

# **Addressing the Key Causes of Early Pregnancies Among Roma Girls in Hungary: A Qualitative Study**

By

Ramóna Fábri

Submitted to

Central European University

Department of Romani Studies

Budapest, Hungary

2024

Supervisor:

Simona Torotcoi




# Copyright notice

I, the undersigned Fábri Ramóna, hereby declare that I am the sole author of this thesis. This thesis contains no material previously published by any other person except where proper acknowledgment has been made. This thesis contains no material which has been accepted as part of the requirements of any other academic degree or nondegree program, in English or in any other language. This is a true copy of the thesis, including the final version.

Date: 7th June 2024

Name (printed): Fábri Ramóna

Signature: 

# Abstract

This thesis addresses the critical issue of early pregnancies among Roma girls in Hungary, exploring the multifaceted socio-economic, educational, and cultural factors contributing to this phenomenon. Utilizing a qualitative research approach, the study involved semi-structured interviews with a primary school teacher, a school nurse, and a social worker from disadvantaged regions with significant Roma populations.

The findings reveal that socio-economic disadvantages, including poverty and limited access to education and healthcare, play a significant role in early pregnancies. Cultural norms surrounding early marriage and the lack of comprehensive sex education further exacerbate the issue. The study also highlights the systemic challenges within the education and healthcare systems that hinder effective prevention and support for young Roma girls.

Key recommendations include implementing compulsory comprehensive sex education, legal reforms to prohibit forced early marriages, and increasing the compulsory school age to 18 years. Additionally, engaging parents and communities, providing accessible contraception, and enhancing support systems within educational institutions are essential strategies.

This research underscores the need for a holistic, multi-pronged approach to address early pregnancies among Roma girls, advocating for inclusive policies and targeted interventions to reduce early pregnancies and improve their overall quality of life.

**Keywords:** Early pregnancies, Roma girls, Hungary, socio-economic factors, sex education, early marriage, qualitative research, policy recommendations.

# Acknowledgements

I would like to express my deepest gratitude to all the participants who generously shared their time and experiences for this research. Their invaluable insights and willingness to contribute have been essential in shaping the findings of this thesis.

I am profoundly grateful to my supervisor, Simona Torotcoi, for her unwavering support, guidance, and insightful feedback throughout this journey. Her expertise in public policy has been instrumental in refining my research and pushing me to achieve my best.

I would also like to extend my heartfelt thanks to Brigitta Dóczy, my academic writing tutor. Her meticulous attention to detail and constructive criticism have significantly improved the quality of my work.

My sincere appreciation goes to the Roma Graduate Preparation Program and the Department of Romani Studies at Central European University for providing me with the opportunity and resources to undertake this research. The knowledge and experiences gained through this program have been invaluable.

Lastly, I would like to thank to myself :)

# Table of contents

|   |     |
|---|-----|
| <b>Copyright notice</b> .....   | iii |
| <b>Abstract</b> .....   | iv  |
| <b>Acknowledgements</b> .....   | v   |
| <b>Table of contents</b> .....  | vi  |
| <b>CHAPTER 1 - Introduction</b> .....   | 1   |
| <b>CHAPTER 2 – Literature review</b> .....                                      | 4   |
| 2.1.    Adolescent pregnancy and its importance on the European level.....      | 4   |
| 2.2.    Teenage Pregnancy Among Roma Girls in Europe .....                      | 5   |
| 2.3.    Factors Affecting Teenage Pregnancies among Roma Girls in Hungary ..... | 6   |
| 2.3.1.    Ethnicity and Early Pregnancy: Addressing Misconceptions .....        | 6   |
| 2.3.2.    Sex education .....   | 8   |
| 2.3.3.    Early marriage .....  | 10  |
| 2.3.4.    Early school leaving .....  | 12  |
| <b>CHAPTER 3 – Methodology</b> .....  | 13  |
| 3.1    Participant Selection and Recruitment .....                              | 13  |
| 3.2    Instrument.....  | 15  |
| 3.3    Sampling Strategy .....  | 16  |
| 3.4    Data Collection Prodecure.....   | 16  |
| 3.5    Data Analysis .....  | 17  |

|  |           |
|--|-----------|
| <b>CHAPTER 4 – Results .....</b>   | <b>17</b> |
| 4.1    Influence of Socio-Economic Status on Early Pregnancy.....  | 18        |
| 4.2    Education and School Leaving.....   | 21        |
| 4.3    Limited Access to Sex Education.....  | 23        |
| 4.4    The Legal Framework and its limitations .....   | 27        |
| 4.5    The Role of Early Marriage.....   | 28        |
| 4.6    Family Dynamics and Parental Attitudes .....  | 29        |
| 4.7    Role of Acceptance or Stigmatization.....   | 30        |
| <b>CHAPTER 5 – Policy Recommendation .....</b>   | <b>33</b> |
| 5.1    Comprehensive Sex Education.....  | 33        |
| 5.2    Changing Legal Regulations Concerning Early Marriage and Compulsory School<br>Participation ..... | 34        |
| <b>CHAPTER 6 – Conclusion .....</b>  | <b>35</b> |
| 6.1    Summary of the Research .....   | 35        |
| 6.2    Limitations of the Research.....  | 36        |
| <b>6 Appendices .....</b>  | <b>41</b> |

# CHAPTER 1 - Introduction

This thesis focuses on the pressing issue of preventing early pregnancy among Roma girls in Hungary. Drawing from my personal background as a Roma woman raised within the Hungarian educational system. Hungary's higher-than-European-average rate of teenage pregnancy, coupled with its significant Roma population, underscores the necessity of this research. The percentage of teenagers giving birth in Hungary in 2022 was 16.7 out of 1000, according to the Central Statistics Office (CSO) of Hungary. In several Western countries, this number falls between 2 to 4 thousandth, while the EU average is 7 per thousand. Within Hungary, systemic issues such as school segregation, inadequate sex education, and discrimination directly contribute to early pregnancies among marginalized communities. Notably, early pregnancy often leads to unemployment, school dropout, or premature marriages, with Roma girls facing the highest risk. By exploring these interconnected challenges, this thesis aims to recommend effective strategies for preventing early pregnancies among Roma girls, addressing broader societal disparities, and advocating for inclusive policies. Hungary is crucial for this study due to a lack of reliable data on Roma girls, often overlooked in political discussion. The 2022 census revealed discrepancies within the Roma community. It showed widespread reluctance to respond, distrustful due to experiences of racialized policing and segregation. Despite representing only 29% of identified teenage pregnancies compared to 55% for non-Roma girls, Roma girls face disproportionate consequences such as unemployment and early school dropout. This underscores the urgent need for targeted prevention strategies, despite challenges in obtaining accurate data.

The paper begins by highlighting the relevance of the topic, summarizing the most important research that has dealt with the factors contributing to adolescent pregnancies among Roma girls on a European level and in the Hungarian context, with a further aim of proposing



strategies for prevention and support. It then explores the current situation, underscoring the harmful consequences, and emphasizing the necessity for action. Moving forward, the discussion shifts to the specific challenges faced by Roma girls, whose limited opportunities contribute to higher pregnancy rates across Europe. The paper then examines local factors influencing teenage pregnancies. It delves into contributing factors such as sex education, early marriage, and the significant issue of early school leaving, also considering their legal implications.

The methodology chapter serves as the foundation, where I outline the rationale behind my chosen research methods. I detail why interviews were selected as the primary mode of data collection, how participants were identified, how interview questions were structured, the settings in which interviews took place, and the ethical considerations guiding the research process. This chapter provides a clear understanding of how the data was gathered and ensures transparency in the research approach.

Next, the analysis chapter delves into the process of scrutinizing the collected data. Here, I explain how transcripts from the recorded interviews were analyzed, including the criteria and frameworks used to interpret the findings. This section elucidates the steps taken to derive meaningful insights from the data and highlights the rigor of the analytical process.

Following the analysis, the results section synthesizes the key findings uncovered. I present these findings alongside the prevailing status quo regarding early pregnancy, such as the state of sex education, early marriage practices, and rates of premature school leaving. By contextualizing the research outcomes within existing societal dynamics, this section provides a comprehensive understanding of the challenges at hand.

