

A PRONATALIST PARADOX?
(UN)CERTAINTY AND CHOICE IN MIDDLE-CLASS WOMEN'S REPRODUCTION
UNDER PRE-EMPTIVE PRONATALISM IN POST-2010 HUNGARY

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Submitted to
Central European University
Department of Gender Studies

In partial fulfilment of the degree of Master of Arts in Critical Gender Studies

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Vienna, Austria

2025

AUTHOR'S DECLARATION

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Vienna, 2 June 2025
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Abstract

Since 2010, the Hungarian family policy has undergone a marked shift toward selective and financialized pronatalism, where state support for families is increasingly conditional on childbearing promises and traditional family forms. While critical literature has identified the illiberal and exclusionary nature of these policies, less is known about how they are experienced by women who are included—those deemed eligible for pre-emptive reward schemes such as the CSOK housing subsidy and Babaváró Loan (BL).

Through a qualitative analysis of 14 semi-structured in-depth interviews with middle-class mothers living in Pest County, this thesis examines how women's reproductive decision-making and intimate lives are shaped by pronatalist imperatives. I argue that the decision to take up these schemes is not a one-off choice, but the beginning of a long-term entanglement with the pronatalist state—one that is financial, contractual, and deeply uncertain. While CSOK and BL are framed as generous support systems to help achieve reproductive plans, I show that they operate as pre-emptive pronatalist instruments, binding an array of reproductive choices to financial obligations in ways that limit women's ability to change their minds. Far from alleviating uncertainty around reproduction and care, these policies often deepen it, requiring women to unevenly bear the consequences of long-term decisions made under pressure.

Rather than focusing on its exclusionary nature, this thesis challenges Hungary's contemporary pronatalism through an exploration of the costs of inclusion—revealing how even among the 'deserving' middle class, access to choice is stratified. Women's experiences differ sharply depending on their proximity to other intersecting sources of vulnerability, such as chronic illness, unstable income, (in)fertility, or dependence on a spouse. Ultimately, I argue that these financialized family policies repurpose their reproductive trajectories into tools of pronatalist surveillance that entrench state presence in the most intimate aspects of life: where and with whom one lives, how many children one has, and when. Through a critical account of Hungary's expanding pre-emptive pronatalism, this thesis sheds light on how illiberal states extract compliance not through overt force but through the quiet coercion of conditional support and normative rewards.

Acknowledgements

My deepest gratitude goes to the women who took time to speak with me, let me into their homes and trusted me with their worlds: your openness and honesty has, not only made this research richer than I could have imagined, but also helped me feel closer to where I come from.

I would also like to thank my supervisor, Éva Fodor, for her insightful feedback and patience with me (and my convoluted sentences). Our discussions across countless bilingual meetings helped me greatly in organizing my ideas and encouraged me to keep going.

Thank you to my incredible support network of intelligent women. Sasha, your radical positivity and encouragement in the hardest moments is the light in all our friendships. And, Clémentine, thank you for coming up to me on our first day here, and remaining by my side ever since. This thesis would look very different—or may not exist at all—without you.

To my partner Anton, your genuine excitement about my topic has helped me believe in it and remain excited myself. Thank you for the time you have put into reading my work at its worst and the endless patience and care you have for me (at my worst).

Thank you to my family. My dad and my sister, my fellow perfectionists, you are the reason I set my standards so high. And, to my mother to whom I dedicate this thesis, *a lelkes segítséged és a belém, valamint kutatásomba vetett végtelen bizalmaid képezi szakdolgozatom legmélyeb alapját. Hálás vagyok minden beszélgetésért, amik kislány korom óta segítenek eligazodni önmagamban és a világban, minden költözésért és bizonytalan nagy változásért, amik során te voltál a megtörhetetlen biztos pont, és legfőképpen minden áldozatért, amit a családukért hoztál—bárcsak kevesebb lett volna belőlük.*

Table of Contents

Introduction.....	1
Chapter 1: Contextualising Hungarian Pronatalism: from politics to policy	4
1.1 The birth of a ‘Hungarian social policy consensus’	4
1.2 Family Policy as (Illiberal) Politics.....	5
1.3 Pre-emptive Pronatalist Schemes: CSOK and Baby Loan.....	6
1.4 Conclusion.....	9
Chapter 2: Literature Review.....	10
2.1 Introduction	10
2.2 Evaluating Pronatalism and its Tools: disciplinary currents in the Hungarian literature	11
2.3 Theoretical Framework	17
Chapter 3: Methodology	22
3.1 Data Collection: a care-based approach to interviewing women.....	22
3.2 Data Analysis	23
3.3 Motivations and Positionality.....	24
Chapter 4: Mapping the Role of Uncertainty in Women’s Reproductive Lives	26
4.1 Introduction	26
4.2 Reproductive uncertainty: risky state involvement in embodied experiences	27
4.3 Institutional uncertainty: navigating contradictions between policy and practice	37
4.4 Conclusion.....	45
Chapter 5: The Financialization of Reproductive Choice(s) through CSOK and Baby Loan.....	47
5.1 Introduction	47
5.2 Pre-emptive pronatalism as source/‘solution’ to reproductive risks?	48
5.3 Needing vs taking advantage of pronatalism: inequalities between families.....	51
5.4 Carrying the burden of (un)certainty: inequalities within families	54
5.5 Conclusion.....	58
Chapter 6: Navigating Pronatalist State Involvement: Between Strategy and Hope.....	60
6.1 Introduction	60
6.2 Klaudia – becoming the ‘winner’ of pronatalism.....	61
6.3 Berta – hoping “with a gun to our heads”	64
6.4 Conclusion.....	67
Conclusion	69
Appendices	72
Bibliography	80

List of Abbreviations

ART	Artificial Reproductive Technology
BL	Baby-expecting Loan/Babaváró Hitel
CEE	Central Eastern Europe
CSOK/CSOK+	Családi Otthonteremtési Kedvezmény/Family Homemaking Subsidy
FIDESZ	Fiatal Demokraták Szövetsége/Hungarian Civic Alliance
GYED	Gyermekgondozási Díj/Childcare Allowance
GYES	Gyermekgondozási Segély/Childcare Benefit
GYET	Gyermekek Nevelési Támogatás/Child-raising Support
IVF	In Vitro Fertilization
KDNP	Kereszténydemokrata Néppárt/Christian Democratic People's Party
KINCS	Kopp Mária Intézet a Népesedésért és Családokért/Mária Kopp Institute for Demography and Families
LGBTQ+	Lesbian Gay Bisexual Transgender Queer+
OEP	Országos Egészségbiztosítási Pénztár
SZOCPOL	Szociálpolitikai Kedvezmény/Social Policy (housing) Subsidy

Introduction

Having children is a private matter, a family issue, into which we cannot interfere. Our task is to [...] provide security and predictability for the entire life course of the family.

– Ágnes Hornung, *State Secretary for Family Affairs between 2022–24*¹

In his 2019 ‘State of the Nation’ address Hungarian prime minister, Viktor Orbán, announced the ‘Family Protection Action Plan’ (Családvédelmi Akcióterv; hereafter FPAP) which promised a variety of bolsters and expansions to the existing cluster of family support policies (Inglot et al., 2022). The seven-point list (see Appendix 1) included the introduction of its flagship measure, the baby-expecting loan (‘Babaváró Hitel’; hereafter Baby Loan/BL) designed for young married couples planning to have children, and an expansion of CSOK (Családi Otthonteremtési Kedvezmény), a house-buying/building subsidy and fixed-rate mortgage which may be claimed pre-emptively on ‘promised’ children. Both apply a clear pronatalist financial incentive that the more children you have, the more financial support you receive or “the less money [you] have to pay back” (Bajnay, 2022). Alongside the FPAP, the state has also taken interest in influencing women’s reproduction through nationalizing fertility care and IVF under the slogan that ‘all planned babies must be born’ (Szekulesz, 2022) and introducing new regulations to strengthen the surveillance of the choice to have an abortion (i.e. the ‘heartbeat law’) (Pető & Svégel, 2024). In stark contrast to the words of Ágnes Hornung, having children in Hungary is far from a *private matter*, and the state *can* and does interfere in family life. It is in these interferences that Hungarian women’s reproductive plans and choices are becoming increasingly fragile and the underlying logic of Fidesz’s pronatalism is becoming increasingly evident: lucrative family policies are designed, not to protect reproductive choice but to reward and regulate reproductive commitments. My thesis, based on data from in-depth interviews with Hungarian mothers who have taken either the CSOK or BL, explores the following research question: How are middle-class women’s reproductive choices shaped by pronatalist family policy in post-2010 Hungary?

To aid my analysis I have developed the concept of pre-emptive pronatalism. This pronatalism goes beyond the political and “social bias toward having children” (Purdy, 2019: 113) and captures Fidesz’s concrete policy-orientation which embeds reproductive planning into a

¹ In an interview with Anikó Szűcs (2023) produced for Család.hu

variety of financial ‘opportunities’ for families. What makes it *pre-emptive* is that couples can claim state subsidies and financial support in anticipation of having children if they agree to follow a certain model of family life (Kramarics, 2023). The symbolic nationalist efforts to frame women’s childbearing as a public duty, crucial for addressing a ‘demographic crisis’ or even ‘population replacement’, are well researched (see for example Zimányi, 2020; Melegh, 2019). However, in this thesis I argue that pre-emptive pronatalist policies represent a more substantive and explicitly intrusive effort to achieve these ends. The CSOK and the Baby Loan instrumentalize middle-class Hungarians’ desire for financial resources, *security and predictability*, as a way of embedding not only demographic goals in women’s access to social citizenship, but also normative life course expectations and the unequal burden of reproductive and care roles (Fodor, 2022).

The intentional emphasis on choice and decision-making in my thesis forefronts how the state responsibilizes women on multiple fronts holding them (financially) accountable not ‘simply’ for reproducing ‘the nation’, but for managing the deep-seated uncertainties involved in doing so. The concept of ‘reproductive choice’ itself, which has come to signify the ‘right to choose’ colloquially and in (liberal) feminist accounts (Petchesky, 1980; 1990), takes on a different meaning under Hungary’s pre-emptive pronatalist model. Rather than signifying access to contraception or safe and legal abortion², it denotes a complex set of choices about avoiding financial insecurity, addressing housing needs, and making care arrangements in exchange for (temporary, selective and highly capricious) loans, mortgage grants, and tax exemptions which promote ‘free’ consumption (Geva, 2021). These choices under schemes like CSOK and BL become an integral part of the ‘reproductive’. As pre-emptive pronatalist support is contingent on a *certainty* around reproductive plans, the ways in which women make sense of and manage *uncertainty* in their decision to enter CSOK and BL contracts are also critical for understanding their relationship with the pronatalist state. Therefore, the central research question of this thesis is complicated by a further two sub-questions: 1) what is the role of uncertainty in the relationship between women and the pronatalist state, and 2) how do women navigate state involvement in their intimate choices under the CSOK and Baby Loan schemes?

² Though these aspects of reproduction are also precarious in Hungary. Contraception is not covered by state insurance and abortion, while legal, has come under increased surveillance as mentioned above.

My thesis is structured across six chapters. In Chapter 1, I begin with an overview of the Hungarian pronatalist context, briefly tracing its policies historically and along conflicting political interests. I then introduce symbolic and concrete aspects of family policy under Fidesz and describe the terms and conditions through which CSOK and BL attempt to influence Hungarians' childbearing intentions. Chapter 2 offers a cross-disciplinary review of the literature evaluating these schemes and pronatalism more generally. Importantly, I highlight the gap in research which expands critique beyond the 'ineffectiveness' and exclusionary logics of pronatalist policies and outline the contribution of my thesis which instead challenges state pronatalism from the perspective of the so-called 'winners' of these schemes. I then offer a theoretical framework through which I understand key concepts of my research such as reproduction and state involvement in its 'choices', uncertainty, and risk. I conclude this chapter with a theoretical note on how I approach researching the 'middle class' through an intersectional lens. This leads me to Chapter 3, in which I describe my in-depth semi-structured interview method, outline my combined approach borrowing from the toolboxes of thematic and narrative analysis, and reflect on how I mitigated my positionality across the research process. I then present my findings and develop my argument across three analytical chapters: first, in Chapter 4, I map out the role uncertainty played in women's overall reproductive experiences, highlighting various contradictions that mediate (and maintain) women's vulnerability in their relationship with the pronatalist state. Then, in Chapter 5, I analyse my participants' experiences using CSOK/Baby Loans and the diverse roles these financial incentives played in how women made sense of their decision to take them. I discuss the classed and gendered implications of what I see as the financialization of reproduction under these schemes. Finally, in Chapter 6, I conclude my analysis through a closer look at the narratives of two women whose stories effectively illustrate how the financialised logics of pre-emptive pronatalism—and the (un)certainty it is built upon—shape eligible women's reproductive choice(s) very differently along axes of financial need, fertility, health, and age.

Chapter 1: Contextualising Hungarian Pronatalism: from politics to policy

1.1 The birth of a ‘Hungarian social policy consensus’

Policymaking based on concerns over the size and makeup of the Hungarian population is not a novelty and contemporary anxieties about a shrinking population can be traced back to the interwar period in 20th century (Pető & Juhász, 2024; Sándor, 2013). Its harshest measures involved a brief abortion ban during the notorious ‘Ratkó Era’, which influences the demographic composition of the country to this day (Melegh, 2019). While this Stalinist restriction of abortion was short-lived, it has left a legacy of pronatalist surveillance traceable to current abortion regulation which continues to make pronatalist attempts at influencing women’s reproductive decision-making (Pető & Juhász, 2024; Rutai, 2022).

In the 1960s the approach for addressing population concerns shifted. In what Inglot and colleagues (2022: 108) call the second phase of family policy modernisation, “the majority of policy programs, such as [flat rate] maternity leave, family allowances, the birth grant, kindergarten services, and urban nurseries” were introduced as an attempt to “lessen the financial burden on mothers and relieve them of the double duty of work inside and outside of the home” (ibid: 111). These efforts were consistently expanded throughout the 1970s and 80s including an extension of universal flat-rate parental leave (GYES) to 3 years and the introduction of a new earnings-related version of leave pay (GYED). A housing benefit known in short as ‘szocpol’ (Szociálpolitikai Támogatás) was also established, a pronatalist reward which signified a move beyond maternalist orientation and encouraged (better-off) families preemptively on the basis of ‘promised’ children (ibid). Arguably, these additions were the first signs a selective pronatalism that served to “institutionalize inequalities and develop a new type of pronatalism supporting ‘higher-quality’ parents (i.e., better-educated and better-paid) as opposed to ‘less educated’ parents” (Melegh, 2019: 168).

Even through the longwinded post-socialist transition and the country’s socioeconomic transformations following 1989, the pronatalist welfare state showed “astonishing resilience” having become the “very core of the Hungarian social policy consensus” (Inglot et al., 2022: 23; 130). As such, the brief austerity-driven curtailment of family policy programs in the 1990s left its mark on how Hungarians approached state involvement in their family life (ibid.).³ The

³ E.g. lengths of GYES reduced and means-tested, GYED abolished, means-testing introduced for various other provisions.

‘risk’ associated with intrusions of the state under state-socialism shifted to “uncertainty and untrustworthiness of state action” exacerbated by a new “insecurity of markets and employment” (Gal & Kligman, 2000: 69).

Enter Fidesz. Led by young Viktor Orbán, the party in their first term (1998-2002) reversed all austerity measures which had “disproportionately affected Hungarian middle- and upper-class families”. Strategically leaning into an established ‘family-protection’ narrative, 12 years before the start of their current regime Fidesz set the precedent for pronatalist family policy serving crucial political support imperatives and established the groundwork for their current regime.

1.2 Family Policy as (Illiberal) Politics

1.2.1 ‘Family(-protection)’ not Welfare

When Fidesz returned to power with KDNP as part of a governing coalition, the “‘middle class’ was collapsing” yet again, following austerity efforts to mitigate the 2008 economic crisis (Melegh, 2019: 169). For a second time, “the government wanted to be its ‘savior’” (ibid), reversing various attempts at limiting GYED, and replacing a child poverty agenda with upward redistribution initiatives and reforms such as the removal of an upper ceiling on the family (income-)tax allowance (Szikra, 2018b). Fidesz’s family-orientation was (legally) crystallised by their symbolic move to include a definition of the Hungarian ‘traditional family’ in the renewed Fundamental Law introduced in 2011 (Inglot et al., 2022). In the same year, the Family Protection Act was added to the ‘cardinal law’ asserting that “the promotion of families is distinct from the system of social provision for the needy. The state provides support primarily to the responsible upbringing of children” (cited in Szikra, 2018b: 8). This formal separation between pro-family (and pro-natalist) support and welfare-oriented social assistance, foreshadows an array of policies through which Fidesz has been driving a wedge between these two realms and unevenly supporting its reproductive citizens. As such, Fidesz’s ‘family protection’ orientation is not only a legacy of a previous regimes, opportunistically used to gain popular support, but part of a larger illiberal project which distinguishes between ‘deserving’ and ‘undeserving’ Hungarians, rewards ‘traditional families’ and uses redistribution for regulatory ideological ends (Lendvai-Bainton & Szelewa, 2020; Szikra, 2018b; Szikra, 2024).

1.2.2 *Family not Gender*

A key ‘threat’ from which families need ‘protecting’ in anti-liberal Hungary is what Fidesz have labelled ‘gender ideology’ “which supposedly threatens ‘traditional families’, children’s identity, and overall, the future of Europe” (Kováts, 2020: 76). This is part of a broader anti-gender movement characterised by “a right-wing opposition to gender equality and feminism” along with liberal values more broadly (Korolczuk & Graff, 2018: 798). In Hungary, ‘family-mainstreaming’ has entirely substituted gender equality as an axis of social policy, “relegat[ing] all women’s issues to a small unit under the Secretariat of Family Affairs” (Szikra, 2024: 17). On the concrete level, with mostly gender-neutral care/leave policies, and the ‘family unit’/married couples as the targets of tax allowances and lucrative loan schemes, the question of gender roles and women’s uneven reproductive and care burden are increasingly hard to discern. Fodor (2022: 41) describes post-2010 Hungary as a ‘carefare’ regime under which “social citizenship claims [...] are conditioned on a combination of criteria related both to formal employment and to unpaid care work done within a married couple family”. The contradiction, or ‘care crisis’, this poses is managed through an “intensification of women’s domestic care load through its all-encompassing pronatalism which [also] ties social citizenship rights to having children yet offers highly selective state support for the long-term work of caring for small children” (ibid: 3). A crucial tool of ‘carefare’ are (selective) pronatalist family policies, among them the CSOK and Baby-expecting Loan schemes.

1.3 **Pre-emptive Pronatalist Schemes: CSOK and Baby Loan**

Today, upwards of 3% of Hungary’s total GDP goes towards family policy initiatives (Inglot et al., 2022), with pro-Fidesz publications claiming rates as high as 5% (Fűrész & Molnár, 2022). This budget spans an array of policies (see Framework in *Appendix 2*) including both universal and insurance-based support, subsidies from housing to car-buying, and even incentives targeting age groups from recent graduates to pensioners. While what ‘counts’ as pronatalist may be contested, I have applied a broad list of pronatalist approaches compiled by Heitlinger (1991) to demonstrate the omnipresence of pronatalist thinking in Hungarian policymaking (see *Appendix 3*). The author differentiates between “coercive policies limiting access to abortion” and non-coercive policies including “facilitative measures associated with the social protections of motherhood” (e.g. the birth grant, parental leave) and “‘positive’ fiscal incentives” (e.g. family founding loans, tax reductions/exemptions) (ibid: 353). Under Hungary’s far-reaching family policy package mothers generally have simultaneous

experiences with various ‘types’ pronatalist family policies and schemes schemes. As such, my research is interested in how all these different pronatalist tools work with and against each other in constructing women’s reproductive choices and subsequent (life) trajectories. I centre my analysis on women’s experiences with two pronatalist ‘fiscal incentives’ that have become emblematic in Fidesz’s family policy and for which the “middle class is cultivated as a critical beneficiary” (Geva, 2021: 75): the CSOK housing subsidy/loan and the Baby-expecting Loan.⁴ Both define not just the ‘ideal’ socio-economic status of a family, but the ‘ideal’ age at which a woman should start having children and even the ‘ideal’ timing between births. Moreover, on the other side of the high financial advantages they offer are even higher penalties for non-compliance (Nova, 2019).

1.3.1 CSOK

The CSOK was first introduced in 2015 as a rebranded and reimagined version of the “unpopular” ‘szocpol’ scheme which had been cut by the previous government and briefly re-introduced by Fidesz (Palkó, 2015). The assistance includes a lump sum state support deduced from the price of a new-build or used property along with an optional subsidized loan which offers families a 3% fixed rate mortgage (with a ten-year minimum and twenty-five-year maximum term) (Portfolio.hu, 2023). To be eligible at least one half a couple must have a constant 2-year state insurance status. The amount of the grant varies along how many children a couple has or ‘promises’ to have. For families who committed to having three children (including both existing and planned children) and purchased a new home this may be up to a ten million HUF (currently, equivalent to around 25,000 euros) non-repayable grant. Alongside this, the fixed-interest loan of the same value may be requested which began as an exclusive benefit for large families with three or more children moving into new homes but overtime was expanded to families of two as well as used properties. Another advantage of the scheme was home-buyers exemption from property acquisition tax (‘vagyonyszerzési illeték’). Couples who claim the support pre-emptively, on ‘planned children’ (‘vállalt gyermek’), must be married, and at least one spouse under the age of forty. Depending on the number of planned children,

⁴ Since first establishing the focus and design of my research project in 2023 and even since the beginning of my fieldwork in Summer 2024, these and a range of other pronatalist schemes available within the Hungarian family support system have been reformed, changed, scrapped, or replaced entirely by new schemes. This has not only meant that most of the benefits discussed by my participants either no longer exist in their original form (CSOK) or would no longer be available to them (mostly due to new age restrictions), but that when providing details of the policy I attempt to account for the constant reforms and adjustments made by the state. In my overview I only include changes made until 2024 for the sake of relevance to my participants experiences.

families have to four to ten years to fulfil the requirement.⁵ You are also contractually obligated to reside in the house bought using CSOK for ten years. This includes an embargo on selling the home in this period. If a family wants to buy a larger, more expensive this is possible after 5 years. Families who do not meet the ‘deadline’, break this embargo, or whose divorce leads to children leaving the property that the grant/loan is taken on, must repay the assistance received (including retrospective penalty interest if promised children were not born) in full within 120 days (portfolio.hu, 2023). The FPAP offered significant expansions of terms and size of the CSOK loan. The ten million HUF loan was expanded to families of two buying used homes and the loan for three children was raised to fifteen million forints (Jelzálog.com, 2024). According to Fidesz, between 2015 and 2023, over 230,000 families received the CSOK grant. Tellingly, there is no available data on how many people have been penalised and forced to repay the support they received due to non-compliance (Pál, 2023).

