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Childbearing among Hungarian Women in England and Wales: Fertility Explanations Based on Diaspora-Specific Factors[1]

Abstract: This article studies the possible causes of the significantly higher fertility rates of Hungarian and other Central European diasporas in England and Wales compared to those of their countries of origin. The analysis is carried out with the help of interviews with 40 Hungarians living in England, and of data obtained from Office for National Statistics (ONS) on individual request. Among the causalities identified in the interviews, the role of migration goals and living conditions, the new fertility patterns adopted in interethnic relationships, and the phenomenon known as union commitment effect should be highlighted. Furthermore, the relevant statistics seem to confirm the fertility-influencing role of the adaptation of demographic norms in mixed relationships, as well as, the relevance of the proportion of students, as a social group with very low fertility, in each diaspora.

The mass migration from Central Europe to the UK, following the 2004 EU enlargement, attracted significant academic attention, especially related to the motivations, strategies, professions, social networks, and local settlements of the new migrants.[2] However, their childbearing attitudes have been less explored, although it is a key issue for understanding the future changes in the multicultural character of the British society.

A few years ago, the Office for National Statistics (ONS) published the total fertility rates (TFRs) for Europeans living in England and Wales (hereafter England), broken down by country of origin, based on the latest British census.[3] Interestingly, nine out of 10 diasporas from Central Europe showed higher TFRs than their countries of birth, while six groups

1 Acknowledgement: the author is thankful to the Maria Kopp Institute for supporting this research.

2 Burrell, Kathy, "Staying, Returning, Working and Living: Key Themes in Current Academic Research Undertaken in the UK on Migration Movements from Eastern Europe." Social Identities 16 (3), (2010) 297–308.

3 Dormon, Oliver, "Childbearing of UK and Non-UK Born Women Living in the UK – 2011 Census Data," http://www.ons.gov.uk/ons/rel/fertility-analysis/childbearing-of-uk-and-non-uk-born-women-living-in-the-uk/2011-census-data/article--childbearing-of-uk-and-non-uk-born-women-in-england-and-wales-using-2011-census-data.html.

"outperformed" both English and replacement fertility levels (1.9 and 2.1, respectively). This phenomenon is unusual because, with few exceptions, diasporas have generally lower fertility rates than their countries of origin, while, on the other hand, the adaptation of fertility of migrants should mean approaching but not exceeding the TFR of the host country.

Among the new EU countries, the above mentioned publication had press coverage in Hungary, where a natural population decline started in 1981 and where the TFR has been below the replacement level for over 40 years.[4] The TFR of Hungarians in England was only 1.63, which is lower than that of England and the other Central European diasporas, but it was about one-third higher than the TFR of Hungary for the same year.

Thus far, no comprehensive explanation has been given for Central European diasporas' relatively higher fertility, and research on this topic has primarily been conducted on the Polish diaspora.[5] The aim of this paper is to explore the possible causes of the phenomenon in question, including diaspora-specific factors that boost or weaken childbearing intentions. In this study, those social factors are considered to be diaspora-specific that are explicitly associated with migration or that, although being generally observable, are manifested in a different way or frequency in the host country compared to in the country of origin. The research is based on 40 interviews with Hungarians in England as well as on the analysis of that far unpublished data requested from the ONS.[6]

Finally, it is worth clarifying that the concept of diaspora is defined here by birth country, adapting to the methodology used by the ONS. Accordingly, in this paper, the members of a given diaspora in England include neither the UK-born descendants, the second and third generations of 15,000 Hungarian refugees who fled Hungary after the 1956 Revolution,[7] or the members of the affected ethnic group born in a third country, such as ethnic Hungarians who moved from Transylvania or Slovakia to England.

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4 Eurostat, https://ec.europa.eu/eurostat/data/database.

5 Marczak, Joanna, "Childbearing Intentions of Polish Nationals in Poland and in the UK," https://www.researchgate.net/publication/260186265_Childbearing_intentions_of_Polish_nationals_in_Poland_and_in_the_UK; Waller, Lorraine, "Is the Fertility of Polish Women Higher in the UK than in Poland?", accessed December 20, 2019, http://www.openpop.org/?p=761; Golata, Elzbieta, "Fertility in Poland and to Polish Born Women in the United Kingdom," https://www.researchgate.net/publication/279840360_Fertility_in_Poland_and_to_Polish_born_women_in_the_United_Kingdom.

6 ONS, "Age Specific Fertility Rates (ASFRs) and Total Fertility Rate (TFR) for Women Born in Hungary and Poland, Living in England and Wales, 2011," https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/adhocs/009412agespecificfertilityratesasfrsandtotalfertilityratetfrforwomenborninhungaryandpolandlivinginenglandandwales2011; ONS, "Live Births (Numbers) in England and Wales to Parents Born in Hungary, 2011 and 2017," https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/adhocs/010086livebirthsnumbersinenglandandwalestoparentsborninhungary2011and2017; ONS, "Selected Countries of Birth by Full-time Students," https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/adhocs/11225ct10732011census.

7 Taylor, Becky, "Their Only Words of English Were 'Thank You'": Rights, Gratitude and 'Deserving' Hungarian Refugees to Britain in 1956." *Journal of British Studies* 55 (1), (2016) 120–144.

Theoretical Background

First, some descriptive data on diaspora fertility are shown, followed by the theoretical background of this research. The data in the table below compares the TFRs of Central Europeans in England with those both of their birth countries and of other European diasporas.

Table 1: Total fertility rate and number of live births of European diasporas in England and Wales, compared to the TFR of the countries of origin (2011)

Mother's country of birth	Total fertility rate		Number of births in diaspora
	Diaspora	Mother's country of birth*	
Romania	2.93	1.47	3,497
Czech Republic	2.77	1.43	1,581
Latvia	2.51	1.33	2,184
Lithuania	2.29	1.55	3,788
Slovakia	2.25	1.45	2,177
Poland	2.13	1.33	20,495
Bulgaria	1.83	1.51	1,281
Belgium	1.74	1.81	425
Germany	1.74	1.39	5,108
Netherlands	1.71	1.76	726
Portugal	1.70	1.35	1,616
Estonia	1.64	1.61	249
Hungary	1.63	1.23	1,225
Denmark	1.62	1.75	354
Sweden	1.60	1.90	718
Ireland	1.57	2.03	2,941
France	1.41	2.01	2,538
Finland	1.38	1.83	299
Cyprus	1.36	1.35	405
Malta	1.33	1.45	134
Slovenia	1.31	1.56	40
Luxembourg	1.28	1.52	21
Spain	1.28	1.34	1,357
Austria	1.24	1.43	160
Greece	1.20	1.40	461
Italy	1.11	1.44	1,271

