



# **NAVIGATING BARRIERS:**

**The Impact of Information Gaps and Language Barriers on Migrants' Access to Education, Healthcare, Family Benefits and Employment in Hungary**

Participatory Action Research Report



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**The Impact of Information Gaps and Language Barriers**  
**on Migrants' Access to Education, Healthcare, Family**  
**Benefits and Employment in Hungary**

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Published by: Artemisszió Foundation

The report can be downloaded from the website [navigatehungary.hu](http://navigatehungary.hu).

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## Executive Summary

This report was born as a result of a Participatory Action Research (PAR) process led by Artemisszió Foundation. PAR is an approach to research that emphasizes the participation of the affected community, who, instead of being solely the researched group, become the researchers themselves and are involved in decision-making and the different phases of the whole research process. The main aims of the PAR process are to generate knowledge, that is why this report has been born, and, by building on this knowledge, to take action in order to bring social change.

Our PAR process started with training in October and November 2022 that brought together the team, laid down the group rules including decision-making, and created the base for a common understanding of the PAR method and the topic of integration of migrants in Hungary. The researchers were a group of 12 migrants living in Hungary connected to Artemisszió and its Intercultural Community, called Mira. The group consisted of 10 female and 2 male researchers coming from 8 countries: India, Iran, Jordan, Kosovo, Mexico, Nigeria, Ukraine, and Uganda, from diverse backgrounds, with diverse purposes of staying in Hungary, including a psychologist, civil engineers, an English teacher working also as an intercultural mediator, MA students in Social Integration, a librarian, an IT support analyst, a system administrator, and a graphic designer. The group was meeting every Wednesdays between 18:00-20:00 between November 2022 and November 2023 with the coordination of two staff members from Artemisszió Foundation, who led the sessions and were available for support and consultation throughout the process.

Between November and December 2022, the research topic was identified, and the researchers agreed that one of the most pressing challenges migrants face in Hungary is the lack of information. After finding the topic, the research question was formulated: “How does the lack of information impact migrants’ access to education, healthcare, family benefits, employment, and visas in Hungary?” The data collection phase lasted between January and March 2023. A survey was created that was filled out by a diverse group of 104 respondents with migrant backgrounds to get a general idea how the lack of information impacts the integration of migrants in Hungary, 4 focus groups were conducted about the topics of healthcare and family benefits, and 3 interviews were made regarding the topic of employment. Until October 2023 the qualitative and quantitative data was analyzed and this report has been finalized. A general finding of the report is that services in Hungary are often available for migrants as well, however, access is hindered because of language barriers and the lack of information. These barriers are especially present in the field of healthcare and family benefits.

Between April and May 2023, within the frames of the European Union’s AMIF (Asylum, Migration and Integration Fund) funded SHAPE Project, the researcher group participated in study visits in Portugal, Italy and Germany to learn more about how migrants’ integration and participation is supported in these countries and what roles municipalities have in them. The group found that providing reliable and accessible information for migrants is key. Plans for actions were drafted parallel to writing the report, as a result, an information website called Navigate Hungary is being created for migrants living in Hungary to tackle the information gap. The findings of this research greatly contributed to identify the main areas and to collect the information so that migrants living in Hungary can have better opportunities and access to services in the future.

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# 1. Introduction

Since time immemorial, humanity has been on the move. Some people move in search of work or economic opportunities, to reunite with family or to study. Others move to escape conflict, persecution, terrorism, or human rights violations. To date, more people than ever live in a country other than their country of birth or ancestral descent. In 2020, the number of international migrants in the world stood at almost 281 million, 60 million more than in 2010. Almost two-thirds of them were labor migrants. In 2019, international migrants accounted for 3.6% of the world's population. This compares to 2.8% in 2000 and 2.3% in 1980 (IOM, 2020). The current net migration rate for Hungary in 2023 is 0.626 per 1000 inhabitants, a 0.32 increase from 2022 (Macrotrends, n.d.). In 2021 foreign citizens represented 2% of the total population of Hungary (9,7 million), showing an increasing tendency since 2015 when foreign nationals accounted for only 1.48% of the total population. Almost half of the foreign nationals (45%) are living in Budapest, accounting for around 5% of the capital's population (1.7 million). In 2020 third-country nationals made up 1.2%, while EU citizens 0.8% of the Hungarian population (Eurostat, 2021) In order to reach a better understanding of the obstacles that migrants are faced in Hungary; a Participatory Action Research Project supported by Artemisszió Foundation, Budapest was undertaken.

Participatory Action Research is an approach to action research emphasizing participation and action by members of the community affected by issues in the focus of that research. It aims for a cohesive society that values diversity, supports inclusion, and fights inequalities. In this project, a diverse pool of third-country national<sup>1</sup> migrants from different walks of life and backgrounds sought to effect change and provide solutions to various challenges faced by migrants living in Hungary. Different tools and Methodologies of data collection and analysis were used in conjunction with collaboration with different stakeholders to tackle the challenges faced by third-country national migrants that should be considered in recommendations for decision-makers. The project maintained its integrity by working within the defined data privacy policies for all 3rd party participants involved in various data collection methods like focus groups, interviews, etc. Participants' anonymity is preserved owing to data privacy policies.

The project's primary focus was to affect change at the local level, i.e. influencing municipality-based policy implementation, yet remaining ambitious enough to punch above its weight to induce change possibly at the National level too. Lasting over a year from November 2022 to November 2023, the program aimed to produce achievable results in diversity and inclusion. Quoting Verna Myers, a diversity consultant; *“diversity is being invited to the party, inclusion is being asked to dance”*. The research also sought to address situations where information is available, but migrants are unaware of such information due to language barriers among other plausible causes of such information gap.

The main question of our research is how the lack of information in different areas influences the integration of migrants. The main areas examined were employment, support to women and families, healthcare, language barrier, and Visa / Immigration status issues.

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<sup>1</sup> Third-country nationals (TCNs) are residents who are not citizens of the European Union or who is not a person enjoying the European Union right to free movement (citizen of Norway, Island, Lichtenstein, Switzerland) (European Commission, n.d.).



## 2. Literature Review

### 2.1. Language

The process of social integration involves multiple multidimensional barriers, including barriers related to culture, networks, and language. The main instrument for achieving earnings, growth and occupational mobility is the accumulation of destination-specific human capital, which includes post-arrival schooling, language acquisition, and on-the-job training. The migration decisions, assimilation, and integration in the host society, as well as migrants' impacts on the host society, are influenced by culture, networks, and language, all of which play a critical but complex role. Cultural and linguistic similarities facilitate assimilation and integration, leading to greater bilateral migration flows. However, language differences can result in more people returning to their home countries due to a lack of specific language skills, as well as long-lasting cultural barriers between hosting and migrant communities. Language skills facilitate communication in the workplace and are a key component of economic success in host countries, therefore language is considered an important financial asset for an individual. (Wang, Graaff, & Nijkamp, 2018).

A key element of post-migration human capital is language. Those who migrate to a host country acquire language proficiency so that they can become familiar with the labor market of their new country and communicate their pre-migration skills to potential employers. Migrants who are already in employment are also more productive when they speak a foreign language (Hayfron, 2001). European countries have linguistic and cultural distinctions, cultural distance appears to be a plausible explanation for migratory patterns between them. Migration costs are increased by cultural, linguistic, values, and norm differences (Belot & Ederveen, 2012). The likelihood that refugees will be able to integrate into Hungarian society depends on several variables, including their legal rights, their employment prospects, their educational background and language proficiency, and the attitudes of locals toward refugees. The challenges of learning the host language are all significant factors in the integration process. For instance, people might struggle financially, adjust to a new environment, and acquire a new language (Demény, 2008).

Regarding Hungarian language learning of migrants, before 2016 it was compulsory for refugees to learn Hungarian in the reception center and classes were provided by the state, between 2016 and 2018 the state financed non-governmental organizations (NGOs) to provide Hungarian language classes and other integration services for migrants. Since 2018 there have been no free language courses for migrants organized directly or financed by the Hungarian state (Vadasi, 2018), occasionally NGOs provide some classes and there is some support for Ukrainian children in Hungarian schools. Language presents a challenge with two sides, with migrants struggling to learn the language and with the host society's lack of foreign languages. As Kata Csizér puts in her article "An Overview of L2 Motivation Research in Hungary (2012): *"Hungary is a monolingual country, where people do not speak foreign languages unless they learn them at school"*. According to the Eurostat (2016), only 42.4% of adult Hungarians speak at least one foreign language, least in the EU, preceding just Romania and the UK (which at the time of the poll – 2016 - was still in the EU). Hungary is way behind the EU average (64.6%) in this respect. Even those Hungarians, who do have a rather good level of English are often reluctant to use it. Tóth (2010) explores this phenomenon in her book about *"foreign language anxiety"* of Hungarian students.

### 2.2. Employment

As part of a group that is undertaking research to understand the different challenges faced by third-country nationals in Hungary across different sectors, we decided to zero down on the factors that influence employment and the challenges faced by third-country nationals in Hungary in accessing employment opportunities versus the local Hungarians or people from within the EU. We also wanted to understand how the current job market is set up, the difficulties faced by both companies in hiring third-country nationals, their preferences for filling vacancies, i.e., hiring Hungarians, EU citizens, or third-country nationals, and the factors that influence these preferences.

Hungary is known as a migrant sender rather than a receptive country, but this has changed; in the past years the number and diversity of migrants have increased mainly due to the job opportunities that cannot be covered by the local market, therefore one of the main reasons why people migrate to Hungary is due to employment (KSH, n.d.). Hungary's geographical location, relatively low cost of living, tax, investment facilities, and education system among others make it attractive for investors who create a wide range of job opportunities that attract and are filled up by third-country nationals (Bisztrai et al. 2020). While the number of foreign-born people has increased, immigration to Hungary has been moderate in the past 20–30 years. With the intensifying labor shortage, however, the scale of immigration for the purpose of work has been increasing in the past few years. Importantly, the country has been experiencing an influx of different demographics compared with earlier immigration trends. While in the 1990s and in the 2000s the most significant immigrant group was ethnic Hungarians from Romania, Slovakia, Serbia, and Ukraine, recently the proportion of non-European third-country nationals (especially Asian) has grown (KSH, n.d.)

Employment and study are the most important reasons why foreigners apply for a residence permit in Hungary, the number of these permits has almost doubled between 2015 and 2022 (KSH, n.d.). Permanent residents, beneficiaries of international protection, and family members of EEA nationals do not need a specific permit to work in Hungary – their employment only needs to be reported to the employment authority (OIF, n.d.). Labor shortages have been a feature of the Hungarian labor market for several years. The urgency of the problem became so pressing that the Hungarian government adopted a number of measures to help with the recruitment of foreign labor from Ukraine and Serbia. Exceptionally, in the case of employers that have concluded a strategic partnership agreement with the government or in the case of citizens of Serbia or Ukraine who would be employed in hard-to-fill vacancies or employers implementing projects of strategic importance to the national economy, applications for the employment residence permit may be submitted by the future employer as well (Bisztrai et al. 2020).

Furthermore, third-country nationals with a residence permit for the purpose of study, during the time of their studies, can engage in gainful activity or part-time employment without having to obtain a residence permit for that specific purpose. Non-EU workers in Hungary, regardless of their position, type of assignment, or specific legal relationship with their employers, seem to have restraints. While they may feel comfortable, opportunities to step out on their own are very restricted and this prevents them from pursuing their broader interests due to constraints like legal dependency on their hiring company (Bisztrai et al. 2020).

### 2.3. Women and family

One of the ultimate aims of research about migrants is to better understand the factors that help or hinder their successful integration into mainstream society. Another reason is to provide policy recommendations or some actions in order to support them, based on the results. This is also the aim of this research with a focus on family and women migrants who live in Hungary. Moreover, it is important to focus on this topic as according to the Migrant Integration Policy Index (MIPEX Hungary, 2020), which measures the integration of migrants in different topics related to policies in 56 countries, found that in Hungary the family reunion policies are halfway favorable or only exist on paper.

In order to get a family reunification visa or a long-term visa in Hungary the applicant must meet the following conditions: a) possession of a valid travel document, b) justification of the purpose of entry and stay, c) adequate accommodation in Hungary, d) sufficient means of subsistence, e) health insurance coverage or sufficient financial resources for healthcare services, and f) not being subject to expulsion or a ban on entry (OIF, n.d.).

In the EU, the countries are responsible for social security, including family benefits (child benefits, child-raising allowances, and so on), and it depends on the person's economic status and country of residence - not the nationality. For families living in Hungary, there are also so-called family tax allowances which are provided by the state (Helpers Finance, 2019). The eligible persons are the parents (either by birth or adoption); foster parents, or guardians of children; the spouse or the partner, the managers of certain children and social care homes; and the children themselves, who are either Hungarian citizens or migrants in Hungary. Non-Hungarian parents have to meet some requirements, such as:

- non-EEA citizens need to have a single permit, a work permit for at least 6 months, or a work permit valid for the purpose of intra-corporate transfer for at least 9 months.
- Entitled children must be living in the same household in Hungary as the parent(s).
- Entitled children must be either under the age of 3 or if they are between the ages of 3 and 16, they must attend kindergarten or school in Hungary.
- Parents can receive family allowances in only one EU country at the same time.

