

**WOMEN'S HEALTH IN THE EU ROMA INTEGRATION
FRAMEWORK (2011) AND THE HUNGARIAN NATIONAL SOCIAL
INCLUSION STRATEGY (2011): UNDERLYING PRESUMPTIONS
AND IMPLICIT GOALS**

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ABSTRACT

This thesis critically analyses the discourse on women's health in the EU Roma Integration Framework (2011) and in the Hungarian National Inclusion Strategy (2011), which determine national policies and actions concerning Roma for the next seven years. Throughout the thesis I argue with the help of biopolitical, post-Marxist and postcolonial literature that contrary to the declared goals of the policy makers, which are the social and economic integration and inclusion of Roma, they draw a firm boundary between Roma and non-Roma and thus hinder the initial objectives. It is being done by defining both groups along statistical differences, such as life expectancy and abortion rates, which imply ethical evaluations as well. The health of the Romani woman has been used as a discourse through which the differences and the stereotypes have been reinforced. The methodology involves a close critical discourse analysis of the excerpts of the policy documents concerning women's health, and links their underlying assumptions to the functioning of the biopolitical state, colonial governmentality, and the position of the state within a civilizational slope in Europe. According to the findings of this study, where the policy documents read integration and inclusion, they mean normalization in the Foucauldian sense that is, the arranging of the behaviors of Roma and non-Roma in a hierarchy along the rule of a statistical norm.

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1. SCOPE AND AIMS OF THE STUDY

In 2011, the European Commission published the *EU Framework for National Roma Integration Strategies up to 2020* (Framework) in order to improve the situation of Roma, Europe's biggest ethnic minority and in the same year Hungary created its own *National Social Inclusion Strategy* (Strategy). The basic goal of these documents is to address the marginalization, social exclusion of the Romani population and to eliminate the extreme poverty experienced by significantly big numbers of Roma, preeminently by their integration into the labor market. The policies focus on four areas of intervention: access to education, employment, healthcare and housing. The Framework puts an additional emphasis to the situation of Romani women in the areas of employment and healthcare. The Hungarian Strategy includes a framed chapter in the length of almost three pages about "The Situation of Romani Women". Women most of the times are mentioned together with children and in terms of health and reproductive issues. As these documents determine future political actions concerning Roma for the next seven years, in my opinion it is worth analyzing the underlying presumptions and the implicit priorities and aims found in them.

Although the policies were adopted approximately two years ago, and some programs derived from them have started to be implemented, not much criticism and reflection can be found from academic scholars. Nevertheless, Swati Mukund Kamble, in her thesis (2011) warns that Hungary's action plan lacks the gender perspective and due to the alarming life expectancy and mortality rates, more focused programs would be needed. Analyzing the Roma strategies of the Roma Decade member states, Boroka Bo (2012) asserts in her discourse analysis that the documents "inadvertently or purposefully contribute to the reproduction of oppression of the Roma in the countries producing the strategies" (Boroka Bo, 2012, p. 2).

A number of criticisms from Roma- and human rights NGOs are available. Let me introduce some of them which reflect to the representation of Romani women's health. Many of the significant critiques by NGOs reflected attention to the fact that gender inequality is not among the basic principles of the Framework. The word "women" appears only to indicate that certain problems affect women more than men. The European Roma Policy Coalition (ERCP) (an informal gathering of NGOs committed to Roma) released its recommendations indicating minimum points which should be included in the national strategies in spite of that they were missed out from the Framework. It claims that "States' strategies should duly reflect the multiple discrimination experienced by Roma and often based on gender by mainstreaming gender issues and focusing, when relevant, on the specific situations of women" (ERPC, 2011 July, p. 5). The European Policies Initiative's Policy Brief authored by Bernard Rorke, Director of International Research and Advocacy at Roma Initiatives Open Society Foundations, from May 2011 dedicates a whole paragraph to the "multiple discrimination faced by Romani women". The author notes that no measures have been established concerning gender equity, and it emphasizes women's roles as caregivers. (Rorke, 2011 May, p. 3).

The Hungarian Roma Strategy which was published at the end of 2011 contains a whole three pages section dedicated to Romani women. According to the criticism of the Open Society Foundations, Romani women are considered as a priority target group in relation to the issues of family planning and pregnancy. This reflection also focuses on women's role in the healthiness of the whole family (Rorke, 2011 May, p. 53). The report of the ERPC on the Hungarian Strategy acknowledges that there are measures to gender equality, but it considers them insufficient (ERCP, 2011, p. 13). The evaluations of EU institutions of the Hungarian Strategy call the Committees and the Member States to include gender equality in the action plans and reflect the

attention to the importance of “gender issues”. These evaluations show that there is no powerful criticism of either the EU Roma Framework or the Hungarian National Strategy regarding gender equality. Even the ones that mention that women’s issues are included do not criticize that in most of the cases women appear together with children, and mostly in connection to health care. No critical reflection can be found to the mother and caregiver roles ascribed to Romani women taken for granted.

In this thesis I examine certain goals delineated within the European framework for the integration of Roma and the Hungarian Roma inclusion strategy, with a particular focus on women’s health. I regard health as a disciplinary discourse through which people, beyond the individual level, are being regulated as masses (Foucault, 1975). Women’s health has a particularly important role in exercising power over populations as control mechanisms are being inscribed on women’s bodies through reproduction policies.

A deep exploration of the theories related to women’s (reproductive) health would help us to gain a comprehensive understanding of the basic goals of the Framework and the Hungarian Strategy. This might be important not only for scholars but for the ones who have influence on the decision making process of particular projects to a certain extent and to the NGOs and other institutions involved in the implementation processes of the policies in question. With the help of a substantive understanding, professionals would be able to create projects which are useful in the long term and bear the possibility of a real social change in the situation of Roma and especially Romani women. The construction and realization of projects in a blindly obedient manner could be avoided.

My main research questions are the following: What is meant by integration of Roma and Romani women in the analyzed documents? How is the ‘dis-integratedness’ of Roma understood? How is health used as a disciplinary framework? How are Roma being created as a problem through the policies? How are Romani women constructed discursively by these documents? In this thesis I argue that the EU Roma Framework and the Hungarian National Social Inclusion Strategy, in spite of their declared goal which is the economic and social integration of the Roma population of Europe and Hungary, create a picture about Roma as a homogenous group and as clearly distinguishable from the non-Roma. Doing so, the policy makers reaffirm the existing stereotypes about Roma which hinders the integration process.

I reveal the presumptions present in the texts and the implicit goals by the method of discourse analysis. To support my analysis of the documents I am connecting my findings with academic literature. My analysis is strongly influenced by and based on the work of Norman Fairclough who asserts that taking a close look on the linguistic characteristics of a text is necessary to understand its implications, but it should be done with taking into consideration the environment it was produced in. Thus, the discourse analysis on the first level closely examines the particular text (which can be either written or oral), that means the exploration of the types of assumptions made, semantic relations between the clauses and sentences, the techniques of legitimation within the text, and taking the representational meanings into consideration within the sentences. Nevertheless, as a text is being produced in a particular context and, in the case of policy documents especially, will have practical implications and consequences, the wider social context of its production and function should be given accentuated attention. Therefore while giving a close explanation of the sentences; at the same time I am situating them and their implications in

a wider, theoretical and political context. I am supporting my claims about the specific implications with literature from the field of biopolitics and postcolonial studies.

Chapter 2 introduces the main theories used for the analysis of the segments of the EU Roma Framework and the Hungarian Social Inclusion Strategy related to women's health, such as Foucault's concept of the biopower, Balibar and Wallerstein's neo-Marxist understanding of race and ethnicity as ideological concepts for maintaining class relations. It introduces the theory suggested by Attila Melegh of the East-West civilizational slope on which nation states posit themselves and in which process the discursive creation of a "less civilized" minority group is being used; and finally, the chapter connects the ideological forces derived from the above mentioned theories with the potentials, lying in the health discourse of colonial literature.

Chapter 3 gives a brief but comprehensive overview of the History of Roma in Europe and Hungary, for the better understanding of the severity and complexity of the analyzed policies. It also contains a brief introduction to the manifestations of the prevalent and growing anti-Roma sentiment in the public and political discourse. Finally, the chapter draws the way of development of a common European Roma framework and the national strategies.

In the subsequent chapter I am introducing my findings of the critical discourse analysis of the sections concerned with Romani women's health in the policy documents, emphasizing the accentuated themes of life expectancy, self-destructive behavior during pregnancy, early motherhood, contraception and abortion, and traditional gender roles. I connect the assumptions of the relevant sections with scholarly literature on biopolitics and colonialist rule in order to show how and why a picture of the Roma as "Others" has been created and maintained through the policy documents. The Discussion gives an overall analysis of how integration and social

inclusion is understood according to the analyzed policies, asserting that the term normalization would be more appropriate to use to describe the objectives of the policy makers. Finally, in the conclusion, beyond summarizing my argument and main findings and presenting the limitations of my study, I am offering questions for further analysis.

2. THEORETICAL CONCEPTS INFORMING THE STUDY

In this thesis I argue that the EU Roma Framework and the Hungarian National Social Inclusion Strategy, in spite of their declared goal which is the economic and social integration of Roma, create an imaginary about them as a homogenous group and as clearly distinguishable from the non-Roma. When using the word imaginary, I refer to the assertion of Edward Said about the Orient, that it is “...not an inert fact of nature”, but “an idea that has a history and a tradition of thought, imagery and vocabulary that have given it reality and presence” (Said, 1994, p. 132), and I am extending this claim to the Other in general, so to the Roma in this case. By creating this imaginary the policy makers reaffirm the existing and prevailing picture about the group, thus strengthen the stereotypes and therefore hinder the integration process. I am using the literature of two interdisciplinary fields, biopolitics and postcolonial studies in order show the role and function of establishing a clear discursive demarcation between segments of the population. I am doing so especially with the Hungarian Strategy in connection to building and maintaining the idea of a nation state in the internal and in the European context. Let me explain what I mean by the terms themselves, and which theories I am using in particular.

