# AIDS & Mobility Working Group V:
# Gender issues and HIV/AIDS in migrant communities

# Report Hungary

## A gender perspective on HIV/AIDS

**Sex Education Foundation**

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*Rapporteur*
Dr. Judit Forrai
Nagyvárad tér 4
1089 Budapest
Hungary

**Roma women health club with certificates, Sződcsörög, Hungary**

**Roma health club, Edelény, Hungary**

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## *1. Introduction*

Nowadays Hungary is dealing with special community groups whose members are native Hungarian, but they would pass for migrants in another country. In Central and Eastern Europe more than eight million Roma people are living in very bad circumstances. In the last years some Roma families left their home and became migrants (from Slovakia and Hungary to Canada or other western countries).

## *2. Analyses of three target group situations*

In the context of the Gender working group we focused on three marginalized target groups of Hungary. Initially they seem like three different groups, but often in everyday life it is a mixed population. The three gender groups we focused on are:

- Female prostitutes
- Roma women
- Orphaned children (aged 14-24) in institutes

### *2.1. Female prostitutes*

The estimated number of prostitutes in Hungary is 15,000 to 30,000 (males and females). Foreigners constitute 5 tot 10% of them.

Prostitution in 2006 is quite different from how it was before. In the nineteen nineties you could find a huge numbers of the prostitutes (more than 70%) on the street. In 1999 a new law was prepared. The Hungarian definition of trafficking in human beings is laid down in Article 175/B of the Criminal Code. It is similar to that of the UN protocol. The bodies responsible for action on trafficking of this kind are the Department for Organised Crime, the Hungarian police's Interpol office, the customs authority's criminal investigation department and a special branch of the civil intelligence services. In Hungary NGOs play a very important part in combating trafficking in human beings.

Act No. LXXV of 1999 rules that there are *protected zones* in which prostitution is not allowed and states that *zones of tolerance* should be created in places where prostitution dominantly occurs. The assignment of such locations cannot be neglected if prostitution permanently appears in public places and the settlement has more than 50,000 inhabitants. Consequently, prostitution:

- is tolerated as an *individual activity*,
- is practised outside the protected zones,
- entails the obligation of regular health checks,
- is not allowed in the form of brothels (sex clubs, massage parlours).

When Hungarian local governments didn't mark out any zones of tolerance, prostitutes were obliged to retreat into flats.

The 'market' is characterised by more than 75% of prostitutes working in flats, clubs, massage parlours etc. A quarter work on the street, by the highway at petrol stations, on crossroads, near the borders, in the capital, at the road before the 'city doors', in parking lots for trucks and at railway stations.

The prostitutes are *obliged to undergo medical checks (blood: HIV, HBV, Wassermann and smear tests)* and to have a *medical certificate*. The lack of zones of tolerance however has the result that only about one hundred of them possess these papers. Consequently, there are not exact data on the number of prostitutes. Street prostitution is not so concentrated as

before, which makes the outreach activity of social workers very difficult.

### *2.2 Roma women*

Roma communities are not assimilated with majority populations. They have preserved their family and ethnic traditions, language, cultural norms and behavioural stereotypes, and these traditions are often different than those found in general populations. Therefore, health programs culturally tailored to Roma community needs are essential.

Roma in Central and Eastern Europe often lack education and educational access. Eighty-eight percent of Hungarian Roma complete no more than eight years of school and only 2% attend secondary schools. Social health problems in the Roma community are pervasive and severe. Thirty-nine percent of Hungarian Roma are under age fourteen compared to 19% for the total population. Yet, while many Roma are young, they also have life expectancies ten to fifteen years lower than the majority of the population. Communicable diseases such as tuberculosis and hepatitis are widespread. In a sample of recently screened pregnant Hungarian women, approximately half tested positive for hepatitis B, and the majority of these were Roma. Health problems linked to social disadvantages such as nutritional deficiencies, low birth weight and prenatal complications, and diphtheria are widespread among Roma.

#### *Roma gender roles and stereotypes*

Roma communities are traditional, often closed, and culturally independent from majority populations. As in other traditional societies, strong gender roles are prevalent, and expectations and norms are strongly determined by community history and culture.
Roma culture is patriarchal. Our data 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. Roma women's marital partner choices and marriages are usually determined by their families. Both women and men endorsed the view that women are expected not to have sexual relationships before marriage, and maintaining virginity until marriage is a strong cultural norm. If a woman loses her virginity – even if sex was unwanted – she perceives her first sex occasion as the initiation of marriage.