Besides this, there is another form which is the family tax benefit which is connected to the parent's employment status. Foreigners working in Hungary can also apply for the family tax allowances if at least 75% of their total income is taxed in Hungary, and they officially declare it. As of 2022, the amounts for family allowances are HUF 12,200 if there is one dependent child, HUF 13,300 if there are two dependent children, or HUF 16,000 if there are three or more dependent children (European Commission, n.d.)

In the European region, more than 90 million international migrants were residents in 2017 and more than half of this number are women and a big number in a childbearing age (World Health Organization, 2018). Pregnancy is a vulnerable period for migrant women and there is a trend for migrant women to have poorer pregnancy outcomes than non-migrants, as the right to health is often restricted based on their legal status, or even if there exists information and care for pregnant and migrant women in the host society, they aren't aware of it due to different barriers (World Health Organization, 2018). Moreover, migrant women struggle with communication and language barriers and a lack of familiarity with the health system, which negatively impacts their experiences (Small, et al., 2014; Boerleider et al. 2013).

In Hungary, as women with family reunification visas are not eligible to work, there are no offered options from the local municipalities to integrate them in other ways and to be active members of society (Újbuda, district XI. of Budapest, n.d.). Besides this, families with children also face challenges, such as separation from other family members, social networks, and discrimination, when adapting to a new country and entering a new school (Kirova, 2010).

As per the context of Hungary, in 2005 a policy measure was taken for the inclusion of migrant children into public schools to promote inclusion and the principle of compensation where the school should take into consideration the disadvantages of migrant students and compensate it. However, it has been shown that the majority of schools and teachers are not prepared to educate migrant students and some schools will reject students that don't have a good knowledge of Hungarian knowledge (Langer-Buchwald, 2019).

Therefore, the challenges that originate from the 'non-existent' support for migrant families living in Hungary is central to this research. Moreover, the research will show how language barriers and information that exist mostly in Hungarian affect migrants. Finally, it's important to challenge the policies on the local level and, together, to influence change for the well-being of migrants living in Hungary.

## 2.4. Healthcare

Hungary, like many countries, grapples with the challenge of providing equitable and accessible healthcare services to its diverse migrant population. Notably, the lack of essential healthcare information for migrants can exacerbate existing disparities and hinder their access to appropriate and timely care. This literature review aims to explore the impact of information deficiency on migrants within the Hungarian healthcare system, shedding light on its consequences for both healthcare providers and migrant patients.

In Hungary, free public healthcare is accessible with the TAJ card which is also called as social security code (in Hungarian: társadalombiztosítási azonosító jel). TAJ has a nine-digit code used for personal identification in the administrative processes related to healthcare, social administration, health, and pension insurance. Foreign citizens are eligible for a TAJ card without paying if full time working and paying taxes or studying in Hungary with a scholarship. Hungarian citizens, beneficiaries of international protection, and permanent residency holders are also eligible for a TAJ when they do not work, for a mandatory fee of around 9,600 Ft. Beneficiaries of international protection can have access to basic healthcare without a TAJ card as well.

Foreigners with other statuses for instance third-country nationals with family reunification visa are only eligible for social security with a separate agreement with the authorities by paying a monthly fee of 50% of the current gross minimum wage (HUF 116.000 as of 2023). For minors (children under 18) and full-time students the fee is 30% of the current gross minimum wage (69.600 Ft) (NEAK, 2022). It is important to highlight that foreign minors are only eligible for a TAJ card if they have a status of beneficiary of international protection (refugee or beneficiary of subsidiary protection). This is also true for newborns, by making a separate agreement and paying a fee of 69.600 Ft, they are eligible for emergency healthcare only. If the parents are paying this fee for 24 months, or pay a fee of 24+1 months in advance, then the babies can be eligible for a TAJ card as well (NEAK, 2022).

#### Information Deficiency and Healthcare Providers:

1. **Communication Barriers:** Language and cultural differences often impede effective communication between healthcare providers and migrant patients. The lack of language services and interpretation support hampers information exchange, leading to misunderstandings, misdiagnoses, and inappropriate treatment decisions. Consequently, healthcare providers encountered difficulties in acquiring accurate medical histories and delivering quality care. (Bíró - Gulácsi, 2014).
2. **Limited Cultural Competence:** Insufficient access to information regarding cultural practices, beliefs, and health-seeking behaviors of migrant populations may limit healthcare providers' cultural competence. This deficiency may result in inadequate provision of culturally tailored care, reduced patient satisfaction, and disparities in healthcare outcomes. (Daragó-Lelkes, 2019)
3. **Lack of Immigration-specific Health Knowledge:** Healthcare providers often face challenges regarding migrant-specific health issues, such as infectious diseases prevalent in their countries of origin, vaccination requirements, and access to specific healthcare services. Inadequate knowledge about these issues can impede proper prevention, treatment, and management of health conditions among migrant patients (Daragó-Lelkes, 2019).
4. **Unequal Resource Distribution:** Inadequate data and information on the healthcare needs and preferences of migrant populations may lead to inequalities in resource allocation. Without accurate information, healthcare resources may not be appropriately tailored to cater to the specific and diverse needs of migrant communities, further exacerbating disparities in healthcare access (Fenyvesi-Fodor, 2015).

#### Information Deficiency and Migrant Patients:

1. **Limited Awareness of Healthcare Services:** Migrants who lack information regarding available healthcare services and how to access them face challenges in navigating the healthcare system. Limited knowledge about the structure, eligibility criteria, and entitlements of the healthcare system in Hungary may hinder their ability to seek appropriate care promptly.
2. **Lower Health Literacy:** Migrants with limited proficiency in the host country's language often struggle to understand health-related information, including medical instructions, health education materials, and consent forms. Lower health literacy can lead to reduced adherence to treatment regimens and compromised health outcomes.
3. **Fear and Mistrust:** Insufficient information or misinformation about the healthcare system and immigration policies may contribute to fear and mistrust among migrant populations. These concerns may discourage seeking healthcare, leading to delayed diagnoses, poorer health outcomes, and increased healthcare costs in the long run.
4. **Documentation and Administrative Challenges:** Lack of awareness about documentation requirements, insurance coverage, and healthcare entitlements can pose significant barriers for migrants. This information deficiency can result in administrative complexities, delays in accessing care, and even exclusion from essential healthcare services (Szalai et al., 2020).

The absence of healthcare information significantly impacts migrant populations within Hungary, exacerbating disparities and hindering their access to quality care. Communication barriers, limited cultural competence, lack of immigration-specific health knowledge, and unequal resource distribution are key challenges faced by healthcare providers. Migrant patients, on the other hand, face limited awareness of healthcare services, lower health literacy, fear and mistrust, and administrative challenges. Addressing these issues through cultural competence training, interpretation services, health education and outreach initiatives, and targeted information campaigns are vital steps towards improving healthcare access and outcomes for migrants within the Hungarian healthcare system.

## 3. Research Methodology

### 3.1. The Researchers

The research was conducted by twelve participants (two males and ten females from five nationalities) from different cultural, ethnical, and educational backgrounds. All the researchers have been living in Hungary for an extended period of time and have personally faced the challenges of living in Hungary as migrants. In addition, two staff members from Artemisszió Foundation were available for support and consultation throughout the process. The team created plans, shared information, brainstormed ideas, and discussed ways to overcome hurdles in weekly meetings in the period from November 2022 to November 2023.

### 3.2. Research Question

This was one of the first tasks for the team. After a discussion on the research question, its needed characteristics, and possible ways to create a question - the team listed the possible topics for the research. This was followed by a discussion, shortlisting, and grouping of the topics. Finally, the team worked to define the research question that was specific, focused and guided the research and all its aspects. The final research questions and sub-questions:

**How does the lack of information impact migrants' access to education, healthcare, family benefits, employment, and visas in Hungary?**

- What are the main challenges that migrants face in Hungary in terms of education, healthcare, family benefits, employment, and visa?
- How does the language barrier affect migrants' access to information in Hungary?
- What policies, programs, and initiatives can be implemented on the local level to improve the quality of life of third-country nationals living in Hungary?

### 3.3. Research design

Once the research question and the sub-questions were decided - the team was divided into sub-teams. Each sub-team researched one sub-topic. The sub-topics identified for the research were:

- Employment, Work permits and Visas
- Women, Family and Education
- Healthcare
- Language

The sub-teams then worked on the research design for their topic. The research design included mixed research and data collection methods, involving different ways of sampling and analyzing. The team also decided on the timelines, ethics, and how to collect results from all the sub-teams.

## 3.4. Data collection methods

### 3.4.1. Surveys/questionnaires

Questionnaires are protocols that in an easy and simple way provide rich data. In recent times, it has become sort of ordinary to complete questionnaires (Humble, 2020). The term quantitative methods covers a wide range of approaches and topics (Somekh & Lewin, 2005). Nowadays, questionnaires are common to be used in social research of all levels. Choosing a questionnaire as a research method can have various advantages, for instance, it will make it much easier to analyze data that was gathered in a standard format from a range of people by the research group (Matthews & Ross, 2010).

In our questionnaire, the data was collected under the following sub-headings:

- The role of language in migrant experiences in Hungary
- The Visa, work permits and resident permit process in Hungary
- Seeking medical assistance in Hungary
- Education, childcare and family welfare for migrants in Hungary

#### Sample

The desired sample for this questionnaire was around 100. The goal was reached as the number of respondents of the survey was 104. Participants of PAR distributed the survey in different groups of social media in international groups to reach diverse people. The aim was reached as the sample of the participants indeed included people from various backgrounds. The survey allowed the respondents to remain anonymous if they so desired.

### 3.4.2. Interviews

Interviews are one of the main and primary data collection methods used by social researchers for qualitative projects, ‘providing the opportunity for direct interaction between the researcher and the research participants (Matthews & Ross, 2010, p. 219). One of the main features of interviews is the opportunity for the direct interaction between people for the purpose of obtaining answers to the ‘why’ questions. We interview when we want to get into the lived experiences of people, to learn what meanings they make from that experience, and what that person has to say about the background. Researchers are interested in researching the person in holistically and not researching separately their consciousness and unconsciousness (Nunkoosing, 2005). By doing a qualitative study we can understand more the human action and not only what numbers tell us and help us locate numbers produced with quantitative methods in a fuller context (McCracken, 1988).

The teams working on Employment chose to use interviews to collect data on seeking employment opportunities in Hungary. The team conducted four semi-structured interviews with professionals in different industries. Each interview had six to ten questions. All interviews were transcribed for ease of analysis. The interviews helped the teams gather in-depth information about employment, visa, and work permits, to understand the complexities of the process and to gather contextual information in a flexible, friendly, and stress-free environment.

### 3.4.3. Focus Groups

According to Powell and Single (1996, p.499), a focus group “is a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is subject of the research”. The group is focused in the sense that it starts the conversation triggered by activities such as watching a movie or simply debating and answering a set of questions (Kitzinger, 1994). Focus group brings together a small group of individuals between six and ten participants. An advantage of focus groups is that they can fill the gaps that cannot be obtained with other techniques such as surveys or interviews (Hoppe et al., 1995).

The teams working on Family welfare and Healthcare picked focus groups in addition to questionnaires for their data collection. For the Family team, the participants were recruited through the snowball method where participants helped us find other potential participants. In total, the Family team had two focus groups with six participants, each focus group lasted between 1 to 2 hours and was separated into five subtopics to make the process easier. The conversation was recorded using a voice recorder. The healthcare team conducted 2 focus groups with 5 participants each. The participants were mainly recruited from connections from a local intercultural community. The majority of the participants were from the Middle East and one person from Latin America. Each focus group lasted for 2 hours. The conversation was recorded using a voice recorder.

The focus groups enabled the teams to explore and understand different perspectives, gather in-depth information, identify the underlying issues through personal stories, and collect contextual information about all the aspects of healthcare and family welfare.

#### **3.4.4. Secondary data sources**

Secondary data sources are sources of data that have been collected and compiled by someone else for a purpose other than the research being conducted. These sources of data can include published materials, government and organizational reports, online databases, social media and web analytics, and previous research studies. Each sub-team did its secondary research, and the results are included in the report (see Chapter 4.).

#### **3.5. Data Analysis Methods**

The method used to analyze the quantitative data of the questionnaire was Microsoft Excel. Microsoft Excel is a frequently disregarded choice. Excel is frequently referred to as a number cruncher. It is capable of handling enormous volumes of data, offers various properties, and supports a range of display methods (Meyer & Avery, 2009). Another analysis method used for qualitative data was thematic analysis. Thematic analysis is a useful tool in qualitative data as it helps get insights into participants' experiences and identify themes related to the research questions (Terry et al., 2017). We tried to analyze the data in the best way by going through some steps given by Braun and Clarke (2012), first, listening carefully to the audio-recorded data and making the transcriptions on a worksheet.

## 4. Results of the research

### 4.1. Lack of information migrants face in Hungary

#### 4.1.1. Demographics of survey respondents

The research questions formulated for the study formed the basis for the results and discussion. Lack of information is introduced through the survey results presented in the sections below. The first step of the survey was to gather the respondent's demographic data.

104 respondents filled out the questionnaire. Concerning the demographic aspects regarding age, gender, and education level our sample wasn't diverse enough. Most of the respondents were 25 to 34 years of age (52.4%). At the same time, there were no respondents of 65 years or older. Amongst the participants who filled out the questionnaire, most identified as females (80.6%). 18 respondents were male (17.5%), and 2 of the respondents preferred not to say (1.9%). In the field of education, 90.10% of the respondents responded that their highest level of education was university. Respondents with PhDs represented a small proportion. (2.97%), while 6.93% had secondary level education (high school or vocational training school).

