Family planning and maternal health Attitudes in the gypsy community in Hungary

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Aknowledgements
I am most thankful to the Hungarian Scholarship Board, Hungary and the University Grants Commission in India for their support in the realisation of this project, in the frame of the Indo-Hungarian Educational Exchange Program 2007-2008. I am honoured and obliged to Prof.Dr. Maria Kopp for accepting to be my supervisor, and providing me all the necessary assistance and guidance for the successful completion of the project. Special thanks to the researchers for their help in organising the survey and in data analysis: Ágnes Hadházy, sociologist, program director of HPACP and her assistants Viki and Krisztina; László Bass, sociologist, researcher, ELTE University and Hungarian Program Against Child Peverty (HPACP); Zsombor Farkas, social politics, researcher, HPACP; Katalin Bohn, sociologist, roma researcher; social worker students of ELTE University

I thank Dr. Mária Nemenyi, sociologist; Zsófia Németh, project officer, National Institute for Health Development, and Éva Földes, Roma Health Project office, Open Society Institute, Hungary, for their expert views on Gypsy population and Hungarian health system.

I am grateful to Father József Hoffer, founder of the School of Love, Zsuzsa the school head, teachers, and Dr. Kornélia Budai, senior lecturer for their invaluable support.
I would like to express my deep gratitude to the colleagues at the Institute of Behavioural Sciences, Semmelweis University, Budapest, namely the researchers Dr. Piroska Balog, Imola Sándor, Dr. György Purebl, who helped me with formulating the questionnaire; Noémi Somorjai librarian for making the literature available, Csilla Raduch scientific secretary for translating the questionnaire, Ágnes Zana, Dr. Jenő Lőrincz, Zsolt Jónás - technician, and all who directly or indirectly contributed to the successful completion of this project and paper.

I would like to thank the President Hon. Ankushraoji Tope, Secretary Hon. Minister of State Rajesh Tope, Matsyodari Institution Jalna, and Principal and colleagues MSS College Jalna for their continuous encouragement. I am obliged to Dr.Shobha Moses, Head and associate professor, department of Obstetrics and Gynaecology Jalna Mission Hospital Jalna, India and her colleagues for their constant support.

Scholarship: Hungarian Scholarship Board, Hungary and the University Grants Commission in India)

Gypsy, the largest ethnic minority group in Central and Eastern Europe, have cultures that are traditional, often closed, and autonomous of majority populations. Gypsy communities are characterized by pervasive social health problems, widespread poverty, limited educational opportunities,inadequate housing, lack of identity papers and discrimination[i].The Gypsy people originated in northern India and have been known in Europe for nearly a thousand years. While it is widely believed that the health of Gypsy people is often poorer than the majority population, these inequalities remain largely unresearched[ii].Gypsies rarely visit doctors or practice preventive health strategies. Education is one of the most important health protection factors. The gap in education between gypsy and the wider population has increased. The low employment rate of gypsy is another health risk factor for them. Many gypsy people suffer from hunger and malnourishment problems that may affect the health of future generations as well. The most frequent respiratory diseases among gypsy are emphysema and chronic bronchitis (primarily a consequence of very heavy smoking). Incidence of cancer is extremely high. They are a minority group historically at risk of infections and epidemics. Currently most infectious diseases among gypsy result from unsatisfactory hygienic conditions. These diseases are especially prevalent among gypsy living in gypsy settlements, which often lack modern sanitary facilities[iii]. The hygienic situation of the gipsy colonies is not acceptable, it endangers the public health and epidemiological safety of not only their inhabitants, but the whole country[iv].

People living in gypsy settlements experience severe social exclusion, which profoundly affects their health[v]. Infant mortality is also higher and many babies are born prematurely having low weight. Gypsy children often develop slowly as a result of their poor surroundings. Health problems linked to social disadvantage, such as nutritional deficiencies, low birth weight and prenatal complications are widespread among the gypsies.They also largely have misconceptions about how HIV is transmitted and women in particular have a very little knowledge about STDs, HIV transmission, and protective steps.[vi] Although it is widely known that condoms protect against AIDS, STDs, and pregnancy, concern over avoiding unwanted pregnancies takes precedence over worry about contracting HIV/AIDS. For this reason, IUDs, birth control pills, and interrupted intercourse are often seen as the primary means of sexual protection and are often used instead of condoms[vii].The life expectancy of Gypsies is ten to fifteen years less than that of non-Gypsies[viii]. It was also found that the health conditions of the gypsies are strongly connected to the almost general poverty and social inequalities characterizing them. Improving their education can mainly help their alarming state of health[ix].