In Roma communities, and among both men and women, protection from unwanted pregnancy and the need to avoid repeated abortions is a primary motivation for using contraception. 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.

### *2.3. Orphans in institutes (aged 14-24)*

Today in Hungary there are more than 520 child homes which together have more than 10,800 children. Orphans, drug users, children with mental problems or disabilities, poor, and Roma children live in these institutes or homes. Orphans in Hungary live in state-run orphanages. However, this kind of preparation for life is poor, and children who leave the orphanage upon their eighteenth birthday often end up on the streets. They get some financial support from the state, but they were never taught how to deal with money, and they may lack fundamental (moral) values.

Street children are not necessarily orphans. However, because of structural changes in Hungarian society and a growing number of unemployed people, there are more and more children and teenagers living on the streets. Many orphaned and street children are recruited for prostitution.

### *3. Working with the target group and the Gender trajectory grid*

Our NGO, the Sex Education Foundation, has dealt with these three different target groups – female prostitutes, Roma women and orphans in institutes – in three different ways in three different projects.

#### *3.1. Female prostitutes*

The Fenarete project, a pilot project of the Leonardo da Vinci Programme / Comitato per i Diritti Civili delle Prostitute, Italy, Pia Covre, aimed to establish a methodology and guidelines for a professional training for peer educators in the field of prostitution. In this project we recruited leaders and members of more than ten organisations which have social workers on the street and who provide counselling to their clients.

Peer educators have already been working especially within institutions and services dedicated to marginalized groups, but their role hasn't been defined and recognised. Their role is still considered an informal one. The Fenarete project proposed a training course to professionalize peer education.

*The steps of the programme*

- preparing the project and the training
- training the trainers:
  - Presenting the participants
  - Introducing the Fenarete project
  - Presenting the project, the objectives, the actions
  - Introducing and sharing the proposed methodology
  - How to export this methodology to other target groups
  - How to apply the methodology in the future
  - Experimental practice and discussion
  - Description and analysis of the peer educator role among prostitutes

The project has proved successful in many respects, especially for its adaptability to different social contexts and countries, without betraying the core idea of providing formal training and, when possible, legal recognition to the role of peer educators. About the successes: to build on a real network of NGOs, to learn a special method to reach our clients, to be attentive to special needs, to be in contact with local institutes, to counter violence, to safeguard human rights, etc.

The Culture Directory Counselling Programme is intended to propagate the methodology, based on the reworking of the personal experience and the motivation of the trainees.

The main activity for the dissemination of the Fenarete project will consist in the participation in some training or job or NGO fairs in Europe.

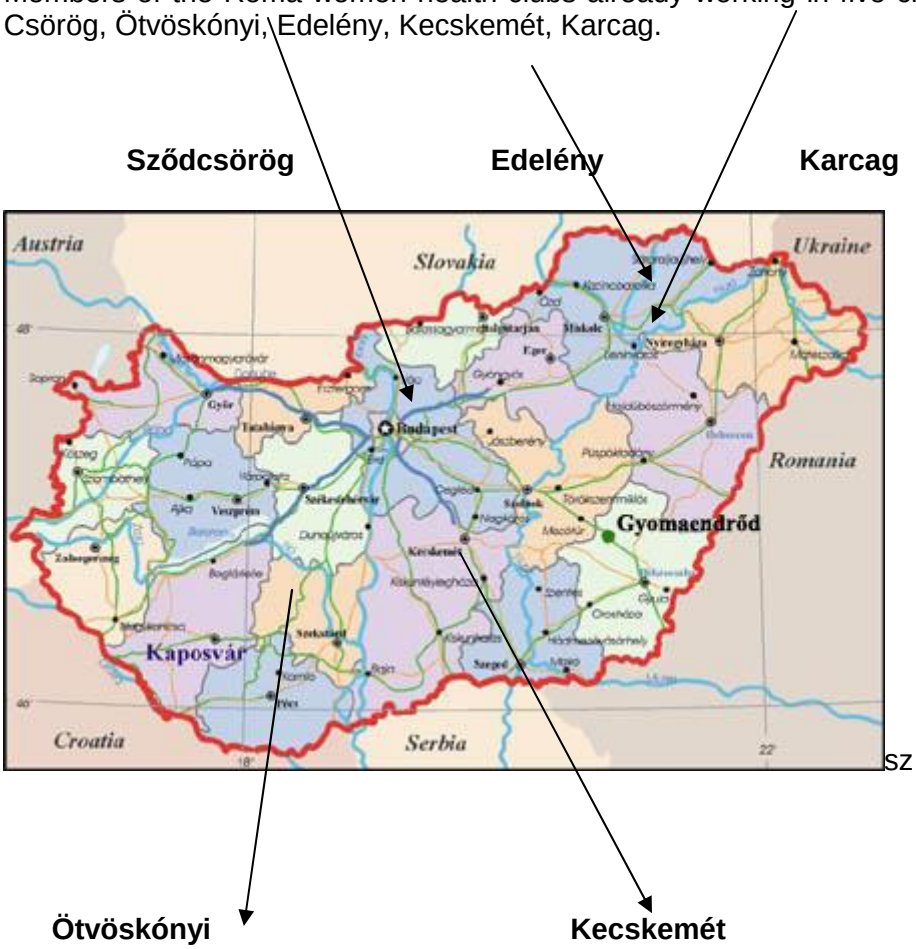
Diffusing the methodology of the Fenarete project could be the first step towards establishing a lasting cooperation for the promotion of, or for the prosecution and updating of the course for peer educators, based on the already tested methodology, and for its application to other social or national contexts, or to other target groups, for example for the teaching of the language of the host country to migrant people.

