

*Abortion debate in Hungary, combining a biopolitical and a
feminist approach*

*By
Sara Vitrai*

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Department of Gender Studies*

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Supervisor: Anna Loutfi

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1) Abstract

In my thesis I will examine how political ideology on abortion – expressed in the Hungarian abortion debate of 2010-2012 – impacts the distribution of related resources, and how this distribution in turn effects that ideology. To understand the interaction of abortion practice and policy I utilize a multilayered analysis, utilizing a biopolitical and a feminist approach and viewing the issue on a national and international level as well.

Through a biopolitical analysis I argue that in the abortion debate women are configured as mothers, primarily reproductive citizens responsible for reproducing the nation. Abortion as an issue isn't a literal issue, but serves as a subject through which the state legitimizes itself as having the authority of defining public friends and enemies.

In my second approach I examine the interaction of contemporary Hungarian ideologies on abortion policy and abortion practice, and the disconnect between these elements.

I base my analysis on the discussion of 4 larger events that took place in the discussed period: the modification of the Hungarian Constitution, a nation-wide anti-abortion campaign, an amendment proposal to the state budget of 2012 to withdraw funding from abortion and the obstruction of the licensing of the abortion pill. I have utilized sources such as official documents, public statements of politicians, interviews, online newspaper articles and a my own statistical data analysis.

Through my discussion I find that the current funding system of abortion works in a way that it constructs different groups of women who are 'socially disadvantaged' or 'who are in need' and are eligible for a discount on abortion, but by accepting this discount these women also agree to give up their freedom to make informed decision about their reproductive functions and family planning.

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4) Introduction

“a woman ordered the abortion pill in Hungary 2012, and experienced heavy bleeding, so went to a hospital. The doctor treated her and immediately after alerted the police, and she was taken to a police station. In this situation she called the emergency abortion hotline of Patent Association, to ask for legal advice. They advised her not to confess to anything, and follow up with them on the case later. Unfortunately the woman did not contact them afterwards.”¹

Abortion has become a centrally debated topic in Hungarian politics in 2010-2012, its two main reasons being emigration and declining birth rate in the preceding decade. Although changes haven't been made in abortion regulation so far, suggestions have been put forward by politicians and medical professionals as well. In my thesis I shall present how abortion has become a coherent debate in the discussed period though examining a wide range of sources such as official documents, public statements of politicians, interviews, online newspaper articles and a statistical data analysis.

The focus of my inquiry will be the examination of the disconnect between abortion practice and the political debate on abortion policy in Hungary. To understand this disconnect I will utilize two complementary modes of analysis: a biopolitical and a feminist approach. In my first approach I shall argue – based on Foucault, Miller and Deutscher – that in the abortion debate women are configured as mothers, primarily reproductive citizens responsible for reproducing the nation. Abortion as an issue isn't a literal issue, but serves as a subject through which the state legitimizes itself as having the authority of defining public friends and enemies (as seen not only in contemporary Hungary but e.g. in the US as well). I shall discuss this approach in more detail in the following subchapter. In my second approach I will discuss how abortion – a women's health issue– which is primarily a feminist issue, has becomes

¹ Sara Vitrai “The Abortion Pill in Hungary: A Human Rights Analysis” in studies in Biopolitics, ed. Judit Sándor. (Budapest: Central European University, Center for Ethics and Law in Biomedicine, 2013), 61-81.

political undermines the original feminist incentives. I will present this second approach in detail in the second subchapter.

Turning to the debate itself I shall examine 4 larger events that took place in the 2 year period in question. These events are firstly the modification of the Hungarian Constitution on April 18th 2011 which came into force on January 1st 2012.² It expressed a strong pro-life perspective, stating that “*Human dignity shall be inviolable. Every human being shall have the right to life and human dignity; embryonic and fetal life shall be subject to protection from the moment of conception.*”³ This gave rise to fear among Hungarian NGOs⁴ that this could lead to the Constitutional Court of Hungary declaring abortion unconstitutional as a whole.⁵ When questioned, governmental officials made contradictory statements on whether they intend to modify the legislation on abortion.⁶ Secondly, not long after the government launched a nation-wide anti-abortion campaign in the spring of 2011, then in October the KDNP party handed in an amendment proposal to the state budget of 2012 to withdraw funding from abortion – which latter didn’t come into effect. Lastly the government obstructed the licensing of the abortion pill in May 2012.⁷

² Wikipedia: Magyarország alaptörvénye, last accessed September 20 2013, http://hu.wikipedia.org/wiki/Magyarorsz%C3%A1g_alapt%C3%B6rv%C3%A9nye
“The Constitution of Hungary” last accessed September 20 2013,

<http://www.kormany.hu/download/0/d9/30000/Alapt%C3%B6rv%C3%A9ny.pdf>

³ “The Fundamental Law of Hungary” last accessed September 20 2013, [http://www.kormany.hu/download/4/c3/30000/THE%20FUNDAMENTAL%20LAW%20OF%20HUNGARY.p](http://www.kormany.hu/download/4/c3/30000/THE%20FUNDAMENTAL%20LAW%20OF%20HUNGARY.pdf)
[df](http://www.kormany.hu/download/4/c3/30000/THE%20FUNDAMENTAL%20LAW%20OF%20HUNGARY.pdf)

⁴ Such as Magyar Helsinki Bizottság (Hungarian Helsinki Committee, HHC), Nők a Nőkért Együtt az Erőszak Ellen Egyesület (NANE or Women for Women Together Against Violence Association), Labrisz Leszbikus Egyesület (Labrisz Lesbian Association), Patent Egyesület, Patriarchátust Ellenzők Társasága (Patent Association, Opponents of Patriarchal Society), Stop Férfierőszak Projekt (Stop Male Violence Project) and Társaság a Szabadságjogokért (Hungarian Civil Liberties Union, HCLU).

⁵ Ágnes Dreissiger, “Abortuszszigorítást kényszerítene ki az Alaptörvény?,” *HVG* (2012), last accessed September 20 2013,

http://hvg.hu/itthon/20120119_alkotmany_abortusz#utm_source=20111202_kdnp_abortusz&utm_medium=ScarabFlyer_RELATED&utm_campaign=hvg.hu

⁶ „Nem tervez változást a Fidesz az abortusz szabályozásában”, *Magyarhirlap.hu* (2012), last accessed September 20 2013 <http://www.magyarhirlap.hu/egeszsegugy/nem-tervez-valtozast-a-fidesz-az-abortusz-szabalyozasaban>

⁷ Stefánia Kapronczay, Melinda Zsolt, September 28, 2012 (14:41 p.m.), “Alkotmányos támogatás az abortuszturizmusnak? A TASZ jelenti Blog, last accessed September 20 2013, http://ataszjelenti.blog.hu/2012/09/28/alkotmanyos_tamogatás_az_abortuszturizmusnak

Since – as mentioned above – the current abortion situation in Hungary is such that there has not been any concrete change in abortion policy or law regarding abortion, I will utilize sources such as the materials of the 2011 poster campaign, the budget amendment proposal of the KDNP party, articles from *Magyar közlöny*⁸, and public statements of politicians – viewing these sources as reflecting the main ideas and assumptions on abortion in the political and public sphere in Hungary today. Further sources utilized include – apart from existing literature on the two forms of analysis – interviews conducted with politicians and medical professionals, online newspaper articles and a statistical data analysis on trends of abortions in Hungary in the past 3 years.

a) Biopolitical analysis and eugenics

The first argument I put forward is that the debate surrounding abortion in Hungary today has come to be a biopolitical debate, resulting from and reflecting internal political tensions in Hungary. I further argue that the arguments put forward in the recent abortion debate closely resemble the arguments of the eugenics movement that was active in several countries in Europe and the US as well at the end of the 18th - beginning of 19th century. Eugenics is a “*cultural history where biomedical ideas of various provenance are mediated by social influences of institutions, political power and public opinion, the peculiarities of individual personalities, and by the inexorable logic of geopolitics.*”⁹ To present the Hungarian abortion debate’s resemblance to eugenic discourse I will rely on the work of Marius Turda¹⁰ who gives an overview of the development of eugenics thought in several European

⁸ The Magyar Közlöny is a periodical paper which is the official paper of Hungary. It publishes laws and other legal documents that do not qualify as legislation. Wikipedia: Magyar Közlöny last accessed September 20 2013, http://hu.wikipedia.org/wiki/Magyar_K%C3%B6zl%C3%B6ny

⁹ Turda relies on the work of Robert Nye when defining eugenics. Marius Turda: *Modernism and Eugenics* (New York : Palgrave Macmillan, 2010), 3.

¹⁰ Marius Turda: *Modernism and Eugenics* (New York : Palgrave Macmillan, 2010)

countries¹¹ from the birth of eugenics in the 1870s to WWII. In discussing the biopolitical nature of the debate I will rely on the works of Ruth Miller and Penelope Deutscher who deal with biopolitics in relation to women's reproduction.

Turda argues in the introduction of his book that it: *“reflects these current, popular and scientific, discourses on the role of contemporary science in shaping individual and collective identities by suggesting that the political and ideological history of eugenics is fundamental to any informed assessment of modern-day debates on population control, fertility, sexual reproduction and ideas on human perfectibility.”*¹² (own emphasis) He defines eugenics as having *“comprised a wide range of thought”* and so when attempting to understand eugenics it is crucial that one takes into account *“the political discourses and the specific national cultures”*¹³ in which it was formulated. I myself will be focusing on Hungarian specifics in the second main chapter.

The shared goal of European eugenicists was to maintain a healthy national body against forces of cultural decadence and biological degeneration, that stemmed partly from the effects of World War I. Eugenics became a *“defensive strategy”*¹⁴ of the nation that involved the creation of a strong sense of shared identity, accomplished by appealing to a racial imaginary, by the *“biologization of national belonging”*¹⁵. *“The ultimate eugenic goal was to create a new nation through an all-encompassing act of both individual and collective regeneration [from the after effects of the war].”*¹⁶ This shared racial identity was defined by

¹¹ Britain, Norway, France, Germany Czechoslovakia, Hungary, Romania, Italy, Spain and Greece. Turda: *Modernism and Eugenics* 3.

¹² Turda: *Modernism and Eugenics* 12.

¹³ Turda: *Modernism and Eugenics* 3.

¹⁴ Turda: *Modernism and Eugenics* 7.

¹⁵ Ibid.

¹⁶ Turda: *Modernism and Eugenics* 10.

biological, social and cultural boundaries, which separated those who belonged to the community and those who were considered (potential) enemies.¹⁷

Eugenics became such a powerful ideology during the course of the 19th century, because of its ability to hold together, to synthesize such social, cultural and political concepts that would not appear to belong together at first glance.¹⁸ It served as a new basis for individual and collective improvement.¹⁹

What linked eugenics to later developed biopolitical states was their shared racial vocabulary²⁰. Michael Foucault – who coined the term of biopolitics – defines it as “*the attempt, starting from the eighteenth century, to rationalize the problems posed to governmental practice by phenomena characteristic of a set of living beings forming a population: health, hygiene, birthrate, life expectancy, race...*”²¹.

Miller – in accordance with Foucault – argues²² that in contrast to the popular notion that sovereign relations in the past 200 years have operated according to classical-juridical theory, the predominant model of sovereignty instead has been biopolitical in which the basic sovereign right is to make live and let die. At the heart of citizenship formation in the biopolitical state is sexual and reproductive legislation, which implies that political activity means biological passivity.

¹⁷ Turda: *Modernism and Eugenics* 4,7.

¹⁸ Turda: *Modernism and Eugenics* 63.

¹⁹ Turda: *Modernism and Eugenics* 10.

²⁰ Turda: *Modernism and Eugenics* 100.

²¹ Michel Senellart, ed., and Graham Burchell, trans., *Michel Foucault: The Birth of Biopolitics, Lectures at the Collège de France, 1978–79* 317. last accessed September 20 2013, http://asounder.org/resources/foucault_biopolitics.pdf

²² Ruth A. Miller, *Women and the Political Norm, in The Limits of Bodily Integrity: Abortion, Adultery, and Rape Legislation in Comparative Perspective* (Aldershot, Hampshire, England; Burlington, VT: Ashgate, 2007), 149.

From this it follows that women are the normative neutral citizen²³ (in contrast to the popular notion that the normative neutral citizen is by default male). Miller suggests that women have become model citizens because of two processes related to the shift from political to biopolitical: Firstly the collapse of abortion, adultery and rape into one political/legal category and secondly the collapse of law, politics and war into a single category in the modern period. The blurring of the line between sexual and reproductive crime in the 19th century has become a means of defining a certain citizenry and a population. In this formation committing such crime is regarded as an act against the nation (possibly leading to race suicide). Through this collapse, the womb has become a biopolitical space, and women's physical borders have been displaced on to national borders.

When elaborating on the collapse of law, politics and war into a single category Miller turns to the works of Agamben and Schmitt. From Agamben she borrows the term exceptional politics – an abolition of the distinction between legislative, executive and juridical powers, where the sovereign decides on the state of exception – which according to Agamben is the contemporary norm. Its characteristics are that it is both temporary and permanent, it defines a “space devoid of law”, where the exception overlaps with the norm and in which the public and private divide ceases to be, which results in every decision becoming political. What I argue is the case of the private matter of abortion, is that it has become an increasingly political matter in contemporary Hungary.

Because law collapses into politics any behavior can be labeled extraordinary or normal. Continuing her train of thought based on the works of Schmitt, Miller argues that law collapses into politics, and then collapses into war as well (war being a central motif of eugenics as well). In this case jurisprudence – which is mainly based on the decision of the sovereign – becomes similar to a miracle in theology, there is a miraculous violation of the

²³ Who is “*rational and politically inviolate, operates faultlessly in the public sphere, and exercises right or performs duties under the aegis of a classical-juridical social contract*” . Ibid.

law. And so sovereignty explicitly rests on an irrational acceptance on political power, a miraculous absence of legality.

The basic function of political order then becomes to decide who is a public friend or a public enemy (as eugenics also defines the boundaries of the community, out side which all else are considered an enemy). This decision is centered around collective political existence, which is why the politics of left and right becoming obsolete. The constant definition of public friend and public enemy results in all relationships (political, economic, social, religious) being moved towards, and used to describe these two “extreme” categories. The primary purpose of the state becomes internal and external security (as eugenics was defined as a “defensive strategy”). As a result the extreme nature of the modern democratic state – which is legitimate because it is democratic – becomes violent and unstable. How contemporary Hungarian politics acquired such an “extreme” nature will be shown through examples in the next chapter.

The second shift emphasized by Miller was the collapse of sexual and reproductive crime into one another, becoming an attack on the political space – which is every space since there is no public private divide (abortion, adultery and rape separately do not pose a threat). Together they undermine political space because they destabilize the distinction between public enemy and public friend. It is in relation to this distinction that a sexual act becomes rape or abortion becomes a crime²⁴, when it undermines collective health and security. Sexual/reproductive law means nothing without politics, and so sexual/reproductive behavior in itself becomes irrelevant – it acquires an exceptional political understanding. It is through this interpretation that the state is invested in protecting its female citizens from rape and through this protecting the nation.

²⁴ Regarded as “foreign occupation” of the womb which is a political space? Miller, *Women and the Political Norm*, in *The Limits of Bodily Integrity* 164.

Deutscher continues on the topic of the criminal status of abortion, but from a legislative perspective. While Miller argues that abortion becomes a criminal act through an exceptional political understanding, Deutscher argues that abortion is in fact never legal, even if regulation allows it: “[...] *regular and legal abortion – has often taken shape through granting of a general exception to an ongoing law, which, in fact (except for the exception), continue to render it illegal.*”²⁵ “[...] *the exception effectively (though on diverse grounds) can apply throughout the entire term of the pregnancy, it is at least hypothetically possible that every abortion could be allowed, while every abortion remains nonetheless an exception to its own illegality.*”²⁶ A similar argument is put forward by Hungarian politicians today when arguing for making the abortion regulation more strict. Presented in more detail below.

Deutscher concludes her article with examining the arguments put forward by antiabortionists and observer that is these arguments “[...] *the women seems to be slyly attributed the status of sinister sovereign, at the mercy of whom the fetus exists in its threshold state. [...] the women’s possible sovereignty may also be considered a zone of disputed authority with and alternative sovereign power, the state.*”²⁷ “*As she [the woman] is figured as that which exposes another life, she is herself gripped, exposed and reduced to a barer life.*”²⁸

b) Feminist analysis

In the previous section I have shown how in the biopolitical state (which I argue Hungary bares the marks of) sexual and reproductive legislation became the essence of citizenship formation, which implies that political activity means biological passivity. Through a classical feminist analysis paired with my biopolitical discourse analysis I wish to

²⁵ Penelope Deutscher „*The inversion of exceptionality : Foucault, Agamben and reproductive rights*” in *The Agamben effect* ed. Alison Ross (Durham, NC : Duke University Press, [2008], c2007) 60.

²⁶ Deutscher, *The inversion of exceptionality* 63-64.

²⁷ Deutscher, *The inversion of exceptionality* 66.

²⁸ Deutscher, *The inversion of exceptionality* 67.

take a closer look at how control over women's' sexuality and reproduction is achieved with the help of the modern medical profession, thus examining contemporary Hungarian abortion regulation on two complementary levels of analysis. In this I rely on two works of Ann Oakley.

One of Oakley's main research is the relationship of women and the medical profession. In her one of her works reviewed here²⁹ she argues that maternal and child welfare developed as an answer to the concern with the quality and quantity of the population (the main concern framed by eugenics), characterizing women as reproducers of the nation (this creates a slippage between the terms women and mothers, the first implying the other). In this framework antenatal care becomes a strategy of social control over women's behavior by the state and/through the medical profession. In this context we must consider the body as a political field, and the knowledge of the body as constituted knowledge influenced by the goal of social control (and also by the interests at play for professional supremacy between the competing professions working with women's bodies³⁰).

In order to achieve social control an alliance formed between the state and the medical profession in which the health sector is embedded in the state's corporate power: the state controls the social and economic organization of the medical profession, but provides it technical autonomy (which I will later argue, has been disrupted in the case of Hungarian abortion regulation). The last element needed for antenatal care to function as means of control is the obedience of women to conform to the new norms³¹ set by antenatal care and their obedience towards the doctors³². Ensuring this obedience has been characterized by the medical profession as an educational problem. Women have to see the need of antenatal care,

²⁹ Ann Oakley *The Captured Womb: A history of the medical care of pregnant women*. (Oxford: Basil Blackwell, 1984) 250-274.

³⁰ Obstetrics, gynecology, pediatrics etc.

³¹ New compared to norms before professionalized medicine.

³² Rendering these positions mutually dependable: a doctor's authority towards his/her patient dissolves if the patient isn't willing to obey.

and then have to be educated in ‘mothercraft’³³ – containing the assumption that women are incapable of caring for their new(un)born without the help of medical guidance. The contemporary Hungarian equivalent of “educating women in mother craft” is the “védőnő” network (“protective midwife” network, from here on referred to as state employed midwives). The profession and the network were developed by József Madzsar a prominent figure of the Hungarian eugenics movement in the early decades of the 19th century – the network is still in place today. “Védőnők” are essentially midwives employed by the state, their work officially being to look after mothers before, during and mostly after pregnancy. The philosophy behind their work is to provide advice to mothers who are inexperienced and have no other source of information regarding pregnancy and childcare. In practice they represent state authority in the private home of the mother, by administering regular check ups³⁴.

Oakley goes on to argue that maternity service policy-makers claimed that the reason why “not enough” children were born and grew up was maternal ignorance. The assumption of maternal ignorance developed with the shift of the medical profession from emphasizing environmental factors in effecting health to emphasizing the individual, thus for example living conditions became the responsibility of the individual. The idea that women are ignorant in matters of reproduction and abortion are reflected in several quotes below.

In her other work utilized here³⁵, Oakley emphasizes the importance of social support of pregnancy, which is – as she points out – often in conflict with the structure of the medical profession, since it can involve giving advice to mothers that is contradictory to the medical model (e.g. advice from friends and family based on own experience). She defines the perspective of mothers and their social support and the medical interpretation of birth as ‘frames of reference’. These frames of reference are in conflict for example in that the first

³³ Meaning not only the delivery of a baby but also how to properly care for him/her.

³⁴ Such as making sure the home is hygienic enough or the baby is eating as much and as frequently as he/she should.

³⁵ Ann Oakley *Essays on women, medicine and health* (Edinburgh : Edinburgh University Press, c1993) 124-138.

one sees pregnancy and birth as an episode of health rather than an illness, because although being similar, pregnancy and illness differ in their context. The two frames of reference also differ in their views of the risks and responsibilities of childbirth. What is a risk is also a responsibility, but women are often robbed of the opportunity of taking responsibility for their behavior since they are required to take up a passive role, and are regarded as not well informed enough to make decisions, losing their right to knowledge and control. These clashes of ‘frames of reference’ are visible in the suggestions put forward by medical professionals presented in the third main chapter.

c) Current regulation of abortion in Hungary

In this last section of the Introduction chapter, I shall discuss the regulation of abortion, access to emergency contraception both of which necessary background information to support my argument presented below.

Currently abortion in Hungary is regulated by the 1992 law on the protection of the fetus³⁶ which states that abortion may take place up to the 12th week of pregnancy if: *a)* it endangers the health of the mother *b)* the fetus is likely to have a severe disability or other impairment *c)* the pregnancy being a result of a crime or *d)* in case the pregnant woman is in a “serious crisis situation”. The law defines serious crisis situation as “what causes physical or psychological shock or social impairment”.³⁷

When a woman applies for an abortion, she must hand in her request (in a form of a filled out questionnaire³⁸) to the Family Protection Service (Család Védelmi Szolgálat), along with a verification of the upstanding pregnancy by an obstetrician-gynecologist, and take part

³⁶ “The 1992 law on the protection of the fetus” last accessed September 20 2013, http://net.jogtar.hu/jr/gen/hjegy_doc.cgi?docid=99200079.TV

³⁷ Under certain circumstances abortion is also allowed up to the 18th or 20th week of pregnancy.

³⁸ This served as my source for statistics from KSH.

in two mandatory consultations.³⁹ If she receives permission from the employee of the Family Protection Service, presently only surgical abortion is available to her in Hungary.⁴⁰

In accordance with the modification of the Constitution, the “*respect and protection*” of fetal life from its conception has also been added to the 1992 law on the protection of the fetus, but the essence of the regulation remains untouched.

1) Funding system of abortion

An abortion in Hungary costs 29.710 Ft (from the 1st of January 2011) which is only paid for by the state if it is done due to health endangering reasons⁴¹ or one may receive a 50%, 70% or a 100% discount from the state based on their social status, and financial dependence.⁴²

One gets a 50% discount (has to pay 14 855 Ft) if they receive child care benefit, child care support, temporary benefit, regular social aid, health impairment annuity, pension, disability benefits, or disability pension.

One gets a 70% discount (has to pay 8 913 Ft) if they receive unemployment benefits, jobseeker's allowance, job-search aid, care allowance, temporary aid, annuity for minors,

³⁹ During the first consultation the woman receives information on her possibilities if she would decide to keep the baby (state support, adoption, suggestions to eliminate the crisis situation, information on the conception of the fetus and the risks of abortion). During the second consultation she receives information on the abortion process itself (the legal regulation and circumstances of abortion and information on contraceptives).