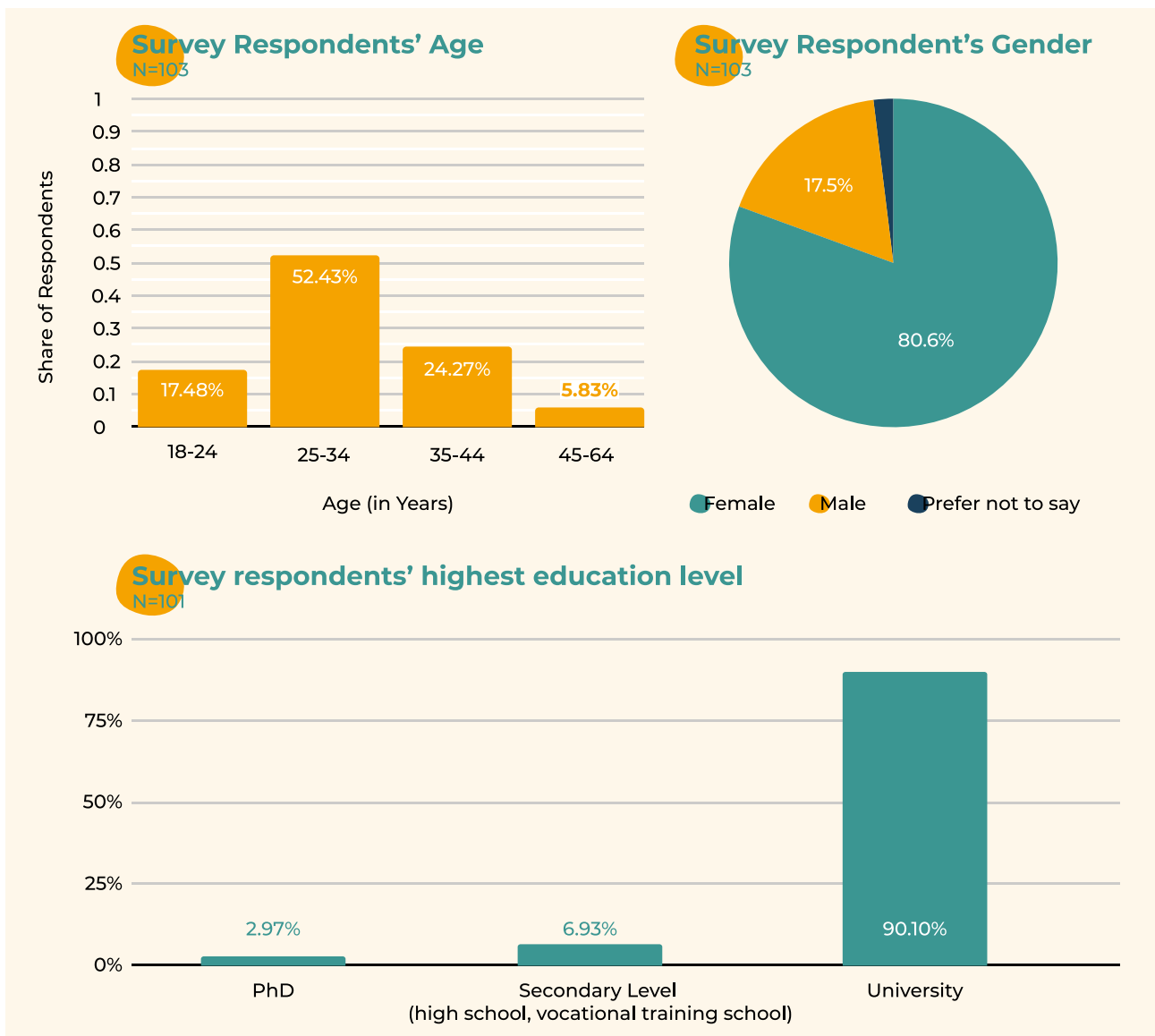
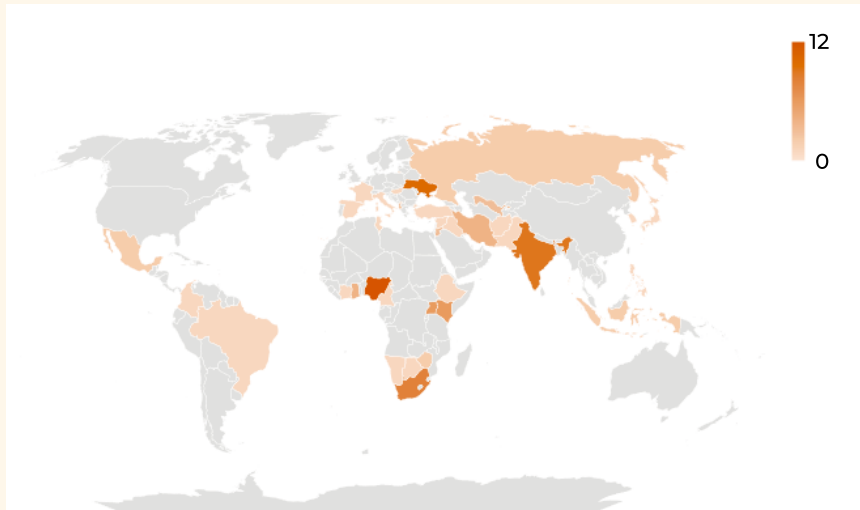


Figure 1: Demographic details of the survey respondents

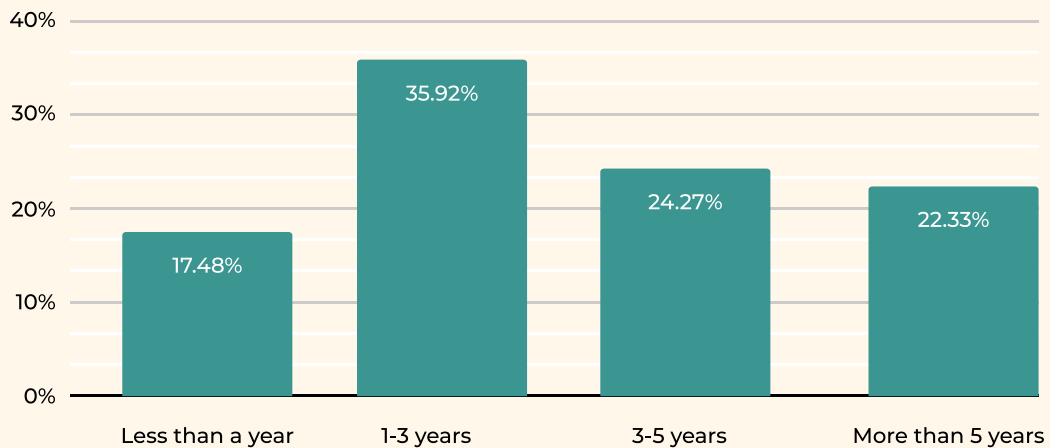


More diversity was shown regarding the country of origin, length of stay and purpose of stay. 103 respondents were from 42 different countries in Africa, Asia, Central and South America and Europe. Regarding the length of stay, the highest number of respondents were living in Hungary for 1–3 years (35.92%). There was not a big difference between the percentage of respondents who lived in Hungary for 3–5 years (24.27%) and respondents who lived in Hungary for more than 5 years (22.33%). Meanwhile, the lowest percentage of the length of stay was that of people who lived in Hungary for less than a year (17.48%).

### Respondents' country of origin N=103



### Respondents' length of stay in Hungary N=103



Q: How long have you been living in Hungary?

Figure 2: Survey respondents' country of origin and length of stay in Hungary

Regarding legal status/type of visa, the highest percentage was work visas (34.95%), followed by student visas (31.07%). The lowest percentage was of the asylum seeker visa (0.97%). The respondents' distribution regarding the purpose of stay is similar to the foreign citizens' purpose of staying in Hungary on January 1st, 2023. The highest percentage is that of income generating (37.70%), which stands as the main purpose of their stay. Among other purposes we find studies (14.89%), settlement (15.52%), other and unknown (17.89%) with not so big differences in between these categories.

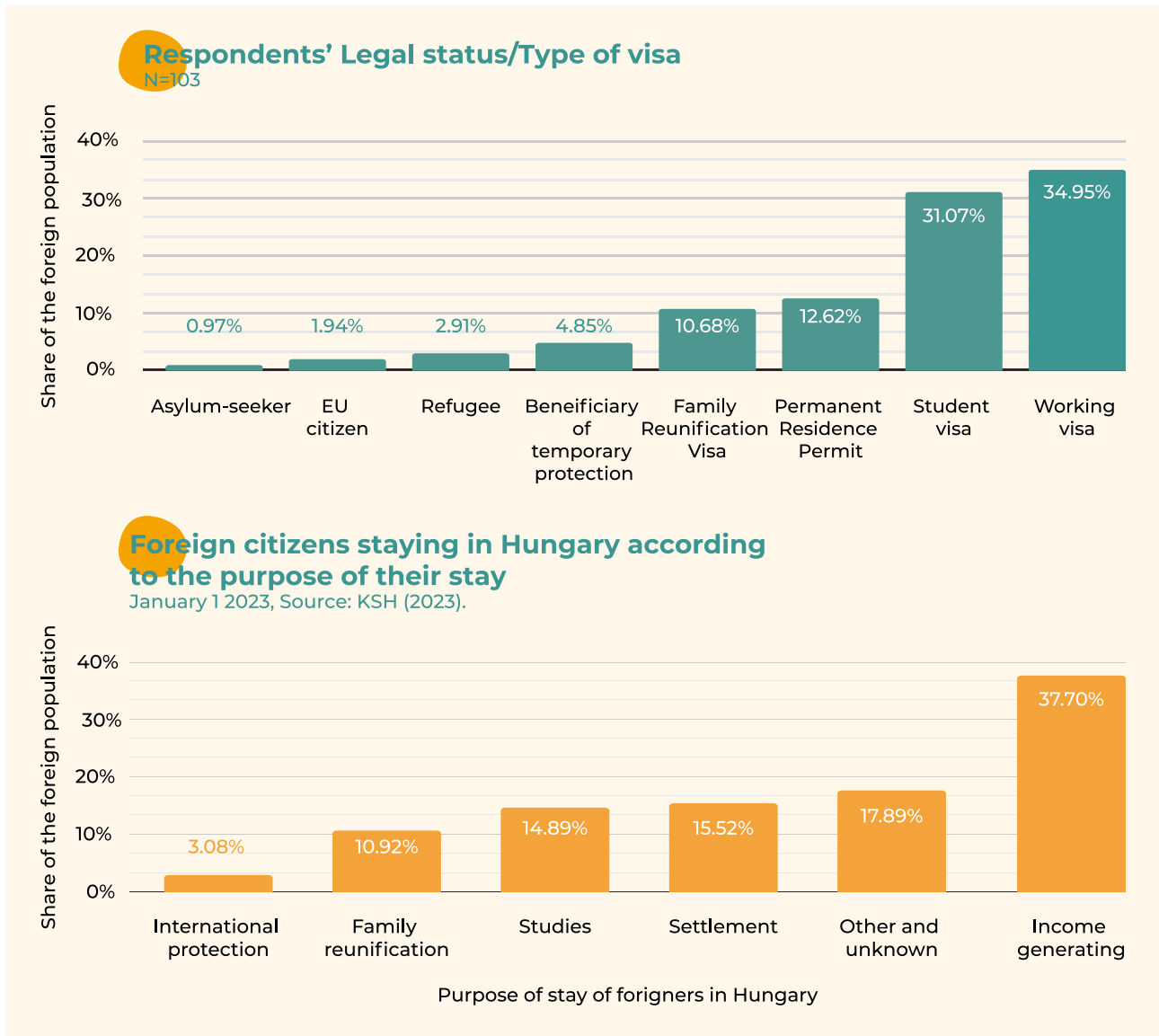


Figure 3: Survey respondents' legal status/type of visa compared with the purpose of stay of all the foreign citizens living in Hungary

