NAVIGATING NEW SOCIO-DEMOGRAPHIC LANDSCAPES: USING ANTHROPOLOGICAL DEMOGRAPHY TO UNDERSTAND THE 'PERSISTENCE' OF HIGH AND EARLY FERTILITY AMONG BRITISH PAKISTANIS

Abstract

British Pakistanis continue to have earlier and higher fertility than other ethnic groups in the UK, despite a recent rise in educational and employment opportunities for British Pakistani women. In this paper we present findings from an interview-based study with 91 British Pakistani women and men in the Northeast of England, in order to throw some light on the reproductive choices and constraints that underlie this apparent demographic anomaly. Drawing on detailed reproductive narratives, we show that, contrary to common assumptions within the literature, relatively high and early fertility does not necessarily indicate a passive acceptance of 'cultural norms' or a reluctance to engage with new social and economic opportunities. For some young women at least, early motherhood represents a deliberate and strategic choice: a way of managing different sets of family-building and other aspirations, embedded within a complex interplay of relationships between individuals, couples and wider families. This study contributes to the emerging 'inter-discipline' of anthropological demography, which offers important insights into population processes that neither discipline can do alone.

Keywords: UK, Pakistanis, ethnic minorities, fertility, family building, anthropological demography

1. Introduction

1.1 Fertility and family formation of British Pakistanis

British Pakistani fertility rates present a demographic anomaly. Over the past few decades the UK, along with the rest of Europe, has experienced unprecedented fertility decline to below-replacement levels (Kohler et al, 2002). Despite a recent small upturn, low and late fertility looks set to be sustained (Goldstein et al, 2009). However, two minority ethnic populations within the UK, Pakistanis and Bangladeshis, continue to have much higher fertility rates, close to three children per woman (Coleman and Dubuc, 2010): Table 1. British Pakistanis have particularly low levels of childlessness and higher progression to third and higher-order births than the general British population (Penn and Lambert, 2002; Sobotka, 2008), reflected in higher mean ideal family sizes (Penn and Lambert, 2002).

Table 1 about here

This is not to say that British Pakistani fertility has remained static. Like other groups in the UK, birth rates of British Pakistanis have declined substantially since the 1970s. Moreover, fertility rates are substantially lower for the second generation (TFR=2.5) than first-generation migrants (TFR=3.5), a further indicator of demographic change (Coleman and Dubuc, 2010). There has also been a shift towards later child-bearing among Pakistanis and Bangladeshis, but this has been far less pronounced than for other ethnic groups in the UK (Coleman and Dubuc, 2010:28; see also Sobotka, 2008). Marriage among British Pakistanis remains almost universal: 80% of British Pakistani men and 90% of women aged 25-29y were currently married, compared with 49% and 60% for white British men and women respectively, although there is evidence of slightly later marriage among the second generation compared with first-generation migrants (Berrington, 1994, using data from LFS 1989, 1990, 1991).

Most explanations for the 'persistence' of relatively high and early fertility among British Pakistanis focus on 'culture' and 'religion'. A substantial literature points to Pakistani women's lack of autonomy around marriage and child-bearing. Based on work in Pakistan, Mumtaz and Salway (2007; 2009) found that older women (particularly mothers-in-law) typically take charge of reproductive decisions; submission to the authority of elders was seen to be an integral component of femininity (see also Hamid et al, 2010). Others have described pressures exerted on young women to become pregnant straight after marriage and to bear many children, resulting in very low rates of contraception use (e.g.

Agha, 2010; Saleem and Pasha, 2008; Casterline et al, 2001; Kadir et al, 2003; Pachuari et al, 2002). Less research has explored these issues among Pakistani diaspora, but Hennink et al (1999) found that many young UK-based South Asian women felt under pressure to become pregnant soon after marriage, to establish their position in the marital household (see also Woollett et al, 1991a).

Son preference is one feature of Pakistani kinship practices that is often blamed for the maintenance of high fertility in South Asia, although recent studies also indicate a desire for a balance of sons and daughters (Fuse, 2010; Jayaraman et al, 2009; Muhammed, 2009; Hussain et al, 2000). Strong gender preferences are thought to sustain high fertility, as parents 'keep trying' for a child of the required gender. Culturally-driven gender preferences have been found to feature prominently among Pakistanis living in the UK (Woollett et al, 1991a; Hennink et al, 1999; Dhillon and MacArthur, 2010), although gender preferences for children are also common among majority ethnic populations in Europe (Hank, 2007).

An alternative set of explanations for sustained high fertility among British Pakistanis focuses on socioeconomic position which, as Sobotka (2008:234) argues, can strongly modify the effects of 'culture'. 60% of Pakistanis and Bangladeshis in the UK are in the lowest quintile of income distribution (Hussain and Bagguley, 2007). In the UK as a whole, higher fertility and earlier child-bearing is associated with low socio-economic and educational status (Rendall et al, 2010; Ekert-Jaffé et al, 2002). Coleman and Dubuc (2010:35) argue that, 'If some minorities remain concentrated in lower occupational groups, with poor educational attainment and high levels of unemployment and economic inactivity, birth rates are unlikely to converge to national norms.'

1.2 Reproductive decisions and practices in the context of social change

If the high fertility of British Pakistanis is underpinned by 'culture' and/or low socio-economic position, it is important to understand how these are changing. The 'socialisation' (or 'assimilation') hypothesis predicts that migrants' descendents, exposed to the reproductive behaviour, values and norms of the receiving country, as well as those of their parents, will gradually develop fertility patterns that converge with those of the receiving country (Milewski, 2010; Kulu, 2005). Crucially, however, it is important to recognise that 'ethnicity', 'place of birth' or 'religion' cannot be used straightforwardly (as in many standard demographic analyses) as unproblematic and neatly-bounded proxies for complex sets of

beliefs and practices. Indeed, the approach we take here is to see culture, not as a simple variable, but as a dynamic aspect of ethnic identity for Pakistanis living in the UK today and moreover one that is continually (re)constructed and (re)negotiated in relation to shifting and permeable boundaries (Carrithers, 1992; Buckler, 2007; Barth, 2000; Cohen, 1985). A large and growing literature documents these complex and shifting identities of young Pakistanis in Britain. Defying simple linear 'acculturation' theories, young British South Asians are developing their own ways of being, foregrounding different repertoires of attachment and identification (Pakistani, Mirpuri, Muslim, British and others) through, for example, dress, food and entertainment (e.g. Werbner, 2002; Malson et al, 2002; Woollett et al, 2004; Ballard, 1994; Shaw, 1994; 2000).

Alongside this complex layering has been increasing engagement in education and, to a lesser extent, employment. Young South Asian women have generally been seen as one of the most excluded and disadvantaged groups, with low levels of educational qualifications and labour market participation (Hussain and Bagguley, 2007:1; Dale, 2002). However, the last couple of decades have seen significant increases in the numbers of British Pakistani women (and men) entering higher education: controlling for socio-economic status, young Pakistanis in Britain are now more likely to go to university than their white counterparts (Hussain and Bagguley, 2007; see also Modood, 2005; Thapar-Bjorkert and Sanghera, 2010)

Employment has been slower to shift. Salway (2007) recently reported that economic activity among UK Pakistani and Bangladeshi women has remained persistently low over the last two decades. The exception to this is unmarried graduates in their 20s, who have very high levels of economic activity. Even after marriage, Dale et al (2002:942) remark that '[Pakistani] women with degree-level qualifications showed considerable determination to combine paid employment with family life' (see also Butt et al, 2010; Kamenou, 2008). However, although child-bearing marks a sharp drop in women's economic activity across all ethnic groups, the drop is most pronounced for Pakistani and Bangladeshi women (Dale et al, 2006). And for the majority of working-age Pakistani women in the UK, with dependent children and few educational qualifications, employment rates remain low (Salway, 2007; Dale et al, 2006).

