Pázmány Péter Catholic University
Faculty of Law and
Political Sciences

An empirical study of the legal awareness of maternity rights

Semi-autonomous social fields around childbirth

Theses of the Doctoral Dissertation

dr. Andrea Jankó-Badó

Supervisor:
Prof. Dr. István H. Szilágyi
University professor

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I. Objective and structure of the research

The aim of this research was to conduct an exploratory empirical study of the practical implementation of maternity rights and the knowledge, views and beliefs of women giving birth and of some professionals involved in maternity care, known collectively as 'legal awareness', using a sociological approach to rights. The theoretical and methodological points of departure of the research programme are related to one of the key research areas in the sociology of law, the tradition of research on the legal awareness, and to the results of international attitude studies on similar issues.

In the second chapter of the thesis, the conceptual framework of maternity rights and the main features of the field of maternity law research are presented. In this context, maternity rights are placed within the framework of general patients' rights and the concept of maternity rights is defined. Subsequently, possible relations to childbirth were categorised on the basis of Davis-Floyd's models—*holistic, technocratic and humanistic*—and the main features of paternalistic and co-ordinated approaches to the physician-patient relationship were outlined. Following this, the differences between obstetric care systems were illustrated using the examples of the USA and the Netherlands. A summary of the main features of the domestic maternity rights system was provided: the relevant legislation, regulations and recommendations. Finally, examples of international and domestic attitudinal research on similar issues were given. The findings of the data collection conducted by the author are presented in the third chapter of the thesis.

II. Characteristics of the data collection and method of analysis

The empirical research involved qualitative data collection (based on individual and focus group interviews) among women giving birth at home and among some professionals involved in obstetric care: midwives and obstetrician-gynaecologists.

The content of the interviews mainly falls into the category of thematic qualitative interviews. The subjects are asked about their personal experiences and views on a specific topic: the practical application of maternity rights and home births. The predefined research

questions sought to summarise the aspects that were necessarily addressed, but the interviews focused on the substance of the questions rather than on the specific wording.

In terms of structure and format, the interviews were semi-structured, relating to the aforementioned characteristics of the thematic qualitative interview. In terms of their framework, two focus group interviews with homebirth women were recorded in March 2020 in Szeged (with the participation of three and four participants, respectively). In addition, three individual interviews were conducted (one interview in a face-to-face meeting and the other two in a video conference discussion). Data from the group and individual interviews will be treated as a unit and analysed in conjunction.

Sampling was carried out on a non-probability basis and the subjects were approached using the access-based method and the snowball method.

A total of fourteen health care professionals involved in obstetric care—six obstetrician-gynaecologists (physicians) and eight midwives—accepted the invitation to participate in the research. All the subjects were interviewed individually via online discussion. A fractal characteristic was defined as the fact that the medical subjects were involved in institutional obstetric care and the midwives were involved in home births as specialised assistants. As a control, all subjects are involved in obstetric care as professionals. Other characteristics of the data collection procedure are similar to those described for home birth subjects.

The interviews were analysed using the coding-based data analysis method for all subject groups. Based on the preliminary research questions and additional aspects that emerged during the interviews, main and sub-categories were defined. For each category, longer or shorter passages of the transcribed text of the interviews could be associated, the result of which determined the structural make-up of the analysis. On this basis, it was possible to select the text passages on the basis of which the analysis could be carried out.

In order to make the findings of the interviews more reliable and to complement the results of the qualitative study, a quantitative data collection—by questionnaire—was carried out, in which the experiences of mothers who gave birth in Hungary between 2012 and 2020, in or outside an institution, or who were pregnant at the time of completion, were investigated. The questionnaire contains a total of 46 closed questions. A total of 1,757 people completed the questionnaire online. The sample is not representative but reflects the knowledge, views and opinions of a wide range of women interested in the topic.

The data were statistically processed using the IBM SPSS Statistics program (Program).

Quantitative (questionnaire) data were then collected by interviewing women who had given birth in hospital and at home about their experiences of childbirth.