1.3.2 Baby Loan

Another form of pre-emptive family assistance, the Babaváró (‘baby-expecting’) Loan, was introduced in 2019, designed specifically with freshly married childless heterosexual couples in mind (seeing that same-sex marriage and adoption by a same-sex couple are both illegal). This is an open-use interest-free loan of up to 10 million forints⁶ with three main stipulations: the wife must be under the age of 41 (this has been restricted to 30, unless the wife is already pregnant at the time of loan agreement, and most recently raised again to 35), at least one partner has to have a 3-year insurance relationship, meaning formal employment with social insurance contribution, and they have to promise to have at least one child within 5 years (Portfolio.hu, 2024). Within this scheme the more children you have the higher the state assistance is, by the third child the loan is written off by the state (however, only children born after the BL contract ‘count’). If a couple does not have their first child within the first 5 years, or they divorce at any point before they have three children, their loan reverts to market rates and the amount of interest the state subsidised must be repaid retrospectively in the place of a fine (ibid). In this time the loan remains interest-free, and from the 12th week of a pregnancy this can be extended by 3 years (and same for a second pregnancy). If the couple manages to have two children thirty percent of the initial loan is forgiven by the government, and if a 3rd child is conceived (and born) the entire loan is forgiven. There are various scenarios in which access to the benefits of the loan can be lost apart from divorce, like if a couple choose to not

⁵ 1 child 4, 2 children 8, three children 10 years.

⁶ Increased to 11 million HUF from January 2024.

have or adopt children after the 5-year interest-free period, or if either member of the couple suspend their Hungarian residence. In these cases, as with the CSOK, the loan must be repaid in full including interest within the short period of 4 months (Palkó, 2024). Exceptions are made for infertility, if a couple is able to provide a medical certificate. In just 2019, nearly 50,000 couples successfully applied for the loan, however it is estimated that more than 10,000 have not had their first child yet (24.hu, 2024). This led the government to provide a 2-year extension for this cohort of families, citing the precarities brought on by the COVID-19 pandemic and the full-scale invasion of neighbouring Ukraine (Kormány.hu, 2024).

1.4 Conclusion

Seeing how Hungarian demographic-orientations and subsequent family policies have emerged across periods of historical/political instability and conflicting volatile reforms, it is no wonder that they have been described by demographers as generating an unpredictable “zigzagging” context for reproduction (Spéder & Kamarás, 2008: 650). In this chapter, I have briefly reviewed the pronatalist landscape which preceded and laid the groundwork for Fidesz rise to power and popularity with the Hungarian ‘middle class’. Then, I highlighted two aspects of illiberal policymaking under Fidesz since 2010: the symbolic and formal separation of family-protection measures from the social welfare system, and the antithetical positioning of family support measures and gender-mainstreaming. These serve both to justify a pronatalist and highly selective redistribution system and crystallize women’s access to social citizenship through a ‘carefare’ regime. Finally, after providing an overview of different types of pronatalist measures in the expansive family policy of Hungary, I introduced the details and various conditions of the two policies which are at the core of my analysis. Both CSOK and BL can be taken pre-emptively, and contracts bound their recipients’ reproductive timeline, marital status, and place (and even size) of residence. Both policies have seen an array of reforms (both expanding and restricting their support) as their uptake and ‘effectiveness’ unfolds, revealing the fragility of Fidesz’s ‘experimentation’ with pre-emptive pronatalism. To capture the implications of policy volatility, I return and provide more context for changes made to both CSOK and BL as necessary throughout my analysis.

Chapter 2: Literature Review

2.1 Introduction

In this chapter I bring together a set of literatures —both theoretical and empirical— from across disciplines, which discuss state pronatalism in its diverse manifestations across various stages of reproduction and family life. Locating ‘pronatalism’ as a critical concept in the literature has proven difficult at times because it is often used descriptively despite its variable and contingent definitions, and diverse policy manifestations. On one end of the spectrum, the term is used to ‘simply’ describe a demographic policy orientation aiming to increase fertility (Botev, 2015), while on the more critical end it is defined as an “ideological and political project” (Haskova & Dudova, 2020: 629) often linked to religious, hetero-nationalist, anti-immigrant, or even eugenic agendas (see Melegh, 2019; Varsa & Szikra, 2020; Renkin, 2024). More radical and explicitly feminist voices on the harms of pronatalism go as far as to assert that it is antithetical to reproductive justice (see Bajaj & Stade, 2023; Tan, 2024), a form of “violence against women” seeing that its “chief characteristic—and its moral Achilles heel—is that it undermines autonomous decision-making about childbearing” (Purdy, 2019: 113-4).

In the literature on Hungarian pronatalism, this human rights-oriented, bioethical avenue of criticism is less common (with the notable exception of Nova [2019], to be discussed later). Rather, two areas which are problematized more broadly are the selective, exclusionary features of pronatalist policy in Hungary (Szikra, 2018; 2019; Szalma et al., 2022), which encourages the reproduction of some but not others, along with the contradictory nature of incentivizing “fertility without attending to the larger structural impediments related to economic security, care and equity” (Glass & Fodor, 2022: 1430). These aspects of pronatalist policymaking are part of a broader conceptualization and critique of ‘selective pronatalism’, which is the bedrock of Hungarian family policy under Fidesz (Szikra, 2018). This term has been developed in the CEE region within a historical perspective by Haskova & Dudova (2021:193; see also Szalma et al., 2022), who discuss it as follows in their work:

Through its emphasis on the quantity and ‘quality’ of the population, pronatalism has always defended support for fertility while defining the limits of that support (and thus has always been selective). The main motivation for these limits has not been for the rational allocation of public resources but the interest in protecting society’s dominant values – mainly heteronormativity, ethnic and national belonging, and norms of reproduction.

These observations stand true in the Hungarian context as well where an “extreme version of new pronatalism”—different from its historically maternalist forms—is taking place (Glass & Fodor, 2022: 1425). Pronatalist policies are selective in not only *who* they target but *what* they intend to support, thus these *defined limits* impact everyone under selective pronatalist states. As such, in the Hungarian context where “increased childbearing among middle-class women and families” is accompanied by the encouragement of “market dependence and full-time employment” selective pronatalism form part of the logics of state involvement in reproduction (Glass & Fodor, 2022: 1426).

The aim of this chapter is to place my research question in dialogue with these accounts. First, I provide a cross-disciplinary overview of different orientations in the literature on pronatalism and its policy tools, focusing on demography, (family) policy studies, and the sociology of reproduction. I then outline the theoretical framework that I employ for answering my research questions in a three-part approach outlining how I: 1) study reproduction and (its) choices, 2) critically apply theories of uncertainty and risk and, 3) define intersectionality and think about researching the ‘middle class’.

2.2 Evaluating Pronatalism and its Tools: disciplinary currents in the Hungarian literature

2.2.1 Pronatalism as a Demographic Question

Seeing that Orbán himself has described the FPAP and adjacent policies as a form of ‘demographic governance’, an examination of demographic and population literature evaluating pronatalism helps us see what this label may entail. Studies in these fields, both internationally (UNFPA, 2019) and in the Hungarian context, most often aim to quantify the effectiveness or the ‘failure’ of pronatalist interventions (Demeny, 1986). Therefore, they are generally concerned with quantifiable markers such as fertility rates (Spéder & Kamarás, 2008), third birth rates (Spéder et al., 2020), and fertility ‘intentions’ (Spéder & Kapitány, 2014). Furthermore, in a systematic review on the analytical role of gender in demographic investigations, King (2018: 67) demonstrates that while the concept of gender is increasingly present in investigations on low fertility and the efficacy of policies aiming to address it, gender equity is treated by demographers as a tool “to alter or shape” low fertility.

In somewhat more critical approaches, child poverty rates and women's labour force participation following demographic intervention have been studied. Comparing Hungary to other countries with "flagship" pronatalist/family policies programs (Russia and Poland), Cook et al. (2023: 371) concluded that while financial incentives may influence the timing of children, and may correlate with marginal decreases in child poverty rates, they fail "to produce substantial or sustained increases in fertility", adding that "it remains something of a puzzle why all three governments continued to invest scarce financial resources in these largely failed policies". Such framing carries the assumption that if pronatalist programs achieved their desired effect they would not only be less in need of critical evaluation, but also be worth the investment for the state and its citizens. Thereby, even if unintentionally, they contribute to the pronatalist mantra that increasing birthrates is "conducive to individual, family and social well-being" (Heitlinger, 1991: 344). While maintaining the emphasis on increasing effectiveness, Botev (2015: 310) challenges such assumptions emphasizing that "in the current context of low fertility in many parts of the developed world [...] The measures to stimulate fertility [...] are often seen as inherently 'good'". He calls on demographers to look closer at what factors influence childbearing motivation and the "unintended consequences of pronatalist measures [...] rather than on fertility targets and generous incentives that could bring political dividends and short-term increases in the birth rates" (Botev, 2015: 311). The latter is something which the Hungarian demographic approach has been criticized for, both in public discourse (Haász, 2024) and in the academic literature (Sipos & Szalma, 2024; Melegh, 2019). "Parallel structures" have been set up by the Fidesz cabinet, such as KINCS (Mária Kopp Institute for Demography and Families), "who are more loyal to the government than independent demographers and social scientists and [have] produced research results that underpinned the success of Fidesz's family policies." (Inglot et al., 2022: 276)

In a 2022 international publication, Fűrész and Molnár (the president and vice-president of KINCS) detail in length the contributions of the FPAP, presenting dubious claims of their success (e.g. supposedly tightening family bonds and increasing birthrates during COVID-19) and popularity (with the claim that "more than 510,000 applications [to unidentified FPAP policies] prove that the set of measures correspond to the everyday needs of Hungarian families" [p. 24]). Something I return to below is how in this paper, as well as in other KINCS reports (see for example 2024 international report on 'Women's Opportunities'), the advantages of FPAP are framed as having increased women's access to choices around reproduction and care, or in their words provide a "real option for childbearing" for:

mothers in particular, so that they can stay at home with their babies even for 3 years if they wish so and receive maternity/childrearing support or return to the labour market [...] and place their children in publicly financed, available and high-quality nurseries. (Fűrész & Molnár, 2022: 10)

In conclusion, the study of demographic pronatalist tools in terms of their effectiveness not only reproduces pronatalist assumptions, but also opens avenues for *allyship with illiberal political forces*. While a few emerging feminist voices within demography (such as King, 2018 and Tan, 2024: 2) have called for “more humanistic perspective on fertility that centres on solutions that respect individual’s reproductive autonomy”, its operationalization remains absent in population studies, especially in the region. On the one hand, my research seeks to offer an evaluation of pronatalist policy far beyond the grounds of its ‘effectiveness’ in influencing birth-rates by critically inspecting their so-called ‘unintended consequences’ (Botev, 2015). On the other, by focusing on how women understand their reproductive choices under pronatalism, I push back against the liberal ‘options’ discourse which Fidesz’s own pronatalist researchers appear to be co-opting for both national and international audiences.

2.2.2 *Pronatalism as Social Policy Issue*

Critical perspectives on pronatalism are more pervasive in policy studies and political science literature. Family policy in Hungary has become an integral case study helping political science and policy scholars chronicle the populist (Bartha, Boda & Szikra, 2020) and illiberal authoritarian tools and mechanisms of Fidesz since 2010 (Szikra, 2015; 2018a; Szikra & Öktem, 2023; Melegh, 2016; 2020; Fodor, 2022). While selectively pronatalist imperatives predate the government’s ‘family-protection’ agenda (Inglo et al., 2022), the explicit distancing and ultimate separation of social welfare from family policy indicates a deepening state commitment to delineate ‘deservingness’ and social divisions by making practically all resources for families conditional (Szikra, 2018a). Many attribute Fidesz’s selective pronatalism to ideological motives, from ethno-nationalism (Melegh, 2016; 2019), to heteronormative (post-communist) traditionalism (Szikra, 2018a; Takács, 2023; Renkin, 2024), and familialism (Gregor & Verebes, 2023). There is also an expansive literature on how family policy through its selectiveness, is historically designed to exclude racialized Roma families, whose reproduction continues to be deemed ‘undesirable’ (Varsa, 2018; 2021; Varsa & Szikra, 2020; Melegh, 2019).

Szikra (2018a) also argues that there is a disconnect between the ideological imperatives of state pronatalism (e.g. ethnonationalist traditional family) and the concrete policies and practices which *actually* play out in citizens' lives (e.g. encouraging employment or home-buying). The most common critiques of schemes like family tax credit, CSOK or baby-expecting loan are on the grounds of their selectivity and conditionality which exclude various layers of Hungarian society: from unmarried/childless individuals to more marginalised groups, such as LGBTQ (Takács, 2018) and lower-class precarious workers (most common among Roma communities) (Szikra, 2024). Of course, from a critical welfare state perspective, negligence of universal social assistance in favour of an “upward redistribution” (Szikra, 2019: 235) is rightfully called into question.

That being said, many authors operate with a binary of “winners” and ‘losers’ of selective pronatalism (Szikra, 2018b: 9; Szántó, 2021: 85) which may inadvertently succumb to the logic that if these pronatalist reward schemes were expanded to all or a larger portion of the Hungarian public they would be less problematic. For example, in an article on the ‘Reversed Redistribution’⁷ of the CSOK program, Elek & Szikra (2018) advocate for a more just system which would “not only be possible by allowing lower classes into the program but by sifting out the richest”. The analytical prioritization of the exclusionary logic of family policy schemes, however, falls short of challenging pronatalist assumptions, which hinge on establishing far-reaching and controlling state involvement in women’s reproductive lives in exchange for social citizenship (Nova, 2019; Fodor, 2022). In that sense, my research stands against the assumption of a homogenized group of middle/upper class women ‘winners’ of state pronatalism.

While historical cases and post-socialist legacies of reproductive control (with a pronatalist imperative) in Hungary have been widely covered (Haney, 2002; Pető & Svégel, 2024), the contemporary context (e.g. post-2010) has only recently been brought to the fore of scholarly discussions. Szalma and Sipos (2024: 130), for example, provide an overview of the formal policies through which “the ruling government has followed a pronatalist agenda not only in the family policy domain as shown by previous research, but also in the domain of reproduction policy”. The authors identified how various forms of selective pronatalism, previously theorised mostly through family policy, are present across reproductive policy realms (see Appendix 4),

⁷ Translated from Hungarian: “Fórdított Újraelosztás”

pointing to an array of contradictions and incoherences in the Hungarian pronatalist approach. Considering both family and reproductive policies as sites of pronatalist intervention, I look at how these realms intersect with the lived experiences of childbearing and childrearing, often unevenly. I not only explore how women make sense of conflicting demands in the current Hungarian reproductive/family context, but also question how they negotiate an increasing state involvement in their intimate lives. Sociological literature has begun offering some answers.

2.2.3 *Pronatalism in the Sociology of Reproduction*

What may aid an overarching critique of contemporary pronatalist policies is a greater emphasis on their “substantive impact” (Glass and Fodor, 2022: 1427). In other words, to understand the stratifying effects (and goals?) of these schemes, formal policy analysis ought to be accompanied by inductive research on “the ways in which actors interpret and engage with benefits and incentives” (ibid.), so as not to rule out the possibility of reproductive harms to the ‘winners’—eligible recipients—of pronatalist incentive schemes. Similar to the common focus on the consequences of exclusionary schemes in the policy literature, and the demographic preference for statistical data, a proportion of social research surveys those outside of the recipient base of selective pronatalist rewards: women struggling with the choice to have children (see for example Paksi et al., 2022) or who remain voluntarily childless in pronatalist contexts (Szalma, 2021; Szalma & Heers, 2024).

While still a young sub-field, research qualitatively analysing women’s lived experiences has been carried out on (prospective) recipients’ attitudes and perceptions of pronatalist incentive schemes. For example, in her comparative gender-critical interview research, Mildner (2023: 601) found that both young men and women in Hungary are well-informed and consider the family support available to them when thinking about having children, while also expressing “skepticism that their desire for a particular number of children could be swayed by government incentives”. She drew on higher rates of men’s family policy knowledge in Hungary than in the United States, her other case-study, where she found men to be less informed or interested in family policy) to highlight the “importance of publicizing welfare initiatives” (ibid., 599). However, Mildner’s approach overlooks that lowering gender divisions in policy knowledge may not equate to more equal reproductive decision-making, especially in the context of traditional gender roles which prevail in Hungary (and which the government’s *publicity* she commends heavily reinforces) (Herke, 2024). The Hungarian male respondents in Mildner’s (2023) study seemed very receptive and knowledgeable to the financial rewards available (e.g

through CSOK and BL), but the fact that access to such rewards is conditional on women's reproductive compliance was left unscrutinized (Nova, 2019). To this end, my research looks closer at what motivates different levels of policy knowledge and how the uneven gendered 'costs' of such compliance may influence decision-making within families.

Findings of more contextually embedded qualitative research studies reveal the 'risky' financial aspect of pronatalist family policy schemes (Kramarics, 2023; Glass & Fodor, 2022; and to a lesser extent Gregor & Kováts, 2018). For example, in a study conducted shortly after the introduction of FPAP policies in 2019, the middle-class professional women interviewed by Glass & Fodor's (2022) felt that the incentives for large families (i.e BL and CSOK) were incompatible with establishing "financial security in a highly unstable market context". This was exacerbated by an "absent confidence" in state provisions, from education to healthcare, with women feeling uncertain about their ability to "address the long-term risks" of childbearing, granted that state support is temporary and contingent on having three children (Glass & Fodor, 2022: 1436-44). Their participants, who had not yet embarked or made significant financial gains from pronatalist policies, were skeptical about the ultimate benefits of schemes like BL and saw its riskiness as something to resist. My research conducted five years on with recipients of CSOK and the BL suggests a different picture of how women navigate the "inherent contradictions" and "privatization of risk within households" which pronatalist schemes promote (ibid.) Rather than resisting, women recipients work hard to rationalise the choice to (further) open up their reproductive lives to state intervention. Their reproductive and care experiences in the state system are indeed full of uncertainty and ambivalence, however, rather than deterring them from accepting state involvement, this appeared to make them feel lucky to have the support that many others do not. In a contradictory yet cyclical manner, the uncertainty derived from the *privatization of risk* makes women more susceptible to the *public* financialization of their reproductive plans, in turn contractually obligating women to privately manage said risk (Glass & Fodor, 2022).

Recent research by Kramarics (2023: 87-95), also acknowledges that, while these schemes can be "highly favourable" in the current Hungarian context, they "entail a significant financial commitment" which may lead to "severe economic disadvantage, in cases where recipients are not sufficiently aware [of their terms] or in cases of unexpected negative life event". In contrast to the expectation based on the policy literature that selective pronatalist schemes may increase social divisions between those 'included' and 'excluded', Kramarics found more antagonism

among the eligible recipients of the baby-loan. Her participants made sense of their ‘deservingness’ by differentiating themselves from those who they perceived to have taken the loan irresponsibly, marrying/having children for the sake of eligibility. This was also part of how they rationalised the coercive (‘*kényszer*’) nature of the BL program. Comparing themselves to those who thought of the loan as ‘free money’, they confronted the schemes’ coercive tendencies with responsibility and conscious awareness of the (potential) *costs* of having a child and embarking on a conditional loan scheme – paradoxically making them feel more in control. While my findings also expand on the responsabilizing features of pronatalist schemes, I argue that differing levels of need and intersectional disadvantage influence the degree to which women are empowered to feel ‘responsible’ and able to safeguard their reproductive choices.

Considering the glaring tensions which the (un)certainly required by these schemes create, my research problematizes the impact of schemes like BL and CSOK on women’s decision-making. Furthermore, I integrate a micro-level gender analysis into the existing critical policy literature by drawing on women’s lived experiences. As such, I address the gap in the literature on the circumstances and narratives of women who *do* choose to become mothers under pronatalist regimes. Rather than its *exclusions*, I inspect and theorize the costs of being *included* in pronatalist reward schemes. Finally, my thesis expands on the small but compelling sociological sub-field on reproduction in pronatalist Hungary, offering a working theory of how the relationship between women and the state is transformed through financial pronatalist schemes.

2.3 Theoretical Framework

2.3.1 Conceptualising Reproduction and its ‘Choices’

Just as pronatalism lacks a clear or established disciplinary home base, reproduction as a broad ‘field’ of research also brings together highly diverse epistemological orientations and levels of analysis. Working with the definition developed by Almeling (2015: 433) as part of her thorough review of the qualitative (US) literature on this broad topic, I understand reproduction as “a multi-layered biological and social process that occurs over time [...] of having or not having children”. Furthermore, I approach reproduction as a complex process with many stakeholders rather than a sum of singular events (Almeling, 2015). The strength of Almeling’s (2015: 430) framework does not isolate the role of the state from lived experiences or even the most “cellular”, embodied aspects of reproduction and/or family-building. Thus, in

the following sections, I endeavor to lay out a framework of concepts and theories through which my research considers reproduction “from individual embodiment to state policy” (ibid., 424).

The three main ways in which states influence reproduction are through policies, laws, and practices (Browner & Sargent, 2021). As my overview in Chapter 1 indicated, pronatalist imperatives are present across various policies and laws related to reproduction and family life in post-2010 Hungary. Women’s lived experiences with *practices*, defined as the “actual application of laws, guidelines, principles, or procedures” (Browner & Sargent, 2021: 88), are in need of further research within the precarious and “fragile” pronatalist landscape in Hungary (Szalma et al., 2022). It is in these interactions and lived experiences that the relationship between reproductive citizens and the state crystalizes, or potentially transforms. However, before transformation can be discussed (or even imagined), an expansion in the “understanding [of] how women construct and enact “choice” with regard to fertility and family formation [...] in new pronatalist contexts” is necessary (Glass and Fodor, 2022, p. 1429).

Threats to reproductive choice are often the topic of abortion activism (i.e. ‘the right to choose’) and reproductive justice literature (on pronatalism see Bajaj & Stade, 2023). However, when looking at women’s interaction with “policies [that] are not necessarily coercive per se, but [...] restrictive” (Szalma & Sipos, 2024: 121), the binary implication of ‘reproductive choice’ (i.e. something which is free or not) is limiting. The logics of voluntary pronatalist schemes hinge on ‘free’ decision-making on behalf of couples who are eligible and *choose to* take part. Once they do, their choices regarding reproduction become difficult to discern from the structural expectations of the schemes, on top of concurrent financial considerations of reward or penalty. A critical analysis of this kind of “‘choice architecture’ which can make the elimination of individual choices of the recipients [...] appear voluntary” (Nova, 2019: 18), requires a more nuanced framework for talking about choice. In developing this framework, Lundgren’s & Landen’s (2015) methodological reflection on an oral history project is particularly instructive, in which the authors discuss how reproductive choices may be understood in contexts where it is not central to how women make sense of their reproductive trajectories, proved useful in developing a lens analysing reproductive choices. They highlight various critical entry points for questioning the assumptions of ‘choice’ in reproduction, for example that “‘free choice’ [is] not only difficult to achieve on equal terms but [...] a conditioned opportunity that is not always welcome” (Lundgren & Landen, 2015: 69). While in this thesis I do refer to ‘decision’ and

‘choices’, I also consider how “naming an act a decision [may] overstate the degree of intentionality” (ibid: 68). their approach also heeds the “rationalising strategies” which may be used by women to “handle” difficult choices (ibid.). Through this reflexive approach, as well as the narrative methodology I outline in the next chapter, I capture the fluidity and variety of ‘choices’ women make at both the biological and social levels of reproduction, letting their stories guide the construction of meaning(s) beyond the assumptions of what ‘counts’ as *free*, *coerced*, or even *reproductive*.