⁴⁰ The D&E surgical method used in Hungary happens as follows: “Dilatation and evacuation (D&E) is used from about 12 completed weeks of pregnancy. It is the safest and most effective surgical technique for later abortion where skilled, experienced providers are available (RCOG 2000). D&E requires preparing the cervix with mifepristone, a prostaglandin such as misoprostol, or laminaria or similar hydrophilic dilator; dilating the cervix; and evacuating the uterus using electric vacuum aspiration with 14-16mm diameter cannulae and forceps. Depending on the duration of pregnancy, adequate dilatation can require anything from two hours to a full day. Many providers find the use of ultrasound helpful during D&E procedures, but it is not essential.” - World Health Organization (2012) Safe Abortions: Technical and Policy Guidance for Health Systems. last accessed September 20 2013, http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf

⁴¹ A Patent Egyesület aktivistái, “Variációk egy szándékra - Nyíltan a burkolt abortuszszigorításról” *Abortusz.info* (2011), last accessed September 20 2013

<http://abortusz.info/hirek/hirek/variaciok-egy-szandekra-nyiltan-a-burkolt-abortuszszigoritasrol>

⁴² “Jogi szabályozás” *Abortusz.info*, last accessed September 20 2013 <http://abortusz.info/info/jogi-szabalyozas>

regular child protection benefit, emergency social aid, annuity for business, income supplement or availability support.

One gets a 100% discount if they receive higher family benefits, disability support, annuity for blind people or regular social aid.

I will discuss certain flaws of this current funding system as part of my statistical analysis in the third main chapter.

2) Accessibility of (emergency) contraception

When discussing the regulation of abortion one might also consider looking at the regulation on the accessibility of (emergency) contraception. Firstly as part of the law on the protection of the fetus, the Hungarian state is obligate to “*promote the use of contraceptives and devices with means based discount*”, but in fact there is no means based discount in place on contraceptives and there hasn’t been in the past years (as the abortion pill, contraceptives are not supported by social security).⁴³

Secondly, several NGOs and medical professionals asked in this paper agree that the easy access of emergency contraception or “the morning-after pill” contributes significantly to the lowering of the number of unwanted pregnancies. Emergency contraception in Hungary is currently only accessible with a prescription from a gynecologist, which has to be acquired within 72 hours of ones sexual intercourse. Ones odds of obtaining such a prescription are significantly lower after work hours or on a weekend.

⁴³ “Melyik a legolcsóbb fogamzásgátló módszer?”(2012), last accessed September 20 2013
<http://abortusz.info/hirek/hirek/melyik-a-legolcsobb-fogamzasgatllo-modszer>

5) The debate on the abortion pill 2012

After presenting my frame(s) of analysis, in this present chapter I shall turn to the debate on abortion that arose with the licensing of the abortion pill in Hungary in 2012. Although this will not be the only event discussed in my paper, I will give a detailed description of the debate surrounding this event because its elements surfaced in the debates surrounding previous events as well. The licensing of the abortion pill reignited the moral arguments against abortion, despite the fact that the introduction of a new method rarely calls into question the previous legal regulation that was in place on the subject. The abortion pill method, also known as medication abortion is an alternative to surgical abortion. It involves taking two pills: mifepristone and misoprostol to end an early pregnancy, the first one blocking the activity of progesterone (a hormone which keeps up pregnancy), and the other inducing the process of miscarriage⁴⁴ (although often confused, medication abortion isn't the same as emergency contraception⁴⁵). Even though the government has expressed its intentions to make regulations of abortion more strict – in connection with events discussed – it has not done so up to this point, apart from preventing the use of the abortion pill.

The prevention happened as follows: in spring of 2012 a European Union authority⁴⁶ officially registered the abortion pill in several European countries, including Hungary.⁴⁷ The

⁴⁴ These pills should be taken under medical supervision, two days apart. After taking both pills one may experience vaginal bleeding for 9 to 30 days or longer, and has to go back for check up after 14 days – if not all of the fetus was removed, a surgical follow up abortion is necessary. One of the main differences between medical and surgical abortion is in the case of medication abortion, the woman is awake during the whole process, thus can experience it fully, possibly in the company of others. Known brands of the abortion pill include Mifegyne, Mifeprex, Medabon

Medline Plus: Mifepriston, last accessed September 20 2013

<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a600042.html>; Sándor Joób, "Közelít az abortusztábléta Magyarországra" *Index* (2012) last accessed September 20 2013

http://index.hu/belfold/2012/04/23/abortusztábléta_nincs_es_megis_van/2/#3

⁴⁵ Further information on emergency contraception: Medline Plus: Emergency contraception, last accessed September 20 2013, <http://www.nlm.nih.gov/medlineplus/ency/article/007014.htm>

⁴⁶ This authority is the Heads of Medicines Agencies (HMA), "a network of the heads of the National Competent Authorities whose organizations are responsible for the regulation of medicinal products for human and veterinary use in the European Economic Area," see "Heads of Medicines Agencies" www.hma.eu, last accessed on September 20 2013.

licensing of the pill came up on the parliamentary session of May 14th, during which Kálmán Nagy (Member of Parliament Health Committee, Christian Democratic People's Party, KDNP) had asked the ministry to not let the abortion pill enter the Hungarian market; if necessary they should ask the Constitutional Court to deem the drug unconstitutional. Miklós Szócska, Minister of State for Health at the Ministry of National Resources replied to the request that the registry of the drug was a legal obligation of Hungary as part of an international licensing process; however this does not mean that the pill will actually be in use. He reassured the Christian-Democrats that the government does not support the pill entering the Hungarian market.⁴⁸

To better understand where this resistance against medication abortion stems from, I will describe the very lively debate that took place during the course of May 2012 and the following months surrounding the licensing of the abortion pill. I have structured the arguments in to the following four mayor categories: 1. the lack of professional debate on health risks, 2. demographic concerns about unborn Hungarians 3. condemning abortion should also mean condemning the pill?, and 4. economic and political motives. Those who argued against medication abortion often used a combination of these four arguments.

⁴⁷ Under the brand name Medabon, see "Heads of Medicines Agencies"

<http://mri.medagencies.org/Human/Product/Details/26878>, last accessed on September 20 2013.

⁴⁸ NOL "Engedélyezték Magyarországon is az abortusz tablettát" *NépszabadságOnline* (2012) last accessed September 20 2013 http://nol.hu/belfold/engedelyeztek_magyarorszagon_is_az_abortusz_tablettat

a) The lack of professional debate on health risks

“The RU48649 is poison. It kills the fetuschild when its heart is already beating. We know of 11 pregnant women’s deaths so far. Who’s next?”⁵⁰

The arguments presented in this section are centered around the statement that there is a professional debate surrounding the abortion pill regarding the safety of its use, often followed by mentioning severe side effects of the pill.

Szócska, when describing how medication abortion works, mentioned heavy bleeding and strong cramps, for which analgesia might be necessary. Despite that the patient may go home after a few days of medical supervision, the bleeding might continue for days, even weeks.⁵¹

Kálmán Nagy after asking the government for the abortion pill not to enter the Hungarian market – which he doesn’t even consider a drug – continued by saying that medication abortion actually comes with an even higher risk than surgical abortion – which they (the KDNP) are also against.⁵² He spoke of a long period of bleeding after taking the pill as well (which may even require blood transfusion⁵³), and also referred to the pill actually not even being effective as an abortion pill.⁵⁴ He went on to say that he thinks taking the pill

⁴⁹ The medical code name of the drug.

⁵⁰ Alfa Association - “A magzatvédők szerint az abortusztabletta a rejtőzködő fasizmus eszköze” *Index* (2012) last accessed September 20 2013

http://index.hu/belfold/2012/05/23/a_magzatvedok_szerint_az_abortusztabletta_a_rejtozkodo_fasizmus_eszkoze/

⁵¹ Foucault argues that one of the main driving elements of biopolitical nation building is inducing fear into citizens. In this example Szócska is attempting to keep women away from the abortion pill by inducing fear. NOL “Engedélyezték Magyarországon is az abortusz tablettát” *NépszabadságOnline* (2012) last accessed September 20 2013 http://nol.hu/belfold/engedelyeztek_magyarorszagon_is_az_abortusz_tablettat

⁵² Máté Nyusztay “Koszorú lábú hangulatkeltők, szemét haszonlesők - így vitázott a "T." Ház” *NépszabadságOnline* (2012) last accessed September 20 2013

http://nol.hu/belfold/hangulatkeltesnek_koszor_u_laba_-_a_parlamentbol_jelentjuk

⁵³ Judit Muhari “Férfiak hajtják el az abortusztablettát” *Népszavaonline* (2012) last accessed September 20 2013 <http://www.nepszava.hu/articles/article.php?id=552689>

⁵⁴ Claiming the one of the manufacturers of the pill stated in 2004 that the drug may only be used to cure gastric ulcer. Levente Bucsy “KDNP: nem lesz abortusztabletta” *MNO* (2012) last accessed September 20 2013 <http://mno.hu/belfold/kdnp-nem-lesz-abortusztabletta-1078035>

comes with much a bigger psychological burden than having a surgical abortion.⁵⁵ He said “*I would like [them] to be emotionally sound mothers who are fit⁵⁶ to give birth to a child. Furthermore they should not experience such a shock if they do not have to*”.⁵⁷ (own emphasis) He emphasized that when a woman takes the second pill she is left alone, without a doctor or her partner, the responsibility being entirely hers (signaling out the woman as the only perpetrator).⁵⁸ Interestingly the opposite of this argument was also made – by Nagy himself – when fear was expressed that since medication abortion is a less dramatic process than surgical abortion, women wouldn’t take abortion as seriously, which will raise the number of abortions (see more on this argument in next subchapter).⁵⁹

A third active member of the debate was the Alfa Association (Alfa Szövetség), a pro-life organization which organized a demonstration against the licensing of the pill on May 23rd 2012.⁶⁰ The leader of the association, Imre Téglásy stated that he thinks there is no evidence to medication abortion having a lower risk (than surgical abortion).⁶¹ He went on to say that the Alfa Association is interested in a “*respectful and peaceful discussion*”, because the public has to be clearly informed about the pill, since it hasn’t been clear so far that the pill isn’t a drug but a “*toxic compound*”⁶² that caused 11 women’s deaths up until 2005.

⁵⁵ Dóra Matalin “Matalin Dóra: Részvét nélkül” *NépszabadságOnline* (2012) last accessed September 20 2013 http://nol.hu/belfold/20120522-reszvet_nelkul

⁵⁶ The term “fit” resonates with eugenic vocabulary. As I will discuss in the following main chapter eugenic policies defined “fit” and “unfit” groups of the population in the process of improving the health of the nation. “Fit” people were encouraged to reproduce while the “unfit” were discouraged from having children.

⁵⁷ Levente Bucsy “KDNP: nem lesz abortusztabletta” *MNO* (2012) last accessed September 20 2013 <http://mno.hu/belfold/kdnp-nem-lesz-abortusztabletta-1078035>

⁵⁸ MHO/Hirado.hu “Nem lesz abortusztabletta Magyarországon” *Magyar Hírlap Online* (2012) last accessed September 20 2013 <http://www.magyarhirlap.hu/node/323585>

⁵⁹ The argument that several women in different countries had died due to medication abortion in the previous years came up frequently as an argument against the pill, but the number of deaths varied according to who gave the argument. Ildikó Csuha “A KDNP megfúrta a tablettát?” *NépszabadságOnline* (2012) last accessed September 20 2013 http://nol.hu/lap/mo/20120522-a_kdnp_megfurta_a_tablettat

⁶⁰ Video clip of the Demonstration: “Az abortusz napjaink holokauszta” *Mandiner* (2012) last accessed September 20 2013 http://mandiner.hu/cikk/20120524_az_abortusz_napjaink_holokauszta

⁶¹ Dóra Matalin “Matalin Dóra: Részvét nélkül” *NépszabadságOnline* (2012) last accessed September 20 2013 http://nol.hu/belfold/20120522-reszvet_nelkul

⁶² “*méregvegyület*”. B.I.M. “Vita az élet feletti döntés jogáról - Videó!” *Népszavaonline* (2012) last accessed September 20 2013 <http://www.nepszava.hu/articles/article.php?id=553101>

On this demonstration the Association handed out flyers that said that taking the abortion pill may have “*brutal consequences*”.⁶³ These flyers depicted an apple, it’s peeled of skin becoming a snake (see Figure 1. below). Under the picture it read: “*The RU486⁶⁴ is poison. It kills the fetuschild when its heart is already beating. We know of 11 pregnant women’s deaths so far. Who’s next?*”⁶⁵ Here I would like to point to the religious connotation of the picture on this flyer, which I will elaborate on in the next main chapter.



1. Figure Alfa Association flyer, handed out on 2012 anti-abortion pill demonstration

Those working in the medical profession all denied that the safety of medication abortion would be questionable, assuring the public that under correct medical supervision medication abortion is perfectly safe (also there were several medical professionals who said that they do not support abortion in general but still support medication abortion, because if there has to be an abortion, it should be done in the easiest way possible for the doctors and the women as well).⁶⁶ The abortion pill is registered on the WHO Model List of Essential

⁶³ családháló.hu “Hogy pusztítja el a magzatot az abortusztábléta?” *MNO* (2012) last accessed September 20 2013 <http://mno.hu/csaladhalo/hogy-pusztitja-el-a-magzatot-az-abortusztabletta-1079204>

⁶⁴ The medical code name of the drug.

⁶⁵ “A magzatvédők szerint az abortusztábléta a rejtőzködő fasizmus eszköze” *Index* (2012) last accessed September 20 2013

http://index.hu/belfold/2012/05/23/a_magzatvedok_szerint_az_abortusztabletta_a_rejtozkodo_fasizmus_eszkoze/

⁶⁶ B.I.M. “Vita az élet feletti döntés jogáról - Videó!” *NépszavaOnline* (2012) last accessed September 20 2013 <http://www.nepszava.hu/articles/article.php?id=553101>

Medicines⁶⁷, and the Hungarian Obstetric-Gynecology College (Magyar Szülészeti és Nőgyógyászati Szakmai Kollégium) also supported the use of the pill (after – lead by the WHO in the 1990s – it was tested in Hungary at The Obstetrics and Gynecology Clinic of Szeged).⁶⁸

According to János Demeter, president of the Obstetric-Gynecology College, there is no professional debate concerning the pill, it could be legally used in Hungary, simply nobody has marketed it yet. Even if it were available, the pill would not be distributed in pharmacies only in hospitals, to ensure medical supervision.⁶⁹

Here I would like to refer to Oakley's argument, that in order to achieve social control the state and the medical profession would have to form an alliance in which the health sector is embedded in the state's corporate power: the state controls the social and economic organization of the medical profession, but provides it technical autonomy. In contemporary Hungary, this alliance seems disrupted, since the government is insisting on dictating through what method abortion may be conducted. I will return to this point in my third main chapter.

b) Demographic concerns about unborn Hungarians

“a medium sized city isn't born in Hungary [each year]”⁷⁰

Apart from arguing that medication abortion is in itself a harmful method to one's health, those opposing the abortion pill, after describing the dangers of the pill often continued by expressing their fear that the high percentage of abortions, which will

⁶⁷ “WHO Model List of Essential Medicines” last accessed September 20 2013

http://whqlibdoc.who.int/hq/2011/a95053_eng.pdf

⁶⁸ Lead by the WHO at the beginning of the 1990s, the abortion pill was tested in several countries, including Hungary in The Obstetrics and Gynecology Clinic of Szeged. In 2005 the Hungarian Obstetric-Gynecology College (Magyar Szülészeti és Nőgyógyászati Szakmai Kollégium) officially supported the introduction of the pill – within hospital conditions, up to the 8th week of pregnancy. They listed the pill as an alternative abortion method to the surgical procedure, which is less demanding of the female body.

⁶⁹ Sándor Joób, “Közelít az abortusztábla Magyarországra” *Index* (2012) last accessed September 20 2013 http://index.hu/belfold/2012/04/23/abortusztabletta_nincs_es_megis_van/2/#3

⁷⁰ Levente Bucsy “KDNP: nem lesz abortusztábla” *MNO* (2012) last accessed September 20 2013 <http://mno.hu/belfold/kdnp-nem-lesz-abortusztabletta-1078035>

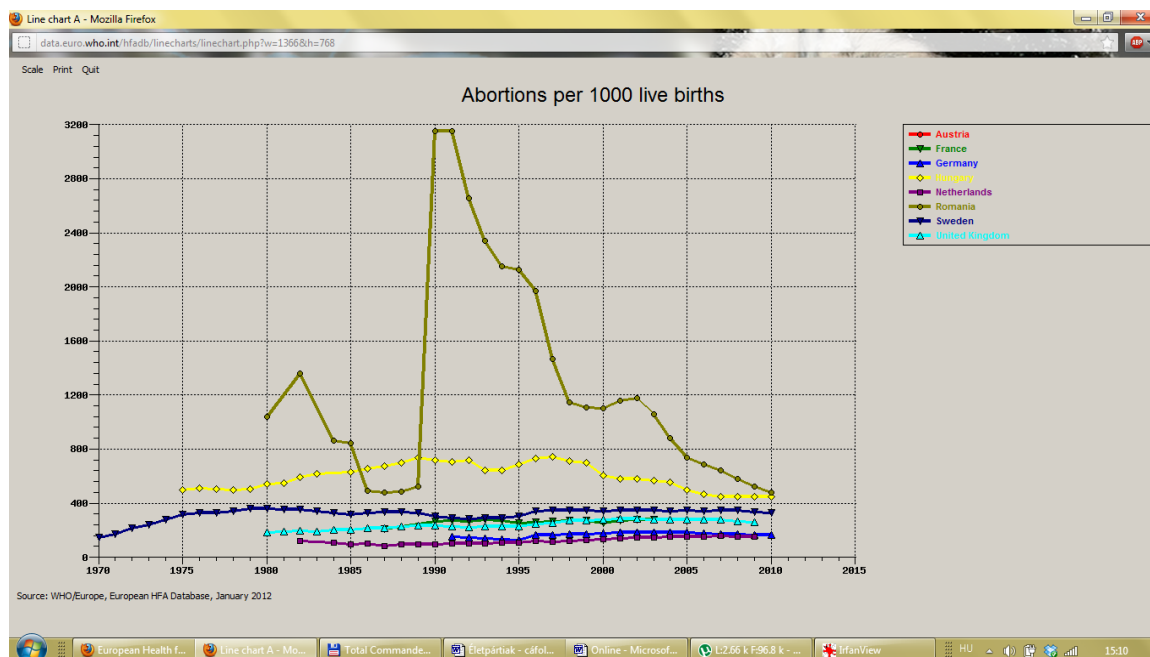
supposedly grow if medication abortion is available, might lead to a (further) decrease in Hungary's population. Behind this argument there is an assumption that women perceive medical abortion as "easier" than surgical abortion. I will go into more details on how politicians and medical professionals envision women's attitude toward abortion in the second and third main chapter.

Kálmán Nagy argued that *"in a country where for every one hundred live births there are 40-50 abortions, when in West-Europe there is only 8-15, there is no need to introduce any new form of abortion. Furthermore everything has to be done to lower the number of abortions to a minimum"*.⁷¹ He went on to say that *"a medium sized city isn't born in Hungary [each year]"*.⁷² He further stated that the WHO only recommended the pill to overpopulated countries.

⁷¹ MHO/Hirado.hu "Nem lesz abortusztábla Magyarországon" *Magyar Hírlap Online* (2012) last accessed September 20 2013 <http://www.magyarhirnap.hu/node/323585>

⁷² Levente Bucsy "KDNP: nem lesz abortusztábla" *MNO* (2012) last accessed September 20 2013 <http://mno.hu/belfold/kdnp-nem-lesz-abortusztábla-1078035>

On the WHO Model List of Essential Medicines⁷³ there is no mention of recommendation for overpopulated countries, and even though medication abortion has been available in several European countries in the past years, the number of abortions in these countries has been almost stagnant or decreasing (see Figure 2. below).⁷⁴



2. Figure The number of abortions per 1000 births in EU countries⁷⁵

The diagram shows the number of abortions per 1000 births in countries listed (from top to bottom): Austria (abortion pill was approved in 1999), France (1988), Germany (1999), Hungary (approved in 2005, but not distributed), Netherlands (1999), Romania (2008), Sweden (1992) and the United kingdom (1991). Apart from Romania the number of abortions has been stagnant or decreasing despite the availability of medication abortion.⁷⁶

⁷³ "WHO Model List of Essential Medicines" last accessed September 20 2013
http://whqlibdoc.who.int/hq/2011/a95053_eng.pdf

⁷⁴ Wikipedia: Medical abortion, last accessed September 20 2013
http://en.wikipedia.org/wiki/Medical_abortion#cite_note-10

⁷⁵ European Health for all Database, last accessed September 20 2013 <http://data.euro.who.int/hfad/>

⁷⁶ Wikipedia: Mifepristone, last accessed September 20 2013
http://en.wikipedia.org/wiki/Mifepristone#Legal_status

c) Condemning abortion should also mean condemning the pill?

“I don’t care if it’s a pill or a scoop. I care about the children having the chance to be born.”⁷⁷

Many who argued against medication abortion, actually argued against abortion itself, despite that fact that only an introduction of a new method was in question.

András Csókay neurosurgeon on the demonstration of the Alfa Association stated that *“abortion is the biggest crime of the past century”*, that life begins with conception, and everybody has a right to life.⁷⁸ Here I would like to call the attention of the reader to two things. Firstly calling abortion *“the biggest crime of the century”* might be interpreted as a reference to the Nazi genocide. I say this because there were more explicit references to the Holocaust accompanying this quote on this demonstration. I will return to these references in the third main chapter. The second point I would like to make here is that both referencing Nazism and bringing in a human rights perspective (mentioning the right to life) are argument types that are often used when arguing *for* the availability of abortion. In this instance and in others discussed below, it seems that the “anti-abortionists” have started using the arguments used against them to turn them to their own advantage. I will also return to this argument in the third main chapter.

Zsolt Semjén (leader of the KDNP party, currently minister without portfolio and Deputy Prime Minister) said on the demonstration that *“children in their fetus age”* are the most disenfranchised and vulnerable minority who cannot *“voice their own interests”* and so they (the KDNP) have an obligation to do it for them (again a reference to a human rights

⁷⁷ Ildikó Csuha, Anna Danó “Harrach: Nem az érdekel, hogy tablettá vagy kaparókanál” *NépszabadságOnline* (2012) last accessed September 20 2013

http://nol.hu/belfold/nem_az_erdekel_hogy_tabletta_vagy_kaparokanal

⁷⁸ “A magzatvédők szerint az abortusztabletta a rejtőzködő fasizmus eszköze” *Index* (2012) last accessed September 20 2013

http://index.hu/belfold/2012/05/23/a_magzatvedok_szerint_az_abortusztabletta_a_rejtozkodo_fasizmus_eszkoze/

discourse).⁷⁹ I left such expressions on quotation marks as “*children in their fetus age*” and “*fetuschild*” to illustrate how, simply with the use of such words – which are essentially made up, not in every day use – they try to argue for abortion being equal to murder. This is also implied in the added half sentence in the Hungarian Constitution.

d) Economic and political motives

Many also argued that it was the economic interest of the EU and the manufacturers of the pill that led to the licensing of the pill in Hungary, also that it was done without informing the general public. Szócska himself stated on a TV program that these were economic interests behind licensing the abortion pill.⁸⁰

According to a Hungarian news site *Index* there may have been economic interest involved in that the pill wasn't brought into Hungary sooner.⁸¹ With the number of abortions decreasing in Hungary⁸² and marketing of a drug being quite expensive, it wasn't in the manufacturer's interest before to introduce the drug in Hungary. Despite these facts, according to an interview⁸³ by *Index* there were attempts to license the abortion pill before but were interrupted due to administrative reasons.