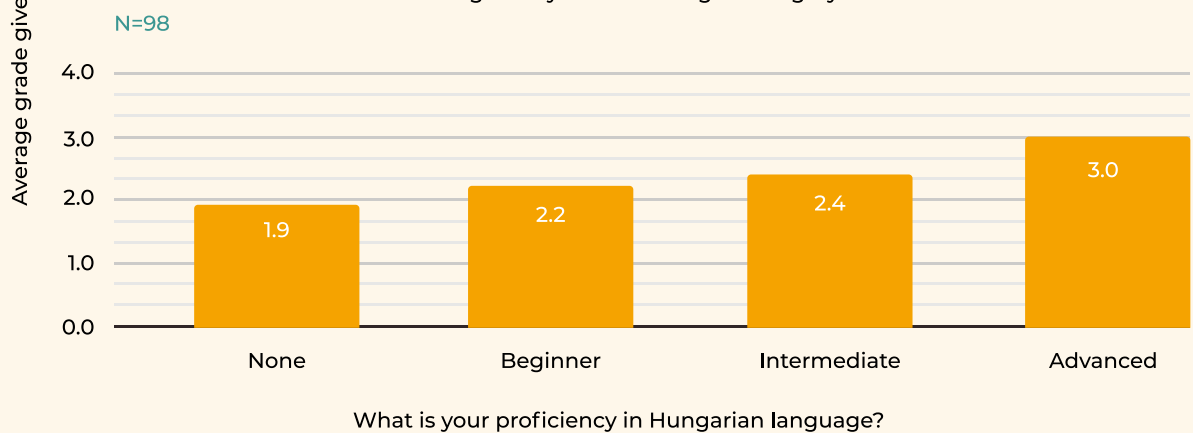
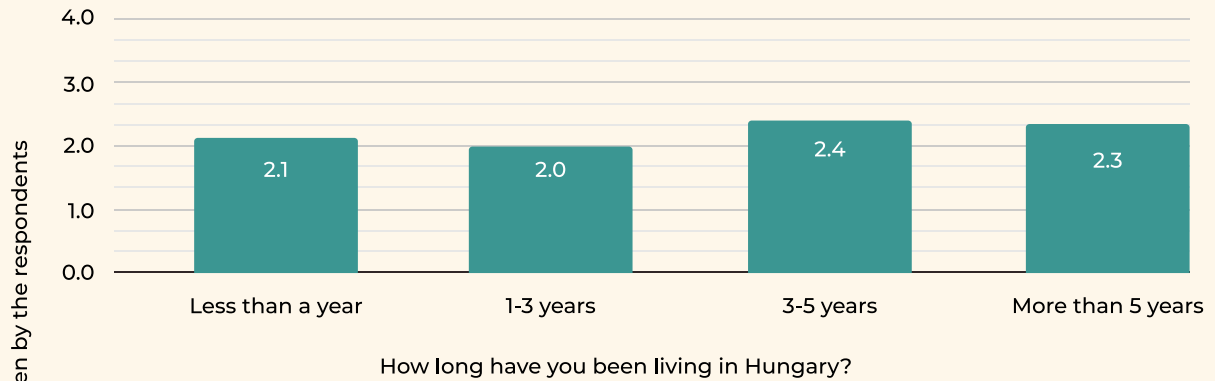
#### 4.1.2. Being informed as a foreigner in Hungary

One of the main purposes of our survey was to find out how well-informed different groups of migrants feel to be in Hungary. 2.2 is the average grade that survey respondents gave to the question: "How informed do you feel about your rights in Hungary?". 1 indicated not informed at all, and 5 very informed. The results show that respondents generally feel rather uninformed.

Regarding the country of origin, respondents were diverse, as to age, gender and education level, respondents were rather homogenous. We decided to analyze whether there is any connection between feeling informed and the length of stay and the level of their Hungarian language. Regarding length of stay, there is no linear connection with feeling informed, however a slight improvement can be noticed with respondents who have been staying for more than 3 years in Hungary. Regarding language knowledge, the connection is more visible, although even mastering the language does not result in being fully informed. While respondents with no Hungarian knowledge feel almost not informed at all (grade of 1.8), advanced Hungarian speakers provided an average grade of 3.0 meaning that they are feeling somewhat informed.

## AVERAGE of How informed do you think you are about your rights in Hungary?

N=101



**None:** Do not know any Hungarian

**Beginner:** Can use a few basic short everyday phrases to communicate

**Intermediate:** Can use simple sentences to hold short conversations about everyday topics

**Advanced:** Can have conversations about topics of interest

Figure 4: How informed survey respondents' feel based on their length of stay and language proficiency

We also wanted to know how well-informed respondents feel with regard to different domains of daily life. Figure 5 shows that the domain that respondents are least informed about is family benefits and healthcare., The domains respondents are most informed about is that of education and employment.

## Which topic(s) are you the most and least informed about?

N=101

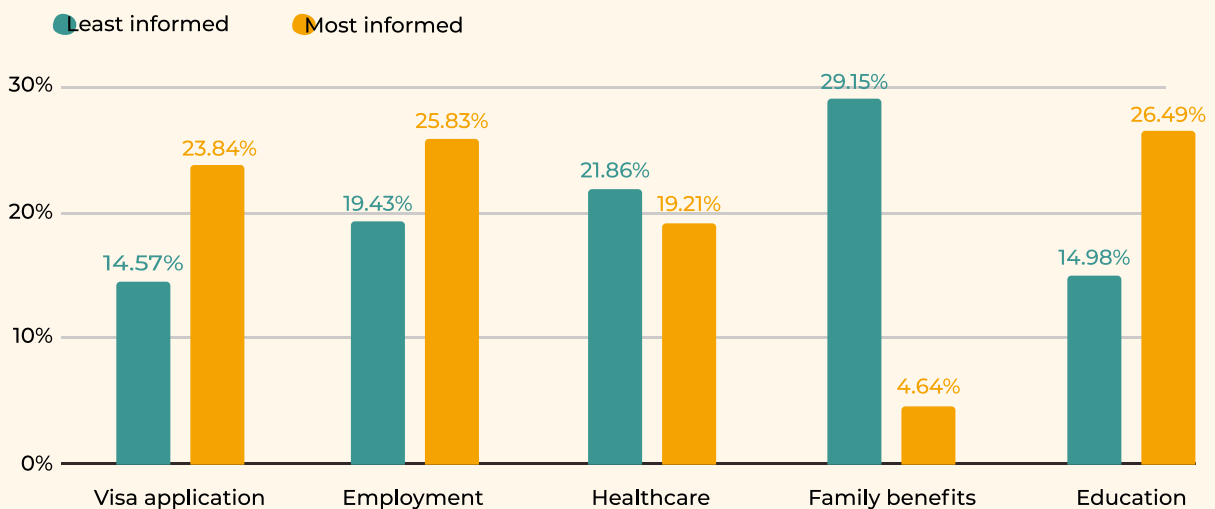


Figure 5: Domains respondents feel the most and least informed about

Figure 6 breaks down the responses of Figure 5, according to respondent's status/visa type. Respondents with student visas are mostly informed about education. This makes sense as they have to search and be more prepared for their educational journey in Hungary whereas they are least informed about family benefits. Respondents with beneficiary of temporary protection are the most informed about healthcare and the least informed about education. An important result is that respondents with family reunification visas are more informed about healthcare and employment than about family benefits. Respondents with permanent residence permits are most informed about healthcare and employment. Refugees are most informed about education and employment. **While healthcare and family benefits are the two blind spots for migrants in general, beneficiaries of temporary protection are more familiar with the Hungarian health care system - indicating that the system is not entirely opaque to foreigners, while information about the family benefit system is a weak point for all. The responses however also prove that foreigners need clearer and more accessible information in all domains of life.**

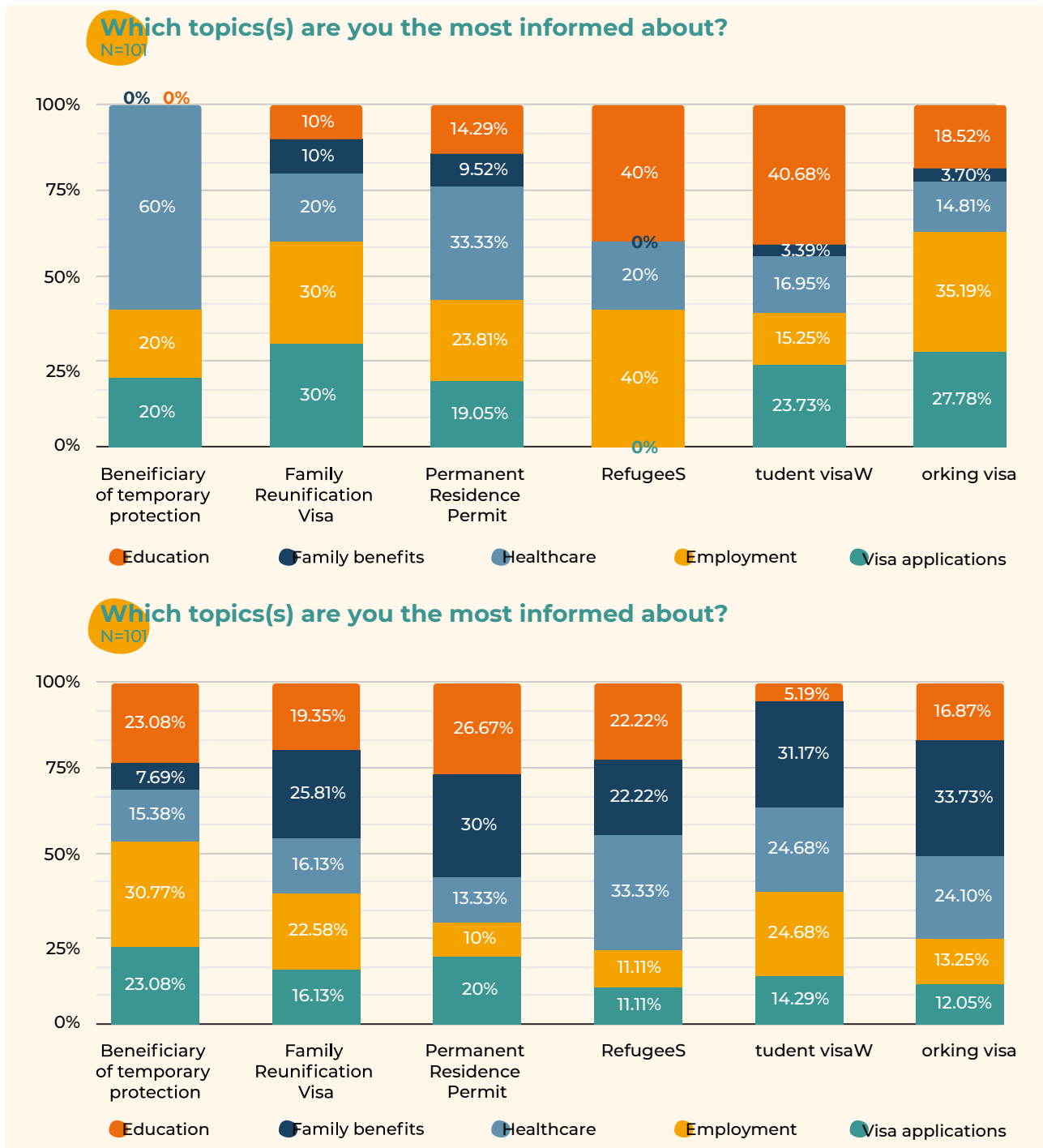


Figure 6: Topics respondents feel the most/least informed about based on their visa type

### 4.1.3. Information source for migrants

Almost half of the respondents of the survey (47.5%) ask their friends and community for information, 26.9% use websites, and only 14.61% turn to government offices and other institutions and 8.43% to NGOs. In contrast to these percentages, only 2.91% think that turning to their friends is the best way to get information, acquiring information in person in relevant offices is preferred by 15.53%, while online solutions consisting of websites browsing (30.1%) and use of mobile applications (22.33%) are considered to be the best ways to keep updated.

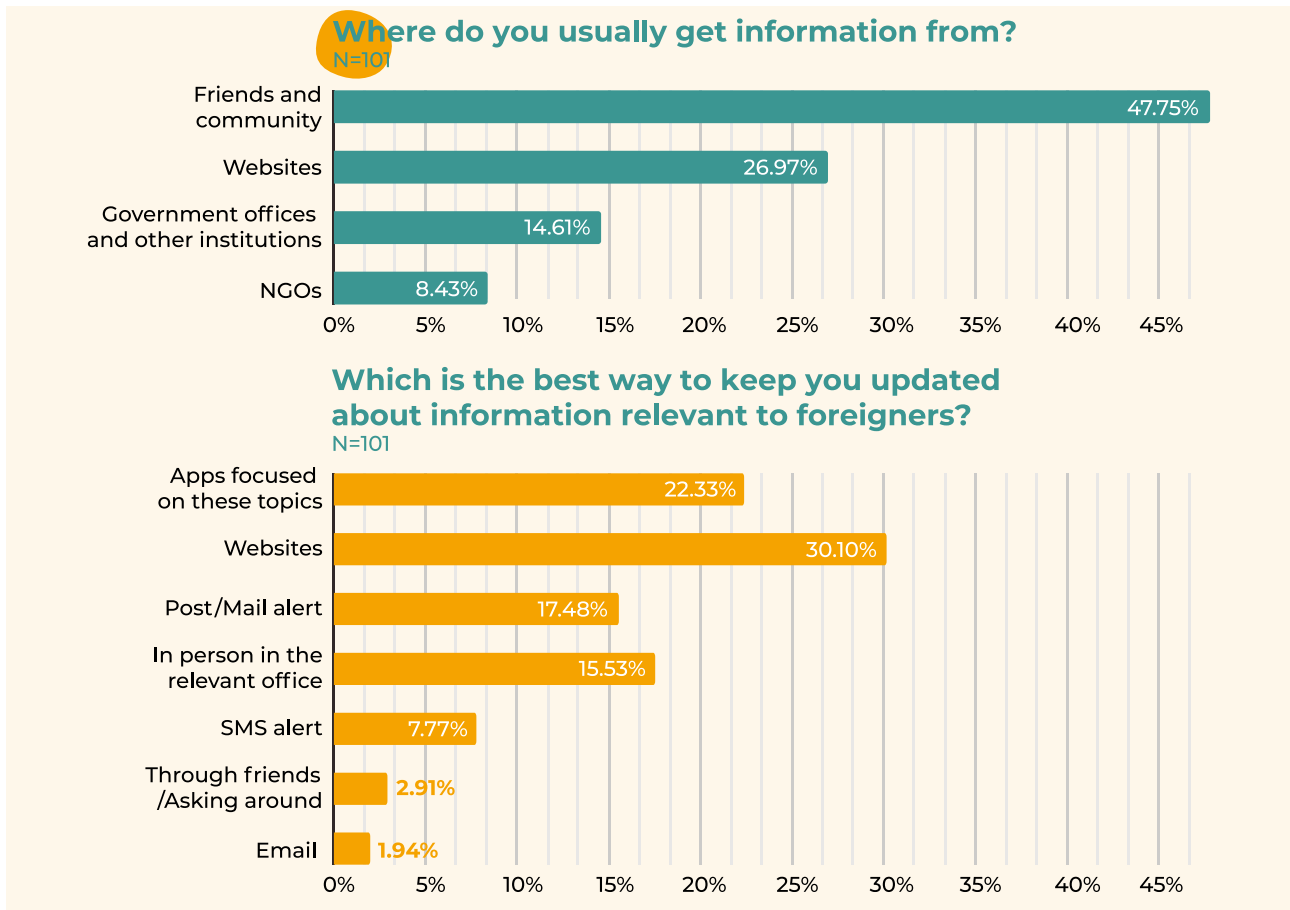


Figure 7: Information sources of the respondents

Interestingly as Figure 8 shows, respondents who turn to NGOs feel the most informed about their rights in Hungary, the average grade given to the question “How informed do you feel about your rights in Hungary” is 2.8 amongst respondents who turn to NGOs for information. This is followed by government offices and other institutions (average grade of 2.7), and then websites (average grade of 2.3), and friends and community (average grade of 2.2). **The need for more reliable online sources and bridging the gap between foreigners and government offices and NGOs who have the most reliable information sources would be essential.**