Finally, in the recommendation chapter, I propose actionable initiatives based on the research findings. Drawing from the identified insights, I advocate for pragmatic policy

recommendations, project proposals, or program interventions aimed at addressing the systemic disparities highlighted in the study.

## **CHAPTER 2 – Literature review**

Teenage pregnancy among Roma girls has been quite a researched topic in the past decades (Béki, 2013; Husz, 2011; Part et al. 2013; UNFPA, 2012), especially in relation to early marriages and socio-economic status. The World Health Organization (2024) calls attention to teenage pregnancy as the rates are typically higher among individuals who have lower levels of education or come from economically disadvantaged backgrounds. In addition, traditional gender roles and early marriages within the Roma community can also play a significant role in perpetuating this issue. To understand teenage pregnancy among Roma girls in Hungary, it is important to examine the broader context of adolescent pregnancy globally. Teenage pregnancy among Roma girls is a complex issue influenced by a myriad of factors including social, economic, and cultural aspects. Roma communities often face discrimination, limited access to education, and economic disadvantages, all of which contribute to higher rates of teenage pregnancy.

### **2.1. Adolescent pregnancy and its importance on the European level**

Over the past few years, numerous investigations have centered on examining the perspectives regarding childbearing within impoverished families, including both Roma and non-Roma communities. The World Health Organization (2024) calls attention to this issue, as adolescent pregnancy is a widespread global issue with identifiable causes and serious consequences. Despite a decrease in the adolescent birth rate (ABR) overall, progress in rates varies across regions and within countries, leading to significant disparities among countries. Factors such as lower education levels and economic status contribute to higher pregnancy rates among adolescents, exacerbating existing inequities. Child marriage and sexual abuse further increase

the risk of unintended pregnancies for girls. Access barriers to contraceptives hinder efforts to prevent unintended pregnancies. Likewise, the WHO and its partners' efforts are increasingly focused on improving access to quality maternal care for pregnant and parenting adolescents.

Part et al. (2013) reported that teenage pregnancy rates in Europe have decreased since 2001, with variations across regions in Europe. However, while Northern, Western, and Southern Europe have lower rates, Eastern Europe still has the highest average rate. Another challenging issue is that availability of data on teenage pregnancies varies across EU countries. Countries with less restrictive abortion laws, comprehensive youth sexual health services, and subsidized contraceptives for minors tend to have lower teenage pregnancy rates. Middle and low-income countries have higher rates, and UNFPA (2012) report shows that adolescent pregnancy in the EECA region disproportionately affects various marginalized groups, including married adolescents, minorities like Roma youth, those from lower income or rural backgrounds, migrants, out-of-school youth, and others.

## **2.2. Teenage Pregnancy Among Roma Girls in Europe**

In addition to examining local insights and international research, it is crucial to consider the European context of teenage pregnancy among Roma girls. Several studies have highlighted the prevalence of teenage pregnancy within the Roma community across various European countries. A study conducted by the European Union Agency for Fundamental Rights (2019) revealed that Roma girls are at a significantly higher risk of early and unplanned pregnancies compared to their non-Roma peers in Europe. The study emphasized the intersectionality of factors such as poverty, limited access to healthcare, and educational disparities that contribute to this disparity.

Furthermore, a comparative analysis of teenage pregnancy rates among Roma girls in different European countries offers valuable insights into the varied socioeconomic and cultural factors

influencing this issue. For instance, Orton & De Cuevas (2019) found that while educational interventions and access to reproductive health services have proven effective in reducing teenage pregnancy rates among Roma girls in some European countries, the impact of these interventions may vary based on the specific social and cultural context of each country. Understanding these differences can inform the development of tailored strategies for addressing teenage pregnancy among Roma girls in Hungary, taking into account the unique challenges and opportunities within the European context.

## **2.3. Factors Affecting Teenage Pregnancies among Roma Girls in Hungary**

This section will delve into several key factors affecting Roma girls, including ethnicity, sex education, early marriage, and early school leaving. Although access to healthcare is important, this paper focuses primarily on prevention rather than treatment. Despite discrimination within the healthcare system, Roma girls often seek medical assistance only after becoming pregnant. Prevention strategies must address broader societal factors to effectively support Roma girls and mitigate the challenges they face. While these factors are interconnected, each plays a distinct role in shaping the experiences of Roma girls in society. Ethnicity as a factor will be discussed here, as it is important from the social perception part, which can influence decision-making.

### **2.3.1. Ethnicity and Early Pregnancy: Addressing Misconceptions**

In the discussion of early pregnancy among Roma girls in Hungary, ethnicity is often wrongly cited as a primary factor. This misconception complicates the issue, leading to inadequate responses that fail to address the root causes. It is crucial to recognize that early pregnancy is not inherently linked to Roma ethnicity, but rather to broader social and economic disadvantages faced by the community.

While the media frequently perpetuates stereotypes, portraying early marriage and school dropout as cultural traits of Roma women, this is a simplification that obscures the real issues. Addressing these stereotypes is essential for fostering a more accurate understanding and tackling the problem effectively (Fejzula, 2014).

Research by Husz (2011) and Durst (2006) demonstrates that ethnicity influences early pregnancy rates primarily when coupled with low educational attainment. Husz's study in Baranya and Borsod counties revealed that both Roma and non-Roma mothers with lower educational levels are more likely to have children earlier. This suggests that education and income are significant factors, rather than ethnicity alone.

Durst (2006) further found that after controlling for social characteristics, there were no significant differences in fertility rates between Roma and non-Roma women, indicating that minority group membership alone does not affect childbearing behavior. Instead, social characteristics, particularly education, play a crucial role. The distinct reproductive behaviors observed among the lowest-status Roma women compared to their non-Roma counterparts in similar socio-economic situations underline the impact of social exclusion and poverty.

According to Durst (2001) and Gyukits (2006), young girls in deprived Roma communities often see motherhood as their only viable option for gaining social acceptance and adulthood, given their limited opportunities for success in education and employment. This choice is influenced by the broader context of social exclusion, where traditional family roles remain prominent.

Béki (2013) emphasized that social exclusion by the broader society significantly contributes to the high rates of teenage pregnancy among Roma girls. Her study, based on interviews with teenage girls living in a Roma slum, highlighted that economic needs and cultural differences play a role, but the primary factor is the pervasive social exclusion faced by the community.

Balázs et al. (2024) compared the conditions of Roma and non-Roma girls in Szabolcs-Szatmár-Bereg county, underscoring the socio-economic disparities that contribute to health risks, such as extreme poverty, limited access to public healthcare, and lower educational attainment. They argued that any intervention programs must consider the specific cultural needs and traditions of the Roma minority.

Gyenei (1998) discussed the economic dimension, suggesting that teenage pregnancy is often a strategic decision in poor families, where state subsidies can provide crucial financial support. This decision is not exclusive to Roma culture but is a rational response to economic hardship.

In summary, early pregnancy among Roma girls in Hungary should not be viewed through the lens of ethnicity alone. The issue is deeply rooted in socio-economic conditions, such as poverty, limited access to education and healthcare, and social exclusion. Misconceptions about the role of ethnicity obscure the real challenges and hinder effective solutions. It is essential to address these underlying factors to develop more comprehensive and effective prevention strategies.

### **2.3.2. Sex education**

Secondly, sex education is a vital aspect that intersects with various social and political dynamics.

The UNFPA (2012) research on adolescent pregnancy in Eastern Europe and Central Asia (EECA) shows the driving factors that contribute to teenage pregnancy, which includes the lack of sexual education programs. Insufficient sexuality education is a problem in many places. In the EECA region, schools often do not provide adequate or comprehensive sexuality education programs. These programs vary a lot between countries, and in some places, they do not meet the recommended standards by the World Health Organization (WHO). When sexuality

education exists in schools, it usually focuses only on biological aspects and neglects the social and emotional sides of sexuality. Outside of schools, community organizations are mainly responsible for supporting sexuality education. Based on research findings, the importance of educational interventions is also underlined in the framework published by UNICEF (2022). The lack of knowledge on sex education is identified as a key risk factor for teenage pregnancy (Neculau et al., 2022, p. 44). In comparison to children who learn about sexual relations via friends or family, those who receive this education in school are less likely to engage in sexual activity (Kirby et al., 1994). Furthermore, comprehensive and high-quality education about reproductive health does not cause young people to become sexually active earlier; in fact, it encourages them to use contraception and delay engaging in sex (Atkins & Bradford, 2021). Additionally, ninety percent of parents and children believe that sex education and contraception should be taught at school (HEA and National Foundation for Education Research in England and Wales, 1994). A significant finding from global experience suggests that educational programs should also target boys, as research indicates that involving boys in these programs supports responsibility in preventing pregnancy (Lohan et al., 2018). Moreover, young people show a preference for using IT apps to obtain information and advice when making decisions about contraception (Tebb et al., 2019).

