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Health Disparities and Ethnic Classification in Hungary

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Abstract

Census and register questionnaires are prepared to obtain general information on society, and their disaggregated findings guide policy makers, economic planners, and researchers. However, their general focus does not necessarily provide information on ethnicity related to health status. Why would this interrelated data be important? The identification of disaggregated ethnic data can be utilised in understanding and eliminating ethnic health disparities. Ethnicity-related demographic data provides extra information about public health for at least two purposes. The first identifies the health needs and special health markers of diverse ethnic groups; the second points out ethnic-related inequalities in healthcare (Villarroel et al., 2018). On the other hand, this method of data collection may easily lead to discrimination and the misuse of data. The aim of this paper is to provide a detailed explanation of why Hungary has chosen to prioritise neutral approaches to ethnic classification over public health interests. It will explain why the Hungarian concept of ethnicity is based on personal affiliation, and provides an insight into the ethnic composition of the country. This includes information on which social, historical, and political constraints have shaped the method of ethnic classification, how granularity is incorporated into the ethnic classification system, and how the data gathered on ethnicity relates to the actual number of people who belong to ethnic minority groups. This is especially in the case of one particular ethnic group, the Roma, for whom ethnicity-based data collection could serve as a proactive tool for easing health disparities in the country, as testified by previous studies carried out over the past fifty

years.

Keywords: ethnic classification, disaggregated data, health-related information on ethnicity, Roma

Introduction

This study focuses on the dilemma regarding the importance and consequences of gathering health-related data which may include ethnic information. Through the analysis of Hungarian data collection policies, the study reveals that neutral approaches to ethnic classification to serve antidiscrimination goals in fact lead to health disparities, especially in the case of the Roma. Deprivation and poor health among the Roma have been observed in many reports, such as the Roma Health Status Data on Hungary (2014), FRA Reports on Hungary (2018,2020) and public opinion research conducted by the National Democratic Institute for International Affairs (2021). These urge that health data on the Roma is monitored in order to plan health-related interventions that will possibly lead to more equal health conditions among Hungary's ethnic groups. The main obstacles for this are ethical and data protection reservations.

Differences in the composition of social groups, in political structure, as well as in historical and cultural traditions define which data collection methods are accepted in a society – self-identification; by other members of the community; by outsiders based on perception (third-party determination); by objective criteria, or by proxies (Pap, 2020, p. 18). Census questionnaires (UN 2020 World Population and Housing Census Programme) range from including mandatory answers on ethnic-related questions to shorter lists of options relating to ethnic groups living in the country. Most of them do not imply full and disaggregated data collection (Koller, 2014). In many cases, data protection regulations hinder detailed and objective data collection. The main reason for this is that data on ethnic origin is classified as sensitive which restricts data collection methods to self-identification based on the consent of the interviewed person (Chopin et al., 2014, p. 17). Disaggregated data are rarely found to reveal subgroups within ethnic communities (Chopin et al., 2014, p. 10; Pap, 2020, p. 25). Still, data on ethnicity is needed for governmental policies to ensure equality, especially when it is combined with data on health status. In health care, ethnic screening can promote health needs assessment and provide special facilities for people from different ethnicities (Bhopal, 2007; Davidson et al., 2020). Bhopal argues that “in medicine an ethnic or racial label is only of value

if it helps in diagnosis, management or prediction of prognosis of the illness under investigation” (2007, p. 34). This recognition led to research on the methods of ethnic classification to detect inequalities in health care provision and outcomes for country-level comparative analysis (Villarroel et al., 2018; Bhopal, 2007; Cormack, 2019; Davidson et al., 2020).