#### *3.2. Roma women*

To develop a programme for the Roma women health clubs; their community and knowledge of social and health care.

*Aims*
Promoting activity and ability of the Roma inhabitants in social and health care. Preparing participants (6 to 10) to be able to provide help on personal, familiar and collective levels based on proper information and methods. Later to back their own community by organised work.

*Participants*
Members of the Roma women health clubs already working in five cities in Hungary: Sződ-Csörög, Ötvöskónyi, Edelény, Kecskemét, Karcag.




*Programme details*

a. First meeting with leaders and representatives of the Roma women health clubs as well as with organisers of the programme
   - introduction
   - survey of the programmes
   - discussion
   - remarks and proposals
   - timing

b. Running courses for six to ten women chosen by the leader from every settlement. Closing session for club leaders. Discussion of accounts prepared by the leaders and evaluation.

*Themes of the two-day training*

Socio-demographical data of Hungarian Roma inhabitants: health condition, differentiation of opinions, comparing statistical data with the local situation, personal values and group values.

Socio-psychological description of prejudice, ideas, terminology, different opinions on the ground of personal experiences.

Theoretic base of the communication. Training in communication. Conception of the non-aggression. Models, situations.

Explanation of discrimination on personal, group and institutional levels, law categories, definition of the European Union, national and civil organisations (self-government, representatives of the welfare centre), legal aid offices, civil organisations, the press.

Problem solving strategies, drawing up the problems, comparative analysis of the present and the desired situation (black box), change in dimensions, problem-solving patterns.

Discussion of cases (interviews/nine women).

Concept of health and sickness in a theoretical and practical sense. Poverty and ill health. Health condition of the Roma population.

Medication – preventive health education, communicable and non-communicable diseases, first aid, hygiene.

General Practitioners – family doctor of the Roma colony, practice and theory, frequency of dental diseases (DMF index / Decay, Missing, Filling). The importance of cultured groups in the remedy and prevention. Self-help groups and the public health. The role of self-help groups within Roma community.

Methods and practice in sexual education. Sexual information for Roma, special problems. Contraception, pregnancy, abortion. Prevention of STDs, importance of knowledge of HIV/AIDS, mode of avoidance.

Aggression, rape, sexual abuse. Medical and social approach. Case study.

Smoking, drug and alcohol abuse. Poisons, resultant illnesses, frequent use within Roma communities. Possible remedy and prevention.

### *3.3. Orphans in institutes (aged 14-24)*

Research suggests that people are more likely to hear and personalise messages, and thus to change their attitudes and behaviours, if they believe the messenger is similar to them and faces the same concerns and pressures. This is especially the case in institutes for orphaned children and marginalised youth. Numerous studies have demonstrated that peers influence the health behaviour of youth – not only in regard to sexuality but also in regard to violence,

and human trafficking. Peer education can support young people in developing positive group norms and in making healthy decisions about sex, STDs, HIV/AIDS, drugs.