2.3.2 *Risk and Uncertainty: theorising contradictions*

As outlined above, making choices about reproduction and family life always involves a mitigation of risk and uncertainty. The claim by Hungarian state officials that pronatalist family policies are meant to reduce risk and increase predictability contradicts the ways in which the rewards of these schemes are conditioned on a level of reproductive (un)certainty, making theories of risk, uncertainty and subsequent vulnerability necessary for my analysis. However, few studies in the Hungarian context have directly engaged with theorising on these concepts, such as that of Ulrich Beck (1992; see also Beck & Beck-Gernsheim, 2001) and Anthony Giddens (1999a; 1999b), who think through new forms of uncertainty and the resulting ‘risk society’ in late modernity. Writing before Fidesz came to power and cemented their illiberal family policy regime, an exception to this is Hollos & Bernardi’s (2009) research on young couples’ reproductive decision-making in the uncertain contexts of post-socialist transition. Their findings demonstrated that changing traditions, unclear democratic welfare trajectories, and neoliberal capitalist economy influenced reproductive planning among this group, often leading to the delay of childbearing (ibid). However, this study not only deals with a different historical and policy moment but treats uncertainty and the riskiness of reproduction more passively as contextual rather than functional factors. For understanding the functions of uncertainty and risk Giddens’ theorization can nonetheless offer a useful entry-point for critique.

According to Giddens (1999a: 20), in post-modern ‘risk society’ “structural conditions and [traditional] social norms provide less and less support or guidelines for taking decisions”, while new ‘manufactured risks’ resulting from scientific and technological innovations bring about heightened uncertainty. This has resulted in, what he calls, a “new riskiness to risk” and an individualised responsibility to mitigate it (Giddens, 1999b: 4). Giddens sees the welfare state,

“as a form of collective risk management” that lies outside of these ‘manufactured risks’ (ibid: 9). Indeed, as certain Hungarian state discourses have themselves alluded to, pronatalist policies and state involvement in reproduction may be construed a form of *collective risk management* against falling birth-rates and increased technological innovations (e.g. ARTs). However, as Nova (2019: 18) argues, the designs of FPAP policies (especially the pre-emptive constructions of CSOK and BL) rather than resembling a form of risk management, mirror an “unwillingness to embrace uncertainty” by the state, which she labels as an ideological characteristic of authoritarian thinking. Pronatalist schemes claim to offer predictability by establishing ‘*guidelines for taking decisions*’ which mimic traditionalism (in an attempt to resist the currents of late modernity). Yet at the same time, these schemes rely on the instrumentalization of family uncertainties surrounding housing, lifestyle, childbearing - uncertainties rooted in the modern condition. Therefore, the Hungarian ‘middle class’, in their attempts at risk management, rather than “detach[ing] themselves from public provision and [...] opt[ing] out of existing welfare systems” (Giddens, 1999b: 8) may enter into highly intimate relationships with the state, making them vulnerable to a wholly new (manufactured) set of risks.

In my analysis, I pay attention to these contradictory specificities of the pronatalist Hungarian context, which diverging from Giddens’ understanding of ‘risk-society’ seems to manage risk and generate uncertainty all at once. Equally, I go beyond the understanding of “uncertainty in terms of risk [...] as something to be managed”, instead following Reuter’s (2018: 113-6) treatment of uncertainty as:

the structures and experiences that bring individuals to a point of having to decide in the first place and the structured experiences that individuals bring to the process of deciding itself. Uncertainty in reproductive decision-making embodies a conflicting and coexisting ethics of responsibility bound by the women's relationships [...] by time, and by their own subjective life experiences.

2.3.4 *Intersectionality and Power: Researching the ‘Middle Class’*

My research looks at the recipients of pronatalist policies, broadly speaking the ‘middle class’. Nonetheless, I see selective nature of Hungary’s pronatalism as a mechanism of ‘stratified reproduction’⁸ which denotes “the power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered” (Ginsburg & Rapp, 1995: 3). While existing literature rightfully focuses on the *disempowered* who face the

⁸ This term was first developed by Shellee Colen (cited in Ginsburg and Rapp, 1995).

greatest exclusion and disadvantage under pronatalist regimes, the terms of *empowerment* that Ginsburg and Rapp (1995) refer to must also be problematised. In order to highlight that extending pronatalist welfare benefits to a larger part of society fails to address these policies' harmful effects at the core, my thesis scrutinizes pronatalism's potential harms (and complicated benefits) among those who it is meant to *empower*. To do so critically, I have designed my research and analysis through an intersectional lens, which I define along Kimberly Crenshaw's (1989) original analogy of intersections: sources of power and oppression (such as but not limited to gender, race, class, ability, and health) that mediate access to privilege and opportunities in a co-constitutive rather than additive manner (Collins, 2015). Intersectionality as theory and method is born out of the social justice objective to expand thinking and theorizing beyond "the prototypical members of [a] group" (Hull et al., 2023: 624). Even though a specific 'ideal' family profile is clearly favoured by pronatalist schemes, there is not one *prototypical* recipient who has access to power that is "travelling unidirectionally, from the dominant group onto the subordinated" (Ehrenreich, 1993: 586). In her work on obstetric violence, "The Colonization of the Womb", Ehrenreich (ibid) critiques the claim that:

assertion often made by intersectionality theorists that privileged women are benefitted by their class and race status even if they are disadvantaged by their gender, [which] while not inaccurate, ignores the extent to which the system of interlocking gender, race, and class hierarchies simultaneously protects privileged women from one type of power and exposes them to another.

In line with Ehrenreich's (1993: 596) view that "limiting one's analysis to a description of the ways in which the oppression of one group of women assures the other group's ease is both incomplete and ineffective", my research aims to nuance the complex position of women who, as a result of pronatalist state involvement, are simultaneously made powerful and vulnerable and, in all cases, dependent.

Chapter 3: Methodology

3.1 Data Collection: a care-based approach to interviewing women

The data for this research was collected through semi-structured, in-depth interviews with Hungarian mothers who had started or expanded their family since 2010 and who had taken or were eligible for BL or CSOK.⁹ Over a period of 6 months, I conducted fourteen in-person interviews across Pest-county.¹⁰ The length of the conversations ranged from thirty minutes to two hours (average length around one hour) and took place in various locations chosen by participants. As a large portion of the women were on maternity leave and/or caring for small children, most interviews were carried out in participants' homes. This not only reduced the disruption that the interview would cause to women's busy lives (e.g. having to travel or find childcare) but it also allowed me to get a glimpse into their homes—which in many cases had been bought using pronatalist state support.¹¹ Four women preferred having the interview elsewhere in a café or at their workplace. All participants signed an informed consent form before the interview which I discussed beforehand, informing women of their right to withdraw their consent at any time and explaining measures I would be taking to assure confidentiality (anonymization through the use of pseudonyms and removal of other identifying information). To remain flexible and receptive to women's responses and unique life situations, I followed a semi-structured interview guide created before and adjusted throughout my fieldwork.¹² Designed through a blended approach mixing chronological narrative style questions and more thematic prompts the interview was made up of four parts: 1) introductions, 2) childbearing intentions/choices/experiences, 3) experiences with (pre-emptive) family policies (i.e. BL and CSOK), and 4) reflections on 'family-friendly' Hungary.

I approached the recruitment of my participants openly and with an awareness of how my positionality may influence who agrees to participate. At first, I posted a public research advert

⁹ See Informed Consent Form in Appendix 6 including the information/invitation given to (potential) participants.

¹⁰ All but one interview was conducted with mothers alone. At the beginning of my research/recruitment I was exploring the possibility of interviewing women as well as their husbands (together or separately). However, women in general expressed a preference for doing their interview alone, with the exception of one couple, Zsófi and Tamas, who were very excited to participate together. Interviews are fundamentally intersubjective so this inevitably influenced the dynamics and stories which were shared with me, however I wanted to assure that interviews were conducted on my participants terms. In my analysis I draw more on Zsofi's responses to consistently foreground women's voices.

¹¹ During various interviews I would briefly meet women's children and husbands working from home. This also afforded a level of ethnographic insight on family dynamics and caring habits and helped contextualize my data better.

¹² See Appendix 7 for full Interview Guide.

on Facebook. However, as I am a childless younger woman living outside of Hungary my network did not effectively reach the target population of my research. What was more successful is a purposive sampling approach with the help of women in my family who reside in Hungary and have trusted relationships with middle-class mothers who fit my criteria. I found that existing rapport and trust these recruiters had with potential participants made them more willing to participate, and also more comfortable discussing their lives with me as the niece or daughter of someone they trust. My mother, a professional caretaker working with young children and families across various suburbs around Budapest, ended up being a key collaborator in not only sampling but accompanying me to interviews and providing (free) childcare for the duration of the interviews with the women from her network.¹³ I see this as not only a circumstance of my research but a marker of mothers' unmet care needs. Throughout my fieldwork, I also utilised snowball sampling asking women I had already interviewed to refer me to anyone who matches the sampling criteria and who may be interested.

My final sample of fourteen middle-class women was relatively diverse. Participants' age ranged from 28 to 47 (median age: 35). Four of them were pregnant at the time of the interview, and one family was on a waitlist for adoption. There was also a range of family sizes with the most common being one or two children. Four of my participants had 'large families' with three or more children. While occupations and income-levels significantly, all my participants had completed higher education. While this was not intentional, and places a limitation to my findings, it also reveals something about the 'typical' recipients of pre-emptive pronatalist reward schemes. All my participants had used some form of pronatalist family policy: twelve of my fourteen participants had taken the Baby Loan, while ten had been involved with CSOK in some way. A more detailed account of my participants' characteristics can be found in Appendix 5.

3.2 Data Analysis

Interviews were transcribed in Hungarian with the help of Microsoft Word's transcription tool, manually reviewed and corrected for accuracy. All transcriptions were

¹³ While she would share the invitation or verbally tell mothers she knew/worked with about my research, I would be the one to coordinate the time and place of the interviews with women over email, phone or messages—answering any questions they had. I also always discussed with women beforehand if they would prefer if I visited them alone or if they would like to have help with childcare during the interviews. I also left it completely up to them whether they preferred holding the interview in a separate room to make sure the presence of another person did not make them uncomfortable.

analysed inductively through open coding. Codes were thematically organised to identify patterns in the data which I refined and (re)analysed over multiple re-reads of relevant transcripts. Over the course of data analysis, I noticed that the narratives women recounted in our interviews often seemed to be the stories they were telling themselves. Thus, I was not only interested in the “content of narratives, but also the narratives themselves” (Lundgren and Landén, 2015: 72). A narrative approach facilitates research insights particularly well in

contexts where individuals are faced with greater uncertainty, more rapid transformations and more ‘choices’, [where] practices of reflexivity have become an important aspect of sense-making in everyday lives (Miller 2017: 41).

To capture this sense-making I returned to my interview transcripts and coded again for conflicts and contradictions in women’s stories of their reproductive choices and experiences with the policies in question. I also focused on the functions of different narratives to identify moments where decisions were being justified, revised or defended (Phoenix, 2008). The final stage of my analysis involved situating my participants’ personal narratives within broader social and institutional contexts and policies.

3.3 Motivations and Positionality

My initial commitment to the present research problem was as personal, as academic. I vividly recall the jokes made at family gatherings around the birth of my now 10-year-old cousin, who as the third child in the family would at least be ‘worth it for CSOK’. More recently another cousin, just a few years older than me, was expecting her first baby in 2023. Her and her husband hoping to move out of their parental homes were searching for a used house to buy using the favourable ten million CSOK loan when its replacement with the CSOK+ construction was announced. Rushed by the impending birth of their son, they entered this new scheme instead—which could only be taken pre-emptively. Their home search, co-opted by the state’s conditional generosity, ended abruptly to assure that their son ‘counts’. Hearing about this at the time, I was concerned; and as I connected the dots back to the sensation surrounding CSOK when it was first introduced in 2015, I could not believe the ordinariness of these and other pronatalist interventions in Hungary. As a critical feminist scholar, I was suspicious of the implications of these so-called family policies, finding it hard to believe that women were voluntarily getting involved in what appeared to be reproductive coercion in plain sight. I was eager to find out more. However, when I embarked on this research, I had to take a step back and reflect on how I will mitigate my critical biases and positionality (as part ‘insider’ and part ‘outsider’). During the interview design, I reflected to make sure that my questions were not

leading but rather open-ended prompts. I was committed to making space for the experiences and narratives of my participants, making sure to remain reflexive of moment where I may be prescribing victimhood or docility to my participants (Mahmood, 2001). This inductive approach to data collection, helped challenge some of the assumptions I entered the field with.

Interestingly, my participants' perceptions of me as a Hungarian-speaking woman researching family policy reflected the ordinariness around CSOK and BL. On the one hand, due to this 'insider' status many assumed I would be familiar with policies even though this was not always the case. My lack of in-depth policy knowledge, which at first made me question my ability to be taken seriously as a researcher, actually ended up playing a valuable role in disrupting the presumed hierarchy of researcher as "knower" (Doucet & Mauthner, 2005). While some women felt satisfied being able to explain the intricate details of family policies, with others we would make sense of confusing policy details together. In the process, asking question about taken-for-granted aspects of policies and associated reproductive decision-making, valuable data emerged. On the other hand, my 'outsider' status as a childless younger person also seemed to influence how some of the mothers I interviewed approached answering questions about their pregnancy and reproductive trajectory. For example, in a handful of interviews where my mother was in the same room (providing childcare) women would sometimes turn to her when recalling their pregnancies and birth stories—in a way signalling that she will understand and relate more than I can.

These moments were subtle but revealing, reminding me that social proximity in one domain (language, nationality) does not guarantee closeness in others (age, reproductive experience). To account for this, I made sure to ask follow-up questions as well as answer any questions women had for me transparently, which also helped build rapport. Nonetheless, I sought to remain attentive to the asymmetries of knowledge and experience in both the interview space and the writing process—and to treat these not as obstacles but as generative tensions within the research. Following Haraway's (1988) conception of *situated knowledges*, I do not present myself as a neutral observer but as a researcher shaped by, and entangled in, the histories and structures I am studying. My following analysis, therefore, is partial, embodied, and deeply relational.

Chapter 4: Mapping the Role of Uncertainty in Women's Reproductive Experiences

4.1 Introduction

Across my conversation with women who have started or expanded their family in the context of a wide range of new and old pronatalist benefits, I found the Hungarian state to be a key actor in their experiences and perceptions of reproduction and family, the way they make decisions in these realms, and how uncertainty and risks involved in childbearing and -rearing is managed. As a result, 'private' reproductive choices are highly enmeshed with the 'public' forces, namely the state imperatives which not only construct who should reproduce and how, but what constitutes a choice as 'reproductive' under pre-emptive pronatalism. Across these next three chapters, I set out to critically analyse the collateral role of women within these efforts, namely what their lived experiences and narratives of making choices about reproduction in highly uncertain contexts tell us about the relationship between Hungarian women and the pronatalist state.

Of course, having been identified by state policies as those eligible for (thereby 'deserving' of) the state's selective generosity towards families, the women I interviewed generally perceived this as an advantage which has helped them and their families gain (at the very least financial) strength, especially within the context of increasing economic (and political) volatility in Hungary. One mother, Eszter (37, pregnant mother of 3) told me:

I think we were really lucky that our plans aligned with this family policy orientation and the actions of the government because—well I don't think this is why I chose to have this many children, or that I gave birth because of this opportunity or anything but rather it came just at the right time to be honest [...] that we want children and that we also want to solve our housing situation.¹⁴

Meanwhile, Vera (36, mother of 3) who had her second baby before the FPAP in 2018, joked that they were unlucky because they "started a family at the wrong time". My participants did not frame their eligibility or access to these family policies in terms of entitlement to support and protection on the grounds of their social citizenship. Rather, as Eszter and Vera, most mothers made sense of the advantage they gained through these policies in terms of *luck*: having been "at the right place at the right time" (Zsófia, 35, mother of 1), feeling fortunate that "this

¹⁴ All direct quotes have been translated from Hungarian by the author.

family support distribution period was happening when we were in that specific situation in life as well” (Nora, 35, mother of 1).

Moreover, housing was deeply intertwined with family planning for nearly all my interviewees, which is what led me to expand my research to a combined focus on BL and CSOK during my fieldwork. Throughout the various adventurous stories women shared with me revealing how a government grant/loan scheme can take on a life of its own when put in the context of the lived realities of having children and caring for them, ‘luck’ did not seem to account for much other than, perhaps, the timing lucrative pronatalist schemes. The rest required intricate planning and calculated strategies for families to fulfil the conditions of schemes like BL and CSOK, but even core entitlements like CSOK/GYED. These strategies, which the women I interviewed seemed to expect as a ‘normal’ part of family planning, involved mitigating not only the financial risk which comes with entering a relatively long-term ‘contract’ with the state, but the mental and physical uncertainty involved in making reproductive commitments in exchange for financial gain in the context of the precarious systems/institutions. While at times women referred explicitly to how uncertain and unpredictable the circumstances around their reproduction felt, other times these threats came to light more indirectly through the degree of calculated planning, strategizing and sacrifice it took to cope and maintain a sense of ‘control’ despite the unpredictable aspects of childbearing/rearing in Hungary. Nonetheless, the women I interviewed worked hard to maintain their sense of control and appearance as the ‘choosing subject’ rather than the ‘object of reproduction’ as the line increasingly blurs between private/public under selective pronatalist intervention (Lundgren & Landen, 2015).

In this first chapter my aim is to both outline the context(s) in which women are making reproductive choices, and to address the role of uncertainty in their relationship with the pronatalist state. In two parts, I explore how women make sense of state involvement in 1) embodied and, 2) institutional sources of reproductive uncertainty. I argue that the state emerges as an actor in a dual and often contradictory role, both creating and addressing precarious contexts in a way that serves to establish and maintain women’s physical and financial dependence on the pronatalist state across their reproductive trajectory.

4.2 Reproductive uncertainty: risky state involvement in embodied experiences

In order to paint a comprehensive picture of how my interviewees made sense of their reproductive plans and experiences, I first highlight the conspicuous role of physical

processes/events in how women made sense of their reproductive plans and decisions. The unpredictable embodied aspects of reproduction seemed to override family planning as imagined by pronatalist policy schemes, posing a veiled yet highly palpable conflict between the uncertain and difficult to control nature of childbearing and the highly particular requirements of family support policies. Then I highlight examples of interventions into fertility, pregnancy, and birth which came up across my interviews. I look at the recent restriction on ‘free’ doctor (and midwife) choice in public healthcare, which, while not a pronatalist initiative, came up as a key ‘turning point’ in how my participants managed the medical uncertainty of reproduction and made sense of their future childbearing. I also problematize the nationalization of the Hungarian IVF system, highlighting how its seemingly “liberalizing” feature may actually involve a regulatory pronatalist imperative which assures the state’s involvement at all stages of women’s reproductive decision-making (Szalma & Sipos, 2024). I demonstrate how uncertainty in these embodied realms becomes magnified by the combination of increased institutional regulation (which increase women’s dependence) and sustained institutional weakness.

4.2.1 Making sense of (in)fertility and embodied decision-making: “no such thing as the right time”

Seeing that pronatalist policies and benefits delineate an ‘expected’ way to reproduce, I was particularly interested to find out women’s own expectations and experiences around reproduction (from fertility to birth). In my participants recollections of visiting the bank to apply for the BL or researching the complicated terms of the CSOK, the concern ‘what happens if we do not manage to get pregnant?’ came up more than any other potential way of ‘failing’ to meet the conditions of the loans (e.g. divorce, emigration, finances). Even where women felt confident that divorce is not on the table, or that they will be happy to live in their new home for the period contracted by the CSOK loan¹⁵, the threat of infertility seemed to be exacerbated by pronatalist schemes, engendering anxiety around the ability and time it would take to get pregnant with each planned child.

Many women anticipated fertility issue, like Vera (35, mother of 3) who explained: “it was relatively difficult getting pregnant with our first daughter, though what counts as difficult really? These days so many [women] struggle with problems.” Because of this fear, some

¹⁵ 10 years or 5 if you move to a larger more expensive home.

families purposefully only took the pre-emptive BL once they had reached the 12th week of their pregnancy to avoid any possible repayments or penalties associated with delays in fertility or early-stage miscarriages. For women who did suffer pregnancy loss, these events were defining not only in their reproductive trajectories and ability to fulfill their family plans, but in the uncertainties surrounding healthcare provision and state rewards hinging on ‘successful’ and timely fertility. Regarding the latter, various women made it a point to say that the potential penalty or disadvantage in pronatalist rewards was secondary, or not a consideration. For example, Rebeka (35, pregnant mother of 1), reflecting on the struggle to get pregnant both with her first and second baby, told me that “it didn’t once cross our minds what would happen with our Baby Loan, really the main thing was oh my god what if we can’t—and this time around as well it wasn’t like oh what if they don’t forgive [30% of the loan], [...] we just really wanted two [kids] as I really hated being alone [as an only-child]”¹⁶. This mindset which veils over the regulatory power of pronatalist schemes, was also the case for other women’s decision-making around when and whether to have further children. Hajni (38, mother of 1), who was already planning her second baby, did not remember exactly how much time she had until the end of suspension period for repaying their Baby Loan. However, she was already booked in for testing as she struggled with endometriosis and would most likely need surgical intervention before her next pregnancy. She explained it “all depends on this, we can’t speed things up anyway, we will start repaying it [if we have to] and that’s it”. The inability to control the timing of her pregnancies, pushed Hajni to accept the extra expenditure of BL while they continue trying.

Both the CSOK and BL schemes offer a recommended timeline for family formation with a stricter timeframe for the former¹⁷, and a financial advantageous timeline for the latter¹⁸. However, my interviewees’ accounts indicated that on the contrary, there is “no such thing as the right time” (Maria, 46, mother of 4) to have children, which for many women only became tangible once they had embarked on their reproductive journey. In comparison to the plans made pre-emptively, decisions revolved around highly uncertain and hard to control embodied

¹⁶ Rebeka was actually my only participant to have generational experience with szocpol. Her parents could not conceive for 10 years after she was born and ultimately had to repay the grant. She later told me that she associated being an only child with these difficulties her family experienced with state housing support.

¹⁷ Depending on number of promised children (1, 2, or 3) 4, 8, or 10 years respectively.

¹⁸ In theory, a family could gain access to the 10-million-forint BL without any substantial repayments if they took the loan once the first child was past the 12-week gestation, they had their second child before the 3-year period elapsed, and their third less than 3 years before the second, upon which the loan would be paid off by the state.

experiences, which, apart from fertility issues, included sleep, postpartum experience, and their (existing) children's various developmental trajectories. Nora (35, mother of 1) highlighted, her memories of how "left to their own devices" she felt (both physically and mentally) after having their first child were "a much larger influence" than the nudges of CSOK and BL. She anxiously described the difficult transition to motherhood and how it "put a stamp on" her current discussions with her husband on whether and when to have another child. For others, sleep recurrently came up as a consideration regarding the uncertain decisions about possible additions to the family. For example, Flóra (34, pregnant mother of 2) told me about how the smaller age gap between her first and second child meant that she would spend entire nights awake, ultimately leading to the decision to wait until her second child was older before trying for a third. Similarly, Zsófi (35, pregnant mother of 1) and her husband explained how they had to accept the volatility of their daughters' sleeping problems in order to fulfill their reproductive desires, and the terms of their BL and CSOK:

if [my daughter] had been sleeping better earlier, then maybe we would have had [a second child] earlier, but she didn't want to sleep better, and then we got to a point where we were like 'what are we waiting for? When will she finally start sleeping well?' And anyone we asked—everyone said that even their 5-year-old kid sleeps with them at night. Well, I said, then there's really no way out of this.

Meanwhile, Rozi (28, mother of 1), my only participant who had decided to not fulfill the number of children she and her husband committed to when applying for the CSOK grant, actually cited sleeping problems as one of the factors in what made her want to stop after one child. When I asked if she ever felt a pressure to have more children since making this decision, she responded

Of course, but I never let it get to me. [My son] woke up every half hour at night for a year and a half, and even now he still wakes up at night. So, don't tell me how many children I should have because (laughs) it was zombie mode.

