An analysis of fertility rates and marriage patterns of selected Somali refugees resettled in metropolitan Atlanta

Sabrina Lampley Jordan
Clark Atlanta University

Follow this and additional works at: http://digitalcommons.auctr.edu/dissertations

Part of the Arts and Humanities Commons

Recommended Citation

This Dissertation is brought to you for free and open access by DigitalCommons@Robert W. Woodruff Library, Atlanta University Center. It has been accepted for inclusion in ETD Collection for AUC Robert W. Woodruff Library by an authorized administrator of DigitalCommons@Robert W. Woodruff Library, Atlanta University Center. For more information, please contact cwiseman@auctr.edu.
ABSTRACT

INTERNATIONAL AFFAIRS AND DEVELOPMENT

JORDAN, SABRINA LAMPLEY  B.A. ECKERD COLLEGE, 1998
M.S. TROY STATE UNIVERSITY, 2001

AN ANALYSIS OF FERTILITY RATES AND MARRIAGE PATTERNS OF
SELECTED SOMALI REFUGEES RESETTLED IN METROPOLITAN ATLANTA

Advisor: Abi Awomolo, Ph.D.
Dissertation dated July 2008

The purpose of this study was to examine the demographic behaviors and
demographic changes among Somali refugees resettled in metropolitan Atlanta.
Specifically, the study investigated the fertility rates and marriage patterns of selected
Somali refugees prior to resettlement in the United States, and fertility rates and marriage
patterns after migration and resettlement. Also, the study examined the impact that war
and trauma had on the participants’ fertility and marriage behaviors. The study is
significant because it describes demographics from a feminist perspective, in which the
participants had the opportunity to discuss their decisions about fertility and marriage in
their own words.

The primary methodology used in this study was based on a new paradigm in
demographic studies known as critical demography (Horton, 1999) in which qualitative
measures take precedent over traditional demographic methods, which are driven by
quantitative measures. Twenty-one face-to-face interviews were administered to obtain
the oral histories of the women’s decisions about fertility and marriage.
Findings from the research suggested that the fertility rates of participants averaged around 4 children per woman and marriage patterns of participants were that all women were married at least once and that the institution of marriage is highly regarded in Somali culture.
AN ANALYSIS OF FERTILITY RATES AND MARRIAGE PATTERNS OF
SELECTED SOMALI REFUGEES RESETTLED IN METROPOLITAN
ATLANTA

A DISSERTATION
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF DOCTOR OF PHILOSOPHY

BY

SABRINA LAMPLEY JORDAN

DEPARTMENT OF INTERNATIONAL AFFAIRS AND DEVELOPMENT

ATLANTA, GEORGIA

JULY 2008
ACKNOWLEDGEMENTS

First, I would like to thank my savior and lord, Jesus Christ from whom all blessings flow. I give thanks to Christ for placing such a worth topic into my mind, and allowing me to see it into fruition. In addition, this work would have not been possible without the prayers of my mother, Annie Lampley; my grandmother, Minnie Lampley and members of Southside Tabernacle Baptist Church located in St. Petersburg, Florida. I would also like to thank my loving husband, Augustus William Jordan, III; my precious son Augustus William Jordan, IV and my new born daughter Serena Faye Jordan who was in my belly while I was completing this paper.

I am indebted to Dr. Kwaku Danso, the former chair of the Department of International Affairs and Development for being a brilliant leader, mentor, and friend; to Dr. Abi Awomolo for guiding me through this research; and to Dr. Josephine Bradley for coming to my assistance at the last minute. I would also like to thank Leslie Etienne for introducing me to the two Somali women who acted as key informants; and to Holden Osman for introducing me to women in the Somali community, for assisting with interviews and acting as an interpreter.

Finally, I would like to dedicate this dissertation to the loving memory of my sister Valarie Elaine Lampley Sanford. It was the sweet memories of her love, kindness, and strong spirit that inspired me to finish this dissertation when I was ready to give up.
# TABLE OF CONTENTS

ACKNOWLEDGEMENTS ........................................................................................................ ii
LIST OF FIGURES .................................................................................................................. v
LIST OF TABLES .................................................................................................................... vi
LIST OF ABBREVIATIONS ...................................................................................................... vii
GLOSSARY ............................................................................................................................... viii

Chapter

ONE INTRODUCTION ................................................................................................................ 1
Purpose of the Study .................................................................................................................. 1
Background and Rationale of the Study ...................................................................................... 2
Statement of the Problem ........................................................................................................... 6
Significance of the Study ............................................................................................................ 8
Research Questions .................................................................................................................. 11
Organization of Study ............................................................................................................... 11

TWO REVIEW OF RELATED LITERATURE ........................................................................ 13
Fertility in Pre-transitional Society: A Glimpse at Africa ......................................................... 14
Fertility in Somalia: Population and Total Fertility Rates .......................................................... 21
Fertility Changes in Africa: The Impact of War on Fertility Behavior ........................................ 24
Fertility Changes: The Impact of Migration on Fertility ............................................................ 28
Fertility of Resettled Refugees .................................................................................................. 30
Marriage Patterns in Pre-Transitional or Pre-Migratory Societies ............................................. 32
Marriages in Transitional or Migratory Society ......................................................................... 34
Family Separation as a Post-Transitional Stressor .................................................................... 37
Brief Summary of the Review of Related Literature .................................................................. 39
Theoretical Framework .............................................................................................................. 41
Demographic Transition Theory ............................................................................................... 41
Multiphasic Demographic Response Theory ............................................................................. 43
Feminist Theory ......................................................................................................................... 44

THREE RESEARCH METHODOLOGY ........................................................................... 48
Overview of Research .............................................................................................................. 49
Sampling .................................................................................................................................. 50
Description of Survey Instrument ............................................................................................. 50
Subjects ..................................................................................................................................... 53
Key Informants .......................................................................................................................... 54
Recruitment of Subjects ............................................................................................................ 54
Consent Procedures ................................................................................................................... 55
Protection of Subjects ............................................................................................................... 55
Subject Interviews ...................................................................................................................... 56
Fertility and Marriage History Questionnaire ............................................................................. 56
Procedure(s) for Data Collection ............................................................................................... 57
Measures .................................................................................................................................... 58
Data Collection ................................................................. 58
Demographic Characteristic ............................................. 59
Limitation of the Study ..................................................... 61

FOUR ANALYSIS OF DATA ................................................. 62
Interview Questions and Responses ................................. 63
Demographic Characteristics of Respondents .................... 63
Age .................................................................................. 66
Marital Status .................................................................. 68
Education ........................................................................ 69
Religious Background ....................................................... 70
Type of Community .......................................................... 71
Resettlement in the United States ...................................... 72
Socio-Economic Status ...................................................... 72
Respondent's Marital History ............................................. 73
Respondent’s Reproductive History .................................... 81
Respondent’s Reproduction after Resettlement ................... 91
Research Questions and Answers ...................................... 92
Discussion of Research Questions ..................................... 92
First Explanation .............................................................. 92
Second Explanation .......................................................... 97
Third Explanation ............................................................. 99

CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS .... 101
Conclusions ..................................................................... 101
Fertility Rates .................................................................... 101
Marriage Patterns ............................................................. 103
Demographic Characteristics ............................................ 105
Demographic Change ......................................................... 107
Implications for International Affairs and Development ....... 108
Recommendations for Future Research ............................... 109

APPENDICES
Appendix A ........................................................................ 112
Appendix B ........................................................................ 113
Appendix C ........................................................................ 114

REFERENCES ......................................................................... 120
LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bar Graph of Eastern African Refugees in Georgia</td>
<td>5</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A Comparative Demographic Table of Somalia vs. the World</td>
<td>21</td>
</tr>
<tr>
<td>2. Total Fertility Rates: Somalia</td>
<td>23</td>
</tr>
<tr>
<td>3. General Demographic Characteristics of Respondents</td>
<td>64</td>
</tr>
<tr>
<td>4. Demographic Characteristics of Respondents</td>
<td>65</td>
</tr>
<tr>
<td>5. Respondents Marital History</td>
<td>74</td>
</tr>
<tr>
<td>6. Respondents Separation and Reconciliation</td>
<td>80</td>
</tr>
<tr>
<td>7. Respondents Pregnancies and Deliveries</td>
<td>82</td>
</tr>
<tr>
<td>8. Respondents Childbirth Characteristics</td>
<td>85</td>
</tr>
<tr>
<td>9. Respondents Childbearing Responses</td>
<td>88</td>
</tr>
</tbody>
</table>
**LIST OF ABBREVIATIONS**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>OAU</td>
<td>Organization of African Unity</td>
</tr>
<tr>
<td>UNOCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td>TFR</td>
<td>Total Fertility Rate</td>
</tr>
<tr>
<td>TMFR</td>
<td>Total Marital Fertility Rate</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commission on Refugees</td>
</tr>
<tr>
<td>UNOSOM</td>
<td>United Nations Operations in Somalia</td>
</tr>
</tbody>
</table>
GLOSSARY

Age structure - is the distribution of the population according to age. Information is included by sex and age group (0-14 years, 15-64 years, 65 years and over).

Birth rate - provides the average annual number of births during a year per 1,000 persons in the population at midyear; also known as crude birth rate. The birth rate is usually the dominant factor in determining the rate of population growth. It depends on both the level of fertility and the age structure of the population.

Death rate - is the average annual number of deaths during a year per 1,000 population at midyear; also known as crude death rate. The death rate, while only a rough indicator of the mortality situation in a country, accurately indicates the current mortality impact on population growth.

Developed Country - A country with a high level of per capita income, industrialization, and modernization. Such countries usually have lower levels of population growth.

Developing Country - A country that is changing from uneven growth to more constant economic conditions, and that is generally characterized by low rates of urbanization, relatively high rates of infant mortality and illiteracy, and relatively low rates of life expectancy and energy use.

Displaced - refers to people uprooted by war from their homes. A) internally also known as internally displaced persons or B) externally known as refugees.

Fertility - the ability to conceive and have children, the ability to become pregnant through sexual activity.
Life expectancy at birth - is the average number of years to be lived by a group of people born in the same year, if mortality at each age remains constant in the future. This includes total population as well as the male and female components. Life expectancy at birth is also a measure of overall quality of life in a country and summarizes the mortality at all ages. It can also be thought of as indicating the potential return on investment in human capital and is necessary for the calculation of various actuarial measures.

Migration - is the movement of persons from one country or locality to another country or locality.

Net emigration - an excess of persons leaving the country during the year.

Net immigration - is an excess of persons entering a country during the year.

Net migration rate - includes the figure for the difference between the number of persons entering and leaving a country during the year per 1,000 persons (based on midyear population).

Population - gives an estimate from the US Bureau of the Census based on statistics from population censuses, vital statistics registration systems, or sample surveys pertaining to the recent past and on assumptions about future trends. The total population presents one overall measure of the potential impact of the country on the world and within its region.

Population growth rate - The average annual percent change in the population, resulting from a surplus (or deficit) of births over deaths and the balance of migrants entering and leaving a country. The rate may be positive or negative. The growth rate is a factor in determining how great a burden would be imposed on a country by the changing needs of its people for infrastructure (e.g., schools, hospitals, housing, roads), resources (e.g.,

ix
food, water, electricity), and jobs. Rapid population growth can be seen as threatening by neighboring countries.

Pre-transitional Society – refers to a society of people who usually have high rates of fertility, high mortal risks, and pronounced migration. Additionally, pre-transitional societies are in the early stages of the transition from higher to lower fertility rates.

Post-transitional Society – refers to the final stage of the transition process of high fertility to low fertility with differentials pointing specifically to a drop in marital fertility rates.

Refugees - refers to persons who have left their country of origin due to a well-founded fear of persecution because of their race, religion, nationality, difference in political opinion or having membership of a particular social group (UNHCR, 2005). The 1969 Organization of African Unity (OAU) Refugee Convention and the 1984 Cartagena Declaration in Latin America expanded this definition to include persons who have fled their countries because of war or civil conflict.

Refugee Camp – is a temporary settlement used to receive and house refugees.

Reproduction – the term is used interchangeably with childbearing and refers to the parturition process of human beings, or the process of giving birth to a child.

Resettlement – the term refers to any persons who left their home countries and relocated in other countries.

Sex ratio - includes the number of males for each female in five age groups - at birth, under 15 years, 15-64 years, 65 years and over, and for the total population. Sex ratio at birth has recently emerged as an indicator of certain kinds of sex discrimination in some countries.
Total Fertility Rate (TFR) - provides a figure for the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given fertility rate at each age. The total fertility rate (TFR) is a more direct measure of the level of fertility than the crude birth rate, since it refers to births per woman.

Total Marital Fertility Rate (TMFR) - provides a figure for the average number of children that would be born among couples.

Transitional Society - refers to a proliferation of transitional patterns – war induced migration, forced migration, socio-cultural adjustments, intrusive changes in one’s way of life and usually represents a halt in marital fertility.
CHAPTER ONE

INTRODUCTION

The fertility of war torn populations may be in jeopardy. The conjoined effects of war and migration apparently have a negative effect on childbearing. The horrendous acts of violence and sexual abuse associated with war has resulted in unwanted pregnancies, unsafe abortions, infertility, sexually transmitted diseases, and persistent gynecological problems among affected people. Furthermore, war-induced migration or forced migration leaves many women vulnerable to additional gender based violence while in transition. For women who have resettled into new societies, there are additional issues of childbearing. In light of these phenomena, this study examined the demographic behavior of refugees by providing an understanding of the nature of fertility rates and marriage patterns among selected Somali women resettled in metropolitan Atlanta.

Purpose of the Study

The aim of the present study was to investigate the fertility rates and marriage patterns of selected Somali refugee women in metropolitan Atlanta. The fertility rate is defined as the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given fertility rate at each age. The marriage patterns are decisions the Somali refugee women make with regard to the selection of a husband or partner.

The findings from this study were accomplished through the use of a survey instrument that was developed by the author, entitled “Understanding Marriage Patterns
and Fertility Rates of Somali Refugees.”

**Background and Rationale of the Study**

In 1991, civil war pillaged the country of Somalia. The country’s dictator, Siyaad Barre was a corrupt leader who instigated the war. Barre governed Somalia using the tactics of divide and rule (Brown, 2001). These tactics instigated clan disputes as early as 1969. Customarily, Somalis are governed under separate clans and sub-clans where each clan has shared family ancestry through the male line (Brown, 2001). Barre manipulated clan loyalty and exacerbated inter/intra clan conflicts in order to maintain his totalitarian regime. For instance, in the south, Barre’s clan family known as Mareehan dominated government and economics throughout the country. Government disdain and discrimination were the preferred modes of domination in the north, comprised primarily of the Isaaq clan-family and other smaller clan families (Brown, 2001).

In May of 1990, armed opposition to Barre’s regime resisted and fought back. Massive uprisings by the Majeerteen, Hawiye and Isaaq clan families were significant in the coup (Metz, 1992). Because of this resistance to his totalitarian regime, Barre intensified his oppression. Somalis were persistent and continued to resist Barre’s rule (Brown, 2001). As a result, Somalia exploded into a plethora of clan based war zones. One of the most crucial outcomes of the war was that women were purposely targeted and usually attacked in a sexually violent manner. Historically, in Somali culture, there is a social stigma attached to rape. Traditionally, rape was the primary weapon used against women during war, along with other forms of torture and violence. Women and girls were brutally raped (and sometimes gang raped) by combatants (UN Office for the Coordination of Humanitarian Affairs, 2004). The rapes took place in their homes or in
the fields as they went about their daily activities (UN Office for the Coordination of Humanitarian Affairs, 2004).

In January of 1991, Barre and his supporters fled Mogadishu, the capital of Somalia. Barre died in 1995 while living in exile in Nigeria. After the collapse of Barre’s regime the struggle for power continued in Somalia. For Somali women, life became impossible. Many of them lost their husbands, fathers, brothers, uncles, and male cousins during the conflict. These women were also left without a home, food, water, shelter or clothing. As a result of civil war and upheaval in Somalia, the country was faced with a lack of safety, and a failed government (Waldron & Hasci, 1995). Because of this insecurity, Somali women along with their children fled the country for the borders of Kenya and Ethiopia where they lived as refugees in refugee camps (United Nations Operations in Somalia, 1997). An average of 300,000 Somali refugees headed to Kenya for safety following the civil war.

According to The United Nations High Commission on Refugees, the term refugees is broadly defined as persons who have left their country of origin due to a well-founded fear of persecution because of their race, religion, nationality, difference in political opinion or having membership of a particular social group (United Nations High Commission on Refugees, 1951). The 1969 Organization of African Unity convention on Refugees, and the 1984 Cartagena Declaration in Latin America, expanded this definition to include persons who have fled their countries because of war or civil conflict (Organization of African Unity, 1969; The Cartagena Declaration on Refugees, 1984).

On the journey from Somalia to Kenya, and while living in refugee camps, many Somali women were raped and tortured. For instance, women and girls living in refugee
camps and resettled societies are specifically vulnerable to sexual violence for a number of reasons (Johnsson, 1989; Byrne, 1995). They are vulnerable because they have lost their closest male relative who usually acted as a protector and liaison for the women in society, or they are vulnerable because they lack community and social support systems. In addition, they are vulnerable because there is a lack of food, water, and health care. When there is an inadequate supply of these basic necessities, sometimes refugee women are forced to exchange sexual acts for shelter and food. They are also vulnerable because refugee camps are usually overcrowded, and close living quarters lead to increased rape and gang rapes (Johnsson, 1989; Byrne, 2001). For Somali refugee women who resettled in Kenya, the continuation of clan based resentment and ethnic division led to the continuation of severe trauma and sexual violence (Jesuit Refugee Services, 2000).

Because of the grotesque situations in refugee camps, refugee women from Somalia sought asylum in countries like Canada and the United States of America. Resettlement in these countries is considered a retreat for Somali refugee women from their intrepid past lives. However, the process for seeking asylum and relocation assistance is tedious, and physical relocation may take up to ten years (Wasem, 2005).

As stated before, many refugees flee to the United States of America. They come by way of refugee resettlement programs that are managed by the federal government in collaboration with local, state, and non-governmental agencies (United Nations High Commission on Refugees, 2004). As a matter of fact, the state of Georgia has the second largest refugee resettlement program in the country and the metropolitan Atlanta area has an increased number of African refugees (Danesi, 2005). For instance, East African refugees from Burundi, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, Sudan, and Uganda
began migrating to the metropolitan Atlanta area around the year 2000. The bar graph below represents East African refugees resettled within Georgia from the years 2000 to 2004.

FIGURE 1. Bar Graph of Eastern African Refugees in Georgia


Once these women resettled in countries like Canada and the United States, they deal with the problems associated with refugee life such as adjusting to a new country where upon entry they confront issues related to language. They also lack social support and are usually economically deprived and very poor, although many of them work (Johnsson, 1989).

Amidst all the challenges Somali refugee women face in resettled societies, pregnancy and childbearing are the most crucial. Because of the sexual violence that occurred
during the war and while living in refugee camps, many of these women are faced with extreme reproductive health issues that include but are not limited to: infertility, gynecological problems which may be associated with female genital mutilation, unwanted pregnancies, complications from frequent high-risk pregnancies, lack of follow-up medical care, unsafe abortions or injuries acquired during unsafe or illegal abortions, limited or lack of access to family planning, and sexually transmitted diseases including HIV/AIDS (State of World Population, 2000).

Statement of the Problem

There are great concerns with the state of the world’s population. Acts of social upheaval, violence, torture, war and persecution have been associated with the state of the world’s population. This is particularly true in Somalia where women caught in the crossroads of intertribal war have suffered and continue to suffer from post-traumatic stress syndrome (Littlewood, 1997). Many post-war women who experienced the aforementioned burdens and barriers became refugees.

Although a handful of Somali refugee women have resettled in the United States and other countries, the degree of suffering these women endure is excruciatingly great and need to be addressed by the world community. As a result of their wartime experiences, Somali refugee women resettled in the United States face a number of problems on a daily basis. Nonetheless, issues surrounding fertility and childbearing are the most challenging.

Why do Somali refugee women find fertility and childbearing to be their most troubling issues? In Somali culture fertility and childbearing are linked to marriage. However, Western values suggest it is okay to have children without being married or
without being in a committed relationship. Somali women who have been separated from their husbands or who lose their husbands because of the war attribute fertility and childbearing concerns to the absence of their husbands in a resettled community, which is usually alien and non-supportive of their cultural background. In her doctoral dissertation, Brown (2001) stated that in Somali culture: “Women’s responsibilities included birthing, and nurturing children, obtaining and preparing food, erecting and dismantling tents, and tending to the needs of their husbands” (p. 51). Further, Brown comments that, “Marriage was crucial to the survival of nomadic women” (p. 51); “If Somali women become widowed or divorced, they had an even more difficult time meeting their needs without the security of a man in the household” (p. 51); and “Without the physical and material security of a man, whether he be an uncle, cousin, son, brother, father, or husband, a woman was considered helpless” (p. 51).