2.1 The biopolitical need for minorities

Michel Foucault explains his understanding of the power-structure of governmentality and individuals' relation to power in his lectures titled *Society must be Defended* (2004). He claims that there is an ongoing war between different groups of people, but not in the way one usually thinks about war, but rather through the discourses of creating and defining the nation-state and its “inhabitants”. This theory is useful to understand not only the functions of exclusion and inclusion in general in nation states, but particularly in connection to the EU Roma Framework

and the Hungarian Strategy as well. I will show how this description of the functioning of states is in line and is being supported by the policy documents I have analyzed.

According to Foucault's historical overview, until the 18th Century, the sovereign (i.e. the king, the cesar, etc.) exercised power over the people according to his right to let live and make die. This meant that people were either ignored by him, so that they could lead their lives according to the context, could make a living, reproduce, etc.; or he had the right to literally kill them. They were disciplined as individual bodies in order to correspond with the rules provided by the sovereign. Due to the shift from this mode of functioning in the era of the social contract, the new type of sovereign power, constituted by the citizens by handing over their power over particular aspects of their lives to the government they contract in with, exercises the right to make live and let die. This is what Foucault calls the biopolitical mode of power.

Before, in the classical model of sovereignty, people were disciplined as individuals, through their material, individual bodies to comply with the rules of the ruler. In this new biopower mode there is another level of exercising power, additionally to the individualized level: people are being managed as a population, as a mass of people rather than individually. They are being described by statistical numbers referring to their lives, such as birth and mortality rates, life expectancy, etc. Managing the lives of masses through figures, thanks to which populations and events are more predictable and through intervention aimed at groups of people rather than at individuals, is what constitutes biopolitics. However, this does not rule out does not the former mode: the disciplinary techniques still operate on the individual level, but there is another level added to this, the set of regulatory techniques over the masses.

The role of the regulatory power is to preserve, defend the population from external and internal threats. Foucault argues that the contradiction between the protecting function of the state and that it still “kills” and excludes groups from its frame of protection is resolved by the racist nature of the state. He asserts that the state’s aim is to maintain a state of equilibrium, through collecting data and intervening on a mass, statistical level if there is a deviation. In order to keep the balance, to normalize this mass, some parts of the society always have to be favored on the expense of others. Racism (in his understanding not necessarily based on ethnicity, but also on class or sex) serves this role in the functioning of biopower.

As we shall see later, the analyzed documents describe the target population in terms of statistical numbers, and aim at intervening on that level. The main title of the Hungarian Strategy does not contain the word Roma, but refers to a social group, class if we like, which should be “included” and in the subtitle (i.e. Extreme Poverty, Child Poverty, the Roma) ethnicity in this case is being equated with socioeconomic status. Also, it is clearly stated that “The Social Inclusion Strategy is a Roma strategy but not just a Roma strategy” and the target group “should be determined primarily on the basis of territorial...and social criteria” (Strategy, 2011, p. 60). Thus what we can observe here is the ethnicization of social/class characteristics. In the next paragraphs I am explaining the economic significance in the creation of an ethnic minority, a group different from “us” by the nation state.

2.2. Ethnicity as Class

The connection between the different categories of racism and class-based oppression, their conflating contents are explained in the book of Etienne Balibar and Immanuel Wallerstein *Race, Nation, Class: Ambiguous Identities* (1991). In one of the chapters Wallerstein claims that the content of racism or nationalism is based on the working of the capitalist economy. He observes

that in the construction of nationhood, there are three important categories whereabout race is a genetic, visible one; nation is a sociopolitical one based on territorial location; and ethnicity is a category based on certain forms of behaviors, ensuring a cultural continuity (Wallerstein, 1991, p. 77). The author claims that “pastness”, based on whichever of the mentioned characteristics can serve either as justification for unchangeability or for the need for the alteration of elements of behavior, but in either case serves as an indicator of fixity and belongingness. He explains the difference of the three terms (race, nation and class) with connecting them to the capitalist division of labor. The three categories represent three levels in Wallerstein’s analysis. The concept of *race* is explanatory with regard to the relationship between center and periphery; *nation* expresses the competition within the two zones for rank in the hierarchy of possessing wealth (and thus political power). To understand why a policy document whose declared goal is integration and inclusion would reinforce the differentiation between groups of citizens, we have to understand the economic significance of such an act at first. This theory helps us to get closer to the answer.

According to Wallerstein, ethnic groups emerge from the need of the majority for a minority in terms of social power and labor-division. He understands this *ethnicity* manifested on the level of the households, the bearers and transmitters of modes of behaviors different from those of the majority. The need for this distinction he explains with the need of different “normal behavior by the [different levels of the] workforce” (Wallerstein, 1991, p. 83). Different modes of behavior are taught (and not genetically determined) to people and are referred to as the “culture” of the different groups in order to justify the “hierarchical reality of capitalism” (ibid, p. 84). A contradiction within the idea of the creation of policies aiming at economic integration of a minority group emerges with the acceptance of this theory. On the one hand, the majority needs

to have a voluntary lower-class, but on the other hand, with the policies, they want to integrate them on an equal basis. Through the next paragraphs I am explaining the implicit objectives behind such a contradictory phenomenon, locating it into a wider, international, European context.

2.3. The Role of Minority Groups in the Development Discourse

To understand the need of a nation-state for having minorities, within and beyond economic reasons, Attila Melegh's book *On the East-West Slope: Globalization, nationalism, racism and discourses on Central and Eastern Europe* (2006) is an important index-board. Melegh states that "from the 1980s the geopolitical and geocultural imagination has been recaptured by the idea of a civilizational or East-West slope" (Melegh, 2006, p. 10) representing civilization-barbarism or developed and non-developed countries. He identifies this as a discursive structure in "different areas of knowledge" (ibid.). The vertical dimension of this frame of reference is merit, most often manifested in "racial" terms.

He claims that nation states, especially those in Central and Eastern Europe due to their recent reentering the capitalist world system, are struggling to locate themselves on this civilizational slope (ibid, p. 189). Part of this in the case of Hungary is that within this discourse, racism seems to be a sign of "non-Westernness", which would give an adequate sense for the initiation of a European Roma strategy by Hungarian politicians, but the author finds a positive link between racism and Europeanness through population discourses: He claims that racism and the disciplining, the normalization of groups who at the same time are being stigmatized, are parts and parcels of the "modern political systems of domination" (ibid, p. 51). Melegh does this by analyzing pre- and post-World War II discourses through Foucauldian biopolitical lenses.

He suggests that Central-European countries are in-between the “West” and the Balkan, where the latter has been represented as non-white, and that they would like to gain their places in the developed, “White” Europe, especially by their accession to the European Union. This might imply that on the one hand the differentiation of Roma, as a group represented as non-European in the everyday and political discourse, from non-Roma serves as a justification for the Europeaness of (ethnic) Hungarians and on the other hand, their social integration or inclusion would legitimate Hungary’s place on the Western side of the slope with a wholly “civilized” and homogenous population. This contradiction can be resolved with a discourse centered on Roma, a group which is defined along their differences from Hungarians, and in which their uplifting and normalization are at stake. In this case the emphasis is not on ethnic Hungarians but on a group outside of this pile, that serves as a tool for defining Hungarians as “true Europeans”.

2.4. Labor, Ethics and Colonialism

In understanding the goals of the Roma policies, the theme of colonialism can also be useful. By colonization, I do not only mean the processes throughout history of gaining and exercising power over the lands and properties of far populations and establishing a system of governance to assist that, but a set of practices of establishing dominance over a people by changing their existing social practices (see also Comaroff, 1992; Melegh, 2006). One could say that in that sense governance is always colonization as it thrives for the normalization of people’s lives by altering their behaviors. What makes a difference in the case of minority groups is that the justification for these alterations is based on “cultural” differences. Referring to cultural characteristics always involve ethical value-judgments and create imaginations of the minority groups as “others”, not like “us” –the majority.

Therefore, the difference between governance and colonization in my understanding is that while the first one aims at the operation of an already homogenous group, the latter creates, reconstitutes and maintains an imagination of a minority, different from the simply governable people, which serves as a justification for a stronger intervention to their lives. Although there are limitations of the usage of colonial literature when talking about minorities within a nation state, it would help us understand the way this power-structure is made manifest. One can find clear presentations of how different peoples have been controlled, managed and their behavior altered, while still have remained Others, in postcolonial literature. The tools of the colonizers for establishing their governing power over native populations, such as measuring them statistically and describing them as divergent from the norm, are strongly consonant with the descriptions and measures of the EU Roma Strategy and the Hungarian Framework.

What Timothy Mitchell writes in *Colonizing Egypt* can make my assertions clear about biopolitics in Foucault's understanding, especially in the field of health-care. He claims that from the late 19th Century, health education in Egypt by the British aimed at implementing a European understanding of the body- as a distinct category from the mind, so to enable the establishment of a health-care system, where bodies would be enumerated and registered. This made possible the control over people as masses, and intervention on a collective level in order to change the bodily practices of the target group.

In Mitchell's view, similarly to what we found at Wallerstein earlier, the reason behind was that "bodies needed to be taught the disciplined habits of wage-labour" (Mitchell, 1991, p. 96). As it is well-known, the goal was to introduce Egyptians to low status labor, and to exploit their productive capacities. With training them for the Western understanding of their bodies and their usage, the colonized were not made equal, but subordinated. I am not willing to say that the goal

of the policies in question is the exploitation of the working potential of the Roma, but that with creating and maintaining a discourse in which they are defined by their differences from the majority population, equal access to the labor market seems to be improbable.

