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Marriage, Gender and Transnational Migrations in
Fertility Transitions of Romanian Roma Women.
An Ethnographic Case Study

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Abstract

This paper explores how a group of immigrant Roma women are shaping their reproductive lives in the transnational context generated by the migratory flows of post-1989 Romania. The analysis is based on the ethnographic reconstruction of the reproductive lives of 124 women from seven Roma family networks residing in Spain and connected with relatives all over Europe. Although these groups are increasingly heterogeneous, some common patterns seem clear. Primarily, we observe that these women are transforming the *tempo* and *quantum* of their reproductive careers in a culturally specific fertility transition that is not based on the postponement of childbearing and marriage. Early, pronatalist and patrilocal marriage followed by adolescent maternity are powerful normative orientations in the groups studied. Spacing the second or the third child and stopping having children in their early 30s seem to be the most common strategies by which they are responding to the increasing costs and setbacks of high fertility. Their transnational experiences in Western Europe are contributing to this process in ideological, structural and instrumental terms. The demographic contrasts of many Roma groups with their non-Roma neighbours are a source of prejudice and ‘ethno-demographic anxiety’ that fuel populist, nationalist and illiberal sentiments and movements.

Keywords: fertility transitions, Roma/Gypsies, Romania, Spain, transnational migration, gender, marriage systems.

1. Introduction

All over Europe the apprehensions generated by shrinking and ageing populations are exacerbated by the assumed excessive reproduction of autochthonous and immigrant minorities. In this process 'the real or perceived growth of minority populations' generate 'ethno-demographic anxieties' and 'nationalist fears about the physical and cultural survival of the nation' (Dumbrava, 2017: 1490). Those who see themselves belonging to the dominant ethnicity fear their 'displacement into a minority position' in their own countries (Coleman, 2006: 401).

International migration is changing the cultural and demographic profile of Europe (Coleman, 2008; Castles, De Haas and Miller, 2014). It is also deepening the 'cleavage' that has opened 'between Central and Eastern Europe on one side and Western and Northern Europe on the other' (Botev, 2012: 72). While countries such as Albania, Bulgaria, Poland, and Romania are losing population to emigration, Italy, Germany, Spain, the UK and others have gained immigrants from these and other countries (Frejka, Gietel-Basten *et al.*, 2016: table 1). This loss is aggravating the unprecedented fertility downturn and the ethnic transformation of many European regions (Horváth and Kiss, 2015; Coleman, 2009; Koytcheva and Philipov, 2008). In some of the CEE countries the situation has 'no parallels in world population history' as 'the combination of low fertility and emigration exacerbates the effects of ageing, as it is young people who are more likely to migrate. This creates a double 'whammy' in terms of population ageing', as young people are also the potential parents (Botev, 2012: 72). Predictions are often dismal and seem a new edition of apocalyptic demography (Gee and Gutman, 2000). For instance, in his study of the role of migration in the sustainability of European populations, Coleman concluded that 'countries such as Poland, Latvia, Bulgaria and Romania will lose between 15 and 27 per cent of their population by 2055 with or without migration, thanks to their low birth rates' (2008: 459).

Roma emigrants from CEE, particularly from Romania and Bulgaria, are at the crossroads of these processes that are dividing Europe. They are part of the stigmatized populations whose birth rates are seen as a problem both at home and abroad, as commonly they 'are placed at the bottom of the reproductive worth' (Dumbrava, 2007: 1500). The 'unmanageable' or 'irresponsibly high' fertility rates attributed to Roma families hence become a key element of the intense anti-Roma prejudice so widespread in Europe. In Bulgaria, for instance, some nationalists fear what they describe as a process of 'gypsyisation' that is distorting the 'historic legacy of the country'. Allegedly, this process is not only reducing the size of the core ethnicity but it is also seen as 'worsening of the national human capital - e.g. level of education, professional skills and civic culture of the population' (Kotzeva and Dimitrova, 2014: 778, 767). Similar accusations abound in other countries with sizable Roma populations, such as Romania and Hungary (see Rat, 2009; Süli-Zakar *et al.*, 2016).

The exaggerated fears and misgivings generated by Roma fertility embody one exemplar of the intense 'politicization of demography' gaining ground all over Europe (Dumbrava 2017). Roma's reproductive vitality is commonly perceived as aggravating their supposed resistance or incapacity to social integration and their attachment to 'cultural values incompatible with Western modernity' (Kaneva and Popescu, 2014:

506). This prejudice reached an extreme form in the coerced sterilization of Roma women in several European countries in recent times (Cahn, 2017; Patel, 2017; Zampas and Lamačková, 2011; Tomasovic, 2009).

1.1 A neglected area of research

In the light of the political and popular reactions it generates it is surprising how little attention has been paid to issues of reproduction and fertility in the recent outpouring of publications on Roma groups, and in the activism in favor of their rights. This gap is particularly notable in connection with the critical analysis of political and policy frameworks, particularly in the analysis of family policy and in the role of family networks in international migrations. The lack of interest is also remarkable concerning the multiple intersections of family and gender systems with fertility changes (Masson, 1997; 2001). Interestingly, the growing Roma feminist critique (Brooks, 2012; Ilisei, 2012; Kóczé, 2016; Corradi, 2017) seems to have neglected key aspects of reproductive regimes as constitutive elements of gender ideologies and gender roles, and therefore as key factors in gender stratification and the empowerment (or disempowerment) of women (for exceptions see Rat, 2009; Magyari-Vincze, 2007). This is even more puzzling as even a superficial observation of most Roma groups shows that their reproductive strategies are at the core of their social organization and their cultural expression. They are also a source of differentiation with the majority populations among whom they live. This cultural emphasis in reproduction has to be seen in the context of the historical discrimination and exclusion suffered by most Romani groups. It may have worked as a form of resistance, as 'weapons of the poor' (Scott, 1985) facing exclusion, shorter lives, and uncertain futures.

