Overcoming Disempowerment: The Home-Birth Movement in Hungary

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Introduction: The Emergence of a New Social Movement in Central and Eastern Europe

A dramatic clash in October 2010 between the proponents of the Hungarian home-birth movement and state authorities saw Dr Ágnes Gerèb, a highly respected obstetrician-midwife, shackled in public and sentenced to prison for allegedly causing the death of two newborns and injuring others. At time of writing she is still under house arrest (Hill 2012).

For the past 20 years Dr Gerèb and her group of independent midwives, doulas, and birth advocates have been pressuring the government to regulate home-birth in Hungary to create a legal framework that allows women to take advantage of their constitutional freedom to choose where and how they give birth. After more than two decades of intermittent negotiations with various governments, the difference in values between a loose coalition of activists and the Hungarian legal and medical establishments escalated to the level of open confrontation and acute crisis. This conflict culminated in the incarceration, trial, and imprisonment of Dr Gerèb and brought the Hungarian home-birth movement to the national and international stage.

The perceived injustices inflicted on Dr Gerèb triggered the emergence of the Hungarian home-birth movement. Outraged by the treatment of its chief protagonist, the home-birth movement mobilized its previously dormant and largely disconnected network of activists and supporters. The result was a creative, social-media-enhanced, national and international mobilization and petition-drive to free Dr Gerèb and establish midwife- or physician-attended home-birth as a legal practice. The pressure from domestic constituents and international experts and organizations eventually shamed the conservative-nationalist government into legalizing home-birth in March 2011 (2011 No. 35 Kormányrendelet). However, the price of legalization was strict regulation with prohibitively high insurance premiums and the expectation that participating doctors and midwives would have

1 Special thanks are due to the activists of the Hungarian home-birth movement who provided information for this chapter. I am very grateful to Gabriella Nagy and Júlia Spronz for offering updates.
a decade of specialized hospital experience. As the home-birth movement’s cycles of protests fought these draconian regulations and Dr Gerèb’s imprisonment, it became an exemplary active part of an emerging Central and Eastern European network of alternative birth movements.

How and why did an extensive, politically charged, and culturally significant movement supporting home-birth emerge in Hungary? Analyzing the distinctive frames of the “midwifery model” of childbirth versus the “bio-medical model” of hospital births, this chapter investigates the strategies used by a globally interconnected, Internet-enhanced social movement to extract concessions from the Hungarian government. Social movements merit our attention for many reasons, but primarily, they signal the quality of a democracy and its respect for human rights. Both of these issues have emerged as major areas of concern in Hungary during the past few years (Human Rights Watch 2012).

The chapter begins with a brief review of the contribution of the home-birth movement to the literature on social movements in Central and Eastern Europe, and then describes the recent history of the alternative birth movement internationally. The third part focuses on the Hungarian movement in the Central and Eastern European regional and international contexts. Increasingly making its voice heard over the past two decades, the Hungarian home-birth movement has played an important role in the new wave of social activism in this country. By describing the main events, aims, and networks of organizations that participated in the Hungarian home-birth movement, the fourth part of the chapter explains how advocates presented a social-media-supported campaign. Using Keck and Sikkink’s boomerang model (1998), the fifth part discusses the transnationalization of the home-birth movement in Hungary. The conclusion highlights the considerable significance of the home-birth movement in Hungary and its foreseeable spread throughout post-communist Central and Eastern Europe.

In this chapter, I analyze the Hungarian home-birth movement using qualitative methods. The gaps in information from newspapers, websites, and petitions were filled by my interviews with three key activists of the Hungarian home-birth movement conducted in July 2011. Subsequent email exchanges with these and other activists were intended to enhance the accuracy of the history and current state of the movement.

The sources of this research were diverse in type and origin. Many pieces of information appeared in traditional news media, but NGOs’ websites and various groups’ social media sites provided equally important data, such as the detailed transcripts of Dr Gerèb’s trials, the arguments of the home-birth movement, and the authorities’ reactions. In the early 2000s, newspaper articles deliberating on the increasing number of home-births in Hungary began to appear, and Dr Gerèb’s winning two notable awards in 2006 and 2011 confirmed that a deeply gendered, but explicitly gender-unaffiliated movement was starting to take shape in Hungary. The increasing number of newspaper records joined the extensive Web-based information provided by individuals and organizations associated with advocating for the right to home-birth—the website of the NGO Alternata and those protesting the imprisonment of Dr Gerèb are particularly important. First individual activists and then the emerging movement took advantage of social media sites, especially Facebook, to provide information, recruit supporters, and encourage others to engage in networking and creative protests in Hungary and abroad. The last important tier of written information was subscriber-only discussion forums, such as Sziládék a Szabad Szülésért (Parents for Freebirth Movement), and internationally networked groups, such as the Semmelweis Movement, linked to the International MotherBaby Childbirth Organization (IMBCO).

