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Limiting Queer Reproduction in Hungary

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Abstract

This article discusses several limiting factors that affect queer reproduction desires and practices in present-day Hungary, including distorting media representations, legislative frameworks, and social inequalities. It draws on relevant legal developments and results from previous research studies. The article focuses on how Hungarian LGBTQI people can resist the social norms and policies of heteronormatively prescribed childlessness resulting from normative expectations that non-heteronormative reproduction must be limited as much as possible, and highlights that better-off couples and individuals have more chance to realize their fertility plans through adoption, surrogacy or accessing ART than those in a more disadvantageous situation. In this context queer reproduction can also be seen as potentially contributing to the re-stabilization of reproduction as a feature of privilege.

Keywords: queer reproduction, limiting factors, Hungary, European surveys

Introduction

'A Hungarian homosexual couple managed to circumvent the Hungarian law and become parents via surrogacy in Canada.'[2] – This is how a news discussion program on 'Surrogacy is illegal in Hungary' by the Hungarian Christian-conservative ECHO TV[3] on the evening of 22 June 2018 started. The presenter invited Tamás Dombos, board member of the Háttér Society,[4] the largest and oldest, currently operating Hungarian lesbian, gay, bisexual, trans, queer, intersex (LGBTQI) NGO, to discuss surrogacy issues, triggered by the news that a Hungarian gay couple had entered into a surrogacy arrangement with a Canadian woman, and had had a baby. The presenter asked what the Háttér Society's views were about this illegal arrangement. Dombos countered by saying that altruistic surrogacy is in fact not illegal in Canada. The presenter tried repeatedly to suggest that homosexual male couples are 'to blame' for the use of surrogacy, even though Dombos emphasized that the great majority of Hungarians who use surrogate services

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[2] Source: 'Napi aktuális', 22 June 2018, at https://www.echotv.hu/adasok/2018/06/22/dombos-tamas/13348, accessed 18-09-2018.

[3] Echo Television, a Hungarian private news broadcasting channel, was bought by a childhood friend of Hungarian Prime Minister Viktor Orbán in late 2016. In 2017 the channel got a new corporate identity of being the newest "Christian-conservative' Hungarian media outlet as it was described by the leading pro-government daily (Source: https://magyaridok.hu/belfold/hazank-legfrissebb-televizioja-lett-kereszteny-konzervativ-echo-2533918/ – Magyar Idők, 5 December 2017; accessed 18-09-2018).

[4] Source: http://en.hatter.hu/about-us, accessed 18-09-2018.

abroad are different-sex couples and that there are only a handful of cases where same-sex couples have used such services as far as is known to the Háttér Society. Dombos also stated several times that the Háttér Society has no position on surrogacy as this is still subject to on-going debate among its members and that there is no uniform standpoint on this issue in the Hungarian LGBTQI community.

Reiterating that the use of surrogacy is limited to a small number of cases, Dombos pointed out that there are a large number of children in Hungary up for adoption and still waiting for parents to adopt them, while joint adoption for same-sex couples is not allowed. He added that research studies conducted by or with the cooperation of the Háttér Society show that families including same-sex couples or LGBT individuals and their children are numerous and on the increase in Hungary despite the unfavorable legal environment.

Dombos remained calm throughout even though the presenter tried repeatedly to hold same-sex couples responsible for the phenomenon of surrogacy, likening it to human trafficking and slavery. Almost at the end of the discussion the presenter raised another case where a lesbian couple entered into a surrogacy agreement with a woman but when it turned out that the surrogate pregnancy would lead to the birth of a baby with Down's syndrome, a legal dispute ensued, as the lesbian couple tried to force the surrogate mother to have an abortion.[5] 'Do you think that it is morally right to help gays in these ways to have children?', was one of the final questions posed by the presenter. 'Let's not pretend that these are gay-specific issues,' Dombos replied and added that any legislation on this matter should pay attention to the interests of the child born through surrogacy, those of the biological mother and those of the couple that entered into an arrangement with the surrogate mother.

This program illustrates very well some of the different kinds of limiting factors affecting queer reproduction desires and practices in present-day Hungary, including its legislative frameworks, social inequalities and distorting media representations. The program tried to present the issue of same-sex parenting rights as unfounded, immoral claims: the presenter, with hardly concealed indignation, seemed to push an agenda, focusing on the perceived immorality of selected same-sex parenting arrangements such as surrogacy, while the invited board member of the Háttér Society kept resisting this framing.