Data collection—qualitative and quantitative—among women who gave birth at home and in hospital was explored:

1) Subjects' knowledge about their rights in childbirth;
2) subjects' views and experiences of hospital and home births, and the factors that influence their attitudes towards and choices between hospital and home births;
3) the subjective views of the subjects on the extent to which the obstetric rights of women giving birth are respected in practice during the provision of care, in particular the right to information and the right to health self-determination;. In this context, the subjects were asked about the following:
    a) whether they are informed about their maternity rights, including home birth, during the care,
    b) what other sources of information they use to find out about their maternity rights,
    c) whether they had experienced any harm during the care;
4) research subjects' 'legal awareness', i.e. whether they use any complaints handling facilities if they have experienced harm in relation to childbirth;
5) for *home birth* subjects:
    a) what reasons led them to choose home birth and whether the fact that the choice is recognised in law played a role in their decision;
    b) the information channels through which they are informed about home births;
    c) and their knowledge, views and opinions on the legal situation of home births

A survey of professionals involved in obstetric care—obstetrician-gynaecologists and midwives—was carried out:

1) knowledge of certain provisions of the Home Childbirth Regulation and the Family-friendly Maternity Directive
2) the extent to which they consider it appropriate to involve women giving birth in the decision-making processes that affect them during obstetric care, and whether they inform women giving birth about their maternity rights, including home birth;;

3) the attitudes of professionals towards home births and the legal regulation of home births, and the factors that play a role in shaping these attitudes;
4) and the 'resources' that can influence the social recognition and position of professionals in different fields, whether hospital or home birth, and offer them the opportunity to shape public attitudes to childbirth, the choice between different forms of childbirth and even the development of legal regulation of obstetric care..

The above research questions were explored partly through qualitative and partly through questionnaire research, both within an interpretative framework developed in the light of previous findings from legal research. Accordingly, we have examined some elements of subjects' legal awareness of their rights in relation to maternity rights, as well as the factors and processes—interacting between the individual and society—that may influence it.

Second, we have attempted to map the social forces that we believe are involved in the social perception of different forms of obstetric care, especially home birth, and that may influence the perception of rights to obstetric care, drawing on Sally Falk Moore's theory of 'semi-autonomous social fields' (SASFs).

III. Research findings

III.1 Women giving birth at home and in hospital and their awareness of their rights in relation to maternity

The following questions were examined in the underlying interpretative framework to investigate women's perceptions of rights in *home and hospital births*:

A) Legal knowledge of obstetric rights (a rational component of individual legal awareness)

Both qualitative and questionnaire research included questions on subjects' legal knowledge.

The interviews with women who gave birth at home focused only on the question of their awareness of the legal status of home birth. Subjects who gave birth after the legislation had been enacted were aware that home birth was a legal option in Hungary under the current legal provisions when they were looking for an alternative to hospital birth. Two subjects gave birth

before the legal framework was established. One of them said that she could not remember exactly whether she had been aware of the legal status of home births. The other subject learned about it when she was informed about the options for giving birth that the legal framework for home births had not yet been established. She was also aware that the involvement of a home birth attendant at the time of her birth could lead to a fine under the regulation in force at the time.

In order to measure the legal knowledge of home and hospital births, the questionnaire survey asked respondents to answer three questions on their legal knowledge of the right to give birth at home, the possibility of holding the woman legally responsible for the birth and the right to refuse care. An index was created from the responses to the three questions, with a value between 0 and 3 (0 if none of the questions were answered correctly and 3 if all questions were answered correctly). Home parents scored a mean of 2.67, while hospital parents scored a mean of 2.18, meaning that home parents' legal knowledge of childbirth was significantly higher than hospital parents'.

In terms of the level of legal knowledge about maternity rights, the role of education is the most significant of the hard facts of social stratification, in line with the results of previous legal knowledge research. Those with lower levels of education are less informed about maternity rights than those with higher levels of education. At-home birth parents have a higher proportion of graduates (79.1%) than hospital birth parents (68.7%) and hospital birth parents are more represented than at-home birth parents in all lower education categories, which already predicts a difference in the level of knowledge of childbirth rights. This implies that higher educational attainment is associated with higher levels of legal knowledge among home parent subjects in this study.

The field of higher education attainment is not a determinant of the level of legal knowledge, but rather whether or not the expectant woman is interested in legal regulations related to childbirth. Those interested in maternity rights are more likely to be informed about childbirth-related issues, including legal issues. This will give them more knowledge about childbirth. 94.08% of home birth parents and only 68.41% of hospital birth parents are interested in legal regulations on childbirth. There is no independent effect of financial status on legal knowledge, only an "apparent" effect due to the spill-over effect of education.

