ARTICLE

Selective Pronatalism and Reproductive Autonomy: Attitudes Toward Medically Assisted Reproduction in Hungary

Ivett Szalma [1,2] and **Lóránt Pélyi** [1]

[1] Institute for Sociology, HUN-REN Centre for Social Sciences, Hungary
[2] Institute of Social and Political Sciences, Corvinus University of Budapest, Hungary

Correspondence: Ivett Szalma (szalma.ivett@tk.hu)

Abstract

This study explores how social and political factors shape attitudes toward medically assisted reproduction in Hungary, focusing on the selective pronatalist policies that prioritize middle-class, heteronormative families while marginalizing LGBTQ+ individuals. In a national context where childbearing is framed as a societal expectation and voluntary childlessness is less accepted than in Western and Northern Europe, these policies play a pivotal role in shaping public attitudes. Drawing on data from a 2024 nationwide representative survey, the study examines the influence of sociodemographic variables on public support for medically assisted reproduction, with particular attention to attitudes toward lesbian couples' access to in-vitro fertilization. The findings reveal that individuals concerned about population decline and those with strong nationalist sentiments are more likely to support medically assisted reproduction, while those who are more accepting of voluntary childlessness show less support. However, access to medically assisted reproduction for lesbian couples is significantly less supported, particularly among those who endorse traditional gender roles and nationalist ideologies. These results underscore the intersection of pronatalist policies, nationalist narratives, and social exclusion, raising critical questions about reproductive autonomy, inclusivity, and the ethical implications of state-supported fertility programmes. The study contributes to broader debates on how reproductive policies reflect, reinforce, and actively shape societal norms, particularly in contexts where demographic anxieties and nationalist agendas converge.

Keywords

attitudes toward migration; lesbian couples; medically assisted reproduction; pronatalist context; voluntary childlessness

---

1. Introduction

The growing influence of right-wing political parties across Europe, including Hungary, has increasingly shaped welfare state policies, particularly those related to family support systems (Ennser-Jedenastik, 2021). These parties' political agendas strongly emphasize traditional gender roles and pronatalist objectives, which significantly influence the framing of medically assisted reproduction (MAR) not only as a medical necessity but as a tool for national survival (Korolczuk, 2021).

Within this framework, migration is often portrayed as a threat to national identity and demographic stability. Right-wing narratives frequently depict immigration as undermining not only economic and social cohesion but also the cultural and ethnic homogeneity of the nation. As a result, migration is viewed with suspicion, while childbearing is framed as a patriotic duty aimed at ensuring the reproduction of the "native" population (Melegh, 2023; Rasmussen, 2023). This approach often excludes marginalized groups, such as LGBTQ+ individuals and single women, who are not considered "ideal" parents in the context of nationalist goals (Herke, 2021; Szalma & Takács, 2025).

In the Hungarian socio-political context, where childbearing is seen not only as a private matter but also as a national priority (Rasmussen, 2023; Szalma & Takács, 2025), policies aimed at supporting fertility are central to achieving demographic objectives. The government's support for MAR is part of its broader strategy to increase fertility rates and counteract population decline, in response to the perceived demographic crisis. Notably, MAR can contribute to approximately 4–5% of annual births in countries with advanced fertility infrastructures, underscoring its role as a critical pillar in achieving national fertility targets (Lazzari et al., 2021). A central element of this strategy is the government's goal to reach a fertility rate of 2.1 by 2030, which is considered the replacement level needed to sustain population growth. To achieve this, the Hungarian government has implemented a range of pronatalist policies, including state-funded MAR treatments that cover up to five cycles of treatment and necessary medications (Szalma & Sipos, 2024). This ambitious target reflects the government's commitment to addressing demographic decline through domestic solutions, rather than relying on immigration.

This aim is rooted in widespread societal fears of a so-called "Hungarian extinction." Immigration is largely perceived in a negative light (Melegh, 2023), while childbearing is framed not merely as a personal choice but as a collective obligation (Spéder & Bálint, 2024). Within this context, some right-wing political actors regard MAR as a strategic tool for addressing population decline, reducing immigration, and ensuring the continuation of an "ethnically homogeneous" nation (Korolczuk, 2021). For example, the state fully subsidizes MAR treatments, emphasizing its role in national demographic policy.

The growing utilization of MAR in countries with declining birth rates, such as in parts of Europe and Asia, often signals a demographic intervention that serves the economic and nationalistic interests of the state, sometimes at the expense of individual freedoms. For example, as fertility rates in countries like South Korea or Hungary continue to fall, MAR is increasingly framed not just as a medical necessity for individuals, but as a societal imperative that directly ties individual reproductive choices to national survival (Ji-Young, 2024). This framing blurs the line between reproductive autonomy and state control, as pronatalist policies may tie MAR access to nationalistic objectives, inadvertently restricting individual choices.

Moreover, these policies do not uniformly support all individuals in their reproductive choices. While they actively encourage childbirth among groups the state deems "ideal"—such as ethnically majority, married heterosexual couples—they simultaneously exclude or marginalize other potential parents, such as LGBTQ+ individuals (Szalma et al., 2022). This selective pronatalism reflects a broader ideological framework that prioritizes the reproduction of certain groups while restricting access to reproductive technologies for marginalized communities, including Roma women (Hašková & Dudová, 2020).

As MAR becomes a central tool in national efforts to boost fertility, the concept of "family" and "parenthood" can be narrowed, reinforcing traditional, exclusionary gender roles and identities. This dynamic raises important ethical questions about the extent to which MAR, while expanding reproductive possibilities, may simultaneously reproduce discriminatory structures, especially when it intersects with pronatalist policies that privilege certain groups over others.

This study aims to assess how various sociodemographic variables influence attitudes towards MAR in Hungary. Specifically, it investigates whether individuals concerned about population decline and hold strong national sentiments view MAR more favourably than those who are less concerned and more accepting of voluntary childlessness. Additionally, the study examines how attitudes toward issues such as migration, nationalism, and voluntary childlessness influence support for lesbian women's access to in vitro fertilization (IVF). While prior literature uses the broader term medically assisted reproduction, our analysis focuses on in vitro fertilization due to its policy relevance in Hungary and alignment with survey measures. This specificity allows us to examine IVF—a key MAR technology within Hungary's pronatalist framework—while ensuring consistency with broader MAR research.

2. Contextual Background

2.1. Population Framework

Hungary's pronatalist agenda, while intensified under Fidesz after its 2010 electoral victory, builds on earlier state efforts to counteract demographic stagnation. Policies targeting birth rates—from mid-20th century abortion restrictions to financial incentives for families—reflect a long-standing anxiety over population decline (Vukovich, 1991). In 2010, the right-wing conservative party Fidesz came to power in Hungary with a two-thirds majority in parliament. This supermajority enabled the government not only to govern with significant control but also to amend and even rewrite the country's constitution. Since then, Fidesz has maintained its parliamentary dominance, consolidating power through legal and institutional reforms that have curtailed checks and balances. The rise of right-wing populist parties is not unique to Hungary; similar trends have been observed in countries such as Poland and Turkey, where governments employ nationalist rhetoric and executive centralization to maintain their grip on power (Brubaker, 2017).