John and Jane Comaroff in *Ethnography and the Historical Imagination* (1992), account very similarly on the role of health in the imagination of the colonizers. They assert that civilization employed a “sense of health as a social and bodily order” in which the savage “was the very embodiment of dirt and disorder, his moral affliction all of a piece with his physical degeneracy...” (Comaroff, Comaroff, 1992, pp. 215-6).

I argue that health is a discourse which contains moral implications and which is used as a tool for disciplining people’s bodies and consequently minds in order to establish domination following the argumentation of Foucault, Wallerstein, Melegh, Mitchell and the Comaroffs. I am focusing on women’s health in my thesis because women’s bodies are the sites of population control, the place where intervention into a groups’ life, behavior can be most directly carried out. Women’s bodies’ primary functions are procreation and domestic labor and women are the ones who carry and transmit “culture” according to the prevailing discourse of gender roles and responsibilities. Therefore the examination of the policy texts’ approach to women’s health will provide a clear and direct picture of how the implications of the theories have been carried out.

3. HISTORY OF THE ROMA AND OF THE POLICIES CONCERNING ROMA IN EUROPE AND HUNGARY

3.1. Who are the Romani People?

Roma is today the biggest ethnic minority in Europe with a population of 10-12 million, originated from India from where they fled around the year 1000 A.D. (Hancock, 2002; Courthiade, 2004; Brownlee, 2004). In Eastern-Europe, from the 14th Century, Roma were welcome thanks to their special trades. They were travelling around the continent until the Church settled them down and they became the property, slaves of the Church or bigger landowners. Bigger groups reached Western-Europe before being sedentarized. One of the elements considered the most important regarding the history of Roma in Central and Eastern Europe is that on the territories which today belong to Romania and Moldova, they were kept as slaves until two years after the creation of the nation state of Romania, in 1864 (Hancock, 1987, p. 25).

Another significant historical fact is that besides Jewish, homosexual and disabled people, Roma were also persecuted during the Holocaust (Samudaripen¹ or Porrajmos² in Romani language). The new administration of Hitler in 1933 in Germany did not have to establish new anti-Gypsy laws, as they had already been in power since the middle ages. Not known by many, the first and harshest racial hygiene research projects targeted those with Romani origins, and according Hancock's studies "[c]riteria for classification as a Gypsy were twice as strict as those later applied for Jews" (Hancock, 1987, p. 64). The final solution for Gypsies, elimination, was based on their belonging to the category "incurably mentally ill". Gypsy criminality was perceived as "a transmitted genetic disease". By the end of the Holocaust, over the half of the Romani population

¹ Meaning Overall killings (Marushiakova, 2010, p. 4)

² Meaning devouring, rape or gaping (Hancock, 2004)

of Nazi-occupied Europe was terminated, the (official) estimated number of the victims is at least 250 000 (Wogg, 5.0, p. 7).

As the main focus of my thesis is Hungary, let me briefly introduce the history of Roma in Central and Eastern Europe under State-Socialism. Although Edward Friedman claims that Leninism is harmful for ethnic minorities because the ones not belonging to the “dominant ethnic bloc” are left out from the “equal redistribution” and thus the apparatus is “an embodiment of racist injustice” (Friedman, 1993, pp. 224-6), it has to be acknowledged that different state-socialist states had different approaches and policies for integrating minorities.

The goal of the regime was to assimilate the Roma to the new class-based society, constituting good socialist citizens. Policies targeting the Roma were made without their participation; nevertheless the Party had some Romani speakers as tokens in most countries. State policies were mostly aimed at the “dispersal of compact Romani communities, resettlement, mandatory education and compulsory wage labor” in order to easily assimilate them to the homogenous socialist society (Barany, 2002, p. 114). Zoltan Barany notes that Roma in the public discourse were perceived as a problem, an obstacle to the ideal society with their deviant lifestyles. In most of the countries they were given jobs in the industrial sector and had the right to maintain cultural institutions thus, many Roma who lived and worked under state-socialism remember that time with nostalgia.

3.2. Roma in Hungary

Roma do not live in one or more particular territories of Hungary, but can be found in almost all regions, however there are places where their concentration is higher. These places are usually the ones with the highest poverty rates. Roma having oral history, their arrival to the region can

be concluded by written documents of the majority population mentioning them. According to the studies of Istvan Kemeny, the most prominent scholar researching Roma in Hungary, the first wave of Roma reached Hungary before the 15th Century. They performed as blacksmiths, musicians and horse-sellers, but executioners as well. Throughout the centuries, people arriving with this wave have gone through a strong assimilation process: the majority lost its language and today they constitute one sub-group of Hungarian Roma, the Romungre or more commonly known as the musician-Roma, making up 71% of the Romani population of Hungary (Kemeny, 2005). They participated in historical battles mostly against the Turks as soldiers and arm smiths. After the expulsion of the Turkish invaders, their services were not needed anymore thus, from the middle of the 18th Century, decrees of Maria Theresa and his son, Joseph II aimed at their settling down and assimilation. Roma were forbidden to use their language, and their children were taken away to be raised by Hungarian peasant or middle-class families (Ministry of Foreign Affairs, 2004, p. 2).

The second wave of Roma came to Hungary after the abolition of slavery in Rumania in the middle of the 19th Century and today they constitute the sub-group of Olah Roma. Members of this sub-group are considered to be bilingual as they speak Hungarian and one dialect of Romani. In reality, today they have already gone through a strong language-exchange process. Olah Roma constitute 21% of the Romani population of Hungary (Kemeny, 2005). A third group is called Beash and makes up approximately 8% (Ministry of Foreign Affairs, 2004). Roma fought in WW I. and were deported and executed in large numbers during the Holocaust. The “freedom” brought by the Soviets after the War, gave them the hope of equal citizenship.

Roma were not seen as an ethnic or national minority but as a group excluded from capitalist society during state-socialism according to the assertion of David M. Crowe. Thus the Roma

question was not seen as an ethnic one but as a social issue. Towards the end of the fifties, however, minority culture and education was promoted by Kadarist policies. In 1957 the Hungarian Gypsy Council was established, but lasted only for two years (Crowe, 2007, p. 92). As Roma mostly belonged to the ‘working class’, state socialism seemed beneficial for them. It was, in terms of economy, but not in terms of ethnic affiliation.

The Party’s resolution in 1961 is a famous and infamous one. Assimilation was the main goal of the socialist government. This resolution stated for the first time explicitly that the Roma do not constitute a national minority and the promotion of their cultural differences, such as Romani language education, hinders their assimilation to the socialist society and conserves their separatedness. Following this ideology, in 1965 the state started a huge program aiming at the elimination of Roma settlements. The Roma who had permanent jobs could ask for cheaper loans for building houses of so called subdued value and for renovating old peasant houses. Ironically the new houses were built next to each other and the renovable ones were available at small, dwindling villages, thus the programs reconstituted Roma settlements rather than terminating them (Kemeny, 2005, pp. 53-4).

In spite of the official communication of full-employment of the citizens, according to a research conducted in 1971, only 30% of Roma were employed. The differences of the wages of Roma and non-Roma show that they faced discrimination also at that time. According to the research, the differences were due to the high number of children among Roma and their low level of female employment (ibid, p. 54). In general it can be said that during State-Socialism Roma entered the formal labor market, mainly in agriculture or industrial work in factories. However, many continued their traditional occupations with modifications applied for the new environment and needs. Some started to collect metal, which they then handed to state-owned agencies. Many

still try to make their living from this activity, which causes conflicts between Roma and non-Roma, strengthening the stereotypes.

In the same time, towards the end of the 1980's many Roma organizations and political factions were created to better represent the needs of the Roma population. Unfortunately (and this trend is still visible today) they were constantly competing with each other for funding and could not arrive to compromises in political goals. Among them was the Országos Cigánytanács (National Gypsy Council) established by the state in 1985, but it did not have the legal authority to represent the Roma of Hungary (Crowe, 2007, p. 100). The transition gave new hopes to Roma as well, but positive changes did not follow. According a survey conducted in 1993, 9 percent of Hungary's unemployed population was Roma, although the overall official number of Roma made up only 468,000 – approximately 5 percent of the total population (Kemeny, 2005, pp. 60-1).

Among the reasons of the high unemployment rates- and consequently the bad social conditions such as housing and health, was lack of education over primary school and that 60 percent of Roma lived in rural areas where employment opportunities were much worse than in urban ones. As most Roma were occupied in the industrial sector under state-socialism, its collapse resulted in multitudinous loss of jobs for them (Kemeny, 2005, p. 65). Anti-Roma sentiments which were not voiced earlier because of the socialist discourse of equality based on class, not on ethnicity, began to rise and manifest in public speeches at local election campaigns, in graffiti drawings and rock songs. According to a survey conducted in 1990, two third of Hungarians felt some level of hatred or fear towards Roma. These sentiments were strengthened by statistical data on criminality (Crowe, 2007).

Growing anti-Roma sentiment, deep poverty, and high unemployment rates did not subserve cooperation among groups of Roma. As the majority blamed them, they started to blame each other, which aggravated the creation of unity and common policy goals. Right after the fall of state-socialism, skinhead groups appeared, attacking Roma ghettos in different towns of the country. These circumstances urged the government to strengthen minority rights, therefore in 1990 a sentence was incorporated in the Constitution, according to which national and ethnic minorities were constituent elements of the Nation. In 1993 a minority law was adopted, establishing the institution of minority self-governments, which enjoyed high hopes related to them, but in reality the new law did not grant any political power to the representatives. Their function has been restricted to the cultivation of cultural values. The next significant step in legislation in connection to Roma is the Hungarian Roma Inclusion Strategy.

