Proposal for the European Population Conference 2016 31st Aug. – 3rd Sept. 2016; Mainz, Germany

Sonja Haug and Matthias Vernim

Fertility and assisted reproduction from the perspective of migrant women in Germany

The rising age of first birth in industrialized countries is associated with rising infertility. Consequently, the demand for reproductive medical aid and the use of assisted reproduction in Germany is growing. The population's acceptance of reproductive medicine is high, although few have correct knowledge about procedures or success rates.

The project NeWiRe¹is focused on migrant women and their knowledge on and attitude towards reproductive health. The influence of social, cultural or religious factors towards the acceptance of assisted reproduction is examined. Data source is a nationwide telephone survey of women of Polish, Turkish, ex-Yugoslav, ex-Soviet and German descent between the ages of 18 and 50 (N = 1.001). Nearly half of the migrant women in Germany originate from Poland, Turkey, the Commonwealth of independent states (CIS) and successor states of former Yugoslavia².

The results illustrate the importance of having children of their own for the self-perception of women, which is even more pronounced among the examined migrant groups. Compared to German women, the groups of foreign origin show a much higher desired number of children. This is especially true for women of CIS, Yugoslav and Turkish descent.

Table 1: Desired number of children and attitudes towards children and family planning by region of origin

region of origin							
			CIC			Former	significance of group differences
		Germany	CIS	Poland	Turkey	Yugoslavia	(ANOVA), p
desired number of children	mean	1,96	2,44	2,03	2,62	2,39	.000
	SD	1,013	1,370	0,938	0,975	1,116	
"To achieve a fulfilling life, a woman needs to have children." *	mean	3,21	4,26	3,83	4,20	3,91	.000
	SD	1,387	1,087	1,325	1,122	1,296	
"It's important for me to have children of my own." *	mean	4,42	4,75	4,60	4,77	4,79	.000
	SD	1,118	0,689	0,857	0,555	0,607	
"I practise family planning conforming to religious regulations." *	mean	1,85	2,41	3,23	4,18	2,87	.000
	SD	1,154	1,360	1,410	1,182	1,527	
Total	N	182	252	188	187	151	

^{*} scale of 1='I don't agree at all' to 5='I strongly agree.'

¹ The influence of social networks on the transfer of knowledge – the example of assisted reproduction. Der Einfluss sozialer Netzwerke auf den Wissenstransfer am Beispiel der Reproduktionsmedizin (NeWiRe).

² Bosnia-Herzegovina, Croatia, Kosovo, Macedonia, Montenegro, Serbia, Slovenia.

Children are mostly regarded as essential for a fulfilling life, especially by women from Turkey and the former Soviet Union. For Turkish respondents, the vast majority of whom are Muslim, family planning is heavily influenced by religion; on the other hand, Catholic and Protestant women from Germany, Poland and the Soviet Union reveal a wide range of opinions on this matter.

The majority of women in all examined groups has heard, seen, or read about reproductive medicine, but the women assess their knowledge of the subject as relatively low. This is underlined by the widespread failure to correctly name the age at which female fertility starts to gradually decline. Women of Turkish origin have significantly less knowledge of these subjects than all other groups.

Table 2: Knowledge about and attitudes towards reproductive medicine by region of origin

Table 2. Knowledge		Germany	CIS	Poland	Turkey	Former Yugoslavia	significance of group differences, p
"Have you ever heard, seen or read anything about reproductive medicine?"	Yes	92,9%	92,1%	91,5%	73,3%	87,4%	.000 (X²)
Self- assessment of knowledge about reproductive medicine *	mean	3,09	2,69	2,95	3,02	3,2	.000 (ANOVA)
	SD	0,984	0,921	0,923	0,986	1,033	
"At what age does female fertility start to gradually decline?" **	25 years	14,3%	2,4%	8,0%	1,6%	7,9%	.000
	30 years	29,1%	17,1%	12,2%	11,8%	21,2%	(X ²)
	35 years	29,1%	31,7%	36,2%	26,2%	27,8%	
	40 years	14,8%	28,6%	25,0%	36,9%	25,2%	
	45 years	6,6%	11,1%	5,9%	12,3%	9,3%	
	menopause	5,5%	6,7%	11,7%	10,2%	6,6%	
"Involuntarily childless couples should use all possibilities of reproductive medicine for having biological children."	mean	3,72	4,30	4,32	4,06	4,17	.000 (ANOVA)
	SD	1,061	0,910	0,983	1,287	1,035	
"If affected by infertility, I would use medical procedures to still have a child of my own."	Definitely.	55,5%	71,0%	78,7%	75,4%	63,6%	.000 (X²)
	Maybe.	30,2%	22,6%	11,7%	16,6%	22,5%	
Used reproductive medicine	Yes	8,2%	6,0%	8,5%	6,4%	7,9%	.516 (X²)
Total	N	182	252	188	187	151	

^{*} on a scale of 1='very low' to

Knowledge about fertility issues and the procedures of assisted reproduction, as well as the number of people one can talk to about issues like fertility and reproductive medicine, increases with higher levels of education.

Acceptance of reproductive medicine is high among all examined groups, especially among the migrant population. In case of infertility, between 85 and 94 percent would at least consider using medical procedures to still have a child of their own. A relatively high proportion of all examined women (between six and eight-point-five percent) has already had reproductive medical treatment.

^{5=&#}x27;very high'

^{**} bold=possible correct answers according to the literature. A case could be made that only '25 years' should be considered as correct.

Starting from an extension of the theory of planned behavior, a multivariate analysis on the intention to use reproductive medical procedures for infertility, controlled by social norms (traditional family image, religious rules of behavior in family planning) and knowledge or education, was conducted.

Table 3: Logistic Regression: "If affected by infertility, I would use medical procedures to still have a child of my own." (0=No, 1=Yes)

my own." (U=No, I=Yes)							
	Model 1	Model 2	Model 3				
	Exp(B)/Sign.	Exp(B)/Sign.	Exp(B)/Sign.				
region of origin							
Germany	reference category						
CIS	3,060**	3,045**	2,063				
Poland	2,270*	2,311*	1,622				
Turkey	2,284*	3,006**	3,949**				
Former Yugoslavia	1,258	1,391	1,075				
Education and knowledge of reproductive medicine							
low education	reference category						
middle education		1,337	1,435				
high education		1,266	1,659				
Heard, seen or read about reproductive		2,357**	2,313*				
medicine		2,337	2,313				
Attitude towards children and reproductive medicine							
"To achieve a fulfilling life, a woman needs to			1,109				
have children."			1,109				
"I practise family planning conforming to			0,855				
religious regulations."			0,833				
"Involuntarily childless couples should use all							
possibilities of reproductive medicine for having			2,209***				
biological children."							
Nagelkerkes R ²	0,033	0,053	0,212				
Constant	6,208***	2,257	0,132**				
Total (N)	887						

^{*}p<=0,05. **p<=0,01. ***p<=0,001

The results of the logistic regression show the decreasing effect of the region of origin if other variables are taken into account, with one exception: Turkey's effect gets even stronger in the course of the analysis. Having heard, seen or read about reproductive medicine seems to have a much stronger effect than the formal degree of education. If they consider the usage of reproductive medicine a social norm (see the last independent variable in the analysis), women are much more likely to consider using it themselves.

Contact:

Prof. Dr. Sonja Haug; Matthias Vernim, M.A.

Ostbayerische Technische Hochschule Regensburg (OTH Regensburg), Seybothstr. 2, D-93053 Regensburg, Germany

E-Mail: sonja.haug@oth-regensburg.de; matthias.vernim@oth-regensburg.de;