B) Emotions and perceptions of maternity rights (emotional component of individual legal awareness)

The interviews with women who gave birth at home explored the emotional element of individual legal rights, their reasons for choosing to give birth at home, their emotional relationship with the legal regulation and their views on the factors that they believe influence the—essentially negative—social perception of home birth. These latter views are discussed in the summary of attitudes towards childbirth and home birth.

One of the most important lessons from the recording and evaluation of the interviews was that a key element of the values held by home-birth mothers is the conscious, informed choice between birth alternatives. All of the interviewees who chose home births made informed and considered choices. Conscious preparation for the birth, the detailed information provided by the midwives and the experience of having the freedom to choose contributed significantly to making their birth a positive, life-changing experience. However, part of the reasons for consciously seeking information about alternatives to institutional births were emotional, including, for all subjects, a dislike of institutional conditions and of being 'at the mercy' of physicians. These feelings were based on previous negative experiences with their own maternity and general health care, or on "horror stories" they had heard from other parents. Some of the respondents explicitly chose home births on the basis of an informed, rational risk assessment, sometimes closely linked to the reference to the fact that the choice of home birth is allowed by law. However, they also based their decision on other intangible values, the diverse picture of which fits in with the values that characterise home births. These include naturalness, the need to experience childbirth as a natural process and to avoid artificial interventions, as well as the reference to the fact that home birth is also a beneficial choice for the child.

In the questionnaire survey, we wanted to investigate the extent to which the above statements characterise home births in a larger sample. Overall, the emotional and health benefits of home birth were cited as the main reasons for choosing home birth. Knowledge of the legal regulations and positive experiences with home births are also strongly influencing the choice. Negative hospital experiences, lack of a trustworthy physician and aversion to male physicians were the least important factors in their decision. All these factors suggest that the choice to have a home birth is likely to be the result of a deliberate choice rather than an external constraint.

The questionnaire survey also looked at the extent to which people make informed decisions about childbirth in general. To do this, the following three factors were examined:

1) *Interest in maternity rights:* 71% of the respondents had consciously inquired about their obstetric rights during their pregnancy, compared to 94.08% of home births and only 68.41% of hospital births.

2) *Awareness from other sources of information than professionals:* The vast majority of subjects were informed from other sources of information than professionals (active information seeking). Respondents identified the internet as the primary source of information, followed by information from friends, acquaintances and family. Information from other mass media (TV, radio) was negligible.

   The vast majority of women giving birth at home are actively seeking information about obstetric care. The same is true for only 69.34% of respondents who gave birth in hospital.

3) *Choice of professionals:* The question of whether respondents chose a professional to provide care was only examined for respondents who gave birth in hospital. 79.5% of respondents who gave birth in hospital had chosen or planned to choose a physician, midwife or both, indicating a high level of awareness of the need to prepare for childbirth.

From the combined results of the qualitative and quantitative research, it can be concluded that the majority of respondents in the present study are consciously preparing for childbirth, are interested in their rights, and are informed and choose a specialist for childbirth from other sources of information than professionals.

It can be concluded that the different forms of childbirth, including the choice to give birth at home, are not only emotional, but also involve conscious, rational factors based on legal knowledge, and that awareness of preparation for childbirth is also linked to the volitional elements of legal awareness. Conscious preparation is an important prerequisite for people to be able to exercise their rights with the knowledge they have acquired. Their experience of being informed by professionals (active information seeking) is summarised in the description of the SASF characteristics.

In the case of home birth subjects, we also examined their relationship with the legal provisions on home birth, in relation to the emotional elements.

In the qualitative research, the majority of subjects who gave birth at home after the legislation was enacted indicated that the existence of the legal framework played a role in their decision and that they would have preferred not to give birth at home before the legislation was enacted.

They expressed respect for the legislation and confidence that it would be an adequate reference to support the correctness of their decision. However, two respondents expressed distrust and dissatisfaction with the existence of the legislation.

The vast majority of home birth respondents to the questionnaire survey were confident and reassured by the knowledge that the choice of home birth is a legal option in their country. Almost the same number of respondents consider themselves to be "rule-followers", who attach importance to respecting the law. However, more than half of the respondents, while many of them feel that the existence of legislation is important, feel that the fact that home births are legal does not change the perception of the majority of "society" in terms of their attitude towards home births.