Hence, Somali refugee women who resettled in Georgia have been uprooted from the protection and support of men in a predominantly agrarian society that practices genital mutilation of girls to maintain purity and chastity for marriage. Many of these women are left on their own to confront cultural shock while living in a Western country like the United States. First, many of the Somali refugee women do not understand the American culture and are not understood by their host country. Because they do not understand and are not understood, Somali refugee women cannot adequately express their needs and have therefore become an underserved minority outside the mainstream of what is happening (Johnsson, 1989). As if the problems presented by cultural shock are not enough, Somali women resettled in the United States face additional warring cultural values, including clashes with other minorities (African-Americans, for instance)
who may consider them as Johnny-come-lately invasion of the community.

The purpose of this study, therefore, is significant because it attempts to shed some light on the fertility rates and marriage patterns of a group of migratory, traumatized women who seem to have lost their identity and support system in a resettled environment. Additionally, these women desire to find ways to cope in a society far different than the culture they grew up in. Hopefully, the findings of this study will add to our understanding regarding the demographic behaviors of refugee populations in general and Somali women in particular.

**Significance of the Study**

While investigating the selected topic, it was found that limited research has focused on the plight of women who have survived the horrendous environment of lawlessness and war, then granted asylum status to relocate to receiving nations like the United States and Canada. The difficulties these women face as they grapple with the challenges of daily life in asylum-granting nations have not been given adequate attention. Most literature on Somali refugee women focuses on their roles as active soldiers on war fronts or as guerilla workers, or as cases in efforts taken by nongovernmental or international relief organizations. This study has significance with respect to: (A) Fertility trends and Marriage patterns of these women in new environments; (B) gender connection and the Somali community support; (C) policymakers at the State and Federal levels of government; and (D) Historically Black Colleges and Universities (HBCUs).

A study of the rates of fertility and marriage patterns of Somali refugee women surviving anarchy and relocating to the United States is significant in that it provides a frame of reference for studies focusing on women experiencing similar situations in
different parts of the world. Furthermore, this study is significant to our understanding of how these women make decisions about childbearing, while taking into account that they are survivors of torture and rapes associated with war. As a result of their experiences prior to relocation, many of these women may be distressed physically, psychologically, and emotionally.

Women whose rates of fertility and marriage patterns that have been disrupted by war will hold a significant key to the refugee resettlement process of a country. Ultimately, providing answers as to how these women survived the impacts of war and migration, and how they had to learn new skills while they were refugees in foreign lands will give demographers additional data on understanding how life events can affect birth rates and marriages patterns among a specific group of people, and how the outcome can be beneficial when restructuring efforts for refugee women are in play.

The primary investigator/researcher predicted that this study would uncover the self-help strategies, connections and support systems that Somali refugee women utilized to minimize the painful effects of their relocated status. Ways to adapt these strategies, connections and support systems is significant because it can benefit other women around the world who are experiencing similar situations.

While refugee Somali women may experience varying degrees of success in adjusting to the American dominant culture, they will not totally abandon Somali traditions, and may find coming back to the Somali community a source of priceless solace.

The results of this research provided a window of observation and understanding of fertility trends among Somali women living in metropolitan Atlanta in that it examined the fertility rates of Somali women prior to migration, as well as examined fertility rates
of Somali women once resettled. As fertility rates in many developed countries decline (this includes the United States) substantially below the level needed for population replacement, international migration to the West – much of it from developing countries including Somalia – will accelerate. This study seems to point to the possibility that the Somali refugee women under evaluation will add to the population of the United States in two ways: through their addition as immigrants and through their subsequent fertility, which may be higher than the American rates. Thus, populations that have both high immigration and low indigenous fertilities for a prolonged period will eventually undergo a kind of demographic transition in which the indigenous population and its descendants will eventually diminish and be replaced by a population of immigrants and their descendants.

Furthermore, this study has significance to policy and how policies can be enacted to ease the transition of immigrants to a new environment. Should not efforts be made to enable Somali refugee women the ability to acquire the language and job skills needed to compete in their new environment? A conscious and deliberate immigrant policy is needed to complement the current policy, reduce barriers, and provide a smooth transition into the new environment.

Finally, this study has significance to Historically Black Colleges and Universities (HBCUs), which historically have been founded upon the principle that the educational and social needs of people of African descent must be a matter of priority throughout the African Diaspora. Research conducted by African Americans with people of Africa, and vice-versa, will provide opportunities to establish the mingling, trust, and communication that would result in positive outcomes for all concerned. It is believed that when research
is being conducted among African Americans and indigenous Africans, current mistrust and suspicion will eventually be discarded and barriers that once divided those in the African Diaspora can lead to exchanges in the education and business sectors.

**Research Questions**

The research questions that guided this study are as follows:

1. What are the fertility rates of selected Somali refugee women who resettled in metropolitan Atlanta?

2. What are the marriage patterns of selected Somali refugees who resettled in metropolitan Atlanta?

3. How has migration and resettlement affected fertility behaviors and marriage patterns of selected Somali refugee women resettled in metropolitan Atlanta.

An answer and explanation of each question will be provided in Chapter Four.

**Organization of the Study**

This study is organized into five chapters. Chapter One offers a brief introduction to the study. It sets up the foundation of the study by providing the purpose of the study, as well as, background information and rationale of the study. In addition, it lays out the statement of the problem, significance of the study, research questions, and organization of the study. Chapter Two provides a literature review on fertility rates and marriage patterns of refugees in pre-transitional, transitional, and post-transitional society, as well as, provide explanations as to how war and migration may or may not have impacted reproductive decision-making among refugee populations. Chapter Two also introduces a multi-level theoretical framework for exploring post-conflict women and their varied decisions about childbearing and marriage. Chapter Three discusses the research
methodology used in the study along with a brief description of the research instrument. Chapter Four provides an analysis of the data and a discussion of the research questions. Specifically, the chapter includes interview questions and responses, the findings along with explanations to the research questions. Chapter Five provides a brief conclusion of the fertility rates and marriage patterns of the women under study, while also providing a summation of their demographic characteristics and the demographic changes they have undergone since relocation. Chapter Five also offers implications for International Affairs and Development, as well as, recommendations for future research regarding refugees and their reproductive decisions.
CHAPTER TWO

REVIEW OF RELATED LITERATURE

This critical review examines the demographic behavior of refugee populations by synthesizing literature related specifically to fertility rates and marriage patterns in pre-transitional societies, the impact of war and migration on fertility and marriage, and fertility rates and marriage patterns in post-transitional society.

First, an explanation of fertility in the continent of Africa will be provided, as well as, an assessment of the fertility rates and marriage patterns in war torn Somalia. Second, a critical review of literature on the impact of war and war-induced migration on the demographic behavior (fertility behavior) of refugees is offered. Third, there is an examination of the fertility and demographic patterns of refugees in post-transitional society. Fourth, marriage patterns in pre-transitional society and transitional society are investigated. Fifth, a number of stressors on marriage and family separation related to resettlement are identified. Sixth, a brief overview of the literature is offered. Finally, a critical review of the theories that respond to fertility behavior and fertility change are provided: the demographic transition theory, the multi-phasic demographic response theory, and the feminist standpoint theory.

The rationale for various theoretical frameworks in this study is based on the notion that migration to urban or rural settings does not act as a single variable in the preemptive stage of fertility change but a multitude of other determinants or antecedents contribute to fertility behavior and fertility change. Such determinants include, but are not limited to,
social and economic factors, as well as, stressors related to family separation.

**Fertility In Pre-Transitional Society: A Glimpse at Africa**

Data provides that the continent of Africa has some of the highest fertility rates in the world (Bonila, 2004). The Total Fertility Rate (TFR), or the cohort of children in which a woman will bear in her lifetime in sub-Saharan Africa is an average of 5.5 children (Genereux, 2007). The country of Niger has the highest birth rates with a Total Fertility Rate (TFR) of 7.5 children while the country of Somalia has the third highest birth rates with a TFR of 7.3 children (Bonila, 2004).

Additionally, high birth rates are usually aligned with no contraceptive use at all or very little use or knowledge about contraception (Bonila, 2004). For instance, in 2001, data proved that in the country of Chad only four percent of married women used contraceptives. As a result of low contraceptive use in the country, reproductive age women displayed high birth rates with a TFR of 6.3 children (Bonila, 2004). Because of the high birth rates in Africa the annual population growth rate on the continent is about two percent. Furthermore, sub-Saharan Africa will see a 132 percent increase in its population by 2050 (Jones, 2004).

Many demographers and scholars in the West ask the question: Why are fertility rates so high in Africa? In explaining why fertility rates are so high in Africa it is important to examine factors that influence fertility behavior in pre-transitional society. Morgan, Stash, Smith & Mason (2002) and Reid (2002) argued that fertility behavior in many pre-transitional societies is based upon a woman’s social status, her educational level and place of residence, religious affiliation, and family formation.

Additionally, in the seventeen plus African countries in which Islam is the dominant
religion, women have traditionally occupied an inferior status compared to men, a status in which women have less autonomy over their fertility and reproductive decision-making (Morgan et al., 2000). Moreover, kinship systems practiced in countries like Morocco, Algeria, Tunisia, and Somalia allow family size and childbearing decisions to be made by a woman’s husband and his lineage (Obermeyer, 1997). Morgan et al. (2002) states:

In other words patriarchal system can increase the demand for children because they usually limit women's nonfamilial opportunities for social status and economic support. Where women's opportunities outside the home are severely constrained, their survival strategies focus inward on family and children. Bearing children, especially sons, solidifies a woman's position in her husband's or in-laws' house (p. 517).

In general, fertility behavior in several African countries is entrenched within a woman’s social status in terms of the gender power relations between men and women. Furthermore, there is the belief that if women were to have control over their own fertility then the gender hierarchy of male superiority and female inferiority becomes threatened (Genereaux, 2007).

Khawaja (2002) argues that education is a major indicator in predicting fertility behavior primarily because education prolongs marriage and reproduction, as well as provide an increase of knowledge about contraceptive use. Martin and Juarez (1995) state, “Better educated women have broader knowledge, higher socioeconomic status and less fatalistic attitudes toward reproduction than do less educated women” (p. 52). Martin et al (1995) offers three broad areas in which educational schooling has implications for fertility behaviors. They include: education as a source of knowledge, education as a vehicle of socioeconomic advancement, and education as a transformer of attitudes.

Education as a source of knowledge allows women to access a wide array of
information, which has the potential to expose them to the modern world. Chiefly, women who are educated tend to live in urban areas where fertility rates are substantially lower than fertility rates in rural areas. Education as a vehicle of socioeconomic advancement offers women the opportunity to participate in the relevant labor market, which in turn allows many women to participate in the modern sector of the economy. Basically, female education permits women to acquire jobs in industrialized areas and this act can ensure a woman’s economic status. Education as a transformer of attitudes has the capability to shape and/or reshape attitudes particularly those surrounding reproductive decisions and birthrates (Martin et al., 1995).

Demographers would ask: How do the dual factors of educational attainment and economics impact fertility behavior in Africa? Literature provides that there is a lack of education among many African populations primarily among those from agrarian societies. Gillian, Goldberg, and Grazyna (1993) cogently argued that pre-transitional societies that are driven by agricultural economics have a tendency to have much higher rates of fertility than those who are from horticultural and nomadic societies, although the ability to earn a living wage is scarce. Gillian et al (1993) indicates that the reasons for high rates of fertility among agrarian populations are due to extremely high death rates and early weaning of infants and toddlers in such populations. A noted characteristic of high birth rates among pre-transitional agrarian societies is the idea that more children equals added physical labor, which can lead to increased economic benefits for the family (Verwimp & van Bavel, 2005).

Therefore, demographers may find that high educational attainment may still result in high birth rates in Africa as a result of spatial distribution, urban, rural, or nomadic
residence, along with country of origin. Two prevailing themes emerged out of the literature regarding urban and rural residence and fertility behavior. Urban life correlates with low birth rates, or the decision to not have children, or suspension of reproduction, while rural life correlates with high birth rates or the decision to have multiple births. As stated earlier, many urban women have lower rates of fertility than rural women because living in an urban city places the demand on women to enter the workforce.

In a study on reproductive behavior, Angola, Agadjanian & Ndola (2001) concluded that in many urban settings, childbearing is minimized because having children is represented as an extremely expensive undertaking. Kurtz (1999) provides a salient critique of the impact of urban residency on fertility behavior by stating:

Before fertility could be reliably controlled through medical technology, marriage and accompanying strictures against out-of-wedlock births were the key check on a society's birth rate. Economic decline meant delayed marriage, and thus lower fertility. But contraceptive technology now makes it possible to efficiently control fertility within marriage. This turns motherhood into a choice. And what demographic decline truly shows is that when childbearing has become a matter of sheer choice, it has become less frequent (p. 18).

While dwellers in urban settings experience a decline in birth rates because the construction of motherhood is based on a choice rather than a natural biological incidence, Agadjanian et al. (2001) state that women in rural settings were more likely to have an increased number of children. For example, a majority of African women who reside in rural settings where schooling and educational attainment are costly, or just do not exist, may be clueless about family planning and contraceptives, which in turn leads to increased fertility and reproduction.

The literature also provides a centralized theme regarding fertility behavior among nomadic populations; it purports that they are usually uneducated and fertility rates,
high or low, are paralleled with migration flows.

In essence, education can have a direct impact on fertility behavior in one of two ways. First, if a woman is educated, it is believed she will have fewer children in her lifetime. However, the latter suggest that if a woman is uneducated she will have more children in her lifetime (more than what the world’s population replacement level currently is).

In many African countries, religion has also had a great impact on fertility behavior, particularly Islamic and Christian religions on the continent. Reid (1992) asserts that high birth rates among women in pre-migratory societies are due to the spread of Islam and Christianity in Africa. Remez (1989) adds there are 47 countries that practice the Islamic religion throughout the world and 17 of them are in Africa. Moreover, high fertility rates among those who are indoctrinated into Islam are a common practice. Sharia Law, which governs religious and social life in Islam, emphasizes early marriage and early motherhood both of which are viewed as essential proponents of Islamic doctrine regardless of a woman’s family’s wealth and/or her educational status (Mazrui, 1994). For instance, many Muslim women marry before they reach puberty (Dagnoko, 2006). Parents advocate for early marriage for their daughters because they fear unwanted pregnancies (Touray, 2006). Contrary to their parent’s fear of unwanted pregnancies, “Young girls – because they are young – are unable to negotiate sex or decide the number of children they would like to have” (Touray, 2006; p. 79 - 80). Touray (2006) states, “When these girls are withdrawn from school and married to these elderly men they end up dealing with unwanted pregnancies. Sometimes they are divorced and left with having to face the responsibility of fending for their young
babies” (p. 80). Hence, Islam’s influence on early marriage and early motherhood, directly impacts fertility rates and marriage patterns.

Fertility rates among Muslim populations tend to be high compared to other religions. Mistry (2005) attributes the high birth rates to the “relative backwardness of the Muslim community, and particularly of Muslim women, is noted as a factor in the comparatively high fertility rates observed among the Muslim population” (p. 399). High birth rates among Muslim populations were also associated with low socio-economic status (Mistry, 2005).

The indoctrination of the Christian religion has also had a sway on fertility behavior in many African countries. Christianity promotes high birth rates through biblical teachings. The Bible teaches that a Christian should practice no sex before marriage, and that a married person must reproduce and have multiple births, both of which are ordained by God and a blessing from God (Janssen & Hauser, 1981; Van Leeuwen, 2001).

Religious affiliations have surely influenced fertility behavior and fertility rates in Africa. However, fertility behavior in pre-transitional society is not only dependent upon socio-economic variables such as level of education, economic status, residence and religious affiliations. A significant component contributing to fertility behavior and fertility rates is related to family formation, which includes the form of marriage, and the residence of a woman’s husband (Tawiah, 1989; Toren, 2003).

Family formation is central to fertility behavior in many African countries. Family formation is usually based on economic stability and the future economic state of a family (Hattery, 2006). For instance, in sub-Saharan Africa where agricultural
economics is the main source of livelihood “polygamy, or being married to more than one person at a time, is common” (p. 41). Hattery (2006) continues by stating, “Agricultural economies are heavily dependent upon both labor power and land. Therefore, fertility rates tend to be high and marriage patterns tend to follow certain prescribed rules” (p. 41).

Hattery (2006) posits that the reason polygamy is so prevalent in agricultural societies is “because it allows men to father more children, who will provide the intensive labor that characterizes an agricultural economy” (p. 41). Because of this, women who are in polygamous marriages have lower rates of fertility at the individual level, but the Total Marital Fertility Rate (TMFR) of these women is 7.2 births, and is comparable to monogamously married women at a Total Fertility Rate (TFR) of 7.5 births. Therefore, when assessing the fertility rates of women in pre-transitional society, it is important to know their marital status to include form of marriage. If the woman is in a polygamous marriage it is necessary to assess the Total Marital Fertility Rate as opposed to the Total Fertility Rate. Additionally, the residence of the husband is also a leading factor in understanding fertility behavior and fertility rates of refugee populations. In many African societies a woman may not live with her husband because of reasons related to work, polygamy, education and even war. Some men work in other parts of the country and send money home, while others have to divide their time between more than one woman. Finally, husbands may not live with their wives because they are in other countries seeking an education.

The empirical literature shows that fertility rates of women in pre-transitional societies are generally high. However, although the continent of Africa has some of the highest
fertility rates in the world, there is a steady decline in birthrates. Kalipeni (1995) states, “By 1993 fertility had declined considerably in most parts of Africa, with regional patterning in the changes. Northern and southern Africa stand out as regions that have experienced the greatest declines in fertility rates” (p. 290). For instance, in African countries like Botswana, Kenya, Zimbabwe, Namibia, and Malawi, fertility rates continue to fall, while countries in central Africa experience slight increases in their fertility. Basically, there is no homogenous reason for high or low birth rates; hence there are a multitude of demographic characteristics that can impact fertility behavior among pre-transitional societies.

**Fertility in Somalia: Population and Total Fertility Rates**

The Total Fertility Rate (TFR) in Somalia is 6.6 children (Population Reference Bureau: 2007 World Population Data Sheet, 2007). In 2007, the country had the third highest birth rate in the world with an average of 6.68 children and an annual population increase of 2.89 percent, as well as steady population growth (Population Reference Bureau: 2007 World Population Data Sheet, 2007; Intute World Guide, 2007). The following table (Table 1) provides Somali demographic factors compared to that of the world average and includes birth rates, death rates, life expectancy, and population growth for every 1000 persons in Somalia and the world. The data also provides that Somalia’s birth rates, death rates, and population growth rates are doubled those of the world. However, the country’s life expectancy rates are lower than the world’s with its inhabitants dying between the ages of 47 or 48 compared to the world average of 65 years.

Although Somalia has some of the highest birth rates in the world, historically
the numbers of children Somali women have given birth to have fluctuated in the last forty-seven (47) years. For instance, in 1960 the total fertility rate of women in Somalia was 7.25 children per woman. There was a slight decrease in the Total Fertility Rate (TFR) among Somali women in 1980. The Total Fertility Rate (TFR) went from 7.25 to 7.22. In 1982 the Total Fertility Rate (TFR) took another menial dip and went from 7.22 children per woman to 7.2 children per woman. The change in fertility continued and in 1985 fertility rates dropped to 7.08 children per woman. In 1987 the Total Fertility Rate (TFR) among Somali women dropped to 7 children per woman and in 1990 the rate dwindled to 6.76 children per woman. Moreover, the 1990s were a time period in which the Total Fertility Rate (TFR) of women in Somalia did not exceed 6 children. Hence, in 1992 the Total Fertility Rate (TFR) was 6.6, in 1995 the total fertility rate was 6.69, and in 1997 the Total Fertility Rate (TFR) was 6.75 (Statistics Canada, 2005). It is believed that the diminishing birth rates in Somalia during this time were due to the war and its affects on reproduction (Lindstrom & Berhanu, 1999).

There is a lapse in data from 1997 to 2000, and there are inconsistencies in data from 2000 to 2005. For instance, Statistics Canada provides that the Total Fertility Rates

Table 1. A Comparative demographic table of Somalia vs. World

<table>
<thead>
<tr>
<th>Somalia vs. World</th>
<th>Birthrates</th>
<th>Death rates</th>
<th>Life expectancy</th>
<th>Population growth rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somalia</td>
<td>44.6 births</td>
<td>16.28 deaths</td>
<td>48.84 years male 47.06 years female</td>
<td>2.832%</td>
</tr>
<tr>
<td>World</td>
<td>20.9 births</td>
<td>8.37 deaths</td>
<td>65.82 years male 63.89 years female</td>
<td>1.167%</td>
</tr>
</tbody>
</table>

Table Reprinted from the Intute World Guide (a web resource for education and research) – Country Comparison Tools, Somalia versus the World, 2007. All data was established in 2007 and birthrates and death rates are based on population rate of 1000
(TFR) in Somalia in 2000 were 6.56, in 2002 were 6.43, and in 2005 were 6.2 (Statistics Canada, 2005). However the following table provided by the CIA World Factbook, which breaks down the Total Fertility Rates (TFR) of women in Somalia from 2000 – 2007 reports disproportionate rates as compared to Statistics Canada.