Health status of gypsy women

Gypsy culture is patriarchal. Some studies revealed that men have greater authority, power, influence, and freedom than women. In contrast, women are usually expected to be dependent, subservient to men's wishes and roles, and therefore strongly determined by family expectations over them. Gypsy women's marital partner choices and marriages are usually determined by their families[x]. Early and increased childbearing have become popular in the past 10 years among the Gypsy girls . however, efforts of birth control are strongly resisted by the Gypsy community.

Husbands especially oppose abortion and exercise their male birth rights to prevent it. Women, vulnerable more now than ever before, see no means or even reason to resist[xi].Apparently the Gypsy's have high maternal mortality rates, which reflect a number of factors that go beyond poor access to health care[xii]. Smoking during pregnancy or the extremely low age of mothers can play an important role in the cases of infant mortality, infant mortality also expresses the social welfare of the population: the lower the mortality rate, the higher the standard of living in a given community[xiii]. The medical doctors, nurses, mindwives mostly supposed that fertility of gypsy women is due to their lack of family planning ability, due to their ignorance and under-education.Gypsy women in Hungary are three times more likely than other women to die of breast cancer[xiv].

In a study of the health promotion experiences, needs and preferences of gypsy travellers in Wales indicate that gypsies see improvement in socio-economic conditions as a primary need. Gypsy women are more open to health promotion activities, and they wished to engage in health promotion activities design and delivery. They prefer health promotion provided locally and also culturally competent health practitioners who can be flexible and willing to work[xv].

It is found that among poor gypsy women in Hungary the proportion of the out-of-wedlock births and births to teenage-mostly gypsy-mothers have increased by a factor of three in the past 10 years as the population has become more and more impoverished and the opportunities for geographic or social mobility declined sharply for the ethnic minority[xvi]. It is also studied that living in a risky environment and giving birth to a small infant may involve a shift from qualitative to quantitative production of offspring. Given high infant mortality rates, parents have a reproductive interest in producing a relatively large number of children with a smaller amount of prenatal investment. These mothers also have more spontaneous abortions and stillbirths. As a possible response to these reproductive failures, they shortened birth spacing, gaining 2–4 years across their reproductive lifespan for having additional children. Because of the relatively short interbirth intervals gypsy mothers with one or two low birth weight infants have significantly more children than their ethnic Hungarian counterparts[xvii].

In a study suggested and sponsored by the Hungarian Office of Ethnic and National Minorities, it is argued that perceptions, misperceptions, and cultural differences between health care providers and traditional gypsy affect the quality of health care provided by the Hungarian health care system.[xviii]Some studies indicate possible abuse of the principle of equal treatment in the provision of health care services to gypsy women. Gypsy women are humiliated by being segregated from non-gypsy women in maternity wards; in many cases they are subjected to less qualified treatment and sometimes to negligent treatment; finally, they experience constant verbal abuse on racial grounds by both nurses and medical doctors. Apart from the lack of access to equal standards of health care due to discriminatory treatment by medical personnel, gypsy women are exposed to the risks of less qualified treatment due to the fact that they cannot afford to offer doctors tips for better health services[xix].

At present no beneficial changes were seen which would alleviate the situation of expectant gypsy women and their families. Health care is still to develop a care scheme tailored to the specific needs of a high number of gypsy pregnant women, who constitute

an ever increasing proportion of women giving birth in Hungary, that would be able to improve the current unendurable situation.A significant contribution to solving the health problem of this community would be if university and college curricula included teaching information about gypsy health issues and culture[xx].

In view of these issues, it is essential to assess the knowledge and attitudes of the gypsy population concerning different issues related to family planning,contraception and maternal health. This will then enable us to develop appropriate measures to improve the knowledge of the family planning and maternal health knowlegde of gypsy community as a whole and to know their opinion how they could best access the health care services.

The objectives of this study are:

1. To assess the knowledge and attitudes of gypsy community (women,men & adolescents) in Nograd county.
2. To assess the knowledge and attitudes of women on different aspects of family planning/contraception and maternal health
3. To recommend measures for the improvement of family planning and maternal health interventions in Hungary.
4. To make a similar study in India with the itinerant rural popluation.

Area of study

The area of the study Small Region of Szécsény (Rimóc, Endrefalva, Ludányhalászi, Nógrádszakal, Varsány, Piliny, Szécsényfelfalu, Nógrádsipek, Hollókõ, Magyargéc, Nógrádmegyer, Nagylóc, Szécsény).The population of each village is provided in table no.