There has been very little qualitative research on the ways in which British South Asian women navigate these new socio-economic opportunities in relation to family life and child-bearing. Two decades ago,

Woollett et al (1991a, b) conducted interviews with 100 South Asian women (Muslim, Hindu and Sikh) with a child under two years, and 46 comparable non-Asian British women, recruited from clinical settings in London. Their work revealed the complex nature of reproductive decision-making, which involved reconciling different ideas about appropriate family size, use of contraception and timing/spacing of children (Woollett et al 1991a:238). South Asian women valued large families and generally wanted to have at least one child of each sex. Sons were seen as crucial for continuing the family name, while girls were valued as companions for mothers. In deciding when to begin childbearing, South Asian women talked about balancing different needs and priorities: financial and other responsibilities of early parenthood were weighed against family pressures to have children early, the need to secure their position in the marital family, and concerns about side-effects of contraception (Woollett et al, 1991a:247). After the first child, workload considerations in caring for children of different ages and perceived psychological impacts on the children influenced decisions around the timing of subsequent births. Overall, contraceptive use was lowest among South Asian Muslims, particularly recent migrants to the UK (Woollett et al, 1991b).

More recently, Hennink et al (1999) distinguished two patterns of contraceptive use among 29 British women from Pakistani, Bangladeshi and Indian backgrounds. 'Non-professional' women, who were not in employment or further education, typically used no contraception between marriage and first pregnancy, and 57% had given birth within a year of marriage. Most 'non-professional' women had arrived in the UK as brides, lived in extended families with in-laws, and had limited personal autonomy. Early child-bearing was driven by the desire to become pregnant, pressure from husbands or other family members, religious reasons, and lack of contraceptive knowledge. Use of contraception in this group rose markedly after the first birth, following contact with health professionals. By contrast, the eight 'professional' women, who were in occupations requiring at least two years post-school training or further education, had all lived in the UK for at least 20 years (most were UK-born). Most resided in nuclear families, and claimed that their in-laws had little influence over family matters. Six of the eight used birth control directly after marriage; the typical gap between marriage and first birth was 2-5 years.

These studies offer important insights into the dynamics of British South Asian women's reproductive decision-making. However, as we have indicated, there have been substantial socio-demographic changes in the two decades since these studies were conducted. Moreover, both were based on ethnically heterogeneous samples. Although they acknowledge heterogeneity within the category

'South Asian', the necessarily limited number of interviews for each ethnic group precludes a more detailed understanding of the specific dynamics operating among British Pakistanis. (As indicated above, the demographic regime of British Pakistanis is very different to that of UK-Indians.) It is this gap we aim to address, by presenting findings from intensive qualitative research on the processes of family formation among British Pakistani Muslims living in Northeast England.

2. Study Population and Methods

The material presented in this paper comes from interviews with 91 men and women identifying as 'Pakistani' living in the industrial conurbation of Teesside, in Northeast England, between 2007 and 2010. Differences in size, origins and the migration process mean that no single Pakistani population can be said to be fully 'representative' of UK Pakistanis in general. Teesside's Pakistani population is small compared with the much larger concentrations in the major industrial centres of West Yorkshire, Greater Manchester, Lancashire and the Midlands (Iqbal, 2006; Lawless, 1995). Nonetheless Pakistani Muslims (estimated at 7400 by the Tees Valley Joint Strategy Unit, 2001; cited by Iqbal, 2006) constitute by far the largest ethnic minority group in the region. Pakistanis living in Teesside come predominantly from Mirpur in Azad Kashmir and from the Pakistani Punjab (Iqbal, 2006). Pakistanis living elsewhere in Britain also come overwhelmingly from these two regions, with Mirpuris dominating in Birmingham, Leeds, Bradford and Bristol, and Panjabis in Manchester and Glasgow (Shaw, 1988; 2000; Werbner, 1990).

The interviews discussed here constituted the first phase of fieldwork for an ESRC-funded study on infertility [http://www.dur.ac.uk/asian.infertilities/]. The aim of this phase was to understand the full range of reproductive lives and experiences of this population, before focussing in phase two on those with direct experience of infertility (which we discuss elsewhere: Hampshire et al, forthcoming, Simpson et al, forthcoming). The 91 interviewees were recruited from community centres, community-based classes, Sure Start centres and other public venues frequented by Pakistanis, and by snowball sampling from this group. Snowball sampling allowed us to contact individuals with a range of reproductive experiences in this 'hard-to-reach' population (Bernard, 1995; Hennink et al, 2011). It also meant that interviewees were not merely a set of individual 'data-points'; many were active participants in each others' biographies – a situation which enabled us to piece together a variety of different perspectives

on the ways in which family building is constructed, negotiated and contested, within families and wider social networks.

Efforts were made to ensure a range of age groups and social class across both genders, but we did not deliberately target those with reproductive difficulties. Most of the interviews were conducted by two research associates, both of whom were women in their late twenties. Their gender undoubtedly affected access to potential research participants in terms both of quantity and quality. Of the 91 interviewees, 65 were female, and the interviews with women tended to be longer, fuller, more detailed and franker than those with men. Consequently, one limitation of this paper is that women's experiences and perspectives are better represented than those of men.

Interviews were informal and wide-ranging, and were conducted in English, Punjabi or Urdu, according to participants' preferences (one of the research associates was a British Pakistani and spoke all three languages fluently). We used a life history format, encouraging participants to talk through their marital and reproductive lives in chronological sequence, although there were often deviations from this. As well as gathering basic information on the timing of marriages, pregnancies, etc., the interviews focussed principally on understanding people's feelings, beliefs, desires and motivations around marital and reproductive practices, and on the influence of others (explicitly or implicitly) on their decisions. In a few cases, participants were re-interviewed after a period of some months, to follow up on new developments in their lives and reproductive careers. We explained to research participants that these interviews formed part of a larger study on infertility, but we made it clear that in at this stage we were interested in finding out more generally on people's experiences of having children and building families, rather than on infertility *per* se.

All but a couple of interviewees agreed for interviews to be recorded; these were then fully transcribed. Interviews conducted in Punjabi or Urdu were translated into English, but key terms (for example, kinship terms or words expressing particular feelings that could not easily be translated) were left in the original language. Transcribed interviews were coded for themes using NVivo. Subsequent analysis was based on the principles of grounded theory (Glaser and Strauss, 1967; Miles and Huberman, 1994). Ethical consent was obtained from Durham University School for Health before commencement of fieldwork.

This material is thus unconventional by demographers' standards. Instead of a large, representative sample, we present a set of very detailed narratives from one particular group, in order to understand the meanings, processes and motivations behind apparently anomalous demographic trends. We situate our work within the growing field of European anthropological demography (Bernardi and Hutter, 2008; Coast et al, 2007), that seeks to bring ethnographic insights from qualitative research to understand demographic patterns and trends.

3. Socio-demographic characteristics of the research participants

Socio-demographic characteristics of the research participants are shown in Table 2. Just over half those interviewed were born and raised in Pakistan and moved to the UK after being married; the remainder were either born in the UK or born in Pakistan and moved to the UK during childhood. Interviewees had a wide range of educational backgrounds, from no schooling at all (for women) to university degrees.

