



Tamako Oshima¹

Master of Welfare Management
ORCID: 0009-0006-8905-8955

The History, Roles, and Social Significance of the Hungarian Health Visitor (Védőnő) System: 110 Years of a Relationship-Based Maternal and Child Health Profession

A magyar védőnői rendszer története, szerepe és társadalmi jelentősége: 110 év a kapcsolatalapú anya- és gyermekvédelmi hivatás szolgálatában

Lecturer; Registered Nurse,
Public Health Nurse,
and Midwife International
University of Health and Welfare
School of Health Sciences at
Odawara Department of Nursing

1-2-25 Shiroyama Odawara
Kanagawa 250-8588, Japan
TEL : +81-465-21-6500
E-mail: t-oshima@ihwg.jp

¹ International University of Health and Welfare School of Health Sciences at
Odawara Department of Nursing

Abstract

This study reviews the Hungarian Health Visitor Service, focusing on its historical development, institutional design, professional roles, and social significance as a maternal and child health profession. Established in 1915, the Health Visitor Service provides continuous support to children and their families from pregnancy through adolescence up to the age of 18. A literature review was conducted using PubMed and publicly available documents published by professional associations and public institutions in Hungary. The analysis examined the system's historical background, placement structure, scope of practice, and international implications. The findings indicate that the Védőnő system is based on universal services and distinctive staffing policies that do not assume routine district transfers, enabling long-term, trust-based relationships between professionals and families. Through home visits and community-based practice, the system institutionalizes relationship-based preventive support, prioritizing "relationship over diagnosis" and "accompaniment over classification" in maternal and child health care.

Keywords: Védőnő; Maternal and Child Health; Health Visitors; Preventive Health Services

Absztrakt

Jelen tanulmányban a magyar védőnői –azaz a hivatásos anya-és gyermekvédelmi – rendszert vizsgáltam meg a következő szempontok szerint: történeti alakulás, a szervezet megalkotása, szakmai szerepe, valamint a társadalomban betöltött jelentősége. Az 1915-ben létrehozott védőnő rendszer a fogantatástól (várandóságtól) az iskoláskoron át a gyermek serdülőkoráig, azaz 18. életévéig a gyermekes családoknak biztosít folyamatos támogatást. Ezen tanulmány szakirodalmi áttekintést

nyújt a PubMed adatbázis, valamint a magyar szakmai szövetségek és közintézmények által köz-
zétett anyagok alapján.

Elemzésemben a rendszer történeti hátterére, szervezeti felépítésére, nemzetközi jelentőségére,
valamint a védőnők munkakörére fókuszáltam. Eredményképpen világossá vált, hogy a rendszer
egyetemes jellegű ellátáson alapul, és olyan humán erőforrás irányelv érvényesül benne, hogy a
védőnőket alapvetően nem mozgatják az egyes körzetek között, ezáltal lehetővé teszik, hogy a
védőnők és a családok között bizalmon alapuló, hosszútávú kapcsolat alakulhasson ki.

A védőnők a családlátogatások gyakorlatba ültetésével, a rendszerben olyan, alapvetően az emberi
kapcsolatokon alapuló szisztematikus, preventív támogatást valósítanak meg, ahol a kapcsolato-
kat helyezik előtérbe a diagnosztizáláshoz képest, valamint ahol a családok kísérésén van a hang-
súly a besorolás helyett.

Kulcsszavak: *védőnő; anya- és gyermekegészségügy; egészségügyi látogatók; megelőző egész-
ségügyi szolgáltatások Introduction*

Introduction

The Hungarian health visitor (Védőnő) system is a nationally licensed maternal and child health profession established in 1915 (Szöllősi et al., 2020). The system is often described as a unique preventive maternal and child health network in Europe (Póta & Szabó, 2020). Health visitors provide continuous support to children and their families from pregnancy and childbirth through infancy, childhood, and adolescence up to the age of 18. With a history spanning more than 110 years, the Védőnő system is regarded as one of the most distinctive maternal and child health systems in Europe.

