

Mother-to-Mother

Ways of supporting mothers
by women's organisations





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Preface

The Mother-to-Mother handbook was created by Hungarian and Spanish women activists in EMMA Association and El Parto es Nuestro. The content flourished from many mother's experiences through many moments we spent together listening responsively to each other.

The aim of the handbook is to inspire mother-centered activism by gathering important theoretical, empirical, and practical information about feminism, obstetric violence, motherhood, trauma, group methodology, women's solidarity, communication, and fundraising. And by introducing many different perspectives on these topics, we believe that this work can be useful for activists, professionals, and mothers.

This manual was created through 14 months of co-operative work by a wide range of activists, professionals and mothers involved. After defining the relevant topics, we organised cross-country and separate (in Hungary and in Spain) workshops to exchange knowledge and approaches. The purpose of these offline and online events was not only to share experiences, but to strengthen internal operational functioning and to reflect and highlight the best working practices of the two organisations. In all discussions we approached the topics from the aspect of lived solidarity and activism. Based on the exchanges of our thoughts and views, designated writers formulated each chapter. This phase was followed by joint editing, consultations and public pilot groups which helped us to build the arc of chapters and finalise the handbook.

May this handbook strengthen the representation of motherhood proudly. May it strengthen trust and freedom between each other so we can fruitfully connect, act, and co-operate for mothers in the future.

Introduction¹

This handbook was created in the framework of “Transitioning motherhood, mother2mother support” Erasmus+ project. The project’s aim was to foster the mental wellbeing and empowerment of women raising children under 10 years; and also to provide non-formal learning opportunities for women and encourage them to be change agents for each other.

The project coordinator EMMA Association is a national, feminist women-led organisation which aims to ensure sexual and reproductive health rights (SRHR) and to eliminate gender-based violence in SRH context. Since 2008, it has gained a wide range of experience in providing psycho-social support for traumatised women and survivors of violence both on a personal and a community level; complex case-management in supporting refugees, delivering research and legal advocacy; participating in cross-disciplinary cooperation; organising grassroot activities and supporting women’s self-led activism.

The project partner, El Parto es Nuestro (EPEN), which means “Birth is Ours”, was founded in 2003. It is a non-profit association made up of service-users and professionals who aim to improve the conditions of care to mothers and children during pregnancy, labour and postpartum in Spain. All work developed at the organisation is voluntary.

In parallel with the handbook, research was also carried out. In both Hungary and Spain, we conducted 12 in-depth interviews and two focus group discussions with women who are or have been involved in some way in birth-activism. In Hungary we mainly interviewed activists associated with EMMA Association and the Movement for Respectful Maternity Care (Másállapotot a szülészetben! Mozgalom), in Spain we interviewed volunteers from El Parto es Nuestro.

To link the two main activities of the project, we start the handbook with the most significant result of the research: the interview analysis about the place of motherhood in feminism, about obstetric violence, and also the theory of the cycle of activism.

Enjoy reading!

¹ The opinions stated in this document do not necessarily represent the views of all the different organisations and authors participating in the creation of this Handbook.

Chapter 1

Feminist Mothers and Activism, Women's Narratives on Obstetric Violence

Results from the exploratory research

Where Does Motherhood Fit into Feminism?

“The next challenge of feminism is whether it can turn to mothers and women who follow life paths other than the ‘easily digestible’ feminist principles, for example those who give birth. It would be really good if it could, I’m strongly crossing my fingers for it.”¹

There are a number of schools of feminist ideology these days which represent different views. It is therefore difficult to describe what feminism really means with a single definition. Thus, it would be more practical to talk about feminism in the plural rather than the singular. Their common characteristic, however, is that they all emphasise the importance of women’s equality and fight a political battle for women’s rights. This is still important in the 21st century as it is purely the appearance of equality between genders that has become reality. Women still continue to “be considerably lagging behind men when it comes to wages, leading roles or their weight in public life. [...] Furthermore, biological and social reproduction, in other words giving birth and raising children, housekeeping, and uniting the family all greatly depend upon the woman’s involvement and leadership” (Rosta – Ádám 2014, p. 27-28).

Expressions of feminism can also differ in the way that the world became divided into two after the Second World War. While women’s movements in the West were doing their best to achieve financial independence from men (having access to paid work, autonomous decision-making regarding their bodies and becoming mothers), “paid work for women in East Central Europe was by far not an aim but a compulsory requirement demanded by the state” (Gal 2011, p. 176). Thus, instead of becoming independent from men women tried involving them in family life (for example, housework). In the second half of the 20th century, however, the United States of America became a uniquely determining force globally, and “parallel to expanding the global bourgeois social and financial relations, it also had an impact on the cultures

¹ A quote from one of the interviews conducted during the research.

and ideologies of the other countries” (Barna et al. 2018, p. 244). This is the way that “Western feminist” trends could filter through which did not stem from the experiences of Eastern Central European women. Therefore, it is of utmost importance that we lay emphasis on the fact that **“the phenomena of any given society of a given era – and thus the experiences of womanhood and feminist movements – should be examined, not on its own, but in the context of the wider system of relations of which it is a part”** (Barna et al 2018, p. 241).



During our research we were also curious about how the interviewees define feminism, what characteristics they associate it with, and whether they identify themselves, their work and activism with feminism. Based on what we heard we did not get answers, instead, more questions emerged.

In the discourse about feminism today one cannot avoid its negative connotations. The everyday use of the word has become problematic, mainly because many people simply identify it with the hatred of men or the additional rights of women. It is also a general sentiment that a feminist woman is single, independent and makes her own way in life, therefore neither does she want to or will she live in a relationship or marriage, nor will she become a mother. Unfortunately, this idea is not only present in the wider society, but many feminist women and organisations also represent this view – even if subconsciously – that a woman cannot be a feminist from the moment she becomes

a wife or a mother, as by doing so she has “yielded” to the traditional model of family and hence the entire patriarchal society. Is this really what this is about? What makes this track of thought even more interesting is that nowadays thanks to the outstanding activism of the LGBTQIA+ communities we talk more and more about the situation of trans women. This is a great result which, so far, is mostly visible in western societies, but there is also more talk about “accepting” (intersectional) and “excluding” (radical) feminism – in other words about whether the followers of certain feminist approaches want to represent the rights of trans women or not. In this current research we did not explore this topic separately, and thus would not like to dive into it or even formulate a value judgement. What is relevant to our topic is that while we talk about excluding feminism when trans women are excluded from the dialogue, it is quite common for mothers to be left out of the feminist discourse. The opinion of one of our interviewees on the topic is this: *“The fact that I have to be aware of what pronoun a woman uses to describe herself before I talk to her is f*cking great, but if I tell her that I cannot talk after 4 o’clock because I have to collect my child, she says: pardon me?”*². **Between what types of groups do we differentiate within feminism? Where are the boundaries of feminism? Do we actually need these boundaries at all? Can we talk about the accepting characteristic of an ideology because it protects the interests of a certain group, if it excludes others?**

Childbirth and motherhood present women with an entirely new, henceforth unknown life situation. We do not believe that there is a need to go to lengths at explaining that a childless woman needs to fight different battles from that of a mother. And this is entirely okay even if we do know that some of their struggles are identical or that some of the currently childless women will become mothers at a later point in time. But irrespective of all this, we do think however, that the specific issues which concern mothers should be included in the feminist dialogue. Although some effort has been made in this regard, they are still rather isolated cases, whether it be in the East or the West. The American journalist Amy Westervelt discusses whether motherhood is one of feminism’s unfinished pieces of work in her article published in The Guardian. She says that **social and cultural notions and expectations regarding motherhood have an impact on all women, whether they have children**

² A quote from one of the interviews conducted during the research.

or not³ – thereby arguing that the issue of motherhood does have its place among feminist topics. The special edition of the periodical *Feminist Encounters: A Journal of Critical Studies in Culture and Politics* which deals with the critical analysis of contemporary motherhood, its global representation and expression, explores this in its complexity⁴. There is thus a need for this issue to be included in the mainstream of feminism, but it has not happened so far. According to one of our interviewees, the problem is that *“the majority of feminist activism does not take women’s decision into consideration when the woman prioritises motherhood above all else. Not only does it not take it into consideration, but neither does it have the tools to consider this lifepath nor does it regard it as a valid choice”*⁵. And yet, when a woman becomes a mother, she does not cease to be a woman. Therefore, disregarding motherhood and its difficulties in feminism in fact means leaving an entire stage of a woman’s lifepath out of account. This could result in mothers consciously turning away from feminist ideology. Hence it becomes reality that women who clearly live their lives according to feminist values both in their work and their private life, which is obvious for the people around them, do not even consider themselves feminists. Furthermore, during one of our focus group interviews we talked about how the representatives of feminism, when becoming mothers or wanting to become mothers, do not connect that to feminism, rather they are surprised how *“the two are present simultaneously”*. And this results in a total detachment of motherhood in the struggle for gender equality, which, in reality, means that the majority of problems – as well as the interest of a large number of women – is swept under the carpet because motherhood is solely considered a part of conservative ideology. This exact point was pinpointed by one of our interviewees: *“one of my important thoughts about this topic is that motherhood and feminism are mutually exclusive in the classical sense, but it’s clearly not so! And that is exactly what should be taken back, that motherhood is value. I know this is a terribly conservative way of putting it, but motherhood is value, children are value, so I don’t think, so no person should be a feminist because they don’t give birth and because they hate men, it doesn’t work that way, that is a false dilemma and that is very important to me”*⁶.

3 In.: [Is motherhood the unfinished work of feminism? | Amy Westervelt | The Guardian](#)

4 [Volume 3 Issue 1-2 \(lectitopublishing.nl\)](#) (Lectito Journals, a scientific platform, Holland)

5 A quote from one of the interviews conducted during the research.

6 A quote from one of the focus group discussions conducted during the research.

Why do we detach motherhood from the feminist life path? Why does feminism abandon the women who have children? Do childless feminist women see more risks than advantages in the involvement of mothers? Is it worth it for mothers to be feminists?

“Obstetric violence is the last culturally accepted form of violence against women”⁷ – reads the title of an article written by the Movement for Respectful Maternity Care (Másállapotot a Szülészetben! Mozgalom) published on MÉRCE⁸. The roots of violence against women are to be searched for in the abuse of power and thus in the intention to dominate/control the victim. “Power is a relation in the framework of which the person holding the power is in the position to make the persons subjected to their power to behave in the way they intend them to, whether the latter are in agreement with that intention or not” (Andorka 2006, p. 51). This way of exercising power can manifest either at home, in a workplace, in the street, or even in institutions such as hospitals. Although obstetric violence is less and less of a taboo topic, it is often the case that the types of violence against women are talked about without the mention of this institutionalised form. It is also a generally occurring phenomenon that organisations engaged in reproductive rights and abortion do not talk about birth or treat it separately. These two examples illustrate well that two important topics of feminism do not include phenomena which concern mothers alone. In general, therefore, we can say that motherhood is excluded from the topics of interest in feminism, which specifically manifests in the detachment of obstetric violence from the discussion about violence against women as well as not treating birth as a topic related to reproductive health. At the same time, one of our interviewees looks upon her activism relating to her own motherhood from a specifically feminist point of view: *“The mother should not be well for the sake of the well-being of others but of her own. [...] For me this is very much about the fact that it’s an area [obstetric violence] where women can still happily and legally be tortured in a way similar to methods used in the Middle Ages. So, this is how I see it, and regardless of what the explanation is, I believe this does go on”*⁹. There are thus women who courageously declare themselves feminists as mothers and aim to give voice to the problems

7 A szülészeti erőszak a nők elleni erőszak utolsó kulturálisan elfogadott formája « MÉRCE (merce.hu)

8 Hungary’s first independent left-wing news portal, completely built and operated from readers’ donations.

9 A quote from one of the interviews conducted during the research.

concerning mothers, this is not commonplace, however. **How could it be achieved that issues concerning mothers find their worthy place in feminism?**

All feminist intentions are aimed at ending the subordination of women in all areas of life. However, there is not always total agreement among organisations fighting for the same goal, there can even be greater disagreements in approaches from time to time. This does not cause a problem as long as conflicts are resolved. However, it is problematic if the feminist community is divided due to value differences. Collaboration would be particularly important for feminist organisations, as they should also be setting an example for the wider society. In EMMA Association, we believe in the approach that we should treat each other in a manner we would like society to treat women. The feminist community – if we can talk about one great community – should also represent this approach. Separate organisations or groups should aim to understand and accept one another the way they are. It would be a great step forward if this kind of sisterhood could come to fruition among women following the feminist ideology – which we tend to idealise and mystify even though one of our most experienced interviewees wisely noted: *“The freedom of each individual spreads as far in the sisterhood, as long it does not limit somebody else’s. Sisterhood includes criticism and everything else, because it is a space where I can develop both as an individual and professionally and I don’t just get petted on the head when I do everything right. [...] Sisterhood is where I also primarily take responsibility for myself. I can serve others if I take responsibility for myself, if I am aware of my limits and if I get lost, I can ask for help, where I endure criticism. That is sisterhood – and that is what feminism means to me. And the most important thing is to always place women and women’s interest in the centre”*¹⁰. **Can we talk about a sisterhood among feminists? Or is this a way in which women relate to one another in smaller communities? What does sisterhood mean to them? Can a partnership beyond the groups be implemented?**

Working in the non-profit sector in Hungary is not really – financially – rewarding, and the situation is even worse if we take a look at women’s organisations. **The women who draw attention to the invisible work performed by women, often do invisible work themselves**¹¹. The salaries of feminist

10 A quote from one of the interviews conducted during the research.

11 In short: we can call activities invisible work that ‘are in no way accounted for in economic indicators and their social respect and visibility is very low’ in.: *Láthatatlan munkák, amelyek nélkül megállna a világ* < *Mérce* (merce.hu)

activist women are by no means proportionate to the kind and amount of work that they do. And while women having the same prospects and opportunities as men do appears as a basic expectation in feminist ideology, i.e. that they should be able to take higher-education courses, be appointed to higher positions at their workplace, thus being able to build their careers in order to be able to independently support themselves, activist women fighting for these rights and opportunities generally either do their work for a very low salary or do these activities voluntarily aside their better paid jobs. In many instances this means that they are vulnerable in one way or another. One of our interviewees said: *“I wouldn’t really have the chance to work for women if I didn’t know that I have to sacrifice this [financial independence]. So, I either work for women or I’m financially independent. And this is a very much undervalued point of view within activism”*¹². Another interviewee who has a great amount of experience in activism related to motherhood stated: *“If I were to take seriously what I have learnt from women’s rights activists in the movement for birth rights, namely how much risk it is if a woman doesn’t have an income and what would happen if I wanted to leave [the relationship], than I could be quite worried”*¹³. Another point of view goes: *“I also question if women work free of charge. And I also see in it [in activism] that this is also an unjust thing, that people give their life and there is no reward what so ever, there is no pay”*¹⁴. Many have also reported that the reason that they have the possibility to do feminist-activist work at certain periods of time, or in general, is that their husbands’/partners’ income makes it possible. One of them said about the topic: *“This only works if we have equal access. It doesn’t work in the way that if I earn less, I beg for the money and he gives me as much as he desires. It only works if I have full access. And I am obviously fully aware that this is f*cking rare, what I mean is that if the other earns more money, or the other earns no matter how much, that can give ground to the misuse of power”*¹⁵. And this in reality can be viewed as a privileged situation too: *“What I see is that in activism is that the ones who are more active are those who have a financial or existential background or a supportive family behind them which enables them to do so. And then, everybody contributes as much as they can. [...] But I have never met*

12 A quote from one of the interviews conducted during the research.

13 A quote from one of the interviews conducted during the research.

14 A quote from one of the interviews conducted during the research.

15 A quote from one of the interviews conducted during the research.

*anyone who struggles to make a living on a daily basis and can take fully part in activism*¹⁶. Are we “better” feminists if we are doomed to be dependent upon others due to our lower income as an activist, or if perhaps we live under disgraceful conditions while fighting for women’s rights or realising feminist ideals? Can activism exclusively be an activity of the privileged? Can invisible work be eliminated by doing invisible work?

People in general, like to do their jobs well and in many cases, they have appropriate evaluation systems in place to help them to do so. What is the case with activists? What makes a person a good activist? *“This whole thing [activism] is really comparable to being in love. Just like in a relationship, you don’t evaluate whether it will be painful or not, whether you give loads or not, you simply dive right in”*¹⁷. Comparing the work of activists to being in love is very apt: both involve a lot of emotions, and we work with our inner resources in both. But while the calming of the heated emotions when being in love does not necessarily result in the ending of the relationship, maintaining the emotional high of activists which spur them on to make superhuman efforts in the long run can have harmful effects on their health. *“This kind of state really is tiring, or how should I say, because those who take part in activism think about the world differently. They think that what we are in is really sh*tty, but it is worth doing something about it. The majority of people either do not think it’s that bad, or they think it is real sh*t, but I cannot do anything about it. And I know that this small percentage of people bring on change and people [activists] are needed, but it is very tiring and depleting. So, the first thing that comes to mind about activism is not resources, because these people can burn in the holy fire, they can get hurt and be sacrificed”*¹⁸. The majority of people working in non-profit organisations and associations are women – which automatically turns this topic into a feminist question. Women are overrepresented in jobs of a lower income and in the helping professions until this day, and they also do the best part of the invisible work. And this is increasingly true for women staying at home with their children, who apart from raising their children, also do the housework, which does not naturally mean that they lose themselves at the same time. As one of the interviewees noted: *“Just because somebody*

16 A quote from one of the interviews conducted during the research.

17 A quote from one of the interviews conducted during the research.

18 A quote from one of the interviews conducted during the research.

*is at home with her children and does housework, they can still be a feminist and that shows on how she leads her life, how she raises her children and how she is present in her relationships*¹⁹. Women do carry more burdens at home however, and in many cases that does not change even when they go back to work. Despite this extra burden, there are still some women, mothers who are able to stand up for a cause with full involvement – often because nobody else would if they didn't. And yet, it is not easy to be a mother within feminist circles, because even for a single woman with a stable background, this work is not without its risks. A mother however, has to constantly reflect upon her children too. One of our interviewees highlighted exactly how unfair it is that she would deserve activism, which is her passion, but it does not agree with her family and her children. Another interviewee captured the essence of this as follows: *"Is it right that you are a good activist if you don't take it into consideration that you have other duties too?! That's exactly what makes mothers' activism unsustainable"*²⁰. **When can we talk about sustainable activism? Do you really need to sacrifice yourself for the cause? Apart from martyrdom, what other models of identity exist in feminist activism?**

In order to answer all occurring questions there would be a need for a more expansive study at the centre of which would be feminism. But we do actually think that perhaps not so much the answers, but asking the questions that can carry on this dialogue which is indispensable from the point of view of moving forward and development. **How will feminism change in the coming years and decades? Is the future of feminism one that an interviewee formulated, which is able to accept everybody?:** *"In the approach that feminism stands up for the rights to equality of every being, which is an extended feminism, [...] when aside from articulating women's experiences, there is solidarity with all involved. [...] Obstetric rights and women's rights are connected to human rights, so I certainly could not be a feminist who does not stand up for the rights of other people. A solidaric or holistic feminism"*²¹. **Or something else?**

19 A quote from one of the interviews conducted during the research.

20 A quote from one of the interviews conducted during the research.

21 A quote from one of the interviews conducted during the research.

Motherhood and Activism



Who will become activists?

How and why does someone become an activist? Why not others?

What does activism give us?

Once an activist, always an activist?

Is there sustainable activism?

What is good activism?

What shapes our activism?

And how do we shape activism?

Chasing windmills?

It is not easy to find answers to these questions, because we are all different, so there may be individual differences in how we define activism – whether it be our own or others’ – and how we explain our participation in it. In the following section, however, we will present the most important points about activism based on our 12 semi-structured in-depth and 2 focus group interviews. These key points of course can be country- and even subject-specific, as all our interviewees were involved in activism related to motherhood and child-birth in Hungary.

Who will become activists?

In Hungary, the centre is in Budapest (as in most cases): this is where most of the movements originate from and where most of the activists are based. This does not mean that activism in the countryside does not exist, because it does. However, they receive less attention and resources, hence it takes more time and energy for them to channel into the national mainstream activism – if they manage to do so at all. There are a lot of important initiatives happening

in the countryside which are needed, and there is now a willingness among activists in Budapest to embrace them.

Some of our interviewees also told us about attempts to include rural women in what is usually labelled as “well-educated middle-class women’s activism in Budapest”, but most of the time this failed due to perceived or real differences. This task therefore still lies ahead for female activists. They must try to connect on the basis of common ground in order to form unity, because, in general, they all want the same thing: to make things better for women. And the first step towards this is: *“To put into practice as women with women what we expect patriarchy to do”*²².

How and why does one become an activist? Why not others?

The activism associated with motherhood and childbirth, and perhaps women’s activism in general, is often triggered and sustained by the most personal experiences. This can have both positive and negative aspects. *“It’s a very difficult question how much good comes from the fact that my biggest injuries are the ones that end up giving me work.”*²³ Involvement in activism can be reinforced by negative experiences that have caused injury or trauma to women. There are many who can draw strength from these which drives them forward. Some find it helps them process their own experiences too, but others, who have moved on, are solely doing the work to help others, to prevent what happened to them from happening to others.