The Orbán regime exhibits several characteristics commonly associated with populist governance. Its social policy reforms reflect a blend of ideological influences, including neoliberalism, neoconservatism, and Étatism (Bartha et al., 2020; Brubaker, 2017). The policy-making process has often bypassed traditional institutional mechanisms, with laws passed through expedited procedures that limit parliamentary debate and public consultation (Bartha et al., 2020). Additionally, the government has employed a discursive governance strategy that uses emotionally charged language to shape public discourse and reinforce

ideological objectives. This rhetoric frequently relies on moralizing narratives, portraying political opposition, migration, and gender issues as existential threats (Bartha et al., 2020).

One of the central narratives promoted by the government is that of the "demographic crisis," which is intertwined with broader nationalist and conservative themes. The government attributes population decline to liberal policies and external threats, such as migration and "gender ideology," positioning itself as the defender of traditional family values (Herke, 2021). This framing is amplified through state-controlled media and national consultations—public opinion campaigns that present leading questions designed to reinforce government narratives. These consultations serve to generate moral panic by constructing social issues as crises requiring urgent intervention (Sik, 2016).

A cornerstone of the Orbán government's agenda is its pronatalist policy, which promotes traditional family structures and portrays childbearing as a patriotic duty. This policy framework includes financial incentives such as tax benefits, subsidized loans, and housing grants for large families. However, critics argue that these measures disproportionately benefit middle- and upper-class families while offering limited support to marginalized groups, such as low-income households and single parents (Bauer, 2022). The focus on increasing birth rates among the ethnic majority further underscores the exclusionary dimension of these policies.

2.2. MAR Regulation

The regulation of MAR in Hungary dates back to 1981. The initial legal framework restricted access to artificial insemination to women under 45 who were married, Hungarian citizens, had permanent residency, were legally competent, and possessed medical confirmation of infertility (Szalma & Sipos, 2024). These restrictive conditions reflected a heteronormative and exclusionary approach, which has continued to shape MAR policies in subsequent decades.

A major shift occurred in the late 1990s when cohabiting heterosexual couples were granted access to MAR services, eliminating the marriage requirement. This period also marked the first steps toward financing assisted reproduction beyond the public healthcare system (Szalma & Sipos, 2024). Further reforms in the mid-2000s extended access to single women under 45, but lesbian couples in registered partnerships remained excluded. To access treatment, lesbian couples had to conceal their relationship, ensuring that only one partner had a legal connection to the child (Szalma & Sipos, 2024).

Since 2010, in alignment with its pronatalist agenda, the Orbán government has enacted major regulatory changes that have reshaped MAR accessibility. One of the most significant shifts occurred in 2020, when the government nationalized fertility clinics, transferring most facilities to state ownership and introducing state-funded support for treatments and medications (Szalma, 2021). The official justification for this move cited Hungary's demographic challenges, framing the expansion of state control as a necessary intervention to address declining birth rates. However, critics argue that these reforms were driven by ideological motives, particularly the aim to limit access to non-heteronormative families while reinforcing a nationalist vision of reproduction (Szalma, 2021).

Currently, Hungary has twelve fertility centers, with seven located in Budapest and five in major provincial cities. However, the absence of facilities in northeastern Hungary, a region characterized by higher poverty rates in comparison with other areas (Hungarian Central Statistical Office, 2024), creates significant accessibility barriers, particularly for lower-income populations (Szekulesz, 2022). While nationalization has increased the government's control over MAR services, it has also reinforced a selective approach to reproduction. By consolidating MAR within state institutions, the government has ensured that access aligns with its broader nationalist and pronatalist objectives, effectively marginalizing those who do not conform to its vision of the ideal family structure. This process of nationalizing fertility clinics and centralizing reproductive services can be interpreted through Michel Foucault's concept of biopolitics. By taking direct control over institutions that govern reproduction, the Hungarian state exercises what Foucault called "biopower"—the strategic use of medical, legal, and institutional mechanisms to regulate bodies and populations. Fertility thus becomes not only a private matter but a political one, where access to reproductive technologies is differentially distributed based on ideological conformity to state-defined norms (Foucault, 1978). Yet, despite this centralized biopolitical control, resistance persists. Many Hungarians dissatisfied with the restrictive state-funded assisted reproduction system seek services abroad, with clinics in the Czech Republic attracting significant cross-border demand from Hungary and neighbouring countries for a variety of reasons (Burcin et al., 2020). This form of reproductive mobility highlights how individuals in some cases navigate around state-imposed constraints, reclaiming a degree of autonomy in a context of ideologically conditioned access.

3. Theoretical Considerations

In an era of declining birth rates and shifting demographic landscapes, pronatalism—a social and political stance advocating for higher birth rates—has gained renewed attention. While pronatalist policies often emphasize universal incentives to address demographic challenges, a more exclusionary variant has emerged: nativism. Rooted in nationalism and xenophobia (Mudde, 2007), nativism asserts that a nation's survival depends exclusively on the reproduction of its "native" population (Ennser-Jedenastik, 2021). This ideology is particularly salient among right-wing parties, which deploy nationalist narratives to frame demographic sustainability as inseparable from racial and cultural homogeneity, often positioning women's reproductive roles as central to defending the nation against perceived threats of migration and "cultural dilution" (Norocel, 2023, p. 291). This manifests in policies that frame migration as a demographic and cultural threat, redistributing state resources to incentivize childbirth among "native" groups while opposing immigration from populations deemed incompatible with nationalist ideals (Geva & Santos, 2021). However, MAR plays a crucial role in the pronatalist discourse, expanding reproductive possibilities for individuals and couples seeking to build families (Korolczuk, 2021).

At first glance, it might seem that pronatalism always supports the use of MAR. However, this is not always the case, as in many instances, the state restricts access to MAR for certain groups, revealing underlying social or economic biases that shape who is deemed eligible for support in their path to parenthood (Compans & Zagel, 2025). In certain Central and Eastern European countries, such as Hungary and Poland, same-sex couples' access to MAR is explicitly part of a broader "selective patriotic pronatalist" agenda, which means that the reproduction of certain social groups is prioritized over others in a context where reproduction is viewed as a patriotic or national responsibility (Szalma & Takács, 2025). Ji-Young (2024) argues that MAR, while often framed as a tool for individual reproductive autonomy, is increasingly being

co-opted by nation-states to address demographic anxieties related to declining fertility rates. She distinguishes between two types of pronatalism: Individualized pronatalism refers to a personal or individual desire to have children, while institutionalized pronatalism, which refers to state-level policies and ideologies that encourage or incentivize population growth, often for economic, nationalistic, or demographic reasons. Institutionalized pronatalism is characterized by actionable policies, such as state-funded in-vitro fertilization programmes, and is often justified by fears of demographic decline. While both individual and institutional pronatalism share the goal of encouraging procreation, their underlying motivations may vary. A relevant example is Israel's state-funded universal coverage of MAR treatments, which is driven by ethno-nationalist objectives to maintain a Jewish demographic majority in response to perceived demographic threats from Palestinian populations (Ji-Young, 2024). Similarly, in Bulgaria, political elites and media narratives frame higher fertility rates among the Roma minority as a demographic threat to the "ethnic core" of the nation, leading to exclusionary policies that stigmatize minority reproduction while valorising ethnic Bulgarian childbearing (Kotzeva & Dimitrova, 2014).