The Contribution of the Home-Birth Movement to the Literature on Activism in Central and Eastern Europe

The contemporary home-birth movement is one of the cases that challenge Howard’s (2003) broadly accepted, critical interpretation of civil society in post-communist Europe. Building on previous scholarship that calls post-communist civil society “illusory” (Móczyk 2000: 65), Howard argues that three elements of most post-communist citizens’ experience are responsible for the limited membership and activity in civil society:

1. aversion to communist-era, often obligatory membership in associations;
2. persistence of friendship networks created during communism that function as substitutes for formal non-governmental organizations (NGOs); and
3. widespread disillusionment with the postcommunist situation. Other scholars confirmed Howard’s observations on membership in both relative and absolute terms (Rose 2005, Rose-Ackerman 2005).

These critical assessments have reinforced long-established hierarchies between politics in the “East” and “West,” implying persistent historical backwardness in Central and Eastern European societies. This familiar and problematic hierarchy

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2 On December 11, 2011, the Hungarian government reduced the requirement for 10-years’ hospital experience to two years or attending 50 home-births.

3 Dr Gerèb was one of the first awardees of the Central European Promenade “Promenade of Women” that honors female activists for exceptional achievements in civil society (http://www.promenad.org/index.php?option=com_content&task=view&id=16&Itemid=36). She also won the Nők Lapja—a popular women’s magazine “Favorite of the Decade” award in the public affairs category (http://www.feles.hu/lanz/20100322/kiskazikkek_ez_envedkedvemenet). 

is the first of many reasons that invited new analysts of the state of civil society in Central and Eastern Europe. While this chapter, with its focus on one notable Hungarian social movement, cannot refute earlier large-scale and quantitative analysis, it may contribute to a reconsideration and refinement of some of the previous findings.

A second important reason to revisit Central and Eastern European social movements is to update data collection predominantly from the late 1990s, because much has changed in post-communist civil societies and social movements since then. The rise of new information and communication technologies (ICTs), such as cell phones and Internet-based social networking, produced both the desire and the means to mobilize large numbers of people.

Third, globalization, particularly in combination with ICTs, has contributed to producing "Theory 2.0" of social movements (Earl and Kimpert 2011). "Theory 2.0" asserts that modern ICTs dramatically lower the costs of mobilization and so the previously taken-for-granted structures such as social movement organizations and associated resources need to be reconsidered. With new ICTs affording more people access to information about, and involvement in, social movement activism at various levels, a renewed debate on the boundaries of civil society is about to begin in post-communist Central and Eastern Europe. In the early post-communist period, there was a general disdain among scholars for the continued political effects of friendship and familiar/kinship networks. While the Internet-enhanced "friends" networks are now recognized as a more valuable resource, we should neither overestimate the effects of "two-minute" Internet-activism nor dismiss the ability of states to control or at least obfuscate the adversarial message of contrarian social movements (Moravcsik 2011).

Fourth, the institutional legacy of communism continues to exert significant influence even two decades after its collapse. This institutional legacy has been assessed very differently: negatively, as far as the vitality of social movements is concerned (Howard 2003), and positively, when considering gender equality as expressed in the law (Hun and Weldon 2010). With the specific gendered aspects of giving birth, the rights afforded individuals in democracies, and the emergence of a corresponding new social movement, the Hungarian and other related Central and Eastern European alternative birth movements thematically connect these two otherwise contradictory scholarly evaluations.

The gendered nature of political activities has long been a fascinating topic for social scientists. The fifth motivation for studying alternative home-birth movements is the challenge they offer to well-established patterns of participation in social movements and associated forms of protest. Women's social movements rarely consist of large-scale protest activities, and most participants are usually either the younger, childless generation or women with adult children (Basu 2010, Krook and Childs 2010). By focusing on and actively involving childbearing women and their supporters, the alternative birth movement gives voice to and empowers this often unheard and symbolically important segment of the population.

Lastly, both internationally and within specific Central and Eastern European countries, the alternative birth movement has been a relatively small and "quiet" movement. Individual counseling (such as birth preparation classes, expectant parents' support group meetings, gatherings of families with small children) has regularly taken the primary stage compared to political activism in the form of outspoken criticism and street protests as the main means to press for change (Kitzinger 2005: 45). Indeed, only especially pressing issues tend to draw pregnant women and women with small children into taking part in social movements. These "quiet" networks of learning and support, however, provide an excellent opportunity for mobilization when needs arise, as was the case in Hungary.

The International Alternative Birth Movement

Modern home-birth and the corresponding contemporary, international alternative birth movement are conceptually differentiated from traditional (pre-modern) birthing practices (Goer 2004, O'Connor 1993). The modern alternative birth movement emerged in reaction to the trend of heavily technical and increasingly interventionist birth practices in contemporary hospitals. Although the recommendations and practices of alternative birth emerge from some elements of traditional practices, such as allowing the pregnant woman to choose her birthing position instead of using the stirrups and beds that make the doctors' work easier, its practitioners are well-trained medical personnel. The alternative birth movement is not against medical assistance if needed, but it resists the overuse of technology and a medical hierarchy that it perceives as effectively disempowering pregnant women, their families and attending midwives. It is the difference in approach to birth, the pregnant woman and the newborn that characterizes the alternative birth movement, and not the place of birth or the support personnel's level of medical expertise.