3.3. Growing Anti-Roma Sentiment

Growing anti-Roma sentiment has been perceived since the fall of State-Socialism, but in the recent years it has manifested in several speeches, political programs, rise of far right parties and organizations and even in hate-crimes. Let me mention some of the most striking ones. The most prominent representative of anti-Roma sentiment in Hungarian politics is the Jobbik Magyarorszáért Mozgalom (Movement for a Better/Righter Hungary) party. It was established in 1999 as a youth community and formed a party in 2003. They have claimed that they are the first ones that speak openly about real problems of the Hungarian Society, such as Gypsy-crime. They have established the Magyar Gárda (Hungarian Guard), a paramilitary organization, about the operations of which I am going to elaborate on later, when discussing hate-crimes against Roma. Their actions and their rhetoric soon gained enough support for Jobbik for sending a member to the European Parliament in 2009. During the parliamentary elections in 2010 Jobbik

collected 16,67% of the votes and could send 47 members to the Hungarian Parliament. Today they constitute more than 12% of the members (www.parlament.hu). They claim to be a right-wing party, which aim to emphasize the Hungarian Christian traditions, with anti-America, anti-Israeli and anti-EU politics. They claim to be a national party contrary to all the other parties in the parliament, which according to the homepage of Jobbik, are globalist-liberals (www.jobbik.hu).

The frequency of anti-Roma public speeches has increased since the entering of Jobbik to the public discourse and to the Parliament. Party members give explicitly or implicitly racist and anti-Semitic comments in the Parliament and on public gatherings, demonstrations. One of their main themes is “Gypsy-crime” with which they assert that specific types of crimes have been committed mostly by Roma because they are not capable of cohabitation with the Hungarians. The categories of Gypsy and Hungarian are consistently being distinguished in their rhetoric. As Jobbik started to gain public support with their “open problem-definitions”, members of other parties and public figures started to follow their example. I would only like to mention the most recent scandals in order to demonstrate the tensions.

Between the summer of 2008 and the spring of 2009 an attack-series against Roma took place. They included arsons, shootings and led to the death of six people. The trial of the suspects charged with premeditated, multiple murder and endangering others’ lives with a depraved motivation and against a person under the age of 14; robbery with guns in group; misuse of guns and ammunition; involvement in crime; and commitment of negligent endangerment within occupation (Amnesty, 2010, p. 14), has been going on for more than two years now.

In 2011 the Hungarian Guard carried out a symbolic attack on the 10 percent Roma population (living segregated from the majority) of a Northwestern town, Gyöngyöspata. After the suicide of a non-Roma pensioner the Jobbik party and the Guard held a demonstration in the village against “Gypsy crime” after which the Guard remained there to ensure public security to which other organizations joined. In practice it meant that people dressed in black uniform-like outfit, equipped with dogs and whips would march on the streets of the Roma settlement, increasing the fear and the tension. After the government’s police secondment the establishment of a paramilitary training camp was announced close to the Roma settlement by one of the joined paramilitary groups. It caused a huge public outcry and the introduction of a new law which prohibits similar extremist campaigns.

In 2008 February a hate-crime act was adopted, according to which if a crime is committed against someone on the basis of his or her belonging to an ethnic, religious group on his or her sexual identity, sexual orientation or disability, it is not considered a simple crime, but falls under the category of hate crime. Also depraved motivation on the basis of someone’s group-affiliation qualifies as an aggravative circumstance. The aim of these acts initially was to protect minorities, but curiously enough, since they were introduced no non-Roma was sentenced according to them, but Roma were charged and sentenced for committing racist crimes against ethnic Hungarians. Recently, in May 2013 nine Roma were sentenced for two and a half to four years prison because they had attacked a group of Jobbik supporters, demonstrating in their village against “Gypsy-crime”.

Regarding speeches and publications which incite hatred or promote discrimination against Roma, there are two cases which have gained public attention in Hungary and in Europe as well recently. The book of former minister and present Hungarian ambassador in Norway, Jeszenszky

Géza, written for a course about minorities at a Hungarian university contains passages about the sexual behavior of Roma in Hungary implying that there is a big proportion of Romani children with mental disabilities because in these communities it is accepted for close relatives to get married or to engage in sexual intercourse (Jeszenszky, 2009). Public debates followed the development of the publication and a case was filed to the Hungarian Equal Treatment authority, unsuccessfully. A similar case from 2013 is that of Zsolt Bayer, a founder of the governing party who published an article where he claimed that a great proportion of the Roma of Hungary is unsuitable for cohabitation. He called this part of the population animals, who consequently behave like animals (Bayer, 2013). Again public outcry followed the publication, but without serious consequences.

Hateful speeches have been delivered frequently by the politicians of the Jobbik party, which brings them significant public support. In these speeches ethnic affiliation, social status and criminality get conflated contributing to the creation and reaffirmation of a public discourse and image of the Roma as a homogenous group. Although, as reactions for criticisms, Jobbik representatives declare that they do not mean to be racist and their intents are aimed only against antisocial people, they do not forget to attract the attention to the “fact” that several types of crimes are committed mostly by Roma.

With regard to the responses to such crimes and speeches and to the anti-Roma climate in general, the efforts of human rights- and Roma NGOs can be mentioned, but without the political will for changing the legislation or the implementation of the laws, much effective change cannot be seen. As these speeches reach many people and meet the expectations of the public, the political parties cannot risk getting outside of the populist discourse.

3.4. Roma in the Focus of Policies

The need for a common European framework and the formulation of a “Roma problem” began to take an official shape in 2003. In the development of Roma policies in Europe Hungary played a major role from the beginning. In 2003 an international high-level conference was held in Budapest “Roma in an Expanding Europe: Challenges from the future” where “the governments of Bulgaria, Croatia, the Czech Republic, Hungary, Macedonia, Romania, Serbia and Montenegro, and Slovakia each endorsed the "Decade of Roma Inclusion..."” (OSI, 2003). The Declaration of the Decade of Roma Inclusion was signed in 2005 in Sofia, Bulgaria by the representatives of Albania, Bosnia and Herzegovina, Bulgarian Croatia, the Czech Republic, Hungary, F.Y.R. of Macedonia, Montenegro, Romania, Serbia, Slovakia, and Spain as member states of the Decade of Roma Inclusion 2005-2015, and Slovenia as observer. The declaration states that the governments of the signing countries will work towards the elimination of discrimination against Roma and their social inclusion. In line with the declaration every member country created its Decade Action Plan.

A Hungarian Strategic Plan was adopted in 2007, with a two-year Government Action Plan which allocated the tasks and responsibilities between governmental institutions and organizations. The Decade Strategic Plan for 2008-2009 included already the four target areas of housing, education, employment, and health and objectives of equal treatment, culture, media and sports. It defined its target group on the basis of “regional (more disadvantaged regions, villages) and social (e.g. disadvantaged situation, long-term unemployment, low-level school qualification) aspects and their various segments”, which “measures can potentially ensure the real social and economic integration of the poorest social groups, including a major proportion of Roma people” (SP, 2007, p. 3). It is visible that the main target group was defined on a social

basis and that many or most of the Roma in Hungary might be included implies their disadvantageous position.

The section related to Roma's access to healthcare services contains the following goals: setting up of an incentive system to enhance services in areas with a high proportion of Roma inhabitants; increasing Roma's participation in preventive examinations; increasing the number of Roma professionals in health care; organizing anti-discrimination trainings for healthcare professionals; and improving the knowledge of Roma about health-related issues; improving local health services. Indicators were attached as well to the lists of tasks. In 2008 Hungary, during its Decade of Roma Inclusion presidency initiated a "Call for a European Roma Policy" at the 12th International Steering Committee Meeting.

In July, 2008 a Commission Report was released based on a request from 2007 by EU leaders to examine the available instruments for improving Roma's situation in the European Union and stated that the tools existed, but the implementation processes had to be enhanced (EC, 2008). In 2008 October, the First Roma Summit was held in order to identify the policy instruments to be used, based on best practices. The Second Roma Summit was held in 2010 April in Cordoba. As an outcome a joint declaration was signed by Spain, Belgium and Hungary in which the "Trio" committed itself to mainstreaming Roma issues, to contribute to the forthcoming meetings of the Platform for Roma Inclusion by creating a road map, to ensure the adequate use and availability of the Structural Funds and to propose the introduction of basic requirements for the allocation of the Funds (Spanish Presidency, 2010). In the same year, Viviane Redding, Vice-President of the European Commission, EU Commissioner for Justice, Fundamental Rights and Citizenship announced the presentation of an EU Framework for national Roma strategies for April 2011 (MEMO, 2010, p. 2).

The Strasbourg Declaration on Roma was created in 2010 October as an outcome of the Council of Europe High Level Meeting on Roma. Signing this document, the member states of the Council of Europe agreed on a list of priorities: non-discrimination and citizenship, within which nine major goals have been formulated, such as criminal legislation of hate-crime, women's rights and gender equality, access to justice, etc.; social inclusion with the four target areas of the later Framework as well as culture and language; and international cooperation (COE,2010).

The seven meetings of the Integrated Platform for Roma Inclusion had taken place between April 2009 and March 2012, where among other things the 10 Common Basic Principles for the creation and the implementation of the policies were agreed upon, which were the followings: Constructive, pragmatic and non-discriminatory policies; explicit but not exclusive targeting; inter-cultural approach; aiming for the mainstream; awareness of the gender dimension; transfer of evidence-based policies; use of Community instruments; involvement of regional and local authorities; involvement of civil society; and the active participation of the Roma (CoEU, 2009, pp. 5-8).

In the beginning of 2011 the Report of Livia Járóka (Member of European Parliament) on the EU Strategy on Roma Inclusion was adopted which served as the basis of the Framework. The Hungarian National Social Inclusion Strategy was created by a team of the then State Secretariat for Social Inclusion now Minister of State for Social Inclusion of the Ministry of Public Administration and Justice, Zoltan Balogh.

4. DEFINING ROMANI WOMEN ALONG THEIR HEALTH-RELATED FIGURES IN THE POLICY DOCUMENTS

In this chapter I am presenting the statements of first the EU Roma Framework, then the Hungarian Social Inclusion Strategy concerning Roman women's health. I am analyzing the meanings of the relevant statements and assertions and connecting them with the applicable academic literature of biopolitics and colonialism. My goal is to show exactly how these policy documents present Romani women and through them the Roma population of Europe and Hungary in particular, as a homogenous group different from non-Roma in terms of their "level" of development. I argue that this mode of representation contradicts with the stated objective of the policy makers, which is the economic and social integration and inclusion of Roma into the society.