Even though the registration was successful, the pill could only be widely accessible if it would have become a part of the health insurance schemes (which would mean a significant expense for the Hungarian government). It cannot be clearly concluded that medication abortion would cost less for social security than the surgical solution. Medication abortion

⁷⁹ MTI “Abortusztabletta: együtt tüntet a Novák család és Semjén” *HVG* (2012) last accessed September 20 2013 http://hvg.hu/itthon/20120523_abortusztabletta_tuntetes#utm_source=hirkereso&utm_medium=listing&utm_campaign=hirkereso_2012_5_23

⁸⁰ MTI “Szócska: Hazánkban nem kerül forgalomba az abortusztabletta” *Fidesz.hu* (2012) last accessed September 20 2013 <http://www.fidesz.hu/index.php?Cikk=180909>

⁸¹ Sándor Joób, “Közelít az abortusztabletta Magyarországra” *Index* (2012) last accessed September 20 2013 http://index.hu/belfold/2012/04/23/abortusztabletta_nincs_es_megis_van/2/#3

⁸² There were 197.000 abortions in Hungary in 1970, 90.000 in 1990, it dropped under 50.000 after 2000. Finally there were 38.000 abortions done in 2011.

Ibid.

⁸³ Ibid.

similarly to surgical abortion requires a hospital environment and alertness – although in favorable conditions there is no need for an anesthesiologist and an equipped operating room.⁸⁴

On the demonstration mentioned above, Gábor Jobbágyi, professor of law said that no one knew about the intension of licensing the abortion pill apart from the registration bodies and one member of the government⁸⁵ and so call it “*a coup*”.⁸⁶ Again, I shall return to the role of the abortion debate in the inner political struggle between Hungarian political parties in my third main chapter. Jobbágyi went on to say that it isn’t true that Hungary was obligated to license the pill, since the European Union deemed abortion a “*matter of nation competence*”, when Ireland joined. He asked “*What obligations can an Indian company impose on the EU?*” (Referring to the pill being also manufactured in India, see further information below). He then countered the argument brought up for the use of the pill, that it’s licensed in several countries, by saying that: “*The several countries are 37. And how many countries are in the world? More than two hundred. So in the majority of countries the pill isn’t licensed.*”⁸⁷

Téglásy stated that politicians must take responsibility for the fact that the licensing was done “*under the hood*”⁸⁸ without having a public debate on the matter, and added that if it is true that Hungary had to automatically license the pill, then this EU regulation is a “*serious violation of our national sovereignty*”.⁸⁹ A similar tension against the EU came up in the case

⁸⁴ According to data provided by the private clinic mentioned above, a medication abortion s cost 98.000 Ft (The pill being ~ 19.815 Ft plus the medical knowledge and readiness of the doctors, to minimize the risk of the abortion also cost money. It may happen that intervention is needed because of the heavy bleeding of the woman, so the private clinic in Hungary that provided medication abortion kept an operating room running 24 hours a day.) vs. the ~ 30.000 Ft cost of surgical abortion. A Patent Egyesület Aktivistái “KDNP-s támadás a legkiszolgáltatottabb nők ellen” *Abortusz.info* (2011) last accessed September 20 2013 <http://abortusz.info/hirek/sajtokozlomenyek/kdnp-s-tamadas-a-legkiszolgáltatottabb-n%C5%91k-ellen>

⁸⁵ Zsófia Jobbágyi “Napi százötven magzatot ölnek meg hazánkban” *Magyar Hírlap Online* (2012) last accessed September 20 2013 <http://www.magyarhirlap.hu/belfold/napi-szazotven-magzatot-olnek-meg-hazankban.html>

⁸⁶ Levente Bucsy “Ez a tablettá nem lesz bevezetve Magyarországon + Videó + Képriport” *MNO* (2012) last accessed September 20 2013 <http://mno.hu/belfold/ez-a-tabletta-nem-lesz-bevezetve-magyarorszagon-1078255>

⁸⁷ Ibid.

⁸⁸ “*fű alatt*”

⁸⁹ WL “Tiltakoznak az abortusztábletta ellen” *MNO* (2012) last accessed September 20 2013 http://mno.hu/magyar_nemzet_belfoldi_hirei/tiltakoznak-az-abortusztabletta-ellen-1077535

on the 2011 anti-abortion campaign, which will discuss in more detail in the next main chapter. Téglásy went on to say that politicians are only concerned with the issue because they know: “*there is a great deal at stake, it is about our last national treasure*”.⁹⁰ How the introduction of a new abortion method becomes a matter of national sovereignty can be explained by Agamben’s theory of exceptional politics used by Miller. As presented in the previous main chapter in exceptional politics the sovereign decides on the state of exception. In this state the basic function of political order becomes to decide who is a public friend or a public enemy, centered around collective political existence. The constant definition of public friend and public enemy results in all relationships (political, economic, social, religious) being moved towards, and used to describe these two “extreme” categories. I argue that in the abortion debate the EU has been characterized as a public enemy, threatening Hungary. I will expand my argument in the following main chapter.

⁹⁰ “*itt nem babra megy a játék, utolsó nemzeti kincsünkről van szó*”. B.I.M. “Vita az élet feletti döntés jogáról - Videó!” *Népszavaonline* (2012) last accessed September 20 2013
<http://www.nepszava.hu/articles/article.php?id=553101>

6) Demography and population control

“everything is interconnected [...] the politicians should learn

that anything they touch, they should always think it through”⁹¹

In this current chapter, after presenting the structure of the debate surrounding abortion in Hungary today – I turn to the biopolitical analysis promised in the Introduction. In my analysis I shall present certain elements of the eugenic discourse and biopolitics, which show resemblance to arguments made in the contemporary Hungarian abortion debate. As mentioned before the main components of the eugenic discourse appeared across Europe, but different eugenic solutions were given, shaped by specific national contexts. When describing a eugenic argument I will give a general description, pointing out Hungarian specificities when necessary. I will first explore the metaphor of war, then move on to some solutions offered to “the abortion question” and highlight the religious element of the current debate and its relation to the historical discourse of eugenics. Lastly I will discuss how the abortion debate reflects not only external, but internal political tension in contemporary Hungary.

a) A nation at war

As mentioned earlier, the notion of war central to the eugenics discourse, since it emerged as a response to the First World War and then adopted its programs to the Second WW. It was defined first and foremost as a defensive strategy against external and internal enemies of the nation.

Hungary was one of the countries most gravely effected by the two World Wars, territorially and demographically as well. Eugenics served as a driving force for a new kind of

⁹¹ Tibor Makai, vice-chairman of the radical nationalist party Jobbik, The Movement for a Better Hungary (Jobbik Magyarországért Mozgalom), interview by author, Budapest, May 15, 2013.

nationalism that would further the “resurrection” of Hungary.⁹² It brought back the “*sacred nationalist connection*”⁹³ between national identity and territory. Today in Hungary in the abortion debate, the metaphor of the Hungarian nation being under war frequently surfaces as shown briefly in the first main chapter (e.g. the “*violation of national sovereignty*”).

Imre Téglásy on the demonstration of Alfa Association used the expression that the abortion pill is a “*weapon in the history of modern warfare against the Hungarians*”⁹⁴, which plays into Miller’s theory that in the biopolitical state, the collapse of sexual and reproductive crime into one another, is seen as an attack on the political space – which is every space since there is no public/private divide.

1) Hungary vs. the EU

The external “enemy” most often identified as threatening the Hungarian nation today is the European Union – in the case of abortion⁹⁵ – by enforcing regulations that are in the disinterest of Hungary (e.g. the use of the abortion pill). Even though the EU is often referred to by politicians and public figures as working against Hungary in some way, at the same time there is a desire expressed (mostly by those who hold positions in EU) to conform to its norms. I shall illustrate my point in connection with modification of the Hungarian Constitution and the governmental anti-abortion campaign in 2011 and some further arguments on the abortion pill.

NGOs called the attention of the public to the fact that the modification of the Constitution in April 2011 may be interpreted as a sign of the government’s intent to make abortion regulation in Hungary more strict. Nevertheless when governmental officials were

⁹² Turda: *Modernism and Eugenics* 62.

⁹³ Turda: *Modernism and Eugenics* 69.

⁹⁴ “A magzatvédők szerint az abortusztabletta a rejtőzködő fasizmus eszköze” *Index* (2012) last accessed September 20 2013

http://index.hu/belfold/2012/05/23/a_magzatvedok_szerint_az_abortusztabletta_a_rejtozkodo_fasizmus_eszkoze/

⁹⁵ And in numerous other topics where Hungary experiences problems at the moment due to the economic crisis.

questioned, they made contradictory statements on whether they intend to modify the legislation on abortion.⁹⁶ For example, in his statement on the Hungarian TV channel TV2 in early March, Prime Minister Victor Orbán said they have succeeded in finding “*a wording that corresponds to European tradition*” to refer to the fetus in the Constitution (signaling an intention to conform to EU standards), which “*makes it unnecessary to change the current legislation of abortion*”. On the other hand Vice Minister Zsolt Semjén – responding to the a letter from the Patent Association in mid March – stated that “*In our opinion, the mentioned principle should be clearly stated in the Constitution, specific amendments to the law, however, will only become political reality if the majority of society will also change their judgment of this issue.*”⁹⁷ – signaling that a change in regulation is to be anticipated.

⁹⁶ Stefánia Kapronczay, Melinda Zsolt, September 28, 2012 (14:41 p.m.), “Alkotmányos támogatás az abortuszturizmusnak? A TASZ jelenti Blog, last accessed September 20 2013, http://ataszjelenti.blog.hu/2012/09/28/alkotmanyos_tamogatas_az_abortuszturizmusnak

⁹⁷ Péter Jenik “Lesz-e abortuszzigorítás? – az alkotmányozás egészére jellemző problémák a magzati élet védelme körül” TASZ.hu (2011) last accessed September 20 2013 <http://tasz.hu/betegjog/lesz-e-abortuszzigoritas-az-alkotmanyozas-egeszere-jellemzo-problemak-magzati-elet-vedelme>

Not long after, the already mentioned nation-wide anti-abortion campaign was launched, funded from money received from the EU under the “Progress” project, which promoted “solidarity” among sexes in Europe.⁹⁸ On the posters a fetus was seen saying: “*I understand well that you aren’t ready for me yet, but think twice and give me to the adoption service. LET ME LIVE!*” (see Figure 3. below). The posters went on to note that thousands of Hungarian children are killed by abortion each year, while many couples in Hungary are seeking to adopt children. The campaign was critiqued by Hungarian human rights associations of being misleading, because the fetus on the posters is more developed than 12 weeks (after which abortion is restricted), and that the fact that it addresses the mother suggests that it is capable of thinking.⁹⁹



3. Figure Anti-abortion campaign poster 2011

EU officials also expressed that they do not support the campaign and they ordered Hungarian officials to remove the posters, stating that the “solidarity” envisioned by the

⁹⁸ This project was “created to promote employment and “solidarity” in Europe”. Matthew Cullinan Hoffman “Hungary sponsors bold pro-life campaign with EU money - Eurocrats enraged.” *LifeSiteNews.com* (2011) last accessed September 20 2013

<http://www.lifesitenews.com/news/hungary-sponsors-bold-pro-life-campaign-with-eu-money-eurocrats-enraged>

⁹⁹ Stefánia Kapronczay, Melinda Zsolt, September 28, 2012 (14:41 p.m.), “Alkotmányos támogatás az abortuszturizmusnak? A TASZ jelenti Blog, last accessed September 20 2013, http://ataszjelenti.blog.hu/2012/09/28/alkotmanyos_tamogatás_az_abortuszturizmusnak

program does not include unborn children, also that the poster unjustly only addresses the mothers and does not indicate any responsibility of the fathers when it comes to abortion. Victor Orbán's response to the EU was that the project his country submitted to the European Commission aims to promote "*balanced*" families, also adding that if the European Commission doesn't agree with his reasoning he is prepared to take "*appropriate measures*". Despite him seemingly conforming to "the EU traditions", here he essentially set an ultimatum for the EU.

Miklós Soltész (Secretary of State for Social Policy in the Ministry of National Resources) stated that the government is seeking to raise consciousness about the value of human life, despite the ongoing legality of abortion in the country, which confirms Deutscher's argument, that abortion always remains illegal, even if abortion policy permits it. Soltész also denied that the campaign would be a first step towards the prohibition of abortion: "*Hungarian society isn't ready for the prohibition of abortion, like Poland for example,*" he told the French news agency Hu LaLa. "*That isn't what we are seeking. We want to insist on the importance of life.*"¹⁰⁰

In the case of the abortion pill, again they seemed to be a double discourse of 'having it our way' and 'playing by the rules' of the EU at the same time. The Ministry of Human Resources in its public statement on the abortion pill – given by Szócska – said that since the risks of medication abortion and its long term effects are still being debated, the pill will not be licensed and so will not be received by the National Health Insurance Fund. In the same statement however, they also expressed that the government is committed to continue extensively raising awareness that it has started in 2010, to support responsible life and family planning. They listed as one of their top priorities to raise awareness and to educate, to shape

¹⁰⁰ Matthew Cullinan Hoffman "Hungary sponsors bold pro-life campaign with EU money - Eurocrats enraged." *LifeSiteNews.com* (2011) last accessed September 20 2013
<http://www.lifesitenews.com/news/hungary-sponsors-bold-pro-life-campaign-with-eu-money-eurocrats-enraged>

attitudes and effectively help girls and women who are in a difficult situation due to their pregnancy¹⁰¹ – which efforts the EU would have nothing against.

2) Defining groups, boundary making

*“a woman will do everything for two things,
to not have a child and to have a child.”*¹⁰²

In order to accomplish the goal of improving the health of the nation and to increase the number of healthy families, eugenicist utilizes so called “positive” and “negative” eugenics. Positive eugenics concentrated all those internal policies which were designed to encourage the reproduction of those who were deemed “fit” or “*a source of racial health*”¹⁰³ while negative eugenics is the label used for such policies that discouraged the reproduction of those deemed “unfit”. These two groups of “fit” and “unfit” were most often defined by a biological (racialized) taxonomy, based on standards of health and physical beauty which directly effected their given social identity.¹⁰⁴

Between the 1930s and 40s authorized negative eugenic policies were introduced in most European countries, such as marriage regulations, sexual segregation or sterilization.¹⁰⁵ Other elements of negative eugenics also include stigmatization, discrimination and in most extreme cases: ethnic cleansing.¹⁰⁶ In many countries sterilization was favored over the institutionalization of “unfit” people because of economic reasons: sterilization proved to be cheaper. Hungarian neurologist László Benedek (1887-1945) attempted to introduce

¹⁰¹ Dr. Miklós Szócska “Közlemény az abortusztábla engedélyezéséről” Kormányportál (2012) last accessed September 20 2013 <http://www.kormany.hu/hu/emberi-eroforrasok-miniszteriuma/egeszsegugyvert-felelos-allamtitkarsag/hirek/kozlemeny-az-abortusztabletta-engedelyezesrol>

¹⁰² Hungarian saying. Tibor Makai, interview by author, Budapest, May 15, 2013.

¹⁰³ Turda: *Modernism and Eugenics* 46.

¹⁰⁴ Turda: *Modernism and Eugenics* 66-67.

¹⁰⁵ Turda: *Modernism and Eugenics* 10.

¹⁰⁶ Turda: *Modernism and Eugenics* 11.

sterilization in practice in the beginning of the 19th century, but the Council of Social hygiene declined to support his draft of a sterilization bill.¹⁰⁷

As we can see the practice of positive and negative eugenics required the definition of groups of “fit” and “unfit” population. Eugenicists feared that if the “unfit” population wouldn’t be ‘kept in check’ then it would grow in greater number than the “fit” population. In this chapter I will examine how the politicians interviewed define the groups of women who undergo abortions, in other words, how groups of the population are constructed through the topic of abortion. Next to the worry of the Hungarian population decreasing, there is also a concern expressed for an ‘unwanted group’ of population increasing in number, e.g. “*the unschooled*” mentioned by Harrach in the previous chapter. Harrach also went on to argue that if the current trend of population decrease continues “*then in 90 years 5.2 million people will be in Hungary, 1/3rd of them being over 65 years old, with nearly 1 million immigrants. The country will be dysfunctional.*”¹⁰⁸ The elderly were already characterized by Makai in the previous chapter as a group that needs to be supported, therefore constituting a financial burden to the state and the younger generations, however immigrants as a ‘problem population’ are not mentioned by any of the other speakers quoted on the subject. The fear of immigrants outweighing Hungarians may also be related to the fear of being controlled by the EU.

One of my questions to my interviewees was how would they characterize women who opt for abortion? I asked them this question because it was expected that the figure of a woman undergoing abortion would be heavily judged, but I was interested whether this image of the aborting women had taken up ‘additional characteristics’ in terms of economic status, educational level etc. Makai gave a fairly detailed description of women opting for abortion:

¹⁰⁷ Turda: *Modernism and Eugenics* 84.

¹⁰⁸ Ildikó Csuha, Anna Danó “Harrach: Nem az érdekel, hogy tabletta vagy kaparókanál” *NépszabadságOnline* (2012) last accessed September 20 2013
http://nol.hu/belfold/nem_az_erdekel_hogy_tabletta_vagy_kaparokanal

one of their characteristics according to him being that the woman “*doesn’t really know what she’s doing*”, which image is similar to “the ignorant women” described by Oakley. Makai himself referred here to a quote from the Bible, where Jesus said on the cross “Father, forgive them, for they don’t know what they are doing”. According to Makai’s description, the environment was to blame for the ignorance of these women. He went on to say that according to the information gathered by the Védőnői Testület (Midwife Syndicate) 95% of women undergoing abortion do so because their environment compels them to. Interestingly, contradicting this image of “the innocent woman” who is to compelled to have an abortion, during the interview he often used the term “carried out an abortion” rather than “underwent an abortion”, which serves as an example of the woman’s disputed sovereignty in abortion, described by Deutscher.

Similarly then Kálmán Nagy in the first main chapter, Makai emphasized the psychological trauma abortion causes women saying that this trauma “*cripples*” a woman, psychologically¹⁰⁹ and possibly physically as well. These women, who are “*on some level mentally disabled*”, continue to “*live here in the society*”. “*So a lot of injured people are walking among us but we do not see it on them [the injury]*.” He continues to say that apart from the trauma of abortion, it is also a trauma for these women that it is expected of them not to show that they are traumatized by abortion, these “*repressed emotions*” further impair women’s psychological health. This picture of the unseen enemy of some sort of “disease” again resembles eugenics ideas on battling biological degeneration in the population. Makai goes on to say that: “*building a country or simply a society with mentally unhealthy people is, well pretty hard.*” Makai concluded his thoughts on this topic by saying that in his opinion if someone were to research the causes of suicide, this trauma (caused by abortion) would be

¹⁰⁹ In Hungarian there are two words that both mean psychological in English. One of the being “*pszichológiai*” which is the same then the English word, merely spelled in Hungarian and the other being “*lelki*” which in word for word translation means “of the soul” or “from the soul”. Makai uses the latter term, which again signals a religious vocabulary.

among the causes of suicide (in Hungary). In Makai's description, the private matter of how one is effected by having an abortion becomes a public matter as women are viewed as "building blocks of the nation", as is the case in exceptional politics where the public and private divide ceases to be, making every decision becoming political.

3) The clinical gaze

*"eugenicists were not merely messengers of science,
but guardians of the nation's biological treasure"*¹¹⁰

Medical science and the language of medicine were central in the eugenics discourse after the First World War, as the nation was not only strengthened under a cultural and political ideology, but also a "*new synthesis of biological and eugenic morality*"¹¹¹. (Morality was also a central element of eugenics, which I will elaborate on more in this main chapter later on.) The strong nation was one rejuvenated from the effects of war, and culturally, spiritually and racially homogeneous.¹¹²

Scientific ideas on health and hygiene became imbedded into nationalist and racial expressions¹¹³ which is why many politicians and intellectuals across Europe spoke about "*harnessing the national body*"¹¹⁴ in the period. To quote Turda: "*The health of the population became the central component of new national welfare programs devised during the inter war period. Yet this concreted focus on health not only transformed the significance of population as a site of biological power but also systematized an approach to eugenics that relied on state intervention in the private and public sphere*"¹¹⁵

¹¹⁰ Turda: *Modernism and Eugenics* 48.

¹¹¹ Turda: *Modernism and Eugenics* 10.

¹¹² Turda: *Modernism and Eugenics* 11.

¹¹³ Turda: *Modernism and Eugenics* 9.

¹¹⁴ Turda: *Modernism and Eugenics* 11.

¹¹⁵ Turda: *Modernism and Eugenics* 69.

Eugenicists in the 1920s and 30s aimed to sanitize the nationalized space, contributing to a vision of a biologically purged national community that is free of all Otherness.¹¹⁶ As mentioned in the quote above, to achieve this goal they relied on the support of the state, since they argued that “*only the state could mobilize and manage the vast reconstructing of society needed during and, especially after the war.*”¹¹⁷ These eugenicists implemented their medical and health reforms – often supported by detailed clinical descriptions of ‘the enemy’, and forcibly promoted demographic and medical statistics¹¹⁸ – through their official positions held in several state departments.¹¹⁹

Despite the fact that eugenicists agreed that there is a need for society to regenerate after The War, there wasn’t a unanimous opinion on what exact effect would war have on the nation. As an answer two eugenic models developed: a quantitative (natural determinism) and a qualitative (social protectionism) model.¹²⁰ The main concern of the first model was declining fertility rates, coupled with the decrease of the population due to the losses of war, while the second model’s main concern was the “quality” of the population in terms of the percentage of elements of the population that were regarded as “weakening the biological stock” of the nation (the disabled, uneducated, those of different ethnic groups etc.)

In the Hungarian abortion debate today, the quantitative model seems prominent, as reflected in the concerns presented in the first main chapter. A further example is an interview given by Péter Harrach (member of the KDNP party) to a local newspaper, in which he stated that the problem in Hungary today is that there are too few children born. He also said that if we look at “*the political and social side of the [abortion] question*” then “*there is social*

¹¹⁶ Turda: *Modernism and Eugenics* 11.

¹¹⁷ Turda: *Modernism and Eugenics* 57.

¹¹⁸ Turda: *Modernism and Eugenics* 48.

¹¹⁹ Turda: *Modernism and Eugenics* 56.