Access to and attitudes toward assisted reproductive technologies (ART)

In present-day Hungary surrogacy is illegal but the Hungarian Health Care Act (Act no. CLIV of 1997) was supposed to have regulated it in two articles that have, however, never been implemented (Navratyl, 2010). The first regulations of ART were included in the Hungarian legal system in 1981. Detailed guidelines followed only in a ministerial decree of 1998 (Navratyl, 2011:120) which is still in operation. According to this decree access to ART, including in vitro fertilization (IVF), is legally restricted to married and different-sex cohabiting couples or single women who cannot have children in the natural way due to a health problem or their age. IVF with donor eggs is also strictly regulated regarding who can serve as an egg donor. Up to five IVF

[5] Even though details of this case were not provided in the program, it is most probably about an American case involving two lesbian couples, where the intended mothers indeed threatened the surrogate mother with a lawsuit to terminate her pregnancy when it turned out that the baby would be born with Down's syndrome. However, the lawsuit was never pursued. At the same time the surrogate mother and her wife decided to keep the child as their own. Sources: https://www.huffingtonpost.com/keston-ottdahl/why-surrogacy-laws-must-b_b_9413418.html; https://abcnews.go.com/Lifestyle/surrogate-mom-baby-syndrome-toddler-hitting-milestones/story?id=38486518, accessed 18-09-2018.

cycles may be covered by state funding within the mandatory health insurance framework. Medical egg freezing, i.e. egg cryopreservation for medical purposes, is legal and available, while preserving fertility through elective egg freezing is not available for women in Hungary (Sándor et al., 2018). Egg cryopreservation for trans people is not available either, unless they are willing to use high-cost private medical services that can often only be accessed abroad.

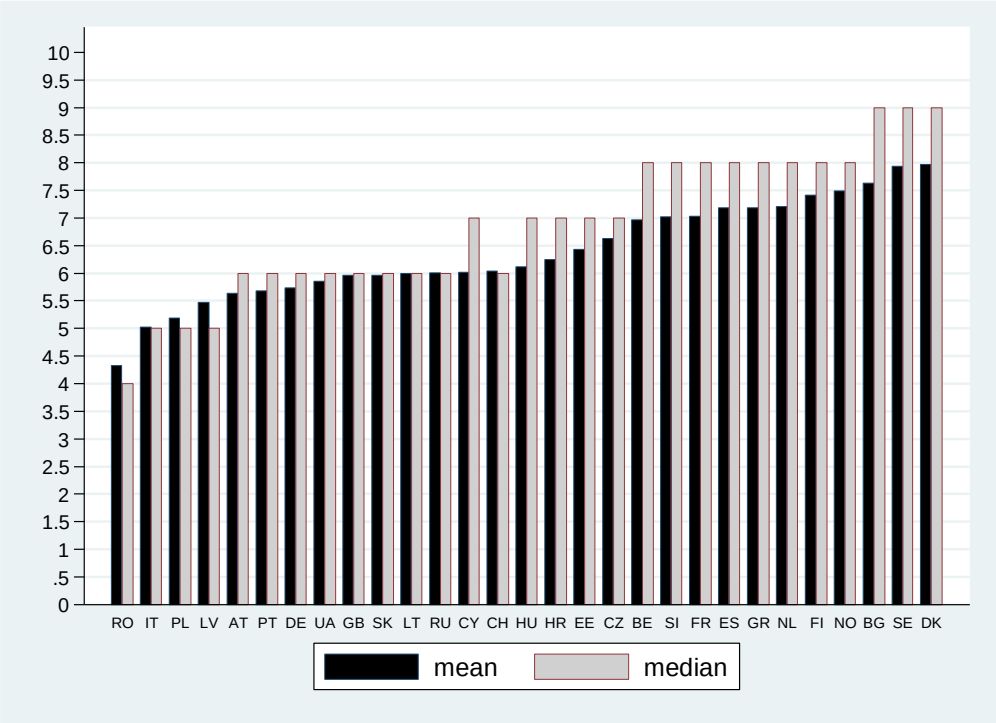
In the 21st century childless people form a very heterogeneous group. They experience childlessness in different, in some cases concurrent, temporal, motivational and normative dimensions. We can distinguish temporary and definitive childlessness, as well as voluntary, involuntary, and – at least in certain countries, including Hungary – (hetero)normatively prescribed forms of childlessness (Szalma and Takács, 2015). Heteronormatively prescribed childlessness is the result of normative expectations that non-heteronormative reproduction should be limited as much as possible. Such expectations are put into practice by discriminatory legal frameworks and social policies that can make queer reproduction practices particularly difficult, sometimes completely illegal, or prohibitively expensive.