** The original data of this column have been corrected according to a later Eurostat update (November 6, 2019).*
Source: Dormon; Eurostat

It is striking that the highest fertility rates, comparatively much higher than those of their home countries, are all produced by Central European diasporas. Conversely, Western Europeans have lower rates, and Mediterranean diasporas have the lowest. Moreover, the ratios of the latter two groups are mostly below those of their country of origin. At a glance, neither the demographic weight of each diaspora (reflected by the birth figures) nor the living standards (e.g., income distribution) of the countries of origin are related to fertility.[8]

Age-specific fertility rates (ASFRs), as components of TFR, provide a detailed picture of the differences in fertility between diasporas, as well as the differences between the rates of the countries of origin and destinations, as is demonstrated below by the example of the Hungarians and Poles both in England and their birth countries. The so far unpublished ASFR data was requested from the ONS.[9]

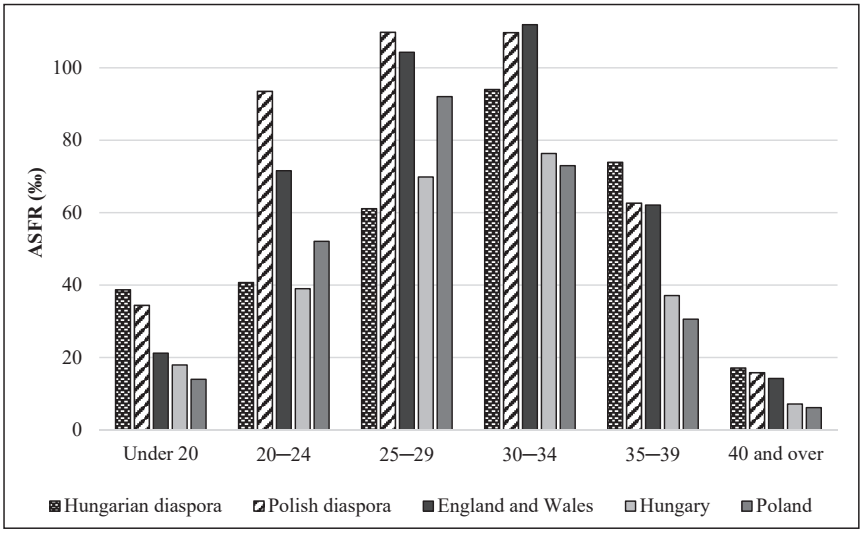

Figure 1: Age-specific fertility rates for women born Hungary and Poland (living in England and Wales), and for Hungary, Poland, and England and Wales (2011)
Own edition. Source: Eurostat; ONS

As Figure 1 shows, Hungarians in England are generally characterized by delayed childbirth. Their fertility surplus compared to that of the country of origin is due to teens and those in their 30s—especially those aged 35 to 39—while the lag of their fertility from the TFR of England or the Polish diaspora is mainly due to those in their 20s. The fertility rate of the Hungarian diaspora among teenagers is strikingly high (38.7%), about twice

8 Dormon, "Childbearing"; Eurostat.
9 ONS, "Age Specific Fertility Rates."

the ASFR of Pakistani and Bangladeshi teens in England,[10] and it is unusually close to that of the next age group (40.7%). Overall, the demographic behavior of the Polish diaspora is similar to that of the English, which is not the case with the Hungarian diaspora.

Migration research of the past few decades can clearly distinguish hypotheses that explain the formation of diaspora fertility.[11] The *interruption hypothesis* discusses the causes of postponed childbearing, explaining the temporary decline of fertility with migration as an extraordinary life event, and its re-increase with the normalization of circumstances. The *interrelation hypothesis* emphasizes the coincidence of life events related to migration, in particular union formation. The *adaptation hypothesis* supposes the adaptation of fertility patterns of the host country, while the *socialization hypothesis* describes, in contrast, the continuation of original patterns. The *selection hypothesis* focuses on the similarities between the patterns of migrant and non-migrant fertility, defining migrants as a selected group with a different social composition from that of the country of origin. Finally, the *legitimation hypothesis* assumes some migrants' aim of gaining citizenship by childbearing.

When trying to figure out which of these hypotheses are applicable to Central Europeans in England, we must first consider that the TFRs described above are limited only to the first generation of the diasporas (i.e., they are defined by their country of birth). In other words, fertility explanations based on intergenerational processes, especially if connected to the adaptation hypothesis, must be excluded from this study. More importantly, the majority of first-generation immigrants arrived in England after the EU accession in 2004,[12] so the development of their fertility patterns can only be evaluated over a brief period of a few years.

Research on the fertility of Central Europeans in England has mostly been carried out on Poles, the largest diaspora from the region. In their case, the disruption hypothesis seems to be reasonable. Education and career goals (as some of the main drivers of migration), two-step resettlement of couples (i.e., temporary separation), and the long-lasting process of partner selection by single migrant women all result in the postponement of childbearing.[13] Waller estimated the TFR of Poles in England for the period of 2004–2012

10 Dubuc, Sylvie, "Application of the Own-children Method for Estimating Fertility by Ethnic and Religious Groups in the UK." *Journal of Population Research* 26 (3), (2009) 207–225.

11 Milewski, Nadja, "First Child of Immigrant Workers and Their Descendants in West Germany: Interrelation of Events, Disruption, or Adaptation?" *Demographic Research* 17 (29), (2007) 859–896; Schmid, Susanne, and M. Kohls. "Reproductive Behaviour of Migrant Women in Germany: Data, Patterns and Determinants." *Vienna Yearbook of Population Research* 7, (2009) 39–61.

12 ONS, "2011 Census Analysis: Immigration Patterns of Non-UK Born Populations in England and Wales in 2011," https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/articles/immigrationpatternsofnonukbornpopulationsinenglandandwalesin2011/2013-12-17.