¹²⁰ Turda: *Modernism and Eugenics* 52.

peace on the abortion question today in Hungary”¹²¹ (which is an interesting reference again to the peace and war metaphor). The fear of the Hungarian population becoming fewer in numbers is also expressed by the radical nationalist party Jobbik, The Movement for a Better Hungary (Jobbik Magyarországért Mozgalom) as we can see from an interview given to me by Tibor Makai, a member of Jobbik. He expressed his astonishment at the statistical figure that in the past 50 years 6 to 8 million abortion were done in Hungary, which is equal to “*a middle sized nation*”¹²² (which is similar to Kálmán Nagy’s expression in the first chapter which was “*a medium sized city isn’t born in Hungary [each year]*”). Makai also referred to the statistical figure of “*for every 1000 conceptions there are 447 abortions, which is almost half, that is dreadful*”.

Harrach stated that the Hungarian society is in such a state that it needs to change, and one of the elements of this change needed is the abortion question. Harrach also used statistics to support his argument, referring to the fact that not only young women are opting for abortion (in Hungary) and that the level of education influences the number of children raised: the most children born are among those who did not finish their 8th-grade elementary¹²³ education. I shall refer back to these statistical figures in the next main chapter, where I will present the results of my own statistical analysis considering a number of factors influencing abortion.

Harrach continued his argument by stating that because more children are raised among those who did not finish their 8th-grade elementary education by the end of this century: “*the unschooled strata pass on their particular culture to their children. So it is not*

¹²¹ Ildikó Csuhaj, Anna Danó “Harrach: Nem az érdekel, hogy tabletta vagy kaparókanál” *NépszabadságOnline* (2012) last accessed September 20 2013

http://nol.hu/belfold/nem_az_erdekel_hogy_tabletta_vagy_kaparokanal

¹²² Tibor Makai, interview by author, Budapest, May 15, 2013.

¹²³ The Hungarian education system is composed of 8 years of elementary and 4 years of highschool education. Completed 8 years of elementary education counts as the lowest level of completed education. – add source

*enough that we will be fewer in numbers and we'll be old, we will also be uneducated.”*¹²⁴

This is very similar to the picture painted by eugenicist in the past about what would happen to the nation if it is not protected from the forces of cultural decadence and biological degeneration. Dóra Dúró (spokesperson of Jobbik) on the demonstration of the Alfa Association said that the abortion pill shouldn't be introduced in Hungary because it would be *“the continuation of the “national disaster era”*¹²⁵ *caused by the high number of abortions”*¹²⁶

Makai went further and stated that the decrease in population and in the number of births coupled with an aging of society isn't just a problem in Hungary, but across Europe, moreover in some instances he deemed it a *“global phenomenon”*. He forecasted that if this trend continues the (Hungarian) society will not be sustainable – there will not be enough people to support the pension system. To my question why population decrease is seen as such a prominent problem now, when it has been happening for 3 decades, he answered that politicians and the society simply didn't notice the problem up until now, only when *“the situation became serious”*. Also that the voice of those who desire change has gotten stronger, without much result so far.

As to what should be done about population decrease, Harrach said that *“The public opinion has to be shaped in the fields of the love of children, family-centered thinking and responsible relationships.”*¹²⁷ Many politicians and medical professionals apart from pointing out the problems with abortion in Hungary today, proposed solutions to these problems as well. I will give a more detailed description of these solutions in this main chapter later on.

¹²⁴ Ildikó Csuha, Anna Danó “Harrach: Nem az érdekel, hogy tabletta vagy kaparókanál” *NépszabadságOnline* (2012) last accessed September 20 2013

http://nol.hu/belfold/nem_az_erdekel_hogy_tabletta_vagy_kaparokanal

¹²⁵ *“nemzeti vészidőszak”*

¹²⁶ NOL “Vészharangot kongattak az abortusztábla miatt” *NépszabadságOnline* (2012) last accessed September 20 2013

http://nol.hu/belfold/veszharangot_kongattak_az_abortusztabletta_miatt

¹²⁷ Ildikó Csuha, Anna Danó “Harrach: Nem az érdekel, hogy tabletta vagy kaparókanál” *NépszabadságOnline* (2012) last accessed September 20 2013

http://nol.hu/belfold/nem_az_erdekel_hogy_tabletta_vagy_kaparokanal

b) Solutions

In this present chapter I will elaborate on the solutions given to “the abortion question” in contemporary Hungary and their relation to past ideas on women’s reproduction by Hungarian eugenicists. I have already established how women’s reproduction became central in the project of nation building: eugenicists saw women as a source of national rejuvenation, and sexual and reproductive legislation also became central to biopolitical citizenship.

János Bársony (1860-1926) Hungarian gynecologist drafted two techniques to further the “recovery of the race”: increase birthrate and to ensure the health of the parents, primarily the mother’s. Thus ensuring the future of the nation overlapped with the protection of women; devotion to motherhood became a patriotic cause. Again referring to Miller: the state became invested in the protection of women through an exceptional political understanding of sexual/reproductive behavior. Unborn children became the omnipresent symbol of racial regeneration, toward which eugenic propaganda aimed to “*create a sense of social responsibility*”¹²⁸ (as the 2011 anti-abortion campaign attempted), enabling the state to take control of sexual reproduction and offer a normative feminine ideal. Large families became equated with a strong nation.¹²⁹

Viewing the protection of future generations in social and national terms justified immediate measures against e.g. birth control. Bársony listed “*birth prevention, abortion and abortionists*” to be neutralized by eugenics measures, because they contribute to “*the stagnation of the Magyar race*”. An example of such immediate measures was the establishment of the state employed midwife network in Hungary, described in the Introduction.

Today the concern is no longer simply about the stagnation of the Hungarian population, but its continuing decrease, as expressed in the political opinions above.

¹²⁸ Turda: *Modernism and Eugenics* 59.

¹²⁹ Turda: *Modernism and Eugenics* 58-60.

1) Need for forming of public opinion

As I mentioned earlier, two models of eugenic models developed as an answer to the effect of war on most European countries: the quantitative and the qualitative model. I then noted that the quantitative model seems more prominent in Hungary today, with the qualitative model almost completely absent from the discourse. What may be interpreted as an element of the qualitative model is the call for the forming of public opinion. When asked what the KDNP wished to accomplish by taking a stand against the abortion pill, Harrach answered, that they wish to draw attention to that life begins at conception, their goal being to increase the protection of fetal life. He went on to say that the “*dramatic demographic situation*” requires the “*changing of public opinion*”, since the changing of (abortion) regulation isn’t possible (similar to Miklós Soltész’s opinion). “*What is happening in this area [abortion] today is a primitive state. The culture related to this area has to be changed.*” The use of words such as “primitive state” and some kind of “abortion culture” echoes eugenic vocabulary. Despite the fact that he calls for a change of public opinion, Harrach also states that “*There is no sane person in Hungary today who would say that abortion is a good thing.*”¹³⁰ Despite this call for forming public opinion, no improvement in sexual education has been made, what several Hungarian NGOs (e.g. the Patent Association or the Pro Famillia Hungarian Scientific Society) have called for. The roles of NGOs in the abortion debate will be discussed in the following main chapter.

How the KDNP envisions the changing of public opinion, in Harrach’s opinion is that: “*Young people have to be diverted towards responsible relationships*”.¹³¹ To achieve this, the KDNP will work “*either in education or in the media or in Parliament*”. They are working to “*take advantage of the possibilities provided by the law on the protection of the fetus,*

¹³⁰ Ildikó Csuha, Anna Danó “Harrach: Nem az érdekel, hogy tabletta vagy kaparókanál” *NépszabadságOnline* (2012) last accessed September 20 2013

http://nol.hu/belfold/nem_az_erdekel_hogy_tabletta_vagy_kaparokanal

¹³¹ Ibid.

primarily with raising-awareness.”¹³² This leads one to suspect that even if there won’t be any changes in the abortion law itself, the modification of the Constitution enables other types of changes in abortion regulation that would greatly effect abortion in practice, on which I will elaborate on in the next main chapter.

Makai also brought up the topic of sexual education, admitting that it is important in preventing unwanted pregnancy, at the same time saying that “*I find it very hard to believe that a teenage girl in today’s world wouldn’t know about these things*” and so “*there must be some other reason that they still get into such a situation [having an abortion]*”. He guessed that maybe this other reason might be these women are “*under the influence of mind-altering drugs*” when not preventing an unwanted pregnancy. Again at the same time Makai “pardons” women for having the unwanted pregnancy (because they were under the influence of drugs) but also condemns them for making such an ill-informed decision, portraying them as perpetrators and victims at the same time.

2) Criminalization of abortion and forced sterilization

The other categorization of eugenic policies mentioned above was positive and negative eugenics. As in the case of quantitative and qualitative measures, today in Hungary the scale seems to be uneven in the case of positive and negative eugenic as well, the solutions offered resembling negative eugenics.

A good example of this is a 16 point¹³³ proposal put forward by a Hungarian obstetrician-gynecologist at a conference organized by the Hungarian Socialist Party (Magyar Szocialista Párt, MSZP) titled: Conference Against Abortion Restrictions in November in

¹³² Ibid.

¹³³ The reference to the proposal as “16 point” proposal resonates with the demands put forward in 12 points in the revolution of Hungary in March 15th 1848. Referencing the March 15th revolution is considered to be a nationalist action in Hungary today.

2012. Dr. D.G.¹³⁴ titled his proposal “Proposal to reduce the frequency of abortions, and renewal of the law on the protection of fetal life”. I had Dr. D.G. provided me with this proposal, which I shall analyze in detail in the following main chapter. Here I will only note that what stuck me in the text was that it put forward suggestions that would be considered “liberal” or “forward thinking” along with suggestions that entail a totalitarian intervention into women’s reproduction, such as the monetary fining of women who have more than one abortion or obliging them to use a coil¹³⁵. He also argues for making sterilization more easily accessible.

Regarding positive eugenics, there hasn’t been any notable action taken by government which would fit into this category. There was however a reference to positive eugenics in my interview with Makai. He argued that Jobbik strives to “*minimize the number of cases*” when abortion would be “*acceptable*”, but quickly adding that Jobbik wouldn’t just proceed in the question with “*rigor and laws*” but mentioned a number of measures that Jobbik plans to take in order to lower abortion rates and encourage child bearing. These were improving the living conditions and housing of young people, family support (as a social benefit) and supporting young people’s access to employment. These are all general suggestions and to my knowledge none of them had been acted upon. A more concrete suggestion that also didn’t come into affect was the Jobbik’s plan to allow people to transfer part of their taxes to their parents as a pension supplement, meaning that the more children one has, the more pension supplement they would get when they become a pensioner. Thus – argued Makai – it would become the young people’s financial interest to bear more children, in contrast to present practice when many undergo abortions due to financial reasons. Makai

¹³⁴ Of the 3 members interviewed 2 of them asked to remain anonymous in my paper, and not to even mention their position in MCSNTT, so they would not be identifiable. Due to their request I simply refer to them as leading members of the NGO, and will use coded names to identify them.

¹³⁵ MCSNTT Web-rendszer: Méhen belüli fogamzásgátló eszközök, last accessed September 20 2013
http://www.dokinet.hu/tarsasag/novedelem/docview.aspx?r_id=36373435

concluded with “*I say that there is strength in a big family*” which resonates with the eugenic propaganda of the big family equated with the strength of the nation.¹³⁶

¹³⁶ A recent attempt of the Hungarian government to further the creation of families was a government organized dating event for university students in May 2013. GSzD “Hétvégén párt talál nekünk az állam” *Index* (2013) last accessed September 20 2013 http://index.hu/belfold/2013/05/22/hetvegen_part_talal_nekunk_az_allam/

c) Religious discourse on abortion

The “*health of the community was both a biological and moral issue*”¹³⁷

Francis Galton the father of eugenics called it “*the religion of the future*”¹³⁸, so not surprisingly eugenics often came into conflict with religious dogmas of different Christian churches in Europe by challenging their long existing sovereignty over sexual reproduction and marriage. On the other hand eugenicists in general did not speak against religious beliefs, on the contrary, many of them demanded that “*the state’s biological aims should reflect the transcendental aims of the church.*”¹³⁹ While the Orthodox church distanced itself from the ideas of eugenicists, the Protestant church seemed more willing to cooperate with them through their social activism. For example the Hungarian Reformed Church was dedicated to racial resettlement aimed to “*strengthen the ethnically Hungarian character of those regions perceived to be either depopulated or under threat by other ethnic groups.*”¹⁴⁰ The Catholic church had a significant role in opposing the introduction of negative eugenics, deeming abortion, sterilization and family planning morally unacceptable, but often endorsed policies evolving around marriage counseling¹⁴¹ and hygiene education.¹⁴²

As seen in the first chapter, religious arguments have frequently occurred in the contemporary Hungarian abortion debate e.g. the anti-abortion pill poster of the Alfa

¹³⁷ Turda: *Modernism and Eugenics* 47.

¹³⁸ Turda: *Modernism and Eugenics* 84.

¹³⁹ Turda: *Modernism and Eugenics* 85.

¹⁴⁰ Turda: *Modernism and Eugenics* 87.

¹⁴¹ In Hungary a new population policy resolution came into effect in 1973 which set out to “the implement the 2-3 children family model, to reduce the number of abortions and expand the variety of contraceptives, and to introduce education in schools on family life and compulsory pre-marriage counseling”. “Család, jövő, társadalom —az MCSNTT 35 éves tevékenysége” *Statistikai Szemle* 89 (2011) last accessed September 20 2013 http://www.ksh.hu/statszemle_archive/2011/2011_06/2011_06_698.pdf

Although it is not mandatory, the Family protection service still provides today so called “youth counseling” which contains mandatory marriage counseling for the under aged. “Családvédelmi Szolgálat működtetése” *Kormányhivatal.hu* last accessed September 20 2013 <http://www.kormanyhivatal.hu/hu/ugytipusok/egeszsegugyi-szocialis-es-nyugdijugyek/nepegeszsegugyhoz-kapcsolodo-ugyek/kistersegi-nepegeszsegugyi-intezet/csaladvedelmi-szolgalat-mukodtetese>

¹⁴² Turda: *Modernism and Eugenics* 86-89.

Association utilizing the symbol of the forbidden fruit and the snake. The modification of the Constitution also bares strong marks of religious discourse. The added half sentence “*embryonic and fetal life shall be subject to protection from the moment of conception.*”¹⁴³ reflects a religious understanding of conception since in natural sciences conception is viewed as a process, there is no “moment of conception”.

On the introduction of the abortion pill the Hungarian Catholic Bishops' Conference emphasized that every type of abortion is taking a human life, and is a serious crime.¹⁴⁴ The Hungarian Lutheran Church said on the subject that if the pill would enter the Hungarian market in the future, they emphasize that since medication abortion is only available until the 7th week of the pregnancy (in contrast to surgical abortion being available until the 14th week), this time constraint may act as a pressure on those women who are still uncertain about having an abortion. They also mentioned that because medication abortion takes several days, this may make the processing of abortion harder.¹⁴⁵ The opinion of the church has significant influence on the Hungarian population, as – according to the 2011 census – 57% of the Hungarian population is religious, out of which the two largest groups are the Catholics (39%) and those belonging to the Reformed church (11,6%).

According a poll conducted on the topic of abortion by Szinapszis Kft. (a market research firm specialized in health research) after it became public knowledge that the government plans to modify the Hungarian Constitution, on the subject of the right to life 50% of the respondents agreed that the fetus has the right to life from its. The opinion of 1/5th of Hungarians is that the fetus has the right to life from the 12th week of pregnancy; according

¹⁴³ “The Fundamental Law of Hungary” last accessed September 20 2013, <http://www.kormany.hu/download/4/c3/30000/THE%20FUNDAMENTAL%20LAW%20OF%20HUNGARY.pdf>

¹⁴⁴ NOL “Püspöki kar: az abortusz minden formája súlyos bűn” *NépszabadságOnline* (2012) last accessed September 20 2013 http://nol.hu/belfold/puspoki_kar_az_abortusz_minden_formaja_sulyos_bun

¹⁴⁵ The public statement was given by Péter Gáncs president bishop, Tamás Fabiny and János Szemerei bishops. MTI “Az evangélikus püspökök szerint a tableta sürgetheti a nő döntését” *NépszabadságOnline* (2012) last accessed September 20 2013 http://nol.hu/belfold/attol_meg_magzatelhajtas_hogy_tablettaval_hajtkak_vegre

to another 1/5th the fetus has the right to life only from its birth (most of whom share this last opinion are those who already had an abortion, are non-religious, single, received higher education and earn more than 151.000 Ft/month¹⁴⁶).¹⁴⁷

Makai in the interview given stated that “referring to Christian tradition, and I think not only Christian but simply human tradition” abortion should only be permitted when it endangers the life and health of the mother or the pregnancy is a result of a sexual crime. He states that religious exhortations and requirements “were always good” in keeping people from only searching for the enjoyment of life. He described today’s world being “overturned” “anti-life” and “morally corrupt”. In order to remedy the situation he called for reinstating the “moral fiber” in people so that abortion may “become just a bad memory”, since there will be no need for it.

In the case of the already mentioned anti-abortion campaign adoption is offered as an alternative to abortion which rhetoric attempts to urge women with an unwanted pregnancy to avoid “the sin of murder” and instead commit a “selfless act” of offering their baby up for adoption. Makai noted that one of the main arguments brought up against the posters was that they induce guilt in pregnant women considering abortion, and replied to this argument that he is “not so sure that it is not necessary [to induce guilt]”, so that people (women) may feel the weight of 6 million infants not being born.

This rhetoric of ‘give your baby up for adoption instead of abortion’ was again promoted by the KDNP in an amendment proposal to the state budget of 2012 in October of 2011. The proposal stated that the 400 million Forints reserved for the financial support of abortions necessary because a ‘crisis situation’ should be instead spent on encouraging

¹⁴⁶ This is nearly the same amount as the 2011 monthly average wage in Hungary. Calculation of the The Hungarian Central Statistical Office, STADAT, KSH.hu, last accessed September 20 2013

http://www.ksh.hu/docs/hun/xstadat/xstadat_hosszu/h_qli001.html

¹⁴⁷ Szinapszis/WEBBeteg “Lehet-e magánügy az abortusz? - Kutatás” *Webbeteg.hu* (2011) last accessed September 20 2013

<http://www.webbeteg.hu/cikkek/egeszseges/10647/lehet-e-maganugy-az-abortusz>

adoptions and other child protection programs. Although the proposal later didn't come into effect, Hungarian NGOs were concerned about its potential effects, when the proposal was made. These effects will be discussed in the next main chapter.

7) Abortion in every day practice

In this last main chapter of my thesis I would like to take a look at the debate from a feminist perspective, by which I mean looking at how (potential) changes in Hungarian abortion regulation would effect women; through what means is control over women's sexuality and reproduction achieved with the help of the modern medical profession (as presented by Oakley). Although changes haven't been made in abortion regulation so far, suggestions have been put forward by politicians and medical professionals as well. In the course of this chapter I will examine these suggestions and what they entail, and relate them to my own statistical analysis on influencing factors of abortion in the past 3 years.

As stated before, Oakley argues that in order to achieve social control the state and the medical profession forms an alliance in which the health sector is embedded in the state's corporate power: the state controls the social and economic organization of the medical profession, but provides it technical autonomy. Further more, for antenatal care to function as means of control, obedience is needed from women to conform to the new norms set by antenatal care and their obedience towards the doctors. The medical profession has characterized ensuring the obedience of female patients as an educational problem. In what follows I will take my reader through these three units: the state, the medical professionals and NGOs, and the female patients and their interaction with one another in contemporary Hungarian context.

a) Internal political struggle

Through the course of the previous main chapter I have presented the political opinions of several parties on the question of abortion, which I argued resonated with the fears and arguments put forward by eugenicists in the first half of the 19th century. In this

section I will take a look at these statements as demarcating political parties from one another through the abortion debate. The eagerness of certain parties to express an opinion on abortion regulation maybe interpreted as them ‘trying to prove’ who is best equipped for sovereignty, since as has been said earlier, in a biopolitical state the basic sovereign right is to make live and let die. From this perspective abortion is seen as making a decision on which of ‘the unborn’ may live or die.

At the same time, Miller argues that in exceptional politics, the decision on who is a public friend or a public enemy – which become basic function of political order – is centered around collective political existence, in which the politics of left and right become obsolete. This collective political existence does not seem to have been achieved in contemporary Hungarian politics, however the political spectrum of left-right has moved toward two “clusters” of left and right. The center-right Fidesz-KDNP party had won with 2/3 majority on the last elections¹⁴⁸ and frequently allies itself with Jobbik. As an answer to this, there have been attempts to unite left-wing parties as well.¹⁴⁹

1) Between political parties

Still there hasn’t been a unified opinion expressed on the abortion question. As mentioned before governmental officials made contradictory statements on weather they intend to modify the legislation on abortion.¹⁵⁰ Prime Minister Victor Orbán stated that since they managed to find “*a wording that corresponds to European tradition*” to refer to the fetus in the Constitution this “*makes it unnecessary to change the current legislation of abortion*”, while Vice Minister Zsolt Semjén stated that “*In our opinion, the mentioned principle should*

¹⁴⁸ Pablo Gorondi “Hungary’s center-right Fidesz wins 2/3 majority” *The Guardian* (2010) last accessed September 20 2013 <http://www.guardian.co.uk/world/feedarticle/9047111>

¹⁴⁹ Official webpage of the Democratic Coalition, last accessed September 20 2013 <http://portal.dkp.hu/index.php/2011-12-19-16-06-58/frakcio>

¹⁵⁰ Stefánia Kapronczay, Melinda Zsolt, September 28, 2012 (14:41 p.m.), “Alkotmányos támogatás az abortuszturizmusnak? A TASZ jelenti Blog, last accessed September 20 2013, http://ataszjelenti.blog.hu/2012/09/28/alkotmanyos_tamogatás_az_abortuszturizmusnak

be clearly stated in the Constitution, specific amendments to the law, however, will only become political reality if the majority of society will also change their judgment of this issue.”¹⁵¹

While the members of KDNP and Jobbik quoted above have explicitly stated their intention to make abortion regulation more strict, they also acknowledged that they would encounter a too big resistance from society if they were to do so.¹⁵² On this subject Harrach said *“There are always two-thirds law changes [...] But the faction-alliance [the Fidesz-KDNP] does not need the KDNP to vote in favor of the law, but because it is an ideological party with firm ideological foundations. We know that the Fidesz has diverse group of voters, taking a variety of stances [...]”*.¹⁵³ When asked why the Fidesz has not made a statement on the abortion pill, Harrach answered that *“Because the voter base’s opinion on this issue isn’t unequivocal.”* In a further segment of this chapter I shall present a Hungarian poll conducted on abortion regulation to illustrate what the public opinion is on current abortion regulation and its restriction.