Recent and not so recent developments in biotechnology and medical procedures have made it possible to an unprecedented extent for people who would previously have remained childless, including same-sex couples, to achieve parenthood with the help of artificial insemination, in-vitro fertilization and surrogate motherhood. The focus of this article is on how LGBTQI people can resist the social norms and policies of heteronormatively prescribed childlessness in Hungary, one of those countries where socially supportive responses to biologically determined cases of non-intentional childlessness, such as providing easy access to assisted reproductive technologies (ART) and adoption, can greatly differ from socially prescribed cases of non-intentional childlessness, characterized by constraining regulations regarding the child-bearing and child-rearing possibilities of certain categories of people, including same-sex couples and LGBTQI individuals.

Social attitudes toward artificial insemination and IVF vary widely across Europe. Figure 1 shows the 2008 results of the European Values Study (EVS), a large-scale representative survey. This measures the agreement level of respondents from 29 European countries to the statement that artificial insemination or in-vitro fertilization can – always or never – be justified.[6] Figure 1 shows that the most negative views were expressed in Romania (having a median value of 4), while the most positive ones were from Bulgaria, Sweden and Denmark (having median values of 9). In this comparison attitudes toward artificial insemination and IVF were positive in Hungary (similar to Cyprus, Croatia, Estonia and the Czech Republic: all had median values of 7).

[6] The variable was measured on an eleven-point scale, where 10 meant that it *can always be justified*, and 0 meant that it *can never be justified*. See https://europeanvaluesstudy.eu/methodology-data-documentation/previous-surveys-1981-2008/survey-2008/, accessed 18-09-2018.

Figure 1. Social acceptance of artificial insemination/in-vitro fertilization in Europe (2008).



Source: European Values Study 4th round (Szalma 2014: 48).

There is also great variation regarding access to ART for lesbian couples in Europe. In quite a few European countries it is legally possible. According to the *Rainbow Europe Index 2018* in the following thirteen European countries couples regardless of the partners' sexual orientation and/or gender identity do not face any legal barriers to fertility treatment (medically assisted insemination): Austria, Belgium, Denmark, Finland, Iceland, Ireland, Luxemburg, Netherlands, Norway, Portugal, Spain, Sweden, and the UK (ILGA-Europe 2018). Act no. 175 of the Hungarian Penal Code which bans the commercialization of human tissue and body material can, at least in theory, also be applied to those persons, including lesbian couples, who use artificial insemination at home, with sperm made available by friends or acquaintances.

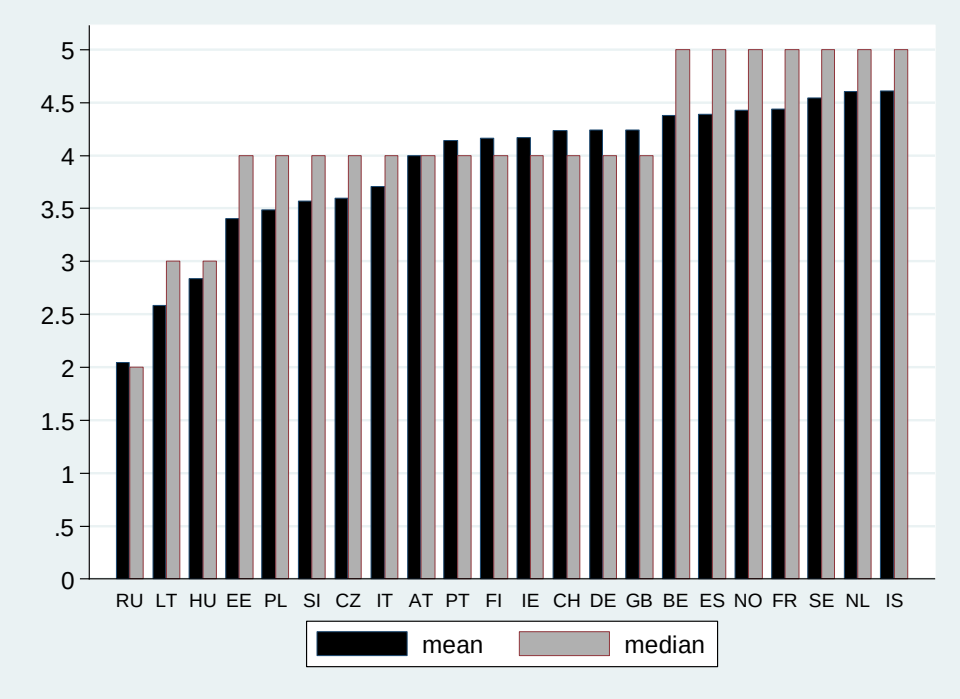
Limited acceptance of non-heteronormative lifestyles