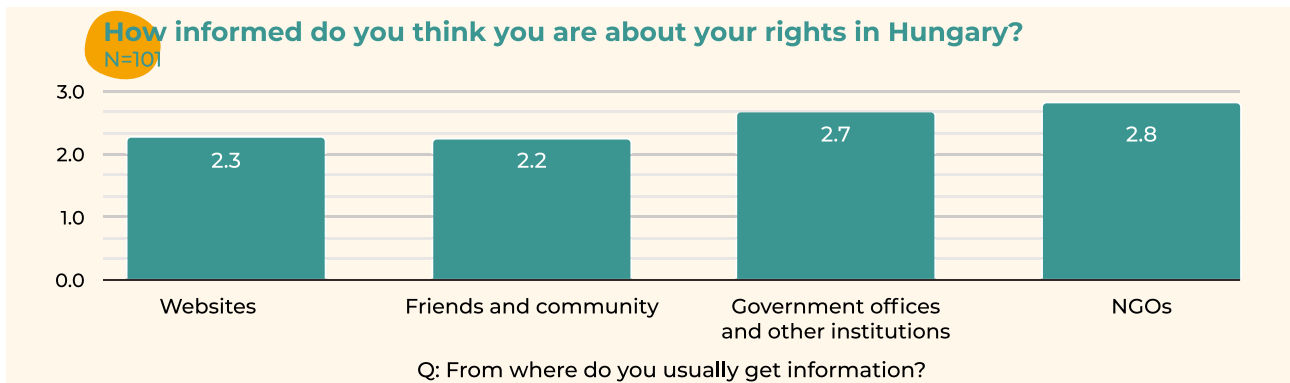


Figure 8: How informed respondents feel based on their information source

## 4.2 Language

### 4.2.1 Results of the survey

In the survey, there were 7 questions regarding the Hungarian language. This was measured from different perspectives such as proficiency, motivation, and so on. In this survey there were questions that were open to be left without filling if the question did not apply to someone specifically giving space for the participants to have free choices.

61.2% out of 103 respondents refer to themselves as beginners: Can use a few basic short everyday phrases to communicate. The intermediate (9.71%) and the advanced level (1.94%) have the lowest scores, meanwhile, some respondents declared no Hungarian language proficiency at all (27.2%). **With such a low level of language proficiency of migrants' initiatives that help the Hungarian language learning and in the same time information in different languages should be priorities.**

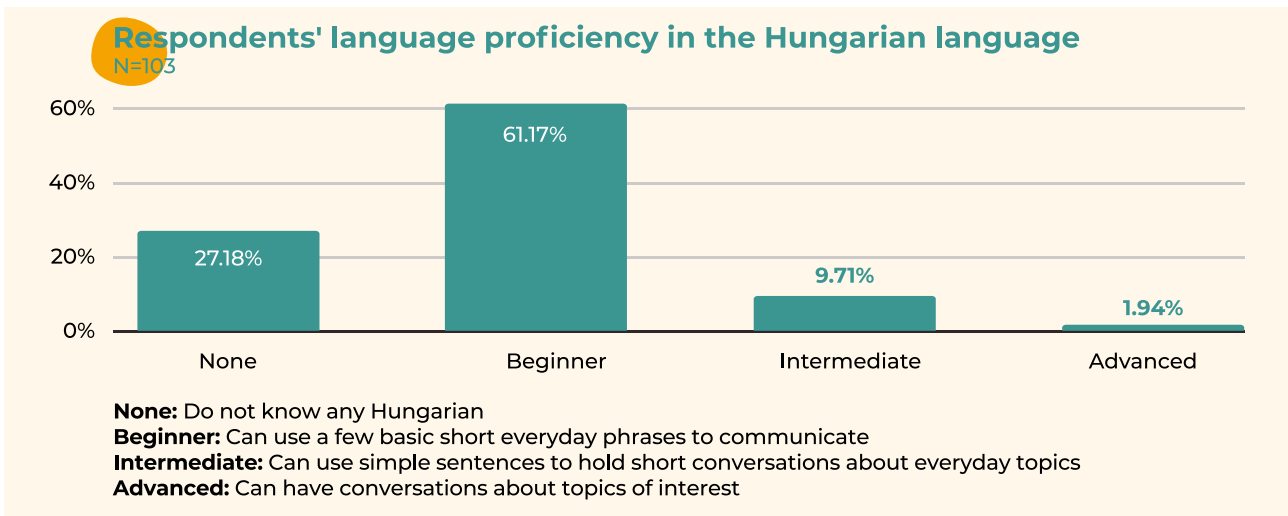


Figure 9: Respondents' language proficiency in the Hungarian language

When asked about areas in which not knowing Hungarian can create difficulties, most of the respondents, 79 out of 101 (78.2%) **revealed that they face the most difficulties in Healthcare**, in finding a doctor and a hospital, explaining their health problem, and understanding the advice given. The area which had only one respondent was the Government offices, such as the tax office, however as later findings show as well, this presumably only entails that respondents do not consider interaction with government offices as important part of their daily life.

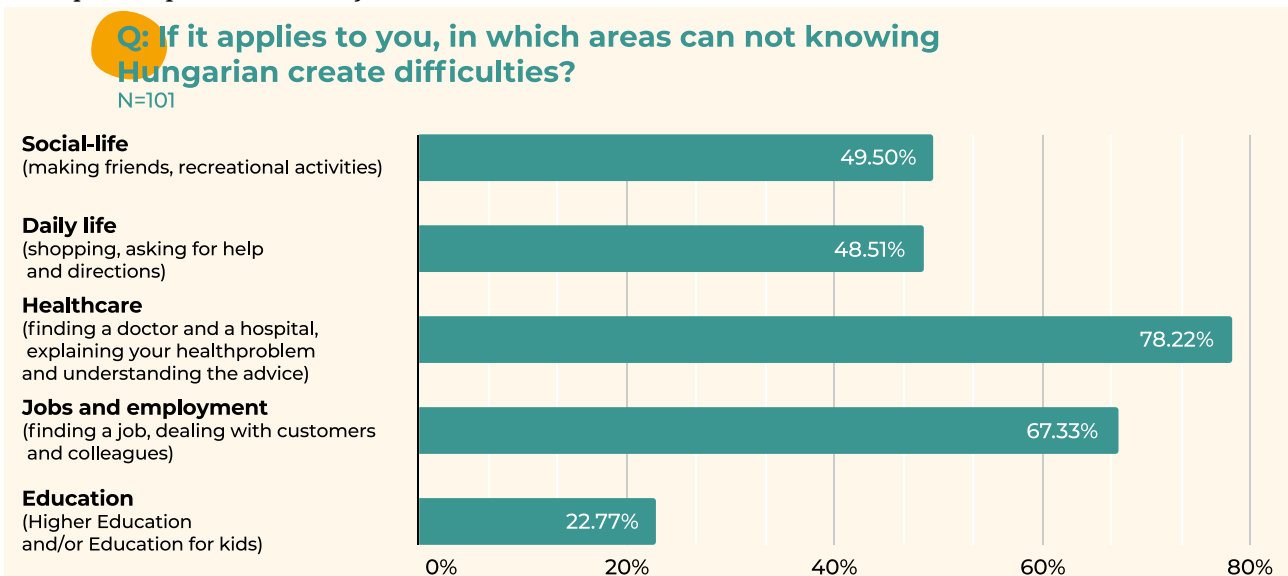


Figure 10: Areas where not knowing Hungarian create difficulties for respondents

For those respondents to whom it applied, there was an open question of the reasons keeping them from learning Hungarian. The reason most often mentioned was that they do not have time to learn a new language (82.29%), there is lack of free/government-aided language courses (70.83%), they lack opportunities to speak or practice Hungarian (51.04%) and Hungarian is very difficult (52.08%), only 23.96% mentioned that they have no interest in learning the language. From those who are not interested in learning Hungarian, 66.7% responded that they work in multicultural environments where people use English, and 21.7% indicated that they do not have plans to live in Hungary for a long time.

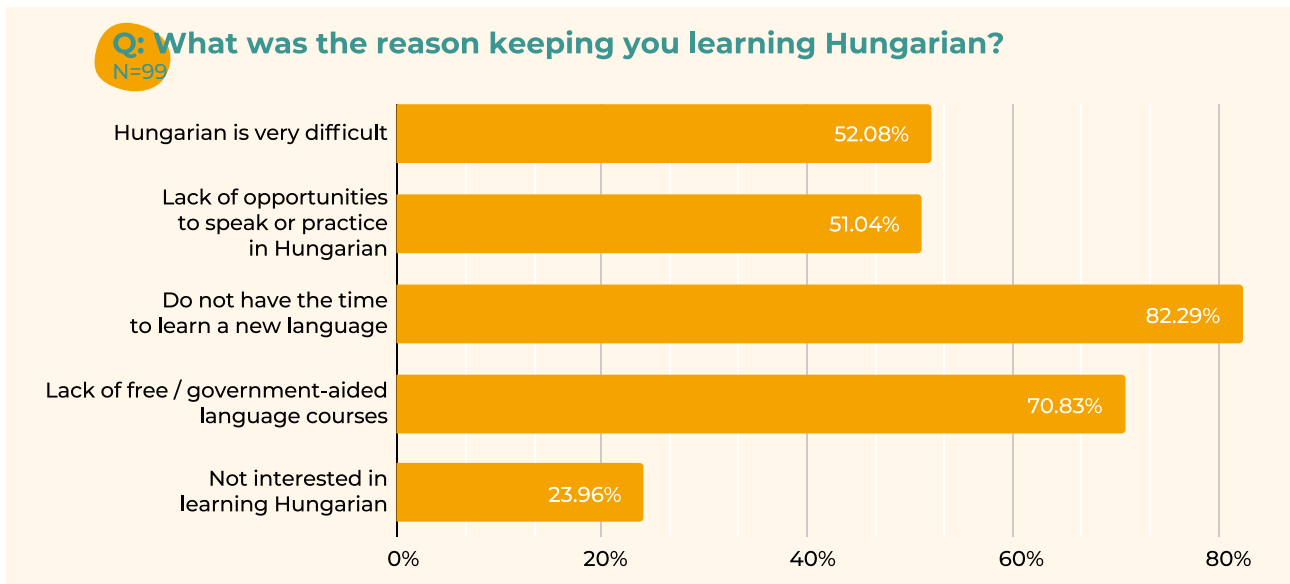


Figure 11: Reason that keeps respondents learning Hungarian

Regarding the tools and strategies that help to cope with not knowing Hungarian, the majority of the respondents (90 out of 99) put Google Translate as the tool that helps them to cope. On the other hand, the tool that had the lowest percentage was that of asking help in community groups (e.g. social media groups for foreigners). The question about the tools/ resources that can help learning Hungarian had 66 respondents out of 104. Out of these 66 respondents, the most mentioned tools or resources were the Hungarian courses or classes, Duolingo, Social clubs, and being surrounded by Hungarians. There were 98 responses to the question regarding motivations for learning Hungarian. 30% of the respondents indicated that the motivation is to facilitate daily life, and 23.5% indicated social reasons (making friends, talking to spouse and family of the spouse, to feel belonged). Amongst the respondents there were less motivation to learn Hungarian because it is required by higher education, workplace, or Hungarian citizenship exam. **Respondents were more inclined to learn the language to get along in everyday life, that also shows that migrants should be supported by Hungarian language classes to make them feel integrated to Hungarian society.**