Health visitors are assigned to hospitals, community districts, and schools. In particular, school health visitors provide continuous support to children and families from school age through adolescence. As community-based professionals, Védőnő health visitors deliver universal maternal and child health services to all pregnant women and families. Through practices centered on home visits, they provide health counseling, parenting support, coordination of immunizations, school health activi-

ties, mental health support, and other services. A key feature of the system is its emphasis on sustained relationships with families rather than early classification and selection based on individual risk.

In many countries, including Japan, maternal and child health systems combine high-risk approaches with population-based approaches. These systems rely on risk assessment and screening to determine support needs while simultaneously implementing population-wide health measures and information provision. Such approaches are rational responses to limited human resources and are shaped by each country's social and policy context. However, the nature of relationships between professionals and families, as well as the degree of continuity in engagement, varies across systems. In recent years, international discussions in maternal and child health have emphasized the importance of comprehensive support that considers psychosocial factors, family environments, and the quality of relationships in addition to biomedical indicators. In this context, the Védőnő

system has the potential to be re-evaluated as a relationship-based preventive support model that prioritizes “relationship over diagnosis” and “accompaniment over classification.”

The purpose of this study is to organize the historical background, educational framework, and practical roles of the Hungarian Védőnő system based on existing literature, and to clarify its social roles and international significance. Particular attention is given to how relationship-based continuous support is institutionalized within the system.

Methods

This study is a literature review focusing on existing publications related to the Hungarian Védőnő system. The aim was to clarify its historical development, educational and organizational structure, scope of practice, and social roles, as well as its international significance as a maternal and child health profession.

A literature search was conducted using PubMed, a major database in the fields of medicine and public health. The search terms “Hungary” and “health visitor” were used, and articles containing these terms in the title or abstract were identified. The search was conducted on May 20, 2025, yielding a total of 67 articles. Among these, five articles that directly addressed the design, roles, and practices of the Hungarian Védőnő system were selected for detailed review. In addition, materials published by professional associations and public institutions in Hungary, including historical documents and system descriptions, were used as supplementary sources.

The analysis focused on four perspectives: (1) the establishment and historical development of the system, (2) educational and placement structures, (3) scope of practice and professional roles, and (4) the social and international significance of the system. By comparing and synthesizing descriptions across the selected literature, the characteristics of the Védőnő system were examined from multiple angles. This study used only publicly available literature and documents and did not involve personal data or human subjects; therefore, it did not require ethical review. All sources were cited in accordance with copyright and research ethics standards.

Results

1. Establishment and Uniqueness of the System

The literature review confirmed that the Védőnő system is a nationally licensed maternal and child health profession established in 1915 and continuously maintained for over 110 years. A major characteristic of the system is that it targets children and their families from pregnancy and childbirth through infancy, childhood, and adolescence up to the age of 18. Health visitors are assigned to hospitals, community districts, and schools, and school health visitors in particular provide continuous support to children and families within the everyday setting of schools. This flexible placement across developmental stages, combined with institutionalized continuity of support, represents a highly distinctive feature within Europe.

Furthermore, institutional documents indicate that district health visitors are, in principle, not transferred between districts and continue to support families within the same community

over long periods. This staffing policy enables the same professional to remain involved with families from pregnancy through a child's developmental trajectory. Such a system design, which does not assume routine personnel transfers, supports the accumulation of trust between professionals and families and constitutes a key element enabling continuous, relationship-based support.

In addition, the Védőnő system is fundamentally based on universal services provided to all pregnant women and families, without presupposing selection based on the presence or absence of risk. This design frames maternal and child health not as intervention for specific "problematic" families, but as preventive support embedded in everyday life.