13 Carlson, Elwood D., „The Impact of International Migration upon Timing of Marriage and Childbearing." Demography 22 (1), (1985) 61–72; Lindstrom, David Philip, and S. G. Saucedo. "The Short- and Long-term Effects of U.S. Migration Experience on Mexican Women's Fertility." Social Forces 80 (4), 1341–1368. (2002); Schmid et al. "Reproductive Behaviour."

at 1.4, assuming a very low initial rate of just over 1, which then reached 2.13 for the 2011 census.[14] The author explained the doubling of the TFR within seven years by the postponement of childbearing among women arriving at the beginning of the Polish immigration wave. However, it should be noted that Golata described a completely opposite process for the period of 2001–2011,[15] namely the fall of the TFR from 2.81 to 2.13. The latter data obviously calls into question the possibility of the postponing behavior.

The difference in TFR between a diaspora and its country of origin can also be explained by the different proportions of each fertility group (namely, a social group whose members exhibit a similar fertility) in both populations. See the case of Mexican-American women as a classic example of the selection hypothesis; the growing proportion of uneducated women in this group was the reason for the increase in diaspora fertility.[16] In a purely theoretical case, these special groups continue to follow the original patterns after their migration, and the different diaspora fertility is due solely to this phenomenon.

Although an explanation based only on the difference in proportions is not realistic in itself, it is obvious that the inherent fertility characteristics of occupational, ethnic, or relationship-status subgroups of the diaspora unquestionably determine its ultimate TFR. For example, "students have significantly lower fertility than non-students of the same age,"[17] and Roma people have higher than average fertility,[18] In terms of relationship status, the fertility rate of women in a relationship (both marriage and cohabitation) is significantly higher than that of unpartnered women (see the extremely low birth/fertility rates of the latter group in Central Europe[19] or in England[20] or see another British example, where the probability of women's post-dissolution conception, beyond their age, is strongly associated with their re-partnering status).[21] Based on these facts, the diaspora-specific conditions that influence the formation of relationships and therefore determine the proportion of people in a relationship within the diaspora, can be considered as factors indirectly influencing the fertility of migrants.

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14 Waller, "Is the Fertility."

15 Golata, "Fertility in Poland."

16 Cited by Milewski, "First Child."

17 Thalberg, Sara, "Does Money Matter? Childbearing Behaviour of Swedish Students in the 1980's and 1990's." *Finnish Yearbook of Population Research* 46, (2011) 5.

18 Janky, Béla, "The Social Position and Fertility of Roma Women," in *Changing Roles: Report on the Situation of Women and Men in Hungary 2005,* eds. Nagy, Ildikó, M. Pongrácz, and I. G. Tóth (Budapest: TÁRKI Social Research Institute, 2006) 132–145.

19 Brzozowska, Zuzanna, "Births to Single Mothers: Age-and Education-related Changes in Poland between 1985 and 2010." Demographic Research 30 (52), (2014) 1445–1462.

20 ONS, "General Fertility Rate by Mother's Country of Birth and Partnership Status, 2010 to 2017," https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/adhocs/009549generalfertilityratebymotherscountryofbirthandpartnershipstatus2010to2017englandandwales.

21 Jefferies, Julie, A. Berrington, and I. Diamond, "Childbearing Following Marital Dissolution in Britain." *European Journal of Population* 16 (3), (2000) 193–210.

For example, first-generation immigrants arriving after the age of 15 are characterized by a longer period of partner selection and higher marriage age.[22] It seems logical that this phenomenon can also be explained, among other things, by the duration of social integration, the acceptance of ethnic heterogamy both within the diaspora and the host society, and the demographic and sociological characteristics of the diaspora, all of which determine the mathematical probability of the formation of intra-group relationships in case of preference for homogamy. These demographic and sociological characteristics are primarily the geographical distribution in the country of destination, the local ethnic proportions, the gender distribution in each age group of the diaspora, the social composition favorable to intra-group partner selection criteria—which is based mainly on the similar levels of education[23]—and the maturity of institutions and social networks. According to the latest British census, Hungarians in England have a balanced gender distribution in every age group,[24] and despite their negligible local presence across the country, they have sufficient community spaces for personal encounters.[25]

Hypothetically, we cannot rule out the direct impact of interethnic unions on fertility, since they can be important channels that adopt the demographic patterns of the host country. Prior to EU enlargement, two thirds of children born to Polish mothers in England had non-Polish fathers, but after the mass migration following Poland's accession, this proportion decreased to one quarter in England and to 10–15% in Scotland and Northern Ireland (Janta's Polish presentation quoted by Golata).[26] However, the abovementioned contradictory data on the change in TFR of Poles in England would make both a positive and a negative correlation between mixed relationship rates and fertility at the same time. Moreover, other empirical data does not confirm the effect of ethnically mixed relationships on fertility.[27]

Finally, we must address the legitimacy hypothesis, which can actually also be called the interest hypothesis, since combining migration and childbirth offers, besides citizenship, other possible advantages, such as social benefits. The phenomenon of a mother giving birth to her child in the hope of benefits has long been known in the demographic literature as a childbearing motivation.[28] The differences between the social systems of Central European countries and the United Kingdom, which are already demonstrated by

22 Carlson, "The Impact"; Milewski, "First Child."

23 Bukodi, Erzsébet, "Who and When Marries Whom?" Review of Sociology 8 (1), (2002) 5–35.

24 Moreh, Christian, "A Decade of Membership: Hungarian Post-accession Mobility to the United Kingdom." *Central and Eastern European Migration Review* 3 (2), (2014) 79–104.

25 They have a Catholic and a Reformed congregation in West London, and there are about 20 weekend schools for Hungarians in other parts of the capital, as well as in other cities in England, Wales, and Scotland, in addition to cultural events (e.g. concerts, festivals).

26 Golata, "Fertility in Poland."

27 Fu, Vincent Kang, "Interracial-interethnic Unions and Fertility in the United States." *Journal of Marriage and Family* 70 (3), (2008) 783–795.

28 Kirkpatrick, Clifford, *The Family as Process and Institution* (New York: Ronald Press, 1963).

the comparison of Poland and the UK,[29] may stimulate such motivation. Although Central Europeans in England receive a lower rate of social assistance than the total population of the United Kingdom, during the period discussed here, the child benefit is "one of those (rare) benefits where the take-up by EU10 citizens (28%) is higher than that of UK nationals (18%), because they are younger and have younger children."[30] As for Hungarians in England, the possibility of mothers' material motivations, including a potential "maternity tourism" from Central Europe, are discussed below.