3.1. The Declining Population Narrative

Demographic decline has become a potent narrative underpinning institutionalized pronatalism, often framed as an existential crisis demanding urgent policy intervention. The fear of population decline is far from a novel concern in Hungary, with state efforts to counteract demographic stagnation stretching back to the 1950s. Long before contemporary pronatalist policies gained global attention, Hungarian authorities implemented measures—from restricting abortion access to offering financial incentives for larger families, reflecting a persistent anxiety over low birth rates (Vukovich, 1991). This anxiety has been rearticulated under right-wing populist governance, framing demographic decline as a civilizational threat tied to the erosion of heteronormative family structures and national identity (Rasmussen, 2023).

3.2. Endorsing Traditional Gender Roles

Heteroactivism plays a central role in right-wing populist movements, which utilize it to defend traditional family values, particularly heterosexual marriage and childbearing (Rasmussen, 2023). These movements frame feminist, LGBTQ+, and gender equality movements as threats to established societal norms. Notably, populist radical-right parties often selectively instrumentalize gender equality rhetoric, portraying it as a tool to protect "native women" from perceived immigrant threats, while simultaneously upholding conservative gender roles and opposing feminist agendas domestically (Reinhardt et al., 2023). This strategy diverges regionally: while populists in Northwestern Europe increasingly weaponize gender equality and LGBTQ+ rights as markers of a "progressive" identity threatened by Islam, their counterparts in Central and Eastern Europe frame migration as incompatible with traditional family structures rooted in Christian-nationalist ideals (Brubaker, 2017).

Individuals who do not conform to prevailing reproductive norms, particularly same-sex couples, are often subject to social exclusion shaped by selective and nationalist pronatalist ideologies (Szalma & Takács, 2025). In countries with selective patriotic pronatalism, where reproduction is ideologically linked to a perceived national ideal, same-sex parenting is frequently framed as problematic. Notably, restrictive MAR policies targeting same-sex couples in Central and Eastern Europe often persist despite growing societal acceptance of LGBTQ+ parenthood, reflecting a disconnect between public attitudes and legislative priorities (Compans

& Zagel, 2025). In such contexts, LGBTQ+ individuals are both excluded from parenthood and blamed for demographic challenges (Szalma & Takács, 2025).

In this framework, heteroactivism becomes a reactionary force, positioning the preservation of traditional family structures as vital to safeguarding the nation's future. The defence of these values is framed as a response to fears surrounding demographic change and the erosion of heteronormative structures (Rasmussen, 2023). By linking heteronormativity to concerns about national identity, these movements argue that immigration poses a threat to native populations and national culture (Rasmussen, 2023). Traditional gender roles are further entrenched by the carefare regime, which disproportionately reallocates care responsibilities onto women, combining unpaid domestic labour with low-wage work. Within this political framework, gender equality measures are rejected, and care work is sentimentalized as a "natural" female duty (Fodor, 2022).

3.3. Voluntary Childlessness and the Limits of Reproductive Autonomy

The integration of MAR into state-led pronatalist agendas often raises concerns about reproductive autonomy. While MAR is intended to expand reproductive choices, in practice, its state-driven implementation may inadvertently restrict individual freedom, particularly for women. Policies that encourage or pressure women to have children can undermine their autonomy, making reproduction seem more like a national imperative than a personal choice. McCutcheon (2020) critiques how pronatalist frameworks conflate womanhood with motherhood, stigmatizing childless women as deviating from a biologically mandated role, which reinforces societal pressures to conform to traditional reproductive norms. Recent research highlights how pronatalist discourses in Europe, particularly in Central and Eastern Europe, link voluntary childlessness to cultural threats and anti-immigration sentiments, framing both as risks to national survival (Szalma & Heers, 2024). In this regard, medicalized pronatalism, which capitalizes on the cultural idealization of biological motherhood, often discourages alternatives to biological reproduction, such as adoption (Bajaj & Stade, 2023).

Thus, the intersection of MAR and pronatalism presents a paradox: while MAR can expand reproductive opportunities, its role in state-driven agendas often leads to selective access, reinforcing traditional gender roles and limiting reproductive freedom. The ideological forces embedded in these policies expose the underlying hierarchies that determine who is considered "worthy" of parenthood and who has access to these reproductive options.

3.4. Pronatalist Policies as Alternatives to Migration in Addressing Demographic Decline

In response to demographic decline, governments often reject mass immigration as unfeasible or politically unpopular, preferring instead to encourage higher fertility rates among the native population (Ji-Young, 2024). For instance, since 2010, the Hungarian government has prioritized domestic strategies to address the demographic crisis, concurrently adopting a firm stance against immigration (Szalma & Takács, 2025). The prime minister of Hungary, Viktor Orbán emphasizes that Hungary's solution to demographic challenges lies in increasing the birthrate of native children, rather than relying on immigration to fill the population gap (Rasmussen, 2023). In Hungary, policies such as the Family Protection Action Plan—including generous housing subsidies (CSOK), baby bonds, and the "baby-expecting loan"—illustrate how pro-natalist campaigns

are tied to nationalist rhetoric and restrictive immigration policies. These programmes aim not simply to boost population numbers, but to increase the number of native-born citizens specifically (Rasmussen, 2023). Poland has adopted a similar approach, prioritizing pro-natalist policies like the Family 500+ child allowance to address population decline, while rejecting immigration in order to preserve ethnic homogeneity. While the universal cash benefit succeeded in halving child poverty and temporarily increasing fertility, it failed to raise birth rates sustainably above replacement level. Polish government rhetoric frames both low fertility and emigration as existential threats, linking demographic resilience to nationalist narratives and opposition to multiculturalism (Cook et al., 2023).

Beyond Europe, demographic policies in countries such as China, Singapore, Thailand, and South Korea are also closely linked to nationalist ideologies. These states typically resist altering the ethnic composition of their populations through migration and have only made limited relaxations to immigration policies, despite facing acute demographic challenges (Whittaker, 2022). Consequently, the responsibility to resolve demographic issues is placed primarily on native women, often generating resistance. In South Korea, for instance, the radical feminist 4B movement emerged as a response to patriarchal pronatalism, rejecting marriage and motherhood as acts of protest against state attempts to regulate women's reproductive roles (Ji-Young, 2024).

Although our data do not permit causal inference between political discourse and individual attitudes, our theoretical framework assumes that political discourses—especially those promoted by dominant populist actors—play an active role in shaping public opinion on reproductive issues. Drawing on the literature on discursive governance (Bartha et al., 2020) and moral panic (Sik, 2016), we conceptualize public attitudes as being both reflective of pre-existing normative structures and shaped by sustained political messaging. In other words, we understand attitudes toward MAR as co-constituted by individual-level predispositions and macro-level ideological narratives. This perspective helps explain the clustering of conservative views on gender, nationalism, and migration into a broader attitudinal syndrome (Rasmussen, 2023). Although our empirical analysis is conducted at the individual level using survey data, our theoretical approach remains attentive to the interplay between macro-level ideologies and micro-level opinions. We therefore understand individual attitudes not in isolation, but as embedded in and influenced by broader political and cultural structures.