Processing our traumas is highly important, but it should not be the main drive of our activism, because it can shift the focus from community and social responsibility to individual trauma, which leads us to turn inwards instead of seeing the full scale of the problem. As one of our interviewees put it: *“It’s not that mother communities are bad. The problem doesn’t stem from women gathering together like this and then attacking each other in a way, it’s more about gathering together with such massive trauma and we not really having a real insight into how grossly traumatised we are and how much trauma we drag into these communities, and we try to help one another while we’re so f*cked up”*²⁴.

²² A quote from one of the interviews conducted during the research.

²³ A quote from one of the interviews conducted during the research.

²⁴ A quote from one of the interviews conducted during the research.

However, those who have already worked through their own traumas can rely on them as a resource, and use them to give strength to other women, either through their actions or by taking ownership of their own stories. We spoke to several activists from the Movement for Respectful Maternity Care (Másállapotot a szülészetben! Mozgalom²⁵), who see one of their primary goals as making women's stories and experiences visible. In the movement, women are not primarily present as experts, but as women, as mothers. There are no distinctions, everyone can say what they think without censorship: *"everyone started to give their opinions and insights and I had an experience that that in itself was enough, that women's experiences were simply enough to make good decisions and that they were very relevant"*²⁶. A key value of the women's movement is that not only does it take women's experiences into account, but it also builds on them.

However, not everyone considers this kind of work as activism. Some people associate activism with political engagement – but we believe that social engagement is more important and can be seen as something that does not involve advocacy. Of course, we respect the opinion of our interviewee, who, although we have chosen to identify her as an activist, does not identify herself clearly with feminism, nor does she consider her work as activism. However, we think it is important to note that her activities are also included in the activism defined by this research. In our view, those women who work for women, and who take into account and even prioritise women's (mothers') experiences and encourage them to pass on this knowledge and strength after they have received the information they need, which has empowered them – this is women's (feminist) activism. *"Empowering women"*²⁷ – this is the aim, so they can tell what they need and feel that they can do something about it as well. Activist women are just 'ambassadors' with a wealth of important information, and by passing it on, other women can use this knowledge in their own communities. In this way, they become activists too.

25 <https://masallapotot.hu/>

26 A quote from one of the interviews conducted during the research.

27 A quote from one of the interviews conducted during the research.

What does activism give us?

*“Activism is also a form of support – at least for us. Finding fellow activists who share similar values on so many things is support itself.”*²⁸ Several of our interviewees pointed out that when they started out on the path to activism, finding a community was not their primary goal, yet today they emphasise the importance of this. For most of them, this community has given a sustaining power they had not experienced elsewhere before. This is the reason why many of them find it difficult to disconnect from these communities.

So, one of the driving forces behind activism is community and personal connections. This has been made more difficult by the Covid-19 epidemic, which has moved everything online. In this hard situation there were some positive effects, such as the fact that women from distant places could join in a demonstration or training, and when you had no other connection to the world, when everything was restricted, these online activist gatherings were a great unifying force for these women. But there were also negative effects, which are perhaps still being felt. A community that was built on face-to-face encounters suddenly lost its foundation and had to learn to function differently. Then, when the epidemic was over, it had to try to find its way back to the basics, but after two years this was no longer possible. They had to develop new ways of working, a “hybrid” system that would combine their pre-Covid and post-Covid experiences and needs, and in this new system they had to hold their community together – a process that they have not yet completed.

Once an activist, always an activist?

However, changes can result in some people moving away from the group, with which the community may or may not be able to cope. Many people in the interviews talked about the fact that maternity-related activism does not last forever: *“this whole birth-activism is relevant at a certain stage of life and then there is something else”*²⁹ – regardless, it is difficult to let go of fellow activists and leave behind the valuable demonstrations that had been shared. However, we may also wonder whether it is possible to leave at all. Even if

²⁸ A quote from one of the interviews conducted during the research.

²⁹ A quote from one of the interviews conducted during the research.

we are no longer an integral part of the community, can we still consider ourselves activists? According to one of our interviewees, *“It [activism] is a way of life, once you start you can’t stop”*³⁰. Even if the participants as individuals continue to be activists, what happens to the community they were a part of?

Is there sustainable activism?

If we look back at the history of the activism / movement related to motherhood and childbirth in Hungary, we can say that it has had an impact. For example, the term obstetric violence is used more and more frequently, even on online media platforms. Furthermore, it has had and will most probably continue to have a significant social impact. However, the ultimate objectives are far from being achieved.

Going back to an earlier track of thought that mothers’ activism, a part of women’s activism, can often really only be a priority for women at a certain stage of life. There can be different reasons for this, for example, if they no longer have a small child, if they are far away from childbirth in time, they would rather be involved in something that is more present in their lives. As one interviewee said it: *“I will always be an activist, there will always be areas [I will work on] because that’s the only way I can function. But let’s say in the Movement for Respectful Maternity Care [Másállapotot a szülészetben! Mozgalom], this mother activism can be done well for a couple of years, and that phase is very appropriate for that and a very sustaining force”*³¹. There are also those who simply have to go back to work to be financially stable, so after years of having young children at home they have no time for activism, and of course this group is not immune to the possibility of burnout and fatigue either: in the six months since the interviews were conducted, several of the women asked have stepped back from activism for personal reasons. However, if many of the “old recruits” are leaving, moving away, going in a different direction, then there is a need for a “new generation” of activists. Involving them is essential, although it can be a long and time-consuming process, but if the opportunities and resources are there, young people can start their activist careers by learning from women who have been doing it for a long time and

30 A quote from one of the interviews conducted during the research.

31 A quote from one of the interviews conducted during the research.

have a huge amount of experience: “[When I started] there were older bright women whose words I was listening to intently from dawn till dusk and they trusted me”³². And it could even be a new direction for the older generation that is already ‘tired’: “Sisterhood is more powerful than having an impact. And it’s incredibly frustrating. I’m extremely burnt out and I’m way too old for it, that’s a fact. Of course, I get up again and again, because that’s all you can do, but I’ve found a gap in the shield in my own life, fine, I can’t pull myself together any more [...], but I can encourage others [into the subject of activism related to childbirth and motherhood]. [...] So, I can pass on these issues, these suggestions, like: please do it, because the future generation has the potential, and I think I can be good at this”³³.

What is good activism like?

Good activism is perhaps difficult to define because of its most important characteristic: activism is extremely diverse.

The way we usually think of activism: lots of people doing something monumental together, with political engagement. However, activism can also manifest in much smaller acts than. One interviewee told us how she started out as an activist: “What I did on the playground was activism from then on. [...] As soon as I saw how the system worked and what was happening to women, it became very important in my life. I really felt like I had a sense of mission to make it better for women. I felt I had to contribute all I could, and I took the opportunity everywhere to talk about it all, to talk about birth, to put birth into the right place in people’s minds, it was really important to me, to open eyes”³⁴. In this respect it does not matter what size of a group or community the activism happens in; the point is that there is willingness that people with the right knowledge pass information on to others who can then continue to do so if they wish.

But not all activism relies directly on information transfer. Globally the trend of artistic activism is emerging, as more people combine art and social action.

32 A quote from one of the interviews conducted during the research.

33 A quote from one of the focus group discussions conducted during the research.

34 A quote from one of the interviews conducted during the research.

According to one of our interviewees, it is on the borderline between art and non-art, which is why it is still not really understood in the Hungarian art world. Besides being an artist, she is also a committed advocate of activism related to motherhood, so for her it is important to combine the two fields: *“art gives a great amount of freedom, and related to activism it has the role of displacement”*³⁵. She also implements various participatory art-activist projects, both inside and mostly outside of the exhibition space. According to her, her main task in her major project is: *“to visualize feelings, which is an interesting situation”*³⁶.

However, activism is most effective when it happens in a group. A common purpose and the actions done to achieve it tends to bring people together who stand for similar values, and the experience of belonging brings them closer together: *“I can say, rather in hindsight, that this is one of the things that makes activism worth doing, when you find peers with whom you don’t have to, with whom it is not uncomfortable because you are all thinking the same way in all respects, albeit in diverse ways”*³⁷. And community-based activism can evoke emotions in people that one of our interviewees described as being in love in her own experience: *“I read in a book that organising a good action causes a love-like state, and when it was described like that, it hit me so hard, [...] that it really does have that level, and they described the specific mental and emotional processes that you go through, what it’s like, and the stages of awareness, how transformative it is when you set off and become an activist in that way, that it has a very concrete effect on your own life, because you have to restructure it, as it takes first place”*³⁸.

What shapes our activism? And how do we shape activism?

Most people start to participate in activism related to motherhood or childbirth when they are at the stage in their lives where these issues are of paramount importance to them, i.e. expectant mothers, mothers with young children who are usually exclusively concerned with childrearing in their daily lives. For them,

35 A quote from one of the interviews conducted during the research.

36 A quote from one of the interviews conducted during the research.

37 A quote from one of the interviews conducted during the research.

38 A quote from one of the interviews conducted during the research.

activism can also give a sense of being able to do other things besides mothering, of being good at other things, of belonging to a community other than their children and family – of experiencing what they are working for in activism: changing the “constricted” position of mothers.

The second wave of feminism brought to the fore that “women also have the right to fulfil themselves in different spheres of life and are not destined to be only domestic workers”³⁹. This was the beginning of a process to make the issues that are still an integral part of the ‘career or family’ discourse more visible. Social expectations in Hungary – and this is very much the case even in 2023 – see women’s primary role as domestic workers. We did not gather enough information to elaborate on this topic, but several of our interviewees spoke about this difficulty of motherhood. To quote one of them, *“I know that it’s not a way forward to withdraw from the labour market, the way forward in fact is to find a balance, but so far, I say it’s a work in progress because I’m not doing very well at it yet. I mean I feel like I’m a good worker, but now it’s at the expense of my motherhood, but at the same time I think it’s good for my motherhood because basically this image of the ‘always available, giving all her attention to her kids’ mothering, that might be a lot from where I’m sitting right now”*⁴⁰.

Of course, there are good solutions – men’s equal involvement in domestic activities, a well-developed institutional system, family-friendly workplaces, etc. – that could help to take the burden off women, so that they do not have to constantly weigh up and then choose between feeling guilty because they feel they are neglecting their children or because they are not performing well enough at work. What makes this even more difficult for activists is that activism is not just a job, but an emotion-based vocation with an intrinsic drive, or as one of our interviewees put it, *“a relationship based on values”*⁴¹. The choice is thus perhaps even more difficult, since the values they work by and work for are also their own values. They live their lives according to them, and for them these values go beyond the individual and even the organisational level, since the aim is to help build a better social system for all.

39 The ideas of Betty Friedan (*Feminine Mystique*, 1963), a prominent figure of liberal feminism, are quoted in her study *A brief history of feminism and the women’s movement* (in: Lilla Bolemant - Mariann Szapu (eds.): *An Introduction to Gender Studies*. Egyetemi jegyzet. Phoenix Civic Association, Bratislava, 31)

40 Quote from one of the interviews conducted in the research.

41 Quote from one of the interviews conducted in the research.

*"I am actively working to improve the situation of women in our society. Is it activism if I do it as a paid work?"*⁴² Being an activist and being an employee can be very different in their fundamental ways, but there are - and we believe there should be - ways of doing this where the two can be brought together. Activist work is not easy, especially as people are present with their whole personality, but not everyone does it with the same amount of energy or the same mindset. When activism is done as paid work, it can be more energy-intensive to maintain contact with colleagues, and it is sometimes more difficult to keep the balance. As we shown above, activism can even vary from person to person: what they can give, what they want to receive, what motivates people most to stay involved in this work. There is also the need for the burdens of activist-workers to be the same - while doing what they do in their free time gives them a great deal of freedom and flexibility in their activism, in paid work there is a need to establish certain rules and to stick to a framework. But that doesn't mean they forget why they do it in the first place. Even in paid contexts, activist-workers are bound together by common goals, values, emotions and an approach that strengthens their commitment to creating an environment that works for everyone.

Furthermore, activist organisations linked to motherhood can be a good example to society of how to make the workplace truly women-centred, and that this kind of implementation can work. Perhaps that is why it is important that this work can be done while being paid for it, to prevent women from doing unpaid work for society, as they often do in their homes. According to one of our interviewees, *"I became aware of the fact that women work for free, and I see it as something that is also unfair, that people give their lives for such causes and there is no reward, no pay"*⁴³.

Chasing windmills?

How far is it possible to go? How far is it possible to fight against a giant system that is not only not changing positively, but is currently getting worse? We have had interviewees for whom changing society so that it accommodates women as well is more than just a job, for them activism is a way of life - no

42 Quote from one of the interviews conducted in the research.

43 Quote from one of the interviews conducted in the research.

matter what happens, they could not do anything else. *“Okay, it’s quite illusory right now to think that very big changes could be made, but to draw attention to the fact that what we have is not normal. So, to not get stuck in that, even if you can’t really change it now, but at least highlight that it’s not okay.”*⁴⁴

Some people still have an active desire for action: *“I have a growing desire for activism and the anger too [...] there is no institution in this country today which I would recommend to any of my friends with a good conscience and say: go there, it’s going to be fine. There is none, and that is very disheartening. And the abolition of the gratuity payment has really taken everything out of women’s hands, because they could at least buy it before, and now there is no longer that either. Obviously, you can go to private institutions if your wish is to give birth naturally, without any interventions, without anything, and then having to pay a million forints for that, and that is nonsense again. Just to leave you alone, you have to pay a million forints. And some people can’t afford to do that. So, I’m angry, so I’m going to keep banging the table until there is change”*⁴⁵.

Unfortunately, however, after many years – even decades – it is much harder to stay positive even for those who have dedicated their lives to it: *“People break down, the system is so big and powerful, the way it works, that it makes me think I should stay away in self-defence. [...] And [before] we were lamenting that there were two hospitals [...] where there was good staff and we could go there as birth companions, and why are there only two and now there is none! So, it’s terrible, it’s simply is really terrible. And all the effort that we put in as women, it’s not changing for the better, but in fact it’s getting worse, I don’t like to think about that”*⁴⁶.

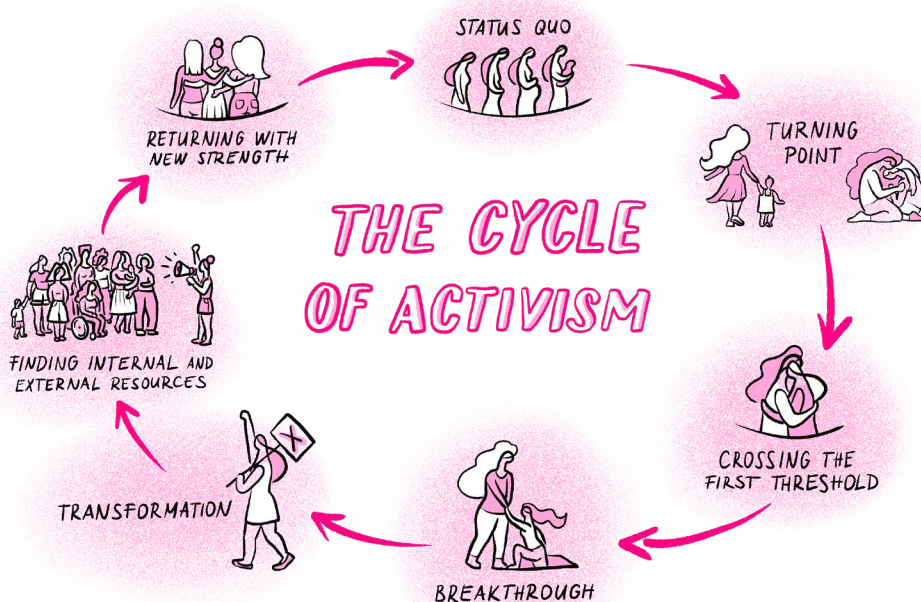
And the inability to change the system for the better can make people hesitate to do even the smallest activist work: *“I had a very powerful experience when I was supporting a friend and I gave her the books I had read, with the best of intentions, and those books made a great deal of difference to me, and I was in the right place at the right time and I was treated the way I was treated. And that’s not what happened to her, it wasn’t up to her. And as soon as she got home, she grabbed the book which was still on the table and threw it to*

44 A quote from one of the focus group discussions conducted during the research.

45 Quote from one of the interviews conducted in the research.

46 Quote from one of the interviews conducted in the research.

the other side of the apartment. For me this was feedback that Why the f*ck does she know that?! If she hadn't known, it could have hurt less. And I felt this responsibility every time I did childbirth education classes, to always tell them how it would be good to give birth, and what would be good for the baby, and what would come out of it?! I can't guarantee anything, and in the vast majority of cases it doesn't happen, and so you see, the responsibility of opening someone's eyes might not be so good, so it is f*cking hard to do anything about that. [...] And I'd like to think it's better that she knows, but I'm very often discouraged by that experience, I was heartbroken because she was f*cking right." 47



The Cycle of Activism

*"It's not what happens to us that matters, but the story we turn it into."*⁴⁸

In the following section we will present a theory which was inspired by and adapted from Joseph Campbell's theory called the Hero's Journey. On the Hero's Journey the mythological hero breaks away from their reality and ventures

47 Quote from one of the interviews conducted in the research.

48 Quote from one of the interviews conducted in the research.

into the world of supernatural miracles through an initiation ceremony. Here, they encounter fabulous powers and demons, and then triumphs over them. Upon returning from this adventure, they gain special powers with which they also bring bliss to their fellow humans. The main stages of their journey are the turning point, the initiation, and the return.

Based on the 12 semi-structured in-depth and the 2 focus group interviews conducted in Hungary, we have developed the theory of the *Cycle of Activism*, which we would like to present in this subsection.

Status quo

This is the baseline state which does not have to be linked to any form of activism. Nor does it have to be “special or specific” because it is not the baseline state that determines whether or not someone becomes an activist. The status quos of our interviewees also vary: some have already been active in other fields (sustainability, protection of the environment, violence against women); some have wanted to fulfil themselves primarily in motherhood; some have had a basic identity and occupation as a helper; and some are completely neutral. What they all have in common is that there was a *turning point* in their lives that set them on the path towards activism.

Turning point

This is the point when something has happened or is happening that moves the person away from their everyday life, from their reality. It is an internal event that leads to an attitude that actively contributes to change. This turning point can manifest itself in a kind of ‘calling’. One of our interviewees spoke specifically about her calling towards birth: *“I was sitting there [at a Midwifery Conference], the room was full of about 150 different women, from very skinny to more than plump, and I felt like crying, and I looked at them all, and they all looked beautiful, and again a string of truth was struck in me, that this was my place”*⁴⁹; while another interviewee talked about her calling to activism: *“I was wandering through life lost when my daughter was 2 and I felt that this was not enough for me, I wanted something more, I had something more than what I had achieved until that point”*⁵⁰.

49 Quote from one of the interviews conducted in the research.

50 Quote from one of the interviews conducted in the research.

But the turning point can happen through *a women's group, a women's circle*. There are women who start going to these circles as early as during pregnancy which makes them feel that they belong somewhere, that they are not alone, and so they stay in that community later (after childbirth) too. In the case of activism related to motherhood and childbirth, however, it is often the *experience of childbirth* that drives women to do something. And the birth experiences themselves can be very different, both in their outcomes as well as which aspects make women feel that they want to be involved in some way. This can be a power shaped by a negative experience: for example, we had an interviewee who had worked through their negative birth experience by posting about it on public platforms; we also had an interviewee for whom, after much information seeking, her second birth experience helped: (for her first birth she had prepared for a home birth but she ended up having a caesarean, then her second birth was a VBAC in a hospital) *"The VBAC itself is an experience in a lot of women's lives, I mean a good birth can give you extra strength in general, but when someone has had a C-section and then the second one is a VBAC it's even a stronger experience of the feeling that I did it against all odds"*⁵¹. But it can also happen that someone's birth experience was so positive that they feel they have to do something to give back to the community, the people who made it possible for her to experience birth in the way that was natural for her, and to make it possible for others to do the same.

It is also important to see that in some cases the turning point can come from a "chance" encounter. This was the case with one of our interviewees, who was able to set off on her path of activism because she was open to a woman she didn't know, and listened to her, letting her into her home – they are now colleagues.

Crossing the First Threshold

As the name of the stage implies, this is an action, an activity, where one starts to actively work on what they are experiencing internally. The search can be very different, it can relate to a facilitator(s) or a community: *women's group; doula training / community of doulas; midwifery training; rural, local activism; involvement in Ágnes Geréb's community*.

Our interviewees also experienced this feeling of action in different ways: one was involved in *developing an organisation from a women's circle* because she

⁵¹ Quote from one of the interviews conducted in the research.

felt it was necessary in order to get recognition for their work; many went on a *doula training* to help other women around the time of birth; someone had even taken *midwifery training* because she felt she would be better able to advocate as a professional than as ‘just a mother’. There was also someone who had already developed a *desire* to work with or support an organisation that helps mothers. And after the coincidental *turning point*, it also happens that one just drifts towards *crossing that first threshold* because everything seems so obvious.

Breakthrough

During the breakthrough our own personal reality meets social reality. This is when one arrives at the knowledge that is already established, and at the same time feels a deep desire to be active. This stage could also be called *The Gateway to Activism*. At this point, there can be concrete collective actions, the representation of values, carried out for bettering women’s situation: *demonstrations, rallies, protests; being a doula, or midwifery; reaching out to disadvantaged women, etc.*

The imprisonment of Ágnes Geréb (psychologist, obstetrician-gynaecologist and independent midwife, a pioneer making it possible for fathers to be present at birth as well as home birth, a prominent figure in the birth movement in Hungary) set many women on the path of activism around childbirth in Hungary, as one of our interviewees told us: *“I didn’t just see women crying, I saw men crying, fathers sobbing in the midst of hundreds of people, and I started to wonder what was behind it, because it can’t just be the question whether to give birth at home or in the hospital”*⁵².