The opposing MSZP party in contrast stated that they are *“strongly committed against the violation women’s right to self-determination”*¹⁵⁴ and responding to Péter Harrach’s statement mentioned above (on the “uneducated” raising more children) said that this statement degrades women who raise their children between harsh conditions to simply poor and uneducated reproducing vessels.¹⁵⁵ Kata Kormos (spokesperson of MSZP) stated that *“a*

¹⁵¹ Péter Jenik “Lesz-e abortuszszigorítás? – az alkotmányozás egészére jellemző problémák a magzati élet védelme körül” *TASZ.hu* (2011) last accessed September 20 2013 <http://tasz.hu/betegjog/lesz-e-abortuszszigoritas-az-alkotmanyozas-egeszere-jellemzo-problemak-magzati-élet-vedelme>

¹⁵² Dóra Ónody-Molnár “Kötelező tabletta” *NépszabadságOnline* (2012) last accessed September 20 2013 http://nol.hu/velemeney/20120529-kotelezo_tabletta

¹⁵³ Ildikó Csuha, Anna Danó “Harrach: Nem az érdekel, hogy tabletta vagy kaparókanál” *NépszabadságOnline* (2012) last accessed September 20 2013 http://nol.hu/belfold/nem_az_erdekel_hogy_tabletta_vagy_kaparokanal

¹⁵⁴ MTI, „Az MSZP támogatja az abortusztablettát” *HVG* (2012) last accessed September 20 2013 http://hvg.hu/itthon/20120523_abortusztabletta_mszp#utm_source=hirkereso&utm_medium=listing&utm_campaign=hirkereso_2012_5_23

¹⁵⁵ Országos Sajtószolgálat, „Reagálás Harrach Péter szavaira” *MTI.hu* (2012) last accessed September 20 2013 http://os.mti.hu/hirek/75535/reagalas_harrach_peter_szavaira

party has no say on a topic that is the free choice of citizens and belongs in the competence of science. The duty and responsibility of politics - in this question as well – is to provide rules, laws that ensure the freedom of the decision and deliberation for families and doctors.”¹⁵⁶

The party also organized the Conference Against Abortion Restriction mentioned above where a wide variety of professionals were invited to speak (a geneticist and gynecologist, two sociologists, a child-psychologist and a social policy expert). As mentioned earlier I had a chance to conduct an interview with Dr. D.G. from the audience, and also with one of the presenters Dr. E.E. geneticist and gynecologist. These interviews will be discussed below.

When interviewing Makai, I asked what Jobbik’s opinion was on the reactions of other parties on the matter of abortion regulation. He answered that *“if I were to ask party members [from other parties] – I know many of them – then their thoughts would be very similar to mine. But there is some kind of hind force, or I do not know where it comes from, they do not support it [restriction of abortion] officially. Or is it just for the sake of or need for controversy, that I will not say what the other says? I do not know. [...] But I think this is some kind of political struggle, a wrongly understood thing [the abortion debate]”* He noted that there are also members of Jobbik who don’t support abortion restriction, even when this is the official opinion of the party. Makai’s comment is strangely aware of the influence of politics in “the abortion question” but argues not for the exclusion of politics but for a one-sided influence.

¹⁵⁶ “Az MSZP fontosnak tartja az abortusztabletta lehetőségének biztosítását” *168ora.hu* (2012), last accessed September 20 2013 <http://www.168ora.hu/landingpage/az-mszp-fontosnak-tartja-az-abortusztabletta-lehetosegenek-biztositasat-96620.html>

2) Between medical professionals and the state

Not only in there no unity in the government on how to regulate abortion, but I argue that the state's alliance with the medical profession has also been disrupted, when the government didn't provide technical autonomy, but insisted on dictating through what method abortion may be conducted.

I have already established that there is no such professional debate that the opposers of the abortion pill claim. Still the resistance of medical professionals against the banning of the abortion pill wasn't unified because of the political pressure on them. For example one of the private clinics in Buda legally provided medication abortion since 2010 (with a specific import license) given that the patients underwent the compulsory consultative examinations. In 2012 the clinic was forced to stop providing the pill, due to the administrative obstacles set by the government. Also when the Hungarian newspaper *Népszabadság* wanted to ask the Hungarian Obstetric-Gynecology College on whether they plan to change the procedure of abortion, they gave no comment. It later turned out they were asked by Miklós Szócska not to make public statements on the issue.¹⁵⁷

We have also seen the argument given in the first main chapter by KDNP politician Kálmán Nagy that medication abortion supposedly is an easier choice for women than surgical abortion. This is in fact partially true, as illustrated by the experiences in the mentioned private clinic in Buda. The method has its pros and cons. Those women choosing the medication abortion at this clinic had two main reasons for doing so: firstly they believe that this way they have a greater chance to get pregnant in the future (avoiding the possible complications of surgical abortion), and second, this way they can maintain control over their body during the process, being less vulnerable to the hospital staff this way. Still some

¹⁵⁷ Anna Danó, "Szócska Miklós nem tilthat, van tablettá" *NépszabadságOnline* (2012) last accessed September 20 2013 http://nol.hu/belfold/20120523-van_tabletta

women rather quickly “get over with it” with the surgical method. Being conscious during medication abortion – although having control – at the same time may prove to be traumatizing for some.¹⁵⁸

During my interview with E.E. (geneticist and working at a private clinic giving ‘genetic advice’¹⁵⁹), I asked his opinion on why abortion has become such a central topic to the current government, to which he answered that “*look to me it is quite clear*”¹⁶⁰ that it is so because the Catholic church’s influence on the matter, which in cooperation with KDNP are pushing to ban abortion, since they regard it as a sin (supporting my claim of the significance of religion in contemporary abortion in Hungary).

As to why the banning hasn’t occurred, according to E.E., Fidesz as the main governmental force is the one holding back KDNP from outright banning abortion. The “other side” – as E.E. described it – are those who strive for “[...] *women's social equality and women's right to shape their own lives*” and say that to ban abortion would be a “*would be a serious social transgression against women*” – and E.E. agrees with them, even though he also regards abortion as murder. “*My very big problem is that this is really unsolvable problem, because both sides are right.*” – E.E. In his opinion, the two sides should unite and do everything in their power to prevent abortions. I shall discuss the reactions to the possibility of banning abortion later on in the chapter.

E.E. not only disagrees with the banning of abortion but opposes the influence of politics in the matter. “*That Szócska Secretary of State officio banned this [medication abortion], I regard it as a very serious medical error and a very serious human offense [...] I*

¹⁵⁸ Sándor Joób, “Közelít az abortusztábla Magyarországra” *Index* (2012) last accessed September 20 2013 http://index.hu/belfold/2012/04/23/abortusztabletta_nincs_es_megis_van/2/#3

¹⁵⁹ Social Prevention of Genetics Harm Foundation (Genetikai Ártalmak Társadalmi Megelőzése Alapítvány) – eugenic framework

¹⁶⁰ E.E. interview by author, Budapest, May 18, 2013.

regard it as a medical and moral error that politics has a say in this".¹⁶¹ To propagate surgical abortion (because increases the risk of a next birth to be premature and also the risk of an inflammation that leads to infertility) "*is contradictory to the Hippocratic oath [...] with this [banning] Szócska Secretary of State does harm*".¹⁶²

3) 'Giving a taste of their own medicine'

To conclude this subchapter, I would like to call the reader's attention to a point made earlier, that those are arguing against the abortion pill, and for the restriction of abortion have incorporated elements into their arguments that were originally used by supporters of free choice.

One of these elements incorporated is the vocabulary of human rights, as noted earlier at some quotes. Here I will give the examples from the interview with Makai. He noted that those who argue for the liberalization of abortion regulation often use the argument that a women is free to "*do what she wants*" with her body. He argued that a women is only in possession of her body so long as she "*gives herself to someone*". She may choose who she has sexual relations with and "*who violates this right of a woman deserves the most severe punishment*" (referring to rape). But he concluded that "*if a child has been conceived in the woman's body, that is no longer her body.*" This quote reflects Miller's, Deutscher's and Oakley's argument that in a biopolitical state, women are seen by default as mothers and reproducers of the nation. Therefore a woman loses authority over her body when pregnant and from then on it is the state who is taking responsibility in 'protecting its borders inside the womb'.

He further argued that those arguing for a liberal regulation of abortion say that "*it is a degree of freedom that a woman may choose to abort the child or not*" but if "*any woman is*

¹⁶¹ Ibid.

¹⁶² Ibid.

asked, if choosing abortion is a freedom, does she desire an abortion? Is this among her main desires that she once may have an abortion? Well, this doesn't belong among desires at all. [...] This isn't a freedom at all, it is captivity. And its not a human right. Abortion in my opinion and in Jobbik's opinion is a violation of human rights."

The second element incorporated into anti-abortion arguments was referencing Nazism. Those who argue for freedom of choice often associate the restriction of abortion at a form of coercive population control of which the Holocaust was an extreme historical case (in fact Nazism is the most well known example of eugenics put in practice). The fact that those who argue for abortion restriction go to such extremes in their arguments is an example of Miller's description of exceptional politics, where the primary purpose of the state becomes internal and external security. As a result the extreme nature of the modern democratic state – which is legitimate because it is democratic – becomes violent and unstable. In the first main chapter I already gave one reference to Nazism, here I will present 3 further quotes.

It was already mentioned in one of the statements from Makai that 6 million abortions were done in the past 50 years. The Alfa Association also stated on their demonstration that in the last half century about 6 million children couldn't be born due to abortions.¹⁶³ The reoccurrence of the trope of 6 million deaths may be interpreted as a reference to genocide, to the Holocaust, during which approximately 6 million Jews were killed.

Gábor Jobbágyi continued his earlier statement quoted with *"I also ask: how can it be that a group of doctors exterminates their own people? Let's talk Hungarian!"*¹⁶⁴ (Meaning *"Let's talk clearly!"* or *"Let's be clear!"*).¹⁶⁵ This quote may not only be interpreted as a

¹⁶³ MTI *"Nemzeti vészidőszak" Együtt tiltakozott Semjén, Dúró és Novák* ATV.hu (2012) last accessed September 20 2013

http://atv.hu/cikk/20120523_politikusok_is_tiltakoztak_az_abortusztabletta_bevezetese_ellen?source=hirkereso

¹⁶⁴ *"Beszéljünk magyarul!"*

¹⁶⁵ Levente Bucsy *"Ez a tableta nem lesz bevezetve Magyarországon + Videó + Képriport"* MNO (2012) last accessed September 20 2013 <http://mno.hu/belfold/ez-a-tableta-nem-lesz-bevezetve-magyarorszagom-1078255>

reference to Nazism but also depicts the doctors as a identified ‘public enemy’, who do not exercise population control with the blessing of the government.

Lastly Téglásy’s reference was the most explicit when he stated that the manufacturers of the abortion pill changed their name because they didn’t want to take responsibility for their involvement in supplying Hitler’s gas chambers with nerve gas,¹⁶⁶ but they are still motivated by “*the philosophy of destruction, death, demolition*”.¹⁶⁷ The “*hidden fascism*”¹⁶⁸ wants to scam the Hungarian people and the government.¹⁶⁹

b) Indications for change in regulation

Still on the level of the state in my analysis, in this next chapter I turn to ways in which abortion regulation might be changed in Hungary (based on suggestions made in connection to the events discussed), and how that would effect women who opt for abortion. As Harrach said, KDNP is working to “*take advantage of the possibilities provided by the law on the protection of the fetus, primarily with raising-awareness.*”¹⁷⁰

In the case of the KDNP’s proposal on the 2012 budget several Hungarian NGOs¹⁷¹ argued that the change in financing 1. would effect mostly those women who can not afford to pay for an abortion (because of the structure of abortion funding described earlier) and that 2. it is inefficient as a measure for lowering abortion rates. They labeled this amendment

¹⁶⁶ Levente Bucsy “Ez a tabletta nem lesz bevezetve Magyarországon + Videó + Képriport” *MNO* (2012) last accessed September 20 2013 <http://mno.hu/belfold/ez-a-tabletta-nem-lesz-bevezetve-magyarorszagon-1078255>

¹⁶⁷ “*a pusztítás, halál, rombolás filozófiája*”. “A magzatvédők szerint az abortusztábla a rejtőzködő fasizmus eszköze” *Index* (2012) last accessed September 20 2013

http://index.hu/belfold/2012/05/23/a_magzatvedok_szerint_az_abortusztabletta_a_rejtozkodo_fasizmus_eszkoze/

¹⁶⁸ “*rejtőzködő fasizmus*”

¹⁶⁹ Levente Bucsy “Ez a tabletta nem lesz bevezetve Magyarországon + Videó + Képriport” *MNO* (2012) last accessed September 20 2013 <http://mno.hu/belfold/ez-a-tabletta-nem-lesz-bevezetve-magyarorszagon-1078255>

¹⁷⁰ Ildikó Csuha, Anna Danó “Harrach: Nem az érdekel, hogy tabletta vagy kaparókanál” *NépszabadságOnline* (2012) last accessed September 20 2013

http://nol.hu/belfold/nem_az_erdekel_hogy_tabletta_vagy_kaparokanal

¹⁷¹ Such as Magyar Helsinki Bizottság (Hungarian Helsinki Committee, HHC), Nők a Nőkért Együtt az Erőszak Ellen Egyesület (NANE or Women for Women Together Against Violence Association), Labrisz Leszbikus Egyesület (Labrisz Lesbian Association), Patent Egyesület, Patriarchátust Ellenzők Társasága (Patent Association, Opponents of Patriarchal Society), Stop Férfierőszak Projekt (Stop Male Violence Project) and Társaság a Szabadságjogokért (Hungarian Civil Liberties Union, HCLU).

proposal “*hypocritical*” because the Hungarian state at the same time doesn’t support any kind of contraceptives or access to contraceptives (as presented in the Introduction). NGOs argued that based on previous studies, the only effective way to lower abortion rates is to provide easy access to birth control and value-neutral sex education.¹⁷² By effecting women differently according to their social status – NGOs claim – the policy promotes certain women to reproduce, while discourages others (which is how eugenic policies were designed).

In the case of the abortion pill, Szócska’s stance against it – according to Hungarian health care law – isn’t legally binding. The medical profession regards medically induced abortion as viable method, and so it should be accessible in Hungary after it’s registration by the National Institute of Pharmacy (Országos Gyógyszerészeti Intézet) in mid May, 2012. What is in Szócska’s power is that he can prevent the reception of the drug by the National Health Insurance Fund (Országos Egészségbiztosítási Pénztár), which would mean that the drug could only be bought by the hospitals at a full price, not supported by social security. If the State Secretariat were to turn to the Constitutional Court – as Kálmán Nagy suggested – the Court could not make a decision regarding the application of the pill (it being a question of the medical profession) but if asked to interpret the law – based on the recently modified Constitution – it might come to the decision of banning abortion – according to Gyula Kincses health policy expert.¹⁷³

Furthermore, the Patent Association, Opponents of Patriarchy Society (Patent Egyesület, Patriarchátust Ellenzők Társasága) calls our attention in one of their articles to the ways the Hungarian government could make abortion less accessible without actually modifying any laws or modifying them in a way so that the general public would not notice –

¹⁷² “KDNP-s támadás a legkiszolgáltatottabb nők ellen” *Abortusz.info* (2011) last accessed September 20 2013 <http://abortusz.info/hirek/sajtokozlomenyek/kdnp-s-tamadas-a-legkiszolgáltatottabb-n%C5%91k-ellen>

¹⁷³ Anna Danó, “Szócska Miklós nem tilthat, van tableta” *NépszabadságOnline* (2012) last accessed September 20 2013 http://nol.hu/belfold/20120523-van_tabletta

not actually illegalizing abortion.¹⁷⁴ Firstly it would be enough to modifying the technical terms of abortion¹⁷⁵ in order to make the process of getting an abortion harder to carry through. The terms of the abortion consultation are only regulated by ordinance which can easily be modified. Secondly they may change who is giving the consultation: priests or people of the church may induce religious guilt in women to change their mind about abortion.¹⁷⁶

Further more they may also deny access to abortion by applying the doctors' conscience clause more often.¹⁷⁷ The applying of the clause may become more popular if doctors are encouraged not to perform abortion during their studies through neglecting to teach them how to perform an abortion.

Also, presently in Hungary the medical institutes and colleges regulate which impairments and genetic mutations are regarded as indicating that the fetus should be aborted even beyond the 12th week. These professional guidelines may be modified without any law modification (which Dr. D.G. and Dr. E.E. do argue for; discussed later in the chapter).

The cost of abortion may also be raised without modification of law. According to current regulation the *“fee is equal to the amount of the respective social security*

¹⁷⁴ A Patent Egyesület aktivistái, “Variációk egy szándékra - Nyíltan a burkolt abortuszszigorításról” <http://abortusz.info/hirek/hirek/variaciok-egy-szandekra-nyiltan-a-burkolt-abortuszszigoritasrol>, Abortusz.info (2011), last accessed September 20 2013

¹⁷⁵ e.g. making it mandatory to look at the fetus on ultrasound during the mandatory consultation (similarly as in parts of the US) in order for the mother to form an emotional attachment to the fetus

¹⁷⁶ e.g. advocating that having an abortion leads to psychological problems in the future such as “post abortion syndrome”, which has been proven by scientific research not to be a definable illness (even though abortion can be emotionally devastating for some women). According to the 1992 law on the protection of the fetus the only legal restriction regarding the consultation is that it must be done “with respect to the pregnant woman’s feeling and dignity”.

“The 1992 law on the protection of the fetus” last accessed September 20 2013 http://net.jogtar.hu/jr/gen/hjegy_doc.cgi?docid=99200079.TV

¹⁷⁷ A doctor may refine from performing an abortion based on his/her personal religious convictions or good conscience, provided that the pregnancy isn’t life threatening for the woman. Although Hungarian law states that every maternity hospital must “provide at least one group [of medical professionals] who will perform abortion”, there is no legal sanction if a hospital fails to do so.

“Jogi szabályozás” <http://abortusz.info/info/jogi-szabalyozas>, Abortusz.info, last accessed September 20 2013

financing”.¹⁷⁸ The question of who is entitled to a discount on abortion based on their social status is also regulated by ordinance, and can easily be modified.¹⁷⁹

Lastly the 1992 law on the protection of the fetus may also be changed in ways that may not seem significant at first glance, but makes getting an abortion harder. For example if they would state in the law that it must be examined and decided by a committee whether the woman wanting an abortion is truly in a serious crisis situation, or if the waiting period between two consultations would be prolonged¹⁸⁰ (which could potentially lead to the woman passing the period of her pregnancy when she may get an abortion).

c) Intermediate level: medical professionals and NGOs

In my analysis I now move from the level of the state to the intermediate level of medical professionals and NGOs (the third and final level being the female patients accessing abortion.) Although the original ‘model’ given by Oakley doesn’t mention NGOs, I have incorporated them in my analysis because they have played a significant role in the abortion debate.

When conducting my research for this dissertation I did an internship at Pro Familia Hungarian Scientific Society (Magyar Család és Nővédelmi Tudományos Társaság, MCSNTT, also referred to as the Society),¹⁸¹ during which I conducted my statistical analysis presented below. I have also had the chance to conduct interviews with 3 leading members of

¹⁷⁸ “a fizetendő díj megegyezik a társadalombiztosítás szerinti finanszírozás mindenkorinak összegével”
A Patent Egyesület aktivistái, “Variációk egy szándékra - Nyíltan a burkolt abortuszszigorításról”
<http://abortusz.info/hirek/hirek/variaciok-egy-szandekra-nyiltan-a-burkolt-abortuszszigoritasrol>, *Abortusz.info* (2011), last accessed September 20 2013

¹⁷⁹ If modified it may deepen the financial gap between the poor (possibly Roma) and wealthy women who seek an abortion. Research done in foreign countries suggests that among those who have lower income, the number of unwanted pregnancies is higher. In contrast wealthier women have easier access to contraceptives, and to abortion tourism – discussed in detail below. Ibid.

A Patent Egyesület aktivistái, “Variációk egy szándékra - Nyíltan a burkolt abortuszszigorításról”
<http://abortusz.info/hirek/hirek/variaciok-egy-szandekra-nyiltan-a-burkolt-abortuszszigoritasrol>, *Abortusz.info* (2011), last accessed September 20 2013

¹⁸⁰ A woman seeking an abortion is obliged to wait at least 3 days between the two mandatory consultations described in footnote 2.

¹⁸¹ Official website of Pro Familia Hungarian Scientific Society, last accessed September 20 2013
<http://www.novedelem.hu/info.aspx?sp=20>

this NGO, which I will utilize in describing their take on the abortion question. Firstly I will give a short description of MCSNTT and its relation to other actors of my analysis.

MCSNTT was founded in 1975, and is in its own words is a democratic, non-profit, non-political and non-governmental organization with the goal of “*support and organize the scientific work of its members*” who are “*professionals concerned with family*”.¹⁸² According to leading member and statistician A.E., the Society was founded in order to “*review questions of demography*”.¹⁸³ When describing the goals and work of the Society, several of my interviewees mentioned that – as its name suggest: word for word translation of the NGOs name would be Hungarian Family and Women Protection Scientific Society – the NGO “*deals with the family not just the women*” (leading member and gynecologist C.GY.¹⁸⁴) and questions “*from contraception, through prenatal care, to birth, to the prevention of sexually transmitted diseases [...]*” (C.GY.). Their approach to these questions are to view them as part of a “*social complex*” (leading member and gynecologist B.B.¹⁸⁵), which is achieved by welcoming in their membership not only obstetrician-gynecologists, but also “*neonatologists, pediatricians, educators [...] statisticians [...] school physicians, family doctors*” also accommodating “*[state employed] midwives, health care workers*” (C.GY.) and demographers and layers as well (A.E.). They also welcome civilians in their membership. C.GY. described the cooperation of these professions in MCSNTT as an “*active scientific workshop*” where they have the opportunity to learn from one another.

The primarily focus of MCSNTT’s work is prevention (of STDs, unwanted pregnancies etc.), to which end they organize conferences each year. The NGO provides feedback by attempting to apply the findings presented at these conferences in the every

¹⁸² Official website of Pro Familia Hungarian Scientific Society, last accessed on September 20 2013 <https://www.doki.net/tarsasag/novedelem/celok.aspx>

¹⁸³ A.E., interview by author, Budapest, August 05, 2012.

¹⁸⁴ C.GY., interview by author, Budapest, June 05, 2013.

¹⁸⁵ B.B. interview by author, Budapest, May 25, 2013.

practice of its members (B.B.). Apart from these conferences, MCSNTT also participated in certain projects that focused on education in reproductive health (more on these projects below).

Some elements of MCSNTT's self-imagery of resemble that of a eugenic organization. On the one hand their choice to have the family and a base unit that they deal with viewing it as a "*social complex*", and on the other hand their tool in doing so is (medical) science (after all the majority of its membership is made up of medical professionals) and a wide scale education. To quote Turda once more: "*eugenicists were not merely messengers of science, but guardians of the nation's biological treasure*"¹⁸⁶ So strong is the MCSNTT's insistence to remain a purely scientific endeavor that this sometimes contradicts their effectiveness in achieving their goal.

For example, I first came in contact with the Society during my previous internship at the Hungarian Civil Liberties Union (Társaság a Szabadságjogokért, TASZ). My supervisor at TASZ mentioned that they wanted to write a public letter with MCSNTT – since the two NGOs shared similar views on the subject of the accessibility of emergency contraception – but MCSNTT stepped back from publishing this letter with TASZ

I learned during my interview with A.E. that they did so because they identify as a scientific society, which according to A.E. means that "*We do not go to the streets, we won't protest, so we don't do any sort of thing a movement would do, but we operate primarily with science built of proofs.*"¹⁸⁷ A.E. later during the interview also said that they didn't write a public letter because "[...] *I didn't want to get the Society involved in any sort of political stuff. [...] TASZ had some demonstrations that we may not have agreed with in the past.*" In these quotes A.E. discredits TASZ as being non-scientific, simply because they choose to

¹⁸⁶ Turda: *Modernism and Eugenics* 48.

