

RESEARCH AND PRACTICE IN SEXUALITY EDUCATION AND FAMILY PLANNING

WOMEN'S LIVES

FAMILY PLANNING AND MIGRATION

STUDY

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RESEARCH AND PRACTICE IN SEXUALITY EDUCATION AND FAMILY PLANNING

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RESEARCH AND PRACTICE IN SEXUALITY EDUCATION AND FAMILY PLANNING

women's lives

Family Planning and Migration

A study for the BZgA

by Cornelia Helfferich, Heike Klindworth, Jan Kruse

Bundeszentrale für gesundheitliche Aufklärung
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Preface

Women with a migrant background do not form a homogeneous group. They differ greatly from one another if only because of their country of origin and migrant history. Almost a fifth of the female population in Germany has a migrant background. Of that group almost 40% are between the ages of 20 and 44. They are thus at an age when sexuality, contraception and family planning are an important part of their life plans. The state of research regarding these areas has not yet been adequately backed up with empirical data for migrant women.

Do women with a migrant background require specific information or support when it comes to issues about family planning? In order to answer these questions, the Bundeszentrale für gesundheitliche Aufklärung (BZgA) commissioned the study “women’s lives – family planning and migration in women’s lives” at the end of 2007. 1,674 women with a Turkish or eastern European migrant background, aged between 20 and 44, were surveyed about their migrant history, their reproductive biography and their current situation. The survey areas were Berlin, Stuttgart, Nuremberg and Oberhausen.

The present study takes up where the previous study “women’s lives – a study of women’s lives and family planning”¹ left off. It combines quantitative and qualitative methods to produce a research design that incorporates the biographical perspective and the differences resulting from country of origin and migrant history. The women were asked about their membership of the first or second generation and about subjective and milieu-specific perspectives.

One of the prerequisites for migrant-sensitive services is a differentiated target group analysis. A foundation for this was created in 2008 with the first results of the quantitative survey. The present publication integrates the qualitative survey as a biographical event and family planning as a private life choice.

The insights provide important impulses for creating concepts specific to certain target groups and they also give ideas for practical applications. They furthermore constitute an input into the BZgA’s migration concept for sexuality education and family planning.

Bundeszentrale für gesundheitliche Aufklärung
Cologne 2011

¹ Helfferich 2001

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Introduction

At 18%, women with a migrant background constitute a significant proportion of the female population in the Federal Republic of Germany. Around two-fifths of these women are between the ages of 20 and 44,² i.e. at an age where planning and building a family are relevant issues. The Bundeszentrale für gesundheitliche Aufklärung (BZgA) wanted to get a more in-depth understanding of the living situations of this heterogeneous group and therefore commissioned the study “women’s lives: family planning and migration in women’s lives”. The goal is to gain more knowledge about the family-formation processes and family-planning decisions as well as about the differing needs for information and support regarding questions on these subjects for the two largest migrant groups.

A particular challenge for research endeavours focusing on the population with a migrant background is the great heterogeneity of the target group, e.g. regarding ethnicity, the method of migration, legal status, level of education, social situation and membership of different migrant generations. Since the migrant population is largely at home in west German cities, it is even more true than usual in the area of family research that average figures do not reflect the actual reality anywhere. Little research in the area of family and family planning that differentiates by migrant group and gender has so far been published; there have only been small-scale specialist investigations into specific issues of family planning.

² Statistisches Bundesamt 2009a

Key data about the population with a migrant background (Microcensus 2007)³

- Population: 82.3 million, of which 14.5 million (18.7%) have a migrant background⁴
- Migrant population in west German cities: Stuttgart = 37%, Nuremberg = 38%, Berlin = 24% (largely the result of regionally different levels of recruitment during the 1960s)
- Even higher percentages among the 18–25-year-olds in these cities: Stuttgart = 47%, Nuremberg = 42%, Berlin = 29%, overall it is true that the younger the age group, the greater the percentage of the population that has a migrant background
- Most prominent countries of origin⁵: Turkey (16.4% of the population in Germany with a migrant background), Russian Federation, Kazakhstan, Ukraine (together 11.6%), Poland (7.5%)
- Aspects of note: 9.2% of people with a migrant background have no school qualifications and 33.2% no vocational qualifications (comparable figures for people without a migrant background: 1.4% and 17.9%)

The study “women’s lives: family planning and migration in women’s lives” seeks to help close this gap. It looks at the two largest migrant groups – women with a Turkish or eastern European migrant background (including ethnic Germans from eastern Europe and the former USSR)^{6,7} – and systematically obtains information about these women’s family-formation processes and family-planning decisions and about their experiences with contraception and pregnancy terminations. It uses retrospective data on relationships, marriage, number of children and gaps between children as well as on the desire to have children and on their living arrangements to create patterns of biographical dynamics; it also discusses factors of influence such as whether the women grew up in Germany, and what level of education they have. It addresses cultural aspects and looks at the migration event itself. At the core of the study is the relationship between the women’s migration biography and their family biography, which, depending on what phase of their lives they are in, produces the desire to have children or the desire to delay / avoid having children. Contraception and pregnancy terminations are correlated with this and the need for information and advice is assessed.

³ Statistisches Bundesamt 2009a and Statistische Ämter des Bundes und der Länder 2009

⁴ On the definition of ‘migrant background’ see Statistisches Bundesamt 2009a

⁵ Defined by current nationality, or for naturalized citizens, former nationality; or the country of origin of those who migrated by virtue of their *Aussiedler* status.

⁶ See box ‘Definitions’ in chapter 1.1

⁷ On the particular east European countries in question, see ‘Notes to readers’ in chapter 2

Since a *socio-geographical approach* is pursued in this study, in which 20–44-year-old women with a Turkish or eastern European migrant background in four west German cities (Oberhausen, Stuttgart, Nuremberg and Berlin) were surveyed → *chapter 2*. The statements cannot be generalized for Germany as a whole. They are, however, an adequate basis for local family and migration policy. Women without a migrant background from the same four cities were used as a *comparison group*. Here too the statements cannot be generalized, especially since all the survey locations are in west Germany.

The study was conducted by the Sozialwissenschaftliche FrauenForschungsInstitut (SoFFI F.; Abteilung des Forschungs- und Innovationsverbundes an der Evangelischen Hochschule Freiburg FIVE e. V.) together with the Institut für Soziologie der Universität Freiburg (survey period 2007 to 2010). Important partners were the local authorities in Oberhausen, Stuttgart, Nuremberg and Berlin, the cities where the surveys took place, as well as TNS Emnid in Bielefeld, which was responsible for conducting the standardized telephone interviews.

1.1 Starting points

The present study follows on from the previous survey “women’s lives – family planning in women’s lives” (commissioned by the BZgA, 1997–1999) and re-addresses the subject of migration. Together with the study “men’s lives – family planning in men’s lives” (commissioned by the BZgA, 2001–2004), these studies provide foundations for the conceptual work of the BZgA’s department of sexuality education, family planning and contraception.

As was the case in the two aforementioned studies, the following premises are assumed here:

- “*Family planning*” in a comprehensive understanding is more than just contraception: all of the decisions and developments with which private lives with and without children are shaped are included.
- “*Family planning*” is a life choice: since family planning means different things in different phases of people’s lives, their biographies and life stories are taken into account. A central area of interest is to see in what ways migration and starting a family may be connected. Both of these things require decisions that change the direction of people’s lives and that will influence subsequent decisions.

- *Behind the data on family planning are women as active agents:* in addition to the statistical data the subjective perspectives of the women migrants are included.

With regard to the target group ‘women migrants’ the following also holds:

- *There is no such thing as “the” migrant, or “the” Turkish woman or eastern European woman:* in addition to the differences *between* the different migrant groups, there is also heterogeneity *within* the two chosen migrant groups. This is because the cultural origin, the migration context and membership of the first or second migrant generation all affect the way family planning issues arise. For women who personally migrated to Germany, family planning matters depend on what period of their family formation process they were in when their migration took place.
- Family formation is largely explained by *the interplay between the initial circumstances before migrating (pre-migration), the influence of the migration regulations (e.g. migration to join a spouse) and the confrontation with the circumstances in Germany (post-migration).*

Definitions

Migrant background

A central criterion, following the definition of the 2005 microcensus, is the country of birth of the survey participants or of at least one parent. A Turkish or eastern European migrant background would therefore be present if the survey participant or at least one parent had been born in Turkey or an eastern European country⁸ As a result of this definition, this study does not just include women with Turkish or eastern European citizenship, but also naturalized women and ethnic Germans from eastern Europe or the former USSR with the relevant (family) origins. The latter group (referred to hereinafter for brevity by the German term “*Aussiedler*”) were also defined as people with a migrant background in the 2005 microcensus. The background here is that although legally speaking they are in all respects German citizens, *de facto* they, like other migrants, also face integration problems and being socially marginalized.⁹

First and second generation

Criteria for classifying women as second generation migrants are that they were either born in Germany or they migrated to Germany under the age of 12. The reason for the inclusion of women who migrated to Germany as children in the second-generation category is that they have been through all or a significant part of their institutional socialization in Germany. The first generation therefore includes all women who were at least 12 when they moved to Germany.

1.2 Structure of the evaluative report

The Expert Study with the presentation of important results from the research project supplements and deepens the summary version, published by the BZgA in October 2010.¹⁰

The results are broken down into two parts. Part I, which contains → *chapters 3, 4 and 5* describes the migration history and the social and family circumstances of the two chosen migrant groups. This information is necessary in order to be able to understand the results regarding family planning in these women’s lives summarized in Part II in → *chapters 6 to 10*.

⁸ On the particular east European countries in question, see ‘Notes to readers’ in chapter 2

⁹ Cf. BMFSFJ 2000

¹⁰ BZgA 2010a

→ *Chapter 3* describes the migration profiles of the two chosen migrant groups in more detail. Issues of family planning arise in different ways for these two groups, starting with the fact that the first-generation eastern European women largely came to Germany with their families or as unmarried women without children, while the Turkish survey participants usually came to Germany as married but (still) childless women.

→ *Chapter 4* looks at the migrant women's level of education. It reveals that the first-generation Turkish women have a particularly low level of education, while the eastern European group overall has a high level of education / vocational training, but they are often confronted with the issue that the qualifications they acquired in their home country are not recognized in Germany. Both migrant groups therefore experience disadvantages when it comes to employment and income, compared with women without a migrant background.

→ *Chapter 5* provides cross-sectional data about the women's current family situations and about the number of children they have. The data clearly shows that, compared with west German women without a migrant background, living with a husband and (biological) children is far more common for both of these migrant groups. Relationships other than marriage are almost non-existent, particularly among the younger Turkish women. In addition, women migrants are more likely to have children, they have a greater number of children, and are less likely not to have children than west German women. The level of education influences the number of children in all three groups of origin.

In Part II → *chapter 6* the biographical dynamics of family formation are sketched, using the standardized data. This is done by determining the chronological sequence of meeting the spouse, wedding, having the first child and having subsequent children. The Turkish women interviewed tended to have their reproductive phase comparatively early on in their lives. The eastern European women also tended to start a family at quite a young age, but they spread out having more children over a longer period of time. In the second generation the age at which the women get married and have their first child increases. The level of education and personal migration experiences also have a delaying effect on reproductive events. The biographical concepts reconstructed from the qualitative interviews reveal a shift away from the entrenched norm present in both migrant groups, namely that it is good to become a mother early: among the second-generation Turkish women access to education and an increased emphasis on shaping their own lives has the effect of (moderately) delaying having a first child. Among the eastern European women the factor that delays the starting and enlarging of a family is the change away from the acceptable circumstances for early motherhood in the countries of their origin towards the problematic German situation where it is difficult to reconcile vocational training or work with having a family.

→ *Chapter 7* contains the findings on contraception. The contraceptive pill is the most commonly used form of birth control; the coil becomes more significant once the family planning stage is complete. The Turkish women do not have much of a need for contraception before marriage or during the early days of their marriage; they often only started using contraception after their families were complete, when they wanted to limit the number of children or delay having another child. The eastern European women started using contraception late because it was difficult for them to access safe contraception in the country of their origin. In the second generation both migrant groups started using contraception earlier on in life.

→ *Chapter 8* provides information about the frequency of pregnancy terminations, which is higher among members of the first generation in both of these migrant groups than among west German women. Influencing factors such as education are discussed in this context. Turkish women tend to cite health reasons as the reasons for choosing a termination, while eastern European and west German women were more likely to give arguments focusing on their education and work. Further results focus on the time and the biographical context of the first termination. Among the Turkish group it largely occurred during or at the end of the family formation phase, while the eastern European women and the west German women in particular were more likely to have had their first termination before the birth of their first child. Evaluating the qualitative interviews illustrates the reasons for terminations that arise from the biographical family and social situation.

→ *Chapter 9* presents results about the women migrants' need for information and advice regarding family and family planning. The Turkish women's need and that of women with low levels of education in general is particularly high. The data also confirms that the preferred and actually used sources of information – mainly print media and the internet – are used very differently depending on the women's origin and education. Gynaecologists and doctors as well as family advice centres are the preferred sources of information for Turkish women. For them the language barrier and cultural sensitivity are also of particular relevance.

→ *Chapter 10* collates the results from → *chapters 6, 7 and 8* under the heading of life prospects and integrates contraception and terminations into the reproductive life-phase. The chapter also addresses the effects of the migration event itself and the description of the women's lives becomes more in-depth: having children early and the link between sexuality and marriage in the Turkish women's lives, particularly among members of the first generation, corresponds to the use of birth control only after the first child / children. Contraception and terminations take place to delay a further birth for situational reasons; the majority of the terminations take place

11 Since the presentation of the results of the group discussions takes up a lot of space, a detailed presentation is not given in this report. Separate publications are planned.

in order to limit the number of children. The reproductive biography of the eastern European women is dominated by the inadequate availability of safe contraception in their country of origin. Contraception and terminations are issues relating to unwanted first pregnancies, and later to *increase the intervals between children*, and are justified in the country of origin and later on in Germany by citing education and work-related reasons. Membership of the second generation, and a higher level of education, produce a shift in the same direction: the mother's age at the birth of her first child goes up, but is still very much lower than that of the German women, and the average number of desired children goes down. Contraception begins earlier and the number of terminations goes down significantly. Early marriage and early motherhood are no longer taken for granted quite so much, albeit without fully adopting the "German pattern" of comparatively late motherhood; in addition the family planning process is largely built on contraception.



Research design and notes to readers

The present study also follows on from the two previous studies mentioned in → *chapter 1.1* with regard to the methodological set-up of the investigation. Here too a “*socio-geographical approach*” is pursued: 20–44-year-old women with a Turkish or eastern European migrant background and the comparison group of west German women without a migrant background were surveyed in four west German cities (Oberhausen, Stuttgart, Nuremberg and Berlin). This approach provides usable statements for local family and migration policies and also solves the practical research problem of access to selected migrant populations. The migrant groups are large enough in order to obtain random samples and reach the desired sample size.

Just as was the case in the two previous studies, the results and conditions of the women’s family planning to date (*biography or biographical approach*) were obtained in a *combination of standardized and qualitative survey methods*. A standardized telephone survey (CATI – computer-assisted telephone interviewing) was conducted with a total of $n = 2,513$ women, for which a multiple-choice questionnaire was used. In addition qualitative (one-on-one) face-to-face interviews were conducted in which the women were asked to talk about their life stories and their attitudes on subjects relating to family planning. Group discussions supplemented the design by adding group opinions to the mix. The results were furthermore validated and discussed by expert interviews.

The survey period for all the interviews lasted from the end of 2007 to the beginning of 2010. During the first phase (2007 to 2009) all of the one-on-one qualitative interviews and group discussions, as well as the standardized telephone interviews, were conducted for Stuttgart and Oberhausen. The second phase (2009 to 2010) incorporated the surveys in Berlin and Nuremberg, as well as one-on-one interviews with women who had had terminations, and the expert interviews.

The following overview depicts the key data of the surveys conducted. Supplementing information about the methodological approach of the quantitative and qualitative surveys as well as about the response rate and the women's willingness to participate in the standardized telephone interviews can be found in → *appendix B*, the sample descriptions of all of the survey components in → *appendix C*.

Key data of the surveys conducted for the study 'women's lives – family planning and migration in women's lives'



Source: BZgA

Standardized interview

Sample: 20 to 44-year-old women with Turkish (N = 842) or eastern European (N = 832) migrant background (comparison group: N = 839 women with no migrant background) in Oberhausen, Stuttgart (first survey phase) and Nuremberg, Berlin (second survey phase); random samples from registers of residents, selected by age

Survey: telephone interviews with standardized questionnaires (also in Turkish and Russian), conducted by TNS Emnid; Turkish or Russian-speaking (female) interviewers were used on request

Content: reproductive biography with events such as marriage, births, pregnancy terminations, desire for children, contraception, and details of migration process, partnership, education and training, and current circumstances; attitude to family

Evaluation: SPSS/SAS

continued on the next page >

Qualitative surveys

a) One-on-one interviews

Sample: in the first survey phase n = 25 qualitative biographical interviews with 18-44-year-old women with a Turkish or eastern European migrant background in Oberhausen, Stuttgart and Freiburg, sample access via confidantes; in the second survey phase n = 20 qualitative biographical interviews with women who were asked standardized questions in Berlin; selection: women with experience of termination, contrasting sample collation

Survey: qualitative-biographical guideline-supported interviews; interviews were recorded and transcribed; the female interviewers spoke in the women's mother tongue

Contents: Biography, starting from childhood, focus on relationships, family and family planning

Evaluation: hermeneutic-reconstructive and content-analytical, category-forming evaluations

b) Group discussions¹¹

Sample: n = 15 group discussions with 18-44-year-old women with a Turkish or eastern European migrant background in Oberhausen, Stuttgart and Freiburg; access to members of this sample via confidantes (real groups, → *appendix B2-2*)

Survey: Stimuli for subjects related to family planning; discussions were recorded and transcribed; the female interviewers spoke in the women's mother tongue

Contents: Group opinions about family planning matters

Evaluation: reconstructive, as in the documentary method

c) Expert interviews

Sample: n = 9 interviews with male and female experts (family and pregnancy advice centres for women migrants, female gynaecologists)

Survey: Guideline-supported interviews

Contents: Validating the results, particularly regarding contraception and terminations

Evaluation: Content-analytical assessment

With regard to the standardized telephone interviews, the *representative nature* of the partial samples for the four cities is good. However, no claim of representativeness can be made for Germany as a whole or even for west Germany.

The *women's willingness to participate* in the telephone interviews was relatively high. In Oberhausen, Stuttgart and Berlin a successful interview could be conducted with half of the women contacted; in Nuremberg the same was true for more than 60%. There was also a high level of willingness to participate and address the subjects in the one-on-one interviews and group discussions. This positive result was surely assisted by the fact that the survey medium was translated into Turkish / Russian and that the female interviewers were bilingual. Further measures that contributed to the study's acceptance were that local partners publicized the study in the local print media before the start of the survey and they also wrote to the target women, providing background information and requesting their participation.

Notes to readers

Eastern European group

The partial sample entitled ‘eastern European group’ in this current study consists largely of women who personally, or whose parents, came to Germany from one of the European or central Asian successor states of the Soviet Union. The countries of origin include Armenia, Azerbaijan, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, the Russian Federation, Tadjikistan, Turkmenistan, Ukraine, Uzbekistan and Belarus. In addition a comparatively small number of women with a southeastern European migrant background ($n = 73$, around 9% of the partial sample) was included in the survey.¹² The family origin of these women was in the successor states of Yugoslavia, and in Romania and Bulgaria. At least 50% of the women in the “eastern European group” are first or second-generation *Aussiedler*.¹³

The countries of origin of the survey participants



continued on the next page >

¹² This goes exclusively for interviews in Oberhausen, where the totality of eastern European women was too small for the necessary size of the gross sample

¹³ This is mainly because in Stuttgart and Nuremberg only *Aussiedler* were interviewed.

Turkish / eastern European women

To make matters simpler, the expressions “women with a Turkish migrant background”, “Turkish women” and “women from the Turkish group” are used interchangeably, even though the participants with a Turkish migrant background may well possess German citizenship. The same is true for the terms used to describe the women with an eastern European migrant background.

(West) German women

The term “(west) German women” applies to those women from the comparison group without a migrant background. The term ‘west’ Germany is used in a political and not a geographical sense. It refers to the territory of the pre-unification Federal Republic, including West Berlin.

The women referred to are only ever those from the partial samples from the four west German cities. The comments here should not be extrapolated to all of the women in these groups in Germany.

Retrospective

The reported events, such as births, marriages and terminations, took place between 1978 and 2009. Any statement made by this study about the average age of the women when they got married cannot, therefore, be compared with a statement about the average age at which women got married in 2008, for example.

Differences between the cities

Generally speaking, the results in the four cities tend to largely conform. Wherever there are clear differences, this is highlighted; in all other cases the data are evaluated together.

I

Framework conditions for family planning: migrant history, social circumstances and living arrangements

3 *Migration profiles*

4 *Social circumstances*

5 *Current family situation: relationship, children and extended family network*

Migration profiles

3

The heterogeneity of the population with a migrant background is one of the challenges of migration research. This heterogeneity exists between the different migrant groups as well as *within* one migrant group, originating with the individuals' personal migration history / their migration motives, the age at which they moved to Germany and the amount of time they have spent in Germany (migration profile). All of these factors influence the "arrival in Germany", the current living situation, the women's legal status and the general conditions surrounding their integration, which, in turn affect their family planning. It also makes a difference whether these women were born in Germany as the children of migrants, or whether they only came to Germany as a young girl or as a grown woman, whether they came together with their families or whether they came in connexion with a marriage, or whether they came alone in order to work or study. The results about the women's family-planning decision therefore always have to be interpreted while keeping the specific compositions of the migrant groups in mind. For this reason the actual family-planning results are preceded by a depiction of the migration profiles → *chapter 3.1* and the family contexts of the women's migrations → *chapter 3.2*. After that the results are discussed and the significance of the relevant immigration policies for the specific migration profiles are addressed in → *chapter 3.3*. → *Chapter 3*, together with → *chapter 4* (social circumstances) and → *chapter 5* (current family situation) provides a more in-depth description of the migration stories and the circumstances of the women interviewed.

3.1 Key data in the migrant history: who came to Germany how and why?

The two migrant groups have a different immigration history and therefore they also have different migration profiles.

Around a fifth of the of the participating **women with a Turkish migrant background** were born in Germany. The vast majority personally migrated from Turkey (79%), most of them at a young age, with the age bracket 18–22 being particularly common (30% when looking at the group of Turkish women as a whole, 38% when looking at those who migrated to Germany). The average age at immigration was just under 17 (table 3-1).

The main reason for moving to Germany was to follow a family member / to reunite the family as a wife or child. The younger women in particular (20–34-year-olds) were much more likely to have immigrated as wives (71%) and more rarely as children with their parents (20%) than the women over the age of 34 (52% and 41%). This means that among the younger women of the first generation in particular, there are many marital migrations. While 73% of the parents of the women born in Germany came to the country to work, work migration seems to play virtually no role anymore among the women who personally migrated to Germany (1%).

The overall percentage of women belonging to the first generation is 60%. When differentiating by age group, 69% of 35–44-year-old women belong to the first generation, but so do 49% of the young, 20–34-year-old Turkish women (table 3-2). As will be shown, the younger women of the first generation also often came in connexion with a marriage.¹⁴ This means that, contrary to the intuitive understanding of the word “generation”, we cannot equate the first generation with the “older Turkish women” and the second generation with “younger Turkish women”. Young women are also currently migrating to Germany, making them members of the first generation.

On average the migrant Turkish women have been living in Germany for 19 years. Just 13% of them possess German citizenship. Almost a fifth of those who only have Turkish citizenship have a temporary residence permit (table 3-1).

¹⁴ Cf. chapter 3.2

Table 3-1: Key data of the migration history of the Turkish and eastern European women (figures in %, averages)

<i>Max. case number</i>	Turkish women <i>n=820</i>	eastern European women <i>n=829</i>
migrated at the age of		
23 and older	14.4	49.5
18–22	29.7	17.9
12–17	16.0	14.8
0–11	18.5	13.3
born in Germany	21.5	4.6
members of the second generation	39.9	17.9
age at migration* (average, in years)	16.9	21.8
important migration reasons*		
<i>Aussiedler</i>	1.8 (1.6)	44.2 (45.7)
joining husband in Germany	57.9 (75.2)	16.8 (19.4)
joining parent(s) as child	34.1 (16.1)	21.2 (15.4)
time in Germany* in years, average	19.0	11.6
German citizenship**	12.8	76.1
temporary residency permit***	19.2	23.7

*only those interviewees who migrated themselves. The figures in the brackets are the corresponding ones for the members of the first generation, i.e. for those who came to Germany at the age of at least 12.

**including dual nationals

***percentage of those survey participants without German citizenship

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Figure 3-2: **Generational membership, by group and age**
(figures in %)

migrant group	Turkish women		eastern European women		
	Age	20–34 n=358	35–44 n=462	20–34 n=418	35–44 n=411
generation membership					
1. Generation		48.6	69.1	70.3	94.2
2. Generation		51.4	30.9	29.7	5.8
<i>Total</i>		<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Almost all of the participating **women of the eastern European group** immigrated to Germany themselves (95%). Only a small minority were born in Germany. Compared with the Turkish group the women who immigrated were significantly older when they came to Germany. Unlike the Turkish women, whose age at immigration lay between 18 and 22, the eastern European women’s ages at immigration varied significantly. More than 67% came to Germany as adults, and half of them were already older than 22 at the time (table 3-1). Since only 13% arrived as children under the age of 12, significantly fewer women are members of the second generation than of the first (18% as against 82%). The percentage of women belonging to the second generation is, at 30%, also comparatively low among the younger, 20–34-year-old women (table 3-2).

44% of the women in this group were themselves *Aussiedler*,¹⁵ and they form the largest single sub-group of this group. The next-argest sub-group consisted of those who came to join their husband or parents (38%). Regardless of whether or not they had the status of *Aussiedler*, the younger, 20–34-year-old women were significantly more like to come to Germany as a child with their parents (34%) and less likely to have come in connexion with a marriage (10%) than the older eastern European women (9% and 23% respectively).

The women in this group who have moved to Germany have lived here, on average, for almost 12 years. The vast majority of them (93%) came to Germany after 1990. Three-quarters of the women have German citizenship. For almost a quarter of those who are not German citizens, their residence status in the country is temporary.

¹⁵ It should be noted in this connexion that in Stuttgart and Nuremberg only *Aussiedler* were interviewed.



The average is nowhere – special characteristics in the migration profiles in the four survey cities

The migration history also has regional traits, depending on the need for labour in the past (especially active recruitment), settlement conditions or the influences of chain migration. The differences between the cities can be summarized as follows:

- In *Nuremberg* almost half of the Turkish women are members of the second generation, the percentage is also high in *Oberhausen* (43 %), but low in *Stuttgart* at 28 % (*Berlin*: 37 %).
- In *Oberhausen* the percentage of eastern European women belonging to the second generation is higher than in the other three cities (34% as against 10% – 21%).
- The Turkish women in *Berlin* und *Nuremberg* are more likely to have German citizenship (17% and 18% respectively) than the Turkish women in *Oberhausen* (6 %) and *Stuttgart* (3 %).

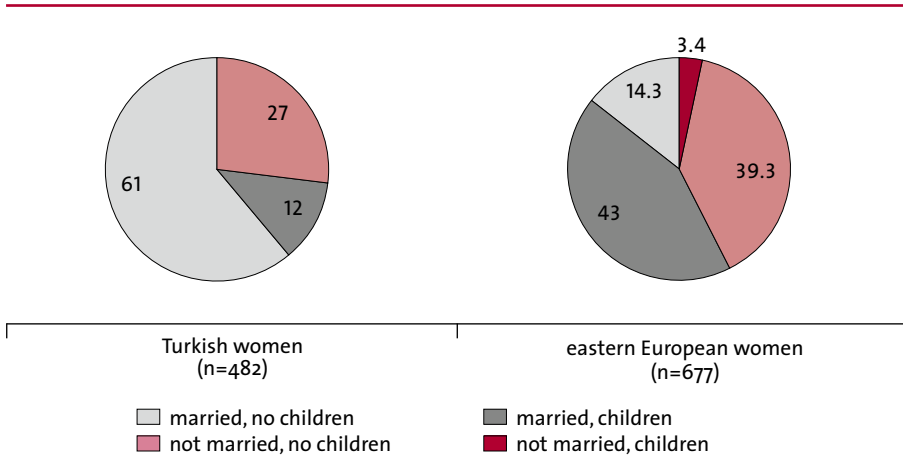
3.2 Migration with and without the family

One of the factors that is particularly relevant for family-planning issues is the context in which the migration took place, i.e. whether the women migrants came alone or as a family with a husband and children, and how much time passed between the marriage and the migration. Did the women start families long before they immigrated to Germany, or did they come in order to join their spouses?

At the time of migration, the majority of the **Turkish women** of the first generation were married but (still) childless (61%), 12% had already started a family and came to Germany with their husband and child(ren), and more than a quarter of the women were unmarried and childless at the time (figure 3-1). Among this latter group, the majority of them were teenagers (12–17 years old) when they came to Germany with their parents or when they followed them (62%).

The **eastern European women** of the first generation also tended to come to Germany as married women, but they were much more likely than the Turkish group to come as a family with a husband and child(ren) (43%) and a lot less likely to come as married women without children (14%). The number of women who immigrated to Germany without a husband or children was 39%, which is higher than among the Turkish women. More than half of these unmarried, childless women came to Germany as adults over the age of 17 (55%).

Figure 3-1: Marital status of the first generation at the time of the migration, by migrant group (figures in %)



Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Marriage-related migration

For questions of family planning, marriage-related migrants are a special target group. If this group is defined by saying that the marriage took place in a period of one year before to one year after the migration¹⁶, then a total of 56% of the **Turkish women** of the first generation came to Germany by way of a marriage-related migration. The fact that even among the younger, 20–34-year-old, women, the percentage is 73% (as against 47% among the over-34-year-olds) demonstrates that the current way into Germany for young women is the (thus defined) marriage-related migration. Women who immigrated using this strategy were often young, did not have qualifications and were generally childless when they came to Germany.¹⁷ However, since they soon had their first child, and raising children and obtaining professional qualifications are hard to combine, many of them still remain without qualifications.¹⁸

The coincidence of the biographical events of marriage, migration, and, possibly, a quick pregnancy, shape the arrival in Germany in a special way. Marriage-related migrants from Turkey tend to arrive without family members, while their husband usually grew up in Germany or was born there and has family and work ties. The husband and possibly his parents and siblings have a special significance regarding the support they can provide in the women’s social re-orientation. To the extent that the conditions in the home country and the living conditions of the two spouses are different, special challenges and assimilation efforts (such as regarding the family’s language use and child-rearing).¹⁹

¹⁶ The definition is appropriate here because it encompasses the biographical coincidence of migration and marriage, which is important for questions of family planning. For other questions other, broader definitions of ‘marriage-related migration’ may be more useful.
¹⁷ This is a specific feature of marriage-related migration from Turkey. Marriage-related migration per se does not in any way imply a young age or childlessness at the time of migration.
¹⁸ Cf. chapter 4.1
¹⁹ BMFSFJ 2000



Among the **eastern European women** of the first generation just under 18% of the migrations were marriage-related (22% among the younger ones, 14% among the older women), i.e. significantly lower than among the Turkish group. The phenomenon of marriage-related migration is also more heterogeneous here, with regard to the age when the women got married or immigrated, for example.

3.3 Discussion

The main differences between the two chosen migrant groups – women with an eastern European migrant background and women with a Turkish ones – are a product of, among other things, the immigration regulations, which act as a ‘filter’. If entry to Germany is mainly possible via a work contract for example, the group of people migrating to Germany will be different from those for whom joining the family is the gateway to Germany. Immigration may require a certain maximum age or an income, or be tied to high or low qualifications or to a marriage. The results can therefore not be generalized for Turkish / eastern European women in a different country under different immigration conditions or for women in Turkey / eastern Europe who have not migrated.

Migration research discusses the extent to which this specific, migration-political selection influences family formation, either directly or indirectly via their social standing (“selection hypothesis”²⁰). In order to gain some insight into the special circumstances of each of the groups and to be able to discuss the influence of this selection, it is necessary to take a look at the group-specific migration history.

Migration from **Turkey** was initially determined by the targeted recruitment of workers with low levels of qualifications who were used as unskilled labour, starting with the 1961 recruitment agreement with Turkey. The migrants’ motive for moving was mainly poverty in rural Turkey.²¹ Initially German policy assumed the workers would return to Turkey and would only reside in Germany temporarily, and the “guest workers” also wished to return to their home country, but over time, the percentage of people who stayed permanently and brought their families to Germany went up. With the recruitment halt in 1973, the possibility of work-related migration from non-EU countries was abolished. This resulted in an increased use of the two remaining options: children and spouses moved to Germany to join their families, or Turkish women married a (nearly always) Turkish man already living in Germany (or men came to marry Turkish women already here). This migration option greatly contributed to chain migration, as a result of which entire villages moved to Germany, which allowed them to maintain their local cohesion.²² Up until 2007 the minimum age for married women moving to Germany to join their husbands was 16; in 2007 it was raised to 18.

²⁰ Milewski 2007; Milewski 2009

²¹ Cf. Boos-Nünning/Karakasoglu 2005; Sen 2002

²² On the phenomenon of chain migration in the Turkish group: Haug 2003; Wilpert 1987: 206

In the case of migration from the **successor states of the former Soviet Union**, most of the migrants are of German origin, who were forcibly relocated to these states after the Second World War (*Aussiedler*) and who were accepted in Germany under certain, successively tightened conditions (particularly the proof of German ancestry and knowledge of the German language). They were given German citizenship with all of the corresponding rights. Family members were allowed to migrate as well. This recognition was independent of age and qualifications. Further immigration options came from marriage-related migration, from being recognized as a Jewish quota refugee and from migrating to cover a specific labour shortage. The latter two options mainly affected highly qualified individuals. The number of *Aussiedler* who migrated to Germany started increasing from 1986 onwards and reached a peak after the raising of the Iron Curtain with around 400,000 migrations in 1990, until figures settled at around 200,000 by 1995; after that point the number of migrations per year started going down, not least because of increasingly tough conditions.²³ The percentage of *Aussiedler* who immigrated to Germany from the former Soviet Union rose year by year; since 1992 almost all of the *Aussiedler* have come only from these countries. Their motives for moving to Germany were the massive economic problems in the home country as it underwent structural transformation, and the chances of better prospects in Germany.

The two migrant samples reflect the general development here: the vast majority of the eastern European women came to Germany in the early to mid-1990s. The reason why their ages at immigration vary so much is because their reasons for leaving their home country and coming to Germany were tied to the entry regulations, not to a specific age. The peak between 18 and 22 as an immigration age among the first generation Turkish women corresponds, on the other hand, to the high percentage of women who immigrated in connexion with a (first) marriage.²⁴

The migration history also explains the different percentages of second-generation members in the two migrant groups. Among the eastern European group the percentage is so low because the children of the women who immigrated in the nineties are still largely too young to fall within the scope of this study. The high percentage of Turkish women who are members of the second generation stems from the fact that these women either came to Germany as children (by way of joining their family; if they were under the age of 12, they are counted as members of the second generation for the purpose of this study), or that they are daughters of the labour migrants who immigrated to Germany before 1973, meaning they have been in Germany for long enough to have grown daughters who do fall within the scope of this study (born between 1963 and 1987). The high percentage of second-generation immigrants is therefore the result of more than 40 years of immigration history among the Turkish population.

²³ Cf. Bommes 2000

²⁴ Cf. also the information on the family status of the Turkish women on entry in chapter 3.2

The inclusion of the migration history with its selection ‘filters’ also explains the major differences between the two migrant groups regarding their education and family situations, which will be presented in the following chapters. This illustrates how little sweeping data says about migrants (suggesting them to be a homogeneous group). An extrapolation of the findings to the future is also problematic, because a change in immigration policy will also alter the group of migrants. Statements about the family-planning behaviour of migrants in Germany is therefore always just a snapshot in time.

Special attention should be given to the result that the group of younger Turkish women is not homogeneous, but instead consists of women who on the one hand immigrated at a young age as a result of marriages, making them first-generation migrants, and on the other hand of women who were born in Germany, making them second-generation migrants. Depending on the social background of the marriage-related migrants, there can be major divergences between their education, their language skills and their knowledge about contraception among these women, which results in different family-planning patterns (such as early marriage or delayed marriage).

The special role accorded to Turkish women who come to Germany to join their spouse is also highlighted in a current study by the Federal Office for Migration and Refugees on the situation of the five largest groups of foreigners living in Germany.²⁵ Nauck estimates that marriage-related migration will increase, partly because of the preference for marrying someone from the same ethnic background (hence no suitable marriage candidates available in Germany), and partly because permanent residency in Germany is difficult to obtain in any other way, making immigration via a marriage to the person from the country of origin an attractive proposition.²⁶ He notes that “marriage-related migration is an important mechanism of self-replenishment of migrant minorities in Germany. It thus contributes to the fact that there will be more migrants from the first generation among the established migrant nationalities.”²⁷ While marriage-related migration can generally be quite heterogeneous, there are regular features present in the marriage-related migrations from Turkey:²⁸ marriage and migration are related and take place at a young age. They coincide with a biographical separation from the parents, with integration into the husband’s family and with the intention to have children. For that reason the situation of the young women who migrate for marriage deserves special attention.²⁹

²⁵ Babka von Gostomski 2010: 220

²⁶ Nauck 2007: 21 f.

²⁷ Ibid.

²⁸ Cf. Nauck 2001

²⁹ BMFSFJ 2000

The depiction of the migration profiles is the basis for the interpretation and discussion of the results in the following sections. It confirms the need to not just distinguish between migrant groups, but to also distinguish within groups, particularly with regard to personal migration experience, age at migration and the migrant status and the associated (legal) conditions of the migration. With regard to the central question of the present study, the analysis of the family planning behaviour of women migrants in Germany, differentiating by family situation at the time of migration is also an important factor. The choice of the survey groups and the sample size allows such differentiations; the price paid is that the study remains limited to the two largest migrant groups.³⁰

30 The heterogeneity of the migration groups is generally seen as one of the greatest challenges of quantitative migration research (cf. Kuhnke 2006: 9 f.).

Social circumstances

4

The influence of education and income on the family-planning pattern in Germany is undisputed.³¹ For women migrants the question arises: to what extent and with what weighting the social circumstances, in addition to the cultural values, are an influencing factor on the number of children or the time at which a family is formed? It should be noted that the individual aspects of the social circumstances differ within the migrant groups.³² The social circumstances of women migrants is the result of, on the one hand, the migration conditions defined by and selected for by the immigration regulations (such as high or low qualifications),³³ and, on the other hand, of the chances of integration and the opportunity to participate in training and work.

For the description of the two migrant groups' social circumstances, the following section will first address the occupational and educational qualifications obtained in the country of origin and / or in Germany → *chapter 4.1*. The subsequent sections focus on the women's income situation → *chapter 4.2* and the associated financial situation (in the families) → *chapter 4.3*. Finally, the results are integrated into the research and discussed → *chapter 4.4*.

4.1 Educational and vocational qualifications

The surveyed women from the **Turkish group** possessed very low formal educational and occupational qualifications. For 57% of the women the maximum educational qualification was graduating from a *Hauptschule* (non-academic secondary school to age 16). Among these, the percentage with no school qualifications whatsoever was 12%.

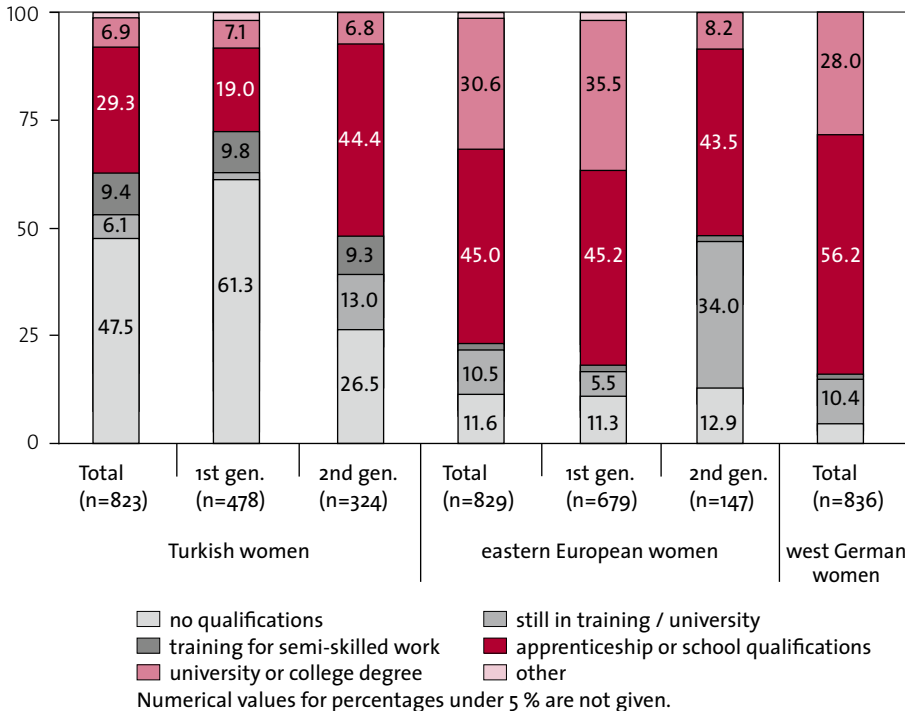
31 Statistisches Bundesamt 2009b

32 Wippermann/Flaig 2009

33 Cf. chapter 3.3

The low level of education is also reflected in the vocational qualifications. Almost one in two women have no vocational qualifications and a further 9% merely completed semi-skilled training (fig. 4-1). Correspondingly, only 29% of the Turkish women have completed an apprenticeship or obtained academic school qualifications, and a mere 7% have been to university. This precarious educational situation mainly applies to the members of the first generation. In comparison to the second generation, the women are more likely to have a lower level of education, i.e. nothing more than Hauptschule qualifications (67% vs. 42%) and they are also significantly more likely to be without vocational qualifications (61% vs. 27%) While only around a fifth of the women in the first generation have completed an apprenticeship and 7% graduated from university, the percentages in the second generations are (more than) twice as high (taking the women currently in university into account) at 44% and 14%.

Figure 4-1: Highest vocational qualifications of the women, by group and generation membership (figures in %)



*highest vocational qualifications, regardless of whether they were acquired in the country of origin or in Germany

Source: BZgA, data set "women's lives II" 2009, 20–44-year-old women with and without a migrant background

The **eastern European women** surveyed are significantly better equipped with educational resources. 15% have no or low educational qualifications, 41% left school with a certificate qualifying them for higher education. The percentage of women without any qualifications or with just semi-skilled training is correspondingly low (12%). And while the number of women who have completed an apprenticeship or who have obtained academic school qualifications is, at 45%, lower than among the west German women (56%), the percentage of graduates is just as high, at 31%. With regard to a generation comparison, it is difficult to make any statements, since a high percentage of the women surveyed are still in the process of obtaining qualifications. The high educational level among the first generation, which corresponds to that of the west German women, apart from the higher percentage of women without qualifications, makes it unlikely that the second generation will improve in comparison to the first generation (figure 4-1).

Recognition of foreign qualifications

The statements about the qualifications held by women with a migrant background are (even) more negative when the recognition of these qualifications in Germany is taken into account.

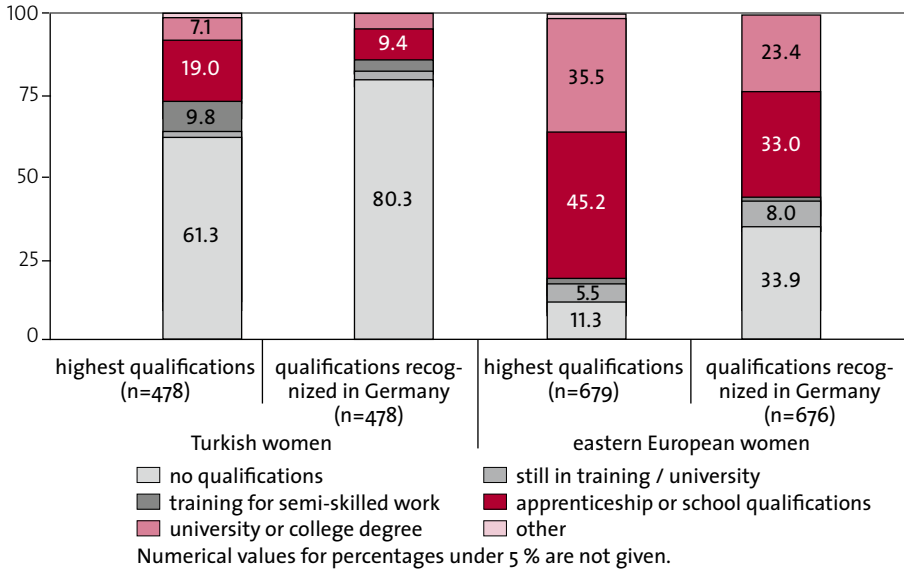
Regardless of whether further qualifications were or are being obtained in Germany, 27% of the first generation **Turkish women** acquired qualifications in Turkey. 46% of these women completed an apprenticeship there or obtained vocational qualifications and 23% graduated from an institution of higher education. Only around a quarter of all Turkish qualifications were recognized in Germany, 39% were definitively not recognized. The remaining 37% the women did not know about the recognition of their qualifications. The vocational qualifications (apprenticeship or further education at college) obtained in Turkey were less likely to be recognized than university degrees.

Among the first generation **eastern European women**, 60% obtained qualifications in their country of origin. Almost half of them came to Germany having graduated from an institution of higher education, a further 47% with an apprenticeship or other vocational qualifications. 43% of these qualifications are recognized in Germany, while equally many were definitively not recognized. In the remaining cases it was unclear whether the qualifications were recognized or not. The lack of recognition affects academic qualifications to the same extent as vocational ones.

In the left-hand column figure 4-2 depicts the distribution of the highest qualifications obtained by the first generation women of the two migrant groups, regardless of whether they were acquired in Germany or in the country of origin. The right-hand column shows for comparison the distribution of the qualifications obtained in Germany or the qualifications recognized in Germany. Women whose qualifications from their home country were not recognized and who did not obtain any

further qualifications in Germany were put into the category “no qualifications recognized in Germany”.