Transformation

The stage when she finds her place, a community, a profession, etc.: *the creation of the community doula service in Alsózsolca; the birth of the Movement for Respectful Maternity Care; the creation of EMMA Association; the launch of the ‘Hoztam-e világra’ YouTube Channel, etc.*

It’s hard to see this as a single step, it’s more of a continuous movement that can take you from breakthrough to *finding external and internal resources*,

⁵² Quote from one of the interviews conducted in the research.

but it's never a resting point where one settles, but rather a stepping stone from which one can move in different directions, at a different pace and at a different time. Here, the activity of the individual is no longer enough; what is needed is a community, which forms a significant 'treasure' that can be seen as a stage for finding external and internal resources.

It is a process that the community or the individual needs in order to make activism work adequately. For example, based on the narratives of our interviewees, we assess *midwifery training* as such a process, undertaken for the achievement of the greater good (e.g. advocacy, building midwifery practice). But it also includes the *Movement for Respectful Maternity Care*, which required a lot of organisation and brainstorming by the participants, or even the *creation of EMMA Association*, which required a careful establishment of the values and approach of the organisation.

Finding Internal and External Resources

The transformation has already taken place, there is already an awareness – whether at a personal or organisational level – which is only possible after working through your own experiences, because then one must be able to reflect on the social environment. This includes having already found oneself in a profession and how best to help as a result (doula work, midwifery, EMMA Helpline volunteering, community doula service).

However, it is not only at the individual level, but also at the societal level that the problems affecting mothers need to be addressed. We are not just 'treating' individual cases or providing information and support to individual people – we need to reach as many women as possible, to give voice to as many women's stories as possible, to make a real difference. This is where the activation of doulas, midwives can appear (for example, disseminating information in wider circles), as well as the two most active organisations in the Hungarian birth movement, EMMA Association and Movement for Respectful Maternity Care come into the picture.

EMMA Association came into being in its current form after the home birth decree was passed and midwifery practices were set up – an important phase of the birth movement came to an end in Hungary. After that, the focus shifted to births within institutions and the social structure. Reflecting the needs of

women, the EMMA Helpline [a free, anonymous informational and support line, mainly for mothers, run by trained peer volunteers] and EMMA Hubs [women’s groups accompanied by trained facilitators] were set up. Then the association turned to disadvantaged women and, together with the Regina Foundation, established the Community Doula Service in Alsószolca. And last year, in response to the consequences of the war in Ukraine, the Humanitarian Programme started. On the functioning of EMMA, interviewees said the following:

“For me the work part is very important, working with people who have a very similar approach, and [...] it feels much better for me to be in a group, in a work environment, that has this female supportive approach, and I think I’m now where I’ve always wanted to be.”⁵³

“To this day, I feel that EMMA is different, and the reason why I can stay here – and I couldn’t stand the rest – is that it has the perspective which would be needed to understand the interests and needs of women at all levels of society. It would be self-delusion to say that it is always achieved here, but mostly it is.”⁵⁴

The Movement for Respectful Maternity Care has grown out of the EMMA Hubs community. Almost all of our interviewees emphasized the importance of the Traumatic Birth Hub in 2016, as it was the point where those present decided that they’d had enough and now it was time to take to the streets for change. Since its start, the movement has carried out many street rallies, protests and in the meantime continues to provide credible information to those who need it. They consider their biggest goal to make women’s experiences visible – through birth stories shared on various social media platforms. Interviewees said the following about the Movement for Respectful Maternity:

“I met a new community of activists, new people [...] who had the burning desire to do something, who believed that if we went out on the streets, we could achieve something.”⁵⁵

53 Quote from one of the interviews conducted in the research.

54 Quote from one of the interviews conducted in the research.

55 Quote from one of the interviews conducted in the research.

“I basically got involved by chance, and then I realised that it was a great way to channel my continuously renewing frustration and ever-increasing anger into something constructive. There was this on the one hand, and the great environment with the cool girls on the other.”⁵⁶

“We want to work the way we want to be treated, which obliges us to make decisions by consensus, to be organisationally self-aware and to do other self-driven activities.”⁵⁷

“It had the intellect, the sensitivity, the joy of being together, and the action, so it really had everything that I wanted very deeply. The sisterhood, the criticism of the system, the struggle, everything in short.”⁵⁸

Returning with New Strength

Like transformation, this is also more of an ongoing external and internal process. A transformation where we are halfway through the stage of finding our resource, but have not yet found our new status quo, where we have finally ‘parted’ and remain in that state which already contains the knowledge we have acquired by going the full circle. What individual people or organisations do with the knowledge they have acquired can be very unique: some continue to put all their energy into activism, others step back and rest: *“I’m more of a passivist, so being an activist involves doing something for an aim, I’m not doing anything actively at the moment, but I consider myself an activist in spirit.”⁵⁹* Since the interviews were conducted, several women activists have decided to step back from their work for a while to focus on their families or their careers. Whether this distancing is permanent or just temporary breaks is anyone’s guess. The only question we are left with is *since we do not stop being mothers, can we break away from activism related to motherhood?!*

56 Quote from one of the interviews conducted in the research.

57 Quote from one of the interviews conducted in the research.

58 Quote from one of the interviews conducted in the research.

59 Quote from one of the interviews conducted in the research.

Women's Experiences of Obstetric Violence

Nowadays in Hungary, the same definition is used by the activists of EMMA Association and the Movement for Respectful Maternity Care (Másállapotot a szülészetben! Mozgalom) to describe the phenomena of obstetric violence:

“Any intervention and/or treatment that happens without the birthing woman’s consent (often without her knowledge) or against her will, done to her or her baby throughout any stage of maternity care including prenatal visits, the process of labour and birth as well as the postpartum period. The violation of human dignity, patients’ rights and the birthing woman’s rights to autonomy from a position of power” (Garai 2016, p. 1.).

Our Spanish partner El Parto es Nuestro (Birth is Ours) works with a similar definition: obstetric violence is the entirety of all practices that degrade, suppress and bully women, while violating women’s human rights and women’s rights of reproduction. Obstetric violence has both physical and psychological implications (García, 2018).

Physical:

- * the usage of unnecessary interventions,
- * disregarding the natural rhythm of birth.

Psychological:

- * infantilization of women,
- * derogatory and shaming behaviour,
- * abuse and bullying.

In the majority of both the interviews and the focus groups conducted during the research we asked the interviewees what they understand to be obstetric violence. Based on the individual birth stories we would like to make it palpable what obstetric violence means in practice, why it is important to talk about it again and again, as well as why it is of utmost importance to originate from women's experiences in terms of a phenomenon which primarily affects them and their children, they are its primary victims. Secondly, it naturally impacts their partners too, whether they were present at the time of birth or not. And thirdly, obstetric violence also has an indirect effect on the health care staff present, whether they are aware of this or not.

We believe that change will only begin based on women's feedback.

We asked our interviewees what obstetric violence meant according to them, whether obstetric violence happened to them. Most of them interpret the scope of obstetric violence in a broad sense: it can happen during any stage of care from conception to the end of the postpartum period.

“The key sentence of this whole thing is that people assert control over a woman's body without including her, or they decide without consulting her or on her behalf.”⁶⁰

One of the interviewees referred to obstetric violence as hospital violence and according to her that means *“how they treat and talk to pregnant women or how they touch her or examine her internally abusively, without informing her and in a way that the woman would not like”⁶¹*. An important element is that dignified treatment does not just mean physical touch and interventions but also includes the verbal, respectful behaviour. The freezing and controlling verbal behaviour often occur in the accounts as a result of which *“the woman believes the appropriate behaviour in that situation is to stay quiet, and therefore she's cut off of her own needs”⁶²*. **Respectful verbal and physical treatment have a heightened importance because the woman is in an altered state of mind during labour and birth, when every positive message can support this hormonal process, but every message that is or believed to be negative**

⁶⁰ A quote from one of the focus group discussions conducted during the research.

⁶¹ A quote from one of the interviews conducted during the research.

⁶² A quote from one of the interviews conducted during the research.

has an inhibiting effect and can also have a consequence in the long term. Supporting the woman's sense of safety and control is of key importance during birth.

When our interviewee first heard about obstetric violence, she thought that she was certainly not the only woman who had experienced it. On the other hand, she realised that obstetric violence could have caused her postpartum depression, and the difficulties in her relationship and sex life after giving birth.

According to another woman interviewed **it can also be violence when the woman does not receive the appropriate, necessary support she needs during labour and birth.** It is a central and recurring item in the accounts about obstetric violence that **women felt their needs, desires, rhythms were not taken into consideration during care, what is more, they were often treated as objects or pieces of meat.**

"[...] do the other two people care how I am and how I'm experiencing things, and somehow in the hospital there are very few people, very few healthcare professionals can provide that and it is very sad that let's say there are professionals who could provide it but in the hospital system there are other professionals who does not and can easily override this whole thing. ... the need is missing from the system to pay attention that things happen by involving the other person. And during the nine months the person who will support the mother at the time of birth should learn what needs she has, what past she has, should get to know her."⁶³

"[...] this is a fine-tuned process and the healthcare profession does not pay attention to that at all, in most cases. And those who would want to pay attention, in my opinion, is not able to because the system and other players do not let them. And more often than not they mean well and are not conscious of being abusive with mothers, fathers or the babies and this is where great responsibility lies: to educate them or raise their awareness about it, because many good-willed professionals need to learn these things, what the consequences

63 A quote from one of the focus group discussions conducted during the research.

are of what they do. So, I believe, this has been the missing piece for decades. Women has not provided feedback because they couldn't, they didn't have the possibility as they do now, even via the internet in order to show the consequences and thus help improve the system.”⁶⁴

Providing a sense of control is of utmost importance during labour and birth (too): this means that the birthing woman has the possibility to make well-informed choices about interventions regarding her body and her child. A well-informed choice means that before each intervention she is given information about why the specific intervention is necessary, what are its advantages, possible risks and what alternatives it has. She has the right to refuse every intervention.

MAKING IT IMPOSSIBLE FOR SENSE OF SAFETY AND CONTROL TO DEVELOP
BULLYING **VERBAL ABUSE** **INFANTILIZATION**
DEROGATORY, SHAMING, TREATMENT **POSTPARTUM DEPRESSION** *bonding difficulties*
OBSTETRIC **RESPECT**
Lack of support **VIOLENCE** **PTSD**
LACK OF WELL-INFORMED CHOICE *disregarding women's needs and wants* *Harmful practices in protocols*
disregarding the natural rhythm of birth **SELF-BLAME** **INTERVENTIONS WITHOUT INFORMATION AND CONSENT**
VIOLATING HUMAN DIGNITY **MANIPULATION**

“Every action, word or silence which happens to the woman without her knowledge or against her will, are harmful whether she is aware of it or not at the given moment. This can be actions, words or gestures.”⁶⁵

⁶⁴ A quote from one of the focus group discussions conducted during the research.

⁶⁵ A quote from one of the interviews conducted during the research.

Some of those asked highlighted that **an important part of obstetric violence is the misuse of power**, where on one hand there is a vulnerable woman in a delicate situation, and on the other, there is a healthcare professional of an institution working in a hierarchical way who violates the birthing woman's rights by misusing their position of power.

“I would gladly highlight its institutional quality, the violation of many rights from a power position, and I would especially emphasise the verbal pressuring, so not only when action is used, but when pressure is exerted verbally. What I also consider critical is threatening to take away the baby or with the death of the baby. But all the ways of making not only mothers but fathers feel guilty too.”⁶⁶

Many activists who were interviewed pinpointed that **obstetric violence needs to be interpreted in a wider social framework as it goes far beyond itself – its presence and its degree show to what extent the given society takes women's points of view into consideration.**

“For me obstetric violence is kind of an indicator, by looking at how much it is present in a society or to what extent the given society tolerates it, we can see how much it understands women's situation. Obstetric violence for me means total blindness to what needs and what interests a woman has. [...] In my own life, seeing how much impact the moment I became a mother has now, 10 years later, how it is present in the decisions I make I cannot imagine that anybody can exist irrespective of this in a world that is so vulnerable to and impregnated by obstetric violence as Hungary.”⁶⁷

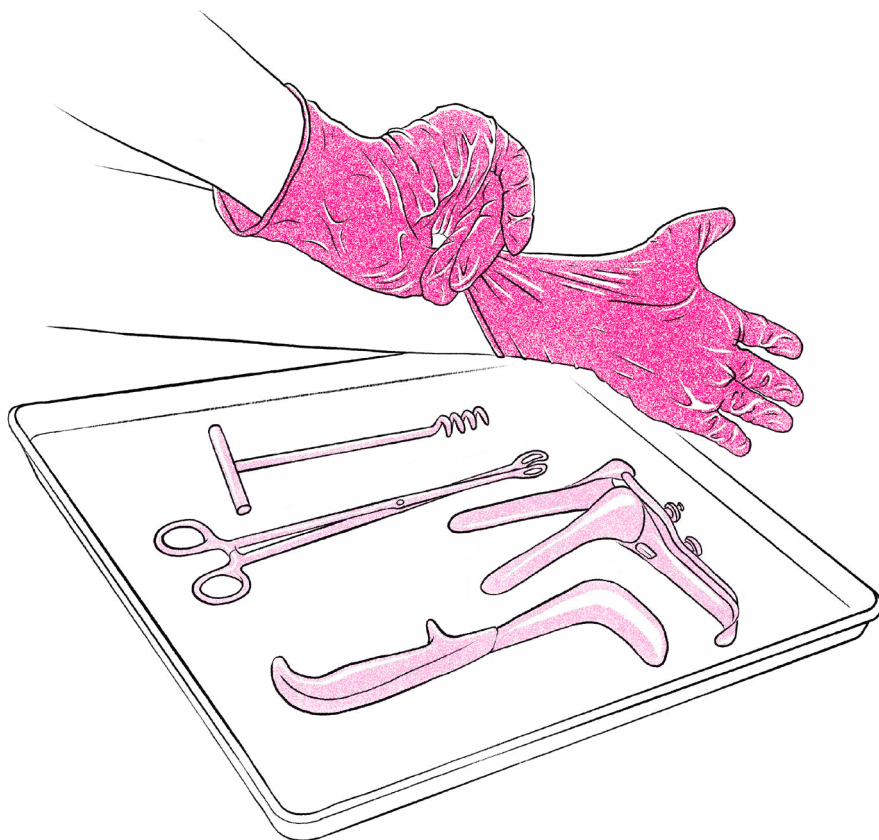
“Obstetric violence means violence against women to me.”⁶⁸

Obstetric violence has an impact on all involved: not only does it affect the birthing woman, her baby being born and her partner, but also the professionals being present.

66 A quote from one of the interviews conducted during the research.

67 A quote from one of the interviews conducted during the research.

68 A quote from one of the interviews conducted during the research.



“[...] hierarchy overrides it, what I mean is that there are people in the system with a good approach, and what we call obstetric violence, well I feel that this is a systemic violence at the same time, that violence and this situation is not only suffered by the women, but also the caretakers who already know, so there are some who don’t know but many of them do that it could be better or different, but this deeply engraved routine is forced upon them and since it is very strong – at least what I see here locally – the hierarchy, even those with a good approach are obliged to comply.”⁶⁹

Getting to know the experiences of the interviewees as well as the many hundreds of women’s stories throughout their activism, it is obvious that

69 A quote from one of the focus group discussions conducted during the research.

obstetric violence, as any traumatic experience, has long-term impacts on the individual's life, integrity, relationships, and coping mechanisms. Our interviewees highlighted the following long-term impacts:

- * self-blame,
- * postpartum depression,
- * difficulties in bonding between mother and child,
- * relationship difficulties,
- * difficulties in sexuality,
- * post-traumatic stress disorder (PTSD).

“What happened to you is obstetric violence.” – feedback to women who have experienced obstetric violence:

“[...] it has been formulated in the different movements that this isn't right and that it wasn't right and that it's not my fault and all kinds of similar statements or affirmations, and I think this was healing for me in one way, obviously, and in another, it escalated my anger, as somebody caused all that to me. And while I was blaming myself that I did something wrong for sure, and that I didn't do things right, I'm not saying that it was easier but it was different, but from the point that I read more and more abusive stories and it was declared that it is not me who has the wrong idea [...]”⁷⁰

The majority of our interviewees had listened to an incredible amount of birth stories, among them many that were about obstetric violence. Women telling the stories are often not aware of the fact that they have been victims of obstetric violence. Those asked during the research all agreed that the woman sharing her story only needs to be confronted with the fact of obstetric violence if we feel that she is ready to accept that fact. As can be seen from the previously described, an important characteristic of obstetric violence is that the victim blames herself for what had happened for a long time: she did not stand up for herself, she should have realised and prevented it all that happened to her.

⁷⁰ A quote from one of the focus group discussions conducted during the research.

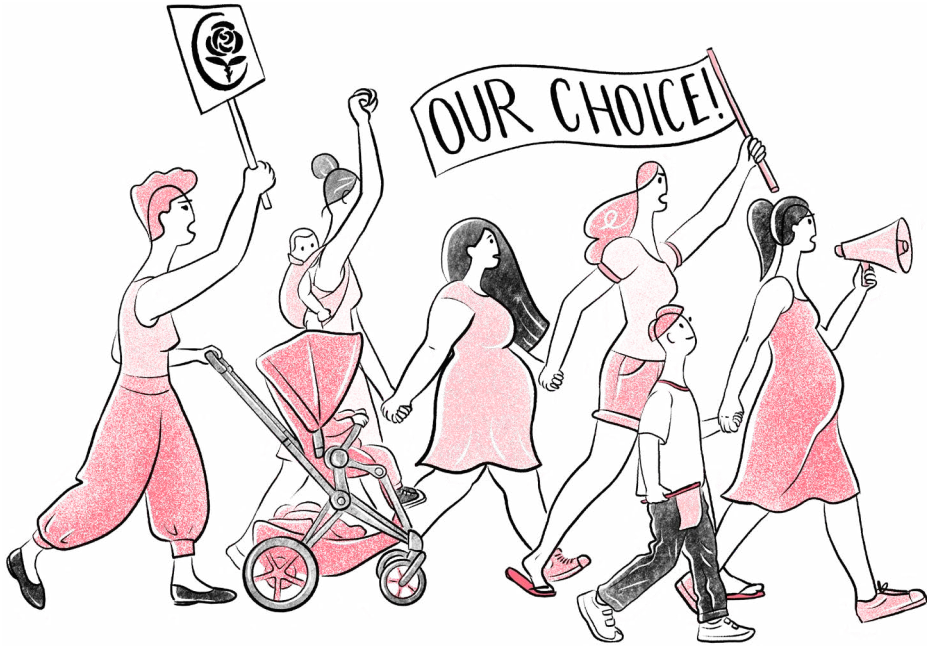
That is not to be expected in this vulnerable perinatal period, especially during labour and birth when what a woman needs most at that time is mostly appropriate support.

If a woman is indignant and feels what happened to her is unjust but she does not know the term obstetric violence or she has not applied it to herself until that point, it is worthwhile telling her that based on what she had told us so far, she had experienced obstetric violence. It is important to explain what we mean by obstetric violence so that she understands what it is we base our insight on. It is also very important to let the woman share her story freely, to not interrupt her, for example by telling her our opinion.

The recognition of being the victim of obstetric violence is often very difficult. It overrides the narrative she had about her pregnancy, birth and postpartum period up until that point. Integrating the fact of abuse into the personal narrative can be the result of a process lasting even many years. At the same time, many accounts about being faced with obstetric violence, the feedback of "It's not your fault!" can be a liberating experience for many mothers, helps them to put an end to self-blaming and to continue the path of processing trauma.

Chapter 2

Evolving towards a Connected Society that Nurtures Motherhood



“In any society, the way a woman gives birth and the kind of care given to her and the baby points as sharply as an arrowhead to the key values of the culture.”

Sheila Kitzinger

Throughout the history of the women’s movement mothers with young children have never been the most active group of women to get engaged in public activities. Still, the experience of EMMA shows that the journey to motherhood can become a strong motivation to become active outside home as well.

We know from other studies⁷¹ that the recognition and personal experience of systemic oppression can be an important driving factor in becoming an activist.

71 Samuel Joseph Larsen: Factors of Activism, Identification and Promotion to Increase Global Equity: Personal experience of discrimination:

https://digitalcommons.tacoma.uw.edu/cgi/viewcontent.cgi?article=1051&context=gh_theses

For many women the time of childbearing and the early years of motherhood is the period where they most prominently face various forms of violence against women – ironic in a society where motherhood and childbirth seems to be so highly honored. For many women the most striking example of being deprived of their basic human rights is the time when they give birth, when they experience obstetric violence, disrespectful and abusive care, paternalization and infantilization, using “the interest of the baby” as a comfortable excuse.

Many women are left alone with their experiences, with the feelings of shame, guilt and inadequacy, as a result of being pushed through the alienating “conveyor belt” of maternity care. Many women think that what happened to them was somehow their fault. That they should have known better, they should have chosen another doctor or another hospital, they should have spoken up, they should have exercised more and eaten less, that somehow their body betrayed and failed them.

In this state of mind, it is very difficult to be a good friend to oneself. It is very hard for women to give themselves the gentleness and understanding – all while also taking care of at least one other tiny human being, fully dependent on them.