Table 2. Total Fertility Rates: Somalia

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Fertility Rate</th>
<th>Rank</th>
<th>Percent Change</th>
<th>Date of Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>7.18</td>
<td>--</td>
<td>--</td>
<td>2000</td>
</tr>
<tr>
<td>2001</td>
<td>7.11</td>
<td>--</td>
<td>--</td>
<td>2001</td>
</tr>
<tr>
<td>2002</td>
<td>7.05</td>
<td>--</td>
<td>--</td>
<td>2002</td>
</tr>
<tr>
<td>2003</td>
<td>6.98</td>
<td>1</td>
<td>--</td>
<td>2003</td>
</tr>
<tr>
<td>2004</td>
<td>6.84</td>
<td>1</td>
<td>-2.01%</td>
<td>2004</td>
</tr>
<tr>
<td>2005</td>
<td>6.84</td>
<td>3</td>
<td>--</td>
<td>2005</td>
</tr>
<tr>
<td>2006</td>
<td>6.76</td>
<td>3</td>
<td>-1.17%</td>
<td>2006</td>
</tr>
<tr>
<td>2007</td>
<td>6.68</td>
<td>4</td>
<td>-1.18%</td>
<td>2007</td>
</tr>
</tbody>
</table>

Table reprinted from data provided online by the CIA World Factbook, 2007.

The first column consists of the year in which fertility rates were calculated, while the second column represents the actual TFR of women in Somalia during the corresponding year. The third column is Somalia’s Global Fertility Ranking during the corresponding year. The fourth column signifies the change in fertility from year to year, and the final column establishes the dates in which the data was found. When assessing the first and second column of this chart, the rates of fertility in 2000 were 7.18 children per woman compared to 6.56, in 2002 rates were 7.05 compared to 6.43, and in 2005 rates were 6.84 compared to 6.2. Although there is varying data among these reviewed sources, it is
important to note that both sources are salient in that they indicated a downward pressure on Total Fertility Rates (TFR) among Somali women over forty-seven (47) years.

While Somalia generally has high fertility rates, the circumstances surrounding childbirth is depressing for Somali women primarily because 1 in 10 women die during childbirth. Possible reasons for this high mortality rate among reproductive age women are: at least 78 percent of pregnant women have anemia and unskilled health professionals deliver 75 percent of all newborns in the country. Overall, fertility in Somalia is represented as some of the world’s highest fertility rates although there is a continual downward pressure on fertility in the country.

**Fertility Changes in Africa: The Impact of War on Fertility Behavior**

War can have a devastating effect on fertility behaviors. For centuries, the continent of Africa has been plagued with conflicts. The continent’s long-standing history of slavery and colonization are emphatically rooted in many ethnic, civil and clan based wars. In many African nations the onset of war destroys governments, infrastructure and breaks down traditional, social, cultural and economic systems (Matthews & Rissema, 2000). Lindstrom & Berhanu (1999) conclude “the uncertainty and confusion that often results from the overthrow of political regimes, the outbreak of war, or changes in the prevailing social order is sometimes enough to discourage births temporarily”(p. 241). The weakening of these systems can cause women to be extremely vulnerable to sexual abuse and gender-based violence (Byrne, 1995). Because of this reason, war can be linked to fertility behavior in many pre-transitional, transitional and post-transitional societies.

An indelible component of war in Africa is the hideous act of rape and torture
and torture perpetrated on women, which happens to be a major factor in the suspension and reduction of fertility among affected populations (McGinn, 2000). Walker (2002) adds that during war in the African countries of Rwanda, Somalia, Uganda, Democratic Republic of Congo, Sudan and Ethiopia, countless women were victims of rape and gang rapes. As a result of massive rapes in war zones, women experienced unwanted pregnancies, unsafe abortions, complications from high-risk pregnancies, lack of follow-up medical care, delivery in unsanitary environments, delivery performed by unskilled health personnel, and sexually transmitted diseases, all of which led to delayed fertility in many war torn countries (State of the World Population, 2000). Furthermore, the wartime experience of sexual violence can also affect a woman in terms of her mental health, which cause changes in attitudes about fertility. Vlachoud & Biason (2005) concluded that psychological trauma or Post Traumatic Stress Disorder is associated with an aversion to sex and reproduction among women who were victims of rape during war. Finally, in many African countries there is a negative stigma attached to women who have been raped, which could potentially lead to delayed, reduced, and/or halted marriage and fertility.

War and conflict are also related to reduced marital fertility and economic insecurity among war-affected populations (Lindstrom et al., 1999). Marital fertility, or fertility among couples, decreases because of military activity and the stress it places on couples (Lindstrom et al., 1999). During the 1974 - 1991 political upheaval in Ethiopia, military involvement and day-to-day expectations of men in times of war were physically and psychologically straining and limited the frequency of intercourse among couples (Lindstrom et al., 1999). The declines in fertility during the war in Ethiopia were
also attributed to women’s involvement in the war. Many Ethiopian women were engaged in combat and some fought alongside their men. As combatants, women enacted a no-sex policy which gave them the right to reject sex while they were occupied in war (Byrne, 1995).

In many cases, the war zone separated couples; men were out on the battlefield, while women and children were left at home. Unfortunately, many women who were left home without a male to protect them were tortured, beaten, raped, forced out of their homes and sometimes used as sexual slaves. As a result of war, refugee and resettlement programs assisted women and children in seeking a safe place for asylum, however, many of these programs have a tendency to separate couples. Women and children are sent to neighboring countries or in some cases they are sent to an entirely different continent. Basically, when couples are separated for extended periods of time, marital fertility temporarily halts.

Military activity also disrupts economic flow since it breaks down infrastructure, destroys property and agricultural crops, and as a result threatens economic stability. For many people working in urban settings in Ethiopia during the conflict, the living wage nearly diminished, and for rural dwellers, the income they received from agrarian work ceased. The uncertainty of employment and future economic income caused many couples to delay planned births (Lindstrom et al., 1999). Lindstrom et al (1999) state, “In addition to encouraging conscious adjustments in fertility behavior, crisis situations can have unintended negative effects on fertility”(p. 247). Additionally, resource scarcity, specifically shortages in food, can lead to famine in war torn countries. The impact of famine reduces the desire to engage in intercourse, which also reduces fertility
Similar to the impact of military activity on fertility in Ethiopia, literature suggests during the border conflict in Eritrea between the mid-nineties and the beginning of the twenty-first century, military mobilization and displacement led to extreme reductions in fertility as well (Blanc, 2004). Blanc (2004) states, “Part of this reduction was due to delayed age at marriage, but it occurred largely because married women were less likely to be living with their husbands in 2002 than in 1995” (p. 236). Almedom, Tesfamichael, Yacob, Debretsion, Teklehaimanot, Beyene, Kuhn, & Alemu (2003) suggest that the reductions were due to shortages in employment, housing, food, in addition to there being a lack of adequate health services, and traditional supports during the prenatal, childbirth, and postpartum periods.

In Angola, during the country’s consecutive forty-year history of colonization, and war, where war followed peace, and peace followed war, the demographic behavior fluctuated based upon the type of the conflict, intensity of the conflict, the regional area in which the conflict was taking place, and also the socioeconomic background of those women who were of reproductive age (Agadjanian et al., 2002). For instance, when the fighting became extreme there was a drop in birthrates, then when the war became less brutal there was an increase in birthrates. Furthermore, much of the conflict took place in rural areas, which resulted in lower birthrates in the region. Although those living in urban areas felt the impact of war from a microeconomic perspective, reduced fertility in urban areas was not as severe.

Educational levels and affluence also impacted fertility decisions among couples during the war in Angola (Agadjanian et al., 2002). Those who came from more affluent
socioeconomic backgrounds were more likely to control fertility in times of war by accessing and using contraceptives. Hence, the impact of war on fertility rates and marriage has varied affects.

**Fertility Changes: The Impact of Migration on Fertility**

There are no set standards regarding migration and fertility. A research study conducted by Moghadas, Vaezzade, & Aghajanian (2007) indicated, “that fertility may increase or decrease as a result of forced migration in different communities and with different circumstances” (p. 2). However, the literature presented two opposing theories regarding migration on fertility. The first theory is that refugee women display high rates of fertility because of the pressure to replace lost children and warriors; and the latter is that refugee women display low rates of fertility because the trauma and tension associated with refugee life is not favorable to childbearing (Schreck, 2000).

In support of the first theory regarding high fertility rates among refugees, Khawaja (2002) argued the fertility rates of Palestinian women in Gaza, the West Bank, Jordan and Lebanon did not fall but saw a spike and was substantially higher than the host country’s population. Palestinians had a tendency to have high birth rates to replace lost children in the ongoing conflict between Israel, to provide soldiers or occupation for combat, in addition to there being a cultural desire to increase fertility. On the other hand, Holck & Cates (1982) examined the fertility rates of women in two Kampuchean refugee camps in Thailand.

The first camp located in Sakaeo, had a considerably low fertility rate. However, the decrease in fertility was not solely related to trauma and tension associated with refugee life but was related to age-sex structure which yielded lower rates of conception because
many of the women were single and for those who were married a portion of them were not living with their husbands. Other causes of low fertility that were prevalent in the camp was sterility among either men or women, sub-fecundity, prolonged lactation or breastfeeding of toddlers, and an increased number of spontaneous or induced abortions (Holck & Cates, 1982). Additionally, low fertility among Kampuchean refugees in Sakaeo was attributed to the fact that the majority of these refugees came from rural areas and had considerably poor nutrition and healthcare (Holck et al., 1982).

The second Kampuchean refugee camp located in Khao I Dang had higher fertility rates than in the first camp. The leading factor resulting in high fertility in the second camp was that there were substantial numbers of women who were of childbearing age and who were married (Holck et al., 1982). Data indicated forty-seven percent (47%) of the women ranged in ages from fifteen years (15) to forty-four years (44) had been married and ninety five percent (95%) of these women were twenty years (20) or older. Additionally, many of these women were from urban areas and prior to migration had received better nutrition and healthcare than the Khmer refugees in Sakaeo (Holck et al., 1982).

In congruence with the second theory, Rumbaut & Weeks (1986) argued that post-transitional refugees typically display low fertility rates, primarily because of the impact of migration on their reproductive health systems. An example of rapid declines in birth rates among post-transitional societies is related to refugees who are living in developing countries like Thailand, South Korea, Singapore, and Taiwan (Hirschman, Tan, Chamatrithirong, & Guest, 1994).

Although there is not one particular determinant affecting fertility behavior
among refugee populations living in refugee camps, however, for those who migrate to industrialized societies, fertility behavior can be explained using different demographic theories.

**Fertility of Resettled Refugees**

The transitions from a developing country (where birth rates are considerably higher) to an industrialized country (where birth rates are typically lower) can have an indelible impact on the reproductive behavior of resettled refugees. McGinn (2000) argues:

Refugees’ status with respect to fertility, family planning and safe motherhood is largely determined by factors similar to those in settled populations. Social and demographic factors, such as age, socioeconomic status, education and urban or rural residence, as well as access to services, rather than refugee or displaced status in itself appear to influence fertility desires and health behaviors (p. 179).

Building on McGinn’s statement, Madhavan, Adams, & Simon (2000) argued that social interaction and its two interrelated social processes, social influence and social learning can affect behavior change among post-transitional or resettled refugees. According to Edmeades (2006), “Social influence shapes behavior primarily through defining a normative context that defines socially acceptable behavior” (p. 6). While social learning, refers to “the exchange and joint evaluation of information and ideas within a network” (p. 6). Behavior change primarily occurs when discussion within a network reduces an individual’s perception of the risk and uncertainty involved in change and encourages the adoption of new ideas (Madhavan et al., 2000).

Educational attainment resounded in the literature as a major socioeconomic factor affecting fertility behavior among post-transitional societies (Khawaja, 2002; Rogers, 1992). Bledsoe (1999) comments that higher education essentially lowers fertility rates
because women can become more focused on a career, which prolongs or delays marriage and reproduction. Education achievement also has the capability to increase contraceptive knowledge and use, along with small family ideals. Nonetheless, higher education did not curtail fertility rates in many Arab countries. Although the educational levels among Palestinian refugees resettled in Gaza, The West Bank and Jordan were extremely high, however, fertility did not decrease (Khawaja, 2002). Because Islam is largely practiced in the Arab world, it is perceived that the Islamic doctrine of multiple births in marriage impacts fertility behavior more than education. However, in many urban cities, educational learning is readily accessible and resettled refugees have educational opportunities that include becoming literate if they are illiterate and learning trades and skills to enhance their job marketability.

Social factors combined with demographic factors related to urban and rural settings can also influence fertility behavior among resettled refugees. There are two prevailing themes that emerged when assessing urban and rural settings, and how they affect the demographic behavior of post-transitional societies. The first is that urban life correlates with low birth rates and the second is that rural life correlates with high birth rates.

Current data shows that global fertility rates have fallen by half since 1972 (State of World Population, 2000). This occurrence is seen primarily in many industrialized countries, like the United States of America, where the birth rates have continued to drop for the last thirty years. In addition, reproduction is minimized in urban settings around the world because having children is represented as an extremely expensive undertaking. In essence, the cost of living and rising taxes make child rearing difficult.

Other demographic and socioeconomic factors attributing to the decline of birthrates
among refugees in urban settings are new gender roles along with new challenges (Martin, 2000). Many refugee women resettled in urban settings must assume the role of head of household because war and forced migration have separated them from their husbands or closest male relatives. Additionally, their new roles consist of seeking employment and working a full time job where the wages may not be very good. Moreover, the change in family roles can cause refugee women to lose traditional support systems. According to Martin (2000):

The absence of friends and extended family can be exceedingly painful. It may also disrupt the way the woman is accustomed to organizing her life. For, example, a woman who has previously relied upon family members to care for her children while she is otherwise occupied may find that without this support her opportunities in the resettlement country considerably diminish (p. 67).

**Marriage Patterns in Pre-Transitional or Pre-migratory Societies**

In many pre-transitional societies, marriage is a major determinant in fertility behavior. In examining marriage and marriage patterns, a large number of pre-transitional societies are characterized by a traditional family structure, which consists of a wife, husband and children. However, the dynamics of this structure may vary and are formulated based on early and arranged marriages, consanguineous marriages and other kinship unions, paid marriages, and polygamous marriages.

In many pre-transitional societies early marriages are arranged by parents to secure their families position in the community. Balan (1996) states:

In many cultures the pressure for early marriage results from the relevance of marital status for adulthood and full recognition in the community, rather than from the weight of patriarchy. Endogamic rules and bilateral kinship strengthen women’s relative status for adulthood and full recognition within the community, rather than from the weight of patriarchy (p. 70).

Changes in the aforementioned marriage patterns such as romantic love and courtship
can have adverse affects on fertility behavior of marriages in pre-transitional society (Balan, 1996). For instance, in many early and arranged marriages the idea of large families and uncontrolled fertility are primary. However, choices in marriage have the potential for female sexual autonomy, the use of birth control within marriage, and conjugal decision-making regarding childbearing and childrearing.

Consanguineous marriages are also prevalent in many pre-transitional societies. Bittles (2001) defines consanguineous marriages as unions between close biological kin usually related as cousins. Bittles (2001) states:

The specific type of consanguineous marriage that are favored can vary quite widely between and within different countries, with religious, ethnic, and local or tribal traditions playing a major role at local and national levels. The reasons most commonly given for the popularity of consanguineous marriage can be summarized as: a strong family tradition of consanguineous unions; the maintenance of family structure and property; and the strengthening of family ties; financial advantages relating to dowry or bridewealth payments; the ease of marital arrangements and a closer relations between the wife and her in-laws; and greater marriage stability and durability. The degree of social compatibility, and the close involvement of the entire family in consanguineous unions, may explain both the greater stability and durability (p. 5).

Regarding consanguineous marriage and reproduction, Bittles (2001) argues that fertility may be substantially lower because of the health effects associated with relatives marrying one another. Generally, marriage to a relative is linked to morbidity and mortality. Basically, first cousins or those who are related are more likely to have children with genetic diseases or children who do not survive pass the age of one year. For those who survive to adulthood, genetic diseases such as mental retardation are common.

As stated earlier, marriage in pre-transitional Africa has long been associated with reproduction. Marriage type such as early marriages and polygynous or plural marriages
Marriage continues to be the locus of reproduction in sub-Saharan Africa, a region where nuptiality is virtually universal and where the average age at marriage remains relatively young. Polygamy always has been a significant institution in African society and continues to be the ‘most distinctive feature of African marriage’. In fact, sub-Saharan Africa is the only region in the world where polygamy remains widespread (p. 233).

In many African countries traditional marriage patterns prevail over modern rules where love and companionship are significant in marriage. For example, traditional marriage patterns in Rwanda were dependent upon a boy paying a girl’s family a price for her hand in marriage. Smedt (1998) states:

In the past a boy had to wait his turn after his elder brothers to get married and then it was for his father or patron to find him a wife. Marriage was used to strengthen the lineage or the family’s position, so it was important to choose well, and that could not be left to a boy. When a girl had been chosen, usually from a nearby hill, a visit was paid to her family, and a few calabashes of beer would be brought along and, if her family agreed, a bride price was discussed. The boy often already had his own house in his father’s compound, where he would live with his wife. The bride price would vary according to the wealth of the family (p. 213).

Not only were bride payments relevant in Rwanda but also in many other parts of sub-Saharan Africa. Bride payments were given to the bride’s family from the groom’s family and were usually paid in the form of goats and cattle. Once the bridewealth payment was made, a woman’s reproductive rights and labor were transferred to her husband’s family (Powers, 2003).

Overall, marriages in pre-migratory society varied from those that were arranged to those that were consanguineous. Whatever the extent of marriage in pre-transitional society, it had a direct impact on reproduction and child rearing.

**Marriages in Transitional or Migratory Societies**

Smedt (1998) investigated marriage in a transitional society by examining Rwandans...
in a refugee camp. Smedt (1998) found that as peoples hope of a quick return to Rwanda faded, they decided not to wait any longer to get married. At the beginning of the refugee status, the first people to get married in the camps were men who had fled Rwanda with their fiancées or those who met again in the camps. Marriages were held in churches after a bride price was discussed and paid.

As the period of refugee status became longer, there was an increase in marriages among mostly young people as young girls varying in ages from 14 to 22-25 married young boys or even old men of 60 years. In some cases, young boys married older women, or widows with money. At first the girls married boys who had money, a job or a small business, or boys who had stolen money in Rwanda. Later on, even boys without a regular income also started to marry due to an increasing sense of hopelessness among the girls.

Smedt (1998) presented several case studies that included a 31-year-old Rwandan man who married five girls in the camp while still living with the wife he had married in Rwanda. He brought each of the girls home to live in the same house with his first wife - a behavior, which in earlier times would have been absolutely impossible and unacceptable in Rwandan society. Thus, social sanctions that existed in Rwanda did not exist in the camp and had no influence on him.

Divorces in the camp occurred more often than in Rwanda because it was easier for men to sleep with other women in the camp than it had been in Rwanda. Women were victims and taken advantage of by men. Things were very difficult in the camps for the women who constantly looked for ways to improve their lives by marrying men in order to have a better life, including protection, company, attention, or a better future.
There were lots of problems for young girls who married in the camps for security. Many were sent packing after a few months. Many divorced girls went from camp to camp in search of a new husband (Smedt, 1998).

It was impossible to avoid having children because contraceptives were unavailable, and even in cases where they were available, a husband would have to sign an approval form, and normally he would not do so. Having to grow up so fast was a problem many of the married girls shared. They would like to play like any normal girl their age but they could not, because being married meant being saddled with more responsibilities, which included fetching water and firewood, which would take hours in the camps, and providing food, which was scarce and expensive. Some of the girls worked for Tanzanian farmers who were able to pay very little because work was not easy to find.

Rosenfeld (2002) discusses the affects of migration on marriages in a Palestinian refugee camp. There seems to be an appropriation of the spinsterhood and bachelorhood of the professionally employed unmarried persons as the family exercises a strong control over the resources and behavior of unmarried daughters and, to a lesser degree, of unmarried sons.

During the period of spinsterhood, the woman remains unmarried and functions as the main or the sole provider for her family. An example of this was when unmarried women worked in Saudi Arabia as teachers and nurses and transferred large amounts of their salaries to their families on a regular basis, saving only meager amounts to cover rent, clothing or transportation to workplaces, without setting aside funds for their future marriages. Unlike the unmarried women, the unmarried men also sent home large portions of their salaries, yet they set aside savings for prospective marriages or the
building of houses at home. There was a prolonging or stretching out of spinsterhood in which families delayed the marriages of a daughter for as long as ten years in order to extend the period of her work in support of the family.

Most Palestinians referred to their past situation as unmarried workers in such emotional terms as obligation, loyalty, commitment, or sacrifice rather than economic relationships or even exploitation. Parents speak with admiration of how a daughter or son has provided an income that enabled the fathers to send their younger sibling to school.

**Family Separation as a Post-Transitional Stressor**

McMichael & Ahmed (2005) examined family separation as a key aspect of migration for Somali women resettled in Melbourne, Australia. Somali women remember Somalia as a place where family networks were strong and cohesive, and felt the erosion of these family networks as impacting negatively on their well-being. Asked to speak about how they felt since arriving in Australia, many of the Somali refugee women talked about homesickness, loneliness because their extended families were not with them, sadness that they lost a relative during the war, the lack of social support in Australia, the strains of the English language, financial difficulties, and anxiety.