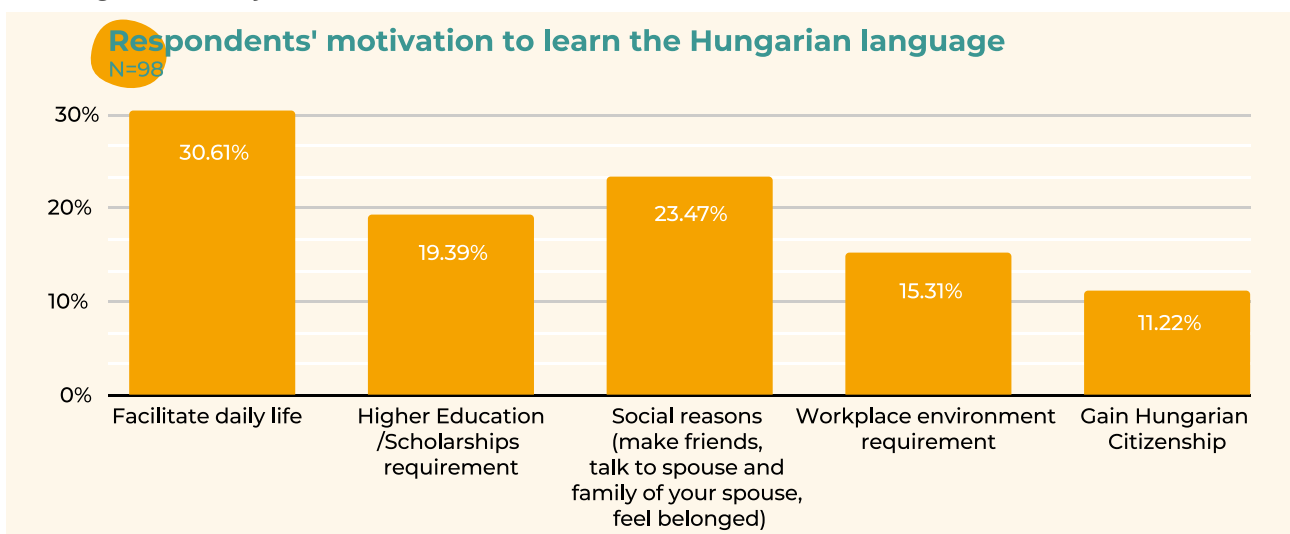


Figure 12: Respondents' motivation to learn to Hungarian language

## 4.3. Employment

### 4.3.1. Results of the survey

Figure 13 presents the ways that migrants use to find jobs in Hungary, noting that about 26% of the participants are not employed. The majority (about 33%) could find a job by friend/acquaintance referral. Social media (about 19%) forms the second most popular way to find a job, while the company website and relocation through the company work were approximately the same percentage (about 10% each). **However, the data also indicates that recruitment agencies do not appear to be as effective in job placement for migrants, with their relatively low contribution (about 2.13%).**

#### Q: If employed, how did you find your current job in Hungary?

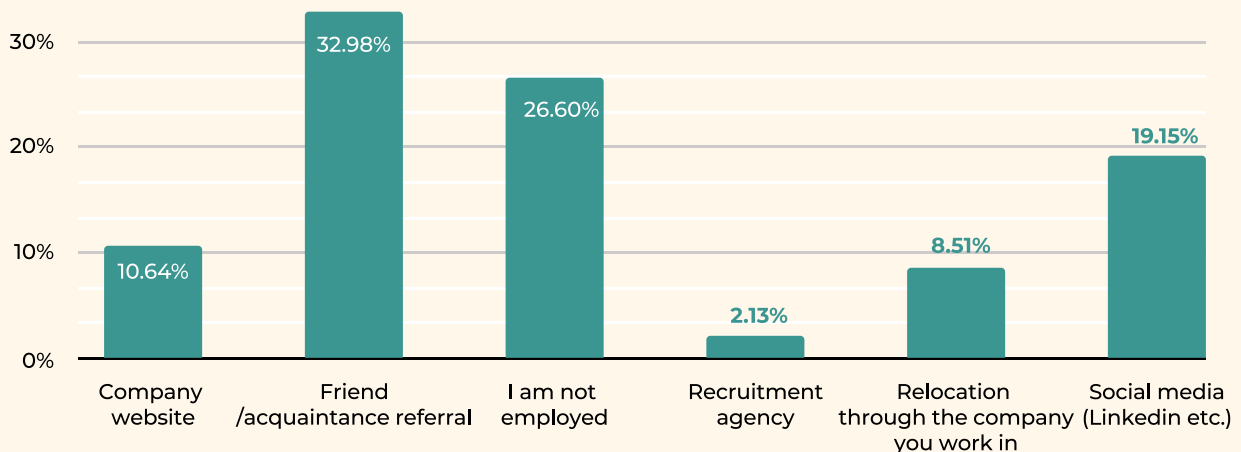


Figure 13: Respondents' answer to the question how they found a job

Respondents' answers can be seen in Table 1 to the open question "In what ways did you face the lack of information in the field of employment". The main areas that they identified were that there are unclear laws and regulations for them, they don't know the details of the labor law, their working rights, how taxation works, and how they can change jobs. Furthermore, varying regulations at companies and language barriers further create difficulties for migrants in the field of employment. **Labor rights education can be an answer to decrease migrants' lack of information connected to the labor law.**

#### Q: In what ways did you face the lack of information in the field of employment?

##### Unclear laws and regulations

- "I do not know my rights as a worker (family permissions, type of contracts, probation period, notification period, unions, etc.)"
- "How to change jobs, I have been working for one company since moving to Hungary."
- "Lack on insight on the labor law"
- "No explanation on taxation, rights and obligations in this field"

##### Varying regulations at companies

- "It seems that every company has its own strategy! It is difficult to know which rights you should have. For example, why do some companies pay an end-year bonus, and some don't?"
- "Permit renewal differs for each company"

##### Language barriers

- "All ads are posted in Hungarian and for Hungarians"
- "It was in a Hungarian environment, and it would have been difficult to communicate the technical terms of the job to other coworkers who could speak only Hungarian"

Table 1: Respondents' answer to the question "In what ways did you face the lack of information in the field of employment?"



### 4.3.2. Results of the interviews

In the interviews conducted with different companies dedicated to recruitment in Hungary, we had the opportunity to learn about the recruitment preferences of these companies and their clients; we found out that foreign-owned companies are more open to hiring migrants due to special skills required in some roles like foreign languages or to support diversification within the company; therefore, they will be more willing to hire expats. While for the Hungarian-owned companies, for the type of skills required, they can find the talent within Hungary, primarily due to the languages needed for these roles, which are mainly Hungarian and, in some cases, English; therefore, they are less likely to find foreigners who can cover those vacancies, especially with good Hungarian level. In the words of one of our interviewees,

*“I see the company that’s more willing to hire the foreigner because it brings a level of English into the company, and it’s almost like it kind of changes the company culture a little bit, so that it in a way forces the employees to communicate in English, right, which is I think a good practice for a company, especially if that’s the direction that they want to go in. On the other side, there is the company that does not want to deal with the non-Hungarian speakers at any level, and so they just hire the Hungarian, and they bring in the English teacher once or twice a week, and the results are I think night and day.”*

Another point to highlight is the work permit process: for a foreign-owned company, due to the size of the company, they might have a specific department or hire an external agency dedicated to doing the paperwork to bring new talents from abroad; this might not be the same case for Hungarian companies since they are usually smaller companies, and they might not be willing to go through the work permit process and the waiting time to hire someone from abroad, mainly if the skills and talent can be found within Hungary. Among this, waiting for such a long time (between 2-3 months, which is the estimated work permit time process from citizens outside the EU) to bring a candidate from abroad can be risky in both cases, since during this time the candidate can step back and decide not to come to Hungary, and this might represent a significant loss for the companies.

Regarding the Internship positions, the foreign-owned companies do not have any preference to hire Hungarian talent but rather foreign talent as long as they meet and align with the skills they are looking for, which is not the case for the Hungarian-owned companies; in this case, they prefer to hire local talent for their intern roles, and this is due to the Hungarian language dependency for their positions, as well as to the fact that Hungarian interns are more likely to stay in Hungary after finishing their studies and can become full-time employees unlike a foreign student who might return to their home country after completing their studies. When hiring interns, the recruited person (especially migrants) must be studying in a Hungarian institution.

Since both types of companies are dedicated to the recruitment, they have the experience to find candidates for their clients and their own companies very easily, but the time for filling a position varies from the Hungarian-owned (around 2–3 weeks, depending on the notification period of the previous company for the person who will fill the position), and for the foreign-owned companies the time can be up to 3 months, and this mainly can be due to the required skills like a specific language that requires a candidate from abroad and that might need to go through a work permit process. While talking about the recruitment process, an interviewee mentioned:

*“Actually, no, no, so we don’t have any specific conditions, as I said, of course, there has to be a certain amount of budget available to facilitate the work permit process if the person is already in Hungary, and if the person is not in Hungary then we also need to have an internal budget approval to facilitate the relocation from the current country to Hungary, but from an individual point of view I don’t think that we have any special condition that an individual needs to fulfill.”*

Some of the tools used by these companies to recruit candidates are LinkedIn, Facebook, websites, and referral programs; foreign-owned companies get most of their talent from LinkedIn and profession.hu. During our research, we discovered that LinkedIn is a popular place to publicize jobs and to look for available job openings.

About the question if the company is more willing to hire someone who can self-sponsor, meaning that the person can do the immigration process by themselves, the foreign-owned companies mentioned that since

they have internal people dedicated within the company to do this process they prefer to handle it, so they can have a track of the process and to keep the control, and it doesn't make any relevance on choosing a candidate for this. For the Hungarian owned companies, the decision of hiring a foreign candidate or not is mostly based on the latter's skills. In case companies cannot find the needed skills in the local Hungarian market because the job requires specific skills that cannot be found in the local market, they would be willing to support candidates with the documentation for the immigration process. The same view was voiced in the other interviews. The companies were unwilling to hire migrants if they did not have the processes in place or if they were unsure:

*“If the company is set up to sponsor, then it doesn't really matter - I think it is just a longer process, that is all. If the qualification and experience is all the same, it is easier to hire the person who has the documents already, but if the person does not have the documents, they have to demonstrate why they are worth doing the documents for.”*

Regarding the initial question of whether there are any fees charged to the companies for hiring migrants and if they are aware of the immigration process; the Hungarian-owned companies have more or less an idea of the immigration process, even though they do not offer immigration services for their workers, they have to follow the process if they hire someone from abroad. They have to know exactly when the candidate is arriving, so they can make the arrangements for their starting date with the hiring company. They don't have migrants working in their company as they haven't had the need to bring talent from abroad. As for the foreign-owned companies, they take care internally with a specific department which follows up the process with the candidates. The only cost that one of the interviewees highlighted was the cost of translation services. The contracts and other documents need to be professionally translated for non-Hungarian speakers. Prospective employees and employers are unwilling to sign legally bound documents in a language they do not understand.

Another vital thing highlighted by one of the interviewees is that there is a GDPR legislation in Europe that only requires candidates to show very minimal personal information like nationality, age, marital status, etc., which can influence the decision while choosing a candidate and whether a migrant and Hungarian can have equal opportunities. After the pandemic many things changed and now companies have more “hybrid” or fully remote roles that allow them to have access to foreign talent without the need to have them physically in the country, which is more common with white-collar workers; but on the other hand, another interviewee mentioned that the Hungarian industry is growing and there are more and more factories which require more workers, especially blue-collar workers. To cope with the market needs, government is supporting with a fast-track process for some companies to speed up the hiring process to bring talent from outside Hungary since the local market cannot meet the needs of these growing industries, therefore more foreign talent is arriving to cover these vacancies with a diversified background, and this is mainly done through outsourcing agencies.

**Hungarian companies are more reluctant to hire foreigners if they also have to deal with work permits than foreign owned companies which seem to be better prepared to deal with the additional administration, however, the shift in the labor market also pushes Hungarian owned companies to consider hiring foreigners. If this tendency continues the push for more migrant-friendly bureaucracy and integration services will probably come from the labor market itself.**

### 4.3.3. Personal Experiences

The Participatory Action Research (PAR) process emphasizes the importance of gathering personal experiences and insights from individuals and communities. Through this approach, data can be collected that might otherwise be overlooked by traditional research methods. The following insights were collected by the research group under the employment category:

**One of the major challenges in finding employment in Hungary is language**, and the inability to communicate in Hungarian. According to 57% of the survey respondents, not knowing Hungarian was a significant hurdle in securing employment. Many participants reported being rejected or receiving no response, with one participant noting that the ability to speak Hungarian was a main criterion for hiring. Another participant mentioned that many job openings require a higher level of expertise in the Hungarian language.

“I got rejected in most of them or didn’t get a reply as one of the main criteria was to know Hungarian.”

“However, the process is not the easiest, as most of them require Hungarian language or a higher level of expertise.”

Although most participants were eventually able to find jobs, the job-hunting process was much longer and more challenging for those who were not fluent in Hungarian. One participant found a job through a referral, which allowed them to bypass the lengthy and complicated hiring process that non-Hungarian speakers often face. **In conclusion, this report emphasizes the fact that there are job opportunities available in Hungary, but knowing the language is important for finding suitable and satisfying employment.**

#### 4.4. Women and migrant families in Hungary

##### 4.4.1. Results of the survey

Figure 14 illustrates respondents’ awareness of the family allowance offered by municipalities to children. The majority (84%) are therefore unaware of family allowances, and only 3.6% have already received any support.