Based on the above, for these women, pronatalist incentives could hardly override biological, embodied experiences and limitations. While the threat of not being able to (or choosing not to) fulfill the number of promised children may exacerbate the uncertainties and vulnerabilities involved in changes to women's planned reproductive trajectories, my participants did not seem to make this connection and did not generally experience it as a threat to their 'autonomous' reproductive desires. However, they pointed out other ways in which the state got involved, playing influential roles in facilitating or restricting their reproductive choices, once they had

embarked on starting a family. I now move on to discuss two examples of how the relationship between women and the state play out in obstetric care, especially since the state outlawed ‘free’ doctor choice, and in fertility treatment provision, which was nationalized in 2020 under the pretence of addressing the ‘demographic crisis’.

4.2.2 *Obstetric care and ‘free’ doctor choice: “these things are not all the same”*

My doctor would always say ‘the fate of nations is decided in the labour and delivery room’ and I wholeheartedly agree with this. (Klaudia, 34, mother of 3)

When I asked Klaudia, who had told me about her traumatic experience of an unexpected C-section with her first child, whether this influenced how she felt about future childbearing, she went on to explain that while for her “it didn’t [...], *it totally could have*”:

I came home from the hospital all three times, sobbing for half a day, even after the third one I came home like that. [...] And the c-section was just a tiny speck in all this because [the nurses] were so damn rude, you are lying there vulnerable after a serious abdominal surgery and you can't even pick up your blanket, and I was like that for 4 hours [...]. So, it's not enough that you suffer, you also have to take care of a baby [...] and after the third child it was enough for me. [...] It's terrible that giving birth to a child means you have to go through experiences like this.

Eszter (37, pregnant mother of 3) reiterated this claiming she “also saw this in her family, how with just a few sentences nurses can diminish mothers’ confidence in themselves, and how much this can take away their desire [to have more children]”. Mária (46, mother of 4), another woman with a large family, was very vocal about her dissatisfaction with the overmedicalized circumstances under which women must give birth, which ultimately led her to train as a doula. One of her negative experiences actually came after having had a swift and smooth delivery with her second child, when nurses refused to let her leave the hospital the same day. It turned out that they had forced her to stay because the public health insurance system (OEP; Országos Egészségbiztosítási Pénztár) would not reimburse the hospital for the cost of labor and delivery if a patient did not stay twenty-four hours. She also brought up various other examples of how the insurance systems as well as hospitals are not accommodating to alternative, more woman-friendly approaches like homebirth or doula presence.

While women giving birth in public healthcare could not do much about “burnt-out” (Klaudia) and underpaid nurses, until 2021 those with the resources could to some extent ‘control’ which

doctor/midwife would accompany them. For a long time, women in Hungary could ‘guarantee’ that they were treated by and could give birth with the obstetrician (and midwife) of their choice through the common practice of informal payments across public healthcare (Pető, 2022). However, in 2020 this was heavily regulated, criminalised, and replaced with a strict on-call system. This state intervention, while not pronatalist or meant to target Hungarian women’s reproduction, took a toll on the sense of ‘free’ choice and agency women had historically consolidated for themselves against obstetric violence (Kremmer, 2020). Even though previous arrangements had actually increased unnecessary interventions (c-sections and induction) as chosen doctors were under pressure to be the ones to deliver their (paying) patients’ child (Baji et al., 2017), the new system was criticized by many of my participants for introducing a new source uncertainty and vulnerability to the physical volatility of fertility, pregnancy and most importantly birth. All my participants who gave birth in public healthcare before the new rules had ‘chosen’ doctors. Miscarriages, past traumatic birth experiences, or just a general desire for respectful and continuous care influenced how women made decisions in this realm of reproduction. When I asked Vera (35, mother of 3) what could improve the circumstances of women for starting a family, discourses around the ‘right to choose’ and bodily integrity were explicitly brought up only one time:

What makes me uncertain is that [the state] touched—or more the way in which they intervened in the shady practices of OB/GYNs. The fact that they got involved in the right to choose your doctor or the right to choose your midwife, is not good for us. [...] Not to mention, our third baby was breach which in regular [obstetric] care would be immediate c-section. [But] my chosen doctor, was willing to deliver [vaginally]. These things are not all the same, and not because I would not have been able to handle having a c-section but because of the freedom to choose, my right to make decisions about my own body. If I were to be giving birth now it would fill me with uncertainty.

For some of those having to navigate the new obstetric context which had been *touched* by the state, paying the price of private hospitals for labour and delivery was worth the promise of feeling in control and eliminating some of this *uncertainty*, even if it meant a relatively large financial sacrifice. Rebeka (34, pregnant mother of 1), a lower middle-class woman with a rural background, explained how important the continuity of care was for her. When I asked her to tell me about her decision to give birth in a private hospital. she insisted that for her:

it wasn’t about going private. Not at all! Only about having my doctor. For me the sense of safety meant that she is there, so I had no other choice, so really because of her.

Like Vera, Rebeka emphasized that it was not about achieving a certain outcome (e.g. vaginal delivery, or private healthcare) but rather maintaining a sense of safety and control—taking an active part in managing risks and deciding what happens to one’s body. While informal payments are nowhere near harmless and regulating them was “a step in the right direction” (Eszter, pregnant mother of 3, trained as pediatrician), without an attempt to replace it with a system which affords women some alternative source of certainty, it has created a new threat, especially due to women’s experiences and perception of inconsistent quality of care across the public system. The increased uncertainty it has brought appeared to be a much bigger obstacle to mothers feeling encouraged and safe to have more children than “trying with CSOK and others like it” (Eszter).

Ironically, in both pro-Fidesz publications (Fűrész & Molnár, 2022) and in speeches by previous State Secretary for Families, Ágnes Hornung, ‘freedom to choose’ is highlighted as a key pillar of the state’s ‘family-friendly’ policy orientation (Biztosító Magazin, 2023). This value—questionable on various fronts—does not appear to extend to obstetric care, however. Women’s reaction to the legal changes which removed the possibility of choosing one’s own obstetrician illustrate how their embodied uncertainty has increased in a way that threatens their sense of choice in the medical relationship between them and (state) providers. It is puzzling why the Hungarian state does not invest more in improving the systems which claim such a big stake in women’s reproductive experiences and ‘*the fate of [the Hungarian] nation*’, as Klaudia’s obstetrician put it. I argue that this contradiction between the deficiencies obstetric care and the heavy encouragement of women to give birth hints at the state’s pronatalist logic: instead of seeking to improve women’s reproductive experiences, assuring doctor free choice and welcoming maternity wards, they are left to accept precarious conditions unless they have the means address deeply embodied ‘risks’ privately. In the next section I look to women’s perceptions and experiences of nationalised fertility care, to shed some light where state investment (and close involvement) *has* been directed, and where we actually see an opposite to this privatization of embodied ‘risk’ (Glass & Fodor, 2022).

4.2.3 *Pronatalist involvement in infertility: removing “obstacles”*

“Demographic challenges require a state role, so in the future, the performance of special procedures aimed at human reproduction will be the sole responsibility of a state-run health care provider and a clinical centre”

(Justification of the Government Decision 1011/2020 (I. 31), 2021: 1327, cited in Szalma and Sipos, 2024: 128)

The recent pronatalist ‘investment’ in the breadth of publicly funded fertility treatments¹⁹ and medications, while appearing to be a relative “liberalization” (ibid: 129) that expands access (to technically anyone except those openly in LGBTQ relationships), actually seem to help constitute pronatalist policies’ influence over women’s reproductive self-management. The regulatory timelines set by both CSOK and the BL (outlined above; for more detail see Chapter 1.3) do leave some time and flexibility for this unpredictable aspect of reproduction. However, like infertility and miscarriage, some of my participants indicated the impression that the expectation is that all measures will be taken to ‘fix’ any fertility issues, before medical exemptions are made available. Furthermore, the recent elimination of six private IVF clinics has solidified state involvement in women’s choices regarding their options to fulfill ‘promised children’ (as CSOK calls for) (Szekulesz, 2022). There were differences among women’s perception of this new system, which on the one hand can expand access income brackets and can tackle the commodification of infertility (Demény, 2017). On the other, it also comes with the removal of choices (on where to get treatment) and an increased dependence of women on public services that have not had a chance to catch up with a surge in in demand, leading to inconsistent quality of care and long waitlists (Rutai, 2022; Szalma & Sipos, 2024). As Adrien (31, mother of twins), my only participant who was intimately familiar with this system after her 6 years of trying and 4 cycles of state-funded IVF, shared:

To be honest, the fact that there are 5 free IVF cycles—or now I don't know if there are more—is really good. However, I would be sat in the clinic waiting rooms for 3-4 hours at a time, so this is again about [the problems with] healthcare.

Hajni (38, mother of 1), who had also been referred to fertility testing and knew she may need to take part in IVF for a second child due to having two chronic illnesses, also expressed that an improvement in the quality and accessibility of women’s health is due. However, she added that she “could not complain” since the provision is free, meaning, in her words, there are “no obstacles” to getting the treatment she needs. Similar to how women feel lucky to have the housing and loan schemes, there was a sense that state support is something they should be feel grateful for rather than entitled to. In the absence of entitlement, women like Hajni may be

¹⁹ E.g Five rounds of IVF, plus four if first one is successful (Sipos & Szalma, 2024).

careful to critique or question (*complain* about) the systems they depend on even if they are flawed. In the case of fertility treatment that has been made exclusive to state provision this dependence, for those who cannot afford to go abroad, is especially tangible.

Others had a more critical outlook on the impact of this removal of *obstacles*. Rozi (28), a working mother of 1 who recently decided to not have another child despite having ‘promised’ 2 children to get the CSOK housing grant, perceived the increased (but also more closely regulated) access to IVF as a way to further pressure women who have taken pre-emptive pronatalist benefits to fulfil their ‘promises’ by taking part in demanding fertility treatments. In our conversation about getting a medical exemption from the fines associated with BL and CSOK, she told me that “you have to go through a quite long bumpy road that leads in this direction. The state now supports the IVF program as well, so that shouldn't be an obstacle financially either. Obviously, this can be incredibly burdensome emotionally”. Rozi also expressed a distrust towards the institutional gatekeepers of the family support schemes and felt that the accessibility of IVF may be leveraged by medical professionals:

They do not properly inform people, and I think that even the people working in the bank branch don't necessarily know exactly what the consequences are if you can't get pregnant because of any problem that needs to be certified by a doctor. And in that case you have to go through all sorts of insemination programs, you have to participate in implantation, IVF programs, yes, and if none of those work and the doctor certifies it, then maybe, *maybe* they will overlook it [BL/CSOK related fines].

What Rozi highlights is particularly concerning, when juxtaposed with an excerpt from recent KINCS (2024: 189) report, in which the penalty interest exemption is said to be possible if a couple “can prove that they have unsuccessfully participated in a reproduction procedure on several occasions”. The combined effect of having a pre-emptive grant or loan with the increased encouragement to take part in fertility treatments may doubly encourage women to go through with their reproductive intentions before finding out what that may entail physically and/or emotionally. These external forces significantly increase the embodied uncertainty and vulnerability already involved in having children. In the case of fertility issues, medical professionals are a crucial source of information and security for women, making it more likely that their reproductive decision-making occurs not only in a vulnerable state but under pressure (Szekulesz, 2022). Flóra (34, pregnant mother of 2), who worked as a registered nurse before she had children, reflected on when she was struggling to get pregnant with her first child:

Since I had worked in gynecology, I saw a lot of things. This was also an added stress, because I knew what things are and what things aren't and, in the end, some of our [fertility] tests came back positive. [...] They sent me for IVF practically straight away, which I find that they do with a lot of people, even when it's not necessarily substantiated.

This corresponds with what Szekulesz (2022) found in a study looking at the lived experiences of women receiving treatments since the nationalization of fertility care—women felt that there was far less emphasis on establishing a cause for their infertility and more on getting them started on IVF. Flóra's perspective also further indicates the possibility of what Rozi claimed: some doctors may heavily encourage taking part in IVF before providing the certificate for exemption from penalties associated with CSOK and BL. As a nurse, Flóra also saw how burdensome the process could be for couples, how all the unsuccessful attempts can be “gutting”, in combination with the hormonal toll it takes on women's bodies to try again and again. Some of this was supported by Adrien's lived experience of going through 4 rounds of IVF across 5 years while also struggling with endometriosis, which were so taxing both physically and psychologically that she had to take time off work. This is one of various pitfalls Szalma and Sipos (2024: 128) identify in the seemingly universal availability of free IVF: “the clients of fertility centers are mostly better-off couples [for whom] time off work [does not] pose significant burdens”. Nonetheless, in contrast with the perceptions of Flora and Rozi, Adrien, like Hajni, was grateful that the state financially supported her fertility journey. The uncertainty of conceiving with endometriosis and having suffered from post-partum depression after giving birth the first time, and even the question of whether the twins count as 2 children in terms of the BL/CSOK, makes her situation an insightful example of how the deeply uncertain embodied reality of reproduction becomes intertwined with various forms of state involvement, from state funded IVF to pronatalist incentive schemes). While Adrien welcomed the state investment which made her life-long desire to be a mother come true, little space seems to be left for reconsidering these plans and choices, which have unfolded while ‘contracted’ to the state. Even though Adrien said that prior to getting pregnant she had “papers to prove” her fertility issues if necessary, reflecting on Rozi's perception of the unclear nature of what solicits an exemption, I wonder if medical exemption would be influenced in the case of someone who has had past success with IVF, and still has frozen embryos²⁰.

²⁰ Which Adrien told me they still had and considered in their reproductive planning.

Affirming what Szekulesz (2022: 44) argues, the unobstructed availability of fertility treatments simultaneously expands women's individual responsibility and state dependence, establishing "new territories of surveillance" which have "affected the construction of infertility: with the help of ART infertility has become 'curable', but one has to participate in medical treatment, which means that a private problem becomes a public institutionalized one". As such, I argue that the nationalization of IVF serves to expand the reach of the state from not 'just' encouraging women to make financial commitments to a certain number of children, but also making sure that it is the exclusive 'provider' of reproduction for those struggling to fulfill these commitments.

4.3 Institutional uncertainty: navigating contradictions between policy and practice

Well yeah, it's great that they [children] are born but now what? [...] What's crazy is that I have already been worrying about this, like, what's going to happen to them? How will it be? Whether there will be a kindergarten teacher, whether they will change every semester? (Adrien, 31, mother of twins, kindergarten teacher).

The above excerpt is a snippet into the widely shared feelings of worry about public care systems leaving women unsupported and their children vulnerable (especially if they cannot afford private provision). Adrien even considered taking on this burden and homeschooling her children until they turned 3-4, especially as she was unsure whether they "would even be better off" financially if she returned to work on her chronically low teaching salary. As such, in this section I focus on women's perceptions (as well as lived experiences) of various institutional contexts, from childcare to employment and housing. These were key factors in how my participants made sense of their reproductive plans, their commitment to assuring high-quality care for their children, thereby playing a role in how they navigated the requirements set by family support schemes. My aim is to map out the contexts in which women make decisions, and to demonstrate the ingrained uncertainty and lack of trust in the state. While Adrien's example was grounded in her professional experience and awareness of systemic dysfunction of kindergartens, I found it striking how uncertainty seemed to not only be present when a woman had had a particular negative experience. Rather, various interviewees reported that they generally "expect" (Zsófi, 35, pregnant mother of 1) and prepare for "the worst". In this sub-section I present the ways in which my interviewees perceived various uncertain institutional realms within their narratives of childbearing/-rearing. I focus on

how women navigate the lack of confidence they feel towards child- and healthcare, as well as the precarity of employment and market contexts.

4.3.1 *Conflicts in care: “They’re born, now what?”*

Looking at sources of reproductive uncertainty I have already begun outlining, issues with public healthcare dominated women’s reproductive experiences and decision-making. However, for some, these concerns and the associated sense of vulnerability only grew once children were born. Zsófi, while highlighting the issue of unpredictable systems, shared how distressing it can be in a moment of crisis:

From the perspective of having children and raising [them], what would be the most important are really education and healthcare, to have a more predictable – I am not saying I want to picky about where my kid goes, what hospital I take them to...because that is another thing, the current on-call system is a tragedy! What is going on is depressing, that we are here 30 km from the city [Budapest] and an ambulance can’t come out within 5 minutes, when the kid is having febrile seizures [lázgörcs] and you are just there like ‘what now’?

Echoing Adrien’s word’s (*now what?*), Zsófi and other women recurrently brought up their frustration with a system that is only selectively involved—supportive of boosting reproduction while investing far less in assuring the wellbeing of children once they are born. This corresponds with findings by Gregor and Kováts (2018) that women sense a “contradiction between the intensity of [pronatalist] communication [from the state] and the actual extent of support”. Rozi (28, mother of 1), speaking about the income tax exemption for mothers of 4²¹, concluded that the state “is encouraging you to give birth, give birth, give birth—but what will you sustain [the children] with afterwards?”. Klaudia (34, mother of 3) also acknowledged that the state is pushing this message (“to give birth”) and “if you do, you get millions, but then they could not care less about what kind school system that child will go to”.

The quality and accessibility of schooling and childcare more generally seemed to be a source of concern for my participants. In particular, securing a space in nursery and even kindergarten (compulsory from the age of 3) was perceived as highly uncertain, which was often mentioned explicitly or at other times became clear from the strategies women employed to secure care for their child(ren)—worrying/planning months or even years in advance (as Adrien’s vignette indicates). Similarly to healthcare, the state appears to unevenly regulate some aspects of public

²¹ Which as of October 2025 will be extended to mothers of 3, and from January 2026 to mothers of 2 who are under 40 (Szabó, 2025).

childcare while remaining passive in addressing the underlying structural issues or shortcomings which generate the need for regulatory intervention in the first place (e.g. criminalizing gratuity). I was surprised to find out that, due to limited space in nurseries, despite the FPAP's commitment to expanding this area of family support, educational institutions implemented policies which favoured children of women going back to work or even entirely excluded children whose mothers were pregnant with a sibling. This aligns with the 'carefare' policy orientation under which "social citizenship [is] most successfully made on the basis of parental and work status" (Fodor, 2022: 56). However, it poses a direct contradiction with the expectations which the timelines set by the BL and CSOK (in terms of number and timing of children) push women to fulfil. Most of the mothers I spoke to did not see going back to work between children as a viable option (something I will come back to). Even Rozi, who did return to work around the time her son turned two, felt that without connections ('protekció') they "wouldn't have had a chance" at securing a spot in the public nursery system. In Zsófi's case, this distrust and the uncertainty surrounding nursery places was actualized when she was given misleading information about her chances of getting a spot in a public nursery while being pregnant with her second:

I visited the state nurseries [...] and they all told me 'when the sibling is on the way you won't be accepted anywhere'. [...] If you've got a second child [on the way], there is nothing you can do. And [...] I am not looking for a community for her because I want to sit at home or be with the [new] baby, but because I know and we see that she needs it! But in the state system they told me over and over, if the younger sibling is coming, they can't accept her because they can only take those who have a certificate of employment.

In the end, a neighbour informed her in August that the local public nursery had not managed to fill up the spots and were accepting children whose mothers have not returned to work. Despite this positive turn of events, Zsófi could not help but feel frustrated that she wouldn't have even known about this if it was not for their neighbours, adding "they wouldn't have called me to say, 'Hello, there's a spot available and you applied, so would you like to come?'" Feeling left to her own devices in the realization of how inconsistent the system is, she was the first at the open day of the new public kindergarten opening in their town, to make sure she is establishing connections *years* in advance. This case highlights not only the importance of personal connections, but also how negative/uncertain experiences condition women to take on the burden of strategizing, and (as Zsófi proudly reflected) "proactively" navigating the

contradictions and weaknesses of institutions which appear to be at the mercy of poorly implemented state regulations.

While giving primacy to children where both parents are employed may help women transition back to work without the added burden of paying for childcare²², this also creates a variety of exclusions and accompanying uncertainty for both those in informal work contracts (Szikra, 2018b), as well as mothers who get pregnant before returning to work from leave with a previous child—something which both the parental leave schemes and the ‘timelines’ of the CSOK and BL encourage and/or incentivize. Rebeka (35, pregnant mother of 1) also identified an incongruity between the rate at which young families have moved to the suburbs (an unintended consequence of CSOK [Portfolio.hu, 2022]) and the demand for childcare infrastructure, leading to what she describes as a *ripple effect* as institutions scramble to match children with limited spaces. Having moved to a popular and heavily populated suburb 20km outside Budapest, she reflects:

I think here the issue is rather that perhaps the infrastructure is a bit behind and there are clearly fewer places available. [...] It all had a ripple effect: the children who couldn't get into kindergarten because there were no spots were placed in nurseries instead, and so the smaller children missed out on nursery spots. This definitely poses a challenge for the mothers who need to go back [to work], and they need a space [in childcare]. It raises another issue to solve: where can she put the child?

Here we see another way a clash between contradictory state regulations may play out in women's (interconnected) reproductive and work lives. It is not only the employment contract requirement that may leave mothers unsupported in their care roles, but also the unstable ways in which state institutions attempt to accommodate more children than spaces—in the absence of comprehensive coverage on behalf of the state. The paradox is further emphasized by the ‘fall-out’ of CSOK described by Rebeka, which has exacerbated the difficulty of universal childcare access in many, now over-crowded, suburbs around Budapest. These various conflicts and uncertainties around care, leave women (who are overwhelmingly perceived to be responsible for *solving* the issue of childcare) reliant on personal contacts, and stressful strategizing. Especially those not returning to work—often to have more children (along the

22

Something which one of my older participants Mária (46, mother of 4), who had children before the pre-emptive schemes or the expansion of public nurseries, reported is that when she returned to work after her 4th child, sometimes her whole monthly salary would go towards a babysitter for him.

timelines preferred by CSOK/BL and made possible by GYED/GYES)—face a potential exclusion from nursery care. While the institutional environment is confusing, the message is clear: women’s reproductive commitments are most valuable to the state when accompanied by familialised (and highly feminized) care (Fodor, 2022).

4.3.2 *Fragile state involvement in market contexts: from employment to housing*

The entanglement of family policy with market contexts is well researched—particularly in terms of how employers enable or restrict workers’ maternity/parental leave entitlements (Fodor & Glass, 2018). However, under schemes like BL and CSOK, this is not the only relevant realm where state policies are embedded in and dependent on (corporate or state) firms. Pronatalist loans are only available through private banks and the encouragement by CSOK to build/buy new-build homes has transformed real estate and the construction industry, especially around a highly centralised city like Budapest (Nova, 2019). FPAP policies expanded the ways in which non-state actors are “critical gatekeepers who translate public entitlements on the ‘shop floor’” (Fodor & Glass, 2018: 698). These negotiations take place on the *shop floor* of offices, banks and even nurseries and kindergartens, as the examples from above indicate. Across my interviews, I found that the initial decision, eligibility and subsequent fulfilment of the agreed upon terms of CSOK programs and the BL’s ‘ideal’ timeline were mediated by (uncertain) motives of such *gatekeepers*, unevenly imbued with the objectives of the pronatalist state. Women approached these contexts with varying levels of trust and suspicion, often making sense of their experience through comparisons to others. In this final section, I dissect examples of these uncertain multi-actor relationships, looking first at women’s experiences and perceptions of employment/labour market and second at the way the housing markets and construction industry can emphasize the uncertainty of accessing and benefitting from pronatalist schemes.