C) Legal consciousness (the volitional element of individual legal consciousness—legal actions from the women who give birth to the social/institutional level)

In relation to the volitional element, the research explored the question of the extent to which women who give birth are (legally) aware of their rights in the event of some kind of harm during the care process, i.e. whether they make use of any complaints handling. This element is closely related to the field of influence from the individual—in this case the woman giving birth—to the social/institutional level, the category of legal action. This issue, from the perspective of women parents, was only addressed in the questionnaire survey.

On the one hand, we investigated whether the respondents had suffered any harm in the course of care. More than half of the respondents felt that they had experienced some form of obstetric violence at least once during their obstetric care. The vast majority of respondents who had experienced obstetric violence had not used the complaints procedure, meaning that the majority were not legally aware in this respect.

D) Interacting processes and mediating structures between women giving birth and the social/institutional level

In analysing women's legal awareness of their rights in relation to childbirth in the home and in hospital, we have looked at the interacting communication processes between the individual, in this case the woman giving birth, and society, which we discuss in the context of SASFs around childbirth.

The mediating structures through which information on maternity rights reaches them and may influence their knowledge and views on the law were also examined.

The structures that mediate information about childbirth: the hard facts of social stratification (gender, age, education, wealth), the formations of social (family, friends, ideology) and professional (workplace) groups, and the social organisations around childbirth (SASFs) can all influence parents' knowledge of their rights to maternity rights. Other specific characteristics that may be determinants in this context include family, relationship, health, ideology and personality characteristics. The latter were mainly investigated in the questionnaire survey and are referred to in the summary of findings on attitudes towards childbirth and home birth.

For home birth subjects, the influence of the immediate environment is less decisive. The majority of the interview subjects indicated that their immediate environment did not have credible information about home birth and therefore did not support home birth. This circumstance, they said, had an emotional impact on them, but did not dissuade them from choosing home birth. This latter finding was supported by the quantitative results.

For respondents who gave birth at home and in hospital, there was a significant difference in the amount of information they obtained from family, friends and acquaintances. Home parents are much less likely to seek the opinion of their immediate environment on matters related to childbirth. In their case, the influence of the community around the home birth is more significant. In the narratives of the subjects, there were frequent references to the role of values and beliefs that are in many respects shared by those giving birth at home. Exposure to home birth and the professionals involved in it played a role in shaping these general values. Most of them clearly expressed a sense of community with other women who had given birth at home, and many of them maintained contact with each other. They also indicated that the courses they had attended to prepare for home birth had shaped their general outlook on life. However, part of the sense of belonging is also the feeling of exclusion and 'stigmatisation' experienced by parents with different views and by society in general. The interviews and the questionnaire survey also showed that many of the connections between those who choose to give birth at home are made in the online space, in the context of forums and groups on the topic of home birth or natural childbirth, which is one of the main sources of information on home birth.

III.2 Midwives' and physicians' legal awareness of maternity rights

In examining *midwives' and physicians' legal awareness of maternity rights*, the following elements were examined.

A) *Legal knowledge of obstetric rights (a rational component of individual legal awareness)*

Midwife and physician subjects in this category were asked about their knowledge of the Home Childbirth Regulation and the Family-Friendly Maternity Directive.

The midwives are well acquainted with the rules of the Home Childbirth Regulation and the Regulation on Maternity Care, the conditions of their functioning and the process and circumstances of the creation of the regulation. All of them comply with the requirement of the Home Childbirth Regulation to inform pregnant women about the conditions and exclusions of home births. They have all heard of the Family-friendly Maternity Directive, which only indirectly affects their operations, and most of them have read it, but only a few are familiar with the content of the Regulation.

All the medical subjects are aware that home birth is a legal option in Hungary, but most of them are not aware of the exact conditions under which midwives operate. All of them are aware of the existence of the Family-friendly Maternity Directive, but most of them do not know its exact content, and few of their colleagues say they are aware of its content.

B) *Emotions and perceptions of maternity rights (emotional component of individual legal awareness)*

Midwives have a special, personal and conflicting emotional attachment to the legal regulation of home births. The creation of the Home Childbirth Regulation in 2011 is considered an important achievement. However, overall, they feel that they were not properly involved in the consultation process leading up to the Regulation, and that their suggestions were ignored and therefore almost not incorporated into the legislation. The midwives perceive a number of problems with the legislation, which complicate and hinder their work. Some respondents believe that the introduction of the legislation has had a positive impact on the perception of home births among health professionals and society in general. For others, the creation of the legal environment has not fulfilled their expectations. Some respondents do not believe that the mere creation of a legal situation, the creation of a law, can change the way society views

the issue. The majority of respondents believe that professionals in Budapest are much more accepting of home births, but in rural areas there is still often a negative attitude.