In relation to Hungary, Varga-Tóth et al. (2019) point out that the sexuality education in Hungary is in a need of change and its quality is lower than the European level. The results of the research highlight that many girls have their first sexual experience before the age of 14 but lack even basic knowledge about sexual issues. Many of them have never had a gynecological examination, even though they are already having sex. Recognizing such gaps, the findings underline the importance of sexual and reproductive life education and training. It is important that young people have adequate knowledge before they start having sex and are aware of their contraception and screening. Therefore, early sexual counselling, contraception, gynecological



cancer screening, sexually transmitted diseases and HPV vaccination are necessary. The authors claim that sexuality education in schools should be provided from primary school onwards, in the lower grades of primary school, to develop a broader perspective and life skills. It is important to note that sex education programs do not increase sexual activity, as was once thought. Health and medical professionals have actively been promoting sex education, which would not only present the problems but also give young people a positive outlook on both the physical and emotional aspects concerning sex. The current lack of knowledge of the children in primary school should encourage educational institutions to start age-appropriate sex education and knowledge transfer at an early age.

### **2.3.3. Early marriage**

Early marriage remains a prevalent issue within Roma communities, often linked to adolescent pregnancies. Legal frameworks in Hungary are insufficient in addressing this issue, contributing to perpetuating cycles of disadvantage. Furthermore, early school leaving is disproportionately high among Roma girls, with caregiving responsibilities and motherhood often cited as reasons (European Union Agency for Fundamental Rights, 2019). This perpetuates a cycle of limited educational attainment and economic opportunities for Roma girls.

The UNFPA (2012) report calls attention to the practice of child marriage, which is still common in Roma communities, and is connected to the significant number of teenage pregnancies among Roma populations. Roma girls often have little choice but drop out of school and get married at the start of adolescence due to social and economic exclusion from mainstream society as well as the pressures from within their communities. This promotes a cycle of lack of education, poverty, and early childbirth. Adolescents facing tough situations like discrimination and not getting the reproductive health care they need are even more likely

to become pregnant. Romani girls in Hungary face a heightened risk of early marriage due to gender-based power dynamics within families, distinct gender roles, and the discrimination Romani women encounter when seeking job opportunities. Among various communities, girls from the Roma community are the most vulnerable to child marriage. In this community, two types of marriages are prevalent: those arranged by parents and marriages where children wed without parental consent.

As far as Hungary is concerned, the legal minimum age for marriage, as stated in the Marriage, Family, and Guardianship Act, is 18 years old (Hungarian Parliament, 1952). In Hungary, the act of forcing a child into marriage is not specifically classified as a separate criminal offense, which often leads to cases going undetected. The Social and Guardianship Office has the authority to permit marriages for individuals between 16 and 18 years old. Permission for a minor's marriage can be granted by the guardianship authority if it is deemed to be in the minor's best interests and if the minor willingly applies for the marriage. One factor considered in this decision-making process is whether the girl is pregnant. Notably, the minimum legal age for consensual sex is 12 years old, provided that the older partner is 18 years old or younger. Hungary has taken steps by ratifying international conventions, engaging in resolutions, and receiving recommendations to combat child, early, and forced marriage. However, addressing the recommended changes regarding the minimum age for marriage and fulfilling previous commitments remain ongoing challenges for the country.

Adding to this, Török (2016) emphasizes that early marriages are often influenced by traditional gender roles and socio-economic disadvantages. The lack of comprehensive policies addressing the intersectional disadvantages faced by Roma girls exacerbates the situation. According to Török, effective policy interventions need to address these complexities by considering the varied cultural practices and socio-economic contexts within Roma communities (Török, 2016). A multi-faceted approach involving education, community engagement, and support

systems is crucial for preventing early marriages and subsequently reducing early pregnancies among Roma girls.

#### **2.3.4. Early school leaving**

Even that early school leaving is rather a consequence of adolescent pregnancy it is important from the legislative aspect, as lower compulsory age affects incentives for dropping out.

Under Hungarian law, the compulsory school age is currently 16 years; it used to be 18 but was lowered after 2011 (Act CXC of 2011. on national public education). This contributes to the early leaving rates, according to the publication by EU on education and training monitoring (European Commission, 2022). In 2021, 12.0% of students left education early, which is higher than the improving EU average of 9.7% and the EU's target of 9%. This rate is even higher in the least developed areas and among the Roma community, where it reaches 62.7% compared to 9.9% among non-Roma individuals. There is data indicating that reducing the compulsory school age from 18 to 16 in 2012/2013 had a significant negative impact on school attendance. Although the original aim of this change was to make it easier for young people to enter the job market if they wanted to leave school early, it did not improve their chances of getting a job. Instead, it has increased the likelihood of 16 to 18-year-olds who drop out to be neither in school nor employed.

## CHAPTER 3 – Methodology

The study was guided by the following research question: *How do factors like sex education, early marriage, early school leaving, and socio-economic status contribute to early pregnancies among Roma girls in Hungary?*

This research employs a qualitative approach, utilizing semi-structured interviews to acquire first-hand accounts on the topic: a primary school teacher, a school nurse, and a social worker were interviewed regarding early pregnancies, family dynamics, and sex education. While the teacher is Roma herself, the other two participants are non-Roma, but given their direct connection to early pregnancies through their professional roles, all of their insights are particularly valuable, especially in relation to prevention strategies. Their daily interactions with young Roma girls and their families place them in a unique position to observe and understand the factors contributing to early pregnancies.

### 3.1 Participant Selection and Recruitment

Participant selection was purposeful, aiming to gather insights from individuals directly involved or knowledgeable about the topic. Given the sensitive nature of the research, ethical considerations were paramount. Therefore, all participants were assured of anonymity, and identifiable data were omitted from the study.

The primary school teacher worked in a small village school where she directly encountered the challenges faced by Roma girls, including early pregnancies. Her role involved not only educating these students but also engaging with their families to provide support and encouragement, despite the socio-economic hardships they face. She taught English in one of the most disadvantaged counties in Hungary, which also has a significant Roma population and a high number of pregnancies, out of which there are notably high rates of early pregnancies.

The school nurse is actively involved in youth welfare, dealing with the health-related aspects of early pregnancies. She has encountered numerous cases of early pregnancies through her work, often from disadvantaged backgrounds, and works to navigate the complex parental dynamics and provide necessary medical care and education about reproductive health. She operates in the same area as the teacher but covers multiple settlements or towns with similar circumstances.

The social worker provides broader community support, addressing the socio-economic and cultural factors that contribute to early pregnancies. She deals with issues ranging from domestic abuse to the lack of parental guidance and works to provide a safe environment and essential resources for young girls and their families. The social worker is part of the Unified Social, Health, and Child Welfare Institution of the Social Helpers' Workgroup for Kindergarten and School in Borsod-Abaúj-Zemplén (BAZ) county, one of Hungary's most disadvantaged regions. This county has a very high Roma population and a significant number of pregnancies, though specific data on early pregnancies by location is unavailable. Therefore, the decision for inclusion is based on the distribution of births by counties.

Efforts were made to interview young Roma mothers to gain their perspectives. Although initial contacts were established, all scheduled interviews were eventually canceled by the participants. This absence of direct input from young Roma mothers is a limitation of the study, as their experiences would have provided critical insights into the personal and socio-cultural dynamics influencing early pregnancies. On the other hand, this absence of input further underlines the importance of conducting research on the topic. (With careful planning and preparation, it would be important to find a way to include mothers and fathers in future studies.)

