

**THE SOCIAL CONTEXT OF FAMILY SIZE DECISIONS:
The Experiences of Somali and Sudanese
Migrant Communities**

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Doctor of Philosophy

ASTON UNIVERSITY

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THESIS ABSTRACT

This thesis is an in-depth study of the fertility practices and family size decisions of Sudanese and Somali migrants living in Birmingham. It interrogates the characteristics of decision-making rather than the characteristics of the women and men themselves. In this way, the study captures participants' experiences of fertility practices, rather than their reproductive outcomes. Whilst the literature identifies many factors, such as culture, migration, and socio-economic dimensions, which have significant effects on fertility, more in-depth research was necessary to gain a better understanding of how such factors interact with the individual approaches of migrants to determining fertility practice and behaviour. To answer these questions, I collected data via the qualitative methodologies of one-to-one interviews and focus groups. My analysis of the data showed that the majority of Somali participants considered large families to be a part of their cultural identity as Muslims, while for the Sudanese participants, large families were less critical to a 'good' Muslim identity. Structural conditions and individual stigmatisation also impact the fertility practices of migrants as gendered persons. Socio-economic context is highly relevant for those living in a migration context, as it alters the family structure, gender roles, parenting practice, and large family size values. Comparisons are presented between the migrant groups; for example, Somali women who choose to organise their work life around their fertility, and Sudanese migrants who are selective regarding job preferences, organising their fertility around work needs. This reflects differences in education and commitments towards family in the homeland. Social context shapes informants' behaviours, enabling or hindering specific fertility practices and norms. This research helps to illuminate how and why these fertility practices adapt and change.

Religion – contraception - fertility practice – stigmatisation – socio-economic conditions -
gender role - parenting practice

DEDICATION

This thesis is dedicated to my mother Batoul. To my father Hashim, my granny Amena, and my friend Awidia, and their living memory.

For my family, with everlasting love.

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ONS	Office for National Statistics	20
TA	Thematic analysis	70

CHAPTER 1

BACKGROUND, STUDY CONTEXT AND RESEARCH QUESTIONS

1.0 Introduction

This chapter is primarily aimed at introducing and setting out the background to the study and the organisation of the thesis. To this end, it provides a brief background to the researcher's journey from which the research topic is derived. It also outlines the context and rationale for the study, the research questions and methodological approach, and the rationale for the selection of Sudanese and Somali migrants in Birmingham. Finally, it sets out the population size, structure, and changes in this community in Birmingham.

1.1 Background

The story of my research starts with my MA dissertation. I wrote about the phenomenon of ideal family size among Sudanese migrants, and became interested in the results of my study: how it showed different types of ideal family size preferences, and how people defined small and large families in the context of migration. After I finished my MA dissertation in 2011, I began to think about how fertility norms change in the context of migration, how the individual fertility practices of those whom I interviewed were impacted by their everyday life experience as a gendered person, and how their individual story and experience could offer inside details. This led me to the literature of fertility, especially Muslim migrants' fertility. Many studies in this field in the United Kingdom (UK) have confirmed that women from ethnic minority groups tend to have larger families than 'native' women (see, for example, Coleman and Dubuc, 2010). After accounting for individuals' socio-economic characteristics (such as employment and education) and cultural factors (English language proficiency, religiosity, number of siblings and sex of the previous child), fertility differences are reduced but do persist.

Being a migrant mother of three children myself, I had my personal interest in the individual perspectives beyond just comparing fertility patterns between migrants and non-migrants. I wanted to do this as I felt that the perspectives of individuals were under-researched. Without information about parents' perceptions of themselves as migrants, awareness of the ideologies that shaped their views on fertility practice and an understanding of their experiences as migrant parents (mothers and fathers), an important

set of reasons for fertility practices among those migrants, and the distinctive character of this phenomenon would remain unknown. Greenhalgh (1995) suggested that studying women and men's experiences as cultural constructions gives us '*a powerful tool for exploring the influence of male-female differences and disparities on fertility*' (p.24). This helps us to understand social and material inequalities and the structure around these issues, behaviour, and family size choices. My research aims to go beyond comparing fertility patterns between migrants and non-migrants and explore how migrants see migration as contributing to influencing their fertility. I was therefore interested in the personal stories of men and women who had participated in one way or another in creating the migrant fertility pattern shown in the statistics.

My PhD research attempts to understand how people from both ethnic minorities dealt with the structural factors that enable or disable them from achieving their specific desired fertility goals. Like similar research in this area, Kulu *et al.* (2019) argued that for migrants where familialism is more common, religiosity is stronger, gender equality is lower, and the prestige of women is largely related to their motherhood status. Western countries may offer more opportunities for migrant women (even with barriers to structural integration), reducing the barriers to combining parenthood and labour force participation. This research project was designed to allow the participants as many opportunities as possible to explain, explore and expand on the choices they have made over their fertility, as well as share their thoughts on their ideal family size. Their accounts illustrate the limitations of purely demographic approaches that focus on broad patterns of fertility and migration when considering how geographical mobility shapes fertility patterns. I will show how bridging the gap between sociology and demography offers us a more comprehensive understanding of how issues such as migration, culture, and economic and social factors make a difference to individual fertility decisions. My research identifies the issues that interact or combine to influence the fertility of Somali and Sudanese migrants in Birmingham, and through the accounts of both men and women explores how the pattern of family size in the UK compares to their understanding of their countries of origin.

1.2 The Context and Rationale for the Study

Migration and ethnicity have profound effects on how people choose and plan their family size. Demographic studies have often relied on statistical approaches to show variations in fertility between ethnic minorities. However, such studies have not been able to uncover

rich understandings of individuals' experiences and motivations that detail how people from ethnic minorities process and plan their fertility in the context of migration. This study seeks to explore the social context of family size decision-making through the experiences of Sudanese and Somali migrant communities living in Birmingham. In this context, the study focuses on the impact of growing cultural diversity in the Birmingham community in particular and in the UK in general.

This study uses qualitative research methods to understand how Somali and Sudanese migrants in Birmingham approach their fertility choices and uses their voices to explain their fertility practices. While a review of the existing literature has revealed that many factors – such as culture, migration, and socio-economic dimensions – have significant effects on fertility, more in-depth research is necessary to gain a better understanding of how these factors relate to fertility practice, focusing on both women and men in both ethnic minority communities. In this research, I adopted the view of agency and culture proposed by Carter (1995), who suggested that reproductive theory may be built on Giddens' notion of reflexively monitored flows of conduct. Greenhalgh (1995) argues that the first concept (reflexivity) helps the researcher to detach themselves from abstract, universal rationality. The second concept (flows of conduct), Carter (1995) argues, will allow researchers to shift their attention from enduring principles of social action to focus on practice. Taking the perspective of both women and men, as Greenhalgh (1995) argues, allows researchers to study women and men as cultural constructions, exploring power differentials and sex-related ideologies and how these impacted their fertility practice. In this research project, therefore, I explore how the individual approaches of migrants in deciding their family size relates to wider patterns of gender, culture, religion, and socio-economic circumstances.

1.3 Research Questions

The overall aim of this research is to improve the understanding of how the social context impacts on individual choices, and influences fertility behaviour and practice. To achieve this, the main objectives of this study were:

- 1. To gain a better understanding of the preferences concerning family size practices among the Sudanese and Somali ethnic minority groups in Birmingham.***

- 2. To identify how issues such as the economy, culture, religion, and gender influence family size practices among the Sudanese and Somali ethnic groups in Birmingham.**
- 3. To understand the motivations for parenthood among the Sudanese and Somali ethnic groups in Birmingham, and how these might relate to broader trends amongst these ethnicities. Do the group levels of family size practices and preferences affect how individual women/men evaluate their own family size? If so, how do they do so?**
- 4. To understand how the migration context enables or disables women's and men's ability to achieve their ideal family size. What are the main structural conditions (employment, childcare, etc.) in their current context (Birmingham) that shape attitudes towards parenting and family formulation and their approach to reproduction and fertility practice and behaviour?**
- 5. Finally, what can the answers to all the questions above reveal about individual migrant-level differences in UK fertility practices? Do they challenge or complement the current demographic patterns identified by migration literature? How do these groups of African migrants formulate their families in the UK? And what matters to them in this construction?**

In order to answer these questions, I used a theoretical framework organised around two key themes. First, the relationships between individual actions and between agency and structure; second how self-identity and reflexivity shape fertility decisions. All are crucial to shaping participants' understanding of their fertility practice as Muslims and migrants. This study tries to understand fertility behaviour by focusing on how individuals shape social practices, and how the interactions between individuals and social structures shape fertility decisions and behaviour. Greenhalgh (1995) suggested that:

'Fertility is a multi-levelled field of inquiry that is explicitly historical and attentive to political and economic as well as social and cultural forces. (p.13)

The present research focuses on the family size decisions of Somali and Sudanese migrants. All these questions have been critically studied within both groups of migrants. I was looking not only for the similarities and differences between the Somali and the Sudanese migrants, but also studied the process through which the same social context influences the reproductive behaviour of the two migrant groups. I aimed to understand the

underlying process through which the social contexts of migration and fertility are interlinked.

1.4 Method and Methodological Approach

As mentioned above, this research seeks to situate the practice of fertility as interplay between structure and agency. The activity of an agent in day-to-day life is based on their knowledge of the situation, and the micro-macro interaction that recognises the role of agent and considers agency as the intention of the actor to bring change to a life situation based on capability. This study tries to understand this in relation to the lives of both Somali and Sudanese migrants in Birmingham. I therefore take an interpretive approach: in other words, I used the respondents' interpretations, meanings, and understandings as my main data resource in the fieldwork, recognising however that *'the thesis or the report represents the researcher'* (Letherby, 2002, p.6). As a researcher, I draw on the experience/understanding of my respondents to widen the debate around fertility practice among both groups of migrants (more detail in Chapter 3).

The intention of this study was not to test hypotheses or make generalisations in a statistical sense. Instead, it hoped to understand family size among migrants in the migration context. Considering this, the specific number of groups was less important than an in-depth investigation that would elicit a richness of data, and the ability to reflect on individual versus group experiences. The two communities were chosen in line with an argument developed by Assal (2004) who states that both African migrant groups consider Arab and Islamic cultures as representative of their Somali and Sudanese cultures. Due to my ontological and epistemological perspective, I decided to take a qualitative research approach. The data collection methods used were one-to-one semi-structured interviews and focus groups. Undertaking qualitative research among migrants like myself, as Letherby (2003) argued. *'has a danger of the researcher 'going native' and producing an uncritical and biased interpretation'* (p.70). (More in the Positionality section in Chapter 3.) Partly to counter this, I used focus groups after the individual interviews to refine and check my data interpretations. The use of focus groups in my research helped validate the findings from the one-to-one interviews, through using controlled discussion (more on this in Chapter 3).

I interviewed both men and women because for me it was important to understand both perspectives when I was speaking about family size. As Annandale and Clark (1996)

(quoted in Letherby (2003)), argued: *'it is important to consider the experience of men to uncover the similarities as well as the differences between us (women and men) and to highlight the differences between men, just as we do the differences between women'* (p.75). However, there are some issues (such as power in research) in including men in my research (see more in Chapter 3).

For me, adopting methods such as semi-structured interviews and focus groups allowed for a deeper and more comprehensive understanding of people's practice (Bryman, 2008). I sought to explain how and why a focus on individual approaches to childbearing and people's personal experiences about fertility in a migration context can make a valuable contribution to understanding the phenomenon under scrutiny. Chapter 3 includes the description of data collection methods and how I implemented them. Undertaking a qualitative research interview is an interactional encounter and I acknowledge the contextual, societal, and interpersonal elements of interviewing, which I will also describe later. Since I am researching fertility practice to reveal what is going in women's and men's lives, it is important to do the research in a non-exploitative way, without objectifying respondents. It was therefore important to me to be sensitive to respondents' needs and my presence in their lives and in the research process (Letherby, 2003, p.73).

1.5 Rationale for the Selection of Somali and Sudanese Migrants in Birmingham

There were several reasons for the selection of Somali and Sudanese communities for this study. Both the Somali and Sudanese communities share common characteristics, particularly their culture, religion, and some demographic aspects. Yet there are differences as well as similarities between the two selected communities. Whilst they are similar with respect to their African origins, the two communities differ in terms of the socio-economic and demographic indicators of their people (see below), the degree of engagement with the labour market, and the level of education as well as the general fertility characteristics. This similarity and divergence help to maximise the opportunities for exploration, validation, and verification of the research findings across the two communities in general. However, the opinions and practices of those I encountered in the field cannot account for the aggregate level, or trends and patterns described below, nor provide explanations for the overall fertility behaviour and patterns in Birmingham. However, it can shed light on migrant behaviour and practice that contributes towards overall fertility patterns in Birmingham.

The intimacy of qualitative research no longer allowed me to remain a true outsider to the experiences under study. Like the participants, I have had children, and as with many of them, I feel that being a migrant mother has impacted both my fertility decisions and my views on large families. In Sudanese and Somali cultures, family planning is a salient area that may be discussed after marriage. The notion of large families as a preference is just as much at the forefront of my mind, as it is in my Sudanese/Somali participants' minds. This made me reflect on how far my research questions were worth researching, or whether the cultural preferences had already shown clear answers to the research problem. Therefore, I decided to dig deeper into each group's fertility behaviour and decisions, to try to understand how their social contexts specifically impact their fertility and family size. The selection of these communities was also influenced by the fact that I am myself a Sudanese migrant. Having been born and raised in Sudan until I married and then migrated to the UK, I felt that I 'belonged' within both sets of participants. (I discuss the significance of my identity to both the research process and output further in the Positionality section in Chapter 3).

1.6 Sudanese and Somali Migrants in the UK

This section gives some background to the Somali and Sudanese migrant communities in the UK. The UK is home to the largest Somali community in Europe and there are around 115,000 Somali-born individuals recorded by the 2011 UK Census. Although some Somali migrants, notably sailors and merchants, had arrived earlier, Halliday (1992) observed that most Somali immigrants started arriving in the UK after serving in the British Navy during the Second World War. Between 1980 and 1990, the civil war in Somalia led a large number of Somali immigrants to seek refuge across the world, the UK being no exception. Since 2000, between 10,000 and 20,000 Somalis have moved to the UK from the Netherlands alone, to join their families or start businesses (Liempt, 2011). In 2006, the Information Centre about Asylum and Refugees (ICAR) estimated that about 35,000 people of Somali origin were living in the UK, regardless of their birthplace. The 2011 Census recorded that there were about 7,765 Somali migrants living in Birmingham at that time. This was around a ninefold increase in the population from the 2001 Census, which gave the figure 819. Somali migrants share a language and faith. Despite this homogeneity, kin affiliations have resulted in divisions in cultural identity, and there is a long-standing conflict between the super clans: the Hawiye, Darood, Dir/Isaaq and Rahaweyn. Each of these 'super clans' has a sub-clan and relations network. As a result

of the war, many Somali refugees may have lost their loved ones, or been tortured, raped, or subjected to different sorts of trauma before their flight. The fissure that followed the breakdown continues to plague Somalis, even after leaving their country, and has consequently resulted in members of the same family being scattered in several countries, often as many as five countries (Farah, 2000). The foundation of Somali social organisation is a kinship system (Lewis, 1955, 1998; Ahmed, 1995). However, Hassan (2014) argued that contrary to the patriarchal social system, Somali women participants are more involved in the affairs of their families back home than their male counterparts. They contact home often, both for socialisation and for support reasons.

The Sudanese people also have a long history of migration to the West. The earliest immigrants from Sudan to the UK were mainly professionals, business people and academics, migrating between 1955 and 1972 (Jaulin and Perrin, 2012). Like other groups of nationals from formerly colonised countries in Africa and elsewhere, the initial links between Sudan and Britain primed pathways for visitors and migrants in later years – among them students, tourists, and professionals. Indeed, until 1991, English was the language of higher education in Sudan, and schools and universities were based on the British educational system. Some Sudanese people – who were by and large well-educated young men – had established livelihoods and lives in the UK. Towards the end of the 1980s, Sudanese migration to the UK increased due to the civil war in Sudan (IOM, 2006). From a variety of ethnic heritages in the North, Darfur, Blue Nile, South Kordofan and East Sudan, thousands of displaced people migrated to the UK as well as to other countries across the world. A third wave of migration happened after the Southern secession in 2011 (IOM, 2011). This migration included generally elite members of opposition parties, and Khartoum-based students. In the most recent UK Census in 2011, there were reported to be around 21,000 Sudanese men and women currently living in the UK. This is double the number – 10,611 – of Sudanese migrants in 2001, with around 4,000 to 5,000 Sudanese migrants living in Birmingham (IOM, 2006). There are different levels of identification and categorisation in which individual Sudanese migrants are placed, but the primary basis of identification in Sudan is tribal (Ahmed, 1979; O'Brien, 1998). Assal (2004) observed that individual migration is the main characteristic of Sudanese migration when compared to Somali migration, where family reunification has played an important role in shaping their migrant community. Due to the nature of their migration to the UK, the Sudanese in the UK are represented by different ethnic, religious,

and political backgrounds. The community includes migrants from different tribes and regions in Sudan.

Fábos (2012a) has argued that the London-based Sudanese community might be recognised as a sharp cultural and religious divide between British society and the Muslim Arab Sudanese Diaspora. In particular, the gender roles and gender relations encountered in the British context are seen to be at odds with those of authentic Sudanese society. British gender values are viewed as undermining women's responsibilities as wives and mothers, and threatening children by exposing them to 'inappropriate' influences at school and in society generally (Belail, 1998). Fábos (2012b) argued that, increasingly, there are discussions about the dangers of the British educational system for Sudanese children, who are seen to be absorbing the wrong norms, especially where gender roles are concerned. Different attitudes to obedience towards parents and family elders are also cause for concern. Fábos (2007) also found that the status of Sudanese refugees in Western countries had particular implications for gender relations in their local communities. Among the Sudanese refugees, the men have obtained jobs, some in professional fields such as IT and medicine (El-Ahmadi, 2003). Although there are many outstanding professional Sudanese women in exile in Britain, Fábos (2012a) argued that married women usually preside over the domestic sphere and the education of children.

Fábos (2012b) claimed that a large part of these practices and identity has to do with the maintenance of 'authentic' gender systems that see the roles of women and men as complementary, highlighting the importance of motherhood and wifehood to maintain 'traditions' and underscoring the virtue of obedience of women to men and of children, and young people to their elders. Many Sudanese migrants do not feel that their fellow citizens and British society as a whole share these values, which may challenge the norm of gender equality specifically.

Furthermore, both Sudanese and Somali Muslim families in the UK find themselves part of a minority community that has been under tremendous social and political pressure. This is especially true since the London Underground bombings on 7 July 2005 that led to even more difficulties as lawmakers push for measures to 'control terrorism', most notably that associated with Muslims. Despite their legal and civil rights to participate in British society, both Somali and Sudanese, and other Muslim communities, may find that their religious

beliefs and community expectations are at odds with the framework of belonging as expressed by the state.

Looking at their experiences, both individually and in comparison to each other, offered me the opportunity to strengthen the insights obtained beyond the statistical numbers. While a demographer focuses on the structural as it is easy to measure, this study focuses on both structural issues and on ideational or value changes that may accompany fertility practice and behaviour. This comparative study between the two groups of migrants used a sociological perspective to comment on the forces underlying family size among migrants, by going beyond the direct observation of migrant populations to reveal how the two subgroups (Sudanese and Somali) deal with their fertility practice, and by comparing their processes of family formation and fertility practice.

The goal of my research was to gain a deeper understanding of this particular subject. I argue that without information about parents' perceptions of themselves as migrants, without an awareness of the ideologies that shaped their views on parenting, and without an understanding of their experiences as migrant parents, an important chain of reasons for fertility practices among those Muslim migrants and its distinctive character would remain unknown.

1.7 Population Size, Structure and Change in Birmingham

This section presents a brief summary of the key characteristics of fertility behaviour and patterns in Birmingham, relative to other parts of England. It also tries to shed light on the fertility background of the two Somali and Sudanese migrant groups. The key purpose is to provide an overview of the wider context surrounding both groups of participants' views on childbearing and experiences of family building. The information presented in the chapter is based on the research and statistics regarding fertility differences between non-UK-born and UK-born parents, and the degree of divergence in fertility patterns between age groups. Whilst the opinions and practices of those I encountered in the field cannot account for the aggregate level, trends and patterns described below, or explain the overall fertility behaviour and patterns in Birmingham, they are nevertheless illustrative of a tiny spectrum of migrant behaviour and practice that contributes towards overall fertility patterns in Birmingham. After presenting the rationale behind the selection of Birmingham as the location, the structure of the thesis is outlined.

According to the 2018 mid-year population estimates, the population of Birmingham was 1,141,400 people (ONS, 2019). Forecasts suggest that the average increase will reach 0.8% by 2020 (ONS, 2019). Birmingham's population growth is partly due to a natural increase as the number of births surpasses the number of deaths. However, net international migration to Birmingham has also played an important role in that population growth. Whilst the size and make-up of the population are determined by births, deaths, and migration that have taken place in previous years, the 2018 mid-year population estimates show the difference between sexes. There are generally more adult females than adult males. A final feature of any population, in relation to fertility, is its age structure. The city of Birmingham can be described as a young city and the Office for National Statistics (ONS) (2016) has suggested that Birmingham has a more youthful age profile than England as a whole. Of Birmingham's total population, 22.8% are children (0-15) compared to 19.1% in England, while only 13% of the population are pensioners (65+), compared to 18.3% in England overall.

ONS (2016) analysed the components of change in Birmingham's population between 2011 and 2016. It is clear from this analysis that the components of Birmingham's population have altered since 2011; international migration to Birmingham has significantly increased over the last three years, (2013; 2014; 2015) while internal net migration has declined as more people moved away from Birmingham than came to live in the city from other parts of the UK. Additionally, the birth rate is higher than it was in 2011 (ONS, 2017). The same source explains that, across Birmingham, established migrant groups outnumbered new migrants in all wards except Edgbaston, Ladywood, Nechells, and Selly Oak. In the 2011 Census, 234,313 Birmingham residents were born overseas. The figures show that the number of Birmingham residents reporting birth outside the UK, and the number of migrants, has increased for all countries except Ireland where the number decreased by 29.5% between 2001 and 2011. The most marked increase was detected amongst Romanians, from 66 in 2001 to 1,433 in 2011. People born in Poland and Somalia increased ninefold (ONS, 2011) and those born in China, Nigeria, Zimbabwe, and Iran threefold. The Census also indicates that 46.1% of the Birmingham population are Christian, a decrease of 13 percentage points from 2001. In contrast, the Muslim population increased by 7.5%, which ranked Islam as the second largest religion in Birmingham and placed Birmingham as the local authority district with the largest number

of Muslim residents, at 234,411. In addition, the figure for people who said they held no religion increased by 6.9.

- **Fertility Rate**

The Total Fertility Rate (TFR) refers to the number of children that would be born to women if current patterns of childbearing persisted throughout every woman's reproductive life. This aims to group together the experiences of women of different ages to create an imaginary lifetime, hence enabling reflection on both the level and the timing of fertility for several generations at once. In 2001, the Total Fertility Rate in the UK plummeted to a record low of just 1.63 children per woman (ONS, 2005). Since then, there has been some recovery; by 2003, the TFR had risen to 1.71 and a year later to 1.77 children per woman (ONS, 2005). The 2001-2012 period in England was characterised by consistent year-on-year fertility growth followed by a decline in the next four years. This pattern was seen across England with no exception, including a similar pattern in Birmingham. However, in 2016 there were 17,404 births to mothers resident in Birmingham; this compares to 16,828 in 2015, an increase of 3.4%. The General Fertility Rate was 69.7 births per thousand population in Birmingham, higher than the West Midlands region and England that were 65.0 and 62.5 per thousand population, respectively. Moreover, Birmingham is expected to exceed the 2012 peak by 2019 (ONS, 2017).

The number of children in Birmingham is estimated to have increased by 6.9% since 2001. This is above the England average of 1.2%. The statistical information from the 2011 Census shows that the increase occurred amongst the under 8s. This is most recently due to the increase in birth level. The same source suggested that the number of births in Birmingham has increased partly due to the size of the female population, presenting figures that show that the rates of change for birth and female population size are very similar. This increase in women of childbearing age might also be so pronounced in Birmingham as a result of international migration. Statistical data confirms that in 2016 there were 7,188 live births to mothers born outside the UK, a share of 41.3% of all births in Birmingham. This figure demonstrates an increase of 63.2% since 2000, while 51.2% of babies born in Birmingham have at least one parent who was born abroad. The largest group within this pattern are African mothers (1,219), which includes Somali and

Sudanese migrants, followed by 1,077 live births to mothers who were born in EU accession countries.

- **Age pattern in relation to fertility rates**

Recent studies show that in the UK there has been a rapid fall in age-specific fertility rates from women in their twenties (Pearce *et al.*, 1999). A study by Frejka and Colt (2001) has also shown that in low fertility countries this has been attributed to the fact that women in most developed countries have been increasingly delaying their childbearing to later in life (Haines, 2018). This has resulted in increasing fertility rates among older women. Haines (2018) argued that this increase may also be due to a number of other factors, such as increased female participation in higher education and the labour force, the growing importance of careers, the rising costs of childcare, labour market uncertainty, and housing factors (p.7). All these elements have been supported by studies I will return to in my literature review.

According to ONS (2017), the statistical data about age-specific fertility rates in Birmingham show that there has been a rapid fall in mothers under 25 from 2001 to 2015, and an increase among those aged 30-34. In fact, in 2015 the latter age group had a higher fertility rate than the former, and there has been an increase in fertility among those aged 35-39. The 40+ group now shares the status as the least fertile group with teenagers, although the over-40s rate has been higher than that of teenagers since 2014. Those two age groups (35-39 and 40+) constitute the majority of this study's participants.

- **Live birth distribution in Birmingham by area**

The ONS reported that the total number of births for Birmingham, when distributed by ward, shows that areas with a high proportion of non-white ethnic background populations tend to have higher birth numbers. These areas are also described by ONS (2017) as '*the more socially deprived areas*' in Birmingham. In contrast, '*the more affluent areas*' are associated with lower birth numbers. The report also indicates that of the six wards that declined in their fertility numbers, four used to have high birth rates; these are Washwood Heath, Sparkbrook, Aston, Lozells, and East Handsworth.

The selection of Somali and Sudanese communities for this study considered certain criteria that ensured that they had the potential to generate the type of data required to answer the research questions. The two selected communities are both similar and

different in some respects. The Somali and Sudanese communities share common characteristics such as culture, religion, and some demographic aspects. The individual rich experiences of family size in both communities generated the type of data required to explore family size among migrants in an immigration context. However, the Somali and Sudanese communities differ in some characteristics of their migration. Unlike Sudanese migration, which is characterised by individual migration, Somali migration is characterised by group migration where family reunification has played an important role in the UK. The similarity and divergence of these groups allow the study to explore, validate and verify the research findings across the two communities in general. The selection was also due to some pragmatic considerations, particularly in terms of study resources, money, and time.

1.8 Organisation of the Thesis

This thesis is organised into eight chapters. **Chapter 2** is the literature review and explores whether changes over time in thinking about fertility have led to a better understanding of the attitudes towards family size among ethnic minority migrants in the UK. Section 2.1 reviews the literature on fertility, whilst Section 2.2 discusses gender and family size. Section 2.3 explains how religion and culture have impacted fertility practice, Section 2.4 discusses family size and immigration, and Section 2.5 looks at the theoretical framework for this study.

Chapter 3 discusses the research methodology that was adopted in order to address the research questions. This chapter argues for the appropriateness of a qualitative approach to understand the social context of family size decisions among Somali and Sudanese migrants to the UK. The objective of this chapter is to justify the design of the research and show how the approach was implemented. The chapter also examines methods of data collection and analysis. The final part presents a summary and conclusion for the whole discussion.

In **Chapter 4**, I analyse the migrants' understanding of fertility norms in both a migration context (the host society) and in their country of origin. These are considered quite differently through the participants' own views, perceptions, experiences, terminologies, feelings, and reflections. As I demonstrate, participants also understood that such differences have impacted their fertility decisions and behaviours. Elias (2000) argued that the relationship between host society and migrants can move from being culturally differentiating to more accommodating, whereby individual migrants apply the host

society's practices to their own conscious decision-making, rather than making decisions as a result of any external obligations.

Chapter 5 draws on the participants' reflections during the empirical field study. This chapter discusses the Sudanese and Somali participants' thoughts about economic issues and fertility. Since the term 'economic issues' means different things to different people, I use the term in this study broadly to include ideas about employment, childcare, and money. Economic issues were often at the forefront of participant accounts of fertility behaviour and decision-making. However, the participants were reluctant to speculate about how far there was a specific time when they felt economically ready to experience parenthood. Participants were prompted to answer different but related questions, such as what does it mean to be financially or economically ready to have a child, and how has that impacted their fertility practices and norms?

Chapter 6 discusses fertility, gender roles, and parenting practice. It draws on participants' accounts to illuminate the reality that family formulation and practice in a migration context involves many challenges. The rearing of children has changed, as it is now taking place within a different culture and a new environment. This chapter also reveals that there has been an inter-generational gap, in addition to the presence of significant language, social, and cultural barriers in the two communities. Since there has been much less focus so far on examining the changes and challenges within parenting practice and childrearing, and the impact of these on decisions and attitudes around family size, the discussion in this chapter extends to how such pressures around parenting practice have affected migrant decision-making and behaviours in relation to family size specifically.

Chapter 7 presents an overview of fertility practices, religion, and culture among Somali and Sudanese migrants in Birmingham. Looking at the differences in fertility rates between ethnic or national groups, the influence of religion, if any, is strongly modified by other factors. The chapter draws on the participants' accounts to consider the inter-group fertility differences, and how an individual as agent is able to not only negotiate religion, but to transform their own fertility practice norms and behaviours in ways that suit their desires, needs, and current context.

Finally, **Chapter 8** draws together conclusions for the whole thesis, highlighting its contribution to existing knowledge. This chapter discusses some limitations of this study, as well as suggesting areas for further research.

1.9 Summary and Conclusions

This chapter has introduced and contextualised the research project. It provides a brief background to the researcher journey from which the research topic is derived, and describes how the researcher became interested in family size preferences after completing her MA in social work. Learning from the findings of the study, the researcher initially began to think about the changes of fertility norms in the context of migration and the impact of everyday life experiences on fertility practices.

Chapter 1 draws on different sources to examine how migration and ethnicity have profound effects on people's choices and planning their family size. Demographic studies that have relied on statistical approaches to show variations in fertility between ethnic minorities are unable to fully understand the behavioural aspects of fertility practices. Furthermore, such studies have not been able to uncover rich understandings of individuals' experiences and motivations. This study seeks to explore the social context of family size decision-making through the experiences of Somali and Sudanese migrant communities living in Birmingham.

The overall aim of this research is to improve the understanding of how the social context may impact individual choices, and influence fertility behaviour and practice. To this end, the study has adopted a qualitative approach with an interpretive approach to data analysis to understand the fertility behaviour and practices of Somali and Sudanese migrants in Birmingham.

There were several reasons for the selection of Somali and Sudanese communities for this study. Both the Somali and Sudanese communities share common characteristics, particularly their culture, religion, and demographic aspects. Issues relating to population size, structure and change, fertility rates and age pattern in relation to fertility in Birmingham, which are considered to have specific significance to the understanding of fertility behaviour and practices, were also discussed in this chapter. Finally, this chapter has also described the organisation of the thesis and presented a brief summary of the contents of each chapter.

CHAPTER 2

FAMILY SIZE, STRUCTURE AND CHANGE: A LITERATURE REVIEW

2.0 Introduction

The purpose of this chapter is to review the literature on family size, structure, and change. It focuses essentially on fertility change based on demographic transition theories for their mutual appropriateness to the migrant's current context. Whilst most of the authoritative literature on demographic transition was originally focused on Europe, the discussion in this chapter specifically examines various theories and approaches to understanding fertility behaviour. This discussion does not imply that these ideas are separate and isolated, however: many of these theories are highly interrelated, and it is often difficult to divide one approach from another. Chapter 2 consists of two major parts. The first part outlines theories surrounding fertility change. The second part summarises the key themes of the theoretical framework and broadly discusses some important outstanding issues and some key gaps in the literature, associated with the whole debate, relating them to the key questions addressed by this study.

2.1 Background to Fertility Change

Demographic transition is, perhaps, most understood as one of the oldest explanatory frameworks for fertility change. Focusing on the industrial revolution, this theory looked for associations between economic development and fertility decline in Europe. The demographic transition theory argues that modernisation and economic development led to lower levels of fertility (Davis, 1945; Notestein, 1945). Technological advances, which changed the mode of production, were presented as the key factor affecting the value of children (Seccombe, 1983) since there was an increasing cost of raising and educating children. This in turn resulted in a shift from children supporting parents through their labour, to increased parental support of the child (Kaa, 1987). The change in the economic structure created more social and economic mobility and aspirations that could be negatively influenced by having a large family (Berry, 1983). In the early 1950s, the Princeton European Fertility Project aimed to test the demographic transition theory. The results showed that no consistent relationship existed between the timing of the onset of fertility decline and measures of social and economic development (Knodel and Van de Walle, 1979). Coale (1973) and Watkins and Bongraarts (1996) each argue that the socio-

economic indicator of modernisation did not act as a predictor for this period of fertility transition in Europe. However, the project did contribute one important result and concluded that fertility was significantly related to 'culture', as I will explore later.

In the second half of the twentieth century, another wave of fertility decline occurred in Europe, first in central, eastern, and northern Europe in the 1960s and 1970s, in western Europe (in the UK in the 1970s), then southern Europe in the 1980s; and finally in the countries of the former Soviet Union in the 1990s (Ferjek and Ross, 2001). The implications of the fertility decline in Europe have had a profound influence on thinking and understanding of fertility. Lesthaeghe and Kaa (1986) have labelled this the 'second demographic transition' in Europe. In their published work, the two authors showed how contraceptive use, postponement of marriage and parenthood, increased cohabitation and individualism had caused fertility to decline below replacement level. Their work also highlighted the fact that cultural and economic explanations were both significant factors in changing norms and increasing individualism. This shift can be linked to the growing emphasis on self-fulfilment and personal liberties that freed people from traditional forms of behaviour, particularly in relation to sex and marriage by increasing cohabitation. The emphasis on personal liberties and the acceptance of increased access to birth control also led to further fertility decline (Wilson *et al.*, 1987; Cleland, 1985; Watkins, 1986).

Despite the fact that industrialisation has had an enormous impact on fertility in Europe, the two demographic theories have been criticised by Greenhalgh (1995), who argues that there are four key assumptions within these theories. First, that there is only one pattern of change that all societies undergo, that of moving from 'tradition' to 'modernity'. Second, that this pattern of change is one movement towards western-type lifestyles that include, among other things, low fertility. Third, that change of this sort is irreversible. Fourth, once set in motion, that it is a progressive and ultimately positive change. Yet even European fertility shows a diversity of reproductive behaviour rather than a converging pattern of fertility behaviour (Billari and Kohler, 2004). Greenhalgh (1995) argues that demographic theories of fertility omit to explain the role of a number of reproductive issues considered important by anthropologists, including culture, agency and gender. So, for Greenhalgh (1995, p.17), a working assumption is *'that there are many kinds of fertility patterns, all of interest, and each shaped by a combination of forces'*.

The demographic transition is largely applicable to western countries but is not necessarily applicable to many less developed countries. For example, Zuberi *et al.* (2003) argued that African fertility must be seen in the context of behavioural and social changes that occurred in the preceding time period. Indeed, few studies have focused on the impact of the social structural factors that differentiate societies internally and internationally. Zuberi *et al.* (2003) explain that while a reduction in mortality, accompanied by a much slower decline in fertility, characterised the post-World War II period in most African populations, this trend occurs in the context of several important constraints. These include HIV/AIDS, increasing incidences of diseases such as malaria and tuberculosis, dislocation and civil war, and international wars, amongst others. All these factors influence mortality patterns and may threaten African population growth. Since Sudan and Somalia are not an exception in this context, it is important to keep in mind both of these social structural processes, plus the uniquely African cultural and social factors that account for fertility. Emereuwaonu (1984) attributes the large families in many African societies to several elements: early marriage; high proportions of infant mortality; preferences for one sex or the other by parents; the social security provided by children to their parents in their old age; and social prestige. By examining Kenyan marriages, Kiriti (2005) argues that in many cases the only guarantee for access to land is the children that women bear, and so many women continue to bear children to show evidence and confirmation of status in that marriage. This in turn justifies her right to the land in order to ensure the family subsistence in the event of the death of the husband. Turke (1989) argued that demand for children is affected by the presence or absence of a supportive kinship network in traditional societies. In comparison to modern societies, extended kinship networks help to reduce the cost of childbearing in these traditional societies. Modernisation, however, has led to the breaking down of kinship networks and has resulted in an increase in childbearing costs for parents, a reduction in the number of children, and the formation of smaller families.

Migration can add additional complexity. For example, Chamber (2012) emphasises that parenting among ethnic minorities is diverse rather than homogeneous, and therefore the understanding of ethnic minority families in the UK and USA have been hampered by ethnocentric research methodologies in which the practices of ethnic minority families have been compared unfavourably with white, nuclear-family practices. In this study, I will attempt to uncover the multiple issues that are associated with reproductive behaviour that

impact fertility practice among Sudanese and Somali ethnic groups in the UK. The socio-cultural and migration contexts in which reproductive behaviour is embedded have therefore been key areas to examine.

2.1.1 Fertility and culture

There has long been a debate associated with understanding the role of culture in fertility practice. The injection of the cultural dimension into fertility theories has been adopted largely to understand the behaviour of families towards their family-size decisions. In order to understand demographic behaviour, Cadwell (1987) attempted to improve the validity of data by using local traditions and motivations for action in sensitive areas. This attempt has inspired other demographers like Lesthaeghe (1980) and Massey (1987) to employ a micro-level demographic approach to their research in both Africa and Europe.

The growing interest in the cultural understanding of fertility behaviour during the 1990s has invited new ideas and ways of thinking in explaining fertility behaviour. During the 1990s, a group of sociological scholars, including Fortes Hammel (1990), Kertzner (1993), Lee (1984), Lesthaeghe (1997), and Watkins (1990; 2000), focused a great deal of their work around how culture acts as an integrating and explaining factor in fertility behaviour. For example, Lesthaeghe (2001) explained the falling fertility rate in western countries through three compatible theories: first, increased female autonomy and opportunity-cost; second, the increase in relative economic deprivation; and third, changed cultural attitudes towards post-materialistic values.

It is also important to remember that there are debates around the definition of culture in anthropology. Some critics use more materialist definitions, such as learned '*repertory of thoughts and actions exhibited by members of social groups*' (Harris, 1979, p.47). Others are more interpretative and employ ideas about '*historically transmitted pattern of meanings embodied in symbols*' (Geertz, 1966, p.3). Hammel (1990) defines the concept of culture as:

'An identifier of social groups, a body of autonomous traditions, a set of coherently patterned behaviors, a determiner of human action, an artistic expression of human experience, and a set of symbols negotiated between social actors'. (Hammel, 1990, p.457)

In this respect, Hammel proposed a distinction between culture for the people and culture by the people. In the first concept, culture determines people's actions by providing them

with a guiding structure to follow. Although this can offer an explanation to justify why people in the same cultural context act the way they do, it has also been criticised for seeing individuals as 'cultural dopes' (Bernardi, 2007; Hammel, 1990). The second concept, culture by the people, represents the way social actors perceive the world and attribute significance and symbolic meaning to social behaviour. Here, cultural symbols can be interpreted by individuals for their own purposes in specific circumstances. In this respect, Carter (1995) considers the individual in this 'culture by the people' concept as 'socially distributed' (p.262) since the transformation and interpretation of culture take place within social interaction.

As Dubuc (2009) argues, since ethnic diversity is the result of migration history and recent waves of migration in the UK, fertility differences across ethnic groups are likely to somewhat reflect cultural factors linked to the migration population's country of origin. He further adds that there may well be '*cultural influence of the country of ancestry on the fertility of second and successive generations living in the UK*' (p.208).

In this respect, this study focuses on interpreting the complexity of individual motivations, going beyond the local pattern of fertility behaviour (Bernardi, 2007), and trying to understand how culture is incorporated into the fertility behaviour of these migrants. Bradley (2007) argues that religion and culture cannot be separated or studied in isolation. As Beckford (2003) also explained:

'It is better to think of religion, from a sociological point of view, as a highly variable set of social and cultural practices credited by many people with conveying the ultimate significance of anything and everything.' (p. 234).

This study instigates a shift from seeing high fertility as an outcome of religious/cultural norms to giving a voice to research participants and sees fertility as an outcome of these complex processes. By examining the narratives of Somali and Sudanese migrants, we focus our attention on how fertility norms are reproduced, maintained, stabilised, challenged, and changed by individuals, and how they transform practices, within a framework of religious and cultural norms.

The adoption of lived religion as the analytic perspective, as illustrated in Chapters 4 and 5, is in line with other researchers who have attempted to examine how culture is used by actors, and how the cultural element constrains or facilitates a pattern of action (Swidler, 1986; Page and Yip, 2019). Further, this approach also considers that the influence and

fate of cultural meaning depend on the strategies of action (Swidler, 1986). This approach is indebted to a tradition in the sociology of culture that views religion as not prescribing action but creating a set of schemas and possibilities for action (Sewell, 1992). This is because the notion of “*religious culture*” is broad, comprising texts, rituals, symbols, buildings, religious specialists, and religious adherents, thus entailing a vast repertoire of ideas, norms, and values that can be used in various ways’ (Page and Yip, 2019, p.265). In this sense, Swidler (1986) argued that culture influences action by shaping ‘tool kits’ of habits, skills, and styles from which people construct ‘strategies of action’ (p.273). Agency is therefore located in the strategic use and navigation of religious traditions and practices to meet the demands of contemporary life. For example, Chen (2008) demonstrates that Taiwanese women that converted to Buddhism and Christianity after immigrating to the United States use religion to negotiate with patriarchal family structures, and Gallagher (2007) finds that Syrian women use religious rationales to avoid unattractive employment.

Before embarking on the discussion about fertility and religion, the examination of the concept ‘cultural dupes’ is particularly appropriate to the understanding of agency. According to feminist theorists, the definition of agency contains the basic notion to indicate the capacity for autonomous action in the face of often overwhelming cultural sanctions and structural inequalities (McNay, 2000; Burke, 2012). Extending the debate around agency to a strategic compliance frame, the analysis of agency has highlighted the dichotomisation of subordination versus subversion, empowerment, or accommodation. Mahmood (2005) argued that searching for agency in subversion or resistance ignores ‘*other modalities of agency whose meaning and effect are not captured within the logic of subversion and resignification*’ (p.153). On the female mosque movement in Egypt, Mahmood (2005) argues that agency must be delinked from ‘*political and moral autonomy*’ so that social agents can be seen as agentive even in their embrace and fulfilment of social constraints (Mahmood, 2005, p.7). In this sense, agency is not equated with a movement against tradition and norms. Mahmood (2005) states that:

‘indeed, if we accept the notion that all forms of desire are discursively organized (as much of recent feminist scholarship has argued), then it is important to interrogate the practical and conceptual conditions under which different forms of desire emerge, including desire for submission to recognized authority. We cannot treat as natural and imitable only desires that ensure the emergence of feminist politics.’ (p.15)

Therefore, my research does not only attempt to find actions that challenge structural or cultural constraints but also to show how agency exists within structural and cultural limitations, not outside them.

The next section, then, discusses fertility and religion, and extends the discussion of how fertility behaviour and practice have been impacted by religion. This literature review suggests that fertility among religious groups can be broadly categorised into four hypotheses, and considers criticism of these hypotheses.

2.1.2 Fertility and religion hypothesis

The expansion of thinking about fertility behaviour to include religious and cultural aspects was a significant advance in understanding social behaviour among migrants. As previously indicated, religion and culture cannot be separated and studied in isolation. Asad (1993) acknowledges that religion not only shapes how people perceive themselves and each other, but also that religious beliefs and practices are not static but change over time. The authority of religion is ensured through the adaptation of beliefs and practices in order to suit the needs of a new emerging order. In this sense, religion for Asad is heterogeneous, with many of its elements varying historically and according to the needs of the ruling group. A body of literature has emerged attempting to identify which factors are most central to understanding divergences in fertility patterns and religious differences.¹

In his study of family and religion in Europe, Sobotka (2008) argues that there is heterogeneity in migrants' fertility. However, the data show that the differences in fertility rates between ethnic or national groups cannot be explained by a single factor, such as religion. The influence of religion, if any, is strongly modified by other factors, including women's socio-economic position (Heering *et al.*, 2002). Looking at inter-group fertility differences, Long (1970) demonstrated that even the apparent effect of religion on fertility can either be weakened or strengthened by ethnic group influences. The different ways to explain fertility among religious groups can be broadly categorised into four hypotheses:

First is the characteristic hypothesis (Petersen, 1964; Lopaz and Sabagh, 1978; Bean and Marcum, 1978; Morgen *et al.*, 2002; Iyer, 2002). The core idea of this hypothesis is that

¹ For Catholics, for example, see Whelpton *et al.* (1966), Coward (1980), and McQuillan (1999); while for Islam see Johnson-Hanks (2006), Chamie (1981), Philipov and Berghammer (2007), Kaufmann (2009), Frejka and Westoff (2006), and Penn and Lambert (2001).

religious differentials within fertility and contraceptive use result from differences in demographic and socio-economic characteristics. Religious group membership *per se* is not significant, but the social, economic, and demographic elements that a religious group connotes determine fertility trends, levels, and differentials between religious communities. The second hypothesis concerns particular theology (Thomas, 1983; Vanheek, 1956; Heaton and Gogman, 1985). This stance argues that religious doctrines and ideologies about marriage, family size, sex roles and birth control provide a system of norms and attitudes that influence family size preferences and contraceptive control. Third is the minority status hypothesis (Goldscheider and Uhlenberg, 1969; Kennedy, 1973; Lee, 1974). This proposition states that the marginality, insecurity, and lack of upward mobility associated with minority group status directly influence contraceptive use and fertility behaviour. Fourth is the interaction hypothesis. In 1981, Chamie argued that fertility differentials depend on interactions between socio-economic levels of different religious groups. They also depend on religious doctrine as well as the local orientation (teaching regarding current moral values) of these groups with regard to fertility behaviour and fertility control.

Against a background of fertility behaviour and religion, various studies began to develop new ways of thinking to understand the fertility behaviours of Muslims using socio-cultural factors. In his study of Muslim fertility in France, Baudin (2015) attributed their high fertility to differences in socio-cultural factors, such as higher religiosity and corresponding attitudes, norms, and aspirations that prioritise large families. Although socio-cultural factors are important in understanding fertility behaviour, there are some methodological and empirical limitations of the study's findings. Methodologically, the study did not include any questions about women's values and family norms. Further, this study focused on the broad amount of literature on religiosity and fertility among Christian populations in order to confirm the link between religiosity and norms/values. Moreover, the study did not refer to gender attitudes and ideologies that might influence ideal/realised fertility and that were likely important for understanding the connection between religion and fertility. Corresponding to these findings, extensive empirical evidence has shown that first- and second-generation Muslim immigrants in France (and elsewhere in Europe) have on average higher religiosity than that of native populations (Connor, 2009; van Tubergen, 2006; Westoff and Frejka, 2007). Likewise, Goldscheider (2006) claimed that childbearing is central to women's self-conception, as more religious people tend to espouse family

norms and schema that prioritise large families and 'traditional' gender roles. Research indicates that some factors, such as higher intended fertility, differences in family ideologies (e.g., socio-cultural schemas prioritising marriage and family), and gender identities where childbearing is central to women's identities (Hayford and Morgan 2008), can be used to explain the differences in fertility between more and less religious women.