How did the alternative birth movements emerge? In most countries where out-of-hospital birth is a legal practice, planned home (or birth-center) delivery is wholly or in large part the result of social movement activism. In Western Europe, alternative birth movements started in the 1950s. They gained further support from and enjoyed changing attitudes associated with the other "new social movements" in 1960s North America (Kitzinger 2005, O'Connor 1993). Postmaterial values and corresponding social movements gained more momentum in the 1970s with the emergence of women's, civil rights, peace, and environmental movements. A similar pattern of emerging postmaterial values can be observed in the Central and Eastern European countries in the second decade of the post-communist period (Eurobarometer 69/2008).

In contrast to the above, in The Netherlands midwives have practiced continuously over the past century, thus negating any similar need to resuscitate and rejuvenate midwifery in new forms. In The Netherlands midwives supervised half of all births in 1940 and continued to do so in one-third of births in 2002.
(DeVries et al. 2009: 32) Although the globally increasingly dominant biomedical model of the past few years has somewhat eroded this tradition, midwifery and giving birth outside of hospitals has been a culturally important and government-supported practice (van Tuyll and Oor 2011). The Dutch example has had a strongly encouraging effect on the international alternative birth movements overall, and judging by the arguments given by the Central and Eastern European activists, it had an exceptionally positive demonstrative effect in the post-communist region (Amicus 2008). However, cultural value orientations may correspond with policy change (Moorhead 1999, 2002, 2007). The corresponding framework can be identified in each country. For example, the statements of the Hungarian Board of Obstetricians and Gynecologists exclusively used the arguments and medical references of the biomedical model (Hungarian Board of Obstetrics and Gynecologists 1999, 2002, 2007). The communiqués of the Hungarian home-birth movement relied on the deep humanistic and holistic models. In between the two, often diametrically opposing, interpretations of birth, but nevertheless supportive of the humanistic model, was the small “alternative medical lobby” that pointed out that the Board’s official statements completely omitted relevant alternative medical evidence and its extensive practical experience (Orvosok a Szabad és Biztonsagos Szüléstét 2010).

The personal and professional knowledge networks that emerged in recent years have increasingly linked Central and Eastern Europeans to the existing international networks of medical experts, social movement activists, and the various midwifery practices in Western Europe and North America. These professional and epistemic networks mobilized with newfound ease due to the spread of ICTs and associated social media to Central and Eastern Europe. The increasingly fast and accessible ways of communication of grievances strengthened and broadened the effects of traditional social movement protest repertoires, producing “re-mobilizations” (Earl and Kimport 2011).
The Alternative Birth Movement in Central and Eastern Europe

Since the mid-1990s, Central and Eastern European alternative birth movements have started to emerge as a new development in the internationalization of this movement. They appeared as harbingers of both consumerist and postmodern attitudes as well as indicators of the desire for meaningful democratization after the collapse of the communist system.

The communist system rather uniformly abandoned traditional birth practices, considering them backward, and the autonomy of women and newborns. These postmodem values would not have emerged without the post-communist countries going through at least a partial democratization process, a halting economic recovery, and cultural opening in the past twenty years. Knowledge of previous international cases of alternative birth movements, travels abroad, and spreading personal connections, as well as newly available medical evidence confirming the safety of out-of-hospital birth converged to convince a small, non-conforming and often previously (public-health-care) traumatized group of women that there are alternatives to what they considered as inhumane and disrespectful treatment or dangerous “routine” during obligatory hospital stays.

As of early 2012, the Central and Eastern European alternative birth movements have had two main variants. The more radical movements have demanded clearer regulations for home-birth as a legal alternative to hospital births. This approach was most prominent in Hungary and the Czech Republic, and represented the deep humanistic and holistic models of birth. The authorities have persecuted the main protagonists of each of these movements, punishing them with eerily similar sentences. As of December 2012, Dr. Agnes Gereb in Hungary has been under house arrest for 26 months and in November 2011 Ivana Königsmarkova, a Czech midwife, was given a two-year prison sentence and suspended from practicing for five years in the Czech Republic (Hoféjši 2011).

5 The English term “midwife” does not do justice to the layered meanings and etymology of the Hungarian equivalent. The traditional word for midwife, “ánya,” was replaced by the term “szülésnő,” created to appeal to scientific sensibilities as it combines “birth” and “knowing.” In practice, szülésnő means the profession of an obstetric nurse. In good postmodern fashion, the home-birth movement revived the old term and gave it a new spiritual glow.