Figure 4-2: Highest vocational qualifications, and highest vocational qualifications recognized in Germany, of the first generation, by group (figures in %)



*highest vocational qualifications, regardless of whether they were acquired in the country of origin or in Germany

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Figure 4-2 reveals the extent to which migration is associated with a downgrading of qualifications, particularly among the **eastern European women**. Even though they were comparatively likely to come to Germany with high occupational qualifications (academic qualification) and unlikely to come without any qualifications, the fact that their foreign qualifications were so unlikely to be recognized meant that a third of the women did not have qualifications recognized in Germany. This is relevant when it comes to starting a family in Germany: once arrived in Germany and confronted with the difficulties of combining training and family, the subjective opinion is that subsequent training/education and a (further) child are mutually exclusive. The qualitative interviews reveal that this problem weighs heavily on the eastern European women’s minds. This is a quote expressing a common opinion:

“I cried because I didn’t know what to do next. In Russia I taught Russian language and literature. Here I was nothing.”

The problem of a loss of qualifications with regard to the biographical pattern of starting and expanding a family is addressed again in → *chapter 6*.

Among the first generation **Turkish women** more than 60% have not obtained qualifications, either in their country of origin or in Germany. If the lack of recognition of foreign qualifications is taken into account, then 80% of these women do not have qualifications recognized in Germany. Quantitatively speaking the problem in this group was less about losing qualifications because of a lack of recognition, and more about acquiring any qualifications to begin with after migrating to Germany.

Few women migrants were able to obtain new or additional qualifications in Germany, and among those who could, the majority were highly qualified. Among the **eastern European migrants** the percentage was 37%; every second woman who had obtained a degree in her country of origin acquired a second degree in Germany or was studying for one at the time of the survey.³⁴ In the **Turkish group** 20% of the (comparatively few) women who came with qualifications completed further training in Germany or were in the process of acquiring other vocational or academic qualifications at the time of the survey.³⁵

The partner's occupational qualifications

With regard to the partner's / husband's occupational qualifications, the pattern in the **Turkish group** is similar to that in the west German group: the partner / husband possesses, on average, somewhat higher qualifications than the woman, even though at an overall lower level than among the west German group. Nevertheless, here too around a quarter of the partners do not have occupational qualifications that are recognized in Germany and a further 19% were merely semi-skilled (figure 4-3).

In the **eastern European group** the partners' educational profile is similar to that of the women (with regard to the qualifications recognized in Germany). Somewhat more than a fifth of the men and somewhat more than a fifth of the women possess a recognized university degree. However, as was the case among the Turkish men, around a quarter of the partners in this group do not have vocational qualifications recognized in Germany.

³⁴ New vocational qualifications could only be evaluated for the second survey phase (Nuremberg and Berlin).

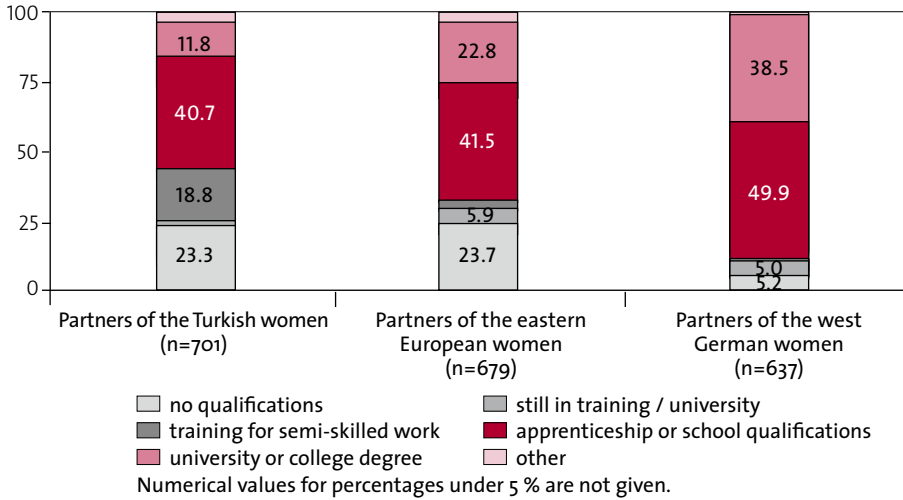
³⁵ An expert opinion was drawn up in 2010 for the federal government's Equality Commission; it looks in detail at the mutual connexions between qualification opportunities and family formation processes in Germany (Klindworth 2011).

³⁶ Esser 2006

³⁷ Only investigated in Nuremberg and Berlin

³⁸ In this context it should be remembered that a large proportion of the interviewees came to Germany as Aussiedler, a status only granted if they could prove an adequate knowledge of German.

Figure 4-3: Highest qualifications recognized in Germany of the spouse / partner, by group (figures in %)



Filter: women with a steady partner

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Linguistic proficiency

Command of the German language is a significant condition for social contact, integration and the chance of using counselling services.³⁶

When asked how they judged their German language skills, just under half of the Turkish women said “very good” and “good” (48%), while the other half said “mediocre” and “not so good”.³⁷ Among the second generation, where the women often have higher educational qualifications, the picture is more positive: 86% of the women possess very good / good German language skills, and a quarter of these women say German was their first language (compared with 3% in the first generation). Further evidence of the comparatively low linguistic proficiency of the first generation comes from the results regarding the desired interview language. 95% expressed a desire to have their interview conducted in Turkish, as against just under half in the second generation. However, it could also be that the language preference expressed in regard to the interview also has something to do with the subjects addressed, some of which are very intimate.

Among the **eastern European women** 70% judge their German language skills to be “very good” or “good”. Among the second generation the corresponding percentage is as high as 96% and almost half of the women said German was their first language. The percentage of women who wanted to have their interview conducted in German was correspondingly high.³⁸



In the qualitative sub-study the significance of linguistic competence in the migration situation with regard to different biographical dimensions is comprehensively addressed in both the one-on-one interviews and the group discussions: the significance of language becomes particularly clear where language, as a resource, is not or not sufficiently (subjectively) present. The women who, for various biographical reasons, are not proficient in German, despite having spent a long time in Germany, are particularly affected, because they are confronted with several problems in the organization and handling of their everyday lives:

“The biggest problem is the language. If I could speak the language, my problems would disappear.”

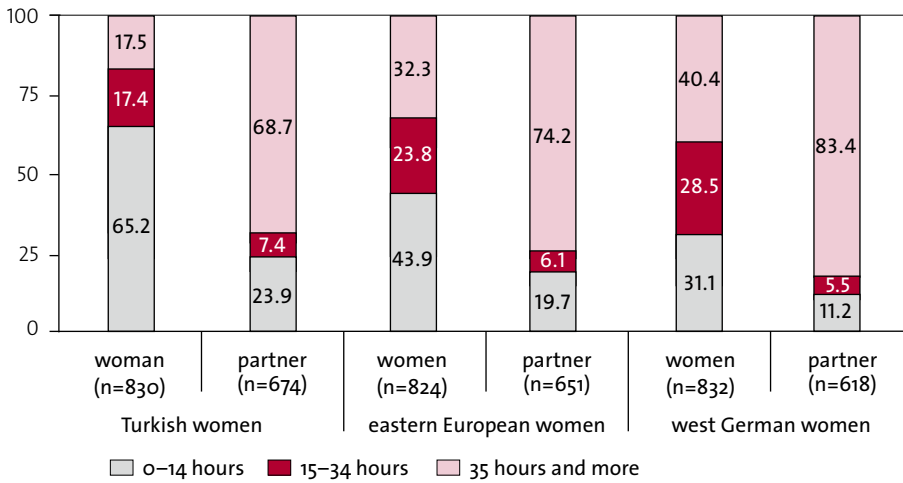
4.2 Employment situation in the family

The **Turkish women’s** contribution to the family income is extremely low. Almost two-thirds of them do not work (for money) or work less than 15 hours a week. 53% of the Turkish women have no job whatsoever. Just 18% of the women are in full-time employment of 35 hours or more (west German women: 40%, figure 4-4). It is mainly the members of the first generation, and (connected to this) women with low educational qualifications, who have no job or only a minor one. Among the second-generation women, more than half work more than 14 hours a week, while among the first generation women three-quarters do not work or only have minor employment.

While the women with the highest levels of education say they work 18 hours a week, the women with a low level of education work just under 10 hours a week.

Participation in the job market among the **eastern European women** surveyed is somewhere between the west German women and the Turkish women. 44% do not work or work fewer than 15 hours a week. The percentage of women in this group who do not work at all is, at 34%, significantly lower than that of the Turkish women. A third of the women are in full-time employment. In contrast to the Turkish women the members of the first and second generations are similarly integrated into the labour market and educational differences also do not play a role.

Figure 4-4: Working hours of the women and their spouses / partners, by group (figures in %)



Source: BZgA, data set "women's lives II" 2009, 20-44-year-old women with and without a migrant background

The partners' employment situation

In the two migrant groups and among the west German group the partners / husbands are significantly more likely to be in full-time employment than the women surveyed. In comparison to the partners of west German women the partners of the migrants are not quite so integrated in the labour market. They are less likely to work full-time and the percentage not working or only having minor jobs (partners of the Turkish women: 24%; partners of the eastern European women: 20%) is (more than) double what it is among the partners of the west German women (figure 4-4).

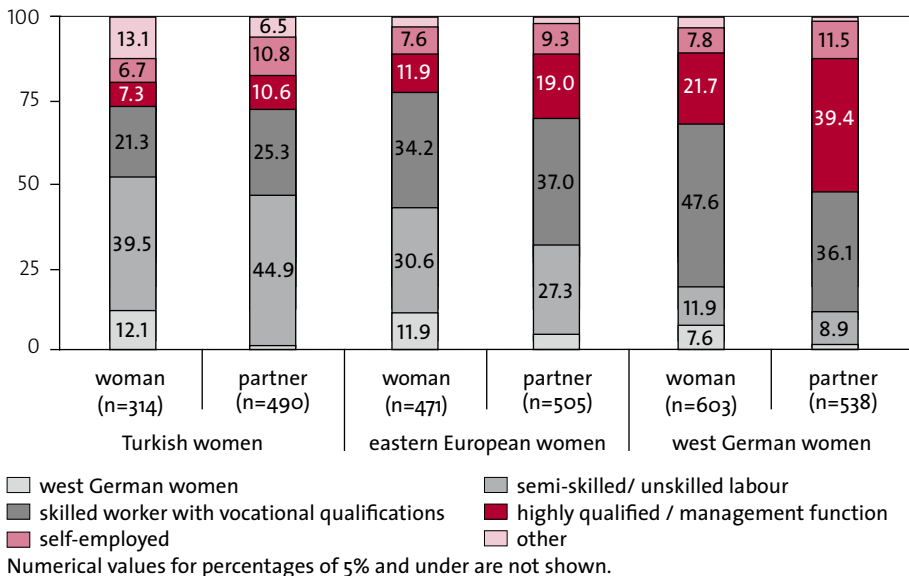
Occupational status

Among the **Turkish women** the generally low level of schooling and job training³⁹ is reflected in a low employment status. The same is true for their partners / husbands (figure 4-5). When looking at those who work 15 hours a week and more, almost 40% of the women and 45% of their partners work as unskilled or semi-skilled labour (compared to 12% and 9% respectively in the west German group). Around a fifth of the women and a quarter of their partners work in skilled positions (compared to 48% and 36% in the west German comparison group). For the members of the second generation the situation is generally more positive: almost three times as many women work in skilled jobs and have occupational qualifications as in the first generation (30% compared to 11%); a further 15% are still doing their apprenticeship or are still completing their vocational qualifications. However, here too a third of the women work as unskilled or semi-skilled labour.

³⁹ Cf. chapter 4.1



Figure 4-5: Nature of the employment of the women and their spouses / partners, by group (figures in %)



Filter: survey participants and partners who work 15 hours or more

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Once again **the eastern European women** lie between the Turkish and the west German women with regard to their employment status. Compared with the Turkish group they are more likely to work in (highly) qualified positions, but less likely than the west German women (figure 4-5). They are also less likely to work in unskilled or semi-skilled jobs than the Turkish women; but at 31% the percentage is still significantly higher than that of the west German group (12%). As was the case with the qualification profile (cf. figures 4-1 and 4-3), there are only minor differences between partners / spouses regarding the employment status. The partners worked in unskilled or semi-skilled positions or in qualified positions to a similar extent. This specific profile is very likely to be the result of the more comprehensive integration of women in the labour market in the eastern European countries. To compare: in the west German group the partners are significantly more likely to hold highly qualified or leading positions than the women (figure 4-5).

As in the Turkish group, the eastern European women of the second generation hold better jobs than the members of the first generation: a mere 13% work in unskilled or semi-skilled positions, two-fifths in qualified positions (as against 35% and 33% in the first generation). More than a quarter of the women (27%) are still completing their apprenticeship or vocational qualifications.

4.3 Income

As a result of the low qualifications, the low level of employment and the low employment status of the women as well as of their partners, the income situation for the surveyed **Turkish group** is particularly precarious:

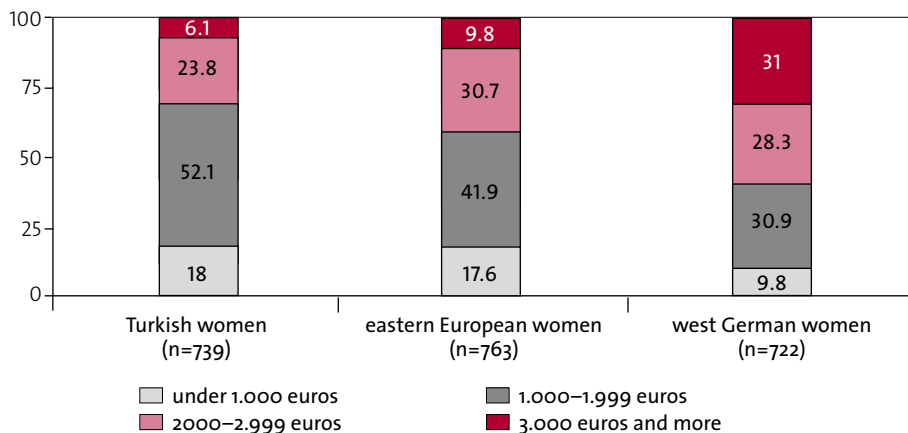
- 47% of the Turkish women assess the financial situation of their household as bad or even as very bad (as against 31% among the west German women).
- More than half of all the Turkish households have to make do with a net household income of 1,000 to 2,000 euros a month and 18% have to make do with less than 1,000 euros (figure 4-6).
- Almost a third of the Turkish households claim state benefits, among the west German women this is only true for 9%.

Because of the greater participation in the labour market on the part of the women and their partners / husbands, and their generally more favourable position regarding their employment situation, the surveyed **eastern European women** have a higher net income per household than the Turkish migrants. However, their net household income is still significantly lower than that of the west German group (figure 4-6). In addition 90% of the eastern European women have their own income, a significantly higher proportion than among the Turkish women. However, the group of those who earn less than five hundred euros a month is a lot bigger here than among the west German women (36% compared to 20%).

Even though the income situation in the eastern European households is overall more positive than in the Turkish group, the financial situation is judged to be bad or very bad by more than half the group (53%). And as is the case among the Turkish families, more than a third are dependent on state support.



Figure 4-6: Net household income, by group
(figures in %)



Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

4.4 Discussion

The social situation and education of the women migrants are considered to be important factors in their family planning behaviour; for that reason their distribution in the groups examined is presented as the foundation for the assessment of the results in the following chapters. Cultural interpretations and ethnic behavioural patterns are also considered important for family planning, but explaining behaviour primarily on the basis of cultural characteristics easily leads to a “cultural bias” which emphasizes the differences between the groups without and with a migrant background, marking out migrant groups as “different”.⁴⁰ This approach ignores the fact that the effect of education and income can be the same for Germans and migrant groups and that the differences tend to result from the different levels of education and income (e.g. from the frequency of low qualifications or a low income) rather than from cultural attitudes.

Social circumstances and education also constitute a significant criterion for differentiation within the migrant groups. The need for this differentiation was demonstrated, among other things, by the Sinus study on migrant milieus, in which milieu⁴¹ divisions were developed according to characteristics of socio-economic status and lifestyle. This model emphasizes the significance of social characteristics, which shape social circumstances to a greater extent than ethnic origin. However, the present study can neither recreate the milieu divisions, nor can the levels of education be differentiated in more detail than through formal educational qualifications. The focus on educational qualifications takes into account the more recent

discussion about women migrants' "cultural capital", which determines access to education and social advancement.⁴²

The results regarding the low qualifications of the Turkish women and the eastern European migrants' higher vocational and educational qualifications that are not recognized in Germany, as well as the results regarding the changes in the second generation, match the findings from other studies.⁴³ The Turkish women's low contribution to the family income and the frequency of precarious and poorly paid working conditions are also described by other authors.⁴⁴ It should be added that the low qualifications of the Turkish group are also the result of the recruitment strategies for the labour migrants' pioneer generation, who were specifically employed for unskilled jobs. The 2008 Bildungsbericht [Report on Education] shows that the low educational capital and the low socio-economic status of the parents leads to educational disadvantages in the second generation, which is particularly noticeable in the Turkish group.⁴⁵ On the other hand there are also successful educational paths in the Turkish second generation.⁴⁶

The following chapters look at education / job and family as partial aspects of the women's lives in relation to each other. Family planning as a way for women to shape their lives obtains its special significance from the fact that there is tension that arises from the difficulty of reconciling training / work and family in Germany. Education also turns out to be a resource for access to all the family planning opportunities.

40 Cf. chapter 4.1

41 Wippermann/Flaig 2009

42 Nohl et al. 2006

43 Autorengruppe Bildungsberichterstattung 2010; Babka von Gostomski 2010: Chapter 3; Statistisches Bundesamt 2009a; on the lack of recognition of vocational qualifications held by east European women and the subsequent disadvantages when they came to Germany: Dietz 1995

44 Bandorski et al. 2008; Babka von Gostomski 2010: ch. 4; Stichs 2008; Hess-Meining 2004a

45 Autorengruppe Bildungsberichterstattung 2008: 213

46 Seifert 2008



Current family situation: relationship, children and extended family network

5

Among the migrant women the family situation and the expectations regarding family planning are not just determined by the cultural significance of 'family' in the country of origin. They are shaped by the migration itself and how well they are integrated into German society. Family relationships as relationships of supportive solidarity in the foreign country have a special significance for the women's desire to have children and the implementation of this desire. The following chapter outlines the migrants' current family situation with regard to their relationship, their living arrangements with and without children → *chapter 5.1* and *5.2.2* and the (desired) number of children → *chapter 5.3*. Since a narrowly defined understanding of family as a nuclear family consisting of parents with child(ren) is not a useful concept, → *chapter 5.4* also includes the extended family network in Germany in the analysis. → *chapter 5.5* is devoted to the closing discussion of the results.

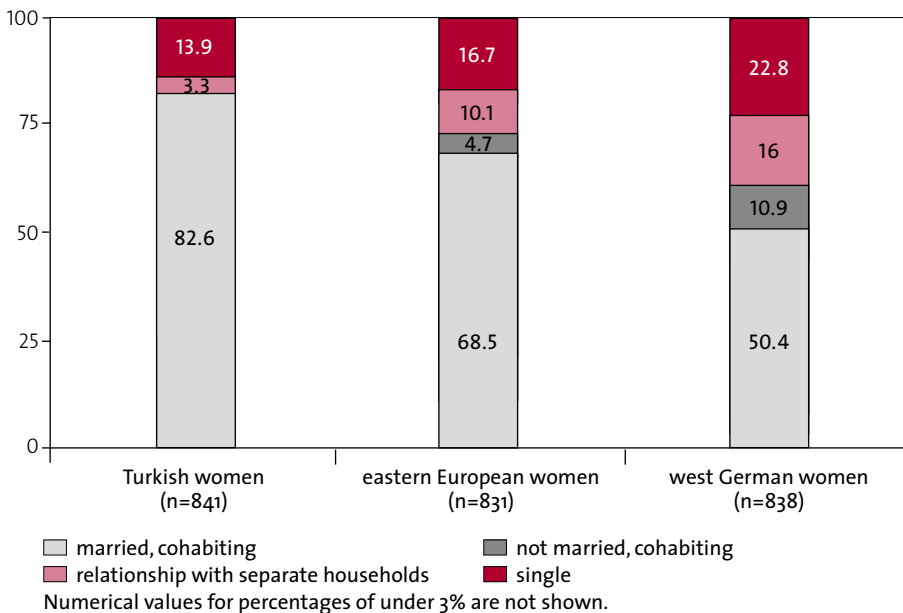
5.1 Current relationship

The vast majority of the **Turkish women** surveyed lived in a steady relationship. A total of 83% were married and generally for the first time (97% of married women). Other types of relationship, other than living together in wedlock, were almost completely insignificant, at just over 3%. 14% of the women were single (figure 5-1), of which 70% had never been married.

The **eastern European women** surveyed were no less likely to have a steady partner than the Turkish women. Most of them were married and living together with their husband (69%). Living together outside of wedlock, and relationships in separate households, were more common than among the Turkish group. The same was true for multiple marriages: for 12% of the married women the current marriage was not the first.

The family situation of the eastern European women is therefore more heterogeneous than that of the Turkish women. This can be explained by two unifying conditions for the **Turkish group**, which do not apply in the same way to the eastern European women. Firstly, sexual relationships / a shared household are closely linked to marriage in Muslim households. Secondly, regardless of cultural orientations, there is the effect of selection, given that for the first generation the main way to migrate to Germany was through marriage (wives moving to Germany to join their husbands, marriage-related migration⁴⁷).

Figure 5-1: Relationship status and living arrangements, by group (figures in %)



Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

In comparison to the women migrants, the **west German women** surveyed were, at 50%, much less likely to be married (90% in the first marriage) and were also more likely to live together outside of wedlock (11%) or to be in a relationship without living with the partner (16%). The single women (23%) had largely never been married; around a fifth had been married before.

Whether the women have committed to a relationship and have got married or not depends on their age and level of education. These correlating factors are addressed in more detail in → *chapter 5.2* in connexion with living arrangements with and without children.

⁴⁷ Cf. chapter 3.2



Intra-ethnic and inter-ethnic relationships

With regard to the husband's / partner's migrant background, intra-ethnic marriages clearly dominate in the **Turkish group**. 93% of the partners also have a Turkish migrant background; a mere 4% of the women are in a relationship with a German man and a further 3% with a man who has a different migrant background. Even in the second generation only 13% of the partners have a non-Turkish background.

Although the majority of the **eastern European women** are also in intra-ethnic relationships (78%), the percentage of women whose partner does not have a migrant background (18%) or a different one (4%) is higher, at 22%, than among the Turkish women. It is particularly in relationships in the first generation that both partners are from the same ethnic background. Among the second generation, inter-ethnic relationships are significantly more widespread. Around a third of the partners did not have a migrant background and a further 8% had a migrant background that was not eastern European.

To compare: in the **west German group** the women are also largely in intra-ethnic relationships (84%).

Husband's / partner's generational membership

Even when both spouses / partners possess the same migrant background, it makes a difference with regard to the necessary adaptation and support efforts within the relationship, whether both partners are members of the same generation, or whether, if not, the woman joined a partner who grew up in Germany and is therefore a member of the second generation (marriage-related migration), or whether she is a member of the second generation and enters a relationship with a man of the first generation who only came to Germany as a teenager or adult.⁴⁸

With regard to intra-ethnic relationships, 46% of the first-generation **Turkish women** are with a second-generation Turkish man, i.e. with a man who was born in Germany or came to Germany as a child. In the second generation around 60% of the women entered a relationship with a man who is a member of the first generation. This group consists largely of women over the age of 34 who got married in the 1980s and 1990s.

Since the first-generation **eastern European women** migrated together with their families, the partners are, as is to be expected, also almost always members of the first generation (93%). In the second generation 63% of the women were living with a partner of the first generation.

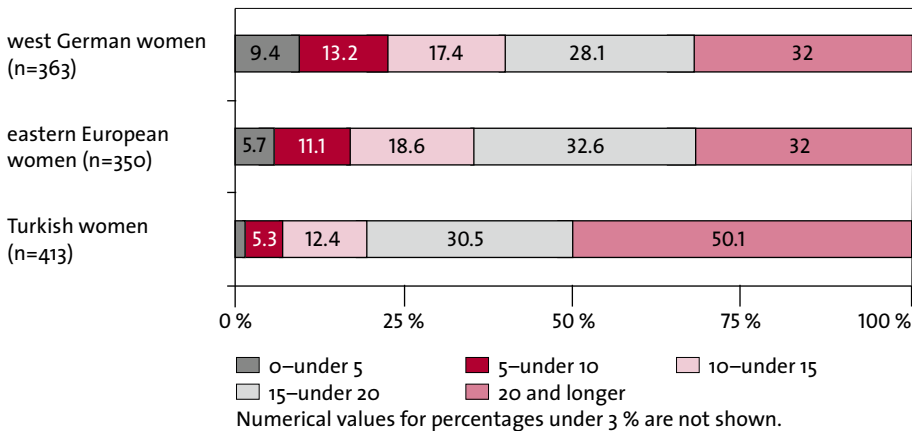
⁴⁸ On the definition of first and second generation, cf. chapter 1.1

Length of the current relationship

The age of the women when they entered their current relationship and the resulting length of the relationship indicate to what extent the women are willing to enter a relationship early and for the long-term or whether their relationship biography was (presumably) more diverse, i.e. with more break-ups.

The older **Turkish women** surveyed (the over 34-year-olds) were young when they entered their current relationship, the average age being 20.6 (in comparison: the west German women of this age group entered their current relationship at an average age of 24.9). 28% of them were under 18 at the time, a further 45% between 18 and 21. As a result the average length of the current relationship among the older Turkish women is higher (18.8 years) than that of the older west German women (15.5 years). The corresponding figures for the older **eastern European women** (over 34) are comparable to those of the west German women. The current relationship, which was begun, on average, at 23.2 years, has lasted for an average of 16.2 years (figure 5-2).

Figure 5-2: Length (in years) of the current relationship for the women over the age of 34, by group (figures in %)



Filter: all women with a steady partner

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

The finding that **Turkish women** commit to a partner young and long-term compared to the women in the two other groups is true for members of both the first and the second generation, albeit to different extents. This commitment is probably connected to the Turkish women’s low level of education⁴⁹, because it is true for all three groups that the lower the level of education, the earlier the current relationship began.

⁴⁹ Cf. chapter 4.1

Excursus: Turkish marriages between close relatives

Marriages between relatives are fairly common in Turkey and are often accepted as normal. According to the 2003 Demography and Health Survey, 22% of all marriages are marriages between relatives and most of those marriages are between cousins of the first degree.⁵⁰ At more than 40% marriages between relatives are significantly more common in the southeast of the country than in western Turkey (10%).⁵¹ Quite generally, rural areas and villages have a higher prevalence of marriages between relatives than urban areas. There are virtually no figures about the number of marriages between relatives among Turkish migrants in Germany, because the biological relationship of the spouses has not much been asked about in surveys, not least because of the taboo nature of the subject. A current study, commissioned by the BMFSFJ, has revealed that around 15% of the Turkish women in Germany are married to a relative.⁵²

The current study also concludes that marriages between relatives are widespread among Turkish migrants. Taking all the figures together, 25% of the Turkish women in Nuremberg and Berlin said that they were related to their spouse, without the degree of kinship being specified. The percentage in Berlin is significantly higher (31%) than that in Nuremberg (19%). Further differentiation reveals that marriages between relatives are more common among the first generation (33% v. 10% among the second generation), but the partners are more likely to be members of the second generation (59%). In addition relationships between relatives are more common among women with low qualifications: while a third of the women with low educational qualifications are related to their spouse / partner, the corresponding figure is only 12% among the women with a high level of education. Another finding was that marriages between relatives were more common among the women who grew up in a rural area (41%) than among those survey participants who spent their childhood in an urban environment (depending on the size of the town between 17% and 29%).

Significance of family socialization

Women who were expected at a young age to listen to their parents when it came to important decisions such as choosing a partner, or who are expected to look after them in old age, were twice as likely (31% in both cases) to be married to a relative than women for whom these statements were not true.

50 50 HUIPS 2004

51 51 Yüksel et al. 2009

52 BMFSFJ 2007

53 Strassburger 2003

continued on the next page >

The main reasons in favour of marriages between relatives were family obligations towards relatives who stayed behind in Turkey and strengthening the bond between the transnational family relationships. Given Germany's immigration policies, marrying a relative is the only way they can get remaining family members into the country. The women also say that when they marry a relative, they know who they're dealing with, thereby reducing the risk of making a poor partner choice.⁵³

Medical risks

There is an increased need for information and advice regarding the medical risks involved with children from marriages between relatives. Several studies with differing definitions of marriages between relatives confirm that there is a significantly higher risk of stillbirths, infant mortality, severe disability and hereditary diseases. The probability of having a disabled child is two to three times more likely for close relatives than for couples who are not related. A 2009 Turkish study found that between 7% and 8% of mothers who were married to a relative had children with disabilities, some of them severe, which had genetic causes, while the percentage among parents who were not related was just 4%.⁵⁴ A survey carried out by a practice for prenatal medicine in Berlin also concluded that around 8% of first-cousin couples had a child with severe genetic anomalies.⁵⁵

5

5.2 Living arrangements with and without children

Four-fifths of the **Turkish women** and three-quarters of the **eastern European women** in this study's sample had children, while the percentage among the **west German group** was comparatively low at 56%. This difference is also connected to the number of women who were married, because it is true for both migrant groups that marriage and parenthood are closely linked. Women who are married and living with their spouse tend to have children, while those survey participants who are in a less committed type of relationship or who are single tended to be (still) childless. Among the **Turkish group**, just 7% of the married women, but 72% of the unmarried women were childless. If this latter group did have children, they were probably from an earlier marriage, because all of the lone mothers apart from one had previously been married. While 91% of the married **eastern European women** had children, 71% of them who were not married to their partner had no

⁵⁴ Yüksel et al. 2009

⁵⁵ Der Tagesspiegel online, 20.05.2003, last read on 16 Feb. 2010

children, and the same was true for 50% of the unmarried women. Among the unmarried women who did have children, the vast majority had been married (84%).

Living arrangements of the younger, 20–34-year-old women

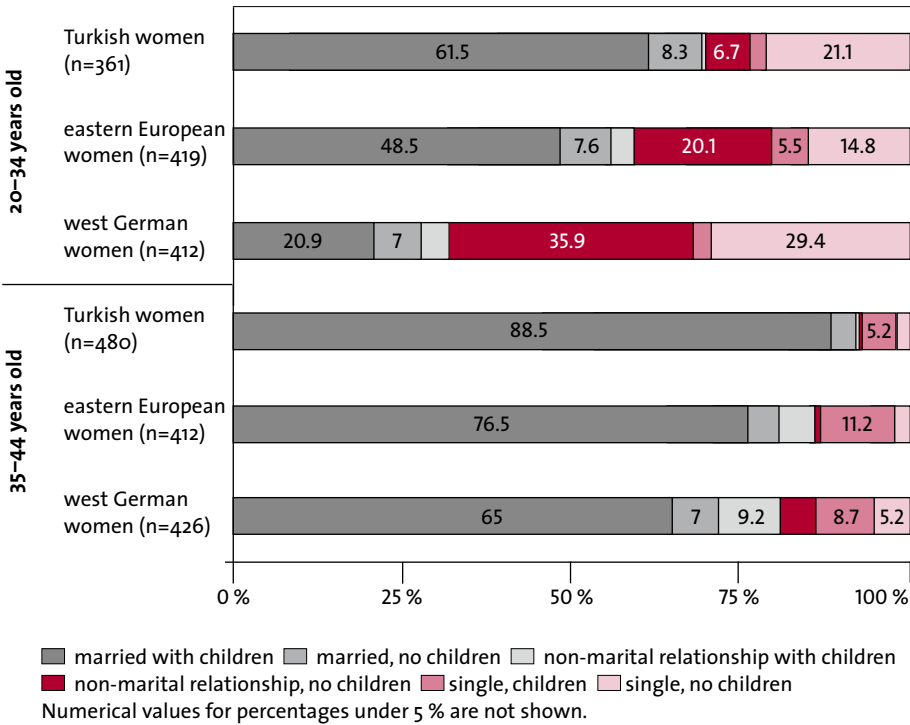
Since, biographically speaking, creating a family takes time, it is true for all three groups that the younger 20–34-year-old women are less likely to be married and have children than the older women.⁵⁶ The fact that the migrant women are more likely to adopt ‘traditional, family-oriented’ living arrangements than the west German women can already be seen among the 20–34-year-old participants, and among the Turkish women in particular (figure 5-3).

While most of the 20–34-year-old **west German women** are (still) childless (72%) and are largely either with a partner they are not married to or single (together also 72%), 62% of the younger **Turkish women** are already married and have children. Less committed types of relationships (i.e. not marriage) play almost no role here either (7%). Those who are not married among the younger participants tend to be single and childless (21%).

The **eastern European group** lies between the pattern of the west German women and the Turkish women of this age group with regard to their relationship and family ties. Almost every second woman is already married and has children while 43% of the women are (still) childless. Just under a quarter of the women are living with partners they are not married to, mostly without children. The percentage of single mothers is somewhat higher than in the two other groups.

⁵⁶ When comparing the 20 to 34-year-olds with the 35 to 44-year-olds, we were mainly concerned to sketch the different temporal dynamics of family-formation in the three groups. The comparison with the older age-groups does not of course imply any prediction of the future family-planning behaviour of the younger ones.

Figure 5-3: Living arrangements with and without child(ren), by group and age (figures in %)



Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Whether the younger women are already married and have children also depends on their level of education in all three groups. Generally speaking, women with a low level of education aged 20–34 tend to have families more often than those who have completed a higher level of education. The biographical interplay between family formation and education are addressed in more detail in → *chapter 6*.

With regard to the older women (over 34), figure 5-3 shows that the **west German women** “catch up” with age, regarding marriage and parenthood; but at 65% they are still significantly less likely to be married and living with a husband and children than the older eastern European (77%) women and the older Turkish women especially (89%).

As will be shown in → *chapter 6.5*, the qualitative interviews provide information about the commonalities and differences between the migrant groups: the interpretative patterns of the Turkish and the eastern European women contain a strong and early orientation towards marriage and family, particularly among the first generation. Among the women in the eastern European group the high impor-



tance of children and marriage goes hand in hand with a biographical concept in which they generally aim for (economic) autonomy and independence.

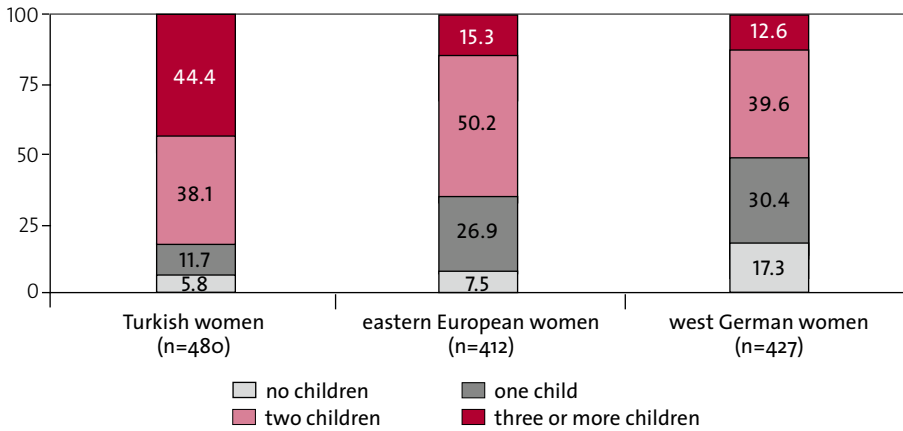
5.3 Large, small or no families – facts and desires

Since the number of children depends very much on age, this analysis looks at the family size among the older participants (over 34; figure 5-4). The **Turkish women** over the age of 34 surveyed have an average of 2.4 children. While merely 6% of the women are childless and 12% only have one child (so far), 44% of the women live in larger families with three (32%) or four and more children (13%). In the second generation the average number of children among the over-34s drops to somewhat less than among the first generation (2.2 compared to 2.5 children). However, here too almost 40% of the participants have three or more children (first generation: 47%).

The **eastern European women** over the age of 34 have an average of 1.8 children. Smaller families tend to dominate; 77% of them have one or two children, while families with three or more children are rare. The percentage of women without children is no higher than that of the Turkish women of the same age group, at 8%.⁵⁷ To compare: among the **west German women** smaller families with one or two children dominate (70%); 17% do not have children. The average number of children is 1.5. That means the survey participants in the two migrant groups have more children and have children more often than the west German women.

⁵⁷ Because of the small numbers of members of the second generation, it was not possible to differentiate the over-34s among the eastern European interviewees.

Figure 5-4: Number of children for the women over the age of 34, by group (figures in %)



Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Desired number of children

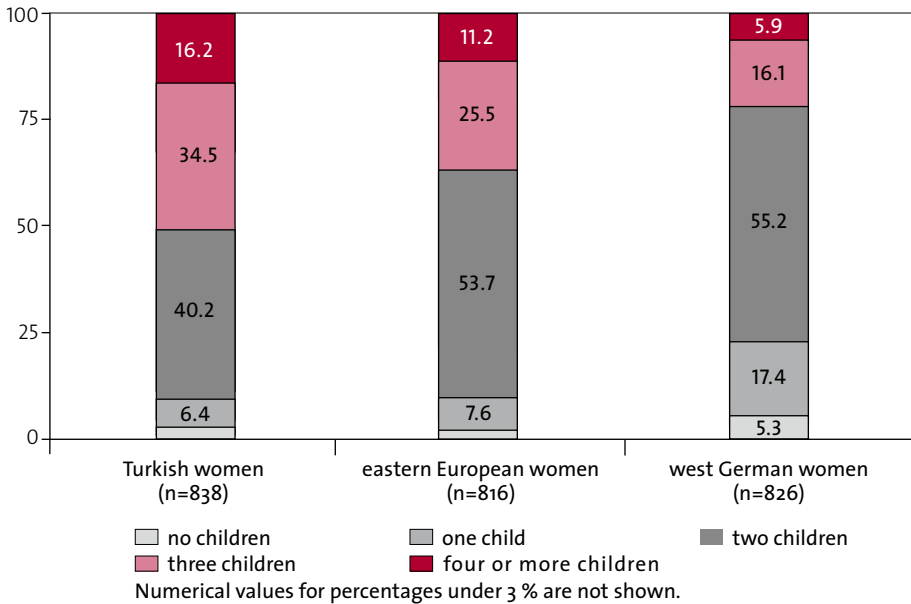
In order to assess further family development (including among the women who did not yet have children), the women were also asked whether they wanted (further) children, and how many. Together with the children already present, it is possible to determine the total number of children desired / imaginable.

Every second **Turkish woman** can imagine a larger family with three or more children, if this family size has not already been achieved (figure 5-5). Among the **eastern European women**, the desire for a two-child family dominates (54%). However, 37% can imagine having a total of three or more children. The desire to remain childless for life or to have just one child is expressed rarely by the women in these two migrant groups (these two options together around 9%). To compare: childlessness is also only rarely an option for **west German women** (5%); they do, however, tend to favour smaller families with one or two children (together: 73%). 22% of the west German women surveyed can imagine having larger families with three or more children.

The high degree to which having children is taken for granted by migrant women is also reflected in their attitude. Around 90% of the Turkish and eastern European women state that they have always wanted children, whereas only 78% of the west German women said the same. And while 62% of this latter group were of the opinion that “it’s possible to be happy without children”, this opinion was only shared by a quarter of the Turkish women and a good fifth of the eastern European women.

In the qualitative sub-study childlessness as a biographical option is hardly ever expressed by the two migrant groups. In the group discussion in particular the women said that they took parenthood in their lives for granted and distanced themselves from childlessness.

Figure 5-5: Total number of children imaginable, by group
(figures in %)



*The total number of children imaginable includes existing children, additional children desired, and if relevant, current pregnancies.

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

In the second generation the total number of children imaginable goes down in both migrant groups, though they started at different levels; it does, however, remain above that of the west German women (table 5-1). The desire for large families with three or more children sees a particularly significant drop: by 12 percentage points among the Turkish women and 9 percentage points among the eastern European women. Among the Turkish women this desire is still twice as widespread, at 43%, than among the west German women (22%; eastern European women: 29%). The three groups no longer differ when it comes to imagining being able to live without children.

Table 5-1: Total number of children desired / imaginable, by group and generation (figures in %)

group	Turkish women		eastern European women		west German women
	generation	1st gen. n=490	2nd gen. n=326	1st gen. n=666	2nd gen. n=147
total number of children desired					
no children	0.6	5.8	1.5	4.8	5.3
one child	5.7	7.7	8.1	5.4	17.4
two children	38.2	43.3	52.1	60.6	55.2
three children	36.7	31.6	26.7	19.7	16.1
four or more children	18.8	11.7	11.6	9.5	5.9
<i>total</i>	<i>100</i>	<i>100.1</i>	<i>100</i>	<i>100</i>	<i>99.9</i>
<i>average</i>	<i>2.8</i>	<i>2.4</i>	<i>2.5</i>	<i>2.3</i>	<i>2.1</i>

* The total number of children imaginable includes existing children, additional children desired, and if relevant, current pregnancies.

Source: BZgA, data set "women's lives II" 2009, 20–44-year-old women with and without a migrant background

In the qualitative interviews there are arguments for limiting the number of children, which throw light on how the migration itself and the living conditions in Germany affect the women's life plans. "Finding a better life" is a central migration motif. Especially for the **Turkish women** the idea of having fewer children is associated with the desire to give their children better lives and to make sure they are educated, because this is no longer possible for their own lives:

"I don't think it's good to have too many children (...) because what matters isn't having a baby, it's socializing your children. The more children you have, the more you will fail in this endeavour. If you have one or two children, you're better able to socialize them." (T-02).

"My children's education, because their future is my future. That's why I want them to go to school for me." (T-06).

"(...) it's difficult to give two children a certain level of education. You pay a high price already. And then bringing a third one through (...)" (T-13).



A case study is presented in → *chapter 8* in which the original desire for a large family (more than four children) is revised because of a termination as a result of the husband's unemployment: the woman interviewed has four children, but "*looking at it now*" and because "*the children's future can't be secured*", two children would "*be enough*".

During the qualitative interviews with the **eastern European women** there were also extensive discussions about wanting to give their children lots of opportunities, and that children and their upbringing cost a lot of time and money:

"You want to give your children the best, good clothes, and you want them to have a good education."

Here, limiting the number of children / increasing the intervals between children is a universal feature of shaping the reproductive life. The motive is not just handing over the desire to go up in the world to the children; in light of the possibility of divorce the mother is responsible for securing the children's future; as a result she has to secure her own livelihood, meaning she personally has to try to "find a better life" for herself in Germany. This goal cannot always be achieved with three or occasionally even two children, neither in the country of origin nor in Germany (as a result the percentage of families with more than two children is significantly lower among the eastern European group than among the Turkish one).

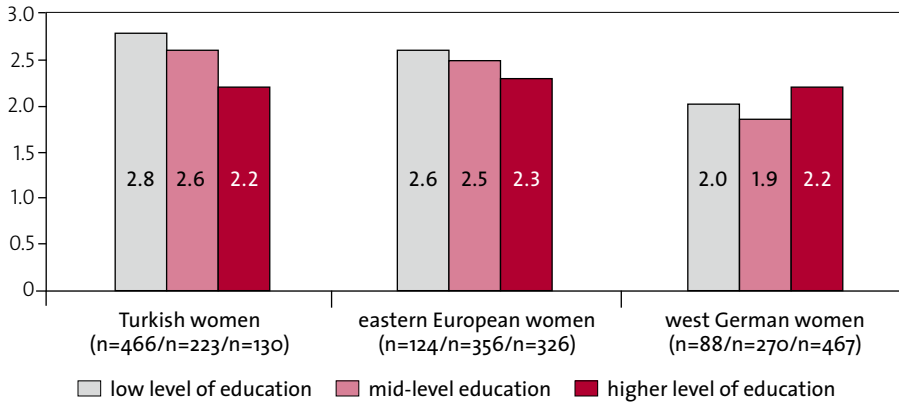
The reduction of the number of children in the second generation is picked up again in → *chapter 10* in the collation of the results on life plans, where it is interpreted as an element of "modernization" and adaptation of life plans to conditions in Germany.

Desired family size and education

It is true for **both migrant groups** and regardless of whether the women are members of the first or second generation that the higher the level of education, the lower the average number of children imaginable (figure 5-6). 57% of the Turkish women and 45% of the eastern European women with a low level of education can imagine having a larger family with three or more children. Among those women with a higher level of education, this is only true for a third of them.

Interestingly education has exactly the opposite effect on the desired number of children in the **west German group**. Here it is the women with the highest level of education who are most likely to be able to imagine having three or more children (24%) and rarely just one child (12%; compared to 19% and 24% respectively among the women with a low level of education).

Figure 5-6: Total number of children desired / imaginable, by group and education (average)



* The total number of children imaginable includes existing children, additional children desired, and if relevant, current pregnancies.

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

5.4 Extended family network

It is often assumed that as a result of chain migration migrants of both sexes possess family and extended family networks as a resource. The support associated with this network helps cope with everyday life and promotes the orientation of newly arriving family members. The integration efforts achieved through these extended family relationships in migrant families could not really be achieved by institutional services because of a lack of staff and resources.⁵⁸

The qualitative sub-study reveals that the extended family network is also a significant resource with regard to childcare. Often having childcare within the family is an important way for mothers to have a job, particularly when there are reservations and also financial problems with regard to taking advantage of state childcare options. In the group discussions the women surveyed addressed the problem of lacking or broken family support options as a result of the migration. Among the eastern European women, their own mother as a social resource was of great significance. During the biographical one-on-one interviews, the question of strategies, of how the women have managed to organize family support, is a major issue.

Just under 90% of the **Turkish women** and the **eastern European women** surveyed reported that parents and parents-in-law or other reliable relatives lived nearby (figure 5-2). This percentage is almost as high as among the west German women. What is striking, however, is that the parents of the Turkish women live close by

much less often than those of the eastern European women. As is to be expected, this is particularly true for members of the first generation Turkish women, who, as described above, usually came to Germany in connexion with a marriage. Just 15% of these women have their parents nearby (compared to 76% in the second generation). In comparison, the first-generation eastern European women were more likely to migrate to Germany with family members, i.e. also with their own parents.