In their cross-national comparative study that used data from 13 European countries, Westoff and Frejka (2008) found that Muslim women's higher level of religiosity and higher adherence to 'traditional' values (e.g., values that prioritise the family as an institution and the role of women as maternal caregivers) play an important role in explaining their higher level of fertility. Religion may also be associated with fertility because more religious people often adhere to religious institutions that regulate fertility behaviours via norms associated with sexual relations outside of marriage, contraceptive use, acceptability of abortion, and so on (McQuillan, 2004). Within Islam, there is no centralised view on the acceptability of contraceptive use, and many governments in Muslim-majority countries actively support contraceptive provision (Karim, 1997).

The socio-economic analysis of different religious groups in understanding the fertility behaviour of Muslims has also been criticised for its selectiveness and the risk of not affording a full and rich understanding of fertility behaviour. This critical analysis was influenced by the emergence of significant relevant literature. In his study on the demography of Islamic nations, Weeks (1988) observed a noticeable '*regional and temporal*' diversity in fertility among Muslim countries. He contends that, as a group, Muslim countries are still in the early stages of demographic transition and '*the single most remarkable demographic aspect of Islamic societies is the nearly universal high level of fertility*' (p.35). This encouraged Obermeyer (1992) to question the validity of the Islamic explanation of high fertility, citing one major problem with the explanation: its perception of Islam as monolithic, despite the religion being shared by close to a billion people worldwide. Obermeyer calls into question the recourse to Islam as an explanation of demographic trends, arguing that people had mostly adapted to, and been affected by, diverse regional contexts, in other words, diversity in the doctrine and the cultural context of Islam. Since Islam has historically spread from the Arabian Peninsula, the religion has encompassed people with different languages, customs, and religions, as well as a range of legal systems. Given the lack of a hierarchical clerical structure in Islam, these customary laws were left alone provided they did not conflict directly with Shari'a (Islamic

law). As a result, there are more than 300 ethnic groups considered to be Muslim with very different lifestyles (Weekes, 1984). Moreover, like all religious texts, the Qu'ran and the collected sayings and actions of the Prophet Muhammad (the Hadith) have been interpreted by various schools of Islamic law and political leaders of Islamic nations, ranging from liberal reformists to puritan fundamentalists. The jurisprudence of these diverse schools (Madhahib) of Islam, as Obermeyer (1992) explained, vary according to the degree to which they emphasise 'Qiyas'² 'Ijma'³, and the 'Hadith'⁴, in deriving Shari'a. The diversity of Islamic doctrine and cultural contexts questions the recourse to Islam as an explanation for demographic trends. The diversity of religious manifestations, however, does not invalidate all generalisations.

Many studies into the fertility of Muslims have recently understood Islam as pro-natalism, based on the interpretation of Islamic principles believed to be against fertility control (Shaikh, 2003; Keefe, 2006). Other studies argue against those ideas. In view of the recent decline in fertility in several Muslim countries in Asia, the Middle East and Africa, Karim (1997) has demonstrated that a majority of these countries achieved a substantially lower fertility rate; only those that have not been able to implement successful family planning programmes have lagged behind in fertility transitions. It has been argued that the reproductive behaviour in Muslim countries may follow a secular trend since in Islam the priest does not play a formal role in the day-to-day life of an individual and in individual decision-making. It is contended, therefore, that as women are exposed to effective family planning programmes, their contraceptive use increases. That use is further enhanced if they have had the opportunity to obtain an education. Bangladesh and Indonesia are cited as examples in the first category, and Tunisia and Turkey in the second (Karim, 1997).

Given the profound socio-economic and political difficulties in various parts of Muslim communities, a lack of family planning programmes and increasing populations would weaken and curtail the pace of overall development. Therefore, fertility-enhanced strategies are appealing to states and ethnic groups that are in conflict with their neighbours, as the political regional circumstances may impact the government's population policy. As Obermeyer (1992, p.53) explained, *'In the most extreme case of war, numbers represent power, and this in part explains the persistently high fertility of Iraq,*

² Qiyas: Analogy

³ Ijma: Consensus of the community of believers

⁴ Hadith: Traditions of the Prophet

Jordan, the Palestinians, and Syria'. She added that, even in times of peace, the competition between minorities for resources and the anxiety caused by increasing numbers of outsiders can be a major disincentive for fertility decline. In the absence of a more egalitarian system, then, the call for a 'modern' fertility regime appears pointless. In Somali culture, for example, a large family is enhanced because of war and the clan system (Obermeyer, 1992).

Another reason for heterogeneity in migrants' fertility is set out in Kolb *et al.*'s (2019) discussion of the current liberal migration context and migrants' socialisation with different groups, where non-Muslim and Muslim groups share the same current migration context. Sharing understanding of western culture can increase resources such as knowledge and level of religious education. Amongst my research participants, their growing familiarity with western living conditions and standards (participants have been here ten years and more) has consequences for how people deal with religion. Traditional religious authorities may transform part of a local context, for example. They are re-reading and interpreting their religious texts; in other words, religious rules and regulations are questioned concerning a community's current needs and emerging context (Kolb *et al.*, 2019).

In summary, the discussion above concerning culture and religion and how they are related to participants' fertility practice and norms is a central plank of this study. The following section discusses gender roles and status then moves on to focus on the agency of individual reproductive actors and tries to understand how gender shapes fertility in migration settings.

2.1.3 Fertility and gender

According to social learning theory, gender roles and behaviour are learned through '*a broad network of social influences operating both within the family and in the many societal systems encountered in everyday life*' (Bussey and Bandura, 1999, p.676). Several studies link fertility to gender roles and gender preferences. Using the different meanings of egalitarian versus traditional women in societies, Nock (1987) suggests that childbearing is a '*core symbolic experience*' arguing that traditional women see motherhood as central to their life and identity, while egalitarian women's decisions about having children are based on their needs and desires – motherhood is only one part of their lives and identity. Whilst men and women in traditional societies shape their ideas about parenthood based on gender role orientations, women's roles, status, and autonomy

were rarely considered within the central debate about fertility until the 1980s (see Manson, 1986; Moore, 1988). Since then, different ways of linking fertility to gendered roles have emerged.

In contrast, transition theory focuses on improvements in women's status. Lesthaeghe and Moors (2000) state that the education of women is the most significant improvement; it leads to female participation in the workforce, with female economic autonomy increasing the opportunity costs associated with childbearing and leading to greater assertiveness in favour of more symmetrical gender roles. Women's role and status in understanding fertility have been criticised for the assumption that women's roles are a universal construct, neglecting differences across culture, class, and ethnicity; and for being based narrowly on western values that may hold little meaning in other contexts (Stacey and Thorne, 1985). For Thorne (1985), the concepts of women's roles and women's status treat sex-linked differences as individual attributes and ignore patterns of gender inequalities and social conflict. These concepts also present women as passive objects, rather than active agents of their own lives, and extract the experience from its context, neglecting power and conflict issues (Stacey and Thorne, 1985).

Instead of focusing on women's roles and status, feminists call for a greater focus on gender. For example, Greenhalgh (1995) argues that feminist research allows researchers to study women and men as cultural constructions, exploring power differentials and sex-related ideologies. This also includes understanding social and material inequalities and the structures around these, rather than simply individualising all material. In this respect Greenhalgh (1995) explains that gender constructs offer '*a powerful tool for exploring the influence of male-female differences and disparities on fertility*' (p.24).

Some recent studies confirm that parenthood continues to reinforce a traditional gender division of labour in most families. When heterosexual couples have children, mothers usually reduce their hours of paid work to take on a 'second shift' of domestic labour, while fathers maintain or increase their hours to compensate for a reduction in household earnings and the extra expenses that having children generate (Hochschild and Machung, 2012; Bianchi *et al.*, 2012; Craig and Mullan, 2011; Lyonette and Crompton, 2015).

Although the sociological preference theory builds on an economic rationale action approach, the theory does recognise that women are not homogenous in their priorities and preferences. In this respect, Hakim (1991; 1998) believes that men and women

behave rationally, with couples' joint economic welfare maximised by the higher earner, usually the man, specialising in employment, and the other partner specialising in domestic work. Choosing between different combinations of paid and unpaid work, Hakim (2000) argues that women's agency can primarily drive employment decisions. Therefore, 'committed' women who opt to invest in their employment careers have a higher chance of maintaining a continuous employment profile post-birth, compared to 'uncommitted' women who prioritise family. Although there is value in acknowledging the heterogeneity in women's work orientations, the practical limitation of this view lies in the risk of oversimplifying orientations and preferences and treating them as essentially fixed. An extensive body of literature has emerged about the orientations and preferences of women's work; this has offered a new account of women's behaviour that disregards the influence of structural, institutional, and cultural factors (Ginn *et al.*, 1996; Crompton and Harris, 1998; Fagan, 2001; McRae, 2003). It is problematic to suggest that the main determinant of women's employment patterns is their preference for different combinations of paid and unpaid work because this implies that choices are made freely and without constraint. Employment decisions are likely to be chosen within a web of limited work-family reconciliation options and gaps in public care services.

Fagan and Walthery (2011) argued that the capability approach extends the choices for women beyond employment to include capabilities for achieving economic well-being and the satisfaction of basic human needs. This provides a useful way of theorising the relationship between choice and constraint. Rather than considering what may be possible within the abstract concept of 'free choice', the capability approach focuses on what options are feasible or 'genuinely possible' for an individual when arranging paid and unpaid work (Fagan and Walthery, 2011). Capability – expressed in terms of the substantive freedom of an individual to choose between possible alternative 'functioning' (i.e., ways of doing things) or 'real options open to them' – is shaped by 'social conversion factors' such as policies, social institutions, and norms.

Rossier (2011) argued that gender inequality in industrialised nations has a negative impact on women's fertility through two mechanisms: first, the absence of institutions facilitating women's combination of employment and family; and second, the unequal division of tasks between men and women within the household and family. While women continue to do more paid and unpaid domestic work, men's contribution to unpaid domestic work is low. The dynamics between fertility and domestic division of labour has

changed over time. Previous research suggests that the link between housework participation and fertility has not remained static over time. Goldscheider *et al.* (2015) argue that, in the early years of the gender revolution, women were satisfied with juggling paid and unpaid work because many women remained underemployed, at least until their children started school and often until secondary school. Over time, however, as a society experienced a gender revolution and women achieved greater equality in the labour market, the combined burden of paid and unpaid work became more stressful. As their participation in the labour market increased, it became harder for women to balance paid work with domestic responsibilities; this gave rise to a positive association between more gender-equal division of labour at home and fertility (e.g., Zhou, 2017). Also, Okun and Raz-Yurovich (2019) argue that in countries that achieve significant levels of men's participation in housework, women's greater desire to have more children may be partially offset by men, who experience role incongruity and are more ambivalent about having additional children.

At both macro and micro levels, the fertility pattern is a well-documented trend that links female labour force participation to higher fertility (e.g., Goldscheider *et al.*, 2013; Myrskylä *et al.*, 2009; Zhou and Kan, 2019). This trend has been largely explained through women's changing status at home, which correlates to a stronger attachment to the labour market. Feyer *et al.* (2008) define three distinct stages in this process, characterised by different levels of men's involvement in domestic work. The first stage is an equilibrium, in which women focus on home production and men specialise in paid work. In the second stage, women start participating in paid work and continue to take responsibility for home production. Here, working women reduce their fertility to manage their increased workload. Finally, in the third stage, men start contributing to home production and couples with a greater gender-equal division of labour at home are willing to have more children. Feyer *et al.* (2008) argue that in the first two stages, husbands' domestic participation is so low that the variation between couples is not expected to make a difference to couples' fertility preferences. They also argue that the association between men's housework share and fertility tends to manifest itself once a society reaches the third stage, where men's participation at home reaches a sufficient level to reduce women's disincentives to have additional children.

2.1.4 Motherhood, maternal sacrifice and Islam

Thurer (1994) explained that:

'motherhood – the way we perform mothering – is culturally derived. Each society has its own mythology, complete with rituals, beliefs, expectations, norms, and symbols ... the good mother is reinvented as each society defines her anew, in its own terms, according to its own mythology' (p.xv).

When it comes to Islam and maternal sacrifice, we find that Islam, like other religions, holds the same cultural value of motherhood. Cheruvallil (2016), who studied theology and socio-cultural values within Christianity and Judaism, and within Muslim cultures, observes that dominant social discourses around motherhood tend to centre on self-sacrifice and domesticity. In these narratives, motherhood and being a mother is presented as the most important, if not the only, role that a woman undertakes in her life, and from which she may gain *'success in this world and the hereafter'* (p.25); however, Cheruvallil found that core texts in Islam *'are silent on what motherhood should entail for a woman. They do not set "dos and don'ts" and certainly do not insist on a particular mould that Muslim mothers should conform to'* (pp.25-26). Cheruvallil (2016) concluded that there are two strands within her participants' narratives of motherhood. First, the 'cultural' form of motherhood, which participants sought to challenge; second, participants reflecting on their mothering experiences often stated that the diverse and multifaceted struggles of being a mother were an experience shared by many women.

This is also reflected by Llewellyn (2016) in her study about Christian mothers produced through church teaching. This silences and marginalises women from articulating their complex relationship with religion, motherhood, and childlessness in ways that challenge their spiritual development; yet the women in Llewellyn's study have moments of:

'ambivalence, uncertainty, and doubt that rub up against Christian ritual, teaching, scripture, and practice. Moreover, they are positioned in relation to motherhood and mothering for unsettling the ways they are defined, and for interrupting the silences inhibiting the expression of their faith lives' (Llewellyn, 2016, p.76).

Muslim women in Britain, Cheruvallil (2016) argued, are gradually reconstructing motherhood as a powerful space where they may look inwards at their agency as authoritative interpreters of core texts and where they may also look outwards into the sisterhood (other mothers like themselves) to forge bridges of commonality, empathy, and dialogue.

Lowe (2019) argued that maternal sacrifice is present in neoliberal and neoconservative contexts as follows:

'The idea that children come first, regardless of the costs to women's lives, is used to justify ideas about who should have children and in what circumstances women should have children, as well as how they should care for them. Clearly children do need appropriate love and care, but the framing of maternal sacrifice goes beyond what is necessarily needed, and it is used to promote dominant understandings of appropriate reproduction' (pp.40-41).

Lowe (2019) further explained that this ideological use of maternal sacrifice serves to undermine women's autonomy over their productive lives. She added that 'good motherhood' is a practice that fits different ideological positions and different social, cultural and policy frameworks; therefore, mothers who challenge such norms are considered 'unnatural mothers' (pp.215-216). In my research, I describe the different ways that the ideas of 'good mother' and 'good father' were represented, framed, and followed by my informants and how it impacted their fertility practice. Hays (1996) observes that in the current context of the mode of mothering, there is a contradiction between the child-defined selfless mother (cultural model of intensive motherhood) and the economically rational income-maximising individuals. However, Hays found that this mode of intensive motherhood extended to women in the labour force from all social groups, with migrants' groups being no exception.

Kulu *et al.* (2019) argued that for migrants where familialism is more common, religiosity is stronger, gender equality is lower, and the prestige of a woman is largely related to her motherhood status. Western countries may offer more competing opportunities for migrant women (allowing for barriers to structural integration), although some Somali and Sudanese migrants encountered patriarchal culture, perpetuating narrow gender-based roles and inequalities (UNDP, 2012). Therefore, it could be asked whether migrant and migrant descendants will be better able to combine fertility and labour force participation, or will they also have to decide between two options? My study explores how women from both ethnic minorities dealt with structural and cultural factors that enabled – and disabled – them to achieve their specific desired fertility behaviour.

2.1.5 Fertility and migration

The question of whether geographical mobility is expected to shape the fertility patterns of migrants has given rise to strong debate in the demographic literature; this has produced four competing views (Hervitz, 1985; Rundquist and Brown, 1989; Lee, 1992; Kulu, 2005). Each has support and challenges within the literature.

First, the socialisation hypothesis relies on the assumption that the fertility behaviour of migrants reflects the dominant fertility preferences and behaviour in their childhood. For example, rural-urban migrants are expected to have a pattern of fertility similar to those left behind in the rural area (rural stayer), and a change in their pattern of fertility behaviour similar to the urban settler is expected to occur after at least a generation has elapsed (Hervitz, 1985). This hypothesis was first put forward by Goldberg (1959, 1960) and Duncan (1965), who analysed the fertility behaviour of rural-urban migration in the US. Goldberg and Duncan concluded that family models from the country of origin play a more important role than preferences and family models in the host country when family formulation and family size decisions are made in the current context (Kulu *et al.*, 2017). On the one hand, Milewski (2010) takes the social characteristic into account to prove that the fertility behaviour of migrants reflects the fertility preferences and behaviour dominant in their childhood. This applies to women in minority groups more than among women in majority group populations, which reinforces the socialisation hypothesis. On the other hand, Kulu and Gonzalez-Ferrer (2014) conclude that the descendants of migrants (second generation) grow up under the influence of what they call a minority subculture. They may exhibit fertility behaviour that differs from the native, more like the migrant-origin subgroup fertility norms and behaviour. However, Kulu *et al.* (2017) suggest that others may be influenced by mainstream society, and are socialised into the norms and behaviours of the native population, as well as that of the subculture. Therefore, it is important to determine whether the fertility behaviour of migrants is similar to their parents, or to the patterns that are dominant in mainstream society.

Second, the adaptation hypotheses assume that it is an individual's current social context rather than the childhood environment that matters most. This implies that the fertility behaviour of migrants gradually adapts to new economic, social, and cultural environments. The process of adaptation to the fertility levels of the settler at the destination is rapid: less than ten years. This hypothesis has been adopted by Goldstein (1978), Goldstein and Goldstein (1981) in their studies of Thailand, and by Farber (1982), Andersson (2004), Kulu (2005), and Milewski (2007). Allendorf (2012) adds that childlessness and family size can change very significantly from one generation to the next. The prevailing western system of social norms and possibilities, for example, female education and labour participation, may therefore have a much stronger effect than the traditional values held by the non-western first generation (Allendorf, 2012).

The empirical evidence on several measures of integration does not show a clear pattern (Alba and Foner, 2015; Albe and Nee, 2013). As Kulu *et al.* (2019) argue, the process of migrant integration draws upon their socialisation with various resources (i.e., their parents' culture and that of the destinations), and creates a situation in which migrants have to navigate their choices between the two elements of their cultural heritage. Foner (2015) called this bicultural adjustment, as this applies to the second generation of migrants. My research focuses on the first generation, who have spent more than ten years in a migration context and who are still of reproductive age; I found the two cultural heritage elements more closely related in their understanding.

Third, the 'selectivity' hypothesis argues that behavioural change is not in question, but that migrants are a specific group of people whose fertility preferences are more similar to the preferences of people at the destination than to people at the origin (Kulu, 2005; Bouniver *et al.*, 1997). Fourth, the 'disruption' hypothesis posits that, immediately following migration, migrants show particularly low levels of fertility due to the disruptive factors associated with the migration process. This migration process may include a period of family spatial separation. This has been supported by Bach (1981) on Malaysia and by Goldstein (1978). Finally, there is the interrelation of life events hypothesis, in which migration coincides with different aspects of change in the family dynamic, for example a union, family household formulation, marriage or a family reunion (Andersson, 2004; Kulu, 2005; Milewski, 2007).

Schmid *et al.* (2018) argued that the socialisation hypothesis is more relevant to the reproductive behaviour of Muslim women. This is partly determined by both the level of religiosity and their religious affiliation, which reflect their socialisation experiences in their country of origin. Overall, he found that the fertility of migrant women declines with increasing levels of integration in Germany.

Dubuc (2009) evaluates the importance of studying fertility in migrant countries. He argues that it offers the opportunity to investigate and understand fertility in relation to ethnic groups that have been influenced to some extent by different cultural backgrounds, and to compare these groups living in the same country. Since ethnic diversity is the result of migration history and recent migration waves in the UK, fertility differences across ethnic groups here are likely to somewhat reflect cultural factors linked to the migration population's country of origin. He further adds: '*the cultural influence of the country of*

ancestry on the fertility of second and successive generations living in the UK may occur (p.208).

In his qualitative study, De Souza (2014) looked at reproductive decision-making among male migrants in New Zealand. The research found that family planning is more than a private, intimate matter, but is shaped through broader institutional structures and societal norms. De Souza focused on the upper-middle-class migrants who entered New Zealand through the skills category and had access to financial and professional resources. They were self-selected and actively engaged in community organisations.

Recent studies across Europe⁵ have largely focused on issues such as the fertility of the descendants of migrants by comparing patterns between descendants, migrants, and their respective native populations (see, for example, Andersson *et al.*, 2017; González-Ferrer *et al.*, 2017; Rojas *et al.*, 2018; Kulu and Hannemann, 2016). The majority of these case studies use large-scale longitudinal data and apply event-history analysis to parity-specific fertility. The analyses show that most migrants and descendants of migrants have relatively low first-birth rates (i.e., similar to that of natives), suggesting the postponement of childbearing (also) among ethnic minorities. The only exceptions are women of Turkish origin, who exhibit elevated first-birth levels in several countries (Sweden, Switzerland, Belgium, and France).

Although some previous studies in the United Kingdom have confirmed that women from ethnic minority groups tend to have larger families than native women (Coleman and Dubuc, 2010), the reason behind this fertility behaviour is unclear. In 2016, Kulu and Hannemann compared the fertility of migrants and their descendants (i.e., those who were born in the UK but have at least one parent who was born outside the UK) to that of the native population using data from the Understanding Society study⁶. This found that, indeed, many migrant groups (especially those from Pakistan and Bangladesh) have higher fertility than the native population in the UK. The descendants of migrants have lower fertility rates than migrants from the same origin country. However, for some groups, fertility levels are relatively high. Analysing fertility differences between native women and the descendants of migrants by parity reveals that fertility differences stem from high third-

⁵ These studies have included countries like France, the United Kingdom, Belgium, Sweden, Spain, Switzerland, and Estonia.

⁶ This large-scale panel survey was launched in 2009 and contains retrospective information on partnerships and fertility. It has oversampled the five largest ethnic minorities in the UK.

and fourth-birth rates among Pakistani and Bangladeshi women born in the UK, but there is little variation in first- and second-birth rates between the groups. After accounting for individuals' socio-economic characteristics (such as employment and education) and cultural factors (English language proficiency, religiosity, number of siblings, and sex of the previous child), fertility differences are reduced but do persist. The authors conclude that their relatively high fertility is related to cultural and normative factors, including religiosity and the size of the family of origin. In my study, I deliberately gave participants their voice to explain and reflect on their fertility behaviour and family size choices. My research aims to go beyond comparing fertility patterns between migrants and non-migrants and explore how migrants see migration as contributing to influencing their fertility.

2.2 The Key Theme

To address the research questions, the theoretical framework for this study builds on the development of understanding about the impact of frameworks such as religion and culture on individual fertility. First, this section will set out the relationship between individual action and agency and structure; second, it will outline how Giddens's (1990) work on self-identity and reflexivity added to understanding these issues. Finally, it will outline how feminists and others have developed a gendered understanding, and outline why using these gendered understandings and a lived religion approach helps us to better understand fertility decisions.

A large body of literature has emerged attempting to understand the relationship between demographic, economic, and cultural factors, and fertility. Fundamental to demographic thinking is Durkheim (1897/1930) who considered demographic phenomena as 'social facts' with unique social and cultural explanations. The injection of a demographic rate offers one way to think about the relationship between the individual and the collective, agency and structure, and intentional action and collective awareness. Thinking about various demographic explanations, it has been suggested that demographic rates evoke certain forms of action from individuals without individuals necessarily being aware of the rates or explicitly orienting their actions towards them (Hammel, 1990). Krause (2005) and Paxson (2004) argued that although rates structure the social environment, and thereby elicit specific types of action across a wide variety of cases, the effect becomes the object of explicit public discourse. This sets up additional feedback between intention, action, awareness, and rates across a wide variety of cases.

With regard to social structure, Elliot's (1995) first explanation of social life is interesting because it emphasises the role of social structure in shaping individuals' lives. Therefore, individual actions can be seen as the result of the powerful structure of economics and socialisation. The main limitation of this approach is that in focusing on how power operates and how unequal social relationships are sustained in modern society, it ignores the creativity of the individual agent. Weber (1922/1978) argues that a sufficient analysis of social behaviour, such as getting married, giving birth, moving, or dying, requires an adequate level of meaning, as well as the mastery of rates at which various forms of behaviour occur. This concern has been extended by studies from both anthropology and traditional demography. Whilst many cultural anthropology scholars have been strong on Weber's (1922/1978) first requirement (revealing meaning) traditional demography scholars have been strong on the second requirement (monitoring rates) (Hanks, 2007). Unlike Weber (1922/1978), Durkheim (1964) treated society as a reality in and of itself, which is not reducible to individuals. Giddens (1984) rejected this idea because it ignores meaning as understood by individuals; he also rejects the Weberian approach – interpretative sociology – focused on understanding the agency and motives of individuals, stating that society is not a collective reality, nor should the individual be treated as the central unit of analysis. Giddens claims that human social actors are always, to some degree, knowledgeable about what they are doing. The social order is therefore a result of some pre-planned social action. According to this theory, sociologists have to interpret a social world that is already interpreted by the social actors that inhabit it.

2.2.1 Structure and agency in Giddens

Giddens (1984) argued that the constitution of agent and structures are not two independently given sets of phenomena, a dualism, but that the structural properties of social systems are both medium and outcome of the practices in day-to-day social life, recursively organised:

'Actors are not inherently predisposed to sustained reasoning or existential reflection on the meaning of their conduct from moment to moment in everyday life. Rather, "discursive consciousness" emerges at critical times – expected or unexpected' (p.134).

As a result of these considerations, Giddens does not downplay subjective consciousness as a resource of meaning and action but recognises the importance of the praxis approach in terms of explaining large elements of human social action and interaction. This

multilevel understanding allows me to look at the individual as a decision-maker, who understands and processes their cultural values, religious symbols, or their socio-economic position when approaching fertility decisions and behaviour. Fertility is an outcome of the interplay between structure and agency. This is based on three essential factors: knowledge of the situation, the duality of structure, and the micro-macro interaction. This study tries to understand these essential factors to explain the role of agent and consideration of agency in relation to both Somali and Sudanese migrants in Birmingham.

The individual as agent in Giddens' (1984) duality of structure' acts and interacts, considering the social system or community as 'rule and resource', and not 'external' to them. In this situation, the individual focuses their thought and effort to respond to the problem, and that ultimately brings social change. Giddens states:

'The basic domain of study of the social sciences, according to the theory of structuration, is neither the experience of the individual actor, nor the existence of any form of social totality, but social practices ordered across space and time. Human social activities, like some self-reproducing items in nature, are recursive. That is to say, they are not brought into being by social actors but continually recreated by them via the very means whereby they express themselves as actors. In and through their activities, agents reproduce the conditions that make these activities possible.' (p.2).

Cohen (1986) argues that social action, for Giddens, is enacted in social practice, local production of praxis, and reproduction of practice. This includes material conditions in which social actors interact, and social and material environments both enable and constrain social action; he emphasises space proximity or distance, and how these are mediated by technology, social structure, time continuity and discontinuity, and the activity of organisation of activities across time (Cohen, 1986). While praxis is situated locally, since that is where actors are located and where social interaction occurs, this action is connected to social life both locally and over broader geographic regions or globally. This means that local conditions and institutions are affected by ideas and structural features and that institutional and social structure is produced and reproduced within social life praxis (Cohen, 1986). Giddens (1979) considers structure as structured practice – that is, a means of connecting praxis and structure. In other words, praxis does not exist apart from structure, and structure is an enduring pattern of action guided by rules and resources. Structure, Giddens (1984) suggests, is not to be equated with constraint but is always both constraining and enabling. This, of course, does not prevent the structural

properties of social systems from stretching away, in time and space, beyond any individual actors.

By adopting a praxis approach to social action, Giddens integrated human social action within the larger system of structures and institutions of which we are part. It is the repetition of social action and interaction in regular and habitual forms that constitute what sociologists consider the larger social forms, which exist only because of individual actions (Cohen, 1986). In this sense, the structuration perspective implies simultaneously constraining and enabling social actions. Drawing on this concept of praxis helps us to understand how the experience of migration from one setting to another shapes the social interaction that occurs. It also indicates how actions (reproduction and family planning decisions) are connected to social life both locally (in the UK) and over borders (back home), and how this both produces and reproduces a social structure.

Giddens' theoretical approach emphasises that structure should be conceptualised as 'rules and resources', and that the application of rules, which comprises structure, may be regarded as generating differential access to social, economic, cultural, and political resources. Giddens continued to argue that understanding the rule means that one can use the rule 'to go on' in social life. He also discussed how to apply the right rules to particular social contexts. In my research, I perceive that in order to understand fertility practice in Sudanese and Somali groups, it is crucial to look at the rule and its application in this specific context. Given Giddens' application of the right rule to a particular context, the understanding of the interplay of rule and context in approaching fertility decisions and behaviour, including the mechanisms through which members of the Sudanese and Somali ethnic groups in the UK make their decisions and formulate their fertility, would enrich our understanding. The decision not to match the pattern of fertility in the UK or from the homeland from which they migrated is an individual decision in a process that Giddens demonstrates is an unequal distribution of resources and power. The system, in Giddens' vision, also appears to be more dynamic and less closed, so that it can encompass any different form of power and social change.

Carter (1995) suggested that more reproductive theory may be built on two features of Giddens' (1979) work that are of particular interest: first, the understanding of human agency as reflexive monitoring and rationalisation of a continuous flow of conduct rather than a sequence of discrete acts of choice and planning. Second, Giddens suggests that

cultural principles and social institutions have a virtual rather than a substantial existence, taking shape as they enter into activity. Whilst Greenhalgh (1995) argues that the first concept in Giddens will help the researcher to detach themselves from abstract, universal rationality, Carter (1995) argues that the second concept will allow researchers to shift their attention from enduring principles of social action to focus on practice, in which rules are provisional and are produced and reproduced.

2.2.2 Self-identity and individual reflexivity

Giddens (1991) explains that individual reflexivity means self-monitoring, and ongoing observations and reactions to personal life. Today, social life trust and security are both conditions and output of social reflexivity. Reflexivity and self-identity are linked in Giddens; in this sense, he argues, we have more access to information than ever before. This allows us to reflect on the causes and consequences of our actions, but at the same time, we are faced with danger related to the unintended consequences of our actions and by our reliance on the knowledge of experts.

Social structures are both constituted by human agency, and yet at the same time are the very medium of this constitution of self-identity. As Giddens (1991) argues:

'A person's identity is not to be found in behaviour nor – important though this is – in the reaction of others, but in the capacity to keep a particular narrative going. The individual's biography, if she is to maintain regular interaction with others in the day-to-day world, cannot be wholly fictive. It must continually integrate events which occur in the external world, and sort them into an ongoing "Story" about the self (p.54).

In everyday life within modern society, the choices we make about reproduction are affected by the weight of tradition on one hand, and a sense of relative freedom on the other. As Gauntlett (2002) explains, everyday choices about what to eat, what to wear, and who to socialise with are all decisions through which we position ourselves as one kind of person and not another. As Giddens (1991) says, *'the more post-traditional the setting in which an individual moves, the more lifestyle concerns the very core of self-identity, its making and remaking'* (p.81).

Increased choice can be both liberating and troubling: liberating in the sense of increasing the likelihood of one's self-fulfilment, and troubling because of increased emotional stress and time needed to analyse the available choices and minimise the risks of which we are

increasingly aware. While in earlier traditional societies we would be provided with that narrative and social role, in the post-traditional society we are usually forced to create one ourselves – what to do? How to act? Who to be? These are focal questions for everyone living in the circumstances of late modernity (Giddens, 1991).

Giddens (1991) emphasised that it is important people adopted what he called ‘future–orientation’ in their lives, because contemporary individualism required the individual to construct and define their own life independently of stable, mandatory norms, values or lifestyles. This refers to the expansion of social choices and social uncertainty, which is most apparent in self-identity and family.

To sum up, reflexivity is necessary because many of our institutions no longer provide us with a clear set of pre-given norms and values. Modern relationships, including marriages, no longer come with a set of clear norms and values, duties and responsibilities; instead, these need to be negotiated. Similarly, for those that are religious, the meaning of ‘being religious’ or ‘being Muslim’ is much more open to debate than ever before. The individual is faced today with a situation in which modern institutions no longer simply tell the individual how to act, or how to ‘be’, they no longer act as stabilising forces that anchor individuals to society in clearly defined ways. Instead, we must choose which aspects of tradition suit us and be able to justify to others why we have made these choices. Even once we have decided on what our religion means to us, the rapid pace of social change brought on by globalisation means that we may well have to redefine our relationships and our religious and social identities over and over again.

2.2.3 Feminist critique of Giddens

In the field of women’s and gender studies, Giddens’ (1984) conceptualisation of individual action has been criticised for the overemphasis on action as individual product, ignoring the network and other factors that inform action (Mulinari and Sandell, 2009). By claiming that the individual always has the potential to act differently, Giddens pays little attention to privilege, lack of choice and power (Thompson, 1989, pp.73-4). For example, McNay (2004) argued that Giddens’ (1990) idea of identity as the process of reflexive self-transformation has failed to consider the factor of gender specific identity. This echoes Marshall and Witz’s (2004) observation that ‘*abstract categories that attempt to catch trajectories of social change – reflexive individualization and de-traditionalization, for*

example – still tend to be more easily “energized” by typically masculine forms of identity and action’ (p.33).

Kahlert (2012) argues that there have been only a few attempts to use ideas from structuration theory to work theoretically on the question of gender and gender relations, such as Connell (1987) who argues that a theory of gender requires a theory of social structure, and needs a concept of structure that can recognise complexities and that grasps the historical dynamic of gender. In this respect, Connell appreciated Giddens’ balanced concept of the duality of structure as *‘the closest to the requirements of a theory of gender’* (p.94); however, Connell (1987) later stated that structuration theory needs to be open towards history. For Kahlert (2012), the concept of duality of structure was adequate to bridge the traditional micro-macro distance successfully. Others, such as Felski (1992), found that Giddens’ (1984) structuration theory is a useful conceptual tool to analyse social change, seeing the relationship between structure and action as dynamic, and that *‘structures are thus not only constraining but also enabling, not simply a barrier to action but a precondition for possibility of meaning choices’* (p.224).

Despite these critiques of Giddens, it was nevertheless useful to adopt some of his ideas. First, for the understanding of human agency as reflexive monitoring and rationalisation of a continuous flow of conduct rather than a sequence of discrete acts of choice and planning. Second, Giddens (1979) suggests that cultural principles and social institutions have a virtual rather than a substantial existence, taking shape as they enter into activity. In the modern world (in Giddens’ perspective) accepted habits, norms and conduct are continuously subject to revision in light of new information, knowledge or resources generating a mutable order (O’Brien, 1998, p.25). This contrasts with traditional societies in which reflexivity is in operation but within more rigid parameters. For example, social reproduction in traditional societies is circumscribed by ‘place’. Existence is bound to the local both in terms of spatial territory and in terms of access to distant events or persons. Institutions, therefore, are grounded in local customs and habits. Within these settings, tradition operates as a structuring principle because it is a means of integrating present experience with the past. Reflexivity in this process is largely limited to the reinterpretation and clarification of tradition so that the ‘past’ retains a significant influence on the present and future (Giddens, 1990, p.37).

My study explores how individuals based on gender deal with structural, institutional and cultural factors that enable and prevent their desired fertility behaviour. In particular, the study discusses Somali and Sudanese migrants' encounters with patriarchal culture, and how this perpetuates narrow gender roles and inequalities (UNDP, 2012).

In addition, to understand the participants' reinterpretation of their beliefs/culture in practice, it is necessary to adopt an additional concept: that of 'lived religion'. For 'lived religion', the understanding of religion has been broadened to move beyond religion as a coherent set of prescriptions about belief and behaviour that are clearly formulated by religious institutions and 'copied' by individuals. In everyday religion, or 'lived religion', the understanding of religion incorporates but extends beyond script to be seen as a space where people take an active and reflexive role in shaping, negotiating, and changing their own religious convictions and practices (McGuire, 2008, p.12).

2.2.4 Lived religion

The question about religious rules and regulations and their appropriateness to the emerging context has brought to the surface other interesting discussions about the concept of 'lived religion'. Many authors agree that a 'lived religion' approach does not exclude the consideration of institutional forms of religion and individuals' engagement with them (see Ammerman (2007) and Neitz (2011)). This position is also implicitly supported by McGuire (2008, p.98) who argues that individuals' lived religious practice may be '*closely linked with the teachings and practices of an official religion*' and suggests that the power and meaning of institutional forms of religion in individuals' lives must not be assumed, but studied empirically. An empirical claim that religion only exists in private or individual forms would deny the potency of institutional forms of religion. Furthermore, the lived religion approach does not categorise all religion as simply a private or individual phenomenon in modern society. For instance, Neitz (2011, p.54), states that "*lived religion*" is often practiced in public or collective acts and understandings'. Closely related to this position, Woodhead (2013, p.96) argues that a normative claim that religion ought to be expressed only in the private domain is problematic, as it overlooks the truth that an important element of religion is '*communicative and public*'. Seemingly 'private' forms of individual prayer express social engagement (Orsi, 2003, p.73). Caring for others is central to the lives of many religious people (Nyhagen and Halsaa, 2016). Religion can never therefore simply be private; it is always linked to the social contexts in which individuals

live and act, and it provides adherents a sense of '*moral direction, of conviction, of belonging*' that is ultimately social (Woodhead, 2013, p.96).

In line with this thinking, the concept of 'lived religion' adopted in this study is used to understand the issues relating to participant experiences of fertility practices. To understand the impact of religion in shaping fertility behaviour, the concept of 'lived religion' is considered useful in transforming rich details of complex experiences and the reasoning behind people's actions, beliefs, perceptions, and attitudes. All events, people, incidents, interactions, experiences, words, descriptions, happenings, are considered useful indicators to understand the context in which fertility practices exist. Indeed, it is this sharing of socially constructed interactional experiences that create the necessary active and reflexive insights from which fertility practices can be explained. To this end, the concept of 'lived religion' helped the study to answer key questions central to the discussion of the fertility behaviour of Somali and Sudanese migrants in Birmingham; questions such as 'What are the implications of the lived religion approach for a fertility analysis of religion for both men and women?'

In many religious contexts, women have made significant advances towards gender equality despite the remaining obstacles and challenges (Gross, 1996). Many feminist studies of religion highlight its dual potential to both empower and oppress women (e.g., Fournier, 2014; Scott, 2009; Braidotti, 2008; Fessenden, 2008; Sands, 2008; Braude, 2004; see also Burke, 2012 for a useful overview). Some scholars identify that women's agency and empowerment is visible within conservative religious contexts (e.g., Mahmood, 2005; Avishai, 2008; Zion-Waldoks, 2015), suggesting that agency can be expressed through submission and religious piety as well as in overt oppositional practices that challenge gender and power inequalities. In this study, however, the main focus is on the implications of sociological 'lived religion' on fertility behaviour and family size decisions in a UK context. Inspired by a call for sociology to be normatively engaged in people's everyday worlds (Sayer, 2000), adopting the concept of lived religion gives me the opportunity to look at participants' experiences with an open mind rather than a pre-determined view of how 'religion' is impacting women and men's fertility behaviour.

Most of the literature on fertility behaviour and religion has attempted to relate them comparatively by using aggregate levels, studying fertility and religion cross-culturally, or by country or group. In this study, however, the discussion is more focused on exploring

the individual's point of view and their religious practices in everyday life. The particular purpose is to explore some key issues relating to whether understanding everyday life and the practice of religion affords a better opportunity for addressing specific issues around fertility norms and family size decisions in UK contexts. This study focuses on attempting to answer some questions related to fertility behaviour and religious practices in Muslim communities. These questions include whether, and how far, practising religion in everyday life impacts fertility behaviour. If so, in what way? How do people negotiate religion to achieve their preferred family size? By defining situations and justifying their fertility behaviour and decisions, participants negotiate their cultural norms in their new setting.

Specifically, I argue that qualitative research provides a coherent and unified perspective to capture the conceptualisation of participants' everyday life; my attempt to analyse how religion impacts the fertility practice of Somali and Sudanese migrants within a different cultural context. This study goes beyond broad correlations between fertility and religion to uncover a deep understanding of how individuals make their fertility decisions within their social context.

2.3 Summary and conclusions

As discussed in this literature review, the demographic transition is largely applicable to western countries, and not necessarily appropriate for many less developed countries. Demographic theories of fertility in western countries are often used to explain fertility practice change; however, they omit to explain the role of several reproductive issues considered important by anthropologists, including culture, agency, and gender (Greenhalgh, 1995). The working assumption for Greenhalgh is *'that there are many types of fertility pattern, all of interest, and each shaped by a combination of forces'*. This assumption is useful when it comes to migrant fertility. Many researchers have addressed and examined fertility among migrants and described how this may vary across socio-cultural contexts. The majority of these scholars have investigated issues such as religion and socio-economic status. In this extensive body of literature, most research consists of quantitative demographic studies that often rely on statistical approaches that aim to prove variation between different groups, for example migrants/non migrants and rural/urban. The majority of these studies have not been able to uncover a detailed understanding of individuals' experiences and motivations concerning how people process their fertility

practices in the context of migration. This study moves from seeing high fertility as an outcome of religious/cultural norms. Somali and Sudanese migrants as individuals are not *'passive dupes beholden to the dictates of practice, but instead active skilled agents who actively negotiate and perform a wide range of practices in the normal course of everyday life'* (Hargreaves, 2011.p.83). Adopting social practice theory drives our attention towards how fertility norms are reproduced, maintained, stabilised, challenged and changed by individuals, and how they transform practices (Hargreaves, 2011).

My study explores how women and men deal with structural, institutional and cultural factors that enable and prevent their desired fertility behaviour. In particular, the study discusses Somali and Sudanese migrants' encounters with patriarchal culture, and how this perpetuates narrow gender roles and inequalities (UNDP, 2012). These different layers of understanding allow me to look at the individual as decision-maker, someone who understands and processes their cultural values, religious symbols and their socio-economic position when approaching fertility decisions and behaviour. Fertility is an outcome of the interplay between structure and agency. The activity of an agent in day-to-day life is based on their knowledge of the situation, the duality of structure as set out by Giddens (1984), and the micro-macro interaction; these concepts help to understand how religion in everyday life shapes individual practice in behaviour. The question about religious rules and regulations and their appropriateness to the emerging context has brought to the surface other interesting discussions about the concept of 'lived religion'. For 'lived religion', the understanding of religion has been broadened to move beyond religion as a coherent set of prescriptions about belief and behaviour that are formulated by religious institutions and 'copied' by individuals. In everyday religion, or lived religion, *'the understanding of religion incorporates but extends beyond the script to be seen as a space where people take an active and reflexive role in shaping, negotiating, and changing their religious convictions and practices'* (McGuire, 2008, p.12).

CHAPTER 3

RESEARCH METHODOLOGY

3.0 Introduction

The purpose of this chapter is to discuss the methodology that was adopted in order to address the research questions. This chapter argues for the appropriateness of a qualitative approach to understanding the social context of family size decisions among Somali and Sudanese migrants in Birmingham. The objective of this discussion is to justify the design of the subsequent research and to show how the approach was implemented. This chapter also examines relevant data collection and analysis methods. The final part presents a summary and conclusions to the whole discussion.

3.1 Research Approach: Why Qualitative Research?

This research adopted a qualitative research design in line with an ontological and epistemological stance that individuals are purposeful and knowledgeable agents, and their practice is informed by their understanding. In this, I am following an interpretive approach that is concerned with language, communication and meaning and in which the details of interpersonal interaction are used to make sense of what others say and do (Giddens, 2009, p.24).

Further, the nature of the qualitative data helped me unlock participants' understanding of their fertility behaviour and give participants room to explore and explain how far their fertility practice is related to religious/cultural and fertility practice norms. In addition, the fieldwork illustrated how changes in fertility practice vary among participants according to differences in their knowledge (for example, new contraception, technology, or information) and motivation.

Qualitative data helped me produce and refine my theoretical framework, enabling me to understand how the participants' agency is directly visible through their fertility practice. To understand the meaning that people attached to fertility behaviour and practice, viewing fertility norms as cultural or religious norms is a foundational principle of their lifestyle. As Giddens puts it, *'[a] lifestyle can be defined as an integrated set of practices which an individual embraces, not only because such practices fulfil utilitarian needs, but because they give material form to a particular narrative of self-identity'* (Giddens, 1991, p.81).

Qualitative research offers an understanding of particular human experiences in the context of common phenomena (Ayres *et al.*, 2003). This enables me as a researcher to identify the processes and interactions that define relationships – in this case, fertility, migration, culture, socio-economic factors, and gender – and therefore offers me essential insight into how these relationships can be explored and analysed. Attention will be paid to specific details that describe and explain complex experiences and reasoning behind the actions, beliefs, perceptions and attitudes of individuals among the target participants: Sudanese and Somali ethnic minorities.

Qualitative approaches enable data collection and analysis to become a dynamic process. In my research, the data were collected and analysed throughout the whole fieldwork period; this gave me the opportunity to adjust my method as well as providing me with an opportunity to use the different data collection techniques of interviews and focus groups. This in turn helped me to reflect a better understanding of the setting, which strengthens the internal validity of the research (Denzin and Lincoln, 2000).

The purpose of the next section is to reflect on the data collection methods used in the field.

3.2 The Empirical Implementation of the Study

This section highlights the empirical implementation of the study and consists of two subsections: first, the data collection methods, and second, the data analysis methods used to gain a fuller understanding of the meanings that people attached to fertility behaviour and practice.

3.2.1 Data collection methods

The data collection took place over a two-year period, adopting two methods of data collection. I began with individual interviews, mindful that '*the knowledge is collaboratively produced in the interview by the interviewee and the researcher*' (Letherby, 2013). There were therefore themes that I planned in advance to touch upon with the participants – how their current social context impacted their fertility practice – and which were included in all interviews; however, I welcomed any topics of discussion that might arise (see the section on individual interviews below). After the individual interviews, I undertook focus group discussions, using what Morgan (1997b) called '*the funnel approach*': the focus group started with a less structured approach that depends on free discussion before moving

towards a more structured discussion of specific questions (when anonymous data from interviews is fed into focus groups). Adopting the two methods of data collection added rigour and richness to the research and allowed me to secure an in-depth understanding of the phenomena under study. Morse (2009) mentions that mixing qualitative methods allows for different perspectives that may otherwise be overlooked.

I gave considerable thought to the likely circumstances of each participant, their possible value system and different sensitivities or emotions that might be aroused by the research topic. I introduced my subject of investigation to participants as 'family formulation and childbearing', to avoid asking questions too shaped by dominant discourses. Terms such as 'family planning' might limit participants to responses influenced by prevailing attitudes, such as societal attitudes towards contraceptive use. I found that different means of posing questions widened the range of issues participants could touch on, so their account of fertility behaviour and family size decisions expanded my own perspective on the research.

The following sections consider recruitment, interviews and focus groups as the principal methods of the project; followed by discussion of the data collection and analysis process.

- **Recruitment**

The aim of my research was to learn how people make decisions about their family size, rather than focusing on what people do or believe more generally and on a larger scale. So, my study has an illustrative rather than a representative standing: i.e., to explore how two groups of migrants within the migration setting approached and processed family size decisions. It was these specific individuals that were being compared rather than the two ethnic groups *per se*. This study does not claim to offer an objectified or replicable account of what Somali and Sudanese migrants think and do; rather it aims to present a nuanced account of the range of fertility practice, following Eastmond (2007), who argued that biographical narrative '*can promote a greater appreciation of the diversity of experience [...] against universalising and stereotypical descriptions*' (p.254).

To recruit participants in a big city like Birmingham was not an easy task, and it was necessary to employ a recruitment strategy that served the purpose of the research. For that reason, I purposely chose two areas that consisted of a large proportion of people with characteristics matching those I anticipated (Sudanese and Somali men and women with children). Within that, I focused on areas that are well-known for shops that sell African

products (specifically Sudanese and Somali products). While my decision to choose an area where it is well-known that the majority of the customers and shopkeepers are Somali and Sudanese migrants may fall under what is considered as '*choosing a community to find or prove community*' (Brettell, 2003, p.109), in the course my research I not only met participants who were a part of Somali community associations in this area, and regular attendees of a specific mosque and community centres, but I also met participants who visited only occasionally, i.e., to do shopping, or who came to do henna, or attended an event (e.g., a fun day for children).