## 3.2 Instrument

The decision to employ semi-structured interviews was informed by the necessity to provide participants with ample space for expression while maintaining a certain level of structure to guide the discussion. This approach ensures that while the interviews remain focused on key topics, participants can share their experiences and insights in their own words, enriching the research with diverse perspectives and detailed personal accounts.

Interviewees were asked about their "roles" in their environment, their experiences regarding early pregnancy, and their perspectives on prevention. For a comprehensive list of questions and themes approached during the interview, an interview guide has been compiled – see Annex 1.

The interview questions for the teacher, social worker, and school nurse were designed to gather comprehensive insights into early pregnancies among Roma girls using various perspectives. First, participants introduced themselves and their roles within their local communities, educational institutions, or healthcare settings. Teachers provided insights into the student body demographics, challenges in education, and specific encounters with early pregnancies, including the frequency and age of affected students. They also discussed the school's response to these pregnancies, support mechanisms, stigma, and opportunities for affected students to continue their education. Questions addressed family dynamics, including parents' reactions and the role of family support in handling early pregnancies, as well as pressures from the community and instances of early marriage. Participants shared their views on sex education within the Hungarian educational system, the challenges Roma girls face in accessing comprehensive sex education, and potential preventive measures or resources. Social workers focused on societal attitudes, stereotypes, and the effectiveness of various support systems or interventions in preventing early pregnancies among marginalized communities. School nurses

described the healthcare services available to students, the support provided to pregnant students, and strategies to address stigma and ensure a supportive environment. Collaborative efforts between schools, health services, and other stakeholders were highlighted, along with successful initiatives and potential improvements for addressing early pregnancies within the Roma community.

### **3.3 Sampling Strategy**

The sampling strategy was designed to include participants from regions with high rates of pregnancies (as there is no existing data on early pregnancy rates by location) and significant Roma populations. This strategic choice aimed to capture a broader spectrum of experiences and challenges related to early pregnancies and family dynamics.

Recruitment primarily relied on personal connections and networks to ensure a level of trust and comfort for participants. The teacher was identified through acquaintances and professional networks, just as the school nurse. The social worker was contacted through relevant institutions like the Unified Social, Health and Child Welfare Institution of Miskolc, ensuring diversity in perspectives and experiences.

### **3.4 Data Collection Procedure**

Interviews were conducted in Hungarian, the native language of the participants, to facilitate open and comprehensive communication. Careful translation of interview materials into English ensured accessibility for analysis and dissemination. Interviews were structured around three main topics: family roles or school influences, experiences with sex education, and potential prevention initiatives, particularly from the perspective of social workers. The semi-structured format allowed for flexibility while ensuring key areas of inquiry were addressed.

Recordings of interviews were made with participants' consent, and transcripts were generated for analysis. Throughout the process, efforts were made to maintain neutrality and avoid leading or offensive questioning, fostering an environment conducive to candid responses.

### **3.5 Data Analysis**

For the analysis of the interviews conducted in this study, audio recordings were made of all sessions with participants. Each interview was conducted online via Zoom to accommodate geographical distances and ensure convenience for the participants. The audio recordings were then uploaded to an online transcription service to convert the spoken content into written text.

After transcription, the transcripts were translated into English. To ensure the accuracy and clarity of important quotations, a professional English tutor reviewed and refined these segments. The resulting documents were saved as Word files for subsequent analysis.

The qualitative data analysis software Atlas TI was used to systematically analyze the interview transcripts. This software facilitated the identification of recurring codes and themes across the dataset. Through an iterative process of coding, the key themes and patterns emerged, which were then used to construct the narratives of the interviews. This thematic analysis allowed for a detailed and structured understanding of the participants' experiences and perspectives regarding early pregnancies among Roma girls.

## **CHAPTER 4 – Results**

In this section, I will present the results of the study. After a short summary of the three accounts provided person by person, the analysis is characterized by the factors previously identified: socio-economic status, early marriage, education, and limited access to sex education.



Additionally, the interviews revealed other underlying factors influencing early pregnancies among Roma girls in Hungary, which were not explicitly highlighted in the initial literature review. These include the impact of family dynamics as parental contribution, and the role of healthcare accessibility and some legal structure in terms of early pregnancy. These findings provide a deeper understanding of the complex interplay of factors contributing to early pregnancies in this community.

#### **4.1 Influence of Socio-Economic Status on Early Pregnancy**

A dominant theme across the narratives is the significant impact of socio-economic status on early pregnancies among Roma girls. Many girls come from disadvantaged backgrounds where poverty, limited access to education, and poor living conditions are prevalent. These socio-economic factors contribute to early pregnancies as they limit opportunities and support systems that could otherwise help delay motherhood. For instance, the nurse noted, "We have young pregnant girls, unfortunately mostly from Roma backgrounds. It's a generational trend where their parents' experiences influence their own choices. There's little support available. We're far from cities, limited to public employment schemes which exacerbates their situation." It seems that being Roma in her narrative means that these young girls are already at a disadvantaged situation. This is supported by recent data from the Central Statistical Office (CSO):

- The ratio of young people not in employment, education or training, between ages 15 and 24; among Roma: 40,4%, among non-Roma: 9%.
- The employment rate (including public employees) amongst non-Roma is 73,9% while amongst Roma the number is 45,9%.
- Paid work rate for Roma women and men aged 20 to 64 years, including self-employment and occasional work or work in the past four weeks, compared with the European 2020 employment rate 2015 (Eurostat) (%): Roma men: 62% Roma women: 36%.
- Young Roma (aged 16 to 24 years) neither in employment nor in education or training: Roma men: 38% Roma women: 63%.

The teacher's journey was marked by her own background; coming from a Roma family, she was not detached from the social realities many of her students faced. "I come from a Roma family myself and am not separated from this social reality," she said, emphasizing her connection and understanding of the challenges her students faced. Her deeper background knowledge stems from her roots in Somogy County, a region known for its high Roma population and elevated pregnancy rates. This area faces significant socio-economic challenges, including poverty, limited access to education, and inadequate healthcare services, all of which contribute to early pregnancies. The teacher's insight is particularly valuable, as it underscores the intricate link between socio-economic factors and early pregnancy.

Teaching in this village brought her face-to-face with a myriad of challenges that were starkly different from her previous experiences. "Earlier I had dealt with very privileged children from elite families," she noted. "Then, moving to this village, I found myself needing a completely different kind of communication. Initially, I had many unsuccessful experiences and conflicts. The level of aggression shocked me, it was something I was not used to." Her admission highlights the stark contrast between teaching privileged children and those from socio-economically disadvantaged backgrounds. The socio-economic disparities contribute to a challenging teaching environment, where the lack of access to basic needs and support systems often manifests as aggression and conflict in the classroom.

Despite these challenges, she persevered. Over time, as she built trust with her students and adapted her methods, she saw improvements. "As the children got to know me better and I gained their trust, things improved significantly," she said. Her efforts to understand and address the individual needs of her students, many of whom had learning difficulties or came from tumultuous home environments, began to pay off. "I had to learn to be mindful of the heavy burdens some children carried into the classroom. Often, when a child was disengaged or disruptive, it was because of serious issues at home." The socio-economic realities of the

village also played a crucial role in shaping the educational experience. Many families relied on fostering children for income, adding another layer of complexity to the students' lives. She felt that her own background helped her connect with the students. "I felt lucky and tried to be a positive example, showing them that anyone could achieve anything." The teacher's journey, deeply intertwined with her Roma heritage, provided her with a unique perspective on the socio-economic challenges faced by her students. Her initial shock at the aggression and behavioral issues she encountered underscored the profound impact of poverty and instability on children's educational experiences.

The social worker highlighted a systemic issue that further complicated the situation: the lack of value placed on education by both children and their parents. "It's a complex problem because until education is valued by the parents, the children won't be motivated to continue their studies," she explained. "Many Roma children drop out, seeing no reason to stay in school. They often lack basic social skills, which should have been developed in early childhood." It must be understood that their lack of appreciating education also originates from having faced discrimination themselves resulting in an incomplete education: if parents saw the benefits of education, they would understand its values. The fact that they do not see the impact is deeply rooted in their own social economic hardships.