Moreover, childbearing and childrearing are central to the daily life of many Romani groups to a level unknown today to their neighbors both in Romania and in the other countries where they have moved. In fact, the present Roma migrations often have a familiar and reproductive character. Commonly families with children move together and reproduction is not stopped by moving abroad or by living in slums in very difficult conditions (Matras and Leggio, 2017; Beluschi-Fabeni *et al.*, 2015; Beluschi, 2013). The intensive and prolonged migration of Roma after the fall of communist regimes is making Roma reproduction a transnational process that often develops across borders. This reproductive vitality is seen almost exclusively as a problem, never as an opportunity.

1.2 Some antecedents: studies of Roma fertility in CEE countries

There are valuable studies of fertility change concerning Roma minorities in Central and Eastern Europe. However, they are mostly kept at the margins of scholarly literature and policy making. The most relevant of these studies have been based on three main sources of data that implied diverse theoretical and epistemological

approaches.¹ First, some important studies integrated a micro-demographic study of local sources, with longitudinal historical and ethnographic evidences (see for example: Mann, 1990; Durst, 2002; 2010; Ladányi and Szelényi, 2006). Secondly, we found studies that used national or regional surveys in which some of the respondents were identified or identified themselves as Roma. These surveys provided transversal comparative data on fertility trends and family arrangements, but in some cases they were able to study longitudinal trends by comparing the results concerning different cohorts of women. For an example of this approach see the work of Muresan and her collaborators using Romania's *Generations and Gender* national surveys² (Muresan, 2007; Muresan *et al.*, 2008). Thirdly there are studies who used the information from censuses that included data disaggregated by ethnicity, which exist only in some countries. For instance, see the work of Potančoková and her partners, partially based on the work of Vaňo (2005; 2001) concerning Slovak Roma (Potančoková *et al.*, 2008), or the work of Koytcheva and Philipov on Bulgarian ethnic groups (2008), or the work of Preda (2010) on Roma from Oltenia.

Together, these studies seem to support four important hypothesis:

1). That differences in fertility patterns are key factors in the ethnic differentiation of most Roma groups. These differences seem to have grown in the last two decades when most CEE societies have experienced profound changes congruent with the framework of the Second Demographic Transition (Frejka, Gietel-Basten *et al.*, 2016; Frejka, 2017; Muresan, 2007).

2). The differences in the reproductive patterns and trends among Roma groups are the product of complex intersections of cultural difference and socioeconomic exclusion. Those Roma groups that suffered less segregation and deprivation seemed to be converging demographically with majority populations. Nevertheless, when socioeconomic and educational differences are controlled some differences in reproductive patterns remain (Koytcheva and Philipov, 2008).

3). The classic or first demographic transition started in most Romani groups in CEE countries decades ago, commonly in the 1950s and 1960s with the reduction of infant and child mortality. There are also evidences of fertility decline among most Roma groups in the following decades. Setbacks in these processes, however, have been common when the structural and political changes resulted in harsher and less predictable environments for local Roma communities.

4). The fertility transitions of different Roma groups may have varied according to national conditions and policies. In our case it is necessary to consider that since 1967 the communist regime in Romania maintained a 'uniquely coercive approach towards reproduction by banning abortion and promoting childbearing as a means of national regeneration' (Dumbrava, 2017: 1491).

1 A new source of valuable data is also emerging from surveys of Roma communities concerning reproductive health (see, for instance: Battaglia *et al.*, 2017; Sedlecky and Rašević, 2015).

2 Romania's *Generations and Gender* national survey carried out in 2005 included a small proportion of Roma respondents (1.5%) that allowed some comparison with the Romanian (89.7%) and the Hungarian (7.7%) participants (Muresan, 2007: 57). In her analysis of these groups Muresan found 'impressive differences' both in the level and the timing of fertility of the Roma participants. Thus 'Roma one-child mothers have four to nine times greater risks for a second birth in the age groups 18-21 than Romanians or Hungarians, almost three times higher risk in age group 22-25, and two times greater risks in age group 26-29' (2007: 58).

1.3 Analytical and theoretical framework

In our study we assumed that human reproduction is bound up by social structures, and that fertility transitions are institutional processes (McNicoll, 1994). Hence our approach has been influenced by works that situate demographic processes in their cultural and institutional contexts (Greenhalgh, 1995; McNicoll, 1980; 1994), and particularly those that studied the role of gender and family systems in fertility change (Mason, 1997; 2001), and that traced the implications of gender relations and gender equity for fertility trends (Goldscheider *et al.* 2015; McDonald, 2000; 2013).