In 21st century Europe Hungary belongs to those societies where the acceptance of the freedom to lead non-heteronormative lifestyles is not at all well developed. This plays an important role in the functioning of social exclusion mechanisms affecting Hungarian LGBTQ people (Takács, 2015). Figure 2 gives an overview of the 2016-17 European Social Survey results measuring the agreement levels of respondents from 22 European countries to the statement that 'Gay men and lesbians should be free to live their own life as they wish.'[7] Figure 2 illustrates that among the examined societies the greatest level of social acceptance of gay men and lesbian women was expressed in Sweden, the Netherlands, and Iceland, while the lowest levels of

[7] In the context of this variable 'freedom of lifestyle' refers to being 'free/entitled to live as gays and lesbians'. The variable was measured on a six-point scale, where 0 meant strong disagreement, and 5 meant strong agreement. See https://www.europeansocialsurvey.org/methodology/ess_methodology/source_questionnaire/, accessed 18-09-2018.

acceptance were expressed in Russia, Lithuania and Hungary. Previous comparative studies provided empirical evidence that levels of homophobia do not only depend on individual respondent traits such as age, gender, education, religiosity, etc., but certain country-level predictors can also be identified. Satisfaction with democracy, the introduction of same-sex partnership legislation, and the weakening of traditional gender beliefs were shown to have a significant positive relationship with the social acceptance of gay men and lesbian women in Europe (Takács and Szalma, 2011, 2013a).

Figure 2. Social acceptance of gay men and lesbian women in 22 European countries (2016-17).



Source: European Social Survey, 8th round.

In the fourth wave of the European Values Study, conducted between 2008 and 2010, a new variable was introduced, measuring the agreement level with the statement that 'homosexual couples should be able to adopt children'.[8] Analyses of the EVS dataset, including 28 European countries, showed that levels of social acceptance toward adoption by same-sex couples differed considerably across Europe, while the main findings indicated a very significant relationship between increased social acceptance and the existence of legislation permitting same-sex adoption practices (Takács et al., 2016). Regarding the effects of individual-level demographic features, only gender, age, and childlessness seemed to matter, indicating that women, people younger than 30, and those without children were more likely to support same-sex adoption than others. Regarding country-level features, support for adoption by same-sex partners was relatively high

[8] Source: https://europeanvaluesstudy.eu/methodology-data-documentation/previous-surveys-1981-2008/survey-2008/, accessed 18-09-2018. Unfortunately researchers rarely have the chance to influence the construction and wording of survey variables they use, while in many cases, including this one, it would be instructive to be able to reconstruct the meaning attribution processes and assumptions on the basis of which the questions were developed (Szalma and Takács, 2013a).

in liberal and social democratic welfare countries, in countries which institutionalized adoption for same-sex parents, and with high levels of gender equality, such as Iceland, the Netherlands, and Sweden. At the same time Southern European familialist countries such as Cyprus and Greece stood out in terms of opposing the idea of same-sex adoption.

Unfortunately the Hungarian version of the 4th wave EVS questionnaire included a slightly different statement with the opposite meaning, saying that 'homosexual couples **should not** be allowed to adopt children'. Since methodologically the two statements are incomparable even if the scale is reversed, the Hungarian data could not be compared to the results of the other countries in the survey. A separate analysis of the Hungarian dataset indicates that (female) gender, younger age, left-leaning political orientation, being childless, higher levels of acceptance of homosexuality, and interpreting the issue of having children in the context of free choice of individual life strategies rather than some sort of patriotic duty[9], were factors that significantly correlated with support for adoption by same-sex couples among Hungarian respondents (Takács and Szalma, 2013b).