4. Hypotheses

Our hypotheses stem from the theoretical framework that right-wing populists advocate for the traditional family structure, viewing it as the cornerstone for national reproduction.

Our first hypothesis is grounded in the assumption that those who perceive population decline as a national concern are more inclined to view reproduction as a public matter rather than a private decision, and thus support state-supported IVF programmes:

> H1a: Individuals who believe that childbearing is important due to Hungary's population decline are more likely to support IVF for heterosexual couples.

This may be because non-traditional families are perceived as incompatible with nationalist demographic goals.

Thus:

> H1b: Individuals who believe that childbearing is important due to Hungary's population decline are less likely to support IVF access for lesbian couples.

Our second hypothesis suggests that there may be an alignment of traditional gender values with the state's pronatalist agenda:

> H2a: Individuals who agree that the husband should prioritize work, while the wife should prioritize home and children, are more likely to support IVF for heterosexual couples.

We follow with the assumption that non-heteronormative families are viewed as a threat to traditional gender structures:

> H2b: Individuals who agree that the husband should prioritize work, while the wife should prioritize home and children are less likely to support IVF access for lesbian women.

Our third hypothesis rests on the idea that motherhood is perceived as a normative life path, reinforcing collective reproductive expectations:

> H3a: Individuals who agree that childbearing is necessary for a woman to live a full life are more likely to support IVF for heterosexual couples.

They may view non-traditional family forms as deviating from these normative gender roles:

> H3b: Individuals who agree that childbearing is necessary for a woman to live a full life are less likely to support IVF access for lesbian couples.

A fourth hypothesis reflects the belief that domestic pronatalist policies are the only acceptable demographic solution:

> H4a: Individuals who assess immigration as having a "negative impact" on counterbalancing population decline are more likely to support IVF for heterosexual couples.

This may stem from viewing non-traditional families as inconsistent with nationalist ideas about demographic preservation. Thus:

> H4b: Individuals who assess immigration as having a "negative impact" on counterbalancing population decline are less likely to support IVF access for lesbian couple

5. Data and Methods

The survey providing empirical data for our analysis was conducted between February and April 2024 by the Hungarian Academy of Sciences, Centre for Social Sciences, Lendület Research Group on Reproductive

Decision-Making, which designed and financed the study. The sample consisted of 1,506 participants, nationally representative in terms of age, gender, and settlement type, selected through a multistage stratified random sampling approach. In the first stage, settlements were stratified by county and settlement type (e.g., urban/rural) and selected using probability-proportional-to-size sampling to ensure proportional geographic representation. In the second stage, respondents within these settlements were chosen via simple random sampling, with participants contacted through address-based sampling to reach individuals at their registered residential addresses. Data collection was managed by Panelstory using a hybrid format: 66.9% ($N = 1,008$) of responses were gathered via an online questionnaire, while 33.1% ($N = 498$) were obtained through face-to-face interviews to ensure inclusion of individuals without internet access.

To enhance representativeness, post-stratification weights were applied using gender, age, education, and settlement type from Hungary's 2022 Census, adjusting for biases across 54 demographic cells. Final weights ranged from 0.320 to 3.695, aligning the dataset with Census benchmarks for adults aged 18 or more. After weighting, the sample became fully representative of Hungary's population across all four dimensions.

The study focused on reproductive decision-making, addressing topics such as abortion and its consequences, fertility treatments, and knowledge about adoption.

5.1. Variables and Methods

The first dependent variable measured general acceptance of IVF for different-sex couples, based on the question: "Do you consider in-vitro fertilization acceptable for heterosexual couples?"

Responses to this question were measured on a 4-point scale: 1 (*not acceptable at all*), 2 (*rather not acceptable*), 3 (*rather acceptable*), and 4 (*fully acceptable*). However, for the acceptance of lesbian participation in IVF procedures, only two response categories were possible: yes or no. Therefore, we decided to code this variable accordingly. Given the binary nature of the second dependent variable, we employed logistic regression for both outcomes to ensure consistency. The responses were recoded into binary variables for logistic regression in the case of the first dependent variable: *not acceptable* if the respondent selected 1 or 2, and *acceptable* if the respondent selected 3 or 4.

5.2. Explanatory Variables

We distinguish between explanatory and control variables based on whether they reflect theoretically grounded ideological dimensions or serve to adjust for demographic variation. At the heart of state rhetoric lies the imperative to reverse population decline. We measure alignment with this narrative using respondents' agreement with the statement: "Childbearing is important because Hungary's population is declining." Agreement with this statement was measured on a 1–5 Likert scale. The responses were recoded as follows: 1–2 = *not important*, 3 = *neutral*, and 4–5 = *important*.

Hungary's pronatalism is inseparable from its emphasis on heteronormative family structures and rigid gender roles. We assess this dual dimension through two variables: "It is correct that the husband should prioritize work, while the wife should prioritize home and children, even if both of them are employed." and "Childbearing is necessary for a woman to live a full life." Both variables used a 5-point Likert scale (1 = *strongly disagree*,

2 = *rather disagree*, 3 = *neither agree nor disagree*, 4 = *rather agree*, 5 = *strongly agree*) with responses recoded into three categories.

In a society where childbearing is valorised as a civic duty, voluntary childlessness is often stigmatized. To gauge societal acceptance of this choice, we used the following item: "A woman can only live a full life if she has children." Agreement with this item was measured on a 5-point Likert scale (1 = *strongly disagree*, 2 = *rather disagree*, 3 = *neither agree nor disagree*, 4 = *rather agree*, 5 = *strongly agree*).

The Orbán government's rejection of immigration as a solution to population decline has polarized public opinion. We gauge this tension through respondents' evaluations of the statement: "How would you evaluate the potential impact of people moving to Hungary from other countries to counterbalance the country's population decline?" Responses were measured on a scale from 0 to 10 and recoded as follows: 0–3 were classified as *negative impact*, 4–6 as *neutral*, and 7–10 as *positive impact*.

5.3. Control Variables

In the analysis, we primarily considered socio-demographic variables as independent variables that may be relevant based on previous research. Gender reflects the uneven burdens of pronatalism. While state rhetoric frames childbearing as a collective duty, women disproportionately shoulder the material and social costs of reproduction. It was categorized into two groups (male = 1, female = 2). Age captures generational divides. Younger Hungarians, raised in an era of globalization and LGBTQ+ visibility, often diverge from older cohorts steeped in socialist-era pronatalism or post-transition conservatism. Age groups were divided into three categories: 18–39 years = 1, 40–59 years = 2, and 60 years or older = 3. Education level often serves as an indicator of exposure to progressive ideas. Individuals with higher education, particularly in urban areas, are more likely to engage with diverse perspectives on issues like reproductive rights. Educational attainment was categorized as follows: basic = 1 (primary school or vocational school without a diploma), secondary = 2 (high school diploma), and tertiary = 3 (university degree).