The educational institutions were constantly battling against these disadvantages. "Schools have to compensate for these socialization problems, and often children leave school almost illiterate," she (social worker) pointed out. "By the time they reach sixteen and are too old for their grade level, many are directed to adult education programs, often with little to show for their years in the school system." The social worker explained, "Many of these girls come from disadvantaged families. Their parents or guardians often struggle with alcoholism or severe domestic abuse. These girls seek refuge in their first serious relationships, often without fully understanding the consequences."

This quote is a poignant description of the quality of education in these poor, segregated areas. It highlights how systemic socio-economic challenges lead to inadequate educational outcomes. The shortage of qualified teachers and the segregation of Roma children into separate classes or schools results in these students receiving a lower quality education. Often, teachers do not push Roma kids to exceed the lower expectations due to overwhelming socio-economic burdens the students carry. This deprives them of reaching their full potential and perpetuates a cycle of disadvantage and underachievement.

The phenomenon of students being too old for their grade level and subsequently directed to adult education programs also reflects deeper societal issues. In Hungary, where the mandatory school age is 16, this problem is exacerbated. Many students, by the time they reach this age, are too far behind academically and are pushed into adult education with little to show for their years in school.

As can be seen, the influence of socio-economic status on early pregnancy among Roma girls is a complex, multifaceted issue with many interconnected layers. Education emerges as a key problem in this context, deeply intertwined with socio-economic factors such as poverty, inadequate infrastructure, and limited access to resources. These elements collectively shape the experiences and opportunities available to Roma children and contribute significantly to early pregnancies.

## **4.2 Education and School Leaving**

Education, or the lack thereof, is a critical factor influencing early pregnancies. Many Roma girls leave school early due to various socio-economic pressures, including the responsibilities of motherhood. The narratives indicate that early school leaving is both a cause and a consequence of early pregnancies. Central Statistical Office data on underage pregnancies indicates that:

- 67 percent of students finished at least eight grades in elementary school, compared to 20 percent who did not
- Only 5% of mothers who were underage completed their high school education
- 79% of these young mothers have never worked

In education the participation rates in Hungary, are the following according to the survey of European Union Agency for Fundamental Rights (FRA):

- In 2021 the people aged 20–24 who completed at least upper secondary education: the general population is 86% in 2020, while for the Roma population in 2021 it is 41%.
- 66% of Roma boys in the nine countries between the ages of 16 and 24 do not attend secondary school or hold a job of any kind, while for Roma girls, the rate is 71%.

In the survey of CSO, the following data on education and employment in relation to the Roma population are presented about Hungary:

- Early school leavers among Roma population are 60,8% while among non-Roma this number is 9,3%, between ages 18 to 24.

The teacher highlighted the higher incidence of early pregnancies in her school: "Compared to an average school population, we had a significantly higher incidence of girls giving birth before completing their primary education. Girls as young as 14 or 15 years old were becoming mothers." This underlines the data linked with early school leaving and early pregnancy, in most cases they finish their primary school studies, but not continuing their education limits their employment opportunities.

The social worker explains that many students have to take on caregiving responsibilities, which impacts their school attendance. "Parents and children complain that they do not have enough time, as they must care for their younger siblings. This often leads to children missing school because there is no one else to look after the younger ones if they fall ill, and the parents go to work". This situation places a heavy burden on young students, affecting their ability to engage

fully with their education, which can be interpreted also as an outcome of their socio-economic status.

In some cases, the responsibilities are even more demanding. The social worker recounts, "There were instances where an older child had to care for a disabled sibling, causing them to miss school regularly". These circumstances illustrate the deep-seated issues that arise from the intersection of poverty, large family sizes, and lack of support, severely hindering educational attainment.

### **4.3 Limited Access to Sex Education**

The narratives also emphasize the lack of comprehensive sex education as a contributing factor to early pregnancies. The absence of proper sex education leaves many young girls uninformed about contraception and reproductive health, increasing the likelihood of early pregnancies. In Hungary, discussions around sex education are entangled with broader debates about LGBTQ+ rights and gender equality. Recent legislative changes have restricted access to comprehensive sex education, exacerbating gaps in knowledge and preventive measures. Given the prevalence of adolescent pregnancies, there is a growing consensus that effective prevention should begin earlier than adolescence, emphasizing the need for age-appropriate sex education from a young age.

The nurse pointed out the inadequacies in the current system: "Only nurses are accessible in these villages. Finding a doctor or psychologist is difficult. Health education sessions have been reduced due to policy changes limiting our ability to discuss vital topics."

The educator, reflects on these changes, highlighting the shift in how sex education is approached. "Previously, attempts at sex education were made during biology classes, but now,

due to new regulations, teachers are prohibited from conducting these sessions without specialized training". This shift has led to a reliance on health professionals, like school nurses, to fill this educational gap.

Another critical factor is the lack of proper sexual education and access to contraception. Many young women are aware of sex but not of its consequences or how to prevent pregnancy. The school nurse emphasizes the need for better education: "They are sexually enlightened by the 4th-5th grade, but they do not understand the significance and risks... They don't have information about contraception because their relationships are secret". This obviously results in their lack of knowledge of sexual education and contraceptive use.

Many young women equate intimacy with love and acceptance, especially if they lack these in their family lives. The social worker observes, "They experience love in an interesting way. If they get into an intimate relationship, they see it as an expression of love... Many girls say they don't want to be treated like their fathers treated their mothers". Which comes from the misunderstanding of intimacy and relationships that could be taught in schools.

The school nurse with extensive experience, underscores the critical role health professionals play in providing sex education. "These communities have access primarily to the school nurse for health education, but our opportunities have been significantly curtailed in recent years. We used to have more flexibility to discuss sexuality and related topics". This limitation is particularly problematic in rural areas, where resources and trained personnel are scarce.

The nurse elaborates on the practical challenges she faces, especially in communities where children grow up with limited privacy. "In households where children share a single room with their parents, they are exposed to situations they cannot understand. Meeting them only twice a year for health education is insufficient to address these issues adequately". This environment complicates the children's understanding of healthy sexual behavior and relationships.

Despite these constraints, the nurse notes that children are often prematurely exposed to sexual information, albeit inaccurately. "By fourth or fifth grade, children are already aware of sexual topics, often asking questions that surprise even the school nurses. However, they lack understanding of the consequences and responsibilities associated with sexual activity". This gap in knowledge underscores the urgent need for comprehensive sex education that addresses both the biological and emotional aspects of sexuality.

The approach to sex education is also influenced by cultural and familial contexts. The teacher points out that children from rural or large families might have some understanding of reproduction through observing animals or family dynamics, but this does not translate into knowledge about contraception or safe practices. "Children from large families or rural backgrounds might have basic concepts of birth, but they are often uninformed about contraception and the implications of sexual activity".

The social worker highlights societal taboos surrounding sex education. "Sexuality is still a taboo topic, even among educated parents who expect the school nurse or teachers to handle it. This reluctance to discuss sex at home exacerbates the problem". This societal reticence is a significant barrier to effective sex education, as it leaves children without reliable sources of information.

The nurse also addresses the psychological aspects, noting that many young girls, particularly from marginalized communities, seek relationships for emotional fulfillment due to neglect at home. "Many young girls enter relationships seeking love and attention they do not receive at home, often leading to early pregnancies". This highlights the need for sex education to encompass emotional health and self-worth, not just the biological mechanics of sex.

Furthermore, the implementation of sex education varies significantly across different school settings. The teacher observes that institutional support and resources for sex education are



inconsistent, particularly in rural and church-affiliated schools. "In smaller rural or church schools, formal sex education programs are often non-existent, leaving a significant gap in children's education".

To address these challenges, the nurse emphasizes the importance of early intervention and specialized training for those conducting sex education. "Officially, sex education starts in seventh grade, but we begin as early as fourth or fifth grade based on teachers' observations. Additionally, dedicated health education staff or psychologists would be highly beneficial to address these needs more effectively".

In practice, the school nurse prefers to separate boys and girls during these sessions to tailor the content to their maturity levels and reduce embarrassment. "I always separate boys and girls and ensure teachers are not present to create a more open and comfortable environment for discussion". This approach has been effective, fostering a more engaging and informative atmosphere.