We have also used Demographic Transition models as analytical frameworks that helped us to interpret data and to compare it across groups and periods. We are aware that demographic transition models have been associated with prescriptive and deterministic views of historical changes that are, by definition, undecided, open, and very diverse when observed at close range (Greenhalgh, 1995). We see the FTD (First Demographic Transition) both as an account and a model of the permanent decline in death and birth rates observed first in most European populations in the 19th and 20th centuries. The first fertility transition consists primarily of ‘a transformation from extensive reproduction where many children are born yet few survive, to the reverse, and a transformation from generally unplanned to planned parenthood’ (Frejka, 2017: 91). This process is still happening in many developing countries (Strulik and Vollmer, 2015; Reher, 2004). The model predicted that these processes would result in older and stationary populations corresponding with replacement fertility (two children on average), high life expectancies, zero population growth and ‘no ‘demographic’ need for sustained immigration’ (Lesthaeghe, 2014: 18112). Since the 1970s, however, new demographic phenomena emerged in many industrial societies that contradicted FDT expectations. The most important were the generalized postponement of marriage and parenthood, the spread of sustained sub-replacement fertility, the rise of cohabitation and out-of-marriage parenthood, and the spread of alternative forms of domestic organization beyond the conjugal family. These changes broke most of the equilibriums predicted by the FDT, leading to older and diminishing populations, hence needing to be complemented by immigrants (Lesthaeghe, 2014). The Second Demographic Transition (SDT) refers to the most influential theory that tries to connect and explain these interrelated transformations. Originally formulated by Van de Kaa and Lesthaeghe in 1986 (Van de Kaa, 1994), it has been used to model the demographic and family-formation developments happening in an increasing number of industrial societies, including most of those in Central and Eastern Europe. Its prospects are gloomier than those of the First Demographic Transition. ‘On the whole, the SDT brings a variety of new social challenges’, including those associated with population decline and aging, the viability of health care and social security systems, the integration of immigrants in societies that are growing more plural, less stability in partnerships, and ‘high levels of poverty or exclusion among certain household types (e.g., single persons of all ages and lone mothers)’ (Lesthaeghe, 2014: 18112). The shortcomings of these theories, their social and cultural assumptions, and the proposal of alternatives are a very active area of

debate and research (see: Zaidi et al., 2017; Goldscheider et al., 2015; Coleman, 2004).

1.4 Aims of the paper

In this paper we analyze the strategies followed by a group of immigrant Romanian Roma women who were living in Spain between 2013 and 2015. We present here the profile of an exploratory case that should be tested in larger and more representative samples.

Firstly we explore how the agency of these Roma women and couples are generating specific processes of fertility transition. We try to discover the main strategies they are following and their institutional foundations in marriage and gender systems. Secondly, we explore the differences in the reproductive patterns of the different groups studied. Thirdly we also explore the ways in which the transmigration processes to Western Europe are facilitating and transforming the process of fertility decline in these Roma groups.

A main hypothesis of the paper is that most Roma groups are still living their First Demographic Transition while the Romanian and Spanish populations among whom they live are presently enmeshed in these complex processes described by the Second Demographic Transition framework. These contrasts complicate policy implementation and intercultural relations.

2. Methods, sources of data and samples studied

In this paper we use data from a multi-sited, three-year ethnography of seven family networks of Romanian Roma who were living in four Andalusian cities and towns from 2013 to 2016. The immigration of Romanian Roma has been primarily based on kinship and family networks. Therefore, we made these networks the building blocks of our surveys. These networks have been defined and categorized by the informants themselves who helped us to know all their relatives residing in the study areas. They include relatives by filiation and marriage and also kin of kin (see Beluschi *et al.*, 2015; Gamella *et al.*, 2017). Locally we found groups of siblings, mostly brothers with their children and grandchildren in a sort of ‘cousins’ republic’ with a patrilineal bias. These groups may also include sisters, brothers-in-law and their families living in the same neighborhood. We followed chain referral sampling methods (Atkinson and Flint, 2001; Biernacki and Waldorf, 1981) to include all members of the chosen family networks living in the study area. It was a theoretical but also a sampling strategy, as we could not establish accurately the population of Roma immigrants living in any region.

These local networks are embedded in larger transnational social fields and spaces (Petermann, Molina and Herz, 2015), which originate in five Romanian regions and that live today in over 45 localities of a dozen different countries. Today news, messages, photographs and videos circulate among nodes of these networks instantly due to the wide use of digital technologies (see Beluschi’s paper in this issue).

Our research tried to account for the heterogeneity of Roma immigration. It included a variety of groups coming from diverse cultural backgrounds. The original

cultural-linguistic groups are denoted by terms that may vary with the perspective of the speaker. Three of the networks link people who spoke a *Korturare* dialect and come from three localities in the Cluj region of Transylvania. People in other networks define themselves as *Spoitore* Roma and come from the region of Călărași, and as *Kangliare* coming from Țândărei and Fetești; finally, the people in the two other networks come from the regions of Oltenia and Slobozia respectively and defined themselves as *Ursare* Roma, and as *Laițeși*. These ethnonyms referred originally to traditional occupational or residential specializations, but today are open to much negotiation and variation by both members and outsiders. All these groups speak several Romani dialects (Matras, 2013) except people in the *Laițeși* network who have Romanian as their mother language.

2.1 Methods for gathering data

In gathering data we have used a mixed methods approach that combines qualitative and quantitative techniques informed by long-term ethnographic fieldwork. These techniques included semi-structured interviews that sometimes were recorded, as well as informal conversations in our subjects' homes, schools, health centers and maternity wards. Also we participated in community gatherings and in weddings, baptisms, and in Easter and Christmas festivities. In all interviews we tried to explain the nature and goals of the project in a form that could be understood by respondents, and asked for their informed consent. We also used personal and family documents when available to establish dates and places of birth and to complete reproductive histories. Data was immediately codified to render it anonymous. All names used in examples are pseudonyms.