C) Interacting processes and mediating structures between midwives, physicians and the social/institutional level

The role of communication was also examined for midwives and physicians: in terms of the societal-to-individual beam of influence, midwives' views on the impact of the media on the perception of home births, and in terms of individual communication, for both groups, subjects' views on the role of communication on maternity rights. These are discussed in the summary of the characteristics of the SASFs.

Among the mediating structures, the role of professional groups and, closely related to them, the role of professional socialisation, were examined for professionals. Midwives have close emotional ties and personal stories to home births, which were significantly influenced by their own experiences and experiences of childbirth, typically on several occasions, and by the academic and professional environment in which they studied and gained their professional experience in obstetric care.

According to the majority of the physician respondents, they had received no or only very superficial information about legal issues related to childbirth and obstetric care at university. Most of them first encountered situations in the field of law following university, in practice. Although physicians say that they try to inform themselves about patients' rights, they often have little time and attention to do so, and therefore their knowledge is superficial and not up to date. The majority of healthcare workers informally learn about legal issues through their colleagues.

III.3 Semi-autonomous social fields around childbirth (SASFs)

Based on interviews with women who give birth at home and with professionals involved in childbirth, and drawing on Moore and Griffiths' theory of semi-autonomous social fields, the social forces that shape the social field around childbirth and play a decisive role in making decisions about childbirth, including the choice of place of delivery, are outlined. The questionnaire survey sought to complement the data that emerged in relation to the SASFs identified in the qualitative study.

Both SASFs around childbirth have resources to influence the power relations around childbirth. Three SASFs were identified, between which economic, political (and legal) forces are in tension.

Those involved in childbirth and home birth can be divided into the camps of health service providers and those involved in childbirth as 'civic' organisations. Parents expecting their child may have varying degrees of involvement with the SASFs concerned, and may come into contact with more than one SASF during the pregnancy.

The health sector is a complex web of countless SASFs:

1) From the perspective of the relationship to childbirth, we have grouped into one overarching SASF, professionals representing the freedom of choice between the naturalness of childbirth and its various alternatives.
2) Another larger SASF is outlined around professionals arguing for the exclusivity of institutional births—health workers, obstetricians-gynaecologists, midwives, neonatologists—who in most cases are employed by a state-run hospital.
3) A third SASF can be grouped around the civil movements and organisations supporting home births, which are closely linked to the first of the above SASFs, i.e. the health sector's camp in favour of home births.

In the analysis, we have sought to identify the resources that the SASFs under study are able to mobilise to influence the social perception of home birth and the development of legislation. The following resources were identified:

A) The *professional authority* of '*official medicine*' on the part of professionals, mainly physicians and health workers, who argue for the exclusivity of institutional births, and the *internal procedures and operating rules (protocols) of hospitals*, which allow for the control of mothers in institutional settings and the emphasis on information they consider credible in the provision of obstetric care.

The position of midwives, and other health professionals who assist them in their work, vis-à-vis physicians is based primarily on the fact that they seek to provide a *higher level of 'attentive care'*, personalised, flexible support for low-risk pregnancies than institutional obstetric care, helping the natural, undisturbed process of childbirth.

B) The *conditions for financing* obstetric care *are different* for hospital and home births. Unlike institutional births, home births are not subsidised by social security, so the choice of home birth is not an option for everyone.

C) A major "knowledge card" for both SASFs is the *ethical justification* of the choice between the different forms of childbirth. On the side of those opposed to home birth, this is reflected in the emphasis on the risks and 'dangerousness' of home birth. On the side of midwives and home birth subjects, the ethical justification for home birth is partly based on the fact that the impersonal nature of hospital care and excessive interference in the birth process can have negative long-term effects on the mother, the baby and their relationship.

On the side of midwives and home birth subjects, the ethical justification for home birth is partly based on the fact that the impersonal nature of hospital care and excessive interference in the birth process can have negative long-term effects on the mother, the baby and their relationship.