Of course, not all women have traumatic childbirth experience, but many face discrimination and isolation during their journey to motherhood, as they try to navigate decisions about breastfeeding, childcare options and returning to the labor market. Even if their relationships had been more or less equal before the birth of child(ren), it is very typical that the distribution of reproductive work⁷² becomes unbalanced, as most women raising children have the double burden of their money-making jobs and the responsibility of unpaid caregiving and domestic work.

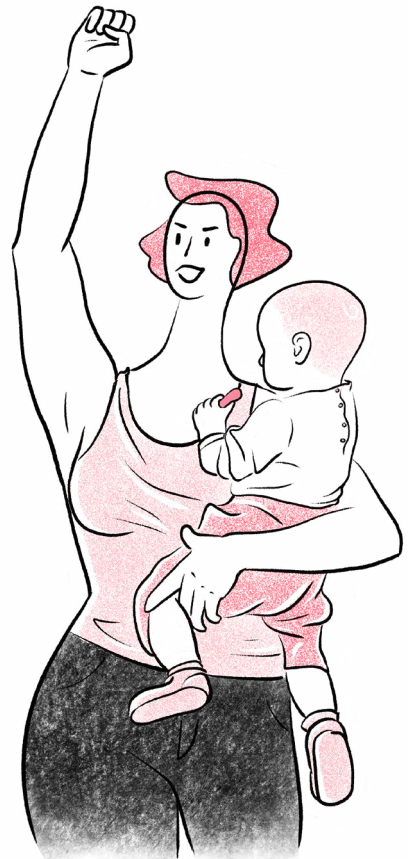
After such fundamental changes in one’s life, it is important to “make sense” of what is happening. Narrative and cognitive mechanisms are important ways of coping with traumatic events, and these can play an important role in recovering from trauma. Shaping the story of what happened is a means of creating the identity of the subject. The journey to motherhood is a transformative experience in itself, so many women need to reshape their own identity

72 The process during which recreating life becomes a part of capitalistic production is generally captured by the term reproductive work. This includes the process where capitalism transforms and uses the practices of love, caregiving, housework and sexuality in a way that they fit into the logic of accumulation of capital (Csányi et al, 2018).

as mothers, they need to incorporate their motherhood into their life-story. If it is aggravated by traumatic experiences around the time of birth, then the natural development of the life-story can be disrupted, and additional efforts are needed to create a reasonable and meaningful way of telling the story. Therefore, young mothers need to integrate their experiences into a coherent narrative, but very often they have to face the fact that their stories can't be told, can't be shared in their close surroundings. So, they start to actively seek some other spaces, for example in-person or virtual groups where they can get that non-judgmental, understanding attention that is needed to validate their feelings. Feeling validated as a young mother is very important for feeling competent as a parent, and also for self-esteem and mental health.

And this is where a women's group can help. These are the words that women gathered as the values they find in a peer-to-peer/mother-to-mother group:

- * emotional support,
- * support from peers,
- * acknowledgement of each other,
- * ability to learn from others, continuous learning and reflection,
- * empowerment to speak up,
- * self-assurance,
- * providing information,
- * time for self-care,
- * time to listen, time to being listened to,
- * creation of spaces, without judgment,
- * building a tribe,
- * sisterhood, commitment,
- * finding people who have similar experiences,
- * creating narratives and listening,
- * finding our own words to build stories,
- * space for sharing,



- * feeling of belonging,
- * being listened to,
- * reflecting on own needs, becoming aware of them,
- * connection with peers,
- * understanding, warmth,
- * equal terms, equality, horizontal relationships, no discrimination,
- * reaching to other completely different people.

Peer-to-peer support, solidarity and sisterhood are the most often cited benefits of women's groups. While the groups can have some operational objectives, they might work on different activities, but it is always important to make time and space for listening and supporting each other, while also going forward with the decision-making processes. Responsibility towards each other, commitment to the common values and the group decisions is the driving force, instead of the hierarchical, top-down accountability mechanisms usually seen in organisations. This makes these kind of grassroots initiatives in a way more free, more flexible, they can more easily adapt to changing needs, and they are less bound by external expectations or financial constraints, but of course operating an organisation entirely based on voluntary contributions has its own challenges. However, it is reasonable that volunteers need to get some kind of reward from their time and energy invested, and getting emotional support and the sense of belonging is one of the inherent rewards. That's why such support groups (should) always have the well-being of all participants among their top priorities. For sustainable activism the groups need to be caring and supportive in whatever life situation the members go through.

For many women belonging to these peer support groups is the space where they feel that they can be honest, they can express negative feelings, like anger or guilt, they are okay as they are. We know that self-improvement and growth require some kind of self-acceptance or self-compassion in the first place. It can be a revelation to find that kind of compassion and non-judgemental listening coming from others – in a time when most women are not able to give that to themselves. But slowly, as they start to feel seen, they learn to accept support, kind words and help, when they start to see themselves through the eyes of others, who can validate their feelings and make them realise that they are also worthy. After a while they become able to give

themselves that same compassion and that is empowerment itself. This is what solidarity means in a women's peer support group: to help others to find and mobilise their inner resources.

Birth affects everyone. Not only those who give birth, but everyone who was born. But still, it is not "appropriate" to talk about some experiences related to birth, perinatal loss, and some aspects of motherhood either. So many words left unspoken, so much pain remaining behind the closed doors. At least the baby is healthy. At least you have a beautiful baby. At least you are alive. Is this what we expect from maternity services in the 21st century? That mothers and babies "at least survive"? Couldn't, shouldn't the system do better?

CASE STUDY: THE STORY OF MOVEMENT FOR RESPECTFUL MATERNITY CARE IN HUNGARY



In 2016 one of the EMMA Hubs was dedicated to traumatic birth experiences. Mothers met and shared their stories. They soon realised how much they have in common, how widespread obstetric violence is, and how little is done by decision- and policymakers to address this problem, so they decided to organise a street rally dedicated to the problems of maternity care. Obstetric violence might not be the buzzword that brings masses to the streets, partly because it is an intimate area of women's existence ridden with guilt and shame, and partly because women with young children are not the most typical participants of a street rally or public demonstrations, as they usually do not have free capacities for advocacy and policy work. Still, hundreds of people walked the streets of Budapest with giant signs about episiotomy rates and obstetric violence, bringing their most private life events into a very public space, to initiate public discourse and make the voice of women heard in that discourse. This is how the Movement for Respectful Maternity Care (Másállapotot a szülészetben! Mozgalom) came to life. The name "Másállapotot" has a double meaning, it is literally "another condition", but it is also an expression for pregnancy. The name reflects the desire of women to trigger fundamental changes in the Hungarian maternity care system. The movement is a non-registered, grassroots organisation, operated exclusively by volunteer work and shared decision-making.

The mission statement of the movement says: "As a women's movement we give voice to the experiences of women, primarily covering the range

from the time of conception to the post-partum period. We provide a safe space for difficult experiences – whether it’s a miscarriage or the loss of a baby – to be shared, but we also give visibility to positive stories and good practices. Our mission is to bring a collective change at all levels, including the individual, the health care system and society, so that women-centered care is achieved.”

Since 2016 several street rallies have been organised in front of the Parliament and ministries, hundreds of letters have been written to various government offices, thousands of birth stories and messages of women have been shared on the Facebook page of the movement. The funding principle of the movement is still solidarity and peer-to-peer support, to create a place where women acknowledge that every birth is unique and can happen in many ways, or on a wider scale, women’s choices about their own reproductive and sexual health are all respected. Because *“We treat each other the way we want others to treat us”*.

CASE STUDY: SPANISH WOMEN BRINGING THEIR OBSTETRIC VIOLENCE CASES TO SEEK INTERNATIONAL JUSTICE



Although many women in Spain suffer obstetric violence and its life-long impact, only a few take legal action and claim justice. Three women undertook the legal journey to pursue legal action for the obstetric violence they suffered when giving birth to their children in Spain. It took them between six and seven years to go through their initial claims, submit their applications to the corresponding Administrative Courts, which were dismissed in the three cases, submit an appeal to the High Court of the corresponding region, which were again dismissed in the three cases and finally made an application for protection of rights (amparo) to the Constitutional Court which were not accepted. Under the circumstance of not finding justice in Spain after exhausting all domestic remedies available to seek redress for the obstetric violence that they suffered during labour, they decided to pursue justice with the Committee on the Elimination of Discrimination against Women⁷³ (CEDAW).

After a long, costly and emotionally draining journey seeking for justice, the resolution from 2020 was clear on the first complaint reviewed by

73 <https://www.ohchr.org/en/hrbodies/cedaw/pages/cedawindex.aspx>

UN experts: “In their findings, the first time CEDAW has made a decision related to obstetric violence – the experts urge Spain to adopt public policies to combat such treatment. Obstetric violence includes mistreatment as well as verbal and physical abuse”⁷⁴⁷⁵. The second complaint also conclude in a resolution by CEDAW against Spain and was published in 2022: “The Committee considers that the facts of the present case constitute obstetric violence – in particular, the early induction of labour via oxytocin, only 14 hours after the author’s waters had broken, without providing her with information or requesting her consent, the multiple digital vaginal examinations performed, not allowing her to eat, the infantilization, the performance of a caesarean section by medical residents without the author’s consent, without allowing her husband to accompany her and while her arms were tied down, and the separation from her baby, which made skin-to-skin contact impossible, none of which has been contested by the State party, together with the imposition of bottle-feeding contrary to the parents’ wishes and the physical and psychological consequences of the events for the author”⁷⁶. The third complaint by a Spanish woman to CEDAW resulted in a resolution from 2023: “The Committee notes that, in the present case, the administrative and judicial authorities of the State party applied stereotypical and therefore discriminatory notions of gender, for example, by assuming that it is the doctor who decides whether or not to perform a caesarean section, without exploring alternatives, explaining the reasons to the patient or seeking her informed consent, even though the author had expressed her opposition to the procedure”⁷⁷.

It is certainly exhausting for women who experienced birth trauma to additionally invest their time, energy and resources into a justice seeking journey they aren’t sure that will actually yield justice. However, Spanish institutions have been warned three times by CEDAW, and Spanish asso-

74 <https://www.ohchr.org/en/press-releases/2020/03/spain-needs-combat-obstetric-violence-un-experts?LangID=E&NewsID=25688>

75 https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CE-DAW/C/75/D/138/2018&Lang=en

76 https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CE-DAW%2FC%2F82%2FD%2F149%2F2019&Lang=en

77 https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CE-DAW%2FC%2F84%2FD%2F154%2F2020&Lang=es

ciations involved in supporting women throughout the process will not cease to continue to take action and continue to pursue legal action until women's rights during pregnancy, childbirth and postpartum are granted. As we gathered from the interviews with activists from El Parto es Nuestro, the association has played an important role in putting the concept of "obstetric violence" at the center of the political and social agenda. This has been one of the big successes of the association, as one of the first activists of El Parto es Nuestro said:

"Activism has brought me everything: friends, good days, bad days and great satisfaction when I see "obstetric violence" in the newspaper. It has been very difficult to get there. It's like when you are a young feminist and you're not aware of how much the Suffragettes suffered to achieve the vote for women. Now we are part of the history of feminism."

Chapter 3

The Impact of Motherhood in a Woman's Life

“Whenever and however you give birth, your experience will impact your emotions, your mind, your body, and your spirit for the rest of your life.”

Ina May Gaskin

Becoming a mother can mean unfolding our creativity within our bodies and in our lives⁷⁸. A pregnancy experienced in the present obviously ties us to the future, by carrying a child the expectant woman also carries the future within her womb. In the meantime, this transformation can bring, often unexpectedly, the past into the present from such a depth within we had had no knowledge of previously. Our body, our guts tell us stories about experiences in the womb and early bonding between mother and child. We are accompanied by our ancestral mothers, grandmothers, and their own experiences, birth stories, their struggles with themselves and with the world. Even if we don't know about the specific stories, we were somehow conceived from them. The trans-generational space is within reach at this time and the past can reach us in the present in the shape of emotions and bodily sensations in order to create the future. What myths do our families have about becoming a woman or about birth? What are we allowed by our environment, our society on a smaller or larger scale? What was our upbringing like, the marks of which have stayed with us until this day? And what is it that we would like to change?

78 We consider it important to add a note to this opening line as follows: when the gift of a child is not granted right away, the relationship with fertility might become a difficult experience and infertility might become a burdensome label for women going through their fertile life cycle. At the same time, data published by the WHO shows that as long as the underlying issue of difficult reproduction is due to organic reasons, men are equally affected as women. Apart from the tradition of adopting a child, which goes back thousands of years (taking the example of Moses), different artificial reproductive techniques (ART) are also currently available for family planning, such as insemination, in vitro fertilisation (IVF) or conception using a donor's egg. Ultimately, it matters not whether conception was planned, or happened in a natural or artificial way, or whether we bring our children to the world through vaginal birth or via caesarean section or if we adopt them. What matters most is the process of becoming parents: the emotional bonding, the relationship that is formed between mother and child. We can also talk about motherly nurturing in the case of voluntary childlessness because it is also possible to take care of something in various life situations (work, friendships, pets) while placing one's own needs behind. Furthermore, it can also be an underlying experience for art or professional peak performances.

It's as if we would need to select a bowl of seeds: which ones are we planning to throw away and which ones would we plant ourselves in order to bear fruit? How do we let life pass through us and how do we pass on the ability of giving life to our daughters? What do we need to pay attention to that through change which might also bring loss and grief with it, we become "seven-fold" more beautiful than we had been before? And how do we acquire the resources to cope with it all?

Pregnancy is a normative crisis which requires change in our identity, our relationships, including that with our partner, our sexuality, our body and our daily lifestyle (to name but a few). Thus, the approx. forty weeks of pregnancy and the following year, which is considered as the postpartum period in the psychological sense of the word, is intertwined with fear and mood swings. Anxiety can also be experienced as a natural part of preparation for the parental role. At the same time, the perinatal period⁷⁹, as well as menstruation and menopause, are the most vulnerable periods for developing some kind of mental illness. Experts made some predictions regarding the expected mental processes of pregnant women in a study, based on weekly surveys (the professional framework had a psychoanalytic orientation). What is interesting is that the experts reported the development of a psychotic state in every case, in other words, inner experiences showed such extreme results in a psychologically healthy woman and a healthy pregnancy which would otherwise count as pathological. However, in this altered state they are natural.⁸⁰ (This also proves that in the perinatal period professionals need to relate to mothers' inner experiences taking into consideration perinatal characteristics. Women can also be patient with themselves if they experience extreme or ambivalent emotions from time to time.)

Let's take a look at areas in which changes take place, including but not limited to the following. **Although this may be surprising at first, the past also occurs in the perinatal space. Transgenerational experiences are dormant beneath our skin and family myths show a direction about motherhood, birth and breastfeeding.** On top of that, the perinatal period also lifts our own experiences into our consciousness, hence embryonic experiences stored in the body and

79 The perinatal period from a psychological point of view lasts from the conception of a child until they reach one year of age.

80 Parent-Infant Interaction, Ciba Foundation Symposium 33. (1975), Associated Scientific Publishers, Amsterdam, quoted: Varga Katalin - Suhai Gábor (2010): Szülés és születés, Pólya Kiadó, Budapest.

memories of early nurturing come to the surface. The effects can be stronger if the first child arriving to a family is a girl, as similarity, passing on feminine heritage can intensify the resurfacing of past experiences (Molnár, 2019). The journey of becoming a parent therefore begins long before we become certain of conception through a pregnancy test or a medical examination. A number of experiences resonate within it which determine a woman's existence on a biological as well as a psychological level, such as menarche or the first sexual experience, but pregnancy, birth, breastfeeding and the period of the menopause are also included. A common point is that the relationship with blood is a fundamental aspect in these inner events, its emotional and bodily experience can set the basic tone with our own fertility. During pregnancy blood appears as the communication channel between mother and embryo, during the postpartum period blood turns into milk.

Focusing on our own and our feminine ancestral bloodline, sexuality can become an accentuated issue: to what extent is it acceptable in our immediate environment, what information do we have access to, are there unspoken traumas related to it? Birth in reality is a psychosexual event, as experiences of sexuality, pregnancy and birth can be traced along the same bodily memory thread. Bodily experiences appearing in the pelvis, whether they be positive or negative, or even without sexual charge, are formed into a common mass of experience. The energy entering this area may flow freely but blockages can also form relating to



a previous experience. These previous experiences might be of sexual nature but can also invite different ones: there is room here for dance, movement, health-care treatments or even the natural exploration of our bodies in childhood.

Throughout pregnancy and birth, the medicalised model, typically based on the patriarchal science of medicine, is typically aiming for the comfort of the (male) doctor. This is why the holistic model of midwifery care fills a gap which considers pregnancy and birth not as an illness, but rather as a natural physical and psychological process, also giving space to the dimension of spirituality. The differences between the two approaches appear rather shockingly in the opposing metaphors of the battlefield (medicalised model) and the meadow full of wildflowers (holistic midwifery model), with which they express the process of a woman becoming a mother. The fundamental difference between the two models is not the venue itself (hospital vs. home or birth centre), but rather the approach: how they care for birth and whose needs (doctor vs. mother-baby, mother-partner-baby) are in focus. See the highlighted chart for more detail:

	Medicalised Model of Care	Holistic Midwifery Model of Care
Birth	a hospital event full of potential risks, needing continuous observation	a natural physiological process
Support of the woman's autonomy	debatable (negative suggestions, fear of legal action)	supported
Woman	isolation, pitting the mother against the baby, fighting for common resources, separation after birth	the woman is part of a social system: mother-baby or mother-baby-partner unity
Sexuality	forbidden to do anything resembling sexuality (e.g. the woman should not shout, should stay composed)	birth is a psychosexual event
Characteristic rituals	resemble a semi-military organisation (uniform, strict rules, hierarchy)	the use of pictures of nature, creativity, phantasy, inner imagery (fables)
Relationship between the caretaker and the woman	management: hierarchy, authoritarian relationship	support: equal, individually tailored

A characteristic number of becoming a mother is number three. Pregnancy is divided into three trimesters and the main topics connected to each other are: acceptance-holding-letting go. There is also a trilogy appearing in the unity of baby, placenta and mother which simultaneously means a biological, psychological and even spiritual cooperation. Some cultures think of the placenta as the twin of the baby. The important external relation triangles of the perinatal period are the mother, the mother's mother (grandmother) and the baby, and also the mother-baby-partner trio within the relationship (when there is a partner). Even in relationships where the couple experience stability and good functioning there is a need for rebuilding how they have been functioning until that point (normative crisis). The autobiographical memory can be activated for each individual, bringing memories of their own childhood, parental patterns and becoming parents (for the grandparents) to the surface.

These experiences bring beautiful memories and positive patterns of connection to the surface in the mother's soul. However, the "inner drawers" containing the lack and traumas of early bonding open in just the same way. One example for that can be the cry of the child. The acceptance of the baby's cry greatly depends upon how the environment reacted to the mother's cry back when she was a baby. Within these the memories of early experiences can be present (if I cry, they hold me or they don't notice) and can mix with the emotions and thoughts of the current mother's mother that she had back then.

Experiencing these can be painful, but at the same time provides an opportunity to "tidy things up": the negative bonding patterns originating from a transgenerational thread can be terminated, let go of and a change can be made in a consciously chosen positive direction. This provides the possibility of the child's safe bonding towards their mother and can also serve as a corrective experience for the mother herself, budging her towards a safer bonding too. (This process can appear for the current grandmother too: the arrival of a child is also a normative crisis for the grandparents, bringing the experiences they went through when becoming parents themselves closer again. There has been a significant paradigm shift in the past decades in the field of nursing babies and raising children, plenty of data and methods are accessible these days that did not used to be. If the thought that we received our lives from our parents is acceptable, it can bring freedom with it, and so can planting the thought in one's mind that the parents did everything they could and what was possible back at that time.) Nobody should be alone in this process,

relationship trauma can only heal in a relationship setting: this is where supportive women's circles can enter the mother's life, even as soon as during pregnancy. Connecting with women in similar life situations can provide the feeling: "I'm not alone" and can validate inner experiences in the face of the belittling attitude of the majority society. The sharing of information can add practical help to the psychological support of the groups.

The environment which calls itself child-centered and family-friendly raises expectations towards women in the lonely space of motherhood in a way that suffering becomes the measure of being a good enough mother and self-care is considered as a selfish luxury. **In reality, taking care of a child roots itself in and nourishes from self-care. A baby is well if its mother is well. The mother's emotional well-being nurtures the entire family.** The patriarchal environment challenges the power away from women which carrying and birthing a baby might bring forth. Disregarding focus on women makes obstetric violence systemic within the healthcare system. Furthermore, not only do women not get help in order to heal from it on a societal level, but they are also expected to look upon trauma as a normative part of becoming a mother. The acquired mother wounds thus get lodged in the space of mother and child, and rather than appearing as the consequences of abuse, they add to the mother's sense of guilt and anxiety.

Women's circles, supportive groups based on women's own experiences, hence take on a task which, in an ideal world, should be offered by society.