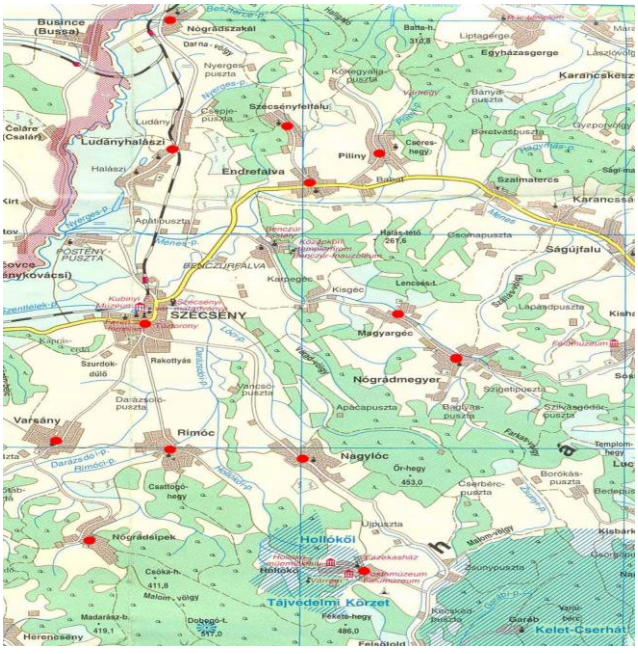
Piliny	652
Magyargéc	925
Nógrádszakál	648
Hollókő	382
Szécsény	6359
Rimóc	1888
Nógrádmegyer	1756
Nógrádsipek	725
Szécsényfelfalu	474
Ludányhalászi	1599
Endrefalva	1310
Nagylóc	1678
Varsány	1769
Total	20165

Table no.1 Population 2006

The villages ***Percents of gipsy population***

	KSH 2001	**Our measures** 2004-2007
Nógrádszakál	14%	59%
Endrefalva	9%	55%
Nógrádmegyer	12%	53%
Magyargéc	12%	38%
Rimóc	12%	35%
Nagylóc	14%	31%
Ludányhalászi	2%	30%
Piliny	7%	22%
Szécsényfelfalu	4%	19%
Varsány	4%	17%
Szécsény	1%	9%
Nógrádsipek	0%	1%
Hollókő	0%	0%

*Table no.2 (**Source: Hungarian statistics office 2001)***



characteristics		No.	%
Sex	Male	13	21.7
	Female	47	78.3
Age	>19		8
	20-29		14
	30-39		27
	40		11
Ethnic group	Gypsy	11	18.3
	Romungro	40	66.7
	Oláh	01	1.7
	Beás	01	1.7
	hungarian	01	10.00
	others		1.7
Education	Not finished school	1	1.7
	Less than 8th class	14	23.3
	8th class	37	61.7
	Vocational school	4	6.7
	High school	4	6.7
Work status	Still studying	03	05
	Active working	12	20
	Maternity benefit	16	26.7
	Unemployed	22	36.7
	House work	02	3.3
	Pension	01	1.7
	Disability to work	03	05
	other	01	1.7
Marital status	Single	06	10
	Married	38	63.3
	Living with partner	10	16.7
	Divorced	04	6.7
	widow	02	3.3

*Table 3:**Study sample of gypsy community in Nográd county***

Methodology

A survey method was used for this project. The primary data has been collected through a survey of the gypsy community in Nógrád county.The survey consisted of interviews of the gypsy population by a questionnaire to assess the family planning and maternal health knowledge of the gypsy community.The questionaire had sub-topic for household information. The questionnaire was mainly based on the components of family planning and maternal healthIt also had two open questions;regarding their 'communication problem with the local health staff and the best possible ways to access health services in their villages'(appendix-I). The questionnaire was discussed with many experienced researchers, sociologists, clinial psychologist and the experts who