In comparison with the Hungarian and Czech cases, the Polish movement thus far represents the less radical, superficial humanist model of birth in wanting to modify but not fundamentally challenge the dominant biomedical model. One prominent Polish activist, Katarzyna Oles, won an Ashoka award in 2005, as Dr. Gereb did in 1997. Oles, together with NGOs such as Klarna and Rodzic po łukku (The Foundation for Childbirth with Dignity) demand the humanization of birth in hospitals. The Polish authorities have been inclined to accept such claims—in part because around 300 home-births take place there every year. The Minister of Health signed a decree in October 2010 “to limit excessive medicalisation of childbirth” (Hill 2010; cf. Hryciuk and Korolczuk Chapter 3 above). In the middle ground are many other Central and Eastern European initiatives for alternative birth, such as the Estonian movement working through the coalition of Estonian Association for Supporters of Birth that has pressured the government to legalize homebirthing and midwifery. Recent Central and Eastern European conferences on the modern midwifery movement in Moscow (2011) and Budapest (2012) provide further opportunities to strengthen the exposure of post-communist countries and their alternative birth movements to the existing epistemic networks such as the International Alliance of Midwives (IAM) and the European Network of Childbirth Associations (ENCA).

Many of the gender-related and structural conditions in health care appear in a similar fashion in the post-communist countries (Mishtal 2011). In Central and Eastern Europe, the medical profession became increasingly feminized during the 40 years of communist rule owing to the low pay and difficult hours. However, the top-paid specializations of surgery and gynecology have remained heavily male-dominated. In Hungary, there were 1,661 male and 123 female specialists in 1997 (Acády 2000a: 9), and the ratios were similar ten years later with 92 percent male dominance (Egyetemügyes Statisztikai Évkönyv 2008). There have been no women elected to the 15-member (previously 23-member) Hungarian Board of Obstetricians-Gynecologists (Kiss 2011: 81).

Why has the plight of female doctors—the prejudices that female ob-gyns encounter and the glass ceiling they face—not emerged as a topic of public discussion? Gender analysis of health care, gynecology and obstetrics in particular, is extremely rare in Eastern Europe. Why has the extremely hierarchical nature of health care—both between doctors and between doctors and patients—not been a topic of public discussion? Although doctors have been increasingly vocal in their protest over low pay in post-communist countries, they have not challenged the traditional authoritarian and often outdated manners in which Central and Eastern European medical institutions are run (Ehl 2011). In Hungary the home-birth movement was the first public voice to question the existing hierarchy, the
many unexamined assumptions, and the rigid institutional structures underlying contemporary gynecology and obstetrics (Hadas 2010).

In the excessively hierarchical and paternalist health care system in Central and Eastern Europe, most women cannot act autonomously (i.e., ask questions and make choices) in the obstetric/gynecological care system (Hoyer 2002). The 2010 data from the (now defunct) Hungarian government agency Egyesültgazdasági Felügyelet (Healthcare Insurance Commission) painted a sad picture of the conditions in hospitals' obstetric facilities, citing extensive control over pregnant women and routine procedures long dismissed as unnecessary and humiliating in the international medical literature. A careful reading of this rarely-circulated official report confirms the similarly discouraging results from the few independent surveys on hospital practices (Bálints and Sződy 2005, Mércs Egyesület 2000).

The emotional costs of home-birth in Central and Eastern Europe have been very high. A woman wanting to give birth at home faced considerable pressure to conform to hospital delivery, and would encounter many administrative hurdles and legal sanctions if she persisted (Farkas 1999). The authorities actively resisted registering home-birthed children, increasing the delay of issuing birth certificates from a few days in December 2005 to five months during 2010 (Varró 2011). Doctors who were asked to provide the necessary examinations were suspended or threatened with losing their jobs. Facing such sanctions, obstetricians and pediatricians refused to provide essential basic services to both the mother and newborn if the family turned to them after a planned home-birth. If complications arose (which is 13-14 percent of cases both in and outside of hospitals), the ambulance would arrive with the police, who would check the identities of all present as if the birth were a criminal scene. A 2011 study of 799 women who planned to give birth outside of hospital confirmed that the medical, administrative, and police authorities have become increasingly hostile to home-birth (Varró 2011). The strict hospital-like regulations in March 2011 resulted in a heightened sense of criminalization of home-birth and produced an atmosphere of "hysteria" along with persistent criticism and accusations against those who support the practice (Óndory-Molnár 2011).

The new law was implemented in June 2011 and modified in December, but ÁNTSZ (the state licensing and public health agency) did not issue the first license to practice independent midwifery until March 2012 (http://ateszulcsd.co.cc). It is difficult to satisfy even the lowered requirements of attendance at 50 home-births if such a disclosure could trigger legal proceedings for having engaged in unlicensed activity. The discord over regulations between the state authorities and the proponents of alternative birth practices has also been noted in other countries. Even when permissive regulations are in effect, hospital-based caregivers are often reluctant to offer support to mothers giving birth at home and scold women whose care is transferred to them (Davis-Floyd 2003, DeVries 1996).

The direct conflict between the home-birth movement and the Hungarian authorities emerged from a combination of over 20 years of slowly-growing local grassroots practices and increasing transnationalization. By empowering women to have a choice in child delivery, the Hungarian movement gives a voice to postmodern, anti-hierarchical cultural and democratizing political processes that have also unfolded internationally. The movement's decades-long history in Hungary suggests that it is unlikely to disappear soon, a prediction that is bolstered by its explicit regional connections and broad international exposure.