This paper is a revised and contextualised version of a country report on Hungary that was part of a research project entitled Heterogeneity/Granularity in Ethnicity Classifications (HGEC) outside the US, which examined seven countries: the United Kingdom, Canada, Bolivia, Malaysia, New Zealand, Denmark and Hungary¹. The research took place in 2016-2017 with the support of the Robert Wood Johnson Foundation, PolicyLink, and the Usher Institute of Population Health Sciences and Informatics at the University of Edinburgh. The original country report on Hungary is available – together with the other country reports on Canada, Bolivia, Malaysia, New Zealand, the United Kingdom and Denmark – on PolicyLink (2018). Of the countries involved in the research project, Hungary provides an example of how antidiscrimination is prioritised above health-related data collection on ethnicity. This converges with the approach taken by most European countries; however, it can only be understood by taking a closer look at why the collection of ethnic data is no longer connected to health status in Hungary, and how this change compares with past practices.

The study includes a contextualised overview on the Hungarian concept of ethnicity and ethnic-related terminology, ethnic-related data collection methods, and their analysis. There is a section on the ethnic composition of Hungary comprising both official data and estimates from other sources. The study explains why and how demographic data collection methods have changed, obstructing the connection between information on ethnicity and health conditions. A special section provides a detailed analysis of the ethnicity and health conditions of one particular ethnic minority group, the Roma, by listing results of surveys, reports, and studies by Hungarian and international researchers who have experienced the antidiscrimination approach to official data collection in Hungary. This also underpins the main presumptions of this study: health-related ethnic data collection is not supported in Hungary. This lack of support lies in the antidiscrimination approach which provides equal conditions for all of the ethnic minority groups living in Hungary; still, this fails to meet the implementation of antidiscrimination measures as the connection between ethnic data and health conditions can serve as a proactive measure to detect and ease existing differences in the health conditions between ethnic groups in Hungary.

1. The concept of ethnicity in Hungary

The Hungarian definition of ethnicity consists primarily of social and cultural elements and is based less on objective attributes and physical traits such as, for example, the Anglo-Saxon approach (Bhopal, 2007; Cormack et al., 2019). While similar to the Danish, German and Slovak perspectives (Norredam, 2011; Oberndörfer, 2003; Majo, 2018), the Hungarian concept is based on personal affiliation, according to which a person belongs to a certain ethnic group – now generally called “nationality” – if they view themselves as identifying with it; thus it is a self-determinate action. The Act on Rights of National and Ethnic Minorities of 1993 states that “all groups of people who have lived in the territory of the Republic of Hungary for at least one century, who represent a numerical minority in the country’s population, whose members are Hungarian citizens, who are distinguished from the rest of the population by their own languages, cultures, and traditions, who demonstrate a sense of belonging together that is aimed at preserving all of these and expressing and protecting the interests of their historical communities” (Act LXXVII of 1993 on the Rights of National and Ethnic Minorities, Chapter 1, Section 1, Subsection (2)), are officially accepted by law. Armenian, Bulgarian, Croatian, German, Greek, Polish, Roma, Romanian, Ruthenian, Serbian, Slovak, Slovene and Ukrainian communities were defined as national and ethnic minorities in Hungary. In the phrase ‘national and ethnic minority’, ‘national’ referred to those minorities who had a mother country and living ties with its people, while ‘ethnic’ referred to a minority which lacked any of these ties. This way, Hungary had only one ethnic minority group, the Roma, and twelve national minorities. Although Ruthenians do not have their kin-state, they were still considered as a national minority (Majtényi, 2003, p. 119). Since 2012, “national minority” has been replaced by the term ‘nationality’ (*nemzetiség*) which comes from the Hungarian word for nation (*nemzet*) and means ethnic group or ethnic community. This was because Act CLXXIX of 2011 on the Rights of Nationalities came into force on 1 January 2012, which also replaced the term Gypsy (*cigány*) with ‘Roma’ (Pap, 2020, p. 26).