The school nurse highlighted the significant challenges in accessing healthcare in the rural settlements where she works. She explained, "In these settlements, the only accessible healthcare provider is the nurse. Finding a doctor, let alone a family doctor, is rare, and if we have a psychologist from the educational advisory service, they can only address the most severe cases. Essentially, these girls only have the nurse to rely on." This represents the insufficient capacity of the healthcare system in general: nurses have many responsibilities, therefore they cannot take responsibility of the overall sexual education. The experiences of the school nurse underscore the critical gaps in healthcare and education access in these disadvantaged areas, highlighting the urgent need for more comprehensive support systems to address the complex issues surrounding early pregnancies among Roma girls.

In summary, the issue of sex education is also a deeply interconnected problem, including the insufficient capacity of the healthcare system, the quality and one-sidedness of the current sex education, stemming from the political pressure of tabooing sex, and the total lack of comprehensive approaches.

#### **4.4 The Legal Framework and its limitations**

The challenges extend beyond social norms; they touch upon legal and health realms as well. The legal framework of guardianship and the operational responsibilities of nurses significantly impact the outcomes. The system itself and how it reacts are also causes of the issues observed. The focus on prevention versus dealing with cases is crucial, as is recognizing that not taking action is also a policy response. Laws are a reflection of what is acceptable in society. This is emphasized by the school nurse: "When these girls approach us at a young age, we must navigate their parental dynamics. If a parent insists on keeping the child, legal intervention is limited. These girls often decide to keep their babies without fully grasping the health risks or the responsibilities of parenthood." The current system tends to be more reactive than proactive. This reactivity often fails to address the root causes of early pregnancies among Roma girls. For instance, the legal constraints and societal expectations placed on both the girls and their families can inhibit effective intervention. The healthcare system's limitations, particularly in preventive measures, exacerbate the situation.

The bureaucratic response often falls short of addressing the root issues. The nurse lamented, "We report underage pregnancies monthly, but beyond legal requirements, there's little follow-up. The system acknowledges them, but effective intervention or support is lacking."

The school nurse explains, "The current system mandates schooling only until the age of 16. After that, both boys and girls drop out. Boys often move into public employment, while unfortunately, girls become pregnant within a year or two". This trend indicates a direct

correlation between early school leaving and early pregnancy, as the lack of educational engagement leaves young girls vulnerable to becoming young mothers.

## **4.5 The Role of Early Marriage**

In a secluded village, the weight of tradition and legal convenience perpetuates a cycle of early marriage among Roma families. The teacher observed this phenomenon closely. "There are a few Roma families around here with strong traditions," she noted. "In these very closed communities with strict norms, early marriage is an expectation." When a young girl becomes pregnant, the next step is almost automatic: "Yes, they get married right after the pregnancy. But this usually doesn't happen before they turn fourteen."

This rigid adherence to tradition often places young girls in difficult positions. The social worker expressed her frustration with the system. "When a girl becomes a mother at 16 or 17, she isn't legally responsible for her child. The child welfare office ends up with a lot of work," she explained. "To offload this burden, they come up with the idea of marrying her off to the baby's father. By getting married, she is legally considered an adult."

The social worker's disdain for this practice was evident: "It drives me crazy because marrying at 16 doesn't make her mature, either mentally or emotionally. It is likely that she doesn't understand the implications of marriage at such a young age. This solution is convenient for the child welfare office, family support workers, and child welfare centers because they no longer have to deal with it. The father marries her, she's considered an adult, and the child has guardians. It's about legal convenience, nothing more." This description depicts a warning situation regarding children's rights: this approach and legal framework should not be acceptable.

The story of early marriage in this community highlights the clash between tradition and the well-being of young girls. The practice rooted in cultural norms, is often perpetuated by a legal system support. This convergence of cultural expectation and bureaucratic expedience leaves young girls caught in a cycle they are too young to fully understand or break free from.

In the teacher's classroom, the impact of this cycle is palpable. The potential she sees in her students, particularly the girls, is often overshadowed by the weight of tradition and the pressure to conform to these expectations. Despite her best efforts to encourage and support them, the societal and legal structures in place create formidable barriers to their progress and dreams. The challenge, then, is not just one of education but of changing deeply ingrained cultural and legal practices that continue to hinder the future of these young girls.

## **4.6 Family Dynamics and Parental Attitudes**

The reaction of parents to early pregnancies in certain communities often leans towards acceptance and even support, reflecting deep-seated cultural values and personal experiences, which is deeply connected to their socio-economic status and the support from the legal system.

The teacher observes, "In most cases, I've seen parents react positively. - I can't recall an instance where a mother was desperate, worried about her daughter's education. Generally, the reactions are either accepting or supportive and positive. Occasionally, a mother might comment that her daughter could have waited a bit longer, but nothing more than that." She emphasized: "I believe this is crucial. This is a significant part of the problem. The level of parental support is crucial." This approach from the parents, which might be rooted in religion, can also come from the misconception that education is not important, as they do not see the outcome of it immediately, due to many discriminations and hardships surrounding their education (e.g.,: poverty and the uneducated parents themselves).

The school nurse echoes this sentiment, highlighting that in these communities, having children is seen as a natural and positive event. "Children are valued, and early childbirth is not seen as a problem. Parents don't seem to be horrified by it. Often, families support their daughters initially. The real issues, such as financial strain, usually arise later when the young couple moves out or continues to live together in the same household. Despite potential financial difficulties and the interruption of education, parents generally don't oppose early pregnancies. They might mention that their daughter could have waited, but they don't see it as a significant issue since they themselves grew up in similar circumstances." It seems that they are following a pattern, or a cycle, as uneducated parents often, due to their circumstances and the lack of help, generate uneducated children. As they reach motherhood easier than education, it becomes a normality. In addition, they do not have awareness of the risk associated with early pregnancy because they have limited access to health care and education.

This narrative underscores the cultural acceptance of early pregnancies in these communities, where traditional values and familial support systems play a crucial role in shaping parents' reactions. The emphasis on the value of children and the normalization of early parenthood often outweighs concerns about education and financial stability.

## **4.7 Role of Acceptance or Stigmatization**

In the narratives the role of acceptance emerged as a key contributing factor as feedback from parents and the community is an important part of stigmatization. What they get from others in manifestation can be an important part of their self-image, their self-worth: if people put someone in a box that they think they can only be in. Therefore, it becomes hard to break out of that box and be more than that.

The teacher notes, "Early pregnancies weren't seen as extraordinary. There was no significant stigma attached. This acceptance, while avoiding ostracism, also made early pregnancies seem like a normal part of life. This normalization, in my view, can encourage the trend because as more students experience it, it becomes increasingly seen as acceptable."

Many young women do not receive adequate support or see positive role models in their communities. According to the teacher, young women often lack support and do not see examples of alternative life paths. She states, "I think the reason is that...there is no support for it, and they do not see a model for it. They see a model for having children and receive support for that. And I think this is the background". This can be understood as the lack of role models in their lives because they are stigmatized for achieving little in the eyes of society.

There is often a sense of inevitability about early motherhood due to social pressures and psychological factors. The primary school teacher discusses the psychological aspects, such as seeking validation or fulfilling familial expectations, particularly in communities where having many children is normalized. She explains, "If we look at the psychological aspect, then obviously it is an achievement that can earn recognition...it can be a kind of pressure from an older man or whoever". There is a social and psychological pressure, which can also be interpreted as the result of acceptance of what others think they are able to achieve.

The school nurse provides a perspective on how the nature of stigma has changed over time. "In the past, they [Roma mothers] were certainly more condemned. Now, from what I see and experience, it's not so much that they are condemned, but they are made to feel like they can't be more than what they are. Nurses, assistants, doctors make snide remarks, but yes, they are looked down upon more and not expected to do better. They don't even talk to them about contraception after giving birth; they get comments like 'you'll be back soon.' I see that they are no longer so condemned but rather seen as only capable of this". This subtle form of

stigmatization, where young mothers are not expected to aspire beyond their current situation, can be equally damaging. It reinforces a cycle of low expectations and limited support.

