

## INTRODUCTION

Last year, a multidisciplinary, health and social science conference was held at the Semmelweis University in Budapest, Hungary. The title of the conference, ‘Harming-Caring Society’ [Ártó-védő társadalom], referred to social forces that may contribute to getting ill or, on the contrary, to staying healthy. The title referred to one of the most influential Hungarian health sociology book from the end of the 1980s, and served also as a tribute to one of the most influential sociologists, Ágnes Losonczy. The aims of the conference were to provide a meeting opportunity and to establish a prosperous professional community for scientists who work in different fields of the health sciences. The presentations were based on the latest results on medical and health sociology, health science, psychology, and bioethics. Several sessions of the conference dealt with themes of pregnancy, birth, and motherhood. We intended to sample the work done in this field, and also to present a wide variety of studies from methodological issues to literature reviews, from state of the art empirical studies to works that originated in therapeutic experience of practising health professionals. To expand the range of themes even broader, the editors also invited other experts of the area to contribute to the thematic issue. Although diverse in scope and field, all studies in this thematic issue of the *EJMH* focus on birth and birth-related questions.

The first paper is a methodological study which focuses on the measurement of delivery-related control beliefs in a large variety of respondents. Control beliefs regarding labour and delivery might affect the decisions about childbearing, the number of children or health care service utilisation. They also influence the psychological experience and physiological process of child birth. The aim of the study of KONKOLY-THEGE and his colleagues was to evaluate a new, economic assessment tool with appropriate psychometric characteristics to measure delivery-related control beliefs among young women in their reproductive age.

There is a scarcity of literature about the notions of young women regarding pregnancy and childbirth. Based on interviews with female university students in Hungary, the second paper by KISDI aimed to investigate the knowledge, expectations and attitudes of young, childless adult women in relation to childbirth. According to the results of the quantitative research, even women in higher education had inadequate information about the nature and process of childbirth, the role of attending medical personnel, the opportunities and the questions of competence. Insufficient information may result in physical and psychological unpreparedness for giving birth, and that in turn can lead to negative birth experiences.

Birth experiences are crucial factors of the well-being of mothers that may have a deep positive or negative impact on their whole future life. According to OROSZ and SNAGY, however, not only the mother but also the foetus perceives what is happening to him/her in the perinatal period, and these impressions result in long-term influences on the personality, physical health, and psychological functioning of the individual in later life. Drawing on scientific literature and their own therapeutic work, this paper introduces the authors' novel hypothesis about the perinatal experiences of the foetus and the significance of these experiences in the person's attachment to others, attitudes toward physical intimacy, his/her ability to cope with change, and managing stress and loss.

In clinical practice, the ethical norms of maternity and obstetric care may occasionally come into conflict with one another. For instance, when the life of the foetus is in danger but the mother does not want to consent to the recommended medical intervention, the rights of the foetus to the best available care and the mother's rights to informed consent may be considered to be in contradiction to each other by the medical personnel. The legal solution for these types of incompatibility differs by countries. In Hungary, the prevailing law restricts the rights of the mother in such situations, allowing the health care personnel to decide against the wishes of the mother. Based on an empirical survey, the paper of SZEBIK and his colleagues focus on mothers' accounts of disregard and disrespect toward their wishes by the medical staff during prenatal- and birth care.

Evidence suggests that a negative birth experience may contribute to postpartum mental disorders that in turn can adversely affect the early relational experiences of the mother. In spite of the relational consequences of such disorders, most studies focus on demographic and psychosocial factors and pay less attention to factors such as intrapsychic vulnerability. Using data from an online survey with 125 participants in their first year after giving birth, MOLNÁR and her colleagues explored maternal anxiety and early maladaptive schemas in order to evaluate pathological and subclinical anxiety. Their aim is to call the therapists' attention to the role of early experiences in secure attachment, acceptance, and expression of needs and emotions for mothers with postpartum anxiety.

The last study in this issue explores a field that is at the same time both close to and far from the birth experience: the role of grandmotherhood and grandfatherhood. The article reviews scientific literature and surveys on the attitudes and role identities associated with grandparenthood and the timing of becoming a grandparent. The author's aim is a better understanding of the impacts of grandparents on fertility and also the well-being and success of the next generation.

In 2018, the Semmelweis University, Hungary will host a second 'Harming-Caring Society' conference. The main themes of the conference will centre on child-bearing, birth, and family, exploring further these crucial problems of any developed society.

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