Furthermore, official ethnic identification in Hungary focuses on the culture, language, and historical traditions of that group within the territory of Hungary, which limits the number of the accepted ethnic minorities in the country. There are other ethnic groups living in the country who do not meet the required criteria. For historical reasons, ethnic identification lacks any description of physical features and elements of third-party determination. Generally, official terminology avoids using the term “race”, which is considered to be a discriminating and humiliating word in political and cultural contexts. Besides the officially-accepted

nationalities, all the other ethnic groups living in the country are called “migrant communities” (*Hungarian word*). Temporary residents who live primarily in reception centres are called “migrants” (*Hungarian word*). Hungarian terminology on ethnicity aims to avoid the ethnocentrism manifest in the term “nationality”, as applied to all of the ethnic groups living in the country. This includes ethnic Hungarians as a majority in Hungary, and also those ethnic Hungarians who live in neighbouring countries.

2. Ethnic composition of Hungary

Historically, Hungary used to be a multi-ethnic society; today it is a nation state with thirteen officially-accepted ethnic nationalities. Act LXXVII of 1993 on the Rights of National and Ethnic Minorities, and subsequently Act CLXXIX of 2011 on the Rights of Nationalities regulate the integration of nationalities in Hungary. According to law, ethnic nationalities are entitled to certain special rights in Hungary, such as the ability to form their own ethnic minority self-governments. From a population of 9.77 million, ethnic Hungarians constitute the majority, representing 85.6% of the total (Hungarian Statistical Office [Központi Statisztikai Hivatal], see KSH, 2021). There are only two other ethnic nationalities represented by over one per cent of the whole population: the Roma (3.2%) and Germans (1.9%). In comparison to the census data of 2001, Tóth and Vékás (2013) state that newly-introduced methods in the 2011 census generally had positive effects on the growing number of declared ethnic affiliations; there was a 45.6% growth, although not in every case. In addition to the existing separate and merged sub-categories such as ethnic identity, mother tongue, and spoken language in private communities, researchers also measured intergenerational dissimilation by detecting the differences in declared identity between parents and children. The most spectacular is the growth of the Roma community, with an increase from 205,000 to 315,000. However, according to researchers, the real number is higher still, as the estimated number of Roma in Hungary is around 800,000–900,000 (FRA, 2018; Péntzes et al., 2018). On the other hand, numbers identifying as Greek, Slovak and Slovene declined by between 10 to 40 percent. It is not just these small ethnic groups that show losses; the entire population of the country has also decreased from 10.2 million to 9.77 million, while the number of ethnic Hungarians has shrunk from 9.4 million to 8.3 million according to analysis of the census data by Index news agency (Index, 2013). Further developments include information gained from census data on immigrants. As explained by the Hungarian Central Statistical Office, the general demographic loss is due to the decreasing birth rate and the increasing emigration rate, as hundreds of

thousands of Hungarian economic migrants have left the country since the early 2000s (Népmozgalom, 2020).

Other ethnic groups also live in Hungary. There is a Jewish community (approximately 100,000) who mainly live in Budapest. They did not claim official state recognition as a nationality because they view themselves as a religious community. Other ethnic minority groups do not fulfil all of the official criteria, such as Russians (who constitute the largest migrant community in Hungary with 13,337 members), Arabs, Chinese, Kurds and communities from certain African countries (KSH, 2016b, p. 32.).

3. Sources of data on the ethnic composition of the population

As the history of the Hungarian Central Statistical Office states (KSH, 2016a), in the Habsburg Empire there were efforts made to categorise the ethnic background of the population. 1869 was the first year when a complete enumeration of the population took place throughout the whole country (Rózsa, 2005, p. 20). Since the second census of 1880, Hungary has had a census taken every ten years, in common with other European countries.

As Rózsa outlines (2005, p. 21), following World War I Hungary became a nation-state which meant ethnic Hungarians were a majority in terms of the ethnic map of Hungary, constituting over 80% of the country's population. The aim of the census held in 1920 was to survey the precise losses in population owing to the borders of the new state being smaller than the former Habsburg kingdom of Hungary. However, it was not completed as Yugoslav forces controlled the southern part of Hungary until the end of 1921.