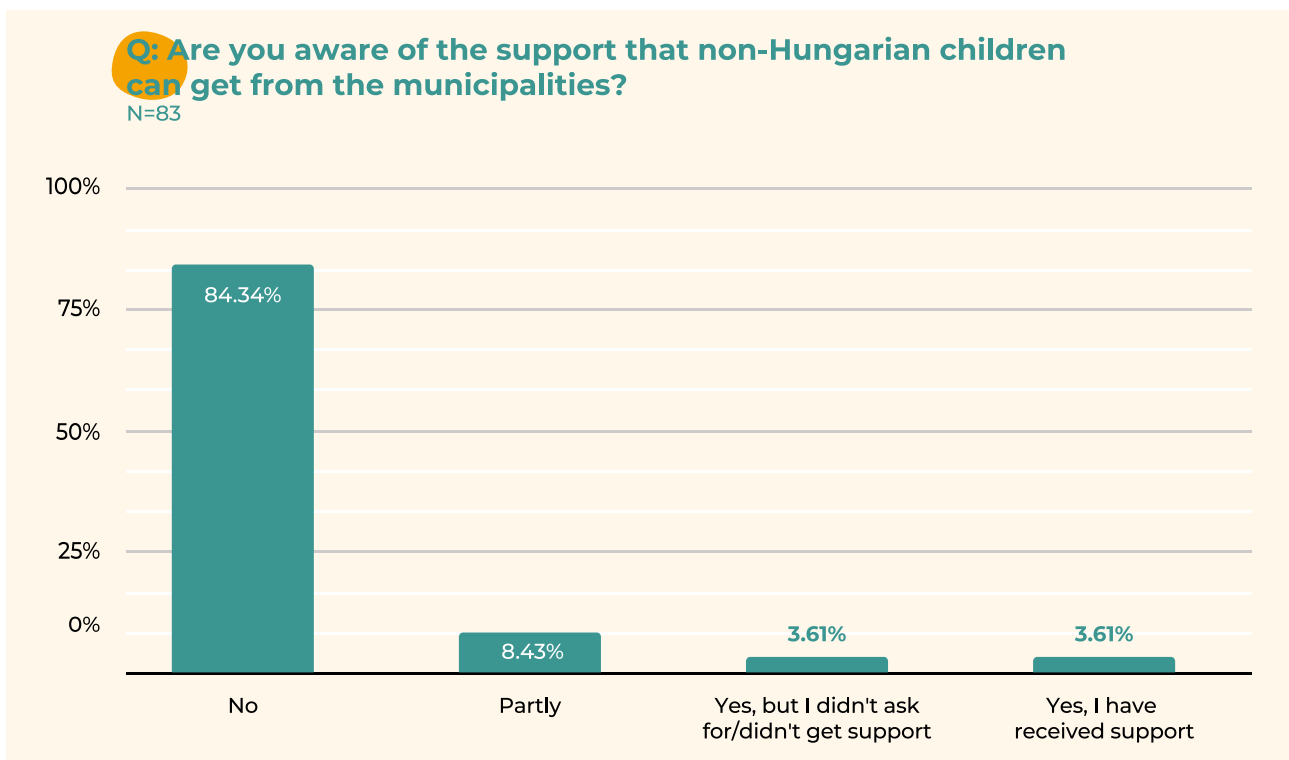


Figure 14: Respondents’ awareness of municipalities support to non-Hungarian children

Figure 15 displays respondents’ knowledge of védőnő services<sup>2</sup>. The majority are unaware of Védőnő service, only 12.3% have used it and an additional 11% have heard about it.

<sup>2</sup> The védőnő is the family doctor’s closest colleague and most important support. She is initially responsible for monitoring the pregnancy and the development of the fetus. During antenatal care, she gives advice on lifestyle, answers the mother’s questions, and prepares her for the birth and the newborn baby. She is the first professional to be informed of the baby’s birth and the first to visit the family in the days after the baby is discharged to help with baby care (breastfeeding, bathing, dressing, etc.). If necessary, she will visit the family more often, otherwise weekly until the age of 6 weeks and then monthly until the age of one year. They monitor the child’s development until the age of 6 and help the family to resolve family and social problems. She will report any problems and will make sure that no one is delayed in receiving a necessary vaccination. There are védőnő in the schools as well. She carries out the required screening tests and ensures that the vaccinations are administered at school. She reports to the family pediatrician if she notices any problems with the child’s mental or physical development.

**Q: Do you know about Védőnő?**  
N=73

- No
- Yes, I've heard about it, but never met a Védőnő
- Yes, me (or my wife) used a Védőnő during pregnancy

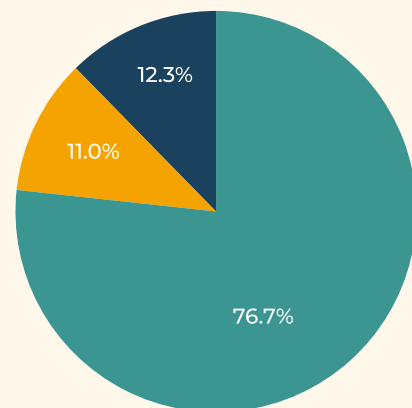


Figure 15: Respondents' knowledge about védőnő services

Védőnő can be described as a “district nurse” or “health visitor”, who besides the family doctor has an important role on health protection, disease prevention and health promotion for the families she cares for. **The védőnő service was managed on the local municipality level, it was a compulsory service for Hungarian citizens, also any foreigner regardless of their status were eligible for it in the district they lived in. In June 2023 the védőnő service was dislocated from the municipality level to the government level. At the time of writing the report it was not clear what sort of consequences this change would have on the availability of the service for foreigners, that can be a further point of investigation.**

Respondents' answers can be seen in table 2 to the open question in what way they faced challenges and had lack of information regarding kids and family life.

**Q: What kind of difficulties do you face concerning kids and family life as a migrant in Hungary? What are the topics where you struggle(d) to get information concerning kids and family life as a migrant in Hungary?**

**Language barriers and lack of support regarding education**

- “Education, health care, Nursery. There Are no services I got from municipality.”
- “Getting into affordable schools that teach in English. District schools that teach in English would be nice.”
- “I still haven't found any school or suitable kindergarten. So my kid goes to an online school in the home country. I can't afford private education.”
- “Public kindergarten and schools that offer learning in English. Higher education institutions that are public and teach in English. Kids camp in English. Free kids' therapy and counseling in English.”
- “The school don't support the children, and other organizations don't support you when you haven't any good job”

**Accessing healthcare especially for children**

- “Having difficulty to secure government Health insurance for kids even when the parents are secured.”
- “The healthcare and activities information area”
- “When parents work their children must have a TAJ card as well. Finding nursery and kindergarten is a herculean task! Everything is in Hungarian. Hospitals are not available, and they do not provide treatment in Emergency cases! Doctors are very very bad tempered! You cannot find a doctor to see if your child grows up normally or not. I can continue.”
- “We are struggling to get information on any of the topics in Hungary.”

Table 2: Respondents' answer to the questions in what ways they faced challenges and had lack of information regarding kids and family life

The main areas that they identified were that they receive no English language support to integrate their kids into the Hungarian education system, and that because of the general under-resourcing of the health system doctors do not have enough patience and resources to properly examine foreign kids. The biggest challenge is accessing public healthcare for the kids, as even though parents are working in Hungary (and themselves are eligible for free healthcare) is only possible with a high fee, and they are often not aware of the process of how to apply for it.

#### 4.4.2. Results of the focus groups

We organized two focus groups with a total of six participants from various countries. To determine the challenges that mothers, and migrant families face when it comes to the education system, health care, pregnancy, and family reunification visa, as well as to determine whether families and mothers have enough knowledge on these topics.

##### Education in Hungary: Nurseries, kindergartens, and public schools.

Three of the six women reported having challenging and negative interactions with Hungarian schools due to language, bullying, discrimination, and the system of school administration. One of them had a positive kindergarten experience but had an issue with the parents of the other children. The three other women, who don't have children enrolled in preschools, kindergartens, or nurseries, believe that language is the greatest barrier to integration.

Despite the high cost, many migrants favor foreign private schools because of the language. Moreover, one of the women pointed out that she was forced to enroll her daughter in an online school relevant to her country due to the aforementioned issues in addition to the rejection of non-Hungarian speakers by schools.

In conclusion, their experiences highlight the significant challenges and barriers faced by migrants in Hungary when it comes to accessing education for their children. These challenges range from language barriers and discrimination to bullying and school administration issues. There is a pressing need for inclusive policies and support systems to address these issues and ensure that all children, regardless of their background, have access to quality education in Hungary.

##### Healthcare system

For those who have a TAJ card, the healthcare system is ideal. Three out of four women with a TAJ card described their experience as perfect, although they did not speak Hungarian, they were able to communicate in English, while the fourth woman expressed that she prefers private clinics because of the language. While the others who don't have TAJ cards said that they prefer private clinics, although they are also expensive but still cheaper than a TAJ and better in terms of language.<sup>3</sup>

Three of the six women have children, and only one has a TAJ card. They add that even if you manage to get a TAJ card, you still lack information about it because of the language difficulties. One lady favors private clinics despite having a permanent residency permit. The primary problem with migrants and healthcare is the lack of English-speaking doctors. Two women had experience with birth, pregnancy, and vaccination: one visits private doctors despite having permanent residency; her earlier incident with vaccinations occurred outside of Hungary. The other woman said she had an excellent experience with delivery, védőnő, and vaccinations in Hungary since they have TAJ cards, and everything went smoothly. The fourth is a student at a Hungarian university who needs a TAJ card but it is too expensive. The last two ladies are the moms of Hungarian University students. One has a TAJ card and has had a positive experience with it. The other wasn't carrying a TAJ card, which was costly for her.

**Ultimately, the healthcare experiences of migrants in Hungary are shaped by a complex interplay of factors, including residency status, language proficiency, and financial constraints.**

<sup>3</sup> For more information about TAJ cards and who are eligible for them see Chapter 2.4.

## Pregnancy in Hungary and the support by védőnő

2 out of 6 women knew about védőnő in Hungary in the focus group. They also mentioned that as far as they know, none of their friends knows about it. The one woman who knows about védőnő got the information from her doctor. Others said they didn't know such a good thing is here in Hungary for pregnant women, and they were happy to know about it and got such good information through the focus group, as well as they were glad to tell their friends. They also said it is hard to get this kind of information because of the language barrier.

Two focus group participants had direct experience with pregnancy in Hungary. A woman from the first focus group said her experience with pregnancy in Hungary was with a private doctor, and it was a nice and amazing experience, but said she had no idea that services offered by védőnő existed. The other woman said she had a good experience with pregnancy in Hungary because she had a TAJ card, and she was lucky to find a doctor who speaks English. She was the one who knew about védőnő because her doctor told her. In summary, most participants had positive opinions about pregnancy in Hungary, but védőnő was something most of them didn't know about, though they would find this support very interesting and something that can help many migrant women living in Hungary.

## Family reunification visa and family allowances

Many families here in Hungary with family reunification visas face some typical challenges. One of these challenges is that they don't know how to get an allowance for their kids. A woman participant in the focus group is married to a Hungarian man, and together they have a son who is 3 years old. She mentioned that she got family allowances. However, she did not have much information about that, and she got the information from informal channels (through her mother-in-law).

Another focus group participant said she got a family allowance because she has a permanent residence permit, while another woman said she had two options for the visa, a temporary protection status for Ukrainian or a family reunification visa and she didn't know anything about family allowances. Two women from the focus group had more information on family allowances from the Kormányablak.<sup>4</sup>

**Many migrants who are using family reunification visas either find it hard to get a TAJ card or have problems finding a job. Moreover, from the focus group, it can be seen that they aren't aware of what you are entitled to when you have a family reunification visa.**

### 4.4.3. Personal experiences

As per the experiences of the PAR participants, four of the participants live in Hungary with their families. One of the members of the PAR group with a status of family reunification explained:

*“We got to know that we are entitled for tax relief on the behalf of our daughter after a long time. It was almost by accident. A friend explained the process - and fortunately the lady in the Govt office knew English. We were able to complete the process in half a day. For my children, the experience was completely different, it was not easy for them to integrate into the school environment and Hungarian society because of the language, and for Hungarian, it was not easy to accept foreigners in their schools because of the differences: language, race, religion, etc.”*

Another PAR participant's experience of getting pregnant in Hungary who arrived with a family reunification visa to Hungary was the following:

*“My journey began when I decided to take a pregnancy test at a private clinic. They presented two options: one priced at 5,000 HUF in Hungarian and another at 20,000 HUF in English. It took me five months to locate an English-speaking doctor who could provide guidance throughout my pregnancy. Upon receiving the test results, I reached out to a friend for recommendations on a gynecologist. Regrettably, the one recommended did not speak English, and I had to resort to Google Translate to comprehend her report.*

<sup>4</sup> “Kormányablak” means Government Windows where it is possible to deal with different official matters including national family benefits. As of March 2023, védőnő services belong to the municipalities not the national government.