This story of creation might be used to spark conversations about motherhood in a women's group:



ILMATAR, THE VIRGIN SPIRIT OF THE AIR

In the night of times, were only primal waters and Sky. Ilmatar descended to rest for 700 years in the calm waters. When she woke up she found a bird that she hosted on her lap. There, the bird felt safe and laid seven eggs: six were made of gold and one was made of iron. As the bird was incubating its eggs, Ilmatar's lap started to warm up until it was burning. Out of reflex, she moved her leg, which dislodged the eggs from their nest of flesh. They fell and shattered in the waters, amniotic cradle of the world. The bottom of the eggshells formed the land while the top

formed the sky. The white of the eggs created the Moon and the stars while the yolks became the Sun. Ilmatar continued to float for a few hundred years admiring the spectacle of her creation. Then, an urge to create popped again. Everything she touched came to life. Each of her moves was a silent incantation to life. Her footprints became pools for fish, and simply by pointing out with her finger, she created the contours of the land. Impregnated by the water, she gave birth to the first man, called Väinämöinen.⁸¹



81 <https://www.ilmatardoula.fi/ilmatar>

Chapter 4

The Relevance of Processing Birth Trauma

*“Trauma is not what happens to us,
but what we hold inside in the absence
of an empathic witness.”*

Peter A. Levine

Trauma is a mountain which does not necessarily have to be part of the life journey. However, if it does become one, no matter how much we try to avoid it, never to even glance in its direction, there is not one moment until that trauma has been processed when it does not cast a shadow over our present and the outlook of our lives. Trauma pushes us to the most extreme boundaries of our ability to conform and tolerate.

A person who experiences trauma becomes a survivor as they survive a potentially life-threatening situation or one that is believed to be so. This has a costly price. They might lose their connection with their environment, with the other person or even with themselves too. They lose their faith in a safe world. They freeze into an alert state where the smallest of stimuli might seem to be a source of danger. The body stores the traumatic experience, often recalling it in the shape of strong physical sensations, “I was numb, I froze, there was no air to breathe, it weighed a ton”. Feeling numb at the moment of experiencing trauma was the key to minimising pain and survival at the same time.

The survivor becomes an object – similarly to the approach of the medicalised model of care, where a woman is only visible as the good patient. She loses her sense of safety both on the physical and the emotional level, plus the control she experiences in her own workings also reduces. The story of trauma most often is not stored at a conscious level, as our bodies carry it. Telling stories and the ability to do so can be an important part of healing. The ability of expressing it is also limited at the level of the nervous system, we often do not have words for the trauma we experienced.

If we focus on what might help a traumatised person, we might see an outline that **trauma breaks trust, takes away the sense of control, both physical and emotional safety. The trauma that occurs during abuse happens in a**

relationship and can therefore only be healed in a trusting relationship with another person. Besides creating a narrative of what had happened, methods focusing on bodily experiences can also be effective which are able to release reactions or emotions frozen into the body.



Trauma and motherhood

Trauma and birth impact similar areas in many respects, both are universal experiences taking human existence to its limits. Understanding this can be important because it becomes obvious at how many points both the professional and the lay environment can provide support in order that birth can be experienced without traumatising. Below we will show a few points of view according to which we can talk about birth and trauma simultaneously.

The bodily experience of birth impacts the non-verbal regions similarly to how trauma is carried within the body. The postpartum period invites an unravelling of identity (the mother's identity) and intimacy in a brand-new way; it is impossible to avoid recreating this, just the same way a traumatised person also has to rebuild themselves as well as their connection to others. It is also true in respect of pregnancy that nothing will stay the same as before and this

truth is also carried within the bodily changes of the mother. In the vicinity of birth, aside from giving birth, death is also imminent. The birth of the first child counts as a heightened risk factor of becoming a mother in terms of the occurrence of different mental illnesses. The time period which follows trauma can also give space to a number of mental illnesses (PTSD, depression, panic disorder, psychosomatic symptoms). **The loss of control is an important element of trauma; the experience that befalls upon us prevents us from reacting in a flexible way and we have no way to escape. Regaining control can be an important part of healing from trauma.** During pregnancy and especially while giving birth, experiencing the boundaries of being able to keep control is also typical: being able to surrender is an important experience in tuning in with bodily processes. As an effect of trauma, bodily boundaries and self-boundaries perish. Rebuilding them and experiencing them again are important parts of healing from trauma. The collapsing of boundaries also appears in motherhood and birth both at a bodily and at an emotional level. A characteristic psychic experience just before the pushing phase might be the experience of “I cannot do it any longer”, “I’m going to die”. **Becoming a mother is not necessarily traumatic, but a number of windows are open to abuse by being dependent on the environment, being vulnerable, and leaping through them we might suddenly find ourselves in the vicinity of trauma. A woman who had experienced trauma in the past arriving at the gateway of birth, might sense the abovementioned points as triggers⁸² and the unprocessed experiences might bring forth a stalling in the bodily processes. The responsibility of the environment is enormous, as it can simultaneously be a protective force and a source of danger: it is by respecting the woman’s personal space that sensitive birth support can be realised which does not become abusive.**

Gynaecological screening examinations, which are a natural part of health behaviour, might give space to exercising patriarchal power in the woman’s intimate sphere. **The hierarchy between doctor and patient is innately coded to carry the possibility of the misuse of power, which is the core element of abuse.** Such an abusive experience, connected to women’s health

82 Trigger: an external or internal stimulus which can suddenly evoke in us the original traumatising situation, even without consciously thinking about it. For example, a scent or a colour can provoke strong bodily symptoms or high stress-levels (PTSD symptoms).

behaviour, might have a strong impact on women's family planning choices and can be the (physical and psychological) source of serious stalling during labour and birth.

Obstetric violence is a form of systemic violence against women during which mother and child experience harmful or unnecessary interventions, her and her child's rights are restricted, she does not receive respectful care, is infantilised, does not receive the necessary information (having access to information can provide an experience of control) or the possibility to make decisions, is separated from her natural rhythm during pregnancy care and/or during birth. Physical abuse (episiotomy, fundal pressure) can be accompanied by emotional abuse (scaremongering or blaming with regards to the well-being or the survival of the baby) and verbal abuse (negative suggestions, condemning sentences that get engraved deep in the mother's memory). From the perspective of the holistic midwifery model of care it can be stated that **every obstetric procedure that displaces the woman and the baby from the space of birth, cutting them off from finding their own or common strength, can bring an experience of loss and have a traumatising effect.** It is important, however, to say that natural birth also asks for journeying through a landscape which greatly strains both body and soul. **The experience of trauma is embodied by the woman, and it is impossible to determine from the outside what constitutes trauma.** An undisturbed, seemingly beautiful birth to the onlooker's eyes could mean a difficult experience for the woman. And equally, what might be considered a traumatising birth from the outside (e.g. a caesarean section) can be experienced as uplifting and important by the woman. A home birth can also bring trauma and a caesarean section can provide a positive birth experience too. A sensitive tuning in with the woman's needs and her inner processes is important and ultimately, so is the supportive and nurturing ability of the environment.

The perinatal period makes the woman (and the baby, the child) highly vulnerable against abuse due to the psychic transparency and the exposure to the environment.

It is especially difficult for a traumatised woman to form an emotionally bonded cooperation with her baby, to be in tune with her baby's needs. The basis of this, on the one hand, is that she should also be held and nurtured physically as well as emotionally and if her experiences are the opposite, that can stall the process. On the other hand, trauma blocks the ability to connect,

as trauma can often imprison people within themselves. **The normative crises of becoming a mother re-opens the pit of previously experienced and buried traumas for a traumatised or a re-traumatised mother which makes the emotional bonding with her child and building her identity as a mother extremely difficult.** Since trauma annuls exactly these skills: experiencing trust and control. Isolation, which our culture promotes, does not do any favours, in other words, the fact is that mothers are left totally alone with their babies which they should be enjoying in every single minute according to either the malformed external or their own previously formed expectations. Minimising mother wounds is also frequent: “You should be happy that your baby is healthy...” Behind that is often also the normalisation of suppressed or unprocessed trauma at the level of the individual: if it happens to somebody else than it is normal, it is alright. This is how the commands of tolerating or even bearing violence against women proudly can be recreated, even at a transgenerational level, among mothers and their daughters or in feminine communities as a characteristic of the eternal mother. This approach regards suffering as an undebatable part of “being a good mother” as if enduring and silently tolerating suffering was an indicator of mothers’ performance. And anything can be swept under this false carpet which the majority society does not want to change. Typical examples of the phenomenon of identifying with the aggressor can be the positive emotions displayed in connection with the abusive health care professional – “Thank god for the doctor for we are both alive”.





Perinatal traumas can be accompanied by post-traumatic stress disorder (postpartum PTSD). Its typical symptoms might include nightmares, memory flashbacks, panic attacks and the feeling of anxiety. Avoiding stimuli which are reminders of the original trauma situation can also occur, since, in the case of postpartum PTSD the baby itself is a reminder of the traumatic experience, refusing to take care of them can also happen. It can especially be difficult in such cases for the mother to be left alone with the baby or even going out from the home which counts as a safe space. At the same time, the baby has also experienced the traumatising situation, in other words, the bonding space of baby and mother is swamped by the experience of trauma. Evoking the trauma, it is surfacing from a gut level and flashing in the mind always brings with it a sense of being in the present, as if it were happening all over again. **For women who have experienced birth trauma it is even more important to have continuous support from their surroundings during the postpartum period in a way that is acceptable for them. Supporting and nurturing a child can only become feasible if mothers also get this in their important relationships, experiencing emotional and physical security.**

Trauma and group

Traumas are experiences difficult to share. Realisation (validation) is often preceded by a long and difficult process. Based on our experience, when organising and holding a mothers' group we need to be aware of Kitzinger's (2018) thought according to which there will always be abused/traumatised women in every women's group. **These women's circles are often the first scenes of recognising and validating trauma for women.** The experience when they face the mountain and give it a name: "THIS is my trauma" is very difficult and liberating at the same time. Emotional and physical security is of vital importance. Part of this is that the participants can choose their own place in the space provided, with the use of cushions and blankets they can make themselves comfortable. It is similarly recommended that everything is only an invitation, including taking part, joining into conversation, and sharing. Nothing should be compulsory, and it should be clear to all that they can exit the process at any time. Since we treat the participants as adults, we trust that everybody senses, knows where their boundaries lie, what is acceptable for them from the perspective of attending the group. **We encourage free**

action and decision-making among participants. This can be a corrective experience with regards to perinatal traumas and mother wounds. Women can provide a model by sharing their stories and expressing their emotions to one another. Validation is an important part of deep and sensitive listening as well as non-judgmental acceptance. As a matter of fact, a connection is formed here between the storyteller (the person sharing) and the audience (those listening). Making the story conscious can have a strong impact on the person who experienced it as well as on those listening as it can conceal a great number of triggers. A sudden regression into their own trauma, re-traumatisation could possibly happen at that time. The facilitator of a mothers' group must be ready to maintain the emotional and physical security of the group, the individual as well as her own in such situations. The permissive attitude (it is ok to feel anything, it is ok to cry and show emotions) and the emphatic approach of the group or even grounding exercises, as special tools, may help the re-creation of both personal and group balance in order that the group can be closed when the time (previously determined and announced to the participants) is up. **Connecting with others in the same life situation, being women and experiencing motherhood at the same time can offer such a supportive environment if all goes well which might even bring the quality of motherly nurturing.** Ideally, there are two facilitators supporting the group. Their dynamics can affirm a horizontal, coordinate way of operating, while the psychic support evoking the "good enough mother" can be provided at the individual level, if necessary. It is of paramount importance that the facilitator has processed their own traumas so, in this way, trauma does not disconnect, but rather connects through the experience of "this has happened to me too", thereby healing psychological wounds. The common trauma, naturally, is not a condition for peer connection but can be an important pinnacle for obstetric activism. **The facilitator's own way of operating, their presence in the group can be a model for other women but can also appear as an example of post-traumatic growth at the same time.**

GROUNDING EXERCISES

In the care of re-traumatisation, it is worth experiencing the support of the environment and physical security through bodily experiences. We can feel how the earth holds us, how we can place our weight on it through the soles of our feet, we can pay attention to how the back of



the chair or the wall we lean on can hold us. The rhythm or the regulation of our breath can bring calm on the physiological level and provides a sense of control through our bodily functions at the same time. Eating and drinking can also help reduce stress levels. A calm human voice is able to do the same thing.

CLASSIC EXERCISE

The use of a lying down position and relaxation is less recommended if we can assume that there is anybody in the group who has experienced obstetric or relationship violence. The unprotected, vulnerable position itself can easily gain access to the experience of trauma at a gut level.

Chapter 5

Models of Mothers' Support Groups

“It’s not your fault!” EMMA Hubs in Hungary⁸³

More than an informal peer support group

EMMA Hubs are women’s groups organised on an ad hoc basis where information is shared by a way of non-lecturing. It involves sharing of experiences and discussing related societal questions in an informal way. These Hubs have always been organised based on a specific topic since their beginnings in 2015, such as:



Experience shows that the topic plays a primary role in attracting participants, getting their attention and the way the group kicks off. If there is not an advertised topic or title, it is less obvious what will be the topic of discussion and thus fewer people join (this is our experience following the Covid lockdowns). However, discussion can steer away from the advertised topic after a while, so that whatever the participants and the group are currently most interested in can gain ground. EMMA Hubs are coordinated by one or more facilitators,

⁸³ The texts quoted here are from the workshop held on September 29, 2022, within the framework of the Erasmus+ project.

and an expert on the topic might also be invited from time to time who is also present more in the role of a facilitator than an expert.

EMMA Hubs create a space in which healing is brought to mothers through remembering, telling stories and sharing memories. During these sessions everyone can be themselves together with their joys and sorrows. Women can find support, information, and acceptance. EMMA Hubs are a protected, non-judgemental space where participants listen to each other and recognise one another's reality and emotions. Being present in a person's story to such depth is often a gift to those listening and we can learn a great deal from each other's personal experiences.

EMMA Hubs create an atmosphere where women can share their stories with each other in a safe environment and those listening believe their peers. Safety is not provided by endless freedom, but the clear principles and framework of the group. That is to say, the freedom of a person's storytelling lasts as long as it does not limit somebody else's freedom – the facilitator makes sure that this is upheld. Thus, there is no room for being judgemental towards others here.

There is no such thing as a taboo topic at EMMA Hubs. As discussed in the chapter on Trauma, conversations often help find words for what there had not been before or had been more difficult to grasp (this is mostly typical for birth experiences). For example, voicing difficulties rising from being a mother or naming obstetric violence. The Hubs often validate and make women's experiences more tangible which really supports women to see that it is not them who have gone mad, who see or feel things wrong and that the problem does not lie with them. Women find understanding here at long last, instead of being blamed which they often are.

STATISTICS FOR EMMA HUBS:

- * 49 hubs took place between 2015 and 2022 (13 of them online), with 716 participants, in 6 different towns.
- * the first facilitator training took place in 2022 with the aim that local communities organise themselves based on the values of EMMA across the country,
- * 12 women were trained to start EMMA Hubs in their home towns.



Together on the path of motherly self-acceptance

Participating in and sharing at EMMA Hubs can play a part in letting go of the self-blame and feeling of guilt attached to motherhood. Women staying at home after the birth of their child often feel alone with their problems. Matters can even be worse if they are convinced that these problems are their fault. For example, they often consider not having stood up for themselves at birth or not being able to involve their partner – or the wider family – in their child’s life as their own personal responsibility and blame themselves for it. They also make themselves responsible for not being able to balance work with raising children well enough.

It is important to know, however, that this is not unique, but that it is a common occurrence in us women, mothers which does not surface until we leave the house, find the company of other mothers, or dare to speak honestly about it. But as soon as women get together, in an “EMMA atmosphere” it can finally be put into words that the existence of problems connected to motherhood is not the women’s fault or unique responsibility. Rather, the current societal setup does not provide them with the help that mothers would need, indeed it even works against them.

EMMA Hubs, however, do not remain silent over shame and self-blame. They help in having an outlook and draw attention to systemic problems that in fact it does matter how society treats mothers. In a world defined by hierarchy and control, it is difficult to exist in parallel connections because we do not have a model for it. Therefore, at the Hubs we strive to create these parallel connections between the participants thus women can be together without blaming either themselves or others.

”It is not astuteness that women need but their own feelings and themselves.”

Towards activism – social reflection upon the situation of mothers

Taking part in a mothers’ group in itself does not count as activism. Activism manifests when we go beyond the personal level. Many mothers’ groups are organised around a topic previously mentioned, but EMMA Hubs are special as they reflect upon the societal background impacting mothers, beyond the

personal level. It is not enough to simply listen to and embrace each other, it is also important that there is an intention to create change through action in order that the recognised traumas, which are the result of systemic problems, cannot and will not happen to future generations.

The participants of the Hubs investigate and discuss together what social correlation, faulty systemic practices and routines might be in the background of their individual problems and difficulties. In relation to this, they also discuss what could be done in order to change the social setup in a way that it is more just and easier for women and mothers living in it. The Hubs also provide space for articulating the kind of social milieu and atmosphere mothers would like to live in.

“This is simply not the way the system should operate.”

The usage of tools and rules for the group

It is an important characteristic⁸⁴ of EMMA Hubs that facilitators do not usually use tools in order to refresh memories and express emotions. The participants themselves serve as tools and provide the atmosphere of women’s togetherness and solidarity bringing ease and eliminating shame and guilt, with compassion, words of affirmation and by holding space.

The framework for the group which is laid out together at the beginning of each session plays a major part in this. The facilitator is responsible for specifying and complying with it. Below, we have gathered the rules which most often emerge in our groups.

⁸⁴ The professional team has decided not to write a specific step-by-step workshop plan in this manual. Our aim with this is to leave room for facilitators to prepare in a way that is their own and matches the current topic as well as the participants so that groups can form and organise as spontaneously and variedly as possible.

Our mutually approved group rules – during our in-person meetings:

- * Treating other people's personal information with confidentiality.
- * If anyone talks about the Hub after the group is finished, they can only give an account of their own experience.
- * We pay attention to one another: space should always be provided for those who would like to talk. If someone would like to share something, they should signal.
- * It is not compulsory to speak. Only share something about yourself if you are ready to.
- * We listen to each other.
- * We respect emotions.
- * We use I-messages: we word our own experience and our own reactions, in the first person singular.
- * We do not give advice.
- * We all do our best in preparation to be able to stay for the entire duration of the group.

Special rules of our online meetings (besides the above):

- * Prepare by ensuring the technical requirements and providing the environmental conditions well in time.
- * Have your camera switched on throughout the entire Hub.
- * Ensure that there are no loud noises in the background so that we do not disturb each other.
- * Ensure that there is nobody else present in the space who is not taking part in the Hub in order that the sharing of personal information can remain safe.

“There is only us, our emotions and our reality.”

The role of the facilitator coordinating EMMA Hubs

In accordance with the above we defined that organising EMMA Hubs for us is a part of activism related to motherhood. The person (or people) coordinating the Hubs are the facilitator(s). If someone decides to become a facilitator of a Hub, she does not only do it for herself but also the others who will be present. The facilitator consciously brings societal aspects into storytelling with questions and reflections, and also highlights the soul crushing impact of judgement and victimisation.

We have determined the most important aspects of the role of the facilitator to be self-identified, an accepting and constructive approach to women as well as maintaining the framework for the group.

The self-identity of the facilitator is manifested in the Hub through her behaviour too. It is important that she finds a way of being in the group in which she can relax and can be together with others with joy, as it is in this way that she will be authentic. There is also an importance, and according to our experience it can be an icebreaker in the group, of the facilitator being able to show herself as a peer, as a mother: for example, if she has the courage to make it visible if she is tired, that she too has difficulties in raising her children and in her motherhood. This, of course, is not usually overpowering: showing her own vulnerability is rather a quick example that it can be shown. The basis for this is that the facilitator should be aware of her own traumas and sensitivity, so that she is not led in her group participation by her own unprocessed wounds and needs.

It is an essential aspect of the facilitator's role and her approach towards women that she is present among mothers as their peer, she treats everyone as partners and does not want to act as an expert by telling the others what they should do. She does not want to mend the woman who arrives at the group with her problem. The facilitator does not think that a mother has defects simply because she is dealing with difficulties.

It is also indispensable in the Hubs that the facilitator provides the framework: on one hand, she takes part in the communication that proceeds the Hub, she determines the venue, the time, the method of registration and the possibility of arriving with children. She contributes to the atmosphere of the group by arranging the space (brings in bean bags, tablecloth, flowers, candle etc.)

so that mothers arriving can feel that they are welcome here. She gives an opportunity with the opening and closing round for all to arrive and to check out. She ensures a non-judgemental environment during the sharing of the stories. If a judgement does appear, she reflects upon it. She provides an opportunity for everyone to talk about themselves, their knowledge and experience of the topic as much as they would like. She is fully aware that there is a large amount of maternal trauma and that they require time and space. Everyone can ask for attention and those who ask for it can have it – the facilitator tries not to take over (but can take over, if needed, waiting for the right moment). The facilitator has the ability to confidently proclaim: one does not have to agree with everyone, but respecting others' experiences is indispensable as personal experiences are not questionable.

“I had a very good birthing experience in which I had been immersed for a while thinking how good and lovely it was and I only realised later that it is not what generally tends to happen to others... So somehow it was this experience that made me realise how things should be.”





EXAMPLES OF FACILITATORS REFLECTING:

Participant:

I could not stand up for ourselves during birth as I would have liked. Even though I planned that I would stand up for myself and my daughter, I suffered obstetric violence and neither I nor my husband could stop it. I feel that I have failed and I have a sense of guilt.

Facilitator:

It's very important that what happened is not your fault. Somebody else treated you and your family undeservedly. You did everything you could possibly do there and then and it's a great thing that you had prepared together. Obstetric violence is encrypted in the healthcare system and we cannot assume the burden upon ourselves to change it alone, especially in such a vulnerable situation as birth is: when we need peace and support. The treatment you got was unjust and you have every right to feel sad and angry. But what happened is not your fault. The fact that you were present in the labour ward with awareness is a step in itself towards a change in the system and you did a great deal for your daughter by doing so too.

