



The EU Mutual Learning Programme in Gender Equality


Gender Equality, Mental Health and Gender Mainstreaming Health Policies

Online, 18-19 November 2021

Comments paper – Hungary



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This publication is supported by the European Union Citizens, Equality, Rights and Values Programme (2021-2027).

This programme is implemented by the European Commission and shall contribute to the further development of an area where equality and the rights of persons, as enshrined in the Treaty, the Charter and international human rights conventions, are promoted and protected.

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Lack of gender mainstreaming and sufficient attention at youth's mental health

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Abstract:

Gender mainstreaming is not adopted by the Government in Hungary, therefore it is missing from most of its (mental) health policies. Sex-disaggregated statistics are available to a limited extent. Research results regarding excessive social media use and gaming among adolescents in Hungary are in accordance with international findings. The Hungarian policies have a long way to go in terms of accounting for gender equality as well as giving appropriate attention to children and young people's mental health.

1. National context

The UN Committee on the Elimination of Discrimination against Women (CEDAW) made the following observation in their report about Hungary in 2013: "The Committee also notes the explanation of the State party during the constructive dialogue that increasing the population is the main priority of the State party's policy. The Committee is, however, concerned that taking this direction may represent a regressive approach to gender issues. The Committee is further concerned that taking this direction increases the prevalence of gender stereotypes by portraying women mainly, if not exclusively, in the role of mothers and caregivers."¹ To this concern, the Government answered in a report to CEDAW, in 2020: "The social equality between men and women should be treated from a family perspective, because the primary difference is not the female or male nature, but rather the fact that they are raising a child or not. Family policy measures support mothers and future mothers especially in the area of employment, social protection, and it doesn't limit the equality rights of women. The Hungarian Government gives the freedom of choice to women in deciding about their family life and career and do not imposes traditional roles on

¹ Committee on the Elimination of Discrimination against Women: Concluding observations on the combined seventh and eighth periodic reports of Hungary, adopted by the Committee at its fifty-fourth session (11 February–1 March 2013), CEDAW/C/HUN/CO/7-8, 26 March 2013, available at: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fHUN%2fCO%2f7-8&Lang=en

them.”² In this line of reasoning, women are only considered to be family members and current or future mothers, therefore, the Government policies picked up the ‘family mainstreaming’ discourse instead of gender mainstreaming. It is in accordance with its priority of demographic increase over else and became the red thread in policy document. Family mainstreaming is not used as a subsidiary tool, but as a substitute for gender mainstreaming via refusing to consider women as entities independent of families.

1.1 Gender mainstreaming in health policies

The current health policy of Hungary is formulated in the Healthy Hungary 2021-2027 Healthcare Sectoral Strategy³, dated from January 2021. Gender, gender-equality or gender-specific needs, issues are not specifically mentioned in it. It needs to be highlighted, that the Hungarian language is gender neutral in the sense that nouns and personal pronouns do not have a gender. Therefore, the language of this and any other policies is gender neutral as long as women or men are not specifically mentioned. Topics related separately to women and men are only marginally indicated in the form of preventive screening campaigns for illnesses relevant for females (breast and cervical cancer). This strategic document does not contain concrete targets or indicators nor any information on the monitoring system, therefore it is not possible to evaluate if gender sensitive indicators are going to be followed up or not.

The Hungarian Central Statistical Office’s latest report⁴ about the health of the Hungarian population contains gender-separate statistics, nevertheless, mental health is only touched upon in a section on subjective well-being and a short paragraph on depression. The mental health of children and adolescents is not included. It could be assumed that there is no available data below the age of 15, however, the website of the Statistical Office contains information at least on mental health and behavioural problems in the 5-14 age group.

1.2 Gender mainstreaming in mental health policies

As a preparatory step for the above-mentioned sectoral strategy, in December 2018, the Government approved⁵ 5 thematic national healthcare programmes for the period of 2019-2030, and one of them was the **National Mental Health Programme**. At the

² Ninth periodic report submitted by Hungary under article 18 of the Convention, due in 2017. Available at: <https://digitallibrary.un.org/record/3900139?ln=en>

³ Emberi Erőforrások Minisztériuma (2015) “Egészséges Magyarország 2014-2020” Egészségügyi Ágazati Stratégia. Available at: <https://okfo.gov.hu/documents/20182/0/Eg%C3%A9szs%C3%A9ges+Magyarorsz%C3%A1g+strat%C3%A9gia/af67e108-7f2e-437c-bf2f-d16590cf3a7f>

⁴ Central Statistical Office (2019) Health situation, 2019. Available at: https://www.ksh.hu/apps/shop.kiadvany?p_kiadvany_id=1063993&p_temakor_kod=KSH&p_lang=HU