In these often-contradictory constellations of forces that simultaneously leverage women’s reproductive, care, and work capabilities, participants explained the timing of children, and their reasoning for leaving/returning to work, in terms of these conflicts as well as their access to the core-cluster of family policies like CSED, GYED, and GYES (Inglo et al., 2022). Some women felt like they have to choose between their career and their reproductive aspirations (including their aspirations for how they care for their children), as long as they have young children. There were exceptions to this, where employers showed flexibility and willingness to

support women going on leave or returning to work (on their own terms)—something various participants framed in terms of having a “lucky workplace” (Nora), even recalling how “cute” their (male) bosses reacted when they announced their pregnancy (Klaudia). Similarly, for Zsófia, her employers being “tolerant and understanding” made it easier to leave, especially as they found someone to fill her role and were happy to have her back, even providing contracted work in between. These accounts were more common among highly skilled professionals in corporate settings. However, these accounts were in stark contrast to how my participants working in the public sector perceived said corporate settings. For example, Johanna compared her experience going on leave from her postdoctoral teaching role at a public university²³ to a multinational company, where she had heard employers would find loopholes to state enforced job protection:

A multinational company may simply say ‘sorry, the position has been eliminated, so [...] they can't technically fire you, but my husband told me that where he works, if there is a situation like this [...] they'll say the position doesn't exist anymore and they can't offer you anything else. So, from that perspective, my job is relatively good.

Similarly, Flóra (34, nurse, pregnant mother of 2) knew of mothers in similar contexts who were let go because they wanted to return part-time, and they would be told that “such a position does not exist”. She saw these conflicts as having an influence on women’s childbearing decisions, leading them to “not have children because of their careers” or vice versa. Interestingly, while Flóra herself did not make this link to her own experience, when I asked her whether she ever considered going back to work between her pregnancies, she explained that “it was never really an option” because it is:

really not worth it, practically speaking, even though now nurse salaries are more or less okay [now]. But then to work again—then when would we manage...how would we manage to have a third child? It might get delayed because of that, and then we'd have to start repaying the loan, even though we do want to have another child, so no.

The way in which Flóra links this to fulfilling the terms of the Baby Loan before having to start paying it back (3 years pause on repayment between each child) is an interesting manifestation of the pronatalist imperative at work. The financial ‘advantage’ one enjoys if they have 3

²³Which according to Johanna had recently received a ‘family-friendly’ status from Three Princes and Three Princesses, a pronatalist GONGO that gives out these awards (Ingлот et al., 2022).

children back-to-back also helped justify not returning to work for Flóra, who felt uncertain about the compatibility of her previous nursing role with childbearing/rearing, especially seeing the relatively low pay. While those working in public sector seemingly felt more secure that their jobs were safe (for example, Adrien and Vera), they did not see returning to work as a financially viable option, and what mattered more to them was making sure they remain eligible for CSZD/GYED for as long as possible²⁴.

Uncertainties are not straightforward, and women's decisions are differently influenced by state pronatalism depending on their positionality, Mária, my participant with the most children, had a particularly negative outlook on how employers treat women with big families. When she returned to work from being on GYET (allowance for stay-at-home mothers of 3), she reported facing discrimination and stereotyping. She was also suspicious that employers may offer her a lower salary if they find out that she is eligible for income tax (SZJA) exemption, in order to keep the difference. To cope with this, she avoided sharing how many children she has until she was hired, and it became necessary for claiming the exemption. Ironically, when she finally did, her human resources colleague asked if she had four children for "religion or CSOK".

Finally, another relevant junction between family policy and non-state imperatives was housing—an area where some degree of state involvement was present in majority of my participants' lives. Its link to reproductive decisions and trajectories is most clearly established through the CSOK scheme, though for many the BL was also a financial resource for buying or renovating their home. Majority of the women had taken advantage of these policies relatively "early", at the "right time" before the prices "shot up" and the construction industry was heavily transformed by increased demand. This in retrospect meant that while they acknowledged the often "unexpected burdens" (Eszter, 37, mother of 3) of building/renovating a house (which for various women played out at the same time as they welcomed a new born), many of my participants were grateful to have benefitted compared to those who had been 'cheated' by the system because CSOK had been "built into" (Mária) house prices, and by 2024 replaced by a less generous more loan-oriented CSOK+.

²⁴ It is also worth mentioning that while my participants in corporate/higher management roles the caps on parental leave pay meant a loss in salary, which some emphasized, those working in lower paid roles (nurse, teacher etc) highlighted earning more than their salary during the CSZD period.

Rebeka's story, my only participant who was 'still' living in a rented home, provides a look into how uncertain and insecure home building or buying in the current economic climate can be. Her experience has been turbulent on multiple ends, with her housing situations primarily dictated by inflated prices and unreliable contractors, leading her and her husband to "miss out" on CSOK, before it was restricted and updated to the CSOK+ construction. She explained that they were:

the ones who unfortunately got ripped off by a contractor—actually two of them. [...] That was around the time when property prices started skyrocketing. And this—where it didn't work out twice in a relatively short period, this whole getting tricked situation really knocked us back. And afterward, the prices just shot up, and things kind of... I admit, for us, this whole question of 'where should the homebase be' [...] was made really difficult, because of my mom being in [her hometown in East Hungary]. When things just didn't work out [with CSOK] I felt a bit of uncertainty, like maybe it wasn't a coincidence, maybe we should go back, because mom is there..."

Seven years prior Rebeka had suddenly lost her father, which she described as "defining" in what starting a family meant to her, especially seeing the responsibility she felt towards her widowed mother. In this vulnerable scenario, Rebeka and her husband—who could not afford a market-rate loan—were at the mercy of state policies, which required commitments incompatible with the uncertainty of loss, as well as contractors who had made large gains as a result. This example elucidates how even in cases where state involvement is explicitly harmful to a family, forcing a decision that a couple were seemingly not ready to make, couples may continue to seek out pronatalist schemes which surface as the only financially viable option. Rebeka, being 6-months pregnant, told me that they:

Need to overcome this house-buying hurdle as soon as possible, as he (signaling to her pregnant belly) only counts as a 'promised' child as long as he's in my belly. This is the only way we can use CSOK+, as we would not promise a third.

As such, at the time of our interview, they were seriously considering a house which was being sold by a family who had recently bought it using CSOK on three promised children. However, the couple were divorcing after only one child, therefore having to pay back their loan and penalty interest. Rebeka explained that while they loved this house, the bureaucratic procedure to get the house off a registry of property bought using CSOK meant that they may "run out of time" to buy it before she gives birth. Rebeka's story featuring the intersection of a ruthless construction market as a result of pronatalist state involvement (penalizing one family for not

complying all the while preventing another from accessing the benefit with bureaucratic hurdles), and the backdrop of their own affective uncertainty around where to settle, highlights how “quantitative tools, such as this policy, cannot account for the qualitative aspects of life” (Nova, 2019: 20). In this example, a variety of flaws and contradictions in the logics of financialized pronatalist schemes begin to appear, which I further dissect in Chapter 5.

4.4 Conclusion

In this chapter, I have discussed a collection of examples of how the women I interviewed made sense of their reproductive choices, spanning from its hard-to-control embodied aspects to the often-contradictory institutional contexts in which decisions must be made. While the chapter is structured across different ‘origins’ of uncertainty, the experiences of women reveal that the processes which create and are created by these sources of reproductive vulnerability are deeply interconnected and often co-constitutive. It is at the crux of all these different sources of uncertainty that women carry a particularly large burden when their families make commitments to state pronatalism through schemes like CSOK and BL. Having looked at various ways in which the Hungarian state has established involvement in embodied sources of uncertainty and risk, I began to highlight how women perceive and experience these various ‘intrusions’ into the physical aspects of their reproduction, from fertility to birth. To demonstrate that fulfilling the terms of pronatalist policies is deeply contingent on these uncertain physical processes, I focused on two key areas of recent intervention which women linked to uncertainties under pronatalism: obstetric care since the restrictions on doctor choice and the nationalization of IVF. These served as examples of how women’s reproductive capacity and experiences are heavily mediated and made further insecure by various forms of state involvement, which straddle the line between their protection and regulation as reproductive citizens. I then moved to examine institutional sources of uncertainty, looking at how women navigate unreliable public care systems and make sense of their choices in terms of employment and housing. In all these realms, the complex decision-making required for childbearing/rearing was often mediated by their access to, or compliance with, various pronatalist family policies. Despite the seeming impossibility of ascertaining physical promises or predicting how institutions will accommodate the needs of a growing family, nearly all these women had taken or were actively seeking out the BL and CSOK schemes. This takes me back to the first of the two sub-questions I am exploring within my

analysis: What is the role of uncertainty in the relationship between women and the pronatalist state?

Rather than just being an unfortunate context to pronatalist policymaking, the perpetual uncertainty and inconsistent state involvement in managing ‘risk’ at seemingly every stage of women’s reproductive trajectories works to generate vulnerability (even among the least vulnerable). I argue that women’s relationship with Hungarian pronatalism is anchored by this vulnerability which is mediated by various forms of precarious state involvement and weak public provision that ensure continued state-dependence. Navigating the risks of this vulnerability requires a solution which the financial promise of pronatalist schemes may disguise themselves as. I begin the following chapter by examining this contention through a closer look at how women made their initial decision to take on pronatalist loan schemes and how they navigated pronatalist state involvement in their subsequent choices.

Chapter 5: The Financialization of Reproductive Choice(s) through CSOK and Baby Loan

5.1 Introduction

In this chapter, I shift my focus onto women's narratives of the initial choice to take part in the CSOK and BL and what happened once they did. I found that the decision to take part in these pre-emptive pronatalist policies (and often both at once) was just the first of many difficult choices that my participants have/would have to make. The majority of my participants were eligible for both these schemes and various other (less lucrative) pronatalist reward system²⁵, making them broadly part of the group who the state had (at one time) *selected* as worthy of pronatalist state support (in terms of employment- and/or marital status, for example). However, like selective pronatalism itself (Szalma et al., 2022), this eligibility and its (promised) privileges are fragile and highly contingent on the “never-ending endeavour” of compliance (Nova, 2019: 20). Not all grant/loan recipients have the same chances in successfully fulfilling their terms and avoiding the need for repayment and penalties. Nonetheless, for many, the financial advantage of these schemes which allowed a ‘smart investment’ or even a social mobility which would have otherwise been impossible. This seemed to outweigh the reproductive stake that the state claims at the time of taking the loan. However, for others the schemes ended up feeling somewhat like ‘a trap’ over time, placing emphasis on uncertainty and the threat of a penalty related to ‘failures’ to achieve reproductive plans or other life hopes. Throughout my interviews it became evident that the diverse group of middle-class women I spoke with have differential access to autonomous reproductive ‘choices’—that is, the chance to freely change their minds; be it about where they live, who they are married to, and, of course, the timing and number of children they have.

Building on my conclusions from the last chapter, below I begin with an overview of how women narrated the choice to take pronatalist family policy. Even though CSOK and BL are contingent on reproductive *certainty*, I observed that the *uncertainty* surrounding reproduction and care seems to encourage, rather than deter, women from taking part in these schemes. I argue that this is exacerbated by the ‘ease’ with which one can enter into these financial, as well as reproductive agreements. I then shift my attention to how my participants made sense of their experiences once they had entered into these ‘contracts’ with the state, paying particular

²⁵ E.g. Car-buying subsidy for 3+ kids, refund on renovations costs, retrospective mortgage support etc.

attention to the ways women rationalise their (in)ability to change their minds or ‘part ways with the state’. While Geva (2021, p. 84), suggests that families are “definancialized” if they demonstrate ‘demographic commitment’, my findings complicate this claim: the loans, grants, and eligibility conditions in fact deepen the financialization of reproductive subjectivity by binding childbearing intentions to long-term obligations to the state. Even when reproductive ‘promises’ have been fulfilled, women’s relationship with the state is often sustained for the full term of loans, pro-longing its regulatory stakes beyond reproduction to marital status and place of residence. Within these contentions, I also highlight how the financialized logics of pre-emptive pronatalist appropriate women’s intimate choices in a way that generates and consolidates inequalities across class/income-level and gender.

5.2 Pre-emptive pronatalism as source/‘solution’ to reproductive risks?

Most women felt positively about pronatalist “opportunities” for families, which makes an analysis of the choice to take them—both at the time and in retrospect—particularly interesting. While I asked all my participants directly to walk me through their decision to take BL and/or CSOK, I often found that the ‘full picture’ about this choice—and the influences over it—emerged across an array of other conversations about housing needs, (other) family policies, and various uncertain factors which framed my participants’ reproductive experiences. Most women were aware of the risks these schemes involved but saw not taking them as an equally ‘risky’ financial disadvantage.

In terms of CSOK, the grant and/or the loan for some women and their families were indispensable for home-buying funds and served as a comparatively secure alternative to market loans with much higher non-fixed interest rates and shorter-term repayment periods. This was especially the case for those who embarked on buying and/or renovating homes after the exponential increases in house and construction prices (e.g. Rebeka and Johanna). Meanwhile, the fact that the BL was a free-use lump sum was attractive, for some as an extra source of capital for buying/renovating home, while for others as just something that is “good to have” (Adrien), to be invested or saved up for emergencies. In any case these financial buffers were valued much higher than other more established family benefits such as parental leave pay and family allowance (‘Családi Pótlék’; which is as low as 12000 ft/month/child²⁶— approx. 30

²⁶ Depending on number of children, families with 3 children receive 16,000HUF/child, and single parents receive marginally more 13700HUF/child.

euros). GYES, in particular, (28500 ft/month – approx. 70 euros)²⁷ was deemed by many as “laughable” (Nora, 34, mother of 1), “humiliating” (Mária, 46, mother of 4), and at the end of the day insufficient for fulfilling basic needs like “one week of groceries” (Flóra) or even “buying school supplies” (Zsófi). Seeing the level of uncertainty which dominates the contexts in which Hungarian women must navigate decision about childbearing/rearing, it is no surprise that they feel “lucky” and “fortunate” to be able to benefit from the material rewards of the state’s selective ‘family-friendliness’. As I have demonstrated across Chapter 4 women are encouraged to be responsible and conditioned to be suspicious of public provisions either because of their inconsistent nature (due to underfunding) or their over- (and often arbitrary) regulation, usually put in place to address the symptoms of a flawed system (e.g. nursery places limited to children of working mothers, rather than expanding spaces). Thus, as Geva (2021) points out, these pre-emptive financial schemes offer ‘another way’ in which to claim social citizenship through ‘free’ consumption, which families may perceive as an opportunity to ‘protect’ oneself from various forms of risk and reproductive uncertainty.

In such a context, the decision to take the BL, in particular, was described by some as something you would be “stupid” to turn down (Johanna, 33, mother of 1), and “not even a question” (Flóra, 34, pregnant mother of 2). Along these lines, the general social expectation seemed to be that eligible couples would want to benefit from this type of support.²⁸ These comments imply that the financial promise of these schemes were highly valued and accepted as part of women’s reproductive trajectory in Hungary today. However, its allure was present even before its use became established practice. For example, concerns around the longevity and stability of the BL scheme encouraged Adrien (31, mother of twins) to take it as soon as it became available in 2019, despite actively dealing with infertility and both being on, in her words, “disgracefully” low teaching salaries:

Adrien: We took it not long after it was introduced, mostly because you couldn’t know how long it will be around. And, you know, you still can’t know... It’s still available right?

Emma: Yes.

²⁷ Accounting for HUF inflation of over 107% since 2009, GYES has lost over half of its value since it was last increased.

²⁸ Women reported encouragement from family members, as well as bank staff. The latter often offered BL and CSOK as a package deal, as an alternative to the less favourable and more market-driven private mortgages, for couples (without children) buying a home.

Adrien: So, this was the main aspect, that this is an unmissable opportunity and to be honest this was the factor.

In another case, concerns about reforms to the BL in 2021, just two years after the scheme was introduced, led Johanna (33, mother of 1) and her husband to rush their courthouse wedding as to not miss out on the loan opportunity. Rebeka's story outlined in the previous chapter also offers an example of how the possibility of 'missing out' can serve as encouragement. These examples bring into question how choices may be shaped by a fluctuating and uncertain policy environment, which paradoxically generates the sense that one may miss out on an opportunity to minimize risk and uncertainty if they do not act fast.

Another pattern I noticed was how many of my participants described the decision to take the Baby Loan as "quick" (Vera, 36, mother of 3) and the application as 'very simple'. For instance, when I asked Flóra how she decided whether or not to take the BL, she recalled:

Well, there was no question about it! (laughs) It was so obvious that we definitely wanted more kids. [...] Honestly, it was really simple. We went into the bank, brought the paperwork...So, [...] there was no messing around or anything. We got the loan approval really easily.

Similarly, Klaudia (34, mother of 3) saw taking the BL as "not really a question"—a "no-brainer". By making the process quick, the gravity of the choice may be de-emphasized and the regulatory pronatalist imperative brushed over by the emphasis on the financial 'success' (getting a *loan approval really easily*) and an existing desire for (further) children—something which my participants generally felt certain about when agreeing to the loan. Juxtaposing this with a woman's decision to have an abortion in Hungary, in light of mandatory consultations, a 72-hour waiting period and the controversial 'heartbeat law' (Rutai, 2022), and very much in pronatalist fashion, 'informed decision-making'²⁹ is reserved for emphasizing the gravity of the choice to *not* have a child. Furthermore, the 'reversibility' of grant and loan schemes is contingent on financial capabilities and burdens that unevenly impact women. Under the pressure of perpetual uncertainty, a time-sensitive mortgage agreement or incoming policy reform, the choice to contract reproductive plans, marital status, as well as housing seems to come easy. In the following section I theorize how the (long-term) financialization of these realms gives rise to middle class women's state dependence, which intersects with inequalities

²⁹ Though the emphasis is not so much on informed decision-making as the 'protection of foetal life' (NNGYK, 2024) which can lead to coercive comments from nurses and even shaming by doctors (see Vinzce, 2024).

across gender and class, thereby reinforcing socioeconomic divisions between and within families.

5.3 Needing vs taking advantage of pronatalism: inequalities between families

We may have overshoot [the size of the house] and didn't think about things [like] what if we want to sell it later. So, I don't know how it'll end, maybe it will just come to us paying it back and then parting ways with the state. (Nóra, 35, mother of 1)

Having discussed how some of my participants made sense of their initial decision to get involved with BL and CSOK, I now look to what happened once they did. While all my participants insisted that their childbearing intentions were not influenced by having taken incentives, I found that what *was* discernibly influenced in various cases was women's ability to, or sense that they can change their minds if they wish. While some see *parting ways with the state* as a viable and affordable option, others must negotiate its life-long presence as they strategize, calculate and weigh the costs. Even if a family has reached the point, like Eszter (37 pregnant, mother of 3), where they "could get out of it" and repay the CSOK loan back without penalties, they may "never want to" due its financially favorable "design". In the same sense, Johanna explained that while her and her husband had considered paying it back earlier", her husband told her it "would not be worth it". These policies do incentivize not 'simply' childbearing but encourage long-term state presence in families' lives by design.

I found that depending on the level of (perceived) financial need, women felt different about entering these financial relationships with the state. As such, Zsófi (35, pregnant mother of 1) emphasized they did not take the CSOK because they *needed it*: "we took it because we were *not obligated* but we took advantage" [emphasis added]. This also seemed to influence how women treated the reproductive certainty which the CSOK and BL schemes demand. For example, two women, both in relatively high-income professional roles shared the sense that 'promising' more than 2 children felt overly uncertain, both describing it as the sense that they would be "venturing into the invisible" (Rozi, 28, mother of 1; Nora, 35, mother of 1). Interestingly, those who felt they *needed* this financial support (including Adrien, Berta, Maria, Rebeka, and Eszter) emphasized the role of this uncertainty somewhat less in their initial decision-making or worked harder to minimize it in retrospect. This led me to wonder how

decision-making regarding pronatalist policies may look different for families with lower-income and/or a limited financial safety net.

The financialization of reproductive choices functions differently for families, and subsequent vulnerability (as I will explore more closely in the vignettes of Chapter 6) varies based on a family's ability to repay loans if they cannot/choose not to fulfill their terms. On some level, this may be attributed to the sense that they felt more of an obligation to accept the terms of the schemes because they “don't know what [they] would've done without the CSOK and Babaváró” (Adrien, 31 mother of twins). This was further emphasized in my conversation with Berta (45, mother of 2 adopted children), when I asked her whether she would recommend the pre-emptive policies to other families:

Berta: I don't think they can manage without it (laughs).

Emma: Is that what you see?

Berta: Yes, it is...Like for us—we wouldn't have—well we'd have a place to live, so we would obviously have somewhere to live, but it's just not certain under what circumstances. [...] I think it's hopeless (to obtain decent housing without CSOK).

Berta associated living in her husband's family home with a growing family of her own as uncertain, and trying to improve her housing situation without the CSOK support from the state as *hopeless*. Eszter was in a similar predicament, where they “knew for sure, that [they] would need this money for housing” in order to move out of her mother's home in a “bad neighborhood”. For both, a present precarious situation outweighed the potential future risk involved in promising a certain way of reproducing. Lower-income families who put “everything [they] have” (Eszter) into a CSOK house project, for example, must provide a larger (and longer term) ‘stake’ in their intimate lives than those like Nóra (see opening vignette), who can afford to be riskier.

Some of my participants were indeed skeptical of whether these schemes “can benefit those who are in need” (Vera, 36, mother of 3), though often still adding that “conditions are necessary”. In our conversation about how the government supports families, Flóra said that “it may not be the best for those who need it most, as they may go under [‘belebuknak’] as a result or may not be able to take [part in the schemes] at all”—adding that she is “not sure whether

this is a good thing or not”. These women were not the only ones to hesitate or vacillate on critiquing the selectiveness and uneven riskiness of state involvement for people from different backgrounds. Zsófi and her husband (both 35, parents of 1) also reflected on the way these benefits can become divisive, “pushing societal strata farther away from each other” (Tamás) They emphasized their view that loan schemes will have different degrees of risk for those who are financially obliged to take them versus those who *choose* to take advantage:

It either chases you into debt or those who have a lot of money are benefitting yet again. I don’t think that it will be easier or better for a family just because [the state] gives something, rather it is only those who are smart and think about it who can take advantage and not those who aren’t smart enough or are forced to, [...] because they *must* in order to have a house that is liveable for their child, (Zsófi, 35, pregnant mother of 1).

In this account, while different levels of risk and advantage associated with pronatalist schemes are acknowledged, need and responsibility seem to get blurred. Rozi (28, mother 1), my only participant who had definitively changed her mind and decided to repay her CSOK grant³⁰, had some of the strongest opinions of the role of “responsible” and “conscious” decision-making regarding CSOK and BL. She also perceived those who took part in pronatalist schemes for financial reasons as “impulsive”. She reiterated throughout our interview that she was “calm” going into the CSOK agreement, “having read through all the terms [in the official gazette]” including what happens if you change your mind. Rozi differentiated herself from other recipients who end up having to pay penalties, like those who

get married only because of [CSOK/BL] or who have 20 kids, even though it wouldn’t fit into their lifestyle at all. And then they get a divorce, losing out on the whole thing having to repay it with brutally high interest rates and the penalty fees, which they are not aware of. [...] They take the loan, they squander it away, because they can’t handle it. I think most people can’t handle it—those who don’t come from a certain layer of society.