Religiosity often correlates with adherence to conservative ideologies that intertwine nationalism with traditional family values. This variable highlights how religious frameworks may reinforce pronatalist norms, positioning reproduction within traditional family structures as morally endorsed while marginalizing non-traditional family arrangements. For religiosity, the following categories were used: "I am religious, I follow the teachings of the church" = 1, "I am religious in my own way" = 2, "I cannot say whether I am religious" = 3, "I am not religious" = 4. Additionally, we considered whether the respondent had children (1 = yes, 2 = no) and their marital status (1 = married, 2 = living with a partner, 3 = not living with a partner).

Finally, we incorporated some attitude variables, including the importance of having children due to population decline, acceptance of voluntary childlessness, and acceptance of migration. The variables included in the analysis are presented in Table 1.

Table 1. Characteristics of the variables included in the analysis.

		N	%
Dependent variables			
Acceptance of IVF	Yes	1263	89.9
	No	142	10.1
Acceptance of IVF in case of lesbian woman	Yes	641	50.5
	No	626	49.4
Control variables			
Gender	Male	638	42.4
	Female	868	57.6
Age group	18–39	599	39.3
	40–59	549	36.5
	60+	364	24.2
Education	Primary	409	27.2
	Secondary	718	47.8
	Higher	376	25.0
Religion	I am religious and follow the teachings of the Church.	152	10.8
	I am religious in my own way.	628	44.6
	I can't say whether I am religious or not.	74	5.2
	I am not religious.	555	39.4
Have you had any children?	Yes	780	52
	No	719	48
Explanatory variables			
Childbearing is important because Hungary's population is declining	Disagree	328	22.2
	Neither disagree nor agree	393	26.6
	Agree	756	51.2
It is correct that the husband should prioritize work, while the wife should prioritize home and children, even if both of them are employed.	Disagree	525	36.2
	Neither agree nor disagree	369	25
	Agree	572	38.8
Childbearing is necessary for a woman to live a full life.	Disagree	301	20.5
	Neither agree nor disagree	251	17
	Agree	921	62.5
How would you assess the potential impact of people moving to Hungary from other countries to counterbalance the country's population decline?	Bad	973	66.4
	Neutral	150	10.2
	Good	343	23.4

Source: Own calculations based on the Childbearing Representative Survey of 2024.

5.4. Analytical Strategy

Logistic regression was chosen as the primary analytical method because it allows for the examination of binary outcomes (see Tables 2 and 3) while controlling for multiple independent variables. The analysis was

conducted in several steps, with socio-demographic variables included in the first model (A). In the second model (B), we add two explanatory variables: population decline and traditional attitudes. In Model C, we include the item "childbearing is necessary for a woman to live a full life." In the fourth model (D), we include migration attitudes. Finally, we ran the full model (E), which includes all the variables.

6. Results

6.1. Socio-Demographic Variables and Attitudes Toward IVF

Empirical findings demonstrate that socio-demographic variables significantly influence attitudes toward both IVF for heterosexual couples and IVF access for lesbian couples. Gender does not exhibit a significant relationship with either outcome, but age proves to be an important factor. Younger individuals exhibit less favourable views toward IVF for heterosexual couples compared to those over 60. However, attitudes toward lesbian access to IVF reveal more positive support among the youngest age group (and those aged 40–59) compared to older cohorts.

Education also plays a role, with individuals holding the lowest education levels showing the least support for lesbian access to IVF. In contrast, religiosity has a clearer effect: Religious individuals, particularly those adhering to church teachings, display more negative attitudes toward both IVF for heterosexual couples and lesbian access to IVF. Those who identify as religious but not strictly adhere to church teachings show more varied responses, particularly for IVF for heterosexual couples.

Marital status emerges as another significant factor: single individuals tend to be more supportive of IVF access for lesbians compared to married individuals.

6.2. Explanatory Variables and Attitudes Toward IVF

Similar to socio-demographic variables, we observe significant variation in how explanatory variables influence attitudes toward the two dependent variables. Individuals who either agree or remain neutral stance on the statement that having children is important due to Hungary's declining population are more likely to support IVF for heterosexual couples compared to those who disagree with this statement. This confirms H1a. Similar patterns have been observed in other pronatalist contexts such as Poland and Israel, where concerns about demographic decline correlate with support for fertility treatments among majority heterosexual populations (Cook et al., 2023; Ji-Young, 2024).

The opposite pattern is observed regarding the acceptance of lesbian couples' access to IVF: individuals who consider childbearing important for counteracting population decline are less supportive of lesbian access to IVF than those who do not view childbearing as important. This corresponds to H1b. This aligns with international findings highlighting that concerns about demographic sustainability are often tied to support for traditional, heteronormative family structures, excluding LGBTQ+ couples (Compans & Zagel, 2025; Szalma & Takács, 2025).

Those who agree that "the husband should prioritize work, while the wife should prioritize home and children" do not differ significantly from those who reject it in terms of IVF for heterosexual couples'

acceptance. Thus, we cannot accept H2a. This may be because more people agree with IVF acceptance than with traditional gender roles. However, in the case of lesbian access to IVF, we found a significant difference: Individuals who agree that "the husband should prioritize work, while the wife should prioritize home and children" are less supportive of lesbian access compared to those who do not. This supports H2b and reflects the theoretical argument that heteroactivism, central to right-wing populist movements, defends heteronormative family structures by framing non-traditional parenthood as a threat to national identity and demographic continuity. Similar trends have been documented in Central and Eastern Europe, where policy restrictions persist despite gradual shifts in public opinion toward more inclusive family models (Compans & Zagel, 2025).

As for the acceptance of voluntary childlessness, we found that those who agree that "childbearing is necessary for a woman to live a full life" have more favourable attitudes toward IVF for heterosexual couples than those who disagree. This strengthens H3a. In contrast, those who disagree with the idea that "childbearing is necessary for a woman to live a full life" are more supportive of lesbian access to IVF than those who agree. This pattern reflects the theoretical argument that pronatalist norms conflate womanhood with motherhood, valorising biological reproduction for heterosexual women while marginalizing non-normative family forms, including LGBTQ+ parenthood. This is in line with H3b. Findings correspond to broader critiques of medicalized pronatalism, which valorise biological reproduction within normative gender roles, often at the expense of inclusive reproductive rights (Bajaj & Stade, 2023).

The migration-related question also operated in an opposing manner in the two models. Those who assess immigration as having a "negative impact" (or neutral) on counterbalancing population decline are more supportive of IVF for heterosexual couples compared to those who believe that immigrants enrich Hungary. This is in accordance with H4a. An opposite pattern is also observed when examining lesbian access to IVF: Both those who assess immigration as having a "negative impact" on counterbalancing population decline and those who hold a neutral opinion tend to reject IVF access for lesbian couples, whereas those who believe that immigrants enrich the country are more supportive of such access. This division mirrors the theoretical argument that nationalist pronatalist agendas frame domestic fertility as a zero-sum alternative to immigration, incentivizing reproduction among "native" families while excluding non-heteronormative parenthood as incompatible with ethnocentric demographic goals. This strengthens H4b. These results mirror cross-national evidence showing how nationalist discourses oppose both immigration and non-traditional family formations as threats to cultural continuity (Ji-Young, 2024; Norocel, 2023).

Table 2. Logistic regression models on the acceptance of procedures related to acceptance of IVF for heterosexual couples.