After selecting the area that appeared most likely to contain a sufficient pool of potential research participants, the next step was to find an effective way to recruit them. With some contacts in each area, I was open to interviewing both men and women. My starting point came when two local shopkeepers who sold African (Sudanese and Somali) products expressed their willingness to act as gatekeepers and introduced me to other shopkeepers. For example, I helped a shop owner five days per week (6-8 hours) in her shop on a road dominated by Somali shops and shoppers. This enabled me to share the group dynamic, build rapport, develop my own skills, and generally explore the social life of the participants. Whilst this experience was not a part of my data collection, it nevertheless improved my understanding of some of the issues within the communities. This woman introduced me to another shop owner, and this latter shop owner, as I will explain later, became an important connection to my Somali participants. I was introduced to the henna salon and a travel agency and their customers, and I attracted other interviewees via snowballing, which is considered the most appropriate method when members of a group are difficult to locate (Gibbs, 2012).

(A) *Recruiting for one-to-one interviews*

I invited participants within the Sudanese and Somali ethnic communities in the West Midlands aged between 31 and 56, who have children. They were all heterosexual. My focus was on migrants who have been in Birmingham for ten years or more. The rationale behind these criteria was to capture those who have experienced life in Birmingham and would be able to share their life lessons. I think that this age range and length of stay in the UK enabled me to examine the attitudes of families at numerous different stages in their lives and enriched the research by providing different insights from across a range of generations. While participants were chosen to reflect two types of African ethnicity in the UK, they were also recruited to represent different population subgroups. In order to

explore diversity, the participants included 21 men (8 Somali and 13 Sudanese) of different ages and from different social, economic, and educational backgrounds. Table 3.1 represents the breakdown of interview participants by ethnicity and gender.

Table 3.1: Interview Participants by Ethnicity and Gender

	Female	Male	Total
Sudanese participants	21	13	34
Somali participants	14	8	22

I conducted 56 interviews (22 interviews with Somali migrants and 34 interviews with Sudanese migrants) in their homes, community centres, and mosques, after contacting the person responsible for managing the mosque or community centre (e.g., the imam, or a community centre worker).

(B) Recruiting for focus groups

In running six focus groups, a purposive sample was used. A total of 39 participants representing Sudanese and Somali migrants, from different backgrounds, were invited to the discussion groups. Some I had previously interviewed, others not. My plan was to bring together homogeneous groups with a degree of commonality to share experiences in a group setting that I hoped would foster discussion. Group sizes were arranged so that between six to eight participants participated in each focus group (6, 7, 8); this choice was made due to the sensitive nature of research focusing on family size decisions (Ritchie *et al.*, 2014). Limitations on the size and number of focus groups were also imposed by the availability of participants and time constraints, including the time available for my study. I aimed to give each participant more time to talk, in the hope that the data produced would be clear, deep and substantial. The selection of participants for focus groups can depend on the nature of the research and whether the group is to be homogenous or heterogeneous (Gibbs, 2012). Due to the sensitive nature of this research and the fact that the power dynamic might affect the quality of the interaction, in addition to issues around participant safety and confidentiality (Gibbs, 2012), I decided to run one focus group discussion among Sudanese women, one among Somali women, one among Somali men, one among Sudanese men, one among Somali men and women, and one among Sudanese men and women. In all cases, the initial and repeated contacts were made by me, to encourage participants to participate.

In general, the group dynamic and levels of interaction were interesting and contributed to the production of high-quality data. This was particularly true of the discussions that included friends, peers, and relatives because they interacted in authentic, challenging, and sometimes oppositional discussions that enriched the group data and helped to consolidate the study's findings.

3.2.1.1 One-to-one interviews

The rationale of adopting one-to-one interviews arose because it offered me the opportunity to undertake a detailed investigation of everyone's perspective and experience within the context of their personal life. The interview structure was loose and took place at a location of the participant's choice. The one-to-one interviews were therefore more accessible to potential participants, especially when the research involved participants with children (Hinds, 2000).

The semi-structured interview (see Appendix 2) contained some structured questions followed by open sub-questions linked to the previous questions (Hinds, 2000). The choice to start the investigation with semi-structured interviews allowed me to address how the current social context impacted fertility practice with a clear focus, rather than in general terms (Bryman, 2008). However, there are some limitations in using semi-structured interviews for data collection. The technique is time-consuming, as qualitative research seeks depth rather than breadth. Instead of drawing from a large representative sample of an entire population of interest, this research project seeks to acquire in-depth intimate information about small groups of people (Bryman, 2001) in both Sudanese and Somali ethnic minorities in Birmingham.

In the process of the one-to-one interviews, all data were recorded except for my interview with one Somali man who refused permission to my recording the interview, so I had to take notes. At the end of each interview, I asked the participants whether they had anything to add, before drawing the interview to a close and thanking them. Sim (1998) suggests that taking notes can help to trace ideas, and I found that very useful. I anticipated that the interview sessions would take between 45 minutes and 1 hour. However, all interviews took 1 hour to 1 hour and 30 minutes. While at the start of many interviews, my interviewee used the word "Ustaza" to refer to me, which reflects a formality and a professional state, during the interview my personal identity as a Muslim and as an African woman appeared to help me break down the official style and formality of the

interview and the interviewee became more open. In other words, as Oakley illustrates, the interview is more effective *'when the relationship of interviewer and interviewee is non-hierarchical and when the interviewer is prepared to invest his or her own personal identity in the relationship'* (Oakley, 1981, p.41).

Asking questions regarding fertility and reproduction is challenging due to the sensitive and private nature of such family size decision-making. Questions about family planning and the motivation around having a specific family size were not warmly received, especially among my male participants. One of the participants directed me to his wife to answer my research question in my first interview, and I rephrased the research question in my interview question with what Spradley and McCurdy (1972) call *'grand-tour questions'*, such as 'Tell me about your children' or 'How did you feel becoming a father for the first time?'. Despite this, I did draw on an interview guide in many sessions. I tried to avoid reading from a guide or script to help keep the interview as informal as possible and made efforts to be open to whatever new theme(s) the interview brought to the data.

In this sense, as a researcher, I not only captured the answers participants gave, but also analysed the way they gave them, particularly how they bent existing language to capture more accurately what they were trying to say: for example, by considering their language and non-verbal cues such as jokes and metaphors. Many participants used texts from the Quran or words of wisdom well known in their culture to convey the framework through which they understood their decisions and their motivations for their fertility behaviours. This use and interpretation of language may or may not support the culturally honourable traditions like large families, but it illustrates what Pugh (2013, p.50) refers to as *'the interstices between where culture lies and where they want to go'*. In this way, research can highlight the specific frames through which participants highlight the impact of social and cultural context upon their family size decisions.

Considering the morality and expectations that shape participants' actions, reactions, and their understanding of this morality tends to render some emotions more acceptable, expected, and more celebrated than others. For example, large families have become less celebrated in the context of migration, and small families have become more expected in the current cultural context. The interviews helped me as a researcher understand how culture and socio-economic contexts can shape action and fertility behaviour. Here, as a researcher, I am not offering a description of the participants' experiences or supplying

them with choices and simply observing, but rather I am attempting to apply interpretive interviewing that gets the participant to tell their story and explain their existing behaviour. I then analyse that story, asking about specific examples to move beyond the belief statement and progress to what a person's story means to that person, understanding and accepting that incoherence and contradictions exist even within community norms (Islamic, African, Sudanese and Somali cultures), and embracing such anomalies.

With many female participants, one-to-one interviews took place in the participant's house, at their choice. However, the majority of male participants' interviews took place in cafes and public places. Among the participants, I met three couples, including one divorced couple. I interviewed all couples individually. During my interview with one couple (individually), I found that the couple expressed different points of view, and their recollections of events, especially their last childbearing experience, were contradictory. For example, the husband told me that having the last child was not his plan, as he was not aware that his wife had stopped using contraception. However, his wife told me that having a family of four children was not her decision. Since I took an ethical decision not to bring the story of all couples together, however, I did go back to let this respondent clarify my understanding or misunderstanding regarding her narrative. Later, in a follow-up interview, she described how she did a lot of things for the sake of her husband, just to make him happy, and how she proceeded to have a child just because she felt that her husband was keen to have a baby boy. Even though this participant made an active decision to stop contraception, in her perspective this was not her decision. These two interviews led to interesting data. However, as I mentioned above, since I interviewed that couple individually, I took an ethical decision by not bringing their data together to protect their confidentiality. I continued these interviews until I finished speaking with all participants, and until information from new cases no longer brought new data.

3.2.1.2 Focus groups

Gibbs (2012, p.186) describes focus groups as '*an organised discussion with a selected group of individuals to gain collective views about a research topic*'. Focus groups tend to be highly interactive, and the group opinion has the same value as that of the individual. Further advantages to note are that focus groups can be very useful in building theories, generating new knowledge, interpreting cultures, and reshaping people's views (Gibbs, 2012). Focus groups put social contexts on display to an extent, by exploring how people talk about an issue and interrogating issues that are illuminated by that display of social

norms (Ritchie and Lewis, 2010). Another benefit of the focus group approach, generally and within my research, is that participants are encouraged to participate by discussing a topic with others, specifically those who might share some of their concerns (Ritchie and Lewis, 2010). Hind (2000) proposed that researchers use focus groups for four main reasons: first, to learn about how people think; second, to explain perceptions of an event, ideas, or experience; third, to gain a deeper understanding of human experience; and fourth, to seek the perspective of participants. Despite these positives, focus groups are not quite as strong for observing participants within their natural interactions, or for directly probing for information as in one-to-one interviewing. However, focus groups do combine these two goals in one technique. Morgan and Spanish (1984) argue that this brings the best of both worlds, as the research population is engaging in dialogue, sharing ideas, opinions, and experiences, and even debating with each other and challenging each other on particular points (Mardiz, 2000). Focus group discussion was used in my research to explore a set of issues in a collective manner. As a method of data collection, the interaction is significant for its stimulation of new ideas and the high level of energy within the discussion.

It can be argued that, potentially, a relationship of power might surface among participants. These relationships, if they arise, are the participants' own relationships, in their own constructed hierarchies (Madriz, 2000). Madriz argues that this 'horizontal interaction' may provide the research with very important data. In group discussions, a group member feels supported and empowered by the sense of group membership and cohesiveness; this is important for the success of frank and open dialogue with the least powerful, less socially advantaged persons within the group. I noticed, for instance, that women were more open in the discussion groups that involved only women, and some men were more open in discussion groups than one-to-one interviews. The composition of the groups was systematically varied (see 'Recruiting for focus groups' above), and I categorised people into groups according to their residence and their workplace. This worked well for female participants. For males, the initial contact was made by a male community leader. They contacted the participant and suggested the place and the time for the group discussion. Feedback from the initial contact suggested that male participants agreed to participate, and the focus groups for the two men's groups were conducted in a café and a travel agency. For the other two focus groups (mixed men and women), one discussion was conducted in a tuition centre, another in a community centre. Of the two focus groups for

women, one took place at a social event (an open day for the henna salon), and another took place in the home of one of the participants.

The focus groups helped me to deepen my understanding by openly discussing different issues interesting to them. I took notes, including background information to develop participants' profiles. The participants were deliberately chosen to represent a diverse range of backgrounds, views, and experiences, but the group discussion was also designed to bring together homogenous groups (such as just Somali women, or Sudanese women) to capitalise on the shared experience (as women), and also more diverse groups, to explore different perspectives within a group setting. Other sessions were deliberately comprised of friends. It was clear that all these aspects allowed the participants to reflect in some depth on their social context and their fertility decisions, as well as to get involved in 'argumentative interaction' (Kitzinger, 1995).

At the beginning of each session, I re-introduced myself to the participants, explaining the purpose of the topic guide. The focus groups took between 1 hour and 1 hour and 20 minutes; four took place in the evening and two during the day, at the participants' suggestion. As my social identity and my personality influenced the process of interaction taking place (due to the nature of qualitative research and the research method used here), the way that I behaved as a facilitator and the verbal and non-verbal cues that I gave to the group were crucial. As a facilitator, I had to choose between two roles, 'active' and 'passive' (Sim, 1998), and a low and high level of moderation (Morgan, 1988). Debating these positions, Cronin (2015) calls for a medium level facilitation position, in which a moderator elaborates in the discussion, and is *'ready to interject, asks questions, and probes for further information when necessary'* (p.304). Due to the sensitivity of the topic, I was not asking participants to reveal personal stories in the group discussion, and I found instead that participants tended to speak about other people's experiences to illustrate their ideas, giving examples about what happened to 'somebody they know', while in individual interviews participants tended to be more open about their own experiences.

Reflecting on facilitating the focus groups, although I was aware of the problems linked to this level of moderation, I nevertheless experienced some difficulties; for instance, deciding which entry points were suitable for adopting specific positions during given sessions, or encouraging a silent participant to join the discussion by asking her directed

questions. Participant feedback later suggested that it was difficult to say all that they wanted to during the discussion. Some participants tended to dominate the discussion (especially when it was mixed groups of men and women). Commonly in Sudanese and Somali culture, men and women are separated in everyday activity; this is why participants were sometimes 'difficult', 'reserved', less articulate, or even silent. However, I was always aware that this hierarchy within a group could affect the data and that whatever measures were taken by me to reduce potential hierarchical relationships would never completely eliminate them due to the complexity of interpersonal power relationships that operate within a given group (Goodson, 2002). For example, some women were quieter than other group members and would sometimes speak among themselves, especially in the mixed focus groups. Following Cronin's (2015) advice, I called a 5-minute break and asked men and women to sit in two different groups based on gender to discuss, then I brought them all back to the focus group. That small break helped to widen women's participation in the discussions.

Here, I have to acknowledge that my gender identity limited my access to some participants, especially men in the one-to-one interviews. Although in the focus group men were more open in communicating their thoughts. As Kitzinger (1995) points out, focus group discussions encourage some people to participate differently. Nevertheless, efforts were made to balance the interaction between participants, such as intervening from time to time, probing and prompting the participants, and (re)directing the discussion towards the guided topic. As I mentioned before, having a good understanding of the cultural norm helped me to manage my data collection methods better.

- ***How do interviews and focus groups work together?***

The use of focus groups in my research was intended to reflect on the findings from one-to-one interviews and to ensure that my interpretations from the latter were robust. During the discussion, the focus group approach helped explore new issues and interpretations, as well as generate new ideas.

In my research, to maintain a full understanding of participants' interaction, perceptions and insights in greater detail, the 'passive' level of moderation was chosen initially. For this 'passive' level of moderation, the introduction of a broad topic was helpful to elicit information and opinions from participants. However, to use the study's earlier findings, an 'active' role of moderation was considered necessary at the later stage, i.e., within focus groups. The intention here was to impose some degree of control over the nature of the discussion and hence ensure that the data collected was particularly relevant to my purposes. To this end, questions were asked in a specific order, because the nature of the data required was very precise. The discussion guide that was used in conducting group discussions is presented in Appendix 2. However, the nature of focus groups minimised my involvement in the discussion and gave the participants more opportunities to pursue what interested them. Building on what Morgan (1997) called the 'funnel' approach in focus groups, I started with a less structured approach that depends on free discussion before moving towards a more structured discussion of specific questions (when anonymous data from interviews is fed into focus groups).

In the fieldwork, after the one-to-one interviews, some primary findings were emerging. It was therefore important for this part of the research to explore a set of issues in a collective manner, as the group opinion has the same value as that of the individual. This allowed me to compare data deriving from different phases of fieldwork and from the accounts of different people (i.e., not all people in focus groups took part in one-to-one interviews). The participants jointly discussed topics proposed by the moderator. As Cornwell and Jewkes (1995) argued, focus groups facilitate an exploration of new issues, interpretations, perceptions, and attitudes, and generate new ideas.

In this vein, for example, in the first theme of data analysis, I found that the most significant perceptions of family size as a religious practice for the Sudanese and Somali participants were seen in terms of three viewpoints or categories. I used this result with my focus group discussions; with my aim not to see whether participants agreed with me or not, or directly

validated or refuted my interpretation, but rather to ensure that my research was more reflexive by providing another way of seeing the world (Stanley and Wise, 1993, p.148) through the interaction of individuals within the group to construct knowledge.

As explained in the previous section, I noticed that one-to-one interviews allowed me to explore fertility practice in-depth, as participants spoke about their own experiences and perspectives. However, participants in the focus group interacted with each other, bringing culturally derived meaning to explain their fertility practice and family size norm or challenge it. Focus groups also tended to discuss more general issues than one-to-one interviews.

3.2.2 Methods of data analysis

The purpose of this section is to discuss methods of data analysis and their appropriateness for identifying the emergent themes and concepts to answer the research questions.

- **Thematic analysis framework**

The choice of thematic analysis (TA) to analyse my data was because it is theoretically flexible; thematic analysis can accommodate different types of data collection methods and, in this way, it suited the nature of my research. As a researcher, thematic analysis gave me an active choice around how I carried out my research and addressed participants' practice and experience, and it also works well with small datasets. Thematic analysis helped me, the researcher, to capture and interpret common sense, substantive meanings within the collected data. Braun and Clarke (2006) argue that '*thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within the data. It minimally organizes and describes your data set in (rich) detail*' (2006, p.6), also suggesting one benefit of thematic analysis is its flexibility. In this study, I adopted an inductive thematic analysis (bottom-up approach) that involves the generation of analytical themes and their dimensions. I identified themes within the data (data-driven analysis) without fitting them into a pre-existing coding frame (Braun and Clarke, 2006); cognisant, however, that researchers '*cannot free themselves of their theoretical and epistemological commitments, and the data are not coded in an epistemological vacuum*' (2006, p.12).

Braun and Clarke (2006) outline a six-phase analysis framework, see Figure 3.1, which I adopted in my research.

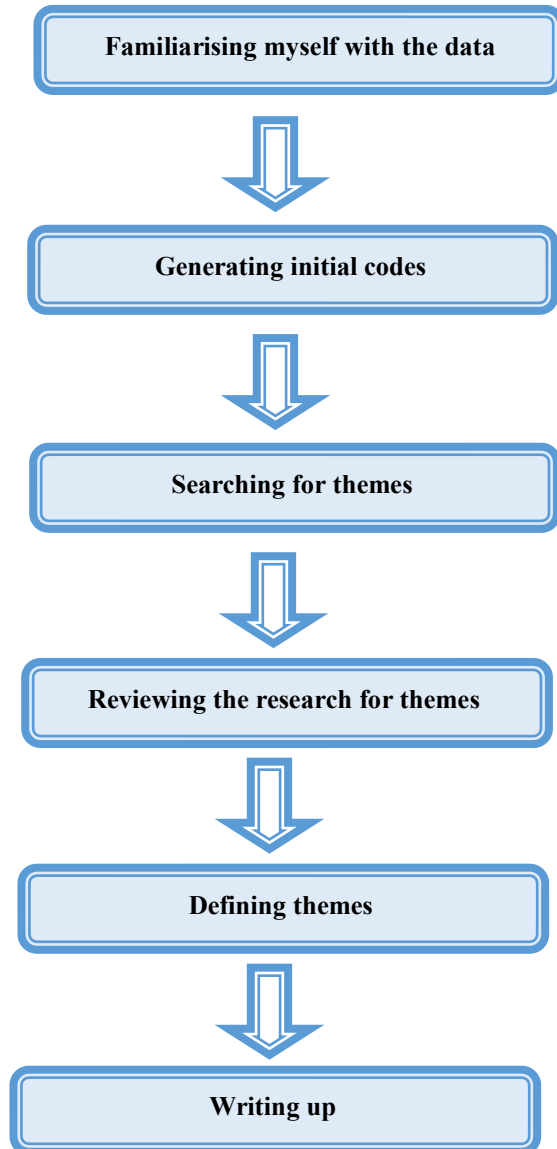


Figure 3.1: Six-phase analysis framework

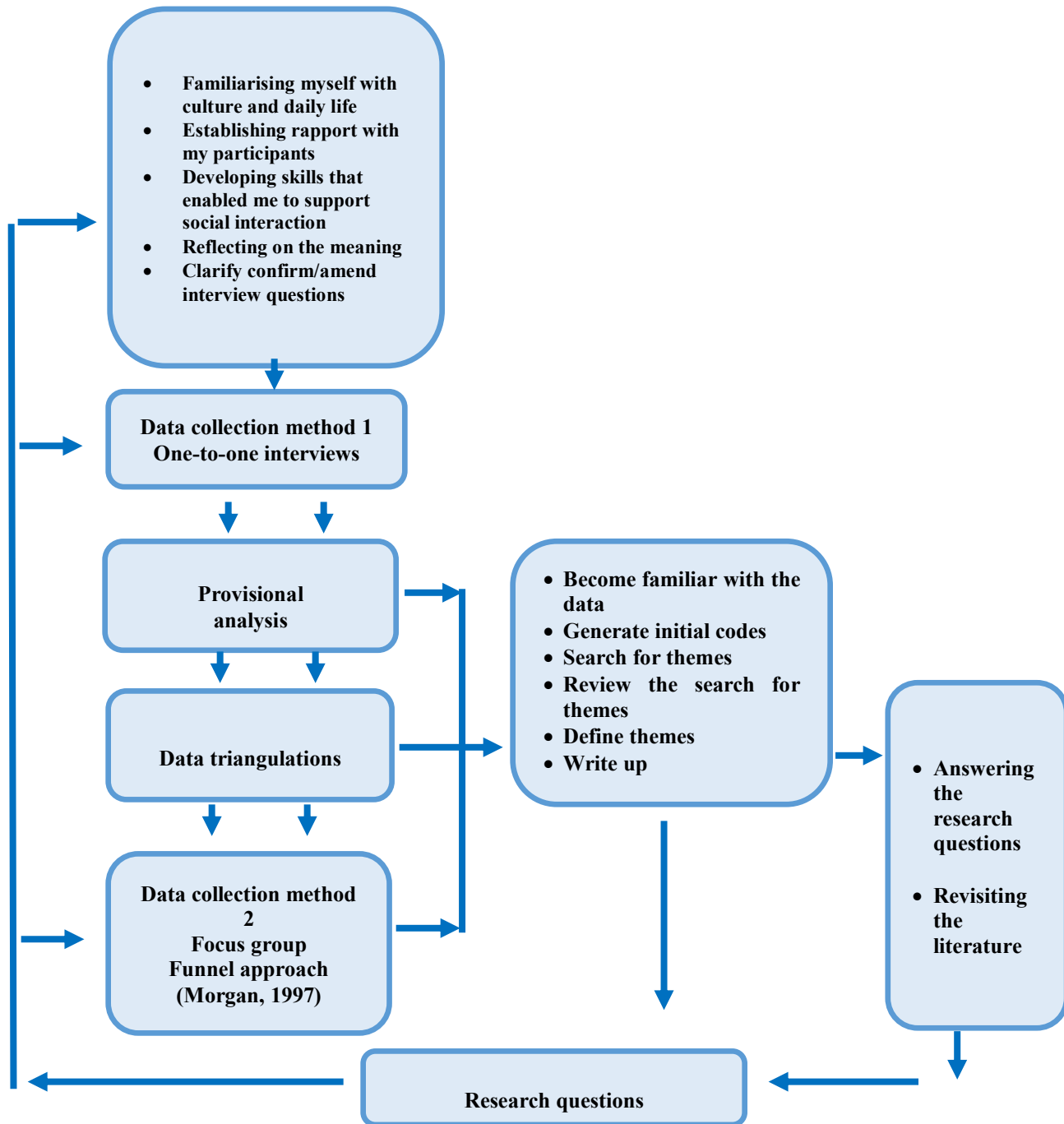


Figure 3.2: Thematic analysis framework

Source: Adapted from Braun and Clarke (2006)

- **Applying thematic analysis to my data**

I followed the data through thematic analysis, found patterns that seemed important within my data and used this to build a theme. In this inductive thematic analysis, as a researcher, I moved back and forth between the entire dataset, refining, and keeping track of ideas that helped me develop coding, analysis and writing right from phase one in my research, as per Braun's (2006) six-phase framework. For this research, determining the concepts under which the data could be sorted was very important as it enabled me to label, compare, and initiate the data management phase.

My purpose was to construct a thematic framework, so I first had to become familiar with the data. Here I reviewed the data, the research proposal, and the objective of the research, and re-examined the sample strategy. In thematic analysis, the concept is the basic unit of data analysis, and without conceptualising a pattern I would not be able to describe a phenomenon. The second phase was to become engaged in coding, which helps to reduce the data and is also regarded as an analytic process, so coding captures both semantic and conceptual readings, underpinning the surface-meaning data, and sometimes matching pre-existing assumptions. Third, I conceptualised the data by searching for themes in several ways: by keeping track of ideas that developed when comparing incidents to incidents, by designating and then comparing codes, and by relating them to each other to figure out themes. After constructing the themes, I checked that the themes worked with the code extracts and the whole dataset.

I then defined each theme and found interconnections between themes. These stages involved collapsing two themes together (for example, 'divorce' and 'change in family structure and family values' themes became one Fertility and Parenting practice); or splitting themes into two, or even restarting the process of theme development. Defining and naming themes starts by writing about each theme: what it is about? How does it fit with the overall story?

The final stage of this analysis framework is writing-up; this involves 'weaving together the analytic narrative data', including extracts to tell the reader a coherent story about the data and contextualise it within existing literature (Braun and Clarke, 2006). The importance of this process can be shown in the development of the theme of 'economic issues'. It started as a sub-code under 'structural conditions', then developed to be its own code when I recognised that many sub codes were related to economic issues, including

employment/unemployment, childcare, money, financial responsibility (remittance), income, etc. Checking that the themes worked with the coded extracts and the whole dataset, I defined the theme. My interpretation of the data showed that fertility practice and behaviour were affected by economic issues.

- **Language transcription and translation**

Despite my common understanding of the culture of Somali people, the unfamiliarity of the Somali language was a practical consequence as an outsider, although I have acknowledged the Arabic language that I share with a decent number of Somali ethnic minorities. (Arabic is considered an important language for Somalis to acquire for religious reasons, and most of my Somali participants had attended informal education, which means learning Arabic and the Quran.) The interviews were conducted in English. However, I experienced language switching when participants used a religious text or a popular proverb (in their culture). The majority of my Somali participants paused and recalled Arabic words when they could not find words in English, and, on some occasions, a word that they thought fit better in the Somali language. When I used these verbatim quotes in my data chapter, I had to write them down in their mother tongue (Somali/Arabic). These verbatim quotes helped me to *'offer examples that bring my theoretical claims to life, and [help] my reader access the "look and feel" of the data set from which I generated my findings'* (Thorne, 2020, p.6). I then elaborated with the participants to understand what these words meant, and later I investigated how these words translated.

I am aware of the methodological debate around the use of English with speakers of other languages in the research process, which points at English as the *'language of the coloniser'* (Shope, 2006). Jones considers that this may reinforce power differentials between researchers and the researched. Although the level of fluency in English varied between the participants, all had sufficient proficiency to conduct the interview in English. As participants' narratives are quoted in English, this raised an issue that has been pointed out by Standing (1998) who considered that by putting her participants' narrative in complex sentence structures of academic writing and 'tidying up' this narrative she *'homogenised the women's voices and made standard English the "normal" means of communication'* (Standing, 1998, pp.189-190). Yet, she considers that the *'untidy state risked reflect(ing) or reinforce(ing) negative stereotypes'* of these women as uncouth and uneducated (Standing, 1998, p.183). However, on this matter I agree with Laurie *et al.*

(2015) and Jones (2013) who felt that they should not refine the language of their participants on the grounds that English is a globalised language with different and valid forms that reflect the context of its speakers (Jones, 2013, p.66).

3.3 Informed Consent and Confidentiality

After ethical clearance was granted, I obtained informed consent from participants before conducting the interviews and focus groups. The objectives, the data, and the methods had been fully explained to the participants, and an assurance of confidentiality and respect for privacy was given to them. This also included the right of participants to withdraw from the study at any point during the research (for a copy of the letter of consent, see Appendix 1). The ethics of the research considered all procedures for data collection and data management and followed Aston University's Ethics Guidelines. Since the research focus was to be based on the participants' point of view and the social context of their family size decisions, I followed the framework developed by Hinds (2000). This included the following procedures:

1. Explain the nature of the research to the participants either by phone or letter in English and Arabic.
2. Give the participant the consent form in English or Arabic.
3. Agree with the participant on a location for the interview.
4. Offer guidelines for the anticipated length of the interview.
5. Explain who the potential audience of the research is.
6. Give assurances about confidentiality within ethical guidelines.
7. Arrange for a transcript to be returned to the participant if they ask for it.
8. Choose the setting of the interview carefully to be as quiet as possible and with no interruptions.

3.4 Protection from Harm

All data were stored in my personal password-protected computer, with the names and access details kept in separate places. Giving participants pseudonyms further protected their identity. I was aware of the potential legal and ethical reasons for which it may be necessary to breach the confidentiality of the participant (for example, child abuse, etc.); however, this was not an issue in my research. As the research topic is sensitive, I was mindful of the fact that participants sharing their views with the researcher might affect participants' wellbeing. I therefore familiarised myself with the British Sociological Association (BSA) ethical guidelines regarding protection against harm. Research involving intimate family life and relationships may cause distress, including recalling potentially traumatic experiences such as pregnancy loss or relationship difficulty. I was therefore very conscious of the importance of balancing risk and benefit in designing my research, taking into account how the experience of participants might impact them, and collecting data without compromising the participants' wellbeing (Kaiser, 2009). For example, one of the participants faced a tough divorce and lost custody of her children. Even though this experience was a long time before my interview, I made sure that she was aware of organisations that could offer her help. I was very sensitive to her emotional need during and after the interview, assuring her she could stop talking at any point. However, fortunately, in this case, the participant reported that she felt better after she had shared her story with me. This echoed other studies that found that participants reported benefiting or gaining something positive when they participated in research interviews (see Myers and Newman, 2007). In contrast, within the focus group, confidentiality could not be guaranteed outside of the setting; therefore, as the researcher, I explained this clearly to the participants.

As I conducted interviews with participants in their own homes or public places, guidelines from Aston University (2011) and the British Sociological Association (2002) acted as the safety cornerstones of my data collection methods. I not only had easy access to call for help if I needed it, but I had also planned the interview and visited the area of the interview before conducting it.

3.5 The Positionality of the Researcher

Mills (1959) argued that the social scientist is not some autonomous being standing outside society. This is certainly true for my research. In this section, I reflect on how my biography and background impacted the choice of my research. I draw upon examples to consider how these factors influenced how I conducted the research in terms of access, data gained, techniques, and relationships formed. I note that my background and my biography have influenced my research throughout. However, I argue that this does not make the research any less valid. On the contrary, my belief is that this is in fact a rich source of valid data in itself.

Like many Sudanese families, I grew up in a context that supported and favoured large families. This did not mean that my parents were very religious *per se*, but it was considered prestigious and a cultural norm. When I consulted my mother on family sizes, her answer was that the birth of a child was a celebration as a source of future fortune: an escape from poverty for poor families, and a guarantee of continued family wealth for the wealthy.

I migrated from Sudan to the UK to join my husband and establish a new life as a wife in a different context to the one in which I grew up. As I had a spouse visa at that time, I had no right to work, and access to education was expensive. Since my husband was working full time there was no funding for me to do an English course (ESOL), so I thought about having a second child. In my daily life, I got to meet people who were both non-migrant and migrant like me, Sudanese and non-Sudanese, in different stages of their lives, with whom I had discussions about parenting, employment, education, and everyday life.

After two years, I had a permanent residence visa and I resumed my education. I did some English courses and applied to do an MA. In one of my MA course programmes focusing on research methods, the lecturer discussed an article about fertility issues among postgraduate students, and about establishing a family at a late age. Finding the topic interesting, I wrote about the phenomenon of ideal family size among Sudanese migrants in my MA dissertation, and I became interested in how people revealed a different type of ideal family size preference. My MA research results left me with unanswered questions, such as, what are the motivations behind such variety in fertility patterns? How have the motivations and fertility patterns been impacted by everyday life experiences? Being an immigrant myself and seeing first-hand how family sizes differ among a variety of cultures

has helped my understanding of my research. While reading about fertility, I noticed that the perspective of an individual experience was under-researched, especially from a migrant mother and father's point of view, although many studies in this field in the UK have confirmed that women from ethnic minority groups tend to have larger families than native women (see for example, Coleman and Dubuc, 2010).

Conducting research in familiar places made me different from researchers who choose to conduct fieldwork in unfamiliar settings. As a researcher, the focus of my study is not only the same 'society' or 'culture' but also the same 'social group': i.e., African migrants. I felt that belonging to the Sudanese and Somali migrant community, who have started formulating their family just like me, was advantageous in several ways. However, it also posed many obstacles, and as a qualitative researcher, I cannot separate my research from myself as a researcher (Dwyer, 2009). Due to my ethnic background, having been born and raised in Sudan until I married and then migrated to the UK, I felt that I 'belonged' within both sets of participants. The intimacy of qualitative research no longer allowed me to remain a true outsider to the experiences under study. Like the participants, I have had children and, as for many of them, I feel that being a migrant mother has impacted both my fertility decisions and my views on large families.

In Sudanese and Somali cultures, family planning is a salient area that may be discussed after marriage. The notion of large families as a preference is just as much at the forefront of my mind as it is in my Sudanese/Somali participants' minds. Gunaratnam (2003) argues that *'the matching of one social identity fails to take account of the dynamic interplay of social differences and identifications [...] differences of gender, class, age, disability, and sexuality'* (pp.83-85).

Most of the participants were Sudanese and Somali fathers and mothers in their 30s and 40s, and a few over 50, age groups with which I had no strong contact prior to fieldwork. Some were part of the Sudanese community group in Birmingham in the UK; others were part of other Sudanese communities in Birmingham who moved to the UK from other European countries. Furthermore, I have kept my distance as an insider within the Sudanese ethnic minorities and an outsider for the Somali ethnic minorities. With Somali migrants, as I am an ethnic outsider, they do not fear judgement or gossip (Gunaratnam, 2003, pp.97-98; Spellman 2004, p.40). This certainly helped me to gain a rich understanding of the social context of their family size decisions. On the other hand, I

shared the African origins, religion, and the Arabic language of the Somali community. As a result, the participants in both communities considered me as both 'insider' and 'outsider'.

3.6 Research Approach: Insider or Outsider Dilemma

Since my own ethnicity and cultural background was potentially a common point of discussion, the debate about the role of the researcher as an 'insider/outsider' in the research process seems relevant at this stage. There appear to be as many arguments for insider research as against it, and it is interesting that similar issues are raised in support of outsider research as against it (Serrant-Green, 2002, p.38). Specifically:

'for each of the ways that being an insider researcher enhances the depth and breadth of understanding of a population that may not be accessible to a non-native researcher, questions about objectivity, reflexivity, and authenticity of a research project are raised because perhaps one knows too much or is too close to the project and maybe too similar to those being studied' (Kanuha, 2000, p.444).

There are costs and benefits to be weighed regarding the insider versus outsider status of the researcher. Being an insider raises issues relating to the influence of the researcher's perspective, but equally being an outsider does not create immunity to potential influence from personal perspectives. Furthermore, being a member of the group studied can offer considerable access to the group, which would simply not be possible if the researcher was not a member of that group (Dwyer, 2009). The positive and negative elements of each position must therefore be carefully assessed.

One benefit of being a member of the group one is studying is that this shared identity can create a level of trust and openness in participants that would likely not be available to an outsider. Participants are more willing to share their experiences because:

'there is an assumption of understanding and an assumption of shared distinctiveness; it is as if they feel, "You are one of us and it is us versus them (those on the outside who don't understand)'" (Dwyer, 2009, p.58).

However, this assumption hindered how far I gained lengthy explanations because I had to elaborate and encourage participants to use their own words and reveal their own private experiences. I found that many participants were happy to speak about their family size decisions, parenting issues, pregnancy and the birth of their children; experiences that happened in the context of migration without extended family support or friends that they

left behind back home. My physical attendance meant that participants saw me as someone from back home who was willing to sit and listen. I became a trusted interviewer by talking about my own experiences as a student, how I overcame a language barrier to resume my education journey in the UK, and my family; as Oakley (1981) argues, '*an attitude of refusing to answer questions or offer any personal feedback would not have been helpful in terms of the traditional goal promoting "rapport"*' (p.49).

I found that some aspects of my cultural background (as a Muslim and an African), and my experience (as a migrant), helped enrich participant accounts, and enabled me to notice nuances and subtext in the language they used (Ritchie, 2010). This also helped me to make judgments about how to form questions that were sensitive to participants' culture, particularly when exploring complicated issues such as divorce, contraceptive use, and sexuality. In addition, I had an awareness of the importance of appropriate presentation and manner when approaching participants. My knowledge of Sudanese (and Islamic) culture helped me to be mindful of the way I was dressed (i.e., clothes that cover my body). Additionally, I respected conventions concerning eye contact; these assume that when you interview a man or an elder, it is better to avoid eye contact as a sign of listening and respect, while eye contact may signify asking for an explanation and more details. In general, I tried to operate using participants' own words during the process of data collection and data analysis and throughout all stages of the research.

Ritchie and Lewis (2010) argue that matching characteristics between participants and researchers may help in gaining access to particular settings or groups, or when encouraging people to take part in the research. In this regard, I used a Sudanese henna salon as an access location. I know that doing Sudanese henna is a time-consuming process, involving hours sitting in one place, so I managed to do one group discussion there, as well as several interviews. With the Somali community, the corner shops were very useful, as the shop owner herself assured participants that I was a researcher, introducing me to potential participants in her shop and at the nearby mosque.

During my six years of study, the research location became part of my daily life. I shopped, ate, participated in events (such as fun days for children), and attended prayer in three mosques, for people of different ethnic backgrounds. Interacting with people who attended the mosque that held the 'Khotba' Friday prayer in Somali/English, I was able to gain some

understanding of the Somali language, which brought me some respect, and allowed me to interact more effectively with my Somali participants.

3.7 Leaving the Fieldwork

Questions about intimacy and friendship within a professional practice are widely addressed in feminist debates (Watts, 2008; Jones, 2013). While Watts questioned whether the friendships that formed in fieldwork experience are 'real' or only 'friend-like', for Jones these friendships were not fake. In terms of continued contact with research participants, she mentioned that she was troubled by the thought that if she stopped visiting, she would be viewed as having got what she wanted and left: *'the very impression of "hit and run" research I had thought to avoid'* (Jones, 2013, p.72).

As for me, my appearance and background had a powerful influence on all of my fieldwork. On the one hand, as I explained above, it shortened the distance between me and the participants. Somali participants called me sister, Sudanese participants called me by my first name, and my repeated contact created a sort of relationship that developed through the research process into friendship. I saw these women and men who were among the first participants frequently during my research in the local area: at the mosque every Friday, and in their shops. I felt emotional towards these people when it was time to conclude data collection and leave the field, as did Jones (2013) who explained to her participants that her visits would now be less frequent as she moved to the next stage of her research. Similar to Jones, I explained to the participants who I met frequently (and especially those who played the role as the gatekeeper) that I was starting a new stage in my research, which limited my time with them. However, I was still able to visit their shops or attend social events with them. I still have contact with some of them and meet others occasionally while shopping or at the mosque: they smile at me, and shout 'Sister!', and treat me like an old friend. This makes me feel that I know my city more.

3.8 Summary and Conclusions

This research allowed the participants to have many opportunities to explain, explore and expand on their explanations of fertility practice and family size. Furthermore, it enabled Somali and Sudanese migrants in Birmingham to identify how issues such as migration, culture, religion, and gender interact or combine to influence fertility from the perspective of men and women alike. I invited parents within the Sudanese and Somali migrant

communities in Birmingham who had been in Birmingham for ten years or more. The rationale behind setting these criteria was to capture those who have experienced life in Birmingham and would be able to share their life lessons. This age range and length of stay in the UK enabled me to examine families at different stages in their lives and enrich the research, capturing broader insights from a range of generations. Within the two types of East African ethnicity in the UK, participants were also recruited to represent different population subgroups, to explore a diversity of perspectives and experiences.

Due to the nature of the research topic, I used two methods of data collection (semi-structured interviews and focus groups) to support the collecting of empirical data and answer the research questions. Adoption of these two methods of data collection enabled data interpretation to be robust and rich and secured an in-depth understanding of the phenomena under study. The principles of informed consent, confidentiality and protection from harm were highlighted and prioritised throughout the process of data collection and analysis. Thematic analysis helped me to capture and interpret common sense, substantive meanings in the collected data, as the next chapter will show in some detail.

CHAPTER 4

SOCIAL CONTEXT: MIGRATION AND FERTILITY NORMS

4.0 Introduction

Migration and fertility norms both within a migration context (the host society) and in their home country were considered quite differently through the participants' views, perceptions, experiences, terminologies, feelings and reflections. Practice theory as a theoretical framework sheds light on how the participants as individuals pass through life. They come into contact with different practices (migration) and, through these engagements, individuals come to understand the world around them and to develop a more or less coherent sense of self (Warde, 2005). From the participants I gathered during the fieldwork, I understood that such differences have impacted their fertility behaviour and practice. This does not, however, render individuals passive dupes beholden to the dictates of practice, but instead conceives of them as skilled agents who actively negotiate and perform a wide range of tasks in the normal course of everyday life (Southerton *et al.*, 2004). This does not depend upon educating or persuading individuals to make different decisions, but instead on transforming practices to make them more sustainable. As Warde (2005, p.140) notes, '*the principal implication of a theory of practice is that the sources of change behaviour lie in the development of practices themselves*'. Elias (2000) has argued that the relationship between host society and migrants can move from being a culturally differentiating one to a more accommodating level whereby individual migrants apply the host society's practices in response to their conscious decision-making, rather than as a result of any external obligations.

To understand the social context of family size for migrant communities, as Kibria (1993) confirmed, migrants do not reproduce their old cultural patterns in an exact way when they move to a new place. Nevertheless, these traditional patterns of behaviours continue to have a powerful influence in shaping family values and norms, alongside new patterns of behaviour that develop within the new settings. Kibria extended this point, suggesting that family members, by their gender and generation, acquire different interests. This further changes the ways that women and men, and young and older people, may seek to shape and alter their family patterns to improve their life positions, relationships and aspirations.

In my analysis, I therefore consider the individual as a decision-maker, who understands and processes their cultural values, religious symbols or their socio-economic position when approaching fertility decisions and behaviour. Fertility is an outcome of the interplay between structure and agency. This is based on three essential factors: knowledge of the situation, the duality of structure, and the micro-macro interaction. This study tries to understand these essential factors to explain the role of agent and consideration of agency in relation to both Somali and Sudanese migrants in Birmingham. The individual as agent in Giddens' '*duality of structure*' (1984, p.25) acts and interacts, considering the social system or community as 'rules', and not 'external' to them. In this situation, the individual focuses on their thoughts and efforts to respond to a problem, and this ultimately brings social change.

Giddens'(1979) theoretical approach emphasises that structure should be conceptualised as 'rules', and that the application of rules, which comprises structure, may be regarded as generating differential access to social, economic, cultural, and political resources. Giddens continued that understanding the rule means that one can use the rule 'to go on' in social life. He also discussed how to apply the right rules to particular social contexts. In my research, I perceive that in order to understand fertility practice in Sudanese and Somali groups, it is crucial to look at the rule and its application in this specific context. Given Giddens' application of the right rule to a particular context, and the understanding of the interplay of that crucial rule with fertility decisions and behaviour, Giddens' reflexivity is necessary for the participants because current context impacts relationships, including marriages, and fertility decisions no longer come with a set of clear norms and values, duties and responsibilities; instead, these need to be negotiated, particularly in relation to how choices relate to religious norms.

Similarly, studies of lived religion have shown that the meaning of 'being religious' or 'being Muslim' is interpreted by the individual. Fundamental to the understanding of individuals' agency, Mahmood (2005), for example, suggests that it is important to detach the definition of agency from ideas about autonomy and liberation. Mahmood (2005) focuses on understanding the agency of individuals whose identities may appear to oppose progressive western sensibilities. O'Brien (2015) and Ammerman (2013) discussed that when practising religion, individuals differentiate themselves from the religious authority and normative religious actions; while Ammerman (2013) explained that both people who are '*neither religious nor spiritual*' as well as conservative Protestants use

the discourse of being '*spiritual but not religious*', to distance themselves from approaches to religion they consider unappealing (p.275). I have to agree with O'Brien (2015) that some participants engage in discursive distancing, mainly about religions, by '*differentiating themselves from elements of their own religious lives and traditions*' (p.82), particularly those that stand most directly in tension with cultural expectation their current context cultural norms [in my research, this is the large family as a cultural norm]. Fertility practice is clearly impacted by everyday religion; therefore, fertility practice can never simply be private and is linked to the social contexts in which individuals live and act. This reflexivity is not completely free from the past, as Giddens argued that tradition operates as a structuring principle because it is a means of integrating present experience with the past. Reflexivity in this process is largely limited to the reinterpretation and clarification of tradition so that the 'past' retains a significant influence on the present and future (Giddens, 1990, p.37). I found that within the parameters of tradition, people brought change to their fertility practice and behaviour as a result of the migratory context.

During my research into Somali and Sudanese migrants, I did not come across one single informant who claimed to have chosen 'childlessness'. This echoes Letherby (2002) who argued that childlessness might happen for many reasons. The causes may vary from the biological condition of 'infertility' to the social condition of 'involuntary childlessness' (Matthews and Matthews, 1986, p.643). Judging from my fieldwork, childlessness was just a period before childbearing, unless it was 'involuntary childlessness'. 'Voluntary childlessness' is a taboo for most of the research participants, who think getting married and having children is a natural thing to do; therefore, 'voluntary childlessness' would be considered as a failure to live up to 'proper' Muslim behaviour and contrary to Sudanese and Somali cultural norms. Postponing of childbearing, on the other hand, is acceptable in many cases, such as for unmarried individuals (for religious reasons), or due to the stigma from divorce, for example. A Sudanese woman may be considered an irresponsible mother for having children from different fathers (more detail in the section on divorce), unlike men, as Sudanese society widely accepts men fathering children from different mothers.

In this chapter, I will start with how participants understood fertility norms and patterns in their migration context, and how they related and applied this understanding to their own fertility planning and behaviour. There will be three sections to this chapter. Section 4.1 draws on local perceptions to outline the ways in which participants understood fertility

norms and patterns in their migration context, including how they related and applied this understanding to their own fertility planning and behaviour. Section 4.2 discusses stigmatisation and family size, whilst Section 4.3 presents a summary and conclusions to the key themes and findings.

The focus is on the norms of family size in a migration context, drawing on migrant perceptions of what they consider to be host society fertility behaviour and family size norms as factors that may affect their decisions about their own family size. The chapter moves beyond participants' accounts of host society family size norms towards what they considered to be their local communities' (broadly, Somali and Sudanese migrants like themselves) perceptions towards their individual family size. This shift is made in order to deepen our understanding of family size by examining how the migration context and its impact enables or hinders women's and men's capacity to achieve their preferred family size. It also interrogates how far the whole description of family size norm may itself vary and evolve as a result of migration.

4.1 Fertility Norms and Fertility Behaviour

My research found that understanding the assumed norms of family size within the host society (British society, broadly) was one key contextual social factor to have impacted the thinking of the Sudanese and Somali participants when comparing this with their own fertility behaviour. There are identifiable differences in how participants experienced and understood fertility norms within the present Sudanese and Somali context and their environments back home. The participants' points of view and perceptions also showed that those identifiable differences related to their own fertility behaviour. Based on analysis and assessment of the empirical evidence, the most significant perceptions of family size for the Sudanese and Somali participants were seen in terms of the following three viewpoints or categories. Participants with the first point of view are those who see family size as a product of cultural norms and therefore view a large family as an integral part of their identity. The second point of view sees family size as the product of an individual choice, whilst those with the third point of view are those who view family size as the product of a norm in a given current context that does not contradict their cultural identity.