We have also conducted 19 expert interviews with professionals that worked with people from these networks. We also organized three one-day workshops with about 50 professionals each time in three successive years. They came from health centers, social work agencies, schools, the administration, etc. We have also visited relatives and friends of our informants in Madrid's region and Catalonia, as well as in the UK, Germany, Ireland and Romania.

The richness and validity of demographic, ethnographic and genealogical data could not be obtained merely by the application of typical one-time questionnaire surveys. In order to get reliable data we had to contrast and triangulate data from multiple conversations and documents in a very time-consuming process.

We were helped by three Roma research assistants and by their spouses and relatives who helped us meet and talk with people from other families. Our research team included men and women, both Roma and non-Roma, and the interviews and conversations took place mostly in Spanish and Romani languages. The participation of Roma researchers and friends in the collection and understanding of data was decisive to this paper and the author fully acknowledges their contribution. Roma assistants facilitated the access of all researchers to people and homes, helped us all with an intercultural exchange that often required much translation, not only of words but also of categories, goals and worldviews. The contribution of Roma assistants to the research process deserves a detailed and critical consideration that escapes the aims this paper (for detail on the joint project, see: Matras and Leggio, 2017). We

have discussed our results and interpretations with them and plan to continue doing so and publish about their views on our collaboration in the future.

2.2. Research samples

Our survey included 678 people from seven family networks. They were part of a young and fast-growing population with a high proportion of children and teens, and few elderly. We collected data on a total of 108 households³. Furthermore, in the seven networks surveyed we were able to reconstruct the reproductive careers of 124 women who had been married officially or have been in a union sanctioned by their community⁴. These were about three quarters of all the married women we encountered in the surveyed networks. These women were 14 to 69 years of age and belonged to three generations that can be broadly seen as those of grandmothers, mothers and daughters. Their basic reproductive histories included their date of birth and that of each of their living children and partners, their present use of contraceptives and their declared desire to have more children. Seven of these women did not have children when we completed our survey. Two of them were trying to get pregnant unsuccessfully. The other five got married in 2015 and had children in 2016. We did not include these newborn children in our survey, which was completed by the end of 2015.

Almost all of these women have little formal education, vocational training or professional experience. Two thirds read or write with difficulty. Even those who can read, rarely do so. All but two of these women are unskilled and had few hopes of finding permanent jobs in Spain. They have all worked at menial jobs, in domestic services, as cleaners or seasonal agricultural workers. Most of these women have begged in the streets for long periods.

In about a third of these cases (39 women) we also were able to record other aspects of their lives, including marital and parenting histories, the loss of children or pregnancies, the use of contraception, and their ideas, values and orientations about the number and gender of the children they expected to have. With some of these women we developed close and friendly relationships, and shared many moments in their lives and those of their families. We had many conversations with them, and tried to develop a deeper understanding of the institutional base of their life decisions and outcomes. In some cases we were able to record these interviews with the

³ Following participants' understandings we see households here as social units made of people who share a dwelling and a common income and feel they must care for each other as kin. When several related couples with children live in the same household they may keep separate budgets and savings, but share regular expenses such as rent, utilities, food, etc. The task-oriented and the familiar sense of the domestic realm coalesced in almost all cases studied. These Roma households remained rather stable when in favorable conditions, but showed much flexibility and capacity to incorporate relatives when circumstances required it.

⁴ By marriages in this context we mean heterosexual common law unions that are socially (and most often ritually) sanctioned by the whole community, and that generate rights and obligations between the partners and their offspring, but also between their respective families. Hence the unions generate important affinal relationships that are culturally prescribed and that are recognized by the overall community. In second unions, made after separation or divorce, there may be some liminal periods in which the status of the union may be indeterminate, but if it consolidates, it is commonly recognized by both family branches and the bond is instituted as mutually binding.

subject's informed consent, and explored carefully both the form and content of the narratives. All the personal information was immediately coded and made anonymous. The qualitative part of this work will be presented in future publications.

3. Results

Some important patterns emerge from the analysis of data concerning the fertility processes of these women and their embeddedness in marriage and gender institutions.

Table 1. Estimated total fertility rates, age of mothers at childbearing, and crude birth rates for the population of seven Roma family networks living in Spain, 2011-2015 (N: 678)

Year Period	TFR	Mean Age of mothers	Women (N)	Children (N)	Population (N)	CBR
2011	4.8	25.8	141	25	577	43.3
2012	3.2	22.1	150	21	603	34.8
2013	4.2	24.5	157	20	628	31.8
2014	3.8	23.1	166	21	654	32.1
2015	3.4	24.1	170	19	678	28.0
2011-2015	3.9	23.9	174	21.2	628	34.0

Source: Ethnographic surveys of seven Roma family networks, 2013-2015 (MigRom-UGR team)

TFR: Total fertility rate, estimated number of children per woman

Mean age of mothers: mean age of all women who give birth in the corresponding year

Women (N): Number of women from 15 to 49 years in the sample in the period considered

Children (N): Children born in the studied population in the year considered

Population (N): Total population of the sample, estimated for years 2011 to 2013 from data of 2014 and 2015

CBR: Crude birth rate, number of births per thousand people

3.1 Fertility levels in the seven networks

In the sample of 678 people we were able to calculate some key demographic variables. As can be seen in table 1, for the whole group surveyed, in the 2011 to 2015 period, the crude birth rate was 34 per thousand, the total fertility rate was 3.9 children per woman, and the mean age of women at childbirth was 23.9 years. This results point to a high and early level of reproduction among these Roma groups. It contrasts particularly with the Spanish and Romanian majority populations (see section 4).