Variables	IVF				
	Model A	Model B	Model C	Model D	Model E
Gender					
Male	1	1	1	1	1
Female	0.984 (0.936)	0.996 (0.987)	0.981 (0.925)	0.962 (0.846)	0.997 (0.989)

Table 2. (Cont.) Logistic regression models on the acceptance of procedures related to acceptance of IVF for heterosexual couples.

Variables	IVF				
	Model A	Model B	Model C	Model D	Model E
Age group					
18–39	0.477** (0.006)	0.502* (0.011)	0.479** (0.007)	0.530* (0.021)	0.532* (0.024)
40–59	0.667 (0.137)	0.678 (0.155)	0.666 (0.139)	0.709 (0.212)	0.721 (0.236)
60+	1	1	1	1	1
Educational level					
Primary	0.727 (0.163)	0.713 (0.141)	0.729 (0.172)	0.716 (0.151)	0.706 (0.138)
Secondary	1	1	1	1	1
Higher	1.553† (0.080)	1.551† (0.082)	1.552† (0.082)	1.524† (0.097)	1.583† (0.072)
Religion					
I am religious and follow the teachings of the church	0.206*** (0.000)	0.200*** (0.000)	0.198*** (0.000)	0.203*** (0.000)	0.202*** (0.000)
I am religious in my own way	0.466** (0.001)	0.449** (0.001)	0.446** (0.001)	0.437** (0.001)	0.450** (0.001)
I am not religious	1	1	1	1	1
I can't say whether I am religious or not.	0.462† (0.071)	0.443† (0.058)	0.431† (0.051)	0.469† (0.081)	0.510 (0.124)
Marital status					
Cohabiting	0.948 (0.850)	0.984 (0.956)	0.971 (0.916)	1.025 (0.928)	1.037 (0.897)
Married	1	1	1	1	1
Not cohabiting	0.808 (0.321)	0.845 (0.436)	0.844 (0.433)	0.898 (0.624)	0.915 (0.690)
Childbearing is important because Hungary's population is declining					
Disagree		1	1	1	1
Neither agree nor disagree		1.819* (0.025)	1.879* (0.023)	1.879* (0.023)	1.758† (0.058)
Agree		1.610* (0.037)	1.847* (0.015)	1.847* (0.015)	1.523 (0.142)
It is correct that the husband should prioritize work, while the wife should prioritize home and children, even if both of them are employed.					
Disagree			1.141 (0.628)	1.027 (0.924)	1.017 (0.952)
Neither agree nor disagree			0.705 (0.152)	0.548* (0.024)	0.617† (0.077)
Agree			1	1	1

Table 2. (Cont.) Logistic regression models on the acceptance of procedures related to acceptance of IVF for heterosexual couples.

Variables	IVF				
	Model A	Model B	Model C	Model D	Model E
Having children is necessary for a woman to live a fulfilling life.					
Disagree				1.238 (0.488)	1.191 (0.574)
Neither agree nor disagree				2.200** (0.007)	2.146* (0.010)
Agree				1	1
How would you assess the potential impact of people moving to Hungary from other countries to counterbalance the country's population decline?					
Bad					1.961** (0.002)
Neutral					3.0075** (0.009)
Good					1
Constant	29.416*** (0.000)	19.488*** (0.000)	21.038*** (0.000)	16.424*** (0.000)	6.794*** (0.000)
Pseudo R2	0.047	0.054	0.059	0.069	0.086
N	1,326	1,326	1,326	1,326	1,326

Note: The reported values are relative risk ratios and standard errors; *** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$; † $p < 0.1$.

Table 3. Logistic regression model of acceptance of IVF access for lesbian women.

Variables	Lesbian couples access				
	Model A	Model B	Model C	Model D	Model E
Gender					
Male	1	1	1	1	1
Female	0.948 (0.667)	0.933 (0.576)	0.918 (0.487)	0.928 (0.551)	0.938 (0.621)
Age group					
18–39	2.036*** (0.000)	1.910*** (0.000)	1.864*** (0.000)	1.783** (0.001)	1.770** (0.001)
40–59	1.635** (0.003)	1.582** (0.005)	1.579** (0.006)	1.548* (0.009)	1.506* (0.016)
60+	1	1	1	1	1

Table 3. (Cont.) Logistic regression model of acceptance of IVF access for lesbian women.

Variables	Lesbian couples access				
	Model A	Model B	Model C	Model D	Model E
Educational level					
Primary	0.710* (0.024)	0.700* (0.020)	0.719* (0.032)	0.725* (0.038)	0.747* (0.065)
Secondary	1	1	1	1	1
Higher	1.151 (0.332)	1.126 (0.418)	1.108 (0.485)	1.113 (0.470)	1.082 (0.603)
Religion					
I am religious and follow the teachings of the church	0.586* (0.014)	0.619* (0.028)	0.635** (0.038)	0.607* (0.025)	0.578* (0.016)
I am religious in my own way	1.125 (0.367)	1.175 (0.223)	1.185 (0.202)	1.201 (0.171)	1.197 (0.188)
I am not religious	1	1	1	1	1
I can't say whether I am religious or not.	2.546** (0.003)	2.606** (0.003)	2.554** (0.003)	2.395** (0.007)	2.335* (0.010)
Marital status					
Cohabiting	1.365† (0.064)	1.326† (0.095)	1.300 (0.123)	1.206 (0.278)	1.228 (0.243)
Married	1	1	1	1	1
Not cohabiting	1.346* (0.035)	1.344* (0.038)	1.325 (0.049)	1.255 (0.116)	1.183 (0.257)
Childbearing is important because Hungary's population is declining.					
Disagree		1	1	1	1
Neither agree nor disagree		0.854 (0.370)	0.930 (0.688)	1.109 (0.585)	0.975 (0.901)
Agree		0.582** (0.001)	0.682* (0.023)	0.906 (0.595)	0.752 (0.138)
It is correct that the husband should prioritize work, while the wife should prioritize home and children, even if both of them are employed.					
Disagree			0.833 (0.256)	0.937 (0.701)	0.880 (0.457)
Neither agree nor disagree			0.652** (0.006)	0.804 (0.182)	0.680* (0.023)
Agree			1	1	1
Having children is necessary for a woman to live a fulfilling life.					
Disagree				0.695† (0.097)	0.692 (0.101)
Neither agree nor disagree				0.472*** (0.000)	0.457*** (0.000)
Agree				1	1

Table 3. (Cont.) Logistic regression model of acceptance of IVF access for lesbian women.

Variables	Lesbian couples access				
	Model A	Model B	Model C	Model D	Model E
How would you assess the potential impact of people moving to Hungary from other countries to counterbalance the country's population decline?					
Bad					0.327*** (0.000)
Neutral					0.688* (0.05)
Good					1
Constant	0.593** (0.008)	0.847 (0.479)	0.965 (0.884)	1.259 (0.369)	3.456*** (0.000)
Pseudo R2	0.045	0.054	0.059	0.069	0.099
N	1,198	1,198	1,198	1,198	1,198

Note: The reported values are relative risk ratios and standard errors; *** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$; † $p < 0.1$.