- **The first point of view: participants who see family size as a product of cultural norms and who view a large family as a part of their identity**

The first point of view is made up of the small number of individual migrants who considered that family size was not an individual choice but rather a cultural norm they must follow, equating this to an intrinsic cultural component of their identity. They classed small families as a product of western culture and western identity, as opposed to a large family that was seen as a part of their own culture through Somali/Sudanese or Muslim or African identity (it is difficult to separate the ethno-cultural tradition from the effect of religion). This in turn enabled them to hide or suppress the other component, that of their individuality. Mohammed (52, father of 6, Somali, interview) reflected that:

‘As Muslim and Somali, we love large family, a large family is part of our culture, being a father of many children is a part of our traditions and customs.’

As my participants state here, ‘being Muslim and Somali’ was a point of departure, where fertility practices and family size represent an ethno-cultural tradition or religion. (This depends on how far for an individual the perception of being a Somali and a Muslim overlapped with the perception of adherence to the specific fertility practice of a large family, as part of an identity, rather than as an individual choice.) Participants who were of this opinion viewed their choice of family size as representing an ethno-cultural group practice. For those parents, culture (or religion, as culture and religion tended to be used interchangeably by the participants) and ethnicity are key factors to motivate their decisions regarding family size and fertility behaviour. This group perceived their relationship with family size choices within a host society context as consisting of many cultural differences and contrasts. One such contrast was represented in their views about a large family having value and prestige. According to their belief, a large family not only meant a large clan, which is traditionally a source of power (especially among Somali participants), but it also signifies an aspect of their religious practice. While their current migrant context differs because a small family is a norm, shaped by what they called ‘western’ or ‘European’ culture, when it comes to fertility behaviour and family size decision-making, participants in this group consider that a large family is natural and aligns with their own cultural norm. They therefore believe that the large family norm has to follow, and any restriction of family size should occur only due to uncontrollable circumstances such as natural infertility or sickness.

However, another aspect of their view acknowledged that, although you could organise and prepare for this family size to some extent (more details in the next chapter), you could not totally plan it or decide exactly what size you want to have; people should have

as many children as Allah gives them. Participants recognised that fertility patterns in the context of migration can be seen through a different lens from what they experienced in their life before migration, due to the differing prevailing cultures. This difference in norms (between the preference, and norm, of small versus large families) has not impacted their fertility behaviour, or ultimately their own large family norm. This is despite large families not being considered appropriate within norms of UK family size; for them, following large family norms is important and represents a means to preserve their identity.

This approach underlies, for example, what Samia calls being a 'real Somali' or 'good Muslim' in the following extract. Samia (42, a mother of 7, Somali, focus group) seems to offer a reflexive narrative, sharing her experiences of fertility norms in relation to both the migration context and back home:

'We are different, in our culture, any person who able to married should married, any person who is able to have a child should have that child, taking care of a child is blessing and reward work in this life and after you cannot have a child out of marriage, you cannot leave your child and run away, you shouldn't be afraid to have a child because you have low income, you are not free to have a child with anybody you want, that child have right to choose a good mother or father for him, see all these and more are cultural value you have to follow if you are good Muslim or real Somali person, everything is different in our culture if you raise one daughter in good manner until she married you will entered heaven at the day of judgment.'

The discussion with Samia revealed details around how she felt about fertility norms in the context of migration. In relation to family size, she explained that her views about size were primarily determined by culture (Islamic and Somali), while she saw the western cultural preference for small families as being a contradiction. She thought that in the UK many people evaluate the costs and benefits that, in many cases, motivated a sense of planning and decision-making around childbearing. Samia believed that specifying a particular desired family size was not an option. For herself, she had practised contraception and building in gaps between her children but held the view that how many children she will ultimately have is out of her control and in God's hands. There is a potential contradiction between her views about family size and contraceptive use (more details follow in Chapter 7). It is clear from Samia's narrative that, despite practising some 'planning' and activities to build gaps between her children, she very strongly rejects 'planning' as a concept. Although childbearing might have happened within many forms of relationships, in the current context for this group, rearing children through marriage offers

the main way to achieve ultimate good for the whole society. In this way, a large family is an integral part of their associated cultural identity.

Aside from their beliefs and religious teaching, participants reported that they did not expect any financial return from their children, other than God's blessing and acceptance. However, some added that if a person cared for their children and provided for their needs, the children would in turn care for them when they needed it most, such as in old age. They viewed this cycle as a consequence of having a child rather than as a motivation to have the child. When I asked my participants to elaborate on this, they explained that the large family has also been impacted by religion and 'our local cultural values'. (Somali/Sudanese participants often used the words 'tradition' and 'custom' when they talked about what they considered a part of the culture and not a part of their religious teaching.) Examples include this sense or understanding that children (who have social and economic value) have an obligation to stay with and maintain their parents financially once they are adults, and to take care of those parents 'when they are old'. It is clear that children do have an economic value, as Amena (48, a mother of 8, Sudanese, interview) argued:

'We do care about having big families and when our parent gets old, there will always be somebody from the family members to look after them. In our culture the older you grow the much respect you gain. In addition, in Islam children has obligation to combine their fathers and mothers [stay/live with them in one place and serve them] when their will get older. In the western society, most of the children grow independent from their parent which is not natural.'

In this context, the contrasts and the differences not only concern the exact family size but also include the family structure itself. The family norm is one in which, in their old age, a parent will be cared for by their children. In Somali and Sudanese culture, a child can face social stigma for being a bad son or daughter (to the extent that they are considered to have disobeyed religious duties) if they fail to undertake their parents' personal care or live in the same home to take care of them. It is interesting to see how these issues can be viewed from totally different perspectives: moving to a new context that offers social care of elderly people and gives old people more independence than in previous contexts, versus seeing parents moving to their children's houses as a natural step, despite a different social and economic environment (e.g., social welfare systems, size of houses etc.). This study revealed that participants in this group wanted to preserve their own

culture, seeing fertility norms in a migrant context as representing significant change and challenge to such heritage.

This group classified a small family as belonging to western/UK culture, as distinct from their own large family that was very much a part of their Sudanese or Somali Islamic culture. Within the pattern of large families, a minority of participants considered it a deep and intrinsic part of their cultural identity. An example of this can be seen in the views of Ali (45 years old, a father of 5, Somali, focus group):

'I wanted to have big family to increase the 'Umma'. Due to our religion and our culture, we always had big family and always would have. Since we are Muslim, our prophet advised us to maintain the increase of humanity through giving birth to many children and by doing so we can extend the Muslim population among the world. For me, the people who did not have big families were not following the 'Sunnah'. Unlike Muslims, the other people see big family as a burden that reduces their chances to enjoy their full life. In contrast, Muslim people believe that giving birth to many children would lead to develop and sustain human life.'

It is clear that among participants, and in the same focus group discussion of which Ali was a part, an understanding of family size as a representation of a cultural or religious norm has different interpretations, although they all drew on traditional (unchanged) Islamic teaching and cultural norms as their primary motivation for decision-making regarding family size. This different interpretation of Islamic teaching was made in relation to how cultural norms manifest themselves as differing outcomes, in terms of family size decision-making (more on this in the Fertility practice, religion and culture section). This group includes participants who share the point of view that fertility cultural norms/practices not only encourage a specific childbearing norm but rather a specific 'fertility' norm and practice, therefore self-identifying as preservers of culture. Participants adopting this stance recognised that the current (host) context has its own different fertility norms, but they are either oblivious to this difference or they do not recognise it as legitimate to their lives. As Bornstein's (2013) cross-cultural research indicated, each cultural group holds different beliefs and engages at times in behaviour that may be normative in their own culture, but not necessarily so in another.

Since my research does not always attempt to find actions that challenge structural or cultural constraints, Mahmood's accounts of agency are especially valuable to show how agency exists within structural and cultural limitations, not outside them. In Mahmood's study on the female mosque movement in Egypt, she argues that agency must be

delinked from '*political and moral autonomy*' so that social agents such as her participants (intentionally pious and self-restricting subjects) can be seen as agentive even in their embrace and fulfilments of social constraints (Mahmood, 2005, p.7). In this sense, agency is not equated with a movement against tradition and norms. Participants in this category see themselves as followers of tradition and norms and perceive large families as part of their cultural identity; they exercise their own agency to keep the normative social and religious expectations alive. Mahmood's understanding is particularly helpful in my empirical analysis of this group as it helps to open up the potential for subjects to express agency in the course of, rather than only in opposition to, normative practice. In this group participants actively embrace large family practices imposed by tradition and religious norms and emphasise their own efforts to do so.

- **The second point of view: participants who see family size as the product of an individual choice**

Family size was seen as the product of an individual choice by the second group; this represents the largest number of participants who thought quite differently about family size norms and family structure back home. One common occurrence in my interviews was that whilst a family size norm was perceived as a product of culture and religious teaching for the people who held the first point of view, described above, for people holding the second point of view, a family size norm was identifiable as an outcome that evolved out of different lifestyles and everyday life practices rather than one representing any cultural identity or linking to one specific cultural practice. Yet even in this scenario, for some, a family size norm was interpreted as being unacceptable. In other words, while in the current setting the practice of family size (generally a small family in the UK) was accepted as a viable choice for Sudanese migrants, the Sudanese migrants nevertheless rejected the possibility of adopting that practice themselves. This rejection was not because large families were a cultural norm that they felt they should preserve, rather it was that their family size was shaped by their own individual circumstances and choice. For these participants, drawing on comparisons between home and host countries, both family size and family structure can be viewed as products of individual choice; they believe that more diverse family sizes and family structures can be opted for, and they chose to make closer, more explicit comparisons between UK norms and families back home. Layla (42, a mother of 4, Sudanese, interview) noted that:

'The day you put your feet on the ground, you can realise the differences between your home country and the UK. In my country, all houses were occupied with family and a few were occupied by single men that were usually worked away from their families. It's not usual to find or to see girls live alone unless they are students living on a student accommodation. In UK, family is small and take many forms.'

As a result of the differences in individual choices referred to by participants, in contemporary UK society there is an increasingly wide range of different family types and family sizes that are not always seen as relevant or acceptable by migrants. Khalid (32 years, father of 3, Sudanese, interview) explained that:

'For me marital status saves all my family member rights, and for me limited or extend my family is my choice, but postpone having children, or having children out of marriage is not a choice for me.'

For example, factors such as their identity as migrants impacted their individual choices, particularly their status as migrants who had left extended family behind. Overcoming a sense of family loss and loneliness after migration has also been expressed by some Sudanese migrants (more details in the Family and Parenting practice section). Another influencing factor on family size decision-making was the previous political and social context, especially for Somali migrants, many of whom were conflict zone survivors (Hammond, 2013; Hammond, 2010). It is understandable that fertility-limiting strategies are unappealing to this ethnic group, due to a sense of 'replacing' deceased children and families, and a migration context that offers certainties about their future and hope for an eventual return. Being a war survivor may partly explain the high fertility preferences among migrants. Ahmed (age 32, father of 3, Somali) recognised that, in the UK, people tended to have small families and acknowledged that he could not see any cultural value attached to large families. Despite these factors, he felt a large family was desirable because children are a key part of the wider family and clan. Also, in terms of a transnational connection between the migration context and back home, having a large family is a manifestation of good social status among their community. This gives Ahmed a sense of achievement, especially if there are academically successful or talented children. This will increase his hopes of fulfilling a responsibility to help people back home, or to lead change there one day, as he expressed:

'They bring joy and pride to you and to your family, to Somali people. As migrants, we travelled long distance to make change to our own life, to our people life back home. Relation between us and our children bring commitment (financial responsibilities) from our children to other people back home, like aunt and uncle

and via verse. Our sons also have financial responsibilities towards their sisters if their fathers are not able to do so, even if they are younger than their sisters.'

This informant explained that while a large family is considered prestigious back home and brings good social status, it is also common that the value of a child extends beyond its parents, to the wider community and extended family. Brothers and sisters, therefore, help each other and extend that help and support to the family in their home country. They do not believe that this is the norm in the host society. This interpretation of small family norms was a norm that could be integrated within any different culture in their current context. However, this is not the norm they adopted, despite the fact that this UK notion of a small family could align with their individual choices; they see no contradiction in principle between being Somali/Sudanese or Muslim and adopting a smaller family than they would in their home country. A small family, in their view, may or may not comply with their needs, given their status as migrants. In this sense, small families that aligned to family size norms within the host society, in many ways could satisfy individual needs consistently within specific structural factors. Despite this, the participants saw themselves governed by transnational family ties, each having an impact on their family size.

Strathern (1992) asserted that English values of 'individualism' greatly value self-reliance and autonomy as opposed to dependence on others, especially one's own kin group. As a result, within general English society, there are no specific rules of conduct or obligation among kin, but simply informal 'guidelines'. Whatever their motivation, participants in this group thought their fertility behaviour and planning were primarily shaped by their individual commitments towards family in their home country, together with their needs in the current migrant context. They believed that, rather than be influenced by host country fertility norms (see more detail in the following sections), their migrant experience had a greater impact.

- **The third point of view: participants who view family size as the product of a norm in the current context that has no contradiction with their cultural identity**

The third point of view embodies a group of migrants who expressed opinions that people making decisions about their family size should establish the norm for family size within the current context of their life. This group recognises the differences between the two forms of family size, and their action to adapt to their current (UK) context with a smaller family came through their own interpretation and understanding of this particular norm

rather than their own individual needs, unlike the second group. Participants here view migration and the introduction to a different family size norm as making them more open to such family size choices, as well as helping them reflect on wider parental practice. They consider that small families are a new norm that is practical and modern. They see how the new context and time create its own needs and everyday life differences (a different context, different children's needs, different parents' needs). One participant, Anwar (46, father of 2, Sudanese, interview), reported that:

'I looked behind the tradition and culture in my current setting and I tried to understand them. I studied family size for those surrounding me in everyday life, and got to interact with them, I thought I gained more objective understanding of family size and how that related to the everyday life activities. The understanding of the norm of family size encouraged me to review my own culture and look at many issues from the point of view of different stand. This helped me to review my own decision regarding my family size.'

For this participant, two children are the preferred family size and shape in the context of migration. He sees that a small family is a norm in the current context for logical reasons and fits well with his current family life in the UK and beyond. This is something that he sees is necessary for all migrants to adopt. For him, religion will always call for the importance of marriage and children but does not have to specify any preferred family size (more detail in Fertility practice, religion and culture section). Sudanese culture values the large family for economic and social advantages, for its own contextual need; however, in general, participants in this group were like Anwar, accepting that there were some differences in family size between those living in Sudan and the UK. In adopting a smaller family, Anwar believed this choice to be acceptable and fully consistent with his current modern context in the UK and beyond. It is, however, still important to note that he made these choices in a mindful, selective way, aiming to preserve and not weaken his overall sense of cultural identity. In this way, participants challenged the directly religious/cultural assumptions surrounding larger families (more on this in Fertility practice, religion and culture) and focused more on parenting practice through which children maintained cultural identity, than on large families to preserve a cultural norm in the current context.

A majority of participants were willing to accept the norm of a small family, not viewing it as a contradiction to their culture or identity. However, when making a choice about their own family size, in many cases the participants stratified their individual needs and placed the emphasis on cultural belonging. The majority of this group had not only extended their

knowledge and thinking around their own culture, reflectively and critically but highlighted their identity as parents who demonstrated an openness to understanding the norms of family size inside the host society. They did what they thought was best for their children and their family (there is further discussion about these views in the Family and Parenting practice chapter). Many participants referred to parenting practice in the UK and everyday life needs. Ayan (38, a mother of 3, Somali, focus group), reported that:

‘The question that always came to my head why the people in the UK have small family? This question had been answered by my experience of the everyday activities, and the everyday caring responsibilities, by the unlimited commitments and requirements. This had made me realised that the family size of any Somali sister should be limited to one or two children just like majority of people originally from this country. Unlike my mom and my older sister, we are now more open to discuss family size than ever before or even to follow blindly the norms of UK culture.’

To extend this discussion, the debate brought forward by participants indicates that an understanding of family size as a cultural practice is set within a specific cultural setting. The participants have each been in the position of being agreed or disagreed with and having to adopt or not adopt a particular family size as a cultural practice, whatever they felt was best for them. The majority of participants considered this norm an individual practice that could be adopted in ways that did not wholly contradict or conflict with their cultural identity. Other people’s attitudes to their family size also had an impact on them, and some experienced direct stigma, depending on the behaviour and views they decided on and displayed.

4.2 Stigmatisation and Family Size

Different choices of family size are considered by some to be deviant. Falk (2001) argued that being deviant in a sociological context means labelling ‘*others who deviate from the expectations of a group*’. Some participants had faced stigma, severe social disapproval of a person or a particular trait that indicated their deviance from social norms (p.13). The position of deviance is complicated by the diverse contexts and identities they inhabit; they are UK residents living within the cultural context of the Sudanese/Somali diasporas in the UK community, with extended family in Sudan/Somalia. In this study, many female participants, compared to very few males, discussed how they had experienced stigmatisation. This is similar to findings in Muller and Yoder (1999), who considered this a result of women’s responsibilities across cultures in Europe and Africa. For instance,

women were more likely to need to justify themselves, as children tended to be with them rather than with their husbands. Women also invariably acted as the main caregiver for younger children, from conception through the breastfeeding stage to the pre-school years.

The ways in which the participants coped with tensions between family size prescriptions (of host society norms and Somali/Sudanese norms), and made their own choices of family size, raises yet more questions. Participants with larger families often reported being stigmatised (experiencing negative stereotyping based on their family size), and I chose to explore the interplay of ideas and experiences around stigma and stigmatisation. Falk (2001) concludes that *'we and all society will always stigmatise some condition and some behaviour because doing so provides for group solidarity by delineating "outsiders" from "insiders"'* (p.13). This stigmatisation could lead to discrimination (for example, the poverty of a large family could be perceived as a result of poor choices) or racism; these featured strongly in participants' narratives around their family size and their attitudes towards childbearing. Entisar (45, a mother of 6, focus group), shared how her family of six children – which represented a normal family in her home country – had been labelled as a non-normative family size in their current migrant context.

'When I was doing English, the teacher asked us to speak about ourselves, when I said I am a mother of six, the teacher and some people in my class was surprise, their reaction was like 'wow big job', 'how do you do that?', every time I have to tell someone, how many children I have, I find people around me react in way that make me uncomfortable, find myself explained to them that myself is a part of a family of 13 back in Sudan, and I am granddaughters of grandfather well respect of being as we say in Sudan 'grandfather of hundred, and the father of ten' to indicate high status and successful large family.'

For Entisar, who came to the UK with her six children, in addition to her experience of stigmatisation, her view was that it was not appropriate in her situation as a migrant to have as many children as she did. She felt this way due to the lower value the host community attached to larger families compared to smaller families (in comparison to back home, where a large family gives a sense of pride, as discussed). Despite these factors, Entisar made clear that she had never regretted her choice of such a family size. My analysis found that a majority of participants recalled several negative stereotypes in respect of their family size. Issues that were reported included, for example, the assumption that in large families' children do not get enough attention from their parents, and that children in a large family are disadvantaged in terms of time and resources

allocated to them and are not expected to perform well at school or behave well in general. A further consideration was that large families drain public funds (more details on this in Chapter 2). As Fatima (38, a mother of 5, Somali, interview) explained:

‘My child was involved with other children in our neighbourhood in fight, the mother of the boy that hit by them, came to me and said what it means, I know you are pregnant, and you have a hand full of children, but you have no excuse, if you want to have children, you have to teach behaviour them.’

Fatima experienced considerable interference in her private life. Her neighbour gave numerous negative signals hinting that her son lacked discipline and behaved badly as a result of family size, and Fatima received general inappropriate comments about her family size and her pregnancy. Stigmatisation is shown to emerge in both Sudanese and Somali communities within the UK. Sudanese migrants tended to report being more stigmatised than Somali. This might be because many of the Sudanese participants consider that a family of four children is the largest size acceptable by the host community, while Somali participants in many cases avoided specifying what they mean by a large family and considered four children represented a small family. Many questions evidenced stigmatisation by the host community, particularly those asked by neighbours and fellow patients in maternity wards. Inappropriate questioning from the host community, about people’s motivations in choosing a big family, included the following examples: ‘did you try to have a boy or girl?’ and ‘with all your children of course you are not working, are you working?’. Other expressions emerged from inside their own community diaspora in the UK, such as indirect comments made to Farha (45, a mother of 10, interview), who explained:

‘One of my neighbours, told me that: benefit rules are changing, and she wonder how a big family will survive. I don’t like the way she talks, I told her in my country we don’t have benefit, maintenance (Rizg) come from God, we consider our children are our benefit. One day just like what my husband do now, all my children will work and bring food to this house.’

It is clear that whilst a large family is the norm in Somalia (despite social and economic structural factors such as war or poverty), among Somali migrant participants a few also faced stigmatisation from their own migrant community. This may be due to large families still being very popular among Somali migrants (more about this in the Family Value and Fertility section). In contrast, there is a trend among Sudanese migrants for a maximum of four children. When I asked my Sudanese participants why this was the maximum, the

answer was always to try to maintain gender balance between their children (two sisters and two brothers). In some cases, where there were three girls and one boy, or a family of four of the same gender children, the Sudanese participants still showed commitment to the four-child family. They considered that going over that number was risky because they could be treated with derision. Farha's decisions and behaviour relating to her family size were also not free of stigma even among people who were aware of her cultural background, and she was the only Somali informant who reported being stigmatised by a Somali person like herself. That person had referred to welfare benefits and considered her a 'state benefit seeker'. Kamal (52 years, father of 6, Sudanese, interview) was in a similar position to Farha. He put it like this:

'I feel bad when a person asks me questions like, 'how do I manage to look after all of them?' or 'How am I very brave to have such a large family in this immigration context'. Earlier, I didn't feel embarrassed and answered these questions with love but now I begin to concern, though I believe that my children are the best thing happened to me in this life. My children and the whole family are blessed to have such a wonderful life.'

After some recent UK benefit reforms, Kamal felt that many people around him started to question his family size as if his decision-making had been motivated by the welfare benefits. For Kamal, who moved to the UK with a family of four children, he felt that he needed to explain that his family size choice was not motivated by the social welfare system, rather that the system helped him to achieve his desired family size. The evidence generated from this study suggests that exploring the broad issue of decision-making and choice of family size can vary from direct questions asked in order to understand fertility behaviour, to actual suggestions regarding contraception. Radia (age 36, a mother of 5, interview) recalled that the nurse once asked her 'why are you pregnant though your child is still young?' and then commented that she should '...be careful since this is not Africa'. Throughout discussions with participants, the stigmatisation of large families has been evident, from broadly negative attitudes to inappropriate use of expressions to describe parents with large families. This is consistent with Muller and Yoder's (1999) findings; their study found that descriptions included 'irrational', 'ignorant parents', 'non-educated' 'state benefit seeker' or 'lack of contraception awareness'. These comments appeared to summarise how the participants, as parents with a large family, perceived how they were seen. For example, as Maha (42, a mother of 5, interview) explained:

'I was talking to my friend (who Sudanese also), she thought I look pale, I said I am pregnant, she told me if I am pregnant that I will be irrational to do such thing.'

Maha later commented that when she restricted her family size to five, her decision not to have another child was partly shaped by that friend describing her as 'irrational'. Maha considered that many people negatively stereotype large families, and it was clear that her friend disapproving of her family size did impact her decision to some extent. Throughout the course of discussions with participants about their experiences, it became evident that the majority of interviewees had faced some positive, but more negative, attitudes from others towards their family size. In some cases, a strong pressure to limit their family size had been placed on people by doctors, friends, neighbours, and sometimes even family back home through various contact and communication methods (skype, phone, etc.). This included, at times, their own parents, as Amani (aged 38, a mother of 4, interview) described:

'My mom said to me 'you are in a country that is known for its reputation in education. Having another child means that you say goodbye to your chance in getting a postgraduate degree or a job. You are not in Sudan, it's difficult to find people who can support you and look after your children, to go to college'.'

Amani's mother in Sudan was clearly not happy when told (in a skype video call) that her daughter was pregnant with her fourth child. She advised Amani to invest in something more useful like education. Her mother framed her daughter's decision to have another child as an obstacle and a circumstance that limited her opportunity to gain access to a better life. This conversation set a challenge for Amani, who was working hard with three children at school on the one hand and being pregnant and studying on the other.

While different participants have placed different emphases on different aspects of stigmatisation, there are also common characteristics and similarities recognisable across the whole group of participants who faced negative stereotyping over family size. Stigmatisation both within the current context from the host society, and from the migrants' own community (in participants' own views) overlapped in terms of assumptions around family size norms: parents not being economically productive, dependency on public funds, and doubts about children's wellbeing due to a lack of quality care. Another aspect of stigmatisation links to perceived misuse of the opportunity for self-development that migration brings, together with a lack of awareness (ignorance) that challenges the whole notion of childbearing within a migration context. This perspective is widely expressed

among Somali/Sudanese migrants who impose stigma on any parent in their own community with a larger family.

- **Stigma surrounding one child**

Not only did large families generate this negative stigma regarding family size, but it is interesting to note that small families, such as having a family with only one child, also provoked intrusive and inappropriate questioning regarding the parents' choice, especially among people from their own ethnic background. Enquiries ranged from simple and frank questions like 'why do you only have one child?' to assumptions around infertility or conception difficulties, such as 'why not try to get medical help, it is very advanced these days?' and 'why only one child, that is unfair to your child?'. This prejudice has also been recorded in the UK. For example, Muller and Yoder (1999) found that negative attitudes were expressed towards having only one child, suggesting that life without a sibling represents a selfish act and results in a spoiled, unbalanced child. One participant, Hadia (42, a mother of 1, Sudanese, interview) expressed an alternative view that a non-normative societal family size choice like deciding to have one child could in fact be more acceptable in an immigration context. She spoke about her own experience, arguing that despite the fact that people from her ethnic background in the UK had at times questioned her choice to be a mother of one child, she nevertheless felt like they were more accepting of this decision than her extended family in her home country. She felt that this was because they too had experienced a society where childless families and one-child families were fairly normal. Most of these pressures come because of considerations that being an only child may affect the child's wellbeing. A great deal of value is attached to sisterhood and brotherhood (I discuss this later in the section Family Values and Fertility Behaviour). Hadia also mentioned negative stigma towards her one child; in many situations, she had received a compliment about her child that also bordered on criticism, with people saying that 'your daughter is independent, for an only child, that's really good, well done' or 'she needs a brother or sister, otherwise she will be selfish'. Whilst for Hadia being a migrant has freed her of having more children for the sake of the extended family or family-in-law, sometimes when Hadia and her husband attend community events, she still feels that most of the women criticise her for having one child. Some have joked about this, saying 'Hadia, the mother of one became Khawjia (more like white women)'. This implies that they viewed her family size as matching her current host context, far from their own family norms as migrants. Hadia also compared herself to women with the same

small family in Sudan who would probably face greater pressure to extend their family, for example, being pushed to seek medical advice. Men are also advised to take another wife (if a woman has a conception problem). This contrasts with the approach to male fertility problems, when the advice to women is usually to be patient and to keep her family together – this is because of the stigma attached to divorced women in some communities.

While having one child could be a reason to face stigma, some issues discussed in the focus group concerned childlessness and the stigma surrounding it, especially among married women, regardless of whether the childlessness was voluntary or involuntary. According to my participants, whilst a woman was seen as ‘fruitless’ a man was seen as ‘unfortunate’, regardless of whether childlessness was involuntary or voluntary.

- **Stigma surrounding childlessness**

For both men and women, involuntary childlessness back home in Sudan or Somalia might lead people to accept the offer of a child from a close family relative, usually from a brother or sister; for example, one of my participants (Saria, 45, a mother of 4, Sudanese, focus group) was raised by her uncle as he has no children. When she was two years old, her mother gave her to be raised by her brother as his daughter. Saria reported:

‘I was raised by my uncle, despite my father was there, I know that he is not my biological dad from my early childhood, I have two dads (she smile), my dad who visit us (biological dad) and my dad who I live with’.

For Saria, her family size was impacted by the relationship between her mother and uncle. Saria had experienced how her mother and the rest of the family felt a deep sense of sympathy towards her uncle because of his ‘involuntary childlessness’, to the extent that her mother offered him Saria to raise as his daughter. She valued the bond between her mother and uncle, and she wanted her children to experience such a relationship (more details about sisterhood and brotherhood in the family and parenting practice chapter). She also felt that her own parenting of her children matched her uncle’s parenting practice towards her.

Voluntary childlessness, on the other hand, is seen as going against the ‘sunnah’ religious tradition and customs; from the participants’ perspective, progressing to parenthood is an important part of their identity and therefore the question about how many children one should have been an open question. However, childlessness among migrants is far

beyond the scope of this study (as my focus is on parents who have children) and merits further investigation elsewhere.

Next, I discuss the impact of stigmatisation on family size. Many other participants used the same phrase or expression – ‘you are not in Sudan /Somalia’, or ‘you are not in Africa’ – to report how others had reflected dissatisfaction with their large family decisions. Nonetheless, the responses of many of those participants were quite varied. For Radia (age 36, a mother of 5, interview), the comment ‘you are not in Africa’ from someone she considered ignorant about Africa (a UK nurse) brought an uncomfortable sense of intervention in her private life, and she changed her GP to avoid seeing that nurse again. Identical words were spoken to Amani as advice from her mother, who had her own understanding and expectations of her daughter as a migrant, although she continued to live back home. However, both identified that external dissatisfaction with their family size choices negatively impacted their desire to have more children. As Amena (46, mother of 7, interview) shared:

‘We never go on bus, as whole family together, my husband and I share our children between us, we go separately, because I feel that people count us. I came to the UK with my youngest child at the age 36 and then I decided to take pills, though I was still young and, I could have had more children, but I felt that life in the UK was new for me and very different from where I had been, so I stop bearing children.’

Amena also reported that she does not, as a rule, take all her children with her, instead, she and her husband divide them into two groups. When asked to explain why, she replied, ‘you know, people in the UK don’t like a big family and this is not normal for them, not like back home where having a big family is prestige’. While many of my participants were clearly satisfied with their family size, a number had experienced negative stigmatisation over their decision-making about their family size. This negative attitude was particularly shown by two groups of people, those who are members of the Sudanese community like themselves, and those who are outsiders. (I noticed that only one Somali participant said that she experienced stigma from Somali migrants, the rest indicated that large families among migrants is considered a blessing, and usually encountered a positive attitude from Somali migrants like themselves.)

4.3 Summary and Conclusions

One of the four hypotheses exploring the link between fertility behaviour and migration, discussed earlier in the literature review, is the hypothesis of socialisation. This socialisation hypothesis relies on the assumption that the fertility behaviour of migrants reflects the fertility preferences and behaviour dominant in the migrants' childhood, and that this influence will account for any changes in their pattern of fertility behaviour. Furthermore, the similar fertility behaviour of migrants to that of their destination or host community (adaptation) is only expected to take place after at least a generation (Milewski, 2007; Kulu, 2005). However, in this study, it is clear that participants' interpretations of family size norms and how they see themselves with regard to such fertility practice and norms is one significant factor that has impacted their decision-making around family size. The interpretation of fertility behaviours and practices, and reflections on fertility norms within a context of migration, are crucial to understanding to what extent this explanation accounts for, or impacts on, migrants' family size practice. As Giddens explained, social structures are both constituted by human agency, and yet at the same time are the very medium of this constitution of self-identity. Giddens (1991) argues:

'A person's identity is not to be found in behaviour nor – important though this is – in the reaction of others, but in the capacity to keep a particular narrative going. The individual's biography, if she is to maintain regular interaction with others in the day-to-day world, cannot be wholly fictive. It must continually integrate events that occur in the external world and sort them into an ongoing 'story' about the self (p.54).

Very few participants were in the first group, equating large families as a part of their cultural identity, and keen to keep this narrative going, widely attached to social structure back home. They believe that the large family norm is a norm they must follow as an aspect of their religious practice and religious identity, and any restriction of family size should only occur in circumstances beyond their control (e.g., infertility). Subjects here can be seen as agentive even in their embrace and fulfilment of social constraints (Mahmood, 2005, p. 7).

The second group contains slightly higher numbers, especially among Somali participants. This suggests, first, that war and mass displacement are both structural factors in the current and past context, which may strengthen their attachment to larger family practices or norms; and second, that a family size norm was identifiable as an outcome that evolved out of different lifestyles and everyday life practices rather than one representing any cultural identity or linking to one specific cultural practice. The third point of view shows

explicitly how events that occurred in the external world (migration) could be integrated into fertility practice. The participants here view migration and the introduction to a different fertility practice and family size norm as making them more open to such family size choices, as well as helping them reflect on wider parental practice, and they consider that small families are a new norm that is practical and modern. They feel that small families are the only rational choice that will help them to preserve cultural identity and benefit their child and themselves as a parent.

In many situations, different choices of family size are considered by some to be deviant. Participants experienced negative attitudes towards large families, which tended to portray the parents as ignorant to the distress and challenges associated with rearing such a big family and therefore implied that it is an irrational choice for a migration context. For those outside the Sudanese community, the main stigma was located around parents not being economically productive (because of their family size) or being dependent on public funds, plus, a stigma about children's wellbeing. Those participants who faced stigma reported that these negative attitudes towards their family size had impacted them, especially influencing future actions around what they considered to be the 'large' size of the family. This does not depend upon educating or persuading individuals to make different decisions, but instead on transforming practices to make them more sustainable. As Warde (2005, p.140) notes, '*the principal implication of a theory of practice is that the sources of change behaviour lie in the development of practices themselves*'. Participants on the whole, however, considered that their family size decision-making went beyond negative attitudes and stigma, and they showed great love and a strong commitment to their family size.

While participants understood fertility practice as a norm shaping their attitude to family size, it is obvious that socio-economic dimensions have significant effects on fertility; more in-depth research was required to achieve a better understanding of how economic issues impacted fertility practice and behaviour. This is the focus of the following chapter.

CHAPTER 5

ECONOMIC ISSUES AND FERTILITY AMONG THE SUDANESE AND SOMALI MIGRANTS IN BIRMINGHAM

5.0 Introduction

The general aim of this chapter is to discuss economic issues and fertility among Sudanese and Somali migrants in Birmingham. By drawing on their reflections during the empirical field study, this chapter attempts to discuss the Sudanese and Somali participants' perceptions of economic issues and fertility. Since the term 'economic issues' means different things to different people, I use the term in this study broadly to include ideas about employment, childcare, and money.

This chapter is divided into three sections. Section 5.1 presents the perceptions of Sudanese migrants in connection with economic issues. This is followed by Section 5.2, which includes the perceptions of Somali migrants regarding economics; finally, Section 5.3 provides the summary and conclusions.

5.1 Economic Issues and Fertility

Economic issues were at the forefront of participants' accounts of fertility behaviour and decision-making for both Somali and Sudanese participants. In general, social practice is associated with changing patterns of economic conditions, and migrants are no exception. Since these changes can lead to different practices by migrants, they sometimes result in role changes. The practice of agency is impacted by social norms and economic issues: as Cohen (1986) argues; social action, for Giddens, is enacted in social practice, the local production of praxis, and reproduction of practice. This includes the material conditions in which social actors interact and social and material environments that both enable and constrain social action. Many previous studies have focused on the association between fertility, socio-economic status, and welfare (Brewer *et al.*, 2012; Adam and Brewer, 2004). Stone and Berrington (2017) have also provided some evidence that marrying younger among lower-income backgrounds and being in receipt of a higher level of a family allowance appear to be associated with progression to higher-order births, and that fertility behaviour and welfare receipt are interrelated. In their study, however, Stone and Berrington (2017) outlined the challenges of making any inferences regarding the causal direction of these associations (p.25). In my study, many participants described

themselves as low-income, and so economic issues in fertility were at the forefront of their thinking and reflections.

Economic issues were seen by participants as one key factor impacting their fertility behaviour and decision-making. However, the participants were reluctant to speculate about how far there was a specific time when they felt economically ready to experience parenthood. During the course of data collection, participants were prompted to answer different questions, such as what it might mean to be financially/economically ready to have a child. Most participants reported that their economic readiness was linked to their employment status and money issues. This was especially the case for men. Indeed, many participants touched on a husband's employment and financial capacity as key factors in forming a family. There were also a few comments about the economic and employment status of a wife. In the literature (Townsend, 2002), men's full employment and their ability to provide family support are generally highlighted as key aspects of masculinity. The participants' narratives point to these same factors as being important to them. Here, both men and women consider the role of the man as breadwinner. However, the new context of migration appears to have impacted gender roles, as a man may well no longer be as engaged with paid work. The rationale for separating economic and gender issues here is that I have taken a thematic approach. Despite the commonality between the two communities, there are ambiguities in their linking of economic issues to fertility and these different paths in economic gender roles influence subsequent fertility decisions.

5.1.1 Sudanese migrants and economic issues

This study has uncovered a wide range of economic factors when interviewing different categories of Sudanese participants, including men and women who were unemployed, still working, or intending to find/go back to work (part-time/full time). For example, Meyada (32, a mother of 3, interview) expressed that:

'In our culture, the man who doesn't work and take care of his family financial responsibilities for whatever reason is not a good man for our women, if the husband failed to find a job, all members of the extended family offer their help to search for a job for him, at the end he needs to get a job to be qualified as a husband.'

Similarly, Rasha (44, a mother of 4, focus group) explained that:

'In the Sudanese community, the importance of work to the man status is no exception especially in the eyes of his family and in performing his role as a dad.'

The same participant explained that an unemployed husband in the migration context brings tension and instability to every aspect of his daily family life. One of the participants went even further: Abdu (54, a father of 4, focus group) explained that it is good if both women and men are engaged with work since working is one of our religious and societal values. For Muslims, 'work is worship to God'. He thought that, in Islam, men should be responsible enough to save money and get ready economically before they become fathers. In Sudanese culture, many participants argued that working women should not be in the position of taking financial responsibility and being the main breadwinner for the family, because they believed that being the main breadwinner was the sole responsibility of men and that women should do the household activities. Although there would be no obligation for women to contribute to breadwinning for the family, if they could partially do so, it would be accepted by their husbands. Inam (38, a mother of 3, focus group) asserts that:

'Swapping places between women and men in terms of families financial responsibilities is not right given our cultural and religious boundaries.'

Many participants saw financial responsibility as a key determining factor in their life together. However, women and men might sometimes take care of the family's financial issues together without any limitation, given the economic realities of their circumstances. Fatima (42, mother of 4, interview) argued that:

'In Sudan, being a mother does not stop you to have an obligation of taking care of your family financial issues because the economic conditions have enforced women to offer their help and support for their men.'

Fatima added:

'From earlier days and till now, our grandmothers have been working in the fields and shepherded the sheep in the rural communities. Also, most of the women in my home village are still working to earn their living. I remembered my mum, who has eleven children, has also been very successful in running a village shop from home. She had once told me about the importance of sharing the responsibility with my dad/ her husband.'

In general, the participants believed that whenever there is job scarcity or a contradiction between who should work and who should stay with children, the woman should be the

first person to go home. If the family experiences any struggle in taking care of their children due to the woman's working conditions, the woman's role is to shift towards motherhood and being a mother becomes a priority. Participants who migrated from countries where traditional gender roles were highly practised found the combination of work and family challenging, especially without family support. Rossier (2011) argued that gender inequality in industrialised nations has a negative impact on women's fertility through two mechanisms: first, the absence of institutions facilitating a combination of employment and family for women, and second, an uneven division of tasks between men and women within the household and family. While women continue to do more paid and unpaid domestic work, men's contribution to unpaid domestic work is slow. Some recent studies confirm that parenthood continues to reinforce a traditional gender division of labour in most families. When heterosexual couples have children, mothers usually reduce their hours of paid work to take on a 'second shift' of domestic labour, while fathers maintain or increase their hours to compensate for the reduction in household earnings and the extra expenses that having children generates (Hochschild and Machung, 2012; Bianchi *et al.*, 2012; Craig and Mullan, 2011; Lyonette and Crompton, 2015).

Among women participants, employment before marriage was widely seen as acceptable, especially prior to having children. However, the discussion with these working women highlighted the importance of two issues to be considered during the process of family formulation. First, there is the question of whether the type of work is consistent with her role as a mother, and second, whether the mother's role can allow women to return to work. For some participants, the decision to achieve their desired family profile required a career break (time out of work), and they postponed work for some time as the best option for them.

For Hala (42, a mother of 2, interview):

'Having children was my top priority for me after I finished my study at Sudan at Khartoum University. I came to the UK, and I really worked hard to be qualified as a doctor. Having completed all my exams, I became a General Practitioner and got a good job. After I got married, I felt that my life would not be completed without children and I needed to strengthen my marriage with such wonderful type ties to my husband, so I decided to have my first child immediately after marriage. Then, I thought to have a break from hard-working and started to have my children. Eventually, I am currently enjoying my children and relaxing for at five years before thinking to go back to work, I know I can go back to my work at any time when needed most.'

For Hala, the successful career she built for herself after migration, and her well-paid husband, are two significant factors in her family's stability and wellbeing. However, money was not at the forefront of her mind when she made her decisions regarding her family size. In Hala's narrative, entering parenthood was part of what she considered her natural progression since all the girls in her family graduated before getting married. Despite speaking of the decision to enter parenthood as a decision independent from her economic status, it is clear from her narrative that Hala had planned her children's births. Later marriage and later childbearing in a way helped her to complement career considerations and family norms. The time away from work has impacted her income and financial security. As Stewart (2014) explained, time out such as maternity leave and work-family care cause a significant reduction in mothers' lifetime pay. This participant had limited her family size to the degree that offers her some sort of flexibility in both working as a doctor and being a mother. Although Hala had her children, this was because of her career break plan. Unlike Hala, the majority of other working women spoke about their decision as a serious conflict between prioritising their family or employment. For many Sudanese migrants, being a woman with a family in many ways had pushed them into a corner and limited their chances of gaining employment, as well as increased a need to look after their families. Hewida (50, a mother of 4) expressed that:

'When I looked at our life in the UK and at what is expected from us as migrant women, I can see the importance of playing our role as a mother more than any other roles. This is because of the many challenges we often face as migrants such as language barrier, discrimination, lack of confidence, lack of qualifications, and access to information and networking in addition to having a family to care for.'

On a similar note, Safa (40, a mother of 4, interview) stated:

'I used to work as a teacher back home and when I came to the UK, it was all changed, and I found myself in the position of being able to work only as casual labour. I thought, it was better to stay at home and help my husband find work related to his area of expertise as a civil engineer. Unfortunately, he ended working as a shopkeeper. Although it was a difficult decision for him, he had to do that to earn his living and became the breadwinner of his family. Unlike him, I decided to stick to the mother role and focus on my children hoping they would have a better opportunity than us.'

It is clear that one of the factors that may affect the decisions of women and men in their fertility choices is the under-employment of women. For Nada (29, a mother of 1, focus group), the under-employment and unemployment of migrants have pushed many women

to seek refuge in their roles as mothers to deal with the disappointment and failure of not getting jobs. As Nada added:

‘I knew more than twelve mothers in my community who were graduated from universities in Sudan. They came to the UK as wives and had been looking for jobs for more than five years, but they did not find works. Although most of them have been to English classes to improve their language proficiency and then their chance in getting jobs, the luckiest ladies among them had got work as a part-time cleaner, school dinner lady and a carer.’

Sami (34, a father of 3, interview) claimed that:

‘I have attempted to find work several times since I believed that getting work is invaluable to my life given my hope to set a good example for my children. When I was back home in Sudan, I used to work as a lawyer. In the UK, I worked as a cleaner in a hotel and the payment was so little, I was so unhappy with it, but I could not give up work and stayed at home. Given that I have three children, two boys and a girl, I thought that I must work hard to improve my skills and searching for a better job. So, I decided to be a driving instructor. This type of work would allow me to work for myself and had enough time for my family whilst getting a good earn.’

The case of Sami illustrated how the decision to have children motivated him to change his job. Being a father of three children pushed him to improve his income. Along the same lines is the example of Amena (42, mother of 7, interview), who explained that despite being an Arabic and Quran teacher working from home, she started doing voluntary unpaid activities such as helping women in her community to learn the Quran for free. Then she started to teach children. As she stated:

‘Although I am now having seven children, I am so happy with them, I teach them Arabic and Quran at home and I started also to do lessons for my neighbours’ children. Many of my friends bring their children to my home to join the lessons too. Although I wasn’t sure that I can be able to work while having a big family, but it happened, and I am now in paid work from home.’

For most Sudanese male participants, their narratives seem to reflect the significance of the relationship between fertility and employment more than fertility and financial ability. Having a job is more important for them than having a certain level of income when it comes to childbearing. This centred on the impact that their experiences in the labour market had in shaping their perception of suitable family size for them and the right time to start the childbearing process. In this context, Laway (32, a father of 1, interview) reflected that:

'Although I was studying at the university, I never thought about getting married and having a child until I got a decent and well-paid job. All the people around me advised me to finish my study first and then have children though I was feeling I could do both. So, I decided to combine both, and I am now so happy to approach my final year at the university and my daughter is two years old given that my wife works as a part-time interpreter.'

Like many participants, and those who had experienced low income when employed or unemployed in the context of migration, Laway's financial ability to study and have a family has been positively influenced by getting a decent and well-paid job. Laway reflected that this would be difficult in his country of origin. They had also encountered good pregnancy services, financial support from the government (such as guaranteed maternity pay), and higher levels of free healthcare than in their countries of origin. They acknowledge these factors as helping them to achieve their preferred family size. However, fertility decisions were still not easy. First, there was financial insecurity to be considered. Many participants felt insecure when they were on benefits for several reasons. First, they were not familiar with the welfare system. They always worried about the possibility that support no longer existed due to the absence of the extended family, which back home might support them in times of need. Second, some participants considered the receipt of such support as not making any financial sense for them if they failed to go back to work. They see themselves as migrants (who migrate to make a change) with many financial responsibilities to their children and with plans to go back to work when their children are old enough, and to contribute to the host country that offered them such support. Iqbal (42, a mother of 4, focus group) reported that:

'Having children and being a housewife was not the end of the story, I must go to work at a certain point in the future when my little child is old enough. Without the support of extended family and many children in my hand, the financial responsibilities will also grow as the children grow. So, it is better to get ready and prepare myself by improving my skills before going back to work, even if my husband is working, the system required me to get work, it is not like in Sudan, the mother role is not enough to your family.'

According to some participants, however, there are some financial worries that emerge a few years into the future, after the children grow up and start schooling. For many of them, the fear comes from failing to secure a better future for their children, including a good higher education later (which involves university tuition fees). In addition, families must consider not only the cost of teaching their children Arabic and religion in clubs or Sunday schools but also the cost of buying books and schooling materials to support their

children's education. Many participants also mentioned the soaring living costs and standards in the UK. Others worried about how a large family could be time-consuming, and how spending on everyday life could impact their future. Awadia (45, a mother of 4, interview) stated:

'Life in the UK is built on equality for both women and men. Parents have to go work and earn money, enjoy their life, and plan for their retirement time. As migrants, we did not think this way and many of us did not plan for the future (especially women who are not working and depend on their husbands' income). We only plan for what is working for today and focus only to figure out what our children need for the same day. This has got us trapped in dealing with solving the day-to-day problems and never thought about tomorrow. In the future, we assumed that our children will be around us and we need not face the future challenges alone... we need to be educated to change this thinking if we will be living in the UK for the rest of our life.'

The majority of the women participants thought that the welfare state had freed women in many ways and had created less defined gender roles (see more in Chapter 6). This helped women to achieve their desired family size, giving them support even after divorce. Awadia (45, a mother of 4, interview) commented:

'In Sudan where there is no welfare system, many women live with their bad husband because they could not support their children or themselves. In the UK, the welfare system supports you until you can get work. So, there is much more freedom in the UK to enable you decide about your family life and your family size as well.'

Many participants saw themselves doing more for their families in the UK in comparison with parental activities in Sudan. Mohammed (42, a father of 2) said:

'My little brothers are like my sons, and I have had great responsibility towards them until they grow up and become independent, so I am not planning to have any more children, the 2 children that I have now is blessing from God I have enough children to care for.'