Education emerges as a fundamental tool in combating early pregnancy and promoting personal development. Providing young people with alternative pathways and role models is essential. As highlighted, "nothing else but education can be the solution," emphasizing the need for models that exemplify the benefits of continued education and delayed childbearing. Parental and community engagement is crucial in reinforcing the value of education and responsible parenthood. Involving parents early and educating them about their influence and responsibilities can shift cultural norms and expectations surrounding early pregnancy. Schools must be equipped with additional support personnel, such as therapists, psychologists, and special education teachers, to address the diverse needs of students effectively. The current lack of resources underscores the necessity for a more robust support system within educational institutions. Early and consistent intervention through educational programs is essential. Integrating family life education and assertiveness training into the school curriculum, alongside ongoing parental education, can better prepare young people for the future. Open discussions about sexuality are necessary to educate young people about safe sexual practices and the implications of early pregnancy. Breaking the cultural taboo around sex is crucial for effective education. Making contraception accessible and affordable can significantly reduce unwanted pregnancies. Ensuring that these resources are readily available and free encourages their use. A systemic approach involving state-level interventions is required to address the broader social issues contributing to early pregnancy and poverty. Reforming family policies and providing comprehensive social support are essential steps. Despite these efforts, significant challenges remain. Issues such as maintaining community respect, addressing drug abuse, and providing consistent follow-up and support for young parents highlight the complexities of intervention efforts. Addressing early pregnancies among Roma girls in

Hungary requires a multifaceted approach that integrates education, community involvement, comprehensive support systems, and systemic interventions. Overcoming the cultural, legal, and resource-related barriers is essential for creating an environment where these young girls can make informed decisions about their futures.

## **CHAPTER 5 – Policy Recommendation**

### **6.1 Comprehensive Sex Education**

The World Health Organization (WHO) stresses the importance of comprehensive sexuality education (CSE) as it provides young people with accurate, age-appropriate information about sexuality and their sexual and reproductive health, which is critical for their health and survival. The United Nations recommends that these programs be scientifically accurate, tailored for different ages, and comprehensive, covering a range of topics throughout childhood and adolescence. This research emphasizes that many young Roma girls lack basic knowledge about sexual health and contraception, which contributes to early pregnancies. The school nurse highlights that students are aware of sexual topics but lack understanding of the consequences and responsibilities associated with sexual activity. This gap underscores the urgent need for comprehensive sex education that addresses both biological and emotional aspects of sexuality. The recommendation would be to implement compulsory and comprehensive sex education in all schools, led by trained professionals, starting from a young age and tailored to cultural contexts, including the specific needs of Roma girls and boys. In areas where early pregnancy numbers are high, parents should be also involved in consultations. Addressing early pregnancy and promoting continued education among Roma girls in Hungary requires a multi-pronged strategy. This includes comprehensive sex education led by trained professionals, starting early and tailored to cultural needs; legal reforms to prohibit forced, early, and child marriages and restore the compulsory school age to 18; engaging parents and the community to reinforce the



value of education and responsible parenthood; providing accessible resources such as contraception to prevent unwanted pregnancies; enhancing support systems within educational institutions to address special needs and ensure early and continuous intervention; and systematic and state-level interventions to address broader social issues contributing to early pregnancy and poverty. The combined efforts of education, legislative changes, community engagement, and resource availability will create a supportive environment that empowers Roma girls to make informed decisions about their futures, reducing the rates of early pregnancies and improving their overall quality of life.

## **6.2 Changing Legal Regulations Concerning Early Marriage and Compulsory School Participation**

Hungary's legal age of marriage is eighteen, but legal gaps make adolescents vulnerable to forced, early, and child marriages. Furthermore, international standards recommend keeping children in school until at least 18 to reduce dropout rates and improve future opportunities. This research highlights that early marriage remains prevalent within Roma communities, contributing to cycles of disadvantage. The social worker's account indicates that early marriage is often used as a legal convenience to relieve child welfare offices from responsibility, rather than addressing the underlying issue. Lowering the compulsory school age to 16 has led to higher early leaving rates, particularly among Roma girls, who face increased pressures to marry and have children early. The suggested action would be to amend the legal framework to explicitly prohibit forced, early, and child marriages, and restore the compulsory school age to 18 years to reduce early school leaving rates and associated societal challenges.

# CHAPTER 6 – Conclusion

## 6.1 Summary of the Research

This thesis has explored the pressing issue of preventing early pregnancies among Roma girls in Hungary. The findings underscore the multifaceted nature of this issue, rooted in socio-economic disadvantages, limited access to comprehensive sex education, cultural norms surrounding early marriage, and systemic inadequacies within the education and healthcare systems.

The research highlighted the significant impact of socio-economic status on early pregnancies. Many Roma girls come from disadvantaged backgrounds, facing poverty, limited educational opportunities, and poor living conditions. These socio-economic factors limit their prospects and support systems, contributing to early pregnancies as a perceived viable option for stability and social acceptance.

The prevalence of early marriage within Roma communities, often influenced by traditional gender roles and legal conveniences, perpetuates cycles of disadvantage. The narratives from the teacher and social worker emphasized how early marriage is often seen as a necessary step following pregnancy, driven by legal and cultural pressures rather than the well-being of the young girls involved.

The lack of comprehensive sex education emerged as a critical factor. The inadequacies in the current system, compounded by recent legislative changes that restrict access to comprehensive sex education, leave many young girls uninformed about contraception and reproductive health. This gap in knowledge increases the likelihood of early pregnancies.

Family dynamics and parental attitudes also play a crucial role. The generally accepting or supportive reactions of parents to early pregnancies, often rooted in similar personal experiences and cultural norms, highlight the need for community engagement and education to shift these perspectives.

The recommendations proposed in this thesis advocate for a comprehensive approach to address these challenges. Implementing compulsory and comprehensive sex education tailored to cultural contexts, amending legal regulations to prohibit forced early marriages, and restoring the compulsory school age to 18 are pivotal steps. Additionally, engaging parents and the community, providing accessible contraception, and enhancing support systems within educational institutions are essential to creating a supportive environment for Roma girls.

By addressing these systemic disparities through targeted and inclusive policies, it is possible to reduce early pregnancies among Roma girls in Hungary, thereby improving their educational and economic prospects and overall quality of life.

## **6.2 Limitations of the Research**

Several limitations of this research must be acknowledged. Firstly, the study focused primarily on Roma girls, excluding the perspectives of young Roma fathers, which would provide a more comprehensive understanding of the issue. The experiences and roles of young fathers are crucial in understanding family dynamics and the broader social context of early pregnancies.

Additionally, the study did not include direct input from young Roma mothers, as initial attempts to interview them were unsuccessful. Their experiences would have provided valuable insights into the personal and socio-cultural dynamics influencing early pregnancies. Future research should strive to incorporate the perspectives of both young fathers and mothers to develop a more holistic understanding of early pregnancies within Roma communities. These

limitations also highlight the need for further research that includes a wider range of voices and experiences to inform more effective and inclusive prevention strategies.