Table 5-2: **Relatives living close by, by group** (figures in %)

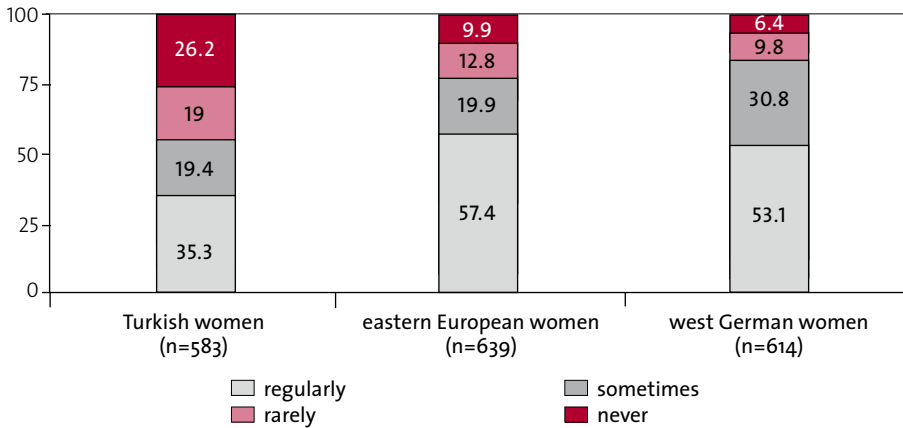
group	Turkish women n=841	eastern European women n=832	west German women n=839
<i>max. number of cases</i>			
relatives living nearby			
parent(s)	39.1	58.9	79.2
parent(s)-in-law	37.0	41.6	52.0
parents and / or parents-in-law	65.9	80.5	86.6
other reliable relatives	73.8	69.8	71.7
neither parents(-in-law) nor other relatives	11.9	11.3	9.1

* Multiple answers possible

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

The **Turkish women** are significantly less likely to receive support from parents (in-law) or other relatives living nearby with regard to childcare. 45% of the women said that they “never” or “rarely” received this kind of support (figure 5-7). This could also be to do with the gaps between the generations: because of the young age at which children are had and the poor economic situation, their own parents (in-law) have to work and are not available to look after the grandchildren.

Figure 5-7: (Accepted) childcare support from parents / parents-in-law and other relatives, by group (figures in %)



* childless women with a steady partner were asked what kind of support they believed they would get, if they had children

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

The **eastern European women** receive support in the form of childcare significantly more often from their parents (in-law) or other relatives than the Turkish women (77% “regularly” or “sometimes” compared to 55% among the Turkish women). In comparison: 84% of the **west German women** receive support from family members “regularly” / “sometimes”.

5.5 Discussion

The results are compatible with the picture painted by current migration and family research regarding women migrants’ family situation – the data is particularly good for the Turkish women. There are, however, important places where this knowledge can be deepened and supplemented.

Living arrangements

The results of the Microcensus also reveal a low occurrence of alternative relationship options and living arrangements without children in the **Turkish group**, the somewhat greater occurrence of such living arrangements in the **eastern European group** as well as the greater desire for children and the desire for a greater number of children in the two migrant groups.⁵⁹ For Germans without a migrant background, on the other hand, if marriages are entered into, non-marital living arrangements

⁵⁹ Bandorski et al. 2008: 48 ff. with household-related calculations



are a common preliminary phase, and this phenomenon is associated with delaying first marriages. Overall, the findings regarding living arrangements and relationship durations show that the women in both migrant groups, but particularly the Turkish ones, opt for getting married (and having children) significantly earlier than west German women.

As can be seen from the data about the duration of the current relationship, **Turkish women** do not just commit early, they also commit lastingly to their spouse. In the **eastern European group**, first marriages entered into early were also ended somewhat more often, which explains why the women are no different from the west German women with regard to relationship duration.

The distribution of non-marital living arrangements contains a statement about the structuring of the early phase of family formation. The transition into marriage is broken down among the young **west German participants** into an initial step of merging households and a second step of marriage, which is then often associated with a pregnancy or the desire to have children (“child-oriented” marriage).⁶⁰ The family-sociological literature reveals that marriage has lost its significance insofar as access to a sexual relationship and a shared home has become possible without getting married, and children of unwed mothers are no longer stigmatized.⁶¹

When, as is the case among the **Turkish women** surveyed, these forms of non-marital cohabitation are not widespread and the majority of those living alone are single, the events of marriage and forming a shared household come together. Marriage then has a different significance, because it is a prerequisite for living together with a man. For the **eastern European migrants**, the greater heterogeneity of the living arrangements compared to the Turkish women can be explained by the fact that marriage is still an important value, but that non-marital living arrangements are accepted. These cross-sectional observations, as well as the greater number of children in migrant families, are picked up again in → *chapter 6*. The integration into a biographical perspective can be deepened by reconstructing the biographical dynamic, by looking at the ages at which the partners met, at which the women got married and at which they had their first child.

⁶⁰ Goldstein et al. 2010: 28; this is true above all for women in west Germany

⁶¹ Matthias-Bleck 1997

Intra-ethnic and inter-ethnic relationships

Inter-ethnic relationships, i.e. relationships in which the two partners have different ethnic backgrounds, are rare in these two migrant groups, and especially so in the Turkish group. This finding is well confirmed⁶², but terminological inaccuracies have to be taken into account, because this phenomenon could be assessed either through citizenship or through ethnic origin; these factors do not have to go together in migrant situations.⁶³

In the present study around a fifth of the **eastern European women** and just 4% of the **Turkish women** had entered a relationship with a German man. This difference between the migrant groups was also found by Boos-Nünning and Karakasoglu: 43% of the young *Aussiedler* women and 26% of the young women with a Turkish background were “strongly” or “very strongly” focused on the pattern of choosing a German partner and preferring the German language when raising their children.⁶⁴ Even though the tendency to enter an inter-ethnic relationship increases in the second generation, the majority of the young Turkish women still want a partner from the same ethnic background. At the same time 54% of them do not want to marry a partner who still lives in the country of origin (“no, probably not” / “no, definitely not”).⁶⁵

In general the question about whether women / men prefer a partner with the same ethnic background is important for family-planning research for two reasons: such preferences have consequences for the marriage market or for the chance of finding the desired partner⁶⁶, but there are also consequences for the support in intra-ethnic family systems.⁶⁷ Nauck found a “considerable imbalance” in the gender proportions on the marriage market for male and female migrants in this context.⁶⁸ There are also clues that second-generation girls have more liberal attitudes than the boys and that young men with conservative attitudes do not see them as “suitable” spouses. For these boys or their families a marriage with a woman from the country of origin is then a relevant option,⁶⁹ which then once again limits the intra-ethnic marriage

⁶² Bandorski et al. 2008: 81; Nottmeyer 2010; Babka von Gostomski 2010: 180 ff.

⁶³ BMFSFJ 2000: 79

⁶⁴ Boos-Nünning/Karakasoglu 2005: 262 f.

⁶⁵ Boos-Nünning/Karakasoglu 2005. The readiness of the migrant women to marry a German man without a migrant background is seen in the integration debate as an indicator of the degree of social integration, Cf. Babka von Gostomski 2010: 182.

⁶⁶ Cf. BMFSFJ 2000: 79 20

⁶⁷ Nauck 2002

⁶⁸ Nauck 2007:

⁶⁹ Niermann/Helfferich/Kruse 2010

market within Germany for the women in this migrant group. These problems were not at the heart of the present study; they will, however, be addressed in the concluding discussion.⁷⁰

In addition, for second-generation women migrants who get married to a man who belongs to the same ethnic background but grew up in the country of origin, there can be differences in the ideas about starting a family, particularly when the women migrants adopt the “German pattern” of delaying pregnancy and limiting the number of children: *“Because of the assimilation of the second generation to the cultural standards of the new society, these relationships generally adopt the character of bi-cultural relationships and marriages.”*⁷¹

Extended family networks

The extended family network has a great significance as a resource.⁷² *Aussiedler* have a structural advantage in that they were at least able to ‘bring’ some of their extended family network, while marriage-related women migrants left their parents in their country of origin. The comparatively low proportion of **Turkish women** whose parents live nearby is thus at least partially an effect of the marriage rules. Among Turkish women it is not just that the parents are less likely to live nearby, the women are also less likely to have other relatives who could provide support through childcare living nearby than the women in the other two groups. Taken together this usually results in a significant burden for the Turkish women with young children (and usually several, because of the only small interval between births).

All previous investigations into extended family networks paid little attention to the aspect of support through childcare by relatives. The position of the mother in the extended family network and her relationships to the individuals in it (when migrating with the family the relationship to her own parents, in a marriage-related migration the relationship to the husband’s family) need to be analysed in more detail. The rules governing the expectation of help in these networks, which can be matrilineal (eastern European families: the mother supports the daughter) or based on a generational principle (Turkish families: younger family member support older ones), must be included in the questions.

70 Niermann/Helfferich/Kruse 2010

71 Nauck 2007: 22

72 BMFSFJ 2000: 111

Baykara-Krumme points out that the family relationships in the extended family networks in Germany can also be disappointing and stressful.⁷³ In the qualitative interviews of the present study, the **Turkish women** mention that the family members can be alienated from each other if the father only brought the family to Germany after a long separation, or through feelings of exploitation in the household of the mother-in-law; in the **eastern European group** the main issue is parental divorce. There is a need for a more in-depth examination of the significance of extended family networks as a resource or burden for childcare and the consequences on the desire to have more children.

⁷³ Baykara-Krumme 2009

II

Family planning in women's lives

- 6** *Biographical dynamics: having a family*
- 7** *Contraception*
- 8** *Terminating pregnancies*
- 9** *The need for information, sources of information and advice requirements regarding family and family planning*
- 10** *Biographical dynamics of family planning and migration – change and continuity*

Biographical Dynamics: having a family

6

The term “biography” is used here to mean a sequence of life phases with transitions between these phases. Central, structuring milestones, which are of interest in connexion with family planning as a way to shape the biography, are: meeting the husband, getting married, the birth of a first child and of subsequent children. They structure the biography into phases with non-marital and marital living arrangements and in phases without and with children. The biographical dynamics of the biographies can be presented empirically by investigating whether these milestones are widespread and common in the survey participants’ lives (e.g. the binding character of marriage), whether they tend to be tied to a certain age (e.g. the existence of age norms of “early” / “late” motherhood) and whether they occur in a certain order (e.g. marriage first, then child). It can be seen from the events’ temporal relationships to each other whether events occur in quick succession or whether they are connected and occur together (e.g. marriage and the birth of the first child) or whether they are drawn out. The specific function of family planning can then be determined from the biographical dynamic.

The biographical dynamic of family formation is initially described using the standardized data. In →*chapter 6.1* the temporal staggering of the first marriage and the birth of the first child among the migrant women based on generational membership and in comparison to the west German women’s situation is analysed. This section also addresses the biographical relationship between starting a family on the one hand and acquiring vocational qualifications on the other. The data also provides insight into the speed of the family formation process, i.e. the interval between the start of the relationship, the wedding and the birth of the first child.

→ *Chapter 6.2* addresses the influence of educational and vocational qualifications on the age at which the women get married and have their first child. The two following chapters do not just look at the transition into having a family, but also at subsequent births. The impact of the migration on the biographical dynamic is analysed. In → *chapter 6.3* and the completion of family planning in → *chapter 6.4*. → *Chapter 6.5*. reveals the subjective biographical concepts behind these statistical connexions. The information from the qualitative interviews is used to reconstruct the interpretation of an early or delayed wedding or first birth. This gives insight into the heterogeneity within the migrant groups and into changes that take place from one generation to the next. The concluding discussion of the results takes places in → *chapter 6.6*.

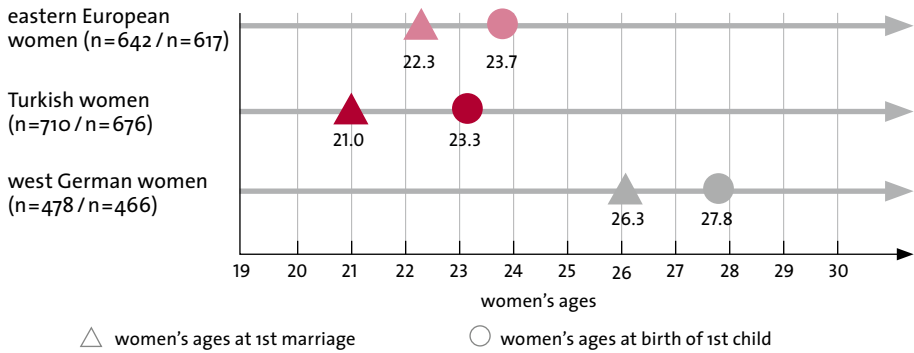
6.1 When to start a family?

With regard to the women's current family situations, it turned out that the younger, 20–34-year-old migrants of both groups of origin were more likely to have committed to a family than the west German women of the same age.⁷⁴ This corresponds to the early age at which they get married for the first time, and, in light of the connexion between marriage and parenthood, to the birth of the first child. While the **west German women** who got married did so for the first time at an average age of 26.3 and the mothers had their first child, on average, at 27.8, the women in the two migrant groups tended to follow a pattern of early family formation. Both the age at which they got married and the age when they had their first child were significantly lower in both groups (figure 6-1). The **Turkish women** got married at an average age of 21, while the average age for motherhood was 23.3. The **eastern European women** who were married had got married on average at 22.3 years and those who were mothers had had their first child, on average, at 23.7.⁷⁵

⁷⁴ Cf. chapter 5.2

⁷⁵ These ages would be higher if they were gained from survival analyses (Kaplan-Meier estimates), as here the single or childless women were integrated with their age at the time of the interview.

Figure 6-1: Age at first marriage and birth of the first child, by group (in years, average)



Filter: the age at the first marriage refers to all women who were ever married, the age at the birth of the first child to all mothers

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

For all three groups of origin there is a connexion between the time when the women started a family and the socialization conditions in their childhood home. This could be determined in part as follows: interviewees were asked whether they rejected or accepted the different expectations the parents placed on them as teenagers.⁷⁶

In the **Turkish** and the **eastern European group** the women, whose parents expected them to “live at home until marriage” got married a year and a half earlier, on average, and had their first child a year and a half earlier on average than the women whose parents did not have this expectation. Among the (few) **west German women** who had such a parental expectation, the relevant intervals are as much three and a half and two years.

The parents’ expectation that the woman “listen to them with regard to important decisions such as the choice of partner” is not of significance among the eastern European group, but it is for the west German and Turkish women. In both groups the women who had been confronted with this expectation in their youth got married a year earlier and the Turkish women had their first child a year and a half earlier than the women where this was not the case.

⁷⁶ Alongside the answers “yes” and “no” it was possible to answer “a bit of both” and “father and mother had different expectations”.

In addition to parental expectations it makes a difference for first generation women migrants whether they grew up in a rural or urban area. Turkish and eastern European women who grew up in a rural area or in a small town had their first child a year and a half earlier than the women who grew up in larger towns.

There are differences between the first and second generations regarding family formation patterns (table 6-1), both in the **Turkish** and the **eastern European group**. In both migrant groups, the members of the second generation got married and became mothers around a year later than the women in the first generation. In comparison to the west German women they still committed to these two life choices significantly earlier, however.

Table 6-1: Age at first marriage and birth of the first child, by group and generation (in years, average)

group	Turkish women		eastern European women		west German women
	1st gen.	2nd gen.	1st gen.	2nd gen.	
a) age at 1st marriage	20.6 <i>n</i> =468	21.6 <i>n</i> =225	22.2 <i>n</i> =586	23.5 <i>n</i> =54	26.3 <i>n</i> =478
b) age at birth of 1st child	22.8 <i>n</i> =452	24.0 <i>n</i> =204	23.6 <i>n</i> =562	24.4 <i>n</i> =53	27.8 <i>n</i> =466

Filter: a) married women, b) mothers

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

The practice of early motherhood is in line with expectations: around two thirds of the first-generation Turkish women and eastern European women are of the opinion that “it’s better to have children young than late”. Although the percentages are lower for the women in the second generation (Turkish: 51%; eastern European: 55%), they are still higher than the percentage for the west German women (41%).

Finally, the data about whether the first child was wanted or not show that starting a family early was particularly desired by the Turkish women. Among the women who got pregnant before they reached 24, 80% of the **Turkish women** had wanted to get pregnant at that time. This was not the case to quite the same extent for the **eastern European women** (64%), but they are also almost twice as likely as the Turkish women, at 27%, to say that while the pregnancy was desired, it should have occurred at a later date (table 6-2). In comparison to the two migrant groups, only 55% of west German women who had their first child before 24 said they had



wanted the pregnancy at the time, the lowest figure of all the groups. At 17% they were also the most likely to say that it was unwanted and that they were ambivalent about it (Turkish women: 4%, eastern European women: 8%).

Table 6-2: First child planned, yes or no, for mothers under the age of 24 at the birth of their first child, by group (figures in %)

group	Turkish women n=452	eastern European women n=370	west German women n=94
<i>number of cases</i>			
wanted at that time	80.3	63.8	55.3
wanted, but only later	14.2	27.0	27.7
ambivalent, undecided	1.8	3.0	5.3
unwanted	2.0	5.1	11.7
no question of whether child is wanted or not, children taken for granted	0.9	1.1	0.0
none of the above	0.9	0.0	0.0
<i>total</i>	<i>100.1</i>	<i>100.1</i>	<i>100</i>

Filter: mothers, who were under 24 when they had their first child

Source: BZgA, data set "women's lives II" 2009, 20–44-year-old women with and without a migrant background

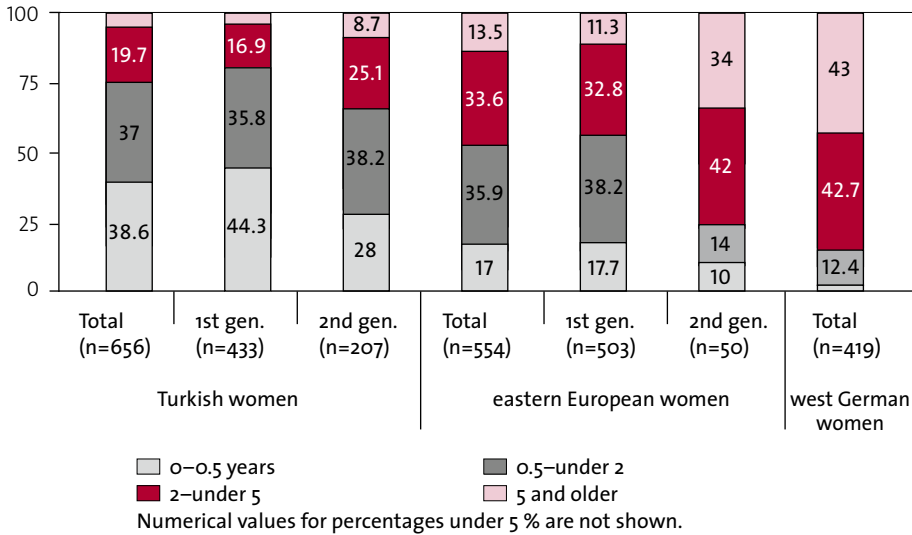
6.1.1 Temporal relation between the start of the relationship and the first marriage

There are group differences with regard to the length of the relationship before marriage for all the women living with husbands. The typical pattern for the **west German women** is that they initially lived in a non-marital relationship before getting married. The non-marital relationship lasted an average of 4.8 years before it was sealed with a marriage certificate.

Among the married **Turkish women** this pre-marital phase of getting to know their partner is relatively short, particularly for members of the first generation. 44% of these women got married within the first half year of the start of the relationship; on average the time between the start of the relationship and the wedding was one year. In the second generation the women were with their partners for somewhat longer before

getting married (1.6 years on average), but here too 28% of the women got married relatively soon after the start of their relationship, i.e. within six months (figure 6-2; to see the corresponding subjective interpretation, see →chapter 6.5).

Figure 6-2: Interval between the start of the relationship and marriage, by group and generation (figures in %)



Filter: currently married / living with partner

Source: BZgA, data set "women's lives II" 2009, 20-44-year-old women with and without a migrant background

The **married eastern European** women were, on average, in the relationship for 2.2 years before getting married. In the second generation the time between the start of the relationship and the wedding was significantly longer than in the first generation (3.8 years vs. 2 years). 42% of the women took two to four years, a further 33% even took five years or more before marrying their partners. This picture is similar to that of the west German survey participants (figure 6-2)

6.1.2 Temporal relation between the marriage and the first child

With regard to all of the women in their first marriages, it is rare for them to have had a first child outside wedlock. The figure is around 10% for the eastern European and west German women and, while it is a mere 3% for the Turkish women, i.e. almost insignificant.



If the pre-marital births are not taken into account, then an average of 1.9 years passed between the wedding and the birth of the first child in the eastern European group, the shortest time-span of all three groups. Two-fifths of these women had their first child within a year of getting married, a further 29% between one and two years of getting married (table 6-3).⁷⁷

The average time between getting married and having the first child in the **Turkish group** is 2.6 years, a comparatively long time-span (west German women: 2.3 years). For every second woman, at least two years went by before having the first child.

Table 6-3: Interval between first marriage and birth of the first child, by group (figures in %, average)

group	Turkish women <i>n=590</i>	eastern European women <i>n=408</i>	west German women <i>n=281</i>
<i>Fallzahl</i>			
interval			
up to under 1 year	13.2	40.2	31.2
1–under 2 years	36.3	28.7	24.8
2 years or more	50.5	31.1	44.0
average (years)	2.6	1.9	2.3

Filter: mothers who are currently married to their first spouse and had their first child after getting married

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Here too the qualitative interviews can provide more insight: several of the marriage-related Turkish migrants said that it had been problematic to have a family so soon after getting married and explicitly said they would have liked to have delayed starting a family in order to consolidate the relationship after arriving in Germany. Among the eastern European migrants, the short time between the wedding and the first child is also the result of an (unplanned) pregnancy and a marriage before the birth of the child.⁷⁸

77 The data do not allow the identification of marriages which took place between an (unplanned) conception and the birth of the child (i.e. with an interval of less than nine months).

78 Cf. chapter 6.5, Pattern A

The group differences described regarding the temporal interval between the marriage and the first child remain to almost the same degree when differentiating between the first and second generations in the two migrant groups.

6.1.3 Temporal relation between the end of education / vocational training and starting a family

Shaping the family biography at a young age, and starting a family early in particular, is closely connected with shaping the educational / vocational biography. Both, family and education, require biographical time. One factor is whether the time for the family competes with the time for the education and whether and how a priority is set with the education / vocational training or the family. The data makes it possible to determine the temporal relation between the vocational-training phase and the family phase in the two groups of origin.⁷⁹

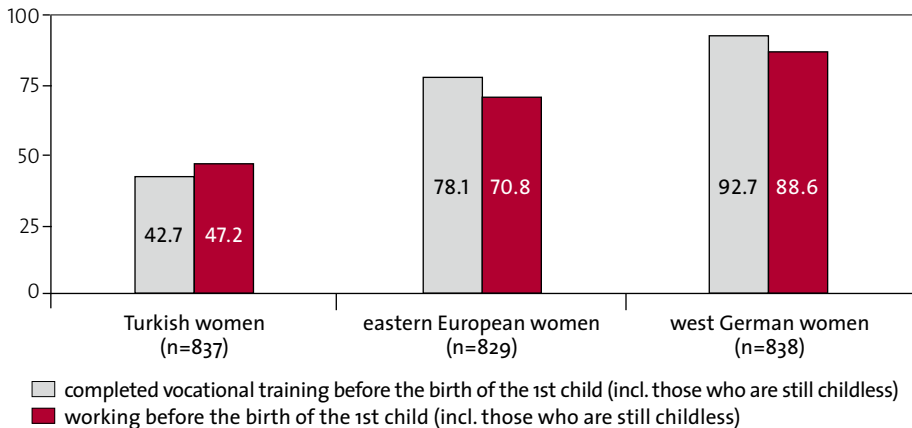
Among the **west German women** surveyed, the dominant model is a sequential arrangement, where the women first invest in their training and career consolidation before they start a family. Since professional ambitions and family commitments are hard to combine under the conditions set by Germany's education and family policies, those whose biography does not follow the normatively anchored sequence "education / training first, then family" and who start a family "too early" ("sequence violators") take a significant biographical risk, as they may no longer be able to adequately use educational opportunities. As a result around 90% of the west German women had completed their training prior to starting a family and had already been in employment (figure 6-3).

In contrast, the **Turkish women** prioritize having a family early very much more often; shaping their occupational biography takes a back seat. Only 43% had completed vocational training before having the first child, 47% were (also) in employment.

⁷⁹ Interviewees were not asked whether they had finished their training or been employed before the birth of the first child. Childless women who were in training or had a vocational qualification, or else are currently in work, are assigned to the "yes" group". The childless women not currently in work (constituting 6 to 7% of each group) and in some cases are at college, cannot be assigned to either of the answer groups, as it is not known whether they had previously been in work or not.

The **eastern European women**, who also had their first child comparatively early, were significantly more likely to follow the model “first training, then family” (78%) or “first starting work, then having a family” (71%) than the Turkish women. The fact that the women completed their vocational training, sometimes to a very high level, before having their first child and that they were also working can be explained, for those who had their first child in their country of origin, by the fact that the educational and vocational training periods are generally shorter in the (successor states of the) Soviet Union.

Figure 6-3: **Qualifications and employment before the birth of the first child, by group** (percentages of “yes” responses)



*The group of women who completed qualifications before the first child also includes the women with qualifications who are (still) childless. As a result, the group of women who worked before having their first child also includes childless survey participants who are currently working.

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

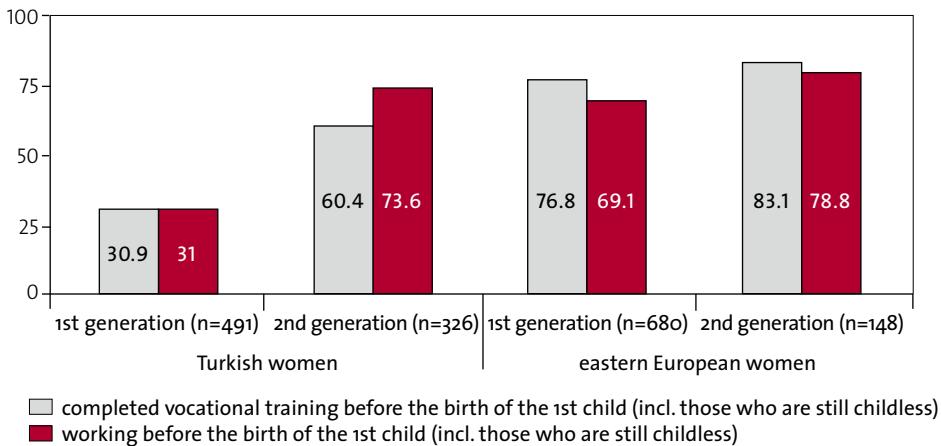
As is to be expected, adhering to the sequence “first training and starting work, then family” is associated with a delay in having children in all three groups. Those **Turkish** and **eastern European women** surveyed who completed vocational training before having their first child had their first child around three years later than those who started a family without vocational qualifications. Among the **west German women** the interval is as much as five years or more.

When comparing the generations, it was clear that the first generation **Turkish mothers** were particularly likely to have started a family without vocational qualifications or work experience (figure 6-4). A mere third of the women had completed some form of vocational training before starting a family and just as few had had a job. The percentage of second-generation mothers possessing vocational qualifications (60%) and work experience (74%) before having their first child was much higher.

Nevertheless it should be pointed out that here too two-fifths of the women started families without completing any vocational qualifications.

In the **eastern European group** the differences between the generations is minor; the members of the second generation were only somewhat more likely to have completed a training programme and to have joined the workforce prior to starting a family than the first generation women.

Figure 6-4: **Qualification and employment status before starting a family, by group and generation (percentages of “yes” responses)**



*The group of women who completed qualifications before the first child also includes the women with qualifications who are (still) childless. As a result, the group of women who worked before having their first child also includes childless survey participants who are currently working.

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

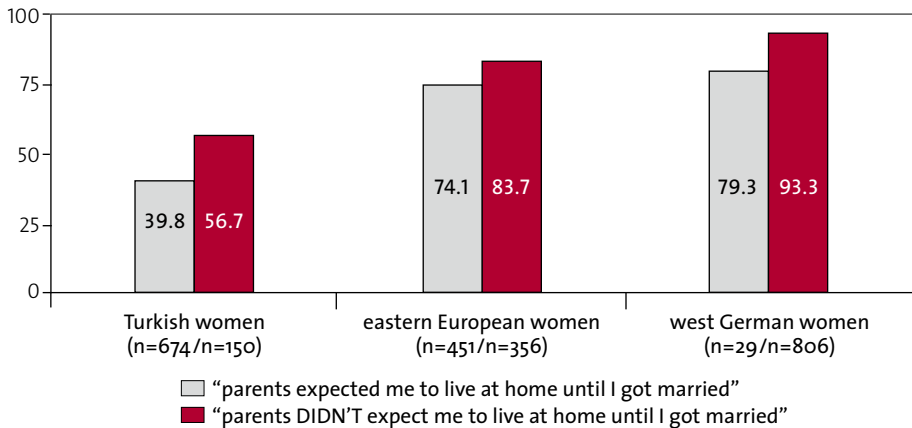
Furthermore, there are connexions between the “sequence violation / adherence” and the socialization conditions during childhood and adolescence. For first-generation **Turkish women** there is the following correlation: the larger the place where they grew up, the higher the percentage who completed some job training before the first child (village: 11%, small town: 31%, medium-sized town: 37%, city: 48%). In the first-generation **eastern European group** there is no significant correlation between these two variables.

Regardless of the group of origin and regardless of the generational membership, it is the case that women whose parents expected them to live at home until they got married were less likely to have completed any vocational training before having their first child than those whose parents did not have that expectation (figure 6-5).



This difference is particularly clear in the **Turkish group**. Here, 57% of the women who were not confronted with this expectation completed some vocational training before having a child, but that was only the case for 40% of the women who were confronted with this parental expectation.

Figure 6-5: **Qualifications before the birth of the first child, by parental expectation and group** (percentages of “yes” responses)



*The group of women who completed qualifications before the first child also includes the women with qualifications who are (still) childless. As a result, the group of women who worked before having their first child also includes childless survey participants who are currently working.

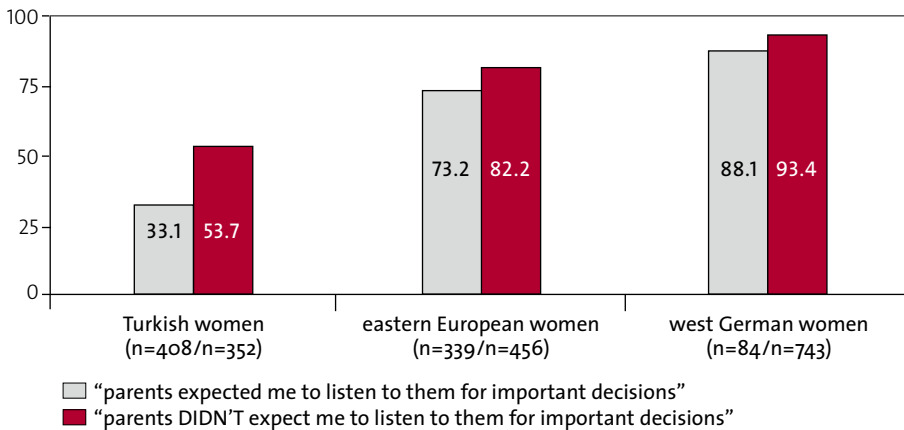
Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

If the women were expected to listen to the parents when making important decisions, such as choosing a partner, then the sequence “first training then children” was “violated” more often by the **eastern European women** and even more so by the **Turkish women** than when this expectation did not exist (figure 6-6). The picture is the same for the **west German women**; the difference is not as clear, however, and not significant.

There is also a correlation between the “adhering to / violating the sequence” and some of the attitudes about the issue of work and family. In all three groups of origin the women who did not complete any vocational training before having their first child were more often of the opinion that “it was better to have children young rather than late”, than those who had completed some vocational training before having their first child. The difference is 10% for both of the migrant groups, and 24% for the west German women. In the **Turkish group**, the “sequence violators” are also more commonly of the opinion that “the child’s upbringing suffers, even when the mother only works part-time” (56%) and, at 61% agree more often that

“if you think about it for too long, you won’t have any children”, than the women who adhered to the sequence (42% and 51% respectively).

Figure 6-6: Qualifications before the birth of the first child, by parental expectation (“I listen to my parents when it comes to important decisions”) and group (percentages of “yes” responses)



*The group of women who completed qualifications before the first child also includes the women with qualifications who are (still) childless. As a result, the group of women who worked before having their first child also includes childless survey participants who are currently working.

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background



6.2 Influence of education on starting a family

Education has the same effect on all three groups regarding the women’s family and training biography (figure 6-7); in the migrant women’s case this is true for members of both generations. Generally speaking it can be said that a low level of education is more likely to go hand in hand with prioritizing family and a reduction in the importance of obtaining vocational qualifications and getting a job. This could mean that the women (before having their first child) only completed a comparatively short training or that they quit their training when they got pregnant or got married. This often corresponds to having the first child at a comparatively young age (table 6-4). In contrast, a high level of education is more likely to be associated with prioritizing job training and with a clear delay of an initial pregnancy.

Results in detail

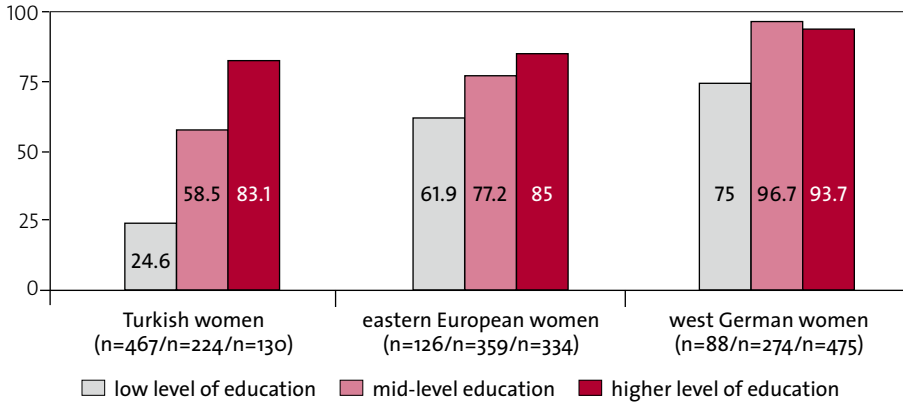
The situation for the west German women is described first, since they have adapted their family planning to the conditions of the German education and work system. Almost all of the west German women with a high level of education surveyed had completed their vocational training before having their first child (94% compared to 75% among the women who a low level of education; figure 6-7). They started their families significantly later (29.1 years) than women with a low level of education (25.7 years, referring to the mother's age, table 6-4). Their high levels of education gave them access to longer training programmes (university degrees). Bearing in mind that most of the west German women adhered to the sequence "first training then family" and entered the workforce before having their first child,⁸⁰ the overall high average age of the women when they had their first child (27.8 years) is the result of the relatively high level of education in this group.⁸¹ In addition to the increased time the highly qualified women spend in education, there is a further reason why they delay starting a family, namely the insufficient options of adequately incorporating the high educational investments into the labour market after having had a family.

Contrasted to this is the early family formation of the women with low qualifications, which is associated with the fact that they spend less time in education, but also with the fact that they have fewer opportunities in the labour market.

80 Cf. chapter 6.1

81 Cf. chapter 4.1

Figure 6-7: Completed vocational training before starting a family, by group and education (percentages of “yes” responses)



*The group of women who obtained qualifications before their first child also includes women who have qualifications and are (still) childless.

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

The impact of education is particularly clear among the **Turkish women**. In none of the three groups (low, medium, high education) did 100% of the women say they had completed their training before having a family (figure 6-7, percentage of women without qualifications before starting a family, or at the time of the survey among those who did not yet have children). From the percentages given, it can be seen that three-quarters of the women with a low level of education had not completed any vocational training when they had their first child, meaning they prioritized family. Among the women with a high level of education the same was true for merely 17%. The drop in importance of training (no training or just a short programme before the first child) means that the mothers with a low level of education had their first child, on average, at 22.5 while the mothers who had a high level of education were 26.8 at this time (table 6-4). Thus, the young age of the Turkish women at the birth of their first child is associated with the generally low level of education in this group⁸² and dispensation with the vocational qualifications that go hand-in-hand with this.

38% of the (comparatively few) women with a low level of education in the **eastern European group** started a family without completing any vocational training first; the same was true for only 15% of those with a high level of education. (Values can be determined from figure 6-7). The mothers with a low level of education were three years younger at the birth of their first child than the mothers who had a high level of education (22.2 years, compared to 25.3 years, table 6-4).

⁸² Cf. chapter 4.1



The fact that the highly qualified eastern European women had their first child significantly earlier than the highly qualified west German women, while frequently adhering to the sequence “first training, then family”, can be explained by the point already raised in → *chapter 6.1*, namely that the training programmes in the successor states of the Soviet Union tend to be shorter.

Table 6-4: Mothers’ age at the birth of the first child, by group, education and generation (in years, average)

group	Turkish women			eastern European women			west German women
	total	1st gen.	2nd gen.	total	1st gen.	2nd gen.	
low level of education	22.5 <i>n</i> =416	22.3 <i>n</i> =301	23.2 <i>n</i> =104	22.2 <i>n</i> =95	22.2 <i>n</i> =87	21.8 <i>n</i> =8	25.7 <i>n</i> =66
mid-level education	23.7 <i>n</i> =175	23.3 <i>n</i> =98	24.1 <i>n</i> =73	23.0 <i>n</i> =304	23.0 <i>n</i> =277	23.6 <i>n</i> =25	27.0 <i>n</i> =182
high level of education	26.8 <i>n</i> =69	26.1 <i>n</i> =39	27.2 <i>n</i> =26	25.3 <i>n</i> =210	25.2 <i>n</i> =190	26.5 <i>n</i> =20	29.1 <i>n</i> =217
<i>total</i>	23.3	22.8	24.0	23.7	23.6	24.4	27.8

Filter: only mothers

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Obtaining vocational qualifications after having had a family

Merely 30% of the **Turkish women**, who did not have vocational qualifications when they had their first child tried to obtain these at a later date. Taking into account that the family formation usually took place after the migration, even in the first generation, this is surely also the result of the difficulty of reconciling education and family in Germany.

The **eastern European women** who had no vocational qualification when they had their first child, by comparison, were significantly more likely to pursue this at a later date (63%). This is in part to do with the educational, occupational and family-political framework conditions in the states of the former Soviet Union, where, because of the comprehensive state provision of childcare also facilitated the reconciliation of work / education and family, even at a young age. In the qualitative sub-study it also becomes clear that the eastern European women were generally more likely to follow a biographically sequential model (“first education, then parenthood”), but on the other hand they also accepted starting a family during their education.⁸³

⁸³ Cf. chapter 6.5.2

The everyday problems of reconciliation did not generally seem unsolvable, which also allowed highly qualified women under certain conditions to hold on to a cultural concept of early motherhood and education (and later, work) at the same time in their lives.

6.3 Significance of the migration experience on the process of having a family

The decision to migrate and the migration itself are crucial events that shape the women’s biography and therefore also impact their family planning. Earlier research works already described that the migration also leads to a temporal delay in reproductive events in the new country. This could either refer to starting a family, or, if the women already had one or more children in the country of origin, to subsequent births.⁸⁴ The data collected by this current study makes it possible to put the birth of the first child and subsequent children in temporal relation to the biographical time of the migration.

A first factor is that the age at the birth of the first child for the first-generation **Turkish** and **eastern European migrants**, depends, in part, on whether the family formation took place in the country of origin or after the migration. It is the case for both migrant groups that the women who had their first child in their country of origin were significantly younger than the women whose first child was born in Germany. In the Turkish group the difference is three and a half years, and among the eastern European women as much as almost five years (table 6-5).

Table 6-5: Age at the birth of the first child, by group, generation and child’s country of birth (in years)

group	Turkish women		eastern European women		west German women
	1st gen.	2nd gen.	1st gen.	2nd gen.	
1st child’s birth place					
country of origin	19.9 <i>n=59</i>	–	21.5 <i>n=310</i>	–	–
Germany	23.4 <i>n=389</i>	23.7 <i>n=126</i>	26.3 <i>n=251</i>	22.9 <i>n=29</i>	27.8 <i>n=466</i>

Filter: only mothers

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background



The fact that migration is often associated with a delay in giving birth can also be seen with regard to the second child. This is particularly clear among the first generation **eastern European women**: if the first and the second child were born in the country of origin, or both children were born in Germany, the interval between the births is virtually identical at 3.8 years and 3.9 years respectively. If, however, only the first child was born in the country of origin, while the second child was born after the migration, the interval between the births is more than twice as long, at eight years (table 6-6).

Among the first generation **Turkish women** the tendency goes the same way, although the differences are less stark (table 6-6). Here, the mothers who had their first two children in the country of origin, had the shortest interval between the births at 2.9 years, while the women who had one child in Turkey and one in Germany had the longest interval (3.8 years).

Table 6-6: Interval between the birth of the first and second child, by group, generation and child's country of birth (in years)

group	Turkish women		eastern European women		west German women
	1st gen.	2nd gen.	1st gen.	2nd gen.	
1st child's birthplace					
1st and 2nd child in the country of origin	2.9 n=23	–	3.8 n=107	–	–
migration between 1st and 2nd child	3.8 n=31	–	8.0 n=125	–	–
1st and 2nd child in Germany	3.4 n=321	3.9 n=102	3.9 n=121	3.7 n=10	3.4 n=254

Filter: mothers with at least two children

Source: BZgA, data set "women's lives II" 2009, 20–44-year-old women with and without a migrant background

The qualitative interviews show that several factors could contribute to a delay in having a first child after the migration or in increasing the interval between births between the first child born in the country of origin and the second child born in Germany: the required assimilation efforts in Germany play a role for both migrant groups. Two further aspects were relevant for the **eastern European women**: Their professional disqualification after the qualifications obtained in their country of origin were not accepted in Germany, which led to the prioritizing of new qualifications, or also to separating from one partner and consolidating a new relationship. Both lead to a delay in having / expanding a family, even though the women lament

this, in light of their concept of early motherhood, as a “lost time for children”. This problem became particularly clear in the group discussions in which the eastern European women talked about the biographical time for parenthood.

The results of → *chapter 4.1* and → *chapter 5.1* show, that the **Turkish women** generally came to Germany with a low level of education, that they did not improve their low levels of education and that they were more likely to be in their first marriage. Neither a disqualification in the manner of the eastern European women, often highly qualified, nor a separation, had much weight in their reasons for delaying the birth of a first or second child.

6.4 End of the family-planning phase

The end of the family-planning phase was connected to the reason “I don’t want any (further) children”. At the time of the survey the **Turkish women** were significantly more likely to have completed their family-planning phase (62%) than the **eastern European** and **west German women**, where this was only the case in 40% and 43% of cases respectively.

Taking into account that the **Turkish women** had their first child comparatively early and then continued to expand their families, this group difference is already visible among the younger (under 35) women. 37% of the Turkish women said that they did not want any further children. Among the **eastern European women** of the same age group, who also started a family relatively early, the figure is merely 18%, and among the younger **west German women**, who were often still childless in comparison to the other two groups, the figure was 13% (table 6-7). That means that the Turkish women began their family forming phase early and also ended the relatively condensed family-planning phase early. In contrast, the eastern European women also started their families early, but the whole phase extended to a higher age. The west German women started late, but then tended to have their children more closely together.

Desire for children and number of children already present

In all three groups of origin around four-fifths of the women who had three or more children said they definitely did not want any more children.⁸⁵ In addition:

- Among the mothers of two children, three-quarters of the Turkish women and almost two-thirds of the eastern European women said they did not want more children (west German women: 82%).
- Among the mothers of one child, 36% of the Turkish women and almost 25% of the eastern European women spoke out against a second child, whereas the percentage is much higher among the west German women at 48% (table 6-7).
- Finally, 14% of the childless Turkish women and 8% of the childless eastern European women said that they wanted to remain childless (west German women: 12%, table 6-7).

85 In Table 6-7 the category “3 or more children” is not identified separately because of the (in some cases) low absolute numbers. Here the categories “2 children” and “3 or more children” are consolidated as “2 or more children”.

Table 6-7: Percentage of women who do not want any (more) children, by group, age and number of children already present (figures in %)

number of children	no children	1 Child	2 or more children	total
all Turkish women	13.8 <i>n=159</i>	36.4 <i>n=118</i>	80.9 <i>n=565</i>	62.0 <i>n=842</i>
20–34-year-olds	9.2 <i>n=131</i>	25.8 <i>n=62</i>	62.7 <i>n=169</i>	37.0 <i>n=362</i>
35–44-year-olds	35.7 <i>n=28</i>	48.2 <i>n=56</i>	88.6 <i>n=396</i>	80.8 <i>n=480</i>
all eastern European women	8.1 <i>n=210</i>	24.5 <i>n=229</i>	65.6 <i>n=392</i>	39.7 <i>n=831</i>
20–34-year-olds	5.0 <i>n=179</i>	8.5 <i>n=118</i>	46.3 <i>n=123</i>	18.1 <i>n=420</i>
35–44-year-olds	25.8 <i>n=31</i>	41.4 <i>n=111</i>	74.4 <i>n=296</i>	61.8 <i>n=411</i>
all west German women	11.8 <i>n=372</i>	47.8 <i>n=201</i>	82.3 <i>n=265</i>	42.7 <i>n=838</i>
20–34-year-olds	3.4 <i>n=298</i>	23.9 <i>n=71</i>	60.5 <i>n=43</i>	12.9 <i>n=412</i>
35–44-year-olds	46.0 <i>n=74</i>	60.8 <i>n=130</i>	86.5 <i>n=222</i>	71.6 <i>n=426</i>

*The other answer options about the women’s current desire to have children were: “I want (more) children”, “I want (more) children, but that’s not possible (anymore) right now” and “I don’t know / I’m undecided”

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Desire for children and age

Beside the number of children already present, the age of the women was also a significant factor regarding whether they were clearly against (further) children or not. Regardless of the place of origin and regardless of whether the women had children or how many, it can be said that the older the women are, the higher the probability that they clearly say they do not want any (more) children (table 6-7). In light of the fact that the migrant women increasingly adopt the typical west German ideal of the two-child family⁸⁶, the influence of the women’s age on whether they want (more) children can be illustrated particularly clearly by looking at the mothers who only have one child so far. Almost half of the **Turkish women** and

86 Cf. chapter 5.3

two-fifths of the eastern European women who are 35 or older and who currently have one child do not want a second one; among the younger mothers with one child the percentages are 26% and 9% respectively.