2. Scope of Practice and Professional Roles

The reviewed literature indicates that the scope of practice of Védőnő health visitors is extensive. Core activities include health support for mothers during pregnancy and the postpartum period, parenting counseling through home visits, coordination of immunizations, school health activities, breastfeeding support, smoking cessation support, and screening for postpartum depression (Rákóczi et al., 2024; Szabó et al., 2024; Hompoth et al., 2020). Home visits constitute a central practice, enabling health visitors to understand family environments and caregiving situations in daily contexts and to provide guidance and support as needed.

Several studies report that Védőnő health visitors are perceived as "family health advisors" or even "members of the family," and that relatively long-term, trust-based relationships are formed between professionals and families

(Póta & Szabó, 2020). At the same time, workload burden has been identified as a challenge. District health visitors are reported to be responsible for an average of approximately 274 households, while school health visitors are responsible for an average of approximately 807 children and adolescents (Országos Stefánia Szövetség, 2019; Soósné Kiss et al., 2023), reflecting the extensive scope of responsibilities borne by these professionals.

3. International Implications

The literature suggests that the Védőnő system represents an internationally significant example of institutionalized relationship-based preventive support in maternal and child health. Rather than initiating support through diagnosis or classification, the system delivers preventive support within the context of sustained relationships with families, taking a holistic view of daily life.

This orientation can be summarized by the principles of "relationship over diagnosis" and "accompaniment over classification." Importantly, these principles are not left to the discretion of individual professionals but are institutionally guaranteed through placement structures, defined roles, and qualification systems. The design of the Védőnő system also aligns closely with the ethics of care framework articulated by Noddings, which emphasizes care grounded in relationships. As such, the system can be understood as a form of social infrastructure that enables long-term preventive support through relationships and presents an alternative professional model in maternal and child health.

Discussion and Conclusion

This study reviewed the historical development, institutional structure, and professional roles of the Hungarian Védőnő system and examined its social and international significance as a maternal and child health profession. The findings indicate that the Védőnő system institutionalizes continuous support for children and families from pregnancy through adolescence up to the age of 18, with a strong emphasis on sustained relationships rather than episodic intervention.

A distinctive feature of the Védőnő system lies in its institutional design. Health visitors are assigned to hospitals, community districts, and schools, enabling continuity of support across developmental stages. In particular, the placement of school health visitors allows ongoing engagement with children and families during school age and adolescence. Moreover, the limited transfer of district health visitors supports long-term involvement with the same families, fostering trust and continuity and embedding preventive care within everyday life.

While many countries, including Japan, combine high-risk and population-based approaches in maternal and child health, the Védőnő system places particular emphasis on relational continuity as the starting point for support. Risk assessment is not negated but situated within a broader relational framework in which support needs emerge through sustained engagement rather than diagnosis or classification.

These characteristics can be interpreted through Noddings' ethics of care. As summarized in Table I, elements such as continuity, attentiveness, responsiveness, and relational reciprocity correspond closely with institutional practices of the Védőnő system. In this framework, care is understood as a relational process grounded in encounter and continuity rather than the fulfillment of duty (Noddings, 1984). Repeated encounters, particularly through home visits, enable relational listening and flexible responses, while relationship-based care is structurally supported through placement policies and defined professional roles.

From an ethics of care perspective, the Védőnő system can be understood as an institutionalized model of preventive support that prioritizes "relationship over diagnosis" and "accompaniment over classification." This study is limited by its reliance on a literature review; future research should include qualitative and comparative studies to further examine relationship-based preventive support.