Table 2 about here

In terms of inter-generational differences, our small, non-random sample appears to be following national trends (Modood et al, 2005; Hussain and Bagguley, 2007; Dale et al, 2006; Salway, 2007). Younger women had higher levels of education, and more of them were employed, than their older counterparts, although only a minority of women in each age group was economically active: Table 3. Several interviewees contrasted the limited opportunities available to immigrants in the 1970s/80s to those today. There is a strong perception of change and, if not actual upward socio-economic mobility, at least the possibility of it through education and work.

Table 3 about here

All of the 28 women in our sample aged 40+ (henceforth 'older women') considered their child-bearing to be over. These women had typically begun child-bearing early. Only three of these women had fewer than two children and, in all three cases, this had not been by design. The most common number of children was four (nine women), and eight had given birth to more than four children. Younger women (those aged 17-39) also seemed set to continue this pattern: most interviewees in their early thirties had three or four children.

Marriage is still early and effectively universal for Pakistani women in our study sites: all our interviewees who were beyond their teens had been married. There appears to be a small intergenerational shift in age at first marriage: two-thirds of the older women interviewed said they were married by age 17, while the majority of younger women married between 18-20y. Relatively few women in either age group were still single by age 21 (6/34 younger women¹; 3/26 older women²) and none of the women aged 21+ that we interviewed was still single.

Once married, a pattern of early pregnancy predominates. Three-fifths (34/56³) of women became pregnant within a year of marriage; this figure rises to three-quarters (31/42) when accounting for post-marriage spousal separation (common in transnational marriages where a UK visa is required) and excluding women experiencing other involuntary constraints (infertility, serious health problems, spousal death, etc.), with no apparent difference between older and younger women. Only seven of the 56 women had used contraception before their first pregnancy (6/32 'younger women' and 1/24 'older women'). Use of contraception rose, among our interviewees, after the first pregnancy, and again after the second one, especially for younger women. Nonetheless, excluding women for whom involuntary factors precluded an early second childbirth, nearly three-quarters of younger women and the vast majority of older women had given birth to a second child within two years of the first, and a fifth of each age group had a second child within one year of the first.

Following Hennink et al (1999), who found the contraceptive practices of 'non-professional' South Asian women (not in employment or further education, most of whom had arrived in the UK as brides) differed markedly from those of 'professional' women (in professions requiring at least two years post-school education, all resident for at least 20 years in the UK), we classified our 'younger women' interviewees (under 40) by country of childhood residence, education and employment status: Table 4. Notably, none of the women who grew up in Pakistan were economically active at the time of interview, and most had stopped schooling by 16. By contrast, most of those born or raised in the UK had pursued some form of post-16 education, and nearly half were either in employment or education at the time of interview.

¹ This excludes the three 'younger women' who had not yet married, all of whom were under 21.

² This excludes two 'older women' who could not tell us their age at marriage.

³ This excludes the three (young) never-married women and six other women who were unable (or unwilling) to recall exact birth intervals. The information provided in this paragraph is thus based on the responses of the remaining 56 (32 'younger women' and 24 'older women').

Table 4 about here

Our interviewees did not demonstrate such distinct patterns of demographic behaviour as those identified Hennink et al., in that a pattern of early marriage, early first pregnancy and non-use of contraception before first pregnancy prevailed across all groups, regardless of educational or employment status: Table 5. Nonetheless, it appears that the few 'demographic pioneers' (later marriage and childbirth) were those with post-secondary education and/or those who were studying or employed at the time of interview. Notably, five out the six women who had married for the first time aged 21+ were in this category, as were four of the six who reported having used contraception before their first pregnancy; issues that we return to later.

Table 5 about here

To summarise, our interviewees' socio-demographic profiles seem broadly to be following national trends. Fertility is high and early, by UK standards. Marriage remains universal and almost all women are married by age 20. Very few use contraception before their first pregnancy, and the norm is to become pregnant within the first year of marriage, although more reported using contraception before embarking on subsequent pregnancies. These patterns prevail across educational and employment status among the women we interviewed although, as noted above, the 'demographic pioneers' come disproportionately from more educated and/or economically active women.

We should re-iterate that it is not possible to extrapolate from this small, non-random sample to the demographic behavior of British Pakistanis more generally, nor is this our intention. Rather, we have presented data on the marital and reproductive behavior of our (female) interviewees, in order to contextualize the ensuing qualitative information on reproductive decision-making and negotiation, and to highlight both the links and discrepancies between reproductive desires, imperatives and outcomes. For the remainder of the paper we discuss the decision-making processes and meanings underpinning these child-bearing patterns.

4. Reproductive pressures, aspirations and desires

Literature on the maintenance of high fertility among South Asians (in Britain and elsewhere) often emphasises the reproductive demands exerted on young women by family members (particularly

mothers-in-law). Several women we interviewed, both older and younger, reported experiencing pressures to bear children quickly after marriage, and to produce a son:

'When I got married, [mother-in-law] laid on the table that if I didn't have children, her son would marry again because he was the only son you see? And in our culture it's like carrying on the name. ... So when I wasn't falling pregnant for two years, rumours started flying around the family that maybe there's something wrong. ... Obviously I was feeling the pressure.' (Shanaz⁴, early-forties, UK-born, university student, four children)

'They didn't let me use any sort of contraception. ... I fell pregnant about seven months after getting married. ... It was awful. I was just so depressed. ... I thanked God it was a boy because if it was a girl they would have wanted me to have another straight away.' (Rashida, late-thirties, UK-born, post-secondary education, not employed, three children)

However, for most young women and men, the impetus for early and high fertility came primarily from their own desires. Most interviewees expressed a strong emotional attachment to having a 'big family':

'I wasn't going to restrict myself to just two children. I always wanted a big family, ... so luckily I've got four kids. 2 boys and 2 girls as well – it's brilliant!' (Naseem, mid-thirties, school teacher).

Although there were inter-generational differences in desired family size, the norm was four children, regardless of respondents' age or gender: Table 6. Education, employment and country of childhood residence did not appear to affect family size ideals: indeed all three 'younger women' who wanted more than four children had been born in the UK and were college-educated.

[Table 6 about here]

Our interviewees generally aspired to begin child-bearing shortly after marriage; women in particular often had a strong emotional attachment to the idea of early motherhood. As one young (UK-born) mother commented, 'I wanted to have children soon after marriage. I have always loved children. I think

⁴ To protect anonymity, all names have been changed. In addition, in some cases, other information is withheld (exact age, number/ages of children, occupation) where these would make interviewees too easily identifiable.

it is natural for women to feel like that', while Salma, an unmarried 17-year-old student said, '*I wouldn't want to leave it too late; I wouldn't want there to be too much of a an gap between me and my children.*' Many women attached such importance to having children that they didn't want to risk delaying motherhood in case something should go wrong. As Naseem (above), who had given up work to have children, put it, '*To be honest, I wanted a family, so I didn't want anything coming in the way.*'

Like Woollett et al's (1991a) interviewees, our research participants placed a high value on having both sons and daughters. While sons were important for continuing the family name and joining family businesses, daughters fulfilled important emotional needs for both mothers and fathers (see also Shaw, 2004). As one mother remarked:

'I wanted a little girl, why should I lie? You want boys and girls don't you? Even a husband wants a daughter, doesn't he? I know it sounds horrible but it's not complete. It isn't is it, really?' (midthirties, married, UK-born, employed)

For most interviewees, two sons and two daughters represented the ideal (or 'complete') family. As one 50-year-old man put it:

'Well, look at it this way. It's a complete family isn't it? The boys can't say I haven't got a brother and the sister can't say she hasn't got a sister. ... And the brother can't say he hasn't got a sister. It's there isn't it? Really a complete family is that.'