A consequence of these fertility patterns is that almost all of the Roma homes studied include babies and small children. This requires much domestic work and care, a task that is almost completely carried out by women. In this sense, young mothers may benefit from larger households and the presence of relatives assisting in cooperative childrearing living nearby.

3.2 *Reproductive patterns observed (124 married women)*

3.2.1 *Universal, early and arranged marriages*

There is no woman in our sample who remained celibate after 25. Total celibacy was rare in the families of these women, both in Spain and elsewhere. These results cohere with the declared goals and values expressed in conversations and formal interviews. The ideal life of an adult is that of a member of a sexual, fertile couple with a gendered division of tasks and responsibilities. Hence, marriage is less seen as an individual choice than a culturally patterned necessity. While vernacular understandings of common law marriages often do not coincide with official definitions by state authorities, it seems inadequate to consider that many births in these families happen ‘out of wedlock’. In our research we have tried to follow the vernacular understanding of marriage: a bond socially recognized that implies not only individual commitments but multiple familial responsibilities (see note 3).

In these families ideally marriage must come early. Teenage marriage is the moral and statistical norm in these groups. In the seven networks explored the prevalent normative orientation was for women to marry between 16 and 19 years of age. Husbands tend to be from the same generation as their wives but a bit older; in the cases studied, 2.4 years older on average. There are a few cases in which the husband is much older than the wife. There are also some cases in which the wife is older, but these are seen as exceptional and often inappropriate. In most of these cases this was not the first marriage for one or both partners.

Almost all marriages in these networks took place within their own linguistic-cultural and territorial communities. Endogamy is a powerful *habitus* in all the groups studied. The norm is that the fathers of the spouses arrange their marriages. In all groups this is considered a right of the *Paterfamilias* or the person in his role. Arranged marriages usually involve a complex system of economic transactions and gifts including some form of bridewealth or bride-price. There is considerable variation among families, however, in the voice and agency given to the young in marriage agreements. Besides, the young often have a chance to elope and preempt their parents’ decisions. This often leads to conflicts and conflict-resolution procedures that can be informally negotiated or resolved through the adjudication of a *Kríz*, a Roma Court, a procedure particularly popular among the *Korturare* groups. Today, social media resources offers a growing space for the matchmaking of these Roma communities (Ogáyar, Gamella and Muntean, 2018).

In most families we found urgency among parents and teenagers in establishing the right matches. The risk to lose an attractive partner is present in most marriage deals. Most of the studied Roma networks are enmeshed in competitive marriage markets. Beautiful, ‘well-taught’, virtuous and virginal girls from ‘good families’ are in high demand. Hence, girls of marriageable age are the source of much monitoring, evaluation and surveillance not only by aspiring boys, but also by their parents and close relatives.

3.2.2 *Pronatalist marriages*

In almost all cases, common law marriage and childbearing are part of the same culturally patterned sequence. Common law unions, particularly first marriages, must be followed by pregnancy without much delay. The birth of a child confirms the union, the adequacy of the newlyweds and their maleness and femaleness (Teșăr, 2012). In all the families surveyed children are highly valued, and infertility is seen as a disgrace. It is often judged as a sufficient reason for breaking the marriage. In the sample studied, two women have been married for several years and have not borne children. Both are saddened and humiliated. Their husbands also suffer the rebuke of their peers. For instance, Alina was only 14 when she married Reitan a distant relative, whom she had met in *Facebook*. After a year without conceiving, Alena went to a clinic to treat her apparent infertility. Her husband's friends half-jokingly ridiculed him for his inability to get his wife pregnant and offered their services to achieve that goal.

In all the networks studied sons are preferred, even needed, although the most desired number of children commonly include daughters as well. The preference for male children is related to the strength of the patrilocal pattern of post-marital residence, and the subsequent formation strong patri- and fratri-groups. As girls leave their families at marriage and rise their children in their husband's communities (increasingly in another countries) most parents sense that girls are raised for the benefit of others. The preference for male children tends to increase child parity overall. In the networks where young couples start soon to live independently from their parents, the preference for male children may be somehow reduced.

Most women come to their marriages assuming unequal partnerships and differentiated and asymmetric gender roles. Brides are expected to move with their husband's parents as *boria*, incoming daughters-in-law. The young *bori* is expected to work hard for the whole household. The practice of paying a monetary compensation for the bride increases her sense of duty to give children to her husband's family. Hence, in the early years of their marriage wives may have less autonomy, including in birth control decisions.

Table 2. *Age of mothers at the birth of their first known child, and total number of known live children. Romanian Roma women in seven family networks living in Spain, by 10-year age cohorts. December 2015. (N: 117)*

Age of mothers	Age at first child			Total number of children			N	Birth of mothers
	Mean	Std. Dev.	Median	Mean	Std. Dev.	Median		
60 to 69	17.0		17	8.0		8	1	1946 to 1955
50 to 59	17.2	1.7	17	6.3	0.3	6	9	1956 to 1965
40 to 49	17.2	2.1	16	4.8	0.5	5	13	1966 to 1975
30 to 39	17.6	2.6	17.5	4.7	0.3	4.5	40	1976 to 1985
20 to 29	17.4	2.3	17	2.7	0.2	2	43	1986 to 1995
14 to 19	16.1	1.8	16	1.2	0.1	1	11	1996 to 2001
Total	17.3	2.3	17	3.8	0.2	4	117	1946 to 2001