As many ethnic Hungarians (approximately 3.3 million) became citizens of neighbouring countries, there was emerging awareness of the importance of data collection techniques, which resulted in the census of 1941 introducing native language questionnaires for those who were not Hungarian-speaking citizens of the country. As one of the lessons learned after World War II, bearing in mind population loss and migration (including the forced emigration of Germans living in Hungary as well as the population exchange between Hungary and Czechoslovakia which made more than a half million people leave their homes), it was crucial for census statisticians to find ways to gain the trust of the citizens.

While the main goal of the 1980 census was to provide basic general information, the programme of the 1990 census mirrored the peculiarities of this transitional period. Former administrative systems such as the state demography register and the united employment

register were still suitable for further data recording purposes, but shortened financial frameworks and resistance from different parts of society meant that only the state demography register could still be maintained.

A new question category appeared in the 2001 census. In the otherwise compulsory data-providing process, there were some sensitive voluntary questions regarding the mother tongue, nationality, national identity, the language spoken at home, religion, and disability status. These data were collected anonymously and these new ways of measurement met with a positive response from society. Finally, the most recent census, in 2011 also introduced some new techniques to increase citizens' satisfaction, such as the possibility of providing personal data via the internet; however, this did not cause an increase in the data provided on ethnicity. Two-thirds of the data were recorded by census takers, while a large number of completed census questionnaires arrived online and by post. These multiple options facilitated the recording process, although it made data analysis more difficult as it took more than a year to process the paper-based answers. Morauszki and Papp (2014, p. 77) point out that the census results had direct effect on language rights and the conditions of establishing ethnic minority self-governments. Moreover, modifications on ethnicity-related questions and the percentage of people who refused to answer these questions are not comparable with other censuses and cannot be generalised. According to Kapitány (2015, p. 73), in 1990 a person could only declare a single ethnic identity, as is commonplace internationally even today. In 2011, however, up to three ethnic affiliations per person were allowed, and these multiple identities could be stated in separate questions. These modifications changed the results and blurred the different ethnic categories.

At the same time, the Hungarian Central Statistical Office started the Civilian Partner Programme, a large-scale cooperation platform involving civil organisations (leaders and representatives of disabled people, nationalities, churches and local authorities) in the process of developing the census questionnaire. Moreover, during the census campaign several civil organisations and nationality organisations encouraged citizens to disclose their peculiar identities and ties in order to bring the census results more closely in line with reality. The census questionnaire was translated into 18 languages to increase its accessibility (UN 2020 World Population and Housing Census Programme, 2017). This program resulted in a moderate rise in the number who declared themselves as belonging to a certain ethnic minority group in Hungary.

In census questionnaires, there are several ways to gain a higher level of heterogeneity and granularity on ethnicity through including more questions on the use of the mother tongue, as well as through special educational and cultural aspects and perspectives. On the other hand, declaring an ethnic background is both a form of collective action and a form of self-identification (Koller, 2014, p. 320). There are some who fear identifying their ethnic status as they want to avoid collateral disadvantage, social exclusion, and various other forms of discrimination. The number declaring Roma ethnicity is a good example of that. In 2011, 244,834 identified themselves as Roma compared to 66,103 in 2001 (KSH, 2014). Older ethnic Germans or Slovaks living in Hungary still remember forced emigration and population transfers and mistrust these data gatherings, while many Roma, who may face discrimination as they might be identified easily by different physical traits, tend to declare themselves as ethnic Hungarians. Lastly, and in most cases, not declaring an ethnic minority background is the result of general growing disinterest in ethnicity in the country. Conversely, the positive change in Roma self-declaration in the census shows that a sense of belonging to a certain ethnic group is strengthened by the process of self-identification through censuses (Kertzer and Arel, 2004, p. 31). These influencing factors may often lead to census questionnaires being revised. In the present Hungarian census questionnaire, the topic of ethnicity is put in a separate block of “voluntary questions” (*in Hungarian*) in the last section of the form, and it is separated from the question on citizenship which is placed in the very first part. Respondents are free to declare their ethnic ties; they do not have to provide proof and it not checked later on (country questionnaires can be found on the web page of UN 2020 World Population and Housing Census Programme (2017)).