The Main Actors, Organizations, Events, and Aims of the Hungarian Home-Birth Movement

During the late fall and winter of 2010, an outstanding transnational social movement mobilization sought to free Dr Gereb from prison. The response of the Hungarian home-birth movement was to stage extended protests against Dr Gereb's imprisonment both domestically and internationally. How did a domestic blockage in resolving a grievance lead to a dramatic transnationalization of the claims for rights? The transnational networks that mobilized in late 2010 had established themselves during the previous two decades and sprang into action, combining traditional forms of protests with creative uses of social media.

The notable domestic and international mobilization of the home-birth movement in Hungary relied on the personal sacrifice of a few highly committed individuals, most notably Dr Gereb. During her 18 years as an obstetrician-gynecologist in a Szeged hospital Dr Gereb began allowing women to choose their birthing positions and smuggling their partners into the delivery room (Emődi 2011). She was reprimanded and suspended from her job for six months for violating a 1985-92 law prohibiting the presence of a family member at a birth (Acády 2000: 10). During May 20-22, 1992, Dr Gereb organized the first Hungarian "International Conference on Childbirth" on alternative birth practices available to parents, ob-gyns, and midwives in the newly post-communist bloc. Many notable foreign medical researchers, practitioners, and activists of the international home-birth movement came to offer workshops at the conference. Their names would reappear in 2010 and 2011 as signatories on petitions protesting Dr Gereb's imprisonment.

Finding that the hospital-run obstetric system was strongly resisting family-centric birth practices, in 1992 Dr Gereb and a few entrepreneurial associates established Alternatal, the first Hungarian NGO dedicated to "woman- and child-centric" birth practices. Alternatal became a training center, hosting many internationally known midwives and medical experts as trainers. Although in 1993 Parliament allocated appropriated the sizeable sum of 32.6 million Hungarian Forints in support of Alternatale's planned birthing center, the Hungarian Board of Gynecologists and Obstetricians refused to issue an official review of the plan, effectively blocking the transfer of funds (Acády 1994). Eventually, with personal loans — and physical help — from families whose children were born with

9 Approximately US$300,000 in 1993 prices, or about US$500,000 in 2012.
midwives' assistance, and the small fees from the birthing training course, in 1994 Alternata's affiliate Naplók Születésnapjai (Daylight Birthing Center) started to offer an alternative location to private homes for those who lived too far away for quick access to a hospital.

This fiasco of transferring legislatively approved funds was just the first in a series of escalating conflicts with the medical establishment and eventually the legal and political authorities. Instead of direct confrontation, Alternata and associated NGOs, such as Mére, started publishing guides for the women who found their way to their childbirth workshops because, beyond hearsay, there was very little information about the circumstances of giving birth. Alternata's screening of normal pregnancies, courses for expecting parents, and efforts to establish a support structure by training a small group of holistic midwives, plus extensive publishing activities, led a few thousand families to choose home deliveries.

Estimates of the number of planned home-births in Hungary during the past 20 years range from a few hundred to several thousand. It is impossible to find an authoritative number because the practice bordered on illegality, and every home-birth faced many practical challenges and invited medical and often public condemnation.

After extensive training as an ob-gyn specialist, Dr Gerib completed additional studies in psychology and in 2003 she became a certified obstetric nurse to assist women wanting home-births. She effectively practiced as a "home-birth midwife" with the expectation that the authorities would officially recognize this profession. With the help of Dr Gerib and a few other doctors, Alternata started to offer training courses for independent midwives in 2003. A few obstetric nurses and mothers who found their calling in midwifery searched out opportunities to pursue professional certification abroad. A dedicated group of women also became interested in training as doula. Doulas represent a new profession and are trained labor-support professionals who accompany the birthing mother to facilitate her labor and birth process through emotional and physical support, including massage, acupressure for labor pain, and simple loving and caring presence. The doulas, who originally trained at Alternata, established a new NGO, Module (Association of Doulas in Hungary), to certify their specific training. The introduction of independent midwifery and doulas as new medical and support service professions produced a structural challenge to the existing Hungarian medical system. Equally important to the structural challenge was the alternative birth movement's reinterpretation of the tasks prescribed to the obstetrician, moving him (or more rarely, her) from the leading position of conducting birth (levézés a szülésen in Hungarian) to assisting in it and offering medical assistance if needed. These dual structural and interpretative developments lay at the basis of the conflict with the hegemonic technocratic practice in Hungarian medicine.

In 2007, Dr Gerib was criminally charged and her license to practice medicine was revoked for three years for the death of an infant in 2000 (Erózió 2007). A few weeks before her suspension ended, she and four midwives were charged with assisting in a birth that suddenly started at Alternata although the birthing woman was transported to a hospital (Morvay 2010a). The authorities combined this case (where both mother and child were healthy) with two other injuries to charge Dr Gerib. Three other cases are currently in the investigation phase. Such charges are unprecedented in Hungary. No other ob-gyn ever faced charges for harm caused to a mother or child during birth, although many such cases are known (Bánès 2011, Varró 2009). From the approximately 3,500 births that Dr Gerib has accompanied, the average mortality rate in a hospital would have been between 15 and 17 cases and not the three that she is accused of.