Beyond the migrant fertility hypotheses, the theory of reference groups is also worth mentioning in the list of the explanations. As we know, a comparative reference group is used by individuals as a standard to make judgments.[31] According to Marczak, one of the main reasons for the higher fertility rate of the Poles in England is that they consider the poorer country of origin as a reference group, especially regarding the cost of raising children.[32]

Research Design

In this study, the fertility of Hungarians in England is explained both on a micro-sociological level (by interviews) and from a macro-sociological perspective (by statistics). In the fall of 2018 and in the spring of 2019, 40 interviews were conducted with Hungarians in London—30 with individuals aged between 25 and 49 and 10 with experts (community leaders, sociologists and social workers; see Appendix 1)—in order to explore as many diaspora-specific factors as possible that directly or indirectly boost or weaken childbearing intentions. Most interviewees were married or cohabiting parents, while a minority were childless or single. The discussions were held in focus groups or occasionally with two or three people, while the expert interviews were conducted individually. The purpose of the expert interviews was to obtain more general information beyond the individual and often atypical life histories. Except for the experts, participants were recruited by the snowball method or addressed personally at various community events. Most of them lived in London or in the surrounding areas, just like the majority of the Hungarian diaspora.

29 Marczak, "Childbearing."

30 Eurofound (European Foundation for the Improvement of Living and Working Conditions), Social Dimension of Intra-EU Mobility: Impact on Public Services (Luxembourg: Publications Office of the European Union, 2015). 47.

31 Kelley, Harold H., "Two Functions of Reference Groups," in *Readings in Social Psychology,* eds. Swanson, Guy E., T. M. Newcomb, and E. L. Hartley (New York: Holt, Rinehart and Winston, 1952) 410–414.

32 Marczak, "Childbearing"; Marczak, Joanna, W. Sigle, and E. Coast. "When the Grass is Greener: Fertility Decisions in a Cross-national Context." *Population Studies* 72 (2), (2018) 201–216.

When compiling questions, both theoretical and practical aspects were taken into account. The questions focused on the following themes: (1) expectations of, and plans for migration (related to the interruption hypothesis); (2) lifestyle and living conditions after migration (interruption and interrelation hypotheses); (3) social norms concerning relationships and childbearing (adaptation and socialization hypotheses); and (4) possible material benefits related to childbirth in England (legitimation hypothesis).

Prior to the interviews, respondents were asked to record their main sociological variables (see Appendix 2) and some information about their personal family history on a short questionnaire. Some of them were reluctant to provide their own personal information, so instead they preferred to help with the research by presenting examples from their acquaintances during the interview. Considering that the aim was not to describe and analyze the totality of the respondents (as they do not form a representative group) but to explore the causal factors sought as fully as possible—even based on information about people outside the circle of participants—it can be said that each interviewee enriched our knowledge of the research topic with valuable information.

After the evaluation of the interviews, considerations were provide to both the results and the migrant fertility hypotheses, and thus far unpublished data was requested from the ONS on live births to mothers and fathers born in Hungary.[33] Two indicators were created to test the potential role of mixed relationships in increasing diaspora fertility: the percentage of those born to mixed parents by age groups of mothers, and the difference in ASFR between the Hungarian diaspora and Hungary.

For descriptive purposes, 2011 and 2017 data was used together, considering that the number of Hungarians in England reached its maximum in the latter year.[34] Connected to the selection hypothesis, the putative negative relationship between the proportion of students and fertility rate was also tested for all diasporas, using other unpublished ONS statistics.[35]

Interview Results

The discussions gave a complicated and partly contradictory picture. Based on the interviews, it became clear that some causal factors (e.g., intended length of stay, career goals) can affect relationships and fertility at the same time, thus influencing fertility both directly and indirectly, while the impacts of other factors can be bidirectional. Some of the latter factors include:

33 ONS, "Live Births."

34 ONS, "Population of the UK by Country of Birth and Nationality," https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/datasets/populationoftheunitedkingdombycountryofbirthandnationality.

35 ONS, "Selected Countries."

- the desire for strong integration, which may result in postponing partner selection or childbearing, or striving to have a relationship with a person from the host society, and where appropriate, adopting social norms about family size;
- post-migration lifestyle difficulties and changes, which may increase both the risk of divorce and the need for togetherness and cohesiveness in the family;
- ethnically mixed relationships, which are characterized by a higher divorce rate and a higher number of children; and
- the lack of a family/kinship support network, which can discourage women from giving birth but can also boost their needs to strengthen family ties (see union commitment effect below).

Another important driving factor is the possibility of having children for economic benefits. While this concept was mentioned by the interviewees, there was lack of personal experience in this area, whcih may be due to the social gap between the potentially affected mothers and the participants. Below are the three most important (even if not clearly dominant) diaspora-specific, fertility-shaping factors explored during the interviews, supplemented by some relevant quotes from the participants, indicating their given name, gender, and age.

Migration Goals and Living Conditions

In accordance with the interruption hypothesis, the everyday difficulties of migration life (e.g., lack of leisure time or family space, costs of childcare) hinder childbearing or, for single women, the formation of a new relationship.

"Couples' plans to have children are often hindered by self-imposed difficulties. For example, several Hungarian individuals or couples share their living space with strangers for extra income, giving up the hope of a normal family life." (Róbert, male, 43 years old)

"Because of the financial difficulties I experienced in England, we decided to bear fewer children than we had originally planned. We will solve our problems by leaving the UK in the near future. However, we will not move to Hungary, but to Germany." (Réka, female, 39 years old)

The respondents highlighted the difficulty of reconciling work and family life, and they also emphasized the strong commitment of most Hungarian women in England to a career. The presence of material and career goals is also confirmed by ONS data for 2013 to 2015: Hungarians have the highest (84.3%) employment rate among individuals aged 16

to 64 years from the EU8 countries,[36] which offers an explanation for their lower fertility compared to those of other Central European diasporas.

However, motivations for childbearing can influence fertility both positively and negatively, depending on how well expectations are met.[37] The achievement of migration goals can result in catch-up behavior after the postponement of childbearing. Timing is also an important factor: short residence in the host country or a forthcoming return to the country of origin significantly reduces the probability of having children or, where appropriate, of finding a partner. In other words, "women intending to stay in England and Wales for less time may be less likely to choose to have children here."[38] Most of the participants consider returning to their country of origin as the ultimate goal, but it is a common experience that temporary residence often results in permanent settlement.

"For example, there were Hungarians who went to the UK because of their dissatisfaction with the Hungarian government between 2006 and 2010, and they told me this information nearly a decade after its failure." (Expert interview with Tamás Cserép, a young sociologist, who earlier conducted interviews with Hungarians in England on the topic of identity.)