This desire to provide each child with a brother and sister was often rooted in strong emotional attachments that interviewees felt with their own siblings. In an unpredictable world, brothers and sisters can provide a point of stability and support, particularly in times of crisis:

'I would love to have a son and another daughter. I have a sister and we are very close. We only had one another when our mother died. ... And for me it would be nice [to have a son]. I have two brothers and they are close to me and my sister. They looked after us when we were young.' (Fazeela, 21y, Pakistan-born, post-secondary education, 1 daughter)

Interviewees often talked very specifically about the relationships they had with brothers and sisters, and the different support that same-sex and opposite-sex siblings can provide. Zeinab, a 17-year-old

single woman (college student), regrets not having had a sister herself: 'I have my brothers and they are like my sisters. I am close to them. I do tell them a lot of things. But some things you can't share with boys.' This underpins her own desire to have both sons and daughters:

'I hope it's in my destiny to have four. I would want my daughter to have a sister because I never [did] and it can be lonely. My son would also want a brother to play with. If he is alone he would be left out. [My brothers] are very close to each other. They do things and help each other out when things get tough.'

Achieving a balance of boys and girls is important, not just within the nuclear family, but across the extended family or *biradari*. British Pakistanis usually marry within the extended family: more than 80% of our interviewees had married a close relative, usually a cousin (see also Shaw, 2009). Concerns about having enough boys and girls in the next generation to provide marriage partners underpinned some of the pressures exerted on young couples by the older generation, as two mothers, both in their mid-thirties, observed (in separate interviews):

'My sister-in-law got a boy first, and then five girls, and she's like, that's enough now, but her mother-in-law is, like, no, you've got to have another one; you might have a boy.'

'The pressure of "you only have one girl; try for another girl." And they want you to have enough girls and boys for somebody from Pakistan to come over here [through marriage].'

However, again, it was not just external pressures that were at play here. In traditional Pakistani kinship systems, there is a blurring of boundaries between siblings and cousins, and between sons/daughters and nephews/nieces. Although there are important structural differences (for example, cousins are preferred marriage partners, while siblings are clearly prohibited from marrying) the same kin terms are often used for both groups (*bhaji* for older sister or female cousin, and *bhen* for younger sister or female cousin; *bhaijan* and *bhai* for older and younger brother/male cousin respectively). This point is further exemplified by this mother's comment: '*I always class mine* [*children*] *as six, not four; I always take her* [*sister's*] *kids as mine*.' Although this appears to be changing (see below), interviewees often thought about their family-building strategies, not just in relation to their own children, but to the wider group of cousins. Thus, Naseem describes the particular importance she placed on having a son: '*The first child was a boy ... and so it was a big thing that I had a boy after such a long time in our family since we had a*

boy', while Rashid, a man in his late twenties with two sons, says that he longs for a daughter, *'because we have no girls in our [extended] family*.' Having nieces and nephews can also make it easier, sometimes, for those who are not able to achieve their reproductive aspirations. Rukhsana who, at the age of 38 had only one child because she left an unhappy marriage, regretted not having been able to provide her son with siblings, but took comfort from her son's relationship with his cousins: *'My nephews are very close to him. They have lived together and consider themselves like brothers.'*

In summary, high and early fertility appears to be supported both by the wider family concerns, to continue the family name and provide marriage partners for the next generation, and by individuals' own desires, often rooted in personal experiences of growing up in large, supportive families. However, as we shall see, there can be tensions between individuals' and wider families' reproductive imperatives and aspirations, both of which have to be managed within the socio-economic realities of 21st century Britain.

5. Ideal plans and real lives: balancing desires, pressures and aspirations

Many young parents worried about the practicalities of raising children 'well' in the UK. Shazia, a 26year-old mother had decided to stop at three children, in order to have enough time for each to ensure that they would grow up to be 'respectful', 'decent' and behave 'properly', a view echoed by many others. Providing materially for children was a concern for many, and several young men in particular emphasised the importance of financial stability before starting a family. Concerns about raising children 'well' also fed into decisions about birth spacing: parents talked about wanting enough of a gap to 'enjoy' each child and make sure they 'develop well'; this was sometimes weighed against a view that closer birth spacing encouraged stronger sibling bonds.

Managing transnational families and marriages also played into reproductive calculus. Almost all our interviewees had transnational arranged marriages, with the Pakistan-based partner moving to the UK. Adapting to a new country and family situation can be difficult (see also Charsley, 2005), and several interviewees thought it important to delay starting a family until the migrating spouse feels 'settled' in the UK. Jameela, now in her mid-thirties, wanted to avoid pregnancy when her husband first came to the UK '*because even though he was physically here, he wasn't mentally here.'* Again, there is a complex interplay here between individuals, couples and wider families. Some women arriving in the UK as young

brides saw early child-bearing as a way to establish themselves and secure their position within the marital household (see Woollett, 1991a; Hennink, 1999). Others (both women and men), however, emphasised the importance of spending some time together before having children, and establishing themselves as a couple:

'We both sat and talked about [when to have children]. We were still fairly young when we got married, 21 and 20, and we wanted to do a lot together. ... We went travelling and seen most of the world together. ... We wanted to spend some time together, which we did.' [father, businessman, mid-thirties, one daughter]

For many young women, educational and work opportunities have added an extra dimension to be balanced against the roles of mother, wife and daughter-in-law. Fazeela (see above) was educated to 12th Grade in Pakistan, with ambitions to become a teacher, before arriving in the UK as a bride. Her husband and mother-in-law supported her attempts to balance career development with family building aspirations, which she describes here:

'I dearly wanted to [have a child]. But we waited for a year and a half. My husband and I talked about it and he said we would wait and spend some time alone. The family also wanted me to adjust to the lifestyle here as well. In my mind I wanted to further my education as well. ... I was looking forward to the baby and thought I could continue with my education even after my marriage and I still have a great passion to become a teacher. I am doing a beauty course here and will start the English course soon. I am also taking driving lessons and my test is tomorrow actually! Having a child has not stopped me. ... Of course, I would love to have more children. But we, my mother-in-law and husband, would like it if I continued with my education. They know I have a great passion and interest in teaching ... My husband has told me to wait until I am ready. I know I want to have more children, but there is plenty of time. We are both young and busy with work and education.'

Although few women in our sample had a professional 'career' (reflecting national trends), work was still an important part of many women's lives, which they balanced with child-bearing and childcare. For example Balqis, a 26-year-old mother of two, said she decided to return to work (in a samosa factory) three months after her daughter was born: '*As I worked from an early age, I wanted to return. It was*

difficult to work and look after a baby at the same time, but I managed.' For others, education and work represented an important contingency. Zeinab (see above), for example, had grown up witnessing her mother trapped in an abusive marriage and saw education as a means of avoiding a similar fate:

'I think doing these [college] courses will help me in the future. It gives me independence. ... If something happens in my marriage, like divorce, then at least I can get a job and look after my children. I will be a proper mother to them. And I would be able to stand on my own two feet. I don't want to be like my mam.'

6. Reproductive agency and negotiation

These competing pressures, expectations and aspirations are not of course unique to British Pakistanis: a similar combination of increased educational/work opportunities for women, a focus on 'quality' of children, and desire to enjoy 'childfree' time as a couple are often-cited reasons for transition to low/late fertility in Europe. Why, then, have British Pakistanis not followed this pattern to the same extent as other groups? Is early and high fertility indicative of thwarted ambitions and passive acceptance of 'cultural norms' and family expectations? Or are British Pakistani women making active reproductive decisions and finding alternative ways to balance child-bearing with other aspirations?