* * *



Participant:

I'm unable to take care of Zsombor, keep our place tidy and be happy about my husband arriving home. I would just like to cry in his presence. Or hand him our son: he is your job for the remainder of the day!

Facilitator:

These are totally natural reactions on your part, you're not the only one having them! I had similar experiences. (...) We are not really prepared for what it's like when we're faced with all these brand-new life situations. Every mother has the right to think of herself, get a chance to pause and pass the torch to her other half.

* * *

Participant:

We never think what we do is enough. We experience isolation, how much we're left alone

(says the participant while looking around the room).

Facilitator:

(raised her hand, thereby signalling to the participant that she would like to say something)

I'm sorry to interrupt what you're saying but I would like to add a remark. In EMMA Hubs we always ask participants to speak in the first person singular. The reason for this is that although we have many common experiences, every story is unique, everyone has different difficulties and would like support in different areas. I thank you deeply if you try to take this into consideration.

“A safe space for women to share maternity related experiences.” El Parto es Nuestro’s Mother to Mother Support Groups⁸⁵

What are El Parto es Nuestro’s mother to mother support groups?

The mother to mother support groups hosted by El Parto es Nuestro (EPEN) are meetings between mothers and future mothers that nurture a horizontal space providing information in the field of health, according to the recommendations of the WHO and the Ministry of Health of Spain and support around pregnancy, childbirth and breastfeeding. However, the groups do not offer specific medical advice or substitute the consultation of a health professional. In the meetings, women get information that is not received from the health system (oriented to show their protocols).

Attendance is completely free, couples and children are welcome and they are coordinated by volunteers from El Parto es Nuestro. The support groups usually run on a monthly basis either on Fridays or Saturdays, they take place in a public space e.g. cultural centre, school or university. The sessions usually take 2 hours.

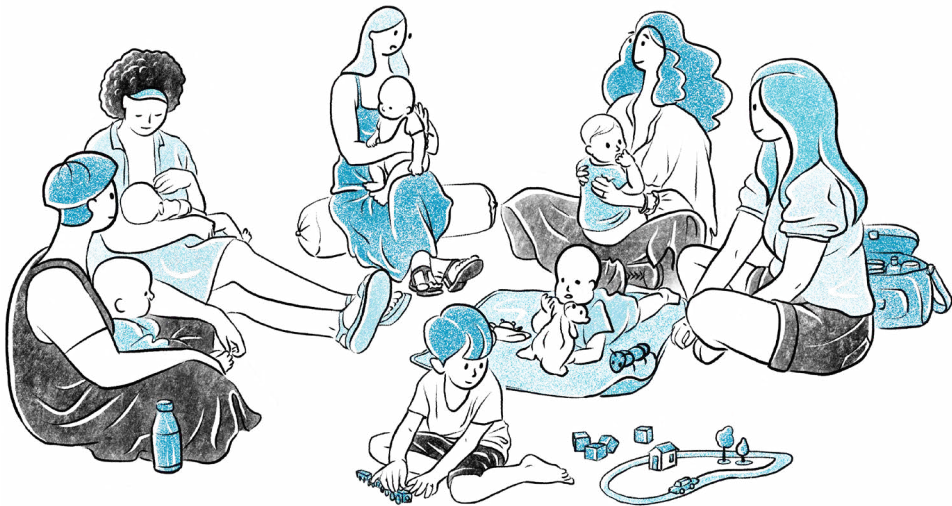
The volunteers who coordinate and facilitate the groups refer to the groups as a safe space for women where “whoever comes to share their story shouldn’t feel judged” and “a professional doesn’t show up to judge or advise women what to do”. It’s a space where women’s experiences, feelings and emotions are shared and validated from a mother to mother perspective. They are meetings between equals, full of empathy and respect, that make it easier for women to find their own way.

⁸⁵ The text and quotes on this chapter are cited from two workshops held as part of the Erasmus+ project on the 17th and 22nd of April 2023.

In-person support groups

Although El Parto es Nuestro's origin in the early 2000s was a mailing list called "Cesarean support" (Apoyo Césareas) when the association was founded in 2003 the support groups originated as in-person meetings. Meaning that they are locally rooted, women who attend live in the region. In the group meetings there's exchange among participants about best and worst practices in the region's health services. Beyond the exchange of information, group coordinators with many years of experience facilitating a local support group agree that the in-person format provides a special way to support women:

"If someone knows about the benefits of skin-to-skin contact that's definitely us."



"It's not just about the proximity, there are so many things that contribute [...] looking someone in the eye when they share their experience, passing over the tissues, holding their hand or shoulder, the fact that one of the coordinators can accompany someone outside the room when they need space to breathe outside."

Virtual support groups

The Covid-19 pandemic brought with it the challenge of continuing to support women with the added difficulty of not being able to meet in person. Many coordinators didn't feel ready to facilitate the groups online, which meant the dissolution of many of El Parto es Nuestro's local group meetings that were spread across the country.

According to the coordinators during the pandemic the virtual support groups had the role of a meeting point for women in solitude. There wasn't so much information exchange about health centres but rather worked as a space to share their stories of pregnancy, birth and postpartum care with the pandemic measures in place such as attending check-ups alone or giving birth with a face mask.

A clear benefit of virtual groups, according to the coordinators, is that they are accessible for women who might not be able to attend otherwise. They also refer to the virtual groups needing less preparation as they give the flexibility to organise them from home without booking a public space.

Currently, some volunteer coordinators who started virtual groups with the pandemic continue to facilitate their groups online, whereas others combine a virtual meeting one month and in-person the next one and some have completely returned to in-person meetings.

Thematic events

Once or twice a year, some coordinators organise a special meeting group which usually attracts a higher number of participants and might yield new members or interest in the association's activities. They usually focus on a specific topic and facilitate an open discussion around it e.g., stereotypes of care during pregnancy, birth and postpartum, the partner's role during birth, alternatively they organise the viewing of a documentary like 'AZTARNAK-HUELLAS'⁸⁶ about the impact of birth in our lives, or "Doctor I want to give birth at home".

86 <https://www.aztarnak-huellas-film.net/>

STATISTICS FOR EPEN'S SUPPORT GROUPS



Before the pandemic (in-person):

- * 33 support groups in Spain,
- * one in Ecuador,
- * one in Argentina.

June 2022:

- * 9 support groups in person,
- * 4 groups doing online meetings (2 in Spain and 2 in South America).

June 2023 (combination of in-person and virtual):

- * 18 groups continue to promote support group meetings.

Locations: Málaga, Cádiz, Zaragoza, Oviedo, Tenerife, Burgos, León, Valladolid, Toledo, Ourense, Alcobendas, San Lorenzo del Escorial, Bilbao, Vitoria, Castellón, Valencia, Argentina, and Ecuador.

How do the groups work? - Methodology

There isn't a pre-established topic for the virtual and in-person groups, therefore the topics in each meeting vary based on the diverse women in the meeting and their interests. They always share the same structure:

- * Presentation round
 - The coordinators introduce themselves, El Parto es Nuestro and explain the methodology of the meeting referring to the decalogue (below)
 - Each woman introduces herself and decides how much they want to share with the group.
- * Open conversation: invitation to share childbirth stories
 - The coordinator uses them to provide more and specific information.
- * Consultations: invitation to share questions from pregnant women
- * Closing remarks and additional information



EL PARTO ES NUESTRO'S DECALOGUE

1. El Parto es Nuestro is a feminist, not for profit association that has as its main goal promoting rights during pregnancy, birth and breastfeeding as well as promoting women's autonomy of their own body and desires. All of our work is voluntary.
2. We are an association made up mostly of women and mothers. Any political or religious affinity does not unite us; what unites us is the defence of respected childbirth.
3. Our objectives are summarised in three points: ensure that the recommendations of the World Health Organisation for care during pregnancy and childbirth are applied, offer emotional support to mothers and families who have suffered traumatic births, and promote breastfeeding.
4. Our purpose is to help women choose, with all the information in their hands, the best place, the best team of professionals and the best way to bring their babies into the world. We do not recommend to any woman how she has to give birth, where, or with whom. Every woman knows how to choose the best for her, provided she has been objectively and truthfully informed.
5. Our defence is that of respected labour and birth, regardless of whether it is vaginal or by caesarean section. The respect we ask for goes beyond the affectionate and polite treatment towards the woman in labour. For us, respect also means respect for our bodies, times, decisions, babies, and the physiology of our births.
6. As a feminist association based on human rights, we do not take an active position on issues that we consider to be the free will of women and their families regarding vaccination, upbringing and education.
7. We defend that the professional trained to attend normal childbirth is the midwife. We do not support birth without qualified health care.
8. Health personnel are welcome in our association as long as they share our objectives, especially respecting women's role in childbirth. We reject any initiative to use our association for profit or advertising purposes.
9. When we say El Parto es Nuestro, birth is ours; we not only want it back but also want to recover and assume responsibility for our bodies and our sons and daughters.

Who can coordinate a support group?

There are a few conditions that any support group coordinator needs to fulfil:

- * being a mother,
- * member of El Parto es Nuestro, with at least 1 year of active involvement,
- * ideally, she will share the coordinator role with another woman, to avoid support groups with only one coordinator,
- * she cannot share her own experience in the group.

Coordinators define the yearly calendar and format of their meetings (virtual vs. in-person), they locate and book a public space to host the meetings, they communicate with local El Parto es Nuestro's members and promote the meetings locally e.g. with posters in the healthcare centres.

Who are the women who attend the groups?

*“Pregnant women come looking for information about how labour works, what they need to do and what a Labour Plan is. Women who are recent mothers just need to understand ‘what’s that sh*t that happened to me’.”*

There are two profiles of women that attend the online and in-person groups:

- * Pregnant women requiring information about pregnancy (i.e. medical check-ups) and labour.
- * Mothers that have gone through a negative or traumatic experience during labour and come to the group looking for support.

What local groups' coordinators value the most is having these two profiles of women in every group so pregnant women can share their concerns and expectations and mothers can share their experiences.

Local groups' coordinators see this exchange as enriching for both types of women. On one hand, this interaction will help to raise awareness for pregnant women about obstetric violence and how to prevent any mistreatment or malpractice from health professionals.

“I feel that women are very far from the debate on obstetric violence and women’s rights. They worry about preparing the baby’s clothes, the name [...] and when you speak about something more complex, more technical, more serious, they often say ‘that won’t happen to me’. The worst part is to persuade women that obstetric violence does exist and that the labour can be different, more respected.”

On the other hand, mothers who have suffered any kind of obstetric violence can feel that sharing their experiences can prevent other women going through something similar.

How do women find out about the support groups in their area?

All support group meetings are announced on El Parto es Nuestro’s website⁸⁷, Facebook group⁸⁸ and mailing lists.

What are the levels of attendance?

The number of participants in a group meeting used to be higher prior to the Covid-19 pandemic. In urban support group meetings in some of the major Spanish cities they had 15 participants or more. Post-pandemic the groups have seen a decrease in attendance which “made the support group meetings look more like a consultancy meeting”. Ideally the participation of minimum 3-4 participants and a variety of pregnant women and mothers in postpartum is enough to consider the meeting fruitful and engaging for participants.

“The best meetings are when you [the coordinator] don’t moderate the discussion, the conversation flows. They are always like that if there are more than 3-4 participants.”

Coordinators who have been facilitating a support group for several years, have observed the fluctuations in attendance in relation to the season of the

87 <https://www.elpartoesnuestro.es/agenda>

88 <https://www.facebook.com/elpartoesnuestro>

year. Seeing lower participation in the winter (December, January and February) and towards the beginning of summer June when the school holidays start.

Based on this knowledge, some coordinators shifted to organise virtual support group meetings during the cold months and special events at the end of the school year before the summer break.

Identified challenges and opportunities

After the pandemic El Parto es Nuestro's mother to mother support groups facilitated by volunteer coordinators saw a reduction in:

- * active support groups across Spain,
- * number of participants in support group meetings,
- * some support groups have been running with only one coordinator, which often leads to exhaustion.

To continue to strengthen the support groups and the sustainability of the volunteer coordinators' engagement there are some relevant opportunities that were identified during the research:

- * Create informal spaces for connection among group coordinators, beyond the official yearly general assembly and local group meetings, to share how they feel, best practices and the difficulties they face when facilitating the support groups.
- * Review the onboarding experience for new support group coordinators, to promote their integration in the internal dynamics and accompaniment once they start coordinating their own groups.
- * Strengthen the offline and online communication of the support groups to reach more women:
 - Re-design the advertising materials to promote the support groups.
 - Promote more strategically at a local level in places such as health centres, by visiting professionals to explain El Parto es Nuestro's vision, activities and how support groups can help pregnant women and mothers. This will raise awareness of obstetric violence with

professionals who might not understand it or sometimes even deny its existence. Therefore, advocacy work at a local level is a key activity for El Parto es Nuestro because activists need to offer a new approach for health care with women at the centre.

“We need to tackle obstetric violence from another perspective. We need to speak about respected labour not violence. People feel more comfortable talking this way: professionals and people in general.”

Chapter 6

Good Practices of Solidarity among Women in order to Eliminate Social Inequality

EMMA Association places great emphasis on operating models that are sustainable for vulnerable groups of women too. In the following, we would like to present two programs which are in operation and through that, to demonstrate the power of partnership between women, which has a long-term impact on social organisation and can bring positive changes.

Peer-to-Peer Support Among Disadvantaged Mothers⁸⁹

“It would have been so good to have had a doula by my side to support me and to be there for me!”

EMMA Association has been helping disadvantaged women since 2014: we held a training day entitled “Let’s understand each other! Romani women in obstetric care”⁹⁰ that year. We conducted research in 2016 with the aim of aiding detailed recognition of Romani women’s experiences, needs and requirements within maternity care⁹¹. We started the first community doula service in Hungary with the Regina Association in Alsózsolca in 2020.

We took part in the development of the trauma-informed gynecological practice set up for homeless women and for those living in poor housing conditions with BMSZKI⁹² (Budapesti Módszertani Szociális Központ és Intézményei = Budapest Methodological Centre of Social Policy and Its Institutions), Budapest’s largest care institution for the homeless, as professional partners. We held training sessions on the topic of “Women-centered mental health counselling” for the social workers working at various shelters.

ABOUT THE COMMUNITY DOULA SERVICE IN ALSÓZSOLCA

As a result of their social and financial situation, disadvantaged women are more vulnerable to obstetric violence and their rights to reproduction as well as their birth rights are greatly violated (Balogh – Gellér



⁸⁹ The texts quoted here from the workshop called “Equality, Solidarity” held on October 15, 2022, within the framework of the Erasmus+ project.

⁹⁰ Értsük meg egymást! Roma nők a szülészeti ellátórendszerben. 2014. január 31-én tartott Szakmai Nap összefoglalója. 2014. Születésház Egyesület. [ertsuk-meg-egymast.pdf](https://www.emmaegyesulet.hu/ertsek-meg-egymast.pdf) (EMMAegyesulet.hu)

⁹¹ Roma nők helyzete és lehetőségei a szülészeti ellátásban. 2016. Születésház Egyesület. [https://EMMAegyesulet.hu/wp-content/uploads/2020/05/roma_hu.pdf](https://emmaegyesulet.hu/wp-content/uploads/2020/05/roma_hu.pdf)

⁹² www.bmszki.hu

2019). The trained community doulas support disadvantaged girls and women who would like the company of a support person during birth, and they do this free of charge. They accompany women when dealing with tasks regarding their pregnancy and birth, they provide physical and emotional support during labour and birth, and they help them communicate with health care professionals. They visit mothers after they return home from the hospital to contribute to the processing of their birth experience. The participation of doulas can also ease the workload of health care professionals, therefore reducing the risk of obstetric violence and potential discrimination. Furthermore, mothers participating in the programme also have access to free contraceptive devices through the doulas, if they wish to use them.

The doulas are members of the local community of women and the result of their activities are that in the past few years they have become greatly familiar with the needs, satisfaction and problems of women living there regarding birth and childbearing.

The feedback provided by women giving birth is very positive, the service is becoming more and more popular and there is an increasing number of requests from surrounding villages too. The doulas experience both personal and professional empowerment as a result of the training, mentoring and providing active doula support; they are becoming role models within their community by supporting their peers. The birthing women's feeling of safety, self-autonomy, awareness, representation, and competencies as mothers are becoming stronger. Furthermore, the presence of the doula services can act as a bridge between disadvantaged women and healthcare professionals, especially in the case of underage pregnant young women.

A further result of the programme is that thanks to the conversations they have among themselves, the women living in the segregated slums of Alsózsolca are becoming more conscious about the topics of sexual health, reproductive rights, and violence against women. Local women recognise the importance of women's solidarity and learn to express their needs outside their community, in other institutions too.

In the following section we will describe the experience of the Romani doulas of Alsózsolca about peer-to-peer support around the time of birth⁹³. The habits and norms of communities based on traditional values fundamentally determine the possibilities women have and this has a strong impact on the perinatal life-stage, which carries a greater vulnerability within it anyhow. The following characteristics can also be typical in other communities similar to Alsózsolca:

- * The topics of sexuality, contraception and birth constitute taboos: girls and women are shy regarding bodily functions. As a result, girls and women arrive at the labour ward unprepared and lacking reliable information. *“We don’t really talk about such private matters [...] We’re more open and braver at talking about even contraception to our children [...] That was a taboo when we were young.”*
- * Birth is a women’s issue; most men are not really willing to accompany their partners during birth.
- * Traditionally, men do not generally take part in looking after babies and carrying out household duties.
- * There are strong and strict expectations about the role of women and mothers on the part of the closer family as well as the wider community, and as a result, women’s possibilities are limited.
- * Multiple generations living together as a family is common (e.g. girls move in with the boy’s family, and the young couple start their own family with them, while the girl also gets integrated into a new family at the same time), which makes it more difficult to shape their identity as mothers.

“I am always disadvantaged.”

As we mentioned, disadvantaged women – especially Romani women in Hungary – are more subject to obstetric violence. The birth stories of the disadvantaged women connected to us include many examples where health-care professionals take no notice of the needs of the labouring women, they disregard their human dignity. They often experience that non-Romani women

⁹³ Based on the workshop called Equality, Solidarity which we held on October 15, 2022, within the framework of the Erasmus+ project.

receive better treatment than Romani women. Lack of information and providing information in a way that women do not understand are also frequently occurring phenomena. Obstetric violence is further aggravated by the fact that Romani women are often subjected to ethnic discrimination and racist gestures. Unjustified interventions causing bodily and psychological harm in the long term also occur during obstetric care. Underage Romani women often suffer the worst treatment.

During the period of pregnancy, birth, and postpartum women primarily receive support from closer or more distant female relatives in the best-case scenario. Healthcare professionals (midwives, nurses, healthcare visitors) are very rarely mentioned in women's stories as characters supporting mothers in a positive way. Less time and attention are readily available to Romani women in the postpartum unit.

It is the doulas' experience that disadvantaged women get less access to necessary information aside from financial benefits and resources (for example, purchasing nappies, baby care products, medication or vitamins is a difficulty for poorer families). There are a number of reasons for that too: the main one being that *"they don't explain things to them in a way that they would understand"*; plus, Romani women are shy to ask questions.

After experiencing a difficult childbirth and/or obstetric violence, women reported a more difficult postpartum period, even symptoms of postpartum depression were often a part of that. However, they all felt that the problem was their own and that they could not talk about it even to the people closest to them because they might think they had gone mad. They try to get over the difficulties, process the trauma – and their environment either detects that they need to provide support, or they do not.

The operation of the Doula Service responds to the absence of these issues: the Romani doula, supporting the labouring woman, coming from the same community is present during labour as a witness too, she helps avoid or soften the derogatory treatment, obstetric violence and discrimination with her presence. According to the doulas, this is most important in the case of underage and first-time mothers. At their meeting after the birth the mother describes how she experienced her birth, thereby helping her to process her birth experience. The doulas know and can recognise the symptoms of postpartum depression, they keep an eye on whether the mother needs support in that area. Women

who were accompanied at their birth by a doula are also happy to turn to the doulas for help with issues related to motherhood, even after the postpartum period has finished.

The community uniting women formed spontaneously in the community of Alsózsolca: when the weather is agreeable, girls and women gather outside and talk about their birth experiences (among other things). The start of the doula service had a great impact on the community of women: doulas share their experience related to birth, so this way the younger generations can prepare for their birth based on information from an authentic source. The operation of the doula service also contributed to overthrowing taboos, girls are less shy and now dare to speak and ask questions about sexuality and birth more freely. Doulas also educate the younger boys within the family about options of contraception.



*“They accept us for who we are
and the way we talk.”*

Our experience about informal women's circles of mixed backgrounds is also that the most important part of it is that participants listen to and accept each other. If stories can be told, participants more easily understand habits and norms different to those in their own environment. This way, the common experiences, which have a power to connect, will be more important to them than differences.

At the same time, it is important to declare that the struggle for day-to-day survival in disadvantaged communities generally hinders the birth of activism. In such communities, a movement or organisation already operating can fulfil the role of an external facilitator and can support the start and long-term sustainability of local activism, building on the internal resources of the community. It is of utmost importance that the key figures of activism are from within the community – they are the best experts of the community who know the members, norms, and habits of the community.

WHAT IS NEEDED FOR STARTING SIMILAR INITIATIVES IN DISADVANTAGED COMMUNITIES?