Many spoke of having nightmares of being hit with guns or of dying when pregnant. A common difficulty was the inability to cope because of not having any family or relatives or friends. Childbearing presented particular difficulties. For instance, a Somali woman, who had her last child through a caesarean, felt lonely. “With my previous children, when I had them in Somalia, I had my family around and I felt supported. They looked after me for forty days while I recovered from the birth of my child. In Somalia,
when a woman has a baby, even if she did not have any difficulties with the pregnancy or labour, she would have forty days off from everything ”(p.136).

In addition to separation from immediate family, separation from extended relatives consisting of parents, siblings, cousins, is a source of distress for Somali refugee women resettled in Australia.

We aren’t getting what we are used to having... we are nobody now. When I was in Somalia I actually remember that my brother used to take care of me, and it used to be that I could get everything I wanted. But now, since I lost him, I have to start everything again (p. 139).

The extended family arrangements included families eating together, having someone to talk to, someone to help with looking after the children, and someone to offer general support.

Young mothers separated from families and partners often talked about the strains of parenting responsibilities, about having to function as both a father and a mother to their children and the overwhelming pressures of these roles. These women also spoke of the difficulties of raising their children alone because they lacked familiarity with the Australian culture, and their inability to assist their children with schoolwork. Lack of long-standing familial networks in Australia precluded the maintaining of trusting relationships because the Somali refugee women could not trust people they did not know.

Living with the reality of family separation was a source of added pressures on the Somali women refugees, especially where a Somali woman refugee does not have all of their children and family with her in Australia. Some children are left behind in Somalia or in a refugee camps in Kenya, making it necessary to send money and videos of social events (weddings, engagements, etc.) home.
Brief Summary of Review of Literature

The critical review of the literature examined the demographic behavior of refugee populations focusing specifically on fertility in pre-transitional societies, fertility in transitional societies in which the impact of war and migration on fertility were examined, and fertility in post-transitional settings, particularly observing causes in high and/or low fertility rates among resettled populations. The review also unveiled the marriage patterns and forms of marriage among refugee populations, principally looking at possible changes in marriage and fertility.

The review started off with the position that the continent of Africa has some of the highest fertility rates in the world with a Total Fertility Rate (TFR) ranging from 5.5 children to 7.5 children per woman. High fertility rates are the results of traditionally and culturally assigning roles of nurturer, mother, and dependent to women, and the roles of breadwinner, conqueror, and warrior to men. One reason polygamy is prevalent in Africa is that it allows men to father as many children as possible to provide the intensive labor required in an agricultural economy. Therefore, the control of populations is not within the roles assigned to women but largely a man’s domain.

Pre-transitional or pre-migratory societies driven by agricultural economies tend to have much higher rates of fertility than the horticultural and nomadic societies. Female education improves a woman’s economic status and her knowledge about contraceptives, which in turn lowers rates of fertility. Furthermore, educated women tend to live in urban areas where fertility rates are said to be substantially lower than in rural areas. Religion has an impact on fertility in that high fertility rates occur in countries that practice the Islamic religion, which encourages early marriages and early motherhood.
Indoctrination into the Christian faith also has an impact on fertility since it is found that those who practice Christianity had higher birth rates than the Muslims in the country of Ghana. The Christian view on sex in marriage emphasizes the need for a married person to reproduce and have multiple births, both of which are ordained by God.

Of interest is the role of war on fertility, particularly in war-torn areas of the world. Political instability and clan-based conflicts leading to wars cause many women to delay childbearing. In addition, nomadic migration and forced migration in and out of the country cause a decrease in fertility. Studies of rape and torture on women show that rape is used as an organized tool to destabilize civilian populations during conflicts. Massive rapes in war zones are related to unwanted pregnancies, unsafe abortions, complications from high risk pregnancies, and unsafe deliveries.

Wars separate couples; men are out on battlefronts while women and children are at home often unprotected and victims of beatings and forced rapes. Women who migrate to border countries or are resettled as refugees experience extreme difficulties which may include feelings of loneliness, helplessness and inability to fend for themselves without the support of partners and extended family members.

Finally, the impact of war and migration also affects marriages. In many pre-transitional or pre-migratory societies marriage is directly connected to childbearing. Additionally, marriages tend to occur early for young girls and reproducing children happens shortly thereafter. However, the affects of war and migration have a tendency to sever unions. Many women who encounter war zones usually lose their partners in battle. For those who do not lose their partners in war, they usually become separated from their mates due to refugee status.
Marriage for women in post-transitional societies is difficult as well. If they lost their husbands during war or were separated from them because of war, it becomes extremely complicated for these women to matriculate in their resettled societies. Many of these women encounter a number of stressors (i.e. Post Traumatic Stress Disorder) related to family separation.

**Theoretical Framework**

A multi-level theoretical framework was used in this study in order to understand the fertility rates and marriage patterns of resettled refugee Somali women in Western nations. They are as follows:

1. **Demographic Transition Theory**

   Historically, the Demographic Transition Theory has been the primary conceptual model in studying demographic behavior. As stated by author Peter McDonald (2001):

   Demographic transition refers to the process whereby populations shift from regimes of high mortality and high fertility in approximate long-run equilibrium (zero population growth) to a new equilibrium at low levels of mortality and fertility. Most European and overseas European societies experienced such a transition between about 1870 and 1930. Formulation of theoretical explanations of the transition proceeded in the second quarter of the 20th century with the solid evidence of the European transition in full and recent view. The transition has been formulated in grand terms as a process that had occurred in this brief period of time after 100,000 years of human history and, by implication, that would set the agenda for the next 100,000 years (p. 385).

   For many refugees who come from societies where fertility is relatively high, the demographic transition theory becomes relevant particularly for those refugees who resettle in countries that are primarily urban and industrialized. Furthermore, the demographic transition theory is the exemplar in defining significant declines in fertility rates among populations who become more industrialized. For instance, “very low fertility rates have emerged in many post-transition societies. Present rates are so low in
many countries and for many population sub-groups that continuation at these levels would eventually threaten the existence of these populations. In a shorter time frame, they face substantial economic issues related to falling labor supplies and rapidly ageing populations” (p. 102).

Not only have economic issues and falling labor attributed to low fertility rates among those who migrate from rural areas to urban areas, other factors are also affecting fertility transition such as adaptation and innovation. McDonald (2001) posits “both adaptation and innovation are necessarily involved because people cannot change their behavior without the necessary knowledge (innovation) nor do they do so without reason (adaptation)” (p. 385). McDonald’s premise is solidified through the historical data provided by the European Fertility Project.

The European Fertility Project examined the fertility transitions of women from natural to controlled environments in Europe following World War II. The project concluded that fertility changes are not only caused by rural to urban settings but also caused by social and economic conditions as well.

Hence, the Demographic Transition Theory was used in this study to examine the impact of migration from Somalia (which is considered to be a developing country) to the United States (a developed nation) on Somali refugee women’s fertility rates. The theory was salient because it allowed the researcher to understand birthrates of refugees based upon integration, adaptation and/or acculturation into their resettled society. For refugee women whose birthrates were lower than the Total Fertility Rate of women in Somalia, it was assumed that the transition from a developing nation to a developed nation, and the adaptation to the host country’s values about childbearing and childrearing were central
in reproductive decision making which resulted in low birthrates. Basically, this theory was used to assess and understand high to low birth rates among migratory populations.

2. Multiphasic Demographic Response Theory

The Multiphasic Demographic Response Theory is the theory of change and response as well as the theory of risk and opportunity within the field of demography. Edmeades (2006) comments that “the theory of multiphasic response remains the only major theory of demographic change that both accounts for the ways in which mortality, fertility, and migration together contribute to population change and describes how this is related to macro-level changes” (p. 11). Furthermore, the theory addresses the need for “individuals to maintain or improve their relative social or economic standing in environments of demographic or economic change” (p. 11). Finally, unlike the demographic transition theory which primarily looks at instances of migrating from rural to urban areas as a major influence in depicting demographic behavior, the multiphasic demographic response theory takes into consideration social and economic factors in demographic change or demographic behavior.

Therefore, the Multiphasic Demographic Response Theory was pertinent in this study because it allowed the researcher to assess demographic change or fertility behavior based on factors related to Somali women’s social and economic conditions. For instance, the Somali community is tight knit and social structures such as friends and neighbors’ helping to rear children is a part of Somali culture. However, in the absence of such social ties, many women refrained from having additional children or halted reproduction until they established such communal relationships.
A woman’s marital status is another social factor that drives the birth rate among Somali refugees. For women who were not married or who did not have a partner, birthrates were considerably lower than their counterparts who were married or who had a partner living with them.

In addition, the women’s economic status was also a factor in determining fertility behavior and fertility change. Bearing and raising children is considered to be extremely expensive for Somali women living in the United States. Basically, for women who had to work outside the home, and who did not earn a great deal of money, we saw experienced a decrease in fertility rates. Hence, many women found it difficult to financially take care of more than four children on their salaries.

Overall, the Multiphasic Demographic Response theory was used to assess changes in birthrates by examining women’s social and economic standing in their resettled society. The theory was also used to examine marriage patterns and how they impact fertility rates among refugee populations.

3. Feminist Standpoint Theory

Feminist theory is epistemological in that it focuses on understanding the nature, origin, and scope of the subject’s knowledge. However, there exists a scarcity and absence of feminist analytical perspectives in the field of demography. Riley (1999) provides a triangular feminist perspective that can be used to incorporate women and their lived experiences into demography. First, gender is an organizing principle of all societies, second, gender is a social construction, and last, gender theory necessarily involves the politics of inequality. Employing Riley’s perspective when conducting
demographic research allows the researcher to provide an analysis that is not based on the dominant culture, but to provide findings based on critical social theory.

While there are a multitude of feminist theoretical approaches, within the field of demography, feminist empiricism is the most recognized. Riley (2000) expounds on the role of feminist empiricism as a theoretical approach in the field of demography by stating, "It attempts to broaden understanding of gender and women by adding to demographic models variables that will give us the means to examine the role of women and the effects of their position in society on demographic behavior" (p. 109). The underlying approach of feminist empiricism is to bring women into demographic models by critically examining women’s lives. An extension of the feminist empiricist approach is feminist standpoint theory.

Feminist standpoint theory is essential to understanding the reproductive decision making of refugees because it gives women, specifically those who have been oppressed, a voice. Historically and traditionally, African women have been muted and unable to speak about their lives. Feminist standpoint theory encourages women to speak about personal experiences in order to reveal knowledge, which is encapsulated within their lived experiences. Their lived experiences also classified as “concrete experiences” acts as the point of entry into demography and understanding demographic behavior among oppressed women. Concrete experiences consist of what women do, and what women assists in building knowledge. Additionally, women’s concrete experiences are said to be the criterion for credibility. This credibility is based on their subjective lives, as well as a double consciousness or double vision into their own oppressed lives and the lives of those who are a part of the dominant society.
In essence, feminist theory brings centrality to the field of demography by employing a gendered lens: a lens that examines gender systems, which historically and socially constructs behaviors of men and women in a particular society. Feminist empiricism brings women into the analysis of demography and feminist standpoint theory allows researchers to understand demography by assessing the experiences of women to determine future birth rates.

The Feminist Standpoint Theory was significant in this study because it allowed the researcher to employ demographic procedures from a theoretical perspective opposed to a stringent mathematical or statistical perspective, meaning the data was collected from Somali refugee women based upon telling their stories and their lived experiences, and not by census reports alone.

On the whole, The Demographic Transition Theory was used to critique fertility rates and fertility changes among Somali refugees resettled in metropolitan Atlanta. The Demographic Transition Theory was also used as a tool in understanding the transition from a society where birth rates are considerably high to a society where birth rates are considerably low. Finally, The Demographic Transition Theory addressed issues of adaptation of refugees into their resettled society.

The Multiphasic Demographic Response Theory was essential in this study because it allowed the researcher to take the analysis of birthrates beyond migration, by addressing fertility behavior and fertility change based upon social and economic factors.

As a final point, the Feminist Standpoint Theory addressed historical issues in demographic research. As stated earlier, demographic research has been generally mathematically driven, however, the Feminist Standpoint Theory addressed this problem
because it allowed participants to tell their stories based upon their lived experiences. In return, it allowed the researcher to better understand fertility behavior and marriage patterns based upon the stories that were shared.
CHAPTER THREE

RESEARCH METHODOLOGY

In the past, demographic research has been driven by quantitative analysis built on mathematical and statistical data. However, there is a growing need to conduct demographic research by employing qualitative approaches in which demographers examine birth rates, death rates, and migration behaviors of women based on their lived experiences. A new paradigm in demographic studies, Critical Demography, is a methodological approach that examines demographic behavior by employing qualitative analysis. Demographic scholar Horton (1999) gives a brief description of this emerging concept:

Critical Demography is a paradigm that makes explicit the manner in which the social structure differentiates dominant and subordinate groups in society. Hence, unlike the prevailing paradigm, hereafter known as conventional demography, critical demography necessitates an open discussion and examination of the nature of power in society. Specifically, critical demography elucidates how both power affects and is impacted by demographic processes and events (p. 363-364).

Furthermore, there are four major ways in which critical demography is employed in demographic research. Unlike conventional demography, which is descriptive and focuses primarily on statistical or mathematical data that examines trends, estimates, and variables, critical demography is exploratory and predictive in that it aims to explain demographic behavior based upon social structures and social contexts. Additionally, critical demographers make predictions regarding demographic phenomenon based upon the social realities of the population under study. Second, critical demography is theory
based; it does not instinctively incorporate numeric data analysis to its critique of a given population, but it provides a critical analysis of a given population by articulating the theoretical views of those under study. These views are extrapolated by examining population change through event historical analysis. Third, critical demography challenges the social order by posing critical questions whereas conventional demography adheres to the social structures. Lastly, critical demography is reflective in that it allows all participants the opportunity to reflect and discuss beliefs, values, and personal traits. Overall, critical demography is an approach that allows demographic researchers the opportunity to collect data using historical interviews based upon a person’s lived experiences rather than collecting data based upon a governmental census report or any other forms of statistical data. Furthermore, answering the set forth research questions was achieved by gathering data from key informant testimonies and semi-structured oral history interviews.

**Overview of Research**

The broad objective of this study was to identify factors or combinations of factors that appeared to be responsible for fertility outcomes of Somali refugee women resettled in metropolitan Atlanta. This study was also interested in investigating whether the fertility and childbearing issues Somali refugee women face in the United States seem to lessen or increase as the period of their resettlement lengthens.

Moreover, the study included conceptual elements obtained from the available body of scientific literature. An interview instrument was used and validated to determine demographic and other health-related factors that may have influenced fertility outcomes for a sample of Somali refugee women located in metropolitan Atlanta.
Sampling

Due to the sensitive nature of gender research, random sampling was not deemed appropriate for this study primarily because it can cause subjects to become suspicious of outsiders asking questions about sexual behaviors without any previous contact. It is for this reason that a non-probability sampling technique was used in which subjects were gathered by way of referral through trusted friends, health facilities, community organizations, and network-building (Omidian, 2000). In addition to employing a non-probability approach, a snowballing approach was also used to gather additional subjects. The snowballing technique is when another subject who was previously interviewed gives a referral for an interview.

A sample of 23 women were interviewed however only 21 of the interviews were used in the study because 2 of the women did not appear to be indigenous Somali refugees. The validity of the sample was based on women telling their experiences and being honest. Basically, the more a woman talked about her experiences and views related to fertility and marriage, the more precise was the data.

Description of Survey Instrument

The survey instrument was primarily designed to collect data from participants using face-to-face interviews in which Somali refugee women were asked to provide answers to four broad areas of investigation: (1) General Demographics; (2) Marital Status; (3) Reproduction; and (4) Reproduction after Resettlement. The survey instrument was considered appropriate for demographic research in situations where the subjects are or were experiencing post-traumatic stress disorder because of war-torn environments, who had also experienced life in a refugee camp, and who had resettled in a foreign nation.
Furthermore, the way in which the survey instrument was constructed allowed Somali refugee women in metropolitan Atlanta to express their concerns in a relaxed, non-threatening milieu.

The General Demographic questions were designed to help describe the subjects selected for the study, and to ascertain that only resettled Somali women of reproductive ages were included in the study. The General Demographic section of the survey instrument consisted of seven (7) questions. They included: What is your age? What is your marital status? What is your educational level? What is your religion? What type of community did you grow up in prior to coming to the United States? How long have you been resettled in the United States? How much income did you earn last year (2007)?

The Marital Status section of the survey instrument consisted of ten (10) questions related to marriages, marital separations, divorces, and widowhoods. Married, separated and widowed Somali refugee women resettled in metropolitan Atlanta were asked to answer the following questions: How many times have you been married (For women reporting they have been married)? What is the date of your first marriage? When was your most recent marriage? Does your current husband live with you? Do you and your husband have children together? If you are single, separated, widowed or divorced, would you like to be married again? Is being married important to you? How long ago did you first become separated, widowed or divorced? Why are you and your husband separated or divorced? If separated or divorced, would you like to be reconciled with your husband? Overall, the Marital Status section of the instrument was relevant in that it helped the researcher to understand resettled Somali refugee women’s perceptions of
fertility and childbearing as it relates to marriage.

The Reproductive section of the survey instrument consisted of twenty-five (25) questions. Basically, over fifty percent (50%) of the questions within the survey addressed the reproductive behaviors of resettled Somali refugee women. Moreover, the questions attempted to elicit responses that indicated attitudes toward maintaining or terminating fertility. They include: Have you ever been pregnant? How many times have you been pregnant? Did you ever have a pregnancy that lasted more than six (6) months? How old were you at the end of your first pregnancy? How old were you at the end of your last pregnancy? Have you ever tried to become pregnant for more than one (1) year without becoming pregnant? Do you know the reason you did not become pregnant? How many live births have you had? How many stillbirths (child died at birth)? How many spontaneous miscarriages (child died before birth) have you had? How many tubal pregnancies (child developed outside of the womb)? How many induced abortions have you had (child died because of the doctor’s action or other people’s actions)? Could you describe the most unusual pregnancy you have ever had in your life? Are you pregnant at the moment? If you are pregnant, when is the baby due? How did you feel when you found out you were pregnant? Have you or your partner ever taken any measures to prevent a possible pregnancy? How did you or your partner try to prevent pregnancy? Have you ever had any operation, procedure or physical abuse that makes it difficult or impossible for you to have more children, if so, describe the procedure and/or abuse? Do you intend to have more children? How many more children would you want to have? How many more children would your husband or partner want to have? What is the oldest you would like to be when you have your
first/last child? If you were to have an unwanted pregnancy, what would you do? What do you feel is the ideal number of children in a family?

The final section of the survey instrument focused on Reproduction after Resettlement and consisted of three (3) questions. They included: Have your thoughts and ideas about childbearing changed since you have been resettled here in the United States? If so, how? Do you consider childbearing and childrearing to be viewed differently here in the United States than in Somalia? If so, how? The ideal number of children in Somalia is seven (7) whereas in the United States the ideal number is two (2). What do you think the ideal number of children is for you now that you have migrated from Somalia to the United States?

Subjects

There were twenty-one (21) subjects in this study all of whom were Somali refugee women who have experienced war and migration. The women were of reproductive age between 15 and 48 years, and many of the women were English-speaking and had been resettled in the United States for at least two (2) years. Subject’s eligibility criteria are listed below:

Inclusion Criteria:

- Women of childbearing age
- Must be pregnant or have at least one child
- Somali Origin
- Living in the United States for a minimum of one calendar year

Exclusion Criteria:

- No working telephone
This sample was purposely chosen in order to reduce generalizations.

**Key Informants**

The key informants involved in this study were referred to the principal investigator by a colleague who happens to be the after school coordinator of the *International Community School* located in Clarkston, Georgia. There were two key informants who assisted with the study. Both of the informants were Somali refugee women of reproductive age who acted as conduits, stakeholders or gatekeepers in the Somali community. Both were also fluent in the Somali language and the English language. They also offered additional insight into the women’s daily lives.

**Recruitment of Subjects**

Key informants recruited the subjects involved in the study via in-person contact and by telephone. Prior to the recruitment of subjects, key informants were trained by the principal investigator on how to conduct research with vulnerable participants. This training included instruction in: treating all subjects with consideration and respect, maintaining confidentiality of participant information, being a good listener, role-playing in how to approach potential subjects, interviewing techniques, and achieving overall cultural competency and sensitivity with the target populations.

Key informants first identified themselves as assistant researchers with a project being conducted by a doctoral student at Clark Atlanta University who is investigating Somali refugee women regarding their childbearing and marriage decisions. Subsequently, they asked potential subjects if they wanted to participate. If they desired to take part in the study, the key informant asked if it was okay to move to a pre-designated area, close by with more privacy. If initial contact was made by telephone and the women expressed a
willingness to participate, then a date and time was scheduled to conduct the interview. As stated earlier, prior to the actual interview, the key informant provided participants/subjects with a detailed description of the study. Moreover, willing participants were given an informed consent form to read and sign (See Appendix B). Once the women signed the informed consent, the researcher provided them with a copy. Once study forms were completed, the researcher assigned women an identification number and noted their name and identification number on a master participation log sheet.