Women's control over their reproductive lives varies enormously. At one extreme are women like Rashida, whose in-laws prevented any access to contraception. Some women in this situation accept the status quo, and conform to child-bearing expectations and obligations. Others actively resist; a risky strategy, as Rashida's case illustrates.

Rashida was forced to marry her cousin from Pakistan at the age of 18. She suffered intense pressure to bear a son and several years of physical and psychological abuse from her husband and in-laws. She was too afraid seek help from anyone, but she finally called her brother, who brought her back to her own family. Two years later, after a long battle, she gained custody of her son. Finally, Rashida was able to make her own choices. When her son started nursery, she enrolled in a local community college and moved into a council house with her son. She then took a part-time job, where she met, and eventually married, a non-Pakistani man. She went on to have more children; as she put it, *'It felt right to bring a child into this world with someone who loved me and I loved.'* However, the price she paid was permanent estrangement from her family, who refused to accept her divorce and re-marriage.

Rashida's story is far from unique. Ameena, who had completed college and was working in childcare, was married at 20. She resisted the marriage at first, but eventually, she says, '*I just went along with it because I was sick of it and I thought just get it over and life's a gamble anyway*.' Her husband's family refused to let her work; on one occasion, she says, she applied for a job but her in-laws stopped her going for the interview. She was put under enormous pressure to bear children, and was severely castigated for not becoming pregnant immediately after marriage. Eventually, after bearing several children, she managed to escape and got a council house. She has since refused re-marriage, fearing a similar scenario, and has resumed working.

Other women, in less extreme situations, can resist family pressures and expectations without such direct confrontation. Parveen, in her late thirties with one child, says that her mother-in-law 'always hints' that she should have another child; her response was simply not to say anything. Jameela adopted a similar strategy: 'My mother in law would phone every other day asking are you pregnant. I would say "no mother". I didn't tell her that I was not trying for a baby.' Such approaches are easier when those exerting the pressure are geographically distant. A couple of other women said they achieved some degree of control by concealing their contraceptive practices from their husbands.

At the other end of the spectrum were women who apparently had a good deal of control over their reproductive lives. This often involves taking strategic decisions to balance reproductive goals with other demands. One or two interviewees had postponed child-bearing in order to pursue careers or care-free time as a couple. However, more commonly, the decision was to defer other goals until after child-bearing. For example, Hamid and his wife Zubaida both had university degrees and promising careers before marriage. Zubaida decided to put her career 'on hold' while they had children early in their marriage. They now have two children, the younger of whom will start school in a year's time, at which point Zubaida will resume her career. Hamid runs his own business and will work from home in order to help out with childcare.

Similarly, Naseem, (see above), had taken A-levels and was working as a bilingual assistant when she married at the age of 21. She wanted children and so decided against using contraception until her family was complete. She gave up work when she became pregnant with her first child:

'I enjoyed my work but my priority was my own children. ... I wanted to spend all the time with them, because work I could go back to it later in life but with the children growing up, I didn't want to miss out on that, so now I am studying; I am doing teacher training.'

A key point is that these, and other, young women are engaging with new educational and work opportunities while openly rejecting what they see as constraints associated with 'modern' child-bearing ideals. Such women are actively creating new ways of negotiating and reconciling different sets of aspirations and expectations. This is reflected in the aspirations of younger women who have not yet begun child-bearing. Salma, the UK-born student encountered earlier, for example, intends to complete her education before marriage, but wants to be married by her early 20s. She wants her parents to be actively involved choosing a husband and, like many other young women we interviewed, does not see an arranged marriage as incompatible with romance (see Shaw and Charsley, 2006). Tasleem, a 19-yearold student, expresses similar views. Having children features prominently in Tasleem's life plans, which she relates to her identity as a Muslim. She feels very uncomfortable with the supposed 'modern' ideal of limiting her family to two children:

'I do definitely want to have children. I mean, you know in Islam, it's an important part of our culture. Like marriage is such a big thing and part and parcel of that is having children ... it's really important in our culture ... it's such a big part of like who we are. ... I think like in this country it's very much like two children is modern, and it's like everyone thinks like two children. But ideally I would like more, but I think the culture that we live in, in this society especially, people look down on people who've got five or six; it's like "Oh my God", do you know? ... I don't like the fact that we're sort of constrained into thinking like it's modern, you have two children.'

7. Temporalities in reproductive lives

One strikingly common feature of women's reproductive stories was an increasing sense of agency and control over time. For many women, early marriage entails fulfilling pre-scripted child-bearing obligations and expectations. Indeed, to have specific reproductive plans early in married life was widely considered improper, indicative of excessive worldliness and lack of innocence (cf. Mumtaz and Salway, 2007; 2009). However, once these expectations have been achieved, possibilities emerge for more diverse kinds of reproductive lives and strategies.

Shanaz's case illustrates this point. Now in her early forties, Shanaz (UK-born) married her cousin in Pakistan when she was 18. Her mother-in-law made it clear that her job was to bear a son, threatening divorce if she failed in this obligation: '*It was basically, the choices were made by my husband or his family. I was only 18.*' After two years, she dutifully bore a son. She then moved, with her husband and son, to the UK, where she embarked on a college course. She wanting to complete her studies before having another child, but acquiesced to her husband's wishes to have a second child quickly. However, having borne, a daughter, she began to have more room for manoeuvre:

'The first two there was pressure from my husband but you know after that, I think it was, well I've got a boy and a girl so they can't really grumble. They've got one of each. The mother-inlaw's got a boy and a girl.'

Shanaz used contraception to space her next two births, in order to fit around college commitments and *'because I wanted to bring them up properly.'* After her fourth child, she decided that was enough. Last year she began a degree course at a local university.

Shanaz's case is far from unique. Rabina left school at 16 because, as she put it, '*I knew I was going to have an arranged marriage and I was, oh well, I'm going to be getting married*.' She worked in a factory until she married at 18, and had her first child (a daughter) less than a year later. Not long after, she gave birth to a son, but then decided to stop child-bearing and resume her education: '*I thought it was enough with the first two to be honest, because I had a girl and then I had a boy and I was, like, quite satisfied, that's it.*' She qualified as a nursery nurse and worked in various schools and nurseries. Now, in her mid-thirties, she is back studying at college with plans to go to university.

In other cases, unforeseen or chance events are implicated in women's increasing reproductive agency. Ameena (above) had married relatively late, because of a family bereavement, and she thinks this played a key role in enabling her to escape from an abusive marriage:

'I got married when I was 20, which is good in a way because that was quite late. Normally you get married as soon as you leave school, they tend to marry them off. ... I had a job, I had a career, I had my own money and I knew what I was missing out on. I wouldn't have thought like that if I'd never worked.'

In a rather different case, Parveen married late because of a complication in one of her older sister's marriage arrangements (siblings are supposed to marry in birth order). Parveen says she didn't work hard at school, because she expected to be 'married off soon'. While waiting to marry, she went to college rather half-heartedly. But by the time she eventually married, aged 27, she had, contrary to initial expectations, developed a career in administration; this shaped her child-bearing plans: 'I knew we would have children. But I didn't want any at the beginning; I wanted to wait. I was happy working where I was.' She waited four years before becoming pregnant, and then returned to work after a period of maternity leave. Five years later, she says, 'I would love to have one more at least. I think it would be nice for my son to have a brother or sister. But I am working full-time now and we are busy in our lives.'

In each of these cases, women gained an unexpected degree of control over their reproductive lives because of chance events which conspired to delay marriage. Ameena's experience of economic independence eventually enabled her to escape from a marriage in which she had very little control. By contrast, Parveen's unexpected career development led to her taking control of reproductive decisions early in married life.