Reasons against (further) children

Women who definitely do not want any (further) children, who are still undecided regarding children or who want children but are unable to have them right now, were asked for the reasons behind their attitude. A distinction was made between mothers (table 6-8) and childless women (table 6-9).

The **Turkish mothers** over the age of 34 are more likely to say they have completed their families and give this as a reason against having further children, and they are more likely to say this the more children they already have. The second-most important reason against further children / against fulfilling their desire for children, cited by 33% of the Turkish women of this age group, was age, followed by the argument of “uncertain financial or employment situation” (22%). In comparison, the eastern European mothers who were 35 or older were far less likely to say their families were complete. They used their partner’s age much more often as a reason. At 54% it was cited by this group as often as by the west German survey participants of the same age (table 6-8).

The younger **Turkish mothers** (under 35) were, as stated above, already significantly more likely to have completed their families than the **eastern European** and **west German women** of the same age group (48% as against 27% and 22% respectively). Instead, the latter two groups were significantly more likely to use the arguments “uncertain financial or occupational situation” (both around 40%) and “personal career interests and compatibility problems” (both around 30%) as reasons against further children / against fulfilling an extant desire to have children. These play a lesser role among the younger Turkish mothers (table 6-8).

Table 6-8: Mothers without a (clear) desire to have children: main reasons against having more children, by group and age (figures in %)

group	Turkish women		eastern European women		west German women		
	Age (in years) number of cases	20–34 n=187	35–44 n=437	20–34 n=185	35–44 n=349	20–34 n=81	35–44 n=327
family planning complete		47.6	58.6	27.0	29.2	22.2	40.4
no (suitable) partner, partner doesn't want any		3.7	3.2	7.6	8.3	9.9	5.8
age (participant or partner)		5.9	32.7	5.4	54.4	1.2	56.0
illness, health reasons		6.4	12.4	10.3	16.6	19.8	9.8
uncertain financial / occupational situation		26.7	22.2	42.2	29.8	38.3	25.1
personal vocational interests / reconcilability		16.6	10.5	28.1	11.8	32.1	15.6
other reasons		26.7	14.4	10.3	6.8	19.8	8.0

Filter: all mothers who spoke out clearly against further children, who were undecided in this matter or who were unable or unwilling to pursue a desire to have children

*Multiple answers possible

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

The reasons of the younger (under 35) childless women⁸⁷ who do not (at the moment) have a clear desire for children demonstrate that there is rarely a fundamental rejection of having a family. The percentage of those who do not want their own children and who say their families are complete is less than 4% in all three groups (table 6-9). It is rather the case that certain conditions have to be met before a family can be started: the women in all three groups most commonly justify their sceptical attitude towards having children by saying that they do not have a partner or that their partner does not want a child, or by citing their “uncertain financial or employment situation” and “their own career interests”.

The two latter arguments are, as was the case among the younger mothers, mainly cited by the **eastern European** and the **west German women**. Partner-related reasons are most commonly cited by the childless **Turkish women**. The age in the sense of “too young” / “too early” is a reason for 23% of the **west German women** why they are not (yet) considering having children.

⁸⁷ The age window of the younger women was chosen because childlessness among the over-34-year-old migrant women is insignificant.



Table 6-9: 20–34-year-old childless women without a (clear) desire to have children: main reasons against having children, by group (figures in %)

group	Turkish women	eastern European women	west German women
Age (in years) number of cases	20–34 n=69	20–34 n=111	20–34 n=159
family planning complete	2.9	3.6	1.9
no (suitable) partner, partner doesn't want any	36.2	22.5	23.9
age (participant or partner)	18.8	14.4	23.3
illness, health reasons	5.8	1.8	1.9
uncertain financial / employment situation	13.0	34.2	36.5
personal vocational interests / compatibility	20.3	31.5	36.5
other reasons	30.4	14.4	10.1

Filter: all mothers who spoke out clearly against further children, who were undecided in this matter or who were unable or unwilling to pursue a desire to have children

*Multiple answers possible

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

6.5 Concepts of starting a family early or delaying it – qualitative results

The standardized data depict the reproductive biography as a framework of ages; it reveals whether and with whom the family phase starts early or late in life and at what speed and in what order the events – meeting a partner, getting married, having the first and subsequent children – take place. The qualitative one-on-one interviews tell the women’s life stories from a subjective perspective and in their own words. The results are discussed, and there are implicit and explicit explanations as to how the events came about.

Corresponding to → *chapter 6.1*, the analysis here focuses on the women’s stories about how the wedding and the birth of the first child happened and what role is attributed to their own decisions. All of the passages of these biographical aspects were hermeneutically evaluated and the implicit biographical concepts were reconstructed on a

case-by-case basis, taking a person's biography as a more or less hard and fast sequence of phases with age norms. Among these biographical concepts are the special justifications for the wedding and the children (e.g. the role of love, the expectations of others, or qualifications) and the ideas about the women's own ability to make choices and decisions. The interviews were subsequently grouped by similarity (social data and age at which the women came to Germany / or birth in Germany, see appendix C).

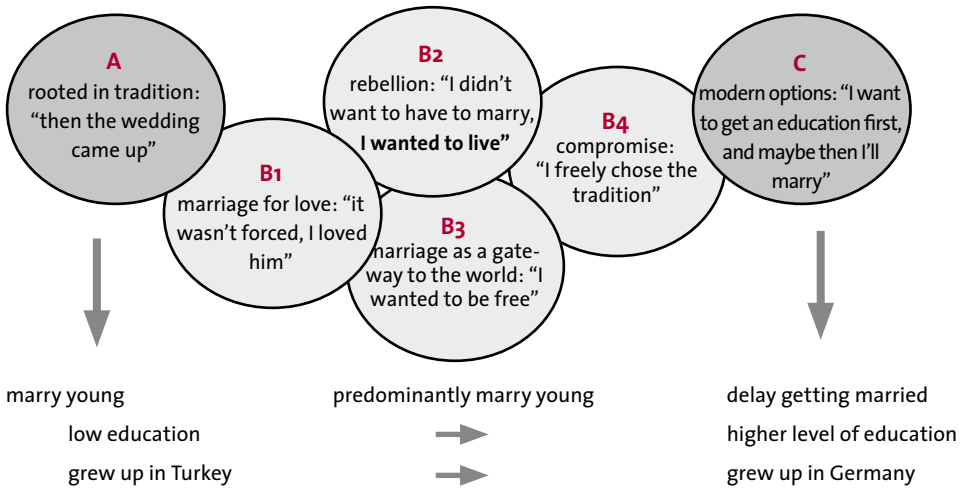
6.5.1 Interpretations of age of marriage/having children among Turkish women

The standardized data reveal that Turkish women are very likely to get married and have children and to have a short courtship before the wedding, which took place at a young age. The birth of the first child took place after the wedding, with a bit of an interval, but still at a comparatively young age. Unwanted pregnancies were rare and the early arrival of the first child was also desired. The data further reveal that the pattern shifts somewhat in the second generation, by increasing the length of time between meeting the partner and getting married. The average age at the (first) wedding went up. In order to reconstruct the subjective orientation patterns behind these biographical processes, 19 qualitative interviews were conducted with the women of the first (10) and second (9) generation.

In all of the stories the marriage was said to be a bigger biographical change than the birth of the first child; motherhood was the natural progression after the wedding. In addition the interview material revealed a diverse mix of orientation patterns that could be divided up into three major groups.

A first group (pattern A) was given the heading "traditional orientation". Three of the four women interviewed who were put into this category came to Germany as adults and had a low level of education; the biography of a woman who grew up in rural poverty and who migrated to Germany, got married at 17 and became a mother at 19 is an example. At the opposite end of the spectrum is the group "modern option" (pattern C), made up exclusively of four interviews with second-generation women with a high level of education. An example here is a graduate of the second generation who, after getting married at 27, had her first child when she was 30. Between these two extremes, and therefore between the extremes of Turkish tradition and Western individualization, were further interviews that combined elements of being rooted in a collective tradition and personal decision-making in different ways (pattern B).

Figure 6-8: Patterns of the Turkish women's subjective orientations



Pattern A – Traditional Orientation

In the first pattern (T-06, T-07, T-08, T-09)⁸⁸ an early marriage was cited as something that did not need further justification or explanation, it was taken for granted. Examples of this pattern come from statements such as *"This time the issue of marriage arose, so I married him young, when I was 17."* (T-06). The personal biographical step ("I married") is justified ("so") with "the issue of marriage", which is not linked to other people. This corresponds to a maturation process that was also seen in the other interviews in this categories: girls mature, grow up and then the issue of marriage (simply) arises, or there comes a time when all of the older family members discuss that the time for marriage has come.⁸⁹

"He had also grown up, slowly at that age, and I was also a grown girl, so they [the older family members] thought it was suitable. It was their idea." (T-08, also T-07: "Then we said: okay").

"In our case we were prepared for it, when you reach seventeen, eighteen, nineteen the time will come and then you should get married and we had accepted that. You wait for someone to come along and ask for your hand in marriage [laughs] (...) and then I was eighteen, nineteen and quite by chance, I met my husband, as was meant to happen. Then they came to ask for my hand in marriage." (T-07)

⁸⁸ Age at marriage/birth of first child: T-06: 17/19, T-07: 18/23, T-08: 20/21, T-09: 18/20

⁸⁹ Maturation concepts are also an element in other patterns, e.g. T-13: "When I arrived at puberty, and began to develop into a young girl, (...) now I was more mature." (T-13)

In addition to the natural progression of a biographical sequence of “and then ... and then ... and then”, this quote reveals an intertwining of fate (“as was meant to happen”) and “chance” and the expression of a rule. These two quotes expressly state a biographical norm, while other interviews did not express this norm explicitly. Instead the women said things like:

“We met through others and we got married by being brought together by others.” (T-09)

Early marriage is a firm component of the biographical concept and structures it; it seems as unavoidable as physical growth, the “time to get married” is set. There are different and varying biographical reasons given for the first child. One reason is “uncertainty”:

“I didn’t know about pregnancy or how you got pregnant. How was I supposed to know? It happened and my big daughter was born.” (T-09)

“I didn’t understand a lot about my first pregnancy, I have to say, because I was too young.” (T-06)

A different reasoning process incorporates the women’s personal decision, be it an early desire to have a child or a delay of the first birth after an early marriage.

Getting engaged and married early is associated with the impossibility of carrying on going to school or participating in any other kind of training, and therefore with a lack of knowledge (T-06, T-08, T-09) – explicitly so, in contrast to the young women today:

“The old generation didn’t tell you to get some qualifications and stand on your own two feet first. That never came across, although your own parents tell you to think about your education and training first. They did say that I should stand on my own two feet and then get married.” (T-07)

Further interpretations in hindsight are the lack of life experience and the lack of a childhood:

“I didn’t really experience my childhood (...I) suddenly grew up (...), I mean, you have children before you’re an adult (...) when you’re not educated yet.” (T-06)

Another interview gave rise to the following statement:

“It is imposed on women when they are still children.” (T-04)



Pattern B – Configurations of Tradition and Self-determination

A combination of personal choices and following the rules of tradition can be found, in different ways, in the interviews categorized as pattern B. One sub-group, “marrying for love” (B1) focuses on love and the relationship to a man they are in love with (T-04, T-13, T-14)⁹⁰ and the firm personal desire to marry this man (in order to follow him to Germany):

“I said I would go because I love him and I am going to accept all of the consequences of that.” (T-04)

The necessity of getting married in order to legitimize this love relationship, a necessity prescribed by tradition, is not questioned.

“I thought I would get a reputation. That’s why you get married without getting to know your future husband. You basically marry young and hope for the best.” (T-13)

In a second sub-group, “rebellion” (B2; T-02, T-03)⁹¹ the women rebelled against this necessity to get married and particularly against the scary taboo of pre-marital sexuality. The sexual double standards and the narrow-mindedness and coldness of the family of origin are contrasted with freedom and a “hunger for life”. Relationships to men are described in terms of protest. But tradition ultimately asserted itself, personified through the parents, and the rebellion collapsed under the pressure to legitimize the relationship through marriage (motherhood was delayed or was meant to be delayed⁹²).

In a third sub-group, “early marriage as the gateway to the world” (B3; T-01, T-05, T-10),⁹³ there is a strong emphasis on personal decision-making (“I wanted to”, “I decided” etc.). The early marriage is justified with a personal goal-oriented approach, i.e. the benefit the women believed getting married would have – a “comfortable lifestyle”, “comfort and harmony” and “freedom” in Germany:

“(…) I can walk as I please, I can go shopping as I please.” (T-05)

These expectations are contrasted with the description of the women’s childhood in their family of origin: “having something of my own / being able to consume” as a contrast to a “childhood as poverty and work”, “freedom” as a contrast to being locked up in the family of origin and as a way of escaping from it:

“In order to escape from the house we made plans to get married because we wanted to be free.” (T-02)

The pressure of poverty and a lack of liberty is described as it was in the “rebellion” group, but the women make a very different decision that does not break the rules. Instead, they use the rules to serve their own ends. If a birth was delayed (T-01), this was justified with the same reasons as the wedding – access to comfort and freedom.

A fourth variant, “compromise” (B4; T-12, T-18, T-19)⁹⁴ combines a self-portrayal as self-confident, autonomous and rebelling against the parents’ marriage intentions with the validity of the family’s values. The rules of virginity until marriage and the necessary, early wedding are only violated to a minor degree, by marrying a relative other than the candidate suggested by the parents. The traditional wedding and biographical pattern feel freely chosen. This kind of compromise between the traditional values of the parents and self-determination follows the pattern of a “minor” rebellion:

“I always made sure that when they said, be home at ten, then I came home at eleven. That was okay.” (T-18)

90 Age on marriage/birth of first child: T-04: 19/29; T-13: 19/20; T-14: 20/21

91 Age on marriage/birth of first child: T-02: 23/24; T-03: 25/38

92 T-03 first became a mother in her second marriage at the age of 38, T-02 mentioned a diagnosis of infertility, but having got married, became pregnant at the age of 25.

93 Age on marriage/birth of first child: T-01: 20/27; T-05: 18/19; T-10: 19/20

94 Age on marriage/birth of first child: T-12: 19/21; T-18: 19/23; T-19: 22/24

Pattern C – Modern Option

The shared characteristics of these marital stories (T-11, T-15, T-16, T-17)⁹⁵ are the women's rhetoric that focuses on them actively shaping their own lives ("I want to" and "I would like to") and the high importance attached to an independent life and their education being taken for granted and the norm:

"Women are more emancipated (...) and they choose their own careers, they keep learning and look after their jobs much more. That's (...) the right – that's exactly my opinion." (T-17)

Prioritizing the career goes hand in hand with a reduction in the binding nature of marriage, which is characterized by expressions such as "maybe" and "not yet", and this is also associated with a delay in getting married ("I think I'd like to get married when I'm 24 or 25, maybe even 26." T-15)

The stories also contain arguments also cited by the German women when it comes to delaying having the first child:

"Children and so on aren't possible right now, not until he's started working (...) and only (...) when he had a job and we were both properly settled and said okay, the next step can come now, and that was having children." (T-11)

"I could have imagined having one [child], but to be honest, I don't know when I would have it. I somehow doesn't fit into my life plan. I mean, my job prospects are bad as they are." (T-16, 31, childless)

Summary so far

The patterns A ("tradition oriented") and C ("modern option") are cornerstones: on the one hand there is fixed tradition of getting married early as a pre-determined transition, interpreted almost as natural, without any individual input among the first-generation women with low levels of qualifications. The biographical concept does not include a young female outside of the home as an educational phase and as a phase of sexual "freedom", or, more simply: it does not include relationships with men.

On the other side there are the natural assumptions that education and getting to know the world outside of the (parental) home, which are held by the more highly qualified women of the second generation. The delayed wedding stands for these options, but that does not mean that the characteristics of German youth, such as gathering sexual experiences before marriage, are also accepted and adopted.

Attention should also be paid to the stories that treat the traditional biographical concept in different ways and combine it with self-determination (group B). The women accept it and yet they have an input, by acting according to their own choices and by using it for their own interests (“getting married out of love” and “marriage as the gateway to the world”), it is consciously chosen as an act of self-determination (“compromise”) or the women fight against this concept (“rebellion”). The compromise pattern shows that self-determination does not necessarily have to end in a Western detachment from marriage and the acceptance of sexual liberalization: traditions can be re-defined.⁹⁶

Pregnancies outside marriage are not an option, not even in the “modern” biographical concepts. Instead the women tend to choose not to have children or to delay having children. Children are taken for granted but it is possible to wait (a little) before having one. Marriage as the prerequisite of legitimate motherhood is at the heart of the issue.

6.5.2 Interpretations of age of marriage/having children among eastern European women

The standardized data show that the **eastern European women** have a somewhat longer relationship phase before getting married, but there is a close temporal link between the wedding and the birth of the first child. Generally speaking the women married young. In the second generation, depending on education, the wedding and motherhood are delayed for longer

There are 22 interviews available for the reconstruction of the women’s ideas about how their own biographies came to turn out the way they did⁹⁷; six of the women interviewed were members of the second generation. Unlike in the interviews with the Turkish women, the connexion between the mother and the child is the central topic, rather than the constitution of the couple. In a number of interviews it was only an unplanned pregnancy that led to a wedding.

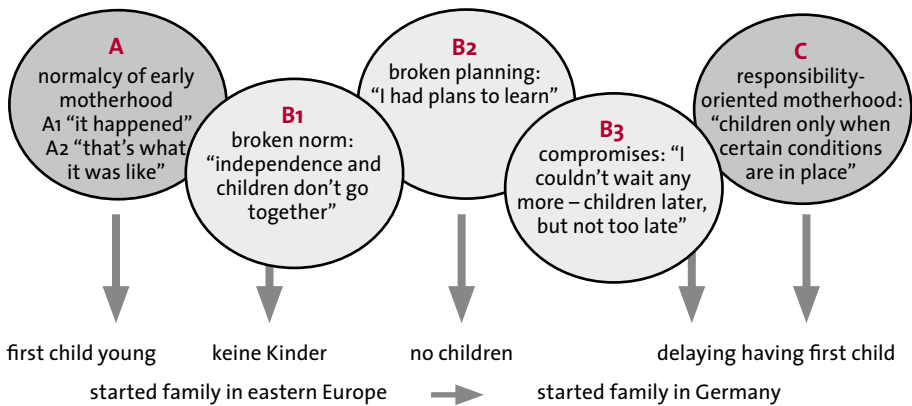
95 Age on marriage/birth of first child: T-11: 27/30; T-15, T-16, T-17 are 20, 31 and 23 years old, unmarried and childless.

96 This is sometimes called “re-traditionalization”, which is unhelpful to the extent that it does not represent a return to the idea of a natural biography imposed by “elders”. The term re-traditionalization ignores the modern elements of the biography concept.

97 Two interviews with Aussiedler from Bosnia were not included because they came from a European country, and two others likewise, because the topic was overshadowed by that of lack of partner (E-23 to E-26).

Here too, two opposite poles could be discerned in the variety of opinions expressed in the interviews. They form the foundations for the women's stories. The two contrasting orientation patterns were entitled "early motherhood as normal" (A) and "responsible motherhood" (C). Further interviews focus on breaks with the normal way of things, in different manners, or conflicts between early motherhood and education/training (B). Pattern A was mainly reconstructed from the stories of women who had started a family (young) in the country of origin, while the women expressing pattern C had graduated from university or were still studying and had their first child in Germany or were still childless.

Figure 6-9: Patterns of the eastern European women's subjective orientations



Pattern A – Early motherhood and early marriage as normal

Either these women became mothers early by accident, a fact that was then accepted and so led to marriage, or the early wedding occurred without further reasons and it was only afterwards that the women planned or delayed childbirth. All of the women interviewed became mothers early in their country of origin.

At the heart of the reconstructed biographical concept of the sub-group "it happened" (A1; E-02, E-06, E-09, E-20)⁹⁸ are elements such as a romantic situation and a great love, the lack of access to contraception and the unplanned occurrence of a pregnancy: "It happened so suddenly / that's how it happened" (E-02, E-20, E-05) or

"It wasn't planned, I wasn't married and of course we didn't plan anything, but we didn't use contraception either (...) and I got pregnant at the first opportunity [laughs]." (E-09)

⁹⁸ Age on marriage/birth of first child: E-02: 15/15; E-06: 18/18; E-09: 20/20; E-20-19/19

or

“We danced together. And then we danced until our first daughter was born [laughs], we made love [laughs] and then I was pregnant (...). That was my great, the first great love of my life. (...) We went for lots of walks under the stars. It was very romantic.” (E-20)

“That’s how it happened,” is also the sentiment in E-06:

“Yes, it happened like that. The sun, the beach, it was wonderful (...) a romantic trip, and I came back and I was pregnant.” (E-06)

Further elements are a more or less vague desire to have children (“The child was wanted, I wanted to have a baby.” E-06). E-05 “didn’t have an accident”, and even those who said it was a “shock” reported acceptance as time went on: in E-20 the pregnancy was wanted: “At first I thought no, because it was such a sudden pregnancy. But after a month I thought yes.” The child is then cited as a reason for the wedding that took place soon afterwards.

In the second sub-group of interviews (A2; E-03, E-11, E-16)⁹⁹ the wedding (which the women wanted) stood at the beginning of the family-planning phase; the child came afterwards. The biographical sequence is laconically reported as “...I met my husband, after [statement of time] I married him. And after one year we had our child” (E-03, also E-16, E-11). The marriage is characterized as a more or less clear decision or as an event without biographical justification. Whenever the women refer to their husband’s job or to both of their jobs, the desire for children is mentioned straight afterwards, as if the security of the job situation would make relatively early motherhood quite natural.

Regardless of whether an unplanned pregnancy triggered the family-formation phase or whether a wedding was planned, there are shared characteristics in the categorized interviews: a desire for children, without any further reason, and hints about circumstances that were helpful for starting a family (such as hints about parental support or about the husband’s steady job). One woman with a low level of education mentioned the normative nature of early motherhood:

“We all have children at this age, I had such ideas... I wasn’t scared, I don’t know. But you have to be married at that age, I had to get married, 18 was already the limit.” (E-06)

Motherhood while at university (E-09, E-16, E-11) was described as a problem on the one hand (“How are you supposed to carry on?”), but the decision to opt for the child is also presented as normal:

⁹⁹ Age on marriage/birth of first child: E-03: 18/19; E-11: 22/22; E-16: 19/21



“Many students planned it that way because of their accommodation and because of getting a job later (...). That’s normal with us, having children by the time you’re 25. (...) That was the best way for us to have a child, to study (...) and to have a career.” (E-11, also E-09)

The free, full-day childcare and the “baby kitchen” are praised.

Starting a family early was not just possible, it was associated with various positive aspects. Motherhood had a status:

“You got prestige when you were married, you didn’t get prestige when you went to work.” (E-06)

It gave the women access to a room in the halls of residence or to a flat:

“I was proud. He’s older than me (...) and as a doctor he has a small flat.” (E-11)

“We had the chance of getting a flat from the council, maybe that’s why we planned to have a baby a little bit earlier.” (E-11)

Young motherhood promised a good life:

“And I thought that when I was married, it would mean that my mother wouldn’t boss me around anymore because I was married and an adult now and I could do what I wanted. I wanted to have a life like that (...) and when I’m pregnant it means I get spoiled (...) I’m the mother of your future child, after all, you have to, I mean that, have to, you’re required to set everything up for us and do everything for us.” (E-06)

Disillusionment quickly followed:

“After the wedding the exact opposite happened: two people bossed me around, my mother and my husband too.” (E-06)

Pattern B – A break with the norm and a collision between early motherhood and education

It was not always the case that a first unplanned pregnancy was accepted (s. → chapter 8 on pregnancy terminations); early motherhood was not anchored as normal in all biographical concepts. In two interviews (B1 “*break with the norm*”; marriage in the country of origin, no children)¹⁰⁰ there are elements of pattern A, such as getting married young and this being perceived as a romantic gesture:

“Such a romantic young man, that was not common. There were poems in the moonlight and so I fell in love with him.” (E-08)

Subjectively it was seen as impossible to have a child (young). This would have collided with the great importance given to independence, freedom and social contacts.

The two following biographical concepts, B2 and B3, contain ideas of friction between early motherhood, seen as positive, and educational and vocational plans, also seen as positive. The constitutive possibility of combining education with having a child makes way to addressing the problems young mothers face. In the concept “*I had plans to learn*” (B2; E-05, E-12, E-10, migrated as children or as young adults without children)¹⁰¹ the survey participants had started training in Germany and had their first child young, while still in training. The problem scenario: “*shock: what about my education now?*” (E-12) is not followed, as is reported about the countries of origin in pattern A, by a normalization. In interview E-10 the explicit distinction and special position compared with other women is highlighted:

“It makes you think differently straight away. I’m more grown-up. I know many people who are eighteen, nineteen, twenty, who prefer to party at the weekends (...). But I don’t know. I prefer to stay at home and watch TV on my sofa.” (E-10)

The concept of early motherhood is described by its negative impacts on the personal (occupational) biography, but it is not generally questioned. Instead (in other passages of the interview) state support is requested, because “some of us want to have a baby when we’re seventeen or eighteen” (E-10). In addition, it is explicitly stated that having a first child at age 18 is “early”.

100 Age on marriage: T-08: 21; T-13: 21, both childless

101 For E-05 and E-12, the (unplanned) pregnancy led to (planning) a wedding; for E-10 the wedding was planned and then the first child. Age on marriage/birth of first child: E-05: 22/22, E-12: probably 20/18; E-10: 20/22

The women following pattern “*I couldn’t wait any longer*” (B3; O-04, O-07, O-19, O-22, each second generation)¹⁰² are in favour of delaying the birth of the first child, unlike the women following pattern B2. However, they add a ‘but’: “...but not for too long”. A negatively perceived “too early” (e.g. “ruining my life”) is contrasted with “too late”: it could be that these women will not have any children and then they could regret it:

“Some people think they can do their education and start working and get a good job and a loan or something like that. And then they think about having a child after that and then something else important crops up and they think, maybe we don’t need a (child), because we’ve got everything and we’re not doing badly and it’s too late and I’m too old. I think they end up feeling guilty.” (E-22)

This narrow window between “too early” and “too late” leads to a biographical justification of first motherhood:

“At some point I have to, I’m so old already (...) I’m already twenty-four. I couldn’t wait any longer. (...) I said: I have to do this. Every single mother is doing some kind of training.” (E-07)

“I was twenty-six already and felt that it was okay and that I’d manage. With regard to a relationship, which I’d always ended quite quickly before, I felt I just had to stick with it, otherwise it would never happen and so I stayed.” (E-04)

There is also a clear preference for early motherhood in E-19 (“definitely won’t wait until I’m 30”), but at the same time there was also the conviction that a “foundation” had to be created for children first, so that mothers were not “overwhelmed”. She also did not want to give up her job. A compromise would be to train for less time and instead of giving up a job, giving up on a “career” instead.

Pattern C – motherhood associated with responsibilities and prerequisites

In these interviews (C; E-01, E-18, E-15, E-21, highly qualified women who either do not have children or who had their first child in Germany)¹⁰³ the narrative elements that were characteristic of pattern A “early motherhood as normal” and especially so for the first sub-group, do not occur anymore: love, romance, the normative embedding of early motherhood. Instead the women address the need for conscious planning and the prerequisites that need to be in place in order to have a child.

¹⁰³ Age on marriage/birth of first child: E-01: 26/32; E-18: 25/planned for 34, when she will have graduated; E-15: 27/27, E-21: no marriage and no child yet, planned for when they have graduated

Certain prerequisites for motherhood are expressed in pattern A “early motherhood as normal” and in the sub-types of pattern B. In the pattern “responsible motherhood” the women place a greater emphasis on the mother’s individual responsibility, and, in light of the possibility of divorce, on the mother in particular, for the child’s / children’s economic, social and emotional wellbeing. This normative understanding of parenthood as an individual decision, combined with a comprehensive, individual responsibility for the children was called “responsibility-oriented parenthood” and described as an element of family culture in Germany by Kaufmann.¹⁰⁴ For the eastern European women surveyed, the perception of this responsibility ties in with the women’s responsibility for their families in their country of origin; however, in light of the state’s support with regards to raising children, which is seen as inadequate in Germany, it is heightened.

Elements of security are cited as requirements for having children: occupational prospects (“everything always goes well for me on the job-front”), the opportunity to limit job mobility, “building a nest” (“it’s a small flat, but they’re’ our own four walls” E-01) and paying off a loan. It is necessary to “stand on one’s own to feet financially and job-wise and then have a family. That way my children don’t have to miss out on everything” – things such as “nice dresses”, “being able to buy things for the child”, a good education, swimming classes, gymnastics lessons and making sure the child is as healthy as can be are listed.

“I could have married my boyfriend at the time and said: yes, let’s start a family and have children. But what would I have been able to offer my children? What would they have had? Nothing, probably.” (E-01)

In the other interviews in this group the focus is on “good living conditions” (E-18), completing their education (E-18, E-15) and collecting practical experiences and “maybe spend a bit of time seeing the world” (E-21); i.e. the women say: “I want children, but only after...”. Then they have their children. As a result they say they think 26–28 is a good time to start having children.

Further elements associated with delaying having the first child are the processes of consolidating the relationship (E-14) and a positive concept of “maturity” associated with age, which is contrasted to earlier biographical uncertainty and indecision:

“NOW I’m mature enough to have children. (...) Maybe (...) I’ve reached an age (...) you really have to be mature to have a child.” (E-18, 33 years old).

This is expressed in other interviews as certain conviction and “psychological readiness” to have a child. An unwanted child “is the worst thing that could happen”.

104 Kaufmann 1988: 395

Interim summary

Self-determination is a thread that runs through all of the women's interviews as a form of biographical design. However, in the former Soviet countries with the biographical concept A ("early motherhood as normal") it was easy to get involved in an unintended situation and go through with an unplanned pregnancy, planning in this sense was not necessary in light of the acceptable and even favourable conditions making motherhood and education easy to reconcile. The need for planning is absolutely constitutive for pattern C ("responsible motherhood"), which reflects the German situation where education / work and (early) motherhood are hard to reconcile, causing the normatively rooted concept of early motherhood, which is taken for granted in the countries of origin, to become a biographical risk.

In the biographical concept A, which is typical of the countries of the former Soviet Union, youth and being in education as well as having a child go together; having a child can even mean "freedom" and open doors to getting a flat of one's own, the core of independence from the parents. In Germany, the biographical concept that developed was one where family meant the end of freedom and only when the training phase was completed and the high requirements (including personal maturity) were fulfilled could a family be started. The patterns that were summarized in group B show different solutions to the problematic relationship between the training and family phases: a kind of extended youth as a consolidation phase coupled with delaying having the first child in the country of origin, the realization of early motherhood in collision with the "plans to learn" and a compromise of having a family "late, but not too late". The last two patterns B2 and B3 show that the concept of comparatively early motherhood is not disappearing entirely in Germany and that implementing it depends on the women's education.

6.6 Discussion of selected aspects

The chapter's main finding is the different biographical dynamics involved in having a family within and between the three groups. Education, the event of migration and generational membership are all factors. The biographical dynamic is discussed in summary as the "developmental pattern of family planning" in → *chapter 10*, which incorporates the results about contraception → *chapter 7* and terminations in the women's lives → *chapter 8*. The qualitative results from → *chapter 6.5* are related to the statistical results regarding the dynamic of having a family, in order to understand the "biographical logic" in each situation. The discussion here is limited to three selected aspects, taking current research into account.

The biographical timing of getting married and having the first child

Table 6-10 summarizes this chapter's results for the first-generation women of both migrant groups. The **Turkish women** started having their children early and also finished having children comparatively early (statement: "I don't want any (more) children"). While these women, who often came to Germany in connexion with a wedding, usually had their first child after migrating, many of the first-generation **eastern European women** already started having families in their country of origin, also at a comparatively young age. Further births were then delayed after the migration, which meant that these women also completed their family-formation phase later than the Turkish women. The first-generation eastern European women who came to Germany without children started having children at an older age and often had not completed the family-formation phase at the time of the survey. Thus these women display a similar family-formation pattern to the west German women.

Table 6-10: Biographical placement of the family-formation process in the first generation, depending on the migration process, by group

group	starting a family	end of family planning in Germany
Turkish women	EARLIER	EARLIER
eastern European women	migrated with child: EARLIER migrated without children: LATER	LATER
west German women	LATER	LATER

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

The table shows in what phases in life, influenced by the aspects of education and migration, delaying a (further) pregnancy is desired, or when the women want to prevent a pregnancy. This ties in with the discussion about when what kinds of contraception are used: contraception to put off having a family early, contraception to increase the intervals between children and contraception to limit the overall number of children. This aspect will be the focal point of *→chapter 10*.

One central result for both of the migrant groups is the early age at which the women get married / the higher percentage of married Turkish women in the 19–25 age group in Germany with just a moderate increase in the second generation. These results for **Turkish women** in Germany are also reported by other studies; however, births at a very young maternal age are decreasing.¹⁰⁵ According to the RAM survey 2006/2007, 9.1% of the Turkish women had their first child at age 17, 19.1% between 18 and 19 and a further 23.2% aged 20 or 21. The average age was 22.2 years.¹⁰⁶

According to the literature, the reason for Turkish women’s being so young when they start a family is “not necessarily the result of just traditional gender roles (...) or cultural traditions”¹⁰⁷, instead it is associated with the level of education, which is lower on average, and with the fact that the experimental phase of pre-marital cohabitation is not prominent.¹⁰⁸ These influencing factors could be fleshed out in the standardized evaluation of the present study: growing up in a rural region in the country of origin and the expectation to live with the parents until marriage promoted early marriage, and education proved to be a highly effective factor. The comparatively young age of the first-generation Turkish survey participants when they started their families largely

¹⁰⁵ Bandorski et al. 2008: 51ff.; Hess-Meining 2004b: 102f. und 105

¹⁰⁶ Babka von Gostomski 2010: 193

¹⁰⁷ op. cit.: 51

¹⁰⁸ Cf. BMFSFJ 2000: 104

corresponds to the age of the 25–49-year-old women still living in Turkey; in Turkey, however, recent decades have witnessed an increase in the age at which the women have their first child.¹⁰⁹

Investigations into the women's age when they had their first child in the country of origin confirm the widespread nature of early motherhood in the former communist countries of origin of the **eastern European women**.¹¹⁰ There are no corresponding statistical figures for this migrant group regarding the age at which they got married or had their first child. The only information comes from the 2007 Microcensus, which states that the percentage of 18–25-year-old *Aussiedler* who were married (at the time) was 17%, compared to 5% among the German women without a migrant background.¹¹¹ That means that more eastern European young women are married than young German women.

One special feature of the present study: the results relating to the group-specific characteristics regarding the speed at which the sequence “meeting the partner”, “getting married”, “first child” take place. This issue is addressed in more detail in →chapter10.

The influence of education on starting a family

The study revealed that education plays a big role: education leading to a qualification has the same effect in all three groups and regardless of the migrant women's generational membership, in that it causes a delay of the first birth and a reduction in the overall number of children. Women with a low level of education start the family phase earlier than women with a high level of education (although the differences caused by education vary in strength in the different groups). Differences between the groups regarding the age at which the women had their first child are thus mainly affected by the varying frequency of high qualifications. For German women without a migrant background and for Turkish migrant women this effect of education has been described several times¹¹²; however there are no corresponding figures for the eastern European migrant group. This universally valid connexion between education and the time at which the women start a family can also be found among the women who have not migrated and are still living in Turkey and the countries of the former Soviet Union.¹¹³

109 HUIPS 2009: 71

110 UCSR et al. 2008; Academy of Preventive Medicine (Kazakhstan)/Macro International Inc. 2007

111 Statistisches Bundesamt 2009a: 105 f.; own calculation

112 Helfferich et al. 2001; Milewski 2008; HUIPS 2009

113 UCSR et al. 2008; HUIPS 2009: 72

Since there was information about whether the women had completed their training before they had their first child, the present study was able to discuss the relationship between the “training phase” and the “family phase” from a biographical perspective. The evaluation, and an explanation with reference to the qualitative interviews, shows a two-way connexion between early motherhood and a low level of education: low qualifications lead to less good job prospects and to prioritizing motherhood; on the flipside, early motherhood leads to a limitation of further educational opportunities.

This is true for the first generation, but especially also for the second generation of migrants in Germany and this is because in Germany the main educational processes take place in adolescence and early adulthood and the education system is not tailored towards compatibility of training and family. Starting a family early and having high educational aspirations are therefore mutually exclusive. In order to avoid disadvantages regarding educational and income opportunities, German women follow the biographical concept “first education, then family” and delay having their first child, while young mothers who do not stick to this sequence run a high risk of not completing their qualifications.¹¹⁴ This risk exists, regardless of whether the women have a migrant background, but it particularly affects marriage-related migrants who come to Germany at a young age, as they are expected to have a child soon afterwards.

Complex change in family formation among the second-generation women

In → *chapter 5* the reduction in the number of children was highlighted. There is corroboration for this finding in other data sources too, all the way to a forecast that there will be a rapid assimilation to German family sizes: “Already in the second generation the fertility behaviour of women migrants resembles more that of the Germans than that of the parent generation.”¹¹⁵ Generally, a higher age at the birth of the first child is associated with a reduction in the overall number of children¹¹⁶, and this connexion also describes the complex change in the family planning patterns towards that of the second generation. However, this change cannot be explained as a smooth transition to the “German” family planning pattern: the increased age at marriage and when the first child is born is gradual and the new age is still far below that of the west German women. For a differentiated assessment of the changes in the second generation, the changes in the subjective biographical concepts developed from the qualitative interviews can be included.

114 BMBF 2009: 57; see also the data accompanying the report on vocational training

115 Milewski 2007 and 2008

116 Statistisches Bundesamt 2007: 30 f.

For the first-generation **Turkish women** (with low qualifications), having a family early was part of a biographical design, which made no room for nor gave a social place to a phase outside of the parents' home before starting their own families, such as educational institutions where young women could educate themselves. This concept changes in the second generation, especially in connexion with access to education. The delay of sexual experiences until marriage, which is still widespread, gives marriage a greater significance as a way of accessing areas of life that are otherwise closed than it does for German women.

The second-generation **eastern European women** are, unlike their mothers, confronted with the fact that early motherhood clashes with educational plans. The west German biographical concept that delays having a family until after obtaining qualifications is only gradually replacing the biographical concept which in the former Soviet Union countries allowed having a family to be compatible with getting an education at the same time. In both cases confrontation with the conditions of family life in Germany changes the original pattern, without it losing all of its standing.

Contraception

Family planning as a free decision made by women and men about the number of children they want to have, and the intervals between these children, is considered internationally to be a fundamental human right. Free access to effective contraception is the most important factor in guaranteeing this right. Depending on the women's perspective on life, their actual need for contraceptive options can vary greatly during different phases in their lives; contraception is not necessary during every phase. Contraception is relevant in those phases when a pregnancy could occur, but should not. The present study is mainly interested in relating this need to the different family-formation processes that were developed in chapter 6 and specifically to relate the migration with a delay in births.

→ *Chapter 7.1* describes the factors influencing whether the women start using contraception early or late in life. The subsequent sections focus on the current contraceptive choice → *chapter 7.2* and on the question of what contraceptive methods the women have encountered so far → *chapter 7.3*. In → *chapter 7.4* the results of the qualitative survey are presented and the subjective significance of contraception is discussed. To conclude, the results of the biographical dynamic → *chapter 6* and of the contraceptive issue are brought together and discussed → *chapter 7.5*.

7.1 Biographical perspective: using contraception for the first time

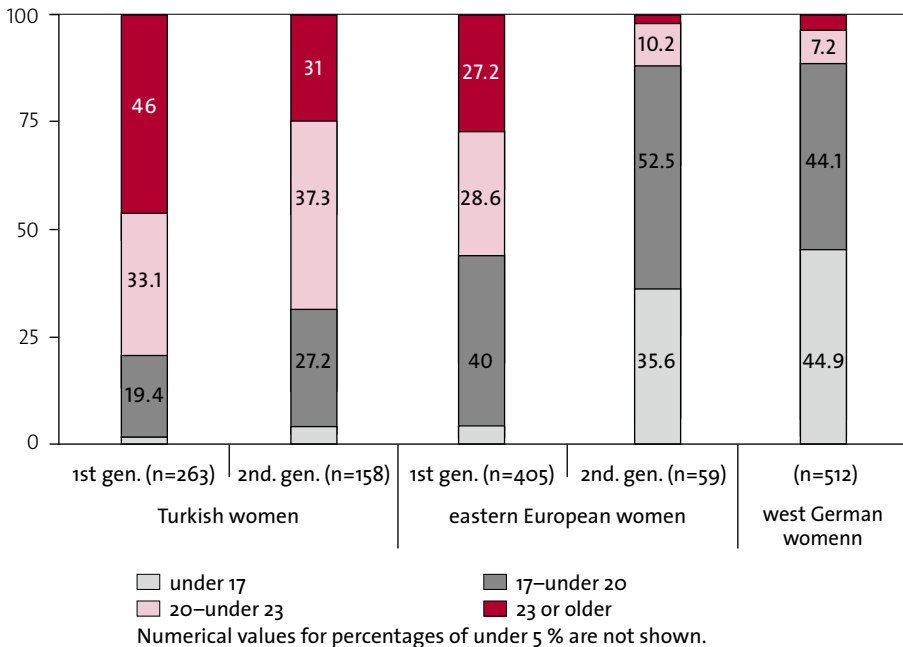
This study allows statements to be made about the women's first experience with contraception via retrospective comment on their contraceptive biography. The survey asked about their age and, for the migrants, also the number of children they had had when they used contraception for the first time, as well as about what methods were used.¹¹⁷

117 The biographical placement of the first use of contraception was only enquired about in the second project phase (Nuremberg, Berlin). Also, the west German women were not asked how many children they had when they first started using contraception, since studies of youth sexuality (in Germany) have shown that almost all girls and women use contraception before they first become pregnant.

When looking at the first generation, figure 7-1 shows that use of contraception under the age of 17 was rare, in comparison with west German women, for both migrant groups (retrospective statement). Almost half of the **Turkish women** were 23 or older when they used contraception for the first time, and the figure is still 31% in the second generation. Starting contraception young, i.e. before 17 years of age, still remains the exception among second generation Turkish women (4%). This result can be explained by the taboo on pre-marital intercourse, which is still in place in the second generation.

Among the **eastern European women** surveyed, there is a huge change between the generations: almost 90% of the second-generation women started using contraception before they were 20, almost twice as many as in the first generation. As a result, the second-generation eastern European women are virtually no different from the west German women. This significant increase comes from the women using contraception for the first time under the age of 17 (36% in the second generation, compared to 4% in the first); this figure is still somewhat below that of the west German women, where 45% already used contraception for the first time under the age of 17.

Figure 7-1: Age at which contraception was first used, by group and generation (figures in %)



Filter: all women who have ever used contraception, only Nuremberg and Berlin

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Starting contraception and having a family

The high percentage of first-generation Turkish women who only used contraception for the first time at 23 or older is associated with the fact that two-thirds of the women surveyed started using contraception after the first (or second) child. 37% started using contraception after the first child and before the second, 30% waited until the birth of at least two children (figure 7-2). Contraception only became a biographical option here when the number of children was to be limited or further births delayed. The standardized data cannot answer the question of whether contraception earlier in life was not *possible* or not *necessary*. The qualitative interviews are taken into account in → *chapter 7.4* in order to get a more in-depth picture of the reasons. There is a marked change in the second generation: almost 70% of the women had already used contraception before they had their first child.

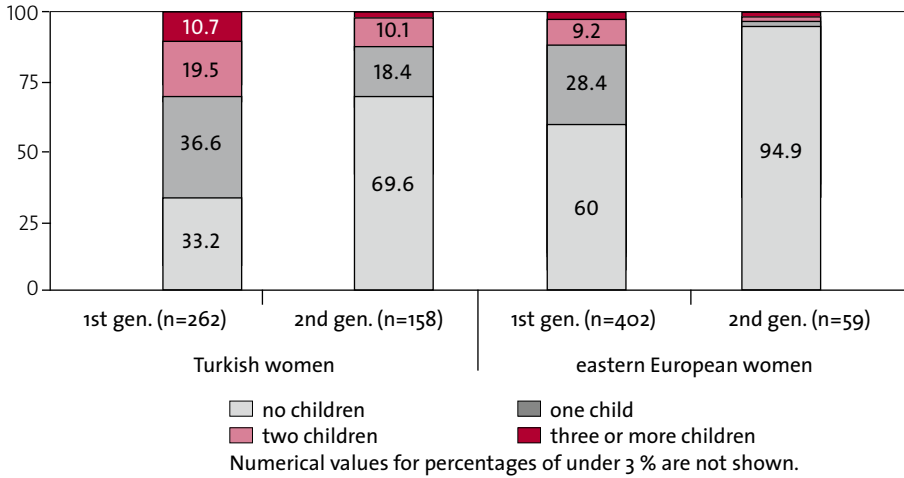
Quite generally, starting contraception is embedded in a reproductive biography with a comparatively “late” start of heterosexual relationships (marriage) and a comparatively “early” start of the family phase (i.e. shortly after getting married).¹¹⁸ Put more bluntly, becoming sexually active, getting married and wanting children are things that all happen at the same time for Turkish women, therefore they “delay” using contraception and have children first, while west German women delay the birth of their first child and start off with contraception.

28% of the first-generation eastern European women started using contraception after having had one child, a further 12% only after having had two or more children. The qualitative interviews provide clues that this is to do with the poor availability of contraception in the former Soviet Union countries.¹¹⁹ In the second generation the dominant pattern is for the women to use contraception before having their first child; 95% said they used contraception before having a baby.