"Prior to my planned return to Hungary, I sent about 40 job applications to various home companies. These applications were for a variety of positions, requiring different levels of education. Nevertheless, no interviews were made and in most cases I did not receive an answer at all. As a consequence, my wife and I decided to stay here in the UK." (Baltazar, male, 42 years old)

"I came to this country for a love, which has gone in the meantime. I was almost back home: I would have got a job and a flat in Budapest. However, my son integrated very well into the school community (he was 11 at the time) and even though I did not have a job in England at that time, the kid convinced me to stay." (Böbe, female, 47 years old)

Union Commitment Effect

The role of childbearing in relationship-strengthening is already described in Kirkpatrick's motivational typology.[39] According to Swedish data, a desire for having a child is observed among new couples if at least one of the partners has children from a

36 ONS, "Living Abroad: Migration between Britain and the EU8," https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/articles/livingabroad/migrationbetweenbritainandtheeu8.
37 Kirkpatrick, *The Family*.
38 Dormon, "Childbearing." 3.
39 Kirkpatrick, *The Family*.

previous relationship, regardless of the number of existing children.[40] Although the union commitment effect is a general phenomenon, it is expected to occur more frequently or intensively in diasporas because of the higher divorce risk of migrant population,[41] especially of those from Central and Eastern Europe (see the example of Sweden by Andersson et al.).[42] While also considering the lack of family/kinship network, which may result in a desire for a stronger relationship.[43]

Only a negligible number of the respondents declared that their willingness to have children increased after the move to England, and most of these cases are related to the union commitment effect.

"I came to the UK in 2008, with my two children and my husband. I divorced my husband here in England, and later I got pregnant by my new partner. We all consider my third baby a divine gift, and I think it only strengthens the whole family." (Brigitta, female, 39 years old)

"During the 20 years I spent in England, I experienced that the relationships of our Hungarian friends decrease when, in their 30s, they begin to feel that everything is okay in this country. And as soon as they get a new [non-Hungarian] partner, the baby is coming." (Ildikó, female, 40 years old)

Although the cases of union commitment effect were only sporadically detected during the interviews, it was attributed by participants as a frequent phenomenon. The importance of exploring the union commitment effect as a causal factor is that a well-known sociological process could also be interpreted in a diaspora-specific manner (just like the reference group theory in the case of Poles), thus completing the migrant fertility hypotheses.

Mixed Relationships

Several Hungarian women, often as part of conscious integration efforts, showed a preference for, or at least an acceptance of, ethnic heterogamy and connected to this attitude, live in ethnically mixed unions. Some interviewees estimated that the magnitude of this phenomenon is high, while others estimated it is low, but virtually all of them underlined the relevance of these relationships within this female group.

40 Vikat, Andres, E. Thomson, and J. M. Hoem, "Stepfamily Fertility in Contemporary Sweden: The Impact of Childbearing before the Current Union." *Population Studies* 53 (2), (1999) 211–225.

41 Trovato, Frank, "The Relationship between Migration and the Provincial Divorce Rate in Canada, 1971 and 1978: A reassessment." *Journal of Marriage and the Family* 48 (1), (1986) 207–216.

42 Andersson, Gunnar, O. Obućina, and K. Scott. "Marriage and Divorce of Immigrants and Descendants of Immigrants in Sweden." *Demographic Research* 33 (2), (2015) 31–64.

43 Note that the phenomenon of union commitment effect does not in itself increase the fertility of a given population, unless it is common for divorced women to start a new relationship shortly after a break-up.

"I know some girls, folk dancers, from my home region. After their arrival in England, since there were never any Hungarian events in their local area, they joined the nearest Latin dance club. Within a short period of time, soon they all started dating Brazilian or Black males." (Ferenc, male, 46 years old)

"Some Hungarian women in England are characterized by the consistent rejection of relationships with Hungarian partners and by the intention of marriage to a British partner, in some cases, with the desire for a perfect social integration of their children in the future." (Edit, female, 34 years old)

"Mixed marriages are common to both sexes, but maybe more women live in this kind of relationship. Those Hungarians who live in a mixed marriage with an African, Arabic, South American or British (Indian, Pakistani, white) partner would not be called a minority, but rather a significant mass within the diaspora. It also matters a lot whether these people live in a big city or in a rural area. I know Hungarian women in Southern England with English husbands: there are no Hungarians around them, they live an active community life, and they are basically assimilated." (Expert interview with Attila Király, documentary filmmaker and organizer of Hungarian community events in London.)

According to some participants, a significant proportion of interracial relationships are characterized by a higher number of children or a higher rate of disintegration, which would be a contradictory effect on fertility. Studies also confirmed that, "partners in interethnic unions generally reported lower levels of relationship quality than did partners in same-ethnic unions,"[44] and "divorce risks are higher for interethnic couples, in particular if the spouses were born and raised in countries that are culturally distant from each other."[45]

"In our congregation and circle of acquaintances, a relatively low proportion of Hungarian women live in mixed marriage or partnership; however, they live with a partner of Arabic, Black or Indian origin rather than one with English, and if these relationships are not broken, women adopt some of the partner's cultural norms, first of all, the family model of at least three children." (Expert interview with Rev. István Salánki, pastor of the Hungarian Reformed Church in the UK.)

44 Hohmann-Marriott, Bryndl E., and P. Amato, "Relationship Quality in Interethnic Marriages and Cohabitations." Social Forces 87 (2), (2008) 825.

45 Smith, Sanne, I. Maas, and F. van Tubergen. "Irreconcilable Differences? Ethnic Intermarriage and Divorce in the Netherlands, 1995–2008." *Social Science Research* 41 (5), (2012) 1126.

Discussion

Based on the fertility data shown in Table 1, we first look at how the fertility rates of all European diasporas living in England have evolved in relation to the TFRs in the countries of origin, as well as in England and Wales, where the TFR was 1.93 at the time.[46] If the fertility rate of a diaspora is between that of the country of birth and that of the host country, we talk about adaptation. If it goes beyond the value of the latter, we call it "excess," and if it moves in the opposite direction of the host country's fertility rate, it is called "reverse." Because the difference in fertility between the country of origin and the host country is possible in both directions, the diaspora fertility can theoretically both increase and decrease in each mentioned scenario, the formation of which can be seen in Figure 2 and Table 2.

