AZ NKFI ALAPBÓL MEGVALÓSULÓ PROGRAM

DUJ DZSÉNE ONLINE

1. In the first role play, a Roma grandmother takes her teenaged granddaughter to the doctor. The granddaughter is pregnant. The doctor's assistant is a young Roma woman. The four participants of the scene face the dilemmas concerning the fate of the pregnancy and of the young mother-to-be.

2. The second role play takes place in the office administering the state-sponsored public works scheme. A middle-aged bilingual Roma woman from the Széles út segregate would like to find a solution to her difficult situation by asking for work. Her insistence holds up the queue and the Roma woman behind her, who is from a different segregate, intervenes.

A role-playing exercise – doomed to fail

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As part of the role-playing exercise, we had to imagine ourselves in someone else's shoes. I was assigned the role of a Roma grandmother who accompanies her 15-year-old pregnant granddaughter to the doctor. According to the instructions, a rude nurse and a not-very-empathetic female doctor

recommend an abortion to the frightened Roma teenager. As a grandmother, I was supposed to offer help and protection to my granddaughter, who is in high school and wants to graduate.

Was the role difficult? At first glance, it did not seem to be; I had played Roma roles before, so I felt I could handle it. But as I acted, the assistant's patronizing attitude and the doctor's tendency to stay in the background stirred up strange, deeply rooted personal emotions within me. This made me feel uncertain, but I still tried to represent the traditional Roma attitude I experienced: one that views children as a blessing, sees the family as the essence of life, and rejects abortion. The story did not end on a positive note; the pregnant teenager ran away, unable to bear the pressure weighing on her, as she was uncertain about her own feelings as well. She would likely continue her studies, but she also wants to keep the child. In the role I played, I was unable to offer her protection because I spoke only in the traditional, pro-life manner, emphasizing that I would help and take responsibility for the unborn child even though I was not an educated person. In doing so, as a grandparent, I conveyed the family's expectations not only to the healthcare workers but also to my "granddaughter". The assistant practically demanded a decision in favour of abortion and spoke in a judgmental, accusatory tone; she was not trying to persuade us but to assert her authority over the 15-year-old girl and her grandmother. The doctor reacted in a similar way, albeit more subtly. It was a natural reaction that the already distraught young girl could not bear the pressure from three sides.

Later, I reflected on the role-play and the conversation that followed. The situation was doomed to fail from the start. No one took the young girl's feelings or the psychological effects caused by the hormonal changes associated with pregnancy into account—not even the grandmother. Neither the pregnant minor nor the grandmother had, or could have had, any recourse against the superior healthcare professionals. In this situation, even if I were not playing a Roma role, I would not have been able to remain calm. For me, even outside of this role, it is difficult to accept the termination of a life, even in the early stages of pregnancy. I fully embrace the idea that a child who was conceived is a blessing, no matter the mother's age. The responsibility associated with having a child is a different matter entirely. Here, the

family must also play a role, whether by providing appropriate education to prevent unwanted pregnancies or, later on, by caring for the infant and supporting the teenage mother.

But the responsibility does not lie solely with the family. To ensure that no underaged girl is ever forced to choose between having a child and continuing her education, healthcare workers, primarily public health nurses, child protection services, family support workers, and schools, must take on an informative and educational role. In the case of Roma girls, I consider it particularly important that the people working with them understand Roma culture, their social background, and the specific emotional regulation patterns characteristic of the Roma.

What would have been a more peaceful outcome?

If the doctor, as the most highly qualified professional involved, had not reinforced the assistant's unacceptable behaviour, but instead had tried to suggest a solution through empathetic communication that took the teenager's feelings into account, including providing accurate information which also covers the negative health-related consequences of abortion.