¹¹⁸ Cf. chapter 6.1

¹¹⁹ Cf. chapter 7.4

Figure 7-2: Number of children already born when using contraception for the first time, by group and generation (figures in %)



Filter: all women who have ever used contraception, only Nuremberg and Berlin

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Starting contraception and education

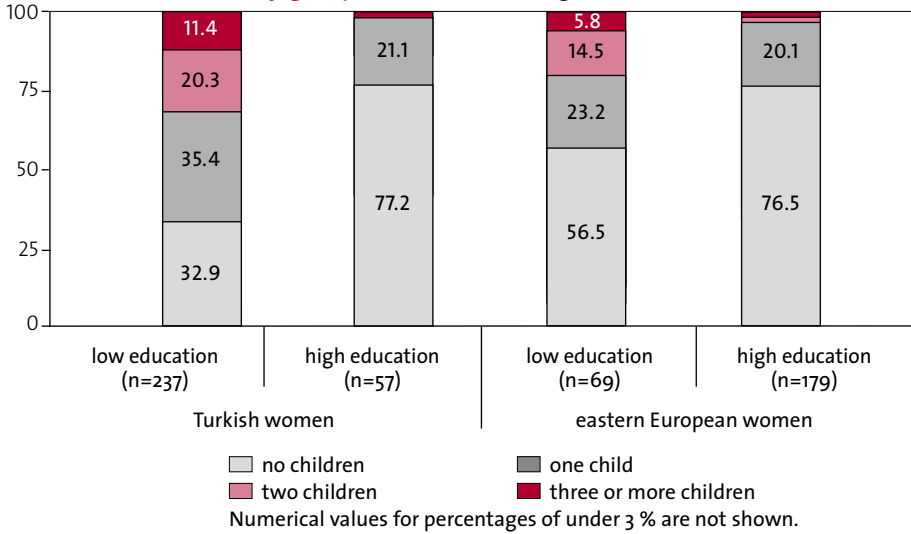
Young childless women may wish to delay having their first child (regardless of whether this occurs within a marriage or not), because a child is not perceived to be compatible with education or vocational ambitions. The clear influence of education associated with a delay in having children can be found in both migrant groups: the women with a high level of education use contraception before having their first child significantly more often than the women with a low level of education (figure 7-3).

The pattern described for Turkish women of getting married early, having a first child, and subsequent children, early as a matter of course, with delays to or limitations in the number of further births only being considered after two children at least¹²⁰, can therefore not be applied to Turkish women across the board. It is particularly true of women with low qualifications who migrated to Germany recently (and largely in connexion with a marriage). These women are, however, in the majority in this study’s sample.¹²¹ Highly qualified Turkish women and second-generation women still started using contraception comparatively late, but they were more likely to delay having their first child. This finding largely accords with the opinions of the experts surveyed, which are summarized at the end of the following chapter.

¹²⁰ Cf. chapter 6.1

¹²¹ Cf. chapter 3

Figure 7-3: Number of children already born when using contraception for the first time, by group and education (figures in %)



Filter: all women who have ever used contraception, only Nuremberg and Berlin

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

7.2 Current contraception

At the time of the survey, 70% of the **Turkish women** and 71% of the **eastern European women** (west German women: 78%) were using contraception. The main reasons for the younger (under 35) Turkish women for not using contraception were: “no sexual relationships” (54%) and the desire to have children (or an existing pregnancy) (28%). Among the younger eastern European women the main reasons are the desire to have children (45%), followed by the statement “no sexual relationships” (30%). By comparison, the older (over 34) women in both migrant groups mainly cite “other reasons” to do with their health (Turkish women: 57%, eastern European women: 44%).

If only the unmarried women are taken into account, then four-fifths of the (still) unmarried **Turkish women** were not currently using contraception. 89% of these women said the reason for that was that they were not having any sexual encounters. This points towards the close connexion between sexuality and marriage and towards a rejection / stigmatization of pre-marital sexuality in Turkish culture. 30% of the unmarried **eastern European women** and 20% of the unmarried **west German women** were not using contraception. The percentages of those who said that this was because they were not having any sexual encounters were 62% and 67% respectively, i.e. lower than among the Turkish women.

16% of the **Turkish women** have never used contraception (west German women: 2%). These women are predominantly under the age of 35 and more than 80% of them are unmarried and childless. A third of these women are, however, over the age of 34 and more than 80% of them are married and have (often two or more) children. These women, who have never used contraception to date, are those who, as described in → *chapter 7.1* “delay” using contraception initially because they did not have any sexual relationships and then because they were in the family-formation phase. Just under 10% of the **eastern European women** have never used contraception. Both among the younger women (45%) and the older women in this category, the vast majority are married and have children (more than 62% and more than 83% respectively).

Among the women currently using contraception the Pill is the most widespread form of birth control in all three groups, followed by the IUD / IUS and condoms (to see the impact of age on contraceptive choice, see table 7-2). The group comparison shows that the **Turkish women** and **eastern European women** are more likely to use an IUD / IUS, while the **west German women** are more likely to use the Pill. Male sterilization is comparatively uncommon in the two migrant groups (1–2% compared to 7% among the west German group). Coitus interruptus is only cited to a significant degree (8%) by the Turkish groups (table 7-1).

Table 7-1: **Current contraception, by group*** (figures in %)

group	Turkish women	eastern European women	west German women
<i>number of cases</i>	<i>n=191</i>	<i>n=255</i>	<i>n=307</i>
contraceptive (method)			
Pill	36.7	31.3	46.3
condoms	20.2	25.4	25
IUD / IUS	22.9	27.8	14.7
female sterilization	9.7	7.5	7
male sterilization	1.4	1.6	7
coitus interruptus	8	1.6	0.5
other**	5.6	9.8	8.5

Filter: all women who used contraception during the survey period

*Multiple answers possible

**The category “other” contains contraceptive methods that were cited by less than 3 % in all three groups (other, temperature method, calendar method, diaphragm, spermicide, Depo-Provera, fertility monitor).

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background



Female sterilization is almost non-existent among the younger women, but 13–14% of the older women have had this done. With regard to the **eastern European** and **west German women**'s use of the IUD / IUS, it is more widespread among the older (over 34) women than among the younger (20–34-year-old) women. Just 7% of the younger west German women use this method. By comparison, the younger and older **Turkish women** use this method to about the same extent (table 7-2). For all of the women, the transition to more long-term methods such as the IUD / IUS or sterilization goes hand in hand with a decrease in the use of the Pill and condoms.

Table 7-2: **Current contraception, by group and age***
(figures in %)

group	Turkish women		eastern European women		west German women	
	age (in years)	age (in years)	age (in years)	age (in years)	age (in years)	age (in years)
<i>number of cases</i>	20–34 <i>n=191</i>	35–44 <i>n=324</i>	20–34 <i>n=255</i>	35–44 <i>n=253</i>	20–34 <i>n=307</i>	35–44 <i>n=306</i>
contraceptive (method)						
Pill	45.0	31.8	45.5	17.0	67.4	25.2
condoms	26.2	16.7	29.0	21.7	29.0	20.9
IUD / IUS	22.0	23.5	22.8	32.8	6.5	22.9
coitus interruptus	4.2	10.2	0.4	2.8	1.0	–
female sterilization	2.1	14.2	0.8	14.2	1.0	13.1
male sterilization	0.5	1.9	–	3.2	0.3	13.7
other**	3.1	7.1	7.5	12.3	8.5	8.5

Filter: all women who used contraception during the survey period

*Multiple answers possible

**The category “other” contains contraceptive methods that were cited by less than 3 % in all three groups (other, temperature method, calendar method, diaphragm, spermicide, Depo-Provera, fertility monitor).

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Current contraception and education

The influence of education on the current method of contraception can be interpreted consistently for only a few of the results. Here the effects of *accessibility* to information about contraception as a result of a higher level of education (which could explain why eastern European women with higher qualifications are more likely to take the Pill) are mixed with the influence of education on the biographical dynamic of family formation and thus with the *need* for contraception. In all three groups female sterilization is more widespread among women with a low level of education, because these women tend to complete their families sooner than the highly qualified women, who also “start” having families later. It can be said for the **eastern European** and **west German women** that the higher their level of education, the more often they choose the Pill as a form of birth control. In the **Turkish group** this correlation between education and contraception cannot be established: 32% of the women with a high level of education were using the Pill at the time of the survey, i.e. just as rarely as those with low qualifications (34%) and more rarely than those with a medium level of education (47%).

Current contraception and number of children

Table 7-3 depicts the frequency of the statement “no contraception” and, with regard to those currently using contraception, the use of the Pill or the IUD / IUS depending on the number of children. It becomes clear that the childless **Turkish women** are twice or almost three times as likely not to be using contraception (72%) than the childless **eastern European** and **west German women**. This finding fits in with the finding that the childless women are largely still unmarried and unmarried women are less likely to use contraception, as well as with the dynamic described in → *chapter 7.1* that many Turkish women only start using contraception after the birth of their first child.

With regard to the women currently using contraception, it can be said for all three groups that the greater the number of children, the more likely the women are to have already completed their families¹²² and the more likely they are to use the IUD / IUS. Conversely, the fewer children they have, the more likely they are to use the Pill, though the levels here differ in the three groups.

¹²² Cf. chapter 6.4

Table 7-3: Currently no contraception or use of the Pill and IUD / IUS, by group and number of children (figures in %)

number of children	Turkish women			eastern European women			westdeutsche Frauen		
	0	1	2+	0	1	2+	0	1	2+
<i>number of cases</i>	<i>n=134</i>	<i>n=97</i>	<i>n=500</i>	<i>n=187</i>	<i>n=195</i>	<i>n=330</i>	<i>n=355</i>	<i>n=184</i>	<i>n=244</i>
currently no contraception	72.4	42.3	15.6	36.9	40.0	17.3	24.5	28.8	12.3
use of the Pill or IUD / IUS									
<i>number of cases</i>	<i>n=37</i>	<i>n=56</i>	<i>n=422</i>	<i>n=118</i>	<i>n=117</i>	<i>n=273</i>	<i>n=268</i>	<i>n=131</i>	<i>n=214</i>
Pill	70.3	41.1	33.2	59.3	30.8	19.4	73.5	34.4	19.6
IUD / IUS	8.1	17.9	24.9	0.9	26.5	39.9	2.6	16.0	29.0

Filter: all women using contraception during the survey period

Source: BZgA, data set "women's lives II" 2009, 20–44-year-old women with and without a migrant background

The analysis of the connexion between the desire to have children and the women's contraceptive behaviour shows that **west German women** who explicitly say they currently want a (further) child, are more likely to use contraception than the migrant women with the same desire (table 7-4). This can be interpreted by the fact that for west German women, more so than for the migrant women, the desire to have children is not necessarily associated with the ability to implement this desire straight away, but rather with future plans.

It is known that for **west German women** who do not want (further) children, the IUD / IUS is a popular option, alongside sterilization.¹²³ The same is true for the women in both migrant groups: while the **Turkish** and **eastern European women** who want (further) children hardly ever use the IUD / IUS, those who explicitly state they do not want more children do use this method (Turkish women: 26%; eastern European women: 37%).

¹²³ Helfferich 2001

Table 7-4: No contraception or current contraceptive, by group and desire to have children (figures in %)

desire to have children	Turkish women			eastern European women			west German women		
	yes	not clear*	no	yes	not clear*	no	yes	not clear*	no
<i>number of cases</i>	<i>n=100</i>	<i>n=171</i>	<i>n=458</i>	<i>n=139</i>	<i>n=291</i>	<i>n=273</i>	<i>n=189</i>	<i>n=259</i>	<i>n=329</i>
currently no contraception	61.0	39.2	18.8	51.8	25.4	20.2	32.8	22.0	14.9
most commonly cited contraceptives**									
<i>number of cases</i>	<i>n=39</i>	<i>n=104</i>	<i>n=372</i>	<i>n=67</i>	<i>n=217</i>	<i>n=217</i>	<i>n=127</i>	<i>n=202</i>	<i>n=280</i>
Pill	48.7	39.4	34.7	46.3	38.7	19.8	72.4	58.4	26.4
condoms	20.5	27.9	18.0	34.3	28.1	20.3	23.6	33.9	19.3
IUD / IUS	5.1	20.2	25.5	10.5	24.0	37.3	3.9	8.4	23.9
female sterilization	7.7	1.9	12.1	3.0	4.1	11.5	2.4	3.0	12.1

*the category "not clear" included the two statements "I want (more) children, but that's not possible right now" and "I don't know, I'm undecided".

**Filter: all women using contraception at the time of the survey

Source: BZgA, data set "women's lives II" 2009, 20-44-year-old women with and without a migrant background



Expert Statements

For Turkish women, having children is taken for granted, using contraception is not. Marriage is associated with having a child soon afterwards, without there being an explicit desire for children. Contraception is often only used when no (further) children are desired. By contrast, west German women take contraception for granted until they make a conscious decision to stop using birth control in order to have children.


There are reservations about the contraceptive pill (impact on health, false belief “Pill causes infertility”). Among the Turkish women the Pill is a symbol of the separation of sexuality and fertility and is therefore often rejected, especially among women with traditional views; younger Turkish women did not have many reservations. Young Turkish women however had reservations about the IUD / IUS.

Coitus interruptus as the current contraceptive method is thought to be more widespread than the migrant women’s statements suggest. It is suspected that the women’s response behaviour in the present study was tailored to what is socially desired.

For both migrant groups, but for the Turkish women in particular, the use of contraception depends on cost and also on the ease of use. “Constantly having to think of the Pill” is perceived as a problem, for example.

Among the Turkish women, and especially those who migrated in connexion with a marriage, insufficient knowledge about contraception along with a limitation of communication to relatives goes hand in hand with a low level of education and insufficient German-language skills.

The contraceptive behaviour changes significantly in the second generation, because of the women’s level of education and the opportunity of shaping their own family. Young Turkish women get information online about issues such as emergency contraception. One of their problems could be that if they are privately insured, their parents could find out that they have had the contraceptive Pill prescribed.¹²⁴

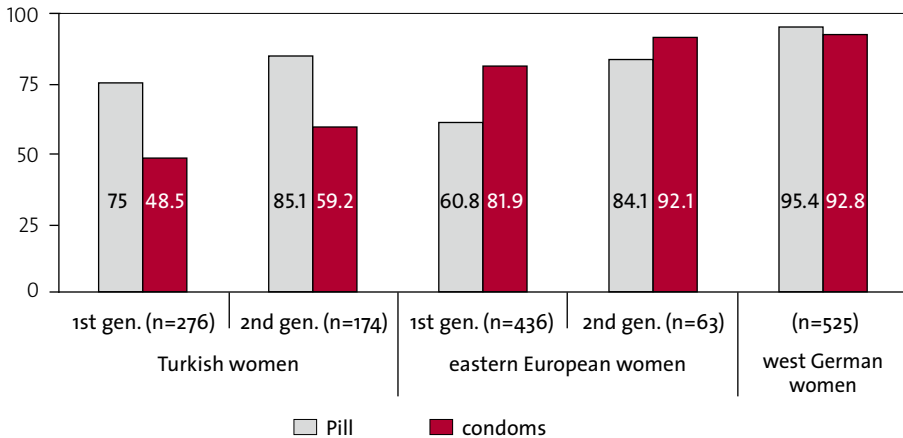


¹²⁴ Because they would be insured through a parents, and the receipted prescription (as well as the doctor’s bill) would have to be presented by the insured parent to the insurance company. In the public insurance system, the doctor (and pharmacist) send their bills/prescriptions directly to the insurance fund.

7.3 Experiences with different forms and methods of contraception

Those women who were currently using contraception or who had used contraception in the past were asked whether they had ever used the Pill, condoms or natural family-planning methods (such as the calendar method, the temperature method or monitoring mucus). The two migrant groups surveyed have less experience with the Pill and condoms than the west German women, where more than 90% of them have experience with the Pill and condoms. While the eastern European women were much less likely to have used the Pill (64%), the **Turkish women** were much less likely to have used condoms (52%). In comparison to the first generation, the second generation Turkish and **eastern European women** had more experience with the Pill and condoms (figure 7-4).

Figure 7-4: Experiences with the Pill and condoms, by group and generation (percentages of “yes” responses)



Filter: all women using contraception at the time of the survey

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Natural family planning methods were used most often by the **eastern European women** (34%, compared to 13% of Turkish women and 17% of west German women). However, there is a significant decrease from 38% in the first generation to 8% in the second generation. In the **Turkish group** there is no such difference between the generations. Experience with natural methods were made to the same extent in the first and second generations (14% and 11% respectively).

Experiences with different methods and education

The influence of education is stronger when looking at experiences with certain contraceptive methods compared to when looking at the current contraceptive used. The amount of experience for condoms and natural family planning methods go up with education for both migrant groups (table 7-5). While this is also true for the Pill in the **eastern European group**, there is no significant effect of education in the **Turkish women's** experience with hormonal contraception.¹²⁵

Table 7-5: Experiences with contraceptives, by group and education (percentages of “yes” responses)

		migrant group			Turkish women			eastern European women		
		level of education <i>number of cases</i>	low <i>n=254</i>	moderate <i>n=139</i>	high <i>n=60</i>	low <i>n=77</i>	moderate <i>n=227</i>	high <i>n=191</i>		
contraceptive (method)										
	Pill		78.0	84.2	78.3	64.9	56.8	72.8		
	condoms		45.3	55.4	69.5	72.0	81.3	90.0		
	natural family planning		9.0	16.1	22.0	23.0	33.6	38.7		

Filter: all women who have ever used contraception

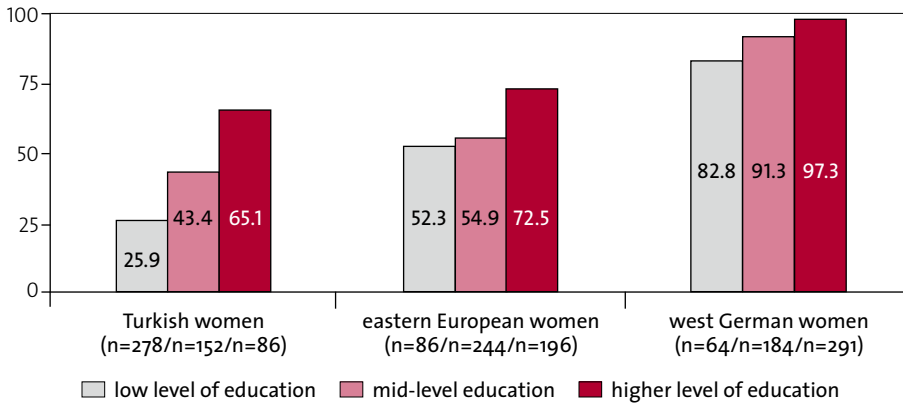
Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

How well-known is emergency contraception?

Turkish women are far less likely to know about emergency contraception (37%) than the **eastern European women** (61%) and especially than the **west German women** (94%). This knowledge is more widespread in the second generation: 55% of the Turkish women who mostly grew up in Germany are familiar with the “morning after pill” (first generation: 25%), the same is true for 88% of the second-generation eastern European women (first generation: 57%). Regardless of the group and of generational membership, the women with a higher level of education are better informed than those with lower levels of education (figure 7-5).

¹²⁵ West German women almost all have experience of the Pill (figures between 94 and 98%), irrespective of education.

Figure 7-5: Knowledge of emergency contraception, by group and education (percentages of “yes” responses)



Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

7.4 Subjective significance of contraception

In the qualitative interviews, contraception was discussed both in the biographical accounts and when the women were questioned in more detail (“Could you tell us something about your experiences with contraception?”). When analysing the content, the focus was on determining when in life (before the first child, between children, after the last child) contraception was used and what dimensions underlie the perception and assessment of contraceptives. The latter can throw light on reservations, such as towards the Pill and / or the IUD / IUS.

7.4.1 Contraception in women’s lives – biographical aspects from a subjective perspective

The statistical data about when in their lives the women used contraception for the first time provides a few unsystematic clues and explanations, such as when unmarried Turkish women say they do not use contraception because they do not have any sexual encounters.¹²⁶ However, only the qualitative interviews can explain the probability connexions from the perspective of the women in a systematic way, thereby answering the question whether early contraception was not wanted or not possible. The interviews portray heterogeneous biographies and can therefore provide subjective biographical contexts for starting contraception “late” (i.e. after a second or subsequent child), and they can also highlight biographical connexions where contraception was used “early” and having the first child was delayed.

¹²⁶ Cf. chapter 7.2

In the accounts of the **Turkish women** who started using contraception late, the elements of virginity until marriage, getting married young, aborting their education or completing an education early and the desire to have children soon are all typical. In these interviews the normative framework, that no pre-marital sexuality was accepted, was decisive.¹²⁷ As a result contraception before marriage was not considered necessary. Among some of the women who grew up in a rural region in Turkey, “a lack of knowledge” and the absence of sexuality education were additional factors. Here contraception was not just not necessary, it was also not possible. However, not every “delayed” use of contraception was because of ignorance and not every survey participant who grew up in a rural area complained about ignorance in retrospect.

There were also women in these interviews who did not want to have children immediately after getting married young, or who did not want to get married young. This mainly affected the more highly qualified women and women of the second generation. As a result they used contraception before having their first child or before getting married.¹²⁸ Access to contraception after getting engaged or married is described in retrospect as matter-of-course. The biographies show that associated with the use of contraception there is a dissociation between marriage and the first child and sometimes also a dissociation between sexuality and marriage. Educational plans play a big role here.¹²⁹

The biographies of the eastern **European women** also show that some start using contraception after having had their first child and others before having had their first child. Using contraception for the first time after the first child is largely associated in the eastern European women’s stories with sexual intercourse before marriage, lacking availability of contraceptives and an early first pregnancy in the country of origin.¹³⁰ The lack of sexuality education and the uncertain availability of contraceptives were explicitly addressed several times:

“I never used to know anything about it. If I’m honest, we were so uneducated in that area.” (E-03)

“Other methods weren’t available in those days.” (E-06)

127 In particular, a late start to contraception was evident among interviewees of Pattern A (“tradition-oriented”), B1 (“love marriage”) and B3 (“marriage as a gateway to the world”) among the Turkish group, who all married early, cf. chapter 6.5.

128 This is particularly true of Pattern C (“modern options”) and B2 (“rebellion”) of the Turkish group in Chapter 6.5.

129 Cf. chapter 10.3

130 This is particularly true of Pattern A (“normalcy of early motherhood”) and B1 (“disturbed normalcy”) of the eastern European group in Chapter 6.5.

Only the “big torturous coils” were available and

“even in Moscow there were no condoms. You had to find them first. Even though there were deliveries, Chinese products. Normal people didn’t risk trying them. Those who did, had them tear before they even got going.” (E-08)

“In those days we didn’t have anything like the contraceptive pill. We didn’t have that opportunity. There were just rumours that something like that existed. We washed ourselves and counted the days. That was all we could do. No, we didn’t use condoms, well, we did use them, but they weren’t widespread because they were very unpleasant. I counted the days, but that didn’t help me at all.” (E-09)

“In Belarus you couldn’t just go to a gynaecologist to get recommendations, because they didn’t have any information and secondly they weren’t interested.” (E-14)

Contraception became important after the first child in the country of origin, but also in Germany, particularly when the women carried on working or studying after the birth of their first child. The interviews contain in-depth descriptions of the arrangements surrounding child care. The reasons behind the desire to prevent a second pregnancy in the country of origin were, in the economically difficult situation of the Soviet successor states, the difficulty of looking after just one child while remaining in the workforce: if it was hardly possible to look after one child, two children would definitely be too much. This delay was not presented as a definitive decision against more children. The women did not use contraception in the frequently cited phases of separating from a partner.

There are also stories of women who started using contraception early and who delayed motherhood. They are characterized by not having problems accessing contraception and by the desire not to become a mother too young.¹³¹

131 Largely Pattern B3 (“compromise”) and C (“responsibility-oriented motherhood”) of the eastern European group, cf. chapter 6.5.



7.4.2 Discourses on contraception

To evaluate the discourses on contraception, four assessment dimensions as aspects of the content were developed inductively from the text material, which provide a framework for the perception and evaluation of the contraceptives: “reliability of the contraceptive method”, “use of and access to contraception”, “body” (e.g. effects of the contraceptive on the body) and “gender relationships”.¹³²

Discourses of the Turkish women

The Turkish women talked in most detail about the Pill. The contraceptive biographies, however, reveal that the women used other methods too, so that there are statements about other methods as well.

Dimension: reliability and predictability

Reliability is relevant to a different degree for different groups. One group sees children as a definite part of life, and contraception is not compatible with that. For them it is recognized as necessary at best.

“You do it because you have to, but I don’t really want to take anything. This time I’m scared I’ll have one child every year.” (T-06, pattern A “tradition-oriented”)

However, children can come despite contraception, “when they want to” – meaning that reliability is not a priority. For this survey participant, as well as for another one, every form of contraception has side-effects:

“I don’t know what method of birth control to use. None of them agreed with me.” (T-04, pattern B1 “married for love”)

Other women wanted to avoid getting pregnant (again), at least for a certain period (on the reasons for putting off pregnancy, see → chapter 7.5); here reliability is highly relevant.

The women agree that the Pill and the IUD / IUS are (“not 100%”, “no guarantee”): “Its reliability depends on you, as long as you don’t forget to take it” and “women can get pregnant if it slips”. Pregnancies are reported to have occurred after having used condoms or coitus interruptus.

¹³² When analysing the content, the content of the entire material will be broken down, without reference to individual cases. For this reason, with few exceptions in which the context of a particular case is relevant, no interview sources are given.

Dimension: the body

The body is the biggest subject area, and largely in the negative sense that contraception has a negative effect on physical aspects. The women cite side-effects such as weight gain, migraines, headaches, abdominal complaints (Pill), back pain and irregular and / or heavy periods (IUD / IUS), no periods (Depo-Provera). Hormones play a special role: *“the hormones are tough to deal with”, “the hormones influence the women and mess up everything”,* women *“feel very bad hormonally”* or they are *“hormonally all over the place”,* the Pill *“affects the mood”,* it makes the women *“unbearable”, “it made me moody. I was sad and angry for no reason at all. When I stopped taking the Pill, that really changed.”* As a result the women say that the Pill has power over their bodies: *“things happen to my body”, “the body changes”.* The Pill should definitely not be taken for too long. Other people (the mother-in-law, the husband) are quoted as having issued warnings: *“If I carried on taking the Pill, I wouldn’t be able to have any more children”* or *“If I take the pill to prevent myself from having children (...) then a time will come when I want children and Allah won’t [fulfil] this wish for me”.*

The women report worrying risks for the body with regard to the IUD / IUS (*“perforated the womb”, “while making love they got stuck together and the children took them to hospital”, “it will get stuck or hurt or I won’t be able to walk properly”*). The body is seen as an independent agent: *“Some bodies won’t allow the coil”, “it wouldn’t agree with my body”.*

Positive comments with regard to the body are rare: the Pill regulates menstruation and helps make periods regular; condoms have the positive quality that the semen does not get into the body, making it a “clean affair”. With regard to the body, sterilization gets the highest evaluation: the women do not comment on side-effects and “in this case everything continues as normal”.

Dimension: ease of use and access

This category is elaborated on with expressions such as “easy”, “practical”, “time-consuming”, “annoying”, “complicated”, “irritating”. Criteria for “ease of use” are: you do not have to think about it every day (which goes against the Pill and in favour of the IUD / IUS), you do not have to do anything extra when having intercourse (which goes against condoms and in favour of the Pill and the IUD / IUS), you do not need to go to a doctor (which is in favour of condoms and against the Pill and the IUD / IUS), you do not need to pay more attention to your body (which goes against the diaphragm and natural family planning). It is only for the Depo-Provera injection that cost is cited as an access inhibitor.

Dimension der Geschlechterbeziehungen

The husband’s participation is portrayed in a very different way by the women; the women and men can act together (*“we went to see the doctor with my husband, we wanted to get information”*), or it can be the responsibility of the

woman (“my husband doesn’t get involved in these things”, “he always left the issue up to me”, “he didn’t play a part as in: he didn’t come to see the doctor with me to say that I wanted contraception, what are the best methods? [...] I did that alone”). The question of what contraceptive method to use became a problem when there was disagreement about the number of children or whether to delay a further child. There are examples in the interviews of the husband or mother-in-law interfering in order to push through a pregnancy.

Discourses of the eastern European women

The eastern European women mainly cite the Pill, the IUD / IUS and condoms. Unlike in the Turkish discourse, contraception is categorized into different contexts of sexual encounters: condoms also protect against sexually transmitted infections and HIV; they were used “with people you just meet once or twice” and not for regular sexual intercourse. They are given positive evaluations for this purpose (“you’re not going to catch anything”, “because I don’t know who he was with before me [laughs] (...) and the same was the case with two others, because I didn’t know what you can catch”), while the Pill and the IUD / IUS were better when the women had been with their partners for a while.

Dimension: reliability

The interviews reveal that contraceptive reliability is very important and that the women were very motivated to use contraception (e.g. “we always used contraception, because unwanted children are the worst thing that could happen”) there were also reports that pregnancies occurred despite having used contraception. Reliability is addressed as a positive quality of the Pill, the IUD / IUS, sterilization and also of condoms, “when you have a head”. Example quotes are: “the Pill was the most reliable method”, “the gynaecologist said the Pill is 99 or 98 percent reliable, it gives me that reliability”, “only the Pill, because I couldn’t rely on anything else”, “everything else was too unreliable”, coitus interruptus “isn’t 100 percent reliable either”, “there is no method that’s 100 percent reliable, only sterilization” etc. The women also said that the Pill’s reliability is reduced when they had to take antibiotics or if they had vomited or had diarrhoea.

Dimension: the body

Like the Turkish women, the eastern European women mostly cite negative effects on the body with regard to the Pill, such as weight gain, nausea, strong pains and the risk of thrombosis, with a recurring reference to the hormones. They are seen as toxic (“my husband says: you’re poisoning yourself with that”, “we heard a lot: it’s toxic”), as dangerous (“because they’re hormones and they’re not harmless”) and as a burden on the body (“hormonal burden”, “so many hormones aren’t good for the body”) and is equated with a drug (“I’m against taking any drugs”). Side-effects are also cited for the IUD / IUS, such as severe pain, inflammatory processes, heavy bleeding and risks such as that it could slip.

Unlike in the interviews with the Turkish women, these negative evaluations stand side-by-side with positive aspects. The women do not just talk about the fact that the Pill was prescribed as a “hormonal therapy” to treat “health complaints” (“...my rhythm, my cycle was in disarray and the Pill got it back on track”, or inflamed ovaries: “the hormonal method (...) helped me”), they make generally positive statements: “The Pill is not just a contraceptive, it is also very good because of its hormones, it is good for the skin”. The assessment is correspondingly positive: “it works well”, “it agreed well with me”, “it went well”, “the Pill is good, I took it for a long time”, “the Pill is the best contraceptive”. The agreeableness was associated with the fact that a certain Pill “didn’t contain many hormones”. The comments about the IUD / IUS were similarly favourable: “no problem for five years”, “I heard a lot of good things about the coil”, “the coil fits well”, “I’m very happy with it”.

Dimension: ease of use and access

The ease of use is given (controversial) assessments under several aspects. An initial positive argument refers to being used to the standard method (“condoms were customary”, “I got used to it [the Pill] and it didn’t bother me”) and to the “convenience” and “ease of use”. When it comes to a relieving technology with which the physical processes can be controlled, the positive effect consists in not having to think about it (“I don’t think about it”, after switching to the coil: “now everything’s in place, it’s done and I’m not interested in the rest (...) the coil is in place and it doesn’t bother me”, about the Pill: “the main thing is, I don’t have to worry about it, there’s nothing to think about”, “the Pill is simple: you take one every day at the right time and don’t have to worry”). In that sense condoms, but also other methods that need to be used during intercourse “aren’t as convenient as the Pill”. On the negative side, the same issues are seen as a problem when it comes to the Pill: “it’s stressful to always have to think about it”, “it’s not so convenient, you always have to take it on time”, “sometimes things happen, I was stressed or something and then I forget [the Pill]”.

Disregarding the lack of access to contraception, described above, in the countries of origin, then the current access to contraception is not described as a problem. With regard to seeing a doctor as a way of getting the Pill, a pragmatic, effective portrayal (“I went to the doctor, got advice, went to my gynaecologist and it was done”) was contrasted with the “embarrassment” of going to the doctor as a barrier. Advice from a doctor was generally cited as a reason for or against a certain contraceptive method.

Dimension: gender relationships

When talking about contraception, the women almost always talked about it from first-person perspective with regard to the practical application, e.g. “I took the pill”, “I had the coil put in”, “I preferred to see a gynaecologist” etc., and with regard to wishes, with explicitly personal positions, such as “I’m against the Pill”.



Although there are elements of shared involvement, such as the emphasis on the fact that men and women should share responsibility, it does not interfere with the women's active role. Statements such as *"it was in my hands"* and *"then it's all under the woman's control, not the man's"* suggest a high significance of reproductive autonomy and family planning in personal responsibility. Personal decisions (*"It was my decision. I chose what's really good for me"*) are justified with the following fact: *"The baby's in my tummy, not in his (...) of course the men play a role, but it's still MY LIFE that then REALLY changes, not his."*

Overall the discourse of the eastern European women does not just contrast the positive aspects that give contraception a pragmatic use and the negative aspects. There is a further special feature in that the negative aspects are assessed in comparison with not using any contraception: *"It was stressful to always have to think about it, but I knew that if I didn't think about it, it would be a lot more stressful."*

A different survey participant quoted her gynaecologist: *"Taking the Pill for ten years isn't as bad for the body as an abortion."*

Comparison of the migrant groups

Among the **Turkish women** most of their contraceptive decisions take place within marriage. Therefore contraception is always part of shaping a family together with their husband, even if he leaves the contraceptive issue up to her. Marriage is a prerequisite for having children; the framework for the acceptance of a (further) child needs to be negotiated. If such a framework is given or it is seen as given by a woman and a man, complete reliability does not have to be the top criterion of the contraceptive (see dimension: reliability). In the discourse “What does contraception do to my body” the women’s attitudes towards their bodies was of a more psychosomatic-holistic nature.

Among the **eastern European women** contraception was more a mark of a woman’s reproductive autonomy, a way of shaping her life autonomously with or without children and with or without a man. Balancing the arguments of reliability and convenience can be interpreted by saying that contraception is perceived on a more functional, pragmatic level, it needs to fulfil this goal of life planning.

The purpose of comparing and contrasting the positions is to sensitize the reader to the nuances in the differences with regard to the contexts of contraception. The overlaps are sizable and should not be ignored. In both migrant groups, the discourses as a whole contain contradictory elements. In the eastern European group there are also reservations and fears about the physical effects, particularly with regard to the Pill and the IUD / IUS, while the Turkish group also attach importance to reliability.

7.5 Consolidation and discussion: contraception and biographical dynamics

This study was able to show that the issues of “whether” to use contraception and “what” to do in the various life phases does not just depend on attitudes and on access to contraception, but also on the biographical dynamics of the family-formation processes. It therefore firstly (also) depends on the biographical phase in which sexual encounters make a pregnancy possible (in the first place), and secondly on the phases in which the women want a child or want to avoid a pregnancy. The different biographical dynamics of family formation in the various groups and the corresponding subjective biographical concepts (as analysed in → *chapter 6*) form the framework for the women’s contraceptive behaviour. The results are also examined in the light of the current state of research.

Current contraception

The data on the use of the contraceptive pill among **Turkish women** corresponds to the results of the Yüksel (2005) survey conducted in a gynaecological practice in Berlin: 28% of the patients said they used the Pill, compared with 55% of German patients. The lack of knowledge about the “morning after pill” is also confirmed. However, the percentage of women practising coitus interruptus is much higher in the Berlin survey, at 38%, than in the present study.

Agreements and discrepancies also exist when comparing this study’s results to those of the 2008 Turkish Demographic and Health Survey (TDHS) for women still living in Turkey. The percentage of women currently using contraception was 73% (of the currently married 15–49-year-old women); the corresponding figure in the present study is 70%. The significance of the IUD / IUS is confirmed, but there are clear shifts with regards to other contraceptive methods: coitus interruptus is cited far less often in the present study, while the Pill is cited significantly more often. In Turkey, coitus interruptus is the most common form of contraception used (26%), followed by the IUD / IUS (17%) and condoms (14%) (percentages of the total of all married women, including those not using contraception).¹³³

The contraception currently used by **eastern European migrants** in Germany also reveals deviations from the contraceptive habits of women who still live in their eastern European country of origin. While more than 70% of the migrant women were using contraception at the time of the survey, the corresponding figures for the married 15–44-year-old women in the successor states of the Soviet Union at the end of the 1990s fluctuated significantly: the percentage of women using contraception in the Russian Federation and Ukraine was also around 70%, but in the Caucasus region and central Asian states, the percentage was significantly lower (Georgia: 41%, Uzbekistan: 57%). In addition there were differences with regard to the current methods of contraception used. While the migrant women were most likely to use the Pill, the IUD / IUS and condoms, and they did so to around the same extent, the IUD / IUS is clearly the most widespread contraceptive method in the eastern European and central Asian successor states of the Soviet Union, while in the Caucasus states of Armenia, Azerbaijan and Georgia it is coitus interruptus.¹³⁴

Generally speaking, the studies indicate that the women in the former communist countries lacked knowledge and access to modern contraceptives, which were often of poor quality.¹³⁵ The Pill is not very widespread by comparison, not least because it is believed to cause health risks and side-effects and because it is comparatively expensive.¹³⁶ In comparison with the west German women, few eastern European

¹³³ HUIPS 2009: 79

¹³⁴ Asford 2003

¹³⁵ Westhoff 2005

¹³⁶ Centers of Disease Control and Prevention/ORC Macro 2003: 60 f.; Levchuk/Perelli-Harris 2009

migrants use the Pill, which can be seen as a reflection of this attitude. The small percentage of women in the present study using coitus interruptus is most likely the result of improved access to reliable contraception in Germany. A socially acceptable response behaviour could also have contributed to the result.

Overall, the results about the women's contraceptive behaviour can be seen as the result of the complex changes to the women's living situations and of their reproductive biographies. First generation **Turkish women** showed comparatively few differences in their contraceptive behaviour compared with the women still living in Turkey. They came to Germany with the knowledge about contraception that they had been given in their country of origin; it is possible that they were more likely to have had access to knowledge handed down to them from their families and less likely to have had access to the the public discourse on contraception in German sexuality education and gynaecology, particularly if they came to Germany as marriage-related migrants. During the family-formation phase, the significance of contraception only mattered to the same extent that the women wanted to avoid a pregnancy. The pattern that contraception is comparatively less relevant for delaying a first birth and for increasing the (first) intervals between births, but then becomes important for limiting family size, is equally true for Turkish women who migrated to Germany and those still living in Turkey.

First-generation eastern European women had limited access to effective contraceptives in their countries of origin, but they had also been confronted with prejudices about the Pill.¹³⁷ They had also experienced the need for contraception with regard to increasing the intervals between children. This need, the available knowledge and the open access to safe contraception in Germany led to a greater change in their contraceptive behaviour.

The second generation of both migrant groups (with differences with regard to their milieu / education) have access to the public discourse on contraception in Germany. The biographies now also feature the education-related motive of delaying a first pregnancy. The motive of limiting family size also becomes increasingly significant. The contraceptive behaviour of the first and second generations, differentiated by education and group of origin, can be placed in a framework set by three co-ordinates: firstly, knowledge about contraception, secondly, access to reliable contraception, and thirdly, the biographical necessity of preventing a birth during certain life phases (delaying a first birth, increasing the interval between births and limiting the overall number of children), which will be elaborated on in more detail in the following section.

¹³⁷ Levchuk/Perelli-Harris 2009

Contraception and biographical dynamics

Turkish migrants need contraception in a systematic manner later in their reproductive biography. In summary, the following picture emerges from the results reported in the previous sections:

The women do not need contraception before marriage because they do not engage in sex before marriage. The majority of younger Turkish women also reject sex before marriage. In a survey by Boos-Nünning and Karakasoglu 59% of the girls and young women “disagreed somewhat” or “disagreed completely” with the statement: “It is not wrong to sleep together before marriage”.¹³⁸ If sexual activity does take place, there is also the need for contraception and the inaccessibility of contraception can lead to an unwanted pregnancy for unmarried women as → *chapter 8* will show.

Contraception was largely used for the first time when the women wanted to delay a further birth after the marriage and after having started a family. The fact that these women often did not use contraception before having their first child is possibly because the marriage-related migrants, who made up a large proportion of the sample, came to Germany already married and a pregnancy was expected of them relatively quickly. This study’s observation, that a large number of first generation Turkish migrants only started using contraception after having had the first child, corresponds to the findings of the TDHS 2008 for Turkish women still living in Turkey: the majority of the 15–49-year-old women in Turkey who had ever been married had only started using contraception after the first baby.¹³⁹

The quoted explanation of an expert can provide an insight into how the contraceptive behaviour of Turkish women in Germany is to be understood: children are the norm, but contraception is not. Contraception demands a conscious decision against a child and is therefore characterized by ambivalence, particularly when the women still want further children. If (subjectively speaking) “enough” children are already there and / or a certain age has been reached, then the question of contraception arises in a different manner and is less ambivalent: the desired and conscious decision to limit the number of children goes hand in hand with a discussion to start using the coil or to get sterilized as a long-term contraceptive method.

Highly qualified migrants and / or members of the second generation were much more likely to start using contraception before having their first child, thereby delaying the first birth. A look back at → *chapter 6* shows that for this group, postponing a first birth for training or work-related reasons is an important topic.

¹³⁸ Boos-Nünning/Karakasoglu 2007: 29

¹³⁹ HUIPS 2009: 84

Conclusion for the Turkish survey participants

The “late” start to using contraception (after the first or a further child) on the one hand and the transition to reliable contraception such as the IUD / IUS and sterilization, also at a somewhat younger age, correspond to the overall early placement of the family phase. The biographical pattern shows that the women get married young, that they become sexually active only after marriage and that for them becoming mothers and having several children is taken for granted. Reliable or more definite contraception only becomes significant when the number of children born is perceived to be “enough”. Contraception for the purpose of delaying the first child is not very significant; a certain interval between the births was desired, but contraception is more significant as a way of limiting the overall number of children. This pattern changes for the second generation in that these women delay having their first child, particularly because an educational phase now becomes part of their biography; this does not necessarily lead to a dissociation between sexuality and marriage. That means that the latest point at which contraception becomes relevant is after getting married and before the first child. The slight shift of the age at the first birth, the altered contraceptive behaviour and the access to education are all factors that affect each other.

In the **eastern European group** the members of the first generation, who had largely started their reproductive biography in their country of origin, were unlikely to have used contraception before 17 years of age. Unlike among the Turkish women, the reason here was less a prohibition on premarital sex; the qualitative interviews revealed that access to contraception for young women in the former states of the Soviet Union was poor.

In the present study, the percentage of first-generation women who used contraception before having their first child is significantly higher than the comparative figures for the women who did not emigrate from their countries of origin; the majority of these women only started using contraception after having had at least one child. There are differences between the various states regarding the percentage of women using contraception before starting a family: in the Caucasus region and the central Asian republics the figure is (significantly) less than 10%, making it particularly low, while in the Ukraine, at 38%, it is comparatively high.¹⁴⁰ A further clue indicating that delaying a first birth was / is not customary in the former Soviet Union countries comes from the data from the national surveys on reproductive health conducted in the late 1990s in several former Soviet states. It was shown that for all of these countries, the current use of contraceptives increases substantially with the number of children already present. In the Caucasus states and central Asian countries in particular, contraception among childless women is almost non-existent.¹⁴¹

¹⁴⁰ UCSR et al. 2008; Academy of Preventive Medicine (Kazakhstan)/Macro International Inc. 2000

¹⁴¹ Centers of Disease Control and Prevention/ORC Macro 2003: 60 f.

Around three-quarters of the first-generation women who did not use contraception before having their first child started using contraception between the first and second children. The reason for this, as the qualitative interviews revealed, was mainly the difficult living situation in the countries of origin, which did not allow the women to raise a further (young) child. A second child, thus the interpretation, also brought fewer benefits in the country of origin. The compatibility of family and work was also considered to be more difficult in Germany with two children than with one.

The contraceptive behaviour changes significantly in the second generation. The women are more likely to use contraception at a young age and before having their first child, thereby delaying a first birth. The reasons for this are the good availability of contraception in Germany, and also the educational aspirations (also present in the first generation, but realizable under different conditions), which speak against early motherhood, and the women's conviction that they bear the responsibility for shaping their own lives.

Conclusion for the eastern European survey participants

The practice of only using contraception after the first child corresponds with the biographical dynamic of an early, planned or unplanned start into family life in the country of origin. Starting contraception after the first child fits in with drawing out the family phase and an open / "late" end to the family-formation phase. The biographical pattern reveals an early marriage, a greater interval between births and a smaller percentage of women who want to prevent a further child. Delaying the first birth was either not possible because of lack of access to contraception, or it was not necessary, because it was possible to raise a child. Contraception becomes more important after the first child, in order to increase the interval between births or to avoid having a further child (for now). The altered contraceptive behaviour in the second generation corresponds to the increased age at which the women have their first child, connected to the difficulty of reconciling work and family in Germany, which means it is difficult to be a young mother or to look after several young children.

Additional statement about the second generation

The change in the women's contraceptive behaviour towards using contraception early and towards using reliable methods goes hand in hand with an increase in the women's age when the first child is born and with a change in the biographical concepts, which were described in → *chapter 6.5*. They now adopt elements of life planning to a greater extent. This change is particularly clear in the eastern European group. Other studies confirm these findings. In a survey of 14–17-year-old male and

female migrants (which does not distinguish by country of origin), the increasing delay in starting a family is explained by the fact that 78% of the girls and 74% of the boys want to wait with starting a family until they have completed their education (with differences according to their milieus, agreement with this statement ranged from 91% in the “multicultural achievement milieu” and 25% in the “religiously-rooted milieu”).¹⁴²

¹⁴² BZgA 2010b: 32

Pregnancy terminations

8

With the exception of terminations for medical reasons, terminations can be embedded in the specific biographical dynamics of family development in that they point to obstacles preventing the women from carrying a pregnancy to term at a certain biographical juncture and in a specific life situation. Using this biographical perspective, the chapter on pregnancy termination follows on from the chapter on contraception.

The study first addresses results on the frequency of terminations → *chapter 8.1* and on influencing factors such as education → *chapter 8.2*. To get an understanding of what pregnancy terminations mean to the survey participants, three approaches were used. The first was to determine the biographical timing of the first termination – before or after marriage, before or after a first or further child. This was possible because the women said in what year they had their first termination → *chapter 8.3*.