Many in Hungary and abroad were shocked that Dr Gerib was taken away in leg chains and handcuffs (Hill 2010). After being subjected to a nude, full-body cavity search (Morvay 2010b), she was charged with kidnap (kidnapping), the equivalent of practicing without a license, and the reckless endangerment charge was increased to "manslaughter through medical negligence" leading to the deaths of two infants. Significantly, the conflict with state authorities did not center on Dr Gerib's qualifications, but on rights: whether women can choose where or how to give birth.

To communicate the personally experienced meaning of human rights and the right to choose, a coalition of a few individuals and a small group of NGOs mobilized some of the most unlikely social movement participants—pregnant women and mothers with very young children. These activists constituted a sizeable proportion of the more than 600 people keeping vigil outside Budapest's remand prison the day after Dr Gerib's arrest. Two days later, on the day of the trial of Dr Gerib and the midwives, a similar constituency of more than 1,000 people made a human chain from the municipal court to the national parliament. The colorful human chain—complete with young children and babies—was intended to represent the connection between the perceived negligence of both these institutions. A few months later, in the heart of winter, many new people joined the torch-lit protest walk in front of the Budapest City Courthouse. What explains these people's persistent participation? How did they organize to maintain their momentum? To answer these questions, it is necessary to place the movement in the context of transnationalization.

Motherhood Out Loud: The Transnationalization of the Hungarian Home-Birth Movement

Hungarian home-birth movement activists produced and coordinated mobilization and protest actions through a loose network on specific websites and social
media sites. Two aspects of this transnational outreach effort made it unique: 1) the extensive use of online networks; and 2) the broad geographic reach that included protests domestically and in diverse parts of the world that were coordinated through various international organizations and epistemic networks (i.e., knowledge or value-based communities). Similarly extensive international outreach has previously protested mass violations of human rights, such as war rape during the Balkan wars (Mörtus 2003) and, more recently, domestic violence (Fábán 2010).

Aiming for favorable regulations in Hungary after more than 20 years of slow growth, the mobilization concerning home-birth in Hungary was most notable because it intensely integrated transnational elements into the domestic course of activities. Foreshadowing the global use of social networking as an effective tool of mobilization, during the fall of 2010 the home-birth movement was the first in Hungary to use new ICTs to speedily and effectively build a transnational network and exert political pressure to change government policies. Previous research on European social movements found that protests remained primarily national but in target and mobilization, with only the most recent analysis showing trans-European (especially European Union-focused) protest networks emerging on some issues, such as agricultural policy and immigration (de la Porta and Caijani 2009, I4mg and Tarrow 2001). In contrast to a mainly domestic or exclusively EU focus, the Hungarian home-birth movement has demonstrated an extensive transnational protest network.

As is often the case, a crisis—in this case the imprisonment of Dr Gereb—brought the home-birth movement into the limelight both domestically and internationally. A dramatic confrontation between advocates of the home-birth movement and the government ensued, and the home-birth movement successfully orchestrated various globally dispersed institutional and grassroots nodes of influence to act in concert.

Three important international events have exerted direct influence over the Hungarian authorities. The first, most powerful international institutional reaction to the lack of regulations on home-birth in Hungary was that of the Court of Human Rights of the Council of Europe in Strasbourg on December 10, 2010. The Court sided with Ms. Ternovszky, a Hungarian who intended to give birth at home rather than in a hospital, but could not because Hungarian health professionals risked prosecution if they assisted her. The Court referred to the World Health Organization’s 1996 statement when it reasoned that:

[The notion of personal autonomy is a fundamental principle ... Therefore the right concerning the decision to become a parent includes the right of choosing the circumstances of becoming a parent. The Court is satisfied that the circumstances of giving birth incontestably form part of one’s private life for the purposes of this provision. (Ternovszky v. Hungary 2010)]

The Hungarian state had to pay the applicant’s court fees, but more importantly, it was pressed to create regulations for home-birth after 20 years of foot-dragging.

The second internationally and domestically widely broadcast event that emerged as a result of the Hungarian home-birth movement’s networking was Ina May Gaskin’s speech when accepting the “Right Livelihood Award” on December 5, 2011. The first midwife to receive this prestigious award, she called on the Hungarian government to reverse its unjust prosecution of Dr Gereb (Gaskin 2011).

The third notable event is ongoing, and its source of international institutional pressure has been the United Nations Women, which responded to an unidentified appeal requesting that the Hungarian government explain the very high number of caesareans, the discrimination against women giving birth at home, and the legal procedures against Dr Gereb. Behind closed doors, the 56th Commission on the Status of Women at the UN headquarters in New York deliberated on the Hungarian government’s response in the early spring of 2012.

These three international forums significantly added to the grassroots pressure on the Hungarian government to halt discrimination against home-birth and to reconsider the imprisonment of Dr Gereb. It is important to note that these high-level international responses emerged because of the home-birth movement’s active networking.