## Reference List

- Balázs, P., Greczser, A., Rákóczi, I., & Foley, K. L. (2024, March 27). Koraszülő Roma és nem roma nők összehasonlítása Szabolcs-Szatmár-Bereg Megyei adatok alapján. *Medical Online*. [https://medicalonline.hu/nogyogyaszat/cikk/koraszulo\\_roma\\_es\\_nem\\_roma\\_nok\\_osszehasonlitasa\\_szabolcs\\_szatmar\\_bereg\\_megyei\\_adatok\\_alapjan](https://medicalonline.hu/nogyogyaszat/cikk/koraszulo_roma_es_nem_roma_nok_osszehasonlitasa_szabolcs_szatmar_bereg_megyei_adatok_alapjan)
- Béki, O. (2013). A serdülőkori gyermekvállalás lehetséges okai egy cigánytelepen. *Belvedere Meridionale*, 25, 117-129. 10.14232/belv.2013.3.8.
- Durst, J. (2001). „Nekem ez az élet, a gyerekek” – Gyermekvállalási szokások változása egy kisfalusi cigány közösségben. *Századvég*, 6.
- Durst, J. (2006) Kirekesztettség és gyermekvállalás. A romák termékenységeinek változása néhány „gettósodó” aprófaluban. (Doctoral dissertation, Budapesti Corvinus Egyetem)
- European Commission, Directorate-General for Education, Youth, Sport and Culture, *Education and training monitor 2022 – Hungary*, Publications Office of the European Union, 2022, <https://data.europa.eu/doi/10.2766/321840>
- European Union Agency For Fundamental Rights. (2019). *Second European Union Minorities and Discrimination Survey Roma women in nine EU member states* (ISBN 978-92-9474-594-1). Publications Office of the European Union. <https://doi.org/10.2811/127019>
- Fejzula, S. (2014). *The ideology behind the image: the representation of Romani women in the contemporary visual media* [MA Thesis]. Central European University.
- Gyenei, M. (1998). A „stratégiai gyerek. *Népszabadság*.
- Gyukits, Gy. (2003). Gyermekvállalás a nagyvárosi szegény negyedben élő fiatalok roma nők körében. *Szociológiai Szemle*, 2. 59–83.
- Husz, I. (2011) Alacsony végzettség - sok gyerek? A magas termékenység néhány területi és etnikai aspektusáról. *Demográfia*, 54.1. 5-22
- Orton, L., & De Cuevas, R. M. A. (2019b). Roma populations and health inequalities: a systematic review of multiple intersecting determinants. *European Journal of Public Health*, 29(Supplement\_4). <https://doi.org/10.1093/eurpub/ckz186.662>
- Dumitru, M., Chirea, G., Punga, A. R., Ciobotariu, G., & Boda, D. (2014b). Reproductive health and sexual behaviour among Roma communities in Romania. *European Journal of Public Health*, 24(suppl\_2). <https://doi.org/10.1093/eurpub/cku162.029>
- Neculau, A., Neguț, D., Văcaru, M., & Vladu, C. (2022). *Policy framework to prevent teenage pregnancy and its Consequences*. UNICEF. <https://www.unicef.org/romania/media/10756/file/Policy%20framework%20to%20prevent%20teenage%20pregnancy%20and%20its%20consequences.pdf>
- Neményi, M. (1999) Biológia vagy kultúra? Termékenységgel kapcsolatos szerepviselkedések a roma nők körében. In Kemény, I. edition: *A cigányok Magyarországon*. MTA. 103-136.

Part, K., Moreau, C., Donati, S., Gissler, M., Fronteira, I., & Karro, H. (2013). Teenage pregnancies in the European Union in the context of legislation and youth sexual and reproductive health services. *Acta Obstetricia Et Gynecologica Scandinavica*, 92(12), 1395–1406. <https://doi.org/10.1111/aogs.12253>

United Nations Population Fund [Eastern Europe and Central Asia Regional Office]. (2012). Adolescent pregnancy in Eastern Europe and Central Asia. In <https://eeca.unfpa.org/>. UNFPA. [https://eeca.unfpa.org/sites/default/files/pub-pdf/Adolescent\\_pregnancy\\_in\\_Eastern-Europe\\_and\\_Central\\_Asia\\_0.pdf](https://eeca.unfpa.org/sites/default/files/pub-pdf/Adolescent_pregnancy_in_Eastern-Europe_and_Central_Asia_0.pdf)

Varga-Tóth, A., dr., Németh, G., dr., & Paulik, E., dr. (2019). A szexuális nevelésről orvosi szemmel a hazai adatok és a nemzetközi irányelvek tükrében. *Orvosi Hetilap*, 160(13), 494–501. [https://doi.org/10.1556/650.2019.31359\\_650-article-p494.pdf](https://doi.org/10.1556/650.2019.31359_650-article-p494.pdf)

Wilson, E., Dalberth, B., Koo, H. P., & Gard, J. (2010). Parents' perspectives on talking to preteenage children about sex. *Perspectives on Sexual and Reproductive Health*, 42(1), 56–63. <https://doi.org/10.1363/4205610>

World Health Organization. (2012). *Early marriages, adolescent and young pregnancies: Report by the Secretariat*. [https://apps.who.int/gb/ebwha/pdf\\_files/WHA65/A65\\_13-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_13-en.pdf)



## 6 Appendices

### For Teacher

1. Can you please introduce yourself, and your “role” in your local community?
2. Could you provide some insight into the student body and the type of school environment? (e.g., student demographics, key challenges in education)
3. Have you encountered instances of early pregnancies among students, particularly among Roma girls? If so, where and with what frequency?
4. Where did you encounter early pregnancy? (ratio of Roma girls)
5. How frequently did you encounter with it?
6. How old were the girls?
7. How did the school (teacher, peers) react? Like what is happening with a student who experiences EP and what the school is obliged to/must do? Opportunities for getting back to school, addressing stigma, etc.?
8. Is there anybody to whom girls can turn, if not in school, where and to whom?
9. What do you think, what can be the underlying factors or causes of early pregnancy?
10. How did you perceive the parents’ reactions? (mother and father’s side)
11. Have you encountered instances where Roma students felt pressured within their community regarding early pregnancies? If so, how did they cope with it?
12. From your observations, what role does family support play in addressing early pregnancies among Roma girls, particularly concerning aspects such as academic performance, attendance, and home care?
13. How do you perceive the role of family support in early pregnancies among Roma girls?
14. Were any cases where there was marriage before or after the pregnancy? Example (early marriage)
15. Could you share any observations or experiences you've had regarding sex education within the Hungarian educational system?
16. In your opinion, what challenges do Roma girls face in accessing comprehensive sex education?



17. What do you think can be done to support Roma girls in preventing early pregnancies, and who do you believe should take action? Additionally, has anyone within the school management raised concerns or initiatives regarding this issue?

### **For Social Worker**

1. Can you please introduce yourself? (Where do you work, what is your role within your organization)
2. From your perspective, what are the primary challenges in preventing early pregnancies among Roma girls in Hungary?
3. How do you think societal attitudes and stereotypes contribute to the issue of early pregnancies within the Roma community?
4. What support systems or interventions do you believe are effective in addressing early pregnancies among marginalized communities? (if not mentioned: sex education, mentor, access to health care)
5. In your experience, how receptive are Roma families as compared to general Hungarians to discussions about sexual health and contraception?
6. How aware were you of the possible consequences when you got pregnant? And what do you think the consequences are? What role do you see for schools and educational institutions in mitigating the risks of early pregnancies among Roma girls?
7. Is there any additional insight or perspective you would like to share regarding early pregnancies?

### **For School Nurse**

1. Could you please introduce yourself and your role as a school nurse within your community?
2. Can you describe the healthcare services available to students within the school environment, particularly regarding sexual and reproductive health?
3. Have you encountered instances of early pregnancies among students, specifically among Roma girls, during your tenure as a school nurse?

3. How do you identify and provide support to students who may be at risk of or are experiencing early pregnancies?
4. What are the common health concerns or challenges associated with early pregnancies that you observe among Roma girls in your school?
6. What actions or protocols does the school have in place to support pregnant students, particularly Roma girls, in terms of healthcare, counseling, and education continuation?
5. How do you address stigma surrounding early pregnancies within the school environment, and what strategies do you employ to ensure a supportive atmosphere for affected students?
6. Can you describe any collaborative efforts between the school health services, teachers, and other stakeholders in addressing early pregnancies among Roma girls?
9. What role do you believe comprehensive sex education plays in preventing early pregnancies among Roma girls, and how is it integrated into the school's curriculum or health programs?
7. In your opinion, what additional preventive measures or resources could be implemented within the school community to reduce the incidence of early pregnancies among Roma girls?
8. How do you engage with Roma families to promote awareness of sexual and reproductive health issues, including the importance of preventing early pregnancies?
12. From your experience, what are the primary challenges or barriers in providing effective support and preventive measures for early pregnancies among Roma girls?
9. Are there any successful initiatives or strategies you've implemented or witnessed that effectively address early pregnancies within the Roma community? If so, can you describe them?
14. What do you see as the future direction or potential improvements in addressing early pregnancies among Roma girls within the school setting, and how do you envision your role evolving in this regard?
10. Is there any additional insight or perspective you would like to share regarding the intersection of healthcare and education in preventing early pregnancies among Roma girls?