**Consent Procedures**

As stated earlier, all participants were provided information about the study and asked to sign an informed consent form prior to being interviewed. Only persons who understood and signed the consent form were included in the study. Those who refused to give consent or were afraid to participate in the study because of real or imagined threats were not forced to participate.

**Protection of Subjects**

Participation in this study posed no immediate physical, psychological, social or legal risks. As was stated earlier, participants were informed of the purpose of the study on the Informed Consent Form. Items on the questionnaire were simple, straightforward, and posed no apparent risks of harming participants’ self-esteem or personhood now or in the future. No attempts were made to manipulate, cajole or deceive participants in person or on the research instrument.

Subjects were not identified by name either on the questionnaire or in the body of the study. Numbers beginning with #1 were assigned to subjects and efforts were made to
ensure subjects’ responses remained anonymous. Client confidentiality was strictly observed. Additionally, subjects who had questions regarding the purpose of the study or research questionnaire were given telephone numbers to contact the researcher, her Dissertation Advisor or the University Research Office.

Subject Interviews

For this study, a brief but detailed instrument was developed and adapted to help identify priority areas that focused on reproductive behaviors and marriage patterns. The instrument assessed the amount/frequency of the fertility index, as well as information regarding marital history and reasons for relocating to the target area. Additionally, it served as a medium in understanding issues and factors that may impact fertility behaviors and marriage patterns among those under study.

The principal investigator and the two key informants administered one-on-one interviews either by phone or face-to-face, which were delivered using the English language. However, for those interviewees not proficient in the use of the English language, a key informant administered the interview in Somali to facilitate communication.

The location site where the one-on-one interviews were conducted was usually in a close-knit Somali community center, at the subject’s home, or at a nearby store or market. Finally, the location site in which the interviews were conducted also served as an essential component in gathering background information regarding Somali culture.

Fertility and Marriage History Questionnaire

The purpose of the reproductive and marital history questionnaire was to acquire the fertility rates and marriage patterns of those understudy. As stated earlier, the
questionnaire was administered at the subject's home or at any venue in which the subject felt comfortable.

The interviews were conducted using the oral history interview procedures. In the past, oral history interviews have been the didactic for communicating the history and lived experiences of a particular group of people. The oral history interview includes "free-ranging, open-ended interviews around a series of issues, drawing on direct personal memory and experience" (Brown, 2001). Additionally, because of the way in which the fertility and marriage questionnaire was administered, Somali women who participated in the study were allowed to use their "voice" which may have been muted in the past because of religion, relationship with partner or husband, the war, and life in refugee camps. Hence, the researcher was able to understand marriage patterns and fertility rates among Somali refugees from their own perspectives. Finally, the fertility and marriage questionnaire allowed the researcher to make inferences regarding multiple births, spacing of births, miscarriages, and abortions based upon the lived experiences of the women.

**Procedures for Data Collection**

A one-on-one face-to-face interview method was chosen over other methods of data collection, such as a self-administered questionnaire, because previous research has shown that the one-on-one face-to-face method can increase the validity of responses by providing clarification when questions are unclear and allowing the trained interviewer to follow-up on incomplete or ambiguous answers. Moreover, the interviewer controls the sequencing of questions and can ensure that all respondents complete the questionnaire in the same order. The one-on-one face-to-face interview instrument was written at a 4th
grade level for ease of comprehension. It consisted of items that assessed socio-
demographic characteristics, and marital and reproductive health-based constructs. The
interviews took approximately 20 to 35 minutes to complete.

Measures

Consistent with our emphasis on feasibility, we have decided to limit our scope of
assessment to minimize being a burden on study participants. The primary outcome was
related to fertility rates and marriage patterns of mothers. In addition, we also collected
some psycho-social measures related to relocation experiences and family adaptation.

Data Collection

An ethnographic research instrument was used to collect data in this study. The
purpose of employing such methods was to gain an understanding of the subject’s
knowledge based on their lived experiences. Two sources were used to provide data in
this study. They included raw data also known as primary data and secondary data.

1. Raw Data/Primary Data – Social and cultural data related to refugees
   reproduction and marriages was collected. The collecting of raw data was based
   on a fertility and marriage questionnaire, and observations that were made while
   in the Somali community. This information was valuable in attempting to
   understand the demographic, social, educational, religious, and ethnic beliefs of
   post-conflict and/or refugee women regarding relationships and childbearing after
   experiencing war, migration and resettlement.

2. Secondary Data - Analysis of current studies, research, presentations, and
   manuals relevant to women and war, refugees and reproduction, and feminist
   theories on gender, and conflict and reproduction were central in uncovering
social and cultural beliefs about relationships and childbearing among resettled refugees. In addition, secondary data was also collected from local institutions and organizations like Morehouse School of Medicine, The Refugee Resettlement Center located in Clarkston, Georgia, the Dekalb County Board of Health, The International Community School in Clarkston, Georgia, The Office of Minority Health, and the Centers for Disease Control.

**Demographic Characteristics**

Understanding related demographic characteristics were essential in assessing the reproductive behaviors of Somali refugee women residing in metropolitan Atlanta. The demographic characteristics included:

1. **Urban/Rural Residence** – Residence in an urban or rural setting can impact decisions about childbearing. For instance, women residing in a rural area are said to have higher birth rates than women residing in urban areas.

2. **Religious Affiliation** – Assessing post-conflict women’s religious background also assisted in understanding their decisions about childbearing. As stated in the literature, the influence of multiple births is a part of the indoctrination and affiliation within many religions.

3. **Educational Attainment** – Literature provided that academic achievement was a major factor in women’s decision to have children. Generally, the higher educational attainment, the lower the birth rate, and the lower the educational level, the higher the birth rate.

4. **Length of Resettlement in the United States** – Literature shows that the longer a woman has lived in the United States, the lower the birth rate.
5. Marital Status – In Somali culture childbearing is closely tied to marital status.

6. Age at first marriage – Understanding the age at first marriage was viable in indicating when a woman began bearing children.

7. Economic Status – Economic status was a factor in reproductive decision making of post-transitional societies. Childbearing was based upon the economic state of a family once they resettled in the United States.

8. Number of times person has been married – Understanding how many times a person has been married and the nature of the marriages were essential in assessing marriage patterns and possibly assessing spacing of births.

9. Number of pregnancies - Understanding how many times a woman has been pregnant assesses fertility rates at that present time.

10. Nature of pregnancies – Understanding the nature of a woman’s pregnancy was necessary in determining live births opposed to miscarriages, abortions, or tubal pregnancies.

11. Cause of pregnancies – The cause of pregnancy was relevant in understanding if the pregnancy was an elected event or if the pregnancy was a result of rape.

12. Birth control procedures used - Acknowledgement and use of birth control methods were relevant in assessing a woman’s desire to control pregnancies.

The scale of measurement used in this study was nominal, which implies that the data was measured based on naming responses and ordering them into two categories: fertility rates or reproductive decision making of Somali refugee women and marriage patterns which are directly tied to reproduction among Somalis.
Limitation of the Study

Several assumptions were inherent in the research project. However, all research can contain some type of barrier. Hence, the foreseen limitations to this study were based on the following:

- Gender-centered research – The very nature of this research was based on the life and reproductive history of resettled women. Delving into one’s personal and reproductive life made some women feel uncomfortable expressing themselves. Hence, this research was limited in that participants may not have disclosed valid information regarding fertility rates and marriage patterns because of the sensitive nature of the questions that were asked. Moreover, gender research also deals with the phenomena of relationships between men and women in a given society. This research was limited in that if failed to tap into a pool of men to interview and discuss their experiences of war and resettlement, as well as fertility and marriage.
CHAPTER FOUR

ANALYSIS OF DATA

The purpose of this research was to examine fertility rates and marriage patterns of Somali women resettled in metropolitan Atlanta. Since there is a scarcity of data on resettled women in the United States and in Georgia, this study was compulsory in understanding demographic behaviors related to migration and resettlement, and their impact on both marriage and fertility behavior. Relocated Somali women in metropolitan Atlanta were chosen as the target focus group for the research in order to provide more data on African women impacted by war and migration. An ethnographic study was used to gather the oral testimonies of Somali women resettled in Clarkston, Georgia. Clarkston is a suburb of Atlanta, Georgia, and was selected as the primary location to gather the data since large populations of Somalis living in Georgia reside in the city.

Twenty-three interviews were administered by employing a non-probability sampling technique and a snowball sampling technique. However, only twenty-one of those interviews were analyzed because the authenticity of two women claiming Somali origin was questionable. The author analyzed the interviews and believed that the number of interviews conducted provided an adequate representation of Somali women resettled in metropolitan Atlanta.

Data were collected in January, February, and March of 2008 with the assistance of two Somali refugee women (key informants) who resided in the community. These two
women also served as interpreters during the interview process. In addition, they were instrumental in setting up the interviews and determining where the interviews would be administered.

A majority of the interviews were conducted at a Somali gift shop owned by one of the key informant’s aunt. A private space was set up in the back of the shop and specific women who came to purchase merchandise were approached and asked to participate in the study. Women who participated in the study were asked to provide names and phone numbers of friends and family members who would also be willing to participate in the study. Other interviews were conducted via the telephone and in the homes of the women. The interviews were usually conducted on Saturday mornings and afternoons, and the key informants were present at all interviews.

The key informants are employed by The International Community School located in Clarkston, Georgia and are familiar in dealing with women who have children. Some of the participants in the study are the mothers of children they serve. Finally, the Somali refugee women who assisted in this study were paid a nominal fee for recruitment, translation, and entry into the Somali community.

**INTERVIEW QUESTIONS AND RESPONSES**

This section of the study focuses on findings of the study. The findings are divided into four (4) parts, they are as follows: Demographic Characteristics of Respondents; Respondent’s Marital History; Respondent’s Reproductive History; and Respondent’s Reproduction After Resettlement.

**Demographic Characteristics of Respondents**

The respondent’s demographic characteristics are presented in Table 3 and Table 4
Table 3. General demographic characteristics of respondent’s (N=21)

<table>
<thead>
<tr>
<th>No.</th>
<th>Age</th>
<th>Marital status</th>
<th>Education</th>
<th>Religion</th>
<th>Comm</th>
<th>Yrs in US</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40</td>
<td>Married</td>
<td>Elem</td>
<td>Muslim</td>
<td>Rural</td>
<td>6</td>
<td>10k-20k</td>
</tr>
<tr>
<td>2</td>
<td>37</td>
<td>Widow</td>
<td>Sec</td>
<td>Traditional</td>
<td>Rural</td>
<td>2</td>
<td>10k-20k</td>
</tr>
<tr>
<td>3</td>
<td>34</td>
<td>Married</td>
<td>Coll</td>
<td>Christian</td>
<td>Rural</td>
<td>15</td>
<td>20k-30k</td>
</tr>
<tr>
<td>4</td>
<td>45</td>
<td>Married</td>
<td>Sec</td>
<td>Muslim</td>
<td>Urban</td>
<td>27</td>
<td>20k-30k</td>
</tr>
<tr>
<td>5</td>
<td>46</td>
<td>Married</td>
<td>Sec</td>
<td>Muslim</td>
<td>Urban</td>
<td>11</td>
<td>20k-30k</td>
</tr>
<tr>
<td>6</td>
<td>36</td>
<td>Married</td>
<td>Coll</td>
<td>Muslim</td>
<td>Rural</td>
<td>22</td>
<td>30k+</td>
</tr>
<tr>
<td>8</td>
<td>32</td>
<td>Married</td>
<td>Coll</td>
<td>Muslim</td>
<td>Urban</td>
<td>15</td>
<td>&lt;10k</td>
</tr>
<tr>
<td>9</td>
<td>43</td>
<td>Widow</td>
<td>Sec</td>
<td>Muslim</td>
<td>Urban</td>
<td>8</td>
<td>10k-20k</td>
</tr>
<tr>
<td>10</td>
<td>45</td>
<td>Separated</td>
<td>Sec</td>
<td>Muslim</td>
<td>Urban</td>
<td>8</td>
<td>10k-20k</td>
</tr>
<tr>
<td>11</td>
<td>37</td>
<td>Married</td>
<td>Sec</td>
<td>Muslim</td>
<td>Urban</td>
<td>19</td>
<td>20k-30k</td>
</tr>
<tr>
<td>12</td>
<td>39</td>
<td>Married</td>
<td>Coll</td>
<td>Muslim</td>
<td>Urban</td>
<td>15</td>
<td>&lt;10k</td>
</tr>
<tr>
<td>13</td>
<td>22</td>
<td>Married</td>
<td>Sec</td>
<td>Muslim</td>
<td>Urban</td>
<td>8</td>
<td>10k-20k</td>
</tr>
<tr>
<td>14</td>
<td>32</td>
<td>Divorced</td>
<td>Sec</td>
<td>Muslim</td>
<td>Urban</td>
<td>7</td>
<td>20k-30k</td>
</tr>
<tr>
<td>15</td>
<td>20</td>
<td>Married</td>
<td>Sec</td>
<td>Muslim</td>
<td>Rural</td>
<td>2</td>
<td>&lt;10k</td>
</tr>
<tr>
<td>17</td>
<td>25</td>
<td>Separated</td>
<td>None</td>
<td>Muslim</td>
<td>Urban</td>
<td>4</td>
<td>None</td>
</tr>
<tr>
<td>18</td>
<td>25</td>
<td>Married</td>
<td>Elem</td>
<td>Muslim</td>
<td>Urban</td>
<td>4</td>
<td>&lt;10k</td>
</tr>
<tr>
<td>20</td>
<td>38</td>
<td>Separated</td>
<td>Elem</td>
<td>Muslim</td>
<td>Rural</td>
<td>9</td>
<td>10k-20k</td>
</tr>
<tr>
<td>21</td>
<td>43</td>
<td>Married</td>
<td>Elem</td>
<td>Muslim</td>
<td>Rural</td>
<td>4</td>
<td>10k-20k</td>
</tr>
<tr>
<td>22</td>
<td>48</td>
<td>Divorced</td>
<td>Sec</td>
<td>Christian</td>
<td>Urban</td>
<td>9</td>
<td>10k-29k</td>
</tr>
<tr>
<td>23</td>
<td>38</td>
<td>Married</td>
<td>Coll</td>
<td>Muslim</td>
<td>Urban</td>
<td>9</td>
<td>10k-20k</td>
</tr>
</tbody>
</table>

Comm = Type of community the Somali refugee women came from. Elem = elementary; Sec = secondary; Coll = college. Years in the US = Length of stay in the United States.
Table 4. Demographic characteristics of respondents (N = 21)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Single</th>
<th>Married</th>
<th>Divorced</th>
<th>Widowed</th>
<th>Separated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age</td>
<td>35</td>
<td>37</td>
<td>40</td>
<td>32</td>
<td>0</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>Elementary</td>
<td>3</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>Secondary</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>College</td>
<td>5</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muslim</td>
<td>12</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>--</td>
</tr>
<tr>
<td>Christianity</td>
<td>1</td>
<td>1</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>African Rel</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>5</td>
<td>--</td>
<td>1</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>Urban</td>
<td>8</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>--</td>
</tr>
<tr>
<td>Nomadic</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Resettlement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1 year</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>1-3 years</td>
<td>1</td>
<td>--</td>
<td>1</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>4-5 years</td>
<td>2</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>6-10 years</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>--</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>7</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Income</td>
<td>--</td>
<td>1</td>
<td>--</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>Below $10k</td>
<td>4</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>$10-$20k</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>--</td>
</tr>
<tr>
<td>$20k-$30k</td>
<td>4</td>
<td>1</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Over $30k</td>
<td>1</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

Twenty-three women were originally interviewed for this study. Two participants were later eliminated because they did not meet criteria for selection or were not bonafide Somali refugee women. However, most of the original group (n = 21, 91.30%) became
the respondents in the study. A total number of twenty-one women were considered authentic for three reasons. First, the nature and sensitivity of the information dealt with required that a small number of participants be included in the survey. The information was such as to bring about deep emotions, fear, and anxiety, particularly as the women had to recount events of war, migration, starvation, deaths, and family breakdowns.

Secondly, due to limited literacy and English language proficiency of the women in the survey, much care was taken to ensure that each participant understood what was being asked, and this required the use of interpreters. Thirdly, the participants were busy with work and family responsibilities and time was of the essence, meaning that interviews and surveys had to be scheduled and rescheduled at convenient times in order to maximize participation.

**Age**

The purpose of the question on age was to ensure that participants in the study were adult Somali refugee women of reproductive and marriageable ages. The average reproductive age for women is 15-45 years old. The women in the study ranged in age from 20 years to 48 years. Most of the respondents (n=10, 47.62%) were between the ages of 32 and 39 years. About two-fifths of the respondents (n = 4, 19.05%) were between 20 and 25 years, and one-third of the respondents (n = 7, 33.33%) were between 40 and 48 years. They had the mean age of 35.95 years. The median age was 37 years. Mode, the most frequent age of the respondents, was found to be 32 years. Ten of the women were in their early 30’s or late 30’s; seven in their early 40’s or late 40’s; and four in their 20’s.
Data provides that reproduction begins to decline at age 45. For the Somali women that were involved in this study, this claim seemed to hold true because reproduction began to halt at around age 44 years. It is unclear if the decline happened because of the onset of menopause or because the women had begun to adapt to the United States culture where fertility rates are considerably lower than in Somalia.

Additionally, there was one woman in the study who exceeded the reproduction age of 45 years. She was actually 48 years old, however her testimony was considered valid for this study because many of the Somali women in the study gave their ages without being sure of their exact dates of birth. It is worth noting that, unlike the United States and other Western countries where official records of births are kept, Somalia was without such services for decades. The result is that many Somalis, including the women refugees in this study, cannot produce authentic birth certificates. In addition, many children who are born to mothers who had no recollection of exact records of births and deaths were also without birth certificates. Moreover, their Somali or U.S. passports are often issued using birth dates that have not and cannot be authenticated.

The age-sex structure is the composition of a population as determined by the number or proportion of males and females in each age category. It is the result of past trends in fertility, mortality, and migration. The age-sex structure was relevant because it helped in understanding early marriage and early motherhood among participants. For women who were married at the young ages of 16, 17, 18, and 19 years old, their spouse was usually an older man in his 30’s, 40’s, 50’s, and as old as 60 years old. Moreover, there are a large proportion of older men married to younger women, which in many instances yielded increased fertility.
Marital Status

The purpose of marital status was to ensure that participants were Somali refugee women who belonged to one of four groups: married and living with a husband or partner, divorced, separated, or widowed. Of the twenty-one women in the study, more than one-half (n = 13, 61.90%) indicated they were currently married. Being married meant that they were currently living with their husbands in metropolitan Atlanta. Husbands could be the spouses they married in Somalia and who had resettled to the United States, or they could be partners they had met upon resettlement in metropolitan Atlanta. One-seventh of the respondents (n = 3, 14.29%) indicated they were divorced. One-tenth of the respondents (n = 2, 9.52%) were widows. One-seventh of the respondents (n = 3, 14.29%) indicated they were separated from their spouses.

Data provides that marriage is tied to fertility in Somali culture. This was proven to be true by the Somali women interviewed in this study. They believed having children out of wedlock was morally and religiously unacceptable.

Arranged marriages are not an uncommon practice in Somali culture. A few of the women indicated that they had been in an arranged marriage. They appeared not to like such marriages and expressed sheer happiness because they were no longer involved in those relationships. Hence, early marriage and early motherhood were common among women who were involved in arranged marriages.

None of the women being interviewed spoke of being in a consanguineous or polygamous marriage. Although the literature implied that many refugee women from sub-Saharan Africa are or have been in one of these types of relationships.
Education

The questions on education were necessary in order to understand how education levels impacted fertility behavior. About one-fourth of the respondents (n = 5 or 23.81%) had attempted college or completed requirements for a college degree. Almost half of the women (n = 11, 52%) indicated they had completed the equivalent of the American secondary school system. About one-fifth of the respondents (n = 4, 19.05%) reported they had completed the equivalent of the American elementary school system. Only one respondent (n = 1, 4.76%) indicated she had no education at all.

Although the literature provided that the lack of education may result in high fertility rates among refugee populations, and more educational attainment usually meant lower fertility rates among refugee populations, this was not particularly true among the Somali refugee women involved in this study. As a matter of fact, education status had nothing to do with fertility rates. More education constituted an opportunity to find a good job earning a reasonable living wage.

Data showed a relationship between level of education completed and marital status among participants. Married women seemed to have advanced further in education than their counterparts who were divorced, widowed, separated or single. All (100%) of the married women had completed some type of formal education. Of the thirteen women indicating they were married, more than three-fourths (n = 10, 76.92%) had completed secondary school or college, compared to three-fourths (n = 6, 75%) of the other four groups combined. About two-fifths of respondents in the married group (n = 5, 38.46%) had completed college, while none in the other four groups (0%) had done so.