In addition to convincing important international organizations to act on behalf of the home-birth movement, the grassroots movement produced a notable series of protests, mostly coordinated through Facebook and staged in front of courts and Hungarian consulates and embassies. The protest locations included the Budapest prison holding Dr Gereb and diverse cities such as Dublin, New York, Warsaw, Prague, Tartu (Estonia), and Cape Town. The advocates created a central website, FreeGereb.hu, which they and their supporters referred to in documenting and promoting their actions.

Connecting the top-down effect of international organizations and the bottom-up influence of the widespread grassroots actions, various globally connected epistemic communities mobilized to call attention to the perceived injustice against Dr Gereb and home-birth in Hungary. These pre-existing knowledge networks sprang into action, creating, circulating, and submitting protest letters to the Hungarian government. At least a thousand letters of support for Dr Gereb poured in electronically and by regular mail to the Hungarian government from international medical experts and various professional midwives’ associations and medical boards. Many notable activists and medical scholars traveled to Budapest in solidarity.

The extensive epistemic linkages probably explain the extensive coverage of Dr Gereb’s case in the international media. Numerous articles appeared in notable foreign publications, such as The Economist (March 11, 2010), The Guardian (Hill 2010, and Associated Press 2011), the British Medical Journal (Saffold 2010), The Irish Times (McLaughlin 2010), and Al Jazeera (Thorpe 2011). The domestic and international mobilizations proved to be highly embarrassing to the Hungarian government.
authorities that claimed to be protecting human rights and supporting increased birth rates.

Finding a partially hostile public and closed access to Hungarian authorities, the movement has repeatedly reached out to international partners. The crisis of Dr. Gereb’s imprisonment has ignited further actions and reactions, “jumping scales” from a domestic to international levels and back again many times over the past few years (Brenner 1999: fn50). A similar “ping-pong” of back-and-forth engagement between local, national, and international circles emerged as other social movements attempted to change public policies, most notably related to legislation against sexual harassment (Zippel 2006) and environmental and women’s movement activities (Debusscher and True 2009, Roth 2008). Hungarian home-birth activists did not substitute the national environment for the supranational community; rather, they interfaced these contexts with networks that linked different territorial and value attachments.

This high level of interconnectedness between international, national, local, and electronic social movement mobilization was entirely novel and surprising in post-communist Hungary. The methods of exerting pressure on the Hungarian government effectively extended the “boomerang effect” (Keck and Sikkink 1998) to the virtual space of the Internet and the extensive network of international epistemic communities. The boomerang approach that the home-birth movement applied to force the Hungarian government to hear its petitions raises several questions: What do these networks look like? How closely do they work together? How did the external leverage work or not work? What are the mechanisms that distinguish this contemporary approach from the classical boomerang model described by Keck and Sikkink (1998: 12-13)?

In the classic “boomerang” model the domestic activists throw a “blame-and-shame” plea for support to transnational allies who then throw resources back to place pressure on the rights-abusing (usually authoritarian) national government. With a dense network of transnational allies, an electronic method of mobilization, and actual protest events, the contemporary Hungarian home-birth movement applied a modified boomerang pattern. The modification was necessary for at least two reasons. First, external pressure is often not sufficient to provoke substantive change in defense of rights and for the protection of vulnerable segments of the population from significant harm (Avlasyeva 2007). In addition to external support and pressure, considerable local constituency is needed for change to be more than superficial. Second, the resources provided by transnational allies were nearly entirely abstract in nature in this case, such as expert medical testimony and extensive international moral support. The home-birth movement managed to maintain vibrancy and urgency amidst heavy competition in a volatile national political environment that brought tens of thousands of people to the streets in protests against, for example, the narrowing of media freedom and democratic rights (A.L.B. 2011, Gorondi 2011). The “boomerang” of the home-birth movement produced enough pressure to break decades of government resistance and make the Hungarian government respond with legislation in March 2011.

However, the regulations put in place by the Hungarian government in retaliation for being “hit” by the boomerang proved restrictive enough to result in further cycles of protest. On the first anniversary of Dr. Gereb’s imprisonment, about 300 people demonstrated in Budapest and a corresponding international petition drive and media outreach renewed the conflict between the claims of the government and those of the movement (Janeczko 2011). There seems to be no “issue fatigue” on the horizon, despite the movement’s heavy reliance on its volunteers’ time, skills, and even monetary support.

Since 2010, the home-birth movement has dramatically strengthened its appeal as new books on alternative birth practices appeared and the continuing public debate added to the slowly yet obviously changing attitudes towards women’s right to give birth outside of hospitals. In addition, the movement has empowered many women and men to assert their rights and apply the pressure of democratic participation. One unexpected outcome of the Hungarian case has been the emerging collaboration between the various midwifery movements in Central and Eastern Europe, most notably between Hungarian activists and their counterparts in the Czech Republic (Gereb 2011).

Conclusions

This chapter has analyzed the aims and methods of the Hungarian home-birth movement by placing its struggle in a multi-layered international context, and describing how this movement traverses numerous electronic networks and various epistemic communities in both the domestic and the expansive transnational arenas. The 20-year existence of the Hungarian home-birth movement is just one example of a coordinated and extended civic activism flourishing in both national and transnational contexts that can contribute to the challenge to the dominant arguments about the weakness of civil society in Central and Eastern Europe.