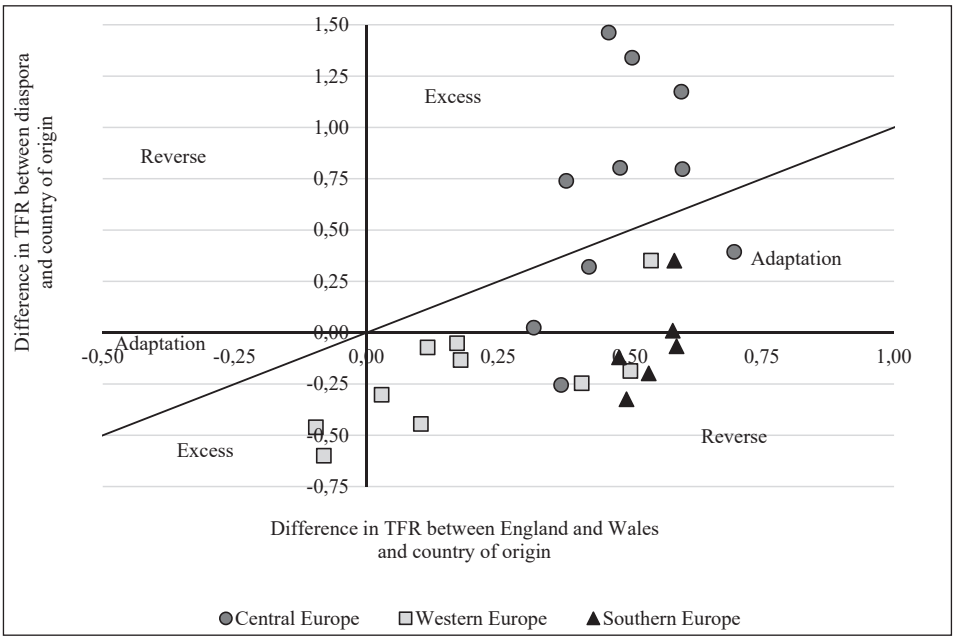

Figure 2: The formation of fertility of Central, Western, and Southern European diasporas living in England and Wales in relation to the TFR of the country of origin and of destination (2011)

Own edition. Source: Dormon; Eurostat

46 ONS, "Births in England and Wales: 2012. Live Births, Stillbirths and the Intensity of Childbearing, Measured by the Total Fertility Rate," https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsummarytablesenglandandwales/2013-07-10.

Table 2: The formation of fertility of Central, Western, and Southern European diasporas living in England and Wales in relation to the TFR of the country of origin and of destination (2011)

		Diaspora TFR compared to that of country of birth	
		Increasing	**Decreasing**
Diaspora TFR compared to that of England	**Adaptation**	Bulgarian, Cypriot, Estonian, German, Hungarian, Portuguese	–
	Excess	Czech, Latvian, Lithuanian, Polish, Romanian, Slovak	French, Irish
	Reverse	–	Austrian, Belgian, Danish, Finnish, Greek, Italian, Luxembourgish, Maltese, Dutch, Slovenian, Spanish, Swedish

Own edition. Source: Dormon; Eurostat

Of the 26 diasporas, only six, including Hungarians, are characterized by adaptation. Moreover, while the fertility rates of most Central European diasporas exceed that of England (just like those of French and Irish diasporas from the opposite direction), the TFRs of most Western and Southern European groups are lower than those of the countries of origin, thus moving even further away from the English level at the same time (reverse).[47] The low manifestation of adaptation suggests that in the case of migrants from Europe, including the six affected diasporas, adaptation is rather a theoretical category than a real process, and they are actually found in this range for other reasons. Moreover, it is curious that adaptations, if at all, take place extremely unevenly among those diasporas that arrived from the same macro-region having similar historical, economic, social, and cultural characteristics.

The selection hypothesis, especially regarding the above-mentioned role of social groups with special fertility, provides a far more obvious explanation for the differences between the fertility patterns of diasporas from Europe. The census statistics compiled by the ONS on request include, among others, headcount data for women aged 16 to 44 years within each diaspora, as well as for full-time students within this group.[48] The statistics shown in Table 3 make it possible to test the putative negative relationship between the proportion of students and fertility rate.

47 The table would show a similar layout even if, taking into account the timing of the adaptation of new fertility patterns, we calculated the TFRs of countries of origin for five or 10 years earlier (for the peak of mass influx of Central Europeans), and for England and Wales, the fertility averages of these intervals.

48 ONS, "Selected Countries."

Table 3: The number of women aged 16 to 44 years in each European diaspora living in England and Wales and, within this, the number of full-time students, as well as the percentage of the latter compared to the former (2011)

Country of birth	Women aged 16 to 44		Per cent
	Total	Full-time student	
Austria	3,507	880	25.1
Belgium	6,528	1,484	22.7
Bulgaria	17,457	3,367	19.3
Cyprus	11,921	4,973	41.7
Czech Republic	16,379	1,444	8.8
Denmark	5,726	1,188	20.7
Estonia	3,799	761	20.0
Finland	5,085	1,079	21.2
France	44,676	7,364	16.5
Germany	80,639	13,707	17.0
Greece	10,757	3,543	32.9
Hungary	18,336	1,288	7.0
Ireland	50,060	5,411	10.8
Italy	28,165	4,527	16.1
Latvia	21,456	2,599	12.1
Lithuania	39,168	5,170	13.2
Luxembourg	659	299	45.4
Malta	2,969	361	12.2
Netherlands	12,321	3,161	25.7
Poland	218,681	16,887	7.7
Portugal	26,314	4,349	16.5
Romania	31,909	4,376	13.7
Slovakia	25,426	2,087	8.2
Slovenia	696	134	19.3
Spain	25,721	3,489	13.6
Sweden	11,689	2,665	22.8

Own edition. Source: ONS

It is clear that Central Europeans living in England have a much lower proportion of students than do Western or Southern European diasporas, which indicates the dominance of economic motivation among migrants from the former communist countries. The mentioned relationship has been tested by a simple bivariate regression, as can be seen in Figure 3. Considering that chart elements are not about individuals but about groups, the procedure theoretically carries the risk of ecological fallacy; however, due to the proven low fertility rates of students (see Theoretical background section above), this possibility can practically be ruled out.