Table I: Correspondence between Noddings' Ethics of Care and the Hungarian Védőnő System

Noddings' theoretical elements 1	Description (Noddings, 1984)	Corresponding practices in the Védőnő system
Caring relationship	Care is grounded in continuous, trust-based, and reciprocal relationships	Long-term assignment of district health visitors and sustained engagement with families
One-caring / cared-for	Care emerges through the relationship between the one-caring and the cared-for	Health visitors and families positioned as relational partners rather than service providers and recipients
Engrossment	Attentive openness and immersive understanding of the other	Relational listening and understanding through repeated home visits
Motivational displacement	The needs of the cared-for become the basis for action	Support shaped by families' expressed needs rather than predefined risk categories
Responsiveness	Care is completed through the response of the cared-for	Ongoing adjustment of support through interaction and feedback
Relationship-first approach	Care arises from encounter and continuity, not obligation	Preventive support initiated through universal and continuous relationships rather than diagnosis

Conflict of Interest and Ethical Considerations

The author declares no conflict of interest. This study is based on a literature review and did not involve human participants or personal data. All procedures were conducted in accordance with appropriate ethical standards.

Acknowledgements

The author sincerely thanks the Professional Association of Hungarian Health Visitors (Magyar Védőnők Szakmai Szövetsége) for providing the opportunity to present the outcomes of this study and for their continued commitment to the development of the Hungarian Védőnő system.

The author is also deeply grateful to Ms. Várfalvi Marianna and Dr. Ildikó Rákóczi for their valuable advice and generous professional support throughout the conduct of this study and the preparation of the manuscript.

In addition, heartfelt appreciation is extended to Ms. Ágnes Torma, who introduced the Professional Association of Hungarian Health Visitors and provided careful and accurate interpretation, greatly facilitating smooth and productive professional communication.

This study was presented at the 2025 Annual Meeting of the Japanese Society of Public Health.

AI tools (ChatGPT) were used to support language editing; the final content and responsibility for the manuscript rest solely with the author.

References

- Hompoth, E. A., Gálosi, N., Becsei, L., & Tőreki, A. (2020). Depressziószűrés a várandós gondozásban [Depression screening in pregnancy care: Results from the area of Békéscsaba körzetéből]. *Orvosi Hetilap*, 161(10), 374–381.
doi: 10.1556/650.2020.31659
- Noddings, N. (1984). *Caring: A feminine approach to ethics and moral education*. University of California Press.
- Országos Stefánia Szövetség. (2019). *A védőnői hivatás története* [The history of the health visitor profession]. Retrieved September 28, 2025
https://semmelweis.hu/nepegeszsegtan/files/2019/03/1819_GYTKgy11_anya_csecsemo.pdf
- Póta, G., & Szabó, L. (2020). The health visitor network in Hungary: A unique system in Europe. *Turkish Archives of Pediatrics*, 55(Suppl 1), S10–S16.
- Rákóczi, I., Balázs, P., & Foley, K. L. (2024). Dohányzó várandósok elsődleges védőnői állapotfelmérése az alapellátásban [Tobacco smoking primary survey of pregnant women in the maternity and child health service]. *Orvosi Hetilap*, 165(14), 545–552.
doi: 10.1556/650.2024.33014
- Soósné Kiss, Z., Szabó-Németh, P., & Horváth, K. (2023). Változások az orvosok, védőnők és egészségügyi szakemberek gyermekvédelmi munkájában, ajánlások a további munkához: Tanulmány a Védőnői Szolgálat 108 éves évfordulója alkalmából [Cooperation between the health visitor and the physician as one of the pillars of the 108-year-old Hungarian Health Visitor Service]. *Orvosi Hetilap*, 164(33), 1311–1318.
doi: 10.1556/650.2023.32867
- Szabó, A., Karácsony, I., Ferenczy, M., & Pakai, A. (2024). Mothers' experiences of breastfeeding support by health visitors in Hungary. *Orvosi Hetilap*, 165(41), 1628–1640.
doi: 10.1556/650.2024.33141
- Szöllősi, K., Odor, A., Kissné Garajszki, I., Talabér, J., Fogarasi-Grenczer, A., Altorjay, P., Póta, G., & Szabó, L. (2020). The health visitor network in Hungary: A unique system in Europe. *Turkish Archives of Pediatrics*, 55(Suppl 1), S10–S16.
doi.org/10.14744/TurkPediatriArs.2020.03271