Understanding social movements as the “products of collective efforts rather than individual and disconnected actions” (Meyer 2007: 10) highlights that a dedicated group effort with an adequate issue salience can create change in a functioning democracy. What makes this change possible is what Robert Dahl (1974) calls the “slack in the system” of a pluralist democracy. Social movements use this “slack” as an opportunity when they bring up social problems and aim to resolve conflicts. Upon resolution, the cohesion of the movement and their issue’s salience may disappear or, alternatively, the organization that has emerged revises its original agenda. The last 20 years that the Hungarian home-birth movement has spent trying to gain access to the medical and political authorities to establish clear policies in its favor have highlighted a problematically minimal “slack in the system” of this democracy. The home-birth movement has grown in size and importance while facing a significant increase into broader international human rights and gender considerations. Given this salience and the continued unresolved nature of
the movement's many claims, the movement will most likely survive and possibly expand its agenda.

Although the Hungarian home-birth movement conducted an extensive campaign to free its best-known protagonist from jail, it has not yet (as of the spring of 2012) achieved this immediate aim. However, the crisis created by Dr. Gereb's imprisonment has contributed intensely to propelling this otherwise small movement into national and international prominence. The sharp conflict between the protagonists of the home-birth movement vs. the medical and political authorities has brought to the surface many important and previously taboo cultural and political themes. Some of these hitherto neglected issues include gender relations in health care, especially in obstetrics-gynecology, and the right of individuals to challenge superficially "scientifically-based" health care policies. The ongoing debate on home-birth has caused many to question established assumptions and led to changed identities and practices as the general public becomes better informed and as the movement gains supporters.

Despite its unsuccessful attempts to free Dr. Gereb, the Hungarian home-birth movement has accomplished at least five notable achievements during its existence:

- The central achievement of the movement was mobilizing pregnant women and mothers with young children, a rarely politically active group. Although the symbolically crucial role of motherhood has been a traditional venue of women's activism, such social movements have changed the political discourse by bringing the private sphere into public discourse in the argument for attaining or keeping welfare services (Koven and Michel 1993, McBride et al. 2010, Guy 2009). In contrast, the home-birth movement argued for a wider private sphere free of governmental intervention that allows individuals to make decisions.

- This movement has highlighted, broadened and problematized the previously taboo topic of women's treatment during pregnancy and birthing. By choosing to give birth at home, offering alternative birth trainings, and providing entirely new frameworks of medical information through various media, as well as organizing protest rallies during times of crisis, these mothers-turned-activists framed birth in an entirely new way. The Hungarian home-birth movement's dramatic juxtaposition of women's dehumanization during the birthing experience in hospitals with the culturally elevated and rhetorically glorified act of giving birth has challenged many existing hegemonies.

- Both in Hungary and internationally, the respective alternative birth movements are firmly rooted in the postmaterial and postmodern experience (Davis-Floyd 2005, Kisdi 2011). The Hungarian home-birth movement joined an international and increasingly Central and Eastern European regional trend of challenging patriarchic dominance to define birth and conduct the birth process. This postmodern framework allows and encourages women and their partners to question traditional hierarchy and authority. This postmodern model offers autonomy to individuals, and in a counter-hegemonic manner proposes alternatives that honor emotions and nature. By presenting a unique mix of postmodern values in their arguments, a relatively small (maximum a few thousand active participants) and crisis-induced organization, the home-birth movement has fundamentally challenged many culturally significant markers of (medical) knowledge and (political) power in Hungary.

- This movement has scored a few legal victories: first, family members have been allowed in hospital delivery rooms since 1992 and most recently, the Hungarian government passed the long-due regulations on out-of-hospital birth in March 2011 and introduced them in December. The price of these concessions was the vilification of mothers wanting a home-birth and the humiliation and imprisonment of the movement's highest-profile protagonists. However, as one commentator noted, the movement may have "lost the battle and won the war" (Thorpe 2011), having captured international attention due to its intense, years-long clash with the medical and legal authorities.

- The probably most enduring achievement of the movement was its extensive and creative use of international networking that hybridized traditional forms of protest repertoires and more recently, Internet-based petitions and demonstrations of solidarity. By fully integrating the online environment into its extensive mobilization of support, the movement turned to the emerging transnational network of NGOs and training centers associated with the alternative birth movement, soliciting and winning the expert support of various notable foreign medical researchers and international organizations. The international community emerged to challenge the Hungarian status quo and the locally dominant argument claiming the exclusive safety of hospitals.

With these achievements in mind, we should revisit the popular thesis in the social movement literature that states or implies that social movements are rare, weak, or otherwise deficient in Eastern and Central Europe. The home-birth movement in Hungary is one example of an effective social movement mobilization that introduced new values and practices and legitimized them by fighting for suitable regulations in its home country and, in this case, potentially expanding its influence to Central and Eastern Europe.

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