Source: Ethnographic surveys of seven Roma family networks, 2013-2015 (MigRom-UGR team). Sample of 124 Roma women, 117 of them with children

3.2.3 Age of women at birth of their first child

The age of women at their first birth is a key element in their reproductive careers. It affects the total number of births that a woman might have and hence it influences the size, composition and the level of completed fertility of the population. The postponement of childbearing has gained much importance in the transitions to very low fertility occurring in the last decades in many European and East Asian societies (Kholer, Billiari and Ortega, 2002). In our case, as can be seen in table 2, the average age of these women at their first birth was 17.3 years. Median age at first birth has remained between 16 to 17.5 years for all cohorts. A quarter of these women (26 per cent) had their first child at 13, 14 and 15 years of age. Half of them had had their first child before their 18th birthday, 85 per cent before their 20th birthday. These data are conservative, as there may have been pregnancies and births not included in our reproductive histories. Hence it seems that in these Roma groups teenage childbearing has remained a common practice for over half a century⁵, through key historical transformations, such as the tough pronatalist policies of the Ceaușescu regime (Kligman, 1998; Hord et al., 1991), the end of Communism and the displacement to the West.

Underage marriages and pregnancies, often portrayed as ‘child marriages’ and ‘child pregnancies’ (see, for instance, Hotchkiss *et al.* 2016; Čvorović, 2011), are a source of stigmatization for Roma communities. Their occurrence is easily manipulated by mass media reports that often focus on the most extreme cases and

⁵ Some of the youngest mothers in our sample, born between 1990 and 1999, seem to be having children earlier than their mothers and grandmothers. Consider, however, that they are the most precocious mothers of their generation. When all the women in these age groups got married and had children the average age of first births will rise.

present them without qualification or contextualization⁶. Besides, in many developed countries there is today a negative attitude towards teenage births, which are associated with low education levels for girls and with social and medical problems. In fact in several countries there are national plans against teenage pregnancy, seen as a serious social problem (Linders and Bogard, 2014).

3.2.4 Fertility decline: A decreasing number of children

As can be seen in table 2, the 117 mothers in our sample had 3.8 living children on average. The maximum number of children is 9. Probably this data underestimate the fertility rates of women from older generations, particularly because of the lack of sufficient data on child mortality and other sources of under-registration in our sample. Hence, in the cases in which we were able to gather information on the sensitive and painful issues of child death, induced abortion and children given in adoption the number of pregnancies of these women increased between 10 and 20 per cent. Thus, among the grandmothers of these women, born in the 1930s and 1940s we found a number of cases of women who had 12 children or more.

Table 2 also shows that each younger cohort is having fewer children. This is significant in relation to those cohorts whose reproductive histories may have ended, mostly the women born between 1945 and 1985. They include two generations of women: grandmothers and middle-aged mothers. They had fewer children than their mothers but still they have more than 4 children on average. These women may belong to the first generations of Romanian Roma women in which the norm of unrestricted fertility did not apply. In our conversations most elderly women say they did not use artificial contraceptives until the 1990s. But this requires a more extensive ethno-historical research than we could develop, particularly in Romania.

3.2.5 Stopping early: The birth of the last child

The tendency to stop childbearing long before menopause has been described as a sign of the onset of fertility decline in populations (Knodel, 1987). As shown in table 3, the older women in our sample seem to be completing the reproductive stage of their lives in their early thirties, and the new generations seem to follow the same pattern. In the in-depth study of cases we found that women born in the 1950s, particularly in the second half of that decade started to control their childbearing, mostly by stopping their childbearing career earlier than their mothers or elder sisters. This may have started in the late 1980s but happened more easily and systematically after the fall of the Ceaușescu regime. International migration also helped some of these women in these decisions. For instance, Stela, a *Korturare* Roma born in the region of Oradea, moved to Germany with her husband and three of her six living children in 1991. Her eighth child was born in Germany in 1992, when she was 32. She underwent a Caesarean section. Her husband was seriously ill at the time, and she did not want more pregnancies. Therefore she asked the help of a 'German doctor who

⁶ For instance, see how the tabloid press covered the case of the Roma girl, allegedly 10 years old, giving birth in an Andalusian hospital: <http://www.dailymail.co.uk/news/article-1326193/Father-baby-born-gypsy-girl-10-Spain-13-year-old-boy.html>

spoke Romanian', and she was subjected to a tubal ligation as part of her surgical procedure.

Table 3. Age at the birth of their last known child, and years since the birth of last child. Romanian Roma women in seven family networks. Grouped by the age cohort of mothers. Mean, standard deviation and median of the women in each cohort. December 2015 (N: 117)

Age of mother	Age at last child			Years since last child			N	Birth period of mothers
	Mea n	Stan d. Dev.	Media n	Mea n	Stan d. Dev.	Media n		
<i>60 to 69</i>	37.0	-	37	30.0		30	1	1946 to 1955
<i>50 to 59</i>	30.7	3.9	29	24.4	3.7	24	9	1956 to 1965
<i>40 to 49</i>	28.5	5.5	28	15.8	7.6	14	13	1966 to 1975
<i>30 to 39</i>	28.6	4.2	29	5.9	4.4	5	40	1976 to 1985
<i>20 to 29</i>	21.8	2.9	21	2.9	2.5	2	43	1986 to 1995
<i>14 to 19</i>	16.9	1.4	17	1.1	1.3	1	11	1996 to 2001
<i>Total</i>	25.2	5.7	25	7.1	7.9	4	117	1946 to 2001