Our training dealt with the following problems:

- Receiving special training in making decisions, clarifying values, and acting in accordance with those values
- Mastering extensive sexuality information relevant to their own lives
- Being recognised as leaders by their peers and their community
- Having direct involvement, a voice, and some control in the programme's design and operation
- Learning important skills, including facilitation and communication
- Converting risky sexual behaviour into responsible sexual behaviour
- HIV/AIDS/STD knowledge and preventive behaviours
- Taking steps to prevent transmission. Behaviour, attitude, condom use
- Drug use; how to say NO
- Preventing human trafficking

After this training we made a survey about the **k**nowledge, **a**ttitude, **b**ehaviour and **p**ractise (kabp) questionnaire, and deep interviews with the peers and the teachers in the institutes. We were interested in the teacher's attitude, the level of burnout syndrome, etc. And we wanted to collect life information on ten youth: why and how they went to live at the institute, how they feel, how they build their personal networks in the institute, what their perspectives on the future are. We are still working on this project, it will probably be finished in August 2006.

## *4. Reports on the target groups*

### *4.1. Female prostitutes*

*Interviews with sex workers:*

Gisela:
"I am thirty years old and have worked as a sex worker for four years. I had problems at home, particularly with my stepfather. I work independently and live at my cousin's house. I have on average ten clients a day. I regularly use condoms. Sometimes clients are not normal, they pay for the sex but don't treat me as a woman but only as a means to have sex. Foreigners are often more violent. I am from Budapest, but I prefer to work in Tatabanya because the police are harassing women less here. In Budapest I had problems with the police and was threatened with a fine or imprisonment for immoral behaviour. Agnes helped me to get a lawyer when I had to go to court. Girls who have worked in the business for a longer time are like mentors to those who are new. Sex workers help each other and give each other condoms. I have a health card and go for regular examinations and when I have problems. I feel like I have control over my life. I don't know how much longer I will work because I have to support my family; my cousin is paralysed after an accident and has two children. I also need money to pay my debts from two police fines. It would be really good to have hygienic facilities along the road where women can wash and use the toilet instead of using the petrol station. I have to pay money to people in charge of this road because I am from Budapest. I am happy about the support from the social workers."

Timmy/Timea:
"I am almost eighteen and I have work here on road number one for one and a half year. I left home because of problems with my family and I live with a friend who is also a sex worker. I think I am healthy and because I am still young I don't need to go to the doctor. I am also afraid of the doctor. I have had problems with the police and was arrested once. I got a fine of 350,000 Forint (1,350 Euro) and that is why I have debts. The social workers from the association give me condoms and they helped me with the paper work to obtain my identity card. I am not officially registered as a prostitute because I am still a minor. I would much prefer to work in a zone of tolerance where the police would leave me alone."

### *4.2. Roma women*

We interviewed [1] a Roma woman aged twenty in her house. We were looking for another girl with the same name but we found her. She invited us in and decided to do the interview. She completed her education up to 8th grade. She is single and does not work at the moment.

*Types of sexual relationships:* with a steady partner; "Only kisses"; "I don't like women."

*Types of partners/relationships when condoms would be used:* in a marital relationship

*Reasons, motives, and attitudes for using condoms/practicing safer sex:* "Maybe I would use (a condom) in order not to get pregnant." "If it's an experience of one day."

*Reasons, motives, and attitudes for not using condoms/not practicing safer sex:* "If I have contact only with this man and no others."

[1] J.F. Kelly at al.: Gender Roles and HIV Sexual Risk Vulnerability of Roma (Gypsies) Men and Women in Bulgaria and Hungary: An Ethnographic Study, *AIDS Care* (2004;16(2):231-246).

*Barriers for condom use and safer sex:* It is accepted for the man to take the initiative in sexual relationships, but he never offered. “I think only once (I used a condom). The initiative was his.”

*Barriers for communication on condom use and safer sex with a partner:* “Here they don’t accept talking about these things. With a close person I can start a conversation, but with a steady partner he has to start the conversation. Then it can be understood what the man is like and what the woman is like. If the woman starts to discuss it, the man will think she is not a stable person.”

*Substance use (general):* “Many people use drugs and many young boys died of that. Young boys that haven’t been soldiers yet, why did they begin this thing.”