Regarding the Framework, I am presenting the general assumptions about Roma which reaffirm the stereotypes instead of undermining or at least challenging them. With regard to the Hungarian Strategy, beyond presenting the quantitative occurrence of the topic of women's health, I will elaborate on five themes which have been emphasized in the text: differences in life expectancy between Roma and non-Roma (women), self-destructive behavior of pregnant Romani women, early motherhood, the use of contraceptives and abortion among Romani women and prevailing "traditional gender roles" within Romani families affecting the lives of Romani women. I will connect the statements within these five topics with relevant literature in order to show the possible effects of the assertions and the motives behind them informed by the interests of the nation state.

The Framework, regarding the two paragraphs in which women and the issue of health appear, consists of many assumptions without references to empirical data. On page six, it is stated that

life expectancy at birth for Roma in Europe is estimated to be 10 years lower than for the overall population. This existential assumption, according to the reference, is based on a communication of the Commission of the European Communities (SEC (2009) 1396, 1397), in which the same statement is referenced to a working document of the Commission (SEC (2008) 2172) that claims that there is a lack of data for methodological reasons, but “it seems beyond reasonable doubt that life expectancies of the Roma are some 10-15 years lower than those of majority populations” (ibid, p. 3). Thus, it is an assumption, based on another policy paper which does not indicate the source of its data, but it is presented as a fact. This strengthens my assertion, using Said’s argument that the idea of a group, the data and terms referring to them give reality and presence to their existence as a group, regardless of whether the figures reflect the truth or not (Said, 1994, p. 132) To be able to intervene into the life of a group, first they have to be described, created in terms of statistics.

What is more important in this segment of the paper is that the policy makers attribute low life expectancy to Roma’s lack of access to “quality health care” when they assert that the change of the latter will reduce the differences in life expectancy and child mortality rate – which is mentioned in the same paragraph – between Roma and non-Roma. With this assertion the role of other factors are being ignored. These indicators can presumably be affected, for instance, by poor housing conditions, the lack of employment, and a row of psychological features as well.

In the recommendation, it is asserted that “qualified Roma should be involved in healthcare programmes targeting their Communities” (Framework, p. 7) within which women and children appear as a particularly important target group. Two elements of this recommendation deserve special attention: the qualified Roma are passive persons in the process of their involvement into the programs, and they become active agents when it comes to solving problems within the

communities. Roma, in this instance are being helped, uplifted, so to say, into positions where they can effectively exercise their agency in the first place, by the majority. This creates a picture of the helpful and committed majority and a helpless minority. When it comes to developing the lives of the people “on the ground”, Roma (the professionals who are given the chance from the majority) bear the responsibility of solving their own problems.

Women and children are mentioned together most of the times which implies that they belong to the same group from some aspects. They might possess the same level of agency or might be closely attached units of the family or community. Both cases strengthen a common attitude towards women: they are either in the same power position as children– the problematics of which are not discussed, or have their primary roles as caregivers –which role is not being criticized. Other “types of women” are not represented in these paragraphs which, on a discursive level, thus exclude a perhaps considerable number of Roma from the scope of the Framework. The two paragraphs in connection with Romani women and health contain almost exclusively substantive verbs and passive sentences, which indicates the statement of facts which are to be or not to be changed, but are perceived as valid. Thus they hold the power of creating a permanent picture of Roma and Romani women, which actually conflicts with the main goals and principles of the Framework.

There are 17 paragraphs and sections concerning Romani women and health issues in the Hungarian National Social Inclusion Strategy. Embedded in the third chapter “Analysis of the Current Situation” a distinctive section is placed entitled “Situation of Roma Women” framed, in the length of almost three pages (Strategy, pp. 26-8). Within this section issues connected to health, and sexuality or reproduction appear in 13 paragraphs. In the forthcoming sections I will present the most frequent and emphasized issues concerning women’s health. All five of them

contribute to the drawing of a general picture about Roma and Romani women who are significantly different from the non-Roma population. To be more precise, Roma are being defined along their differences from the majority within a text which was prepared to serve their integration and inclusion.

4.1. Life Expectancy Statistics Presenting Romani Women

Life expectancy and other numbers describing the health-state of a specific segment of a population can be viewed as serving two aims, according to postcolonial literature and development studies. On the representational and most obvious level creating and presenting indexes about poor health conditions create a picture of a people “underdeveloped”, thus falling outside of the category of the “Western, developed” world (Melegh, 2006). Also, these numbers imply in the same manner threat, which can be further increased by specifying the diseases causing the low figures, but not mentioning them still generates a feeling of danger and mystery. As Arjun Appadurai claims, presenting statistical health-related data encourages and justifies, on the disciplinary level, the need of introducing those people affected to the health-care system, which, beyond issues closely related to health, serves the process of enumeration in order to produce a manageable and governable population (Appadurai, 1993).

In relation to the colonial and early postcolonial era when the notion of development emerged, or rather was invented, Arturo Escobar writes that “development missions” embraced health as one of the indicators for measuring poverty, the obstructive factor for (economic) development (Escobar, 2001, p. 24). As can be read in one of the UNDP chiefs’, Helen Clark’s communication from this year, health is a means of achieving development goals (Clark, 2013). Thus the issue of health is an effective tool for justifying the “under-development” of a specific group of people,

thus the importance of state-intervention for altering their modes of behavior. This is also congruent with the public political discourse about Roma in Hungary.

Life expectancy is considered to be an indicator of economic prosperity: the longer people live, the more reproductive they will be, therefore the number of workers on the labor market grows. However, as Daron Acemoglu and Simon Johnson claim in their study from 2006, there is no statistical evidence for this causal relationship, their figures show the opposite trend (Acemoglu, Johnson, 2006, p. 3). The justification for connecting life expectancy with the initial goal of the policy documents, that is to facilitate economic growth of the European countries by the inclusion of their Romani population to the labor market, can be found among others in one of the reports of the World Health Organization. The authors of the report argue that by enhancing the life span would enable a greater number of people to enter and to remain longer in the work force, thus would decrease expenses on public health in the long term (WHO, 2001).

In the Strategy it is stated that, along with other factors, Romani women's state of health is worse than Romani men's: "They are in a poorer state of health, have less access to the health care and social services, and therefore their life expectancy is also shorter" (Strategy, p. 26). As I have discussed earlier regarding the similar statements of the Framework, a number of important factors are left out from the relationship, such as housing conditions for example. Also, the shorter life expectancy is brought up without any empirical reference. The meaning of the sentence is unclear, as the previous sentence introduces a comparison between Romani men's and women's state of health, but at the end it states that Romani women are expected to live shorter. As it is known that in general women are likely to live a few years longer than men, the basis of the comparison remains unclear. Is the general tendency the opposite in case of Roma or does this statement refer to the life expectancy of non-Romani women as its basis? The explanation of

Romani women's shorter life expectancy lies in their worse state of health and their limited access to health-care services, which the policy makers do tackle, but at the same time, with such statements create a general picture of Roma as leading unhealthy lives.

The importance of presenting Romani women in this manner is connected to the ethical values attached to health. As Nikolas Rose suggests, from the 20th Century onward we have been embedded in nation states where health and individual responsibility of our biology became constructive of our citizenship, which he calls biological citizenship. "By the second half of the twentieth century, health had become one of the key ethical values of [Western] societies" (Rose, 2007, p. 22). He claims that the promotion of self-health-management both on the individual and group levels became a means of the state to discipline its citizens (*ibid.*). Taking his assertion into consideration, presenting shorter life expectancy and through this, the lower state of health of Romani women (and Roma in general) not only emphasizes the need for state intervention, but at the same time implies that they are irresponsible, when not taking care of their health. In this manner, beyond generalizing the characteristics of Roma, the policy asserts that Roma themselves hinder their own integration with being not responsible enough unlike ethnic Hungarians whose figures are much better.

To reveal how these sentences affect the imagination about Roma and their lives, we have to recall Foucault's assertions. In his theory of biopolitics, biopower operates on two levels: on the level of the individual body that has to be disciplined, and- and this is what we can see here in the policy document- on the mass level, which has to be regulated. Today's Western state renders the bodies of the population into masses to which it associates statistical numbers. The typifying of whole groups with statistical data, serves the goals of transparency of the mass and predictability

of events occurring within it (Foucault, 2003). This process, according to Foucault, necessarily entails the racist nature of modern governance.

The citizens enter into the contract by electing their representatives who, in return of the protection of their voters, gain the right to count, manage and control the population in order to maintain equilibrium. As they have the power to make people live (longer, healthier, etc.), they have to let some of the people die for the sake of this equilibrium. As Foucault himself puts it “That is the first function of racism: to fragment, to create caesuras within the biological continuum addressed by biopower” (Foucault, 2003, p. 255). In the Foucauldian understanding of biopolitics, therefore, to secure the protection of the life of the population, parts of it have to be sacrificed for the benefit of the majority. In order to be able to “choose”, who to let die some groups of the society must be regarded as inferior. Thus, the creation of a distinctive group is necessary and in my point of view this is what we witness in the case of the Framework and the Hungarian Strategy as well.

To understand how the creation of this distinctive group and Roma in particular is being achieved, why exactly this group is “being chosen” the economic aspect needs to be raised in connection to ethnicity. Immanuel Wallerstein claims that ethnicity is based on a shared culture passed through generations. He asserts that ethnic groups are “pressured” to bring their children up in a certain manner. This pressure can be formal, done by state apparatuses, but as it would violate the concept of national equality, it is finally done by the group itself as “ ‘voluntary’ group behavior defending a social ‘identity’” (Wallerstein, 1991, p. 84). The author positions his theory in the framework of capitalism, as a justification “for theoretical equality and practical inequality-...by utilizing the mentalities of the world’s working strata” (ibid.).