As – especially in Hungary – direct questions are criticized for intensifying subjective motivations (i.e., hiding one’s real identity), the census questionnaire uses predominantly indirect questions. The question on mother tongue is perceived as an objective criterion rather than a subjective standpoint, since it is determined by ancestry and the environment in which the language was learnt (Kapitány, 2015, p. 74). However, in the context of widespread bi- or multilingualism, the identification of the mother tongue becomes challenging. It really is a very useful categorising tool as many minority rights are associated with the use of the mother tongue (for example, in minority language education). Therefore, the census questionnaire enquires not just about a single ethnic identity, mother tongue, or spoken language with family members or friends, in order to map a more realistic picture of ethnicity (Koller, 2014). This results in huge differences between the data on mother tongue and that on ethnic identity. For

example, in 1990 census, 48,072 respondents declared that they speak Roma as their first language while 142,683 – nearly three times as many – declared Roma identity. All of the questions on ethnicity are in closed-answer format with 18 possible choices (Hungarian, the 13 officially accepted nationalities plus the four migrant communities mentioned earlier) as well as the “other” and “do not wish to answer” categories. Finally, the questionnaire uses all of the languages which are officially recognised in Hungary. It is a way of showing respect towards the nationalities and other ethnic communities living in Hungary; however, the coding methodology needs some further development. It took nearly two years for the Hungarian Central Statistical Office to analyse and reveal the census data of 2011 (Morauszki and Papp, 2014).

The census questionnaire provides granularity in two ways. In addition to ethnic Hungarians, it lists all of the officially recognised ethnic nationalities of the country, as well as the four largest migrant groups and others in the section “Nationality, Spoken Language, Religion” (*in Hungarian*). The questionnaire contains four questions to highlight the complex facets of ethnicity. The first two are about ethnic identity: “Which nationality do you think you belong to?” and “Do you think you belong to another nationality in addition to what you marked above?” These questions enable voluntary motivations to be expressed, while the latter two balance them with an objective focus on language: “What is your mother tongue?” and “What language do you usually speak with family members or friends?”. The lack of granularity also appears in the given options listed. In the question on identity, ‘Roma’ is not divided into subgroups, while among the largest migrant groups ‘Chinese’, ‘Russian’ and ‘Vietnamese’ relate directly to particular citizenships, however, ‘Arab’ is a more complex case. Of course, there are some developments towards increased granularity: in the language-related questions Romani and Beas (Lovari is not listed) are marked as subgroups of Roma, although respondents cannot tick them. Also, the language-related questions allow respondents to choose two different languages at the same time. Pap states that although the Roma have legitimate claims to separate identities for all of their diverse groups, they are merged into one common ethnic group by the state (2020, p. 25).

Besides the ethnic-related questions in the census questionnaires, ethnic voter registers also exist as sources of data on ethnic composition. Since 1994, there have been elections held every four years so ethnic nationalities can form minority self-governments at the local and national level. For these elections, there are exclusive lists for members of nationalities. These were introduced in 2006 on a voluntary basis and since 2014 ethnic voter registers have been

maintained. (The History of Censuses in Hungary/A magyarországi népszámlálások története. KSH, 2016a; Pap, 2020, p. 23). There are some estimates for data on ethnicity as well. Most of the sources are civil organisations for the ethnic nationalities. Unfortunately, these estimates vary greatly, for example, estimates of the number of Roma range from 400,000 to 900,000. Also, some representative surveys have been undertaken but with small samples (Kemény, 2000; Dombainé et al, 2003; Ginter and Simko, 2012; Tóth and Vékás, 2013a, b; Matrix, 2014; FRA, 2018; Pap, 2020).