8. Discussion

Demographic analyses indicate that, although fertility has fallen across all ethnic groups in the UK, fertility rates of British Pakistanis remain significantly above the national average, with relatively little postponement of child-bearing compared with other groups. This is perhaps puzzling, given the recent expansion in educational and work opportunities. Most explanations for this focus on 'cultural constraints' (pressures from extended families, culturally-engendered son preferences and religious beliefs), alongside continued socio-economic marginalisation. However, our work suggests a rather different and much more complex story, and draws attention to some important elements missing from previous analyses.

We have shown that an intricate interplay of relationships between individuals, couples and wider families is key in shaping reproductive desires, obligations and practices. In contrast to much received wisdom, the continued impetus for high and early fertility among British Pakistanis comes, not just from a sense of familial obligation or pressure, but very often from young women and men themselves. While

it is true that some women's childbearing is heavily circumscribed by their families, other women make active and strategic choices to begin childbearing early and then pursue other interests (education, employment, leisure) later in life.

This is not to deny the importance of wider families; indeed, we argue that extended families continue play a key role in reproductive decisions. However, rather than necessarily being a coercive force, we highlight the role of *emotions* attached to family relationships in shaping young British Pakistanis' reproductive choices. In particular, interviewees' desires to provide both brothers and sisters for their offspring were usually rooted in deep attachments that they felt with their own siblings. And, to some extent, this extended beyond the nuclear family, since, in accordance with the traditional Punjabi kinship system, nieces and nephews were often equated with sons and daughters, and many people made no clear distinction between siblings and cousins.

What we are seeing, perhaps, is the emergence of a new kind of family aesthetics in this population, involving a delicate balance between extended and nuclear family ideals. Many of our interviewees pointed to a contrast between the values of the older generation, who saw children's value as primarily instrumental, in terms of continuing lineages and providing marriage partners, and their own relationships with their children, in which individual emotional attachments were foregrounded. Thus, younger interviewees spoke of wanting to 'enjoy' their children and ensure they 'develop well', and wanted to provide their children with siblings of both sexes within the nuclear (rather than extended) family. Several younger interviewees also emphasised the importance of their relationship as a couple, and of wanting to 'spend quality time together' before starting a family, in self-conscious contrast to the 'older generation'.

However, this focus on the couple and nuclear family must be understood within an accepted, and indeed usually embraced, wider family context. As we have shown, younger Pakistani women and men often have strong emotional attachments to their extended families. Many placed considerable importance on the involvement of their parents and other family members in choosing a marriage partner, and actively rejected what they saw as a 'modern' cultural imperative to have small, nuclear families. Like Mumtaz and Salway (2009), we therefore urge caution in the use of naïve, over-simplistic and ethnocentric measures of Pakistani women's independence and autonomy, which ignore the importance of inter-connectedness and the strong emotional bonds within families (see also Lee-Rife,

2010). Sariola and Simpson (2011) have used the term 'heteronomy' (rule by others) to describe the situation, common in South Asia, in which decision-making resides within family relationships rather than individuals. In this case, we are seeing, perhaps, an emerging autonomy, but accommodated within a broader set of heteronomous assumptions about the relationships between individuals and families. Importantly, these relationships entail not only sets of rights and obligations, but also strong emotional attachments and love.

Our analysis also highlights the temporal nature of control in British Pakistanis' reproductive decisionmaking. As we have seen, many Pakistani women begin married life without clear reproductive intentions, and their early child-bearing follows an essentially scripted set of practices. However, over time, having fulfilled perceived obligations and social expectations, a greater sense of agency or control seems to emerge. Some of our interviewees began using contraception to space births while pursuing part-time education; others decided to stop child-bearing relatively young, and began to engage in more extra-domestic activities. It is perhaps this that distinguishes the reproductive lives of younger British Pakistani women from their mothers' generation: the possibility of new imagined (perhaps post-familial) futures. Thus, several young women who were about to marry or begin child-bearing expected and wanted to have children early, but saw and planned futures which involved pursuing other goals beyond the domestic realm.

The temporal nature of Pakistani women's reproductive agency also has important implications for how we understand the relationships between education, employment and child-bearing. Our analysis suggests that more educated/professional women are more likely to be 'demographic pioneers', postponing (slightly) marriage and childbearing compared with their less-educated peers. According to standard demographic theory, this is explained by some combination of the increased opportunity costs of early child-bearing for more highly educated women plus increased empowerment and control over reproductive decisions. For some young women we interviewed, particularly unmarried college students, this appeared to be the case: they were choosing (and negotiating) to delay marriage in order to complete their studies. However, for many others, the direction of causality was the reverse: unanticipated delays in marriages opened up unexpected opportunities for study and engagement in the labour market; opportunities which in some cases had profound implications for their ability to exert control over their subsequent reproductive lives.

9. Conclusion

The nature of our study, based on a small group of interviewees in one area of Northeast England, means we cannot draw general conclusions about the demography of British Pakistanis more widely. However, the intensive and detailed nature of our qualitative material leads us to challenge some of the received wisdom about the reasons for sustained high and early fertility among this population. We argue that the emergent 'inter-discipline' of anthropological demography offers potentially important insights into population processes that neither discipline can do alone.

In this case, we have shown that the sustained high and early fertility of British Pakistanis does not necessarily indicate a passive acceptance of 'cultural norms' or a reluctance to engage with new educational and employment opportunities. For some young women at least, early and high fertility represents a deliberate and strategic choice to have several children while young, which is not incompatible with pursuing other goals beyond the domestic realm, either concurrently or later in life. However, this sense of agency or control must be understood within a complex set of relationships between individuals, couples and wider families, which entail obligations, expectations and strong emotional bonds.

We do not mean to suggest that, for all British Pakistani women, relatively early and high fertility represents a deliberate and unproblematic choice. Indeed, we have shown that, beneath the demographic uniformity, there is considerable variation in terms of processes and meanings. Some women we interviewed faced intolerable pressures, sometimes accompanied by appalling psychological and physical violence, to conform to the reproductive expectations of others. Some of these women eventually managed to escape their situations and ultimately gained some degree of control over their lives; others either chose not to, or tried and failed. Moreover, as with other economically disadvantaged groups in the UK, early marriage and child-bearing might in some cases represent, not a positive choice, but rather a response to the lack of other opportunities. In a population which continues to experience not only economic hardship but social exclusion and cultural marginalisation, the lack of alternative possibilities in life might conspire to present early marriage and child-bearing as the only viable option.

However, we do argue that, within these important structural constraints, British Pakistani women are not merely passive acceptors of cultural norms and social expectations. For many, navigating a pathway that makes sense through a complex set of financial, social, cultural and emotional imperatives, constraints and desires is not easy. But almost all the women (and men) we interviewed were trying to do this in one way or another. We should, therefore, not ignore or downplay the structural factors which constrain the choices of young British Pakistanis, but neither should we assume that continued high and early fertility indicates passivity and a lack of engagement with new opportunities.

More broadly, we have shown that socio-economic change does not necessarily have uniform (or indeed predictable) impacts on demographic behaviour, since socio-economic change is always culturally mediated. As new educational or career opportunities arise, young women and men reconfigure the various aspects of their identity, adopting new ways to be British, Pakistani, Muslim, mother, daughter, sister, graduate, professional, etc. This reconfiguration in turn shapes the way in which people engage (or fail to engage) with emerging opportunities and the tensions that these are liable to create. Indeed, it is within these tensions and the new family aesthetics that they bring that demographic change is embedded. Rather than seeing 'socioeconomic change' and 'culture' as separate variables in the attempt to understand demographic change (an endeavour which has led to increasingly sterile debates about the relative importance of each), it is time for demographers to engage with the dynamic and dialectical relationship between the two in shaping reproductive aspirations, desires and practices in the twenty-first century.