In this account, responsibility is associated with upper/middle class background, reserved for those who entered these contracts being aware and rationally able to evaluate and shoulder their risks. Similarly, when I asked her if she would recommend schemes like BL/CSOK to others, Vera (36, mother of 3) reflected on the dangers of these schemes, especially for those who have not learned “to manage their finances” leading many people to “easily fall into debt”. She

³⁰ Which would cost them around 800,000HUF = 2050€

responded saying: “I would only recommend it to someone who can manage money well—by that I mean someone who knows their income, knows their expenses, and is able to make rational, responsible choices”. *Need* appeared to be associated with a lack of trust and an assumption of irrationality by better-off recipients of pronatalist schemes. While the unequal risk which these policies pose for different families is acknowledged by some women, their existence was never called into question. Instead, solutions included limiting accessibility of those with lower income or improving financial education to instill people with the tools to handle financial risk.

Through the above examination of how women narrate their engagement with CSOK and BL, a critical distinction emerges between those who feel they are “taking advantage” of the schemes and those for whom participation is experienced as a necessity. Fidesz’s pre-emptive pronatalism bind reproductive trajectories to financial risk-taking and long-term indebtedness, mediating women’s relationships with the state through financial contracts rather than unconditional rights or care. These relationships are deeply situated, and unevenly coercive for those who cannot *part ways with the state* if they wish. In other words, vulnerability is instrumentalized and ‘autonomy’ is selectively accessible. Furthermore, highly uncertain and complex choices are being discussed through classed ideas of responsibility which are embedded in the very design of the schemes. The divide between ‘needing’ and ‘taking advantage’ reflects more than a personal choice—it exposes how financialized pronatalism governs family life, reconfiguring how women construct their roles within pronatalist policy frameworks, negotiate the weight of responsibility and (un)certainly, and situate themselves (and others) as ‘competent’, ‘deserving’, or at risk.

5.4 Carrying the burden of (un)certainly: inequalities within families

Another aspect of choice I was curious to understand was what my participants’ narratives revealed about their role in making decisions under pronatalist schemes, especially as women in heterosexual relationships carrying an uneven portion of the reproductive and care burden in Hungary. The management of emotional and material risks of these state programs falls unevenly on women, which is particularly concerning in cases where a woman has a marginal role in making the original decision.

I introduce my argument with my only participant to explicitly reflect on and criticize the gendered unevenness which these policies play on, Mária (46, mother of 4). In her view, the state's methods of encouraging marriage and designing benefits for the 'family unit' rather than individual parents resemble "feudalist approaches". While she acknowledged that they could not have afforded their current home without taking CSOK, she was critical of the scheme's financial allure, calling it "deceiving" and a "trap", especially for women who are financially dependent on their husbands in some way.³¹ What sets her apart from the majority of women I interviewed is that she did not take any loans/benefits pre-emptively, meaning her reproductive capacity had not been leveraged in the same way. Nonetheless, they used the CSOK's 10+10 million scheme to move to a new-build suburban home. Maria candidly told me that when deciding to take part in the scheme, she had not thought about the financial risk of divorce (and neither did most other participants, instead saying they hoped it 'would not come to *that*'). However, during a crisis period in her marriage, this had become a very real possibility. Only then did she come to understand what she called the "other side" of these incentives. While Maria did not end up divorcing her partner, she was grateful to have her own flat, seeing it as a financial contingency which, if it came to it, would allow her to repay her part of the CSOK, instead of being forced to stay in a bad relationship. She was aware that many women in these contracts do not have the same "luxury", adding how undervalued they are in the labour market, making divorce unevenly risky for women. While none of my participants were divorced or separated from the partner who they had taken CSOK/BL with, my participants' stories revealed various ways in which the state permeates the dependencies (and subsequent gender inequalities) which Mária pointed out.

With the notable exceptions of Rozi and Klaudia, essentially all women told me that their husbands took on the primary role in gathering information and guiding the financial considerations of whether to take grant/loan-based policies.³² Some even told me that they felt the need to sit "down with [their] husband" before their interview to "clarify what [schemes] they had taken and how" (Vera, 36, mother of 3). These "designated roles" appeared to be a combined effect of a more "conservative" division of labour (Vera), the husband being identified as the "financially/loan savvy" (Flóra) or "the more patient" (Adrien) partner. Even

³¹ Which many Hungarian women are or become if they take the whole length of maternity/parental leave/ or even GYET (stay-at-home mother benefit for mothers of 3 until youngest turns 8 – same amount as GYES).

³² Meanwhile women took greater 'ownership' over manoeuvring their eligibility for CSOK/GYED/GYES and maximising the potential of these leave allowances, for example.

Klaudia, who had been closely involved in collecting information about and weighing the costs/benefits of CSOK, recalled the back and forth between her and her husband, emphasizing that

My approach was [...] ‘maybe later, let’s stay for now’ [in their flat at the time] ‘this is more certain...later, later, later’ But my husband said ‘no, here is this opportunity, poof, let’s go! And I said ‘Okay!’

Similarly, Eszter reflected that she “was more worried about it than [her] husband”:

because it’s a large amount of money, and we’d be going into debt for 20 years—or however long. But the CSOK has a fixed 3% interest rate, and it’s really not *that* bad. Looking back, I’m actually glad we went through with it, because now it doesn’t seem nearly as risky.

The gender dynamics of how choices about taking pronatalist benefits are made within a family bring into question not only the implications of unevenly informed decision-making, but also what this may mean for women’s choices over time—for as long as *20 years*. Eszter’s fears transformed into a gratitude as she fulfilled her reproductive ‘promises’ and saw the financial advantages of the loan come to fruition. In retrospect, the financial advantage of the CSOK schemes led her and various others to downplay the burden of taking on both its (un)certainity and long-term regulatory nature.

As with Mária’s concerns about divorce, it is in cases where women reconsidered their intimate choices that the gendered implications of financializing reproduction came to the surface. Johanna’s (33, mother of 1) account of deciding to take the BL and the CSOK in order to buy a new-build home (pre-emptively promising two children), is an illustrative case here. Like nearly all the other women I interviewed, Johanna made a point to emphasize that the financial gain of the policies “was not a motivation” in her reproductive plans. At the same time, it was a motivation for marriage which equally also influences how she has been able to re-evaluate these decisions and plans. Johanna explained that financial considerations were prioritized in taking both schemes, admitting that she “totally relied on” her husband and a mortgage advisor, who helped decide the smartest way to finance their new-build home, and at which bank.³³ She

³³ This is another dubious aspect of pronatalist financial supports which are claimed through private banks which I alluded to in Chapter 4. Banks compete to offer couples the best ‘deals’ on loans with incentives like no administration fees or and extra 100,000 HUF support on the Baby Loan (which Zsófi and Tamás told me about). This also may play a role in the ‘quick’ procedures around BL and CSOK which I discuss in Chapter 5.2.

seemed to not have been entirely informed regarding what happens if you change your reproductive plans, want to move abroad, or get divorced—things which only came up during “harder times” *after* her first child was born. When I asked whether she felt aware of all terms before entering these contracts she

(laughed awkwardly) Well, not really in advance—[I did not know] what it would mean if we didn’t have the child, for example. [...] These kinds of risks were discussed more later on. [...] My husband always emphasizes that the penalties can be really high—like in case of a divorce. Or, for example, I sometimes say how great it would be to live abroad for a few years if the opportunity came up. [...] But he always tells me not to dream too much. So, he’s really focused on the fact that you have to live in the house.

I also prompted Johanna to tell me more about the time she had doubted if she could handle another child:

My husband looked into that [...] because I asked him to check what it would mean. And he said the penalty is really high. He didn’t give me an exact number... but if I just think about how much I earn at the university—it’s honestly ridiculous--it’s outrageously low.

Johanna’s decision on whether to potentially back out of the contract and repay the state is narrated through what her husband deems to be an unfavorable financial decision. Similarly, she highlights her low salary rather than the cost of possibly having another child, despite being uncertain about her capacity and desire to do so. In their family dynamic, it appears that her husband is the gatekeeper of information, which directly influences Johanna’s reproductive choice that is entangled with decisions and hopes about where she lives or what happens to her marriage. This dynamic with her husband mediates her relationship with the pronatalist state. Johanna’s account illustrates how the financial logic of these schemes can override women’s autonomous decision-making on various fronts: her dreams of living abroad or even reconsidering a second child are quietly foreclosed by the financial penalties of non-compliance—penalties she learns about only through her husband’s ‘rational’ framing of these costs.

By transforming reproductive intentions into binding financial obligations, both CSOK and BL blur the lines between private desire, marital negotiations, and state compliance. As a result, women not only carry the embodied and emotional labor of reproduction but are also made to shoulder the risky uncertainty produced by a system that treats fertility as a condition for, much needed, financial support. These dynamics reveal how financialized policies reconfigure power

within families, often to the detriment of women's autonomy. However, the generous and pre-emptively available, and long-term nature of pronatalist state support is emphasized in women's narratives to justify and draw a veil over the reproductive sacrifices of carrying the burden of (un)certainty.

5.5 Conclusion

In this chapter, I have examined how women navigate the layered decision-making involved in taking up pronatalist schemes—decisions that do not end at the point of uptake. Instead, women enter a series of negotiations with the regulatory pronatalist state, with their partners, and (both reproductive and non-reproductive) life plans. I have discussed three aspects of what I call the financialization of reproductive choice(s) under the pronatalist contracts constituted by CSOK and BL.

First, looking at how women talk about and make sense of their decision to use these schemes, I argued that their financial promise acted as a buffer, if not a 'solution', to the uncertainty that surrounds reproduction and care (as outlined in Chapter 4). This was exacerbated not only by the bureaucratic 'ease' of entering these pronatalist contracts, but also by the sense of novel, limited-time opportunity they represented to many of my participants. However, the seeming 'generosity' of pre-emptive pronatalist support conceals asymmetrical burdens and a picture of uneven access to 'choice'. This became particularly evident in my comparison of women who felt they *needed* these pronatalist rewards to get by and those who saw it as something to selectively *take advantage of*. Women's ability to change their mind and 'freely' exit these contracts varies along classed lines and emphasises individual responsibility. Finally, while husbands often played a leading role in the 'rational' decision-making around whether CSOK or BL would be 'worth it'; the emotional and logistical management of these obligations, and subsequent 'risks', fell disproportionately on women.

All in all, what emerges is not a binary of 'winners' and 'losers', but a policy landscape where the capacity to 'responsibly' navigate these pre-emptive schemes is paradoxically demanded in a system that presumes certainty, commitment, and stability where they often do not exist. What begins to take shape is a socially layered group of women, among those eligible, who are simultaneously most in need of support and most vulnerable to its conditions. In the final chapter of my analysis, I explore how at the intersection of income, employment, health, and

reproductive capacity, two women—Klaudia and Berta—engaged with and navigated the demands of CSOK and BL in divergent ways.

Chapter 6: Navigating Pronatalist State Involvement: Between Strategy and Hope

6.1 Introduction

To round up my analysis, I now turn to the stories of two women: Berta and Klaudia. These vignettes offer particularly rich and tangible insight into the diverse ways women position themselves in their entanglements with the pronatalist state. Through a more detailed analysis of their respective stories, I bring further nuance to what the uncertain and regulatory nature of these policies mean to women with different positionalities. Both women wanted to “have a big family” and took part in the CSOK and BL schemes planning 3 children. However, they entered these ‘contracts’ with the state from diverse vantage points. In analysing their stories more closely, I was particularly interested in: the role of uncertainty (embodied and institutional) as a backdrop to their reproductive expectations and experiences; how these women justify ‘letting’ the state in; and how they navigate and cope with this pronatalist involvement?

The first vignette tells Klaudia’s story, an upper-middle class mother who got “as much out of the [pronatalist] system as possible”. I argue that while she appears to be the ‘winner’ which policy critics write of, the financial rewards of not one but two ‘successful’ CSOK schemes, this required substantial strategizing, which she shouldered alongside being a full-time carer of three and the struggle of regaining a sense of purpose in her career. Afterward, I look at Berta’s story, which is distinct on various fronts. As an older lower middle-class mother of two adopted children on disability assistance, she had a very different approach to state support and what she felt she could get out of pronatalist schemes. At the time of our interview, her and her husband were at cross-roads about going ahead with the adoption of a third (‘promised’) child, weighing the costs of CSOK/BL penalties. Talking with her amid these deliberations was revealing of the regulatory power these policies wield over its most vulnerable recipients. I conclude with a comparative discussion of the two vignettes, arguing that while these two women took part in pronatalist schemes with comparable reproductive plans and a very similar timeline, their reasons for using these schemes, as well as the ways in which they navigated the scheme’s presence in their reproductive lives, were divergent.

6.2 Klaudia – becoming the ‘winner’ of pronatalism

My interview with Klaudia, a 34-year-old stay at home mother of 3 children (ages 8, 6 and 3), took place at the dining table of her stylish, newly-built kitchen, and lasted about an hour before she had to rush off to pick up her youngest from kindergarten. Klaudia was an open book, very forthcoming and honest, and appeared to enjoy telling the story of her reproductive experiences, decision-making, and cunning use of family policy. She had experience with an array of pronatalist support schemes from graduate GYED, CSOK (twice!), as well as the Baby Loan. In some sense, she and her husband were the ‘perfect’ candidates for various pronatalist reward schemes: both came from large religious families and intended to have at least three children of their own. Her husband came from a wealthier family, allowing them to buy a home relatively young after getting married and starting a family—though not before completing higher education at prestigious institutions and entering different but equally lucrative industries. That being said, Klaudia admitted at the start of our conversation that her first pregnancy at 25 was “somewhat of an escape” from her corporate recruitment job. Later on, when I asked about what factors she considered when starting a family, she returned to the theme of struggling to figure out “in what direction [she] could be entirely fulfilled”. Relative to her (8) siblings, she “became a mother early” and despite her “shocking” first birth experience (as discussed Chapter 4) she has:

learned to love motherhood. I feel very good in my skin. I like being at home. The youngest just started kindergarten. I haven’t gone back [to work] yet. I don’t know when or how I will [do it]...

She had recently finished a fitness instructor certificate, but was not sure what she “will do with it, if anything at all”. during our conversations, I observed a recurring oscillation between an affinity for independence and self-fulfillment (through work), and her role as a mother and wife to her husband (who himself just embarked on a career change). This seemed to influence her reproductive trajectory. Discussing the timing of their second baby, she explained that “money was a consideration, so it’s 2 years (age gap) because of GYED, so that I would fit [the timeline]”. This seemed especially important as GYED eligibility was something she had worked hard to secure, as she had not been working long enough after university when she first got pregnant. In response to my question about whether family policy/leave entitlements were something that mattered in her reproductive planning, she explained:

I really had to chase after it a lot, and it turned out — and it was calculated almost down to the day — that they introduced the 'graduate GYED' where they count one semester from university [...]. My husband was even wondering why I was obsessing over this, like he would have just brushed off the whole thing. But then when the money came [it mattered] [...] I got net 185,000 HUF monthly and that carried through all three kids, because they were born 2–3 years apart. It definitely mattered.

By her third baby, however, she described “letting go of this financial burden”- which she saw as having “put on [her]self”- and “handing over” the responsibility to her husband as “liberating”. However, the remainder of the interview suggested that she had not quite *let go* of her desire for involvement in and contribution to the family’s finances, making sense of past and future reproductive decisions through access and the ability to “take advantage” of state support.³⁴ She especially emphasized their “success story”, maximising the financial opportunity of CSOK.

Klaudia carefully walked me through their decision-making around the housing subsidy, starting with when it “blew up” when they:

were living in a tiny flat, and [...] had one kid. It was really custom-made for us at that time. This was truly for those who [...] have some kind of small capital, or a flat or something and for whom this is the next step. [...] The big business was if you have 3 children, and you move to a new (build-home).

At first, they considered embarking on the construction of a new house. She explained that they did “a lot of calculations—we did the math, we went to several banks”, ultimately leading them to decide against it as “it would have been a huge risk, because [the money] from that tiny apartment couldn’t cover the cost of the plot, plus the construction, plus delays”. Klaudia framed risk throughout our interview primarily in terms of logistics and financial cost/benefit. Even though at the time of these decisions they only had 1 child (of the 3 they would be ‘promising’), and had even suffered a miscarriage, concerns about the reproductive requirements of the policy did not come up in her narrative. In the end, they successfully bought a larger apartment along the border of Budapest, where they moved some months after her second child was born. Klaudia described this to be “the best years of [her] life” explaining that the building “was full of CSOK flats” and families “with similar life situations”.

³⁴ As they have not ruled out having a fourth child, she also told me she had calculated that if she were to have a fourth in 1-2 years, she would no longer be eligible for the income-based CSOK/GYED.

Having bought with CSOK “fairly early” in 2017, Klaudia was among those whose property “tripled in value” when prices shot up. And, having first bought a smaller property, they were eligible for the “loophole” which allows you to move in the first 5 years and transfer your CSOK to a larger, more expensive home. They found a buyer for their flat within two weeks and got a “great deal” on their current home soon after. However, Klaudia frustratedly explained that this transfer was not as smooth as expected: “I had no idea how to transfer it. No one at the bank or even at the state treasury could give me a clear answer. I spent a whole month researching. It was super stressful”. In the end they got the advice of an independent mortgage advisor who recommended they actually repay the CSOK loan and penalty interest on their previous home and “reapply from scratch”. She was eager to emphasize that this was a “clean” and “completely legal route”, also highlighting that they managed to get another four million HUF written off from their original mortgage³⁵ “because of the third child” before selling their apartment, and secured the property tax exemption on their current home a second time around.³⁶ Klaudia was very proud of how she had “extracted” all possible pronatalist benefits and rewards “out of the state”, underlining her view multiple times that “nobody came out of this better than we did”. She described the BL, which they took before her third pregnancy, as “less striking”. However, she was particularly frustrated that she had not been able to maximise this benefit: “This is what I hate: I found out a bit late that you can apply for the 3-year repayment suspension starting from the twelfth week [so] when we applied I was already halfway—that ended this spring, so we’ve just started paying it back”. She added that while she knows that “a third of the loan is waived if you have another child, [...] that won’t be part of [their] decisions”. Like many others, reproductive plans and choices were neatly compartmentalised and presented as unrelated to these incentives and rewards. While at times a source of stress, Klaudia was seemingly on board with all other forms of compliance associated with “following the CSOK path”. For her, this was not about a lack of financial ability to repay the dividends of a loan, but rather a question of a desire to be strategic and thereby in control of how, and in exchange for what, the state gets involved in her finances and personal life. Klaudia’s narrative reveals that for those not *needing* material relief, pre-emptive pronatalist schemes can ‘offer’ something else. For her, the fulfillment she struggled to find in her early professional life appears to have been partially discovered in a form of maternal ‘entrepreneurship’, grounded in a strategic navigation of an increasingly financialized pronatalist state support. Her pride in having “extracted” all possible

³⁵ Another pronatalist reward separate from CSOK, where the state writes off part of any mortgage upon the birth of a child.

³⁶ Which you do not get if the CSOK is simply transferred.

gains from the state demonstrates how financial incentives tied to reproduction become a source of meaning, sense of agency, and even belonging.

6.3 Berta – hoping “with a gun to our heads”

For someone who only has this one opportunity to build [a house] – like us! – it’s like, yeah [the state] gave something, but at the same time it’s like having a gun to our heads. [...] Of course, in the ideal scenario [the babies] are born and everyone is happy and relieved, but at this point I am thinking more and more what’s going to happen us?

This second vignette is the story of Berta, a 45-year-old mother of two working full-time. We spoke for nearly two hours at the canteen of her office—she found it easier to fit me into a long lunch break, rather than take time out of her weekend with family. Berta was also warm and outgoing, eager to share her unique story and quick to respond to my questions with wit and, at times, self-deprecating humour. Berta has an 8-year-old daughter, a 5-year-old son, and they had been on a waitlist for more than 2 years hoping to adopt a third child at the time of our interview. Having a large family with multiple children was something she “always knew” she wanted, recounting that when she was diagnosed with an autoimmune disease at 35 one of her first concerns was: “can I still have children?”. The first time she called an adoption agency was actually “from the hospital” after a bad flare-up. The ‘usual’ concerns like housing, employment status, or access to family policies—which many of my other participants cited as a consideration in starting/expanding their family—were secondary in her reproductive decision-making. Rather, Berta’s health and age were the main factors, on top of the “unpredictable” timeline adoption processes involve. Her less ‘strategic’ approach was reiterated when I asked whether they had considered or ‘calculated’ the family benefits they may use/receive once they embarked on parenthood:

Of course not, no, nothing like that! Our approach was that ‘we’ll get what we get’ anyway. It would have been pointless.

Less than two years after that phone call, they adopted their first child. During the conversation about how each adoption played out, I found out that Berta was not eligible for maternity leave (CSED/GYED) or parental allowance (GYES) unless she forfeited her disability allowance³⁷ which was seemingly a large portion of her income when she became a mother. This meant that

³⁷ Approx. 60000 HUF/month.

her and her husband (who was working full-time) did not get any state support³⁸ for the first 6 months, and Berta even returned to work a few hours per week (explaining that her boss “begged for [her] back because they did not want to hire anyone in [her] place”). In this precarious situation, the exclusionary and contradictory logics of even the most basic family policies in Hungary are revealed. Due to her disabled status, she was not bound by the CSED/GYES policy which requires you to stay home for the first 6 months of a child’s life, meaning that her job was not protected and leading her to return to work earlier than planned. Her husband who *was* eligible for GYES, being the main provider for the family during this time. The change which made GYES and disability allowance mutually exclusive was part of Fidesz’s 2012 pensions reform, which sectioned off disability support from the pensions fund and also classified recipients based on their level of ‘rehabitability’ meant that Berta had to choose the grounds on which to claim her social citizenship, rather than receiving support that accounts for the intersectional burden of caring for children, and living with a disability (Frederick, 2014).

Despite being left behind by the state in the realm of parental leave, Berta and her husband also tried their luck with CSOK and BL. As introduced earlier, for Berta, moving out from her mother in law’s house was necessary to accommodate their growing family, especially in anticipation of home visits by adoption authorities who determine whether they have the appropriate space for a second/third child. To this end, CSOK provided her family an otherwise unreachable opportunity, building a home. Having gained some confidence after the smooth adoption of their first child, in 2017 they took part in the 10+15 million CSOK³⁹ scheme. While they wanted three children to begin with, Berta also admitted that they were being “hopeful” ‘promising’ three children as “they could not have built otherwise”. Even with the grant and state subsidized loan, they had to “carefully calculate”, looking for “a contractor who would do it for the amount we had. My mother-in-law also topped it up a little, and I had some savings”. Berta also highlighted that they had to spend extra during construction to meet the square meter requirements for 3 children set by the terms of CSOK, an example of how the strict scheme requirements lead to hidden costs for families. At the time of our interview, however, this

³⁸ Apart from the family allowance (családi pótlék). She even gave away her one-time birth grant to the biological mother of her daughter as the mother had had not received this support.

³⁹ For families promising three children on a new-build property. 10 million HUF grant (non-repayable if all children are born) and 15 million HUF loan with fixed interest rate.

unfavourable aspect of the scheme was overshadowed by the increasing uncertainty around their ability to fulfil the terms of both the CSOK and Baby Loan.

While their 2nd child arrived after a longer wait in 2019, the process of adopting a third child had been less smooth. Because of Berta's age, they were no longer eligible to adopt a newborn⁴⁰, which not only decreased their chances of a match, but also left her feeling deeply conflicted:

If we take the 12-year period⁴¹ the 'deadline' is 2029. By then I'll almost be 50. [...] Do they really want to force me to take on a 5-year-old [at that point]? When it's possible that my health will be terrible, maybe I won't even have the energy anymore—which is not good for the child either. [...] If I really want to make a responsible decision, then I'd say that either something changes by the end of this year or we have to let it go. But I can't let it go—because I'm not allowed to!