In line with the general antidiscrimination approach to minority affairs in Hungary, ethnic background is not stated in official identity documents. Birth certificates do not contain ethnic data, although it is widespread practice in Eastern Europe to include ethnic affiliation, mother tongue or religion (Chopin et al., 2014). However, there are additional organisations which undertake research on ethnicity. The Minority Research Institute of the Hungarian Academy of Sciences publishes research projects, monographs and co-authored volumes mostly in the fields of history, anthropology, sociology, law or political science. Interestingly, these deal more with ethnic Hungarians who are minorities living in other, mostly neighbouring countries and less with the nationalities who live in Hungary. In addition, there are several research groups in the academic field which deal with different topics on minority affairs. Nevertheless, as has been stated before, they have great challenges in data gathering as they have to undertake surveys independently (Kemény, 2000; Dombainé et al., 2003; Tóth and Vékás, 2013; Puporka and Zádori, 1999).

4. Ethnicity and Health

Demographic data collection methods changed radically in the 1990s, mirroring sensitivity to antidiscrimination and establishing a pattern for favourable minority policies in Hungary as compared to neighbouring countries where many ethnic Hungarians live. This antidiscrimination approach makes it more difficult to gather exact information on the relationship between ethnicity and health conditions. Since then, the main objective has been to provide basic general data for national economic planning for the future, as well as to give proper information on demographic stratification. National level data gathering on ethnicity has served to illustrate majority and minority relations in society. Chopin et al. provide a European comparative study which focuses on specific groups at risk of discrimination. Their study recognises that collecting equality data (data on ethnic groups, people with disability and other underprivileged social groups) is an important tool “to measure inequalities, target social

policies and monitor implementation” (2014, p. 5) to ensure equality. However, most EU member states refuse to collect full and disaggregated data of this type, especially on ethnic origin, as it is classified as sensitive which leads to a kind of Europe-wide data paralysis (2014, p. 18).

The reason why Hungary lacks interrelated database information on ethnicity and the health condition of the population derives from the new ideological framework which dates back to the change of regime at the very beginning of the 1990s. The official views, which have been criticised by researchers, have two fundamental arguments. The first questions the worthiness of research on health conditions of Roma people, as based on the 1989 survey results of the Institute of Public Health (*Népegészségügyi Intézet*) on the topic, which did not show any difference between the health conditions of the Roma and of poorer people in general. The second official argument supposes that there might be some people who would use statistics in a political way; for example, to blame the Roma for spreading epidemics and other dangerous diseases. However, the susceptibility for these diseases depends on family genetics and not on ethnic differences. In challenging these views, researchers have created a more complex interpretation of this issue. According to Puporka and Zádori (1999), the health conditions of Roma are special and differ slightly from those poorer people in general. At the same time, the survey results of Delphoi Consulting Research Group (Babusik, 2002) on the general health status of the Roma population in Borsod-Abaúj-Zemplén county discovered links between poverty and deprived living circumstances with certain illnesses. Regarding the second official argument, Puporka and Zádori (1999) argue that through the existence of specific databases on the relation between ethnicity and health conditions, targeted prevention and intervention programs could be introduced to improve public health in general. However, data gathering on ethnicity in Hungary nowadays is challenging as many sources are unreferenced and categorise indicators differently. In other European countries, conditions are similar, as reported by Ginter (1998) on Slovakia, and the Roma Initiative Office (2010) on Albania, Bosnia and Hercegovina, Bulgaria, Croatia, the Czech Republic, North Macedonia, Montenegro, Romania, Serbia, Slovakia and Spain.