For this participant, his financial responsibility towards his family back home became a constraint to his own family size. According to the participant's narrative, such responsibility (i.e., financial responsibility towards family back home) is mainly a man's responsibility. In contrast to the male experience, the study indicated that the Sudanese women participants held less regard for their employment and financial abilities as central factors in their fertility decisions and behaviour. While male participants considered these issues essential, the women participants tended to have less intention to work after having

children. Their experiences of childcare costs, job opportunities, and hours of working, in addition to their evolving understanding of gender roles, have shaped their perceptions of employment and fertility decisions. A financial responsibility towards family back home did not show up as a constraint to women's fertility in the data among the Sudanese participants. However, Somia (35, a mother of 3, focus group) explained that:

'I started working for long hours and as mother of three, I had to pay a lot for money for childcare, also the time I spend with my children is not satisfied for me. Finally, I felt that I could not do it anymore and decided to stop.'

Although the division of work between parents has changed in the migration context, the traditional role of women as the main homemaker is still dominant. Taking care of children and home tasks are among the key responsibilities of Sudanese women in the UK. Nevertheless, there are some shifts visible in the perceptions of a woman's role among some participants. For example, some men are accepting more childcare responsibilities while their wives are working to feed their families. This new migrant setting has created a new arrangement, where the absence of migrants' close kin means that men have sometimes found themselves sharing childcare duties with their wives (Foner, 1997). For a few participants, this arrangement impacted fertility decisions, because the woman became a breadwinner while the husband performed the childcare. The following extract illustrated this, explained by Abdullah (38, a father of 3, interview):

'Although we were planning to have four children, we had postponed the idea because of financial difficulties. Despite I am a university graduate, I had not been able to get work in my area of expertise. I finally got a job as a security officer and my wife who is a university graduate too had been very lucky and got a decent job in a big company, she is now working in the medical field. As couples, we sat together and decided that I should quit my job and stay home looking after our three children ... To be honest, I am not happy with this decision because caring about children is difficult for a man and is not a father role, my wife can do that better than me but the money she is earning from her job is far better than what I earned from my job... I am not sure for how long I will be able to do this role. However, I considered it as a temporary situation.'

Another interesting result was that family formulation that is built on women being financially responsible breadwinners faces stigmatism by their community. This has been found to negatively affect fertility decisions and has also led to many cases of tension and instability in everyday life. Participants often recalled the saying 'عيب الرجل جيبه'⁷, criticising

⁷ 'عيب الرجل جيبه', In English this means 'not providing is deficit in manhood'.

the shift of financial responsibility from men to women unless there was a valid reason for it. Sudanese migrants still expected the man to be the principal financial provider in the home. The claim is that the financially irresponsible man is failing the cultural and religious values attached to him as a father, husband, and head of the family, and that this has negatively impacted the desire to progress to more children. In the above example, despite Abdullah's wife working in a good job and taking the role of the breadwinner, he considered postponing the idea of having another child. It was clear that, for some Sudanese migrants, this was not accepted by the people around them and the community may then stigmatise such marriage relationships. This stigma might negatively comment on the marriage itself:

'marriage for taking advantage';

'She bought him';

'poor girls he cheated on her and place the basket on her head'.

Both men and women saw themselves as having the ability to live in very tough economic conditions. Many of those with the biggest families had financial difficulties, yet still saw themselves as survivors. In this respect, the participants' decisions about their family size had been impacted by the welfare system that supports families who are poor. For some, even if you are able to get financial help to meet material needs, it does not necessarily mean you will be a good parent to a big family. Whilst most of them grew up in tough circumstances, they thought 'we did well, thanks to our parents'.

The participants appreciated that their level of income and access to free maternity and medical care in general, helped them to achieve their desired family size in the UK. On an individual level, the participants also reflected on childcare costs, unemployment, and underemployment. Their understanding of financial responsibilities by both men and women towards their family, together with many other factors that they recognised, had played an important role in their fertility behaviour. Among these are the duties of parents and their experiences of parenthood in their present migrant setting, as discussed earlier.

5.1.2 Somali migrants and economic issues

A major cause of complaint from the Somali participants in relation to fertility revolved around economic issues, as financial responsibility and childcare were frequently quite

different in the migration context than the norm back in their home communities. For many of the Somali participants, men were the breadwinners in Somalia, with the women's contribution to the family income being a more limited one (Abdullah, 2001). This was no longer the case for the Somali migrants in the UK. A woman often became a breadwinner, taking financial responsibility for her extended family back home. As Sumia (42, mother of 6, focus group) explained:

'Because of the circumstance of our migration, Somali women must work to maintain themselves, their families in the UK, and families back home. In Somalia, your brother, your husband, or your father were taking the financial responsibility of you. In the UK, some of us find themselves taking the financial responsibility by themselves since you might be the only lucky one who has got the chance to migrate and able to work, so yeh, sometimes the women's status play role in her fertility decision as they try to balance work and childbearing.'

I invited responses to my enquiry about how far participants felt economically ready to experience parenthood, and they shared interesting replies. One of my participants Fatima (45, mother of 7, focus group) stated that:

'Before migration people back home was very careful to plan for their daughter marry a man who can maintain her economically, but in the migration context, when girls want to marry a specific man, her family have to agree even if the couple might not be economically ready, and the reason is that people broke the prophet advice in getting the married⁸, they should help and advise them to be ready financially before establishing family.'

Whilst this understanding was generally common and shared by the Sudanese and Somali participants, it was also influenced by cultural interpretations since religion does put conditions on a man that to get married and have a wife, he should be able to provide for his wife's needs. The Somali community's experience of displacement, war and migration has made this concept more flexible and changeable. Sumia accepted that women who are ready economically can get married and take the main financial responsibility upon themselves. This was not the case among the majority of Sudanese participants, as mentioned before. Later, in my discussion with Sumia, I found that being economically ready to establish a relationship was important to participants. A common belief shared by the two communities was that each child is born with his own fate of wealth. When each child is born his maintenance comes from God with him, and the number of children

⁸ This quotes from the Prophet Mohammed speech (SAAW) to teach people the importance of getting married (Edith Alba حديث الباءة).

should not be linked only to the financial capability of their parents. However, the employment status of the father has to some degree had a negative impact on fertility decisions among the Sudanese migrants. Not everyone among the Somali participants agreed with the idea of financial capability (enough money) as a key factor when it came to family formulation and fertility decision-making, with some taking the view that a low income could be enough if the parents have the courage to manage on the little amount available. For example, Fatima (45, a mother of 7, interview) said:

‘Money is not an important reason for the fertility decision, not all people who have money are ready to have children, and not all poor people postpone having children. For me, whatever your financial status, if you are good in managing what you got, and have belief, you would be able to establish a family. We grew up in difficult time, grateful at the little we got very good in manage it, mother and father value the work and work really hard to take the financially responsibility, families have supported each other and there was no government support, because if you work even for the little you have, you will also get Allah bless when you have children.’

Fatima migrated to the Netherlands fifteen years ago with her four children and then she had her three younger children there. Her husband was a shop owner (selling Somali and African groceries). She never thought she had to be personally financially able and ready to have their children, since the religious principles and the cultural norms were pre-defined as to who should get work and who should care for children at home. Although Fatima had considered motherhood a full-time job, she also offered her help and worked as a shop assistant in her husband’s shop during the day when her children were at school. She expressed her situation in this way:

‘Despite I helped my husband at his shop, I some time felt boring, I never wanted to get work beside taking care of seven children, this in itself is a full-time job.’

Like most of my participants, Fatima had found herself engaged in employment during the process of her family formulation (marriage and having children), but she never considered it as an income-generating activity because it was unpaid. Instead, Fatima considered her work in her husband’s shop more as a help to her family than as satisfying a personal need for work.

A further example that describes another approach to planning for a family and childbearing was illustrated by Ayaan (28, a mother of 3, interview), who explained that:

'I never considered that I needed to be financially and economically ready when I got married. I was a university student and was living with my family and they economically supported me. When I met my husband at the university, I told my mom about him and she encouraged me to get married, he was working as a part-time worker and was living with his family, I was not planning to have children until we graduated but I got pregnant, and my mom was very supportive in standing by me to go ahead with my pregnancy. Then, we moved to live with my mom to offer her help with childcare. A few months later and before I finished my last year at the university, I became pregnant again with my second child. Given my mom and my sister support, I finished my study at the university and now my husband and I are both working. We currently living in a rented house nearby my mom, and she is still helping us with the childcare.'

Unlike many participants, Ayaan still has close ties with ten brothers and sisters who have migrated to Europe. Even though the members of her family are currently located between the Netherlands and the UK, she has never found any difficulties in gaining family support during times of need. Ayaan was dependent on her family, specifically on her mother, to take care of her children. Ayaan explicitly argued that her economic readiness was not a crucial factor in her family formulation decisions. She was neither planning to have children before graduation nor did she use any proper contraception at the same time. In fact, the financial support she received from her family and family-in-law was a determining factor in her family formulation decision. In economic terms, the childcare she received, and the place she lived in, was crucial to her ability to make decisions regarding her pregnancy. Later, when Ayaan had become pregnant again, the support she received reflected her experience of being raised in an extended family home where all income is pooled. This has impacted her acceptance of support from others, as it was quite normal to get support from – and to offer support to – other members of your family. In fact, the mothers in the Somali community take shifts doing childcare while another mother is at work, and sometimes family members and friends helped in picking up and dropping children to and from school. Also, some mothers offered after-school care for friends and family. This finding echoes what Bühler and Philipov (2005) identified in relation to how fertility decisions are shaped by social interactions. They highlighted an important mechanism, which they called the social support explanation. To reduce the costs of children, individuals make use of social capital resources, such as information and advice regarding sexual behaviour, contraception and parenting, or monetary and non-monetary support. Access to these resources is granted through interpersonal relationships in networks of social exchange. Because exchange relies on trust, kin relationships of this kind are often vital to the provision of valuable, appropriate fertility resources. Therefore, family members

may not only influence each other regarding childbearing and childrearing behaviour, but they also support each other in ways that reduce the costs of children once they have arrived within a family (Bühler and Philipov, 2005).

Somali men and women believed under-employment and unemployment can have some effects on their family structure and their family size. These effects take different paths. While the childbearing patterns among most Somali participants were not directly linked to any financial constraint, in many of the narratives I heard of disputes regarding women's and men's financial roles within a family that led to family break-ups. Bui and Morash (1999) found that, among migrants from less developed countries, women's status 'in wider society' increased relative to migrant men's status, due to women's employment and exposure to women's rights. This shift can be applied to many of the participants. In addition, most participants believed that for a migrant woman who left her family behind, being able to work allowed her to bear the responsibility of supporting her family back home or in the UK (as the main financially responsible person or the breadwinner). In many cases, this also increased her status both back home and in the UK, and it also impacted her fertility decisions. Saad (38, a mother of 6, interview), like many Somali women participants, talked about taking care of her family back home by sending money. She found it difficult to work and care for her children, and commented:

'In migration context, the Somali woman is not a housewife or a financial contributor, but sometimes she became the main financial responsible person for her family that she left back home, so playing the traditional role as housekeeper and the husband breadwinner in many cases has led to changing roles and created family dispute regarding the home tasks division, and over the income, some homes broke because of that, so yah I think the Somali mother became more open to contraception use and family planning than before and as they are in many family became the head of the family instead of their husband or father or brother.'

Despite Saad arguing that Somali women are more open to family planning now than before to gain more access to work, she planned her work around her family and used contraception to organise her family, rather than to limit the family size. To this end, Saad has been moving between jobs, from cleaner to care worker to opening a small café for women. In contrast, Farah (45, a mother of 10) was happy to stop working to have children. For Farah, the context of migration helped her to achieve her desired family size through financial support, health care and education. She thought a large family was more linked to management than income. She expressed her thoughts in this way:

'My husband work really hard, we never save for our self, all the money we get is used for them, to meet their needs, I always say we invest in our children and thank God (Alhmdou le Allah). Our children are very good at education, two of them had already graduated and other are in different stage of education.'

Later, I met Ali (aged 52, father of 10, interview), I asked him what it meant to him to be financially or economically ready to have a child. He answered that the readiness was linked to employment and money issues, and to being financially able to maintain your family. Therefore, his family size, combined with his status as a migrant, was both shaped by and connected to his career. In this respect, Schulthesiss (2015) argued that the denigrating ways in which individuals are seen by others can inhibit career progress through despair and futility; at the same time it could be represented as a challenge and motivation to succeed. Ali (52, father of 10, interview,) who left his country when he had almost finished his degree in engineering (he was a top talent student). Ali was able to turn the stigma he experienced as a Somali migrant in the Netherlands into a challenge and he was strongly motivated to succeed. As Ali explained:

'I was very determinant to success, and I experienced difficulties to get access to study because of the education system, I came to the Netherlands, and I didn't know many people. Gradually, I came across some Somali people. These people thought I was crazy to dream to go back to my study, but I was studying and working when we have our second child, me and my wife decided that we will have as much children as God give us, there were no financial worries (I have the study grant and working as part time), when I graduated it was the time of economic crisis, I never have the chance to select the occupation that match my skills and qualification, I took the first job because I have big family to take care of, then, a friend gave me advice to go to England. In the UK, our friends and family members tried hard to help me to get job, but I wasn't happy with the job that available, so I decided to focus in helping my children in their study. This has led to inspire me that to change my career and became a teacher.'

Unlike Ali, the majority of the Somali participants had little education, and this impacted their ability to find a good job. While the women were more flexible in accepting any kind of job, their family size negatively impacted it. According to the Institute of Public Policy Research Labour Force Survey data from 2006, 72% of Somalia-born families were said to be economically inactive, while only 18% were formally employed. It is estimated that 95% of the Somalia-born population in the UK lives in rental accommodation and 80% in social housing. Rutter and Latorre (2009) emphasise that when it comes to fertility behaviour and decisions, the sense of being ready economically to enter parenthood is a primary factor for many Somali women. However, because of the war and migration context, this norm

changes when people enter marriage and family formulation as war survivors. As Mona (34, a mother of 5, interview) explained:

‘Because of the war, when I got marriage, I was lonely working as house maid (to support my family back home) in one of Arab country, it was arrange marriage and he was economically ready to marry (he is rich man and he has ex-a wife and six children back home), we saved some money then we travelled back to Somali, but because of the country situation we have to flee the country, we left everything behind and came to the UK.’

Mona arrived in the UK without knowing about the government support available. Later, she found that support helpful in regaining her life and searching for a job. When she divorced her husband, Mona remarried. She added that:

‘Like many migrant women, I felt it is difficult to gain skills and to work, because even simple work like cleaning need qualification and language, but because I have been before in that situation (when I was in Arab country), I was very sure I will manage, I experiences some financial difficulties but with shelter over our head and food in our table it was never hard (because of social welfare). Then I became pregnant with my third, then I decided to stop having children. then that time we start to have conflict regarding children money, because he wasn’t working, he is not taking any financial responsibility, he is not helping in childcare, and since he did not want me to work or support my family, so we get divorce.’

Mona believes that parents should support their children financially whatever their financial situation and that she saw her husband’s dependence on social benefits as a sign of him giving up on his responsibility as a father. Hammond (2009, 2010) believed that a key reason for sending money to relatives was the social obligation to avoid a sense of shame. While the debate about sending remittances has many theories behind it (which are beyond this study’s area of interest) it is clear that, as Hammond says (2010), there are religious, legal, moral, and economic reasons behind sending money to family back home. This activity is linked to the social structure of the communities that practise it, suggesting that it is groups, not individuals, who make this activity an obligation in traditional societies. Mona considered it the natural thing to do for parents: the whole family has a financial responsibility towards their children when they are young, and then children have the same responsibility towards their parents and family later (‘when they grow up’).

5.2 Summary and Conclusions

This chapter discussed economic issues and fertility among Sudanese and Somali migrants in Birmingham, since both social and material environments enable and constrain

social action. It focused specifically on comparing the experiences of how economic factors arising from migration shape the perceptions and choices of the Somali and Sudanese migrant communities in the UK. It also explores the relationship between migration, family size decisions and economic circumstances, comparing the findings drawn from the two migrant communities. This shows that, for these migrant communities, changing economic structures created greater social and economic mobility, which in turn is negatively influenced by having a large family.

The discussions with Somali men and women also highlighted various 'pull and push' factors that have had a strong impact on how women in the two different cultural societies have been assigned their gender role within their community. The Somali women played an active economic role in maintaining their families, and became breadwinners for their family (and beyond, for wider family networks back home), despite the labour market conditions. Equally, the Sudanese women played a role of economic contributor. The motivation for work in both communities (as migrants) is far from rationality and self-actualisation but reflects the more immediate and urgent need to be 'an economic survivor' (Schultheiss, 2003). From the perspective of reflexive modernisation theorists, reflexivity is linked to a more general conceptualisation of the capacity of social actors or 'agency' and a breaking down of traditional structures. Focusing on negotiation and the labour market position, Beck (1994) has argued that some structural factors, such as unequal employment opportunities, unequal pay, and childcare issues, are key factors in limiting access for women. With this in mind, Adkins (2003) notes that reflexivity may not be quite as accessible for women as it is for men and suggests that people have to confront continuing structural inequalities individually.

Despite the similarities, there are also differences between migrant groups, such as the effect of family size, which is more closely linked to employment status. For the Sudanese migrants, the husband's employment plays a positive role in terms of fertility decision-making. The wife's (un)employment intensifies that situation. In the Somali community, most participants emphasised that finances and employment play a more defensive role in their fertility, rather than an offensive one. Others argued that it is neutral. However, the family's financial responsibility, in many of the Somali participant narratives, has been among the most common areas that bring dispute, shake families, and create instability, which can affect family size positively. Divorce and remarriage also create a new family and more children, and due to the importance of children in marriage relationships for

migrants in both communities, those migrants take whatever action necessary to achieve their economic survival. Under-employment is more common, as many of them work long hours, and others struggle to find jobs. While many Somali women participants are willing to work, seeking any job to fulfil their duty to their family here and back home, it appears that they are also interested in organising their work life around their fertility, which can therefore create obstacles to getting jobs. Sudanese migrants appear more open to organising their fertility around their work needs and are more selective regarding their job preferences. This may be also due to the differences in levels of education and commitments towards family back home. Despite the commonality between the two communities, there are ambiguities inherent in the normative structure of each society (Reich, 1991), where factors such as war, clan, and kin networking play important roles in different ways, while economic and gender roles also affect fertility decisions.

Women are the main minders of the family house; while the communities support working mothers, still, the Somali community expected that men should work and play an active economic role in their family and be a proper father. In general, Somali and Sudanese migrants have been found to be among the most disadvantaged ethnic minority groups in the labour market. Dustmann *et al.* (2003) suggest that this situation is likely to persist as long as employers can continue to offer employment to migrant workers on the basis of '*maximum hours for the minimum wage*' (MacKenzie and Forde, 2009, p.156); this affects the amount of time and resources that can then be allocated to children.

Childcare costs, unemployment, under-employment, and financial responsibilities are some of the factors that are perceived to have played significant roles in fertility behaviour among the Sudanese and Somali communities. These factors each impact fertility behaviour together with the contrasting contexts of migration for these two migrant communities. It was also clear that family size is closely connected to their parenting practice and gender roles in their current context, as the next chapter will show.

CHAPTER 6

FAMILY STRUCTURE AND PARENTING PRACTICE

6.0 Introduction

One of the key issues that influence the family size and family behaviour among the participants is that changes to family structure and family values in migration are occurring at the same time as changes to traditional patterns of extended Sudanese and Somali family life. One viewpoint expressed by around half the participants with whom I engaged is that, in many cases, migration has led to family shape change and has shifted family values and family structures. The literature relating to Somali migrants also shows that war and migration have led to diversity in family structures, and a single parent with children is one type representing such diversity (Affi, 1997; Emua, 2001). The data about the Sudanese migrants show that there is some diversity in family structure, despite the efforts of the Sudanese people to maintain the 'authentic' gender systems that see the roles of women and men as complementary, highlighting the importance of motherhood and wifehood to maintain 'traditions', and underscoring the virtue of obedience of women to men and of children and youth to their elders (Fabos, 2007). This was clearly indicated by one focus group discussion that comprised six Somali participants. The participants had pointed to changes in terms of, for example, an increase in female heads of household, and a change to gender roles. This shift also replicates the pattern highlighted earlier in the literature on economic issues.

This chapter also illuminates the reality that family formulation and practice in a migration context involves many challenges. The rearing of children has changed, as it is now taking place within a different culture and a new environment. There is also an intergenerational gap, in addition to the presence of language, social, and cultural barriers. An extensive body of literature covers these topics, including a number of studies that highlight the various challenges associated with resettlement and acclimatisation to the migrants' new situations (Deng and Marlowe, 2013; Moils, 2011). Since there has been much less focus so far on examining the changes and challenges within parenting practice and childrearing, and the impact of these on decisions and attitudes around family size, the discussion in this chapter extends to how such pressures around parenting practice have affected migrant decision-making and behaviours in relation to family size specifically.

The institution of parenthood (motherhood/fatherhood) and ideologies of parenting (mothering and fathering) are interrelated concepts that were explored in both Sudanese and Somali migrant groups. In understanding the difference between 'motherhood' and 'mothering', motherhood refers to the state or condition of being a mother, whilst mothering is synonymous with the act of caring for, nurturing, and protecting. Silva (2006) asserts that '*motherhood is female, mothering need not be*' (p.12). Rich (1976) distinguishes between motherhood and parenthood, looking at the experience as one significant factor in shaping fertility practice and family size. Rich (1976) stated that motherhood is an 'institution' as the experience of being a mother is never under the control of women alone but includes men and is subject to rules and regulations, shaping women's experiences of mothering. In this sense, motherhood is not just a product of circumstances and material resources but also a moral consideration, subject to '*ideologies of mothering*' (Gillen, 1994).

In this chapter, the focus is on the lived experience of motherhood and fatherhood (parenthood) and how this impacts childbearing and family size, which is largely unknown; the literature on motherhood among migrants focuses on the multiple burdens of motherhood that women endure due to their migration status (Greig, 2003). More work is needed to understand how parenting and parenthood practice in the current cultural context (i.e., the migration context) impacts fertility behaviour and practice.

This investigation takes account of participants' understanding of parenthood in their everyday life (motherhood and fatherhood) and seeks to determine the effect on Somali and Sudanese migrants' approach to childbearing, and how this impacted their family size aspiration and practice.

This chapter has four parts. Section 6.1 discusses the family structure and family roles in a migration context, whilst Section 6.2 investigates parenting practices and family size in a migration context. Section 6.3 examines divorce, remarriage, and gender in the migration context, and, finally, Section 6.4 presents a summary and conclusions.

6.1 Family Support and Family Roles in a Migration Context

Here I will explore the family structure and family roles in the UK migration context, using two sections. Whilst Section 6.1.1 discusses the family structure and the gender roles of women, Section 6.1.2 considers the family structures and gender roles of men.

6.1.1 Family support and the gender role of women

Thurer (1994) explained that:

'motherhood – the way we perform mothering – is culturally derived. Each society has its own mythology, complete with rituals, beliefs, expectations, norms, and symbols; the good mother is reinvented as each society defines her anew, in its own terms, according to its own mythology' (p.xv).

From the participants' perspective, motherhood/parenthood is a shared practice that includes aunts and uncles, grandmothers and grandfathers. It is therefore important to question what it means to become a parent/mother or father in changing social and cultural contexts and identify the impacts of migration on fertility practice and family size.

In many cases, migration alters the gender normative order. This refers to the traditional cultural and religious rules which exist in people's 'memory trace' (Giddens, 1984). In the Sudanese and Somali cases, the normative order presents women in terms of Islam's stance on gender role matters, i.e., specifically as wives and mothers, according to the interviewed women. The gender roles and gender relationships encountered in the British context are seen to be at odds with those of authentic Sudanese society. Hays (1996) talked about how contemporary cultural contradictions of motherhood assign the parental role to women, despite women playing a greater role in the labour force, and this creates what she calls '*intensive motherhood*'. Not only is this type of child-centred approach financially expensive but also time-consuming. This mode of '*intensive motherhood*' impacted the participants. It added more responsibilities for women and contradicted their experiences and ideas about mothering as a shared practice that goes beyond motherhood in their previous context (before migration) in which extended family and community around them played a role in caring for their children. Due to the absence of extended families, such as brothers and sisters, to offer a helping hand with children, or the local mosque to give free religious lessons, these responsibilities fell to the mothers.

In other words, not only the role of women – who preside over the domestic sphere and the education of children jointly with extended family while the husband is the breadwinner – is changed, but the family structure is also changing from a traditional extended family to a nuclear family or a one-parent family. This is personalised further by Farha (38, a mother of 7, Somali, interview):

‘My family shape changes since I left my family behind, I used to live with my extended family (uncle, aunt, grandparents, sister and brother and their children). I never felt I have a big family, since looking after children was a shared responsibility - women and men had different roles to do, my brother used to study with my children and helped them to do their homework, my young sister offered help in-home tasks, but now we all live apart because of war and migration. We are now just us, me and my husband, and taking care of the family of seven is hard, and I and my husband decided to stop childbearing because I have no family to support me.’

Farha’s decisions regarding family size have undergone changes. These changes have occurred as a result of the absence of extended family back home that was made up of a very big network who considered a large family normal and who supported her to continue with childbearing behaviour through both verbal and physical encouragement. At times the extended family offered help and support with the activities and needs of everyday life. Her husband is the only person available to help her. Given that he is also the only breadwinner, she and her husband started to use contraception, something she never considered before, to be better able to take care of their family.

The extended family of some participants had an impact in many ways. There has always been pressure from within the community and family to marry and have children at an early age, and this level of pressure has always been a key factor influencing family size within Sudanese and Somali communities. Being pushed (sometimes forced) into marriage at an early age (before it is potentially too late to have children) has impacted family size, especially among Somali participants, by starting childbearing at an early age and for a long time before the couple stops having children naturally (after menopause). There were also longstanding debates around contraceptive use and the merits or drawbacks of limiting family size (more about this in *Fertility Behaviour and Family Planning*). In this sense, migration to some extent has had a positive impact, as some resettled people felt freer to marry at a later age, or even to have a first child at an older age. On the same topic of extended family absence, Samia (42, mother of 6, Sudanese, interview) explained:

'In our country, the community and the extended family not only push you to have more babies but also, they help you in childcare. Also, they become sources of information about the behaviour and attitude of your child sometimes, such as reporting bad behaviour, with whom your child is socialised, so if your child has to get involved in any problems, they share responsibility and take good care of him/her. This is opposite to the UK, nobody cares to advise or to report bad child behaviour in the street, so you need to keep an open eye on your child, which is something difficult to do with big family size.'

When I probed this question with Samia, it became clear that the absence of an extended family, especially parents (and grandparents) had led to an absence of many pre-migration beliefs and practices. When the extended family are not nearby, parents have to take on all the roles, including those usually played by grandparents or any other relative. This is true in terms of disciplining children, offering childcare, taking care of household tasks, supporting women while they are pregnant or in labour, and when they are in maternity and nursing afterwards for 'forty days'⁹ until they feel strong enough to go and take care of their family. For Samia and many participants, the lack of family support due to the change in the family structure in the migration context impacted their fertility behaviours.

Despite being in a migration context, many Somali and Sudanese migrants established new networks and friendships. These networks helped to recreate social support in the migrant situation to replace the (lost) real kin networking (see e.g., Kibria, 1993). Through discussion with the participants, I found that this networking was more obvious in Somali migrant communities. I observed that Somali migrants are very willing to offer help with everyday life matters, especially with parenting and family issues, more so than Sudanese migrants. The strong bond and networking among the Somali migrants might be due to the nature of their migration or the clan system. This process was reported by many participants, such as Aisha (aged 40, a mother of 5, Somali, interview), who explained:

'When I started formulating my family, having my children, it was just me and my husband, I considered my Somali neighbour like my sister, I leave my children with her and I even borrow money from her. When I stopped childbearing, my Somali neighbour started to push me to have more children, she told me that was a good sign for the Somali people to think I was still young, not old, and my body was still able to produce. I kept laughing at her idea saying that wisdom word in my country "it is better for man to have five fingers to lick them than having five children to raise them". I had five now and I did not want to have more so my husband flew the house.'

⁹ In the Sudanese and Somali cultures, the husband should not touch his wife after she has given birth for forty days, and this is called the 'forty days' (الأربعين). The family normally celebrates the end of this period when a woman goes back to her normal life.

The above example illustrates that some Somali women point to strong attitudes and pressures to engage in a particular fertility behaviour; this is an attitude expressed by peers, other women, and friends, who believe that continual childbearing is proof of fertility and youth. This echoes a study by Jarvie *et al.* (2015) who found that women who experience having a baby at a late age (35+) see that *'having a baby "late" in their reproductive career as facilitating the maintenance of a youthful outlook'* (p.109). However, late motherhood also surrounds them with stigma about how they appear as old mothers. Jarvie *et al.* (2015) and other writers (Friese *et al.*, 2008) found that *'older' mothers consider that 'one way in which women manage stigma surrounding "older" motherhood is to change their physical appearance so they look like young mothers'* (pp.110-111). For Aisha, having children at a late age is considered normal; while having children at a younger age is preferable, having children until the late 40s (or until menopause) is a widely accepted practice and a norm in her religion/ culture. Although this understanding also applies to Sudanese women, motherhood at a later age is less acceptable if there is a child of teenage years or older. This might explain why Somali women have not been stigmatised by their community for late motherhood as much as Sudanese participants.

However, such attitudes have lost their validity for Aisha, for whom motherhood is not a source of enjoyment as she is solely responsible for five children after the father left them. This echoes the findings of Boulton's (1983) study, in which women expressed mixed feelings about being a mother; while motherhood may bring joy and pleasure, other women had negative experiences. Similarly, many writers (for example, see Hays (1996), and Antoins (1981)) also explained that being a mother in real life is far from the motherhood normally presented in the media to society. Weaver and Ussher (1997) argued that the false narrative created by society about motherhood gives their participants *'a false impression of motherhood'* (p.51). When this is combined with the high demands of childcare, and high levels of pressure put on mothers, it results in a sense of lost identity. Women recognise the impact not only through the absence of help and support, but also via the increased responsibilities of motherhood, in which shared mothering by the family was transferred solely to them, and mothering and motherhood became a private issue, even though they hoped that their husbands might play a more active part in child-rearing and family life. While Sudanese women participants thought that their husbands were broadly open to this idea (specifically, more involvement in childcare), among Somali participants the view was that some Somali men offer support and

understand how this change to family structure impacted parenthood, but others still refused to take part in childcare – and this could cause many problems for the whole family (more details on this in the section on Divorce, Remarriage and Fertility Behaviour).

6.1.2 Family structure and gender roles for men

According to Renzaho *et al.* (2011), the migration context delivers several differences, such as changing gender roles, altered levels of social support and an unfamiliar legal framework. This picture is illustrated clearly by Abass (56, a father of 12, Somali, interview) who points out that:

‘In the UK the duties of parenting are different from back home. From where we came, we used to guide our children differently, children are like the camels and parents are the guide with rope, who led the camels. But in the UK, we are the camel (the parent), and children are the guide. Children have the advantage of knowing the language, the culture, technology, the news, and knowing about life in the UK better than us.’

In the above interview with Abass, two essential points need to be emphasised. The first is that the culture of parenting, in general, is different between the host setting and the country back home. The second is that due to the poor (or relatively poor) language skills of migrant parents, children are heavily relied on to explain many different elements to their parents during their interactions with everyday life within the host country. Although these two points are connected, they do not necessarily create the same impact and so we can consider and explore them separately.

While in Sudanese and Somali culture a household is always headed by a male, the culture itself is collectivistic. Ochock and Janzen (2008) define a collectivistic culture as one where an authoritarian approach to parenting is the norm and a strong value is placed on obedience to authority. The male role in the family represents the provider and the leader (more discussion of this in Economics Issues and Fertility); all the family, including his wife, obey and defer to the man. This role has been changing within a migration context: first, due to the different culture of parenting practice (more details in the section below) and second, due to the language barrier that makes it hard for the father to lead on all family matters. Because of this, plus the fact that children interact more with the host community and acquire the language and culture faster and more deeply than the parents, parents tend to rely on their children. This serves to compromise or weaken the parents’

(especially the father's) authority and he becomes less confident in leading his offspring and more open to negotiation.

These significant shifts have created considerable worries among some adults over their ability to be a good parent, given the high level of responsibility (with no extended family to share it), and the added complexity of a migration context. Some male participants felt much challenged in their duty as parents in the UK. These participants felt that they shared the same level of importance as the traditional male gender role in the Sudanese and Somali communities in terms of the community's high expectations of a man to be a 'good father'. However, some participants who are fathers felt there were some shifts in their gender role due to war, displacement, and later the migration: for example, women taking on more responsibilities, carrying out both men's and women's tasks, economically and socially (see above in Chapter 5).

Migration has added a new dimension to the traditional role of the father as a provider by also needing him to play additional support roles that would have previously been taken by the extended family. Kandiyoti (1991) argued that patriarchy takes different forms and promotes diverse practices within different Islamic societies; this can vary according to specific class, ethnic, and cultural factors. It is clear from the Somali participants that war and political environments have partly shaped the current clan system that over many generations had created or enhanced the value given to larger families. This finding echoes notions of a sense of loss, here identified by Mohammed (32, father of 3, Somali, interview):

'Because of the war between clans, displacements, and migration, the Somali people have been pulled off from their roots and scatter all over the world, that why we have big family.'

Some participants, like Mohammed, argued in support of the traditional cultural practice of big families, stating that such a practice becomes intensified and strengthened by structural factors such as war and displacement, referring positively to their commitment to their tradition and customs. Fatherhood is required here to compensate the lost families and people in war and migration. In contrast, other participants negotiated around their existing culture/religion and made some changes to their practices in the context of migration. Bornstein (1991, 2013) has argued that every culture is recognisable by its own established traditions and views on how an active member of that culture must 'feel, think

and act' in order to belong. This applies to parenting, with each of the two ethnic groups of migrants taking ownership of certain parenting characteristics, such as the particular norms and routines by which parents from one culture go about caring for their children, and the ways in which these patterns are communicated down the generations. Ali (46, father of 4, Sudanese, interview) recollects below his own early fatherhood experiences in Sudan, and how he was not involved in his wife's pregnancy apart from offering financial support. He recollected how his wife and her mother planned everything, and how his wife left the hospital to live in her mother's house for two months. He was only able to visit, and even after she was back home, there was no expectation for him to help with childcare tasks such as 'night feeds' or changing a child's nappy because this was considered a woman's job. This was also noted by Okun and Raz-Yurovich (2019) who argued that, when men undertake a significant number of household tasks, they experience role incongruity and are more ambiguous about having more children. This was the experience of participants like Ali, who previously did not consider that he played a part in his wife's pregnancy journey, but described and contrasted being a father in a migration context; for example, how he was engaged in the everyday life of his wife's pregnancy, attending regular check-ups, and being in the room with his wife when the baby was delivered – a role that is only played by women back home. The absence of an extended family influenced his experience of parenthood and brought changes to the traditional father role he had previously played. In addition, these altered circumstances also increased his responsibility and allowed him to be more involved in all aspects of family life. As Ali explained:

'In the UK, I was involved in every detail in my wife's pregnancy, from going to the hospital for a regular check-up to the delivery day, day and days after. That was good because I get to know more about the experience of having a child, I felt like I am a part of that baby's delivery and more sensitive to my wife's needs. You also take care of older children, cooking and do all home tasks. In addition to that, the feeling that you are the main person who responsible of this family and there is no one to lean on, except your wife. So being a father is different without family support because you play your role as father, the role of supporting your wife and doing work as well. So having a big family is hard, I don't think I will be able to have big family.'

The choices about family size that appear on the surface to be a decision taken solely by the individual parent or parents are, in fact, shown to be strongly impacted by structural and cultural factors. For example, the cultural value that is attached to a large family in terms of status – considered to be prestigious – is born out of the collective responsibility

shown to the children by the extended family. This was the case for Abdu-Elsalam (45, father of 4, Somali, focus group) who reflected on his experiences:

‘Back home, a big family is the norm (culturally and religiously is preferable), and you don’t be that close with your children, as the children with each other inside or outside the home most of the time, women with women, and men with men. Of course, there is some time for the family to be together after sunset and before bed. In the UK, conversely, your family is your own world and your wife is your friend. They represent the key concern in your life. As a father, I learned a lot and I think I became better father, despite it is a very tough thing to do in different cultural environment.

I don’t think I will be able to have a big family size because I know if I wanted to have that big family like the one I came from (I am one of 13 child), I need to be in my homeland, between my extended family and the culture that values big family. In the migration context, my experiences of being a father made me acknowledge that it is not an easy task, it is double the task than back home. This made me to reconsider the family size I intended to have and I have thought that a family of four is big enough for me.’

Factors such as the absence of extended family support and the changing roles of traditional family and structure, and especially men taking a more active fatherhood role, appear to be responsible for a reduction in larger families. Participants’ recollections of their experiences of parenthood and of extended families within their home countries appear to support this trend. It is likely that the social context influenced participants’ fertility behaviour and family size through a dynamic process in which people and structures combine to re-shape daily decisions and occurrences. This dynamic reflects the concept of ‘*duality of structure*’ (Giddens, 1979, 1985).

6.2 Parenting Practices and Family Size in a Migration Context

For the majority of participants, migration and its social context brought significant changes and challenges within their parenthood practices. Their experiences have differed from their original home countries, where parenting is a shared responsibility within a well-defined monoculture that fosters children within a stable social environment that is well-understood by parents who have always belonged there. This can be clearly understood by looking at the effects of change and challenge within everyday parenting practice, and exploring the specific shifts needed between the two variations of culture: collectivist societies in Somalia and Sudan that highly value interdependence, and a British individualistic society that places greater value on personal, individual autonomy (Darling and Steinberg, 1993). Despite recent patterns of extended family changing somewhat due

to urbanisation back in Sudan, together with the Somali war, displacement, and migration, many participants' parenting practices had been impacted by their own pre-migration experiences. Here, I focus on my participants' personal narratives reporting how they have encountered and experienced parenting practices within their migration context. This part includes two sections. Section 6.2.1 discusses parents' perceptions of family life in a migration context, and Section 6.2.2 considers sisterhood and brotherhood among children in a migration context.

6.2.1 Parents' perception of family life in a migration context

Many participants suggested that in an everyday UK migration context, they have become closer to their children, and have had more contact with them, than before they migrated. Equally, these mothers and fathers also reported feeling a significant 'generation gap' and an urgent need to 'catch up' with their children, especially in terms of learning about life in the UK. For example, parents reported needing to learn about technology to help children with homework, and to support them with applying to university. Layala (42, a mother of 4, Somali, focus group) highlighted some of the contrasts she found with British 'intensive parenting' practices and parenting practices in Somalia. She stated:

'Duties as a parent in the UK include playing with children and supervising them while playing, which is totally different from back home. In the UK, all of the everyday detail like taking your children to school, attending activities and parent's evenings is also different from back home.'

Unlike Layala, Khalid (32, a father of 3, Sudanese, interview) added that:

'In the UK, everyday life practice is different and rearing children is difficult. In the UK, there are different legal and social rules that organise the relationship with your child and the expectation from you as a parent is quite different. I feel like I am too much involved in my child everyday practice as a parent, and the children have much freedom - more than necessary. In many ways, I am not free in my way of raising my child and this made me think again about family size.'

When I asked Khalid for further detail, he explained that:

‘In our culture, you expected from the child to obey his parent, and the role of children depends on their age and gender, girls have different responsibility from boys.’

The new context brings changes to parenting beliefs, and many of these changes are adopted within a migratory context. For Khalid, therefore, guiding children to be good people for themselves and the community is a big responsibility and necessitates giving the child more time, which is not possible with a big family. It has been shown that parenting practice is influenced by the parenting context (Darling and Steinberg, 1993). I would also conclude from my discussion with participants that the migrant parenting context has additionally impacted their fertility behaviour and their decision-making in determining family size. Rasha (44, a mother of 4, Sudanese, focus group), shared her own perspective:

‘In the UK, you need to help your child to accept and understand the reality of the external world out there and make him feel happy and secure. This is not only because we live in different cultures but also as migrants and Muslims, we have to consider a lot of issues such as discrimination, media, and terrorism. As a parent, I need to answer the questions of my son/daughter about the daily practices like praying, eating, and dressing. I know a woman that called a Mufti¹⁰ scholar in Islam religious, to seek his advice and asked him about contraception because she feels that she is not ready to have children in the context of migration. Because she is worried about not being a good parent of those children, I too sometimes have that worries.’

Like the Somali informant Khadiega (39, mother of 4, focus group), Rasha, a Sudanese migrant, believes that the concepts of being a ‘good parent’ and a ‘good child’ are subjective. Rasha (44, a mother of 4, focus group) claimed that:

‘In the context of migration, the value of children was no longer about how many children you have, it was about having good child, it is about how well you look after them, educate them, and care about them.’

The phrases ‘good child’ and ‘good parent’ reflect the ways in which people see themselves. Many parents, like Khadiega, were worried about a child who, not well looked after by his parents, will end up not being a ‘good child’. In the current British context, Lowe (2016) found that to maintain the position of a good mother ‘*women needed to make*

¹⁰ Mufti: A person who can act as reference in giving guidance on religious issues.

themselves available to spend time with their children and provide appropriate activities to achieve the label of quality time' (p.187). To achieve the condition of a 'good parent', Lowe (2016) argued that this required that a '*good mother should sacrifice others area of their lives in order to achieve this*', and they should offer a child time that goes beyond providing material resources. This understanding also applied to the participants, both mothers and fathers to some extent. A majority of participants recognised that there is a different norm of 'parenting practice' and that 'intensive motherhood' in their current context went alongside being a parent who worked long hours and generated low income. (More on this in the previous chapter.) My participants indicated that this made them feel less qualified to be a 'good parent' to a large family, and consequently limited their family size (i.e., their desired family size) in order to meet their children's needs. In addition, the act of migration was considered as a sacrifice in order for children to have a better future, which also influenced subsequent fertility planning and associated decisions.

My participants reflected that, while children are brought up by their parents and extended family and the whole community in their home country as a norm, this norm is not available in the current context. It is only the parents who are actually held accountable for their children's attitudes and behaviours and are subsequently labelled as 'not so good parents' or 'good parents'. The participants expressed the opinion that, in the context of migration, parental accountability piled more pressure on their shoulders, as they recognised that one child's mistake could negatively stigmatise the whole family, community, or maybe even a whole religion or nation. Kalbo and Yidiz (2019) have argued that the first migration generation is often characterised by what they call 'defensive religiosity', worrying about losing identity in the diaspora, while the '*successor generation as diasporic identity increasingly emerges, is characterised by open consciously reflexive features*' (Schiffaure 2010, p.360). I found this line of thought in the way that some participants interpreted the large family norm as a part of their identity (see more in Chapter 4). However, the majority of participants were open and reflexive about their religion and fertility behaviour, considering that 'good parenting/good fathering/good mothering' practice rather than large family practice *per se* could qualify them as being a religious person. They equated 'good parenting' with 'doing good work' in the eyes of God, and with good citizenship in their host country, because many migrants still consider themselves representatives of the nation that they come from, and of the religion they believe in. As Asmaa (40, Somali, a mother of 8, interview), said:

'As Muslim and Somali migrant and mother of 8 children, I always tell my children to behave well as a Muslim, I always remind them that prophet Mohamed is a good example for us.'

The participants demonstrated various worries associated with their context of migration. For example, the children of some families had faced abuse at school because of their colour or ethnicity. Although the majority of participants believed that such worries were manageable given the protective laws in the UK, many of them – especially those with big families – still experienced significant stress. It was clear that developing an awareness of diversity in a migration context and understanding more about how such diversity impacted their parenting in everyday life, made the majority of participants alter their decision-making about family size. In that respect, this section focuses on the interpretations and complex individual motivations that go beyond traditional patterns of fertility and family size.

It is clear that moving from one environment to another has generated anxiety among participants, together with the impact of the media, and the way this forges a link between Islam and terrorism. Many participants thought that, as parents, they had an additional responsibility to help their children to understand what being Muslim means, by taking them to Arabic and religious classes, or an after-school faith club of some kind. Other participants have sent their children back to their homeland for two or three years on a journey to understand where they come from; that journey is called 'Dagen-ales'.¹¹ This is done to get closer to their Somali culture and to better appreciate the opportunity that has been given to them by migration, in the hope that their children focus more on their education. After seeing their culture lived out in authentic, everyday practice, they can experience the reality of how Somalis and Muslims live and value their families more. This helps them to better understand the struggle of their people and open their minds to differences and diversity by dealing with the significant daily differences in traditional family structures and values. Fatima (45, a mother of 7, Somali, interview), explained that:

'A friend of mind send her son to her sister in Somali, to teach him lesson, he was trouble maker, not into education, not praying, no respect to his parent, he stayed there just for one year, and he came back different, after he experience how life is hard, staying with his cousin same age like him work full time to feed his brothers and mother, now he is doing fine in school, he is good.'

¹¹ Dagen-ales means return to origin or roots or culture, as my informant explained to me.

This is a common scenario that happens because contact with a new culture can often lead to a loss of cultural cues and a weakening of social rules (Berry, 1997; Winkelman, 1994). Some Somali and Sudanese participants thought that regular visits back home helped them and eased their lives. However, a large family could impact their ability to make such visits, as the cost of the ticket and trip itself could be much more affordable with a small family.

It is clear that some participants strongly recognise that bearing children in the context of migration, in a country with such a different environment, has a massive impact on their everyday life. Despite the fact that most participants have a good knowledge of the UK and have been living here for a minimum of ten years, they still consider themselves to be in the process of learning new social and cultural norms while at the same time having also to teach their children norms appropriate to their age and generation. Such pressures not only double their effort and responsibility but also affect their choices and decisions regarding their family size. For example, Khadiega (39, mother of 4, focus group) claimed:

‘I am not against bigger family size but I am worried about parenting those children, some Somali people still have strong attachment to their clan, dream that one day they go back when children are older to build Somali, parenting for them feeding and sending to school, they focus in building big house sending every penny they have back home to build it, when time fly many of Somali family find themselves lost their children for drug or extremists, nothing bad with having big family size if you focus with them in everyday life, work for their future by education, by expending all you have to help them to make them have better future, people send their children back home for regain the culture and teach them a lesson to give them a sense of belonging, while many came with good attitudes and went back to education it also has risk when you send a child without you his parent.’

Khadiega (39, mother of 4) claimed that it was not realistic, as many in her community have done, to build their family size on the basis of definitely returning to her place of origin. In her experience, many of those with large families focus on building homes for their many children, and working hard to save for their house, and therefore have very little time and money to spend on those children. This can lead to problems and issues, argues Khadiega, such as Somali underperformance in school. For Khadiega, the narrative is clear; most Somali parents come from collectivist societies with an emphasis on community responsibility, but in the alternative context of migration (in the UK), it may become necessary to devote more time and money to the immediate family itself, as well as recognising that parenting is more an individual affair than a community or extended one.

Although some participants came to the UK with children, and others have established their family whilst in the UK, they all agree that a large family loses some of its value as people's attachment to the clan back home is weakened. However, other values remain, such as the desirability of a large family culturally and religiously; most participants considered a large family was desirable. Nonetheless, the setting they now live in has influenced their actual family size. One example that throws light on everyday life and its impact upon family size decisions can be seen here when Abdallah (48, a father of 7, Somali, interview) explained:

'Me and my wife wanted the kids to stay with us until they are married (girls) or graduate (boys), we also expected to stay with one of them at least when we are old, However, moving here brought change and challenges in keeping family together (big family), I am not sure I would have this family size if I started my family in the UK.'