7. Conclusion

This study aimed to explore how various social and political factors—such as traditional gender roles, the demographic crisis narrative, and migration policies—shape societal attitudes towards medically assisted reproduction, particularly lesbian couples' access to IVF. The findings confirm that political discourses and demographic concerns are closely linked to societal attitudes toward IVF and reproductive policies. Populist political parties often exploit societal anxieties about population decline, positioning the defence of traditional family models at the center of their political discourse, while rejecting non-heteronormative reproductive forms, such as IVF access for lesbian couples (Ji-Young, 2024; Rasmussen, 2023).

Concerns about the demographic crisis are particularly pronounced in Hungary, where the intertwining of national identity and population decline significantly influences reproductive policies. Right-wing populist parties, especially Fidesz, have long made the demographic crisis a central issue, emphasizing the need for traditional family models (Brubaker, 2017; Rasmussen, 2023). The study's findings support the idea that acceptance of traditional gender roles is closely associated with the rejection of IVF access for lesbian couples. This association aligns with the theoretical framework of the study, which suggests that political discourses often serve to protect heteronormative family models, contributing to the broader shaping of social norms (Rasmussen, 2023). In this context, populist rhetoric framing demographic decline as an existential threat is central to the creation of policies that protect these family structures (Norocel, 2023).

Moreover, the rejection of lesbian couples' access to reproductive technologies in Hungary can be seen as part of a broader trend where demographic sustainability is framed as inherently tied to the reproduction of the "native" population, with selective pronatalism shaping who is considered eligible for reproductive support (Geva & Santos, 2021; Szalma et al., 2022). The study also reveals that those who view childbearing as essential for women's fulfilment in life tend to be more supportive of IVF, while those who do not share this view often reject it. This association is consistent with the theoretical approach to voluntary

childlessness and reproductive choices, which emphasizes the interaction between social norms and individual decisions (McCutcheon, 2020).

Attitudes towards migration also strongly influence IVF acceptance, particularly among those who perceive migration as detrimental to the nation. These attitudes are closely associated with general support for IVF, while access to IVF for lesbian couples is often rejected. This trend mirrors the nationalist political discourse that stresses the importance of native childbearing, as opposed to viewing migration as a potential solution to demographic challenges (Norocel, 2023; Szalma & Heers, 2024).

Socio-demographic factors—such as age, religiosity, and education—also play a significant role in shaping attitudes towards IVF. Older individuals and those with religious affiliations are generally more supportive of IVF for heterosexual couples, likely reflecting alignment with traditional family norms. However, younger generations tend to show higher levels of support for IVF access for lesbian couples, suggesting a generational divide in views on non-heteronormative parenthood. These social factors, along with the influence of political discourses, align with the theoretical framework that emphasizes how societal norms and political ideologies shape individual decisions and access to reproductive rights.

This study contributes to the understanding that individual attitudes should not be interpreted in isolation, but rather as part of a broader, mutually reinforcing conservative attitude syndrome. This syndrome encompasses support for traditional gender roles, affinity with nationalist discourse, and scepticism toward migration. These interconnected dimensions help explain why attitudes toward seemingly distinct social issues tend to align in consistent, ideologically coherent ways. It is also important to emphasize that while religiosity is generally associated with more conservative attitudes, the type of religiosity matters in shaping support for IVF. Our findings suggest that opposition to IVF—especially in the case of lesbian couples—is most pronounced among individuals who identify as religious and explicitly follow church teachings. In contrast, those with a religious identity but without doctrinal commitment exhibit greater attitudinal variation. This nuance may help explain the apparent tension between religiosity and support for IVF observed in different age cohorts.

These insights must be understood in the context of Hungary's political landscape. The government's increasingly hostile rhetoric and policy actions against LGBTQ+ individuals may further shape societal attitudes, particularly regarding reproductive access for same-sex couples (Szalma & Takács, 2025). Such discourse not only reinforces traditional family norms but may also legitimize exclusionary views within the broader public, thus influencing support for MAR access for lesbian women. While several findings echo regional patterns observed in other Central and Eastern European countries, such as the politicization of demographic concerns and the selective promotion of fertility (Cook et al., 2023; Kotzeva & Dimitrova, 2014), Hungary's extensive state control over MAR and its strong anti-immigration stance mark a particularly centralized and ideologically cohesive pronatalist regime. This makes the Hungarian case a key example of how reproductive autonomy can be constrained under nationalistic policy frameworks that valorise specific family models while marginalizing others.

Although this study adopts a framework in which policy discourse is seen as a key driver of public attitudes toward MAR, we also acknowledge several underlying assumptions. First, the direction of causality between discourse, policy, and opinion may be reciprocal and context-dependent. Second, although we treat

attitudes as separate constructs for analytical clarity, these are likely embedded in broader ideological patterns. Future studies employing latent class analysis or structural equation modelling could better capture these interrelations. Explicitly reflecting on these limitations strengthens our theoretical framing and points to promising avenues for future research.

Finally, the influence of political discourses and ideologies on reproductive policies and access regulation is of paramount importance. The study's results highlight that social and political discourses not only shape individual decisions but also affect the availability of public services, such as IVF. Segments of society that do not conform to the "required" reproductive models are often excluded from reproductive rights. This study offers a new perspective on understanding the relationship between reproductive policies and social norms, especially in examining the impact of pronatalist policies. Future research should further investigate the effects of medical pronatalism on reproductive autonomy, as well as its long-term social and political consequences, with particular attention to the interaction between political discourses and social norms.

Conflict of Interests

The authors declare no conflict of interests.

Data Availability

The data that support the findings of this study are available from the authors upon request. The survey questionnaire used in this study is publicly available at: https://reprosoc.tk.hu/en/data

LLMs Disclosure

The authors utilised the subscription-based version of ChatGPT (OpenAI) to review the manuscript for grammar and style. ChatGPT was used exclusively for language editing and not for any other aspect of the manuscript.

References

Bajaj, N., & Stade, K. (2023). Challenging pronatalism is key to advancing reproductive rights and a sustainable population. *The Journal of Population and Sustainability*, *7*(1), 39–70. https://doi.org/10.3197/JPS.63799953906861

Bartha, A., Boda, Z., & Szikra, D. (2020). When populist leaders govern: Conceptualising populism in policy making. *Politics and Governance*, *8*(3), 71–81. https://doi.org/10.17645/pag.v8i3.2922

Bauer, Z. (2022). *Narrated experiences of medically assisted reproduction in Hungary: Infertility from a multimethod perspective* [Unpublished doctoral dissertation]. Corvinus University of Budapest. https://doi.org/10.14267/phd.2022029

Brubaker, R. (2017). Between nationalism and civilizationism: The European populist moment in comparative perspective. *Ethnic and Racial Studies*, *40*(8), 1191–1226. https://doi.org/10.1080/01419870.2017.1294700

Burcin, B., Pachlová, T., Šťastná, A., & Kocourková, J. (2020). *Assessment of the contribution of assisted reproduction methods for the future development of the number of live births in Czechia.* Research Square. https://doi.org/10.21203/rs.3.rs-40688/v1

Compans, M. C., & Zagel, H. (2025). Medically assisted reproduction and non-normative family forms: Legislation and public opinion in Europe. *European Societies*, *27*(1), 171–203. https://doi.org/10.1162/euso_a_00003

Cook, L. J., Iarskaia-Smirnova, E. R., & Kozlov, V. A. (2023). Trying to reverse demographic decline: Pro-natalist and family policies in Russia, Poland and Hungary. *Social Policy and Society*, *22*(2), 355–375. https://doi.org/10.1017/S1474746422000628

Ennser-Jedenastik, L. (2021). The impact of radical right parties on family benefits. *West European Politics*, *45*(1), 154–176. https://doi.org/10.1080/01402382.2021.1936944

Fodor, E. (2022). *The gender regime of anti-liberal Hungary*. Springer Nature. http://doi.org/10.1007/978-3-030-85312-9

Foucault, M. (1978). *The history of sexuality, Volume 1: An introduction*. Pantheon Books.