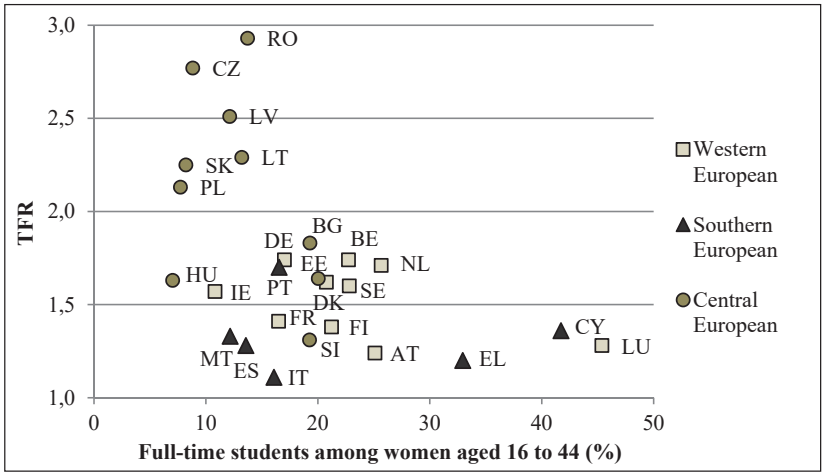

Figure 3: Relationship between the proportion of full-time students among women aged 16 to 44 years, and fertility in the case of Central, Western, and Southern European diasporas living in England and Wales (2011)

Own edition. Source: Dormon; ONS

Based on the layout of the chart elements, a negative correlation between the two variables is indeed observable, which can be best described by a power function. It can be seen at a glance that this causality can only be observed between the *groups* of diasporas clustering in the figure by macro-region of origin, but it does not explain the differences in fertility rates *within* these groups.

However, it is more important to emphasize that the relationship tested here gives only an indirect picture of the formation of migrant fertility, as it does not pertain to the difference in TFRs between the country of origin and its diaspora. In this regard, there was only the capacity to examine the same 2011 census data from Hungary, where the proportion of full-time students among women aged 15 to 44 (a slightly wider age group than that of the diaspora) is 18.2%[49] compared to 7% of the Hungarian diaspora. In theory, this difference

49 Hungarian Central Statistical Office, "Population Census 2011," http://www.ksh.hu/nepszamlalas/tables_regional_00.

can explain the fertility excess of the latter group; however, we can only get an authentic picture by obtaining similar data for the other countries of origin.

The interviewees also mentioned the role of adaptation of norms in mixed relationships. Table 4 contains specific ONS data on live births to mothers and/or fathers.

Table 4: The number of live births to Hungarian-born mothers and, within this, to non-Hungarian born fathers in England and Wales, as well as the percentage of the latter compared to the former, by mothers' age group (2011 and 2017)

	Birth	**Non-Hungarian born father**	**Per cent**
2011			
Under 20	22	8	36.4
20–24	102	36	35.3
25–29	334	136	40.7
30–34	524	259	49.4
35–39	220	133	60.5
40 and over	23	10	43.5
Total	1,225	582	47.5
2017			
Under 20	53	19	35.8
20–24	214	101	47.2
25–29	560	248	44.3
30–34	748	321	42.9
35–39	535	262	49.0
40 and over	129	67	51.9
Total	2,239	1,018	45.5

Own edition. Source: ONS

According to the data, the proportion of live births to mixed couples is very high, almost 50% in total. It is also evident that this rate increases similarly with the age of the mother (except for women over 40 years) and exceeds 60% for those who are in their late 30s. There are several possible reasons for this upward trend that can be associated with those indicators, the values of which increase in age or time spent in the country, such as divorce rates, individual needs for integration success, intentions to start a family, social norms, or attitudes towards heterogamy. However, more in-depth knowledge of marital status and attitudes towards partner selection of each age group would be needed to draw more specific conclusions.

The duplication of live births between 2011 and 2017 roughly corresponds to the growth rate of the diaspora during this period; however, despite the increase in headcount, the proportion of children born to mixed couples has hardly changed. The growing number of the diaspora—which theoretically increases the likelihood of intra-group partner selection—and the unchanged proportion of mixed parentage, together indicate a strong and lasting preference for ethnic heterogamy by Hungarian women compared to the Polish pattern.

Although the number of births to Hungarian-born fathers and the proportion of interethnic relationships within the fathers' group do not directly explain the TFR of Hungarians in England, they may be due in part to the outstanding female heterogamy.

Table 5: The number of live births to Hungarian-born fathers and, within this, to non-Hungarian born mothers in England and Wales, as well as the percentage of the latter compared to the former, by fathers' age group (2011 and 2017)

	Birth	Non-Hungarian born mother	Per cent
2011			
Under 20	8	1	12.5
20-24	35	6	17.1
25-29	171	34	19.9
30-34	343	80	23.3
35-39	198	31	15.7
40 and over	52	12	23.1
Total	807	164	20.3
2017			
Under 20	16	3	18.8
20-24	86	17	19.8
25-29	265	65	24.5
30-34	523	121	23.1
35-39	481	115	23.9
40 and over	232	61	26.3
Total	1,603	382	23.8

Own edition. Source: ONS

As can be seen in Table 5, the number of live births to Hungarian fathers is only two thirds of the number of births to Hungarian mothers, which also means a lower male fertility (due to the balanced gender distribution within the diaspora), whereas the proportion of

mixed relationships within the fathers' group was only 20% in 2011, with a slight increase in 2017. Deciding whether the lower male heterogamy is due to the gender gap in attitudes towards intra- and extra-group relationships, migration goals, or the rejection by women from the host society also requires further study. As for the 2017 rates, the number of births to Hungarian fathers, just like that of mothers, doubled during this period, with a slight increase in the rate of mixed relationships. If men's lower fertility rates are due to their decreased willingness to start a family, it also provides a kind of explanation for the women's higher heterogamy, which can theoretically be the result of few choices for women within the diaspora. Moreover, a strong female preference for mixed relationships may further limit the likelihood of men's successful in-group partner selection.

The data in Table 4 also offers interesting information on the legitimacy/interest hypothesis, refining some facts connected to the outstanding fertility of Hungarian women under the age of 20. At first we might conclude that the proportion of Roma population within this age group should be higher in the diaspora than in the country of origin, considering that, according to a 2003 survey in Hungary, the fertility rate of females aged 15 to 19 years has been four or five times higher among Roma than among general populations.[50] Additionally, if teenage childbirth is linked to extreme poverty, we can also assume the phenomenon of "maternity tourism" behind the data series. However, given the very low number of births in the affected age group, their remarkable ASFR can be considered as neither reliable nor demographically significant, although it is also a fact that TFR, opposed to general fertility rate (GFR), is "insensitive" to the age distribution of mothers.