Finally, because high educational attainment was linked to marriage, and marriage
and fertility are also closely linked among the women involved in this study, it is safe to assume that the institution of marriage or the perception of marriage dictates fertility rates more so than education.

**Religious Background**

As expected, most of the respondents in the study (n=18, 85.71%) were of the Muslim faith. Of the respondents professing the Muslim faith, the majority (n=13, 72.22%) were married. A few of the respondents (n = 2, 9.52%) were Christians, and only one (n = 1, 4.76%) was of the traditional African religion. No attempt was made to divide the Muslim religion into Orthodox or non-Orthodox, or Christianity into specific sects.

As described in the literature, religion has an enormous impact on fertility behavior. For instance, the majority of the women who participated in the study practiced the Islamic religion, which places huge influence on childbearing. Moreover, the women were educated and they were knowledgeable about contraceptives and contraceptive use. Nonetheless, they left reproductive decision-making, conception, and childbearing to Allah (God). These women chose not to use family planning methods such as birth control. Nearly all of the women who practiced Islam repeatedly said they would have as many children as Allah willed to them and that children are seen as blessings from Allah.

For the two women who practiced the Christian religion, reproductive decision-making was also ordained and willed by God. They also expressed the desire to forfeit using contraceptives. Finally, the one woman who practiced a traditional African religion did not mention or go into great detail about her religion and its ideals about childbearing.
Type of Community

Understanding the type of community these women came from was critical in comprehending demographic change. The Demographic Transition Theory, which is the dominant theory used to explain fertility change, provides that migration from a rural area to an urban area can impact fertility rates. Primarily, demographic change happens during transition. Migration from a rural area where fertility is said to be high, to an urban area, where fertility is said to be low, is the main premise of the Demographic Transition Theory.

The majority of these women came from urban areas where two-thirds of the respondents (n=14, 67%) had lived in urban centers of Somalia before migration, while the rest (n = 7, 33%) came from the rural areas. None of the women indicated she came from one of the nomadic or migratory ethnic communities in Somalia. Although literature provides that urban areas have lower fertility rates than rural areas, and the urban areas in Somalia tend to have higher rates of fertility as compared to the rates of fertility in the United States and Canada. Nonetheless, migration from Somalia to the United States seemed to have impacted fertility in an unconscious manner among those in the study. Migration to metropolitan Atlanta led to a slight dip in fertility. It is assumed that this decrease in fertility among the women in this study was attributed to social and economic factors such as not having the necessary support systems in place to assist with childcare and also because of the great demand on women to enter the workforce in the United States in order to help take care of their existing family’s. As a matter of fact, because it is considered expensive to live in the United States, two of the women in the study chose to suspend childbirth in order to enter the workforce, whereas in Somalia
they were able to stay home and take care of their children.

**Resettlement in the United States**

Length of stay in the United States was another demographic characteristic that seemed to have an impact on fertility behavior among Somali refugee women who participated in this study. For instance, the average length of stay in the United States was 9.92 years per person. It looked as if the longer a woman had been resettled in the United States, the more she adapted or acculturated to American values and ideas about childbearing. This is assumed because fertility rates among all 21 respondents in this study fell below fertility rates of Somali women located in Somalia. It was apparent that integration (the manner in which migratory populations become part of the cultural, social, political, and economic spheres of the country of resettlement) into the United States had its sway on reproduction. Why? Because many of the women had jobs working outside of the home and they handled their own business affairs like budgeting and paying a portion of their family’s bills (although they were not the heads of their households, men still held these roles). There was a relationship between length of resettlement and marital status. The married women appeared to stay the longest in the United States, averaging 12 years per person.

Overall, the twenty-one respondents in this study had resettled in the United States for a total of 209 years. One-third of the women (n = 7, 33.33%) had been resettled for more than ten years, while two-thirds (n = 14, 67%) of the women had been resettled for less than ten years.

**Socio-economic Status**

Most of the women in the study (n=19, 90.48%) had some type of income, with only
a few (n = 2, 9.52%) reporting no income at all. Income breakdown was as follows: no income (n = 2, 9.52%); below $10,000 (n = 4, 19.05%); $10,000-$20,000 (n = 9, 42.86%); $20,000-$30,000 (n = 5, 23.81%); and more than $30,000 (n = 1, 4.76%). Of the respondents who reported no income, one-half (n = 1, 50%) was divorced and the other one-half (n = 1, 50%) was separated from her husband. Reasons for having no income included the need to complete school and/or to receive some type of support from the spouse.

There seemed to exist a relationship between marital status and the amount of yearly income earned as well. More than three-fifths of the married respondents (n = 9, 69.23%) reported yearly incomes between $10,000 and $30,000. Reasons for married women's higher incomes could include entrepreneurial endeavors or women owning businesses in their communities, their desire to complete school in order to attract better paying jobs, seeking higher incomes in order to help provide for the family, their husbands' encouragement to diligently seek higher paying employment rather than take the first job offers that came along, and the financial assistance of husbands who provide funds for the upkeep of the family. Husbands also allowed the wives time to complete the necessary training that better paying jobs require.

**Respondent's Marital History**

Table 5 provides respondents' marital history and statuses. All of the women in the study were asked several questions with regard to their marriages and their responses were noted in the survey instrument. Questions dealt with such concerns as a description of their marriages, the number of times they had been married, the number of children they had with their spouses, whether they were single, separated, widowed or divorced,
Table 5. Respondents’ marital history (n = 13)

<table>
<thead>
<tr>
<th>No</th>
<th># of Children</th>
<th>Description of Marriage</th>
<th>Importance of Marriage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>Very much in love Gave me direction in my life. Husband made me happier</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>Good for companionship</td>
<td>Yes, very important</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>Just a life Survived</td>
<td>For the sake of children</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>Divorced from first husband Too young to remember family arranged marriage Married a man in the US</td>
<td>You have to be married in Somali culture or people will talk about you</td>
</tr>
<tr>
<td>6</td>
<td>4</td>
<td>Very happy marriage</td>
<td>If you have the right partner its good for the children</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>No specifics</td>
<td>Very important</td>
</tr>
<tr>
<td>11</td>
<td>2</td>
<td>No specifics</td>
<td>Marriage is everything to me because you can share your life</td>
</tr>
<tr>
<td>12</td>
<td>7</td>
<td>Serious health issues Supports 2 children back in Somali</td>
<td>It is your whole life</td>
</tr>
<tr>
<td>13</td>
<td>2</td>
<td>Provides freedom</td>
<td>It is the only way for women to gain freedom in our culture</td>
</tr>
<tr>
<td>15</td>
<td>1</td>
<td>Arranged marriage with older friend of father</td>
<td>Would rather be in Somali</td>
</tr>
<tr>
<td>18</td>
<td>4</td>
<td>Given to older man; friend of father</td>
<td>Good for woman’s protection</td>
</tr>
<tr>
<td>21</td>
<td>6</td>
<td>First husband left her; she did not know the man</td>
<td>Marriage is important</td>
</tr>
<tr>
<td>23</td>
<td>2</td>
<td>Good</td>
<td>My children need their father</td>
</tr>
</tbody>
</table>

No Specifics: The women were reluctant to reveal much about their feelings with regard to a description of their marriages, or the importance they attached to marriage.
reasons for separation or divorce, how important being married was to them, and whether divorced or separated women would reconcile with their husbands or remarry. It was felt that obtaining the women’s responses to these questions would facilitate an analysis of the fertility rates and marriage patterns of selected Somali refugee women in the study.

I would like to know how many times you have been married.

Eighteen of the twenty-one women (80%) indicated they had been married only one time, while three (20%) stated they had been married twice. Somalia is a country that is steeped in the ancient tradition of arranged marriages in which young girls are given in marriage to older men with stable jobs and income. Usually, the girls are very young and unwilling participants in the arrangement. Arranged marriages do not survive immigration or resettlement in Western countries. For instance, MD was a 25 year-old Muslim Somali woman who grew up in an urban city, got married as a child in 1999 to an older Somali man, came to the United States in 2003 and married another man. MD considered marriage to be important because of the protection it afforded her. However, she was not an advocate of arranged marriages and spoke against the practice.

LA was a 46-year-old Muslim Somali woman with four children and in her second marriage. She had been resettled in the United States for eleven years. Her first marriage was in 1979 when her family gave her in marriage to an older man, a friend of her father. She might have been thirteen or fourteen years old at that time. When asked to describe her first marriage during the interview, LA simply stated: “I honestly don’t remember the details of the marriage because I was very young. The marriage itself was not very good, all I can say is that it was an arranged marriage.” After sixteen years of marriage, she separated from her first husband in 1995. She reported that she did not have children
with her first husband, perhaps due to illness, war, and frequent miscarriages. LA moved to the United States because of war, and by the time she was filing for and receiving her immigration papers for travel abroad; her first husband divorced her and married another Somali woman. She arrived in the United States and became married for the second time in 2002. Asked if being married was important to her, LA stated: “Yes, it is important especially in Somalia; you have to be married because of the society. If you are not married, they will talk about you.” It is reasonable to expect such marriage patterns among Somali refugee women resettling in the United States to follow the examples of MD and LA outlined above: arranged marriages at very young ages, divorce, and remarriage.

What was your age at your first marriage?

The ages at first marriages ranged between 11 years to 30 years. Most of the women (12 out of 13 or 92%) got married between the ages of seventeen and thirty. Three women indicated they married at ages as young as eleven (11), twelve (12), and fourteen (14) years of age. As stated earlier, it is not unusual for parents to arrange marriages for their children in Somalia. Young girls at tender ages are often given in marriage to older men with stable jobs and incomes. The older men could be friends of fathers, and marriages are arranged to strengthen family ties, or to honor certain traditions.

How many children do you and your husband have?

The Somali refugee women in this study tended to have large families. Nearly half of the women had four (4), five (5), or six (6) children. Some of the women brought some children with them when they migrated from Somalia, and some brought children from previous resettlements outside the United States. For instance a 40-year-old refugee
woman had two children in Canada and two in the United States. She was interviewed in her shop where she offered hair-braiding services, and described her marriage as very happy. She was very pleasant, open and comfortable during the interview and seemed very comfortable with the American culture.

**How would you describe your marriage?**

With the exception of a 40-year-old woman who described her marriage as very happy and another 40-year-old woman who described hers as very much in love, most of the women in the study had difficulties discussing their marriages in a positive light. Thus, it appeared that these Somali women were in marital relationships that seemed melancholy. Some of the terms they used when talking about their relationships with their spouses included: “companionship”; “for survival”; “comfortable”; “for money”; and “protection.” Another 33-year-old woman stated that her marriage was “simple, not wonderful.”

A 45-year-old mother of five children described her marriage as: “Just a life” and “Survived.” By this, she meant that marriage was a necessary part of life, a duty to be performed and survived. A 32-year-old mother of four children married in January 1995, while she was still in Somalia said she began to experience marital difficulties in 2000 when she entered the United States as a refugee. She separated from her husband in 2002, and the couple divorced in June of the same year. She stated: “My first marriage was my only marriage and we were very happy until I came to Atlanta.” It seemed that this marriage fell apart when she could not bring her spouse along with her or because of pressures from relatives back home. Additional pressures could come from a new culture, unfulfilled needs and thwarted expectations.
Is being married important to you?

Nearly all the married women in the study stated that marriage was very important to them. Reasons given for the importance of marriage included but were not limited to:

1. fulfilled a woman’s need for direction;
2. good for raising children;
3. provided sharing and partnership;
4. being unmarried or divorced was considered a taboo in Somalia;
5. and it is the only way for a woman to gain freedom in Somalia.

In a war-torn, patriarchal society like Somalia, a woman greatly needs protection and security that a husband or brother can provide. Women seek direction from males in order to remain protected in a hostile environment where women and children can potentially be raped or killed. Security is a commodity that cannot be overemphasized as it pertains to a woman’s survival.

Somali women depend on husbands to provide not only food and protection but to also help share the responsibility for raising the children and teaching them cultural values and practices. Warfare, traditional dances and cattle rearing are skills the husbands are expected to teach the youth in Somali communities. In resettled society, Somali women depend on husbands to keep the children grounded and focused while continuing to teach traditional Somali culture and values. Somali women say, “Children need their father,” or “My family is my whole world.”

Quite unlike the Western nations where women are educated and have various support groups to provide caring and companionship, women of Somalia have to depend entirely on the family (particularly husbands and male relatives) to provide such needs.
Basically, to be unmarried in Somalia is to be an outcast and at the mercy of imminent predators.

For women who are separated or divorced, why are you and your husband separated or divorced?

As Table 6 indicates, three (3) Somali women were divorced from their spouses: a 30-year old mother of one child, a 32-year-old mother of four children, and a 48-year-old mother of four children. The 30-year old attributed her divorce simply to differences between she and her husband. The 32-year old woman blamed the influences of the American culture as reasons for the breakdown of her marriage, namely, differences in the spouses’ views on how to raise their children and a woman’s place in the family. The older woman suggested arranged marriage as grounds for her divorce.

Many Somali men residing in the United States are very strict in their child-rearing practices with the intention of raising their children the way they were raised in Somalia, including respect for parents, obedience, loyalty to family, and arranged marriages. Many Somali women residing in the United States seem to hold divergent views on childrearing, with a preference for the Western standards of permissiveness.

Furthermore, while a large number of Somali men feel that a woman’s place is in the home, preparing food and taking care of children, the women see the freedom and career opportunities their resettlement offers. Thus, there are frequent quarrels and disagreements as to what roles the spouses should hold.

Marriages that had been arranged by parents in Somalia, often found it extremely difficult to hold the marriages together once resettled in the United States. A few of the reasons are as follows: First, the woman might be granted an immigrant visa, leaving her husband behind. Second, even when both spouses were granted visas and immigrated to
the United States at the same time, they might discover that arranged marriages had many
drawbacks, including lack of love and wide differences in ages. As stated earlier,
mARRIAGES WERE OFTEN ARRANGED BETWEEN Young GIRLS AND older men who are or were
friends of fathers of the brides. It appears that, while some Somali men might consider
marriages arranged by families as being stable, the women frown upon what the West
might consider to be virtual slavery and subjugation.

Table 6. Respondents’ separation and reconciliation (n = 8)

<table>
<thead>
<tr>
<th>No</th>
<th># of Children</th>
<th>Description of Marriage</th>
<th>Importance of Marriage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>Death of spouse</td>
<td>Perhaps remarriage</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>Divorced</td>
<td>Yes, remarriage</td>
</tr>
<tr>
<td>9</td>
<td>6</td>
<td>Death of spouse</td>
<td>No remarriage</td>
</tr>
<tr>
<td>10</td>
<td>2</td>
<td>Separated because she had to leave husband in Somalia</td>
<td>No specifics</td>
</tr>
<tr>
<td>14</td>
<td>4</td>
<td>Divorced because we had differences on raising kids</td>
<td>No remarriage, I want to raise my kids by myself</td>
</tr>
<tr>
<td>17</td>
<td>4</td>
<td>Separated because she had to leave husband in Somalia</td>
<td>No reconciliation</td>
</tr>
<tr>
<td>20</td>
<td>3</td>
<td>Separated due to spousal abuse</td>
<td>No reconciliation</td>
</tr>
<tr>
<td>22</td>
<td>4</td>
<td>Divorced because parents arranged marriage</td>
<td>No specifics</td>
</tr>
</tbody>
</table>

A 44-year-old mother of 4 children stated that she separated from her husband because
of his abuse and decision to leave the family for another woman. In Somalia, it is
taboo to be divorced or to be abandoned by a husband in pursuit of another female.
A 26-year old pregnant woman was ashamed and embarrassed; she did not want to provide any details about her failed de-facto marriage.

If divorced or separated, would you like to reconcile with your husband or be married again?

Three of the women who indicated that they were divorced, separated or widowed women wanted to remarry or reconcile with their spouses. Reasons for not wanting to reconcile or remarry included; (a) the painfulness of the married state; (b) abuse; (c) the feeling that they would rather raise their children alone than remain in abusive relationship; (d) not wanting to live with an older man not to their liking; (e) a desire for freedom to pursue their dreams; (f) a feeling that the husbands they left behind in Somalia had married someone else; and (g) they had given up hope of ever bringing the husbands over to the United States.

**Respondent’s Reproductive History**

The Somali refugee women were asked a series of questions pertaining to their reproductive patterns. These questions addressed issues related to the number of pregnancies they have had, live and still births, miscarriages, contraceptive methods used, and future plans for having more children. The information in this section of the study refers to Table 7, Table 8 and Table 9.

**Have you ever been pregnant? How many times have you been pregnant?**

All of the women reported having been pregnant one or more times. The minimum number of pregnancies was 2 and the maximum was 11 times. Generally, Somali women are known to have large numbers of children per family. Having children is considered an important role for women and the inability to produce the number of children the husband desires is seen as disrespect and grounds for divorce. One reason why children
<table>
<thead>
<tr>
<th>No</th>
<th>Age</th>
<th>Education</th>
<th># Pregnancies</th>
<th># Live Births</th>
<th>Losses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40</td>
<td>Elementary</td>
<td>7</td>
<td>6</td>
<td>-1</td>
</tr>
<tr>
<td>2</td>
<td>37</td>
<td>Secondary</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>34</td>
<td>College</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>45</td>
<td>Secondary</td>
<td>6</td>
<td>5</td>
<td>-1</td>
</tr>
<tr>
<td>5</td>
<td>46</td>
<td>Secondary</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>36</td>
<td>College</td>
<td>6</td>
<td>4</td>
<td>-2</td>
</tr>
<tr>
<td>7</td>
<td>32</td>
<td>Secondary</td>
<td>2</td>
<td>1</td>
<td>-1</td>
</tr>
<tr>
<td>8</td>
<td>32</td>
<td>College</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>43</td>
<td>Secondary</td>
<td>6</td>
<td>5</td>
<td>-1</td>
</tr>
<tr>
<td>10</td>
<td>45</td>
<td>Secondary</td>
<td>4</td>
<td>2</td>
<td>-2</td>
</tr>
<tr>
<td>11</td>
<td>37</td>
<td>Secondary</td>
<td>3</td>
<td>2</td>
<td>-1</td>
</tr>
<tr>
<td>12</td>
<td>39</td>
<td>College</td>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>22</td>
<td>Secondary</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>32</td>
<td>Secondary</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>20</td>
<td>Elementary</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>17</td>
<td>25</td>
<td>None</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>25</td>
<td>Elementary</td>
<td>7</td>
<td>4</td>
<td>-3</td>
</tr>
<tr>
<td>20</td>
<td>38</td>
<td>Elementary</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>21</td>
<td>43</td>
<td>Elementary</td>
<td>7</td>
<td>6</td>
<td>-1</td>
</tr>
<tr>
<td>22</td>
<td>48</td>
<td>Secondary</td>
<td>7</td>
<td>4</td>
<td>-3</td>
</tr>
<tr>
<td>23</td>
<td>38</td>
<td>College</td>
<td>4</td>
<td>2</td>
<td>-2</td>
</tr>
</tbody>
</table>

N=95  N=97  N= -18
are very important in Somali culture is due to the agrarian/herding economy. Additionally, a woman’s worth is measured in terms of the number of children she can produce for her husband. The more children she produces, the better. However once resettled in the United States, the need for more children to help with agrarian duties diminish.

The Somali women in the study reported a total of 95 pregnancies or 4.52 pregnancies per person. They had a total of 77 live births or 3.66 children per person. A total of 18 children (1 child per person) were lost through stillbirths, spontaneous miscarriages, or other complications.

For the women who had loss children and had not yet completed their reproductive years, expressed a desire to have more children.

*Have you ever tried to be pregnant for a year without becoming pregnant?*

Approximately one out of six women had tried to be pregnant for more than a year without becoming pregnant, and this is cause for alarm in Somali culture. None of the women was able to suggest reasons for their failure to have babies within one year other than “it is the will of Allah.” Data suggests that an inability to have a baby after trying to do so for one year has many causes. A major cause may be poor nutrition, followed by inadequate prenatal care, and post-traumatic stress disorder affected by a war-torn environment.

*How old were you at the end of your first pregnancy? How old were you at the end of your second pregnancy?*

Nearly sixty percent (n=13, 60%) of the women had their first babies at young ages. Hence, six (6) women had become pregnant at ages of 13, 14 and 15 years. Early onset of pregnancy may be attributable to arranged marriages in which young girls are
betrothed to older male friends of the father. When young girls are forced into marriages to men they hardly know, and when women and young girls are raped with impunity by opposing soldiers, a preponderance of young mothers hardly out of the cribs are seen. The same thing could be said for age at second pregnancy, as nearly as thirty percent (30%) of mothers became pregnant a second time when they turned 20.

**How many stillbirths (child died at birth) did you have? How many spontaneous miscarriages (child died before birth) did you have? How many tubal pregnancies?**

Nearly one-third of the women had stillbirths, and over one-half had endured spontaneous miscarriages. A tubal miscarriage claimed the life of one child. Although Somali women are said to have high fertility rates, yet only a few of these pregnancies survive stillbirth, a large percentage succumb to miscarriages of various types. A 40-year-old Somali woman, who had six children out of seven pregnancies (she had lost a child through spontaneous miscarriage) stated, “It was due to stress from the war.” A 36-year-old Somali woman, who had six pregnancies and two miscarriages, stated that she was unable to have children in Somalia because of stress from the war. She did not conceive until she left for Canada and the United States. “I had two children in Canada and two in the United States.”