are involved in the work of gypsies. It was translated to hungarian language.The questionnaire was interviewed in the village Tápiószecső among 13 gypsy men,women and adolescents with a group of 3 teachers (male & female) and the school authorities (where gypsy women and children study).This was aimed at a pilot study to evaluate the questionnaire for crucial changes, that were made for main study. These changes were mainly regarding the language and the complicated medical terminologies used.
The main study survey was completed in collaboration of the research team of hungarian government working on Hungarian Program Against Child poverty, which aims to research in families on nutrition,health ,education, and contentment and they were surveying for annual survey, part of model-program in Szécsény.The research team comprised of senior researchers, sociologists and the director of the main project. The interviews were conducted by the students of first year social work university(name of the university). They were 38 of them (5 boys & 33 girls). A meeting to discuss and explain the questionnaire was organised before beginning the survey. After every days survey we had meetings with the students for their difficulties and doubts. The students also had group discussions with their group leaders. The students did their best to make a extensive survey of the gypsy community.The interviews extended upto a week surveying thriteen villages in all (16th to 21st March 2008). Sixty gypsy people (men, women & adolescents) were interviewed during the survey. The responses of the community were analysed by Statistical Package for Social Science(SPSS). This allowed the data to be complied and summarised as follows.

Results: The results of the survey are shown in the consolidated table below and the description follows;

Characteristics of gypsy population in the samply study	
Male	N=13 (21.7%)
Female	N=47 (78.3%)
Mean age of marriage	19.13 (SD 4.14)
Number of members per household	5.13%
Rate of children per household	2.8%
Employment	20%
Adolescents do not discuss family planning with their partners	50%
Use of condoms	3.3%
No use of contraceptive methods	66.7%
Advice on contraception by midwives	3.4%
Will opt for abortion	80%
Maternal health not related to nutrition of foetus and mother	56%
Rest is not essential for having healthy baby	62%
Nutritional food is not a essential component of maternal health	55.9%
Do not know about stress	30%
Husband doesnt support during pregnancy	25%

Regular medical screening not required for preventing HI, Hepatisis and STDs	49.2%
Experience difficulty in talking about their complaints to health staff	52.5%
Difficulty because of attitude & origin	48.2%
gypsies having number of 3-11 children	48%

The table4 showing consolidated result

Knowlegde about family planning/ birth control and maternal health:

1. It was found that only 53% of the community had heard about family planning, 28% were unsure and 18% of the gypsy's did not hear about family planning at all.
2. It was found that for 63% of the gypsy's family planning meant number of children in the family, 26% its spacing the children and only 25 said its using contraception.
3. It was found that 66.7% of the gypsy's were not using any contraception method
4. the method of oral pill was used by 20% of the gypsy, 6.7% female undergo sterlisation and only3.3% used condoms, 3.3% use natural method One of the gypsy women stated that 'using condoms is disgusting' on the contrary 98.3% of them have heard about HIV. most of the gypsies (71.9%) hear it from media.
5. It was the doctors who advised 15% of the gypsy community on using contraception, 8% of them adviced by themselves, it was midwife who advised 3.4% of the gypsies, only 3.4% of the gypsies were advised on contraceptives by husband and 1.7% gypsies are advised by their relatives
6. 50% of the comunity discussed about number of children they would have and it was found that the 50 of adolescents did not discuss about it.In reality it was found that only 30% of them had planned for 2 and had 2 children and none of them planned for more than 4 but 48% of the gypsies had 3 to 11 children
7. According to majority of the gypsies 2or 3 years gap is good between consecutive preganacies, but it is found that the gypsies neither know about spacing period between two pregnancies nor the importance of child spacing in two consecutive pregnancies.???(in reality what? analysis)
8. To the question about abortion 59% of the gypsies would opt it when the feotus is ill,.33% said when mother is ill,28% when their financial resources are limited,20% for other unfavourable circumstances,20% said will never opt for abortion,13% said when they dont love their partner, 10% each will opt it when the partner is nor supportive and if the mother too young for having the baby respectively.
9. Midwife was the preference of 54% of the gypsy community for PNC care, 37% opted for village hospital and only 7.8% said that they would go to the doctor.