Abdullah's experience as a father prior to his migration was typical of many participants who had big families before arriving in the UK. The majority of participants did not think about how the structure of the family could change by children growing up and moving out from their parent's house to establish their own life. For Abdullah, the idea of a girl moving out before getting married was not something he thought of, especially the idea of not living in the same city as her parents. The family house that accommodated all adult children may not be affordable in the current context; this may lead to the fact that large families among the participants end up in overcrowded houses. They focused on the reality and challenges of their daily life. Khalid (a 36-year-old father of 2, Sudanese, focus groups) argued that it was their experiences of parenting their children that impacted their decision-making about future family size. For him, teaching the children Sudanese cultural values and the Arabic language (mother tongue) was challenging and costly. He added:

'If you saw a large family belonging to a Sudanese person in Sudan for example, the first reaction for those who meet with his family is that they show their admiration and say "Ma Shah Allah, it's a big family!!" but if you met same large family in Britain, first reaction for those who see his family is that they say "God bless him for having such a big responsibility".'

For Khalid and a majority of participants, the value attached to a large family has shifted from endorsement and praise to sympathy. This has been entirely altered by their migration context. In their role as parents, most participants continued to embrace their Sudanese culture, a culture in which customs are passed down from one generation to

another. As migrants, they are clear that they do not want to see their children depart totally from their heritage. My study found that the debate and conflict between their original culture and the new migrant one left parents trying to pass on the value of their culture orally. Their children, however, were more open to the new culture through everyday lived practices and this often created intergenerational disagreement and conflicts between parent and children (Kwak, 2003). This state of affairs can also make the parent feel accountable for making sure their children are taught about the original or traditional (home) society's values and belief systems (Deng and Marlowe, 2013). This echoes the participants' parenting worries, which then impact their own fertility behaviour and family size. Ahmed (34, a father of 5, Somali, focus group) argued:

'I came to the UK from another European country with my two teens and three younger than ten years, because I thought living with big Somali community will be helpful, but I found myself struggling in teaching our cultural beliefs. I learned from my experiences that making your child aware of his culture is a parent responsibility and you have to devote a great deal of time for that. Also, you need to save some money to send your child to a good "madrassa" to teach him religious values. Parenting necessitates guarding the child and be aware with whom is he socialising, protecting him from drinking, drugs, abuse, extremism, terrorism, and media. I thought five children is a big family, especially for me as migrant'.

Some of the participants thought that their experiences of parenthood and parenthood practice differed, while for many Somali participants, moving to an area with a big Somali community was seen as a mechanism to help them to pass the Somali culture to their children and to get support in everyday life tasks (dropping off children at school, or offering childcare or translation, etc.) (Farah, 2001; Lewis, 2002, 1994; Samartar, 1994b). It is clear that for Somali migrants, like any other societies based on kinship and principles of inclusion, their social life is characterised by the intimate relationship condition of living exclusively together. That was not the case among Sudanese participants, who appreciated the existence of the Sudanese community centre in their city but were open to living anywhere and depended more on their own family to pass on customs from one generation to another. They believed that in a migrant situation the discipline of children tends to be solely the parents' responsibility.

Several participants reported that parenting in a migrant context was more stressful and time-consuming. Fatima S (45, mother of 7, Somali, focus group) explained that:

'I remembered I was sick once and the children were playing outside home in the grove for long hours, my neighbour knocked on my door and complained about me

not taking good care of my children. She said she will call the social service and report the case if I had not been doing my responsibilities, I was not sure what was she talking about but the way she spoke was not good and threatening. I took my children inside.'

For Fatima, her negative understanding of neighbourly concern regarding her children is coming from the fact that she used to live in a context where neighbours' concern was reflected differently. In addition to that, Fatima found any official intervention hard, even if the aim was to help her when she needs help, as she grew up in a context where such intervention should be avoided. Fatima saw that the expectation of her as a mother in her migration context was very demanding and tough. Without extended family support, parents were expected to revolve around the children twenty-four hours a day, seven days a week, which was not the case back home.

Women (and men) feel some uncertainty about their identity as mothers (fathers) if they feel that they cannot perform motherhood careers according to societal expectations. This echoes McMahon (1995) who considered that through interaction with their children in a changing social environment, women may have ambivalent feelings towards their traditional mothering roles, as children in this perspective carry the symbolic power to transform women's identity (pp.20-21). The participants indicated that, as parents, they felt less secure about their parenting skills, but they were also pleased that, unlike their own parents, they were closer to their children. As they were more independent in learning about motherhood/parenthood practice in their current context, they felt a sense of responsibility for how well their children turned out in the future; in other words, a mother/father carrying out her/his mothering/fathering tasks had implications within and beyond her/his own family.

6.2.2 Sisterhood and brotherhood among children in a migration context

The concept of 'brotherhood' and 'sisterhood' is one of the concrete motivations influencing family size decisions for most participants. Regardless of their family size status, most participants reflected that having a 'brother' or 'sister' for their children was always a key factor that greatly impacted them when deciding on family size. Awida (45, mother of 4, Sudanese, focus group) felt that:

'I wanted for my son to have a sister and brother, and for my daughter to also have a sister and brother, to support each other to be for each other since we have no extended family here.'

The majority of participants thought that the gender roles of children have changed in the context of migration, in a way that participants did not experience back home. For example, Fatima (45, mother of 7, Somali, focus group) who migrated to the UK with six of her children, and gave birth to her seventh child in the UK, claimed that while her elder children were very open to helping at home, the little children grew up more independently:

‘Back home back home, the children went to school by themselves, went to the shop by themselves, and played in the street by themselves, if I was sick, the big brother and sister looked after the youngsters. After I came to the UK, the oldest children changed their way and not offered any help, my girls began to complain why the big brothers did not do what had used to do before.’

Fatima sees that her authority as a parent was compromised because the children disobeyed her and showed disrespect to their elder brothers and sisters. Interestingly, her children argued with her over their gender roles, as girls refused to do tasks inside the house, asking ‘why me not him? Why should I cook and not him?’. After their father was killed in the war, Fatima and her own eight brothers and sisters were raised by their mother and big brother, and her view was that, traditionally, children should fulfil tasks within the family according to their age and gender. Therefore, Fatima was shocked by her younger children’s refusal to align to prescribed gender roles; it challenged her core belief in the value of having children. As she explained:

‘I told them, what is the value of having a sister if she is not supporting her brother and sister, what the value of a brother, if not to shield his sister from problems and needs, they laugh at me saying mum we are not in Somalia, we are in the UK where girls are just like boys.’

Then she added that she felt challenged beyond her own cultural values, having witnessed her children change their attitudes when they moved from one environment to another. Fatima therefore strongly felt the significant differences in family structure and values and experienced her children adapting fast to migration and a new culture. Fatima was keen to learn the language and be able to meet her children in the current context, to support them and to help communicate her traditional beliefs and values by teaching her seven children about her heritage and culture. Despite Fatima finding that her everyday life had to completely revolve around her seven children, she considered that her large family was her choice; nevertheless, from her narrative, it is also clear that she believed that seven children would not have been her choice if she was making decisions about family size as a migrant.

A significant number of my participants (like Fatima) indicated that disputes about gender roles were already an area of conflict with children and that they, therefore, worried that their expectations of their children would not be met. That may be the reason why some participants, such as Awida (45, mother of 4, Sudanese, interview), felt that:

'In my daughter marriage, my husband and I expected my two older sons will participate in her wedding cost as this was our norm back home, all the family has obligation to do so especially sons, they have to take all costs of their sister marriage, however, my sons give their sister small gift and she has to put all her saving, I was shocked, however, I am glad that my daughter was not expected more from them, I have to sell my jewelled to support her.'

Later, when I elaborated with her about why she found that shocking, Awida compared her sons to her husband, who has continuously supported his brother's family back home since her husband moved to the UK (20 years ago). She explained that the dependence on the older son to take financial responsibility for his family and offer support to his brothers and sisters has changed for her children in the current social context of migration. Individuals are more independent. She also added that her expectation that the elderly should only be cared for by their children is not the only option now. According to the participants, therefore, many values attached to children may change.

It is not only that some family values have changed, but also that family size has been impacted by divorce and remarriage in the family formulation context of migration, as the next section shows.

6.3 Divorce, Remarriage, and Gender

This section aims to discuss how divorce in the context of migration has impacted family formulation, family size, and divorcee life, particularly for those who have progressed to remarriage and childbearing. By drawing on the perspectives of Somali and Sudanese communities in Birmingham, this study intends to broaden and enrich the debate on divorce, remarriage, and changing roles of gender. Although there are different practices surrounding divorce and remarriage, despite the same current context and the same religion, this chapter specifically brings those two migrant groups together to understand ethnicity, transnational divorce, and remarriage in the context of family formulation and family size. Throughout the discussion it became evident that family formulation in the context of migration is multidimensional, varying with gender, conditions, culture, type of community, social and economic contexts, and the level of community awareness.

This section draws on different sources to discuss divorce, remarriage, and the changing role of gender. It attempts to provide a better understanding of divorce, remarriage, and changing gender roles from the participants' perspective. There is a segregation of different gender role expectations from both women and men. The processes of family formulation and childbearing intersect with the logic of gender and ethnicity, and their migrant and socio-economic status has also impacted the participants' experiences. While many Somali participants were traditionally more open to divorce and remarriage, without concern about the formal legal status of marriage or divorce in the context of migration, my study found that was not the case among the majority of the Sudanese migrants. Moreover, a divorcee's pathway of remarriage and childbearing is more diverse than homogenous.

6.3.1 Divorce, remarriage, and gender: Perspective of Sudanese migrants

While marriage was the universal reason motivating participants to formulate their family, the discussion about divorce and its impacts on family size decisions through limiting the progression of childbearing is more complicated, as childbearing outside a marriage context was not a choice for participants. They also revealed that being divorced had limited their chances to remarry and have children. Sportel (2016) argued that while many studies focus on how divorce affects children, few studies have focused on the experience of divorce among divorcing couples, especially within transnational or migrant marriages. In this chapter, contrasting and comparing participants' experiences has enabled me to capture how far divorce in the context of migration has shaped the perceptions and choices of family size decisions among Somali and Sudanese migrants.

One of the key issues that influence family size among the participants is that changes to family structure and family values are occurring as traditional patterns of extended Somali and Sudanese family life are changing. One factor that was frequently expressed by the participants with whom I engaged was that in many cases migration had led to family shape change and had shifted family values. This replicates the pattern highlighted previously in the chapter focusing on economic issues. In many cases, migration has altered the family structure by changing it from a traditional extended family to a nuclear or a one-parent family, and a predominantly transnational family pattern in which marriage happens across borders. Sometimes remarriage and divorce happened cross-culturally, and sometimes extended family was absent. Despite this, the analysis from some cases

has shown that decisions about being a divorcee or staying in a marriage relationship are impacted by many other factors.

Dalia (Sudanese, 36, a mother of 3, interview) represents a typical story of a Sudanese divorced woman with children who stayed in the UK after the divorce. While some of the people I met were considering remarriage and having more children, Dalia was not, and she was more open to telling her story about how her status as a divorcee impacted her family size. She reflected that some women might choose not to be a divorcee and instead stay with a husband for the sake of their extended family. Their reason was to avoid pressure, as there has always been pressure from the community and family (back home) to maintain marriages for the sake of children whatever the circumstances; the majority of participants confirmed this. This social pressure is always higher for married couples with children than for those that do not have children. Another factor that had led to increased divorce between couples was that divorce was more widely accepted in the context of migration than back home. Dalia explained:

‘Although our families back home had kept trying to push us to stay together and didn’t go for divorce, I decided to divorce him eventually, I felt taking the status of divorcee in the UK is less painful for me than back home, However, going for divorce was also hard since I had no family to lean on them if any help needed out especially if you have children living with you.’

People in the Sudanese migrant community negatively stigmatise divorcees, especially women. Dalia was seen by some people as an irresponsible woman who had failed to keep her home safe. As a divorced woman, Dalia thought she needed to do more to prove to the community that she is capable and a good mother. It is clear that this informant found that the context of migration enabled her to make choices and gave her freedom to divorce by supporting her and her children. However, the process of the divorce itself, and the lack of close family support was a challenge.

One stigma was particularly emphasised by the participants; the prime emphasis was not so much on the causes of divorce themselves but on the women, who in different ways were blamed, deprived, and suffered as a result. Overall, there are some interesting points that stigmatisation can bring to the debate about divorce. For most divorce cases, women thought that they came to the UK as wives who left behind their careers, became dependents with children, and would never be able to get married again. Not only did they face the complicated process of divorce in the UK, including unfamiliar legal conditions for

them and the stigma that they faced as divorcees, but also the deep fear of getting married and divorced again and emotional and social stress. Added to this was the worry, concern, and sometimes fear of living in the margins of a community, which divorce frequently brings, especially if one's primary group or community is itself under the context of migration. As Dalia explained:

'I was really worried about getting married again having another child, asking myself what if I divorce again, socially in our community is not accepted to be a divorce second time, to be a divorced mother with children from different fathers (different ethnicity) is a mess!'

Dalia thought that despite her new context, in which lone parents and stepmothers and stepfathers are quite normal, the marriage market for her as a divorcee and migrant among the Sudanese community was very limited and marrying someone from a different ethnic background is less welcome among her community. Moreover, the chance of getting married to someone of her preference, i.e., to a Sudanese migrant, was an exception (Skew *et al.*, 2009). In this regard, Skew (2009) emphasises that individual experiences and socio-demographic factors influence partnering (remarriage) by a) affecting a person's own behaviour or attitude towards forming a new union; and b) affecting their attractiveness as a potential partner (husband/wife).

Building on this, the opportunity for Dalia to remarry, given the presence of her children, was limited, although she still felt that she needed to marry for several reasons. First, she hoped to try to give birth to a daughter to achieve her desired family size of four; second, to satisfy her sexual needs; and third, to follow religious teaching. However, the presence of children from prior relationships negatively affected her prospects of getting married again. Coleman (2000) found that, in general, the chance of forming a new union decreases as the number of children increases.

Dalia was not only unlikely to remarry a person inside the UK, but also remarriage to a man she met back home was ruled out due to the very complicated visa process and the financial requirements. Dalia recalled her mother's conversations with her when questioning her about why she was thinking of getting married again. She added a well-known Sudanese saying, 'لا بورة ولا عقوره', which could mean that she had experienced marriage and has children, thus there is no need to remarry. The above question by Dalia's mother indicates that a majority of the Sudanese community, including Dalia's mother, did not recognise Dalia's sexual needs as a divorced woman and denied her right

to progress to parenting more children, assuming that a divorced woman should focus on her children's needs instead of her own, and sacrifice her life after divorce for the sake of her children.

Like most of the female participants, Dalia was a housewife after marriage and her husband was the family's breadwinner. This meant that Dalia had left her relationship with no work experience or any idea about seeking a job. This in turn had impacted her ability to remarry someone from back home, since it is required by law that she be in a full-time job for more than 18 months in order to bring over a husband from Sudan to the UK. Dalia's circumstances reminded her of a famous Sudanese saying about divorce: 'The hell of marriage is better than the heaven of divorce'. This shows how the choice of divorce, even over an unhealthy marriage relationship, could be difficult and full of challenges. Dalia reflected that being in a migration context can help divorcees to stay safe from some financial worries, because of the social welfare system; as a housewife with no experience of working, she was able to maintain herself until she found a job. However, for a woman like her who prefers to remain a single parent, she found herself in a situation where she had to compromise between financial freedom (as she is working part-time and receiving some benefits) and satisfying her natural needs – sexual, biological, and religious. More importantly, there is the risk of not having children; children being cultural values who support parents when they are old and pray for them when they die and inherit the name of the family.

When thinking about divorce, the pleasures of freedom and independence must therefore be weighed against the difficulty of finding a new partner and having further children. A few participants preferred dependence and thought that independence was not completely the women's choice and that the choice to remain a lone mother comes with high costs. These costs include the increased workload of family life and negative stigma from the Sudanese migrant community.

My discussions with Sudanese participants showed that this was not the case for a divorced man. For example, Osama (46, a father of 5, Sudanese, interview) explained:

'My wife belongs to the family of our neighbour back home in Sudan and I divorce my wife after 10 years of my marriage. Although our families in Sudan tried very hard to solve the problems before getting into divorce, they had not succeeded, and my wife insisted and went for divorce. I requested the right for my children custody, and I have my children staying and living with me. Yet I got married again

and my second wife gave birth to my new baby boy. We are currently living together as one family.'

When I probed this statement with Osama later, I found that he refused to give his children to their mother. His status as a divorcé with children had never impacted his choices for remarriage or his decision to achieve his family size. In the Sudanese community, marriage to a divorced man with children is widely accepted and is sometimes considered a reward. Osama was satisfied with his current family size. Although his current wife has a son from a previous marriage who is now living with her mother in Sudan, the couple decided to have another child to strengthen their relationship. (Despite some participants arguing that children lost their value as 'safeguarding the marriage', i.e., helping to prevent divorce between parents, I found that a majority of the Sudanese participants thought having children is an important reason to continue in a marriage relationship.) Osama considered that being a man and a breadwinner are two very important factors that enabled him to play his role and maintain his family financially after divorce, progressing smoothly to another marriage and satisfying his 'natural need' without failing in his responsibilities. The story of Osama uncovers the crucial role of his family back home in facilitating his second marriage. They were not only very supportive and encouraging, but they also motivated him to get married for the sake of his children after getting divorced and winning custody. They even helped him to find his second wife. Unlike the family of Osama, the family of Dalia (as was the case for other divorced Sudanese women participants) discouraged her from getting married for a second time.

For some Sudanese participants, the absence of an extended family was a key factor influencing their choices about family size. Soad (45, a mother of 6, Sudanese, focus group) explained that:

'In the UK, we experienced a family divide and divorce is increasing because couples are not working hard to safe [to secure the family against divorce, both women and men should maintain this family and sacrifice their individual needs and right for the sake of family unity, especially if there are children, once they establish this family, their duty is to uphold this family] their family. This is different from back home as children increase the husband's commitment to his wife and family and by staying in the marriage.'

Moreover, the extended family and community also provide their support or guidance. If a man and woman get divorced, children tend to go with their mother. The UK operates differently from their home communities in Africa. Some couples were even scared to seek

marriage advice because they worried that their children might be taken away and put into the care of social services. For some participants, family disputes and divorce issues should be solved within the migrants' own community, or with extended family back home. The migration context delivers several differences, such as changing gender roles, altered levels of social support and an unfamiliar legal framework. This picture was illustrated clearly by Ragaa (44, a mother of 4, Sudanese, interview), who pointed out that a dispute regarding her children's custody had been resolved by her family back home. They mediated and decided that she had to give her children to their father, her ex-husband. Although it was a very hard decision for her, she accepted and let him take the children. For Ragaa's family, going into a legal procedure with her husband was considered as crossing a line, unnecessary, and far beyond the Sudanese norm and tradition. Ragaa explained:

'My big brother was very angry with me when he knew that our disagreement about our children might reach court, he calls me saying if your husband didn't consider our traditions and fight you over his children custody, give them to him and never take legal action. No worries about your children, they will be with their father. Later, we will do what it will take to deal with your ex-husband'.

For two years, Ragaa was denied access to her children by her husband, and then the efforts of their extended families succeeded in granting her the right to see her children. She now maintains a good relationship with them and visits them regularly.

Ragaa's case explains why she stopped seeking legal help for the sake of not losing the support of her family back home. Like many other migrant wives, many factors made Ragaa accept this situation: knowing very limited information about divorce in the context of migration; being constrained with very limited financial resources as she is not working; and her family's experience with divorce in their original country. In Sudan, it is thought that the family that fails to resolve their divorce dispute within the context of the extended family and brings family issues to court is a humiliated family, unpleasant, and in disgrace. Ragaa framed her current experience using her home country as a point of reference, and she compared her present situation to what she left behind (Erez, 2000; Menjivar, 1999, 2002). For her, the experience of divorce coupled with her husband's disputing their children's custody was a shocking experience. She reflected:

'Divorce in my country happened the same way as marriage, and our two families sit together to solve the problems without disputes and the children always stay

with their mother. What was happened in my case had made me feel alone, the request of my husband for the children custody was a shock for me and painful.'

Despite the bad experience, age, and the context of migration, Ragaa did not feel that her family size decisions had been affected as she thought her family was complete. However, it changed her family structure and her status from a housewife with four children to a divorced woman who lives alone. It is clear that in the case of Ragaa and the other few cases that I met, divorce among migrant women is a matter that is handled not only by the individuals who are involved, but is extended also to include their family back home in Sudan. Because she chose not to go to court in the UK, she lost regular access to her children in addition to their custody.

In a different case, Fatma (37, a mother of 2, Sudanese, interview) had been told by her extended family to come back to Sudan after she got divorced from her ex-husband. Fatima's extended family thought that the only reason for her staying in the UK was marriage and after she divorced her husband there would be no reason to stay. Although a British national, Fatima travelled back to join her extended family after she voluntarily gave her single child to her ex-husband, believing that that was better for his future. Being a divorcee and having no family in the UK were two essential factors that enabled Fatima's extended family to convince her fly back to the Sudan. Fatima stayed in Sudan with her extended family for two years until she got married again to her second husband, who is another Sudanese migrant in the UK. Fatima then came back to live as a wife in the UK, but she did not want to have children because of her previous experience. After four years of marriage, she had her second child. The cases of Ragaa and Fatima tell us that although marriage to a Sudanese migrant had resulted in helping Ragaa and Fatima to have children and to gain British nationality, their experiences of divorce and child custody had emotionally impacted their progress to remarry and have children again.

6.3.2 Divorce, remarriage, and gender: Perspective of the Somali community

Whilst I did not discover any evidence within the literature to suggest an increase in divorce after migration among Sudanese migrants, many of the Somali participants expressed their opinion that an increasing rate of divorce for migrant couples had affected their family structure. While most Sudanese participants sought to negatively stigmatise a divorcee, a stigma that might intensify if a remarried woman divorced from her second husband, this was not the case among Somali participants. Like many Somali participants,

Aisha (aged 40, a mother of 5, focus group) pinpointed that Somali migrants did not negatively stigmatise a divorced woman, but the problem was rather the refusal of marriage after divorce. Typically, a woman found herself facing many questions: 'Why is she refusing to get married? How is she satisfying her desire and her natural need? Why is she not following the Sunnah (Islamic teaching)?' These interesting findings contradict findings from within the Sudanese community. The Sudanese participants found not only negative stigma towards divorced women, but they also negatively stigmatised a woman with children from more than one previous marriage.

A few Somali male participants felt that, in the context of migration, Somali women misused the rights given to them by religious frameworks (concerning divorce and remarriage) and by the regulatory structures that organised the migrant families in the UK. One key factor that was repeatedly mentioned by men was the availability of financial support for lone parents. For some Somali men, these rights had not only led to some families being headed by women but also led to large families, with women giving birth to many children from different fathers. However, most Somali participants (men and women) believed that Somali women were exercising their rights, and that there was no longer any social stigma attached to divorce in the Somali community.

Many male Somali participants identified the causes of family disintegration or fragmentation as women heading households and lacking family values and commitment to their husband and marriage; in other words, being willing to get divorced. The following extract is taken from one of the interviews with Mohammed (52, father of 6, focus group), who explained:

'Women in the Somali community in Birmingham keep telling their husbands that they are not supporting them financially and therefore, they don't need them anymore. Further, women thought that men should not expect from them to do their usual jobs as good wives while men are failing to do their main jobs to feed their families, sometimes those men out of work because they didn't find job. Women thought if one of them gets divorced from her husband today, she will unquestionably get married the next day.'

One Somali informant pointed to the impacts of the war in Somalia to understand the reasons why many Somali women found it easy to head the household. Many participants linked that attitude to the war back home, that led to women stepping forward and taking up greater family responsibilities when their men left families and went off to fight. Moreover, many of the male participants thought that the current 'easy exit' from marriage

was partly due to the lack of social stigma of multiple previous marriages. However, many participants thought that both Somali women and men often marry more than once. For Somali men to have more than one wife is widely accepted within the Somali community; this is often attributed to the nature of the war, displacement, and religious teaching, as Aisha (aged 40, a mother of 5, focus group) said:

‘Because of the war, and migrations women and men lost their husbands and wives, children, family and lost from them, thus Somali people accepted you if you married ten times since you are not doing (haram) [sin].’

In many narratives taken from group discussions, the participants reported that divorce back home is an extended family issue. Some participants spoke of the impact of transitional challenge and change as a result of a new context with different rules, and the absence of social control in which the extended family play a role as a mediator between husband and wife, and remarriage and divorce are always dependent on their approval. In the context of migration, however, marriage is an individual issue. The literature relating to Somali migrants shows that war and migration have led to diversity in family structures, and a lone parent with children is one type of diversity (Affi, 1997; Emua, 2001).

For some Somali women participants, the absence of close kin and extended family has generated new arrangements, with husbands and friends successfully filling that gap. In other cases, this happened less. A sizable proportion of Somali women participants felt that the absence of extended family, especially the elderly relatives who back home have the final say on marriage and divorce, which led to pressures on the family, causing disruption and social decay within the community. Some participants thought that the loss of extended family interventions, when dealing with marital disputes, and the lack of problem-solving between husbands and wives, has made women vulnerable and powerless to force men to do their job as fathers in maintaining their family’s stability and structure. Arguably, this has made some women in Somali communities feel that they were better off without husbands. This can be seen in the following extracts from the discussions with several Somali women.

Alia (36, mother of 6, Somali, interview):

‘My first husband was irresponsible, I had to divorce him because he sometimes spent days out of home travelling around Holland and leaving me and my children without notice. I was working (part-time cleaner) to maintain the family. Although he was also working, he spent his money in fuelling his car and paying for his runoff

journeys. I stopped having children at age of 32. If I tell my father and complain about my husband behaviour, he will be held accountable and take responsibility, but because my father or his father not here in the UK, I had no choice but to divorce him.'

According to Alia, while she still maintains good contact with her family and family-in-law back home, they were not able to offer her the traditional support expected. This meant she needed her husband to be as committed to his role as a father of the children as he was keen to have them in the first place. Due to the physical absence of their extended family, Alia felt that their migration had a negative impact: the loss of this social control and support. Despite the distant advice she received from extended family back in Somalia, which provided some motivation to cope with her everyday isolation and loneliness, she ultimately felt that divorce was the final refuge for her life. Alia is now married to a man with an ex-wife. She decided they should have no more children and he agreed. Her marriage was not registered officially.

Mariam (38, a mother of 3, interview):

'I came to Holland at age seventeen, I moved to the UK with my family when I met my first husband he was a Jamaican British Muslim, I divorce him after we have our daughter, after five years I got married again, he was Iraqi migrant we had our two children together before we divorce, having my three children with me, I find it difficult for me if it is not impossible to remarry or have more children again.'

Later, Mariam elaborated that despite her Somali community apparently not stigmatising a divorced woman, she thought that was not the case. Being married to her first husband 'who wasn't Somali' affected her later when she divorced and was willing to marry a Somali she met, as his family refused to accept that. She also reflected that it was not the case when a Somali man married a woman of different ethnicity. Cross-cultural marriage exists among both of my migrant groups, but it was not considered ideal among the majority of participants.

Many Somali participants talked about divorce and remarriage that happened off the record, in a traditional way, and how that impacted women. They explained the many reasons behind it; for example that Somali men often preferred to marry a woman who was already a lone parent. This marriage is sometimes unofficial, either because the man might be officially married or has an ex-wife from who he is not officially divorced, or women may accept that because they do not want to go through the same complicated

procedure of legal divorce. She may also enjoy her financial independence; Millar (1996) has suggested that single mothers prefer to be alone rather than remarry, in order to have control over their resources and enjoy their independence. My study shows that the majority of divorced Somali mothers who I met tended to choose remarriage instead of remaining independent, to satisfy biological, cultural, and religious needs, and were motivated even more by the stigma that they faced from the community when they stayed unmarried. Entering remarriage (especially informal/traditional) in many Somali informant stories led to extending family size through having a new child to strengthen the relationship and give it a source of commitment. Extending family size was also impacted by widespread ideas of non-use of modern contraception methods; using traditional contraception may often lead to an unplanned pregnancy. At the same time, many Somali participants thought that women who accepted marriage without legal recognition or secretly usually had a low income and were dependent on lone parent social welfare benefits to maintain their children and family back home (see Chapter 5).

Somia (Somali, a mother of 6, focus group):

'Men allowed their women to pay rent and bills, bring food to home, take care of children, the men did not only allow themselves to share the responsibility but also asked their women for more children at no expense.'

According to Somia, women were homemakers whereas the men were breadwinners, and children were a shared responsibility. This reflected the idea that men lacked the commitment towards their families, their children, and their wives or ex-wives. Somia explained that family size in a migration context was not much different than levels back home. However, back home, people gave birth to many children partly because of the war, hoping to replace great losses in the Somali population, and partly because there had always been a custom of big families associated with values and cultural patterns of rich fertility. This was, however, not the case once families were in a migration context, in which divorce and remarriage may create patterns of large families, for which the mother alone bears the burden of responsibility.

Omer (32, father of 3, focus group) pointed out that Somali mothers in the migration context not only had greater financial independence but had also started to place unlimited demands on men to help out, spend time at home, perform home tasks, or look after children. This does not simply reflect a shift in women's roles but also demonstrates a change in women's demands and expectations of men. It is not surprising, therefore, that these changes resulted in altering the whole structure and shape of the traditional Somali patriarchal family. In this Somali patriarchal family setup, the father is the head of the family and breadwinner and has '*unquestionable authority over his wife and his children*' (James, 2010; Ali, 2001). In Chapter 2 the discussion highlighted that the strong ties and networking among Somali communities are obviously understood in reference to the structure of communities, which includes clans and tribes more than the Sudanese communities.

Although Pessar (1996) warned against assuming homogeneity of one structure, arguing that migrants '*bring their own version of traditional patriarchal code*', it is nevertheless the case that their households appear to have systematically become less patriarchal and more egalitarian in the UK, as '*women have gained access to social and economic resources previously beyond their reach*' (Foner, 1996, p.968). However, men like Omer consider it unreasonable for his wife to ask him to contribute to domestic tasks. This goes

further. A husband's refusal to play such a role may lead to a family split. Omer explained that:

'Although the Somali women worked hard back home, in homes and outside the home for paid work, they do their home tasks as mothers, they never asked for their husbands help. This made me feel really angry especially when I heard women complaining about the home tasks given that she is living in a small flat with all the facilities available for them such as washing machine and all types of technology that made their life easier, compared to their lives back home. In the back home, women have to do all the house tasks using their hands. I did not see any reason made them complain about their non-participatory husband and ask for a divorce, all this is an excuse to divorce. In the migration context, divorce had become a means for women to exercise their freedom though it is not a good solution for family problem.'

Other male participants indicated that wives' demands of their husbands had extended to include the sharing of house responsibilities. This is another signifier of why conflicts arise around gender roles: who does what, who is the leader and in control, and who is the more submissive follower? Demanding divorce was impacted by current gender role norms. With no social stigma or constraints, and the absence of an extended family support role, divorce can result in a more common, familiar lone-parent family structure. Abdullah (39, father of 4, focus group) claimed that divorce and remarriage are the main cause of changing attitudes in Somali women towards family structure, but he also considered divorce and remarriage as the fundamental reason for high fertility and the increasing pattern of lone parent families headed by women. He believed that this negatively impacts the children. Many divorced Somali fathers Abdullah knows, he claims, leave their children with their ex-wives, to remove themselves from financial responsibility. In his opinion, this breaks religious and cultural rules. Ahmed (32, a father of 4, interview) also explained:

'Some Somali migrant women/men said they are remarried in the UK or back home, without announcing this officially, for me that just like having a boyfriend or girlfriend (he laughs) in Islamic version, for them as they are married in God's eye is enough, for me, that is not right marriage in Islam has to be a relationship that everybody recognises.'

Many participants, such as Aisha (aged 40, a mother of 5, focus group) also highlighted that having more children in a context of migration can lead to family breakdown instead of it strengthening the marriage relationship (as was the case back home). Like some other female participants, Aisha saw that dependency on children as a safeguard against divorce was not the reality of the everyday lives of Somali migrant women. In contrast,

Aisha believed that it must be accepted that a small family was a means of strengthening a marriage, partially as a result of the lack of social control via elders (who push young parents to have more children than they desire) than is now the case in migrant communities. This contrasts with back home, where marriage and children strengthened the family's relationships, increased the clan, and promoted a family's wealth and future hopes. Back home, the extended family of the husband and wife valued marriage and children as a means of support in old age. Since the children take the name of their extended families, the family sees them as a shared asset and a valuable future extension to their clan. In contrast, here (and back home nowadays) the husbands and wives are more open to the idea of marriage as a means to display genuine affection between man and woman rather than as a formal arrangement.

In the migration context, marriage becomes an individual issue rather than a social event or contract. Aisha claimed that family size and the number of children has nothing to do with sustaining the marriage if both parents are not committed and determined. These widespread findings of having more children among the Somali communities differed from the perception within the Sudanese migrants' community. The majority of Sudanese migrant participants thought that once a person entered a marriage relationship, the more children there are, the more commitment there is, and the lower the chance of the marriage breaking up. This is true especially in the context of migration. However, the question of child custody after divorce among those migrants added another element to their experience.

6.4 Summary and Conclusions

Giddens (1984) highlights the ways in which structures are impacted by actors and their behaviours, to produce norms (such as large families) and conformity to those norms. Tucker (1998) pointed out that as well as conforming to norms, actors can transgress (bring change to the norms) to better fit with their life circumstances. An example of this dynamic in real life can be seen in Abdu-Elsalam's decision to limit his family to four children. Cultural practices, like a preference for big families, are re-constructed or re-configured in this way (Giddens, 1985). For someone like Abdu-Elsalam, having a large family not only reveals a desirable element of cultural and social structure but also highlights the part played by the agency. Abdu-Elsalam was an actor who chose to act and

change the long-time cultural construct of 'large family' as he best knew it, re-shaping it into a new, more manageable structure consisting of fewer children.

Many participants explained that their parenting practice is changing. Mothering/ fathering has changed from a shared responsibility that goes beyond the parents to include extended family and community to individual responsibility. However, they felt that in an everyday UK migration context, they have become closer to their children, and have had more contact with them than before they migrated. Equally, these mothers and fathers also reported feeling a significant 'generation gap' and an urgent need to 'catch up' with their children. The physical absence of any extended family creates a loss of social control; this has altered women's and men's gender roles as parents, as well as husbands and wives. Many values attached to children have changed in the participants' perspective. The value attached to a large family has entirely altered within the migration context, shifting from endorsement and praise to sympathy.

This chapter makes several new contributions to knowledge in the debates about divorce, remarriage, and gender roles within the Somali and Sudanese communities in Birmingham. First, divorce and remarriage had a significant impact on the decisions related to childbearing and family size in the context of marriage for Somali and Sudanese people. The migration context delivers several differences, such as changing gender roles, altered levels of social support, as well as an unfamiliar legal framework. The pathway to deal with such differences varies among participants.

I build on Hae and Myra's (2010) ideas about the intersection of ethnicity and gender that appear in my analysis, not treating them as separate variables or trying to find which one has the most impact. The effect of ethnicity and gender can primarily be seen as the experience of those in subordinated roles (Hae and Myra, 2010). It is clear that there are different gender role expectations from both women and men and between both Somali and Sudanese migrants. Their processes of family formulation and childbearing intersect with the classification of gender and ethnicity, and their migrant status and socio-economic status also impacted their experience. While many of the Somali participants were traditionally more open to divorce and remarriage, unconcerned about the formal legal status of marriage or divorce in the context of migration, this study found that that was not the case among the majority of Sudanese migrants. Moreover, a divorcee's pathway of remarriage and childbearing could be more diverse than homogenous. A divorced

Sudanese woman is not treated equally to a divorced Sudanese man, and her socio-economic status as a housewife intersects with this to increase the gap between her and a Sudanese man, the breadwinner. The divorced Sudanese woman faces stigma and has her right to re-enter marriage and reach her desired family size denied, especially if she is a housewife with no job or work experience. This intersects with her gender role as a mother in a transnational family that has to deal with two cultural norms. For Somali women migrants, being a single head of family increases women's workload, creating inequality in the parenting role and a new pattern of a family that is supported by the mother alone. The vulnerability of a Somali woman is related to her acceptance of an informal marriage to keep her financial independence. This enables her to feed her children in the UK and send some money to her extended family back home. This brings attention to how culture/religion impacts fertility practice in everyday life, as I show in the next chapter.

CHAPTER 7

FERTILITY PRACTICES, RELIGION AND CULTURE

7.0 Introduction

The purpose of Chapter 7 is to explore the relationship between fertility practices, religion and culture. The empirical evidence from my qualitative study reveals that the negotiated cultural family size norm is one of the key issues for understanding fertility practices for Somali and Sudanese migrants. This chapter extends the discussion about the different experiences and ways in which participants understood their fertility behaviour and practice to have been impacted, and looks at individuals as skilled agents who actively negotiate and perform a wide range of practices in the normal course of everyday life. As presented in Chapter 2, the concept of 'lived religion' is developed as a critique of the limitations posed by analyses of religion which placed great emphasis on institutions and organisations, neglecting 'the experience of religious persons' in everyday contexts. This study is interested in how participants interoperate their fertility behaviour in relation to their religion. In this way, an everyday lived religion can help to explain how individuals make sense of religion on their own terms and apply it in their everyday activities in both public and private life, outside of organised religious events and institutions

This chapter addresses fertility practices, religion, and culture, and consists of four sections. Section 7.1 discusses fertility practices and religion. Section 7.2 pinpoints pathways to family planning and contraceptive use. Section 7.3 explores fertility practice and social influence. The chapter ends by providing a summary and conclusions in Section 7.4.

7.1 Fertility Practices and Religion

One of the key issues for migrants that influenced their decision-making around family size and fertility practices is their understanding of their religion's position on the issues. Yet as Bradley (2007) argues, religion and culture cannot be separated or studied in isolation. Beckford (2003, p.234) explained that:

'[I]t makes good sociological sense to think of religion less as a social institution and more as a cultural resource susceptible to many different uses. It also makes good sense to deny that religion necessarily possesses fixed and timeless characteristics. It is better to think of religion, from a sociological point of view, as a

highly variable set of social and cultural practices credited by many people with conveying the ultimate significance of anything and everything.'

Indeed, the terms 'culture' and 'religion' were used interchangeably by many participants. However, others tended to differentiate between religion and culture when they talked about issues more related to tradition and customs and, on the other hand, to signal personal desires to have a 'proper' family size, given their status as migrants. This may be a starting point from which one can begin to identify how migrants practise their lived religion, and how they negotiate their way to achieve what they consider a 'proper' size of family.

It is important to recognise that, like all religious texts, the Quran and the collected sayings and actions of the Prophet Muhammad (the Hadith) have been interpreted by various schools of Islamic law and political leaders of Islamic nations ranging from liberal reformists to puritan fundamentalists. The jurisprudence of these diverse schools (Madhahib) of Islam, as Obermeyer (1992) explained, vary according to the degree to which they emphasize 'Qiyas [1]: Analogy', 'Ijma [2]', and the 'Hadith [3]', in deriving Shari'a. This diversity of Islamic doctrine and cultural contexts questions the recourse to Islam as an explanation for demographic trends. The diversity of religious manifestations, however, does not invalidate all generalisations (Obermeyer, 1992). This study shows that regardless of these interpretations of religious texts, individuals always have their own understanding and interpretations of the text, and how they make use of it in their everyday life. Therefore, a focus on lived religion is very useful to understand how religion impacted everyday practice and behaviour.

Many studies into the fertility of Muslims have recently understood Islam as pro-natalist, based on the interpretation of Islamic principles believed to be against fertility control (Shaikh, 2003; Keefe, 2006). Other studies argue against those ideas. In his study of family and religion in Europe, for example, Sobotka (2008) argues that there is heterogeneity in migrants' fertility. This echoes what participants reflected about how their fertility practice in everyday life was impacted by their own personal understanding of Islam. As in Cheruvallil-Contractor's (2012) study, participants in my research critically engage with their faith and its foundation, and its impact on fertility practice. They bring their own perspective and understanding, negotiating with the fertility practice that is seen as a normative practice. This critical engagement with faith and its foundation confirms that in everyday religion, agency is established as differentiation of individual interpretation

from religious authority and what is considered a normative religious practice, or, in other words, *'through mobilizing meanings of autonomy and agency in everyday social life'* (O'Brien, 2015, p.181).

This section includes two sub-sections. Whilst Section 7.1.1 discusses fertility practices, religion and sexuality, Section 7.1.2 examines agency and structure, looking at self-determined interpretations of religion and culture.

7.1.1 Fertility practices, religion, and sexuality

The focus here is on the individual and how their everyday religion connects to fertility practice in the migratory context. The empirical evidence gathered from the Sudanese participants in many cases echoes ideas that are emerging from understanding fertility practice as a religious norm, allied to the manner in which participants integrate such ideas with their identity as migrants. As explained in Chapter 6, the majority of participants appeared to construct their existing self-image and views and perceived that their way of life was largely organised by their religion, and that their sexuality, marriage, divorce, fertility, and contraception arrangements were significantly impacted by religious teaching. Exactly how that teaching has been understood, and how it has been practised in their individual lives, is a central matter when it comes to their fertility practice and behaviour. As explained in Chapter 6, participants were diverse rather than homogenous in their understandings; whether seeing a large family as a religious norm or a cultural practice, participants had individual life experiences and had come into contact with different fertility practices (especially following migration). As I show, participants also understood that such differences have impacted their fertility behaviour and practice. In line with this finding, Obermeyer (1992) suggests that:

'Islam is not merely a spiritual principle but the foundation for a way of life, and it is important to consider whether there are behavioural correlates between fertility behaviour, health issues and being Muslim.'

Taking religion as a term of reference, the premise expressed frequently by many participants was that their 'religiousness' achieved a degree of completion through marriage, and, more specifically, the fruits of that completeness came through the arrival of offspring. As Lawy (28, a father of 1, Sudanese, interview) put it:

'if you got married and took good care of your children, it would lead you to a happy ending, in the other life'.

While both male and female participants agreed with Lawy that they gained 'religious completion' upon marriage, having children was a decisive factor in their marriage. All participants agreed that having children and taking good care of their children were of essential value in their religious lives.

In line with their beliefs about this religious norm, the majority of participants thought that the first aim of marriage was to satisfy sexual needs, and the second is to produce offspring. Participants had also reflected on the value attached to achieving sexual satisfaction within marriage and considered it as 'doing religion'. This understanding reflects strong commitment and virtue within Islamic orthodoxy. In line with this thinking, Eniola (2013) considers sex in Islam as one of '*the requirements of life that should be properly and lawfully satisfied. Moreover, Islam does not treat sex as a distasteful, filthy, or heinous act of man*' (p.20). Obviously, participants' understanding of their sexual activity within the marriage relationship represents a cultural value. This culture, which shows greater openness towards sexuality, also impacted participants' family sizes positively. Rajaa (38, a mother of 5, Sudanese, focus group) considered that other aspects and practices of sexual activity might also play a role in impacting family size in Sudanese culture:

'In our culture, the wives should not only reject their husbands if they want them for bed (sex), but also, they have to accept that it is their duty to respond and satisfy her husband needs since the husband can't force her to have sex with him.'

Islam has regulated the satisfaction of sexual needs solely through marriage. Although the sexual needs of the couple can be felt and expressed by both women and men, the request to engage in sex to satisfy a man should always be answered by his wife. Irrespective of the circumstances, the satisfaction of men's needs comes first and is prioritised over women's needs. To this end, the wife must put the satisfaction of her husband's needs before her need and this could bring 'consent issues' to the debate. (This is beyond the scope of my research.)

For the participants, the practice of this culture might sometimes (when contraception is not used or not able to be used for any reason) result in an unplanned pregnancy. In these circumstances, the pregnancy can be viewed as having been sent 'from God' and the couple have no personal responsibility; this should also then be reflected in their attitude, and they should feel blessed. This confirms that fertility, for many participants, is not

viewed as an instinctive, once-only decision, but an evolving one, with a variety of decision points over the course of the whole lifecycle of family formulation.

Early marriage is another key cultural norm that impacted fertility practice among participants. Seeking to increase family members through marriage, Muslims should not fear poverty, nor the responsibility of parenting. For many Sudanese participants, I found that marriage occurred at a relatively late age compared to Somali participants, as the principle of finishing education tends to come before getting married. This was a common idea among my Sudanese participants. Taking into consideration the nature of Sudanese society, which appreciates the role of education in changing an individual life, this idea of late marriage can be understood. Unlike Sudanese society, the nature of the war and migration pathway for the Somali people has led them to have a contrasting attitude towards early marriage. An extensive body of literature has indicated that the propensity towards early marriage was a motivational factor contributing to large families (Berrington *et al.*, 2015). Ayaan (28, mother of 3, Somali, focus group) argued that Somali women are encouraged to marry young. She states:

‘In our traditions, the elderly in the family and community always advise their young girls to have children when they are young and fit, they think the more children you have when you are strong and active, the better for you before your body becomes weaker and sick.’

Ayaan also added that the elders in the family and community still play a significant role in pushing girls towards marriage ‘instead of simply having a boyfriend’ (she laughs). And she added:

‘These days, little boys and girls are more open to learning about sex, it is everywhere, in school, or in T.V programs. This was not the case back home in Somalia.’

From discussion with the participants, I have concluded that religion and culture are not only linked to the participants’ preferred family size but also associated with their sexual activity, custom and practices. In a migration context, many participants consider entering marriage (at least Islamic marriage) very important for girls, because girls will be more stigmatised than boys if they enter into a sexual relationship outside marriage. Although from a religious and cultural perspective both boys and girls are considered sinners if they have a sexual relationship outside marriage, the community usually blames girls more than boys (see Page and Yip, 2019).

In looking at the intersection between religion and culture, the participants' fertility behaviour shows a loyalty or adherence to religion, occurring through a process of negotiation between social structures and religious custom, in which individuals can create their own meanings in the context of a daily lived religion. Parents did not simply follow their religion blindly, but they appeared to self-define their situation and were able to express and justify their fertility behaviour and decisions. For Entisar (45, mother of 6, Sudanese, focus group), becoming a mother of a large family was never questioned once she was married. She had started her family once the right circumstances were in place and her husband had a good job. During the interview, Entisar claimed that she had chosen to have a big family because of her family tradition and religion. Entisar indicated that:

'As Muslim and Sudanese, a big family is a norm that matches our religion as our prophet said. Which mean "Be multiply, I will be blessed by you, among the nations in the Day of Resurrection". Since all my sisters and brothers have big families, my husband and I never thought about planning our family size. When I was a child, I remember that in all our Sudanese marriage songs and wishes, we asked for the bride and the bridegroom to be blessed with happiness, wealth, and a big family.'

From the rich data collected in interviews with the Somali participants, many of them considered themselves followers of traditional religion, and their cultural customs are direct products of their religious teaching. For example, as Sara (44, a mother of 4, Somali, interview) reflected:

'I got married after finishing high school, it was arranged marriage, I never thought about family planning before marriage because I thought it is all in God hands and I was just praying for a good healthy child.'

In their narratives, Sara was very clear in her understanding that family size was not a choice for her ('in God hands'; her family size was free from any other control). However, when I asked Entisar to elaborate, she reflected that the decision to have a large family was not only motivated by religion for her specific family, but that another influential factor was family traditions that favoured big families. Entisar felt that she has a commitment to that norm, and her intention was acceptance and blessings from Allah. Here 'subjective beliefs' are in play for Entisar, or possibly an '*individual perception of what others may think had been sufficient enough to play a significant role in shaping the fertility behaviour*' (Bernardi, 2003, p.538). Despite Entisar's belief that, in Islam, people are free to choose the size of their families, she recalled that pressure was exerted on her from her family and

family-in-law to have more children. Entisar thought that this was the 'proper' thing to do within her family and community, also identifying that the decision about her family size was not an overtly religiously motivated decision. In fact, from Entisar's account, it seems that the decision-making about family size was more directly linked to pleasing her family and family-in-law than any conscious adherence to religion. This suggests that the choices made about her family size did not hold validity as a 'proper' religious practice due to the absence of the intention (النية). Entisar was compelled to conform to the expectations of her family and family-in-law to have a big family. This woman fundamentally believes in a voluntary approach, unlike Sara, who sees her family size as an act of righteousness, was cognisant of her duty, and who certainly organised her family size solely by religious rules and values.