In her relationship with the state, Berta must navigate contradictory demands. On the one hand, she wants to make a *responsible decision*, reflecting on how her deteriorating health may be an issue for a future child. On the other, she contends that pronatalist schemes do not allow her to make this, already-difficult, choice to 'let it go'. She then went on to emphasize that "the fact that [they] cannot have a [third] child, is to a large extent the fault of the [state] system". This left her feeling helpless, and increasingly aware of her inability to meet a more insidious demand of the state: to control one's reproduction to avoid penalties.

Berta described their experience with the BL as an "even worse" situation, which they have to start "saving up" for. She reflected that while it would have been better to take it before the adoption of her second child, they were "in a different life situation [at the time]" and did not want to take on another loan. However, the arrival of their second baby made them feel "brave enough" to apply for BL, with the idea that they would use it to repay another debt (with market-rate interest). , now, it is another source of "looming risk" which Berta described feeling like a "sword over [their] heads". She reiterated the sense that she "shouldn't be punished for this either" because she "has no control over it":

⁴⁰ As there must not be more than 45 years between the adopter and adoptee.

⁴¹ The time CSOK sets for 3 promised children in case of adoption (extended from 10).

I can't even try [getting pregnant], I can't do anything, all I can do is sit and watch—my phone is on day and night, just in case [the adoption agent] calls, so I can hopefully hear it.

Unpacking Berta's narrative, I felt that the *hope* for a third child was getting harder to discern from the hope of being relieved of the financial burden of CSOK and BL, especially as she was getting older. What began for Berta and her husband as a rare *opportunity* to be relieved of uncertainty around housing and finances ended up being a source of significant stress and state coercion, when the *ideal scenario* did not come true. Her story illustrates the various ways in which state support for families in Hungary fails to accommodate those whose reproductive paths do not align with normative expectations—her experience as a disabled adoptive mother reveals the rigid conditionality of pronatalist policy. Rather than empowering her, these schemes imposed pressures she had little control over, turning what initially felt like an opportunity into a source of anxiety and uncertainty. Berta was left to rely on hope, navigating the space between longing for a third child and the looming threat of a financial penalty.

6.4 Conclusion

These two vignettes narrate the choices of women who took the same CSOK loan scheme in 2017 when they each only had one child, and the Baby Loan later on after a second child. However, the stories of Klaudia and Berta offer two sharply contrasting accounts of Hungary's pre-emptive pronatalist landscape—differences that speak to the logics underpinning these policies. What began for both women as a 'certain' path to realising long-held desires for large families and secure housing evolved into something more complex: a terrain of obligations, calculations, and risky 'rewards'. While the policy framework promises support and 'predictability', in practice it relies on women to absorb the volatility it creates. In both women's cases, reproductive life became financialised: embedded within a set of contractual expectations that are indifferent to the unpredictability of real lives. (Un)certainty becomes not just a background condition, but a source of potential penalty. For Klaudia, these schemes were tools she could manipulate to her family's advantage. Though navigating them demanded strategizing within a faulty institutional landscape, her active involvement seemed to afford her a sense of control and achievement. Berta's story exposes another side of this system: when one struggles conform to the terms of the contract, the schemes become sources of contradictory coercion. She found herself tethered to a reproductive goal that no longer matched her circumstances, yet one that was too financially consequential to abandon. This

contrast reveals the deep asymmetries in how reproductive responsibility is distributed. Those with stable employment (which allowed Klaudia to claim GYED for example), health, and institutional familiarity can leverage the system to their benefit. Those with more precarious circumstances, or whose lives diverge from the ideal reproductive script—through adoption, chronic illness, or age—face a much narrower range of ‘options’. The financialisation of pronatalist policy, has a dual function by rewarding certain paths and punishing deviation from them. Berta and Klaudia’s experiences thus underscore the uneven effects of Fidesz’s pre-emptive pronatalist turn within the ‘winning’ middle-class.

Conclusion

In this thesis I have explored how women's reproductive choices are shaped by pronatalist state involvement posed by the CSOK and Baby Loans. Through an analysis of fourteen in-depth interviews conducted with mothers who have 'chosen' to take part in, and (to varying degrees) benefitted from, these compelling pronatalist incentives, I aimed to uncover the mechanisms that govern these women's decision-making and reproductive lives. While these policies appeared to offer families a sense of stability or even a source of upward mobility, promising to have children in exchange for financial gain, given in advance, is inherently precarious. However, the risky certainty demanded by pre-emptive rewards of CSOK and BL was often overshadowed by the perpetual uncertainty and inconsistent state involvement in women's reproductive experiences, spanning fertility, birth and balancing childcare and employment. I have shown that in post-2010 Hungary, through a variety of regulatory measures women are simultaneously made dependent on the state (e.g. for accessing IVF), and left to negotiate its 'risks' and institutional weaknesses privately. In these relationships women are constructed and maintained as vulnerable reproductive citizens. I argue that this is not accidental, but rather paradoxically serves the pronatalist imperative of long-term state involvement in women's reproductive choices. The way women talked about their initial decision to enter CSOK and BL agreements supported this. Whether they made sense of it as a 'buffer' against future precarity or as a needed solution for addressing a present uncertain housing situation, families at various levels of the middle class were anxious to 'miss out' on these (often fleeting) support schemes. However, the social protection afforded by pre-emptive pronatalism comes at the cost of an intensified state presence and regulatory stake in reproductive choice(s) and intimate family lives more broadly.

In my analysis I also dissected classed and gendered implications of a deepening financialization of reproductive subjectivities. I argue that CSOK and BL embed women in complex, long-term contracts that constrain autonomy differently for those who have the financial liberties to change their minds and those who do not. While this division was acknowledged in my participants' narratives, class positions were also linked to normative judgements on who has the capacity to take on individual reproductive responsibility and who does not. Indeed, responsibility emerged as a theme in how women navigated pronatalist state involvement. However, across the intersectional positionalities represented in my data, a central divide emerged between those who could strategically leverage these schemes (like Klaudia)

or even change their minds accepting the penalty (like Rozi), and those who are left feeling powerless and cornered as a result of their state dependence (like Berta). My research sheds light on how the ‘lucky’ beneficiaries of CSOK and BL become part of a stratified landscape of vulnerability where even women who gain materially must carry disproportionate emotional, logistical, and embodied burdens involved in compliance. Even when the ‘promises’ of the schemes are fulfilled, state oversight often continues due to the long-term financialised logics of pre-emptive pronatalism. Thereby, the relationship between women and the state is sustained—not grounded in care or empowerment, but in contractual surveillance. While Heitlinger (1991) classifies ‘positive fiscal incentives’ such as CSOK or BL as non-coercive forms of pronatalism, my analysis of “what counts as ‘choice’” invites a questioning of “what counts as coercion” (Gal & Kligman, 2000: 76). At the same time, my research provides lived examples of the ‘choice architecture’ described by Nova (2019) at work. The schemes designed and discursively constructed as lucrative financial ‘options’, allows the state to make the limitations it places on women’s reproductive decision-making appear voluntary.

With the replacement of CSOK at the end of 2023, further research may look at its now exclusively pre-emptive successor CSOK+ to explore this new relationship the state is forging with women. Furthermore, seeing the lowered age restriction placed on women taking the Baby Loan (30, then raised again to 35), studies may look at how the reproductive plans of younger Hungarians have developed under Fidesz’s compelling pronatalist incentives. These transformations, along with Fidesz’s reignited interest in middle-class women (e.g. through the expansion of income tax exemption to working mothers) as voters in the upcoming 2026 general elections, raise a variety of important question: Do women and their families see state support as the generosity of the ruling party or are their perceptions more aligned with the narratives of ‘luck’ and ‘right place, right time’ that were common among my participants? If the opposition managed to replace Fidesz after sixteen years in power, would there be an opening for the reversal of selective and pre-emptive forms of support in favour of a more generous universal family and leave allowance? Or have these schemes become ‘untouchable’ parts of the *Hungarian social policy consensus*? Can there be collective resistance against a policy which individualizes ‘risk’, and impacts its recipients in such Furthermore, the implications of my research also go beyond local seeing that Orbán has gained significant international attention, and praise from the far-right, for his ‘novel’ approaches to encouraging middle-class childbearing (Goldberg, 2025). Further critical research on the (perhaps, not so) ‘unintended

consequences’ of pre-emptive pronatalist schemes may influence policymakers and at least slow down a larger wave of far-right pronatalist governance.

Taken altogether, I argue that a state policy which instrumentalizes citizens’ desire for certainty and greater financial support to achieve ideologically charged pronatalist ends, has no clear ‘winners’. Pre-emptive pronatalism serves not only a selective demographic imperative, but also represents a novel form of governing through contradiction—where the only possible *winner* is the state itself, securing access to the most vulnerable corners of women’s reproduction under the guise of protection and predictability.

Appendices

1. Seven-point Family Protection Action Plan (csalad.hu, 2019)

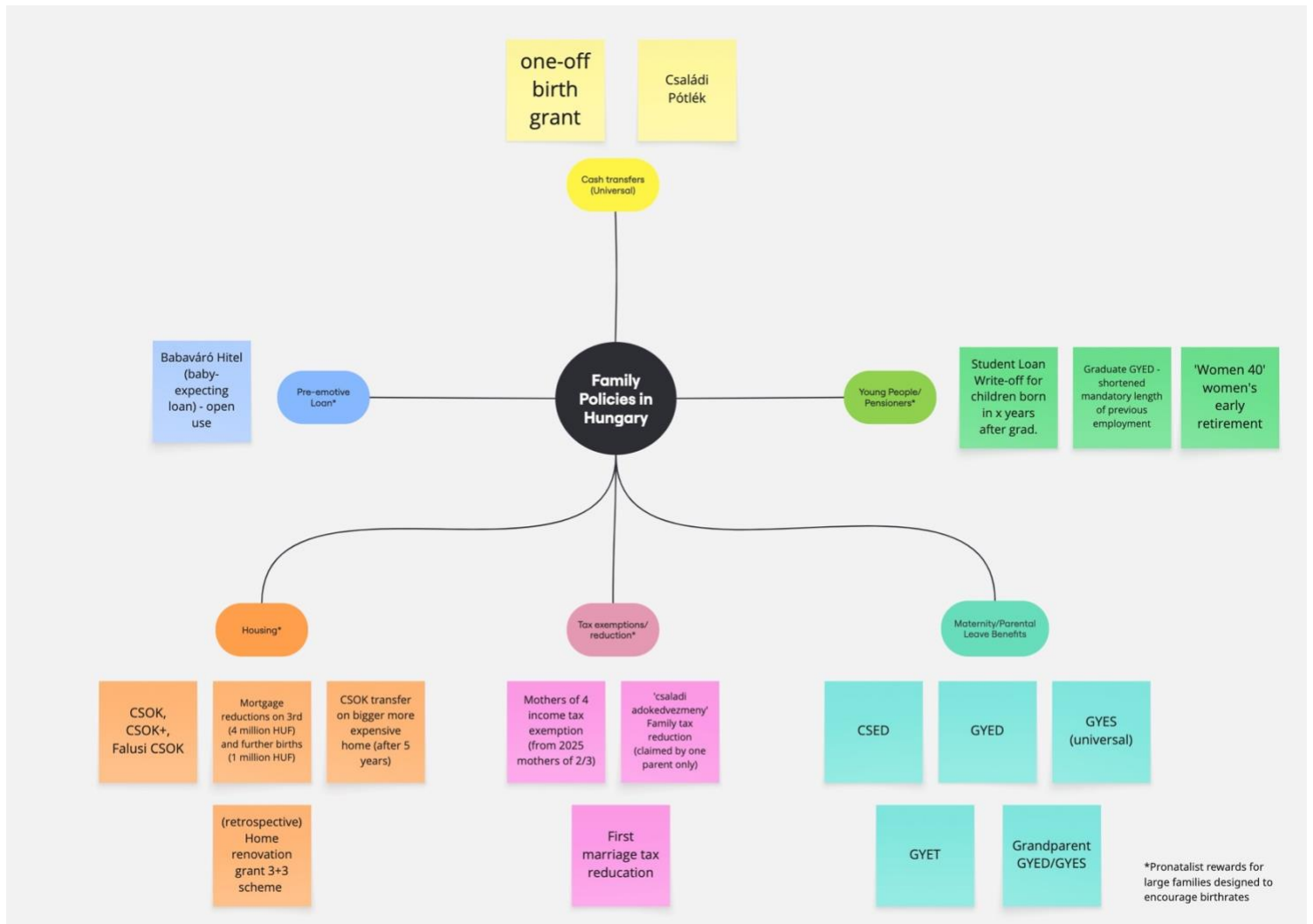


Translation:

“THE NATIONAL ASSEMBLY HAS ADOPTED THE FAMILY PROTECTION ACTION PLAN”

- Introduction of childbearing support for young families
- CSOK can now be used for purchasing used homes
- Expansion of mortgage loan reduction eligibility and the amount of support for families with children
- Mothers raising at least four children will be exempt from personal income tax
- Large families will receive non-repayable support for purchasing a car
- Full nursery care will be implemented
- Introduction of grandparents' GYED

2. Framework of Family Policies in Hungary



Source: collated by author using various sources (for more detailed accounts see Inglot et al., 2022; Fodor, 2022; and the Család.hu, 2025 webpage for the most up-to-date policy offering)

3. Application of Heitlinger's (1991) Adapted List of Pronatalist Interventions to Hungarian Family Policies available in Hungary

Forms of pronatalist intervention (Heitlinger, 1991: 352)	Availability in Hungary	Example
"Family-founding loans	Yes	Babaváró (Baby-expecting loan)
Birth grants	Yes, unless child is adopted	'Anyasági Támogatás'
Child allowances	Yes	GYES (child-care allowance – universal) for 3 years
Tax exemptions for children or dependent spouses or both	Yes	Tax exemption for mothers with 4+ children and 2/3 from 2025), Family Tax Allowance
Guaranteed income for mothers/parents who care for their children instead of working for wages	Yes, but tied to previous employment. Universal support far below minimum-income	CSED (6 months 100% of previous income) GYES for first 3 years of child's life (monthly allowance approx 75€), GYET (an extension of GYES to mothers of 3+ until the 8th birthday of youngest child)
Work-related measures, flexibility, sick leaves	Yes	Sick leave (táppénz)
Subsidized housing, child-care or recreational facilities for children	Yes, but serves upper classes and 'working' mothers	CSOK/CSOK+ - subsidized new home purchase, expansion of nursery places
Pronatalist propaganda campaigns/educational programs	Yes	Widespread government posters, 'family-friendly' Hungary, ads for grant/loan schemes, 'family' education from primary school, limitations on sex education (Sipos & Szalma, 2024)
Restrictions on abortions"	Legal until week 12 but Yes	Heartbeat law, mandatory waiting period between two consultations jeopardizes dignity and access (Rutai, 2022)

Source: Table created by author; policy examples from Család.hu (2025) unless cited otherwise

4. Ideological Motives Pursued in Reproduction Policies in Hungary

	Abortion	Adoption	Contraception	MAR	Sexuality education
Universal pronatalism	X	–	–	X	X
Selective pronatalism: marriage based	–	X	–	–	–
Selective pronatalism: heteronormative	–	X	–	X	X
Selective pronatalism: socio-economic status	(X)	–	–	X	X
Support of traditional gender norms	X	X	X	X	X

Notes: Assigns policy orientations to five reproduction policies in Hungary, that is, abortion, adoption, contraception, medically assisted reproduction, sexuality education, differentiating universal pronatalism from variants of selective pronatalism based on marriage, heteronormativity, socio-economic status, and from support of traditional gender norms.

Source: Szalma & Sipos (2024:130)

5. List of Participants

Participant pseudonym	Age	Children	Highest Education	Occupations/ Leave Status	Pronatalist Schemes Used
Rozi	28	1	Masters	IT specialist (working full-time)	CSOK Grant, Baby Loan, Home Renovations Subsidy (HRS)
Adrien	31	2 (twins)	Bachelors	Kindergarten teacher (on GYED)	CSOK Loan, Baby Loan
Nóra	35	1	Masters	Data analyst (on gyes, contractual work)	CSOK Loan, Baby Loan, HRS
Zsófi/Tamás	35/ 35	1 +pregnant	Masters	Zsófi: Accountant (pregnant on gyes, contractual work)	CSOK Loan, Baby Loan
Hajni	38	1	Bachelors	Research Coordinator (on gyes)	Baby Loan
Klaudia	34	3	Masters	HR/Economist (stay at home mother)	CSOK x2, Baby Loan
Imola	47	2	Bachelors	Head of a kindergarten (working full-time)	CSOK
Rebeka	35	1 +pregnant	Masters	Specialised secretary (pregnant, on gyes)	Baby Loan
Flóra	34	2 +pregnant	Bachelors	Nurse (on gyes)	Baby Loan
Eszter	37	3 +pregnant	Bachelors	Pediatrician (stay at home mother, on gyes)	CSOK Loan, Baby Loan
Mária	46	4	Bachelors	Mid-level manager (working full-time)	CSOK Loan
Vera	35	3	Bachelors	Teacher (stay-at-home mother, on GYET)	Baby Loan, Car purchase scheme
Johanna	33	1	PhD	Postdoctoral Teaching Assistant (on GYED)	CSOK Loan, Baby Loan
Berta	45	2 adopted +applied to adopt 3rd	Bachelors	Language Teacher/Claims Specialist (working full-time)	CSOK Loan, Baby Loan

6. Informed Consent Form

Ismertető a Kutatásban Résztvevők Számára

Kutató:

Evetovits Emma
Mester hallgató
E-mail: evetovits_emma@student.ceu.edu
Telefon: +43 6607908102.

Tisztelt Résztvevő!

A mesterképzésem részeként egy szociálpolitikai kutatást végzek, aminek a fókuszában a magyar családpolitika áll. Olyan családok, édesanyák, és várandó szülők tapasztalatairól és perspektíváiról igyekszem információkat, részleteket megtudni, akik a pl. a CSOK, Babaváró Hitelt vagy ehhez hasonló családi támogatásokat vesznek/vettek/vehetnének igénybe. Ennek fényében hívom Önt és családját, kutatásomban való részvételre, interjú alanyként. A résztvevőkkel folytatott beszélgetés időtartama kb. 45 perc-1 óra lesz.

A kutatás fókusza

A kutatás célja az, hogy jobban megismerjük, hogy a Magyar család támogatási rendszer milyen különféle módokon befolyásolja a nők és családjuk gyermekvállalási szándékait és tapasztalatait, valamint a sokszor nem könnyű családi döntéseket, mint például a munkavállalás, vagy a gyermek gondozásával járó terhek elosztását. Mivel rendkívül kevés létező tudományos kutatás foglalkozik a magyar állam családpolitikai intézkedéseinek tényleges eredményeivel - különösen a személyes tapasztalatok szintjén - a résztvevő családok kifejezetten értékes hozzájárulást nyújtanának a családpolitikai reformok átfogóbb és alaposabb értékeléséhez és jövőbeli fejlesztéséhez.

A résztvevők anonimitása biztosított lesz, illetve a kutatásban való részvétel önkéntes és bármikor megszakítható. A kutatást és a hozzá tartozó szakdolgozatot Dr. Fodor Éva - szociológus – ügyeli fel.

BELEEGYZŐ NYILATKOZAT

Én, (alulírott résztvevő) ezennel kijelentem, hogy ez a kutatás résztvevőjeként elolvastam és megértettem a fenti információkat, és elismerem/tudomásul veszem, hogy:

- választ kaptam a kutatással kapcsolatos kérdéseimre
- megértettem, mit várnak tőlem az interjú részvétel során
- önként veszek részt a kutatásban

- engedélyezem a hang felvétel készítését a beszélgetés során
- bármikor lehetőségem van további információkat kérni és kérdéseket feltenni
- jogom van bármikor felfüggeszteni a kutatásban való részvételt
- nincsenek következményei, ha a kutatásban való részvételt felfüggesztem
- a kutatás eredményei felhasználhatók tudományos célokra, és közzétehetők
- engedélyezem az anonimizált információk használatát kutatási célokra és azok közzétételére

Szeretnék tájékoztatást kapni a kutatás eredményeiről, a kutatásvezető ebből a célból felveheti velem a kapcsolatot:

IGEN

NEM

A beleegyező nyilatkozatot elolvastam és jóváhagyom:

.....
(Résztevő neve)

.....
(dátum)

.....
Résztevő aláírása

.....
Kutató aláírása

7. Semi-Structured Interview Guide

Első rész: Ismerkedés

- Mesélj egy kicsit magadról. Hány éves vagy, mivel foglalkozol?
- Bemutatná(d) röviden a családot? Mióta vagytok együtt a gyermekeid apjával/pároddal? Házasság vagytok? Mióta?
- Tudnál mesélni a gyermekedről/gyermekeidről? Mikor születtek? Tervezett baba/babák volt(ak)? (itt, vagy később) Probléma mentes volt a teherbe esés/terhesség?

Második Rész: Családalapítási szándékok, döntések, és tapasztalatok

- Mindig is vágytál arra, hogy legyenek gyerekei? Ha igen, hány gyermeket képzelte el kislánként? És Felnőttként? Mi változott, mik voltak a faktorok?
- Mik voltak a fő szempontok, amikor úgy döntöttél, hogy családot alapítasz?
- Fontos volt, hogy házasság legyei gyermek születése előtt?
- Hogyan hoztátok meg férjeddal a családalapítással kapcsolatos döntéseket (pl. Időzítés/hány gyerek? Úgy éreztél, hogy közös döntés volt?
- A családalapításkor szempont volt-e nálatok, hogy milyen anyasági és család támogatást tudnátok igénybe venni.
- (ha előbb nem) Probléma mentes volt a teherbe esés/terhesség? Ezek az élmények/tapasztalatok milyen szerepet játszanak/játszottak további gyermekvállalásba?
- Milyen volt a gyermek születése utáni időszak? Támogatottnak éreztél magad? Hogy osztottátok meg a gyermekgondozást és a házimunkát a pároddal, és azóta?

Harmadik rész: Tapasztalatok család/gyermekvállalási támogatással

- Vettetek fel babaváró hitelt?
 - Ha igen, kicsit mesélsz ennek a folyamatáról, hogy működött és mik voltak a szempontok a hitel felvételében?
 - Ha nem, (jogosult-e?), és gondolkodtatok valaha arról, hogy felveszitek? Ha nem, miért nem?
- És a CSOK/CSOK+-ot igénybe vettétek?
 - Ennek felvételéről hogyan döntöttetek, és miből állt ez a folyamat?
- Bármilyen más családtámogatást igénybe vettetek/vagy terveztek venni?
- Hogyan szereztetek tudomást ezekről az támogatásokról? És hogyan tájékozódhattok a sok különböző információ között?
- A támogatások és hitelek feltételei/kivételei-vel tisztában voltatok? (Ha nem sikerül a baba, válás esetén mi történik, ha a házasság gond van stb.)
- Ajánlanád másoknak is a Babavárót/CSOK-szerű támogatások felvételét?

Negyedik rész: 'Családbarát Magyarország' felmérése

- Meg voltatok/vagytok elégedve azzal amit a magyar állam felajánl a házastársaknak és növekvő családoknak?
- Mi tenné/tette volna könnyebbé a gyermekvállalást és az ezzel járó élet változásokat és terheket?