5. Data on a particular ethnic group – Roma people and their health conditions

According to the census only 1.4% of the whole population belonged to the Roma² ethnicity. Among classification systems, voluntary data supply is the most unreliable, and constant changes in census data and diverging estimates using different sources led to a complex survey

by the Hungarian Central Statistics Office in 1993. This survey used a special research method to reveal the number and living conditions of Roma people.. According to Puporka and Zádori (1999), Roma people in Hungary live their lives differently from the non-Roma population around them. Because of this, non-Roma people may view them as Roma even though some Roma do not declare themselves as such for different reasons. This is why researchers like Puporka and Zádori (1999) or Forray (2013) employed special data collectors with local experience to conduct a non-self-professed survey on household lifestyle classification. As a result of this research, 3.9% of the whole population was classified as following a Roma way of life. Forray (2013) writes that in the 1970s sociologists recognised that the Roma inhabitants of Hungary differed in their way of life from the majority of Hungarian society. This research method led to a more complex overview on the Roma, however, at the same time, led to an intensified discrimination against Roma people – as during the inquiry local non-Roma respondents did not only identified them as Roma but also separated Roma lifestyles from their own.

In the case of Roma people, disadvantages also grew in terms of access to jobs and education. Prejudices were worsened by demographic prognoses forecasting an increase in the number of Roma people, which was based on decades-old data cited by Forray (*ibid.*, p. 178). Taking into account that the Roma population did not increase significantly over time (from 3% in 1971 to 3.9% in 2011), the birth rate data are astonishing. The Roma birth rate is three times higher than the birth rate of the non-Roma population, which could have led to a 7% increase in the total population of Hungary, but to date this has not happened.

In Hungarian society, it is only the Roma who are distinguished from the majority of society by their health conditions, although there are academic debates about the relevance of this observation. All of the other nationalities only show differing cultural patterns, but generally have standard living conditions. According to researchers, as well as official surveys done before the change of regime, the life expectancy of Roma people was ten years shorter than average. In the 1990s, five surveys (Puporka and Zádori (1999); Babusik (2002); Dombainé et al. (2003); Forray (2013); Gyukits (2015)) aimed to explore the number of Roma people in the country with useful documentations aiming to find relations between ethnic background of Roma people and their health conditions. Moreover, the census of 1990 gathered data on the living conditions of Roma people and also served as a useful basis for research. According to the Central Statistical Office, Roma life expectancy decreases radically after age forty, while the Hungarian average is generally above 76 (KSH, 2016b). However, exact

statistical data do not provide information about the causes. Babusik (2002) cites a survey conducted in Szabolcs-Szatmár county in 1978, which revealed not only age-related information regarding deaths among the Roma population, but also common causes of death which differed from the rest of the population of the county. According to this investigation, the main reason for early mortality was cardiovascular disease (e.g., cerebral haemorrhage, heart attack), and poor nutrition habits and inheritable features played key roles in these conditions. It is more difficult nowadays to obtain such information, with the only relevant recent survey being the Roma Health Status Data on Hungary from 2014 (Matrix, 2014). This reported not only that Roma men live on average ten years shorter than the average Hungarian man, but also that Roma women live eighteen years' shorter than the average Hungarian woman. The Health Status Data on Hungary survey collected comparative data on different fields regarding the health status of Roma and non-Roma population in Hungary, including rates of infant mortality, infectious diseases, hepatitis A and B, tuberculosis, injecting drug use, illicit drug use, smoking, anaemia, cardiovascular disease, hypertension, diabetes, depression, asthma, stomach ulcer, cancer, and hospitalisation, as well as discrimination faced from healthcare personnel.

There are some additional research studies on census surveys which, although their focus is not exactly on the relationship between ethnicity and health conditions but nonetheless could serve as good examples for intensive investigations on the topic. Concentrating on young adults aged between 19 and 34, Babusik and Papp (2002) used a sample of 1,500 Roma households to reveal the possible employment and health conditions of Roma people. In their study they mixed their own database with county-level ethnicity estimates, revealing this social group to be a target of significant discrimination. A European Commission report in 2003 also presented studies on health conditions and lifestyle of adult Roma, studies on Roma people and the health care system and stated that all ethnic minority groups whose members can be identified by their different physical traits are discriminated at every level in health care institutions. The European Commission report was prepared in 2001/2002 by a team (Dombainé et al., 2003) ordered by the Ministry of Health Affairs, and part of an international programme with contributors from Bulgaria, the Czech Republic, Greece, Hungary, Italy, Portugal, Romania, Slovakia, and Spain. In her general overview of the health conditions of Roma people, Forray (2013) provides a complex list of research studies from previous decades. She cites two adequate surveys on the relation of living circumstances and health conditions in counties where poorer inhabitants are concentrated (Lampek and Töröcsik, 2003; Kósa, 2006).