¹⁸⁷ A.E., interview by author, Budapest, August 05, 2012.

utilize political means as well, highlighting an opposition between a scientific and a political approach, instead of a cooperation described by Oakley.

1) Educating the masses

As mentioned above, one of the elements of MCSNTT's self-imagery that resembles a eugenic undertaking is their explicit desire to 'educate the masses', based on scientific proofs. The targets of this educational project are those in their reproductive age, mostly teenagers. Looking at Oakley's argument, MCSNTT seems to adopt the assumption that women are in need of medical guidance/education. I do not argue that the education of women in reproductive health has no altruistic element, but I agree with Oakley that it cannot be separated from the underlying goals of population control.

The goal of providing education not only links MCSNTT to my third level of analysis – the women who opt for abortion – but also to the level of the state. MCSNTT critiques the government for not providing this much needed education: *“to restrict [abortion regulation] is easier than to organize the education, the training materials, that they [the Hungarian population] really need.”* (A.E.)¹⁸⁸ As mentioned above eugenicists also relied on the support of the state to achieve their goals. Although KDNP politician P. Harrach has stated that *“What is happening in this area [abortion] today is a primitive state. The culture related to this area has to be changed”*¹⁸⁹ sexual education in Hungary lacks in comparison to west European countries, which the medical professionals interviewed also agree on. This seems to support Miller's argument that with the collapse of sexual and reproductive crime into one another sexual/reproductive law no longer has a meaning without politics, and so sexual/reproductive behavior in itself becomes irrelevant – rendering sexual education irrelevant.

¹⁸⁸ Ibid.

¹⁸⁹ Ildikó Csuha, Anna Danó “Harrach: Nem az érdekel, hogy tabletta vagy kaparókanál” *NépszabadságOnline* (2012) last accessed September 20 2013
http://nol.hu/belfold/nem_az_erdekel_hogy_tabletta_vagy_kaparokanal

Recently the MCSNTT experienced a lack of funding and so instead of participating in a focused project, they aim to collaborate with local governments and institutions which organize ‘health days’, by providing teaching materials on reproductive health (they compile several of these informative teaching materials on their webpage). How the NGO imagines educating the Hungarian society in A.E.’s words is *“But if there were such health days then the goal of our programs for these is precisely to give different information to different age groups. And to have a chance to talk, and that it may be ascertained what their problem really is: that is it really a question of finances, or something else, or really the lack of information? There are a lot of open questions, because this is not possible, for us to do a survey.”*¹⁹⁰

According to the Szinapszis pole mentioned above, when asked to name those who are responsible for educating children in living a responsible sexual life, childbearing and the use of contraceptives, the majority named the family (94%) and the state (82%). Informative state media campaigns (39%) and gynecologists (41%) were also mentioned as responsible for children’s education on the above topics.

A lack of information doesn’t only surrounds abortion in Hungary pill, even though it is regulated since 1992. According to the poll almost half of the respondents (45%) didn’t know if there is a legal regulation of abortion in place. Only nearly half of them (56%) knew the time limit set on having an abortion without any particular medical reason – not surprisingly women, most of them already had an abortion during their life time.¹⁹¹

I noticed a contradiction between the NGO’s goal of educating society and the fact that I only heard of MCSNTT through my work with other NGO’s. Only after checking their website did I learn that they had a campaign promoting emergency contraception (titled

¹⁹⁰ A.E., interview by author, Budapest, August 05, 2012.

¹⁹¹ Szinapszis/WEBBeteg “Lehet-e magánügy az abortusz? - Kutatás” *Webbeteg.hu* (2011) last accessed September 20 2013
<http://www.webbeteg.hu/cikkek/egeszseges/10647/lehet-e-maganugy-az-abortusz>

“Don’t panic!” “By accident, unprotected”¹⁹²), which targeted teens. I would label the campaign ineffective if I have to do a very targeted google search to find out about the existence of the campaign. When I asked A.E. on why MCSNTT isn’t better known in public, if it seeks to educate, her response was that *“That’s a good question. [...] Well, first, you need money for everything. On the other hand, I think that those whom we contact not really advertise us. [referring to organizations]”*. She also went on to note that *“really our activity is not that spectacular”*,¹⁹³ leaving me to wonder if their work isn’t spectacular, and not widely known in public then through what method do they wish to accomplish an impact? On an individual level of their members? I also asked my other interviewee whether MCSNTT has made their opinion on current attempts in changing abortion policy (the four major events discussed above) public, since I haven’t seen the organization’s name appear alongside other NGO’s speaking out against suggestions and statements of politicians. B.B. responded that on the one hand they had their “Don’t panic!” campaign, and on the other hand their opinion is accessible by the public. *“It has appeared in the press, I myself have made statements on several occasions about it on TV, and otherwise.”* (B.B.)¹⁹⁴

MCSNTT’s cooperation with other organizations doesn’t only seem to be limited by their insistence to only *“operate primarily with science built of proofs”* but also their repeatedly expressed view that they do not *“support abortion at all costs”*. What this entails in C.GY.’s words is that: *“[...] So on this issue [abortion] I think our Society reacted correctly, reacted correctly in the sense that it didn’t say that, it didn’t adopt either extreme. So it didn’t accept the liberal thought that is wholly invested in that it is the sovereign right of the woman to decide if she wants children or not. Yes but if the pregnancy is on its way then the situation isn’t that simple. At the same time it didn’t accept the other extreme either that at all cost,*

¹⁹² “The website will give you help so sexuality, physical love won’t be full of spasm of fear for you.” Official website of the “Don’t panic!” campaign, last accessed on September 20 2013 <http://www.neesspanikba.hu/>

¹⁹³ A.E., interview by author, Budapest, August 05, 2012.

¹⁹⁴ B.B. interview by author, Budapest, May 25, 2013.

even at the cost of endangering the mother's life the interests of the fetus has to be taken into account, but we are on midway. So there are certain situations when the termination of pregnancy is acceptable."¹⁹⁵

On the NGOs 'midway stance' A.E. said that they "*try to develop those resolutions, which can help children to be born in families where they are planned. And so it has been our principle that we do not want to persuade anyone to do anything. We do not want to convince anyone to give birth to more children than they would like to. We just want those who want to have more children, to be in a position that they may do so.*"¹⁹⁶ Although A.E. emphasizes that they do not wish to exercise force, still she emphasizes children being born as an initial goal of the NGO, highlighting the quantity of Hungarians as important.

In my opinion this doesn't contradict the goals of Patent or TASZ, it is just simply a difference in emphasis. MCSNTT is heavily invested in preventing unwanted pregnancies through education and the distribution on contraceptive methods. None of the organizations mentioned are against these goals, or would want to convince people to have an abortion and to have less children. Still MCSNTT's resistance to cooperate with these organizations in my view have cost them much needed resources (financial and PR) to further the effectiveness of their work.

2) Reactions to recent events

*„You must know the saying that: Women would even go to hell for two things: to have a child and not to have a child"*¹⁹⁷

I have asked the members of MCSNTT's leadership what the organization's reaction was to the four events described above. As mentioned earlier, A.E. critiqued the Hungarian state for choosing the "*easier way*", because "*to restrict [abortion regulation] is easier than*

¹⁹⁵ C.GY., interview by author, Budapest, June 05, 2013.

¹⁹⁶ A.E., interview by author, Budapest, August 05, 2012.

¹⁹⁷ E.E. interview by author, Budapest, May 18, 2013.

to organize the education, the training materials, that they [the Hungarian population] really need.”¹⁹⁸ My other interviewees expressed a similar opinion, that MCSNTT stands for the prevention of unwanted pregnancies rather than the restriction of abortions, abortion being “a necessary evil”. A.E. went on to say that “The problem is that this story [the regulation of access to contraceptives] is so much in the hands of politics, not the hands of reasonable arguments [...] So it's like if it were tolerated that people decide for themselves what kind of family they want and how, not supported.”¹⁹⁹ A.E.’s opinion again reinforces Miller’s and Oakley’s argument that it is within the biopolitical state that sexuality and reproductive behavior gains political significance.

Out of my interviewees C.GY. seemed to advocate a more ‘conservative approach’. On the banning of abortion he said that: “So there are certain situations when the termination of pregnancy is acceptable. But the limiting, narrowing of this is, well if not a goal but a tool set or a method that which one may sympathize with. Especially sympathize with it in a country where the demography situation is as it is here.”²⁰⁰ (his argument resembling a quantitative eugenic approach).

When I asked does he mean sympathizing with restricting the possibility of abortion, he replied that “Yes, this is my personal opinion, and yes that was the opinion of some part of the Society. [...] The situation is different in those countries where for economic or religious or other reasons, contraception isn’t allowed. There the woman is at the mercy that yes, I cannot use contraception, it is by chance if I get pregnant, if I get pregnant I have no other choice then to give birth. If I want to or not, even if it endangers my health. It is a different situation here, if someone pays a little attention to themselves and their environment then there is the possibility for them to avoid unwanted pregnancy. It is true that in certain cases

¹⁹⁸ A.E., interview by author, Budapest, August 05, 2012.

¹⁹⁹ Ibid.

²⁰⁰ C.GY., interview by author, Budapest, June 05, 2013.

*this is more elaborate than just hold each others hand and what will be will be.*²⁰¹ (own emphasis) The image painted by C.GY. about a women with an unwanted pregnancy emphasizes that these women are ignorant, which coincides with Makai's opinion discussed above, where he said that he finds it "[...] *very hard to believe that a teenage girl in today's world wouldn't know about these things*" and so "*there must be some other reason that they still get into such a situation [having an abortion]*".²⁰² C.GY.'s rhetoric also portrays women as perpetrators and victims at the same time.

I further questioned C.GY. if he means restriction of abortion through prevention, to which he answered yes. I found it confusing to equate the terms prevention and restriction since the ultimately mean different things. C.GY. went on to say: „*Abortion currently in Hungary isn't restricted. There are two categories, if the risk is so big, that the health unborn fetus cannot be guaranteed and this risk is at least 50% or in other cases 10% and also there is a social category until the 12. week, if the mother states that she is in a crisis situation.*”²⁰³ I also found it alarming that as a practicing doctor he would leave out the third category that legitimizes abortion: if the pregnancy is a result of a sexual offense.

On the banning of abortion Dr. E.E. was on the opinion that “*unilaterally only women may suffer from this [the banning of abortion]*”, bearing an unwanted pregnancy “*completely changes her life*” with regards to studying and pursuing a career. He also noted that banning abortion only leads to abortion tourism (as we have seen in the case of Ireland or Poland), which poor women cannot afford, and so often attempt to have an abortion themselves. In conclusion, banning abortion is “*a very serious offense against women's life and health*” (E.E.).²⁰⁴

²⁰¹ Ibid.

²⁰² Tibor Makai, interview by author, Budapest, May 15, 2013.

²⁰³ C.GY., interview by author, Budapest, June 05, 2013.

²⁰⁴ E.E. interview by author, Budapest, May 18, 2013.

Indeed in the case of the abortion pill, some women participated in so called ‘abortion tourism’ which meant that they sought medication abortions in certain Austrian clinics where it was offered. On the website of one of the clinics there is even detailed information available in Hungarian – it costs 490 € (~ 138.720 Ft²⁰⁵).²⁰⁶ Why women choose to have an abortion outside of Hungary – apart from an access to a less invasive method – is because they find the mandatory consultation in Hungary invasive into their personal life, the whole procedure to be burdensome and the waiting time (between consultations) unnecessary. Women also complain about the staff in Hungarian hospitals behaving in disrespectful and derogatory way, also that they have to pay ‘gratitude money’.^{207 208}

Another way women tried to access medication abortion was through the Internet. The abortion pill can also be ordered on the Internet for 30-70 euros (~8.490-19.815 Ft) but who ever chooses to do so in Hungary commits a crime under Hungarian law.²⁰⁹ One must also be cautious about the fact that the pill ordered on the Internet might not actually be the drug that it is suppose to be.²¹⁰

According to the Szinapszis pole mentioned above, 3/4th of the respondents believe that it is everyone’s individual decision whether they have an abortion, either for economic or for family reasons. According to 60% of the respondents abortion is mainly an individual matter, only 15-16% believes it to be firstly a moral as well as a medical decision.

²⁰⁵ This amount is just under the 2012 montly avaradge wage in Hungary, which was 146.000Ft. Calculation of the The Hungarian Central Statistical Office, STADAT, KSH.hu, last accessed September 20 2013 http://www.ksh.hu/docs/hun/xstadat/xstadat_hosszu/h_qli001.html

²⁰⁶ Sándor Joób, “Közelít az abortusztábletta Magyarországra” *Index* (2012) last accessed September 20 2013 http://index.hu/belfold/2012/04/23/abortusztábletta_nincs_es_megis_van/2/#3

²⁰⁷ “hálapénz” It is a common practice in Hungary that after a successful operation or delivery, patients are expected to pay the doctor ‘gratitude money’ for their work. The amount is informally negotiated between the patient and doctor.

²⁰⁸ Abortion tourism doesn’t breech any regulations. Women in Austrian don’t have to deal with any authorities in case of abortion, and the same regulations apply to women from abroad as well. Sándor Joób, “Közelít az abortusztábletta Magyarországra” *Index* (2012) last accessed September 20 2013 http://index.hu/belfold/2012/04/23/abortusztábletta_nincs_es_megis_van/2/#3

²⁰⁹ Under the 169. paragraph of the Penal Code, someone who performs an illegal abortion may be sentenced to 5 years in prison, and the woman who had an illegal abortion may be sentenced to 1 year in prison. Ibid.

²¹⁰ Women on Waves, an international women’s rights organization fighting for safe abortions has encountered such cases, and to prevent further occurrences one may order the pill safely through their own webpage. Ibid.

60% of the respondents' opinion on the current regulation on abortion – that women can more or less decide freely to have an abortion up to the 12th week of pregnancy – was that the regulation is sufficient in terms of how strict it is while 17% of them believe that the current regulation is too permissive²¹¹ and 5% of them believe that it is too strict (even though compared to other countries it is a liberal regulation).²¹²

3) The doctor-patient relationship

In this following subchapter I move on to the opinions of medical professionals on the current abortion situation in Hungary, focusing on their description of and their relation to their female patients. I have already quoted Dr. E.E. and Dr. C.GY. in previous chapter, here in additions to these interviews I will utilize and present the proposal of Dr. D.G. on the decreasing of the number of abortions mentioned above.

As I spoke with several doctors on the topic of abortion, many of them assumed their role to include responsibility for not only their individual patients but for the wellbeing of the Hungarian society as a whole. In their view the healthiness of the society may be achieved through ensuring the correct behaviour of their female patients – in accordance with both eugenic morality and obedience needed to achieve control described by Oakley. To quote Turda once again: *“The health of the population became the central component of new national welfare programs devised during the inter war period. Yet this concretized focus on health not only transformed the significance of population as a site of biological power but also systematized an approach to eugenics that relied on state intervention in the private and public sphere”*²¹³

I shall start by discussing Dr. D.G.'s (obstetrician-gynecologist, a colleague of Dr. E.E.) proposal titled “Proposal to reduce the frequency of abortions, and renewal of the law

²¹¹ Most of whom share this opinion are those who are religious, families with several children, live in Budapest and those who believe abortion should only be done if necessary for medical reasons.

²¹² 18% of them didn't form an opinion.

²¹³ Marius Turda: *Modernism and Eugenics* 69.

on the protection of fetal life”. In his proposal, Dr. D.G. presents 16 solutions to reduce the number of abortions or unwanted pregnancies. His choice to focus of the reduction of abortions resembles quantitative eugenic models. He categorizes his suggestions for solutions as follows: A. General possibilities of abortion prevention: 1. The question of recidivists and their punishment, 2. The facilitation and state support of surgical sterilization, 3. Popularization of contraception, 4. State support of contraception (Dutch model), 5. Accessibility of the morning-after-pill without prescription, 6. (Free?) condom machines in nightclubs, 7. Regular further education of obstetrician-gynecologists, midwives for the prevention of abortions, 8. Reducing double twin pregnancies for the protection of the other fetus, B. Abortion prevention among the under aged: 9. Free or financially supported contraceptive pill under the age of 18, 10. Prevention programs in the civil sector for schools and the youth, 11. Restoring “life’s honor” (original quotation), C. Abortion prevention among the socially disadvantaged: 12. Free in uterus contraceptive device (IUD), 13. Free surgical sterilization for men and women D. Restriction of medically-necessary abortions, E. Promoting the bareing of unwanted pregnancies: 14. Protection of fetuses in borderline cases, curbing abuses 15. “Convincing training” (original quotation) for midwives and obstetrician-gynecologists (referring to the mandatory consultation sessions), 16. Facilitating and promoting open and closed adoption F. Reforming the modes of abortion, the question of the “abortion pill” (original quotation).

What stuck me in the text was that it put forward suggestions that would be considered ‘liberal’ or ‘forward thinking’ along with suggestions that entail a totalitarian intervention into women’s reproduction, i.e. the private sphere.

Below I will expand on some of Dr. D.G.’s suggestions. He presents several statistics on abortion to support his claims and also estimates the cost of his solutions (I shall compare these to my own findings below). He also regularly refers to his own experiences with his

patients, which I find lacking representativity. His main focus is on women who repeatedly had an abortion, claiming that the reason for this is that “*Sadly some women (especially those who receive abortion for free on a social basis) view abortion as a (or the only) method of family planning*”. He notes that he has had female patients who had more than 10 abortions. According to my own statistical analysis, this is a very rare case, in fact in the past 3 years, from 2009 to 2011, only 3-4% of aborting women had more than 6 abortions (see detailed analysis below).

Dr. D.G. refers to women who had more than one abortion as “*recidivists*” as if he were talking about criminals, their crime being repeated abortion (which could be interpreted as crime of murder on the one hand or as a crime against society for decreasing its numbers). To counter this trend, he suggests 1. a “*more vigorous informing*”²¹⁴ of women about the consequences of abortion (i.e. health consequences), 2. since “*abortion cannot be banned due to present societal expectations*” repeated abortion should be deemed a misdemeanor, which would be punished by a “*serious fine*”, comparing abortion to speeding. According to him, this would “*compel [the woman] to draw lessons and use contraception effectively*”. He suggest using the money paid as a fine for free sterilization, IUDs and prevention. For those who are unable to pay such a fine, D.G. would offer the option of paying it by installments or having an IUD out up for at least 3 years (for free). In order to implement this solution, he argues for the establishment of a central database on the number of abortions one has had. This in my opinion would violate the women’s right to privacy and autonomy to engage in family planning, also theoretically doctors already have access to the woman’s individual medical history involving pregnancies based on the questionnaires one has to fill out when applying for an abortion (described above). D.G. argues that this solution doesn’t violates women’s right to self-determination since it only sanctions repeated abortion, and offers free

²¹⁴ Dr. D.G. “Javaslat a terhességek művi megszakítása gyakoriságának csökkentésére, valamint a magzati élet védelméről szóló törvény felújítására” (proposal given to MSZP at the Conference Against Abortion Restrictions in November 29, 2012)

contraception which is a “*more humane*” solution. 3. As a third solution he brings up the showing of pictures and recording of fetuses and aborted fetuses to women, which would make them “*feel the weight of their actions*”. Nevertheless he notes that this method would be “*cruel to them [the women]*”, and so he would only utilize it in cases where the woman had multiple abortions. This is the kind of changes in abortion regulation that Patent calls attention to as a measures that don’t require a change of laws but would make it significantly harder to get an abortion. Interestingly my own findings show that there is already a tendency in the current abortion support system, to support those who have fewer abortions, even though in theory the single factor influencing the discount from the price of abortion is ones social status (see detailed analysis below).

As listed above one of D.G.’s other main invasive suggestion is the facilitation and state support of surgical sterilization, and offering sterilization for free for the socially disadvantaged (immediately making a point after the suggestion that this does not mean a forced sterilization program based on social status). As noted earlier, the facilitation of sterilization as a method of contraception and population control has been suggested before in Hungary’s history (by neurologist László Benedek). Although Dr. D.G. makes a point to note that he is by no means referring to forced sterilization, providing free sterilization to those who cannot afford it, and propagating it as a viable method of contraception might pressure those to choose this method who cannot afford regular means of contraception. Also it has been noted that in the 1930s and 1940s sterilization was preferred over other means of negative eugenics since it proved cheaper then the institutionalization or support of ‘the unfit’, thus the current government might prefer to offer free sterilization instead of free contraceptive pill or other regular modes of contraception (more on contraceptive methods and their costs in the following chapters).

D.G. goes on to note that the regulation of surgical sterilization has been made more strict in Hungary in 2010, namely that sterilization cannot be done during acute abdominal surgery with another purpose (cesarean section, ectopic pregnancy surgery). According to him since sterilization is self-financing the number of those requesting it has dropped. If the procedure would become a part of the social support system, “*many people would choose this effective and durable contraceptive method again*”. He also advises the 6 months consideration period to be cancelled. I would like to point out that canceling this period would only further that those who haven’t received comprehensive sexual education might rush (or be convinced) to make this serious (mostly irreversible) decision.²¹⁵

D.G. also sees a possibility of lowering the number of abortion in restricting/reforming the protocol of medically-necessary abortions. In his opinion there are more medically-necessary abortions done then what are justifiable, because of doctors instilling fear in pregnant women about the healthiness of their baby, and doctors fearing potential lawsuits if the baby is born with some kind of disorder. He also notes that during his work he had encountered several cases where doctors went forward with the abortion in exchange for ‘gratitude money’, despite the fetus being older the required (over 12. weeks). According to D.G. the determination of whether an abortion is necessary should be based on “*concrete evidence*” such and an ultrasound image (where the fetus has to meet certain physiological parameters to be aborted) or other methods that confirm developmental disorders. This kind of documentation should be verified by a second doctor. It seems that in the case of determining whether an abortion necessary, the guidelines aren’t so apparent as one might

²¹⁵ The change in sterilization regulation may be a result of the two known forced sterilization cases in Hungary in the past decade involving Romai women. One of them occurred in 2001 when A.S. accused a hospital for sterilizing her without her knowledge. The case was taken up by CEDAW. The second was case taken up by ERRC and is still in process, being rejected in the first instance by the Hungarian Court.²¹⁵ Similar cases have occurred in the surrounding countries of Slovakia and the Czech Republic. Simonecusack “Coerced sterilization of a Roma woman violated CEDAW (A.S. v. Hungary)” Wordpress.com, on June 11, 2012, last accessed September 20 2013 <http://opcedaw.wordpress.com/2012/06/11/a-s-v-hungary/>. On forced sterilization in the region see also: Ina Zoon ed. *Body and soul : forced sterilization and other assaults on Roma reproductive freedom in Slovakia* (New York : Center for Reproductive Rights, 2003)

think. I requires a certain negotiations between the patient and the doctor, or between doctors (more on doctor-patient relationship below).