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REFERENCES

Agha, S. (2010). Intentions to use contraceptives in Pakistan: implications for behaviour change campaigns. *BMC Public Health* 10, No. 450.

Ballard, R. (1994). Introduction: the emergence of Desh Pardesh. In R. Ballard (ed), *Desh Pardesh: The South Asian presence in Britain*, pp:1-34 London: Hurst & Co.

Barth, F. (2000). 'Boundaries and Connections. In A.P. Cohen (ed), *Signifying Identities: Anthropological Perspectives on Boundaries and Contested Values*. London, Routledge, pp:17-36.

Bernard, H.R. (1995). *Research Methods in Anthropology*. 2nd edn. London, Walnut Creek, New Delhi: Altamira Press.

Bernardi, L. and I Hutter (2007). The anthropological demography of Europe. *Demographic Research*, 17:541-66.

Berrington, A. (1994). Marriage and family formation among the white and ethnic minority populations in Britain. *Ethnic and Racial Studies* 17(3): 517-546.

Buckler, S. (2007). Fire in the Dark: Telling Gypsiness in North East England. New York/Oxford: Berghan.

Butt, G., L MacKenzie and R. Manning (2010). Influences on British South Asian women's choice of teaching as a career: 'you're either a career person or a family person; teaching kind of fits in the middle'. *Educational Review* 62(1): 69-83.

Carrithers, M.B. (1992). *Why humans have cultures: explaining anthropology and social diversity*. Oxford: OUP.

Casterline, J.B., Z.A. Sathar and M.U. Haque (2001). Obstacles to contraceptive use in Pakistan: a study in Punjab. *Studies in Family Planning*, 32(2): 95-110.

Charsley, K. (2005). Unhappy husbands: masculinity and migration in transnational Pakistani marriages. *Journal of the Royal Anthropological Institute*, 11:85-115.

Charlseley, K. (2007). Risk, trust, gender and transnational cousin marriage among British Pakistanis. *Ethnic and Racial Studies*, 30(6): 1117-1131.

Coast, E.E., K.R. Hampshire and S.C.Randall, (2007). Disciplining anthropological demography. *Demographic Research* 16: 493-517.

Cohen, A.P. (1985). The Symbolic Construction of Community. Chichester: Horwood.

Coleman, D. and S. Dubuc (2010). The fertility of ethnic minorities in the UK, 1960s-2006. *Population Studies*, 64(1): 19-41.

Dale, A. (2002). Social exclusion of Pakistani and Bangladeshi women. Sociolgical Research Online, 7(3):

Dale, A., N. Shaheen, V. Kalra and E. Fieldhouse (2002). Routes into education and employment for young British Pakistani and Bangladeshi women in the UK. *Ethnic and Racial Studies*, 25(6): 942-68.

Dale, A., J. Lindley and S. Dex (2006). A life-course perspective on ethnic differences in women's economic activity in Britain. *European Sociological Review*, 22(4): 459-476.

Dhillon, N. and C. MacArthur (2010). Antenatal depression and male gender preference in Asian women in the UK. *Midwifery* 26(3): 286-293.

Ekert-Jaffé, O., H. Joshi, K. Lynch, R. Mougin and M. Rendall (2002). Fertility, timing of births and socioeconomic status in France and Britain: Social Policies and Occupational Polarisation. *Population-E*, 57(3):485-518.

Fuse, K. (2010). Variations in attitudinal gender preferences for children across 50 less-developed countries. *Demographic Research*, 23: 1031-48.

Glaser B.G. and A.L. Strauss 1967. *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New York: Aldine.

Goldstein, JR, T Sobotka and A. Jasilioniene (2009). The end of 'lowest-low' fertility? PDR, 35(4): 663-

Hamid, S., E. Johansson and B. Rubenson (2010). Security lies in obedience – voices of young women of a slum in Pakistan. *BMC Public Health*, 10, No. 164.

Hank, K. (2007). Parental gender preferences and reproductive behaviour: a review of the recent literature. *Journal of Biosocial Science* 39(5): 759-67.

Hennink, M., I. Diamond and P. Cooper (1999). Contraceptive use dynamics of Asian women in Britain. *Journal of Biosocial Science*, 31: 537-554.

Hennink, M., I. Diamond and P. Connor (2002). Young Asian women and relationships: traditional or transitional? *Ethnic and Racial Studies*, 22(5): 867-91.

Hennink, M., I. Hutter and A. Bailey (2011). Qualitative Research Methods. London: Sage.

Hussain, R., F.F. Fikree and H.W. Berendes (2000). The role of son preference in reproductive behaviour in Pakistan. *Bulletin of the WHO*, 78(3): 379-88.

Hussain, Y. and P. Bagguley (2007). *Moving on up: South Asian women and higher education*. Trentham: Stoke-on-Trent(UK)/Sterling(USA).

Jayaraman, A., V. Mishra & F. Arnold (2009). The relationship of family size and composition to fertility desires, contraceptive adoption and method choice in South Asia. *International Perspectives on Sexual and Reproductive Health*, 35(1): 29-38.

Iqbal, N. (2006). Transnational Subjectivities: The Practice of Relatedness among British Pakistanis. Unpublished PhD thesis, Durham University, UK.

Kadir, M.M., F.F. Fikree, A. Khan and F. Sajan, (2003). Do mothers-in-law matter? Family dynamics and fertility decision-making in urban squatter settlements of Karachi, Pakistan. *Journal of Biosocial Science*, 35(4): 545-58.

Kamenou, N. (2008). Reconsidering work-life balance debates: challenging limited understandings of the 'life' component in the context of ethnic minority women's experiences. *British Journal of Management* 19(Sp Issue 1): SS99-SS109.

Kohler, H-P., F.C. Billari and J.A. Ortega (2002). The emergence of lowest-low fertility in Europe during the 1990s. *Population and Development Review*, 28(4):641-680.

Kulu, H. (2005). Migration and fertility: competing hypotheses re-examined. *European Journal of Population*, 21(1): 51-87.

Lawless, R.I. (1995). *Teesside's Muslims: Their migration histories, settlement patterns and community development*. Cleveland County Council.

Lee-Rife, S.M. (2010). Women's empowerment and reproductive experiences over the lifecourse. *Social Science and Medicine* 71(3): 634-642.

Malson, H., H. Marshall and A. Woollett (2002). Talking of taste: a discourse analytic exploration of young women's gendered and racialized subjectivities in British urban, multicultural contexts. *Feminism and Psychology*, 12(4): 469-90.

Miles M.B. and A.M. Huberman 1994. Qualitative data analysis. Newbury Park, CA: Sage.

Milewski, N. (2010). Immigrant fertility in West Germany: Is there a socialization effect in transitions to second birth? *European Journal of Population*, 26(3): 297-323.

Modood, T. (2005). The educational attainments of the ethnic minorities in Britain. In GC Loury et al (eds). Ethnicity, social mobility and public policy: comparing the US and the UK. Cambridge: CUP.

Muhammed, A. (2009). Does sex of the children matter? Implications for fertility in Pakistan. *Journal of Biosocial Science*, 41(1): 39-50.

Mumtaz, Z. and S.M. Salway (2007). Gender, pregnancy and uptake of ante-natal care services in Pakistan. *Sociology of Health and Illness* 29(1): 1-26.

Mumtaz, Z and S. Salway (2009). Understanding gendered influences on women's reproductive health in Pakistan: moving beyond the autonomy paradigm. *Social Science and Medicine*, 68(7): 1349-56.