As mentioned before, in the case of Hungarian women in England, interethnic unions may have the potential for adapting fertility patterns. In other words, according to our supposition, the higher the proportion of mixed parentage, the greater the chance is of higher fertility. In Figure 4, a positive relationship is sought between mixed unions and fertility (i.e., between the percentage of births to interethnic couples and the difference in fertility rate between the diaspora and the country of origin, broken down by age group of mother). In paritcular, the chart elements represent indicators connected to mothers of different ages living in England or Hungary (attention should also be drawn here to the theoretical possibility of ecological fallacy).

50 Janky, "The Social Position."

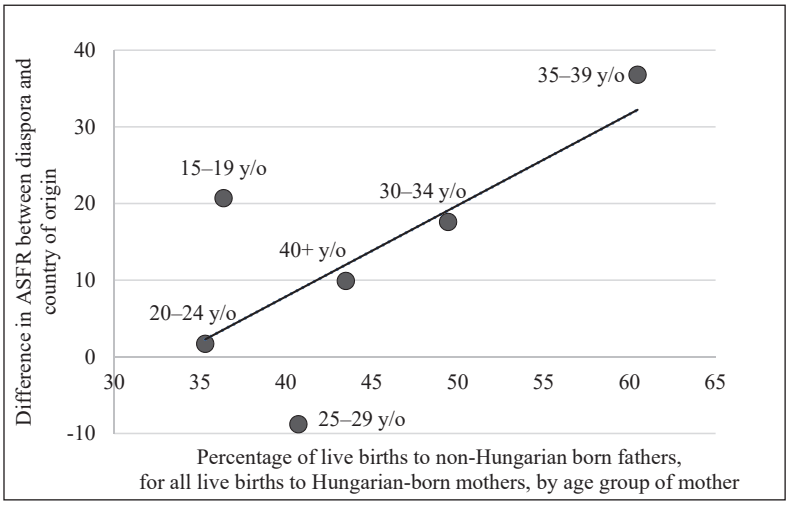

Figure 4: Relationship between the proportion of live births born to mixed couples and fertility rates (2011)

Own edition. Source: Eurostat; ONS

The layout of chart elements may confirm the expected positive relationship. The fact that 25 to 29-year-old Hungarian women in England, unlike other age groups, have a decline in ASFR compared to that of Hungary (see also Figure 1) is likely due to other factors, such as postponing behavior related to the achievement of migration goals or the delay in partner selection. It should be noted that if the 15 to 19-year-old age group were omitted (because of their unreliable ASFR), the correlation would be even stronger.

Conclusions

During the research, both qualitative and quantitative methods were used. The interviews revealed a wide range of diaspora-specific factors that boost or weaken childbearing intentions, particularly in relation to the interruption, selection, and adaptation hypotheses and the union commitment effect, as to a phenomenon expected to occur frequently or intensively among migrants.

One of the key issues is related to the adaptation hypothesis: is it possible that the fertility of the respondents would have been lower if they had not moved to the UK? As mentioned above, a negligible number of them responded that their willingness to have children increased after the move to the UK, but typically it was a consequence of the union commitment effect. From Figure 2, it is also clear that although the TFRs of the diasporas are significantly different from those of the countries of origin, the adaptation of fertility

norms of the host country is not observed in three quarters of the first-generation diasporas from EU countries. Thus, instead of adaptation, these differences in TFR can be explained by the different demographic and sociological compositions of diasporas compared to those of the mother countries' societies (see the example of the fertility-determining role of the proportion of students in each diaspora). However, the potential role of mixed relationships in promoting fertility, which emerged mostly during the expert interviews as an opportunity and was also been demonstrated by ONS census statistics, already indicates a change in norms related to childbearing (i.e., the results of the research testify to the possible co-existence of different causal factors).

The main limitation of this research is based on the nature of qualitative methods. As the participants of the interviews do not represent the entire Hungarian diaspora in England, the information they give is neither generalizable, nor do they arguably cover all the causal factors sought. In order to clarify the actual significance of the fertility-influencing factors discussed in this study, future research should execute surveys, based mostly on the content of the interviews, with special regard to the fact that focus group data can inform "the survey procedures and the content of survey measures in terms of question wording, item development, hypothesis generation."[51] This survey should also include, for methodological reasons, an examination of other diasporas from Central Europe, due to the low proportion of Hungarians in England. Moreover, a further investigation of the demographic role of groups with special fertility rates would be useful too, especially in relation to the country of origin and the host country.

51 O'Brien, Kelly, "Improving Survey Questionnaires through Focus Groups," in *Successful Focus Groups: Advancing the State of the Art,* ed. Morgan, David L. (Newbury Park, California: Sage, 1993). 116.

Appendix 1: Participants in the expert interviews

Name	Description
Edit Adler	Former employee of the BBC Hungarian Service, Committee Member of the ARKME*
Tamás Cserép	Sociologist in London
Rev. János Csicsó	Hungarian Roman Catholic Chaplain in London
Attila Király	Documentary filmmaker, organizer of Hungarian community events
Attila Korpos	Manager of the Saint Stephen's House in London
Ferenc Liscsey	A former folk dance group leader in London, Committee Member of the ARKME*
Rev. István Salánki	Pastor of the Hungarian Reformed Church in the UK
Krisztina Tompa	Social worker in London
Beatrix Verbászi	A leader of the Hungarian Culture and Heritage Society
Anonymous	A doctor in a hospital in London

** Hungarian abbreviation for the Association of Roman Catholic Hungarians in Great Britain*

Appendix 2: General information about the respondents cited in the study

Pseudonym	**Gender**	**Age**	**Education**	**Employment status**	**Relationship status**	**Number of children**	**Year of arrival**
Baltazar	M	42	Bachelor	Self-employed	Married	0	2010
Böbe	F	47	N/A	Unemployed	Divorced	1	2007
Brigitta	F	39	Vocational	Parental leave	Married	3	2008
Edit	F	34	Bachelor	Full-time	Single	0	2010
Ferenc	M	46	N/A	N/A	Single	0	2003
Ildikó	F	40	Bachelor	Self-employed	Married	2	1999
Réka	F	39	Master	Full-time	Married	2	2007
Róbert	M	43	Master	Full-time	Single	0	2006