Moving on to Dr. E.E.'s take on the role of the medical professionals in the 'abortion question', in his opinion, abortion is a "*moral problem*"²¹⁶ because life starts with conception, and abortion counts as murder. Despite this opinion, as we read E.E. is against the banning of abortion, or the punishment of women in order to prevent abortions. Although he agrees with his colleague in that "*I think there is a serious, serious problem [with abortion in Hungary today]*", the solutions suggested by him to lower the number of abortions are much less invasive (in fact all of them are suggested by D.G. as well, E.E. simply disagrees with the more invasive solutions presented above).

These are: A. improvement of health/sexual education, B. the accessibility of emergency contraception without prescription, and C. the reforming of the regulation of medically-necessary abortions. On solution A. he said that "*If we lived in a good society, and we would follow the examples of the West [...]*" then the youth would be taught on responsible family planning. "*Young people have to be made aware that abortion is a dangerous thing, it has health complications such as infertility and premature birth for example.*" On solution C. E.E. claimed that 90% of medically-necessary abortions – which make up 10-15% of all abortions²¹⁷ – are "*totally unjustified*". Similarly to Dr. D.G., Dr. E.E. suggests that the reason for this is that doctors do not want to take responsibility if a baby is born with a disability, so when there is a chance that the fetus might have health problem, they rather suggest a medically-necessary abortion. E.E. also notes that doctors are not informed well enough as to which medicines actually cause impairment to the fetus, which are labeled 'do not take when pregnant'. He proposes that when classifying an abortion as medically-necessary, doctors

²¹⁶ E.E. interview by author, Budapest, May 18, 2013.

²¹⁷ Figures given by E.E. E.E. interview by author, Budapest, May 18, 2013.

should indicate exactly why it is medically necessary. It is interesting that both D.G. and E.E. acknowledge the bias of their colleagues while still certain in their own opinions.

When I asked E.E. his opinion on adoption as an alternative for abortion (as the mentioned poster campaign suggested) he said that *“this is one of the options in the fight against abortion, it has very little success”*²¹⁸ speaking about the experiences with the FPS’s adoption program. He commented that *“it was interesting to see with a male brain”* that out of 100 women with unwanted pregnancies, 1 decided to give their child up for adoption. *“I partially understand [...] but with a male brain it would actually seem logical, that the woman who has her own child in her womb, that they rather gestate it and give it to someone else, so that it might live, and might be happy, then to destroy their own fetus. So you understand, the male logic and the female emotion clashes.”* E.E.’s description on the ‘aborting woman’ suggest that the only reason that would compelled one not to have an abortion is pure logic, while ‘female emotions’ are to blame for abortions. Generally one would assume that the emotional attachment to ones fetus is precisely that reason why one doesn’t undergo abortion.

E.E. praised the adoption service that is done through the FPS, because this way, by knowing about the living conditions of the mother *“we can take care of her [her and the fetus’s health]”, “because let’s be honest, when a child is adopted from a state institute, it is a bit a a pig in a poke [because the health of the mothers tends to be poor]”*.²¹⁹ Again E.E. works with some interesting assumptions. For one, those who have an unwanted pregnancy are supposedly in poor health. Secondly, children who are adopted from a state institute are ‘measured’ based on their state of health, even though this is a factor that they themselves cannot influence. Both assumptions perpetuate the othering of mothers with unwanted

²¹⁸ E.E. interview by author, Budapest, May 18, 2013.

²¹⁹ E.E. goes on to describe how torturous it can be for parents to go through the adoption process only to find out that the adopted child is disabled. *“[...]which very much influences the family, because it is a serious problem.”* E.E. interview by author, Budapest, May 18, 2013.

pregnancies and children who are adopted. For someone who is arguing for adoptions, Dr. E.E. description makes it sound rather unpleasant.²²⁰

He also noted that the drawback of the adoption program of the FPS is that undertaking a pregnancy costs money which in “*western countries*” is settled by an insurance company or the adopting family, in Hungary the mother giving up for adoption has to pay these costs. When the solution of it being settled by an insurance company or the adopting parents came up in Hungary “*politicians got a scare, that Jesus Christ, pay a pregnant woman to give her baby up for adoption?*”²²¹ implying that if one is paid the expenses of pregnancy then women would give their children up for adoption even if they originally did not intend to.

I also asked E.E. how he would describe women opting for abortion, to which he gave a more detailed picture than Makai or C.GY. He said that “*this is a very wide spectrum*”, “*I know about very loose women*” who abort because they don’t want to cancel their summer plans because of a pregnancy. “*I cannot say my opinion, I’m not a judge, I’m just a doctor, but to myself I very much resent it*”.²²² In the case of those who need a medically-necessary abortion, he claims that “*I feel that vast dwelling within them*” that they wanted this baby, but it might have health problems. In these situations E.E. said that he usually advises them to wait until the 20th week, to be able to determine 100% whether the fetus has any deformation. He went on to say that “[...] *I also see [...] that really women – how should I put it – suffer very very much that they have to abort their fetus, but they simply feel that they cannot be so irresponsible as women and as parents to bring a child into this world so that they will live in deep poverty. And then I feel their desperation, that they have to choose between two wrongs*

²²⁰ There are certain practices that facilitate the adoption of unwanted babies. One of these practices is anonymous birth which is a legal practice that allows women to give birth at a hospital anonymously. Anonymous birth is presently not available in Hungary, but has been suggested by the Politics Can be Different Party (Lehet Más a Politika, LMP) in March of 2013. MTI “Bevezetné az anonim szülést az LMP” *HVG* (2013), last accessed September 20 2013 http://hvg.hu/itthon/20130308_Bevezetne_az_anonim_szulest_az_LMP

²²¹ E.E. interview by author, Budapest, May 18, 2013.

²²² Ibid.

[...]”. “Then I also met those who – look well I’m sure you know this as well – that I had women who said that doctor well the contraceptive pill is more expensive then if I become pregnant once a year”;²²³ he added that these women have a greater chance to get a discount from abortion fees. E.E. followed by saying that this is why in the Netherlands free contraception is given to teenagers, because they learned that “*this is that cheaper and more humane solution in the long run*”.

C.GY. also gave a description of ‘aborting women’ also critiquing the current abortion regulation system, indicating that women may abuse it for their own comforts. “Now this crisis situation can be debated, this can be a actual crisis situation, but I say as a practicing doctor, that I had many, or quite a few patients who fought for herself to have an abortion, and actually in this she might have gotten some help form us, the doctors, because we didn’t convince her to keep it. Then later her financial situation changed, or her marital status and then she wanted children and it turned out that because of this or that she cannot have children. Then there was a true crisis situation because a life of a women is whole when she gave birth and then she has someone to lean on in her old age.”²²⁴ (own emphasis) Again C.GY. describes women opting for abortion as making a hasty, uninformed decision. A woman’s willingness to undergo pregnancy in C.GY.’s view depends on her financial and marital status, and her life cannot be “whole” unless they are mothers and wives (or partners). C.GY.’s opinion coincides with Oakley’s argument that maternal and child welfare characterizes women as reproducers of the nation, which creates a slippage between the terms women and mothers, the first implying the other.

²²³ Ibid.

²²⁴ C.GY., interview by author, Budapest, June 05, 2013.

d) Describing those going to abortion

In this last section of my chapter I shall present the findings of my own statistical analysis (descriptive diagrams) which I will compare with the different opinions, statistics and descriptions given by the actors presented. When I was designing my statistical analysis – based on the statement of NGOs that a change in the financing of abortion would effect mostly those women who can not afford to pay for an abortion – my original hypothesis was that women's access to information on abortion and to abortion itself would be influenced by their economic and social status and – as argued by NGOs – a change in financing would promotes certain women to reproduce, while discourages others (similarly to eugenic practices). When attempting to answer this original question I was faced with the problem of having limited data on abortions.

Throughout my internship at MCSNTT I had direct access to data collected by the The Hungarian Central Statistical Office (Központi Statisztikai Hivatal, KSH)²²⁵, since there has been a close cooperation between MCSNTT and the KSH. I learned from B.B. that the presidents of MCSNTT were alternately obstetrician-gynecologists and statisticians working at KSH. At the KSH they informed me that the data collected on abortion is done based on the forms that are filled out by women who opt for an abortion (mentioned above). This form contains questions regarding ones age, location, occupation etc.

The first limit of data access I experienced was that there in no question on this questionnaire on ones ethnicity. This would have be important for my research because my hypothesis was that in the abortion debate – influenced by eugenics discourse which is biologized and racialized national belonging – Roma women would have been a minority that

²²⁵ The Hungarian Central Statistical Office is a quasi-autonomous non-governmental organization responsible for collecting, processing and publishing statistics about Hungary. Wikipedia: Hungarian Central Statistical Office, last accessed September 20 2013 http://en.wikipedia.org/wiki/Hungarian_Central_Statistical_Office

would be potentially regarded as an alien element of the Hungarian nation.²²⁶ But unfortunately no such data was available to me, to prove or disprove my hypothesis. A.E. informed me that due to data protection reasons questions on ethnicity can only be asked on a voluntary basis. The MCSNTT decided to omit such question from its questionnaires to avoid some people refusing to fill out their questionnaires.

Despite this, I noticed that A.E. was working with assumptions on class and race in relation to the Roma. A.E. spoke to me about two “*Roma projects*” that she and her colleagues participated in, where they and the local midwives brought model clinics and free condoms to a village called Sárospatak. As to why this program is labeled a “*Roma program*” A.E. noted that they “*went to those cities where the inhabitants are mostly Roma*”. “*But this wasn’t exclusive, not only Roma could go to the clinic, or not only they could participate in the project, but basically it was designed for them.*”²²⁷ The notion that this project was ‘designed for Roma’ assumes that Roma women somehow have different needs than non-Roma women with the same social and economic status.

A.E. empathized that the important element of the program was that they also provided sexual education, and social skills development workshops to facilitate cooperation among local women. “*And they say that Roma don’t really accept advice from non-Roma, but they told me that the women ran out on the streets when they arrived, because they held so nice programs for them. And they probably enjoyed it and obviously they helped them in making their decisions.*”²²⁸ Assuming that it is mainly Roma women who require assistance in decision making. She noted that she would have found it useful if the program continued, but

²²⁶ As the Hungarian Roma population has been problematized in the case of unemployment and crime rates e.g. as shown by the use of the term “gypsy crime” in Hungary. János Bársony “„Cigánybűnözés”: egy hazugság evolúciója” *HVG* (2013), last accessed September 20 2013

http://hvg.hu/velemen/20130520_Ciganybunozes_egy_hazugsag_evolutioja

²²⁷ A.E., interview by author, Budapest, August 05, 2012.

²²⁸ Ibid.

unfortunately the local government did not take over its funding after the project ended. More on the problem of local funding in next subchapter.

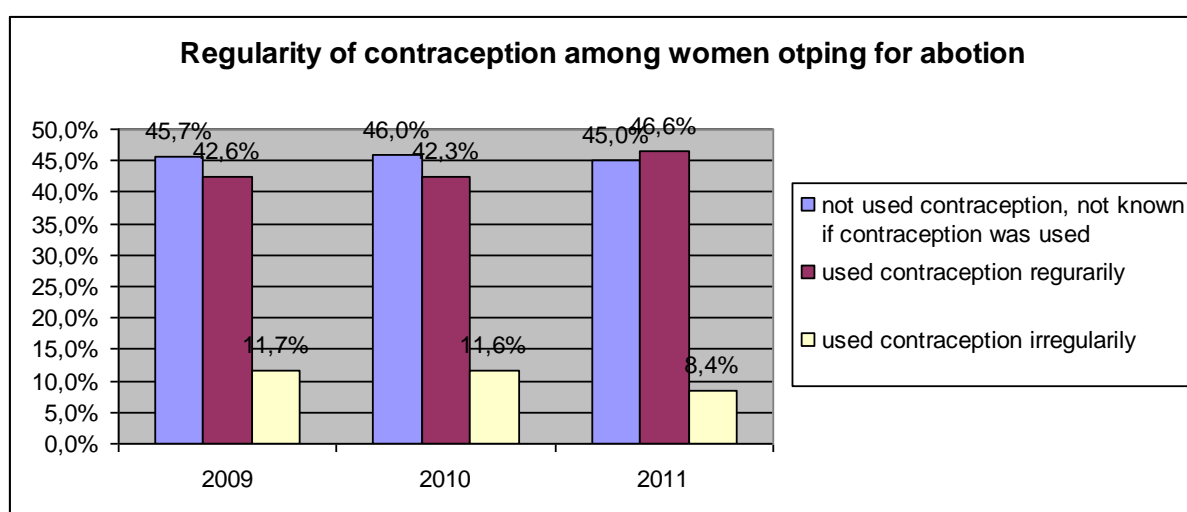
The second limit I face was that the KSH only records data on women who underwent abortion, and there was no data on how many request for abortion – or a discount on abortion – were denied.

So in the end I set out to give a picture of the women who underwent abortion (which is why I asked my interviewees to describe these women). In my analysis I worked with a time range of 3 years (from 2009 to 2011) to see any changes that might have occurred in this period (perhaps by the change of government). I choose this time frame because the data on abortions from 2012 are not yet processed and available, and also because in certain cases I compared women of age 15-49 to women of the same age who had an abortion, and I could only acquire the necessary data on the female population from the 2011 census (in these cases I only looked at one year). In comparing these two groups I looked at indicators such as age distribution, residence (according to number of population), highest education, economic activity and the number of (previous) live births to see how these factors influence abortion rates. Secondly I looked at the distribution of the following factors among those who had abortions in the 3 years period: number of abortions, “result” of last pregnancy, years passed since last pregnancy, years passed since last abortion, and distribution of amount of discount of price of abortion.

1) Contraception and abortion

As mentioned by NGOs who spoke against the KDNP budget proposal, the change in financing is inefficient as a measure for lowering abortion rates. They also pointed out that the Hungarian state at the same time doesn't support any kind of contraceptives or access to contraceptives (described in the Introduction) which based on previous studies, is the only effective way to lower abortion rates, along with providing value-neutral sex education.

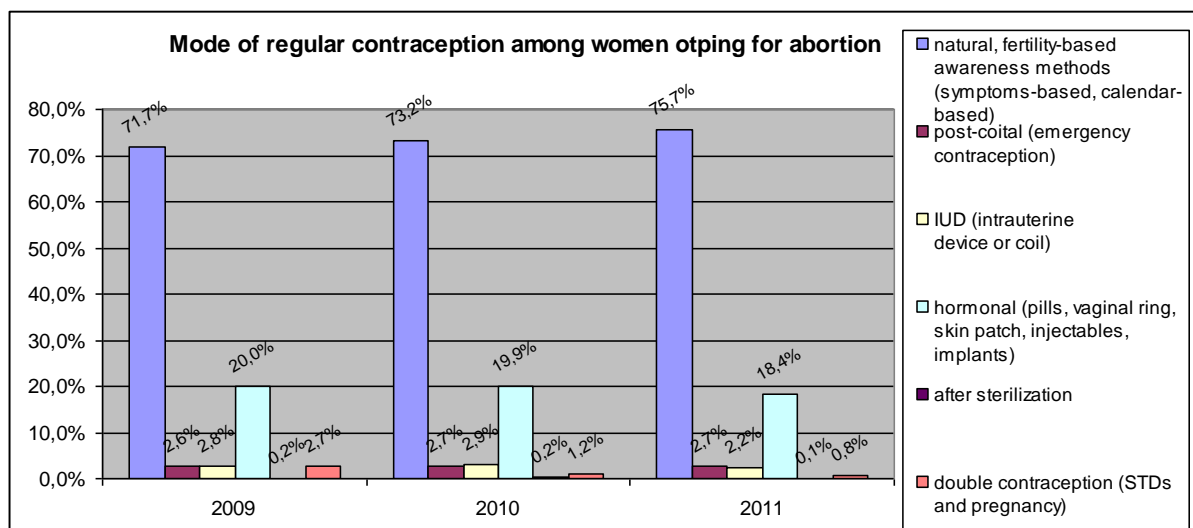
The lack of a comprehensive sexual education and the high prices of contraceptives severely effect abortion rates²²⁹, which the state is attempting to lower. Of those women who opt for abortion, nearly half of them (45%) hadn't use any form of contraception before having the unwanted pregnancy, while of those who did use contraception, only 46.6% used protection regularly (see Figure 4. below. Since there had been no significant differences between the 3 years examined, I highlighted the 2011 dataset. I shall do so in the case of further diagrams as well.).



4. Figure Regularity of contraception among women opting for abortion

²²⁹ Szonja Krezinger “Abortusz: támogatott védekezés, felvilágosítás kell” *Metropol.hu* (2013), last accessed September 20 2013 <http://www.metropol.hu/cikk/1001945-abortusz-tamogatott-vedekazes-felvilagositas-kell>

As for the methods of contraception used, 75.7% of those who claim to regularly use some form of contraception, use fertility-based awareness methods, the effectiveness of which are considerably lower than of other methods available. The second most popular are the hormonal methods, with 18.4% (see Figure 5. below).²³⁰



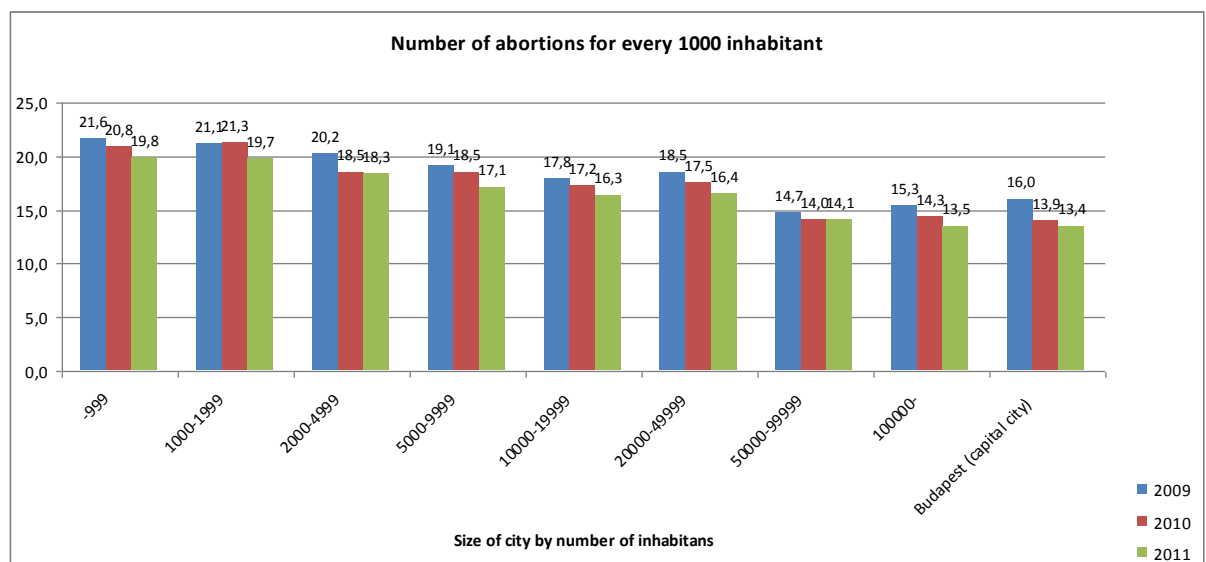
5. Figure Mode of regular contraception among women opting for abortion

In the original set of data, the categories listed were simply “natural”, “post-coital” “IUD” “hormonal” etc. As I read these it occurred to me that I am not entirely sure what these forms of contraception mean (since they are umbrella terms) and asked the KSH what these categories entailed. Their answer was that they do not have the definitions of these categories and that I should consult a medical dictionary (I added the further information on the diagram after some research). I find it surprising firstly, that those who process the data are not informed about what the terms used mean exactly. Secondly these categories are used on the questionnaire mentioned earlier, which means that even though those processing the data aren’t clear about these terms, they expect the women filling out the forms to understand. There seems to be a disconnect between the means of data collection (the wording used on the

²³⁰ World Health Organization, Safe Abortions: Technical and Policy Guidance for Health Systems, Second edition (Geneva: WHO, 2012), last accessed September 20 2013 apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf; See also: MCSNTT Web-rendszer: Családtervezés természetes módszerei, last accessed September 20 2013 http://www.doki.net/tarsasag/novedelem/upload/novedelem/document/csaladtervezes_term_modszerei.htm

form) and the data collectors' role/goal to give a representative report on women's contraceptive practices.

Although there hasn't been a country wide solution to the support of contraceptives, the local (state employed) midwife network of Monor suggested to the social committee of the local government of Monor²³¹ to fund free IUDs for "*those who are in need*". As a result, since 2008 each year the committee provides IUDs for free for those who apply for it (as much as it can afford in a given year, which was 10-12 in 2012 and 2013).²³² In order to illustrate how the number of free IUDs bears to the number of abortion done in Monor, I have included a diagram below (Figure 6.) that shows the number of abortion for every 1000 inhabitant – D.G. also suggested free IUDs²³³.



6. Figure Number of abortions for every 1000 inhabitant

The diagram indicates that the frequency of abortions is lower as we move from less inhabitants to more. In 2009, Budapest had a higher proportion of abortions than in the

²³¹ Official Website of Monor City: Social and Health Commity, last accessed September 20 2013
http://www.monor.hu/index.php?option=com_content&view=article&id=640:szocialis-es-egeszseguelyi-bizottsag&catid=21:kepvisel-testuelet&Itemid=13

²³² Midwife of Monor, interview by author, Budapest, May 15, 2013.

²³³ D.G. also suggests the implementation of a free IUD service in Budapest and every seat of county. Dr. D.G. "Javaslat a terhességek művi megszakítása gyakoriságának csökkentésére, valamint a magzati élet védelméről szóló törvény felújítására" (proposal given to MSZP at the Conference Against Abortion Restrictions in November 29, 2012)

smaller cities with more than 50 thousand inhabitants. This trend reversed by 2011, the abortion rate declined in the greatest extent in Budapest, still there is no significant difference between the abortion rates in Budapest and in cities with more than 50,000 inhabitants. The overall decline of abortion rates seen on the diagram is due to the fact that abortion rates have continued to decline at the national level since the 1992 LXXIX. law on the protection of the fetus came into effect. Monor belongs to the 5th group of cities from the left with 18.465 inhabitants.²³⁴ According to the diagram there were approximately 16.3 abortions/1000 inhabitants in Monor in 2011, which means about 293.4 abortions in total. Compared to the 12 free IUDs provided in 2012, one may draw the conclusion that the service doesn't have a significant impact in lowering abortion rates.

I had a chance to conduct an interview with one of the midwives working Monor and ask her about the details of this service. F.SZ. said that they (the midwives of Monor) thought this service necessary because they cared for *“a lot of families where contraception was a problem [...] often due to having 4-5 children and being in a difficult social situation they could not afford other methods of contraception [then the free IUD], not even condom or the pill [hormonal contraception], but they did not want any more children.”*²³⁵ Women who would like to have access to a free IUD in Monor, may get one (at a local gynecological clinic) with a proposal from a midwife based on their social situation, which is assessed by the midwife. According to the midwife I spoke to this guarantees that *“only those who really are in need”* will get the free IUD *“not just anyone [who] asks”*. When I asked her what qualifies someone as ‘being in need’ she answered that these free IUDs are requested by the women in their care and *“who is well-to-do won’t even consider coming here, saying that she needs a free coil.”* There is an assumption here that only those would apply for this free service who really cannot afford anything else. This means that applying for a free IUD is associated with

²³⁴ Number of inhabitants in January of 2011. Wikipedia: Monor, last accessed September 20 2013 <http://hu.wikipedia.org/wiki/Monor>

²³⁵ Midwife of Monor, interview by author, Budapest, May 15, 2013.

shame or treated as an exception, in contrast to the obligation of the government to support access to contraception.