*Knowledge and beliefs about AIDS:* “If one man sleeps with many women he can get infected, just like one woman sleeping with many men. First you get infected and then comes AIDS. AIDS is contagious and there shouldn’t be sexual contact. You can get infected when drinking from a glass. You can’t be cured. I don’t know the process. I’ve seen a movie. She got infected by way of syringes. I’ve never witnessed such a case. Blood flows from the nose; the body turns grey – I don’t know.”

*Knowledge and beliefs about STDs:* She does not know about other STDs.

*Reasons why respondent believes that he/she is at risk of HIV/AIDS:* She does not believe that she is at risk – she does not have sexual relationships.

*Reasons why respondent believes that he/she is not at risk of HIV/AIDS:* She does not have a relationship with a man. “The programme against AIDS is necessary for people who already have sexual contacts and for us who do not. It’s great to know, but parents will disagree.”

*Age differences:* “The small kids know everything: what is a condom, what is AIDS. It’s bad because you don’t know it and they do. It’s disgusting, I’m repelled, and they talk rubbish.”

*Topics of communication with friends about sex:* “What is the most common thing that girlfriends like to discuss – men, boys. When you meet a boy and you like him, we talk about how it was when we are only the two of us, how was the evening, how we spent it… we try to find out what the boy is like – if he is good… She asks me whether this boy is good, do you approve of him, to go out with him or not. Her mother doesn’t know, but I know – well, we are so close.” Topics – getting pregnant, she has heard about condoms and pills. They do not discuss sex with their partners.

*Words used to describe steady partner:* ‘The desired partner’. “I have to like him and he has to be there for me, has to be stable and to have some money. He doesn’t have to be a prince from a story but to respect me, to love me, to understand me.”

*Feelings if a close friend talked about sex, AIDS, and condoms:* “We, the Roma people, don’t talk so much; I’ve understood long ago that I shouldn’t say everything. And you turn into a stubborn person.” “When I share with a friend I feel more frivolous; shared grief is half the grief.”

*Brief description of friendship networks:* They are four girls, single, one was married but not anymore, one lives outside the neighbourhood; they meet almost every day. They go to cafes and discos outside the neighbourhood.

### *4.3. Orphans in institutes (aged 14-24)*

A girl: “I am here since December 2004. I very much like playing basketball, but I hate learning in school. Sometimes I read poems. My communication is good, but I have to show more emotion towards people. I am a little misanthropic. At first people make me angry and nervous and give me bad feelings.
My mother never liked me and forced me to go away, so I forgot her forever. My foster parents live in a little town. We were together over fourteen years with five sisters and brothers.
My friends inside and outside this institute are different. But I don’t want to meet the ones outside, because I was a drug user with them. I have only one true devoted friend here inside.
My stepmother would say she would take me back to the foundlings’ ward. I didn’t understand it, but my teacher explained to me what it meant. I was fourteen when I started to smoke. If I am stressed I smoke. But I never drink alcohol, I hate the smell of it. I had a boyfriend when I was fourteen. We never used a condom or pills. I had several partners, but I never used any protection. When I leave this institute, I will go to work abroad. Now I am learning English because I want to get a higher salary than I could get here in Hungary. I don’t mind what type of work they offer me, I only want to get more money.”

***5. Crossing views: socio-cultural dimensions, context, interaction, needs***

| | Socio-cultural dimensions | Context level | Interaction | Needs |
|---|---|---|---|---|
| Female prostitutes | Young, social mobility in the county, out the country, partners: everybody without discrimination, forced to have unprotected sex, violence (from clients and pimps) | Hidden life, exclusion from society, little educated, unemployment, Little information, smoking, alcohol and drug use | Train the trainers: for the social workers, peer education (Fenarate programme) | Decrease recruitment of prostitutes, escape, education, training, leaflets, manuals, free testing, train the doctors (gynaecologist, venereologist) |
| Roma women | Not graduated, unemployment, obligatory family role, unprotected sex, STD/HIV/AIDS | Minorities, not accepted by society, smoking, alcohol, unhealthy lifestyle, little information | Train in Roma women health clubs, decriminalisation for society, sensitising members to the health care system | Trainers, trainings, manuals, leaflets, constant contact |
| Orphans | Male-female, maladjusted conduct, orphans, drug users, without family background, unprotected sex, promiscuity, violence, aggressive attitude | Not accepted by society, smoking, alcohol, drug use, unhealthy lifestyle, little information | Train the trainers, peer education, questionnaire, deep interview (ten youth and ten teachers) | Trainings, trainers, manuals, leaflets, teacher supervision |