Source: Ethnographic surveys of seven Roma family networks, 2013-2015 (MigRom-UGR team). Sample of 124 Roma women, 117 of them with children

Table 3 also contains data on the years that have passed since the women in our sample had their last child. The three older cohorts, those born in the 1950s, 1960s and 1970s, appear to have ceased having children many years or even decades ago. The women born from 1976 to 1975 who are still fertile have been without children for almost 9 years on average. For women in their 40s the mean age at last child is 28.5 years. Women in their 30s appear to be stopping their reproductive careers at around 29 years of age. On average, this age group has been six years without a new child. Our conversations with women from these cohorts point to purposeful efforts in this direction by these women, although the present data is only provisional and tentative.

Some of the younger women are trying to stop having children in their 20s, after they have reached the family size they desire. This is confirmed in several of the cases studied ethnographically. For instance, Bianca was born in 1989 in a town near Segarcea. She was married at 15, but separated from her first partner a few months later. 'It was a mistake', she told us. They had no children. A few months later she met her present husband, Sorin. After living together for a few months, she got pregnant with her first son, who was born in 2007. Three months later she became pregnant again and had a daughter. In 2008 she moved to Spain with her husband and children to live with her in-laws, who were working in seasonal agricultural work. The family found a large and affordable house in an Andalusian town of about 50.000 people and established their base there. Bianca didn't have any more children for the next eight years. She and her husband used withdrawal, condoms, and the pill. However, Bianca had got pregnant twice, and used the public family planning services in her neighborhood in order to terminate her pregnancies. In 2014 she got pregnant

again. Her *sasuj* (mother-in-law), converted to Pentecostalism, tried to convince her to have this child. Bianca left for a cropping season in another province and on her return her pregnancy had disappeared. Often she repeats that she does not plan to have more children. 'Two are enough. Children need many things today', she explains.

In sum, even accounting for the exceptions, the trend is clear: these Roma women are using their agency to end their reproductive lives many years before menopause. Various ideological and attitudinal changes are contributing to this pattern. For instance, several women in all networks have repeated that they do not want to be pregnant while their *boria* (daughters-in-law) are also with child. 'Having a belly while your *bori* also has one? That is very shameful today', told us a young Roma grandmother. Most women concurred with this when asked. The shorter age difference among generations induced by early motherhood makes these overlaps more likely.

3.2.6 Delaying the second or third child

The second dominant pattern of fertility control we observed in these women is the effort to delay the birth of the second or successive children after early motherhood. The first cohort that actively spaced childbearing was that of women born in the 1970s. They are the youngest group that may have completed their reproductive careers and is well represented in our sample. Younger women are spacing the birth of their second or third children using contraceptive methods, both traditional and modern. They are resorting increasingly to the family planning facilities available in their neighborhoods. Therefore having a new child has become the subject of individual and couple decision and planning. Hence 21% of all women born in the 1950s and 1960s waited four or more years for their second or third child. This proportion rose to 27% among women born in the 1970s, and to 40% among those born in the 1980s. This pattern of 'spacing' births is found among women in all families, but is more common in some of them, for instance, among women in the network 2, made up of *Spoitore* Roma from the Călărași region. For instance, Mirela was born in 1992 in a small village in this region from a *Spoitore* Roma family. At 16 she married Nicolae and moved to Spain, where Nicolae had been living and working with his parents and siblings. Ten months later she had her first child, a daughter. In the following five years she had IUD (intrauterine device) implanted in Spain. 'My Spanish girlfriends advised me to get it, and my family doctor helped me getting it'. In our first conversations with her she told us she would like to have more children, but only when their economic situation improved. Her husband wanted more children and nagged her about it off and on. Finally, by late 2013, an infection forced her to get rid of the IUD. She wanted to wait and thought that her husband would 'take care', withdrawing when they had sex. He din't, and she got pregnant. By late 2014 she gave birth to a second daughter. She would have preferred a boy, but was content with her two daughters. Mirela does not plan to have more children in the future unless there is a major boost in their resources.

Many of these women often disagreed with their in-laws about having more children, and feel pressed into new pregnancies. When they work together with their

husbands and/or their mothers-in-law in achieving common reproductive goals, it is much easier for them to control childbearing.

In the years of our fieldwork we found many unwanted pregnancies in the women observed, particularly those of third and higher parities. Many of them suffered failings in the contraceptive methods they use. Some of the women in these circumstances resorted to voluntary abortion. When this pattern was repeated there may be conflicts with health professionals and social workers. The most extreme cases become the source of a kind of urban legends in professional circles, increasing the salience of the 'irresponsible' behavior of *gitanas rumanas*. Some Roma women, however, reject abortion and see it as immoral, but their stance on this issue is rarely stressed. Thus, the birth control of many of these women is not easy. They experience many misunderstandings with the health professionals they visit. These professionals are usually unaware of the family environments where these women live, and of the values, norms and cultural frameworks that underlie their reproductive decisions.