⁵ Government decision on national healthcare programmes and connected agendas for the years 2019-2022. [1722/2018. (XII. 18.) Korm. határozat a nemzeti egészségügyi programokról, valamint az azokhoz kapcsolódó, a 2019–2022. évekre vonatkozó szakpolitikai programokról.] Available at: https://www.hbcs.hu/uploads/jogszabaly/2820/fajlok/1722_2018_XII_18_Korm_határozat.pdf

moment of the writing of this comments paper, the mental health programme was not publicly available on the internet, and upon the request of the author, only a summary was provided by the relevant Government's office, therefore the full text and exact targets are unknown. According to the summary, the Mental Health Programme's general aim is to improve the mental health related public health indicators of the population. It focuses on the following areas: 1. mental health improvement with a family-focused approach; 2) development of the psychiatric care system; 3) development of the addiction care system; 4) development of the child and adolescent psychiatric care; 5) development of psychotherapy and improvement of its accessibility. In the absence of the programme itself, it is not possible to evaluate how gender equality or gender mainstreaming was taken into consideration across it.

In the sectoral strategy, the most relevant for mental health were the steps to be taken in connection with addiction prevention (alcohol, cigarette) and care, which problem concerns men at a higher level than women. Typically female-relevant issues (such as depression, eating disorders, partner violence, etc.) were not mentioned in the strategy, neither was suicide, which has a higher prevalence among men. Future targets are quite generally formulated and they have no mental health specificity. Target groups include children and young people (health promotion in schools), as well as the active population aged 18-64 (healthy lifestyle promotion).

Collecting sex-disaggregated data is an important instrument of gender mainstreaming. On the [website](#) of the Central Statistical Office, some mental health related statistics (drinking habits, number of drug users in treatment, number of children diagnosed with mental health or behavioural problems) are disaggregated by sex, but others (psychiatric in- and out-patients, number of registered alcoholics, patients registered in addiction treatments, number of committed suicides) are not, which could be a problem during the preparation of relevant policies.

1.3 Gendered consumption of digital- and social media among adolescents

1.3.1 Results of the 2019 ESPAD survey

Hungary has been participating in ESPAD (European School Survey on Alcohol and other Drugs), a representative survey among 16-year-old students with 4-year-intervals. The latest data collection was carried out in 2019, and the Hungarian results were analysed and presented in a volume edited by Elekes and colleagues⁶, at the Corvinus University of Budapest, in 2020. Separate chapters were dedicated to adolescents' screen time use and their behavioural addictions.

⁶ Elekes, Zsuzsanna, Arnold, Petra, Bencsik, Nóra (Eds.) (2020) Iskolások egészségkárosító magatartása 25 év távlatában. A 2019. évi ESPAD kutatás magyarországi eredményei. Corvinus University of Budapest, MTA BCE Social Epidemiology Research Group, Budapest, 2020. Available at: <http://devianciakutatas.hu/docs/2020/ESPAD.magyar.pdf>

In connection with screen time, Kutrovátz et al. (2020)⁷ found significant gender differences in use. On one hand, while 95% of all the respondents used social media (e.g., WhatsApp, Skype, Twitter, Facebook, Instagram, etc.) in the previous 7 days, spending on average 22.1 hours on this activity, girls spent weekly 5 hours more on social media than boys. On a typical weekday, nearly half (44.4%) of the respondent girls spent more than 4 hours on social media, while this number was 30.1% among boys. Furthermore, on a typical weekend or in school holidays, 40.3% of girls spent 6 or more hours on social media, whereas only 27.5% of boys spent the same amount of time on it. On the other hand, boys spent significantly more time on video/online games than girls. Respondents spent way less time on video games than on social media: 10.4 hours on average per week, and 39.6% (on weekdays) and 29.7% (on weekends) of all students did not play at all. However, sex disaggregated data shows that 57.1% of girls did not play video games at all on weekdays and 47% on weekends, whereas these numbers among boys were only 24.6% and 14.8% respectively. Researchers also looked at the association (no causal relationship was measured) between students' mental health and screen time. Social media use was found to be associated with higher level of agreement with negative statements about themselves (e.g., "Sometimes I feel like I am not good at anything", "Taking everything together, I tend to think that I am a failure", etc.). They found the opposite patterns in connection with video games: those who reported higher disagreement with the negative statements played – on average – 1.3 hours more than the agreeing students. No gender-separate data was reported in this topic.

Another study, by Király and Demetrovics (2020)⁸ focused on behavioural addictions. Due to different threshold values used in the literature, they found either 10.9% or 0.6% of students to be involved in problematic level of social media use. In this research, girls had a slightly, but not significantly, higher number among the problematic social media users. They concluded that excessive gaming was not correlated with addiction: despite the average weekly 17 hours spent on video games among boys, the number of size of the addiction problem was small.

1.3.2 Good practices

Not many good practices were found specifically about problematic or excessive digital/social media use in Hungary. There are some NGOs and civil organisations that have useful programmes about related topics. For instance, UNICEF Hungary has just launched a new initiative called [Soul Lifting Programme](#) [Lélekemelő Program] that focuses on adolescents' mental health via school classes, parent support groups and free supervision for teachers and social workers on the topic.