In addition the survey participants were able to cite reasons for having had the first termination → *chapter 8.4*; the experts surveyed also reported their on this. Finally, patterns of biographical contexts for terminations could be developed from the qualitative interviews conducted in Berlin with members of both migrant groups → *chapter 8.5*. The concluding discussion → *chapter 8.6* embeds and discusses the terminations in the dynamics of the women's reproductive biographies (from → *chapter 6*).

Excursus: Semantic distinction between induced terminations and miscarriages¹⁴³

When comparing the data on pregnancy terminations from the standardized questions and the data from the qualitative interviews, it became clear that there was a problem with the Turkish group: in the qualitative interviews the Turkish women sometimes used the expressions “termination” / “abortion” and “miscarriage” as being synonymous. In some cases it turned out that what had been marked as a “termination” in the standardized questionnaire was in fact a miscarriage with a subsequent vacuum aspiration. As a result the standardized data may overestimate the number of terminations. The Turkish-language interviewers were asked to provide an expert opinion on the subjective, semantic differences between terminations and miscarriages in the interviews; a pertinent question was asked in the expert interviews. These results are summarized below.

The Turkish word “kürtaj” means both “abortion” and vacuum aspiration after a miscarriage. It comes from the French word “curetage” and refers to the medical procedure, which is the same in both cases. The colloquial “aldirmek” (“having it removed”) is also synonymous for both cases, induced terminations and miscarriages. There is another term that refers specifically to miscarriages, which is “düsükten (sonra kürtaj)”.

Examples of episodes: in one case a miscarriage was induced early on in pregnancy by having drug injections. In the literal translation the nurse is quoted as saying: “Use these injections and you will begin menstruating and it will fall.” “It will fall” stands for a miscarriage here. When this did not work, the woman requested that the doctor perform an abortion (“kürtaj”). A different survey participant said that a heartbeat could not be heard anymore. “It didn’t survive. It died.” A dialogue with the doctor was quoted: “We have to get it out. I asked if it would come out on its own. No, you have to abort. (...) Then I had a miscarriage and I subsequently had an abortion too.” A distinction is made between a “natural” end and the deliberate removal of the foetus from the womb after the latter’s death.

When the women were asked about abortions, they were most likely to talk about having a foetus removed from the womb after miscarriage, with which unwanted pregnancies ended.

continued on the next page >

¹⁴³ Translator’s note: while the Excursus relates to differences between Turkish and German, the same considerations apply mutatis mutandis in English.

The questionnaire asks on the one hand specifically about miscarriages (“düşük”) and also about whether the women had ever terminated a pregnancy (without using the ambiguous “kürtaj”).¹⁴⁴

The experts consulted confirmed the ambiguous nature of the women’s understanding of what a termination is. They reported that when taking a medical history, they asked: “Did you have it removed or did it bleed out?”

8.1 How often are pregnancies terminated?

19% of the **Turkish** and 31% of the **eastern European migrants** surveyed said they had had a termination, i.e. a greater number than the west German women (8%). They were also more likely to have not just one, but several terminations (table 8-1 and figure 8-1).¹⁴⁵ The absolute number of terminations in the sample and the number of terminations calculated per 100 women is correspondingly high, particularly in the eastern European group.

In order to incorporate the overall fertility, the number of terminations is compared with the number of live births. This indicator shows what percentage of pregnancies (without miscarriages and stillbirths) are accepted and what percentage are terminated. The termination ratio in the **Turkish group** is 7.2, i.e. for every 7.2 pregnancies that were successfully carried to term, there was one termination. The comparatively widespread occurrence of terminations co-exists with a relatively high number of accepted children. In the **eastern European group** there is one termination for every 2.9 births, which means that the terminations make up a far larger proportion of the women’s overall fertility than in the Turkish group. The **west German women**, who were pregnant less often / had children less often and who were also less likely to terminate a pregnancy, had a termination ratio of 11.5, meaning this group terminated the fewest number of pregnancies in relation to the number of pregnancies carried to term.

¹⁴⁴ Su ana kadar hiç sonlandırmış olduğunuz hamileğiniz var mı? Have you ever ended a pregnancy?

¹⁴⁵ It should be noted that the terminations mentioned occurred between 1978 and 2008.

Table 8-1: Termination indicators, by group and generation – women aged between 20–44 (figures in % and rates)

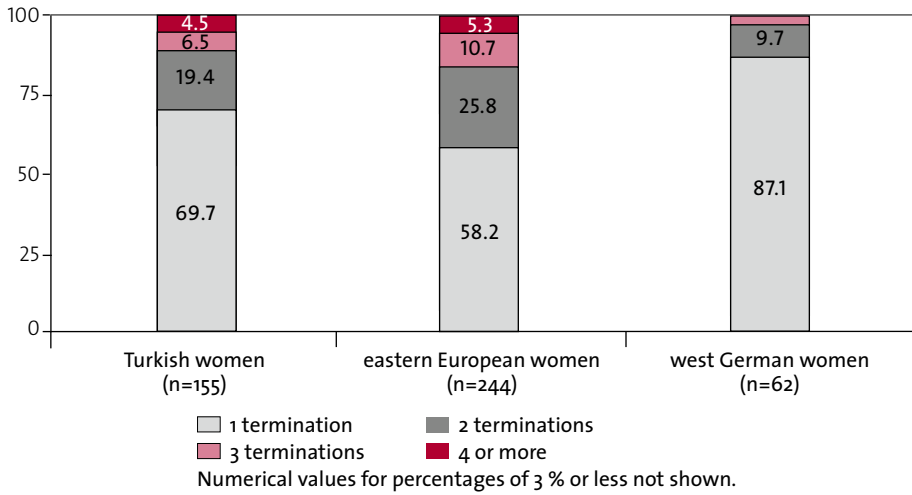
group	Turkish women <i>n</i> =838	eastern European women <i>n</i> =820	west German women <i>n</i> =833
<i>max. number of cases</i>			
percentage of women who have had a termination	19	31	8
average number of terminations for 100 women	27	48	9
Atermination rate: ratio of live births per termination	7.2 : 1	2.9 : 1	11.5 : 1
generational comparison of termination experiences: percentage of women who have had a termination			
first generation	22	35	–
second generation	12	12	–

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

In both migrant groups the percentages of women who have had experiences with terminating a pregnancy (life time prevalence) drop significantly in the second generation. Among the women with an eastern European migrant background it can be seen that (unlike in the Turkish group) the second generation are younger than the first.



Figure 8-1: **More than one termination for women who have had a termination, by group (figures in %)**



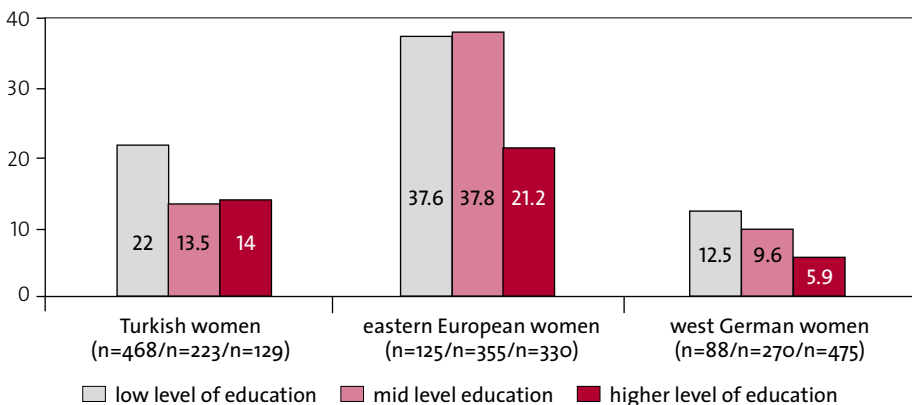
Filter: all women who have had a termination

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

8.2 Influencing factors

Education has an influence on the number of terminations. In all three groups, women with low levels of education terminated more pregnancies than the more highly qualified survey participants (figure 8-2).

Figure 8-2: **Terminations, by group and education (figures in %)**



Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Among the migrant women surveyed, neither religiosity nor (among the Turkish women) marriages to a close relative had an influence on their termination experiences. Women in all three groups who experienced a miscarriage or a stillbirth were significantly more likely to have terminated a pregnancy than women who had not experienced a miscarriage or stillbirth (Turkish women: 31% as against 14%; eastern European women: 46% as against 32%; west German women: 19% as against 9%).

The data suggests that regional characteristics also play a role. The differences between the groups exist in all four cities, but not to the same extent. When comparing the different cities, the **eastern European** and **west German women** in Berlin were the most likely to have had a termination (40% and 15% respectively), whereas the percentages were lowest in Oberhausen (17% and 2% respectively). For the **Turkish group** the percentage is highest in Stuttgart (24%) and Berlin (21%) and lowest in Nuremberg (15%) and Oberhausen (16%). These disparities can be observed for terminations in general, with the highest prevalence in Hamburg, Bremen, and especially Berlin.¹⁴⁶ Generally speaking, the results of regionally representative surveys on terminations are difficult to generalize nationwide.

8.3 How are pregnancy terminations embedded in women's lives?

The data on how old the women were when they had their first termination can be compared with how old they were when they moved to Germany, when they got married for the first time and when their first child was born. This makes statements about the biographical contexts possible; the terminations can then be embedded in various family-formation patterns.

The temporal relationship between a termination and getting married for the first time allows this study to determine how common terminations are among unmarried women compared with women who have ever been married. Among 75% of the **west German women** and 35% of the **eastern European women** the first termination occurred before their first marriage, but the same was true for only 7% of the **Turkish women** (incl. women who were unmarried at the time of the survey). The background here is the close connexion between marriage and sexuality in the Turkish group, which is rare in that form in the eastern European group and almost non-existent in the west German group: this connexion means that pre-marital sex is not widespread. As a result the risk of a pre-marital pregnancy occurring in this group as a whole is low. However, for those women who do have pre-marital sex, the risk of getting pregnant can be high, because as an unmarried woman she does not have access to contraception. For Turkish women who migrated because of a marriage, the connexion between sexuality and marriage means that the biograph-

¹⁴⁶ Statistisches Bundesamt 2009c

ical option of getting pregnant is mainly an issue in Germany. Among the first generation, almost 60% of which are marriage-related migrants¹⁴⁷, few terminations occur in the country of origin (8%).

The year of the first termination is known, therefore the temporal relationship between the termination and the birth of a child can be determined: it is particularly interesting to find out whether the first termination occurred before a (possible) birth of a first child, between births or after the birth of the last child (to date). If the first termination took place before the birth of the first child or the interviewee does not have children yet, then the termination is a de facto delay of the family-formation phase, regardless of whether this was the conscious intent. If the termination took place between the birth of the first and second child, the interval between births is increased.

If the survey participant had just one child and then underwent a termination, it is an open question whether this will lead to increasing the interval between children or to limiting the overall family size to just one child; this depends on whether she will have another child or not. The same is true if a termination took place after the second or subsequent child: it could be seen as a “(temporary) limitation to family size”; the adjective “temporary” indicating that a further child could follow later on, and therefore the termination would not have limited the family size but increased the interval between two children. Whether a termination caused an increased interval between births or whether it limited the overall family size can only be determined with confidence at the end of the reproductive phase.

For the analysis of the differences between the three groups, this rough definition does not suffice, despite the uncertainty. In summary it can be said that in the **Turkish group** the limitation of family size is dominant (i.e. later pregnancies were terminated); the **eastern European women** put off starting a family and increased the interval between the first and second child; the dominant factor among **west German women** was delaying starting a family.

The results by group: in the **Turkish group** 43% had their first termination late in the family-formation phase, meaning after the second or a subsequent child (table 8-2). The women were 26.5 years old on average at this time. A quarter of the terminations, which usually took place after getting married (see above), occurred before the birth of the first child (including the women who were childless at the time of the survey). This means that in these cases the birth of the first child in the marriage was delayed.¹⁴⁸

¹⁴⁷ Cf. chapter 3.2

¹⁴⁸ Cf. chapter 6.1

42% of the **eastern European women** had their first termination before the first live birth. They were 23.4 years old on average. This refers to terminations in their countries of origin (a total of 65% of the terminations took place there among the first generation) and in Germany. In these biographies the women did choose to delay the birth of their first child, despite the general pattern of young motherhood. 37% of the terminations took place after the first, but before a second child¹⁴⁹; the same is only true for 20% of the women in the Turkish group (table 8-2).

Table 8-2: Placement of the first termination in the sequence of births, by group (figures in %)

group	Turkish women	eastern European women	west German women
<i>number of cases</i>	<i>n=137</i>	<i>n=227</i>	<i>n=60</i>
time of the 1st termination			
before 1st (potential) child	24.8	41.9	65.0
in the same year as 1st child	7.3	4.9	1.7
between 1st and (potential) 2nd child*	19.7	37.4	23.3
in the same year as 2nd child	5.1	0.9	1.7
after 2nd child	43.1	15.0	8.3
<i>total</i>	<i>100</i>	<i>100.1</i>	<i>100</i>

Filter: all women who have had a termination

*This figure also includes the women who did not have children at the time of the survey as well as mothers who only had one child at the time

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Among the **west German women** the most widespread effect of a first termination is to delay the start a family. 65% of the women had their first termination before their first child. Around a quarter of the women had their termination between the first and second children (table 8-2). The women were 24.7 years old on average at the time of the first termination.

¹⁴⁹ Or, for women with just one child, before a potential second child

8.4 Reasons for a first termination

Some of the main reasons for the first terminations discovered in this survey also relate to the biographical dynamics, because they have to do with the suitable age for having a family (not too young, not too old), and the interval between births at the end of the family phase (table 8-3). For the biographical perspective, it is important to know that the **eastern European** and **west German women** were much more likely than the Turkish women to explain their termination by saying they had been too young when they got pregnant. With regard to those who were under 25 when they had their first termination, 14% of the eastern European women and 19% of the west German women said they had “age-related reasons”, but none of the Turkish women said that.

The **Turkish** and **eastern European women** were more likely than the west German women to say that they had had a termination because they got pregnant too soon after a previous birth or because they had completed their families. This latter reason is also related to the fact that the migrant women started their families earlier on in life.

Table 8-3: **Main reason for the first termination, by group**
(figures in %)

group	Turkish women	eastern European women	west German women
<i>number of cases</i>	<i>n=91</i>	<i>n=179</i>	<i>n=91</i>
main reason for 1st termination			
family planning complete	18.7	16.2	1.9
too close to a previous birth	23.1	16.2	5.8
no partner / partner did not want a baby	14.3	12.3	21.2
age reasons	1.1	11.2	17.3
health reasons	26.4	15.1	9.6
uncertain financial or employment situation	7.7	15.1	7.7
employment interests / compatibility problems	0.0	3.4	7.7
in training / school	0.0	4.5	17.3
too young, happened too early (free text)	1.1	2.2	5.8
other	7.7	3.9	5.8
<i>total</i>	<i>100.1</i>	<i>100.1</i>	<i>100.1</i>

Filter: women who have had a termination in Nuremberg and Berlin

Source: BZgA, data set "women's lives II" 2009, 20–44-year-old women with and without a migrant background

If the main reasons for having a first termination are ordered by the frequency with which they are given, then the following picture emerges (table 8-3):

Among the **Turkish women** four reasons cover almost all of the situations in which a pregnancy was terminated: the main one is health reasons, followed by the arguments already mentioned above, that the pregnancy occurred too soon after a previous birth or that the family was already complete. The fourth reason had to do with the partner. Reasons to do with work or education do not reach significant levels, even when all relevant categories are combined (8%).



For the **eastern European women** there are no clear main reasons to be identified. As was the case among the Turkish women, they are comparatively likely to say that they had completed their families, that the pregnancy had occurred too soon after a previous birth and that there were health reasons. The issue of work and education is cited significantly more often as a reason for a termination than among the Turkish group: if the arguments “uncertain financial and occupational situation”, “work interests, problems reconciling work and family” and problems reconciling education and family are combined, then they make up almost a quarter (23%) of the reasons and are therefore take first place in the biographical contexts. The uncertain financial and employment situation is also one of the four most important individual reasons.

Among the **west German women** the most common reasons relate to their partner, followed by the above-mentioned age-related reasons of being “too young” or “not having finished my qualifications yet”, which also goes against *early* motherhood. This latter reason is not given at all by the Turkish women and only by just under 5% of the eastern European survey participants. If reasons to do with work and education are grouped together into one category, then this reason is even more important here than for the eastern European women, making up a third of all the reasons cited. Health reasons and the interval to the previous birth are less relevant.¹⁵⁰

¹⁵⁰ Cf. the images in chapter 8.6, which embed the termination in an illustration of the biographical dynamics with the rhythm and temporal relationships of the reproductive events.



Expert statements

Care needs to be taken when discussing the Turkish women's termination rates, because some of the Turkish women used the words for termination and miscarriage synonymously or they confused the two.

The statistical result, that Turkish women often cite “health reasons” for a termination, can be given various interpretations: either as general exhaustion or, with regard to the unborn child, also the fear that the child might not be healthy. It could also be a “defensive assertion”.

Turkish women do not terminate pregnancies after getting married and before having their first child. It is possible that the phenomenon tends to affect terminations that occurred while the women were still in Turkey. Pregnancies that occurred after getting married, even those that were not “really planned”, are accepted.

The Turkish women are particularly likely to opt for a termination because another baby would be too much for them, when they have already had one or two children or if the new pregnancy occurred too close to the previous birth. Lacking practical support in everyday life from their extended family network, to help them with the children they already have, can factor into the decision.

Among the unmarried Turkish women the fear of being stigmatized is a reason for having a termination (motives of “disgrace” in connexion with the prohibition on pre-marital sex; this is a desperate emergency).

Older Turkish women may have terminated pregnancies because they had thought they couldn't get pregnant anymore.

Being married to a close relative and the corresponding genetic risk is not mentioned as a reason for having a termination.

It is true for both groups that termination rates fall with improved access to contraception.

Neglecting to use contraception is largely the reason for having, and then terminating, an unwanted pregnancy. The comparatively high cost of contraceptives in Germany is a problem¹⁵¹ as is access, which is often not easily navigated. This can increase the risk of termination. Reservations about the Pill¹⁵² also lead to inadequate contraception and, consequently, to terminations.

¹⁵¹ Cf. chapter 7

¹⁵² Cf. chapter 7

8.5 Biographical contexts of terminations: subjective perspective

The qualitative interviews make it possible to have a deeper analysis, by reconstructing the subjective significance of the terminations in the women's biographical contexts. Qualitative samples cannot claim to be representative; note also that the interviews were only conducted in Berlin. However, the material satisfies the main demand of being a depiction of the diversity of the biographical contexts of terminations, without making a claim to completeness. The evaluation takes this diversity and develops the biographical "logic" of the termination on a case-by-case basis; contrasting the different logic behind the cases results in generalized considerations. The interviews reveal, in line with the strength of qualitative research, that there are very different phenomena hidden behind the categorization of "delaying a first birth", "increasing the interval between two births" and "limiting the overall family size".

There are 14 reports about terminations from ten qualitative interviews available from the **Turkish group**; eleven **eastern European women** reported a total of 17 terminations.¹⁵³ The discussion will address (neglected) contraception at the same time.

8.5.1 Subjective interpretation of pregnancy terminations among Turkish women

There are two reports on a termination prior to having the first child for the Turkish group. All other terminations that were reported took place at a later phase of their reproductive biography.

Terminating a pregnancy among unmarried women

The terminations that occurred before getting married for the first time and before having had any children are different in that the women broke the norm of remaining virgins until marriage. The background to the case story T-02 is that this woman had a strict Muslim upbringing (the strictness was maintained in Germany) that was adamant about no sex before marriage; this was coupled with a lack of sexuality education; the pregnancy occurred as a result of a rape. A girlfriend whom the woman could confide in told her about the possibility of aborting the pregnancy. The burden on the woman's life after this event came less from the termination itself; it came rather from a fear that the termination would be discovered and from being confronted with by her social environment that she was guilty because rape is always the woman's fault. The woman feared that her family would not support her, but kill her instead if they found out about the pregnancy.

¹⁵³ An overview of the sub-sample can be found in Appendix C2.

In the second case (T-03) negative childhood experiences with paternal violence and sexual taboos are the background of two terminations. The woman offensively “broke” the “taboo” herself by rebelling and engaging in pre-marital sex. It was a gradual process for her to identify motherhood as something positive for her. The first unplanned pregnancy shortly before getting married for the first time was interpreted by her as a “fertility test” provoked by “negligent” contraception, without her wishing to become a mother at this time, given her “hunger for life”. She remained childless in the marriage. The second unplanned pregnancy occurred in a separation situation, and the woman did not think it was possible to raise the child alone.

These terminations before the first child are less associated with the desire to put off having a family because the women wanted to obtain qualifications; instead the women subjectively felt they had broken a normative taboo on pre-marital sex and the two women were dealing with the consequences of that for their lives. It is relevant that both of them came to Germany as children from rural Turkey, following their father. Their biographies can be understood as stories of coping with ruptures associated with the rule of remaining a virgin until marriage.

Increasing the interval between two births

Terminations after the first child or a later child relate to pregnancies that were not wanted because the existing child or children were very young.¹⁵⁴ In both cases that can be addressed here, additional obstacles were cited: it was a “bad time” because one of the unwanted pregnancies occurred immediately after the migration to Germany, where the husband was bringing his wife and two small children over. The woman (T-01) had not used contraception, because her specific family situation – she was married but her husband was in Germany – did not require her to use contraception until she followed him to Germany. After her termination she used a coil. In the second example (T-06) the woman had been using the Pill, but she had forgotten to take it:

“I can’t (...) just say whatever happens, happens; but at that moment I didn’t feel ready for a second child.”

Increasing the intervals between two births relates to unwanted pregnancies that occurred relatively close (one to two years) to a previous one. The main reason for wanting to increase the interval between two births was not that the women had problems reconciling their work / education with having a family; instead they were focused on shaping their families and how having a child at that time would affect the way their children were raised.

¹⁵⁴ Interviewee T-01 also reported two unplanned pregnancies whose outcome she herself described as abortions, but in practice what she described were miscarriages or stillbirths.



Termination to limit family size

Five terminations occurred after either four or two previous births. A distinction can be made between two situations.

In the first, the women were not against more children in principle. Instead there were situational factors at the time of the pregnancy that were decisive, but did not exclude the possibility of further children later on. One woman (T-09) had had four children in quick succession at a young age in Turkey, while her husband lived and worked in Germany. She had a coil, but had it removed after her husband had been gone for a long time. When her husband visited six years after the birth of the youngest child, she got pregnant. The following situation was the reason she gave for the termination:

“I have young children, but my husband isn't here. It is very difficult for me to look after them, I struggle to cope and my pregnancies are always very difficult.”

She discussed her health problems in detail. When her husband brought her to Germany later on, she got pregnant again and kept the baby. Limiting the number of children in the sense of four being enough was not cited as a reason, just that five children are too many without a husband around.

The second woman (interview T-01, two terminations) also did not use contraception up until child number four because both spouses wanted many children (*“he would prefer it if we had six, seven or more children”*). When asked about her termination, she talked about the unfavourable financial situation in the period following the birth of the fourth child: her husband had fallen ill and lost his job as a result; she herself was not able to work with four young children. It is only now that she started making an argument about limiting the number of children for her situation: it is her current opinion that two children are enough:

“Their future is important (...) with regard to their education and financially, because the children deserve to be brought up well, because there is no end to their demands, they always want to be spoiled.”

From a biographical perspective, the fact that she would have children was taken for granted and was the dominant factor to begin with. This made contraception superfluous. Although no contraception was used after the fourth child, and condoms were used later on, the family needed to adapt to the economic situation and that meant taking more children for granted was just not possible. Two following pregnancies were terminated. In this context the biographical leitmotif “finding a better life”, which was applied to the children in light of the economic disappointments, is key for accepting the concept of a limited number of children in Germany.

In the second situation there was always the intention of limiting the size of the family. For one of the women, who moved to Germany as a child and who got married at 20, many children were not taken for granted (T-08). This is connected to the interview's leitmotif, with the longing of overcoming poverty. She started taking the Pill after the second child and had an unwanted pregnancy eight years later when she was 35.

"We didn't want a third child. We wanted two children, then we were done. The plans we had at the time were messed up, that's how we felt. We had wanted to go on holiday. We had made firm plans and didn't plan to have a third child like this. When it happened, we had to have it aborted."

(In a different life situation two years later, the couple did want another child, but a miscarriage occurred.) Unlike with T-01, the normalcy of lots of children was not limited by the situation; instead the number of wanted children was limited right from the start and after the second child, contraception was used.

Another woman started using contraception after having had her first child. She had used contraception ever since the birth of her second child, when she was 22 (T-05). When she experienced an unwanted pregnancy at 40, she terminated the pregnancy, saying that at her age (and her husband's age) "you can't cope with so much anymore" and "you don't believe you can do so much anymore" with regard to accepting responsibility. In the latter two cases the desire to control births, which is documented by the use of contraception, is also the key for the decision to terminate. Considerations about the IUD / IUS and about being sterilized occurred after the termination.

In a further case the two constellations overlapped: the first two children were only three and one when the woman in question had an unwanted pregnancy (she had not used contraception because her husband was having an affair with another woman at the time). An incipient nervous disorder then led to a termination,

*"(because) I had too much cortisone and all these other medications because of the illness that started, so I **had** [her emphasis] to have an abortion."*

The illness forced an end to her family planning:

"I've used contraception ever since. I've been thinking about getting sterilized for a long time and I should do, the doctor says so too (...) because I won't have any more children because of the illness." (T-10)



Terminations of later pregnancies with no thought of limiting family size

Four further terminations fall under the formal heading of “limiting family size” in the standardized evaluation, because biographically speaking it occurred after the second child. They are, however, heterogeneous situations that have in common that there was no intentional desire to limit the number of children; regardless of the number of children, these terminations occurred because it was impossible to have another child. In the case of T-02 the second husband prevented contraception but rejected pregnancies three times:

“Every time he beat me, he beat me very brutally. You will abort it, he said. Every time he sent me to have the baby aborted.”

In the second case (T-04) the husband came by “from time to time to pick up the children” after their divorce. She stopped using contraception after the separation. They “got closer” and the woman in question had the pregnancy terminated.

8.5.2 Subjective interpretation of pregnancy terminations among eastern European women

In the eastern European group the pregnancy terminations are embedded in the women’s lives in a more diverse manner than in the Turkish group. The material provides descriptions of eight terminations before the first child and nine terminations after the first or later children. A medically necessitated termination of a desired pregnancy after a first child will be excluded from the following discussion (E-10).

Termination of a pregnancy among unmarried women / before the first child

Here too there are two situations. The first can be entitled ‘pattern of post-adolescent terminations’, where motherhood is contrasted with the concept of post-adolescence as a life phase, or it may even collide with this phase: things other than family life are more important. One survey participant (E-07) said about the thought of becoming a mother at 17 that it would be “horrible” and quoted her mother’s “fear, that she shouldn’t ruin her life, whatever she did”. “Her life” mainly meant: escaping poverty and the village in Germany, finishing school and earning money. By the time she had her second termination, she was already leading this life in the city. She was earning good money, was confident about changing partners and enjoyed herself in the nightclub milieu. She had used contraception both times, but in a “careless” way. When commenting on her third pregnancy, which she carried to term several years later, she associated her terminations with a lack of maturity: she also described difficulties for the pregnancy she did carry to term,

“But I was mature already, I was sensible and knew what responsibility I was taking on. I didn’t think about having an abortion.”

The second woman (E-04) following the pattern of “post-adolescent terminations” was certain about terminating an unwanted pregnancy when she was 21:

“I was in training and I wanted to continue with my qualifications, so I didn’t hesitate at all.”

In this case there was also a psycho-dynamic interpretation of the unwanted pregnancy, because the separation from her partner (*“I knew that he really wasn’t the right one for me, and then I got pregnant”*) and her return to her parents’ home as a failed first attempt to become independent were important elements of her story. Both women were members of the second generation.

Not a construction of a post-adolescent youthful phase, but a double separation: a separation from the partner and, during the migration, a separation from the country of origin, form the core of the second group of terminations, which occurred before the first child. The pattern is created by three narratives in which a pregnancy occurred after a tense separation. The woman in interview E-05 was also imminently leaving for Germany (*“It was just before my departure”*). The woman herself associated it with death: *“In that moment it was like death for me”*. Contraception was not mentioned.

In a second case (E-11) a child with the partner and a future together would not have been unwelcome (and the contraception used was not entirely reliable),

“But he [her emphasis] behaved so impossibly, he was just going through a divorce and had a child: [imitates] Oh, I already have a child and don’t need another one.”

She separated from this man. In the case of E-08, her partner had been expelled from Russia. Carrying the unwanted pregnancy to term (no contraception), was described in negative terms: *“Not married, my parents would kill me and then a child too.”* The second termination took place shortly before her departure. She wanted a child and did not use contraception; the decisive factor for the termination was health reasons. The third termination took place in a separation situation again (*“It dragged on for three or four months. It turned out that I was pregnant, now, of all times, while we were fighting.”*). Apart from two terminations all of them took place in the country of origin; however, a separation as a motive for a termination is not tied to the country. All of the women migrated as young women between 20 and 28.



Increasing the interval between two births

There are a wealth of different situations and motivations behind a termination that takes place after a first child.

An initial pattern, which can be entitled “one child on its own is already difficult enough”, comes from terminations that occurred after the women married young and had their first child at a young age too (E-02, E-06, E-03, E-09, E-11). The termination of the unwanted pregnancy either occurred during the first marriage or in the period that followed. In the first marriage the relationship (“*but I know that I don't want to have any more of his children*”: E-03) or the everyday living situation were described as being too difficult, and work and education are also mentioned:

“But the thought of having another baby was absurd if I don't even have the necessary facilities to raise the first.” (E-09, who was still studying at the time)

“We had a small flat with just one bedroom at the time and the three of us were living there and I really couldn't imagine how we would cope with a second child in a two-room flat, because at that time I was doing my exams and my degree thesis.” (E-11)

When terminations occurred after separating from the first husband or a later partner, the difficult living conditions, now as a single parent, also played a role:

“I had to have an abortion because alone with two children and no husband to support me would be very difficult. If I had my parents to support me financially... but I didn't.” (E-02)

Five women had had their first child between 16 and 21 in their country of origin, they married, but then separated when the child was still young because the marriage did not live up to their expectations. All of these terminations took place in the country of origin. The unwanted pregnancies occurred because of insufficient knowledge about contraception, poor-quality contraception and lacking availability of contraception. These women only had the one child so far or they had had a second one with a interval of up to 13 years between them.

After two terminations in the country of origin, following the above pattern, one woman had a further termination in Germany (E-09). Here too the difficult living conditions played a role; the problem now was that it was difficult to find childcare in Germany for the first child. She needed this in order to re-orient herself occupationally, since her science degree was not recognized.

“It was more about the fear of slipping into poverty. I’d just got this job with (company) and I had to pick up a lot. It was all so tense and it was clear that if I had a child now, then I’d lose everything I’d achieved in this position; and it’s also uncertain because of the age (...). I was scared, scared of losing the success I had achieved, in the material sense.” (E-09)

The motive of two births too close together came up in one case in a termination shortly after the birth of twins in Germany (E-06, after a first termination in the country or origin, which followed the above pattern):

“Two small children, that takes a lot of strength and it’s difficult. When they were little (...) it would have been really valiant to have more.”

The woman had stopped taking the Pill because of a risk of thrombosis; during a trip to her home country she had not used contraception.

“I came here and didn’t take anything and somehow it happened.”

Limiting family size

None of the termination stories explicitly mention limiting the size of the family in the sense that the desired number of children had been achieved and they had had “enough”.

8.6 Consolidation and discussion: pregnancy terminations and biographical dynamics

The results relating to the frequency of terminations and the influence of education can be discussed by bringing in other studies too. There are comparatively few studies that look at when in the women’s lives they chose to have terminations. The following section consolidates the results from the standardized and qualitative evaluations. It should be kept in mind that the standardized survey only has data on the women’s age at their *first* termination, while the narrated biographies talked about all terminations.

Frequency of terminations

In both migrant groups terminations are more widespread than among women without a migrant background. But the background factors involved for the Turkish and eastern European women are different.



Among the **Turkish women** the terminations largely took place in Germany. This is also true for members of the first generation, whose reproductive biography usually began after their migration. If there are high termination rates here, then a likely interpretation is that the women had adopted a reproductive pattern from their country of origin. In Turkey, terminations played a significant role in regulating fertility even before abortion was legalized in 1983.¹⁵⁵ According to TDHS 2008, 22% of the 15–49-year-old women who had ever been married had had a termination, with regional variations between 12% (south-eastern Anatolia) and 31% (Istanbul). Between 1993 and 2008 the number of terminations per 100 births dropped from 18 to 10.¹⁵⁶

Among the first-generation **eastern European migrants** the majority of the terminations took place in the country of origin; this can be explained by the fact that terminations were just as common among the migrant women as among those who had remained in their country of origin. Terminations were common in the successor states of the Soviet Union¹⁵⁷, particularly high termination rates were reported in the 1990s.

The total abortion rates (TAR; the average number of abortions a woman will have in her lifetime, estimated on the basis of age-specific termination rates) vary, sometimes significantly, from country to country. According to a comparative study, which looked at the sets of national survey data on reproductive health in ten successor states of the Soviet Union that were collected in the mid-to-late 1990s, the termination rate was lowest in Uzbekistan (0.6) and highest in Georgia (3.7).¹⁵⁸ It was noted of Georgia latter that it had “some of the highest rates in the world”.¹⁵⁹

Even though termination rates in the successor states of the former Soviet Union continue to be quite high, they have nevertheless dropped significantly since the mid-nineties. This is believed to be the result of modern contraceptives¹⁶⁰ (→ *chapter 10* addresses the connection between contraception and terminations in more detail). The qualitative interviews in the present study suggest that access to a termination in the country of origin was easier than access to modern contraceptives:

¹⁵⁵ “In Turkey, induced abortion has always been important in fertility regulation, even before the legalization on socioeconomic grounds in 1983 with enactment of the new population planning law. This law provided safe abortion on request during the first ten weeks of gestation for any woman who needed the service. Since the law was enacted, induced abortion has been available to women at government hospitals for a nominal fee from the private sector.” (HUIPS 2004: 79)

¹⁵⁶ HUIPS 2009: 95 ff.

¹⁵⁷ “For several decades, the reliance on abortion as a means of preventing births has been a prominent aspect of reproductive health in the former Soviet bloc. (...) Abortion is generally legal, relatively unrestricted, and available at little or no cost.” (Ashford 2003)

¹⁵⁸ Russian Federation: 2.3; Ukraine: 1.6; Kasachstan: 1.4 (Centers of Disease Control and Prevention/ORC Macro 2003: 38)

¹⁵⁹ Ashford 2003

¹⁶⁰ Sedgh et al. 2007; Troitskaya/Andersson 2007

“Luckily you could do everything in Russia at this time if you had the money. So I had an abortion. You could just do it: pay money, then you can have done what you want and you will be looked after.” (E-08)

A further difference between the two migrant groups consists in the fact that the **Turkish migrants**, especially when they came from rural regions, talked (in the qualitative interviews) about the decision to have a termination as more of a family matter, while the **eastern European women** focused on reproductive autonomy: it was their own decision.

Terminations and education

While TDHS does not reveal a linear connection between termination experiences and educational background¹⁶¹, the Turkish women with low qualifications in this study were more likely to report a termination than those women higher educational qualifications. One interpretation could be that when the women with low qualifications migrated to Germany, situations arose in which the normalcy of children was questioned, but at the same time little conscious family planning in the sense of reliable contraception was possible.

The discussion about the reason why German women have terminations generally focuses on reasons related to work and education on the one hand and on difficult relationship situations on the other.¹⁶² Among the **Turkish women** who participated in this study, arguments relating to education and work played almost no role; they were less important than arguments relating to health and family (e.g. family was complete, too small an interval between births).

Educational and employment reasons have an overarching significance on terminations for **eastern European women**.¹⁶³ The background situation is that these women, largely the more highly qualified ones, want to achieve economic security in Germany as part of their desire to shape their own lives and be independent of their partners. In addition, separations were often the reason for terminations. In the qualitative interviews the women did not just talk about separating from their partner, but also about the migration as a separation experience. The fact that **eastern European women** with lower levels of education were more likely to have had a termination can be explained by their poor access to information about reliable contraception, but also by their greater difficulty of reconciling family and work / education.

¹⁶¹ HUIPS 2009

¹⁶² Cf. Helfferich 2001: 217 ff.

¹⁶³ Cf. chapters 4.1 and 4.2



Terminations and biographical dynamics

As was the case with contraception, the termination events that were reconstructed from the standardized and qualitative data can be related strictly to the biographical dynamics that were developed in → *chapter 6* Figures 8-3 to 8-5 put the results from → *chapter 8.3* into a biographical dynamic visualized by arranging the reproductive events on a timeline.

Among the **Turkish women** surveyed, the termination events conform to the pattern of the specific nature of the reproductive biography of getting married early, having children young, the normalcy of (several) children and the end of the family phase at a comparatively young age. Terminations *among unmarried women* did occur, but they were rare. These *terminations did not fall into a regular pattern of delaying the birth of a first child*; instead there were “irregular” pregnancies, i.e. pregnancies that occurred outside of the rule that women should remain virgins until marriage. The terminations that occurred between getting married and having the first child suggest that situations could arise in which, after getting married, raising a child was not considered doable. The specific selection of the group could play a role here, where the concurrence of migration and marriage produced a stressful situation in which the women did not have a desire to have children at that point, but in which they also did not have access to contraception.¹⁶⁴ The majority of the first terminations occurred later, *after two to four children*. “The family is complete” was cited as a reason by around a fifth of the women as a termination motive.

A separation as the background to a termination was an important motive regardless of the biographical timing of the pregnancy. The qualitative interviews revealed that the difficult living situation of having sole responsibility (spatial separation because the husband already moved to Germany, or after a divorce) spoke against carrying the pregnancy to term. The women had the image of a complete family in which the man and the woman formed the nucleus of the family; alternatively the women referred to such a normative image that was firmly rooted in their environment. From the termination reasons stated, the qualitative interviews also revealed that health factors, “bad times” and advanced age led to terminations at any time during the reproductive biography. This can be interpreted by saying that children are accepted in principle, but that the situational framework conditions forced the women to choose against the child. As the qualitative interviews showed, a termination of a pregnancy after two or more live births did not always mean the end of their family planning, but there are important arguments of being too old for another child or of not being able to cope with the demands of raising another child.

¹⁶⁴ The experts questioned denied the current relevance of this phenomenon. Possibly they were abortions that took place in the past, while the women were still in Turkey.

There are few research results that can be referred to when looking at when in women's lives terminations took place. The TDHS 2003 confirms for non-migrant women in Turkey that the desire to increase the interval between two births was a reason for a termination.¹⁶⁵

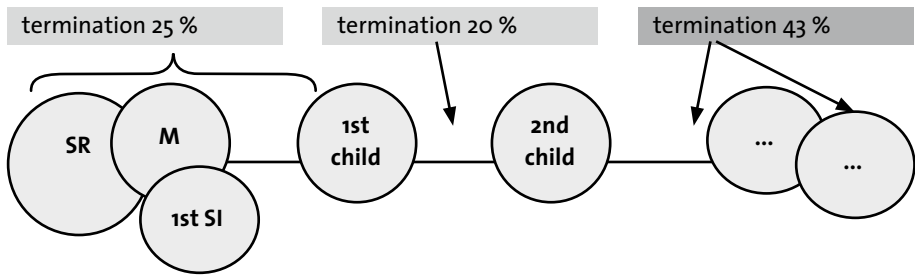
Conclusion for the Turkish survey participants

Overall, the Turkish women's abortion and contraceptive behaviour corresponds to the biographical dynamic of "starting and completing a family early, the norm of having several children". Delaying the first birth plays no more than a minor role, and if it does, then particularly when a pregnancy occurred outside marriage. The women may wish to increase the interval between two children somewhat, but the most important reason was limiting the number of children. This could be a forced decision because of the situation, or it could be a planned decision.



165 HUIPS 2004: 85. Among the 25 to 29-year-olds the reason "Previous pregnancy just ended" accounted for 20.4%, and among the 30 to 34-year-olds 23%. This reason increases in importance in proportion to education. The questions were however differently formulated from those in the current study.

Figure 8-3: When during the reproductive biography did the first termination occur? – Turkish women



SR = steady relationship, M = marriage, 1st SI = first sexual intercourse

percentages taken from table 8-2

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Distinctive features regarding the **eastern European women’s** termination choices are more likely to be based on experiences in their countries of origin, since the majority of the women came to Germany when they already had a family. Generally speaking, *first terminations before the first marriage or before the first child* are less common in the eastern European group than in the west German comparison group, while *first terminations after the first or second child* are more common. This result corresponds to the findings of the Demographic and Health Surveys, which were conducted in several successor states of the Soviet Union: while terminations are particularly widespread among unmarried / childless women in western European and in the United States, they occur predominantly among married women with at least one child in the successor states of the Soviet Union.¹⁶⁶

In the qualitative interviews, among women who experienced their first pregnancy in their country of origin, there are clues about the reasons both for and against terminating a pregnancy that occurred before the first child. The way in which having children is taken for granted and the advantages of motherhood (access to a flat, status in the biographical pattern “normalcy of early motherhood”¹⁶⁷) were reasons against having a termination for the first generation. Another factor, which was not addressed in this study, but which was addressed in the Demographic and Health Surveys conducted in several successor states of the Soviet Union, could also be relevant, namely that a termination before having the first child is avoided because there is a widespread fear among the women in these countries that having

¹⁶⁶ The experts questioned denied the current relevance of this phenomenon. Possibly they were abortions that took place in the past, while the women were still in Turkey.

¹⁶⁷ Cf. chapter 6.5

a termination before having a child could have negative consequences for their future fertility.¹⁶⁸ The qualitative interviews and the reasons for the terminations that were enquired about in the standardized interviews suggest that reasons for having a termination before the first child are that in the first generation the women faced difficult economic conditions in their countries of origin, making them feel they could not care for a child at that time.

The comparatively high number of terminations after the first or second child is also associated with the greater interval between two births displayed by women in the former Soviet Union states, compared with, say, German women. While there is a interval of four to five years, on average, between the first and second child in the countries of origin, the corresponding interval in western European countries is two to three years.¹⁶⁹ This pattern of longer intervals exists both in the country of origin and among eastern European migrants in Germany. The difficult economic situation is an important factor for terminations in the country of origin. The low fertility of the countries (e.g. Total Fertility Rate in the Ukraine: 1.2; in Russia: 1.3)¹⁷⁰ also highlights these difficulties. The “strategy” of increasing the interval between births also proved to be functional in Germany, when the women believed that work / education was more compatible with one (older) child than with two (young) children.

First terminations after the second child are rare, which can have different reasons: a formal reason may be that there is a higher percentage of women who only have one child, or a later termination is already a second termination. It is also possible that the living situation has become consolidated after the second child, meaning the women would like a third child. Another possibility is that over the course of biographical and historical time, improved access to contraception also prevented later unwanted pregnancies.

Conclusion for the eastern European women

Overall, the eastern European women’s abortion and contraceptive behaviour corresponds to the biographical dynamic “early start and open or late end to family planning, normalcy of at least one child”. Delaying having the first child plays a role in the countries of origin when the women did not feel they could raise a child. This is also significant for second children, and thus increasing the interval between children and / or limiting family size to one child (for now) become important.

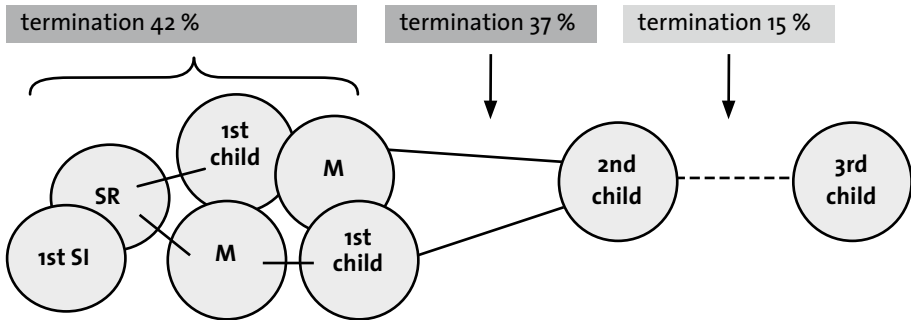
168 Westhoff 2005

169 Levchuk/Perelli-Harris 2009

170 Ashford 2003



Figure 8-4: When during the reproductive biography did the first termination occur? – eastern European women



SR = steady relationship, M = marriage, 1st SI = first sexual intercourse

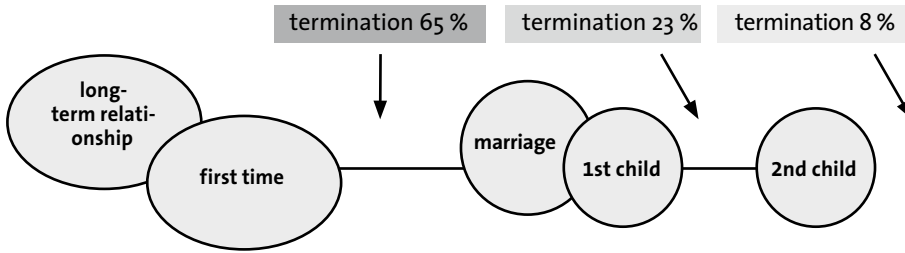
Two paths are shown: marriage after an unplanned pregnancy and marriage before the first child percentages taken from table 8-2

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

Compared with the two migrant groups the prevalence of terminations is lower among **west German women**. An uncertain financial and employment situation or personal work interests and the difficulty of reconciling work and family make up around a third of the reasons for a first termination. However, the relationship situation (“no partner / partner didn’t want a child”) played a bigger role than for the migrant women surveyed. Correspondingly, depending on the level of education and therefore the duration of the qualification phase, consolidating the occupational and private circumstances is also a reason for delaying a first birth. With regard to the fact that the *west* German women tended to have their terminations before having their first child, it should be noted that the study “women’s lives” described this pattern as being particularly pronounced among west German women, while women from east Germany (i.e. the territory of the former GDR) were more likely to abort pregnancies after having already had two or three children.¹⁷¹ This termination behaviour is compatible with a biographical dynamic of greatly delaying the start of the family phase or of widespread childlessness.