As an initiative, providing free contraception in my opinion is a more ‘women friendly’ solution to lower the number of unwanted pregnancies. I asked the midwife I interviewed if this service is only available in Monor, or in other cities as well, and her answer was that “*The surrounding cities have tried [to introduce the service], because in the case of so many impoverished families this is the only solution.*”²³⁶ (own emphasis) I asked whether they succeeded in implementing the service, to which her answer was that the local governments didn’t have the finances to support it.

Since she mentioned that the local governments didn’t have the finances to support free IUDs I was interested whether supplying other forms of contraception might be a cheaper solution. According to Dr. Zoltán Magyar (Head of family protection service at Semmelweis University, Number 1 Gynecology Clinic) the price of a contraceptive pill (which is a regular contraceptive method and is among the second most popular methods according to 2. Figure) is approximately 3000 forints per month, while an IUD (only used by about 3%) which may be used for five years (“*the latest, safest models which are accompanied by a minimal amount of bleeding*”²³⁷) cost approximately 40.000 forints. Broken down to a monthly cost this about 700 forints per month. According to a new study published in *Contraception* (an international reproductive health journal²³⁸) IUDs “*are the cheapest contraception types over a five-year period, when the financial price of a possible unwanted pregnancy is also calculated*” – says lead researcher James Trussell, PhD.²³⁹

²³⁶ Ibid.

²³⁷ Dr. Zoltán Magyar. “Melyik a legolcsóbb fogamzásgátló módszer?” *Abortusz.info* (2012), last accessed September 20 2013 <http://abortusz.info/hirek/hirek/melyik-a-legolcsobb-fogamzasgatllo-modszer>

²³⁸ The official journal of the Association of Reproductive Health Professionals and the Society of Family Planning, last accessed September 20 2013 <http://www.contraceptionjournal.org/>

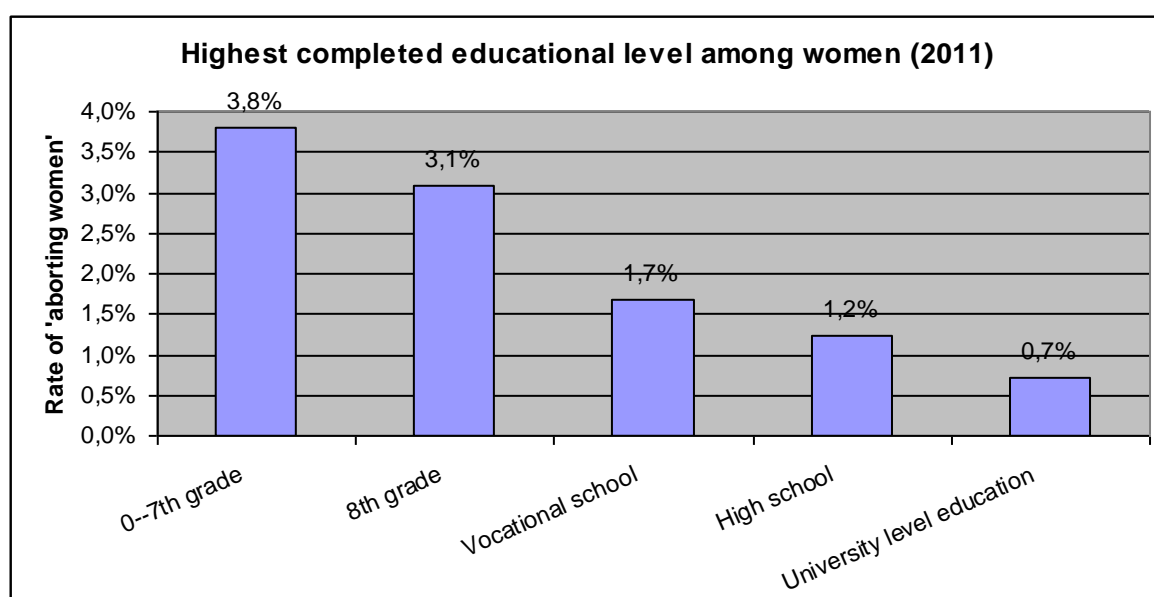
²³⁹ Sid Kirchheimer “IUDs Most Cost-Effective Birth Control” *WebMD*, last accessed September 20 2013 <http://www.webmd.com/sex/birth-control/news/20030729/iuds-most-cost-effective-birth-control>

Nevertheless I would like to note here that a decision to have a IUD requires long-term family planning and a commitment not to have children for quite some time (plus it involves an invasive medical procedure) while taking a contraceptive pill provides more flexibility and freedom to manipulate ones bodily functions.

2) Education, economic status and abortion

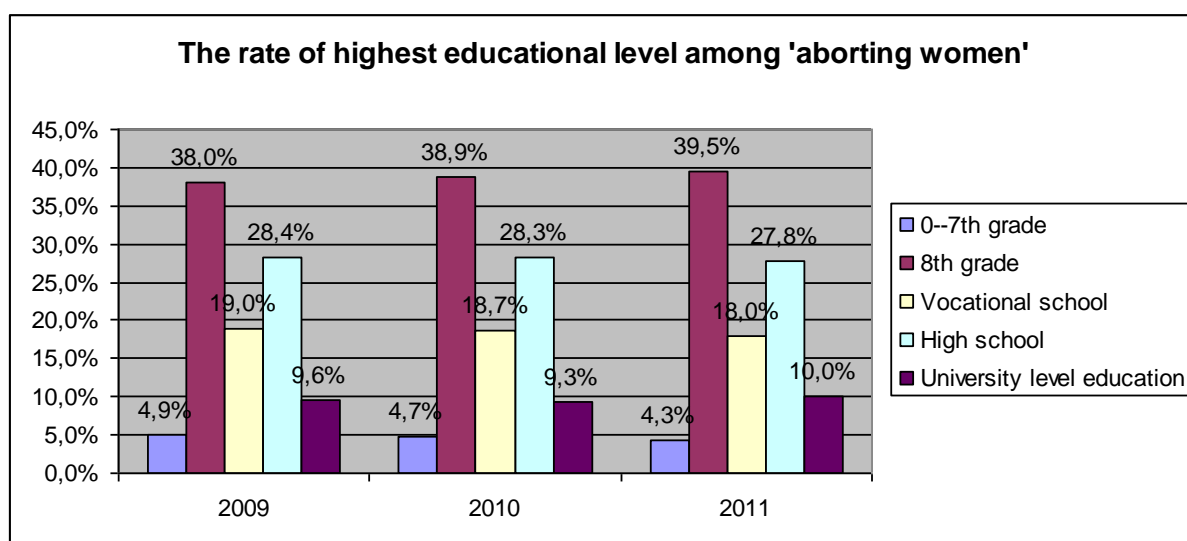
In this final closing section I shall explore abortion women in relation to their economic status, level of education and number of abortions, and how this sheds light of the peculiarities of the current funding system.

Firstly, Figure 7. below shows that the relation between the rate of ‘aborting women’ and the highest completed educational level, is that with the increase of educational level the number of ‘aborting women’ decrease. The rate of abortions decreases in the biggest rate between the categories of 8th grade and vocational school.



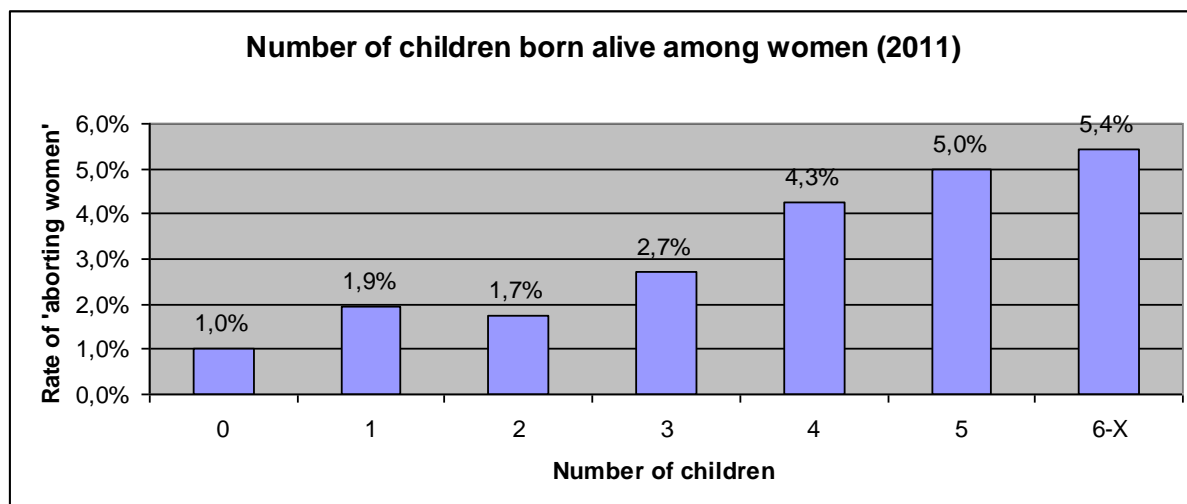
7. Figure Highest completed educational level among women (2011)

Figure 8. (below) illustrates that the level of highest educational degree hasn't changed significantly in the 3 year period, apart from the 1,5% increase of the rate of those completing the 8th grade. These statistics seem to counteract with Harrach's statement on the most children being born among those who did not finish their 8th-grade elementary education, although it might be that case that this group of women have multiple pregnancies and multiple abortions as well (unfortunately I did not have access to such data).



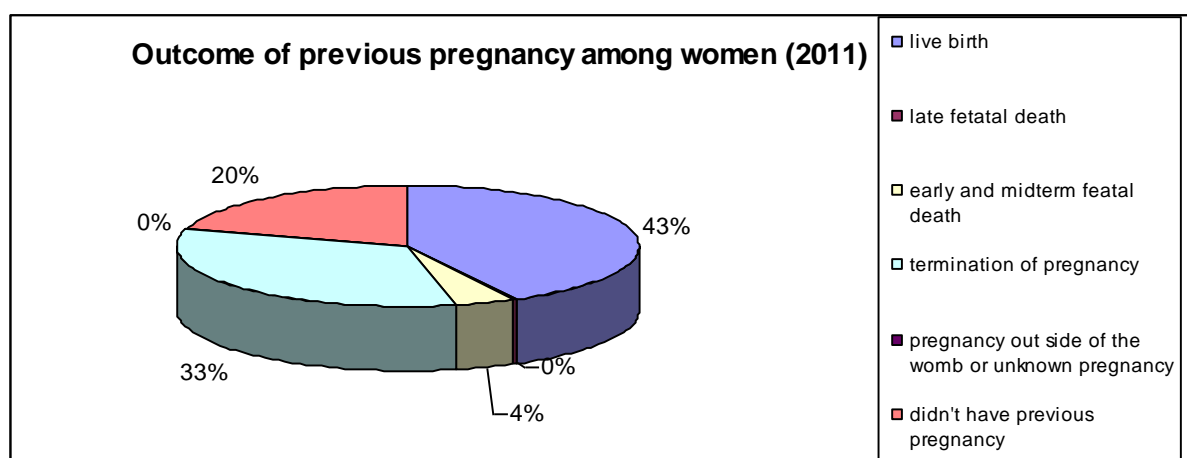
8. Figure The rate of highest educational level among 'aborting women'

However, related to this question is Figure 9. (below) which shows that the rate of abortions grows with the member of children, with no significant difference between those with 1 and those with 2 children.



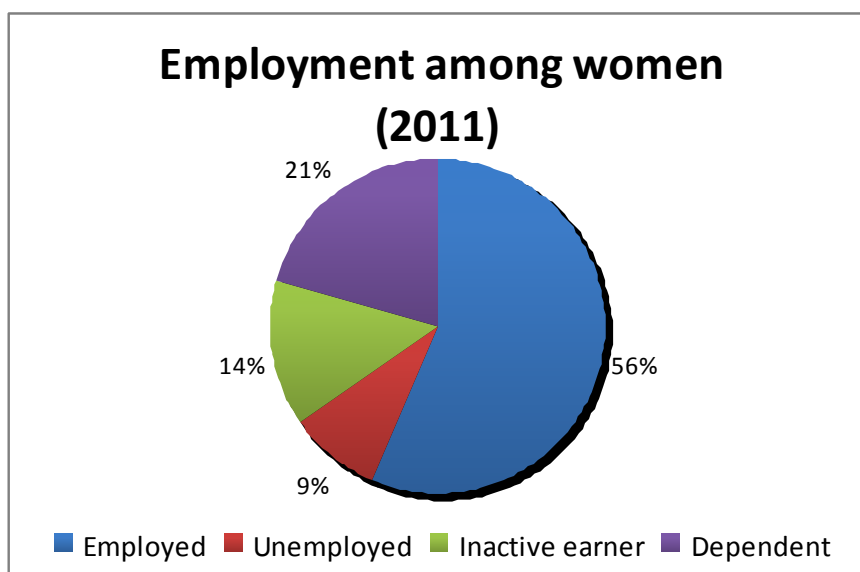
9. Figure Number of children born alive among women (2011)

Still on the subject of number of children Figure 10. (below) illustrates the outcome of the previous pregnancy. Most of the women (43%) already had at least one child when they underwent abortion. 1/3rd (33%) of them had an abortion before the present one. This point toward the fact that having multiple abortions isn't such a frequent case as Dr. D.G. would lead us to believe. As seen on Figure 8 only 3-4% of aborting women had more then 6 abortions, exactly half of them only had 1 abortion previously and another 1/3rd (26%) had 2.



10. Figure Outcome of previous pregnancy among women (2011)

Moving on to economic status Figure 11 and 12 (below) illustrate the difference in employment among women in general and those who have had an abortion. They show that among Hungarian women those who had an abortion are more likely to be unemployed or an inactive earners. Abortions per 1000 women is highest among inactive earners (46,3) (see Figure 13 below)²⁴⁰.

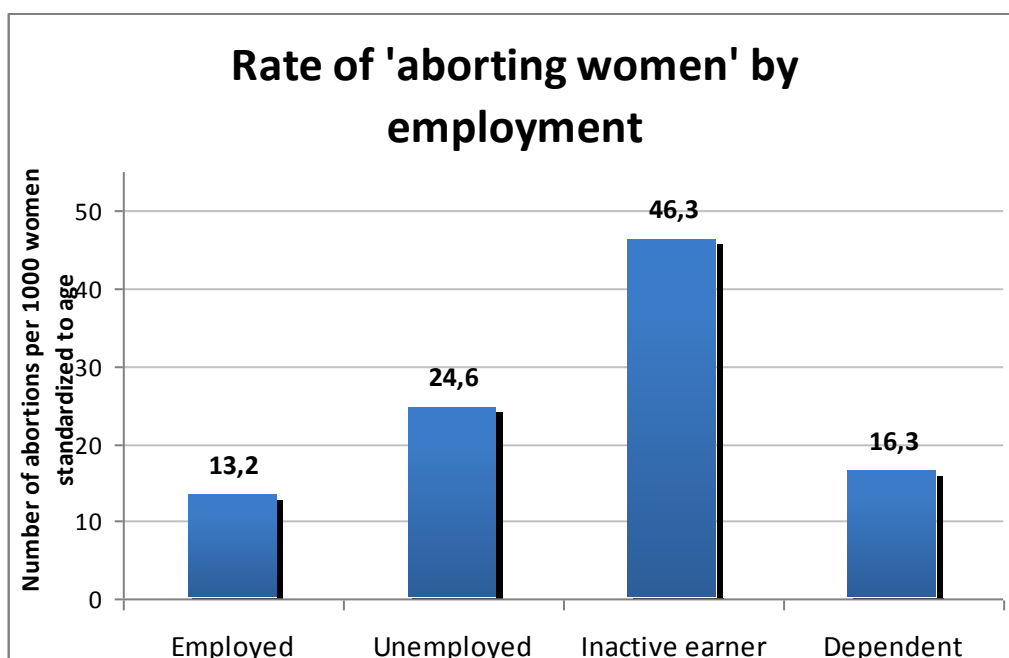


11. Figure Employment among women (2011)



12. Figure Employment among those who had an abortion (2011)

²⁴⁰ Both abortion tourism and ordering the pill through the internet requires one to be informed and have the financial means.

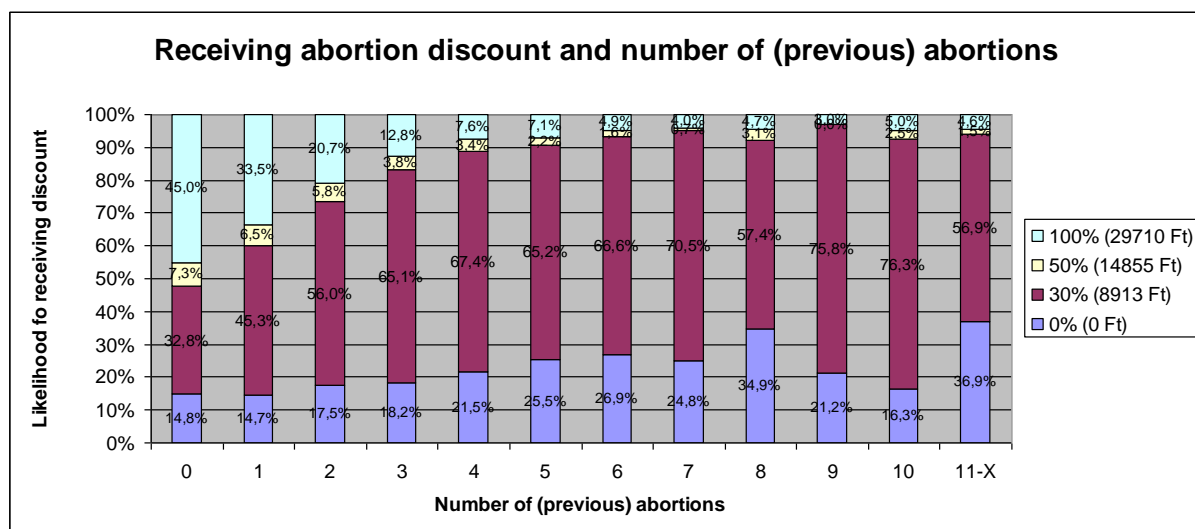


13. Figure Rate of 'aborting women' by employment

A.E. makes an interesting assumption on the relation between economic status and level of (sexual) education: *“So I think that if, so obviously those in worse conditions, or I don’t know, families in worst conditions maybe talk more openly about this [sexuality], but can help less, they have less knowledge about what has to be done and what shouldn’t be done.”* This remark also imagines a distinct culture of those with a lower economic status. Moreover I argue that the whole funding system of abortion works in a way that it constructs different groups of the ‘socially disadvantaged’ or ‘those who are in need’ who are eligible for a discount on abortion, but by accepting this discount these women also seem to agree to give up their freedom to make informed decisions about their reproductive functions and family planning. The solutions given by Dr. D.G. and the midwives of Monor both assume that one who has multiple abortions or cannot afford one lacks the capacity to engage in the further planning of their sexuality. The alternative for women who cannot afford regular contraception is a ‘cheaper solution’ (cheaper for the government) that limits their freedom to make decisions. Dr. E.E.’s statement that *“I also met those who – look well I’m sure you know this as well – that I had women who said that doctor well the contraceptive pill is more*

expensive then if I become pregnant once a year”²⁴¹ greatly simplifies the situation of women who don’t have the financial means to afford regular contraception. Similarly to the vocabulary of the ‘fit’ and ‘unfit’, groups of the Hungarian population are constructed through the topic of abortion.

I conclude my argument with Figure 14 (below) which illustrates the relation between the number of abortions had and eligibility for the different amount of discounts. Although theoretically the support system only takes into account what other social benefits one receives the likelihood of what percentage of discount one gets changes with how many abortions they already had. This clearly shows that there is a correlation between the amount of discount and the number of abortions, although as to what the correlations is, this cannot be derived from this diagram. I can only speculate that age is an influencing factor of both the number of abortions one has and the social benefits received, but more research is needed to give a more definite answer.



14. Figure Receiving abortion discount and number of (previous) abortions

²⁴¹ E.E. interview by author, Budapest, May 18, 2013.

8) Conclusion

In my dissertation I have examined how political ideology on abortion – expressed in the Hungarian abortion debate of 2010-2012 – impacts the distribution of related resources, and how this distribution in turn effects that ideology. To understand the interaction of abortion practice and policy I conducted a multilayered analysis, utilizing a biopolitical and a feminist approach and viewing the issue on a national and international level as well.

In my biopolitical analysis I have argued – based on Foucault, Miller and Deautcher – that in the abortion debate women are configured as mothers, primarily reproductive citizens responsible for reproducing the nation. Abortion as an issue isn't a literal issue, but serves as a subject through which the state legitimizes itself as having the authority of defining public friends and enemies.

In my second approach I have examined the interaction of contemporary Hungarian ideologies on abortion policy and abortion practice, finding that these elements are disconnected on some level.

During my discussion I have examined 4 larger events that took place in the 2 year period: the modification of the Hungarian Constitution, a nation-wide anti-abortion campaign, an amendment proposal to the state budget of 2012 to withdraw funding from abortion and the obstruction of the licensing of the abortion pill. I have utilized sources such as official documents, public statements of politicians, interviews, online newspaper articles and a my own statistical data analysis.

I have concluded my analysis with the argument that the current funding system of abortion works in a way that it constructs different groups of the 'socially disadvantaged' or 'those who are in need' who are eligible for a discount on abortion, but by accepting this discount these women also seem to also agree to give up their freedom to make informed decision about their reproductive functions and family planning. The solutions given by

medical professionals assume that one who has multiple abortions or cannot afford one lacks the capacity to engage in the further planning of their sexuality. Similarly to the eugenic vocabulary of the ‘fit’ and ‘unfit’ groups of the population are constructed through the topic of abortion.

It would be interesting to research the abortion debate in numerous further directions:

Firstly – as mentioned above – due to the lack of information on ethnicity, I was unable to explore any potential othering of certain groups of women based race and/or ethnicity. Still the mentioning of the Roma population in Hungary as a ‘problem population’ by several of my interviewees suggest that this might be a significant influencing factor in the debate.

Secondly – although mentioned in passing – the further exploration of the inequality of gender relations in the medical profession may also prove useful.

Thirdly the scope of this dissertation and the intimate nature of this topic resulted in omitting a closer exploration of women’s personal experiences with the current Hungarian abortion system, possibly through in-depth interviews. Such further research would also allow the examination of women’s agency in their reproduction and their role in the knowledge production surrounding reproduction.

Lastly the scope of this thesis prevented me from further exploring the topic from a human rights of a public policy perspective. On the one hand it can be argued that by preventing access to (effective) methods of abortion (such as the abortion pill) the Hungarian government has violated women’s rights to health, privacy and indirectly their right to life. On the other hand the potential modification of Hungarian abortion policy may also be analyzed from a public policy perspective through the tool of Gender Impact Assessment (GIA), which was designed to assess possible effects of future policies on gender relations. Such an approach would also give room to the suggestion of a new policy.

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