- * Continuous, regular presence, building trust,
- * long-term commitment,
- * mapping local conditions and institutions, getting to know families,
- * finding the key figure/figures within the community,
- * the recruitment of enthusiastic Romani mothers who are interested in pregnancy and birth,
- * talks about topics concerning women (e.g. menstruation, childbearing, pregnancy, birth, relationship),
- * organising a doula training adjusted to the needs of women,
- * getting in contact with the hospital concerned and local institutions,
- * the collection of feedback from mothers, from doulas as well as institutions,
- * mentoring, supervision, further possibilities of development for doulas,
- * organisation of community programmes and demonstrations,
- * creating and ensuring the necessary resources in order to start, operate and sustain the doula services.

Support work with refugee Romani women⁹⁴

The background

The Russian invasion against Ukraine started in February 2022, and as a result of this masses of families were forced to leave their homes. Within a small number of days, 90 000 refugees arrived in Hungary from the neighbouring Ukraine.

Many women were forced to leave their country alone or as a single parent together with their child(ren), since shortly after the war broke out men between the ages of 18 to 60 were ordered to enter military service. EMMA Association had never done humanitarian activities before, but it went without question that we would need to assume a role in supporting women arriving in our country with young children.

As spring set in, following a short strategic planning and preparation, we started our humanitarian programme the beneficiaries of which were pregnant women and mothers with young children, following on from EMMA Association's original target group. Our original aim was to provide psychosocial support to refugee women as well as information about what healthcare services they are entitled to, plus aid them to access healthcare services.

We made our first trip to the Eastern border of Hungary in order to have an understanding of what kind of support fleeing women truly needed. We soon found out during our first visit to the border that the task of utmost importance is to satisfy refugees' primal needs immediately after they have crossed the border (access to food, accommodation, etc.). Great humanitarian organisations were also present on the scene in aid of this. Having recognised the situation, we made the decision that we would get in touch with women at the shelters when they and their children have reached safety. We had trust that after having come around from the initial shock, their needs relating to pregnancy and motherhood will come to the surface with more ease in the relief of which we could take a role.

94 The texts quoted here from the workshop held on December 16, 2022, within the framework of the Erasmus+ project.

It became clear to us during our first visits to the shelters that the poorest, most vulnerable members of the Hungarian Romani community fleeing from Transcarpathia were placed at these quarters. Families of better financial and social status were either placed at private accommodation or went on to other European countries after just a few days' stay. Since there was no other way of getting in touch with these refugee women other than contacting the shelters in person, the primary target group of our humanitarian programme became the most vulnerable group of the Ukrainian refugees: pregnant women and mothers with young children.

The challenges that refugee Romani women face

In order to understand the situation of refugee Romani women, we need to learn about the context of where they come from and the special characteristics they have.

The period in Romani women's life when they become mothers often coincides with puberty. Their first child is often born when they are underage, before they turn 18 years of age. Early childbearing typically goes hand-in-hand with dropping out of school, and as a result of further childbearing, their return to the education system practically becomes impossible. The result of all the above is that the majority of women in these communities are undereducated and a considerable proportion of them is illiterate.

Being undereducated, early childbearing and having many children together cause that, when becoming adults, Romani women do not really have a different life path ahead of them other than being full-time mothers – with very few exceptions. Typically, men are the sole breadwinners in their families, many of whom apply for jobs abroad and only come home to visit their families periodically. The burden of raising the children and running the household weighs almost exclusively upon women's shoulders. At the same time, this is the role in which they are completely recognised and regarded as competent. As one of our colleagues put it in the workshop:

“[in these communities] the single status a woman can achieve is that of motherhood.”

What also played a great part in the Transcarpathian Roma staying in Hungary was that their mother tongue is Hungarian and thus they can express themselves in this country without any issues. This is an especially great advantage for them as the low-quality education and the segregation of Romani people in Ukraine make it very difficult for them to learn the Ukrainian language, which present them with every-day challenges in their own country.

However, even with the linguistic advantages, they suffer a great deal more disadvantages in Hungary than other groups of refugees. They experience racism and discrimination on a daily basis and this can be observed in almost all areas of life: in education, in health care, the labour market as well as the housing rental market.

“Systemic racism – which had been out of fashion for a while – is now being directed towards refugee Romani women.”

Furthermore, a significant part of Hungarian society does not recognise them as true refugees. Many believe that Transcarpathian Romani people are economic refugees who are trying to take advantage of the benefits and subsidies that go with the refugee status.

“Everything is difficult for Romani people in general, but even more so for them – it is visible to the eye that they are not Hungarian gypsies but refugees and if they stood up for themselves, they would be questioned why they complain when they get accommodation free of charge.”

The vulnerability of refugee Romani mothers is further heightened by the fact that they do not know the local healthcare and education systems, it is difficult for them to navigate their way through them, and it is hard for them to bear that they work differently, even more strictly in cardinal questions compared with the Ukrainian ones. However, they do often have to get in touch with these institutions during pregnancy or regarding their children’s care or when introducing them in educational institutions. Thus, on top of racism, they regularly experience a kind of loss of competence because they are unable to proceed in these matters as independently as they are used to.

“It is difficult for them because it is compulsory for children to go to school or nursery, which they didn’t have at home. They experienced a type of autonomy [they were free to decide about schooling], and they don’t have that here. And this is also true for other things. One such example is getting a prescription. Many of them ‘complain’ about doctors not prescribing drugs but they’re used to being given medication at each doctor’s visit.”

A further difficulty for them is that as a result of fleeing they are now far away from female family members from whom they hope they could get support. Either for the reason that older female relatives did not leave Ukraine or because they were given shelter in different parts of Hungary. This is especially difficult for pregnant women who are underage. Many young women lived their lives away from their mothers even before the war – because in Roma communities, young women traditionally move in with the chosen man’s family – but the distance between them had never been so insurmountable since fleeing.



How do we help?

“Every moment of our work is interwoven with solidarity and activism; we turn towards women very sensitively and try our best to communicate in an appropriate way.”

During our support work with refugee Romani women, it is our fundamental belief that every woman is competent in issues relating to her – no matter how disadvantaged a situation she is in. She has her intuition and has gone through experiences which we acknowledge as valid and which we do not question. We empathise with the women we support and assure them with our presence that they are not alone. This is especially important in the case of those societal groups who are most subjected to the majority attitude of rejection and discrimination.

Every single woman whom we support is in contact with one (or at the most two) support person dedicated to her and to whom she has direct contact in order to make the relationship simpler and more personal, and to create space for them to be able to express their needs and demands more freely.

Our activity is pervaded with acceptance and a strive for equal partnership. Naturally, the relationship between the helper and the person she helps cannot be completely symmetrical, but it is our aim to strive for it. Our aim is to achieve such parallel relationships in which there is an opportunity to experience that individual needs are welcome, that every woman has rights – and in this helping relationship possibility too – to be able to make decisions suiting her life situation, having access to sufficient information to do so. There is also an opportunity to grow together in a partnership which is formed upon acceptance, understanding and taking responsibility for ourselves.

“EMMA has a special approach, which is completely conscious, and this does come from activism. Even in the toughest of situations we try to communicate in an equal partnership with each other.”

“The other person is worth the same as me, there is no difference between us, there is no need to be in a role because I’m in the field. I want to help her but that won’t make me superior to her.”

Our most important values as helpers are authenticity, credibility and honesty. If we consider it justified, we bravely bring our own experiences relating to femininity and motherhood into the support work, thereby contributing to forming a trusting relationship. It does not matter that we come from a different social, financial, cultural background, our experiences, joys and difficulties related to motherhood are similar. This compassion and solidarity are the foundations of our work with refugee women. Motherhood is also a common ground, which greatly contributes to forming partnerships, relationships in which we are equal.

“I am one of them, when we sit in the circle I can let go, because I feel I am one of them and I also take part in sharing.”

“We have many similar experiences in motherhood – we can simply connect to each other through these things. It always supports my work and is also empowering that we can talk about things like it’s difficult to leave a child in the nursery, or that the child has a runny nose and cannot sleep because of it, etc. I feel I am let into an inner trusting circle if I show that I’m a mother just like them with the same experiences.”

Openness and honest curiosity are important parts of support work. We grant time and space for getting to know the women and the background of the modes of operandi (thought processes, habits, actions and reactions) which we experience throughout our common work / connections. Openness and curiosity are often mutual, so we learn a lot from each other.

Apart from the personal and supportive conversations, we also help refugee women to become able to find their way around the Hungarian maternity care system. On the one hand, we provide them information about the routines of care, on the other, we accompany them in person too to each examination. The reason that we do this is manifold. As we detailed it above, first of all, the Hungarian healthcare system is completely unknown to refugee Romani women. Also, more often than not, they are underage, many of them are illiterate and, last but not least, they have to manage in an institutional system which frequently attempts to negate or decline their care.

Furthermore, the way healthcare staff treat them is often humiliating, characterised by hierarchical as well as an official approach. Although they all speak

the Hungarian language, the healthcare staff uses expressions refugees do not understand and the understanding of which is even difficult for educated, middle-class women too.

“I experience activism towards institutions, by asking the women questions which should normally be asked by the doctors, yet they are not.”

It is a task of utmost importance when accompanying women to the medical check-ups that we aid communication between the healthcare professionals and the patient so that the woman can make an informed choice. This means, that she understands what is offered to her as treatment and with what aim, what the advantages and possible risks of the examination are and what the consequence might be if they decide not to go with it. This is a rather great challenge in a system in which it is often not the aim of the healthcare professional to provide information or support informed choice. We show an example ourselves to the healthcare professionals about how to treat disadvantaged Romani women with respect, how to communicate with them and that it is indispensable to formulate a message in a way they will understand. With this approach, we often set an example for the supported women that they also deserve respectful treatment and that they have every right to expect it from others too.

Chapter 7

Communication and Fundraising in Organisations Engaged in Motherhood

COMMUNICATION

The first point of most communication strategies clarifies the question of the target audience.

The audience to whom we address our messages fundamentally defines their content as well as the possible communication channels. The uniqueness of the non-profit existence connected to activism, as opposed to the for-profit sector, is that due to its societal importance we would like to present the message to the widest possible audience. As a result, our job might seem simple because we might feel that our message is for everybody, it concerns all and thus we do not need to narrow our target audience. However, a number of questions present themselves as soon as we begin our walk down the path of public communication. Furthermore, it is especially true in the case of women's issues that it is much easier to be effective at conveying messages in theory than it is in practice.

The three key things which are most typical of achieving communicational aims in most women's organisations: with women, about women and for women – especially when it comes to mothers. The target audience should therefore not reduce more throughout the everyday practice. It is a frequent experience (and one that is difficult to bridge even with many years of experience) that the messages only reach a certain social class and do not reach beyond the mothers for whom it is so often very burdensome to come face-to-face with the societal position in which they exist. In the following, we will show the greatest challenges of EMMA Association and El Parto es Nuestro according to target audience groups as well as the best practices which we have acquired while facing these challenges.

Who are we talking to? – Target groups and challenges

At first glance it might seem that we can read about mothers and the challenges of motherhood on every platform targeting women – whether it be off-line or on-line. And it is true to say that these have brought a kind of openness about the loneliness of mothers, the mood swings following birth or obstetric violence. In addition, the penetration of social media has been providing an unprecedentedly wide platform for overturning of taboos. Thousands of women tell, photograph or even dance the problems that infiltrate mothers'

every-day lives on their blogs which they first started sharing on Facebook, but more recently do so through their Instagram or TikTok feeds. Seemingly, women's stories do therefore have a well-defined space in the public eye. It is also thanks to this, perhaps, that one of the most common questions which we have had to answer in different interviews goes as follows:

“Have we still not talked enough about how difficult it is to be a mother?”

Well, our answer to this question is: most definitely not. Not until the shared stories create a considerable change in society.

The women who talk openly about their awful experiences of the loneliness of motherhood or obstetric violence obviously do enormous amounts of work. They make stories visible which nobody has talked about for centuries, which society has identified as a part of being women and on top of it all it has done it in a way where they are constantly subject to re-traumatisation – whether virtually or within their families – as a result of them sharing.

So, even though there truly is a – seeming – oversupply of stories about motherhood, it is important to understand that the aim of individual story sharing most often is not – and it cannot really be either – to create societal change or to reveal and solve root causes.

The task of non-profit organisations advocating for mothers is, therefore, two-fold.

- * The primary task is to identify patterns within all these stories and to **direct attention to the societal issues underlying these patterns instead of the individual women.** This shifts the focus (and often also the anger stemming from many different sources) from the individual to the problem.
- * The second task in effect is a consequence of achieving the first task: amplifying to the societal issues underlying mothers' experiences give mothers the rare experience of being understood. This way **we can provide a safe space for them on our platforms, through which more and more people will be able to share their own stories – we can be the channels for shaping communities which can be the models of societal change we have been waiting for, for such a long time.**

Facing something vs. being confronted with something

Naturally, it is not easy and self-explanatory for all women to face these issues or the current status of mothers in our society, indeed. Most of the issues we must address in our communication are especially burdensome to read for those involved and we cannot have the faintest idea where people currently stand with processing these issues.

Therefore, we must often reckon with a huge amount of defensiveness when sharing content related to traumatic experiences. **Thus, it is not only the protection of mothers sharing their stories or of women who are already interested in our topics that is important to us, we also have to pay great attention to how to turn towards women with the necessary respect and understanding, who might be faced with the phenomena of obstetric violence through our content for the first time.** What can we do for them if we reach them through our own platforms?

- * **We can offer them closed platforms** where, apart from their peers, moderators are also present (Facebook groups might be ideal for this). For example, El Parto es Nuestro has a closed Facebook group with +10.500 members that provides privacy to ask questions or seek support, many women use it during their pregnancy to keep informed and learn from other's experiences.
- * **We can prepare for typical frequently asked questions with leaflets, articles and other materials which can be reached online and are easy to link or as pinned posts** (it is very important for this that a continuous online presence accompanies the shares).
- * We, in EMMA Association, always list **the number of our free help line** in all of our difficult posts. We tend to insist on this last step when an article of ours is published in the media because we do not have the possibility of following these contents.
- * El Parto es Nuestro has a specific website **section where women (and sometimes their partners) share their birth giving experience**, with 947 birth narratives so far, that provide a range of both positive and traumatic experiences.

- * There is a **legal area at El Parto es Nuestro, called “Know your rights”** that provides information around patients and children’s rights in the Spanish health system, employment rights, maternity and human rights. It counts with a specific email contact to address specific enquiries. The team provides information on how to proceed with a complaint or take a case to court.
- * In the local group meetings at El Parto es Nuestro, we only **refer to the scientific evidence available from recognised institutions such as WHO or the Normal Delivery Care Strategy (EAPN)** approved by the Spanish Ministry of Health in 2007. In our local groups we don’t provide any kind of medical advice.
- * Following El Parto es Nuestro’s decalogue, **in our virtual and in-person meetings we don’t recommend professionals.** If someone asks for psychological support, we direct them to the Spanish Association of Perinatal Psychology.

Stories turning into activism

Women’s stories are literally moulded into activism in our hands⁹⁵. Therefore, we are greatly responsible for continuously communicating mothers’ experiences towards every responsible organisation, such as the body of obstetric professionals, expert policymakers as well as other women’s organisations in order to set forth fundamental societal changes. **With what challenges of communication do these target groups present us?**

We have had a countless number of occasions to meet health care professionals at obstetric conferences and roundtable discussions. Our aim at these occasions is always clear: to promote a shift towards a woman-centered maternity care. One of the most important tasks of communication at those times has been **to eliminate the deeply rooted misbelief according to which mothers’ interests during maternity care are opposed to those of their newborns – only one or the other can be taken into consideration.** This misunderstanding can lead not only to mistakes in communication but also to organisational and medical failures in the healthcare system.

⁹⁵ For more details, see the sub-chapter “Motherhood and Activism” in Chapter 1.



THE SPECIAL POLITICAL CLIMATE IN HUNGARY

The Hungarian political climate basically promotes itself as family-friendly, but woman-centered or mother-centered care is not part of their narrative in any way whatsoever. Concurrently, they actively encourage women to bear many children at a young age, offering them mortgage and student loan support, but they are not taking any steps to eliminate the problems of the maternity care system. Might be clearer like this: they expose masses of women to obstetric violence, nor do they provide families with the right to a healthy beginning of life. Therefore, it was our primary task to **prevent women's interests from getting lost throughout the reforms related to the maternity care system, promoted as family-centered and woman-centered, and also to react as quickly as possible to measures taken for the sake of keeping up appearances, while keeping women's interests in the limelight.** The strong presence of government politics in the national media has undermined the realisation of this intention in many ways. Thus, we have had to pay very careful attention to continuously following up every piece of writing that has been published in our name.

It is our general experience that the question of motherhood has been left unattended in women's organisations that do not have a focus on mothers⁹⁶. It is also our great responsibility therefore to direct the attention of other non-governmental and human rights organisations to the women's rights perspective of mothers' problems. Naturally, we have a lot of advantages with this target group (as opposed to the previous two): we have a common perspective, a common language and we typically share fundamental values too. The usage of common communication channels with these organisations, and the common campaigns and projects can be truly effective in increasing the diversity of our target audiences.

Beliefs about family life and gender roles

Different target audiences can receive the same message in entirely different ways, but we need to be careful how we deliver messages even within one given target audience too. **Making mothers' difficulties and the obstetric**

⁹⁶ For more details, see the sub-chapter "Where does Motherhood Fit into Feminism?" in Chapter 1.

violence they suffer visible does not only direct the spotlight onto deep problems of society, but it also reneges implicit agreements which fundamentally turn our beliefs about family life and gender roles up-side-down. Since the topic was left almost untouched by the waves of feminism, the responsibility is ours as to how we present these burdensome matters to families, health care providers and organisations who can bring forth social change. Beside this, it is also our responsibility to constantly hold supportive, available spaces for women's stories finding a way in our communication:

- * For example, in EMMA Association, we try to make this a reality with our workshops, our help line as well as our closed Facebook groups.
- * Similarly, El Parto es Nuestro, combines in the open communication on our social networks, blog, media articles and TV interventions the introduction of political messages that advocate for the recognition of the problem from our medical and legal institutions with women's narratives that bring across the reality behind our claims. Moreover, we use these spaces to provide statistical data that shows relevant numbers around the quality of care during pregnancy, labour and postpartum in Spanish hospitals. Finally, we provide information about our local group meetings so anyone looking for a space to get informed or share their experience can join.⁹⁷

97 English translation of the messages:

First row left:

"I felt empty, outraged and mistreated."

First row middle:

"They broke two ribs of mine."

First row right: *"They cut my vagina without telling me in advance."*

Second row left:

"I told them I didn't want to..."

Second row middle: *"You've been in the delivery room for too long."*

Second row right: *"What a first-timer, you don't know how to give birth."*

Third row left: *"After loosing my baby the treatment I got was terrible."*

Third row middle:

We invite you to share your Obstetric Violence experiences by publishing them in social media with the hashtag #ThisIsViolence, #ObstetricViolence.

Third row right:

Statement against obstetric violence



Beyond home ground – challenges of communication in different scenes

As previously mentioned, it is easy for us to create a trauma-conscious and supportive environment when we use our own platforms for it. It is a much more difficult task, however, to meet our own expectations in cases when we would like to show the difficulty of mothers on external platforms – and this step, naturally, is unavoidable on the one hand, and extremely important on the other, if we would like to reach a wider audience socially. We have had the opportunity during the communication campaigns of the past years to work on the topic together with committed national influencers as well as the media – the collaborations have all brought valuable experience which fundamentally shaped the communication taking place on our platforms. Even though the appropriate representation of sensitive issues in the media requires an enormous amount of resources, it does bring countless advantages too and thus, it still proves to be a good investment based on our experience.

GOOD PRACTICES OF EMMA

Social media – for a good cause with influencers

Campaigns run together with influencers are undoubtedly going through a blooming phase. These connections mean great opportunities for the for-profit, but also for the non-profit sector. **What were the most useful learning points from these collaborations?**

- * It is very important to **make sure every time we collaborate whether we will be able to convey the same message**. In order to do so, we spend one to two hours prior to each collaboration with the influencer in question to present them with the most important values of the Association and the message we are trying to convey.
- * Most of the time we work with mothers in these cases too – therefore we start the collaboration each time with the same caution and consciousness as we would any other time when women share their stories and fate. We recommend EMMA Hubs to influencers just as we do to anybody who reaches out to us and we do have to be alert that they do not get re-traumatized either when they share their stories about motherhood.

- * It helps all of us if we set the framework of our common work in advance: what posts will be made public, exactly at what time, for what time span and in what format will they be made public? These questions have to be clarified prior to the collaboration.

Collaboration with a national magazine

We have had the opportunity to have our own articles published on one of the biggest national magazines' platforms, both in print and on-line, between October 2021 and March 2022 and we were also able to regularly stream live on their social media platforms about difficult topics very rarely talked about in the media such as obstetric violence, the loneliness of mothers, perinatal loss, the lack of women's communities and the impact of patriarchal structures on the social status of mothers. All this was a great opportunity and a great challenge at the same time: we had to get our most important messages across without expediency, while trying to place them into the mainstream frame.