D) An important resource for all SASFs is the provision of *access to the information* they represent, through various 'channels'. Attitudes towards gathering information and information provision were discussed under resources in the qualitative analysis, but their analysis is also closely linked to the sphere of emotional elements.

Professionals who advocate the exclusivity of institutional births convey their views on childbirth and home births mainly to parents during examinations and consultations during antenatal care, either in the public health service, as physicians on call or in private practices.

In contrast, professionals who emphasise the naturalness of childbirth and the freedom of choice provide access to information mainly through antenatal courses, their website and online discussion forums on home births, and through cooperation with NGOs.

Several homebirth interviewees referred to the high quality of the discussions and information provided by the midwives, comparing it with the negative experiences they had during medical consultations.

Information provision about home births is inconsistent among professionals. Both home birth subjects and midwives suggested that the negative perception of home birth among physicians may be influenced by the fact that physicians have no interest in promoting home birth, as if home birth were a more common option, physicians would lose out on significant income. They believe that this is partly why women who give birth are not informed about the option of home birth.

The subjects of the qualitative research on the quality of information experienced during antenatal care are home birth parents, and in many cases, they experienced downright discriminatory treatment by physicians, health workers and midwives involved in the care. Home birth respondents also reported receiving negative feedback from professionals involved in obstetric care about their choice of home birth, particularly obstetricians-gynaecologists and general practitioners.

97% of respondents to the questionnaire survey had contact with an obstetrician-gynaecologist during pregnancy/delivery. In terms of both information about obstetric rights and information about home birth (passive information seeking), it appears that parents at home received information mainly from midwives and doulas, while parents in hospital received information mainly from obstetrician-gynaecologists, midwives and midwives. Looking at overall satisfaction with the provision of information, satisfaction with GPs is the lowest. For general practitioners, more than half of the women who had contact with them were dissatisfied. For midwives and obstetricians-gynaecologists, the results were much more positive: more than 80% of those surveyed were satisfied with the quality of the information they provided. In the case of midwives and doulas, the overwhelming majority of women who gave birth expressed satisfaction with the quality of the information they received. The vast majority of those who had received information rated it as credible.

The data collected from both women giving birth at home and professionals confirmed that, apart from professionals involved in home births, the majority of health professionals do not inform parents about the possibility of giving birth at home, and some professionals explicitly express negative opinions about home births.

E) Other sources of information were also identified as a resource, under which the impact of the media on legal awareness and social perceptions of home births was examined. Both the women who gave birth at home, the midwives and the physician respondent, who was categorised as a supporter of home birth, referred to the influence of the media on the negative social perception of home birth, based on disinformation and ignorance. The vast majority (95.8%) of the respondents to the questionnaire survey consider that information from the media plays an important role in the negative social perception of home birth.

F) Resources included the 'advocacy network', the functioning and extent of which varies significantly between the SASFs surveyed. Several of the midwifery respondents highlighted that while midwives take responsibility at an individual level, for hospital

workers responsibility is collective and this difference is reflected in the type of liability insurance taken out. However, the fear of litigation and liability also emerged for physician subjects.

III.4 Preferred birth model and attitudes towards home birth

Attitudes towards the birth process and home birth are related to the above categories in several respects, but for the sake of clarity they are summarised here.

According to the findings from the interviews, home birth subjects and midwives perceive birth as a fundamentally safe, natural process that is preferable for both mother and baby. 'Lack of information' is cited as one of the main reasons for the negative perception of home birth, both among professionals and lay people. The majority of them do not believe that the mere creation of a legal situation, the creation of a law, can change the way society views the issue. In their opinion, professionals in Budapest are much more accepting of home births, but in rural areas there is still often a negative attitude.

There were large differences in attitudes towards home births between the medical subjects, which led to the classification of the subjects into three groups: *those who were against home births, those who were moderately against home births and those who were in favour of home births*. Subjects who view childbirth as a basically natural, physiological process are more accepting and supportive of home birth (moderately anti-home birth or pro-home birth group). However, there are also those who, despite a more natural approach, highlight their concerns about home birth. Physicians who see childbirth as a medical event with many risks are basically opposed to home birth (anti-home birth group).

Overall, based on the data from the home and hospital birth questionnaire, those who have given birth or plan to give birth at home perceive birth as a natural process and safer, especially during an epidemic situation, while those who view birth primarily as a medical event, as dangerous for both mother and baby, and as irresponsible are primarily those who give birth in hospital.