In Hungary meanings attached to homosexuality can vary greatly as has been shown by a survey commissioned by the Hungarian Equal Treatment Authority. This highlighted major differences between a representative population sample (N=1000) and a lesbian, gay, bisexual and transgender (LGBT) community sample (n=200) concerning the social categorization of homosexuality (EBH 2011). In the representative sample the highest level of agreement was found with the view that homosexuality is a 'private matter', closely followed by the definition of homosexuality as a 'form of behaviour deviating from social norms and rules'. Defining homosexuality as a 'form of sickness' and the view that 'having a same-sex partner is a basic human right' reflected the same, moderately high level of agreement, while the definition of homosexuality being a sin had the lowest level of agreement. On the other hand, LGBT respondents expressed the highest level of agreement with the statement that 'having a same-sex partner is a basic human right', followed by a similarly high level of agreement with defining homosexuality as a 'private matter'. Defining homosexuality as a 'form of behaviour deviating from social norms and rules' had a medium level of agreement, while definitions of homosexuality as a form of sickness or sin were largely rejected. The differing categorization preferences among the LGBT and the representative samples reflect different sets of interpretational frameworks related to homosexuality: while the human rights-based approach becomes very relevant in the LGBT responses, among non-LGBT respondents the medicalization approach remains influential, despite the decades-old arguments of the WHO and other professional bodies, emphasizing that homosexuality is not an illness.

About half (49%) of the LGBT respondents expressed the opinion that during the first decade of the 21st century there were important improvements concerning the social acceptance of LGBT people in Hungary, while 23% saw not only a lack of improvement, but also negative developments (EBH, 2011). The improvements included the introduction of same-sex registered partnership legislation in 2007 (which has been in operation since July 1, 2009), the establishment of the Equal Treatment Authority in 2005, and equalizing the age of consent in same-sex and different-sex sexual relationships in 2002. Respondents also referred to the functioning of LGBT NGOs and informal communities as well as the annual organization of the Pride march as important positive features. On the other hand, the list of negative developments included references to intensifying violence in society, including the violent attacks against the Pride

[9] This aspect was measured by the level of agreement with the statement that *'it is a duty towards society to have children'.*

marches since 2007; increasing levels of social intolerance, homophobia and xenophobia; lack of political support and the danger of reversal concerning the already achieved rights and legal protection for LGBT people.

Similar to other state-socialist (and not only state-socialist) countries, trans people have historically been – and to a great extent continue to be – largely invisible in Hungary. Further, state institutions were for a long time highly reluctant to deal with trans issues (Kuhar et al., 2018). In 2018 there are still no laws or lower-level legislation regulating gender recognition and access to gender-affirmation treatments in Hungary. At the same time, this lack of legislation provided state institutions with a significant degree of flexibility, so that the relevant bodies were able to establish procedures more responsive to human rights concerns that have been raised only recently in most western European countries (see, for example, the issue of compulsory sterilization – TGEU, 2018).

In state-socialist Hungary there was no health care system for transsexual people.[10] In the early 1990s, when the first gender re-assignment surgeries took place, the rule was that in order for a person to change their birth certificate and other official documents, they should have undergone irreversible changes. This unfair arrangement, requiring trans people to go through a medical process without any help or recognition, was abandoned partly because of the high rate of unsuccessful surgeries. Current practice, since 2004, leaves surgery as an option for which the state takes no responsibility. Access to adequate health care for trans persons is still severely limited by the lack of standards and guidelines concerning their treatment, and trans topics are not adequately included in the medical training curricula either. The low number of care providers results in limited choice and heightened vulnerability.

The replacement of documents such as ID cards, passports, driver's licenses, diplomas and work permits is adequately performed after the new birth certificate, containing no reference to previous gender, is issued. However, since the current practice is not legally codified, it lacks clarity, accessibility and transparency, and carries a significant risk of arbitrariness. Regarding parenthood recognition, the gender identity of a trans parent on their child's birth certificate is not recognized in Hungary.[11]

According to the Civil Status Registration Act (Act no I. of 2010), registering a change of gender (thus amending a birth certificate) has to be refused if the applicant is married or has a registered partner.[12] Thus in order for a spouse or registered partner to have their new gender officially recognized they have to divorce. Divorce procedures can take a long time, especially if the parties do not agree on all aspects of the divorce (such as agreement over custody of child/ren and child or spousal support, the separation of joint marital property), and have not been previously separated. If the couple wants to maintain their relationship, they have to divorce first, have the gender marker officially changed, and only then enter into a registered partnership or marriage based on their new gender. This leads to unnecessary administrative hassle (such as going to court, paying divorce fees, holding a marriage or registered partnership ceremony) in order to maintain a legal relationship that they have no intention of terminating. At the same time rights that are

[10] In an expert interview I conducted with a leading psychiatrist in 2003 as part of the first social scientific study of the situation of transgender people in the social and health care system in Hungary, he mentioned the case of a state-socialist party leader's transgender child who had to be moved out of Hungary in secrecy, and treated 'somewhere in the west'. For more details about this study see Solymár and Takács (2007).