A few Somali participants, like Entisar, viewed their family size as complying with the husband's preferences rather than obeying religious obligation. Saad (38, a mother of 6, Somali, interview) illustrates this type of thinking:

'I had six children now, my husband gives me a nickname (umalzahab).'

The expression 'umalzahab' means 'mother of gold' or 'source of gold' and is used here as a nickname to indicate how her husband values her and sees their children as wealth. This may be due to the clan system in Somalia, in which large families and large clans play important roles in a political context. As mentioned in Chapter 4, Saad's fertility practice was closely attached to her identity as a Somali and Muslim woman; her role was to obey her husband (as a good Muslim wife) and to keep the practice of large families sustainable (Somali family norm).

7.1.2 Agency and structure: self-determined interpretation of religion and culture

The views of Somali and Sudanese participants about fertility practice in terms of 'everyday religion' indicated that whilst some participants negotiate with the Quran text, and Sunnh – even if sometimes ignoring or challenging the current understanding of it, and how people practise it – other participants see specific practices, such as large families, as a cultural and religious norm. These participants follow the notion of 'religious culture'. Page and Yip (2019) consider the perspective of:

'religious culture is broad, comprising texts, rituals, symbols, buildings, religious specialists, and religious adherents, thus entailing a vast repertoire of ideas, norms, and values that can be used in various ways' (p.265).

In this context, 'religious culture' is considered one of the potential resources from which participants drew their identities (Thomson, 2011). However, I have to agree with Page and Yip (2019), who follow Swidler (1986), that 'religious culture' is not *'the exclusive determinant of religious adherents' choices and actions but religion – as a part of the cultural framework which they inhabit – does inform their values and actions'* (p.273, p.277).

There is no doubt that engaging in discussion with both women and men brings a different experience to the analysis that enabled a better understanding of fertility practice. Giddens (2001) said that *'we [do] need to analyse gender issues by breaking them down into more specific influences affecting the behaviour of women and men in different contexts'* (p.667). For the majority of the research participants, religion is a resource for their family formulation traditions and fertility practice norms. The diversity of practice is not only impacted by individuals' reinterpretation of culture/religion as rules, but also by their identity as a gendered person. Cheruvallil-Contractor (2015) found that young Muslim mothers *'reclaim their faith'* (p.22) by moving away from cultural understandings of faith. Unlike culture, which equates womanhood to motherhood, faith gives women a clear social role and recognises their contribution to society beyond motherhood. Individual interpretation and perspective in lived religion allow women to differentiate themselves from elements of their religious lives and traditions (O'Brien, 2015).

When it comes to family size, participants felt that both religion and culture had impacted their fertility practice, therefore everyday religion is important to understand individuals' experience, where the family formulation is more than just completing a pregnancy term or

using contraception. Reflecting on participants' status as migrants has brought to the study more different perspectives informed by their own experience, has improved our understanding of family structure change. These interpretations of participants have suggested looking at the concept of ability to care. While some participants admit that they valued this cultural understating and see themselves more as a cultural/religious norm carrier, other participants challenge such norms by explaining how religion and culture in the migratory context have influenced their fertility practice.

- **Marriage and childbearing**

Many Sudanese participants reflected on their experiences and actively considered how they felt they had negotiated culture and religion in addressing norms around the family size and cultural and religious preferences in Sudan. This collective sharing and understanding do not represent a single set of values, but instead paints a picture of many ideas and encompasses many values. Part of this understanding links to marriage, and marriage, in turn, links to the ability to establish a family – both morally and materially – and is therefore further linked to responsibility. Reported below is part of one focus group's discussion; these ideas have been discussed in many other focus groups, however, and these interpretations, especially from Rasha (44, a mother of 4, Sudanese, focus group), brought forth some interesting perspectives.

Participants like Mona thought that religion had positively impacted her fertility through encouraging her to get married, and for her marriage is a stable relationship that leads you to have children; the earlier you enter marriage, the sooner there are more children to care for. She had to seek 'Fatwa' in relation to whether she could limit her family size, because she had married in her early twenties and in her first ten years she had already had four children – she moved to the UK 15 years ago, she had two children when she joined her husband in the UK, then she had two more – and she realised it was very hard to manage, especially in the context of migration. She talked about limiting her family size and using contraception (Mona, 45, mother of 4, Sudanese, focus group):

'Because I was not sure I can do that (have no more children) and it is religiously will be ok? I have to seek some advice.'

This was responded to by Rasha, who was also taking part in the discussion group. Rasha commented that she understood Mona's confusion, and Rasha openly used her self-determined interpretation of the religious rules relating to marriage (حديث الباءة) and said she

had applied this to childbearing; she argued that since Islam supports being economically/emotionally ready as a condition to qualify a person to get married (and satisfy sexual desire) if someone is not financially/emotionally able to maintain the responsibility of marriage, it is better for him to break the natural desire to have relations (meaning sex). Rasha argued that the urgent natural needs (sexuality) must be put on hold because a person should be able to establish and maintain a family, since Islamic children should not be born outside of a marriage relationship. According to Rasha, for Muslims, the condition of capability for marriage must apply to family size, and she confirmed that she meant that people should have the number of children that they are able to take care of, with no obligation around size. There are no clear texts in the religion of Islam that link financial ability to childbearing (as there are for marriage). Rasha used her own understanding to justify that family size should be linked to the ability to shoulder that responsibility, given that it is one of the aims of an Islamic marriage to satisfy sexual needs and to have children. Many Sudanese participants thought that the ability to care goes further morally than being economically able to maintain a family, as Hanna (35, a mother of 3, Sudanese, focus group) explained:

‘You are not ready for emotionally? Personally, I don’t think that right as Islam build on¹² no harm principles, Personally I asked the Mufti, that I don’t feel psychologically ready to have more children so shall I stop? And he advised me to use contraception until I am ready.’

Hanna tried to find support for her decision to stop childbearing by asking the Mufti. She was effectively creating her own understanding by stopping childbearing completely as she thought she would not be ready to have more children. Hadia, Rasha, Mona and Hanna all reported consciously attempting to negotiate a large family as a cultural practice and norm, to justify their own family size and practice. However, they considered a large family a traditional-minded and conservative practice that could be challenged and criticised, and this led to practical consequences such as Hana and Mona acting to stop childbearing at a certain family size. They all used their knowledge of *general* religious rules (not for fertility behaviour *per se*), to apply to their specific family size issues, arguing that they used self-determined interpretations of religious rules based around personal subjective needs.

¹² (لا ضرر ولا ضرار) Hadeeth: The words of the Prophet Mohammed that advise people not do harm to one another, and others should do no harm to them.

Other participants, like Hadia, brought up less commonly known permissions for women not to continue with childbearing and reasons why women could legitimately limit their family size. As Hadia (42, a mother of 1, Sudanese, focus group) stated:

‘I know that in Islam it is ok for women to used contraception for her body beauty reason.’

The idea of stopping childbearing to save ‘body beauty’ was not a commonly known religious fact among the participants. However, it does exist, surprising many women in the discussion group. While my participants count many religious reasons used to limit the family size (more about this in the contraception section below), ranging from the ability to care, health reasons, to having a small family to keep their body beauty for psychological reasons (feeling not ready to have children), they all justified these reasons by using religious rules to back them up. Applying those general religious rules specifically to fertility decisions is by no means possible for everyone in their community; however, it is interesting that they are widely mentioned, as well as reportedly supported by their husbands’ understanding.

Conversely, among the majority Somali participants, the story is different. Having a large family is seen as a means of God’s support, so parents should not have worries about their ability to care, but instead should have faith in God. From the rich data collected in interviews with the Somali participants, this reciprocal relationship was held in particular by those who considered themselves followers of traditional religious and cultural customs and guidelines. For example, as Sara (44, a mother of 4, Somali, interview) reflected:

‘I thought being a mother was my role, I believe that any child born come with his fortune, many of friend stop childbearing because they thought it is difficult, but I would say it was always difficult whether in the UK or Somalia, I had just followed the Sunnah¹³ and never took any contraception.’

She therefore never used modern contraception, just followed the ‘Sunnah’, seeing her fertility practice as a way of keeping a cultural narrative (large family practice) going about herself and her religion. Her understanding of following the Sunnah meant not limiting her family size.

- **Children are parent’s work**

¹³ The Sunnah is the practices of prophet Mohammed through his entire life.

Another shared understanding of an Islamic concept is that a child is a parent's work; as a parent you will be held accountable for taking care of your children. This understanding of a child as 'good work' for his parents motivated some parents to have children for whom they will then be rewarded after death, by being their good work. However not all large family groupings share the same values and responsibilities. Some children born into bigger families do not receive discipline or care, ending up as a 'birth of regret'.¹⁴ This is a cultural belief shared by informants and it signals the opposite to what they consider 'a good work'; a child who is raised with good care will grow to be 'good work' after his parents' death, and his prayer for them is granted forgiveness by Allah. These types of cultural beliefs existed in both migrant groups. As migrant parents, the Sudanese and Somali migrants have to juggle these two cultural values in order to raise children in their new context. Such values were shared by many participants, who said that any child born needs to be supported to get the best religious education and to be good and useful for himself or herself, the family and community. Most participants thought that cultural beliefs, values, and principles regarding 'good work', and equating this with notions of a 'good child', brought constraints to their family size. In more individualistically oriented societies, autonomy and independence are valued, together with encouraging children to act autonomously and show initiative from an early age (Wise and Da Silva, 2006). As migrant parents, the Sudanese and Somali informants must juggle these two cultural values to raise children in their new context without sacrificing any of the rich heritage and background from their original homeland. This concept of a child as 'good work' motivated some participants to use it as an argument when they disregarded a large family as a religious practice or norm. As one informant, Safa (42, a mother of 4, focus group) explained:

'So if you look at the children right and parenthood duties from the religious and cultural point of view, culturally and religiously a big family size is preferable, but personally what I considered in the family size I desire, is the constraints in this context – even if you consider that against religion norm – because family size is a matter and God (Allah) will hold me to account for my choice, not anybody else. I made this choice between me and Allah and hoped that I will be forgiven. I believe that my family size choice depends on my own assessment to my ability to parent, for one day I will be held accountant about my parenting to that child, I have to be a good mother and give my child the support to be a good person.'

¹⁴ 'ولادة الندم' means birth of regret.

The societal beliefs regarding good parenting, and a 'good child' as a 'good work' has shaped a requirement to care for, nourish, and teach those children to be 'good work'. At the same time, communicating their expected role to those children is a two-way street, with an implicit (and explicit?) requirement that both parents have time and resources to devote to their children. This is seemingly why so many participants applied this cultural value to negotiate the cultural norm of a large family. Moreover, some participants went further and discussed evidence from religious texts to defend their ideas about the family size they wanted or chose. It is clear that for some participants, like Awida, family size is not a completely individual choice nor is it just a commitment to a cultural or religious norm. Instead, it is the conscious and deliberate practice that the individual-as-agent negotiates with that culture to achieve their desired family size. Awida (52, mother of 4, Sudanese, interview):

'Some people thought they don't go and break the Hadith that encourages them to have children, and they ignore many Hadiths that talked about the children right and parent duty.'

Many Somali participants thought the value of a large family should not be compromised by the idea of the 'good child' as 'good work'. As a parent, you must do what you can do, including concerning the family size. Most male and female participants thought that a big family was culturally valued. While most Sudanese participants used the idea of a child as 'their good or bad work' to justify their limiting of family size, a few of the Somali participants considered fertility practice a religious and cultural norm that could legitimately be negotiated.

This discussion shows that religion is not only linked to participants' preferred family size but is also associated with their sexual activity and contraception practices, which in turn reflects on their pathway to contraceptive use, as the next section will show.

7.2 Pathways to Family Planning and Birth Control

This section presents and analyses the pathways to family planning as described by the Sudanese and Somali participants. It looks at how far family planning was the outcome of a purely individual decision. To what degree did the participants appear to exercise 'choice' over family planning throughout the course of their reproductive lives? I will draw on primary data and empirical findings gathered during my fieldwork and use these to examine perceptions of family planning and fertility within the sample of Sudanese and

Somali migrants. My aim is to reflect the composite reality of circumstances and attitudes of those migrants, in relation to sexuality, family planning and contraceptive use.

This section provides a useful understanding of the routes into family planning, as described by the participants. I found that the approaches to starting family planning and contraceptive use were heterogeneous. Another finding is that family planning is more than simply a private, intimate matter, but that it tends to be shaped through broader institutional structures and societal norms. This introduces the second part of this section, where I consider evidence from participants' narratives concerning family planning and contraceptive use. I reflect on participants' accounts of thoughts and experiences and family formulation, and how these were shaped by everyday life and inferences of their family, friends, and partner (husband and wife), as well as by the stage of family formulation and desired family size that had been reached. In the third element of this section, I concentrate on the participants' assessment of the 'right way' of family planning; this is very often the term used to express their views and actions when exploring and explaining fertility, family planning, and the intervals between children.

7.2.1 Agency and structure: family organisation and sexuality

This study seeks to explore the relationship between decision-making around fertility planning and family size, including decisions on the appropriate interval between children and family size choice, and how far such decisions may influence each other. This section presents a detailed consideration of the features and characteristics that form these decisions, rather than examining the characteristics of the women themselves; in this way, the section aims to capture a range of explanations classified through participants' rich experiences rather than solely through their reproductive outcome.

From discussions with the participants, I concluded that contraceptive use is not only linked to the participants' preferred family size but also associated with their sexual activity, customs, and practices. Rajaa (38, a mother of 5, Sudanese, interview) said:

'When you agree with your husband for not having more children, it is your responsibility in the first place to ensure that you have a trustworthy contraception, a contraception that you can depend on.'

As married women and men, many participants insisted that for those who are in a stable relationship and regularly have sex with their partners, the use of contraception is a very

important element in their everyday lives. All of them agreed that this is the woman's responsibility in the first place and that if any unplanned pregnancy happened, it would be because of non-use of/or faulty contraception, and as such, should be welcomed and considered as a gift from God. Abortion was not a viable choice for them because in Islam abortion is forbidden unless it is for health and safety reasons. Therefore, there is acceptance, patience, and satisfaction with such a circumstance as unplanned pregnancy.

Enquiries into planning their family size elicited a range of responses among participants. While some participants described having taken conscious decisions and made deliberate efforts to plan and manage their family size, others claimed they had no strategy in place. A few thought that planning a family was beyond their reach, rephrasing it as 'in Allah's hands', and preferred to refer to the spacing between their children. I found that most of my participants demonstrated a strong sense of certainty in their transition to parenthood; the majority wanted to become parents. However, they were less certain in their decision-making around actual family size; for example, how many children one wants, whether to have another child and questions that related to sexual intercourse and family planning (whether to use contraception or not, what sort of contraception to use).

For some Somali and a few Sudanese participants, while planning their family size is itself beyond reach, there is a weaker form of planning that my participants called 'family organisation'.¹⁵ Family organisation is a practice that is culturally approved and accessible to the participants since it is natural/traditional, as Ahmed (32, father of 4, Somali) explained:

'I don't do family size planning, because it is all of the God hand, I just follow the Sunnah, I practise Azel, my wife breastfeeding for two years, to the gap between children, as our prophet advises us, it is good for the mother and child.'

Ahmed perceived that in appropriate forms, contraceptive use is a tool to organise family size. I realised that the gap between two of his children was more than two years and I asked him to explain. Ahmed told me that their little one was born with health issues, so he and his wife were practising Azel natural contraception (natural family planning) because of that. Ahmed's view that a large family was part of his cultural identity was clear, and his planning for another child was the result of deliberate 'reproductive decision-making' and

¹⁵ The practice of family organisation is frequently used among Somali participants who thought the term 'family planning' is rather problematic, so I used the term 'family organisation' in all interviews.

'proper' contraceptive use, as his family size was impacted by his child's health situation. Ahmed considered that traditional contraception methods were the 'proper way' of the family organisation; the goal is to have short intervals between children rather than putting limits on family size. This understanding had been modified by other factors, the sickness of his child in this case. A few participants expressed the same point of view, regarding large families as a cultural pattern they must obey as a part of their identity; however, their understanding and interpretation of this norm revealed different patterns for how it can be applied, and different understandings of what and how specific conditions can impact the outcome. (Ahmed is a good example of this.)

This point of view as expressed by Ahmed was also adopted by other Somali participants; however, a few disagreed with it. Maha (38, mother of 3, Somali, interview) claimed that:

'I did not mean to identify a specific number of children rather than planning for when to have your next child or to stop from having another child so that you can accordingly plan your whole entire life. For me, I made my choice when I started my family formulation after two years of marriage, I made five years gap between my first and second child, then I changed to two years gap until I had my third child.'

A few Somali participants viewed 'Azal' (which means 'withdrawal', an approach that has been practised by the Prophet Mohammed) as potentially opening the door for them to organise their family size; however, organising childbirth could result in a small family, and Maha reflected on this in the context of migration. She considered that the understanding of religion and its application in a migratory context was different to back home. After she migrated, she listened to the views of many and varied Islamic scholars. She believes that living in multicultural Muslim communities and having access to the internet and social media enabled her to analyse and negotiate her own family issues, fertility issues, and marital situation. From this new lens, or perspective, she saw that many other Muslims have traditional fertility patterns and are continuing with this approach exactly as they inherited it, whilst others do not. Maha considers that the tradition of the large family among Somali people will always be present because it is not just a reflection of religious teaching that controls practices, but it also represents culture, society, and a political system, primarily due to the huge impact of the war that 'killed' the Somali nation. Considering herself fully aware of relevant religious guidance regarding fertility behaviour, it is clear that her approach has been impacted by religion in her decision concerning family size. This decision has also been impacted by the structural factors in the Somalian

context, which motivate specific religious ideas about fertility and family size; just as Asad (1993) recognises the strong way that religion shapes how people perceive themselves and each other. He also notes that religious beliefs and practices are not static but change over time, arguing that the authority of religion is secured through this adaptation or evolution of beliefs and practice, according to the shifting needs of emerging order. In this sense religion, for Asad, is heterogeneous; comprising many elements that vary historically, and adapt to the demands of society's leaders of the day.

While desire reflects goals and ideas, intentions can be seen as '*post-hoc constructions*', built after existing conditions have been evaluated (Johnson-Hanks, 2006), such as Ahmed's child's sickness that impacted his progress and parity. Similarly, Shedlin and Holerbach (1981) argued that fertility decision-making must recognise that decisions regarding reproduction made prior to conception may be very different from those made during pregnancy. In some cases, a decision is made in a non-discussion situation, especially when the termination of pregnancy is the only contraception method available. In this case women tend to have more power in making such decisions. In this regard, Ali (54, a father of 5, Somali, interview) explained:

'After my fourth child the doctor advised us not to have any more children, because of my wife health, after three years she became pregnant, she stops using her contraception pill, without telling me, the doctor advise her to do abortion. I agreed because as a Muslim I know that it ok to do, as there is a strong reason for it, but she refuses, she planned to have that baby, we argued a lot, we nearly divorce but, in the end, it is her decision, she continues with the pregnancy.'

Even though abortion was not a choice of contraception method, being a 'Muslim, and very religious person' as he describes himself, family planning for him had to be a product of everyday life and circumstances, hence allowing space for the religious justification adopted by Assad. He could agree to his wife undergoing an abortion by bringing her a 'Fatwa' from 'Sheik', a religious scholar, who had advised an abortion to protect the mother's life. When later I interviewed Ali's wife, she said that her latest pregnancy was unplanned, she felt tired of taking a contraceptive pill while her husband was away on a short trip to London and when he returned, she became pregnant. Even though in her health circumstances abortion is acceptable in religious terms, and preserving her life was seen as a priority, she felt that having an abortion was beyond her ability and spoke about her sense of taking responsibility for that child by risking her own health. She acknowledged that her not taking contraception for a time was not 'proper conduct', as she

put herself in a dangerous situation (as she had been advised by doctors not to be pregnant again) by taking this chance and not using the contraception. Afterwards, when she became pregnant, she felt she would never forgive herself for having an abortion; however, she hoped she might be forgiven by Allah for not making the right decision but taking the high-risk decision to keep the baby.

Unlike Ali and his wife, many other participants revealed that their experiences with contraceptive methods were full of hesitations. One informant thought that the use of contraception might cause infertility or other related health problems, such as cancer. Rajaa (38 years, a mother of 5, Sudanese, interview) disclosed:

‘I was already a wife when I first came to the UK, but I did not know much about contraception or heard of them back home. After given birth to my first child, the midwife advised me to use contraception. Although the midwife had fully explained to me the advantages and disadvantages of contraception, I wasn’t sure which one is suitable for me, and I decided to go with a condom. I always struggled with contraception and preferred instead to go with natural contraception and withdraw. I, however, got pregnant again and then I went back and try a different type of contraception for few months, then I got scared from the side effects (cancer).’

Many participants stated that the type and timing of contraception they used were connected to many other aspects of life. Just after marriage, most participants preferred to use what they considered as natural contraception (withdrawal) for religious reasons (because the Prophet Mohammed advised followers to do so). In addition, there were cultural aspects, as in Sudanese and Somali culture the first child is seen as a sign pointing to fertility and marriage settlements. Many, if not all, participants faced this question ‘are you not three yet?’ or ‘hasn’t your wife said something yet?’ (implying the wife’s role of sharing that she is expecting a baby). They experienced such comments frequently as newly married couples, especially those who had to wait a few months before pregnancy happened. In addition, many of them had been advised not to use contraception before the first baby. This unknown source of advice is widespread, especially among my Sudanese participants. A few participants used contraception before their first conception, either because they were students or while they were waiting for their visa to join their husbands in the UK. However, their progression to other types of contraception often appeared to relate to the family formulation stage (how many children they already had, and how many children they were planning to have). Rajaa (38 years, a mother of 5, Sudanese, interview) explained:

'Now after I got pregnant with my fifth child, I felt like I have to use contraception, it is really hard to choose.'

For Rajaa, having a fifth child was the turning point in her contraceptive use, as she addressed her personal fear and used proper contraception. This is akin to what Carter (1995) identifies as the location of the decision point affecting the decision-making process. An equal number of couples progress to a different type of contraception (rather than natural contraception and withdrawal), when they reach their desired family size, realising that going on to further childbearing felt beyond their emotional (or physical) boundaries. In addition, for some participants, entering married life with ready-made family planning decisions in place was simply not the norm in Sudanese culture. For example, as Hanna (35, a mother of 3, Sudanese, focus group) shared:

'In our Sudanese culture when we engage, we don't speak about family planning or contraception or anything related to our sex life, until after marriage, because talking about contraception, means talking about sexuality and that is not preferable. If you mention family size in your conversation with your fiancé, the far you can go in that topic is to say your idea about family size you would like to have or whether you prefer small family or big family size.'

For the many women that arrive in the UK as wives, they find that having a baby can ease their feelings of loss for their family, friends, and career back home. This is another explanation that goes towards justifying why migrant women, especially those who start their marriage in a migration context, do not begin to use contraception immediately after marriage, as Sanaa (32, a mother of 3, Sudanese, interview) illustrates:

'When I arrived at this country from Sudan, I was sitting at home doing nothing I left everything behind me - my family, my friends and my job, language was a problem, at that time to study the English language you have to pay lot of money and my husband cannot afford it. So, I was sitting at home doing nothing really, so I didn't use any type of family planning, when I got my first baby daughter I felt like I am not alone, she makes me happy and easy my feeling of being distant from everything I love.'

In some cases, some participants, especially those who came to the UK as wives, found themselves in isolation, especially if their husbands worked long hours, and they progressed to a first child quickly, giving them a sense of belonging and helping to overcome their feelings of loneliness – as well as bringing some sort of security (legitimacy) in terms of their migration status, as a mother to a British baby.

7.2.2 Negotiating spacing between children as a religious norm

During my interviews, I became aware of the influence of intervals between children and the related issues of when childbearing should start, and at what age it should cease. To understand her decisions more fully around family size, Hanna (35, a mother of 3, Sudanese, interview) explains:

‘I had then planned to have three children and set a gap between each of them, three years. I fitted a coil for ten years after I gave birth to the youngest one, I did not say that I did not want to have more but the coil will help me not to have the second child before ten years at least. Later, we had realised that we will be too old to have a child after 10 years, my husband is now 46 and I am now 35. Instead of having more children, we thought it is a time now to consider the children future.’

For Hanna, although two years is seen as an ideal interval between children in some religious schools of thought, the interval between her children was based on the stage when her first child started nursery before she got pregnant again with the second child. Since she started her family at the young age of 21, it was difficult for her to care for her family without support from family members. Her husband was working for long days out at sea, so she used the interval between her children to organise her life. At the age of 35 years old, with three children, Hana thought it was time to stop childbearing, despite wishing for four children. She decided to focus on the needs of her present children, try to catch up with studying, and search for a job. In line with this thinking, Hana had reflected on the long period of time taken to form her desired family size. Although this reflective and proactive attitude has affected her ultimate decision on family size, Hana showed no regrets because she knew that she had made the decision based on what she thought would be the best plan for her situation, in a migration context with no family support. She contended that it would have made a difference if she could have done things roughly at the same time as her friends and family did – i.e., to have an interval of two years between each child. Interestingly, Hanna had carefully considered this approach that can be understood as ‘proper conduct’ (Carter, 1995); as Hanna and many participants mentioned, religious rules regarding spacing between children is two years. The participants had built their understanding on that verse of the Quran that suggests that the mother should stop breastfeeding a child at two years maximum. Like many participants, Hanna believed that two years is quite acceptable for how long a mother should wait before progressing towards another pregnancy. This was not the case for other participants, such as Nehalla. Nehalla (38, a mother of 4, Somali, interview) thought that

an interval between children should be short. This differs from what could be considered as 'proper conduct' that is the 'the two years gap' within the cultural and religious context; a two-year gap between children is cited as the best option but, as a migrant, Nehalla wanted to invest her time differently, as she too was without family support. Nehalla considered that her shorter interval between children was appropriate and most relevant to her circumstances. Nehalla (38, a mother of 4, Somali, interview) told me:

'I was young when I came to the UK with one child, I thought that having big gap between children was not a good idea since there were no family support, so I decided to have my children in short interval, because this will make stay at home during my children first years, and in six years, I had my four children, it was hard to do, but it helped me to take care of them as their needs and their interests are same.'

Although Nehalla thought that she would manage her family life in the context of migration in a positive way by reaching her desired family size within six years and then returning to study and work, she realised that this expectation was very challenging, given the heavy requirements and pressures of looking after children in the UK. In this sense, both Hanna and Nehalla acknowledge that there is a proper practice in their religion regarding spacing between children, and both of them accommodated less or more than what is considered a proper spacing between their children in order to be able to stop childbearing as soon as they reached their preferred family size. Of course, not everyone I met had children at the same intervals as others in my interviews. Many participants mentioned the importance of having children within quite a short time interval to achieve their desired family size and focus on how to raise them. For others, this mechanism was also adopted for other reasons. Specifically, some of them frequently referred to the fact that having children close to one another would strengthen their sibling relationships. Moreover, they aspired for their children to be more like friends, and their needs as children close together in age were seen as being easier to manage for their parents. Sara (44, a mother of 4, Somali, interview) stated:

'As a migrant mother, I was very conscious of the fact that I am wanting to have my children to be close to each other, share the same experience, and be friends. This will enable me to take care of all of them when I am young and fit.'

Sara wanted her children to grow up together, to play and have the same needs and be easier for her to manage.

Some participants, therefore, brought forward the timing of conception for reasons other than following a religious guide on family planning. They chose to have children within short intervals in order to ensure that it would be better for the whole family; the children of young parents grow into adults before their parents are too old. Safa (44, Somali, a mother of 5, focus group) said:

‘Me and my husband wanted children as soon as possible so we will be around them in all their growth stages since we don’t have extended family in the UK. We want for our children to have us beside them to play with them, to look after them, and to watch them growing.’

Among Somali participants, the intervals between children appeared to help them to achieve smaller families, as many participants were not clear where and when childbearing should end, refusing to specify how many children they planned to have. In contrast, most Sudanese participants were very open in specifying the desired family size and saw contraception as a tool to achieve that. An apparent lack of discussion about matters concerning the planning of family size was evident among Somali participants (both husbands and wives). Most Somali migrants spoke about contraception methods as tools to help plan gaps between children, seeing a good interval and overall family size as the desired product of good planning.

The analysis of empirical data has enabled me to pinpoint that working or not working outside the home is another factor shaping decision making around fertility and family size. Like some other Somali women who work and take care of financial responsibilities back home, Samia (39, mother of 4, Somali, focus group) has an alternative point of view, and her decision regarding family size took a different stance (more about this in the economic issues and fertility chapter):

‘As a nurse I always advise women to use contraception especially young girls, most of them see modern contraception used as a rejection of God (Allah), well, my explanation to them is even if you used contraception, if Allah wills, you will become pregnant. Just do your part don’t struggle, give your child his time to grow, give yourself good care.’

Furthermore, it is important to acknowledge that not all Somali attitudes towards contraception and family planning are identical. While a majority consider that contraceptive use may be one way of directing or organising what God is giving, a few adopt another stance, which is that family planning interferes with that which God wants to

provide. The diverse ways in which decisions regarding family planning are implemented are broadly organised in terms of the structural views within Islam (the religious norm) in relation to contraceptive use, induced abortion, and norms of breastfeeding intervals. However much some people conform to such norms, other people transgress them, and it is the agency of the actors that explains and justifies such transgression. There is evidence here of participants balancing religious prescriptions around contraceptive use with their individual family planning aspirations, as shown through most of the participants' use of non-traditional methods (like the coil and the pill, plus other modern contraceptive options). Such usage builds on reinterpretations from less restricted schools of teaching regarding contraception. For instance, participants often opted to use contraception as a means of family planning after the second or third child or to provide space between children (an Islamic value).

Also, some participants justified contraception as a way to avoid an unwanted child and therefore avoid abortion; contraception being used as a tool to plan family size and as a means to take emotional and economic care of the family. This practice of agency as impacted by social norms and economic issues was discussed in Chapter 2. While contraception can be used for addressing health hazards, or for the spacing between children, for Ali (45, a father of 5, focus group, Somali), the large family was a powerful cultural norm that motivated him to have five children. However, his interpretation of the circumstances in which people can diverge from such a norm has in fact impacted his own family size.

He cited advice from the Sunnah and the Quran regarding the spacing between children, building on his understanding of Hadeeth 'كفي بالمرء اثما ان يضيع من يعول'. His point was that he wants his children to be born in a family that can take care of them, giving enough attention to every child, so family planning was religiously demanded; he followed the religious guidance by introducing a gap of two years or more between children if he felt his children needed that interval. This was his decision, despite the factor of his wife's age impacting their ability to have another child or to continue progressing towards a desired big family. For Ali, that was the 'proper conduct' of 'childbearing in Islam'. For him the use of Azel or breastfeeding, or even avoiding sex in order to avoid the risk of having another baby, is part of practising religious norms, even if it may affect the number of children born. He is still motivated by religious adherence, following the Hadeeth 'لا تقاربوا فتضووا'. His practice of the space between children is meant to avoid having a weak/unhealthy child in

the first place. As mentioned, other Somali participants thought that a two-year gap was more than enough to maintain the religion's rules and to have a healthy/strong child.

For participants who thought fertility behaviour and fertility planning was motivated by their religion, their understanding of these religious teachings differs, and their application of them depends on their own understanding of such teachings and the level of their religious knowledge. The outcome of applying such understanding in practice varies. However, the common factor was that they all saw their fertility and family planning as being mainly motivated by a wish to abide by (and not change) their culture and religious teaching. For a few, large families are a religious norm that should be aspired to and achieved. For some participants, fertility behaviour involved compromise as to how far they were able to achieve their desired (large) family. Their actual family sizes were always a result of compromise and negotiation rather than 'autonomous' decision-making. Outcomes came from 'within' their fertility behaviour, combined with other factors, as explained in Section 4.1 (Migration and fertility norms). In terms of family planning and contraceptive use, people adopted a viewpoint that considers contraceptive use as one method of organising and limiting their family size. Others saw fertility behaviour purely as a product of individual choice. Cultural norm differences are created by structural forces. A culture/religion organises the fertility setting in which fertility practice should happen, although fertility behaviour and family size are individual decisions. Linking back to Chapter 4, both for the second and third points of view, contraceptive use and family planning are devices to achieve the desired family size; 'family organisation' is a term this group is very open to using.

7.3 Fertility Practice and Social Influence

In many cases, family planning and contraceptive use are viewed as simply an individual choice; this fails to capture the complexity of participants' experiences, as shown in their narratives. The next section discusses the influence of family and friend networks on contraception choices and use. The discussion illustrates that the information exchanged with other people has some impact on a decision to use contraception, as well as family formulation.

7.3.1 Husband and wife

While some of the female participants presented themselves and their husbands as a team with an equal weight of authority in terms of negotiation around the interval between children, other female participants claimed that decision-making around the interval between their children's birth was made by themselves alone, with their husband only tacitly agreeing or making no objection. Equally, most men interviewed suggested that the contraception method choice is a decision for women. Amena (42 years, a mother of 7, Sudanese, interview) is untypical, reporting that her partner has had the biggest influence in determining when and how she can use contraception and plan her family size. She recounted:

'I never used contraception, I was always breastfeeding and that enabled me to naturally organise my family and having a child every two years. I have six daughters, whenever I thought about using the coil (especially after the fourth baby), my husband said let us try this time before fitting a coil, it might be a boy and it didn't happen until after giving birth to my six girls, then I had a child boy. I am now using contraception.'

The discussion with Amena widened to reveal more about how she made her choice between alternative courses of action (to stop childbearing and use contraception, or to continue with childbearing and obey her husband's wishes). She explained that she viewed decisions about family size as a joint decision between her and her husband. Amena believed that, subconsciously, inside her inner heart, she really wanted to have a baby boy and she did not want to stop trying no matter what the result. In her elaborations regarding her inner hope for a baby boy, and what motivated her to progress to her seventh child, Amena explained that she felt that her family was not yet complete. The hidden feeling behind the decision, then, was her wish to have a boy and to please her husband: 'as a wife I want my husband to be happy'. Amena reflected that she continued childbearing to satisfy her husband's wishes – and her desire too.

There are similarities here to other studies in the context of Muslim migrants, in which one feature of Pakistani kinship practice is often blamed for maintenance of high fertility; 'son-preference', a factor that can motivate parents to keep trying for a child of the required gender. Although gender preferences for children are also common among many ethnic populations in Europe, some recent studies signal a desire for a balance of sons and daughters (Muhammed, 2009; Hussian *et al.*, 2015). It is clear that gender preference motivated Amena to increase her family size, similar to Sanna (32, a mother of 3, Sudanese). Kulu *et al.* (2019) argued that for migrants where familialism is more common,

religiosity is stronger, and the prestige of a woman is largely related to her motherhood status.

Male perspectives bring further insight on this matter. Many men have reflected that when they talk about family size, they tend to feel clear about the number of children they want. They consider themselves to have an equal right as decision-makers (in terms of family size and contraceptive use) compared to their wives, while on a practical level one of the couples tends to make the decisions (more often the male), rather than both equally. Moreover, most of the male participants considered that any choice of contraception is a 'women's issue'. I found that, among Sudanese participants, where a couple agreed to use contraception, women usually followed their husband's decisions. Osama (35, a father of 2, Sudanese, interview) and his wife are planning to have four children if 'God wills' and when I asked him how they were planning that, he added:

'I agreed with my wife that we should have two children now and plan for two years gap. I also let my wife discuss the option of contraception with her GP. I did not get involve in selecting the method. After the birth of our second child, we started using condoms for four months because my wife was waiting for her contraception to be fitted.'

Although many men considered that the type of contraception used is a women's issue, they explained that when they disagree around aspects of contraceptive use, the side that tends to win is the one that chooses to postpone using contraception, no matter which gender has suggested using it. For example, Salah (48, a father of 7, Sudanese, interview) said:

'I didn't want my wife to do contraception, I was keen to have sons since we are both like to have big family, she agreed, first she was worried about having large family in a different country (Gorba) as we have four girls, but I convinced her not to use contraception, now we have a boy, I am ok with her using contraception thanks for God "Alhmdeo le Allah's"

Along the same lines, Sanaa (32, a mother of 3, Sudanese, interview) recalled:

'We were planning to have small family, two or three children only, then I got three girls and my husband suggested that I should use a contraception, I disagreed with him and I am currently planning to have the fourth child hoping he will be a baby boy.'

I asked her if her husband agreed and if so, why this was. She replied:

'Yes ... because it is my right to have another child if I wanted, I believe that giving birth is one reason why I got married. We got married to establish a family and have children.'

Although Sanaa claimed that in the end her husband had no alternative but to comply with her wishes because she thought that was her right, that scenario was not the case for all participants as it is clear that some husbands and wives have different levels of influence over use of contraception and family planning. Some participants, especially women, explained that sometimes they had used contraception behind their husband's backs. Dalia (Sudanese, 36, a mother of 3, interview) explained that she was unhappy in her marriage, so she decided to use contraception; she did not tell her husband because she was thinking of leaving him. Many participants agreed that childbearing is a right of both husband and wife, and that women tended to be more open to compromise and to using contraception without telling their husband or stopping using contraception altogether.

7.3.2 Family and beyond

Discussion with participants has also documented that the decisions regarding family size and fertility behaviour are not always a product of individual choice. There is often social pressure from parents or others to conform to cultural norms. For Meyada (32 years, a mother of 3, Sudanese, interview), who is a newly married woman with no previous sexual experience, drawing on her mother's and her friends' experiences has impacted her decisions around contraception. The following two extracts highlight the controversial nature of the argument for Meyada. She reported:

'When I first met my husband, I was 21 years old, I felt that he is the one I want to spend my life with, I want to be his wife and establish a family with him (sex), so we decided to get married, and soon after the first month, I got pregnant and then gave birth to our first child, however, I didn't plan for that to happen this way. My mom advises me not to use contraception except for condoms or withdrawal, or natural planning. Since we have no sexual experience, the result was really hard for young couples, it was really a mess, so yeh ..., I never expected to have a baby that fast, but I thought it has been quite normal because all my sisters and all the girls that I knew in my community have had their first child soon after marriage and then they started family planning later after the first child.'

Many participants share Meyada's experience, in which contraceptive use at an early stage of sexual life was either reluctant or problematic, due to a lack of awareness of contraception or due to the impact of a widespread view among Sudanese participants that having the first child brings assurance of no infertility problems, and therefore family

stability. For this reason, contraception is often used only after at least one birth, and as long as circumstances do not include abortion or permanent infertility. When I asked Meyada to elaborate, she claimed that she always wanted to have children, but the experience had been quite challenging; Meyada had felt compelled to conform to the specific expectations of her mother not to use contraception (or just use natural contraception methods) at the beginning of her marital life. The fast progression to parenthood after marriage very much mirrors her home's societal norm, as seen from her comment that all the Sudanese girls she knows also follow this pathway. Like most Sudanese participants who had a second child, as Meyada's narrative explained, her own progression to the second child was affected by her friends' experiences of having one child and a big gap before the second child. She added:

'All my friends advised me to have a second child so that my daughter will find somebody to play with, so I did it and I gave birth to my second daughter. From the outset, I was originally hoped to have four children; two girls and two boys; so that my children can have sisters and brothers. Since Allah (Almighty) has given me two girls now, I thought I will keep trying for a boy. Then, I have had my third daughter. I am not sure now whether I will keep trying one more for a boy or give up and look after my daughters. Three girls are blessing.'

The approach to family planning and contraception used by Meyada had helped her not only to achieve what she considers a desirable family size but also to have space to reflect and rethink future choices. It is clear that Meyada is not speaking about contraception from the perspective of someone who is impacted by religious practice, but only as a method to organise family size. However, she recognises its potential as a tool to limit her family size and she also openly acknowledges the influence and effect of her family and friends' experiences, in decision-making around how and when to use it.

As well as social influence, discussions about family planning have highlighted the fact that there can also be biological reasons why childbirth and motherhood were at times beyond the control of the participants. As Somia (38 years, a mother of 2, Sudanese, interview) explained:

'My mom had difficulty in getting pregnant and after I got married, I was worried to have the same difficulty and I decided to have my children as soon as possible, and not to take any contraceptives. For unforeseen reasons ... I have had the same pattern of fertility like my mum, and I gave birth to my first child after five years of marriage.'

Somia, in her narrative, appears reflexive in monitoring her fertility; her planned decision (which has been not to use contraception), was taken well in advance of her action; her family size was a direct response to her conscious fear of infertility and to tangible, consistent family pressure, and informed her resulting behaviour around her fertility. In everyday life, the choices we make about reproduction in modern society are affected both by the weight of tradition on the one hand, and a sense of relative freedom on the other (Gauntlett, 2002). Somia did not feel free, despite her migration to a new context in which one child, or childlessness, is more acceptable; rather Somia felt greatly impacted by her family, and a shared understanding about what 'infertility' meant to them, as she stated:

'For seven years afterwards, I was trying for the second child, and I did not get pregnant. It had been a really hard time for our family, all the people around me – family members; friends; and my grandmother (who is living in Sudan) – keep reminding me about my disability to get pregnant. They told me Sudanese wisdom words about 'infertility for women is not about their disability to get pregnant but is to have one child and not trying to give him a brother or a sister'. They never stopped pushing me to have a second child and with their continuous prayers and 'Duaa', I have given birth to two boys later.'

While family and friends have influenced contraception type and use, another factor appears strongly in the participants' narratives, the stage of family formulation reached. Some participants found themselves at a stage where they must take an active and reflexive role in shaping, negotiating, and changing their own religious convictions and practices.

In the above section, I have discussed the most prominent issues to appear within participants' accounts of their family planning and contraceptive use. It appears that there is a combination of factors that affect a person's family planning and contraceptive use at any one time. Some of the participants maintained a very clear point of view about their family-building process, especially those who are well-educated people or those who had previously been exposed to different experiences with contraceptive methods (for example, those living in big cities where family planning centres existed, or those with family members who had used contraception and advised them what to do). These people were very confident in using contraception immediately after their first child arrived. Among the less educated people and those who had not been previously exposed to any contraceptive methods before migration, as well as those who were aiming for a specific family size, many had never been in favour of using contraception (even though information about contraception is now available to them in their migrant context and the

services are easier to access than back home). The discussion also indicated that the stage of family size formulation *did* impact the type of contraception used by couples, as well the attitude of partners, family, and friends. Regardless of how and by whom the decisions – or non-decisions – about family planning and contraceptive use were reached, many participants freely expressed the view that contraception was an appropriate and acceptable way of planning the interval between two children after the first child.

7.4 Summary and Conclusions

This chapter draws on data from different qualitative activities to examine Somali and Sudanese participants' perspective about the relationship between fertility practices, religion and culture. It focuses on bringing together the understandings of participants concerning the factors that have impacted their fertility behaviour and practice.

The empirical evidence from discussions with participants reveals that the negotiated cultural understanding of family size as the religious norm is one of the key issues for understanding fertility practices for Somali and Sudanese migrants. This chapter draws on personal experiences and explores pathways of entry to family formulation and family planning in an attempt to understand how participants themselves see the reality and circumstances of their lives, and how their understanding of 'proper' religious conduct has impacted their fertility practice and behaviour. The concept of 'everyday religion' is very useful in understanding participants' perspectives on fertility. Participants shine a light on discussing religion not as a fixed, coherent set of prescriptions about belief and behaviour that are clearly formulated by religious institutions and 'copied' by them, but rather as a space where they choose to be active and reflective in shaping, negotiating, and changing their own religious convictions and subsequent fertility practices. This 'lived religion' approach was developed as a critique of the limitations posed by analyses of religion that placed great emphasis on institutions and organisations, neglecting *'the actual experience of religious persons'* in everyday contexts (McGuire, 2008, p.12; see also Hall, 1997; Orsi, 2003; Ammerman, 2007; Neitz, 2011). Everyday lived religion can help to explain how individuals make sense of religion on their own terms and apply it in their everyday activities in both public and private life, outside of organised religious events and institutions.

The discussion with participants reveals that it is difficult to separate culture and religion since participants used the two concepts interchangeably. The empirical evidence has

shown that although some participants consider there is an Islamic norm on childbearing, contraception, and abortion, the interpretation of such a norm varies, and, in many cases, participants transgress these norms to suit their life situation. Among people who consider their fertility behaviour and large family norm to be shaped by Islamic teaching/unchanged cultural norms, many participants do adopt a small family. Even though higher levels of religiousness would imply a greater – not lesser – conformity to related norms concerning contraceptive use, abortion, and childbearing, the practising of such norms is found to vary between participants according to individual interpretation and practice.

Although a number of similarities arose in terms of broad issues relating to the interpretations of Somali participants and Sudanese participants, there were however a number of interesting differences in how they used their knowledge to offer a religious justification for their family size practices. I observed that Sudanese participants consider themselves as knowledgeable agents, who tend to offer a religious justification for their family size and the associated use of contraception; the main argument was built on their personal understanding that religion does not specify a specific family size. This shows a strong awareness of religious rules and the use of them to explain fertility behaviour. Whereas the majority of Somali participants preferred contraception as a tool for family planning, Sudanese participants justified their choice of family size, considering the question not only by navigating existing cultural and religious norms around fertility behaviour but also by creating an holistic picture that encompassed the many elements within 'proper' fertility behaviour. For many Sudanese participants, everyday religion was also found very important in shaping their fertility practice. Their negotiations and the decision-making about their own family size were built on their sound knowledge of the many principles of Islam. In some cases, the participants appear to try and justify their individual choice if they feel it might contradict religious norms, by indicating that it is a personal matter between them and a merciful God. In this respect, many participants are active agents who choose a change in fertility behaviour and patterns to define their situation and take control of the conditions to suit their current context.

On the other hand, some Somali participants used religious norms to redefine what they conceive to be Somali cultural and religious norms. They explain that their fertility practice is informed by their choice to follow what they consider to be a religious fertility norm. In this sense, their agency matches what Mahmood (2005) argues: that agency must be

delinked from 'political and moral autonomy' so that social agents can be seen as agentic even in their embrace and fulfilment of social constraints (Mahmood, 2005, p.7).

Moreover, Somali participants factor in their various desires to be a 'good parent' and to have a 'good child', as well as any other goals such as doing their 'religious duty' towards their children, for example, by having sufficient intervals for breastfeeding. That said, not all Somali attitudes towards contraception and family planning are identical. While contraceptive use may be one way of directing or organising what God is giving, another viewpoint some hold is that family planning is interfering with that which God wants to provide.

By looking at the participants' interpretations of family planning, key issues seemed to be varied and complex. While some female participants presented themselves and their husbands as a team with an equal weight of negotiating authority around the interval between children, other female participants claimed that decision-making around the interval between their children's births was made by themselves alone, with their husband only tacitly agreeing or making no objection. This finding is consistent with the perception of male participants regarding the choice of contraception method, as primarily a women's issue. However, when it comes to family size, my interpretation of the data (for both Sudanese and Somali participants) shows that women tend to take their husband's desires into account more than their own.

Approaches to starting family planning and contraceptive use are therefore heterogeneous. Family planning is far more than simply a private, intimate matter; rather it also tends to be shaped through broader institutional structures and societal norms. The evidence from participants' narratives concerning family planning and contraceptive use takes account of social influences, in addition to men's control over family size. Overall, this chapter captures a range of explanations classified through participants' rich experiences rather than solely through their reproductive outcomes. It is clear that fertility practice is not the sole product of individuals, but also of a network of relationships (e.g., partner, family, and friends, etc.) that has significant impacts on fertility practice within a migration context. Family is the site where the interplay between culture, structure, and agency takes place and produces fertility patterns and practice in a dynamic context that includes external social and economic factors.

CHAPTER 8

SUMMARY AND CONCLUSIONS

8.0 Introduction

The aim of this concluding chapter is to summarise and discuss the critical issues that have emerged from my research. In this chapter, I first present an overview of the salient features of the research. I then discuss my research journey to highlight how my own experiences intersected with and informed the research project. Finally, I review the substantive contributions of my research to the literature before turning to topics for future research.