**Could you briefly describe each of the pregnancies you have had in your life? Could you describe the most unusual pregnancy you have had in your life?**

As stated earlier, over one-half of the Somali refugee women in the study had lost children through spontaneous or tubal miscarriages. Although it was difficult for them to talk about losing children, some gave unusual descriptions of their ordeals. For instance, a 36-year-old married woman with four children stated, “I have had six pregnancies and two miscarriages. In the first three months of my fourth pregnancy (a miscarriage), I was
Table 8. Respondents’ childbirth characteristics (n = 21)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever being pregnant</td>
<td>Yes</td>
<td>21</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of pregnancies</td>
<td>2-3</td>
<td>8</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>4-5</td>
<td>7</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>6-7</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>8 and over</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Unsuccessful Pregnancy for over 1 year</td>
<td>Yes</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>18</td>
<td>86</td>
</tr>
<tr>
<td>Age at first Pregnancy</td>
<td>13-15</td>
<td>6</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>16-19</td>
<td>6</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>20-23</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>24 and over</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>Age at second pregnancy</td>
<td>20-25</td>
<td>8</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>31-35</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Over 35</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>Ever had still births</td>
<td>Yes</td>
<td>6</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>15</td>
<td>71</td>
</tr>
<tr>
<td>Number of still births</td>
<td>One</td>
<td>5</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>Two</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Spontaneous Miscarriages</td>
<td>Yes</td>
<td>12</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>9</td>
<td>43</td>
</tr>
<tr>
<td># of Spontaneous miscarriages</td>
<td>One</td>
<td>4</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Two</td>
<td>5</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Three</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Four</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Five</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Tubal Miscarriages</td>
<td>Yes</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>20</td>
<td>95</td>
</tr>
<tr>
<td>Number of tubal miscarriages</td>
<td>None</td>
<td>20</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>One</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>
pulling everywhere.” She used the word “pulling” to describe the pain and discomfort she was in.

HM, a 22-year-old married mother of two children stated, “The first one (pregnancy) was very difficult. I had to be on bed rest for the last two months. The last pregnancy was quite simple.”

FA, a 32-year-old divorced Somali woman who had four children stated, “I have never had an easy pregnancy. In the first one I was in labor for 2 days, and with my third child, I was on bed rest. I had an early C-Section with my fourth child.”

HA, a 45-year-old woman with five children had been pregnant six times. She had a set of twins but lost two children through stillbirths. She stated, “In my last pregnancy, I was unable to move around. I was on bed rest for 3 months, and I had no help.” She had to have a C-Section for her last pregnancy. “I would like to have more kids, but the doctor says, ‘No more’.”

Are you pregnant at the moment?

Ninety-five percent (95%) of the women stated they were not pregnant at the time the survey was administered. Two women (ages 20 and 32 years) stated they were pregnant, while the remaining nineteen (19) were not pregnant.

If you are pregnant, when is the baby due?

One of the pregnant women stated that her baby was due in 4 to 6 months, while the other woman gave July 2008 as her due date. The 20-year-old woman had two previous pregnancies, but only one live birth. The 32-year-old woman had four previous pregnancies and three live births. These two women indicated that they were anxious about having more children and their specific reasoning was because they had both lost a
child before. Hence, the women were pregnant because they wanted to replace the children that they had previously lost through stillbirth or miscarriage.

How did you feel when you found out you were pregnant?

The pregnant women stated emphatically, “I wanted to become pregnant.” Their response is typical of the feelings of most Somali women who often talk about having as many children as “Allah gives a woman.” To them, having a large number of children is the blessing of God, and no decent woman should refuse such great gifts.

Have you or your partner ever taken any measure to prevent a possible pregnancy?

Table 9 indicates the precautions respondents had taken to prevent possible pregnancies. Two women (n = 2, 9.5%) stated that they had taken measures to prevent a possible pregnancy, while the majority (n = 19, 90.5%) had not taken such measures.

How did you or your partner try to prevent pregnancy?

By refusing to subscribe to any of the contraceptive methods listed on the survey and by saying “Nothing” or “I do nothing” a majority of the women (n=16, 76%) indicated they were not using birth control. This finding is consistent with what has been known to be true. For instance, most Muslims around the world, particularly most Somali women value high fertility rates, and do not adhere to the notion of limiting births or planned parenthood. In fact, they frown upon birth control methods that they suspect to be the West’s attempt to halt births and commit silent population declines in their community. However, a few brave women were using birth control or had practiced birth control in the past. The methods of birth control used were the condom (n=1, <5%); the injection or pill (n=2, <10%); coitus interruptus (n=1, <5%); and creams, cups or diaphragm (n=1, <5%).
### Table 9. Respondents' childbearing responses (n = 21)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant at the moment</td>
<td>Yes</td>
<td>2</td>
<td>9.5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>19</td>
<td>90.5</td>
</tr>
<tr>
<td>Pregnancy prevention</td>
<td>Yes</td>
<td>2</td>
<td>9.5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>19</td>
<td>90.5</td>
</tr>
<tr>
<td>Feelings about pregnancy</td>
<td>I want the pregnancy</td>
<td>2</td>
<td>100</td>
</tr>
<tr>
<td>Prevention Measures taken</td>
<td>Male/Female condom</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td></td>
<td>Injection/pill</td>
<td>2</td>
<td>9.5</td>
</tr>
<tr>
<td></td>
<td>Coitus Interruptus</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td></td>
<td>Creams/diaphragm</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td></td>
<td>I do nothing</td>
<td>16</td>
<td>76.2</td>
</tr>
<tr>
<td>Difficulties preventing pregnancy</td>
<td>C-Section</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Circumcision</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>Intend to have more children</td>
<td>Yes</td>
<td>14</td>
<td>66.7</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>7</td>
<td>33.3</td>
</tr>
<tr>
<td>More children you want</td>
<td>1 or 2 more</td>
<td>6</td>
<td>42.9</td>
</tr>
<tr>
<td></td>
<td>5 or more</td>
<td>5</td>
<td>35.7</td>
</tr>
<tr>
<td></td>
<td>Allah gives kids</td>
<td>3</td>
<td>21.4</td>
</tr>
<tr>
<td>More children spouse want</td>
<td>1 or 2 more</td>
<td>6</td>
<td>54.5</td>
</tr>
<tr>
<td></td>
<td>3 more</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td></td>
<td>5 or more</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td></td>
<td>Doesn’t matter</td>
<td>2</td>
<td>18.2</td>
</tr>
<tr>
<td>What to do with unwanted Pregnancy</td>
<td>Keep the baby</td>
<td>21</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ideal number of children in A family</td>
<td>Two</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td></td>
<td>Three</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td></td>
<td>Four</td>
<td>7</td>
<td>33.3</td>
</tr>
<tr>
<td></td>
<td>Five</td>
<td>4</td>
<td>19.0</td>
</tr>
<tr>
<td></td>
<td>Six</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td></td>
<td>Seven</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td></td>
<td>Ten or more</td>
<td>2</td>
<td>9.5</td>
</tr>
</tbody>
</table>
Have you ever had any operation or physical abuse that makes it difficult or impossible for you to have more children?

Two of the procedures said to prevent childbearing were the C-Section operation and vaginal mutilation or female circumcision. HA is a 45-year-old Somali woman who had been married since 1981. She had six pregnancies and one of those pregnancies was a set of twins. A C-Section operation was performed during her last delivery. Although HA lost 2 children by stillbirths and had 5 living children at the time of her interview, she regretted the C-Section had prevented her from having more children. “I would love to have more kids but can’t. The doctor says “No more”.

FA, a divorced 32-year-old mother of 4 children, had both a vaginal circumcision and a C-Section. She stated, “I was circumcised when I was 4 years old, so it definitely affected my ability to give birth, although I was able to conceive.” A combination of the C-Section operation and genital mutilation had hampered FA’s life: she had never had an easy pregnancy, was in labor for several days, on bed rest with each of her pregnancies, and had a C-section performed with her last child.

Although childbirth was difficult for some of the women in the study, it did not seem to affect their attitudes toward wanting to have children.

Do you intend to have more children? How many more children would you want to have?

Nearly 2 out of every 3 women in the study (66%) indicated that they intended to have more children, although they already had large families. The numbers of children the women desired were as follows: one more child (7.1%), two more children (35.7%); five more children; (21.4%); five or more children (14.3%); and as many as Allah (God) gives (21.4%).

Although the fertility rates of Somali refugees resettled in metropolitan Atlanta
was lower than the fertility rates of Somali women in Somalia, the aforementioned findings points to the fact that because more than half of the women involved in the study indicated they would like to have more children, the fertility rates of these women over a period of time will compare to or maybe even exceed the fertility levels of their counterparts in Somalia.

**How many more children would your husband or partner want to have?**

Nearly half of the women (54.5%) indicated that their husbands or partners would like to have 1 or 2 more children; 3 more children (9.1%); 5 or more children (18.2%); or it doesn’t matter (18.2%).

It appears that fertility is important to the women and their husbands. Therefore, fertility rates among the women involved in the study have the ability to rebound to pre-transitional levels.

**If you had an unwanted pregnancy, what would you do?**

All of the women stated they would keep an unwanted pregnancy rather than abort or kill the fetus.

**What do you feel is the ideal number of children in a family?**

For this group of Somali women who were involved in the study, an ideal number of children to have in a family would be 4 (33.3%) or 5 (19.0%). One woman chose 7 as the ideal number of children in a family. UM, a 40-year-old married woman who had 6 children (4 girls and 2 boys), actually had 7 pregnancies however one ended in a spontaneous miscarriage. She had her first pregnancy at age 18, and the last pregnancy at age 32. She moved to the United States in 2002. She did not want any more children, but her husband wanted one more child. UM stated, “Six or maybe 7 children will be ideal. But 6 definitely works for my family.”
Although the average TFR among the women involved in the study was 4.52 pregnancies per woman, the findings indicated that a few of the women had already exceeded this number with an average TFR of 6 or 7 pregnancies per woman.

**Respondent's Reproduction after Resettlement**

This section of the study examined whether the Somali refugee women in the study had changed their attitudes and ideas with reference to birthrates or childbearing behavior and marriage patterns, upon resettlement in the United States. The questions asked in this section addressed issues pertaining to had the women been changed as a result of observing the American society and its emphasis on smaller families. Many of the Somali women remained grounded in their customs and values. Hence, their attitudes and behaviors towards childbearing and marriage had not changed dramatically.

*Have your thoughts and ideas about childbearing changed since you have been resettled in the United States? If so, how?*

Most Somali women in the study considered the American families to be too small. They would rather have larger families than the Americans, especially if their family’s finances would permit. They found the American family size to be restrictive of their childbearing freedom and wished they were back in Somalia where things would be different. Most of the Somali women did not practice birth control and found contraceptive devices foreign and unacceptable. It seems that the Somali women were embarrassed about having large numbers of children here and felt that Americans looked down on them for having such families. Some of the women felt that their doctors had discouraged and frowned on their large families.

FA, the 32-year-old divorced mother of 4 children stated, “I cannot have as many children as I want here. And you have to be more strict with your kids.”
Because the Americans seem to discourage and frown upon large Somali families, many of the women in the study were suspicious of the United States motives and policies regarding childbearing. FA stated, “I don’t trust people here, especially with my kids. And in Somalia, children are raised by the whole neighborhood.” The women were finding out that the adage “It takes a whole village to raise a child” might operate in Somalia, but not in the United States. The responsibility for raising children falls entirely on the shoulders of the husband and the wife.

**Research Questions and Answers**

The research questions that guided this study were: 1) What are the fertility rates of selected Somali refugee women resettled in Atlanta, Georgia? 2) What are the marriage patterns of selected Somali refugees resettled in Atlanta, Georgia? 3) How has migration and resettlement affected fertility behaviors and marriage patterns of selected Somali refugee women resettled in metropolitan, Atlanta.

**Discussion of Research Questions**

In answering and discussing the research questions, the review of relevant literature was re-examined and then juxtaposed to the findings. Some of the findings were in alignment with the literature while some of the findings contradicted the information disclosed in the literature.

**First Explanation**

The first question was concerned with the fertility rates of selected Somali refugees resettled in metropolitan Atlanta. In answering this question, the women were questioned on the total number of pregnancies they had had. Their responses showed they had had a total of 95 pregnancies. That translates to an average of 4.52 (or 5 rounded to the nearest
whole number) pregnancies per woman or a Total Fertility Rate (TFR) of 4 to 5 children per woman. However, the TFR for seventeen of the women had the ability to change. The main reason why the TFR could change for these women is because they had not yet reached the end of their reproductive years and they may become pregnant in the future. As a matter of fact fourteen (14) of the seventeen (17) women who had not completed their childbearing years had already exceeded the average TFR of 4 to 5 pregnancies while another seven (7) of the seventeen (17) women had less than four pregnancies (these women could reach and exceed the Total Fertility Rate 4.52 pregnancies per woman).

In some countries, 4 to 5 children is considered to be a large number, whereas in other countries it is considered not enough children. Genereux (2002) postulated that the country of origin is an indispensable factor in understanding fertility behavior. Women in the country of Somalia have some of the highest fertility rates in the world. High birthrates in Somalia are attributed to the country’s agrarian economy. Ironically, many of the women involved in the study were from urban areas in Somalia. This may be a factor in understanding the lower fertility rates that exist among the women involved in the study. The findings are comparable with the literature in that urban life correlates with low fertility. Additionally, a few questions came out of the research while examining the urban to low fertility rate theory. They are as follows: When did fertility rates begin to decrease among the women involved in the study? Did these women display low rates of fertility before they migrated to the United States or did the low fertility rates begin to take place once they resettled in the United States? Although this study did not delve into the aforementioned questions they warrant additional attention in the future.
Another question the research did not address was Total Marital Fertility Rates (the average number of children that would be born among couples) of the women involved in the study. It is important to discuss the Total Marital Fertility Rates (TMFR) because more than half of the women were married at the time of the investigation. Therefore, the average TMFR of the women was 4.64 pregnancies per woman. Thus, the TMFR of 4.64 slightly exceeded the average TFR of 4.52 pregnancies per woman.

As stated earlier, the fertility rates of Somali women (6 to 7.3 children per woman) in the country of Somalia are higher than the average Total Fertility Rates (4.52 children per woman) of selected resettled Somali women in metropolitan Atlanta. However, the Total Fertility Rates of these women (participants in the study) is higher than the average Total Fertility Rate of women in the United States whose fertility rate are about 2.5 children per woman. Historical demographic data has shown that there is usually a decline in fertility rates when women living in developing nations migrate to developed nations (McDonald, 2001).

The Demographic Transition Theory, which states that the transition from rural to urban, or the shift from pre-transitional society to post-transitional society, or the migration from a developing nation to a developed nation all can impact fertility rates. Fertility rates are impacted during the moment of change. Change representing the transition, shift, or migration from a country of origin where fertility rates are typically high to a country of resettlement where fertility rates are considerably lower than the country of origin. Although the Demographic Transition Theory was a viable framework used to explain fertility change among resettled populations, demographic factors that included social and economic issues were shown to specifically affect fertility behavior.
among the Somali refugee women resettled in metropolitan Atlanta.

The Multi-Phasic Response theory addressed some of the social and economic factors that affected fertility rates among resettled Somali women in metropolitan Atlanta (Edmeades, 2006). For instance, the findings showed that the women involved in the study had low fertility rates compared to their counterparts in Somalia. Literature showed that a possible reason for low fertility rates among the women involved in the study is that refugees who had resettled into new societies usually lacked the social support they had at home. For many refugees, social support from family and friends entailed assistance with childcare and child rearing but when there was an absence of social support there was a decrease or halt in reproduction. However, in juxtaposing the findings on social support systems and fertility to the review of relevant literature, the aforementioned demographic social factors did not emphatically impact fertility behavior among the women involved in the study. Why? Many of the women involved in the study indicated they had support from family, while others spoke of relationships they have developed with other Somalis since relocating to the United States. As a matter of fact, one woman who partook in the study spoke about the relationship her 7-year old daughter built with another Somali girl living in their community. Ultimately, the two families came together to provide social support in raising the two little girls.

It is believed and important to mention that the reason why the women involved in the study had more social support systems in place than was described in the literature was because the average length of stay among selected Somali refugees resettled in metropolitan Atlanta was 9.92 years (10 years if rounded to the nearest whole number). Length of stay pointed to the fact that the longer the women had been resettled in the
United States the more resources they were able to access for low cost or free childcare services to educational training and networking options. Ironically, the length of stay may have also impacted fertility behavior among the women involved in the study through integration and adaptation. Socially adapting to American culture could have also been a factor in lowered fertility rates of the women involved in the study.

Education was another social demographic factor that impacted the fertility behavior of selected Somali refugee women resettled in metropolitan Atlanta. All of the women with the exception of one had some type of educational background. The literature provided that education prolongs marriage and reproduction, and increases knowledge and access to contraceptive use (Khawaja, 2002). Although the majority of the women involved in the study were educated, at least three (3) of the women were married before they were 15 years old and more than seven (7) of the women had their first child before the age of 21. For the women involved in the study, education had no bearing on reproductive decision-making.

Not only do social demographic factors affect fertility behavior of resettled populations but economic factors impact fertility behavior as well. These factors include but are not limited to availability and access to jobs, cost efficient childcare, cost efficient transportation, and access and funds to pay for health care. For the women involved in the study, low fertility rates compared to women in Somalia are attributed to the aforementioned economic woes. In addition, many Somali refugee women resettled in metropolitan Atlanta did not have professional careers. Most of the women earned their money by owning a business in the Somali community. The majority of the women who were employed averaged an income of around $20,000 a year. Only one woman
involved in the study earned more than $30,000 a year. It is believed that the cost of living, raising children and childcare are considered to be extremely expensive in the United States as compared to Somalia and this is a major factor in low fertility rates among the women involved in the study.

Hence, the Total Fertility Rate of selected Somali refugees resettled in metropolitan Atlanta seemed insufficient to the women involved in the study because many women had not reached the end of their reproductive years and there was a desire to have additional children. Overall, the average TFR among these women has the capability of increasing in the future.

**Second Explanation**

The second question was concerned with marriage patterns among selected Somali refugees resettled in metropolitan Atlanta. Being married meant the women involved in the study were currently living with husbands or male partners. Husbands or partners were the spouses they had married in Somalia and brought to the United States, or they could be persons they had met upon resettlement in metropolitan Atlanta.

In answering this question, all of the twenty-one Somali refugee women in this study had been married one time or another in their lives. Approximately thirteen (13) of the women indicated they were currently married to their original husbands, while three (3) women fell into the category of being divorced from their original husbands and three (3) women fell into the category of being separated from their original husbands. The remaining two (2) women indicated that there were widowed. At least two (2) of the six (6) women who indicated that they were divorced or separated from their original spouses had also been in arranged marriages. Finally, at least four (4) of the women who
were divorced, separated, or widowed indicated that they had remarried or they would like to remarry someday. Therefore, the marriage patterns among selected Somali refugees resettled in metropolitan Atlanta varied. Some of these patterns were as follows: marriage; arranged marriage, divorce, and remarriage; marriage separation and reconciliation; and marriage and widowhood.

Since marriage and fertility were interdependent of each other among refugees from sub-Saharan Africa because of the security and protection it provided, the marriage patterns of the women involved in the study revealed that the institution of marriage was very important, although marriage appeared to be difficult at times. For instance, three of the women in their second marriages indicated they left their husbands behind in Somalia while they were in the process of filing applications to immigrate to the United States. Two of the husbands could not be found in war-torn Somalia so they were left behind; the other husband had abandoned his wife and children, and had left with another woman rather than risk an uncertain future in a new country. Forced to leave home without their spouses, the three women entered their second marriages upon resettlement in the United States. However, marriage did not suggest happiness among many resettled Somali refugee women residing metropolitan Atlanta. As a matter of fact, many of the women asserted that marriage provided security and help with raising the children. Very few of these women suggested that marriage was based on true love. The lack of true love in marriages may point to arranged marriages.

Literature indicated that arranged marriages, consanguineous marriage and polygamous marriages were common practices among indigenous Africans. However, none of the women in the study were involved in consanguineous or polygamous marriages at the
time although there had been a few arranged marriages among the women.

Finally, marriage behavior among the women involved in the study did not fluctuate or show great changes. The majority of the women in the study was married and had only one spouse. For those who were separated, they did not want a divorce. Instead they wanted to be reunited with their spouses. It is believed that the women in the study held onto their cultural values about marriage because of the social status and protection it afforded them.

**Third Explanation**

The third and final question was concerned with migration and resettlement, and the impact each has on fertility rates and marriage behaviors of refugee populations. Literature showed that migration has a tendency to disrupt social ties, economics, mental and physical health, adequate nutrition and marriages. These factors in addition to interrupted sexual relations between a man and a woman altered fertility rates of refugee populations. For instance, the impact of migration caused some women in the study to face physical and psychological trauma. The physical trauma was usually related to forced sex or rape while in refugee camps, and the psychological trauma was associated with post-traumatic stress disorder related to migration and resettlement experiences.

