical significance of long-term sustainability.** An initiative that responds to deeply rooted, systemic problems cannot be treated as a short-term pilot. Once women and doulas have experienced the program's positive impact, withdrawing support would create a profound gap in the community.

For the women being supported, the presence of a trusted companion in an often-hostile healthcare environment offers not only safety, but also dignity and self-determination. The fact that **they can turn to someone from their own community** – someone accessible, understanding, and consistent – brings about real change in their lives.

The program opens up new opportunities for doulas. Many of them come from disadvantaged backgrounds themselves, and this work offers them a chance to step beyond the "limitations" of their home environment and gain access to new professional and social spaces. It provides not only knowledge and advocacy skills, but also opportunities for connection, rest, and renewal. In this way, the program supports both professional development and personal fulfilment.

These experiences highlight that, **in order to achieve and stabilize genuine, lasting change, community-based models require long-term, sustainability-oriented support – with stable funding, recognition, and opportunities for growth.**

# ACKNOWLEDGEMENTS

This study refers to the program's active participants by their first names, both as a gesture of personal gratitude and to acknowledge the central role of individual commitment in the success of a trust-based, peer-support model like the Community Doula Service in Alsózsolca. The impact, sustainability, and spirit of this initiative are inseparable from the dedication of the women who make it possible.

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