¹⁷¹ Cf. Helfferich 2001: 291

Figure 8-5: When during the reproductive biography did the first termination occur? – west German women



percentages from table 8-2

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

The decrease in termination experiences that can be observed among the second generation in both migrant groups to almost the same level of the women without a migrant background reveals a fundamental shift in the biographical dynamic or in the abilities to shape this dynamic without having to terminate pregnancies. With regard to the motives for terminations before the first child among the second generation, the qualitative interviews suggest that the pattern of “post-adolescent terminations” described for German women¹⁷² is more relevant than in the first generation. The young women felt too young and had other plans for their youth; reasons relating to education and work were also motives to have an abortion here.¹⁷³

The question is to what extent the second generation of migrant women, for whom the age at which they have their first child is moderately higher (and significantly higher for the highly qualified women), will adopt this shift in the biographical timing of their terminations. This is addressed in more detail in → *chapter 10.3*.

¹⁷² Cf. Helfferich 2001: 283 ff

¹⁷³ Cf. chapter 8.5.2

The need for information, sources of information and advice requirements regarding of family and family planning

9

→ *Chapter 7–8* like the specialist literature in general¹⁷⁴, identified an unmet need for information on the subjects of family, family planning, sexuality education, as well as access barriers to advice and support services in these areas. The present study can delve deeper into the issue because the standardized interviews asked directly about the women’s need for information and advice → *chapter 9.1*, about their preferred sources of information → *chapter 9.2* and about the framework conditions that ought to be fulfilled to ensure the advice services were used → *chapter 9.3*. These insights are of great importance for the practical implementation of the survey results to provide practical services for migrants. The results are discussed in → *chapter 9.4*.

9.1 The need for information and advice

With regard to what content would be necessary for family-planning and health-advice services, a list of possible subjects was shown to the interviewees, and they were asked to state how interested they were in each of them.

A comparatively high need for information can be assumed for the **Turkish group**. The women exhibited an interest in all of the issues surrounding family and family planning, and at times their interest was significantly higher than that of the eastern European and west German women. This is particularly true for medical issues (gynaecological questions and sexually transmitted infections such as HIV) and for subjects that affect the relationship with their partner / husband. The Turkish women are incredibly interested in the subject “rights and duties of the husband and wife within the family”, but also in the question “what to do in the event of violence in the family?” (table 9-1). It would be rash to conclude that the Turkish women were affected by violence in the family more often. This response behaviour can also be the result of the increased presence of the subject in the media or of friends or relatives being affected.

The interest in the subject “infections of the female sexual organs” also takes first place, albeit at a much lower level, among the **eastern European women** surveyed, followed by the desire for information about child benefit and the subjects “rights and duties of the husband and wife within the family” and “satisfying sexuality in the relationship” (table 9-1). The interest expressed in the different subjects is similarly strong to that of the **west German women**, it is merely with regard to “parenting benefit”¹⁷⁵ that the eastern European group expresses significantly greater interest.

Table 9-1: Interest in information about family planning, by group (percentages of “yes” responses)

group	Turkish women n=842	eastern European women n=832	west German women n=839
contraception and the Pill	51.9	24.4	31.1
pregnancy and childbirth	41.0	26.0	22.2
what to do if you don't conceive	43.0	23.4	18.5
what to do if you have an unwanted pregnancy*	54.7	28.7	26.3
satisfying sexuality in the relationship	61.7	41.2	39.1
sexually transmitted infections, e.g. HIV	73.4	37.5	41.5
diseases / infections of the female sexual organs	90.4	73.7	74.1
parenting benefit	53.2	51.6	35.4
rights and duties of the husband and wife in the family	78.8	42.9	38.3
what to do about violence in the family	72.1	31.5	34.5

*Data on the interest in information about this subject was only obtained in the second project phase (telephone survey in Nuremberg and Berlin).

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

¹⁷⁴ Borde 2001; BZgA 2010c; Gaitanides 2003

¹⁷⁵ Benefit paid to stay-at-home parents of pre-kindergarten children to compensate for loss of earnings.

The fact that the subject “rights and duties of the husband and wife within the family” is of interest to both migrant groups can be partially explained by the results from the study’s qualitative material: in the group discussions the Turkish women were particularly likely to address the confrontation between the gender-role concepts that they brought with them or that their parents modelled, on the one hand, and the dominant relationship model between men and women in Germany on the other. This highlights that the migration does not just present a confrontation with the structural framework conditions, but also with various cultural aspects, which can also be a challenge for the women’s relationships.

Influence of age, education and generational membership

The younger (20–34) **eastern European** and **west German women** are more interested in all of the subjects listed than the women who were 35 and older. Age has the same influence among the **Turkish women**, but only with regard to the areas of pregnancy, contraception and “parenting benefit”. Regarding the relationship and medical issues, it is the older (over 34) Turkish women who are more interested.

Whether the women are interested in one of the given subject areas or not also depends on their educational background. Interest in the relationship subjects (particularly “rights and duties of the husband and wife within the family” and “what to do when there is violence in the family”) and “sexually transmitted infections” is more widespread among the women with lower levels of education and this is true for both migrant groups and the west German comparison group.

This educational influence is partly responsible for the fact that the first-generation **Turkish women**, who often have low qualifications, expressed a greater need for information in almost all areas than the more highly qualified members of the second generation.

In the **eastern European group** the generational membership has the opposite effect. Here it is the women of the second generation who are more interested in obtaining information than the first generation. This is particularly true with regard to family-planning issues (pregnancy, contraception, reduced fertility) and to the subject of “sexually transmitted infections”. Keeping in mind that the second-generation eastern European women are significantly younger, on average, than the members of the first generation, this result can be attributed to the influence of age as described above.

9.2 Preferred sources of information

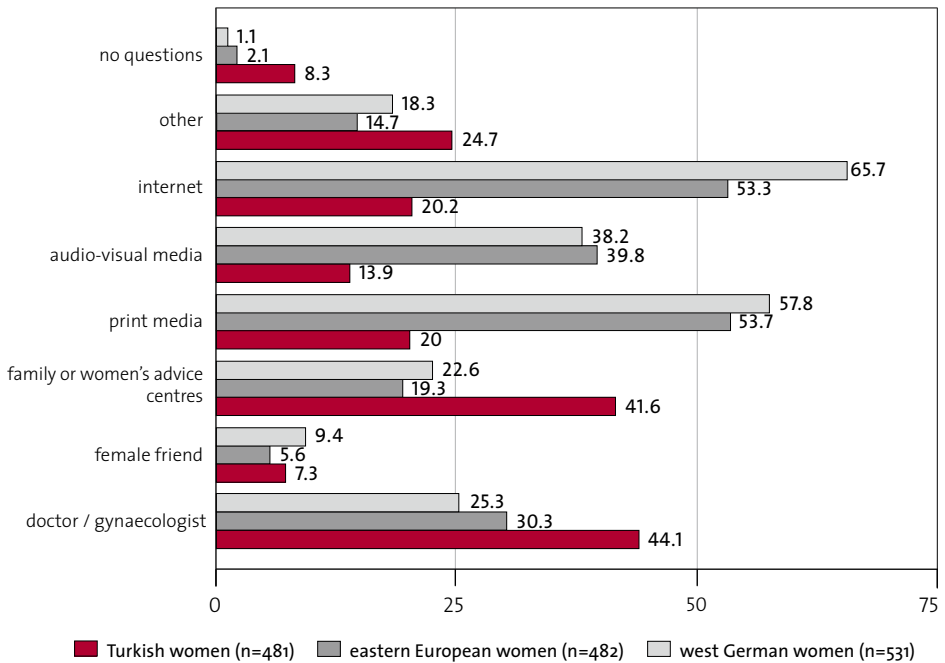
The women were asked about their sources of information on issues such as pregnancy and childbirth, contraception and sexuality, and from what people or via what media they would now like to receive information about these issues.¹⁷⁶

The **Turkish women** obtained their information mainly from doctors (41%) and also from print media (38%) and female friends (32%). In comparison with the eastern European and west German women, their mother (17%) and school (24%) played a comparatively insignificant role with regard to sexuality education. Even when there were current questions about family planning, doctors were the preferred source of information (44%).¹⁷⁷ Almost as many women would also prefer family and women's advice centres (figure 9-1). Print media and the internet (both 20%) as well as television and radio (14%) played a comparatively minor role; this is particularly true for women with a low level of education.

176 The sources of information used hitherto were only investigated in Oberhausen and Stuttgart; and while the currently preferred persons and media were investigated in all the cities of the survey, because of the broader scope of the questions only the results from Nuremberg and Berlin are presented.

177 26% specifically mentioned gynaecologists, the remainder of this response-group said "doctor" without further specification.

Figure 9-1: Preferred people and media for questions to do with family planning, by migrant background (figures in %)



Filter: women from Nuremberg and Berlin only

Multiple answers possible

*People and media cited by fewer than 6 % of the women in all three groups (e.g. “mother” or “other relative”) are not shown.

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

The **eastern European women** acquired their knowledge about family planning primarily through print media (52%). Around a third of the women obtained their information from doctors, their mother, girlfriends or through school. In contrast to the Turkish women they would now prefer to obtain their information from the internet or via the print media (both: almost 54%), which is also the same among the west German women. Doctors and gynaecologists are also in fourth place here (figure 9-1).¹⁷⁸

With regard to the use of the internet, education has a clear effect among the eastern European and west German women: the lower their level of education, the less likely it is that the women list the internet as a preferred source of information.

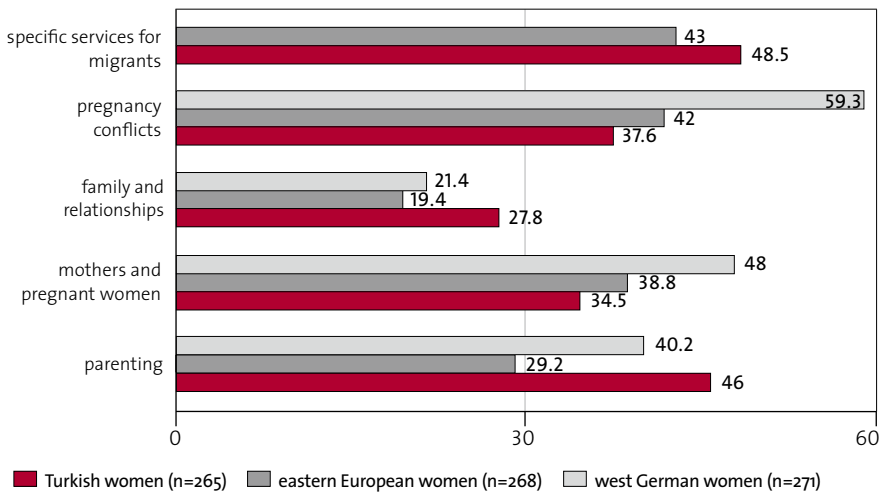
¹⁷⁸ Among the eastern European women and the west German group too, gynaecologists were specifically mentioned more often (eastern European: 20 to 11%, west German: 17 to 8%).

9.3 Importance and desired general conditions regarding advisory services

At the request of the city council (partners in the survey), the women in Nuremberg were asked about the importance of different advice services in the areas of family and family planning. The presence of such services is generally (very) important to the migrant women surveyed. Advice services dealing with pregnancy conflicts and services for pregnant women and mothers should be mentioned at this point, as they are considered to be “very important” comparatively often. 46% of the Turkish women also say parenting advice is important to them (figure 9-2). This point is also confirmed by the results of the qualitative study. The subject of raising children was given a lot of room in the group discussions: on the one hand the women expressed the worry that their children would distance themselves too much from their own culture and family, but on the other hand it was important to them that their children are integrated into the society in which they live.

Finally, in addition to family (planning) services, almost half of the Turkish women and 43% of the eastern European women said it was “very important” that there were specific support services for migrants, such as language and integration courses.

Figure 9-2: Importance of various advice services in the area of family and family planning, by group (percentage of “very important” responses)



Filter: women from Nuremberg only

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

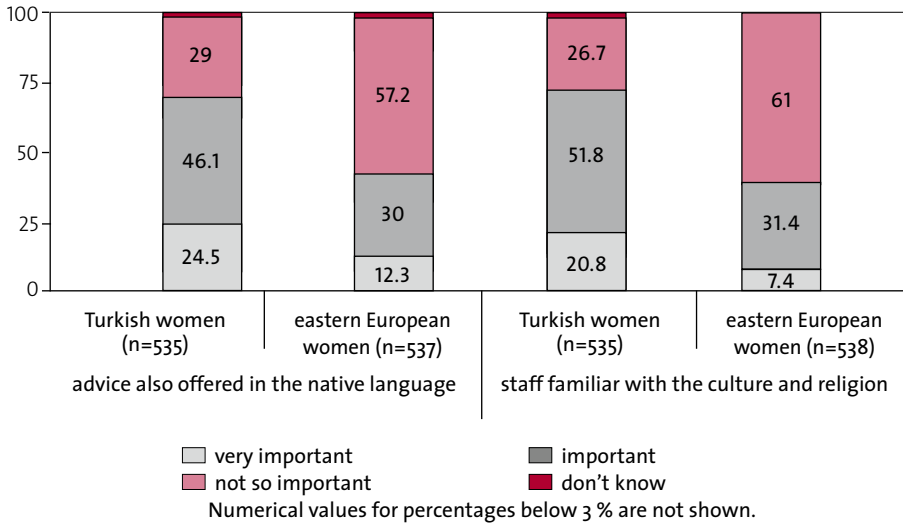
Three-quarters of the **Turkish women** and 71% of the **eastern European women** in Nuremberg have not yet taken advantage of an advice centre, since they did not have a need for one. 12% and 14% respectively also said that they had not sought out such a facility, even though questions had arisen. In both groups two-fifths of the women said this was because they had not been familiar with a suitable advice centre and 13% cited language problems and the argument “too embarrassing / too private”.

With regard to designing the advice services and removing potential access barriers, all of the women were asked what would be important to them if they were to take advantage of advice services to do with family and family planning. Three different conditions were listed that referred to the qualities of the counsellors.

It was “important” or “very important” for more than 70% of the **Turkish women** that they receive advice in their native language and that the staff member was familiar with their culture and their religion (figure 9-3). This finding matches those of the qualitative study: both in the group discussion and in the one-on-one interviews the Turkish women said that they wanted to be understood and accepted with their cultural background. The women thought that a staff member with the same cultural or religious background would be more likely to fulfil that condition. Advisors who spoke Turkish therefore enjoyed the greatest amount of up-front trust.

The great significance of the native language is particularly true for the members of the first generation. This is emphasized by the fact that 94% of them wanted this interview to be conducted with them in Turkish. However, even among the second generation, i.e. among those who were born here or who came to Germany as children, almost half of the women still wanted to have their interview conducted in Turkish. With regard to the gender of the advisor, two-thirds of all the Turkish women wanted to speak to a woman.

Figure 9-3: Importance of the framework conditions of the advice services, by group (figures in %)



Filter: the question about the framework conditions for advice only refers to the data from Nuremberg and Berlin because of the slightly altered answer categories.

Source: BZgA, data set “women’s lives II” 2009, 20–44-year-old women with and without a migrant background

By comparison, it was less often the case that the **eastern European women** said it was “important” or “very important” to receive the advice in their native language and that the staff member was familiar with their culture and religion. Nevertheless, the figures are still 42% and 39% respectively (figure 9-3). The fact that the native language has a lesser significance, is probably because the eastern European group is largely made up of *Aussiedlerinnen*.

The eastern European women also care less about receiving advice from women. 55% stated that this would be a “(very) important” condition for them, meaning it is still higher than among the west German women (45%).





Expert statements

The level of knowledge regarding family planning is greatly influenced by age, education and social situation in both migrant groups.

The issue is not just lack of knowledge about family planning, incorrect knowledge is also a factor. Myths regarding contraceptives for example (lack of knowledge about emergency contraception, “the Pill causes infertility” etc.), are still believed by younger women.

Personal sources of information, especially in connexion with confidential and intimate relationships, are more important than media sources of information, even though the latter are becoming more important. Doctors play a special role here, since they enjoy a lot of trust and respect, in some cases they are also perceived as “gods, who can make anything possible”.

With regard to the Turkish migrant women, gynaecologists are often brought in “too late”, because they often still have reservations and inhibitions towards them, and particularly about everything “down there”. Family doctors are more likely to be sought out and are therefore of greater significance.

For young Turkish women with low levels of education who had a marriage-related migration, “going to the doctor’s” is a major problem. The appointment often takes place in the company of a relative, which is to do with the tight-knit nature of the family (“watch community”), but also with language problems (need for an interpreter). The women thus do not have the opportunity to talk about their problems, questions and desires free from social control. This “watch community” leads to a closed discussion culture, particularly in the Turkish group: parents-in-law and aunts often act as sources of information, but often pass on incorrect information.

With regard to the distribution of information about family planning, addressing these issues within the ethnic community is seen as very important. As a result it would be a good idea to train multipliers within the migrant groups who can pass on the knowledge acquired to their community (“grass-roots method”).¹⁷⁹

179 As an example of this approach, the MiMi project could be mentioned (“Mit Migranten für Migranten”: Ausbildung von interkulturell geschulten „Gesundheitslotsen“), developed in 2003 by the Ethnomedizinisches Zentrum in Hanover. (The title of the project means: “With migrants for migrants: the training of interculturally aware ‘health pilots’”).

Information problems are often associated with language problems; nevertheless, sources of information in the native language have an ambivalent position. Although they are important on the one hand, they also inhibit further integration.

There is a change in the second generation with regard to knowledge about family planning. However, here too this is dependent on the women's level of education.



9.4 Discussion

The Turkish women surveyed, particularly the members of the first generation, displayed comparatively high interest in information about the different subjects surrounding family and family planning. This can be explained by the frequently low educational qualifications of these women and with the associated lack of knowledge about the (female) body and its functions and about other aspects of reproductive health. A comparative study on the care situation of hospitalized gynaecological patients (Turkish and German) came to the conclusion that 77% of the younger and older Turkish women, who grew up in Turkey, but also 47% of the members of the second generation possessed insufficient basic knowledge in this area. Among the German women the corresponding figure was merely 15%.¹⁸⁰ The authors pointed out that when considering how to pass on information to this group, it was important to take into account the target groups' extant level of knowledge, and build on that.

In addition to the influence of education, the inadequate knowledge on the part of the Turkish women is also explained by the fact that sexuality and other subjects to do with the body are taboo in Muslim societies because of their association with shame/embarrassment, and sexuality education often does not take place through the parents or school, but usually only after marriage.¹⁸¹

With regard to the question about the suitable methods of communication / the suitable media to deliver information about family planning and sexuality education, the results suggest that Turkish migrant women are much less likely to be reached via mass media and the internet than the eastern European and west German women. They prefer personal communication with doctors and the expert staff in advice centres. The fact that doctors are the main source of information for Turkish women has been confirmed several times¹⁸² and is explained by the fact that the aspect of

¹⁸⁰ Borde/David 2001

¹⁸¹ Borde 2001

¹⁸² Yüksel 2005

shame/embarrassment “in contact with doctors and other experts for health issues, who are respected as professionals, loses its relevance”.¹⁸³

The migrant women’s statements about taking advantage of advice services and about the desired qualities of the advice staff are confirmed by findings from other studies, according to which language problems, the (in some cases) lack of knowledge about information and advice services as well as inadequate cultural sensitivity in the advice centres could be significant access barriers when it comes to taking advantage of information and advice services focusing on health, family (planning), and sexuality.¹⁸⁴ The results show that the development of information and education materials in the women’s native language and sensitive to their culture, and the use of advice staff fluent in the women’s native language (or the use of culturally sensitive interpreters) are particularly important for the Turkish women of the first generation.

A final point that ought to be highlighted is that the question about what avenues and what content can best be used to reach migrant women does not just depend on factors relating to their culture and migration, but also on socio-demographic aspects such as age, education and social situation. Wherever a migrant background is combined with low socio-economic status, the most important factor in removing access barriers to information and support services is making available low-threshold, inexpensive information and advice services close to the women’s homes. In order to bring about a lasting improvement to (male and female) migrants’ ability to participate and be reached, other measures that target a reduction in social injustice are also important (e.g. improving their language skills and giving them improved educational opportunities).

¹⁸³ Borde 2001: 174

¹⁸⁴ BZgA 2010c



Expert wishes

The final question of the expert interview was: “If you had three wishes and lots of money, what three services do you think are the most urgent for improving the services to (certain groups of) Turkish / eastern European women?”

For Turkish women

- | Sexuality-education seminars and events for young women (information about the female body and contraception), peer approach with young women who also have a migrant background and / or speak the women’s native language
- | Low-threshold outreach work, including work that is specific to city districts, midwives that speak the women’s native languages, as basic care for pregnant and birthing women
- | “Education, education, education, education, education. Money for education. I would put all the money we have into that.”
- | “Sex-education, sex-education, sex-education” for those who are young and who have recently come to Germany in connexion with a marriage

For eastern European women

- | Sexuality -education seminars with mandatory participation, i.e. not just on a voluntary basis

For both migrant groups

- | Funding options for contraception for low-income women
- | Nationwide interpreter services or advice in the women’s native language for a large group of women who do not speak sufficient German
- | Improving the social and residency situation in order to increase the acceptability of an unplanned pregnancy
- | The regulatory bodies ought to be more open-minded towards other cultures



Biographical dynamics of family planning and migration – change and continuity

10

→ *Chapter 6* described the specific dynamic of the reproductive biographies of women with a Turkish and eastern European migrant background, while → *chapter 7* and *8* reported the results on contraception and terminations. After laying out the concept of a reproductive biography in this chapter, → *chapter 10.1* brings the results of contraception and terminations together, while → *chapter 10.2* draws conclusions on how access to contraception can be improved and how terminations can be prevented. → *Chapter 10.3* discusses a classification of the changes or the continuity between the first and second migrant generations.

10.1 Women's lives as the result of their family planning and migrant background

The reproductive biography is to be understood as a sequence of phases in women's private lives that all have their own characteristic features, together with transitions between these phases. Important milestones or transitions that could structure such a biography are the start of the first steady relationship, a marriage, or the birth of the first child or an adoption as the transition into life with children. The concept of a reproductive biography is not just tied to whether a woman (and *mutatis mutandis* a man) has ever had sexual intercourse or heterosexual partners, whether she got married or had a child. Further events can also be incorporated into this chronological structure, such as the decision against further children, which does not alter the way of life, but influences future options.¹⁸⁵

Reproductive biographies vary within every society, and the forms that are dominant and most widespread within each of those societies vary likewise. They differ in what events occur, for example, how many children were born and whether marriages occurred (extent of the events). They also differ in the order of events, when women either married first and then had a child or vice versa, and in the speed of the sequence of events. The analysis is made even more complex by the fact that in a relationship

the biographies of two people come together and that the reproductive biography is closely connected to the educational and occupational biography. Decisions in the one area also affect the other area.

Despite all the variability and individual diversity, there are still direct and indirect social norms about what a reproductive biography should look like. Direct norms affect things like the appropriate age at which to start having children (in Germany: not too early), or judgements about premarital sexuality and divorce. Indirect norms are ideas about raising children: the higher the standards, the fewer children one can “afford”.

It is therefore possible to look at the diversity of biographies, and also at an abstract “norm” of biographical patterns and the way they change within a society. This is captured either as a statistical norm that expresses how common something is (how widespread patterns are) or as a cultural-normative norm, reconstructed from the subjective ideas of individuals and groups (degree of acceptance of patterns as “normal” or sensible). In addition legal and political framework conditions, such as family law or parental leave, have an impact on what is perceived as normal.

Family planning is nothing but the shaping of these reproductive biographies within a political, legal and cultural framework. Family planning, in a broad sense as defined in → *chapter 1.1*, means that people are at a certain place in their lives, they have / are coping with a past and are designing a future for their private lives. Family planning in this sense is more than just contraception and terminations.

Implementing the right to family planning, particularly the right to be able to choose the number of children and the time when to have them, does, however, always include access to contraception. Contraception and terminations have a shaping effect in that they can be used to prevent the birth of a child at a certain time within a biography, which therefore shapes the number, sequence and spacing of births. How many children are born? How old are the women when they have their first child? Is it born before, after or regardless of a marriage? How soon do further children arrive?

This general framework is useful as it means that the standardized and qualitative data of this study can reflect the normality and normativity of biographical patterns, as well as the women’s individual decisions and design efforts regarding family planning. The ages given in responses (when the women got married and had their first child, when they had their first termination and when they started using contraception) allow a reconstruction of the extent, order and spacing of the events. The qualitative interviews can be used to reconstruct the “biographical logic” behind all of the sequence patterns.

185 Helfferich 2001: 349 ff.

Typical ideal patterns of biographical dynamics

Since the present study deals with family planning (as the shaping of the reproductive biography) on the part of migrant women, the following questions arise: What are the typical reproductive patterns the women from the two groups of origin (women with a Turkish or eastern European migrant background) “brought” with them (in the sense of a statistical and a subjective norm)? And how do they differ? How do these patterns change within the framework for families and family planning in Germany?

The overview of the typical ideal patterns of biographical dynamics by group of origin (among the migrant groups: first generation), which summarizes the results relating to the biographical dynamics in → *chapter 6*¹⁸⁶, gives a rough answer, which is supplemented here by further results from → *chapter 6*. Classifications such as “early” / “late” and “stretched out” / “compressed” are to be understood in relation to the other groups and not as absolute judgements.

- Pattern of the first generation **Turkish women** (“early start – compressed family phase – early end”): the first steady relationship quickly led to marriage (not much time between meeting the partner and getting married); after a brief delay the first and subsequent children were born. Early motherhood is wanted by almost all of these women. The family phase ended comparatively early (statement: “I don’t want any (more) children”). The sequence “first marriage, then children” is fixed; premarital births hardly ever occurred. This pattern is particularly widespread among women of the first generation (with low qualifications).
- Pattern of the first generation **eastern European women** (“early start in the country of origin, delayed in Germany – stretched out family phase with one or two children – open or late end”): a characteristic pattern in the country of origin is to get married young and to get married close to having the first child. The women knew their partner for a little longer than the first-generation Turkish women before getting married. The sequence “pregnancy – marriage” is not fixed. Both types occurred in the qualitative interviews: an unplanned pregnancy led to an early marriage, while women who got married comparatively young also had a child soon afterwards. This means that premarital pregnancies occur, but are then legitimized. After the first child, this pattern sees a longer delay before having a further child. The women who came to Germany without children started their family phase somewhat later. In general it can be said that early motherhood was desired, but somewhat more than a quarter of the women said: “The pregnancy was wanted, but it was meant to happen later.”

¹⁸⁶ Cf. table 6-10 in chapter 6.6.

- Pattern of the **west German women** (“late start – compressed family phase with one or two children – late end” or childlessness): the characteristic pattern here is a late marriage after a comparatively long phase of knowing the partner and close in time to the birth of the first child. Whether and when further children follow depends on the age of the mother at the first birth, since the time remaining until the end of the reproductive phase was less than among those who started families early.¹⁸⁷ The total number of children imaginable is lower than among the eastern European and Turkish women.
- In the second generation of both migrant groups the biographical pattern shifts towards a (moderate) increase in age at the wedding and also at the birth of the first child; other elements remain in the same tradition, however (in depth: → *chapter 10.3*).

A further question focuses on the significance of the migration itself. Since the survey asked about events such as the year the women moved to Germany and the reasons for doing so (or their parents’ reasons), the biographical dynamic of family formation can be related biographically to the migration event. Therefore the following question can be answered: Does the migration as such influence the shaping of the reproductive biography, i.e. by delaying births or limiting the number of children? Does it have an effect in the sense of selection, i.e. that only certain women are able to migrate to Germany? The significance of migration is addressed in → *chapter 10.3*.

¹⁸⁷ Helfferich 2001

10.2 Relationship between contraception and pregnancy terminations in the reproductive phases of women's lives

The present study can relate the women's contraceptive behaviour and their pregnancy terminations to the described dynamic of their reproductive lives. → *Chapter 7 and 8* described how the contraceptive behaviour and terminations in the reproductive lives fit into the patterns described as "typical": depending on the pattern, delaying the first child, increasing the gap between children, or limiting the overall number of children are important motives for using contraception or terminating a pregnancy. The relationship between using contraception and having a termination was not answered in those chapters and will be looked at in the following section.

Children "of course", contraception and terminations

To what extent having children is taken for granted turned out to be significant for the women's use of contraception and their experiences with terminations. As the data about their living arrangements in → *chapter 5* reveal, the biographical patterns of the Turkish and eastern European women are characterized by the fact that marriage and children are taken for granted much more (sometimes to the extent of being "obligatory") than is the case among the west German women.¹⁸⁸ As a result childlessness is rare among migrant women and in the qualitative interviews children are assumed to be something completely self-evident.

Among the **Turkish women** marriage is of great significance in that it allows them to move away from home, enter a heterosexual relationship and experience motherhood, which would not otherwise be the case. This was revealed by the evaluation of the qualitative interviews in → *chapter 6.5* As a result, living arrangements where women have intimate relationships with or without children outside of marriage do not fit into the scheme of things. This is also largely true for the second generation who grew up in Germany, since for them too, sexual relationships, a shared household and children are closely associated with marriage.

The extent to which marriage and motherhood are taken for granted is reinforced among the Turkish women by the selective effect that the only way for the first generation to move to Germany was via a marriage-related migration: the women who come to Germany are those who have accepted the "family project" and it is expected of them that they have children and make the family their top priority in their lives. The differences between them and the west German women can however be overestimated

¹⁸⁸ If we take the planned nature of a pregnancy as an indicator of how much having children is taken for granted, then it was among the west German women that children were least taken for granted: the first child was, relative to the migrant groups, more rarely planned for that particular time; 39% of first children should have come later, or the pregnancy was unplanned.

because the women in the migrant groups got married at a younger age and also had a child earlier – the west German women, who married and had their first child later, are still “catching up”. Nevertheless, it is generally true that marriage is less obligatory for German women and childlessness is more acceptable and widespread.

For **eastern European women** marriage was an advantage in their countries of origin, because it gave them access to independent living; and because the women were able to get divorced, choosing a partner was not an irreversible decision. Motherhood was a clear gain in status. Here too marriage and having a baby, in either order, did go together. The second generation is still young here, so that it is not possible to make a statement about a decrease in the obligatoriness of marriage as a biographical event. Questions about attitudes, as well as the qualitative interviews, confirm the high significance of motherhood.

If having children is seen as self-evident, this can be a reason not to use contraception: this was discussed by the first-generation Turkish women in particular. According to the expert estimations, the fundamental normalcy of children leads to the women’s having to make a conscious decision to use contraception, i.e. a conscious decision against children, which they feel ambivalent about, while, women without a migrant background take contraception for granted and therefore it is the question of motherhood which is the ambivalent one for them.

Among the **eastern European women** the normalcy of motherhood means they have at least one child; but it is also normal for them to be working mothers, which means it is not normal for them to have any number of children at any time. The fact that motherhood is taken for granted does not mean that they have large numbers of children. This corresponds to a pattern found by other studies too: “child yes, even if it is only one”, which is contrasted to the pattern “either no children or many”.¹⁸⁹

The discussion of the contexts for terminations from the qualitative interviews in →chapter 8.5 reveals for both migrant groups that the natural acceptance of a possible child can lead to no contraception being used. If a pregnancy does occur, it is accepted, as long as there are no situational reasons, which, without reducing the subjective normalcy of (further) children, make it seem impossible to carry *this* pregnancy to term at this time. The relationship between contraception and terminations can be explained by saying that the normative orientation does not make contraception seem necessary, but rather that the framework conditions do not permit this normative orientation to be implemented.

¹⁸⁹ E.g. Helfferich 2001: 204 f.

Illegitimate pregnancies, contraception and terminations

During the period before marriage or before the first child, only a third of the first generation **Turkish women** (the percentage increased to 70 % in the second generation) used contraception. No contraception before marriage was largely explained by the fact that no sexual activity occurred. The normative orientation of virginity until marriage means here that contraception is not perceived as necessary, or it is not available. Pregnancies were therefore rare among unmarried women, but if they did occur before marriage for whatever reason (rape, rebellion against the sexual mores, cf. → *chapter 6.5* and *8.5*), then the women were very likely to have a termination. In these cases, contraception was not used in accordance with the normative orientation; a termination was subjectively perceived as necessary, if the normative prohibition against sexuality could not be adhered to.

A similar situation exists among women who did not expect to have any sexual encounters after a separation and therefore did not use contraception, but who then did get pregnant and aborted the pregnancy.

Life plans, contraception and terminations

→ *Chapter 7* looked at contraception, → *chapter 8* at terminations, in order to determine during which family phase (before the first child, between two children, after the second child) the women used (reliable) contraception, did not use contraception and / or terminated a pregnancy. There are common features between contraception and terminations as a form of reproductive choices, if, planning ahead, the birth of a child ought to be avoided: a child now would be too early (delay of the first birth), another child now would be too soon (increasing the interval), or another child is not desirable (limiting the number of children). This life planning is not about a general acceptance of children at all phases and times, it is about preventing a birth at a certain time in life. If a pregnancy occurs anyway, it is terminated, unless there are sufficient reasons for carrying it to term.

Reliable contraception would fit in with the normative orientation of not having a child at a certain time in life. One discussion point here was that reliable contraception was not always accessible: this affected the inaccessibility of contraception in the countries of origin for the eastern European women, and in Germany for the Turkish women directly after their migration. The reservations about reliable contraception reconstructed in → *chapter 7* can also lead to an unwanted pregnancy. It was also described how long-term, reliable contraception such as the IUD / IUS or sterilization were (only) considered when the family was complete, in order to avoid a (further) termination.

Summary: contraception and terminations in the biographical dynamic

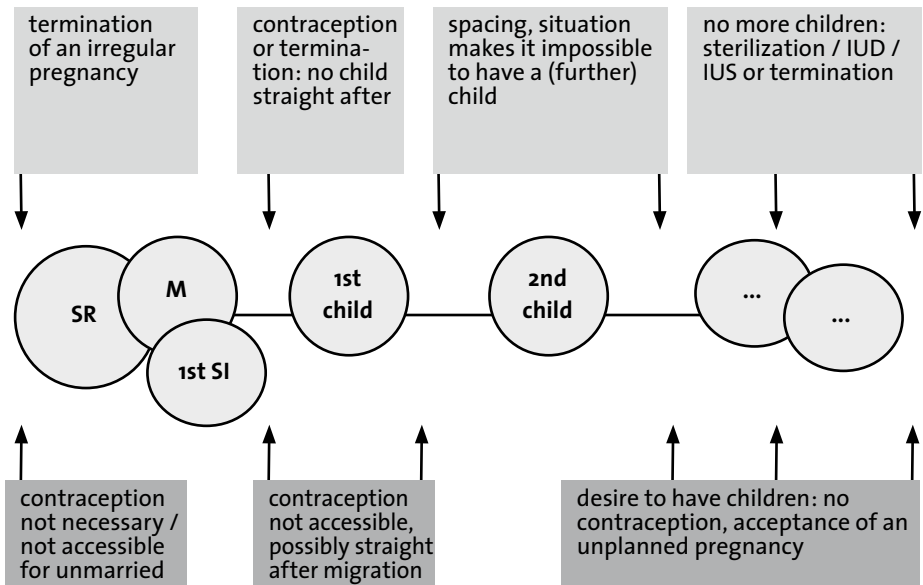
Overall, there is a connexion between terminations and inadequate contraception.

- In both migrant groups, pregnancies were terminated (in the absence of contraception) when, while children were accepted in principle, it was not possible or favourable to have a (further) child in a specific situation.
- Pregnancies were terminated by **Turkish women** when contraception was inaccessible, e.g. for unmarried or separated women and directly after moving to Germany.
- In the **eastern European women's** countries of origin reliable and acceptable contraceptives were difficult to get a hold of and the termination rates were high. Studies on reproductive health confirm that in the countries of the former Soviet Union, termination rates dropped where the supply of contraception was improved and the contraceptive behaviour became more reliable.¹⁹⁰

The following figures summarize the place of contraception and terminations in the phases of the reproductive biography for the first-generation members of both migrant groups once again (figures 10-1 and 10-2). The reproductive events are arranged on a time-line; the aim is to highlight the temporal proximity and the temporal relation of the events up until child number two.

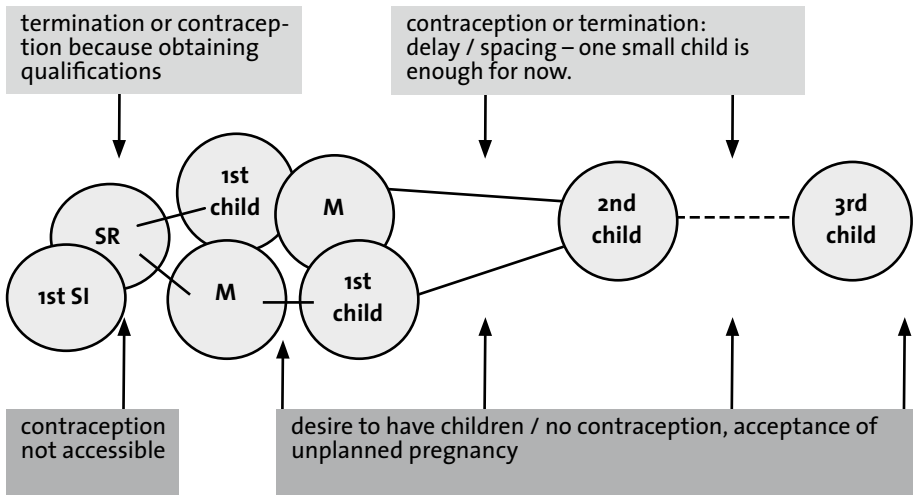
¹⁹⁰ Ashford 2003

Figure 10-1: Family planning and family development in women's lives: Turkish women, first generation



SR = steady relationship, M = marriage, 1st SI = first sexual intercourse

Figure 10-2: Family planning and family development in women's lives: eastern European women, first generation



SR = steady relationship, M = marriage, 1st SI = first sexual intercourse

Two paths are shown: marriage after an unplanned pregnancy and marriage before the first child

Second-generation and west German women

The following developments occur in the second generation of both migrant groups:

- There is a (moderate) increase in age at the time of marriage and the birth of the first child.
- The average number of desired children goes down.
- The percentage of those already using contraception before the first child or before 21 years of age increases. Among the second-generation eastern European women almost all use contraception this early on.
- There is a marked drop in the number of terminations.

These developments are connected to an increasing level of education for both migrant groups: the effects of the change as a result of growing up in Germany and of access to better education overlap. Among the **Turkish women** these effects are virtually impossible to separate, because the members of the second generation have better access to qualifications than their mothers who migrated to Germany. The percentage of women who obtained qualifications before starting a family went up in the second generation. Plans to delay getting married or start a family and obtain qualifications first are particularly common among the highly qualified women of the second generation.

When comparing the generations of **eastern European women** no such rise in education could be observed. Since the eastern European migrants already came to Germany with a high level of education, the educational effect does not contribute to the generational effect. The influence of education holds both in the country of origin and in Germany.

When comparing the two migrant generations, the improved contraceptive behaviour has an impact on termination behaviour. The termination rate still drops even though, in theory, the desire to delay a first birth (and among Turkish women: a greater limitation to the number of children) goes hand in hand with there being less biographical “room” for the acceptance of an unplanned first pregnancy, and also with the fact that motherhood in general and *early* motherhood in particular are taken less for granted.¹⁹¹ This can only be explained by improved access to contraception and more stringent life planning, which can dispel ambivalent feelings about contraception right from the start because of a desire to limit the number of children.

¹⁹¹ Cf. chapter 6.5

Thus, the second generation of both migrant groups is more similar in their reproductive behaviour to the “German” pattern, at least tendentially. This pattern is characterized by the fact that almost all young women use contraception and take contraception for granted.¹⁹² The central dynamic of **west German women**’s reproductive biographies is determined by delaying having a family to an older age, depending on their levels of education. Almost all of the women obtained qualifications before having their first child. Reasons for delaying having a child, i.e. reasons against wanting children, for using contraception early and for choosing a termination, were an uncertain financial or employment situation or personal career interests as well as the difficulty of reconciling work and family. These developments can also be seen among the second generation migrants (depending on their level of education). → *Chapter 10.3* discusses the changes and continuities between the first and second generation in a more differentiated manner.

Starting points for bringing down termination rates

The results permit conclusions about how family planning services for migrants can be improved and the number of terminations can be reduced.

- One risky area for **Turkish women** is the problematic access to contraception for unmarried women (or women not living with their husbands). As long as the norm of virginity until marriage is upheld or can be upheld, there are no problems. The risk of an unwanted pregnancy is great, when (in cases illustrated by the qualitative interviews) the norm is broken by forced sexual intercourse or a rebellion against prohibitions, and contraception is not available. If the pattern of sexual behaviour in the Turkish group changes, then access to contraception needs to be in place already in advance.
- The results about pregnancy terminations also indicate that there is a problem of accessing contraception immediately after migrating to Germany, while at the same time the women do not yet want a child.
- A second difficult point is integrating the attitude of “children as normal and positive” with the use of reliable contraception, which becomes necessary when situational aspects do not allow the women to follow through with a possible pregnancy. A special challenge for counselling services is to confront the reservations about reliable contraceptives and their effects on the body and to point out alternatives. Information about, and access to, emergency contraception must be improved.

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- For the young **eastern European women** the two motives of delaying a first birth and increasing the interval between the first and second children are important. Contraception is widely available in Germany and is also taken advantage of; however, as was the case among the Turkish migrants, there are reservations about the Pill that need to be addressed. The reasons these women have terminations both before and after having their first child are associated with pragmatic aspects to do with their education and work; the best way to bring down the number of terminations here is to improve the compatibility of education / work with family and particularly an improvement in childcare services.
- The same is true for **west German women**. An additional finding from earlier studies¹⁹³ is that although contraception is taken for granted, ambivalent feelings about having children and conflict situations in the relationship lead to risky contraceptive behaviour and to terminations.
- Work needs to be done to educate both migrant groups about the myths that lead to reservations about the Pill and the IUD / IUS.

193 Helfferich 2001

Table 10-1: Most important areas of action with regard to preventing terminations, by group

group	starting a family	increasing family size	family planning complete
Turkish women	<p>enabling a delay</p> <p>access to contraception for unmarried women and after migration</p> <p>enabling the compatibility of education and family</p>	<p>enabling a delay</p> <p>breaking down reservations about contraception</p> <p>breaking down situational barriers against children</p>	<p>enabling limitation of the number of children</p> <p>access to reliable contraception not a decision against children</p>
eastern European women	<p>increasing acceptance of early motherhood</p> <p>enabling a delay</p> <p>enabling the compatibility of education and family</p> <p>reliable contraception for young women</p>	<p>enabling the acceptance of several children</p> <p>Enabling intervals between children</p> <p>compatibility, childcare</p>	
west German women	<p>enabling a delay</p> <p>breaking down ambivalence when children are desired</p> <p>compatibility, childcare</p>		

10.3 Forecast: selection, socialization or acculturation?

The following question arises: How should the developments from the first to the second generation be understood? Will the second generation of migrants be more likely to follow the reproductive culture of the countries of origin that was “brought over” and “passed on” (“socialization”), or will it “adopt” the “German pattern” of starting a family late with the obligatory acquisition of qualifications before the first child, a widespread acceptance of childlessness, and a limitation of the number of children (“acculturation”)? Will the use of contraception as a life-shaping tool and as a way of avoiding terminations therefore be taken for granted? A further possibility is that the migration itself has an influence on shaping the reproductive biography (“selection”).¹⁹⁴

Effects of selection and the influence of the migration

It can be assumed for both migrant groups that the migration itself had a formative impact on the biographical patterns. It was mentioned several times that the **Turkish migration**, with its high proportion of marriage-related migration, results in a special selection of migrants: by getting married young, early motherhood and the relatively late start to contraception are implied. Therefore an element of traditional family ideas is inherent in this kind of migration: the preparation of the wedding takes place in the context of the reproductive culture of the country of origin; therefore the young women “bring with them” to Germany ideas about contraception, life with their husband, and life with children. **Migration from eastern Europe** is more heterogeneous by comparison. Although some of the migrating women come to Germany with family ideas from their country of origin, or they are women who started and expanded their family there, the migration regulations for *Aussiedler* do not include any conditions relating to their marital status (unlike the marriage-related migrants); instead, they just need to prove German descent. Another factor that ought to be taken into account is that marriage-related migration can have very different specifications, depending on the women’s region of origin and their level of education.

For the **eastern European women** the migration and the assimilation requirements and qualification demands after the migration led to putting off further births, as was also described by Nauck for the Turkish pioneer generation (labour migration).¹⁹⁵ In the qualitative interviews terminations just before or after the migration were explained by citing the separation as well as by explaining that they did not want to make their “arrival in Germany” or their ability to secure their status in Germany any more difficult by having to take care of a small child. This delay does

¹⁹⁴ Milewski 2007

¹⁹⁵ Nauck 1989

not exist for marriage-related migration or when families are reunited in Germany. Milewski found a “move effect” with a birth within the first few years, “because these migrants were largely newly-weds and the first child is generally born in the first years of a marriage.”¹⁹⁶ Migration therefore does not always have the same effect on the women’s reproductive biography. Delaying births after the migration is determined by the women’s family status and their family aspirations when they migrate, on the one hand, and by their desire to be independent and find skilled or semi-skilled employment on the other.

In general, the significance of the family and family cohesion increase during the migration (families come closer together)¹⁹⁷ and this too can influence family planning in the second generation. The preference for intra-ethnic relationships, as described, together with tensions between the first and second generation within the migrant groups, result in a restricted marriage market, which is not true in this form for women without a migrant background.

Traditional socialization or assimilation or both?

It can be assumed for the second generation that their family planning will be influenced by the socialization their parents received in their country of origin and that elements of this socialization are passed on to the next generation in Germany. Thus, a number of family-planning aspects and the women’s reproductive biographies in the second generation do not fit in with the pattern conventional in Germany. This is expressed in the fact that the second generation women in both migrant groups still get married at a significantly younger age than their west German counterparts. The attitudes about premarital sexuality associated with the Muslim faith held by **Turkish women** still play a role; therefore marriage has a greater significance for them than for west German women as a rite of passage in their lives. Furthermore, the extent to which children are taken for granted, and the high value placed on them and on family, remain in the second generation.

