WHY DO CHINESE CANADIANS HAVE LOWER FERTILITY?

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This article explores how Chinese immigrants think about and practice childbearing through the course of immigration from China to Canada. My study shows that variations in institutional contexts, relational circumstances, and personal situations act as sources for different fertility experiences among immigrant women.

Despite the visibility of the Chinese population in Canada, Chinese immigrants have lower fertility compared to other ethnic groups as well as Canadian natives (Adsera & Ferrer, 2013; Woldemicael & Beaujot, 2012). Previous studies have attributed their lowest current and cumulative fertility to migration disruption, resettlement barriers and discrimination, and prioritizing socioeconomic integration into the mainstream society (Ren, 2008; Tang, 2001; Wan, 2000; Tang & Trovato,1998; Hwang & Saenz, 1997; Espenshade & Ye, 1994). However, the fertility variations among Chinese immigrants have not been studied, and not much is known about how the interaction between fertility contexts of China and Canada at macro level and the family dynamic and personal situation at micro level affect fertility outcomes.

THE EFFECT OF IMMIGRATION ON FERTILITY

Current debates on the effects of immigration on fertility patterns have yielded inconsistent theoretical propositions and empirical results. Based on the assumption that an immigrant woman's attitudes towards childbearing are shaped by the fertility norms and values experienced in her childhood in the home society, the Assimilation Hypothesis holds that immigrants' fertility will converge to that of the natives in the host society with the longer residence and greater exposure to the new social contexts (Parrado & Morgan, 2008; Glusker, 2003). Another competing explanation the Adaptation Hypothesis emphasizes the influence of current socioeconomic conditions rather than fertility norms on the convergence between immigrant fertility and native fertility in the host society (Kahh, 1994). Yet, from a different perspective, the Disruption Hypothesis holds that factors regarding the moving process itself, such as spouse separation, economic insecurity, and stressful situations, result in the delay of childbearing and lower fertility (Ng & Nault, 1997; Stephen & Bean, 1992). In addition, the Minority Hypothesis argues that the insecurity and marginality associated with minority status in the new society may motivate immigrants to try harder to improve their socioeconomic status and eliminate cultural prejudice at the price of sacrificing time and energy in childbearing (Halli, 1987; Goldscheider & Uhlenberg, 1969). Seeing it differently, the Selection Hypothesis suggests that distinguishing from the majority population in the country of origincountry, immigrants are a special group of people whose fertility preferences and behaviours have already been similar to that of natives in the receiving country (White et al, 1995; Kahh, 1988). The Life-course approach identifies the interdependencies of family change and immigration, indicating that childbirth may trigger or hold back migration (Kulu, 2008).

Although none of the above hypotheses need to be mutually exclusive, a major weakness that has not been addressed sufficiently in existing studies is that they remain similar in treating immigrant fertility as once-for-all decision. This does not allow for adequate analysis of the dynamic interaction between the immigration process and the childbearing process. Explanations relying heavily on quantitative data and methods are limited as they do not really account for how having children fits into the immigration process and how immigrants' fertility behaviors evolve in the course of immigration and settlement. The literature on immigrant fertility has attributed ethnic differences in childbearing to varying fertility attitudes and socioeconomic circumstances in host societies (Sweeney & Raley, 2014). However, the picture would be incomplete if actual life changes and childbearing experiences were not taken into consideration. What we need are stories that reveal how immigrants think about and practice childbearing in different social contexts that creates opportunities and constraints in practice.

Viewing childbearing and immigration as life events unfolding over time and across space, my inquiry of immigrant fertility intends to answer the question how immigrants cope with having children in the course of immigration and settlement. Theoretical debates about global fertility rate decline have identified causable variables that conceptualized at the institutional level. Potter (1983) proposes that societal institutions play an important role in shaping fertility patterns through three primary routes: administrative structure, economic costs, and normative values of children. Morgan and King (2001) argue that individuals' preferences for children evolved with the changing childbearing contexts based on their analysis of the motivation for having children in modern societies from three aspects: biological predispositions, social environment, and rational choice. Indeed, recognizing the link between institutional determinants and individual circumstances helps to understand the embodied interplay of personal behaviors and structural preconditions. It is important to adopt a cross context perspective to explore how different fertility contexts between the home country and the host country affect childbearing behaviors of immigrants.

VARYING CHILDBEARING EXPERIENCES

Through in-depth qualitative interview asking people to look retrospectively over their immigration and child-bearing experiences, my study investigates how immigration process and fertility process correspond to each other. The analysis shows that variations in institutional contexts, relational circumstances, and personal situations act as sources for different fertility experiences among immigrant women.

INSTITUTIONAL CONTEXT

My study examines immigrants' experiences in different institutional environments in the two countries in terms of the fertility norms, the costs of childbearing and child-rearing, the administration structure, the healthcare system and the childcare system.