*This left me anxious and unable to effectively communicate with the gynecologist. Consequently, I returned to my home country to consult with a gynecologist.*

*My next attempt with a different gynecologist in Hungary also proved challenging. Although she claimed to have English proficiency, effective communication was still an issue. Moreover, she refrained from providing a report, citing tax-related reasons as the cause. By the time I reached the 19th week of my pregnancy, I had already consulted with three gynecologists and was desperately in search of a fourth one.*

*Finally, by week 22, I found a capable English-speaking doctor who referred me to a védőnő as well. From that point onward, my pregnancy journey proceeded much more smoothly.”*

**The above personal testimonies demonstrates as well that there are available services for foreigners as well in Hungary, but they often only hear about these by accident how the first testimony explained the case of the tax relief and the second the case of the védőnő service. Language barriers pose an extreme challenge as well that can lead into isolation and discrimination such as in the case of the first example of a kid trying to integrate into a Hungarian school. Language barriers and the lack of information are especially pressing when it affects someone health, not being able to communicate with their doctor or being unclear about the processes can cause a lot of uncertainty and despair.**

## 4.5. Healthcare

### 4.5.1. Results of the survey

Out of 103 respondents, 66% stated that they have a TAJ card, and the average grade given to the statement “I know exactly what TAJ card covers” is 2.52 out of 5 and to the question How easy is it for you to find online information about the medical system and doctors in English?”. The average is 2.18 out of 5. Figure 16 demonstrates that 66% of the respondents have had difficulties communicating in English with a doctor, while 12% have not had experience with doctors yet.

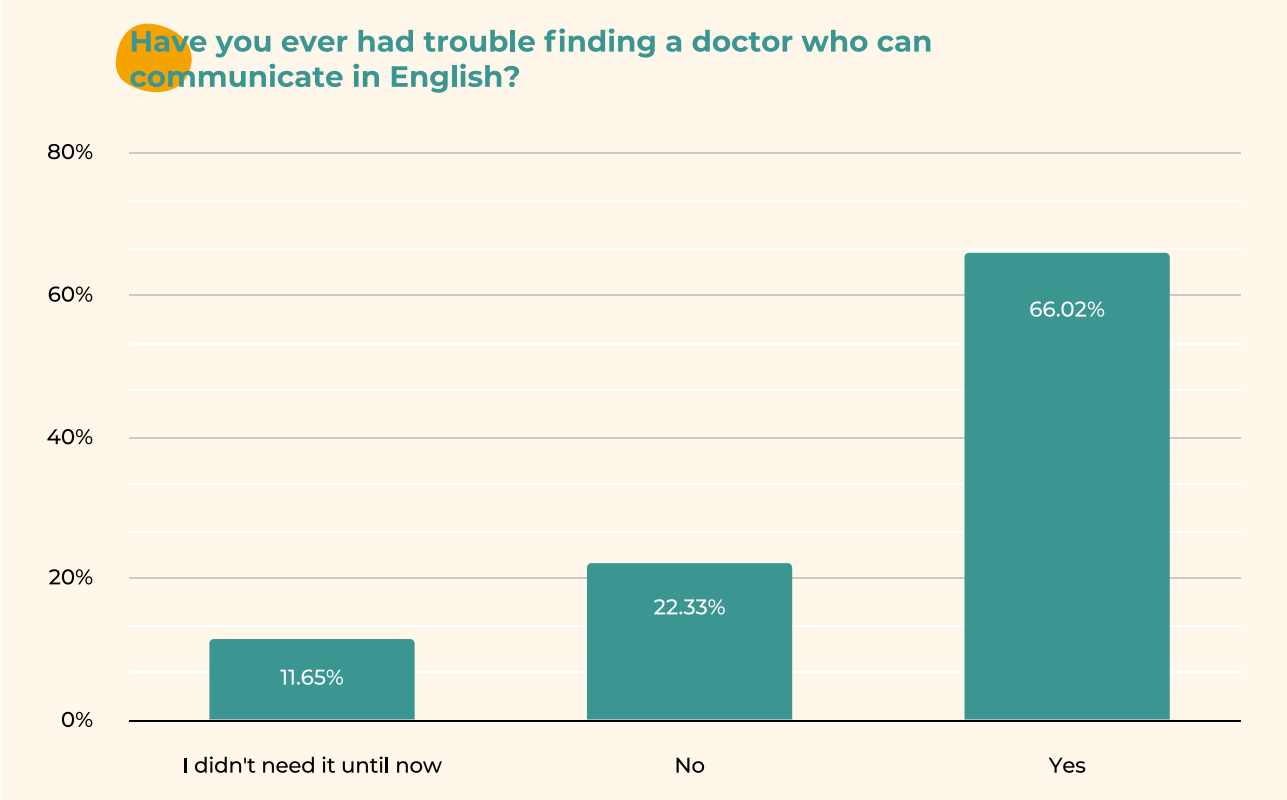


Figure 16: Respondents' difficulties with finding and English-speaking doctor

Respondents' answers can be seen in Table 3 to the open question in what way they faced challenges and had a lack of information regarding healthcare. For this open answer question, we received 30 answers, table 3 only shows some examples. The most frequently mentioned problem is **that respondents are not aware how the family doctor's system works**, that is the basis of public healthcare in Hungary, **also they are unsure what TAJ card covers exactly**. The other frequently mentioned problem is **the lack of English-speaking doctors or lack of help in English on how the Hungarian healthcare system works**. Furthermore, some of the respondents elaborated that they are scared of getting sick in Hungary because regulations are not clear and they receive confusing answers from offices regarding how they could access healthcare with their status.

**Q: In what ways did you face the lack of information in the field of employment?**

**General lack of information regarding healthcare**

- What to do in case of emergency
- What TAJ covers (mentioned five times)
- Family doctors (mentioned ten times)

**Language barriers**

- “Any documentation in English. doctors don’t communicate properly in English although they know the language driving too little to no trust between doctor and patient.”
- “Everything is in Hungarian, and even volunteers can’t correct explain.”
- “Language barrier, even if you speak Hungarian.”

**Being scared of falling sick in Hungary**

- “What happens when the Taj card expires. I have been asking about this for about 5 months and henceforth being denied healthcare. Additionally, as a previous business owner in Hungary it is impossible to have your Taj card green / operational as Hungary does not allow foreigners with a work visa as well as being entrepreneur to pay the 8000 or 9000 Ft each month. You’ll just have to close your business and look for a job which provides this service. Additionally, the NEAK (National HealthCare) office in Teve Utca (the central hub) as well as in smaller towns, does not have employees who speak English nor German. It’s always an issue of impatience and lack of care. Also, information differs according to each employee. Information is not formalized and centralized. I was urged to pay 100,000 but the next day they said 9000 and it just kept fluctuating. Very frustrating. But if you happen to find an angel who is willing to talk you through everything, the better. It happens here n there.”
- “Just generally I am scared to fall sick because nothing is clear in the healthcare system. it’s extremely scary to be sick as a foreigner in Europe.”
- “It is The WORST in the world! I give it -100!!! I cannot get TAJ for my child, and I do not know where to go in case of emergency.”

Table 3: Respondents' answer to the questions “In what ways did you face the lack of information in the field of employment?”

**4.5.2. Results of the focus group**

According to the focus groups conducted regarding the overall challenges encountered by migrants within the Healthcare system in Hungary, we discovered that the **dominating underlying issue is the language barrier**. Language barrier highly sprouts the inadequacy of information in such a way that a typical migrant in Hungary may fail to get the appropriate medical assistance or undergo a traumatizing experience in search of medical advice due to failure for him/her to communicate with the health personnel. This may also make one’s acquisition of medical assistance and the provision of medical reports to migrants in Hungarian even longer. Also, not being able to find an English-speaking paramedic makes it hard to navigate the healthcare system for migrants.



We also learnt during the focus groups that the majority of the migrants whether employed or full-time students do indeed have health insurance and own TAJ cards, however **none of them can conclusively identify what exactly their TAJ cards fully cater for**, and they only get to know that when seeking medical attention. More so, upon acquiring TAJ cards, **foreigners are not educated on where it can be or cannot be used**, to an extent that one may even be denied medical assistance in instances where the TAJ card may be valid. Furthermore, **it is also a challenge for migrants to find out who their GP (General Practitioner) is**, as this varies from district to district, because this information is not commonly shared unless one goes ahead to inquire about it and trivial medical assistance (such as getting a simple blood test) is expensive for migrants in the long run, for example despite having insurance (TAJ card) one still has to purchase medicine out of their own pocket which is a similar case even for Hungarians.

#### 4.5.3. Personal experiences

The primary challenge faced by many of us in Hungary when it comes to accessing medical services is the language barrier, commonly in public hospitals one may not be lucky to find any medical personnel to whom they can report their issue in English. The communication issue prolongs the medical service provision as a whole and in the worst cases, one may even fail to get the desired assistance. This also tends to cause bias, as the Hungarian medical personnel will evidently focus on Hungarians or those who already speak the Hungarian language, whether the migrant has been in the hospital hallway awaiting for assistance for the longest time or not. *“I was at a hospital for more than 5 hours waiting for an English-speaking doctor to attend to me.” “New patients would come in and would get assisted immediately because they were Hungarian.”*

In a nutshell, **the fact that there are no foreign language services in health services make it difficult for migrants to use the system. Additionally, there is insufficient information about the Healthcare and insurance system in Hungary in general leading to difficulties in finding out the location of one’s district GP, and finding out what the TAJ card covers.**

## 5. Conclusion

At its core, Hungary presents a wealth of opportunities for foreign nationals. However, they often encounter considerable obstacles, with language proficiency being at the forefront. This linguistic barrier impacts their ability to secure employment, access quality healthcare, enroll in schools, and understand entitlements such as family allowances. Overcoming these issues is crucial for their seamless integration into Hungarian society. By addressing these challenges, Hungary would not only become a more welcoming place for migrants/foreigners but would also benefit from the immense contributions this diverse population can offer.

Our research question focused on how the lack of information impacts the lives of migrants in Hungary. One of the main results of the survey is that many times foreigners are entitled to the same services as Hungarian citizens however they are not aware of these services because of the lack of information especially and language barriers that are two-sided. This is especially true in case of services provided by the municipality, a great example is the “védőnő” service that is obligatory for all pregnant women who are Hungarian citizens but is also available for foreign pregnant women and kids, still some of the research participants with kids never heard about it, as well as a lot of uncertainty can be found around the system of family doctors. The biggest information gap can be found in case of healthcare and family benefits, however it is important to highlight while some of the services are indeed available for foreigners, some group of migrants, for instance people with family-reunification visa to a third-country national, students without scholarship and minors who are not beneficiaries of international protection can only access to the TAJ card and with that free public healthcare by paying a high fee.

Regarding the source of information, the respondents of our survey mainly get information from their friends and community, however they consider this source of information as the least reliable information source in contrast to government offices and NGOs that are considered as the most reliable ones. The second most used sources are websites, however they are considered as a rather unreliable source when compared to government offices and NGOs, even though websites and applications would be their most preferred way to get information. **As a result of the research, our Participatory Action Research group decided to create a website for foreigners in Hungary where it is possible to get information in one place about public services and everyday life in Hungary and where reliable sources from government, municipality, and NGOs are showcased.**

Based on our research our group identified the most crucial areas such as **Healthcare, Family support, Education, Housing, Daily life, Community and Entertainment, NGOs, Language Learning, Legality, Employment, and Visa**. Our own experience as migrants in Hungary provides valuable insights into where the information gap is, and native speakers will help us collect the information from official Hungarian sites. This website is a first step in providing information for migrants initiated by migrants themselves. The need for more reliable online sources and bridging the gap between migrants and government offices, municipalities, and NGOs would be essential. We recommend that all official information should be available in English as well and should not only be a translation of the original Hungarian articles but should clarify which services are available for migrants living in Hungary with different statuses.

## 6. Acknowledgment

We are writing to express our utmost appreciation and gratitude for the valuable research study conducted on the implications caused by the lack of information for foreigners living in Hungary. As individuals who deeply empathize with the challenges faced by immigrants, this study has provided valuable insights into a pressing issue. Firstly, we would like to commend Artemisszió Foundation for organizing this Participatory Action Research and the EU-funded SHAPE Project that supported the finalization and distribution of this report.

To our fellow participants with whom we undertook this project, we cannot thank you enough for the meticulous approach and dedication throughout this project as well as the thoroughness and attention to detail displayed in the study's execution. This wouldn't have been possible without your collective and diligent efforts. The comprehensive nature of the study truly captures the multifaceted nature of the issue at hand. By examining both qualitative and quantitative data, our research allows for a holistic understanding of the challenges faced by the migrant community. This makes the findings more persuasive and impactful as well as providing a strong basis for advocating change.

In addition, we applaud the clarity and organization of our report. The methodology, analysis, and observations presented are lucid and easily digestible, making the study accessible to a wide range of audiences. This will undoubtedly aid in raising awareness about the issues faced by foreigners in Hungary and assist policymakers in implementing necessary reforms.

Furthermore, we appreciate the inclusion of recommendations and potential solutions in our report by offering actionable steps to address the identified gaps in information access, our research truly serves as a catalyst for positive change.

Furthermore, we extol the Artemisszió Foundation, MIRA and PAR coordinators, Eszter Kisgyura, Gabriella Nagy, Reza Sayed Mustafa and Agnes Kovacs who gave us the opportunity to be part of this amazing project. We learnt a lot from each one of you and you were always there to provide guidance and share your knowledge as well as jump in to assist on sections that were quite new to us.

It's been worth every moment invested and I hope that our efforts will influence policymakers, advocacy groups, and other relevant stakeholders to collaborate in finding effective strategies to support and empower the immigrant / foreign community in Hungary.

Your sincerely,  
The participants:

*Payal Shandil Gupta, Alaa Ali Hazaimah, Aya Al Khazaleh, Allan Mukasa Kiddawalime, Cynthia Namayanja Luswata, Derrick Muganza, Nweremizu Sarah Anulika, Nataliia Savchenko, Albiona Sopi, Ana Laura Soriano Esquivel, Vesa Veselaj, Azadeh Zandi*

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