Prior to the start of the project, we had had a vast number of reconciliations which opened up great possibilities for us. **We mutually helped each other with the journalists of the magazine: we helped them to acquire a much more woman-centered vocabulary for their contents about motherhood and to take some of our most important cases and place them among their popular topics. In turn, they helped us how and with what tools we can effectively expand our target audience and how we can speak to women who are yet to commence their childbearing period or those who had never heard of obstetric violence from any other sources.**

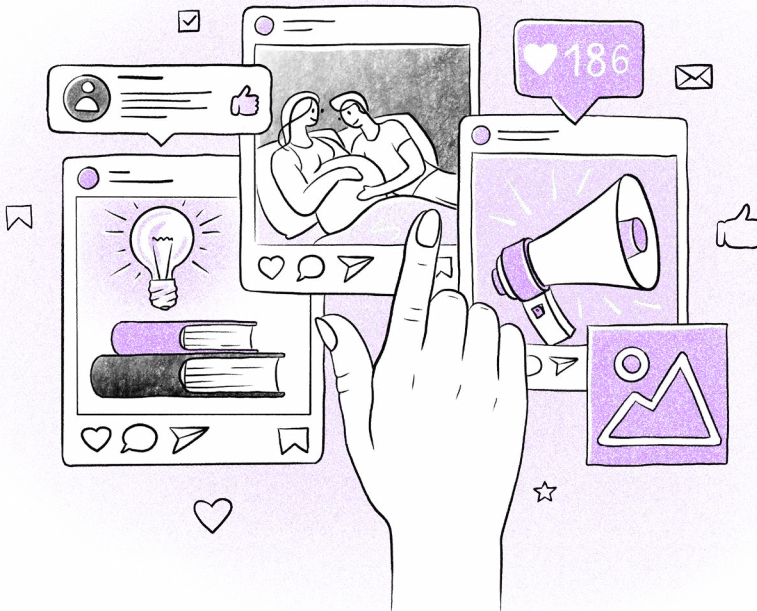
GOOD PRACTICES OF EPEN

Advocacy with Spanish institutions and beyond – to improve protocols and the recognition of the term “obstetric violence”

For the past twenty years, El Parto es Nuestro, has seen governments from different political parties in power. El Parto es Nuestro has acted as an interlocutor with our Ministry of Health and Equality to provide our expertise as an association representing women's rights for a respected pregnancy, birth giving and postpartum experience. Throughout the years we contributed to the Normal Delivery Care Strategy (EAPN) approved by the Spanish Ministry

of Health in 2007, made allegations to the Sexual and Reproductive Health Law from 2010 and continued to advocate for its implementation at a practical level in the healthcare system across Spain. In 2017, we participated in the seminar “2030 Agenda: promoting sexual and reproductive health and accomplishing the commitments from the Spanish Senate”. We made allegations to the Integral Guarantee of Sexual Freedom Law (2022) to include the term “obstetric violence”.

Moreover, in November 2022, El Parto es Nuestro was invited to an interview with Council of Europe’s Commissioner for Human Rights, Dunja Mijatovic, during her visit to supervise the right to health, housing, freedom of expression and the human rights of refugees and asylum seekers. In her report on health, the Commissioner warns of her concern about obstetric violence and mentions the three sentences in this regard against Spain by CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women). Dunja Mijatovic also draws attention to the fact that none of the three women who have obtained a favorable sentence that recognizes physical and psychological damages due to obstetric violence, has been compensated by Spain, as recommended by the Committee.



Social media campaigns – to promote social awareness of obstetric violence

Over the years El Parto es Nuestro launched campaigns to raise awareness of different aspects that constitute obstetric violence. Each campaign brings together a body of visual content and articles, in some cases even a specific website, that continue to be relevant to provide information about the specific topic it addresses. Among the numerous campaigns carried out there are two key areas of focus that we would like to highlight:

Informative campaigns that deep dive into a specific topic:

- * “Against routine episiotomies” (2006), denounces that routine episiotomies do not provide any benefit and that they cause pain and create serious damage to women. It offers information thanks to the multiple articles and women stories it collects.
- * “Don’t be separated” (2008), aims to disseminate information on the importance of the bond between mother and baby, NO routine separation at birth, and the rights of hospitalized children. The Breastfeeding Committee of the Spanish Association of Pediatrics and UNICEF have given us their support to carry out this project.
- * “United in Neonates” (2012), despite the fact that national and international recommendations indicate that babies should not be separated from their mothers and that there are very few cases in which separation is considered necessary, we detected that hospitals often do not comply with them and there are separations, even when official hospital policy says no. This situation encouraged us to prepare the Reports on the Accessibility of Mothers and Fathers in Neonatal Units and Compliance with the Rights of Admitted Babies.
- * “STOP Kristeller: A matter of gravity” (2013), even today the Kristeller maneuver is frequently used in Spanish hospitals in order to accelerate the expulsive phase of labour. This is already reason enough to be alarmed, since it is a maneuver contraindicated by the Spanish Society of Gynecology and Obstetrics (SEGO) and has been prohibited in countries such as the United Kingdom. The WHO classifies it among those that should be used with caution because there is no evidence to confirm its usefulness.

- * “La Voz Es Nuestra”, the voice is ours (2016), this campaign arose as a response to the need of women to know what are the arguments that we can put forward to assert our desires, and opinions about what happens in our pregnancies, births and after they. It is an information campaign whose intention is to help us take control of our delivery by showing, with the law in hand, what our rights are as users of health services. It is also intended to encourage us to thank the good work of health professionals since, for a professional, a thank you is an incentive to continue doing things well and stimulates the effort of all the staff to improve in the future.
- * “Don’t Enter Alone Campaign” (2021), as a result of the complaints made by women who cannot enter accompanied by the follow-up of their pregnancy during the Covid-19 pandemic, this complaint campaign was born that aims to modify the protocols that exercise this institutional violence towards women.
- * “About obstetric violence” (2022), more than 60 Associations and Collectives united for the cause calling women to raise their voice and share their stories, the campaign collected over 300 testimonies.

Campaigns that demand transparency from healthcare institutions and professionals in childbirth care:

- * “Transparency in obstetrics” (2007), denounces the lack of data and statistics regarding childbirth care and the lack of rigor of the scarce data available.
- * “Against systematic induction in week 39” (2020), arose from an internal survey of SEGO (Spanish Society of Gynecology and Obstetrics) to its associates to which El Parto es Nuestro had access. In it, they wanted to know the professionals’ position on the possibility of generalizing inductions in low-risk pregnant women at week 39. Inducing labour has significant health risks for mothers and babies, and should only be carried out when there is a well-founded medical indication to end the pregnancy in this way.
- * “Obstetric Violence Indicators in UN Sustainable Development Goals framework” (2020), a joint Civil Declaration, signed by 49 social society groups across the world, to urge for inclusion of respectful maternity care indicators within the United Nations Sustainable Development Goals framework.

FUNDRAISING

A more viable society for mothers! – But for whom will that be good?

As can be suspected from the list of challenges regarding communication, fundraising for the support of mothers is not a fundraising aim that can be communicated in the simplest of ways. Collecting money for the deconstruction of agreements that have been standing for centuries and not been talked about, or promoting new, in many aspects unprecedented social principles are all aims for which it is not easy to organize community fundraising. The most important task during the planning of the campaign, therefore, from a point of view of reaching potential donors might be to specify the aims as clearly as possible: **why do mothers require support?**

Another enormous task, which needs to be dealt with on an organisational level from the point of view of the fundraiser, is exactly the social dynamics against which we fight on a daily basis: **are mothers allowed to ask for support?** In other words: is it a rightful demand to be supported? Can we ask in a world where requests have become synonymous with great tragedies? Fundraising regarding catastrophes, the healing of the ill or war and armed conflicts are unequivocally successful. But what about the fundraising aims



which are fighting for making the every-day life more liveable? A wide array of organisational meetings were required in order to stand a solid ground asking our own question. It was obviously a task that required great resources, yet there was no way around **making this message our very own, for starters: what mothers are requesting is a rightful need and a liveable society or, for example, access to safe maternity services are basic rights not items of luxury.**

GOOD PRACTICES OF EMMA

Our Association started its first fundraising campaign in 2019 and since then we have had nine campaigns. What does the experience show? With regards to the “how” it has become clear that we achieve the greatest success in fundraising run together with ambassadors.

Fundraising with ambassadors – the first step towards activism?

Fundraising with ambassadors is the greatest way to bring our messages alive with real faces.

We had four such campaigns in the Association between 2019 and 2022: 8-15 women worked in them for a month in order to raise funds for a specific purpose previously set (the aim of these campaigns was either the organisation of EMMA Hubs or keeping the EMMA Helpline running). Even though we asked women to be our ambassadors who basically had somehow been connected to EMMA Association or about whom we knew very well that they share our fundamental values, still there had been a longer preparation period before we began working together. This had two purposes:

- * On the one hand, to provide them with a detailed picture of the activities and operation of the Association: it was very important in this case as they asked their acquaintances during the campaign to support us – in other words, a third party who would potentially be completely unknown to us. In order for somebody to become a link between us and the world, it is important that they know all that – it is important for them to become a part of the Association.
- * On other hand, we wanted to show them the classic problems of fundraising for mothers’ issues. As we mentioned above, in their cases too, we had to work with the basic experience that society rarely validates the

request of mothers – which becomes a thousand-fold visible if we carry out fundraising for mothers. Facing this might activate many earlier negative experiences and we wanted to prepare them for that up front and we also wanted to reassure them that we would continuously stand by their side and help them mould the sometimes rather bitter experience into activism.

Therefore, at the beginning of the campaigns we created a closed Facebook group where the ambassadors could get in touch with each other as well as us at any time: they were able to inspire each other with their ideas for posts and pieces of writing and were also able to rejoice together upon results achieved. We also tried supporting them with communication materials compiled upfront: pictures and articles to be shared, strategic notes and of course with disseminating their contents on our own platforms. We provided them with a one-to-two hour weekly online sessions, and we were approachable and open to their questions pretty much non-stop on weekdays.

Although the above required a lot of organisation and a kind of constant availability, the campaigns resulted in considerably more than the sum collected. The ambassadors turned into a community of women unnoticed under the flag of fundraising and the ends of the four-week campaigns often absolutely did not mean the end of the collaboration. Our Association gained an enormous amount of experience during the recruitment of the ambassadors and the campaign period about how it can be achieved that women commit to activism and how we can support them effectively when they start work in their own communities as a result of our encouragement.

GOOD PRACTICES OF EPEN:

The “fee-paying member”: not just paying

EPEN is an association formed and managed by volunteers. The board is in charge of organising the main activities for the associates (as the annual general assembly) deciding how the resources are spent and attending meetings with other associations or with public services and institutions as the Minister of Equality, among other things.

Being a volunteer association presents many challenges. Nowadays every association – that pursues social objectives as El Parto es Nuestro does – needs to be very active on the digital channels. That means to upload updated informa-

tion on a daily basis on the web and on social networks. On Facebook, El Parto es Nuestro has a very active group where pregnant women and mothers ask questions and share experiences. This group also needs volunteers moderating conversations and responding to questions.

El Parto es Nuestro's members are mainly women paying the annual fee of 45€, although there is a reduced fee for unemployed women and a higher fee for those that want and can contribute more. They can also volunteer, although both roles are independent.

Although most associates may not be volunteering and are limited to paying the membership fee, our research showed that this by no means implied less commitment to El Parto es Nustro's goals. Quite the opposite, what we found out during our interviews with activists is that El Parto es Nuestro's and volunteers perceive "paying the fee" to go well beyond the mere financial contribution.

Work-life balance can be extremely challenging for working mothers, and time-consuming volunteer activities may be out of reach for many of our members. Paying the fee was how women saw themselves contributing to El Parto es Nuestro when limited by juggling their professional and child-caring duties. Therefore, "paying the fee" should be understood as a different way of volunteering and activism when constrained by life's many demands upon women.

Paying the fee may seem a basic level of commitment, however a very valuable one as it allows El Parto es Nuestro to have economic resources to keep its activity going.

There are three archetypes of this "fee-paying associate". We are presenting them with quotes from the interviews we conducted during our research:

- * Mother with babies that can't be involved in volunteer activism, but wants to contribute to the association:

"There are women that feel that El Parto es Nuestro is a space of their own. They come and become members very quickly and start to be intensively involved with activities. They really want to do things, but at some point, they realise that motherhood does not allow them to be as involved as they want to be. Some of them feel very frustrated because of that. We tell them not to be worried, that there will be time for them to be back. So they keep on paying the fee and it is very

important that we, as activists, understand that they can't do anything other than paying. But paying makes all the difference."

- * "Fee-paying associate" as a transitory state, as they are women that were very involved in El Parto es Nuestro but need to take some time off from volunteering and activism to take care of their children or, sometimes, to take care of themselves too:

"I was very involved in El Parto es Nuestro and spent many hours a day volunteering. Two weeks before giving birth to my child I told them that I was going to become a "fee-paying member" when my son was born. I dedicated three years of my life to be a mum, and that was the best decision of my life. Now I'm back to volunteering, mainly doing things online that allows me to spend time with my son, as he still needs me so much."

- * Volunteers and activists that feel the need to contribute in other social groups or movements more aligned to their vital moment, not anymore connected to motherhood:

"After volunteering so many years in El Parto es Nuestro I decided to leave the association as an activist because I started to be involved in my children's school. Although I left the association, I am still paying my fee. That is my way of giving back everything that I got from El Parto es Nuestro."

THE RELATIONSHIP OF COMMUNICATION AND FUNDRAISING

Every fundraising activity is inseparably connected to the communication strategy. Messages that are simple and well worded play an outstanding role in reaching donors: it is impossible to start fundraising activities without a good communication strategy and constant transparency. If fundraising posts and notes flood the social media and other web platforms, then potential donors get overwhelmed – as opposed to this, if they meet content that represents the organisation well, in an authentic manner and lives up to visitors' previous expectations, then there will be a greater chance that they will become our supporters. For this reason, it is especially important that the campaigns are well timed with each other and that we specify their space in the communication strategy in advance.

Bibliography

Andorka, Rudolf (2006): *Bevezetés a szociológiába*. Osiris Kiadó, Budapest.

Balogh, Lídia – Gellér, Judit (2019): Roma nők hátrányos megkülönböztetése a szülészeti ellátás során: két magyarországi jogeset, háttérrel. In.: *Fundamentum*, 2019. 1-2. Szám, 204-223.

Online [fundamentum-19-1-2-17.pdf \(mtak.hu\)](#)

Barna, Emília – Csányi, Gergely – Gagy, Ágnes – Geröcs, Tamás (2018): A rendszerváltozás utáni magyar feminista mozgalom globális, történeti perspektívából. *REPLIKA* (108-09), 241-262.

Online: [replika_108-109-14_barna_csanyi_gagy_gerocs.pdf \(mtak.hu\)](#)

Boldizsár Ildikó (2013): *Mesekalauz úton lévőknek*. Magvető Kiadó, Budapest.

Bolemant, Lilla – Szapu, Mariann (eds.) (2015): *Bevezetés a gender tanulmányokba. Egyetemi jegyzet*. Phoenix Polgári Társulás, Pozsony.

Online: <http://phoenix-ngo.sk/wp-content/uploads/2014/11/Gender-Studies-u%C4%8Debница.pdf>

Campbell, Joseph (2023): *Az ezerarcú hős*. Good Life Books, Budapest.

Csányi, Gergely – Gagy, Ágnes – Kerékgyártó, Ágnes (2018): Társadalmi reprodukció. Az élet újratermelése a kapitalizmusban. *FORDULAT: TÁRSADALOMELMÉLETI FOLYÓIRAT* (24), p. 5-29.

Online: [Társadalmi reprodukció. Az élet újratermelése a kapitalizmusban \(fordulat.net\)](#)

Gal, Susan (2011) (transl. Barát, Erzsébet): A feminizmus “határátlépései”: A nőkről szóló beszédmódok körforgása. *TNTeF* (2011) 1.2, 167-200.

Online: [Előszó/Preface \(u-szeged.hu\)](#)

Garai, Mixi (2016): *Szülészeti erőszak és kommunikációs bázisa* (Előadás).

Online: [GaraiMixi_Szuleszeti_eroszak.pdf \(babahaz.hu\)](#)

García, Eva Margarita (2018): *La Violencia Obstétrica como violencia de género. Estudio etnográfico de la violencia asistencial en el embarazo y el parto en España y de la percepción de usuarias y profesionales.* (Doktori disszertáció)

Kitzinger, Sheila (2018): *A szülés árnyékában – Katarzis vagy krízis?* Alternatal Kiadó, Budapest.

Molnár, Judit Eszter (2019): Jerikó rózsája – a várandósság és szülés perinatális pszichológiai értelmezése. In.: Varga et al (eds.): *A szülés és születés minősége a perinatális tudományok megközelítésében.* Medicina Könyvkiadó Zrt., Budapest.

Rosta, Andrea – Ádám, Szilvia (2014): *Női élethelyzetek.* L'Harmattan, Uránia Ismeretterjesztő Alapítvány, Budapest.

Varga, Katalin – Suhai, Gábor (2010): *Szülés és születés.* Pólya Kiadó, Budapest.

Recommended Reading

Activism – Feminism

Akrich, Madeleine – Leane, Maire – Roberts, Celia – Arriscado Nunes, João (2012): *Practising childbirth activism: a politics of evidence*. Centre De Sociologie de L'innovation.

Online: <https://shs.hal.science/halshs-00702075/document>

Ballard, Parissa J. (2014): What Motivates Youth Civic Involvement? *Journal of Adolescent Research*, 29(4), 439-463.

Online: https://www.researchgate.net/publication/275002567_What_Motivates_Youth_Civic_Involvement

Borshuk, Catherine (2004). An Interpretive Investigation into Motivations for Outgroup Activism. *The Qualitative Report*, 9(2), 300-319.

Online: <https://nsuworks.nova.edu/tqr/vol9/iss2/7/>

Cox, Helen (2014): *What motivates us to engage in activism*. Originally published on the Plan to Thrive website (no longer in existence as of 2022).

Online: <https://commonslibrary.org/what-motivates-us-to-engage-in-activism/>

Swank, Eric – Fahs, Breanne (2017): Understanding Feminist Activism among Women: Resources, Consciousness, and Social Networks. *Socius: Sociological Research for a Dynamic World*, Volume: 3, 1-9.

Online: <https://doi.org/10.1177/2378023117734081>

Milo Haglili, Ronna (2020). The intersectionality of trauma and activism: Narratives constructed from a qualitative study. *Journal of Humanistic Psychology*, 60(4), 514-524.

Online: <https://doi.org/10.1177/0022167820911769>

Perez, Caroline Criado (2019): *Invisible Women: Exposing Data Bias in a World Designed for Men*. Vintage Publishing.

Pregnancy, birth, child-bearing

Gaskin, Ina May (2003): *Guide to Childbirth*. Bantam Books.

Gaskin, Ina May (2009): *Guide to Breastfeeding*. Bantam Trade.

Hogenboom, Melissa (2021): *The Motherhood Complex: The Story of Our Changing Selves*. Hachette UK.

Kitzinger, Sheila (2006): *Birth Crisis*. Routledge.

Lim, Robin (2001): *After the Baby's Birth...: A Woman's Way to Wellness. A Complete Guide for Postpartum Women*. Ten Speed Press.

Lim, Robin (2004): *Eating for Two: Recipes for Pregnant and Breastfeeding Women*. Celestial Arts.

Lim, Robin (2016): *Placenta, the Forgotten Chakra*. Robin Hemmerle.

Neumann, Erich (2015): *The Great Mother: An Analysis of the Archetype*. Princeton University Press.

Yehudi, Gordon (2002): *Birth and Beyond*. Vermilion.

Trauma

Gabor, Maté (2018): *In the Realm of Hungry Ghosts. Close Encounters with Addiction*. Ebury Publishing

Gabor, Maté (2019): *Scattered Minds – The Origins and Healing of Attention Deficit Disorder*. Ebury Publishing.

Gabor, Maté (2019): *When the Body says No. The Cost of Hidden Stress*. Ebury Publishing.

Herman, Judith (2022): *Trauma and Recovery: The Aftermath of Violence. From Domestic Abuse to Political Terror*. Basic Books.

Kline, Maggie – Levine, Peter A. (2006): *Trauma Through a Child's Eyes*. North Atlantic Books, U.S.

Levine, Peter A. (1997): *Waking the Tiger: Healing Trauma*. North Atlantic Books, U.S.

Nagoski, Emily – Nagoski, Amelia (2019): *Burnout. The Secret to Unlocking the Stress Cycle*. Ballantine Books.

van der Kolk, Bessel (2015): *The Body keeps the Score. Mind, Brain and Body in the Transformation of Trauma*. Penguin Books.

Yalom, Irvin D. (2017): *Gift of Therapy. An Open Letter to a New Generation of Therapists and Their Patients*. HarperCollins.

Women's sexuality

Davis, Elizabeth – Leonard, Carol (2012): *The Women's Wheel of Life*. Bad Beaver Publishing.

Davis, Elizabeth (2013): *The Rhythms of Women's Desire: How Female Sexuality Unfolds at Every Stage of Life*. Hunter House Publishers.

Nagoski, Emily (2019): *Come as You Are Workbook. A Practical Guide to the Science of Sex*. Harper Collins Publishers.

The Mother-to-Mother handbook was created by Hungarian and Spanish women activists in EMMA Association and El Parto es Nuestro. The content flourished from many mother's experiences through many moments we spent together listening responsively to each other.

The aim of the handbook is to inspire mother-centered activism by gathering important theoretical, empirical, and practical information about feminism, obstetric violence, motherhood, trauma, group methodology, women's solidarity, communication, and fundraising. And by introducing many perspectives on these topics, we believe that this work can be useful for activists, professionals, and mothers.