[11] Only four European countries recognise the gender identity of a trans parent on their child's birth certificate: Belgium, Malta, Slovenia, and Sweden (TGEU 2018).

[12] I would like to thank Eszter Polgári for her continuous support in helping me to navigate the Hungarian legal landscape relevant to LGBTQI issues.

conferred upon spouses or registered partners following a certain length of marriage or registered partnership are not granted, as the length of the previous registered partnership or marriage is not taken into consideration.

Regarding state control of queer sexuality in Hungary, same-sex sexual activity between consenting adults was decriminalized in 1961. However, there have been several manifestations of institutionalized discrimination against LGBTQ citizens, including different ages of consent for same-sex and different-sex partners before 2002, and the present lack of legal institutions such as same-sex marriage or any forms of joint adoption by same-sex couples, the lack of legislation on gender recognition, disproportionately low funding for gender-affirmation treatments for trans persons, and an exclusionary definition of family – being based on marriage and the relationship between parents and children – in the fourth amendment to the Fundamental Law in 2013.[13]

A family law institution for same-sex couples was provided by the Act on Registered Partnership and Related Legislation and on the Amendment of Other Statutes to Facilitate the Proof of Cohabitation (RPA).[14] It was adopted by the Hungarian Parliament in May 2009 and entered into force on 1 July 2009. The aim of the RPA was to provide a constitutionally acceptable institution for same-sex couples; the law established a general equivalence between marriage and registered partnership with a few notable exceptions. A general reference rule in Article 3 (1) stipulates that unless the RPA otherwise provides or explicitly excludes the application of it, the rules governing marriage shall be applied to registered partnerships as well. The RPA specifies three areas where this general reference rule is not applicable: 1) registered partners cannot jointly adopt a child, registered partners cannot adopt each other's child, and the presumption of paternity is not applicable for registered partners; 2) the rules on bearing each other's name cannot be applied; and 3) registered partners cannot take part in assisted reproductive services.

The number of same-sex registered partnerships remains relatively low: between July 1, 2009 and December 31, 2017 altogether 541 (352 male and 189 female) same-sex couples entered into registered partnership in Hungary (KSH 2018). The low number of female same-sex registered partnerships can partly be explained by the institutional discrimination regarding the impossibility of assisted reproduction for women living in a lesbian partnership.[15]

Rainbow families on the rise

At the same time Hungarian research findings show that the number of families composed of same-sex parents and their children is increasing. According to a Hungarian LGBT survey (Dombos et al., 2011), in 2010 there was a fair number of practicing parents among the 2168 respondents: more than 10% (226 persons) had their own child(ren), 5% took part in raising their partner's child(ren), 3% of respondents were members of classical rainbow families, i.e. families where two same-sex parents are raising child(ren), and a further 3% were single LGBT parents. The great majority (82%) of the children were from previous heterosexual partnerships. Among the rainbow families two respondents reported that they used a medical facility to obtain artificial

[13] The highest-level source of law in Hungary is the Fundamental Law (FL) (originally introduced on 25 April 2011) from which all branches of law, including marital and children's laws, derive. Article L of the FL states that '*(1) Hungary will protect the institution of marriage as the union of a man and a woman established by voluntary decision, and the family as the basis of the survival of the nation. Family ties will be based on marriage and/or the relationship between parents and children. (2) Hungary will encourage the commitment to have children. (3) The protection of families is regulated by a Cardinal Act* [Act no. CCXI of 2011]'.

[14] Act no. XXIX of 2009.

[15] See also Article 167 of the Hungarian Health Care Act (Act no. CLIV of 1997).

insemination, whereas a further four respondents applied artificial insemination at home. There was also one child who entered a family via adoption.

In terms of future plans for having children, more than half of the respondents (54%) stated that they would like to have a child, while 38% did not want to raise a child, and 8% already had a child or children and did not want to have any further children. Regarding the motivation of those who did not want to have children unfavorable legislation combined with negative social attitudes played a large role in their decision: 33% found that realizing a 'child-project' would be too complicated, 26% were concerned that the child would suffer some disadvantage, while 11% were expressly held back by the lack of legal possibilities. Altogether 7% of respondents stated that they did not want children because they did not value raising children or because they did not like children. The desire to have children was significantly greater among female respondents (65%) than among male respondents (49%). This result can in part be explained by the perception that it is easier for lesbians to get on with their 'child-project'; this was also evident in the result that 80% of those who rejected the idea of having a child responding that it is 'too complicated' were male respondents.