Bibliography

- Almeling, R. (2015). Reproduction. *Annual Review of Sociology*, 41(1), pp.423–442. doi:<https://doi.org/10.1146/annurev-soc-073014-112258>.
- Bajaj, N. and Stade, K. (2023). Challenging Pronatalism Is Key to Advancing Reproductive Rights and a Sustainable Population. *The Journal of Population and Sustainability*, [online] 7(1), pp.39–70. doi:<https://doi.org/10.3197/JPS.63799953906861>.
- Baji, P., Rubashkin, N., Szebik, I., Stoll, K. and Vedam, S. (2017). Informal cash payments for birth in Hungary: Are women paying to secure a known provider, respect, or quality of care? *Social Science & Medicine*, 189, pp.86–95. doi:<https://doi.org/10.1016/j.socscimed.2017.07.015>.
- Bajnay, O. (2022). *Financial Incentives Meet Moral Imperatives in Viktor Orbán's 'Social Contract' with Hungarian Women*. [online] Heinrich Böll Stiftung. Available at: <https://cz.boell.org/en/2022/12/09/Orban-Viktors-social-contract-women>.
- Bartha, A., Boda, Z. and Szikra, D. (2020). When Populist Leaders Govern: Conceptualising Populism in Policy Making. *Politics and Governance*, 8(3), pp.71–81. doi:<https://doi.org/10.17645/pag.v8i3.2922>.
- Beck, U. (1992). *Risk Society: Towards a New Modernity*. London: Sage Publications.
- Beck, U. and Beck-Gernsheim, E. (2001). *Individualization: Institutionalized Individualism and its Social and Political Consequences*. SAGE Publications Ltd. doi:<https://doi.org/10.4135/9781446218693>.
- Biztosító Magazin (2023). *Az otthonteremtés, az anyagi biztonság és a választás szabadsága áll a családpolitika fókuszában | Biztosító Magazin*. [online] Biztosító Magazin. Available at: <https://biztositomagazin.hu/2023/10/28/az-otthonteremt-es-az-anyagi-biztonsag-es-a-valasztas-szabadsaga-all-a-csaladpolitika-fokuszaban/> [Accessed 31 May 2025].
- Botev, N. (2015). Could Pronatalist Policies Discourage Childbearing? *Population and Development Review*, 41(2), pp.301–314. doi:<https://doi.org/10.1111/j.1728-4457.2015.00048.x>.
- Browner, C. H., & Sargent, C. F. (2021). Reproduction and the state. In S. Han & C. Tomori, *The Routledge Handbook of Anthropology and Reproduction* (1st ed., pp. 87–105). Routledge. doi:<https://doi.org/10.4324/9781003216452-8>
- Collins, P.H. (2015). Intersectionality's Definitional Dilemmas. *Annual Review of Sociology*, 41(1), pp.1–20. doi:<https://doi.org/10.1146/annurev-soc-073014-112142>.
- Cook, L.J., Iarskaia-Smirnova, E.R. and Kozlov, V.A. (2022). Trying to Reverse Demographic Decline: Pro-Natalist and Family Policies in Russia, Poland and Hungary. *Social Policy and Society*, [online] 22(2), pp.355–375. doi:<https://doi.org/10.1017/S1474746422000628>.
- Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: a Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *Chicago Unbound*, [online] 1(8), pp.139–167. Available at: http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8?utm_source=chicagounbound.uchicago.edu%2Fuclf%2Fvol1989%2Fiss1%2F8&utm_medium=PDF&utm_campaign=PDFCoverPages.

- Család.hu (2019). *Elfogadták a családvédelmi akciótervhez szükséges törvénymódosításokat*. [online] Csalad.hu. Available at: <https://csalad.hu/csaladban-elni/elfogadtak-a-csaladvedelmi-akciotervhez-szukseges-torvenymodositasokat>.
- Család.hu (2025). *Támogatások*. [online] család.hu. Available at: <https://csalad.hu/tamogatasok> [Accessed 11 Mar. 2025].
- Demény, E. (2017). From Eugenics and ‘Race Protection’ to Preventive Medicine and Family Planning in Hungary. In: M. Moskalewicz and W. Przybylski, eds., *Understanding Central Europe*. London: Routledge, pp.488–497. doi:<https://doi.org/10.4324/9781315157733-59>.
- Demeny, P. (1986). Pronatalist Policies in Low-Fertility Countries: Patterns, Performance, and Prospects. *Population and Development Review*, 12, p.335. doi:<https://doi.org/10.2307/2807916>.
- Nova, E. (2019). Authoritarian Demographic Policies in Hungary: Demographic Policy as the Ultimate Authoritarian Central Planning Tool. *The Visio Journal*, 4.
- Doucet, A., & Mauthner, N. (2005). Feminist Methodologies and Epistemology. In: *21st Century Sociology*. Clifton D. Bryant and Dennis L. Peck Editors, Thousand Oaks, CA: SAGE Publications, doi:<https://doi.org/10.4135/9781412939645.n62>
- Ehrenreich, N. (1993). ‘The Colonization of the Womb’ by Nancy Ehrenreich. *Duke Law Journal*, [online] 43, pp.492–587. Available at: <https://scholarship.law.duke.edu/dlj/vol43/iss3/2>.
- Elek, Z. and Szikra, D. (2018). Fordított újraelosztás a lakáspolitikában: a CSOK versengő céljai. *Új Egyenlőség*. [online] Available at: <https://ujegyenloseg.hu/forditott-ujraelosztas-a-lakaspolitikaban-a-csok-versengo-celjai/> [Accessed 30 May 2025].
- Fodor, É. (2022). *The Gender Regime of Anti-Liberal Hungary*. Bern: Springer Nature.
- Fodor, É. and Glass, C. (2018). Negotiating for entitlement: Accessing parental leave in Hungarian firms. *Gender, Work & Organization*, 25(6), pp.687–702. doi:<https://doi.org/10.1111/gwao.12208>.
- Frederick, A. (2014). Mothering While Disabled. *Contexts*, 13(4), pp.30–35. doi:<https://doi.org/10.1177/1536504214558214>.
- Fűrész, T. and Molnár, B. (2022). The first decade of building a family-friendly Hungary | Quaderns de Polítiques Familiars: Journal of Family Policies. *Quaderns de Polítiques Familiars - Journal of Family Policies*, [online] 7. doi:<https://doi.org/10.34810/quadernsn7id397505>.
- Gal, S. and Kligman, G. (2000). Forms of States, Forms of ‘Family’. In: *The Politics of Gender after Socialism: a Comparative-Historical Essay*. Princeton University Press, pp.63–90. doi:<https://doi.org/10.2307/j.ctt7rn10>.
- Geva, D. (2021). Orbán’s Ordonationalism as Post-Neoliberal Hegemony. *Theory, Culture & Society*, 38(6), pp.71–93. doi:<https://doi.org/10.1177/0263276421999435>.
- Giddens, A. (1999a). Risk and Responsibility. *The Modern Law Review*, 62(1).
- Giddens, A. (1999b). *Runaway world: how globalization is reshaping our lives*. London: Profile.
- Ginsburg, F.D. and Rapp, R. (1995). *Conceiving the new world order: the global politics of reproduction*. Berkeley: University Of California Press.

- Glass, C. and Fodor, É. (2022). Risk, Reward, and Resistance: Navigating Work and Family under Hungary's New Pronatalism. *Social Politics: International Studies in Gender, State & Society*, 29(4). doi:<https://doi.org/10.1093/sp/jxac033>.
- Goldberg, M. (2025). Opinion | MAGA Pronatalism Is Doomed to Fail. *The New York Times*. [online] Available at: <https://www.nytimes.com/2025/04/21/opinion/trump-fertility-birthrate-sexism.html>.
- Gregor A., & Kováts E. (2018). *Nőügyek 2018: Társadalmi problémák és megoldási stratégiák: a kutatási eredmények összefoglalója*. Friedrich-Ebert-Stiftung.
- Gregor, A. and Verebes, I. (2023). Restoring What Never Existed: the Role of Familism in Narratives of Return in Hungary. *Eastern European politics and societies/East European politics and societies*, 38(2). doi:<https://doi.org/10.1177/08883254231170388>.
- Haney, L. (2002). *Inventing the Needy: Gender and Politics of Welfare in Hungary*. California: Univ of California Press.
- Haraway, D. (1988). Situated Knowledges: the Science Question in Feminism and the Privilege of Partial Perspective. *Feminist Studies*, 14(3), pp.575–599. doi:<https://doi.org/10.2307/3178066>.
- Hašková, H., & Dudová, R. (2021). Children of the state?: The role of pronatalism in the development of Czech childcare and reproductive health policies. In H. Haukanes & F. Pine (Eds.), *Intimacy and mobility in an era of hardening borders*. Manchester University Press. doi:<https://doi.org/10.7765/9781526150226.00019>
- Hašková, H. and Dudová, R. (2020). Selective pronatalism in childcare and reproductive health policies in Czechoslovakia. *The History of the Family*, 25(4), pp.627–648. doi:<https://doi.org/10.1080/1081602x.2020.1737561>.
- Heitlinger, A. (1991). Pronatalism and women's equality policies. *European Journal of Population*, 7(4), pp.343–375. doi:<https://doi.org/10.1007/bf01796873>.
- Herke, B. (2024). Large and/or single-parent families: Public attitudes towards pronatalist and anti-poverty family policies in Hungary. *International Journal of Social Welfare*, 1(20), pp.1–20. doi:<https://doi.org/10.1111/ijsw.12691>.
- Hollos, M. and Bernardi, L. (2009). Postsocialist Uncertainty: Childbearing Decisions in Hungary. *Ethnology*, [online] 48(4), pp.315–336. doi:<https://doi.org/10.2307/29764869>.
- Hull, S.J., Massie, J.S., Holt, S.L. and Bowleg, L. (2023). Intersectionality Policymaking Toolkit: Key Principles for an Intersectionality-Informed Policymaking Process to Serve Diverse Women, Children, and Families. *Health Promotion Practice*, 24(4), p.152483992311604. doi:<https://doi.org/10.1177/15248399231160447>.
- Inglot, T., Szikra, D. and Rat, C. (2022). *Mothers, Families or Children? Family Policy in Poland, Hungary, and Romania, 1945-2020*. University of Pittsburgh Press.
- Jelzálog.com (2024). *CSOK (Családi Otthontermelési Kedvezmény) feltételei és igénylése*. [online] Jelzálog és jelzáloghitel. Available at: <https://jelzalog.com/csok/> [Accessed 28 May 2025].
- KINCS (Maria Kopp Institute for Demography and Families) (2024). *European Union Family Policy Outlook 2024*. [online] KINCS. Available at:

- https://www.koppmariaintezet.hu/docs/books/EUROPEAN_UNION_FAMILY_POLICY_OUTLOOK_2024.pdf.
- King, L. (2018). Gender in the Investigation and Politics of ‘Low’ Fertility. In N. E. Riley & J. Brunson (Eds.), *International Handbook on Gender and Demographic Processes* (Vol. 8, pp. 55–69). Springer Netherlands. doi:https://doi.org/10.1007/978-94-024-1290-1_4
- Kormány.hu (2024). *Meghosszabbítjuk a babaváró kölcsön gyermekvállalási határidejét*. [online] Magyarország Kormánya. Available at: <https://kormany.hu/hirek/meghosszabbitjuk-a-babavaro-kolcson-gyermekvallalasi-hataridejet>.
- Korolczuk, E. and Graff, A. (2018). Gender as ‘Ebola from Brussels’: The Anticolonial Frame and the Rise of Illiberal Populism. *Signs: Journal of Women in Culture and Society*, 43(4), pp.797–821. doi:<https://doi.org/10.1086/696691>.
- Kováts, E. (2020). Post-Socialist Conditions and the Orbán Government’s Gender Politics between 2010 and 2019 in Hungary. *Right-Wing Populism and Gender*, pp.75–100. doi:<https://doi.org/10.1515/9783839449806-005>.
- Kramarics, S. (2023). „Sokak szerint csak ingyen pénz” – A babaváró hitel igénylőinek családképe. *Esély*, 34(1), pp.81–98. doi:<https://doi.org/10.48007/esely.2023.1.5>.
- Kremmer, S. (2020). Born in Corruption: Maternity Care after the Change of System in Hungary. *Analize*, 29(15), 19–44.
- Lundgren, A. S., & Landén, A. S. (2015). Struggling with Choice: Narrating reproductive practices in. In L. Karlsson (Ed.), *Ageing: Culture & identity* (pp. 65–93). Umeå Universitet.
- Magyar Államkincstár (2025). *Gyermekgondozást segítő ellátás - GYES*. [online] Magyar Államkincstár. Available at: https://www.allamkincstar.gov.hu/csaladok-tamogatasa/Csalad_gyermek/gyermekgondozast-segito-ellatas.
- Mahmood, S. (2001). Feminist Theory, Embodiment, and the Docile Agent: Some Reflections on the Egyptian Islamic Revival. *Cultural Anthropology*, 16(2), pp.202–236.
- Melegh, A. (2016). Unequal Exchanges and the Radicalization of Demographic Nationalism in Hungary. *Intersections*, 2(4). doi:<https://doi.org/10.17356/ieejsp.v2i4.287>.
- Melegh, A. (2019). The Fear of Population Replacement. In: J.M. Kovács and B. Trencsényi, eds., *Brave New Hungary: Mapping the ‘System of National Cooperation’*. Lanham: Rowman and Littlefield, pp.159–184.
- Mildner, E. (2023). What do prospective parents know about family welfare incentives? Evidence from Hungary and the United States. *Community, Work & Family*, 26(5), pp.585–606. doi:<https://doi.org/10.1080/13668803.2023.2268816>.
- Miller, T. (2017). Doing Narrative Research? Thinking Through the Narrative Process. In: J. Woodiwiss, K. Smith and K. Lockwood, eds., *Feminist Narrative Research*. pp.39–63. doi:https://doi.org/10.1057/978-1-137-48568-7_3.
- Nemzeti Népegészségügyi és Gyógyszerészeti Központ (2024). *Családvédelmi Szolgálatok működése*. [online] Nnk.gov.hu. Available at: <https://www.nnk.gov.hu/index.php/egeszsegugyi-igazgatasi-foosztaly/csaladvedelmi-szolgalatok.html> [Accessed 11 Dec. 2024].

- Paksi, V., Nagy, B. and Tardos, K. (2022). Perceptions of Barriers to Motherhood: Female STEM PhD Students' Changing Family Plans. *Social Inclusion*, 10(3). doi:<https://doi.org/10.17645/si.v10i3.5250>.
- Pál, T. (2023). *A kormány nem vezet nyilvántartást arról, hányan fizették vissza a csokot válás miatt*. [online] Telex. Available at: <https://telex.hu/belfold/2023/11/21/a-kormany-nem-vezet-nyilvantartas-arrol-hanyan-fizettek-vissza-a-csokot-valas-miatt> [Accessed 28 May 2025].
- Palkó, I. (2015). *Íme az új szocpol - Milliós összegek ütik az élelmések markát*. [online] Portfolio.hu. Available at: <https://www.portfolio.hu/bank/20150130/ime-az-uj-szocpol-millios-osszegek-utik-az-elelmések-markat-209560> [Accessed 28 May 2025].
- Petchesky, R.P. (1980). Reproductive Freedom: Beyond 'A Woman's Right to Choose'. *Signs: Journal of Women in Culture and Society*, 5(4), pp.661–685. doi:<https://doi.org/10.1086/493757>.
- Petchesky, R.P. (1990). *Abortion and Woman's Choice*. Boston: Northeastern University Press.
- Pető, A. (2022). Reproductive Rights as Battlefield in the New Cold War. In A. Scheele, J. Roth, & H. Winkel (Eds.), *Global Contestations of Gender Rights*. Bielefeld: Bielefeld University Press.
- Pető, A. and Borbála Juhász (2024). Legacies and recipe of constructing successful righteous motherhood policies: The case of Hungary. *Women's Studies International Forum*, 103, pp.102885–102885. doi:<https://doi.org/10.1016/j.wsif.2024.102885>.
- Pető, A. and Svégel, F. (2024). Nationalism, Pronatalism, and the Guild of Gynecology: The Complex Legacy of Abortion Regulation in Hungary. *Central European History*, [online] pp.1–18. doi:<https://doi.org/10.1017/s0008938924000037>.
- Phoenix, A. (2008). Analysing Narrative Contexts. In: M. Andrews, C. Squire and M. Tamboukou, eds., *Doing Narrative Research*. SAGE Publishing, pp.65–77. doi:<https://doi.org/10.4135/9780857024992.d5>.
- Portfolio.hu (2022). *A CSOK hátulütője: Sorra telnek meg az agglomerációs települések, egyre nagyobb a feszültség a helyiek körében*. [online] Portfolio.hu. Available at: <https://www.portfolio.hu/ingatlan/20220104/a-csok-hatulutoje-sorra-telnek-meg-az-agglomeracios-telepulesek-egyre-nagyobb-a-feszultseg-a-helyiek-koreben-519380> [Accessed 1 Jun. 2025].
- Portfolio.hu (2024). *Babaváró hitel baba nélkül: fájdalmas büntetéstől menekülnek meg a párok*. [online] Portfolio.hu. Available at: <https://www.portfolio.hu/bank/20240708/babavaro-hitel-baba-nelkul-fajdalmas-buntetestol-menekulnek-meg-a-parok-697251> [Accessed 1 Jun. 2025].
- Purdy, L. M. (2019). Pronatalism Is Violence Against Women: The Role of Genetics. In W. Teays (Ed.), *Analyzing Violence Against Women* (Vol. 12, pp. 113–129). Springer International Publishing. doi:<https://doi.org/10.1007/978-3-030-05989-7>
- Renkin, H.Z. (2024). Reinventing Postsocialism as Heteronationalism: (Dis)continuities and Frictive Biopolitics in Orbán's Hungary. In: J. Massino and M. Wien, eds., *Everyday Postsocialism in Eastern Europe: History Doesn't Travel in One Direction*. [online] Purdue University Press. Available at: <http://www.jstor.org/stable/10.2307/jj.20829404>.

- Reuter, S.Z. (2018). The anatomy of uncertainty: A critical interpretative phenomenological analysis of childless academic women's reproductive decision-making. *Women's Studies International Forum*, 70, pp.109–117. doi:<https://doi.org/10.1016/j.wsif.2018.04.014>.
- Rutai, L. (2022). *Despite Population Decline, The Hungarian Government Is Making It Harder To Have (IVF) Babies*. [online] RadioFreeEurope/RadioLiberty. Available at: <https://www.rferl.org/a/hungary-ivf-treatment-babies-population-decline-urban/31946232.html>.
- Sándor, J. (2013). Demographic Influences on the Regulation of the Female Body in Hungary. In: B. Feuillet-Liger, K. Orfali and T. Callus, eds., *The Female Body: A Journey Through Law, Culture and Medicine*. Brussels: Bruylant.
- Spéder, Z. and Kamarás, F. (2008). Hungary: Secular fertility decline with distinct period fluctuations. *Demographic Research*, 19, pp.599–664. doi:<https://doi.org/10.4054/demres.2008.19.18>.
- Spéder, Z. and Kapitány, B. (2014). Failure to Realize Fertility Intentions: A Key Aspect of the Post-communist Fertility Transition. *Population Research and Policy Review*, 33(3), pp.393–418. doi:<https://doi.org/10.1007/s11113-013-9313-6>.
- Spéder, Z., Murinkó, L. and Oláh, L.Sz. (2020). Cash support vs. tax incentives: The differential impact of policy interventions on third births in contemporary Hungary. *Population Studies*, 74(1), pp.39–54. doi:<https://doi.org/10.1080/00324728.2019.1694165>.
- Szalma, I., & Sipos, A. (2024). A comparative analysis across reproduction policy fields in Hungary. In H. Zagel (Ed.), *Reproduction Policy in the Twenty-First Century* (pp. 119–135). Edward Elgar Publishing. doi:<https://doi.org/10.4337/9781035324163.00017>
- Szalma, I., Hašková, H., Oláh, L. and Takács, J. (2022). Fragile Pronatalism and Reproductive Futures in European Post-Socialist Contexts. *Social Inclusion*, 10(3), pp.82–86. doi:<https://doi.org/10.17645/si.v10i3.6128>.
- Szalma, I. and Heers, M. (2024). Attitudes Toward Immigration in Europe. Understanding the Links Between Pronatalism and Voluntary Childlessness. *International journal of sociology*, 54(2), pp.87–111. doi:<https://doi.org/10.1080/00207659.2024.2319420>.
- Szántó, I. (2021). Child and Family Benefits to Halt Hungary's Population Decline, 1965–2020: A Comparison with Polish and Romanian Family Policies. *Hungarian Cultural Studies*, 14, pp.80–99. doi:<https://doi.org/10.5195/ahca.2021.429>.
- Szekulesz, D. (2022). 'All planned babies must be born'. Women's experience of infertility and assisted reproductive technologies in Hungary. *Intersections. East European Journal of Society and Politics*, 8(3), pp.30–47. doi:<https://doi.org/10.17356/ieejsp.v8i3.874>.
- Szikra, D. (2018a). Ideológia vagy pragmatizmus? Családpolitika az orbáni illiberális demokráciában. *L'Harmattan; MTA Társadalomtudományi Kutatóközpont*.
- Szikra, D. (2018b). *Welfare for the Wealthy: The Social Policy of the Orbán-regime, 2010–2017*. [online] Budapest: Friedrich Ebert Stiftung. Available at: <https://library.fes.de/pdf-files/bueros/budapest/14209.pdf>.

- Szikra, D. (2018). *Welfare for the Wealthy: The Social Policy of the Orbán-regime, 2010-2017*. [online] Budapest: Friedrich Ebert Stiftung. Available at: <https://library.fes.de/pdf-files/bueros/budapest/14209.pdf>.
- Szikra, D. (2024). Illiberalism and Social Policy: A four-country comparison. [online] Authlib Working Papers. Available at: https://www.authlib.eu/wp-content/uploads/2024/04/AUTHLIB_WP_2024_01_Szikra.pdf.
- Szikra, D. and Öktem, K.G. (2022). An illiberal welfare state emerging? Welfare efforts and trajectories under democratic backsliding in Hungary and Turkey. *Journal of European Social Policy*, 33(2), p.095892872211413. doi:<https://doi.org/10.1177/09589287221141365>.
- Szücs, A. (2025). „Hálás vagyok a sorsnak, hogy édesanyaként talált meg ez a lehetőség”. [online] Csalad.hu. Available at: <https://csalad.hu/csaladban-elni/halas-vagyok-a-sorsnak-hogy-edesanyakent-talalt-meg-ez-a-lehetoseg> [Accessed 30 May 2025].
- Takács, E. (2023). Natalism as a Nationalist Biopolitical Response from Socialism Till Today in Hungary. *Acta Universitatis Sapientiae. Social Analysis*, 13(1), pp.114–136. doi:<https://doi.org/10.2478/ausoc-2023-0008>.
- Takács, J. (2018). Limiting Queer Reproduction in Hungary. *Journal of International Women's Studies*, [online] 20(1), pp.68–80. Available at: <https://vc.bridgew.edu/jiws/vol20/iss1/6>.
- Tan, J. (2024). Beyond fertility figures: towards reproductive rights and choices. *Humanities and Social Sciences Communications*, [online] 11(1), pp.1–6. doi:<https://doi.org/10.1057/s41599-024-02608-2>.
- UNFPA (2019). *Policy responses to low fertility: How effective are they?* [online] Available at: https://www.unfpa.org/sites/default/files/pub-pdf/Policy_responses_low_fertility_UNFPA_WP_Final_corrections_7Feb2020_CLEAN.pdf.
- Varsa, E. and Szikra, D. (2020). ‘New eugenics,’ gender and sexuality: a global perspective on reproductive politics and sex education in Cold War Europe. *The History of the Family*, 25(4), pp.527–549. doi:<https://doi.org/10.1080/1081602x.2020.1807385>.