8.1 The Social Context of Family Size Decisions in the Experiences of Somali and Sudanese Migrant Communities in Birmingham: An Overview of the Research Project

The intention of this study was to achieve the following key aims:

- to gain a better understanding of the preferences concerning family size practice among Somali and Sudanese migrant groups in Birmingham;
- to identify how issues such as the economy, culture, religion and gender influence family size practice among the Somali and Sudanese migrant groups in Birmingham;
- to understand the motivations for parenthood among Somali and Sudanese migrant groups in Birmingham, and how these might relate to broader trends amongst the migrants; and
- to understand how the migration context enables or disables women's and men's ability to achieve their ideal family size.

I posed the following questions:

- Do the group levels of family size practices and preferences affect how individual women/men evaluated their own family size? If so, how do they do so?
- What is the main structural condition in their current context (Birmingham) that has shaped participants' attitudes towards parenting and family formulation, and impacted their approaches to reproduction and fertility practice and behaviour?

- Finally, what can the answers to all the questions above reveal about individual migrant-level differences in UK fertility? Do they challenge or complement the current demographic patterns identified by migration literature? How do these groups of African migrants formulate their families in the UK? And what matters for them in this construction?

All these questions have been critically studied within both groups of migrants. The present study dwells specifically on the family size decisions of Somali and Sudanese migrants. This presents an opportunity to study the process through which the same social context influences the reproductive behaviour of two migrant groups, and to understand the underlying processes through which the social contexts of migration and fertility are interlinked. However, the purpose is not to overlook ways of behaving, thinking and feeling within the two groups in favour of the similarities between them. I was not only looking for the similarities and differences between the Somali and the Sudanese migrants. Instead, the purpose is to assess why and how the meaning that Somali and Sudanese migrants attached to concepts such as fertility norms and religion result in distinctive understandings of childbearing, and what lessons these distinctions teach us about fertility behaviour and practice in both a general migration context and within Somali and Sudanese communities specifically.

The thesis also addressed the question of whether geographical mobility is expected to shape the fertility patterns of migrants. This has given rise to strong debate in the literature and has produced four main competing views. These are the socialisation hypothesis, adaptation and assimilation hypotheses, selection hypothesis, and disruption hypothesis. Each line of thinking has its own supporters and challengers within the literature. While these hypotheses consider all the links between fertility patterns and migration, they do not really explain the issues on an individual level. We also need to understand how migration influences fertility options within day-to-day decision-making. Since this research project has focused in-depth on migrants and looked at fertility decisions in the context of migration, the study therefore examined the characteristics of decisions rather than the characteristics of women themselves. In this way, the study captured different explanations classified by participants' experiences rather than their reproductive outcome.

Whilst the literature review revealed that many factors, such as culture, migration, and socio-economic dimensions, have significant effects on fertility, more in-depth research

was necessary to gain a better understanding of these factors and how the individual approaches of migrants in deciding their family size relate to wider patterns of gender, culture/religion, and socio-economic circumstances. This study has tried to understand how the Somali and Sudanese migrants approach their fertility and focuses on their own voices to explain their role in their fertility planning.

The theoretical framework was organised around a number of key themes. First is the relationship between individual action and agency and structure, and second is a focus on how self-identity and reflexivity shape fertility decisions. This research project paid attention to how activities-in-setting are constituted by interactions between the person acting and arenas, and on how ideas about proper conduct serve as a structuring principle (Carter, 1995). Fertility is an outcome of the interplay between structure and agency. The activity of an agent in the day-to-day life situation is based on knowledge of a situation; this is considered the duality of structure for Giddens (1984), and associated micro-macro interactions. This recognises the role of the agent, and considers agency as the intention and ability of the actor to bring change to a life situation. This study tries to understand this within both Somali and Sudanese ethnic minorities in Birmingham.

8.2 Reflection on my Research Journey

Stanley and Wise (1993) suggested that *'One's self cannot [be] left behind, it can only [be] omitted from discussions and written accounts of the research process, but this [is] an omission, a failure to discuss something which has been present in the research itself (p.161)*. In this section, I reflect on the whole process of doing the research and writing the thesis, explaining what I could have done differently, and how the research has changed me as a researcher and person (in terms of my identity and my beliefs) by revisiting my autobiographical connection to the research.

8.2.1 Undertaking qualitative fieldwork

Researching the experience of these migrants also represented my own experience as a Muslim African mother. I was aware that my own experience and background might impact my research, and I wanted to do justice to the participants' experiences. I began by focusing on qualitative research methodology, since my first degree is in economics: a more quantitative research discipline in which it is common to write in the third person and distance oneself from the subjects of that research. Fertility is considered as a

demographic phenomenon and my MA in social policy after I migrated to the UK brought me closer to sociology. My perspective changed, and I considered that numbers and trends cannot fully explain or capture the complex nature of fertility practice and behaviour. When I started to do my fieldwork, I collected data using two methods of data collection: one-to-one interviews and then focus groups. I interrogated my interpretations of the data from the interviews in the focus groups, thereby increasing the richness and robustness of my understanding of the phenomena under study. As Denzin and Lincoln (2000) explain, the multi-method approach displays multiple reflected realities, providing another way of seeing the world (Stanley and Wise, 1993, p.158).

My experience of fieldwork tested me as a researcher in a number of ways. First, I had to negotiate access to both male and female participants. A female participant in each migrant group played the role of gatekeeper and introduced me to male participants. Kobayashi (1994) explains that in fieldwork, women may often be discriminated against on the basis of gender. Although I did not experience discrimination as a woman, it was initially hard to persuade my male participants that this was a topic of relevance to them. For instance, one of the men directed me to speak to his wife, as he thought it would be more appropriate. Here my understanding of the cultural context helped me to manage my expectations better, so I decided to rephrase the research question in my interview questions with what Spradley and McCurdy (1972) call '*grand-tour questions*', such as 'tell me about your children' or 'how did you feel becoming a father for the first time?' Understanding the cultural context also sometimes worked against me, as participants would respond to some of my follow-up questions in cultural shorthand, saying things such as 'as you know', or 'you know our tradition in this matter', and I had to tell them I was looking for their experience in their own words.

Managing participants' storytelling also posed its own challenges. Some participants represented their family formulations as historical events, detailing what happened first and what happened next, and obliging me to ask questions and elaborate. Others, however, were emotional and good storytellers. Their stories contained much detail, about their marriage journey, migration, culture/religion, their family values, and their parenting practices. The detail was overwhelming and I needed to sharpen my focus on the relevance to family size and fertility practice.

I planned to start focus groups with an open discussion, and then ask specific questions to inform and interrogate my interpretation of the data from the one-to-one interviews. I found it difficult to take comprehensive notes at the time, so I decided to depend on recording instead. (In the second focus group, I allocated numbers to my participants and I whispered his/her number into the recorder when they started to speak during the initial exchanges.) Focus groups were very dynamic and brought to light different positions surrounding many issues, such as why decisions about contraceptive use are impacted by participants' status as migrants. Women-only discussion groups brought divergent perspectives, such as individual interpretations of religious texts and the choice of whether or not to follow a text. The power relationships between the women themselves and the language used contributed to the dynamic of the group and whether they agreed to justify a fertility practice norm or challenge it. I also noticed the power relationships between men and women in mixed focus groups: how they interact differently, how the discussion about remarriage, divorce, etc., could go off-topic and I had to redirect the discussion. Participants led the discussions, asking each other questions and listening to each other's opinions and stories. As Kitzinger (1994) says, '*the hallmark of focus groups is the explicit use of the group interaction to produce data and insights that would be less accessible without the interaction found in a group*' (p.109).

8.2.2 The relationship between the researcher and the research

My research helped me to reflect on many of the practices that I myself engage in and by which I am surrounded. Conducting the research has also helped me to understand how practices are reproduced and how they change, the nature of my role as a mother, and how what is considered 'proper conduct' impacts everyday practice and has different meanings in different cultures and contexts, especially when it comes to parenting and parenthood.

My own experience of being a migrant parent both contrasted with and mirrored the experiences of the participants. I recognised that, even though I thought I shared a lot with the participants in terms of background ethnicity and religion, our migration journeys were different. Shared gender did not mean shared experience. For instance, a divorced woman amongst the participants made me realise how divorce brought inequality and differences between men and women (due to cultural understanding) and impacted fertility practice and behaviour. This motivated me to present a paper on divorce and fertility practice at the Centre for Migration Law/Institute for the Sociology of Law Radboud University, Nijmegen,

in the Netherlands. At the same time, I did some teaching in seminars at my university, I studied for the ILTP certificate, and I worked hard on writing up my thesis while drafting my chapter and article. However, since my husband had moved abroad for work, my responsibility as a lone parent of three children had increased. My attempts to juggle my work and my family mirrored the experiences of my participants.

My own experiences of a miscarriage led to reflection on potential gaps in my research. When I reviewed my data, I wondered if I had given enough attention to miscarriage, and how this experience could impact both men and women. I noticed that my male participants never happened to mention miscarriage and that I had not done one interview with childless participants to understand how the current social context had impacted their fertility practices. This was a part of migrant women's experience of fertility practice that was not being addressed, and a potential avenue for my future research.

My work is grounded in everyday life, and I believe that it contributes to a better understanding of fertility in migrant communities. This study does not claim to offer an objectified or replicable account of what Somali and Sudanese migrants think and do; rather it aims to present a nuanced account of the range of fertility practice. As Eastmond (2006) argued, biographical narrative '*can promote a greater appreciation of the diversity of the experience ... against universalising and stereotypical descriptions*' (p.254).

In the next sections, I review some of the main contributions and findings of my research in greater detail.

8.3 Social Context: Migration and Fertility Norms

The first chapter developed an understanding of fertility norms in a migration context and how participants relate their family size to it, building on the theoretical theme of how self-identity and reflexivity shape fertility decisions. This research found that understanding around the assumed norms of family size within the host society (British society, broadly) was one key contextual social factor to have impacted the thinking of the Somali and Sudanese participants, especially when comparing this with their own fertility behaviour. There are identifiable differences in how participants experienced and understood fertility norms within the present Somali and Sudanese migrant context and their environments back home. The participants' points of view and perceptions also showed that those identifiable differences related to their own fertility behaviour. Based on my analysis and

assessment of the empirical evidence, the most significant perceptions of family size for the Somali and Sudanese participants were seen in terms of the following three viewpoints or categories. First, those who see family size as a product of cultural norms and therefore view a large family as an integral part of their identity (the majority of people holding this point of view were Somali participants). Their fertility practice is different from and contradictory to their current context's fertility norms. In the second point of view, participants see family size as the product of an individual choice; whilst the third group are those who view family size as the product of a norm that is impacted by the structural context, which they see as modern and practical, and which suits their current context and beyond and does not contradict their cultural identity (this point was shared more often among Sudanese participants). The divergence in Somali and Sudanese participants' ideas of cultural identity as 'Muslim' or 'Somali' and 'Sudanese', were also found to be influential. As Chapter 4 showed, the majority of Somali participants considered large families to be a part of cultural identity as Muslim, while in the Sudanese perspective a large family was less critical to a good Muslim identity.

The second section of Chapter 4 concerned stigmatisation and family size. In many situations, different choices of family size are considered by some to be deviant. The participants had experienced negative attitudes towards large families; this tended to portray the parents as ignorant to the distress and challenges associated with rearing such a big family and therefore implied that this is an irrational choice for a migration context. For those outside the Sudanese community, the main stigma was located around parents not being economically productive (because of their family size) or being dependent on public funds. In addition, there was sometimes a stigma about children's wellbeing. Those participants who faced stigma reported that these negative attitudes towards their family size had impacted them, especially influencing their future actions around what they considered to be a 'large' family.

On the whole, however, participants considered that their fertility practice went beyond negative attitudes and stigma, and they showed great love and a strong commitment to their family practice. As Giddens (1991) argues:

'A person's identity is not to be found in behaviour nor – important thought this is – in the reaction of others, but in the capacity to keep a particular narrative going. The individual's biography, if she is to maintain regular interaction with others in the day-to-day world, cannot be wholly fictive. It must continually integrate events

which occur in the external world, and sort them into an ongoing “story” about the self (p.54).

8.4 Fertility: Gender Roles and Parenting Practice

For many participants, family size and fertility practice are stories about the self. As the participants explained, some actors have chosen to change the long-time cultural construct of ‘large family’ as they best knew it, re-shaping it into a new, more manageable structure consisting of fewer children (see Chapters 5 and 6). In Chapter 6, the physical absence of an extended family creates a sense of social control loss; this has altered women’s and men’s gender roles as parents and husbands and wives. Parenting practice changed after migration from a collective parenting practice in which childcare is a shared responsibility by the extended family, to an intensive motherhood practice. There was little variation between the two migrant groups in this regard. For Sudanese participants, many values attached to children have changed from the participants’ perspective. The value attached to a large family has shifted from endorsement and praise to sympathy, which has been entirely altered by their current cultural context (see Chapters 5, 1, and 2). Chapter 6 makes several new contributions to debates about divorce, remarriage, and gender roles within the Somali and Sudanese communities in Birmingham. First, divorce and remarriage have had a significant impact on the decisions related to childbearing and family size in the context of marriage for the Somali and Sudanese people. The migration context has delivered several differences, such as changing gender roles, altered levels of social support and an unfamiliar legal framework. The pathway to deal with such differences varies among participants.

It is clear that there is segregation between different gender role expectations from both women and men within both Somali and Sudanese migrant communities. Their processes of family formulation and childbearing intersect with their understanding of gender and ethnicity, and their migrant and socio-economic status also impacted their experience. While many Somali migrants were more open to divorce and remarriage, without concern about their legal status of marriage or divorce in the context of migration, the study found that this was not the case among many of the Sudanese migrants. Moreover, a divorcee’s pathway of remarriage and childbearing is more diverse than homogenous (see the story of Dalia in Chapter 6, Section 6.3.1). While being a Sudanese divorced woman increases vulnerability, this study considered how divorced Sudanese women are not treated equally to divorced men, and how a woman’s socio-economic status as a housewife (for the

majority of participants) intersects with her divorced status to increase the gap between her and a male Sudanese breadwinner. There is a stigma attached to divorcees and the stigma is more severe for women with children from different fathers (especially if of different ethnicities). For Somali women migrants, being the head of the lone family increases women's workloads, creating inequality in the parenthood role, and a new pattern of family. The vulnerability of Somali women is related to their acceptance of informal marriages to keep financial independence (Chapter 6, Section 6.3.2). This money enables them to feed children in the UK and send something to their extended family back home.

The participants expressed the opinion that, in the context of migration, parental accountability piled more pressure on their shoulders, as they recognised that one child's mistake could negatively stigmatise the whole family, community, or maybe even a whole religion or nation. This is because many migrants still consider themselves representatives of the nation from which they come, and of the religion in which they believe. This appears to be responsible for a reduction in larger families. It is clear that the social context influenced the participants' fertility behaviour and family size through a dynamic process in which people and structures combined to re-shape daily decisions and occurrences. This dynamic reflects the concept of '*duality of structure*' (Giddens, 1979, 1985). Giddens (1979) highlights the ways in which structures are impacted by actors and their behaviours to produce norms (such as large families), and conformity to those norms. However, actors can transgress (bring change) in order to better accommodate their life circumstances. An example of this dynamic in real life can be seen in Abdu-Elsalam's decision to limit his family size to four children (see Chapter 6, Section 6.1.2). Cultural practices, such as a preference for big families, are re-constructed or re-configured in this way (Giddens, 1985). Among the participants, having a large family not only reveals one desirable element of cultural and social structure, but also highlights the part played by agency; he chose to act and change the long-held cultural construct of a 'large family' as he best knew it, re-shaping it to a new, more manageable structure consisting of fewer children. Many of these participants – especially those with large families – still experienced significant stress. It was clear that developing an awareness of diversity in a migration context and understanding more about how such diversity impacted their parenting in everyday life, made the majority of participants alter their decision-making about family size.

8.5 Fertility Practices, Religion and Culture

One of the key issues for migrants that influenced their decision-making around the family size and fertility practices is religion. It appears from the data that, on the one hand, a migrant's family size decision-making was aimed at sticking to religious/cultural norms. The words culture and religion have been used interchangeably, as in some of the participants' narratives they equated culture with religion when they talked about issues that related more to tradition and customs or, on the other hand, related to a more personal desire to have a 'proper' family size, given their status as migrants. The participants' fertility practice and behaviour shone a light on the concept of 'lived religion', understood as dynamic and not fixed. 'Lived religion' is understood not as a coherent set of prescriptions about belief and behaviour that were clearly formulated by religious institutions and 'copied' by individuals, but rather as a space where they take an active and reflective role in shaping, negotiating and changing their own convictions and practices. Importantly, the participants' approaches do not exclude consideration of institutional forms of religion, but are concerned with how individuals engage with them (McGuire, 2008, p.12; see also Hall, 1997; Orsi, 2003; Ammerman, 2007; Neitz, 2011). As actors, participants define their situations and justify their decisions around family planning and contraceptive use. This is a starting point from which one can begin to identify how migrants practise their lived religion, and how they negotiate their way to achieve what they consider 'proper practice'. The participants counted many religious decisions within the flow of conduct that informs fertility practice and behaviour; for Sudanese participants, this ranged from the ability to care, health reasons (e.g., having a small family as a means to maintain body shape) to psychological reasons (feeling not ready to have children). They justified all these arguments by using religious rules to back them up.

Among the majority of Somali participants the narrative was different. They perceived that having a large family demonstrates the support of God, and their view was largely that parents should not have to worry about their ability to care, but they should have faith in God. This view was especially prevalent among those who considered themselves followers of traditional religious and cultural customs and guidelines to family size. Some Somali participants redefined what they conceive to be Somali cultural and religious norms, and how these elements might apply to their personal and family lives. They have done this by situating the normative order in both their homeland and their migratory context, asserting that a cultural norm has to be carried out in the current context. However, for some participants it may be appropriate not to disregard the norm but to

accommodate it less, through increased spacing between children or using modern contraception to organise rather than limit family size.

In this respect, the Sudanese participants have constructed their own experience as parents, factoring in their various desires to be a 'good parent' and to have a 'good child', as well as any other goals like doing their 'religious duty' towards their children. Examples of this include having sufficient intervals for breastfeeding, and providing, caring, and nurturing children as grounds for their decision to limit family size. It is also important to acknowledge that not all Somali attitudes towards contraception and family planning are identical. While contraceptive use may be one way of directing or organising what God is giving, another viewpoint is that family planning interferes with that which God wants to provide. I observed that only Sudanese participants considered themselves as knowledgeable agents, who tended to offer a religious justification for their family size and the associated use of contraception. The main argument here is built upon their personal understanding that religion does not specify a family size. This shows a strong awareness of religious rules and the use of them to justify their fertility behaviour.

Where many participants preferred contraception as a tool for family planning, they justified their choice of family size, considering the question not only by navigating existing cultural and religious norms around fertility behaviour, but also by building an holistic picture that encompassed many issues around a 'proper' fertility behaviour. These negotiations build on sound knowledge of the many principles of Islam (which are not specifically about fertility behaviour or contraception but can help to structure relationships between individuals, or between parents and children, or specify children's rights). This can be seen in, for example, Hadia's quotation of Hadith, and the personal interpretation of rules when applied in day-to-day life. In some cases, the participants appear to try and justify their individual choice if they feel it may contradict religious norms, indicating that it is a personal matter between them and merciful God (see Chapter 7, Section 7.1.2). In this respect, the participants are active agents who choose a change in fertility behaviour and patterns to define their situation and take control of the conditions to suit their current context.

8.6 Economic Issues and Fertility Among Somali and Sudanese Migrants

The discussions with Somali men and women also highlighted various 'pull and push' factors that have a great impact on how women in the two different cultural societies were

assigned to their gender roles in their community. Whilst the Somali women played an active economic role in maintaining their families, and became breadwinners for their family (and beyond, for wider family networks back home), they had to cope with changing labour market conditions. Sudanese women also played the role of economic contributors. The motivation to work in both communities (as migrants) is far from rationality and self-actualisation but reflects the more immediate and urgent need to be 'an economic survivor' (Schultheiss, 2003).

Despite the similarities, there are also differences between migrant groups, such as the effect of family size, which is more closely linked to employment status. For the Sudanese migrants, the husband's employment plays a positive role in terms of fertility decision-making: the wife's unemployment intensifies that situation. In the Somali community, most participants emphasised that finances and employment play a more defensive role, rather than offensive, in their fertility decisions. Others argued that this is neutral. However, the family financial responsibility in many Somali informant narratives revealed itself to be among the most common areas that bring dispute, shake families and create instability. This potentially increases family size, as divorce and remarriage may also mean a new family and more children, and, due to the importance of children in marriage relationships for migrants in both communities, those migrants take whatever action necessary to achieve their economic survival.

Under-employment was more common among both migrant communities, as many of them work long hours, and others struggle to find jobs. While the majority of Somali women participants are willing to work, seeking any job to fulfil their duty to their family here and back home, it appears that they prefer to organise their work life around their fertility. This can create obstacles to getting jobs. Sudanese migrants appear more open to organising their fertility around their work needs (because of the lack of traditional family and community support in childcare) and are more selective regarding their job preferences. This may be due to the differences in levels of education and commitments towards family back home.

Despite the commonality between the two communities, there are ambiguities inherent in the normative structure of society (Reich, 1991), where factors such as war, clan, and kin networking play important roles in different paths, while economic and gender roles affect fertility decisions. Childcare costs, unemployment, under-employment, and financial

responsibilities are some factors that are perceived to have played significant roles in fertility behaviour among the Somali and Sudanese communities, in addition to the contrasting nature of migration in these two African ethnicities.

8.7 Lessons Learned: Lessons Regarding the Impact of Social Context on the Fertility Practices and Family Size Among Somali and Sudanese Migrants in Birmingham

Despite the constraints and opportunities of the fertility practices faced by the participants in Birmingham, they were not the same as decisions made by migrants in the UK and elsewhere in Europe. Therefore, it is impossible to explain the fertility practices of migrants purely by drawing on the ideas and experiences of the participants in this research. However, it is possible to learn from them, as the evidence from the participants shows that fertility practice varied among the participants. Regardless of their socio-economic characteristics, they still had relatively different perspectives on fertility practices and behaviour. This is because both migrant groups face structural constraints unique to their current context as migrants; this informed their experience of childbearing in everyday life, despite these two migrant groups sharing certain ideas and practices of childbearing and fertility behaviour. To a certain extent, the two groups shared mutual resources of influence in that they were both African Muslim; however, interpretations of values and experiences are different. Therefore, theories concerning the forces that influence or allocate responsibility for migrants' fertility practice and family size cannot assume that ideological and practical constraints to family size are the same both across and within the two migrant groups in question.

Another important lesson can be learned from this social comparative investigation: despite many demographic explanations regarding fertility practices among Muslim migrants, the same concepts looked at in both migrant groups contained different meanings. For Somali and Sudanese migrants, there are distinct motivations for their attitudes and approaches towards family size. Similar concepts in each group had unique relationships to each other, as the earlier sections argued, even if large families are an important aspect of Muslim identity for both Somali and Sudanese people. Unlike the Somali migrants, Sudanese migrants did not perceive limited family size, as opposed to fertility practice, as a religious norm (not following the Sunnah), nor as of inferior social value.

8.8 Contribution of the Study

My research draws on the depth that can be derived from a small sample, and data that are illustrative rather than representative. My account of my research offers a wealth of evidence against some of the key assumptions of demographic explanations of fertility practice among migrants, and points to sets of issues that demographers tend to ignore.

Participants considered large families a preferred cultural norm, but adopting such preferences was impacted by setting and structure. Therefore, migrant fertility practices can be negotiated and transformed, suggesting that agency can be expressed through submission as well as in overt oppositional practices. Even within the group of Somali participants who found a large family pattern an essential religious practice, there was some rejection of 'family planning' as a concept, with a preference for practising what they call 'family organisation' instead. Nadir emphasises that *'it is more useful to begin with knowledge that our cultural heritage includes means of fertility and mortality control'* (1982, p.32). Conceptually and methodologically, this study differentiates itself from all previous studies for several reasons.

First, this is the first sociological comparative study on Somali and Sudanese migrants' fertility practice and the effect of the current social context. It goes beyond the demographic approaches, in which many current researchers of fertility practice overwhelmingly rely solely upon variations within macro-level statistical datasets. Most of the literature on fertility behaviour and religion has attempted to relate them comparatively using aggregate levels, studying fertility practice cross-culturally or by country or group. In this study, the discussion is more focused on exploring the individual's point of view and the everyday lives of Somali and Sudanese migrant communities.

Second, the qualitative research approach taken by this study provided a coherent and unified perspective to capture the understanding of the everyday structures and religious life of the participants. I analysed the Sudanese and Somali migrants' narratives to make sense of religion and their own fertility decisions as migrants within a different cultural context. Using the concept of 'lived religion', this study has made broad correlations between fertility and parenting practice. Although the Somali and Sudanese migrants interviewed shared certain ideas about parenting (mothering/fathering) and mutual influences (both are Muslim and African), nevertheless, they remained attached to Somali/Sudanese values and experiences, regarding parenting and their fertility practice

within their social context. One of this study's contributions to knowledge is its focus on lived experience of motherhood and fatherhood (parenthood) and how this impacts childbearing and family size, which has been largely ignored up until now. The literature on motherhood among migrants focuses on the multiple burdens of motherhood that women endure due to their migration status (Greig, 2003) or highlights the various challenges associated with resettlement and acclimatisation to the migrants' new situations (Deng and Marlowe, 2013; Moils, 2011). There has been much less focus so far on examining the changes and challenges within parenting practice and childrearing, and the impact of these on decisions and attitudes around family size. More work is needed to understand how parenting and parenthood practice in the current cultural context (i.e., the migration context) impacts fertility behaviour and practice.

This investigation takes account of participants' understanding of parenthood in their everyday life and seeks to determine its effect on Somali and Sudanese migrants' approach to childbearing, and how this impacted their family size aspiration and practice. The study found that family structure (from an extended nuclear family) changed parenting (mothering) from collective sharing to 'intensive motherhood' within the current context. Gender roles (as mother and father within the family) have also been altered by migration. In addition, the study sheds light on how family values (such as large families being prestigious, the value of children, the value of siblings) has changed in the migration context and how that has impacted fertility practice and behaviour.

When it comes to gender, family formulation, marriage, divorce and remarriage have different impacts for men and women. This study focuses on how divorce impacted fertility practice. Sportel (2016) argued that while there are many studies that focus on how divorce affects children, few studies have focused on the experience of divorce among divorcing couples.

Third, this study sought to explore the relationship between decision-making around fertility planning and family size, including decisions on the appropriate interval between children, contraceptive use and family size choices, and how far such decisions may influence each other. It also explored what was considered to be proper conduct. In this respect, the study examined the features and characteristics of these decisions, rather than examining the characteristics of the participants themselves; this way, the study was

able to explore a range of explanations classified through participants' rich experiences rather than solely through their reproductive outcomes.

Fourth, I found in my study that family size decisions related to religion in many different ways. It was not so much the degree of religiousness or religious teaching, but rather how people perceived religion's role in fertility when they formulated their family and their family size; participants talked about religion in their everyday life rather than religious teaching. Therefore, it is not necessarily the degree of the religiosity of people that impacts fertility decisions, but more how they understand what religion or religious practice is. This reflects how a large family could give a sign of being religious and, in another context, signal a lack of it. This study, however, was extended to uncover the implications of the sociological concept of 'lived religion' on fertility behaviour and family size decisions in UK contexts. Inspired by a call for sociology to be normatively engaged in people's everyday worlds (Sayer, 2000), adopting the concept of lived religion gave me a chance to look at participants' experiences with an open rather than a pre-determined view of how 'religion' is impacting women and men's fertility behaviour. It reveals the emptiness of the claim that fertility practice is a religious norm and homogenises practice and experience, such that belonging to a religious group means exhibiting certain characteristics or patterns of behaviour. For example, both Anwar and Ali both considered themselves religious, and equally committed to parenthood, but manage their lives in their own distinct ways, even though both lived in a migration context and had the same level of education (both are graduates). Both men were keen to have a family, but they had different views with respect to how many children made fertility practice a 'proper' religious family norm. On the one hand, Ahmed thought that specifying a number of children, or limiting family size did not constitute a proper cultural or religious norm. On the other hand, Anwar suggested that religious norms did not specify family size, and fertility practice as a religious norm is more concerned with having children rather than how many you should have. In this sense, everyday religion – in my contention in this thesis – represented the individual and allowed a wide interpretation of family size.

Fifth, focusing on gender, the nature of the qualitative research gave the participants voices, using evidence from their experience and their own personal observations to understand the context from which certain ideas and practice originated. They reflected on how fertility practice happened in settings that included other individuals and structural conditions that may enable or hinder the adaptation of specific fertility practices and

norms. The nature of the research made it easy to see how and why specific fertility practices were adopted and changed. By doing so, as Greenhalgh argued, we '*reconceptualise reproduction, transforming it from a biological event, the demographic view, into a socially constructed process*' (p.14). Both Somali and Sudanese women faced difficulties balancing work and home, and both considered childcare as their gender role. Given the same structured labour markets in their migration context, Somali and Sudanese women handled intensive motherhood and cultural gender roles in different ways. Due to the nature of the migration (war, conflicts) for Somali women, this study found that migration has changed the patriarchal norm. Somali women stepped forward to play the role of breadwinner and became the provider for two families, both the immediate family here and the extended family back home. This new role has significantly altered the fertility practice of Somali women. The literature about Sudanese women suggested that although there are many outstanding professional Sudanese women in exile in Britain, married women usually preside over the domestic sphere and the education of children (Fabos, 2012). This study however found that prioritising mothering for Sudanese women is also due to the structure of the labour market, especially for migrant women, and factors such as under-employment, the type of job available, and access to work.

Sixth, in the current migration context, it is difficult to identify standard sets of values that could explain fertility behaviour and practice. The analysis of religion has to go quite deep to understand fertility behaviour. In effect, the stress on religion as a particularly influential aspect of decision-making is due not only to its significant impact in shaping fertility behaviour, but also to its positive content promoting or demoting fertility. O'Brien (2015) and Ammerman (2013) suggested that when practising religion, individuals differentiate themselves from the religious authority and normative religious actions, while Ammerman (2013) interprets this discursive distancing as individuals differentiating themselves from religious 'others'. I agree with O'Brien (2015) that some participants engage in discursive distancing from elements of '*their own religion and tradition particularly the ones that stand most directly in tension with cultural expectations*' of their current context. In my research, I found that many participants not only distance themselves from large families as a cultural norm, but also use their own interpretation of their religious text to question its validity as a religious practice.

Seventh, when it comes to decisions such as having sexual intercourse or not, using contraception or not, breastfeeding, and intervals between children, all these decisions

shape fertility. Therefore, fertility is shaped by the cultural value that attaches to each decision, and the setting becomes integral to individual action. People's choices match their beliefs. Proper childcare and other concepts such as children as 'parent's work', coupled with the idea of the 'good mother', the 'birth of regret': all these played an important role in shaping fertility practice and behaviour in the context of migration, building on the concept of lived religion as an outcome of the interplay between structure/culture and agency. Therefore, the activity of an agent in the day-to-day life situation is based on knowledge of the situation, the duality of structure (for Giddens (1984)), and the micro-macro interactions which recognise the role of the agent. This considers agency to be the intention of the actor to bring change to a life situation, based on their capability.

Eighth, Sudanese and Somali migrants, trying to create a better social world for their children, seem increasingly unable to control the social forces that shape their lives. Reasons for this include the labour market (under-employment, unemployment, discrimination) and the stigma attached to large families. This is supported by the new reform of social support policy (that limited social benefits to support a specific number of children). Today, the individuals with a large, preferred family size among the participants feel that the social policy reform imposed on them has impacted their free will to choose their family size, especially if they have a low income. This is despite the fact that this policy is intended to protect the public's social welfare.

8.9 Future Research

In this research, I found that parenting practice in the current context has negatively impacted large families, So, it is important to find out if this applies to other migrants in the UK, particularly how gender roles and fertility practice have been impacted by their current migration context. Further research findings from this study bring to light a series of issues and questions in need of further investigation: how have informal marriage practices (that are not legally recognised) impacted on fertility practice and behaviour among Muslim migrants? There is a need for further research to explore if that behaviour is widely practised, and how parenthood responsibility has been shared. Specific future research should investigate if any other Muslim migrant groups in the UK consider large families as a religious norm. Has their migration context impacted their fertility norm? Is their experience similar to the two groups under consideration in this study? Do Muslim migrants, and men and women from different ethnic backgrounds have similar attitudes towards parenthood and family size? To what extent are fertility outcomes impacted by the social context of migration? Does the number of children they have matter? What is their understanding and interpretation of fertility practice, and how has that impacted their own family size decisions?

Finally, linking religion to culture, Ramadan (2010) further suggested that an individual belonging to a particular religion comes from a specific cultural background and ends up in a different cultural environment. For these individuals, there should be a clear difference between religion and the culture of origin since they integrate their religious convictions into their new cultural context. Studying the impact of religion on fertility, therefore, needs to take into consideration not only the culture from which a religion originates, but also the cultural networks that religion ends up operating within. This strengthens the position of those who argue that fertility behaviour must be understood and determined by multiple factors.

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APPENDIX (1)

My name is (JameelaHashimJaffer Ahmed) and I am a student at Aston University in Birmingham. I am doing research about the perceptions towards ideal family size among the Sudanese and Somali communities in Birmingham as a PhD study.

I want to talk with you about your experiences as a Somali or Sudanese migrant in relation to how you approach and plan your family size decisions. This includes information about you and your family (husband /wife, children, parents, sisters, and brothers). My focus is to understand your individual experience and your perceptions towards family size and whether or not you think migration has made a difference to the way you think.

Are you happy to spend some time talking about these issues? The interview will probably take about 1hr to 1:30 hr. and can be arranged for a time and place that you are happy with. The interview will be conducted in a place convenient to you and preferable no one else will be present during the interview. You have the right to stop the interview or not to answer any question you might feel not happy with it, and you can withdraw from the research at any time before I submit the thesis report without any adverse consequences.

If you give permission, I would like to audio-record the interview and take written notes. In my PhD and any other publications arising from the project, I will not use real names to try to protect your identity. All information identifying you as a participant will only be available to me. If you did later decide to withdraw, I will delete the recording of your interview and erase all your data from the project. I can also arrange for you to receive a copy of the transcript if you would like one.

If you have any questions before we start, please feel free to ask.

Thank you.

APPENDIX (2)

Interviewer check.

1	Interviewer code.....
2	Date of interview
5	Start time
6	Finish time

Section 1: Identification:

First of all, I would like to ask you some general questions about you and your partner background.

1	Name.....
2	Age..... Sex
3	Ethnicity/ Origin.....Religion.....
4	Marital Status.....
5	Level of education.....
6	Profession (main)..... Others.....
7	Number of children Children's ages? Children's sex?
8	Do you have anybody else that you support financially or provide care for?

Section 2: Experience of Living in West Midlands:

I'd now like to ask you about your experience of living in West Midland.

1-	Everybody has different story about their journey to the UK, what is your story?
2-	When did you come to the UK? From where?
3-	Where did you stayed when you first come to the UK?
4-	Tel me about your settlement in UK, how did you settle in west Midland?
5-	Why did you choose to live in the west Midlands?
6-	Tell me what type of apartment you lived in since you been here (1) Room (2) Flat (3) House
7-	When you come to live in the UK, are you married then? If yes, do you have children? If yes tell me about them, how many of them? How old were they at that time? How can you describe your life with children after you were arrived? Was it difficult/easy ...? What do you think? Tell me about how you felt?
8-	How do you experience your life in west Midlands?

9-	What the nature of social relationship between you and your community/? and other community? do you interact with them daily? Do you participate in each other's festival and social event? Do you visit each other? Do you feel welcomed of the group when you are with people from the other community? Did you experience any difficulties to communicate to get access to information?
10-	Are there any other Sudanese/Somali families living around? Are you engaged any community activity (economic activities or social activities)? How do you contrast your life in west midlands with your life in your home country?

Section 2- A: Family Background:

Let us talk about your family (Date of birth, order of birth, marital status, children, education, and work).

I would start with:

**Please tell me about the family you grew up with.
How did this shape your ideas about family life?**

1	Tell me about your parent family?
2	Tell me about your uncles?
3	Tell me about your aunts?
4	How old are your parents and how they met each other before their marriage? Any idea?
5	Are your parents educated and what were/are their occupations?
6	Would it be possible to order your uncles according to their age?
7	Now can you order your aunts according to their age?
8	Are they married? What is their education or occupations background?
9	Any of them have children?
10	Are your parents still living and where they living now?
11	How many brothers and sister do you have?
12	Can you tell me about their dates of birth and birth order?
13	What is your order between your brothers and sisters?
14	What is the level of education your brothers and sisters have and what are their occupations?
17	Are any of your brother and sister are married or had children? How many?
18	Religious of parent? Religious atmosphere at home in childhood? How introduce you to religion? What is your religion? What the daily practice you asked (expected) to follow when you were a child?

Section 2-B: Religious Identity and Beliefs.

Let us talk about religious identity and day to day practices

1-	Do you think you are religious?
2-	what are the religious practices that you follow in daily bases? Prayers/ fasting/ symbol of religion. visiting mosques watching religious TV shows Radio message. Why do you feel is necessary to follow these practice on day to day basis? What motivation/ inspiration do you derive from your religion? What is the role of religion in your life? how do you interpret the philosophy of religion? (Reading religious text / religious leader)
3-	Do you discuss religious matter with husbands, friends, family if you do, which topic do you

	usually discuss/ is family issues apart of it? Do you play any role in religious fair, what is it?
4-	In your opinion how a good religion husband and wife should behave toward each other, family member, and children, relative. Etc?
5-	Has your religion impacted on your views on contraception and family size?

Section 2-C: Gender Dynamics

Let us talk about gender dynamics:

What are the roles of women/ men?

How you contribute to decision making in the family?

1-	What is your daily schedule outside the house?
2-	According to you what is a women's position in the family and community?
3-	According to you what are the factors that contribute to women's higher or lower status in the family and in the community?
4-	According to you what are the factors that contribute to man's higher or lower status in the family and in the community?
5-	How would you define your status in your family? A-respect received from husband /family? B-how you contribute to decision making in the family (education, health) C- Ownership of assets?
6-	Has there been a change in your status over time (migration, education, age work status, marriage, motherhood)?
7-	What is the role of women/ men in society? What are your views on women/ men work participation? In your views what are the role of women/ men in family? Do you think that has been affected by migration? Why? If yes in what way.

Section 3: Attitudes towards family size

Let us talk about your attitudes towards family size.

Tell me about your marriage story?

Is this typical for your family?

When you started thinking about having children, why?

Tell me the story of your child (rens) birth?

1	Are you married? How do you get married, from whom and when? Do you think been migrant has any effect on your marriage story (timing, place, partner (migrant or not)?
2	Before marriage where do you live?
4	At what age did you get married? Tell me about your experience in marriage, your views about marriage? Was it on migration context? Has the migration context had any impact on your views about marriage?
5	How marriage is important to you?
6	Did you marry a partner of your same religion?
7	Where and when did the marriage take place?
8	Do married to your relatives or tribe or from homeland? if yes What the relationships?
9	Tell me if you have been marriage more than once? Why?

10	Tell me about your husband/wife (his/her date of birth, education or occupation?)
11	Have you (your wife) ever been pregnant?
12	Are you (she) pregnant now? If yes, for how many months?
13	How is your pregnancy experience? How many births you or (your wife) give so far?
14	Do you Have children? Yes, or No If yes: How many children do you have now? Why? <ul style="list-style-type: none"> • At what age do/did you have your first child and at what age do/did you have the last one? • Tell me the story of your childbirth? • What do think about living with children? • How do experience your life after the first child/the second? • How many children do you plan to have in the future? Why? • At what age do/did you have your first child and at what age do/did you have the last one? If No: Do you plan to have children? Yes, or no? How important for you to have children in the future? Why? How many children should people have? why At which age? Why? How to achieve the right family size that you think?
15	Do you maintain spacing between children? If yes, how many years? Do you have any information about using contraception? Have you/ your partner ever used contraception which methods? if you/your husband using contraception what is reason for using it (spacing/ limiting) Any problem you faced during use?
16	Has your religion impacted on your views on contraception? Does your opinion (religious leader) regarding contraception influence your decision regarding your family size? How much control you have on the type of method you /your wife using and when?
17	Are currently using one of them and why that method???? Does your husband (wife) any influence on your decision to use contraception or type of methods if you are using one?
18	Who you think have influenced on you (apart of your partner) for example family, friends, health workers or anyone? Explain
19	Do you think you can decide on your contraception use on your own?
20-	Do you discuss the contraception used with anyone before, whom and why?
21-	Are your family size decisions entirely yours? If no, who is involved in that decision and how you made that decisions? Do you think context of migration has any impact on your decisions? Why? If yes, how? Explain, please.
22-	What according to you is the ideal sex composition of family? How many girls and boys and why?

Section 4: Issues that may affect your ideal family size

I'd now like to talk about some issues that may affect your ideal family size.

What you think about raising children? What are similarities and differences between here and your homeland? Difficulties and advantages explain?

1	What do you think the ideal family size? How does this contrast with your own family?
2	Do you think your decision of having specific number of children influence by any issues such as Health, financial ability, religion, etc....?
3	What does you having baby in your life mean to you? What is the importance or specific circumstances for you to have children/
4	Do you think your parents, your extended family, or friends influenced your choice about the

	size of your current family/Future family? Explain.
5	Do you think your partner parent family or his/hers extended family influenced his/her choice about the size of current family/Future family? Explain.
6	Migration context and family size: Do you think being a migrant from one culture to another may affect your attitudes towards the ideal family size? How? Why? please explain
7	Experience of parenthood: How important to you to be a parent? Why?
8	Tell me your experience and ideas about your parenthood?
9	How important you think to your family and family in law to be parent?
10	What good parenting require to offer their child if it possible to say that?
12	Do you think being a migrant alter your contraception use? (Availability, information about it, choice)
13	How are you handling children caring responsibility?
14	Do you trust anyone in your child's care expect the family member? When, where and whom?
15	Have you ever been working?
16	Are you working now?
17	When was the last time you have been working or studying? Do you think family size has had an impact on your ability to work or study? If yes, in what way?
20	What you think about having children in UK?

Focus Group Topic Guide

Do you live in Birmingham?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no end the participation now		
If yes, continue		

Introduction

My name is (JameelaHashimJaffer Ahmed) and I am a student at Aston University in Birmingham. I am doing research to understand individuals' experiences and motivations which detail how people from ethnic minorities process and plan their fertility in the context of migrations.

This study seeks to explore the social context of family size decision-taking through the experiences of Somali and Sudanese migrant communities living in Birmingham, as a Ph.D. study.

This focus group session will take 1-1.20 hours and it will be audio-recorded and transcribed. There is no obligation to take part in this focus group, and if you withdraw from the project. I will delete my recording and my transcript from your participation in this focus group. The participant identities are confidential. participants' names will not be disclosed at any quotes in my final report. since this is a group setting confidentiality could not be guaranteed outside of the setting. You may feel free to add any information, comments, or notice you think may help to gain a better understanding of your perceptions towards the ideal family size.

I hope this encourages you to speak openly.

Please look at these rules before you participate

- 1-All members have a right to their viewpoints and opinions and allow others to have a chance to express their opinion.
- 2-All group members have the right to speak without being interrupted and disrespect by others in the group.

Please fill this and sign

Focus group check.

1	Focus group number.....
2	Date of focus group
5	Start time
6	Finish time

Section 1: Identification:

First of all, I would like to ask you some general questions about you.

1	Name.....
2	Age..... Sex

3	Ethnicity/ Origin.....Religion.....
4	Marital Status.....
5	Level of education.....
6	Profession (main)..... Others.....
7	Number of children Children's ages? Children's sex?
8	Do you have anybody else that you support financially or provide care for?

Focus Group Topic Guide

First: The experience of living in Birmingham:

I'd now like to ask you about your experience of living in Birmingham.

- **Let us talk about your attitudes towards family size.**
- **I'd now like to talk about some issues that may affect your ideal family size.**
 - What you think about raising children? What are the similarities and differences between here and your homeland? Difficulties and advantages explain.
 - Why childbearing is important to you? Do you think that the decision of having specific number of children influence by any factors? Health, financial ability, religion, etc....
 - What is the importance or specific circumstances for someone to have children?
 - Do you think in general parenthood experience in migration context influenced the choice of family size? Explain
 - Do you think being migrant from one culture to another may affect the attitudes towards the ideal family size? How? why? please explain

Second: Religious/cultural Identity and Beliefs:

I'd now like to ask you about your religious/cultural identity and beliefs

- **Let us talk about religious identity and day to day practices**
 - What is the role of religion in everyday life? explain
 - How do you interpret the philosophy of religion? (Reading religious text / religious leader) in family size and fertility practice motivation/ inspiration do you derive from your religion/culture? if yes how
 - Do you think there is a specific family size norm in your culture? Is that a part of cultural identity? How many agree with this? explain

- Do you agree with fertility practice and behaviour is private issues depending on the individual choice or it is more than that? How many agree with this? Why explain
- Do think there a specific family norm in current migration context you should follow? How many agree with this? Please explain
- In your opinion, how should a good religious husband and wife behave towards each other, family members, children, relative.etc?
- Has your religion impacted on the views on contraception and family size?

Third: Gender Dynamics

I'd now like to ask you about gender dynamics

- **Let us talk about gender dynamics:**
 - What are the roles of women/ men in society?
 - What are your views on women/ men work participation?
 - In your views, what are the roles of women/ men in family? Do you think that has been affected by migration? Why? If yes in what way.
 - How gender impacted fertility practice in migration context? Explain

ملحق (1)

خطاب الموافقة

الموافقة على المقابلات شبه المنظمة:

تفضيلات حجم الأسرة داخل مجتمعات المهاجرين الصوماليين والسودانيين في ويست ميدلاند

اسمي (جميلة هاشم جعفر أحمد) وأنا طالبة في جامعة أستون في برمنغهام. أقوم ببحث حول التصورات تجاه حجم الأسرة المثالي بين المجتمعات السودانية والصومالية في برمنغهام كدراسة لنيل درجة الدكتوراه.

أريد أن أتحدث معك عن تجاربك كمهاجر صومالي أو سوداني فيما يتعلق بكيفية التعامل مع قراراتك المتعلقة بحجم الأسرة والتخطيط لها. يتضمن هذا معلومات عنك وعن أسرتك (الزوج / الزوجة، والأطفال، والآباء، والأخوات، والإخوة). ينصب تركيزي على فهم تجربتك الفردية وتصوراتك تجاه حجم الأسرة وما إذا كنت تعتقد أن الهجرة قد أحدثت فرقاً في طريقة تفكيرك أم لا؟

هل أنت سعيد بقضاء بعض الوقت في الحديث عن هذه القضايا؟ من المحتمل أن تستغرق المقابلة حوالي ساعة واحدة إلى 1:30 ساعة ويمكن ترتيبها للوقت والمكان اللذين تسعدان بهما. سيتم إجراء المقابلة في مكان مناسب لك ويفضل عدم حضور أي شخص آخر أثناء المقابلة. لك الحق في إيقاف المقابلة أو عدم الإجابة على أي سؤال قد لا تشعر بالرضا عنه ويمكنك الانسحاب من البحث في أي وقت قبل أن أقدم تقرير الأطروحة دون أي عواقب سلبية.

إذا أعطيت الإذن، أود تسجيل المقابلة صوتياً وتدوين الملاحظات المكتوبة. لن أستخدم أسماء حقيقية في رسالة الدكتوراه أو أي منشورات أخرى ناشئة عن المشروع، وذلك لحماية هويتك. ستكون جميع المعلومات التي تحدد هويتك كمشارك متاحة لي فقط، إذا قررت لاحقاً الانسحاب، فسأحذف تسجيل المقابلات الخاصة بك وأمسح جميع بياناتك من المشروع. يمكنني أيضاً ترتيب حصولك على نسخة من النص إذا كنت ترغب في ذلك.

إذا كان لديك أي سؤال قبل أن نبدأ، فلا تتردد في طرحه.

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