The vast majority of respondents (89.5%) have given birth or are planning to give birth in a public or private hospital and only 10.2% have given birth or are planning to give birth in their own or another person's home. In terms of attitudes towards home births, it makes sense that those who have given birth or plan to give birth at home are less likely to be opposed to home births than those who gave birth in hospital, as it is this positive attitude that may have contributed to their choice of this form of birth, while those who choose or have chosen to give

birth in hospital are more likely to be opposed to home births. There were no differences in the respondents' opposition to home births by age and place of residence. In relation to educational attainment, it is found that those with low levels of education are significantly more opposed to home births than average.

Mothers with more experience—three or more children—are significantly less opposed to home births than those with one or two children and also those who are currently expecting their first child.

Those choosing a hospital reported significantly more negative circumstances related to childbearing than those choosing home birth. The results therefore show that the presence of negative phenomena during pregnancy and other health problems may push women towards hospital births, which they are more likely to perceive as safer. Home births show lower miscarriage rates in all pregnancy categories, with a particularly striking difference for pregnancies of five or more. The higher miscarriage rate for hospital births suggests that those who are more at risk in this respect tend to choose hospital births, which are perceived as safer.

Here again, the information provided to those linked to public health care tends to increase the opposition to home births, while that provided to those linked to alternative births tends to reduce it.

When looking at the experience of hospital- and home-parents with information about the place of birth, it is also found in all cases that among those giving birth in hospital, those who were informed about possible alternatives to birth are significantly more opposed to home birth than those who were not. Those who had not been informed were around average to slightly above average, and those who had been informed were definitely above average in their opposition to home births. In this case, it is reasonable to assume that the information provided here also tended to draw attention to the dangers of home births, which led to an increase in the opposition to home births.

There is a coherence of opinion between the 'alternative approach' and perceptions of childbirth. For all three indicators of environmental awareness, the results show that those who consider environmental awareness to be important are significantly more accepting of home birth as a natural form of childbirth than less environmentally aware mothers.

At the outset of the research, we hypothesised that parents' decisions about obstetric care may be influenced by the type of information that is conveyed by the providers of antenatal care about alternatives to childbirth and their rights in relation to childbirth. It may also be influenced

by the level of awareness of parents in preparation for childbirth: whether they are interested in and informed about their birth options and rights through information channels other than the antenatal care professionals. Overall, the above findings confirm the preliminary hypotheses.

IV. List of publications

H. Szilágyi, István – Jankó-Badó, Andrea: Ha nem vagyunk úriemberek, azzal sincs baj... Adalékok a magyar ügyvédség önképének vázlatához. In: H. Szilágyi, István (Ed): Jogtudat-kutatások Magyarországon 1967-2017. Pázmány Press, Budapest, 2018. 323-354

H. Szilágyi, István – Badó, Andrea: Ha nem vagyunk úriemberek, azzal sincs baj... Adalékok a magyar ügyvédség önképének vázlatához. MTA LAW Working Papers, 2017/4.

H. Szilágyi, István – Jankó-Badó, Andrea: Ha nem vagyunk úriemberek, azzal sincs baj... Adalékok a magyar ügyvédség önképének vázlatához, Ügyvédek lapja, 2018. 37.évf 4. szám. 32-37.

In the English language: István H. Szilágyi, Andrea Jankó-Badó: Further Thoughts on the Self-image of the Hungarian Attorneys. International Journal of Law and Society, 2019. Vol. 1. No. 4 137-149.

Andrea Jankó-Badó: A jogtudat-kutatások emberképe, valamint pszichológiai összefüggései vizsgálatának lehetséges indokai. Iustum Aequum Salutare, 2017. XIII 3 183-200.

Andrea Jankó-Badó: Az otthonszülés empirikus jogszociológiai vizsgálata. A jogot közvetítő társadalmi erőtér hatásainak elemzése kvalitatív interjúk tükrében. Acta Universitatis Szegediensis (Acta Juridica et Politica) 2022. (Under publication)

Andrea Jankó-Badó: Bábák és orvosok jogtudatának kvalitatív vizsgálata. SZTE ÁJTK, CLWP. 2022 (Under publication)

Andrea Jankó-Badó: A szülészeti jogokkal kapcsolatos attitűdök nemzetközi empirikus vizsgálata. SZTE ÁJTK, CLWP. 2022 (Under publication)