Geva, D., & Santos, F. G. (2021). Europe's far-right educational projects and their vision for the international order. *International Affairs*, *97*(5), 1395–1414. https://doi.org/10.1093/ia/iiab112

Hašková, H., & Dudová, R. (2020). Selective pronatalism in childcare and reproductive health policies in Czechoslovakia. *The History of the Family*, *25*(4), 627–648. https://doi.org/10.1080/1081602X.2020.1737561

Herke, B. (2021). *Welfare deservingness perceptions of single mothers in Hungary: Institutional design, government discourse, and public attitudes* [Unpublished doctoral dissertation]. Corvinus University of Budapest. https://doi.org/10.14267/phd.2022037

Hungarian Central Statistical Office. (2024). *5.1.2.2. Relative income poverty rate by region and type of settlement: STADAT—Summary Tables*. https://www.ksh.hu/stadat_files/ele/en/ele0018.html

Ji-Young, L. (2024). A brave new world? Pronatalism and the future of reproductive technologies. *Humana.Mente—Journal of Philosophical Studies*, *17*(46), 25–53.

Korolczuk, E. (2021). Assisted reproduction: Poland in a comparative perspective. In K. Fábián, J. E. Johnson, & M. Lazda (Eds.), *The Routledge handbook of gender in Central-Eastern Europe and Eurasia* (pp. 483–491). Routledge. https://doi.org/10.4324/9781138347762-80

Kotzeva, T., & Dimitrova, E. (2014). Nationalism and declining population in Bulgaria after 1990. *Comparative Population Studies*, *39*(4), Article 1990. https://doi.org/10.12765/CPoS-2014-15

Lazzari, E., Gray, E., & Chambers, G. M. (2021). The contribution of assisted reproductive technology to fertility rates and parity transition. *Demographic Research*, *45*, 1081–1096. https://doi.org/10.4054/DemRes.2021.45.35

McCutcheon, J. M. (2020). Reviewing pronatalism: A summary and critical analysis of prior research examining attitudes towards women without children. *Journal of Family Studies*, *26*(4), 489–510. https://doi.org/10.1080/13229400.2018.1426033

Melegh, A. (2023). *The migration turn and Eastern Europe. A global historical sociological analysis*. Palgrave McMillan. https://doi.org/10.1007/978-3-031-14294-9

Mudde, C. (2007). *Populist radical right parties in Europe*. Cambridge University Press. https://doi.org/10.1017/CBO9780511492037

Norocel, O. C. (2023). *Gendering the far-right continuum in Europe.* In K. Kondor & M. Littler (Eds.), *The Routledge handbook of far-right extremism in Europe* (Vol. 1, pp. 288–299). Routledge. http://doi.org/10.4324/9781003256892-27

Rasmussen, C. (2023). Fertile ground: The biopolitics of natalist populism. *ACME*, *22*(3), 1069–1092. https://doi.org/10.7202/1102113ar

Reinhardt, S., Heft, A., & Pavan, E. (2023). Varieties of antigenderism: The politicization of gender issues across three European populist radical right parties. *Information, Communication & Society*, *27*(7), 1273–1294. https://doi.org/10.1080/1369118X.2023.2246536

Sik, E. (2016). Egy hungarikum: A morális pánikgomb. *Mozgó Világ*, *42*(10), 67–80.

Spéder, Z., & Bálint, L. (2024). Realization of short-term fertility intentions in a comparative perspective: Which macro-level conditions matter? *Population Research and Policy Review*, *43*(5), Article 72. https://doi.org/10.1007/s11113-024-09913-3

Szalma, I. (2021). *Attitudes, norms, and beliefs related to assisted reproduction technologies among childless women in a pronatalist society*. Springer. https://doi.org/10.1007/978-3-658-35628-6

Szalma, I., Hašková, H., Oláh, L., & Takács, J. (2022). Fragile pronatalism and reproductive futures in European post-socialist contexts. *Social Inclusion*, *10*(3), 82–86. https://doi.org/10.17645/si.v10i3.6128

Szalma, I., & Heers, M. (2024). Attitudes toward immigration in Europe. Understanding the links between pronatalism and voluntary childlessness. *International Journal of Sociology*, *54*(2), 87–111. https://doi.org/10.1080/00207659.2024.2319420

Szalma, I., & Sipos, A. (2024). A comparative analysis across reproduction policy fields in Hungary. In H. Zagel (Ed.), *Reproduction policy in the twenty-first century* (pp. 119–136). Edward Elgar Publishing. https://doi.org/10.4337/9781035324163.00017

Szalma, I., & Takács, J. (2025). The impact of political-demographic considerations on European attitudes towards parenting and adoption by same-sex couples. *European Journal of Politics and Gender*. Advance online publication. https://doi.org/10.1332/25151088Y2024D000000072

Szekulesz, D. (2022). "All planned babies must be born." Women's experience of infertility and assisted reproductive technologies in Hungary. *Intersections. East European Journal of Society and Politics*, *8*(3), 30–47. https://doi.org/10.17356/ieejsp.v8i3.874

Vukovich, G. (1991). Magyarország népesedéspolitikája. *Demográfia*, *34*(1/2), 61–70.

Whittaker, A. (2022). Demodystopias: Narratives of ultra-low fertility in Asia. *Economy and Society*, *51*(1), 116–137. https://doi.org/10.1080/03085147.2021.1968672

About the Authors

Ivett Szalma (PhD) is a research chair at the HUN-REN Centre for Social Sciences, where she leads the "Momentum" Reproductive Sociology Research Group. She is also an associate professor at Corvinus University of Budapest. Her research focuses on childlessness, attitudes toward same-sex couples, and assisted reproduction. Her most recent publications include the articles "Measuring Attitudes Towards Voluntary Childlessness: Indicators in European Comparative Surveys" (with M. Heers and M.L. Tanturri) and "The Impact of Political-Demographic Considerations on European Attitudes Towards Parenting and Adoption By Same-Sex Couples" (with J. Takács).

Lóránt Pélyi has been a member of the "Momentum" Research Group as a research assistant since September 2022. His research interests include the impact of dog ownership on childbearing decisions and assisted reproduction. His most recent publication is a book chapter titled "A Scoping Review of the Roles of Pets in Families Between 1980–2023 From a Gender Perspective" (with I. Szalma and O. Udvari).