Pachauri, S. and K.G. Santhya (2002). Reproductive choices for Asian adolescents: a focus on contraceptive behaviour. *International Family Planning Perspectives*, 28(4): 186-95.

Penn, R. and P. Lambert (2002). Attitudes towards ideal family size of different ethnic/nationality groups in Great Britain, France and Germany. *Population Trends*, 108: 49-58.

Rendall, M., E. Aracil, C. Bagavos, C. Couet, A. DeRose, P. DiGiulio, T. Lappegard, I. Robert-Bolee, M. Ronson, S. Smallwood and G. Verropoulou, (2010). Increasingly heterogeneous ages at first birth in Southern European and Anglo-American family-policy regimes: a seven-country comparison by birth cohort. *Population Studies*, 64(3):209-227.

Saleem, A. and GR Pasha (2008). Women's reproductive autonomy and barriers to contraceptive use in Pakistan. *European Journal of Contraception and Reproductive Health Care*, 13(1): 83-89.

Salway, S.M. (2007) Economic activity among UK Bangladeshi and Pakistani women in the 1990s: evidence for continuity or change in the Family Resources Survey. *Journal of Ethnic and Migration Studies*, 33(5): 825-847. Sariola, S. and R. Simpson (2010, in press). Theorising the 'human subject' in biomedical research: International clinical trials and bioethics discourses in contemporary Sri Lanka. *Social Science and Medicine*, doi:10.1016/j.socscimed.2010.11.024

Shaw, A. (1988). A Pakistani Community in Britain. Oxford: Blackwell.

Shaw, A. (1994). The Pakistani Community in Oxford. In R. Ballard (ed), *Desh Pardesh: The South Asian presence in Britain*, pp:35-57. London: Hurst & Co.

Shaw, A. (2000). Kinship and Continuity: Pakistani Families in Britain. Amsterdam: Harwood Academic.

Shaw, A. (2009). Negotiating Risk: British Pakistani Experiences of Genetics. Oxford/New York: Berghahn.

Shaw, A. (2004). British Pakistani Elderly without Children: An Invisible Minority. In P. Kreager and E. Schröder-Butterfill (eds). *Ageing without children*, New York & Oxford: Berghahn, pp: 198-222.

Shaw, A. And K. Charlseley (2006). *Rishtas*: adding emotion to strategy in understanding British Pakistani transnational marriages. *Global networks*, 6(4): 405-21.

Sobotka, T. (2008). The rising importance of migrants for childbearing in Europe. *Demographic Research* 19: 225-247.

Thapar-Bjorkert, S. and G. Sanghera (2010). Social capital, educational aspirations and young Pakistani Muslim men and women in Bradford, West Yorkshire. *Sociological Review* 58(2): 244-264.

Werbner, P. (1990). *The Migration Process: Capital, Gifts and Offerings among British Pakistanis*. New York/Oxford/Munich: Berg.

Werbner, P. (2002). Imagined Diasporas among Manchester Muslims. Oxford: James Currey.

Woollet, A., N. Dosankh-Matwala and J. Hadlow (1991b). Reproductive decision making: Asian women's ideas about family size, and the gender and spacing of children. *Journal of Reproductive and Infant Psychology*, 9: 237-252.

Woollett, A., N. Dosanjh-Matwala and J. Hadlow (1991b). The attitudes to contraception of Asian women in London. *The British Journal of Family Planning*, 17(1): 72-77.

Woollett, A., H. Marshall, P. Nicholson and N. Dosanjh (2004). Asian women's ethnic identity: the impact of gender and context in the accounts of women bringing up children in East London. *Feminism and Psychology*, 4(1): 119-132.

	TFR 1996-2000	TFR 2001-05
White British	1.72	1.71
Pakistani	2.92	2.79
Bangladeshi	3.43	2.97
Indian	1.63	1.64
All	1.72	1.68

Adapted from Coleman and Dubuc (2010: 26, Table 3)

	Women	Men	All
TOTAL	65	26	91
Age group			
17-29y	15	6	21
30-39y	22	10	32
40-49y	8	4	12
50-59y	10	6	16
60-69y	4	0	4
70+y	6	0	6
Country of birth / childhood			
Pakistan	42	7	49
UK	19	11	30
Born Pakistan; moved as child to UK	4	8	12
Marital status			
Single (never married)	3	2	5
Married (first marriage)	41	22	63
Married (2+ marriages)	4	2	6
Divorced	9	0	9
Widowed	8	0	8
Educational level			
No education	13	0	13
1-4 years of schooling	8	1	9
5-9 years of schooling	12	0	12
Completed secondary school (to 16y)*	10	10	20
Further education (16y+)**	20	5	25
University degree	2	6	8
Missing data	0	4	4
Current Employment			
Housewife / not employed	53	0	53
Student	3	1	4
Employed / self-employed	9	25	34

Table 2: Socio-demographic characteristics of research participants

*GCSE / Matric / O-level

**A-level, Pakistan 12th grade, Further Education College

	Age group of women			
	17-39y 40+y ALL		ALL	
	(N=37)	(N=28)	(N=65)	
Education level				
No schooling	0	13	13	
1-9y of schooling (no qualifications)	11	9	20	
GCSE / Matric	8	2	10	
Further or higher education	18	4	22	
Occupation				
Housewife / no employment	28	25	53	
Student	2	1	3	
Employed	7	2	9	

Table 3: Educational qualifications and occupational status of female interviewees, by age group

Country of childhood residence	Educational level	Current employment	Number of women
Pakistan	School only*	Not employed	14
Pakistan	School only	Employed / student	0
Pakistan	Post-school**	Not employed	4
Pakistan	Post-school	Employed / student	0
UK	School only	Not employed	4
UK	School only	Employed / student	1
UK	Post-school	Not employed	6
UK	Post-school	Employed / student	8
Total			37

Table 4: Numbers of women aged 17-39y, by country of childhood residence, educational level and occupational status

*Any school education (completed or not)

**Any post-16 education (A-levels, Pakistan 12th grade, Further Education College, University)

		Employment and education level			
		School only, not currently studying or employed (N=18)	Post-school education and/or currently studying or employed (N=16)	All (N=34)	
Ago at first marriage	~17.4		(01-10)	(11-34)	
Age at first marriage	<17y	5	2	/	
	18-20y	12	9	21	
	21y +	1	5	6	
Use of contraception	Yes	2	4	6	
before first pregnancy*	No	16	12	28	
First pregnancy within 12	Yes	11	8	19	
months of marriage* *	No	7 (2)***	8 (4)	15 (6)	

Table 5: Age at first marriage, use of contraception and timing of first birth by education/employmentstatus. Ever-married women aged 17-39.

*Or ever-use of contraception (post-maritally) for the two women who had not (yet) given birth.

** All women in this sample had been married for at least 18 months at the time of interview.

***Numbers in brackets exclude those experiencing involuntary constraints (mainly spousal separation).

Ideal number	Women			Men		
of children	Age <40y	Age 40+y	All women	Age <40y	Age 40+y	All men
	(N=37)	(N=28)	(N=65)	(N=16)	(N=10)	(N=26)
0	0	0	0	0	0	0
1	0	0	0	0	0	0
2	4	0	4	2	3	5
3	5	0	5	2	0	2
4	16	9	25	6	4	10
5	1	1	2	0	0	0
6	1	5	6	1	0	1
More than 6	1	0	1	2	0	2
Total expressing a preference	28	15	43	13	7	20
No preference expressed	9	13	22	3	3	6

Table 6: Ideal number of children expressed by women and men, by age group