Regarding the method of having children, artificial insemination or surrogacy were the preferred options among the respondents (38%), followed by adoption (25%) and co-parenting (22%), i.e. an arrangement, where a person can have a child together with another lesbian or gay person or couple. Male respondents chose surrogacy and adoption in equal proportion (34%), whereas female respondents preferred artificial insemination (46%) much more rather than adoption (12%). These results may reflect the difficulties same-sex male couples may face when deciding to have children. At the same time – mainly in the case of women – the importance of the biological bond can also play a role. This is supported by the result that 60% of the sample agreed with the statement that it '(would be) important that there was a biological bond with their child'.

In this context it should also be noted that LGBT persons can represent a particularly important resource as potential parents for 'problematic' adoption cases, when children can only be placed with great difficulty. A Hungarian study analyzing national adoption applications submitted to a main state adoption agency found certain pre-selection mechanisms in place in the adoption process that adversely affect mainly Roma children, those with certain health problems, and children older than three (Neményi and Takács, 2015). In the 2010 survey (Dombos et al., 2011) close to three quarters (73%) of the LGBT respondents stated that they would gladly adopt a child older than three years, and 47% would have had no objection to adopting a child with Roma origin either; at the same time 81% stated that they would not dare to accept responsibility for a child with serious health problems.

The great majority of the LGBTQ+ respondents (88%) agreed that 'same-sex parents are just as suited to raising children as different-sex parents'. This conviction was also reflected in the respondents' views on the legal changes that were thought necessary: nine tenths of respondents were in agreement with legislative efforts to ease having children and/or to put the legal situation of rainbow families into order. In terms of specific issues, the liberalization of artificial insemination received the greatest support (93%) among all respondents, while suggestions to allow surrogacy had less (86%) support. An overwhelming majority of female respondents (91%) agreed with allowing surrogacy, this being a greater proportion of agreement than among male respondents (82%).

The diverging attitudes of LGBTQ+ respondents identifying as women and men in connection with having children were also reflected in the following results (Takács and Dombos, 2012): while altogether 57% of male respondents thought that easing the ways of having children

for same-sex couples should be one of the main goals LGBTQ+ NGOs should prioritize, this proportion was 83% in the case of female respondents. Accordingly the topic of having children appeared well ahead in the order of priorities women had compared with those of men.

According to a 2016 Hungarian LGBTQ+ community survey, the number of families composed of same-sex parents and their children is increasing, as is the number of those who intend to start a family (Háttér, 2017). 26% of 1249 respondents aged 26 and above were either parents or co-parents. A further 9% of the respondents had already taken specific steps toward having a child, while 62% of respondents reported on their plan to have children in the future. In comparison to 2010, the proportion of LGBTQ+ respondents whose children were from previous heterosexual partnerships decreased from 82% to 64%. At the same time a greater proportion of respondents reported having children as a member of a same-sex couple: 27% had children by obtaining artificial insemination (12% in a medical facility, and a further 15% applied artificial insemination at home), 4% adopted a child or children, and 3% had a child via surrogacy arrangements.

Even though adoption by same-sex couples is not a legal option in Hungary, LGBTQ+ persons can adopt children individually. However, the legal situation of children raised by same-sex couples remains problematic due to the lack of recognition of both partners as their parents: second-parent adoption (when one partner can adopt the child or children of the other) would be a practical solution since it is better for children to have two legal parents than one.[16]

The Child Protection Act (Act no. XXXI of 1997) in its article regulating child adoption practices gives priority to married couples. This can be interpreted as a means of reconstructing an imagined traditional nuclear family form. Previous studies have highlighted that discrimination in the Hungarian adoption system is a multidimensional issue which starts with the law prioritizing certain family forms, while excluding others (Neményi and Takács, 2015). However, single women and men are not excluded from adoption by law. The ethnic homogeneity of Hungarian families can be altered through successful adoption practices, as can planned one-parent families, and families including same-sex couples where a child or children is/are adopted by one of the partners can be constructed. At the same time there is also class-based discrimination in the Hungarian adoption system, when children of the disadvantaged are moved into more well-to-do families. It seems to be a general feature that better-off, i.e., wealthier, internationally more mobile, better-educated and well-informed couples and individuals have more chance to realize their fertility plans through adoption, surrogacy or accessing ART than those in a more disadvantageous situation, irrespective of their sexual orientation or gender identity.[17]

The year of (white, cisgender, straight, affluent) families

Queer reproduction and parenting issues are inseparable from the social definitions of kinship relations. Normative expectations about kinship relations are reflected in social and family policy measures that can have serious practical implications for the lives of individuals, couples, and the children raised by them. In many societies, including Hungary, one of the main reasons

[16] See, for example, Judith Stacey's observation: 'It appears that on average two parents who get along and are decent parents are better than one, but that it is the quality of the parenting not the gender of the parents or even the number of the parents that is the most important factor' (Kuhar and Takács, 2011: 143).