However, the above mentioned concept seems to perfectly contradict with the main aim of the policy documents i.e. the integration of Roma in the labor market through social inclusion, I am not willing to analyze the adequateness of this particular aspect of the documents. What I have shown here is that referring to Roma by statistical data, in this case life expectancy rates contributes to the creation and maintenance of the differences, clearly defining who is Roma and who is not.

Besides presenting statistical data about the general state of health of the Romani population, which have ethical implications, the policies focus mostly on motherhood and health issues related to pregnancy when it comes to women in particular. These have to do with ethical implications again, but more with population control. As we shall see the presentation of the following issues feed into the general picture drawn through the policy documents about Roma in a way that hinders the main declared goals.

4.2. Motherhood and Self-destructive Behavior of Romani Women

The issue of motherhood in a general sense (without referring to early marriages as I will show later) is mentioned towards the end of the special, framed section on Romani women, in connection to infant mortality rate and children born with below-average weight. It is asserted that “self-destructive behaviour patterns, such as smoking, are 10% more frequent among” Romani women than among non-Romani women and more than half of them smoke during their pregnancy (Strategy, p. 27). Similarly to the previous cases the source of the data is not given and neither there is data about the differences in smoking habits between the Roma and non-Roma population.

Smoking and self-destructive behavior is mentioned in connection with childbearing and their risks for the fetus, disregarding their effects on the women's body itself, which implies that the former is more important and that the latter serves solely or at least predominantly as a means of reproduction. On the other hand, there is a whole paragraph explaining the main factors that affect a woman's state of health, with a significant role given to the pregnancy-history on the same page, but it says that they are "factors with an impact on women's state of health before and during pregnancy" (Strategy, p. 27). It asserts that the importance of a (Romani or non-Romani) woman's health is relevant only in connection with childbearing. There is no mention about women's health who are not fertile anymore for example, for their own sake.

Ruth A. Miller, following and reconstructing the ideas of Foucault's biopolitics and Agamben's assertion that the very place where the functioning of biopolitics can be observed is the concentration camp, claims that the real biopolitical space in today's society

"in which the right to make live and let die, holds sway, in which fertility and morbidity are of central concern, in which the environment becomes a political trope, in which the Aristotelian human animal's politics call his biological existence into question, in which the racialized enemy becomes internal, in which racism becomes self-directed, and in which every citizen becomes *homo sacer* – capable of being killed but not sacrificed – and in which, most fundamentally, law and fact collapse into one another" is the womb (Miller, 2007, p. 29).

If we accept this thesis, the self-destructive behavior of the pregnant women should be understood as a political act, a matter of political responsibility in reproducing a (manageable) population. But to whom is the mother responsible? The question attracts the attention to a contradiction lying within the intersection of the interests of the ethnic group, being excluded from the society, and the interests of the body politics of the state. The interest of the group

would be reproducing, but keeping the behavioral patterns which constitute their “cultural heritage” (regardless of the content of the term here) and the interest of the mainstream society would be changing these patterns. On the other hand, harming the fetus is undesirable for both groups. The question of smoking and other self-destructive behaviors from this point of view are similar to that of abortion, which I am going to elaborate on later. However, the placement of these issues in the Strategy is required for the understanding of the implicit goals of the policy maker.

The concept of the citizen with rights and freedoms in general and regarding his or her own body breaks in case of the pregnant woman. For she is responsible for the collective, she has to be ready to give up some of her freedoms for the sake of the future generation’s health (Weir, 2006). Using such a concept could be considered racist in the case of a policy document targeting a minority group, if it would encourage, but not on any account dissuade minority women from self-destructive behaviors, such as smoking, because that would aim at the preservation and reproduction of only the majority.

The differentiating nature of the text cannot be tackled in the explicit content, but again, on the representational level: Introducing figures, like 10% higher frequency of smoking among pregnant Romani women than non-Roma women in the same state operates in a way that it draws a firm border line between Roma and non-Roma. Therefore, while creating a picture of Romani women who do not bear responsibility for the health (which has a very important role in the biopolitical system, as this is the protection of which people enter to the social contract for) of their progenies, at the same time the text defines clearly who the non-Roma women are, which is a moral evaluation as well: they are the ones who do care about the future, they are responsible “owners” of their wombs. It might worth mentioning that the 10 percent in itself is not telling, as

we do not have a point of reference. There is a significant difference between the 10 percent of for instance 10,000 and 700,000. Thus, the numbers serve only the strengthening of differences between Roma and non-Roma

4.3. Romani Women as Adolescent Mothers

The theme of early motherhood appears frequently in the text. It is mentioned as one of the reasons for the high drop-out rates from school (Strategy, p. 26); for the low employment rates (ibid.); for the bad state of health (ibid, p. 27); and for higher perinatal and infant mortality numbers (ibid, p. 48). Like the description of life expectancy rates and self-destructive behavior of pregnant women, the theme of early motherhood is being generalized to Romani women. This is presented to be the cause of almost all the differences between Roma and non-Roma in terms of socio-economic status and within that the state of health. It is implied that if the rates of early childbearing decreased, Roma would be easier to integrate.

The causal relationship remains unclear between early motherhood and Romani women's labor market position, as later on page 27 the policy-maker asserts that in the lack of possibilities for employment one's only chance to maintain her self-esteem, is giving birth. It is equivocal then, whether the lack of jobs encourages choosing motherhood at an earlier age or the other way round; early motherhood hinders Romani women entering the labor market. A sentence seems to support the former hypothesis, i.e. child-bearing customs of non-Romani women in a similar status living in disadvantaged regions tend to converge with those of Roma (Strategy, p. 27).

Let me attract the attention to one of the implications embedded in this section. In the same sentence it is stated that the data is from studies focusing on particular regions of the country (although they are not referenced) which can be understood as regions with very limited job

opportunities or regions where the density of the Romani population is higher. Due to the ambiguousness of this detail and to the information two pages earlier, according to which most of the Roma live in highly disadvantaged regions of the country (Strategy, p. 25), the connection between poverty and Romaniness is being reinforced. This contributes to the representation of Roma as poor, non-productive people, strengthening prevalent stereotypes, the opposite of which one of the basic goals of the document is. The frequent indication of early motherhood among Romani women is based on a sentence which states that they have their first children at the age of 20 in general, which is much earlier than the national average and that one-third of them give birth for the first time at the age of 15-16 (Strategy, p. 27). This statement lacks any reference to empirical data. It is problematic and often heard that early marriages and early motherhood are prevalent among Romani communities throughout Central and Eastern Europe, but empirical data has been unable to prove this tendency up until today. Based on this assumption and on the problems drawn upon this, the policy maker formulates its recommendations about campaigns for Romani women concerning “conscious family planning, teenage pregnancy and preparation for a healthy pregnancy” (Strategy, p. 89).

Positing the problematization of early motherhood into the general public discourse in the country with the encouragement of (non-Romani) women to bear children earlier in order to be able to have more during their life-span, because Hungarian population is decreasing, raises the issue of selectivity, or racism, as Romani women, unlike ethnic Hungarians are not encouraged to become young mothers. This asserts that the state wants people to be more reproductive, but only the worthy people, non-Roma or non-poor. This illustrates the assertion of Foucault on the inherent racism of governance.

About South-African policies MacLeod and Durrheim claim, using the theory of governmentality of Foucault, that the image of the adolescent mother questions the normalized family system. As, according to the authors, the family is the basic element in structuring the population into a manageable mass, deviations from the norm aggravate the well-functioning of the governance. In order to normalize the population, programs and special health care services are provided, as we can observe in the text of the Strategy in particular. Continuing the interpretation of Foucault's thoughts by MacLeod and Durrheim, it can be said that these are techniques of discipline, through surveillance and moral judgment (MacLeod and Durrheim, 2003).

I would like here to stress two things: On the one hand, in the text early motherhood is used as an explanatory cause for the "further inequalities" of Romani women, whereas it is also stated that teenage pregnancy rates are similar among non-Roma with similar socio-economic background. On the other hand, in spite of that at one point there is an indication of that the issue is not an ethnic-based one, the policy maker draws a clear boundary between Romani women, who in general give birth for the first time at the age of 20, many around 15-16, and non-Romani women who bear their first children much later. The policy maker does not even feel the necessity to provide exact numbers, because the emphasis is not on the particular age of the women, but on only one word: "much". The average non-Romani woman therefore suits the normative image, while the average Romani woman deviates from it. This is in line with the theory of the civilizational slope suggested by Melegh, within which Roma serve as a point of reference for Hungary to situate itself as a nation on the Western slide of it.

Institutional programs and regulations operate not only on the manifest, institutional level, but with communicating what is "normal" what is the expected behavior, but also urge the individual to "exercise vigilance with regard to his/her own behaviour, monitoring whether what s/he does

fits the norm” (MacLeod, Durrheim, 2002, p. 47). Thus the individual starts to exercise moral judgment over oneself and additionally to the image created for the majority, the members of the minority groups will also internalize their own immorality.

I would like to mention that stressing the “deviant” sexuality of Romani women is not new and fits into the representational practices of Romani women throughout history. Judit Durst in her study published in 2002 notes that there is a common understanding even within the Hungarian academia, that Romani girls mature earlier, and this can be the reason of their early childbearing practices (Durst, 2002). On the contrary, she then finds that early motherhood originates “in their life situation, in the fact that they live on the margins of society and that they lack the resources available for any sort of social mobility which would enable them to make their own living and have a meaningful and safe life career outside their homes” (ibid, p. 473). Taking a look on the representation of Romani women in general sends the message that their sexuality is deviant. Romani women have been depicted as flirtatious and seductive from romantic literature to today’s media images (Hancock, 1997, O’Brian, 2007) and it has been reinforced by the Strategy delineating them from ethnic Hungarians.