In the **eastern European group** the high degree of orientation to family and the degree to which children are taken for granted remain significant for the second generation too; the same is, however, also true for their occupational orientation and their ideas about personal responsibility regarding contraception. The countries of origin are frequently cited as positive examples when it comes to the organization of childcare and the way in which family and work can be reconciled. At the same time there are also major changes, particularly among the second generation, which can be seen as “assimilating” to the German reproductive culture. Among the **Turkish women** the number of children goes down significantly: the desire to offer

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children a good future requires more targeted life planning that limits the number of children and involves using contraception earlier. This is also true for the **eastern European migrants**. The contraceptive behaviour changes significantly (the second-generation migrants receive sexuality education in school) and termination rates drop to almost the level of the women without a migrant background.

However, it would be incorrect to say the women *either* maintain the pattern they “brought” with them *or* they adopt the “German” pattern. The developments can rather be characterized by saying that the migrant women confront the specific conditions in Germany on the basis of the family-planning patterns they “brought” with them. Both groups – and all women in Germany – are confronted with the institutionalized separation of the biography into two phases, a youthful phase characterized by freedom, education, and independent living, and, following on, but distinct from it, a family phase with “responsibility” and commitment. Only when the first phase is complete and the demanding requirements (including personal maturity) are met, can a family be started.

This pattern is alien and new for both migrant groups: it is new for the **Turkish group** because access to higher qualifications is new to a migrant group that was largely recruited precisely because of its low qualifications; it is new for the **eastern European migrants** because in their countries of origin continuing education and family are compatible and good childcare facilities exist. The biographical concepts described in →chapter 6.5 revealed that either the women adopted this two-phase nature of the biography by delaying having the first child or making compromises between the desire for early motherhood and their educational aspirations. Both groups are also confronted with the fact that the responsibility for the future of the children lies in the hands of the parents, and this is a powerful motive to limit the number of children.

The conclusion that can be drawn from this is that in matters relating to sexuality education and family planning, migrant women cannot be defined by the culture of their country of origin, nor can it be demanded of them that they just adapt to the “German pattern”. Good advice services need to include the ability to understand how migrant women (in a heterogeneous manner and moderated by education and their social situation) want to shape their family lives under the conditions prevailing in Germany, and to support them in implementing their wishes.

A large, light gray, stylized letter 'L' is positioned in the upper left quadrant of the page. The letter has a classic, slightly calligraphic feel with a thick vertical stem and a horizontal base that tapers slightly to the right. The background is a solid, vibrant red color.

11 Literature

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A

Appendix

- A** *Target group-oriented selection decisions*
- B** *Supplementing information about the methodological approach*
- C** *Descriptions of the samples*
- D** *List of figures*
- E** *List of tables*

Target group-oriented selection decisions

The socio-geographical approach, the choice of two migrant groups and the age window 20–44 are among the significant strategy decisions that had to be made before the quantitative and qualitative surveys were conducted. They will be justified in a more in-depth manner in the following section.

Determining the target group in the socio-geographical approach

One of the study's significant starting points is the socio-geographical approach with four west German cities as survey locations and the limitation to two chosen migrant groups. The background behind foregoing a nationwide representative sample is that it would either have required a significant size in order to obtain migrant subgroups of usable dimensions, or a substantial organizational and financial effort in all regions in order to achieve targeted access to groups with a specifically defined migrant background. Rural areas would be very hard to manage in this way, because a large number of municipalities would need to be included.

Choosing four west German cities was a pragmatic solution, which can also be justified by the fact that around 50% of migrants live in towns with a population of more than 100,000.¹⁹⁸ Oberhausen, Stuttgart, Nuremberg and Berlin were chosen because the cities themselves have an interest in the municipal data on the social and family situation of migrants for the maintenance of a knowledge-base for municipal family policy and because they were able to participate financially and logistically in conducting the survey. All four cities have an above-average proportion of people with non-German citizenship (table A-1). Differentiating by country of origin illustrates that the Turkish population makes up the largest group, while people with the citizenship of one of the successor states of the Soviet Union are always among the top four groups of foreigners.

¹⁹⁸ Schönwälder/Söhn 2007

Table A-1: Percentage of the foreign population and the population with a migrant background in the four survey areas in 2008 (absolute in thousands, in %)

group	total population		foreign population		people with a migrant background	
	absolute		absolute	in %	absolute	in %
Nuremberg*	501		101	20,2	192	38,3
Stuttgart*	595		130	21,8	222	37,3
Berlin*	3,408		471	13,8	810	23,8
Oberhausen**	217		30	13,8	52	24,1
Germany*	82,257		7,280	8,9	15,411	18,7

*Statistische Ämter des Bundes und der Länder 2009

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The local residents' registers generally record citizenship. The choice of survey locations meant that there was a sufficiently large population of the chosen migrant groups (because of the data situation initially defined by the criterion Turkish / eastern European citizenship) and access was guaranteed via the local residents' registers. In addition it was possible to conduct targeted publicity in order to increase the acceptance of the study and therefore the women's willingness to participate.

Furthermore, a socio-geographical approach offers the chance of comparing the specific migration profiles of the cities and of reconstructing the municipal conditions in their significance for family and family planning. Finally, the confrontation between the culture and beliefs the migrants brought with them from their country of origin and what they found in Germany takes place while dealing with the opportunities and discrimination experienced in everyday life and in the specific surroundings, which shape the migrant families and family development just as much as the implementation of participation and integration.

As a result of the sampling method described in section B1, the two foreign-women samples could be expanded by including women with the suitable (family) migrant background but with German citizenship. This mainly affected the recruitment of *Aussiedler*.

Selecting the migrant groups

The overall group 'women with a migrant background' exhibits great heterogeneity with regard to ethnicity, method of migration and legal status, but also with regard to educational background and social situation. For this reason it was decided that the resources for the interviews should be concentrated and that the survey should focus on two chosen migrant groups that are comparatively homogeneous with regards to their origin and their migrant history or for which homogeneous sub-groups can be formed (e.g. marriage-related migrants in the group of women with a Turkish migrant background) and to compare them with west German women without a migrant background.

One of the selected groups was women with a Turkish migrant background, who make up the largest proportion of the migrant population. The second migrant group included women with a (family) origin from one of the European or Asian successor states of the former Soviet Union (for reasons of simplicity termed "eastern European group"). In consultation with the partners, the eastern European group in Stuttgart and Nuremberg was made up exclusively of women from *Aussiedler* families¹⁹⁹, in Berlin of women with a migrant background from one of the former Soviet states in general, regardless of whether they possess *Aussiedler* status or not.

In Oberhausen the selection of the second migrant group was somewhat more difficult. Since the total number of women with an eastern European background was too small here to obtain a sufficient number of addresses from the residents' register, a decision was made to expand the sample to include women with a south-east European migrant background. These additional countries include the successor states of former Yugoslavia as well as Romania and Bulgaria. Given the desired relative homogeneity within the participant migrant groups, such a composition can be justified by the fact that all of the countries included here have a communist past and are currently in transition.

Thus, two migrant groups were selected in each of the four cities which are dominant both there as well as in the total population; at the same time, because of the different socio-cultural and ethno-religious conditions in the societies of origin, they can be seen as a good contrast. An additional factor is that both groups have limited access to sexuality education and advice services in the area of family and family planning, which can be explained by the different ideas of gender roles and sexuality, and different communication structures from the German majority, as well as by linguistic barriers.

199 For ease of reference, we shall remind readers here what an *Aussiedler* is, namely a person of proven German descent living in eastern Europe or the former Soviet union, and desirous of migrating to Germany. Such persons have been treated as German nationals. It should be noted in this connexion that the children and spouses of *Aussiedler* are also treated as *Aussiedler* on their entry to the Federal Republic, and likewise given German passports, even though they themselves may not be of German descent.

Definition of the target groups

A primary survey with migrant women demands that the target group is defined, or that the indicators with which the migrant background is determined are defined. In migrant research the samples in official statistics were, for a long time, based entirely on citizenship or foreigner status because of the data situation. However, the “foreigner” group does not include all of the women who moved to Germany, since women who migrated to Germany and were then naturalized, or *Aussiedler* with a German passport could not, by the “foreigner” criterion, be identified as women with a migrant background. In addition the foreigner-status alone does not reveal whether an individual experienced the migration personally and was thus required to perform specific orientation, adaptation and integration efforts, or whether she was born in Germany as the daughter of migrant parents. With regard to the question of what impact the personal migration experience had on family planning, this approach would not allow a differentiation within the sample. For these reasons the characteristic “migrant background” was defined in the study “women’s lives” on the basis of the definition adopted in the 2005 microcensus.²⁰⁰ The central defining criterion here is not citizenship, it is the country of birth of the target person or of her parents. Therefore a Turkish or eastern European migrant background exists when the survey participant or at least one of her parents was born in Turkey or in one of the successor states of the former Soviet Union and then migrated to Germany.

Determining the age window

The age window was set at between 20 and 44, since it incorporates the women’s relevant reproductive phase and also because it follows on nicely from the age window in the youth studies about contraceptive behaviour and sexuality. The frame is wide enough to make a comparison between the older women, aged 35–44, and the young women, aged 20–34. Finally, this age window means this study can be compared on equal terms, so to speak, with the previous study “frauen leben – Eine Studie zu Lebensläufen und Familienplanung” (1997–1999)²⁰¹.

²⁰⁰ Statistisches Bundesamt 2009a

²⁰¹ Helfferich 2001

Supplementary information about the methodological approach



The study's overall design, which consists of a standardized and a qualitative survey section, was described in → *chapter 2*. The following sections provide additional information about how the two sub-studies were conducted and about the women's willingness to participate in them.

B1 Additional information about the quantitative survey

Survey tool

Developing the survey tool of the standardized section took place on the basis of the questionnaire used in the predecessor study "frauen leben – Eine Studie zu Lebensläufen und Familienplanung".²⁰² With regard to the migrant-women target group, a migrant-sensitive survey tool had to be developed with which the migrants' specific life situation and the migration experiences could be adequately described and that can be tailored to family-planning questions for native populations as well as to migrant samples.

The questionnaire contained questions about the women's migration history, about the central data of their reproductive biography and about the subjects of contraception, the desire to have children, abortions, current family situation, and social situation. In addition there were questions about different aspects relating to family planning.

With regard to the questionnaire's structure / the order of the questions, the first task was to determine the women's migrant background and context, in order to identify

202 Helfferich 2001

203 These were women whose only nationality was German, but whose migration background was neither Turkish nor eastern European.

women not belonging to any of the three target groups as quickly as possible and to make a selection before the start of the actual survey.²⁰³ Furthermore the women with a Turkish or eastern European migrant background who were initially in the west German sample because the only citizenship they possessed was the German one could be put into the relevant migrant category appropriate to their (family) origin.

In addition to the participants' country of birth or that of their parents, which was primarily used to make a final classification, further characteristics of the migration context were determined, since it can be assumed that they, along with the socio-structural variables, have an influence on family planning. These data includes the year the women / their parents moved to Germany, their marital status at the time of their migration, their legal residency status, their native language, as well as the migrant background of their partner (country of birth of the partner and his parents and, if applicable, the year he moved to Germany).

A further factor that was important for the questionnaire's structure was to place the subjects of contraception, terminations, religious affiliation and income closer to the end, because answering such questions requires a certain degree of trust and could create resistance, thereby impairing the rest of the interview.

The content of the questionnaires was structured as follows:

- Section 0: Migration background of the person questioned
- Section A: current relationship, children, whether the pregnancies carried to term were planned, desire for children, attitudes to family and children
- Section B: educational and vocational qualifications and work situation (participants and partners if applicable), partner's migrant background, attitudes to work and family
- Section C: parental home, extended family network
- Section D: taking advantage of advice services, need for information and advice about sexuality education and family planning, sources of information
- Section E: current contraceptive behaviour, experiences with contraceptives, decreased fertility, terminations
- Section E: religion, income, taking stock (of their own lives compared to their parents' lives)

A total of 20 test interviews were conducted on 20–44-year-old women with and without a migrant background for the development of the questionnaire's final version. The aim was to test and assess the acceptance of the questions' contents, the clarity of the questionnaire structure and the intelligibility of the questions for women with and without a migrant background.

In order to avoid drop-outs because of inadequate German language skills, which would result in a skewed sample, the questionnaire was also translated into Turkish for the first survey phase (survey in Oberhausen and Stuttgart) and Turkish-speaking interviewers were used. Because of their linguistic heterogeneity and the limited financial resources, the same could not be done with the second migrant group. The women from the eastern European group could therefore only be asked in the first project phase if they possessed sufficiently good German language skills. During the second project phase (Berlin, Nuremberg) it was possible to conduct the telephone interview in German or in the women's native languages for both migrant groups.

Sample size and sampling procedure

A total of 2,500 telephone interviews were conducted for the study. The sub-samples for the individual survey locations and the three target groups were disproportional, i.e. the four regions and the three groups were not proportionately represented in the overall sample, instead there were set sizes designed to guarantee that regional and group-related evaluations were possible. Of the 2,500 interviews conducted, one-third were devoted to each of the three target groups. With regard to the potential distortion resulting from age-related (un)willingness to participate in the study, the sample included set numbers of women from certain age ranges. This ensured that the two fixed age brackets, 20–34 and 35–44, were represented equally in the sub-samples and the three groups.

Obtaining the initial samples (random sampling, complete survey if applicable) was done with the help of the registers of residents in the four participating municipalities; TNS Emnid was responsible for researching the relevant telephone numbers after being given the selected initial addresses. The number of addresses selected has to be much higher than the desired number of interviews. In addition to the expected sample-neutral failures, and possible refusals, it also had to be kept in mind that it would not be possible to find a telephone number for all of the addresses.

Because of the data situation in the registers of residents, the initial selection of the three groups was largely done by (first and second) citizenship. During the sampling process for the *Aussiedler*, who usually possess only German citizenship, the place / country of birth was also taken into account. In Stuttgart it was possible to use the city-specific code for the places of birth. Thus the selection was done via the two characteristics “German citizenship” and “born in an area in one of the successor states of the Soviet Union typical of *Aussiedler*” (toponomastic method). In Nuremberg the two characteristic combinations “1) German citizenship and 2) citizenship of a successor state of the Soviet Union” or “one of these states as the target person's country of birth” were used in order to obtain the sample of *Aussiedler*.

Because of the data situation in the municipal registers of residents, it was necessary to check the group allocation at the start of the telephone interviews with relevant questions about the target person's / her parents' country of birth. If *Aussiedler* or naturalized Turkish or eastern European women had been allocated to the 'west German group', they were moved to one of the two migrant groups in line with their (family) origin. These screening questions also removed some naturalized women who had a migrant background that was not Turkish or eastern European.

Accompanying measures

In order to create a climate of acceptance for the study among the target subjects, so that the general motivation to participate in the interviews would be heightened and it would be easier for the interviewers to approach the women, additional measures were taken and publicity was also important:

Firstly, the selected subjects from the initial sample received letters from the participating municipalities shortly before the start of the survey. With regard to the two migrant groups, these letters were written both in German and in Turkish or Russian.²⁰⁴ In addition to the request that they participate in the telephone interview, the letter also contained further information about the study's goals, the participating research institutions and the client (BzgA), as well as information about data protection and the voluntary nature of their participation. In Oberhausen and Berlin the study was also presented in the local media, highlighting the research project's legitimate, scientific nature.

Otherwise it was possible (as always in TNS Emnid's telephone surveys) for the participants to call back TNS Emnid for free if they wanted to make sure of the legitimacy of the survey or if they had questions about the procedure (anonymity).

Finally information about the study's backgrounds, the client and about contact persons was also made available on the SoFFI F. homepage, which also addressed questions that could be relevant for the women contacted, e.g. with regard to data protection.

Conducting the survey

In order to conduct the survey, the questionnaire was put into a programmed version, since the interviews were to be conducted by interviewers trained in CATI, computer-assisted telephone interviewing, in the TNS Emnid telephone studios. In order to achieve the greatest possible response-rate, only female interviewers were used, since experience has shown that women are more willing to provide

204 Because of the linguistic heterogeneity of the eastern European women, and the limited financial resources, they were only written to in Russian (in addition to German) in the second project phase (surveys in Berlin and Nuremberg).

information about subjects such as the desire to have children and family planning to other women. For that same reason, bilingual interviewers were used, in order to give the Turkish and eastern European women the choice of being interviewed in German or in their native language.²⁰⁵ This latter service was taken advantage of relatively often, particularly by the Turkish women. In addition it was true of both migrant groups that the older women (35–44) were somewhat more likely than the younger ones to request that their interview be conducted in their native language.

Interview duration

With regard to interview duration, a distinction should be made between the net time and the gross time. The net time is the time the interviewers needed for the questionnaire, i.e. the time in which they were in contact with a target subject. The gross time refers to the total time required to obtain a (successful) interview, i.e. all of the contact attempts, appointment negotiations and all of the futile contacts with homes in which no target person was available, or where the target person refused an interview, or where the interview was aborted somewhere along the way. The average gross time in the four cities was between 35 and 44 minutes, the net time between 26 and 29 minutes. This difference between net and gross times illustrates that in some cases a lot of effort was needed in order to obtain an interview. In order to acquire the agreed number of interviews, many more homes were contacted and appointments made.

Response rate and willingness to participate

When presenting the final response-rate (i.e. number of successful interviews as a proportion of the number of initially identified potential interviewees), a distinction has to be made between failures that occurred before establishing contact (such as incorrect telephone numbers, non-existent numbers etc.), failures that occurred while in contact with the household (where it proved impossible to make contact with the target individual) and failures while in contact with the target individual. Table B1-1 gives a differentiated overview of the reasons for these failures for each of the four survey locations. The figures are presented as percentages in order to facilitate comparisons.

The failures log illustrates that, if all the different reasons are taken together, there were around twice as many refusals by target subjects in Oberhausen and Stuttgart as in Berlin and Nuremberg. While the majority of the refusals in the latter two cities came about because the women “weren’t interested in the subject”, the refusals by the women in Oberhausen and Stuttgart were largely because they had objections to the study in principle.

Overall, the target subjects’ willingness to participate was relatively high. In addition to the comparatively low percentage of refusals, the number of interviews that were

terminated before the interview was complete was between 0.3% (Nuremberg) and 1% (Stuttgart), i.e. extremely low.

If the percentage of successful interviews is compared, not with the total number of addresses contacted (as depicted in table B1-1), but with the sum of contacts with target persons, then interviews were successfully conducted around half the time in Oberhausen, Stuttgart and Berlin, while the corresponding figure in Nuremberg was as high as 63%. The percentage is even higher when those contacts are ignored where the target individual could not conduct the interview for reasons not connected with her personal choice, such as “non-membership to the target group” and “interview not possible during the survey period”.

205 Only in the second project phase (Berlin and Nuremberg) did the eastern European women have the opportunity of having the interview conducted in Russian.

Table B1-1: **Reasons for interview failure in the survey regions**
(figures in % of all the addresses contacted in the telephone survey)

	Ober- hausen	Stutt- gart	Nurem- berg	Berlin
contact failures				
...incorrect number	14.0	8.9	13.3	11.0
...information tone / fax	0.6	0.8	1.1	1.2
...answer machine	3.3	3.3	4.2	5.5
...no answer	7.8	15.9	11.6	14.2
...engaged	0.4	0.3	0.2	0.6
<i>total number of contact failures before contact was established</i>	<i>26.1</i>	<i>29.2</i>	<i>30.4</i>	<i>32.5</i>
contact with household (HH)				
TP not known in HH	2.9	0.4	0.8	1.7
TP does not live in HH anymore	7.0	2.2	1.2	1.1
TP ill / on holiday	1.1	1.3	0.6	0.7
initial contact with HH / TP successful, but no interview because necessary number / end of survey period already reached	4.9	11.7	13.4	16.9
categorical refusal, no access to target person	7.1	4.3	11.2	10.5
contact person refuses in name of target person	–*	–*	2.7	2.3
<i>total number of contact problems when contact with household occurred</i>	<i>23.0</i>	<i>19.9</i>	<i>29.9</i>	<i>33.2</i>
contact with target person				
no interview possible during survey period according to target person	1.3	1.5	1.2	2.9
TP not a member of target group according to internal screening	1.2	0.6	2.0	1.8
TP not a member of target group according to target person	0.2	0.3	0.2	0.1
TP has already participated according to TP / HH	0.3	0.2	0.2	0.1
TP does not speak any of the interview languages sufficiently well	2.8	1.7	0.2	0.1
Refusal ...				
... on principle	15.5	16.2	1.0	1.7
...no interest in subject	–*	–*	7.3	6.6

continued on next page >

Continuation of Table B1-1

	Ober- hausen	Stutt- gart	Nurem- berg	Berlin
Contact with target person				
... no time	3.1	4.9	1.3	1.3
... other	0.1	0.1	1.2	0.7
<i>total failures after contact with TP was established</i>	<i>24.5</i>	<i>25.5</i>	<i>14.6</i>	<i>15.3</i>
interview aborted	0.5	1.0	0.	0.4
system error, not analysable	1.0	0.3	./.	0.0
successful interviews	25.3	24.2	24.8	18.6
sum	100	100	100	100

HH = household

TP = target person

*no data

Source: BZgA, data set "women's lives II" 2009, 20–44-year-old women with and without a migrant background

B2 Additional information about the qualitative survey

The qualitative survey component consisted of several approaches. Qualitative, partially narrative-biographical interviews and group discussions were conducted and experts were also interviewed. The tools and implementation method will be presented in the following section, and the sample quality discussed

B2.1 Additional information about the partially narrative biographical one-on-one interviews

During the first survey phase 25 qualitative partially narrative-biographical interviews were conducted with women who had a Turkish or eastern European migrant background; during the second survey phase 20 interviews were conducted in Berlin. The target group was the same as for the standardized interviews, except that the age was lowered to 18 from 20. The two-phase nature of the survey was because the interviews of the first phase were used to get ideas for constructing the standardized questionnaires. During the second phase, aspects of family planning in women's lives could be explored in more detail.

Choice of the interview form and evaluation strategies

Good experiences had already been made with the partial narrative survey method, assisted by set guidelines, in the predecessor studies "frauen leben – Eine Studie zu Lebensläufen und Familienplanung" and in the corresponding study on family planning in men's lives. This method is called "partial narrative" because the guidelines generate several partial narratives by prompting stories, which were then followed up by further questions (see below: survey tool). This method is suitable for serving two evaluative interests: one aim was to reconstruct subjective perspectives, which requires free narrative (as far as possible). When the women are allowed to choose the subjects they want to focus on, it is possible to reconstruct their biographical concepts. A second aim was to obtain evaluations on specific subjects. In order to ensure that all of them were addressed in every single interview, relevant questions were asked if the women did not address them of their own accord, but they were an obligatory part of the guidelines.

The evaluative methods were also adapted to the questions. Approaches included in-depth hermeneutics as well as category-forming approaches based on content analysis. All of the methods are introduced in the chapter introductions in which results are reported.

Survey tool: guidelines

The interview guidelines were closely based on the interview guidelines from the project “frauen leben – Eine Studie zu Lebensläufen und Familienplanung”. It largely consists of three major narrative prompts about the life phases of childhood, adolescence and adulthood (“Could you talk about...”). There were set keywords for the individual areas that the interviewers were to use in order to ask further questions in case the women did not bring up relevant aspects on their own. The purpose of this was to ensure that certain subjects were addressed in all the interviews, thereby increasing the comparability of those aspects. In the fourth part, there were specific questions about contraceptive experiences; in the final section there were several obligatory questions with set wording about the women’s attitudes to their own sexuality education and the sexuality education of their daughters, if applicable, and about their wishes with regard to planning children as part of life planning. The general procedure of creating the guidelines can be looked up in the in-depth manual “Die Qualität qualitativer Daten”.²⁰⁶

The subject “sexual experiences” was brought up as a “wild card”. This meant that, using the guideline structure, questions were only asked about this subject when it was mentioned by the women themselves (in connection with puberty or later on in their biography, e.g. coinciding with their marriage). Questions about the migration were also brought up as a “wild card”, which could be “used” at the appropriate biographical time. Questions about waiting for a first pregnancy and about terminations were also only asked when the women addressed these subjects.

Specific questions and stimuli about the migration event were avoided in order to make space for different relevant factors about the migration and not to encourage the narrative structure “I as a migrant”. Nevertheless the guidelines were supplemented by migration-sensitive questions, such as whether the women continued the traditions of their own parents. The guidelines were used in this form in both survey phases.

Recruitment

During the *first survey phase* institutions in Oberhausen and Stuttgart, and also Freiburg, that were in contact with the migrant groups were approached and asked to pass on contacts. When the native-language interviewers were personally in touch with the women, social networks could be activated. In order to satisfy the quality criterion of qualitative samples – heterogeneity, and representation of different

²⁰⁶ Helfferich 2009

combinations of characteristics – the requirement was laid down that women with both low and high qualifications were to be interviewed. Further variation characteristics were age, migrant history (family migration, family followed later, marriage-related migration, first or second generation), relationship status, presence of children, and employment status.

Generally speaking, it was not easy to get in touch with the target group. It was hardest of all to obtain an interview with highly qualified Turkish women. The willingness to participate in the interview was increased by the interviewers having a similar cultural background, and the interviews were particularly successful when the interviewers were able to make the women understand that all the data would be treated confidentially.

As was done during the predecessor studies, the women participating in the *second survey phase* were asked at the end of the standardized telephone interviews whether they were willing to participate in this second, different kind of interview. After the evaluation of the standardized interviews it was clear that while the highest abortion rates occurred in the migrant groups, while at the same time and hardly any of the women in the qualitative interviews of the first qualitative survey phase reported abortions, there was a special interest in the question of abortions. For that reason ten women from each of the migrant groups were selected who had said during the standardized telephone survey that they had had a termination.

If the women were willing to participate in a qualitative sub-survey, their names and telephone numbers were passed on by TNS Emnid to the project management in Freiburg and passed on to the interviewers from there. Using the approach of creating a contrasting sample composition, women with differently high qualifications were included in the sample. The standardized telephone interview got the survey participants so interested that the willingness to participate in further interviews was high; therefore it was possible to make a selection.

Implementation and willingness to participate

The interviewers were trained. When the women were asked whether they wanted to participate, they were first informed about the provisions that had been made to assure their data would be protected, and a financial incentive of 20 euros was offered to compensate them for their efforts.

The interviews were recorded on tape, and an interview log was filled in that included comments about any noteworthy features of the interview (atmosphere, interruptions etc.) as well as the participant's motivation.²⁰⁷

207 On the assessment of the willingness to participate and on the measures to promote it, see chapter 2; on the procedural rules: Helfferich 2009.

B2.2 Additional information about the group discussions

During the first survey phase 15 group discussions were held in the survey locations of Oberhausen, Stuttgart and Freiburg.

Choice of survey method and evaluation strategies

Group discussions capture collective opinions as a particular extract of social reality if the groups chosen are “real groups”, i.e. groups consisting of women who know each other and who have a shared background of experiences, from which collective opinions then emerge. Such groups were selected in the first survey phase. The initial evaluation only looked at the question of what subject strategies should be taken into account in the standardized questionnaire. A later special evaluation about the question of attitudes to sexuality education will be published separately.

Recruitment

The women were approached in the same way as described for the one-on-one interviews of the first survey phase. Criteria were set that aimed at creating mixed groups; this mainly affected level of education and current employment situation.

Survey tool: stimuli group discussion

The purpose of the stimuli was to initiate unprompted debate among the participant in the group discussions on the following topics:

- family planning, family planning terms
- freedom, rules, relationships
- contraception and terminations
- sexuality education

Execution and willingness to participate

When the women were asked whether they were willing to participate in the group discussion, they were informed about the provisions made in order to ensure their data would be protected. The discussions were recorded and transcribed. The women’s willingness to participate and speak out during the interviews was high.

B2.3 Additional information about the expert interviews

The expert discussions were conducted during the final project phase, after the evaluation results of the standardized survey were already in. The focus of this sub-survey was the experts' experiences and professional knowledge about terminations and contraception with regard to migrant women. Nine interviews were conducted in several towns in Germany.

Choosing the survey method and evaluation strategies

Expert interviews have the function of providing professional knowledge on expert issues.²⁰⁸ A standardized interview provides statements about frequencies and about probability correlations; for some results it was therefore desirable to obtain expert knowledge about the causalities behind these probabilities. The expert statements were arranged by content and added to the concluding sections of the individual chapters in summarized form as expert commentaries on those issues.

Recruitment

The chosen experts dealt with one of the two migrant groups regarding family-planning issues in their professional practice. These experts mainly came from the gynaecological field and advice centres. Contact with these experts was through professional connexions.

Survey tool: guidelines

Guidelines were set up with shared questions that were further tweaked and tailored for each of the two migrant groups. The first block of questions, dealing with terminations, presented the results on the common reasons for terminations and then asked the expert to comment on and validate the findings. The experts were also asked to comment on the significance for termination events of the failure to use contraception. The block of questions about contraception asked the experts to provide an assessment of the migrant groups' attitude to early motherhood, and to provide explanatory and additional comments on the findings about contraception. Statements about the women's knowledge deficits and sources of information made up the third main block. The concluding question addressed the experts' personal priorities for improving services. Only the experts on Turkish women were asked

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about whether Turkish women were aware of the problems associated with marrying a close relative and about the terminological inexactitude of Turkish expressions for “termination/abortion/miscarriage”.

Execution

Some of the interviews were conducted over the telephone. They were recorded and then transcribed in simplified form.

Descriptions of the samples



C1 Description of the sample of the quantitative survey

Table C1-1: Sample description of the quantitative sub-study (telephone survey, figures in %)

	group	Turkish women n=842	eastern European women n=832	west German women n=839
age				
	20–34-year-olds	43.0	50.5	49.1
	35–44-year-olds	57.0	49.5	50.9
generation¹				
	1st generation	60.1	82.2	–
	2nd generation	39.9	17.8	–
marital status				
	married, cohabiting	82.5	68.4	50.4
	married, living apart	1.0	2.3	1.9
	divorced	3.1	7.1	4.8
	widowed	0.5	1.1	0.5
	unmarried	12.9	21.2	42.5
living arrangements				
	married	82.6	68.5	50.4
	cohabiting but not married	0.1	4.7	10.9

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continuation of Table C1-1

group	Turkish women	eastern European women	west German women
steady relationship with separate households	3.3	10.1	16.0
living alone without steady partner	13.9	16.7	22.8
total number of biological children²	<i>n</i> =842 (<i>n</i> =480)	<i>n</i> =832 (<i>n</i> =412)	<i>n</i> =839 (<i>n</i> =427)
no children	18.9	25.2	44.3
one child	14.0	27.5	24.0
two children	34.9	37.9	24.7
three children	23.9	7.2	5.5
four or more children	8.3	2.2	1.6
average²	1.9 (2.4)	1.3 (1.8)	1.0 (1.5)
educational qualifications (recognized in Germany)	<i>n</i> =823	<i>n</i> =823	<i>n</i> =838
Hauptschule (basic secondary education)	41.8	9.0	9.9
Realschule (middle school)	25.4	34.0	32.5
secondary education to 18+	14.5	38.5	56.6
other educational qualification	1.1	0.7	0.5
educational qualification from another country	4.6	14.5	–
no educational qualifications	11.7	1.7	0.5
still in school	1.0	1.6	0.1
highest vocational qualifications³	<i>n</i> =823	<i>n</i> =829	<i>n</i> =836
semi-skilled training	9.4	1.5	0.6
apprenticeship without schooling	29.3	45.0	56.2
university / college degree	6.9	30.6	28.0
other qualifications	0.9	0.8	–
still obtaining vocational qualifications / degree	6.1	10.5	10.4
no vocational qualifications and not in training	47.5	11.6	4.8

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continuation of Table C1-1

group	Turkish women	eastern European women	west German women
hours at work (hours per week)	<i>n</i> =830	<i>n</i> =824	<i>n</i> =832
not working	52.8	33,6	19.0
1–14 hours	12.4	10.3	12.1
15–34 hours	17.4	23.8	28.5
more than 35 hours	17.5	32.3	40.4
occupational position⁴	<i>n</i> =311	<i>n</i> =465	<i>n</i> =601
semi-skilled / unskilled labour	39.9	31.0	12.0
skilled labour with vocational qualifications	21.5	34.6	47.8
highly qualified / management position	7.4	12.0	21.8
self-employed	6.8	7.7	7.8
trainee / apprentice / occupational further training / advanced training	11.3	10.8	7.3
other	13.2	3.9	3.3
status of those working fewer than 15 hours a week or not at all	<i>n</i> =532	<i>n</i> =352	<i>n</i> =257
homemaker	70.3	36.7	33.1
unemployed	10.9	22.2	9.7
pregnancy leave / maternity leave	11.1	16.8	21.8
student	3.4	15.1	30.4
other	4.3	9.4	6.7
net household income (euros)	<i>n</i> =739	<i>n</i> =763	<i>n</i> =722
under 1,000	18.0	17.6	9.8
1,000–under 2,500	52.1	41.9	30.9
2,000–under 3,000	23.8	30.7	28.3
3,000 or more	6.1	9.8	31.0

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continuation of Table C1-1

group	Turkish women	eastern European women	west German women
religious affiliation	<i>n=825</i>	<i>n=300</i>	<i>n=837</i>
Protestant	0.0	31.3	44.7
Roman Catholic	0.1	54.0	26.6
other Christian	1.1	3.3	2.0
Sunni	55.5	0.0	0.0
Alevi	7.4	0.0	0.0
other Islamic	29.6	2.8	0.1
other	3.0	4.5	0.8
no denomination	3.3	12.8	25.7

¹ The first generation includes all those who were at least 12 when they migrated to Germany; the second generation includes those women with a migrant background who were born in Germany or were under 12 when they came to Germany.

² The figures in the brackets refer to the number of cases or the average values for the women over the age of 34.

³ The highest qualifications count, regardless of whether they were obtained in the country of origin or in Germany.

⁴ For all women who work at least 15 hours per week or who are on pregnancy / maternity leave

Source: BZgA, data set "women's lives II" 2009, 20–44-year-old women with and without a migrant background

C2 Description of the sample of the qualitative survey

The qualitative sample of the biographical one-on-one interviews fulfils very well the quality criterion of having as many different cases as possible represented (different qualifications, different migration experiences).

Table C2-1: Sample partial narrative one-on-one interviews

Code	Age	Age at migration (at marriage / at birth of 1st child)	Qualifications: educational / vocational qualifications	Employment status	Marital status / living arrangements	Number of children
Turkish interviews						
T-01	34	13 (20/27)	basic secondary / apprenticeship	homemaker	married	4
T-02	42	4 (23/24)	middle school / no vocational training	unskilled labour, part-time	living apart	2
T-03	44	8 (25/38)	secondary to 18+	student	married	2
T-04	32	19 (19/29) migration	basic secondary	in training	living apart	3
T-05	40	19 (18/19) migration	secondary to 18+ / apprenticeship	homemaker	married	2
T-06	29	25 (17/19)	basic secondary / no vocational training	homemaker	married	4
T-07	39	3 (18/23)	basic secondary / no vocational training	unskilled labour, part-time	married	2
T-08	42	15 (20/21)	basic secondary / no vocational training	homemaker	married	2
T-09	42	40 (18/20)	basic secondary / no vocational training	homemaker, only few hours of paid work	married	5
T-10	44	13 (19/20)	middle school / apprenticeship	unskilled labour, part-time	unmarried	4
T-11	38	6 (27/30)	university or college	homemaker	married	2
T-12	33	0 (19/21)	middle school / no vocational training	homemaker	married	2
T-13	38	20 (19/20) migration	secondary to 18+	unemployed	going through a divorce, relationship	2
T-14	32	20 (20/21) migration	secondary to 18+ / no vocational training	unskilled labour	married	2
T-15	20	0 –	middle school / no vocational training	in training	unmarried	–
T-16	31	3 –	university or college	hochqualifizierte Kraft	unmarried	–
T-17	23	0 –	secondary to 18+	student	unmarried	–
T-18	30	0 (19/23)	middle school / apprenticeship	skilled work	married	1, pregnant
T-19	33	3 (22/24)	middle school / apprenticeship	semi-skilled work, part-time	married	2

Source: "frauen leben – Familienplanung und Migration im Lebenslauf" 2007

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Code	Age	Age at migration (at marriage / at birth of 1st child)	Qualifications: educational / vocational qualifications	Employment status	Marital status / living arrangements	Number of children
eastern European interviews						
E-01	32	21 (26/32)	university MA	self-employed, part-time	married	1
E-02	32	30 (15/15)	middle school / apprenticeship	homemaker	married	1, pregnant
E-03	41	29 (18/19)	middle school / no vocational training	homemaker	married	3
E-04	45	0 (26/26)	university degree	highly qualified, part-time	married	2
E-05	33	21 (22/22)	basic secondary / apprenticeship	homemaker	living apart	3
E-06	38	29 (18/18)	middle school / apprenticeship	only few hours of paid work	married	3
E-07	31	8 (26/24)	secondary to 18+ / college	skilled work, part-time	married	1
E-08	39	23 (21/-)	middle school / college	skilled work, part-time	going through a divorce, relationship	-
E-09	43	27 (20/20)	university: doctorate	hochqualifizierte Kraft	relationship	1
E-10	28	13 (20/22)	middle school / apprenticeship	homemaker	married	1
E-11	39	34 (22/22)	university degree	highly qualified skilled work	divorced	3
E-12	20	8 (wedding planned/18)	basic secondary / apprenticeship	homemaker (parental leave)	unmarried	1
E-13	34	approx. 26 (18/-)	university degree	unskilled labour	unmarried, steady partner	-
E-14	32	27 (-/-)	university degree in country of origin university in Germany: MA	highly skilled work	unmarried, no steady partner	-
E-15	33	22 (approx. 27/27)	university degree in country of origin university degree in Germany	highly skilled work	married	1, pregnant
E-16	36	? > 29 years (after 2nd child (19/21)	university degree in engineering	unclear	married	2
E-17	19	19 (-/-), semester abroad	secondary to 18+	student	unmarried	-
E-18	32	25 (25/-)	university degree in the country of origin	student	married	-
E-19	27	11 (23/24)	middle school / apprenticeship	skilled work, part-time, tele-work	married	2
E-20	33	31 (19/19)	university degree	self-employed, part-time	married	2
E-21	22	9 (-/-)	secondary to 18+	student	steady relationship	-
E-22	29	23 (23/25)	university degree	homemaker	married	1
E-23	22	9 (-/-)	secondary to 18+	student	unmarried, steady partner	-
E-24	26	8 (-/-)	middle school / college	in training	unmarried, no steady partner	-
E-25	42	20 (19/20) Bosnia	middle school / dropped out of apprenticeship	part-time unskilled work	married	3
E-26	35	18 (19/21) Bosnia	basic secondary / apprenticeship	homemaker	married	5

Table C2-2: Group discussions – sample

Code	number of participants	age range	education	marital status	children	employment status	additional information
eastern European women							
GD-1-CS-03	4	mixed ages: 20, 38, 39, 51	3 university / college 1 apprenticeship	2 married 2 unmarried	4 with children	working	mostly migrated as adults, Oberhausen
GD-1-IK-01	3	35–38 years old	middle school vocational training	married	3–5 children	homemakers	between 22 and 24, at migration, from Croatia / Bosnia, very religious, Oberhausen
GD-2-AP-01	4	19–31 years old	secondary to 18+	3 unmarried 1 married	3 no children 1 with 2 children	students	migrated from the Ukraine, Uzbekistan, Russia Interview in English, Freiburg
GD-2-MN-01	4	27–32 years old	1 no qualifications 1 vocational training 2 university / college	unmarried, steady relationships	no children	semi-skilled work	Freiburg
GD-2-MN-02	3	29–32 years old	university / college	2 unmarried, steady relationships 1 married	no children	administrative work	Freiburg
GD-3-MN-01	3	32–33 years old	university / college	1 unmarried, steady relationships 2 married	1–2 children	highly qualified work	Migration as adults (22–29 years old), Stuttgart
GD-3-MN-02	4	30–35 years old	3 university / college 1 basic secondary	married, 1 living apart	2 children	2 had qualifications rejected, unskilled work 1 office worker 1 skilled manual	Migration as adults (25–30 years old), one as an adolescent, Stuttgart

Source: "frauen leben – Familienplanung und Migration im Lebenslauf" 2007

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continuation of Table C2-2

Code	number of participants	age range	education	marital status	children	employment status	additional information
Turkish women							
GD-1-CS-01	5	32–35 years old	3 primary school 2 secondary to 18+ no vocational training or apprenticeship	married, of which 2 going through divorce	2–4 children	unemployed	Oberhausen
GD-1-CS-02	3	20–34 years old	basic secondary or comprehensive to 16+, no vocational training	1 unmarried 2 married	1 no children, 1–2 children	2 homemaker 1 work experience	second generation, Oberhausen
GD-2-AD-01	3	21–23 years old	secondary to 18+	unmarried	children	students	Alevi, second generation, on, Freiburg
GD-2-AD-03	3	27–29 years old	2 middle school 1 university / college	married	1 no children 2 2 children	unknown	Freiburg
GD-2-AD-04	4	34–36 years old	3 middle school 1 primary school only vocational training	married	2 children	2 skilled manual 2 office work	Freiburg
GD-3-TE-01	3	26–38 years old	university / college	2 married 1 unmarried	1 no children 2 1–2 children	highly qualified work	Stuttgart
GD-3-TE-02	3	33–40 years old	1 basic secondary 2 middle school 2 no vocational training 1 vocational training	married	2–3 children	2 homemakers (1 minor employment) 1 civil servant	second generation
GD-3-TE-03	4	26–39 years old	unknown	3 married 1 divorced	2 children	3 homemaker 1 manual work	marriage-related migrants Stuttgart

Source: "frauen leben – Familienplanung und Migration im Lebenslauf" 2007

Table C2-3: Selection of the experts interviewed

location	type of practice	target group
eastern European women		
Hamburg	family planning advice centre (Frau Dr. Seyler)	with regard to eastern and southeastern European migrants, largely women from Poland, Bulgaria and Romania, rarely <i>Aussiedler</i> from the former Soviet Union
Berlin	family planning advice centre (Centre for Mental Health, Frau Es-Said)	currently more women from Poland and fewer women from the former Soviet Union
Berlin	gynaecological practice (Herr Rödel)	Russian-speaking patients
Turkish women		
Hamburg	family planning advice centre (Frau Dr. Seyler)	broad spectrum (generation, age, education) of Turkish women seeking advice
Munich	family planning advice centre (Frau Niederleitner)	Turkish girls, contact through schools
Bremen	gynaecological practice (Frau Dr. Celik)	tradition-oriented Muslim women, including marriage-related migrants, who want to get pregnant, young “modern” women wanting contraception
Berlin	gynaecological practice (Frau Dr. Kling-Mondon)	first and second generation
Berlin	family planning advice centre (Frau Wolf)	Turkish women of different ages and levels of education, but mainly lower qualifications
Berlin	midwife (Frau Wilde)	broad spectrum of women

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The bilingual online service of the BZgA presents studies, evaluations, model project and expert papers on the subjects of sexuality education, contraception and family, in German and English.

An important component of the BZgA's work is research and quality assurance as the foundation of effective and efficient sexuality education. This includes the ongoing development of the scientific foundations and checking the effectiveness of services and measures. For that reason the BZgA conducts numerous data surveys and studies and works closely with experts and research institutions across the country. The research work includes

- studies
- representative surveys
- evaluations
- expert papers

In order to make this work accessible to a broad specialist audience, the results are made available in print and online. The online services www.forschung.sexualaufklaerung.de and www.english.forschung.sexualaufklaerung.de provides fast access to the BZgA's open and completed research projects in English. A project profile and an abstract is available for every project. This basic information is supplemented by

- selected results
- further reading and links
- information about the experts
- background information

Additional information about the study 'women's lives – family planning and migration' is also available online, including the concluding academic conference, where the study results were presented and discussed.

Publications by the BZgA



frauen leben – Familienplanung und Migration im Lebenslauf
Summary of central results of a city study on women with a Turkish or eastern European migrant background. Together with the short report on the study the BZgA publishes a summary of the most important results of the quantitative evaluation.

Order number: 13050500

The short report is also available in English:

women's lives – Family Planning and Migration Throughout Life

Order number: 13050570



Migrantinnen und Migranten als Zielgruppe in der Sexuaufklärung und Familienplanung

The BZgA supports equal access to information and services relating to health. This brochure presents a framework concept on sexuality education and family planning for people with a migrant background, which was developed by the BZgA in collaboration with the federal states.

Order number: 13007000



Sexualität und Migration: Milieuspezifische Zugangswege für die Sexuaufklärung Jugendlicher

Sexuality and Migration: milieu-specific access routes for the sexuality education of young people

Around a third of young people in Germany have a migrant background. How can these young people be accessed in order to provide them with sexuality education? Are there specific information channels or needs? Can language preferences be identified? This representative survey aims to answer these and further questions.

Order number: 13319300



männer leben – Studie zu Lebensläufen und Familienplanung – Vertiefungsbericht

Based on the study “frauen leben. Eine Studie zu Lebenslauf und Familienplanung” (1998/1999) the BZgA commissioned the study “männer leben” in 2001, in order data about men’s attitudes to family planning.

Order number: 13300027

WWW.SEXUALAUFKLAERUNG.DE

The website <http://www.sexualaufklaerung.de> focuses on presenting media from the area of sexuality education, contraception and family planning. The web pages provide an overview over publications on current and completed studies, expert papers, examinations, campaigns and pilot projects addressing various target groups.

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- women's health and promoting health: literature, data, organizations
- prenatal diagnostics and an unfulfilled desire for children: information materials, educational brochures, media, measures

Sexuality education and family planning have been a focal point of the work done by the Bundeszentrale für gesundheitliche Aufklärung (BZgA) since 1992. The statutory remit to develop concepts obliges the BZgA to stimulate and promote an interdisciplinary discourse on sexuality, contraception and family planning in a special way. This is also an important element of quality control in this field. With its various publications the BZgA makes a contribution towards informing about and confronting these subjects.

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The Expert Study series publishes the opinions of experts as well as studies and pilot projects which reflect the current state of work on sexuality education and family planning. Special volumes also document the results of conferences and congresses.

The present volume examines the connection between family planning and migration as well as migrant women’s need for information and advice on subjects such as family planning and contraception. The study focuses on the evaluation of the qualitative survey. Questions about contraception and pregnancy terminations were contextualized in the reproductive lives of the interviewees. The effects of the migration event itself are addressed and the women’s lives are looked at in more detail.

The BZgA’s publications are available from the ordering address BZgA, 51101 Köln, or by email: order@bzga.de.



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