⁷ Kutrovátz, Kitti; Gelencsér, Anna; Hajdu, Miklós (2020) A kamaszok képernyő előtt töltött idejének jellemzői. In: Ibid, p. 89-112.

⁸ Király, Orsolya; Demetrovics, Zsolt (2020) Viselkedési addikciók. In: Ibid, p. 113-131.

Hungary has a Digital Child Protection Strategy since 2016⁹, in which fields being in connection with children's internet safety are thoroughly collected, as well as a list of relevant actions in order to protect them. One of the actions is data collection on children's internet consumption patterns and reporting on the results. Until today, no report was published on the website dedicated to the Strategy.

2. Comparison with Sweden

The results of the research conducted by the Swedish Media Council are – to a great extent – in line with the Hungarian results of the ESPAD survey: in connection with social media consumption, girls report on lower level of mental health than boys. Unfortunately, there is no available data on pornography consumption among the Hungarian adolescents. Based on sex disaggregated data available on the [EIGE website](#) (dated from 2014), gendered patterns of mental problems, such as depression and suicide, are also in line in Hungary with the Swedish and European trends, nevertheless, the difference between [depressive symptoms](#) in girls and boys (15-19 year-old age group) is not as large as in Sweden.

2.1 Swedish good practices

2.1.1 The Swedish Media Council and the Ombudsman for Children in Sweden's mapping of pornography use and mental health

The work the Swedish Media Council is doing on data collection is great and exemplary, the mapping of pornography consumption could be part of it. Good quality, up-to-date data on adolescents' digital media consumption is invaluable in order to effectively help them in case of mental health or physical problems. In Hungary, the National Media and Broadcast Authority or the responsible body for the Digital Child Protection Strategy could take up/implement the same task as the Swedish Media Council in monitoring youth's digital media and pornography consumption.

2.1.2 The Youth Policy Communication and its Action Plan

A separate Action Plan dedicated to young people's mental health would be welcome in other countries as well, among them in Hungary. At the moment, neither the Healthcare Strategy nor the National Mental Health Programme has Action Plans with concrete targets and tasks, therefore a plan similar to the Swedish one could still be formulated. Even so, since the National Mental Health Programme contains the development of child and adolescent psychiatric care as an aim.

2.1.3 Comprehensive sexuality education

Sexual education was a very actual topic in Hungary during the summer of 2021, as the government amended the [Education Act](#) (Law CXC./2011) with – among others –

⁹ Magyarország Digitális Gyermekvédelmi Stratégiája. Digitális Jólét Program. Available at: <https://digitalisjoletprogram.hu/hu/tartalom/dgys-magyarorszag-digitalis-gyermekvedelmi-strategiaja>

the prohibition of the “promotion and display of homosexuality and of gender identities different from the biological sex”. This way, children are deprived of their right to a comprehensive and accurate sexual education – as [Eurochild](#), a leading child right protection organisation in Europe expressed its worries about the decision. There is no specific subject for sexual education in the National Curriculum, nevertheless sexuality is discussed within the subjects of Biology and Family Life Education. Pornography is very briefly mentioned in the curriculum right besides prostitution and sexual violence, whereas all of these topics, alongside with sexual abuse and the principle of consent, should get more attention on their own, preferably by professionals, even from the civil society.

3. Comparison with Czech Republic

The situation in the Czech Republic is very similar to the Hungarian case in connection with the gender aspect of the mental health strategies: non-existent.

The Advisory Board on mental health could be a very useful practice in Hungary as well. Certainly, it could be implemented, since it is already existing in other topics (e.g. the National Media Authority has an advisory board regarding child safety on the internet.) The value of such advisory boards nevertheless depends on the extent to which its recommendations are taken on board by policy makers.

4. Conclusions and recommendations

At the national level, policy makers who take responsibility for the (mental) health of the population seriously, need to provide the necessary attention to citizens' needs independently from their family status (considering women as only members of families implicitly ignores those who are not part of one). Nevertheless, even if demographic increase is the overarching main goal, the increasingly worsening mental health of young women and men and future generations should be a reason to act. Most importantly, there can be no public discussion with the participation of various stakeholders (like in the Czech Republic), or in a later step, a public monitoring of the results without making the basic policy document publicly available. Sex-disaggregated data on mental health in adults and adolescents as well needs to be collected and regularly reported on, since without reliable data, no effective policy could be developed. The actions of the existing strategies should be thoroughly implemented.

At the European level, recommendations, action plans, directions, etc. are in place and are available for Member States (MS) to follow or to take into consideration in their national policies. Perhaps, a through, EU-level data collections could be implemented on the mental health of children and adolescents (with special attention to internet use, gaming, social media and pornography consumption). Also, the EU should pay special attention to the ever increasing e-sport industry in the light of gaming disorder having officially become a mental health condition.