The first examines correlations between health damaging ways of living and poor educational conditions of the Roma as compared to non-Roma. The second concentrates on poverty rather than ethnicity but reveals that most Roma people belong to the deprived part of the population.

Among others, these studies and reports contributed to the Hungarian National Social Inclusion Strategy (Nemzeti Társadalmi Felzárkóztatási Stratégia, 2011) which aimed to decrease poverty among Roma people and to introduce special antidiscrimination programs for enhancing social integration. Nevertheless, the strategy is committed to data protection which leads to a fragmented foundation for pro-Roma policies. Reports on the effect of the COVID-19 pandemic on Hungary's Roma population of Hungary reflect these poorly-established conditions.

The 2020 FRA report collected health data that stated that Roma people have an increased risk of severe illness in case of infection with COVID-19. This was due to pre-existing lung infections, diabetes, and other chronic diseases among the Roma. However, those north-eastern counties of Hungary where Roma people live in a higher concentration (20-25%) recorded the lowest number of infections in the country. No direct relationship was detected as there was no ethnic-related data in COVID-19 statistics (FRA, 2020, pp. 10-12). A report by the National Democratic Institute for International Affairs reflecting on how Roma communities perceived effects of the pandemic revealed vulnerabilities caused by "limited access to testing facilities, personal protective equipment, [and] general healthcare services" (NDI, 2021, p. 2). The FRA report was based on Hungarian governmental decrees, reports by international non-governmental organisations, and news articles, while the NDI report used a sample of 2,359 respondents from 27 settlements in 9 counties. Without systematic, ethnic-related data gathering on health conditions, Roma people will continue to be disadvantaged in terms of their living conditions and access to health care.

Conclusions

Today, state practices on ethnic data collection could serve the public interest far more than before. Yet data on ethnic origin is still a sensitive topic, and the revealing of certain data in public may cause certain ethnic groups to be discriminated against. My analysis reveals that policy goals can scarcely be implemented without well-grounded statistical measurement tools. The research studies and reports cited indicate that data collection on ethnic origin, combined with health status, is much more important than allowing these data to be wasted for the sake of eliminating ethnicity-based discrimination. Today's policy developments both alter and

improve the current system of ethnicity classification in Hungary. Census data gathering questions are revised often, due to the ethnic complexity of the population and to ensure greater cultural development of the nationalities. However, the core principle of antidiscrimination hinders the applicability of ethnicity data in other fields, such as in health care where it could serve as a statistical mean for exploring and eliminating health inequalities. The political and economic tensions of the transitional period in the 1990s led to uncertainty among citizens and brought with it a decrease in the data provided. Since the change of regime, determining ethnic background by physical traits has not been officially supported in Hungary; collecting data on ethnic background cannot be the basis of discrimination. This is why ethnic data have not been registered in healthcare institutions. After the Data Protection Act (2011) and the Rights of Nationalities (2011) were passed, there can be no return to former practices.

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Notes

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² How Roma people are called and how they call themselves is a topic of dispute in various scientific fields in Hungary. The linguist Zsombor Grétsy (2011) traced back the historical roots of the most common denominations - “Gypsy” and “Roma” - which have different kinds of interpretations in Hungarian. Nowadays, people of this community prefer to call themselves “Roma” instead of “Cigány” which is similar to “Gypsy” although has a different linguistic basis and is commonly used by non-Roma people in a pejorative way. As the Minority Act of 2011 replaced the term ‘Cigány’ with ‘Roma’, their official name in Hungary nowadays is ‘Roma’.

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