10. All the gypies in the area knew about the uses of condom
11. 66% of the gypsy community think that safe motherhood or maternal health is related to the health of the baby,61% said it is health of the mother, but 56% of them did not feel that it is also realted to the nutrition of both foetus and mother.
12. To stop drinking alcohol was the answer opted by majority of the gypsies(84%) for having ahealthy baby, 72% feel that its useful going to health clinic62% think taking rest is good for a healthy baby,60% opted for stop smoking and 60% opted for nutritious food.But 62 % did not think that rest is essential for healthy baby and 30% of the gypsies did not know about stress.
13. 75% of the gypsy women said that her husband supports her during the pregnancy period and to the contradictory that 87% said that the partner doesnt support her.85% said that the friends support and 63% are supported by friends.
14. They are supported by not allowing to lift heavy things(67.3%), taking responsibilities in household work(65.3%),joining to the doctor(63.3%) and 59.2% said by looking after her health.
15. All the gypsies knew that iron is essential for pregnant women.
16. majority of the population knew that breast feeding is important for it protects the babay from illness (69.5%)and provides nutritious food to the baby(83.1%).
17. 84.7% gypsies knew that not having multiple can prevent HIV ,67.8% opted for single partner, 49.2% did not opt for regular medical screening64.4% opted for condoms ,, 35% said regular medical screening and faithfulness to the partner or single partner is the best way to protect against HIV, Hepatities and STDs
18. Half of the gypsies(52.5%) experienced difficulty in talking their complaints to the health staff and they 48.2% felt this was because of the attitude of the health staff, thier origin and both the answers were also opted.
19. They came up with following suggestions on how to access health services in the best possible way :attitude of the doctors should be changed, more money should be given for medicine, women gynaecologist, health insurance, no discrimination, fees afordable than the corruption, young women doctors, equality in all spheres of life, healthcare worker should be gypsy, public transportation should be made available to go to the hospital for examination(referrals), it is very interesting to know that they said that 'we cannot change our thinking but religion can change the behaviour,gypsy physician, there should be no superiority complex in doctors,possibilty of employment, no differentiation between ethnic groups, more ambulances in villages and more trips of it, doctor's should be polite,location of health centre should be near,no professional fees, referral to hospital with card, physician dont believe that the illness is serious, some say no solution to this negligent health condition of theirs, a complex of scoiety towards gypsy community should be changed, some doctors& nurses abuse saying that 'you cannot afford to buy the medicine', parents should support their children

(adolescents), More knowledge about health issues should be given in remote and rural areas,more money should be paid to the health worker. Hungarian economy should be stable. Mobile doctors should be made available inthe villages.

Limitations

There is sparse literature on the health of Hungarian gypsy community, which limited to get some specific data for certain topics.The study has been completed in a very short span of time(two months), if the duration was longer it would have been a great opportunity to study more health aspects of the gypsy community.During the survey it was observed that knowing the native language is very important, which had constraints on the statements asked by the students while they were interviewing the gypsy people.The villages personally visited by the researcher were only six and the survey was done in thirteen villages.

Discussions

- The gypsies in the sample study have a little knowledge about family planning and maternal health as was hypothised by the researcher.There was not a single person in the community who knew that all the answers of family planning were correct.
- The neglible use of condoms and the other methods of contraceptives clearly exposes the ignorance of gypsy community towards family planning,contraception, HIV and maternal health knowledge.
- In the gypsy community the duration of marriage is >13-32 years and mean duration is 13.65years, which is very encouraging and not very easily found in non gypsy population. It is also interesting to note that the divorce rate of gypsy is very low 2.40%(5persons) which almost double in the non-gypsy population[xxi] and the Hungarian research in poverty mentions the divorce rate of non-gypies as 7.1% (162 persons)[xxii], gypsies have large families and on average it is 5.13 members in a household in the sample when it is average number of persons per household is 2.6 in 1990 and 2.5 (2002) in Hungary[xxiii] [xxiv] ,the number of children per household is also very high (2.8)compared to the non-gypsy counterpart (1.31)[xxv].
- It is appalling to find that not a single adolescent of gypsy community has been able to undertake university eduction , when education is one of the most important health protection factors. As we know that the low employment rate of gypsy is a health risk factor, in the study sample only 20% of the gypsy are employed whereas the employment rate for the non-gypies is 50% [xxvi], which makes their health status still worse.
- It was noteworthy that some of the gypsy's did not know which ethnic group they belonged to or may be they did not want to identify themselves to any specific ethnicity. It also shows how deeply they are involved in making their thier livelihood.
- It was found that the gypsy couples did not discuss issues and methods of contraception among themselves.It is very important that the partners should talk openly about contraceptives methods with each others, specially to curb the

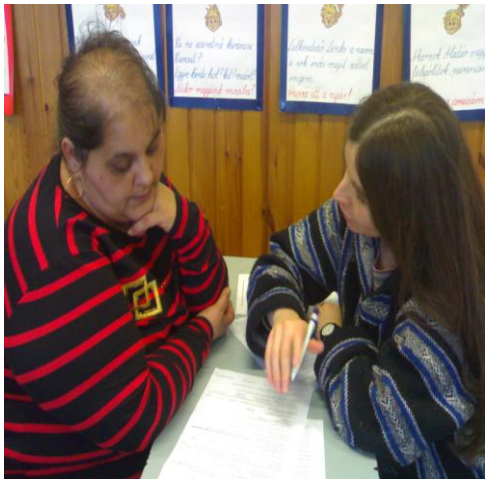
growing fertility rate in the community.Majority of the gypsies dont know about the spacing period between two consecutive pregnancies which is frightening for the future of child and the family. It is also striking to find that 30% of the gypsies don't know about stress and 55.9% don't think that nutritious food for mother and foetus is an essential component of maternal health and 49.2% don't think that regular medical screening is essential for preventing HIV.