4.4. Multiple Abortions but no Contraception

Just like teenage pregnancy, high abortion rates are said to prevail among Roma, in a generalizing manner. This, beyond its ethical implications and difference-reinforcing nature, raises other issues which question the goals of integration and inclusion of Roma. Regarding the use of contraception and abortion among Romani women, it is asserted that due to various aspects of inequalities between Romani and non-Romani women, the previous group has limited access to gynecological services thus, to contraceptives technologies as well. This is said to be the reason for the high proportion of the ones choosing abortion, often multiple times. These phenomena are

also mentioned in connection to the health prospect of future children, as factors harmful for the future mothers' health conditions.

The issues of abortion and contraception within the fight for women's control over their reproductive decisions in the U.S., from the very beginning implicated a racist characteristic. The opposing parties warned against "race suicide" and soon it turned out that for women of color these freedoms did not mean freedoms. By the 1970's and 80's the outcomes were contraceptive injections for African-American women and forced sterilizations (Roberts, 1997). In case of Romani women in Hungary, why does the policy maker try to lower the numbers of abortions, but raise awareness about contraceptive methods? The assertion implies that one is a better solution than the other. To find out the difference we only have to look at the text of the policy: Abortion is said to have worst long term effects on the future children of a woman than contraception. Among the indirect causes of choosing abortion "inequalities amongst localities, segregation, low incomes, low educational qualifications, discriminatory access to services, prejudice, etc." (Strategy, p. 28) are mentioned, hinting, but not pronouncing explicitly that contraceptive methods in contrast to abortion are very costly. Also we have no information about the habits of the use of contraception of the general population.

The fact that abortion is referred to in connection to the health of future children is very problematic. It is hard to extract the core of the problem from the text. If the policy maker is willing to encourage and promote Romani women's access to forms of contraception instead of abortion, than it might focus on the importance of women's health for itself. It is not clear why it is said to be important first and foremost from the perspective of the future children. This understanding asserts the implication mentioned earlier, namely that women's bodies are understood most importantly as means of childbearing. The focus on the children's health,

disregarding the effects of both the contraceptives and abortion on women's bodies imply the political nature of women's reproductive capacities. The woman's body is the space on which the future of the nation relies, thus its health is of major importance for the holders of power (Miller, 2007).

The recommendation provided for decreasing the warning figures can be found on page 89: "...a plan for providing personalised access to various contraceptive devices on a needs basis, free of charge or at a discount price" and "advice on family planning and contraception" (Strategy, p. 89). Positing these assertions in the broader social context, particularly in the political climate characterized by a high level of anti-Roma sentiment, within which the fear of the "overpopulation" of the Roma in contrast to the decline of the "Hungarian" population is explicitly present, the promotion of contraception among Romani women gains a clearer understanding.

This is a point where racism can be tackled in the text. Although a pro-natalist discourse is prevalent, it is selective. Abortion is not encouraged on the one hand because of the rise of the importance of Hungary's "Christianness", and because the more abortions performed, the more mentally ill children are born (Melegh, 2006, p. 86) on the other. But as Roma have been stigmatized even in policy documents since the 1960s on a class and ethnic basis, birth control has been encouraged in order to lower the number of "worse-quality citizens". The reason for this is the fear that with the birth rates of Roma and non-Roma following the prevalent trend for the next few decades, the Hungarian population "will be replaced by a frugal, but life-adoring and fertile Gypsy population" (Melegh, 2006, p. 88). I would like to note here that in the beginning of the section "Situation of the Roma Population" it is declared that Hungary's Roma population is significantly younger than the overall of the country: 36.8% of the Roma are under the age of 14

in contrast with the 15.4% of the non-Roma (Strategy, p. 25). The rate of teenage pregnancies is also among the indicators of the policy (Strategy, p. 132).

Another claim supporting this seemingly conspiring theory is that other solutions can be imagined for a high rate of childbirth in a disadvantaged group of the population instead of providing access to contraceptive methods, for instance the allocation of state funding for supporting especially Romani “big” families with more than two or three children. This is one fairly univocal instance where institutional racism can be detected.

Another case when we find reference to contraceptive use and abortion is also in connection with children’s health, not focusing on the state of health of women per se. This part does not refer to Romani women at all, but to trends among women applying for abortion in general, and to those among women from disadvantaged groups in particular. In the lack of ethnic data (due to legal restrictions) the policy maker signals the affectedness of Romani women by referring to worse index-numbers in regions where the distribution of Roma is higher. Besides strengthening the stereotypical image of Roma and Romani women as highly disadvantaged, this section (Strategy: 48) implies their irresponsibility.

4.5. Culture and Tradition on the Blame

In indirect relation to the health condition of Romani women, “traditional gender roles” are mentioned several times. The argument goes as follows: Romani women’s health is affected by their early dropout from school, which stems partly from their roles in the traditional family. This is not formulated in this exact way in the document, but the causal relationship is drawn up through the length of it. “Traditional gender roles” in the family are mentioned as an explanation for women’s disadvantages, but the document never explicates its meaning and there is no

statement saying that traditional roles are prevalent in Romani families, however, it leaves the reader with this implicit assumption. The use of the term “traditional gender roles” without describing its meaning mystifies the conditions Roma live among and implicitly attribute them to their “cultural characteristics” that is to say, to their ethnicity. In this way socio-economic conditions, through “traditional gender roles”, early motherhood, school drop-outs and low employment rates of women, become the outcomes of ethnic belonging. This is how poverty becomes ethnicized.

It is itself very interesting that “traditional gender roles” are mentioned in the policy document as a cause of socially detrimental consequences, while in the public discourse about the general population something very different is happening. Let me quote only one sentence of a politician’s speech during the parliamentary debate on the legislation of domestic violence which represents well the general discourse: “in order to impede the occurrence of domestic violence... maybe mothers should first of all get back to taking care of their children...”³. In the debate “adequate” gender roles were mentioned several times, in favor of the “traditional model”. It seems that what is favorable for one part of the population is dangerous for the other, or “traditional gender roles” have different meanings for Roma and non-Roma.

The document does not provide an explanation for the content of the term, thus we are left with our common knowledge. This topic and controversy leads us back again to the self-definition and position of a nation on the developmental/ civilizational slope. If Hungary aims to define itself as a European country then it needs to assert that among other things, gender roles are similar to those in the West in terms of women’s emancipation. In this aspect Roma with their “traditional

³ István Varga during the parliamentary debate on the inclusion of the distinct category of domestic violence into the criminal code, 11 September, 2012 (video: http://index.hu/belfold/2012/09/11/kiallnak_a_fideszes_nok_a_noi_karriert_biralo_varga_mellet/. Last accessed: 20 May, 2013)

gender roles” can provide a point of reference, compared to whom, (ethnic) Hungarians are more developed or civilized. On the other hand, being insistent on and proud of following Christian traditions can appear only in domestic public and political discourse. Roma are being defined as different from ethnic Hungarians in terms of the gender roles practiced in their families in the Strategy. Taking into consideration the willingness of Hungary to belong to “Europe”, it serves as a reference for locating the nation on the civilizational slope, presenting that Hungarians are more progressed than the Roma. At the same time, a policy aiming to uplift a population which is left behind in this progress of modernization, helps to create a homogenous “European” nation-state.

5. INTEGRATING A NORMALIZED POPULATION

In this work I argue that the EU Roma Framework and the Hungarian National Social Inclusion Strategy, in spite of their declared goal which is the economic and social integration of the Roma population of Europe and Hungary, create an imaginary about Roma as a homogenous group and as clearly distinguishable from the non-Roma. Doing so, the policy makers reaffirm the existing stereotypes about Roma which hinders the integration process. In the previous chapter particular examples were given from the policy texts for how the policy makers aim to enhance the health of Romani women in order to integrate them in the life of social relations and in the labor market. In this section I would like to show how integration and inclusion can be understood based on the formulation of the Strategy and the Framework.

Regarding that integration and inclusion have been recently used interchangeably, and what I have introduced in the previous chapter about the recommendations of the policies, I would like to suggest that where the strategy documents read ‘inclusion’ what they mean is ‘normalization’ of Roma. I do not mean that the terms can be substituted with each other, but rather that inclusion presupposes a certain level of normalization. I claim that what the policies aim at is the normalization of Roma who are depicted as different from non-Roma, deriving from the norm. By normalization I mean the process described by Foucault of comparing, ranking in a system of hierarchies, homogenizing and excluding people according to a created norm.

Integration can be understood in many ways, depending on the discipline one would like to allocate a certain issue in question. According to the EU Framework the goal is “improving the situation of Roma”, the “social and economic integration of Roma” (Framework, p. 2). It is asserted that the entrance of Roma to the labor market would foster the enhancement of social relations between Roma and non-Roma, thus would create greater openness of the majority

population. Therefore we are working with two different definitions: social integration and economic integration, both of which can be defined in many ways. Integration is a process of creating unity, incorporation of parts into a larger unit, desegregation. Economic integration in connection with the European Union usually refers to the “process whereby boundaries between nation-states become less discontinuous, thereby leading to the formation of more comprehensive systems” (Mennis and Sauvart, 1976), in a more general context it is the process which unite economies which were separated previously, into a common system.

In case of Roma, the close understanding of the definitions above implies that they are involved in economy, but the system they participate in, is separated from the national and international economic system. There are two instances where the involvement of Roma in disintegrated parts of economy is mentioned: it is asserted that, “according to the evaluation of experiences”, in order to establish value creating public employment programs, the “elimination of illegal waste disposal grounds” should be placed (Strategy, p. 83). The other is an assertion that in order to eliminate usury and to reduce the human trafficking and prostitution, micro-credit programs should be introduced (Strategy, pp. 102-3). There are no other statements claiming that Roma would be already present in the labor market. The kind of data that shows that Roma are “un-integrated” is statistical and those do not attribute the differences in unemployment rates to ethnic, but to regional characteristics.