[17] A similar argument is made by Dahl (2018), when referring to the privileged character of queer family-making in Sweden.

for the fierce opposition expressed against these practices is that allowing them would also mean the redefinition of kinship relations and the embracing of newer family types.

2018 was declared the 'year of the families' in Hungary by Prime Minister Orbán and his right-wing populist government, characterized by demography-focused governance,[18] i.e., a demographically-motivated approach to family policy that keeps revolving around the single issue of increasing the Hungarian birth rate. One might naively think that the 'planned parenthood'[19] strategies of Hungarian LGBTQI people could be harnessed in a joint struggle to achieve the coveted increase of the Hungarian population. However, during the last decade the Orbán-governments' policies and statements outlined a well-defined target group of white, cisgender, straight(-acting), affluent middle-class people whose reproduction is worthy of encouragement with legislative frameworks, tax and other benefits.

The political forces led by Mr Orbán keep winning elections, three times in a row now, and their achievements are numerous. They have successfully created an increasingly xenophobic[20] and sexist social climate,[21] where academic freedom is threatened, gender studies programs are banned[22] and anti-gender campaigns are elevated to the level of state policy (Paternotte and Kuhar, 2018). They have managed to develop a social environment contributing to the continuous emigration of a large number of working-age Hungarians, mainly to other EU countries.[23] However, the government does not seem to be able to manage to live up to their own expectations about 'solving the population problem'.

In early November 2018 when the latest national consultation survey[24] on the 'protection of families' was launched, it was reiterated that 'the Hungarian government does not want to solve Hungary's population problem with migration as several European countries do, but by supporting Hungarian families raising children and young people starting families.'[25] In this context strategies for queer reproduction might be limited but are surely not impossible: heteronormatively prescribed childlessness can be overcome in different ways that might (technologically) destabilize reproduction and at the same time (ideologically) re-stabilize it as a feature of privilege.

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[18] Two days after the Hungarian national elections bringing the third consecutive two-thirds majority victory for Prime Minister Orbán, the government spokesperson declared that demography is the most important Hungarian national strategy issue. Source: https://www.hirado.hu/belfold/belpolitika/cikk/2018/04/10/a-demografia-a-legfontosabb-nemzetstrategiai-kerdes-kovacs-zoltan-szerint, accessed 18-09-2018.

[19] In 2009 a new Hungarian movement was started for fostering the birth of desired and planned children that should be supported by governmental means. Source: http://www.kormany.hu/hu/emberi-eroforrasok-miniszteriuma/csalad-es-ifjusagugyert-felelos-allamtitkarsag/hirek/oteves-a-tervezett-gyerekek-megszuleteset-tamogato-harom-kiralyfi-mozgalom, accessed 18-09-2018.

[20] See, for example, Messing–Ságvári (2018).

[21] According to the Gender Equality Index 2017, produced by the European Institute for Gender Equality, Hungary, characterized by the worsening of gender equality between 2005 and 2015, is ranked 27th out of the 28 EU Member States. Source: https://eige.europa.eu/gender-equality-index/2015/HU, accessed 18-09-2018.

[22] See, for example, https://edition.cnn.com/2018/10/19/europe/hungary-bans-gender-study-at-colleges-trnd/index.html, accessed 18-09-2018.

[23] The population of 20-65 year-old Hungarians living abroad grew by more than 200,000 people between 2010 and 2017 (Hárs, 2018: 87).

[24] For previous rounds of national consultation surveys, see https://fnf-europe.org/2017/11/23/national-consultation-campaigns-in-hungary/, accessed 18-09-2018.

[25] Source: International Communications Office, Cabinet Office of the Prime Minister (November 6, 2018) http://abouthungary.hu/news-in-brief/government-to-send-out-national-consultation-on-the-protection-of-families-this-week/, accessed 18-09-2018.

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