- It is a contradiction and apprehension that though majority of the gypsies know that condoms can protect sexual infections, sexual diseases and as also that HIV rate is rising rapidly in this community yet only 3% of them use it[xxvii]. It is also interesting that television is the media where they (71%)hear about HIV, as the serials show HIV patients and gives information on the disease. Television programs can serve as good medium for generating awareness on this dreadful disease.
- It is surprising to note that the midwives have a superficial role on the advices regarding contraception(although she keeps informing them on not drinking coffee, no smoking & no alcohol during pregnancy).She should be the first important person to advice on any reproductive health and family planning knowledge for the gypsy community.
- It is found that 42% of the gypsies dont discuss with their partners on the family planning issues and it is surprising that 50% of the adolescents do not discuss on family planning matters with their partners.
- It is surprising to find out that there is no village hospital in the villages surveyed. Only a centre with one doctor and a nurse. There is also no pediatric doctor in the region.
- It was found that not a single person knew that all the three answers to the question of safe motherhood or maternal health were correct There were 10% of the gypsies did not know about safemotherhood or reproductive health at all.
- Traditionally abortion is not acceptable to the gypsy community but many of them opted for the choices given and only 20% said that they will never opt for it.
- The last question was responded by 93.3% of the people. They not only came up with suggestions on how to access health services in the best possible way but also openly shared their grievous experiences they had with the health staff or doctors.they came up with some crucial suggestions which should be thought attentively.Many good suggestions were made by the people to implement programs on advocating gypsy parents on behaviour with their children.

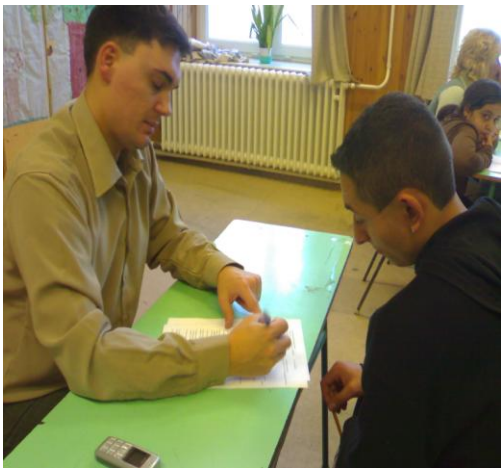
Conclusions

This paper has presented a case study which attempted to assess the family planning and maternal health attitude and knowledge of the marginalised gypsy communities in Hungary. It has also made an effort to come forward with measures for the improvement of family planning and maternal health interventions in Hungary which are mainly the opinions of the gypsy community.This paper also recommends the goverment to integrate special programs on gypsy culture and health issues in the schools and colleges/universities so that there will exist a partnership between health

and educational system in order to ease the burden. This will also help in curbing the community's resentment towards government.It is significantly recommended to train the local gypsy women in midwifery course (or similar) so that she can effeciently mediate between the community and the government health sector. It is applauding not to discriminate the gypsy population but the story in reality is grave enough to essentially implement health programs which are specially designed for the gypsy community in order to have a deep insight into their health issues and related factors.



interview at school(pilot study)



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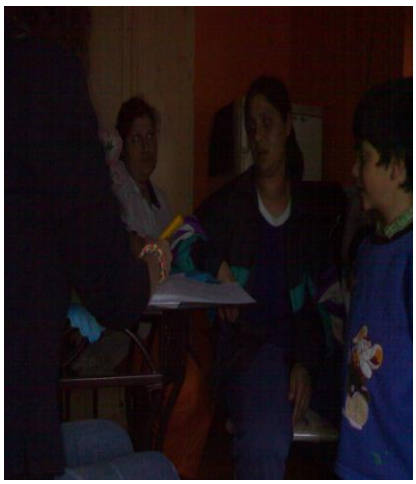

interview by students(main stuydy researchers(main study)

discussion- students&

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