Defining social integration is harder to realize. Monica Threlfall, in her article about European social integration, after examining social policies, argues that it is a process creating a “single social area” among the member states, resulting from diminishing the legal and institutional obstacles of access to trans-national social institutions and services (Threlfall, 2003, p. 124). Nevertheless, the aim of the Framework and thus the national strategies is that the member states

first provide equal access to social services on a domestic scale to all groups of their citizens. An inherent contradiction can be observed here, i.e. if the central, long term goal is to create a European social area- which is hindered at the moment by the incoherence of the institutions in the different member states- the objective might rather be the harmonization of the institutions and the provision of equal access to everyone.

Social integration can also be understood as “a dynamic and principled process where all members participate in dialogue to achieve and maintain peaceful social relations” (UN). The mutual element in integration is emphasized in cultural studies. For example Berry states that “Integration can only be chosen and successfully pursued by non-dominant groups when the dominant society is open and inclusive in its orientation towards cultural diversity” (Berry, 2011, p. 2.6). He claims that while minority groups should accept the basic values of their larger environment, the dominant group has to adapt its institutions to the needs of other groups. In this sense, integration leads to a multiculturalist plural society.

As I have shown earlier, besides defining Roma, the analyzed documents provide recommendations on how to bring Roma to a similar level to non-Roma at every target area of intervention (i.e. housing, health-care, employment and education). The goals are to provide equal access to health care services, adequate housing facilities, etc, but there is no assertion that Roma might have different needs regarding the target areas, to which institutions would have to adapt in the name of integration.

The Hungarian Strategy contains the term social inclusion, instead of integration in its title. The definition of inclusion stems from what is seen as exclusion or marginalization. The United Nations define social exclusion as follows: “Social exclusion happens when someone is left out

of mainstream society, deprived of opportunities for participation in economic, social and civic processes” (UNDP). Thus social inclusion is reached when people’s voices are heard; the circumstances allow them to fully participate in all areas of social life, have equal access to resources and can deploy their capabilities. This should be supported by policies, according to the principles of the UN. According to Collins Dictionary, social inclusion is the “the provision of certain rights to all individuals and groups in society, such as employment, adequate housing, health care, education and training, etc” (Collins, online). What is important to note here, is that recently in many social sciences and in political discourses the term integration is being taken over by inclusion, although (or because) it does not refer to mutuality between the dominant and excluded groups. The term inclusion does not emphasize the flexibility of the institutions to adapt to different needs of different groups in society, but the insertion (mainstreaming) of certain groups into the existing system. Therefore I would like to suggest that instead of integration, and even inclusion the policies’ purpose is the normalization of the lifestyle of Roma.

What I mean by normalization is the process through which the disciplinary power functions as explained by Foucault in *Discipline and Punish* (1991). He claims that the means of “correct training” (Foucault, 1991, p. 170) of citizens by the governing power-holders are hierarchical observation, normalizing judgment and examination. When unfolding the mechanisms of normalizing judgment, Foucault says that punishment is exercised through five ways of operation: individual actions and behaviors – as this mode is preceded by the technique of observation or surveillance – are being compared to those of the mass, by using statistical data. This creates a rule of the average or mean, to be followed. Along this statistical rule, a differentiation is made between groups of people, which then are being placed within a system of hierarchy as the extent of deviation from the average gets a comparable value. This value should

be understood not only in statistical terms, but morally as well. This system of comparison creates a “constraint of conformity” (ibid, p. 183), and therefore the values of normality and abnormality have been created.

The process developed above is apparent in the text of the Strategy. As the statistical numbers for the average population of Hungary are presented and the corresponding numbers among the Roma (or poor) population are being compared to those, implying that the average is the optimum that should be converged to by all groups including Roma, they begin to operate as “the norm”. This happens along with the creation of hierarchy between the figures, when the policy documents assert that the situation of Roma should be *improved*. The differences between Roma and non-Roma can then be understood along these statistical numbers, and at the same time the populations themselves are being valued on a scale representing a hierarchical relationship between the two groups. Thus, the ones which are divergent from the norm or optimum are seen as abnormal. Not only the existence of this hierarchy creates the control-mechanism of conformity, but the policies explicitly contain that the numbers should be evened.

Beyond creating and reaffirming the differences, the portrayal of a group by numbers affirms that the group is homogenous. According to the Hungarian Strategy, then, there is no place for individuals to differ from the corresponding data given. By stating that Romani women have a lower life expectancy, are more likely to smoke during their pregnancy, give birth earlier, determine their pregnancies more often than non-Roma, are less likely to use contraceptive methods, and correspond to “traditional gender roles”, the policy maker implies that to be a Romani woman equals being underprivileged, poor and uneducated. If someone does not fit these accounts, is not, and who does, is Romani.

The implications of this homogenization and especially of “culturalizing” these characteristics with emphasizing “traditional gender roles” fit together with the theory of Immanuel Wallerstein I have introduced earlier. Taking into consideration that the main aim of the EU Framework and the Hungarian Strategy is the economic integration of Roma in order to increase the GDP of the countries and in this case Hungary, “the Roma” need to be created as a homogenous group through normalization, then to be integrated so that they can occupy workplaces that fit to their characteristics, which are at the same time low-status jobs. In order to confirm this statement, I have to mention some parts of the Strategy which are not closely connected with health and women, thus there has been no allusion to them yet.

Among the tools for achieving the integration of Roma into the labor market, as one of the three pillars – besides the “motivation of finding employment on the open labour market” (Strategy, p. 81) and social economy –public employment is mentioned, which is based on temporary labor opportunities in the following areas: “plant cultivation and animal husbandry, conventional conservation, maintenance of dirt roads, biomass production, elimination of illegal waste disposal grounds, public employment programmes in conjunction with large construction industry projects or ‘Start work’ programmes as per the agreements between the Government and municipalities (e.g. construction of bicycle paths, flood and inland water protection, etc.)” (Strategy, p. 83). The justification of the areas of employment suggested is the low education level of the general Roma population, and especially of Romani women, which indirectly stems from “traditional gender roles” in the family as we have seen in the previous chapter.

Among the priorities related to the target area of employment it is stated that the government “must enable 2,000 Roma women to obtain training and practical experience as family support social worker, community developer, employment organiser and health care mediator” (Strategy,

p. 88). These occupations are lowly valued and -paid in Hungary and offering them to women especially builds on their care-taking roles instead of challenging or altering them.

In the previous chapter I have shown how and why Roma are being created as “others”, who are not integrated into the society, throughout the policies aiming at their economic and social inclusion. In this chapter I gave a possible answer to the question, what is meant by the inclusion of Roma, in the light of the above discussed. Therefore I argue that what the policies achieve rather than the integration of Roma is the reaffirmation of their differences from non-Roma. This way Hungarians can define themselves as Europeans in comparison to a population, who live in Europe, but are less developed, civilized. The endeavor for “uplifting” a population pushes Hungary to the Western pole of the civilizational slope suggested by Melegh, as well as symbolically enables Hungary to create a homogenous population if achieving the goal of social inclusion.

The EU Roma Framework and the Hungarian Social Inclusion Strategy therefore, contrary to their stated objectives of economic and social integration, strive to create a knowable, understandable and homogenous population along statistical measures, who are defined by their socio-economic status, which is based on their ethnic belonging. This makes it possible to easily differentiate and name a group of people which has to be “civilized” or normalized in order to be able to integrate or include them socially and economically, thus to enhance the economic prosperity of the member-states and in particular Hungary.

6. CONCLUSIONS

In this thesis I have argued that the EU Roma Framework and the Hungarian National Social Inclusion Strategy, in spite of their declared goal which is the economic and social integration of the Roma population of Europe and Hungary, create a picture of Roma as a homogenous group and as clearly distinguishable from the non-Roma. Doing so, the policy makers reaffirm the existing stereotypes about Roma which hinders the integration process. I have revealed by a critical discourse analysis of the excerpts of the policies concerning Romani women's health and by connecting my analysis to existing literature on biopolitics and (post)colonial studies that both integration, the objective of the EU Framework, but more particularly inclusion, the stated goal of the Hungarian Strategy are meant as normalization of the Roma population in a Foucauldian sense. The dis-integratedness of Roma is understood and being presented in the policies by statistical measures, compared to the correspondent data of the non-Roma population by which act at the same time the disintegrated group is being created on a discursive level.

I have shown that the discourse on health is used as a tool both for describing and producing a population different from Hungarians, by establishing measures as norms with which Roma should comply in order to be part of the Hungarian and thus the European social community. Roma constitute a problem according to the policy documents because of their differences from non-Roma, i.e. health measures generally worse than those of the general population. As Romani women are also being referred to by these statistical numbers related to health which imply ethical evaluations at the same time, Romani women are presented as irresponsible for their and consequently for their children's health.

Before closing my research, it is important to reflect on some of its limitations. As Romani woman I am partly affected by the policies in a contradictory way: as I myself identify as of

Romani ethnicity I am a member of their target group, but at the same time I am being excluded from their scope being an educated, childless woman not living in poverty. It is the objective of further studies to reveal the discrepancies and underlying, implicit motives of the formulation of the policy documents regarding areas other than women's health. It would be useful to analyze the documents from a gender perspective, meaning to what extent they are in line with other European objectives, such as the ones established by the European Strategy between Women and Men. Also a very important research could be done on how the implementation of the EU Roma Framework and the Hungarian and other countries' Strategies reinforce the stereotypes and differentiations strengthened by the policy texts, or if the implementers could reflect on those in a constructive way.

Even if this thesis could not offer answers to these questions, it might be useful not only for the scholars but for the ones who have influence on the decision making process of particular projects to a certain extent and to the NGOs and other institutions involved in the implementation processes of the policies in question. With the help of a substantive understanding, professionals would be able to create projects which are useful in the long term and bear the possibility of a real social change.

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