The Total Fertility Rate was 1.63 in Canada, compared to 1.60 in China in 2010 (Milan, 2013). Despite the similar low fertility context, Canadian women became mothers later than Chinese women. The average of first-time Canadian mothers gave birth was 28.5 in 2011 (Milan, 2013). The figure was 25.1 for Chinese mothers in 2010 (Yang, 2012).

Compared to to China's fierce competition for maternal care in public hospitals, invasive baby bureaucracy, Canada has offers easier to access maternity healthcare, friendly family policy. Chinese couples have to go through the administrative procedure from obtaining "birth permit", establishing pregnancy record, until getting a "birth certificate" and finally registering "hukou" (household registration) for a newborn. In contrast, Canadian society encourages and helps people to become parents through promoting work-family balanced environment, better funding for parental leave, and providing child tax benefits. Unlike China's unitary healthcare system where citizens have to pay for all medical expenses in cash and then get partly or fully reimbursed by varying insurance programs, Canada provides its citizens with a more generous healthcare coverage.

While most respondents in this study appreciated the comprehensive Canadian healthcare system, some complained about the long waiting time, inefficient scheduling, and lack of interpreters in hospital. Although most Chinese immigrant mothers were willing to make a high investment on child-rearing expenses no matter in China or in Canada, they expressed concerns regarding the shortage of spaces and high cost of childcare in Canada, regardless of income. Since the burden of childcare conventionally falls on immigrant women, some mothers chose to stay at home to look after kids until they reach school age rather than taking a low-paying and time-consuming job they could find.

RELATIONAL CIRCUMSTANCES

The family provides a crucial setting where the relationship between members can create tensions that influence childbearing decision. As a lot of research has shown that spouse separation, either due to sequential immigration process or as sacrifice strategy for speeding up successful settlement, depresses immigrant fertility. However, my study also finds

that fertility decision is more contingent upon relational circumstances rather than living arrangement. A lot of immigrant women had and raised children while their husbands were absent. In this case, husbands came when the due date was approaching and stayed with the newborns for a few days or weeks. Grandparents were invited to come over for help. Being excused from household chores prior to immigration, many women indicated having difficulties with domestic work after coming to Canada. Since the visitor visa allows for a maximum six months staying in Canada, their parents and parents-in-law usually rotated to visit them throughout the year. It is clear that lacking of childcare availability from grandparents constrains Chinese immigrant women's fertility decisions in Canada. A few women had to send their children to grandparents in their hometown and bring them back to Canada when reaching school age.

Some women expressed concerns regarding living in a multigenerational household. In fact, Chinese immigrant women may face opposition on fertility desires not only from their husbands, but also from parents or parents-in-laws. They experienced problems of contradictory expectations regarding family roles and responsibilities as well as the ways of raising children. In addition, a lot of women mentioned that the desire to have siblings from the first child contributed to their decision to have more children in Canada.

PERSONAL SITUATIONS

Despite the key differences in institutional determinants between China and Canada, women's childbearing experience can vary greatly depending on their locations within each society. As the ultimate decision makers about fertility, individual women understand having children differently based on their personal experiences with the institutional environments. Given the apparent better childbearing and child-rearing environment in Canada compared to China, the puzzle yet to be addressed is the reason Chinese immigrant women do not have more children when they are adopted by a pronatalist society.

To fully understand the interaction of immigration and fertility, two key dimensions of immigrant fertility need to be examined: the parity and the timing of births. First, the desired number of children provides motivating schema for life changes. My interviews led to the reflection on the idiosyncratic life circumstances as a frame for the reason to immigration. The changing gender role and empowered status in a new country make it possible for immigrant women to think about fertility from a new perspective. Some women downgraded original fertility desires because they felt new possibility of career opportunities that they never thought about when they were in China. Second, the timing of giving birth can have sequential effects on the total numbers of children. People who immigrate at younger age have many more years of potential childbearing ahead of them than those who immigrate by the end of their reproductive periods. My analysis of timing of fertility reveals that timing differences tend to be most pronounced at reproduction dynamics. When examining the age at arrival and the age at giving birth separately, I find that women who immigrated at younger age usually came as students first, then applied for immigration inside Canada, had more time in Canada to reach the common target number of two children. In contrast, women who immigrated at later age due to the lengthy moving process were more like to give birth as soon as they arrived in Canada. These women, who experienced infertility upon arrival due to their age, end up having fewer children than desired.

CONCLUSION

My comparative analysis of variations in institutional contexts, relational circumstances, and personal situations shows that the differential reproduction dynamics in two countries guide and constrain fertility behaviors in different ways. Overall, having children in Canada is easier than in China. However, later age upon arrival makes Chinese immigrant women end up with having fewer children than expected. Although having children is generally viewed as a personal experience, the contexts and consequences of immigrant fertility are social outcomes. Therefore, greater understanding of fertility variations among ethnic groups are necessary to determine effective policy responses to the reproductive needs of newcomers and to plan social services to improve immigrants' experiences of childbearing and child-rearing in Canada.

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