Many of the women who participated in the study did not whole-heartedly adjust their cultural values and norms for those that are practiced in the United States. For instance, unlike women in the United States, the women under study did not use contraceptives as frequently. They felt that childbearing should not be prohibited by birth control methods. Moreover, many of the women had more children than the average woman in the United States.
Finally, divorce and fertility rates among unwed mothers are considered high in the United States as compared to Somalia. Research concluded that both divorce and fertility rates among unwed mothers were frowned upon by the women involved in the study. Although migration and resettlement had slightly impacted fertility and marriage behaviors of Somali refugee women resettled in metropolitan, there was not a drastic change in fertility and marriage behaviors that were adhered to in pre-transitional Somalia.
CHAPTER FIVE

CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

The aim of the present study was to investigate the fertility rates and marriage patterns of selected Somali refugee women resettled in Metropolitan Atlanta. The fertility rate was defined as the ability to conceive and bear children, and the average number of children that were born per Somali refugee woman if all women lived to the end of their childbearing years and bear children according to a given fertility rate at each age. The marriage patterns were defined as decisions the Somali refugee women made with regard to the selection of a husband or partner. This chapter summarizes the study, addresses implications for international affairs and development, and offers recommendations for future research.

Conclusions

Fertility Rates

The Total Fertility Rates of selected Somali refugees was averaged to be 4.52 (or 5 rounded to the nearest whole number) pregnancies per woman. One-seventh of the women reported having had 7 pregnancies. One-fifth of the women reported having 6 pregnancies. About one-fourth of the women had 4 pregnancies. Others reported having 2 pregnancies. At the same time, the women reported that a total of 18 pregnancies were terminated in stillbirths, spontaneous miscarriages, or tubal miscarriages.

The married women had a total of 51 children, or the average of 3.92 children per
woman. The number of children the women had was between 1 child to 7 children, or as follows: (n = 7, 7.7%); (n = 6, 15.38%); (n = 5, 15.38%); (n = 4, 23.08%); (n = 3, 7.7%); (n = 2, 23.08%); and (n = 1, 7.7%). As was stated earlier, since a majority of the women had not yet lived to the end of their childbearing periods, the eventual average number of children a married woman would bear is expected to surpass 3.92. A fertility rate of 4 (3.92 rounded to the nearest whole number) children per woman are considered high in the United States and other Western nations. However, Somali refugee married women in the study valued having large numbers of children as an insurance policy against old age when they would depend on support from children.

The fertility rate of unmarried women, particularly those who were divorced, widowed or separated was averaged to be 3.38 children per woman. The number of children the unmarried women had was between 1 child and 6 children, or as follows: (n = 6, 12.5%); (n = 4, 37.5%); (n = 3, 25%); (n = 2, 12.5%; and (n = 1, 12.5%). The women in these groups ranged in ages between 25 years and 48 years. Their mean age was 37.50 years, and the median was 37.50 years. One-half of the women in the widowed, divorced, and separated groups (n = 4, 50%) were in their 30’s. Nearly two-fifths (n = 3, 37.50%) were in their 40’s; and the rest (n = 1, 12.5%) were in their 20’s. The majority of the women in the unmarried groups (n = 5, 62.50%) were in their 20’s and 30’s, at the beginning of their childbearing age, and had not yet completed bearing children. It appeared that the unmarried woman (in the widowed, divorced or separated groups) valued having large numbers of children because they were at stages in their life where they realized the importance of children. They understood that someday they would depend heavily on support from their children.
Marriage Patterns

Marriage is an important part of Somali culture, and it is also entrenched within fertility behavior. For the women involved in the study, being married meant they were currently living with their husbands or male partners. Husbands or partners were the spouses they had married in Somalia and brought to the United States, or they could be persons they had met upon resettlement in Metropolitan Atlanta. All of the twenty-one Somali refugee women in this study had been married one time or another in their lives. The majority of the women indicated they were currently married to their original husbands, while the rest fell into the categories of divorced from original husbands (n=3, 14.29%); separated from original spouses (n=3, 14.29%); and widowed n=2, 9.52%).

Being married was very important to the women of Somalia because of the security and protection it provided in a war torn, hostile environment. Additionally in Somalia, women depend on husbands for security and protection from frequent rates and violence.

A large portion of the women (85.71%) indicated they had been married once, while the rest (14.29%) indicated they had been married twice. A few of the women in their second marriages indicated that they left their husbands behind in Somali while they were in the process of filing applications to immigrate to the United States. While the other woman indicated that her husband had abandoned the whole family and left with another woman rather than risk an uncertain future in a new country. Forced to leave home without their spouses, the three women entered their second marriages upon resettlement in the United States in order to continue to receive protection and security from males.

Some of the women indicated that they had gotten married at very young ages. Young virgins of tender ages are often given in marriages to older men with money or stable
jobs. These marriages are arranged in order to strengthen family ties or honor certain traditions. Therefore, for most of the Somali refugee women in this study, marriage patterns followed the whims and dictates of their fathers or male family heads. A woman remained in a marriage and did her best to make it work once a choice of spouse was reached. In Somalia, female circumcision is practiced in connection with arranged marriages. Female circumcision involved the mutilation of the clitoris in order to reduce sex drive and force the young girl to wait for the arrival of a spouse the family chooses.

The marrying of young girls is prevalent in Somali culture and early marriage resulted in early motherhood. The majority of the women involved in the study indicated that they were very young at the end of their first pregnancies. Over one-fourth of the women (n=6, 28.75%) were 13, 14, or 15 years old when they became pregnant. Another one-fourth of the women (n=5, 23.81%) became pregnant when they were 16, 17, or 18 years old. About one-half of the women (n=10, 47.62%) were pregnant at the age of 19 years or older. This finding is in line with Rumbaut & Weeks (1988) conclusion that nearly one-third of Muslim women marry before the age of 20 years. Sharia law, which governs religious and social life in Islam, emphasizes early marriage and early motherhood, which are regarded essentially as a woman’s duty.

The study was further interested in women who had been divorced, separated, or widowed and whether they would consider remarriage or reconciliation. The two participants that were widowed indicated they would consider remarriage. Two-thirds of the divorced participants would like to be reunited with their spouses but would not like to be remarried. The majority of the participants who were separated from their spouses did not want to reconcile with their spouses. Although the divorced and separated
women had been without their husbands for about 4 years, yet they considered marriage to be so important to them that they were willing to reunite with their husbands or remarry.

Hence, the marriage patterns of selected Somali refugees resettled in Metropolitan Atlanta were wide-ranging. They included: marriage; arranged marriage, divorce, and remarriage; marriage and widowhood.

Demographic Characteristics

Fertility rates and marriage patterns of refugees are impacted by a myriad of demographic characteristics. They include: social and demographic factors such as age, socio-economic status, education background, urban or rural residence, length of resettlement in their new society, as well as access to services.

First, social factors involve the exchange and joint evaluation of information and ideas within a network relating to fertility. As Somali refugee women exchange information and ideas through newspapers and television programs, and through face-to-face conversations with Americans, the women will be less likely to have very large families. Socialization may impact on such practices as female genital mutilation and early marriages for girls.

For the participants in the study, fertility rates and marriage patterns seemed to be affected a great deal through the exchange of information. Many of the women expressed that they did not want their daughters to have to get married at very young ages. They felt young Somali girls growing up in the United States had greater opportunities and did not have to whole-heartedly depend on a man for everything, although they still believed in the institution of marriage.
Second, education is viewed as a major factor affecting fertility in post-transitional society since higher education lowers fertility, and increases contraceptive knowledge. Education delays or prolongs marriage and reproduction. Education improves socio-economic status, which in turns lowers fertility rates. For the women involved in the study, education was very important. All of the women had some type of educational training for with the exception of one. Educational level did not seem to impact fertility behavior among these women. A strong indicator was that all of the women indicated they had used birth control.

Third, rural/urban residence can influence fertility rates and marriage patterns. Literature provided that many refugee women who resettle in urban settings may assume the role of heads of households, particularly after war and forced migration have separated them from their husbands. As for the women involved in this study, migrating to the United States caused a few women to be separated from their husbands but for the most part the majority of the women were living with their husbands and he assumed the role of head of household.

Fourth, the lack of access to services such as counseling for post-traumatic stress syndrome, which many survivors of war experience, has the ability to halt or suspend fertility. This was not an issue that was openly discussed among the women who were involved in the study. However, there were instances when the research witnessed moments of distress during the interview process. Moreover, many Somali refugee women refuse to receive care from a male physician, which again can have an adverse impact on fertility behavior in a post-transitional society. This lack of access to gynecological and obstetric care can impact fertility rates.
Demographic Change

The migration from pre-transitional Somali where birth rates are considerably high to a post-transitional society like the United States where birth rates are considerably low has had an impact on the reproductive behavior of selected Somali refugees resettled in Metropolitan Atlanta. This transition has also had an impact on marriage patterns. The changes in demography were best explained employing the Demographic Transition Theory and the Multi-Phasic Demographic Response Theory.

The Demographic Transition Theory explained the change in high fertility to low fertility based upon demographic region (McDonald, 2001). The theory indicates that women living in rural areas, developing countries, and agrarian economies usually have high fertility rates, whereas women living in urban areas, developed countries, and market based economies usually have low rates of fertility. For the women involved in this study, fertility rates were lower than the fertility rates of their counterparts in Somali. Hence, the Demographic Transition Theory was proven to be a valid theoretical framework in examining high to low fertility rates of refugee populations.

The Multi-Phasic Demographic Response Theory also known as the Theory of Response and Change explained changes in fertility based upon social and economic factors. The theory indicated that fertility rates are influenced by social factors like family support, communal support and educational training. This was true for the participants in the study because it seemed as if the more support these women had especially in regard to taking care of their children, the desire for more children increased. Additionally, economic status influenced the reproductive behavior of the women in the study. Literature showed that when women were engaged in the labor
force fertility rates decreased. Many of the women worked outside of the home and this may be a reason why fertility rates of participants were lower than their counterparts in Somalia.

In essence, demographic changes are influenced by demographic characteristics. These characteristics working together or independently may point to a reason or reasons why fertility rates of a particular group of people have decrease or increased.

**Implications for International Affairs and Development**

In spite of the great risk for fertility and marriage problems among refugee Somali women, available intervention services for this population are deemed to be often unavailable, inappropriate, and inaccessible. In general, the Western sociological concepts of fertility, childbearing, marriage, and intervention simply do not exist for Somali refugees. Compounded with a culturally based stigma against large families and arranged marriages of young girls to older men, it is not surprising that rather than acculturating to the cultural values of their new resettlement countries, refugee Somali women prefer resettlement areas that approximate their indigenous values.

The results of the study have suggested a strong reluctance in acculturating to the American standards of fertility and marriage on the part of Somali refugee women. Many participants expressed a dread or fear of contraceptives and persons who advocate the practice of birth control. Participants viewed contraceptives as unwarranted interference with their freedom to procreate as God allows them. Participants were reluctant to discuss limiting childbearing by any means.

Based on these findings, relief organizations should consider the cultural implications of fertility and marriage patterns. Somali women’s beliefs about having large numbers of
children are obviously affected by their ethnic and cultural considerations. International Affairs and Development practitioners should consider refugees’ cultural backgrounds, specifically those that are related to their religious and social customs.

This study sought to provide a better understanding of Somali woman refugees and their childbearing and marriage patterns. This study may provide research information on the needs of Somali refugee women, thus enabling international relief workers to provide effective treatment and interventions. With increased knowledge and an increased understanding of the needs of their clients, international relief agencies and International Affairs and Development workers can be better prepared to assist Somali refugees in finding and accessing the most appropriate resettlement options. If adequate International Affairs and Development service programs are not readily available, this study and other related research might encourage international relief agencies and International Affairs and Development organizations and practitioners to establish effective programs to address specific problems of Somali Americans. Undaunted efforts should be made to explore the fertility and marriage patterns of refugees from around the world with the goal of understanding and respecting practices that are different from those available in the United States.

**Recommendations for Future Research**

Future research should be designed to expand on the contributions of this study to the field and profession of International Affairs and Development. First, future research with Somali refugee women should not be limited to just Metropolitan Atlanta and to the social network of one investigator. Future research should utilize radio and newspaper advertisements to expand the investigation to include other communities with more
representative samples of Somali refugee women.

Second, further studies should use larger sample sizes that represent a cross-section of refugee settlements across the United States and Canada so that factors leading to large fertility rates among Somali refugees can be explored. Additional research should also explore the use of contraceptives among Somali refugee women who desire to limit fertility on the advice of medical practitioners.

Third, more studies are needed that would focus on exploring Somali refugee women’s marriage patterns in the United States, and to also explore their previous marriage patterns in their native land.

Fourth, future research should utilize qualitative and quantitative methods, including in-depth interviewing, analysis of case studies, census data, and oral histories, in order to obtain a more comprehensive understanding of Somali refugee women’s fertility rates and marriage patterns.

Fifth, due to the paucity of empirical studies on Somali refugee women’s fertility rates and marriage patterns, further research is needed to investigate the coping mechanisms available upon their arrival in their new resettlement societies.

Sixth, future research should also include an exploration of the feasibility of collective retrospective birth and pregnancy histories from men. This study could have been more robust if it had included the male perspective on fertility rates and marriage patterns of resettled Somali men.

Seventh, because information is still lacking on the degree to which existing reproductive health service models can be developed in settled communities, a needs assessment can be plausible in creating such service models for refugee populations.
Finally, due to cultural traditions, most refugees are unfamiliar with the role of marriage counselors or birth control practitioner’s, they regard contact with them as potentially stigmatizing, anxiety-laden, and inhibitive. Therefore, further research is needed in order to reduce conflict or tension that may develop in client-provider relationships during medical encounters.
APPENDIX A
July 21, 2008

Sabrina Lampley Jordan  
International Affairs & Devel.  
Clark Atlanta University  
Atlanta, GA 30314  

RE: An Analysis of Fertility Rates and marriage Patterns of Selected Somali Refugees.  

Principal Investigators: Sabrina Lampley Jordan  

Human Subjects Code Number: HR2008-7-249-2  

Dear Ms. Jordan:  

The Human Subjects Committee of the Institutional Review Board (IRB) has reviewed your revised protocol and approved of it as exempt from full IRB review in accordance with 45 CFR 46.101b.2.  

Your Protocol Approval Code is HR2008-7-249-2/A  

Please note the new approval code for your study. This permit will therefore expire on March 18, 2009. Thereafter, continued approval is contingent upon the annual submission of a renewal form to this office. Any reaction or problems resulting from this investigation should be reported immediately to the IRB, the Department Chairperson and any sponsoring agency. If you have any questions, please contact Dr. Georgianna Bolden at the Office of Sponsored Programs (404) 880-6979 or Dr. Paul I. Musey, (404) 880-6829.  

Sincerely:  

[Signature]  

Paul I. Musey, Ph.D.  
Chair  
IRB: Human Subjects Committee  

cc. “Dr. Abi Awomolo <aawomolo@cau.edu>  
Office of Sponsored Programs, “Dr. Georgianna Bolden” <gbolden@cau.edu>
APPENDIX B

Informed Consent Form
An Analysis of Fertility Rates and Marriage Patterns of Selected Somali Refugees Resettled in Metropolitan Atlanta

My name is Sabrina Lampley Jordan. I am a candidate for the Ph.D. degree from the Department of International Affairs and Development at Clark Atlanta University. I am requesting that you participate in a dissertation research study. The purpose of this study is to investigate demographic behavior as it relates to fertility rates and marriage patterns among women refugees from Somalia.

Participation in this study is voluntary and will not affect your status at school/work. All information you provide will be confidential. You are not expected to directly benefit from this study, and your name, participation and immigration status will not be revealed to anyone.

Your participation hopefully will help demographers and other health care providers to better understand demographic behavior of refugees displaced from war-torn areas around the world.

You will be asked some questions that may cause you to feel discomfort or distress. You may quit at any time or continue at a later time whenever you choose, without any consequences whatsoever.

Please make sure you have read and signed this Consent Form prior to being interviewed. If you need assistance with reading and or understanding any of the questions asked, a Somali interpreter will be available. This survey questionnaire will take approximately 20-35 minutes to complete. Your answers will be held confidential.

If you have any question or problems regarding this study please call: Sabrina Lampley Jordan, Principal Investigator at 678-851-8260; or Dr. Abi Awomolo, Dissertation Advisor at 404-880-8721; or Dr. Georgianna Bolden, Clark Atlanta University's IRB (Institutional Review Board) Office at 404-880-6979.

Thank you very much for participating in this study.

Name_________________________________________ Date_________________

Signature__________________________________________
APPENDIX C
QUESTIONNAIRE
An Analysis of Fertility Rates and Marriage Patterns of Selected Somali Refugees Resettled in Metropolitan Atlanta
Participant #

Before we begin, would you please give me a little information about yourself?

General Demographic Information Model I
1. What is your age: 
2. What is your marital status: 
3. How many children do you have: 
4. What is your educational Status: 
5. Entry date into the United States: 

General Demographics Information Model II
1. What is your age?
   A. 15-20
   B. 20-25
   C. 25-30
   D. 30-35
   E. 35-40
   F. 40-45

2. What is your marital status?
   A. Married
      1. spouse present
      2. spouse absent
   B. Single
   C. Widow
   D. Divorced
   E. Separated
      1. Legally
      2. De Facto
3. How many children do you have?

4. What is your educational status?
   A. None
   B. Elementary or equivalent
   C. Secondary
   D. College Degree/Higher Education
   E. Non University Higher Education

5. How long have you been resettled here in the United States?
   A. Less than 3 months
   B. At least 1 year and no more than 3 years
   C. 5 to 10 years
   D. Over 10 years

**Marital Status**
In the following questions we would like to know your marital history and current marital status.

*(For women who state they are married in general demographics)*

1. I would like to know how many times you’ve been married (legally or de facto)?

2. What was the date of your first marriage?

3. What was the date of your most recent or present marriage?

4. Briefly describe each of your marriages?

5. Does your current husband live here with you? If not, why?

6. Do you and your husband have children together? (go to next section)
(For women who state they are single, separated, widowed, or divorced)
7. Would you like to be married (again)?

8. Is being married important to you? (Single women go to next section)

(For women who are separated, widowed, or divorced)
9. What was the date you first became separated, widowed, or divorced?

(For women who are separated or divorced)
10. Why are you and your husband separated or divorced?

11. Would you like to reconcile with him?

Reproduction
In this section we would like to gather information regarding your reproductive history by asking questions about the pregnancies you have had throughout your lifetime as well as your thoughts and partners thoughts about future pregnancies.

1. How many times have you been pregnant?
2. How old were you at the end of the first of these pregnancies?

3. How old were you at the end of the last of these pregnancies?

4. Have you ever tried to become pregnant for more than 1 year without becoming pregnant?
   - No (go to question 8)
   - Yes

5. Do you know the reason why you did not become pregnant?

6. How many live births have you had?

7. How many stillbirths (from a pregnancy lasting 6 months or more) have you had?

8. How many spontaneous miscarriages?

9. How many tubal pregnancies?

10. How many induced abortions?

11. Could you briefly describe each pregnancy you have had in your life?

12. Are you pregnant at the moment?
    - No (go to question 17)
    - Yes

13. When is the baby due?
14. When you became pregnant, did you want to become pregnant, would you have preferred to wait until later or did you want to become pregnant at all?

15. The first time you had sexual relations did you and your partner take any measures to prevent a possible pregnancy?

16. Have you and your partner ever taken any measures to prevent a possible pregnancy?
   - No (go to question 20)
   - Yes

17. What contraceptive method or combination of methods did you use?
   - Male or Female condom
   - Interviewee sterilized
   - Partner sterilized
   - Injection or Birth Control Pill
   - Intrauterine Devices
   - Contraceptive Creams, Cervical Caps, Diaphragm
   - Coitus Interruptus
   - Any other method

18. Have you undergone and or experienced any operation, procedure or physical abuse that makes it difficult or impossible for you to have (more) children? Please explain.

19. Do you intend to have (more) children?
20. How many (more) children you would like to have?

21. How many (more) children your spouse/partner wants?

22. What is the oldest you would like to be when you have your first/last child?

23. If you were to have an unwanted pregnancy, what would you do?

24. What do you feel is the ideal number of children in a family?

Reproduction after Resettlement
In this final section we would like to know your thoughts and ideas about childbearing since you have resettled here in the United States. We are particularly interested in if your views about childbearing have changed since you have migrated and resettled.

1. Have your thoughts and ideas about childbearing changed since you have been resettled here in the United States? If so, how?

2. Do you consider childbearing and childrearing to be viewed differently here in the United States than in Somalia? If so, how?

3. The ideal number of children in Somalia is around six (6) to seven (7) whereas in the United States the ideal number of children is two (2). What do you think the ideal number of children is being that you have migrated from Somalia to the United States?
REFERENCES


Rosenfeld, M. Power Structure, Agency, and Family in A Palestinian Refugee Camp. 