Table 4. Differences among the seven networks studied concerning mothers' ages, their age at their first birth, and the number of their children. January 2016

Network	Age of women			Age at first birth			Number of children			Mothers	Women
	Mean	Std. Dev.	Median	Mean	Std. Dev.	Median	Mean	Std. Dev.	Median	N	N
NET01	35.1	15.0	30	16.7	2.2	16.5	4.8	2.4	5	20	21
NET02	32.3	12.0	29.5	17.1	1.6	17.0	2.9	1.4	2	16	18
NET03	29.9	8.5	31.5	18.1	2.2	18.0	3.7	2.2	4	36	38
NET04	30.8	8.9	30	16.8	2.0	16.0	3.3	1.7	3	11	11
NET05	38.7	10.7	41	20.5	0.7	20.5	4.0	1.4	4	2	3
NET06	26.8	8.3	25	15.9	1.9	15.0	3.7	1.7	4	19	19
NET07	33.9	13.1	34.5	18.2	3.0	18.0	3.9	1.8	4	13	14
Total	31.4	11.1	30	17.3	2.3	17.0	3.8	2.0	4	117	124

NET01. *Korturare* people from a town in the Cluj region

NET02. *Spoitore* Roma from the Călărași region.

NET03. *Korturare* people from a rural commune in the Cluj region

NET04. *Ursare* Roma from the region of Craiova in Oltenia.

NET05. *Laișii* people from the region of Slobozia

NET06. *Kangliare* Roma from Țândărei and Fetești

NET07. *Korturare* Roma from a rural commune in the Cluj region

3.3 Growing heterogeneity: Differences among networks

Our study confirmed that these Roma groups are following different paths and rhythms in their fertility transitions (see table 4). There are important differences among the networks studied that somehow parallel their cultural, socioeconomic and political differences and their different experience of transnational mobility.

The three *Korturare* networks (networks 1, 3 and 7) from Cluj's region show considerable internal variation in their migratory experience. People in network 1 have moved from a single town settlement to over 40 localities in a dozen of European countries (Gamella *et al.* 2017). The other two *Korturare* networks (networks 3 and 7) have a simpler migratory history. People in network 3 moved to Spain influenced and supported two affinal relatives in network 1 who lived there. Some families in this group also moved to the UK, and recently to Scotland. Their international dispersion is much more limited than that of families in network 1. Network 7 included about 35 families from a rural commune near the Apuseni mountains. These families spend over half of the year in Andalusia collecting scrap metal with carts, and return in summer to work in their native mountains and forests. Their children attend (with some irregularity) Spanish schools. Norms, values and institutions are relatively similar in these three networks, but their lifestyles somehow differ. People in network 1 are more urbanized and cosmopolitan, as members of this network have travelled to different countries and continents, and they were pioneers and pathfinders in the migration process. Moreover some families from this network are granted respect and higher status by their rural neighbors, often associated to their ability as rural-political brokers and their economic success.

People in the *Spoitore* network (network 2) from the Călărași region have worked in construction, petty trade, and in recycling discarded materials that they sell in street markets. They have also practiced several forms of begging. The elders have a migratory experience that goes back to Communist times, when they migrated to Yugoslavia, Greece and Turkey as seasonal workers. In the last decades they have favored the UK, Italy, Germany and Spain. This group is the most advanced in the fertility transition in our sample (see table 4).

People in network 4 travelled from the region of Oltenia, and defined themselves as *Ursare* Roma. They have pursued mostly jobs as seasonal farm workers in the cropping campaigns in various Spanish regions. They have favored Spanish agro-towns over cities for their more stable settlement.

Network 5 is made up by three *Laięsi* families. They had relatives in another Andalusian town, about 150 km away. People from this group have lived mostly in median towns, where they apply themselves irregularly to menial jobs, both in local factories or farms and in cropping seasons.

The network 6 is made up by *Kangliare* Roma coming from Țândărei and Fetești. They have a complex migratory history that expands several countries, and their children have been born in different Spanish regions as well as in the UK and in France. In the research period we found them living in a middle town in the metropolitan area of an Andalusian city. Some of their income-generating activities remained opaque to us.

As can be seen in table 4, the seven networks studied show considerable heterogeneity in their patterns of family formation and childbearing. Age at first birth oscillates considerably, but on average remained in teenage years, with the exception of the three *Laiçsi* women. Among *Kangliare* women in network 6 we find more precocious mothers, as half of them had their first child at 15 years of age or earlier. Women in the *Ursare* network (network 4) have started maternity particularly early as well.

The *Spoitore* families of network 2 seem to be very advanced in the reduction of fertility, with a majority of women having 2 or 3 children. Most of them are controlling births in agreement with their husbands. They tend to space the birth of their second children. See in table 4 that the 16 women whose reproductive history we could study in this network had an mean age of 32, above the total mean, but they had 2.9 children on average, well below the total mean of 3.8. Moreover 50 percent of these mothers had two children or fewer.

The *Laiçsi* group seem to have smaller families and reproductive patterns more similar to that of poor Romanians, with less fertile couples and more variation in the ages at marriage and at the beginning of motherhood.

The least advanced in the path to fertility control seem to be the *Kangliari* network from Țândărei. Their women are younger on average and show a pattern of very precocious maternity and high fertility. The *Korturare* groups show much internal variation but still a high fertility for European standards. These families occupy a mid position among the seven networks concerning birth control and fertility reduction, particularly in the younger cohorts.

3.4 Migration and fertility change.

The emigration to Western Europe is stimulating and transforming the process of fertility decline in these Roma groups. We observed an intersection of structural, institutional and ideological factors contributing to these processes. Firstly, the sustained residence in Western European countries has changed the ‘environmental and institutional conditions that change costs, income or preferences and thereby trigger fertility declines’ (Mason, 1997: 444). The new places of residence offer both incentives and pressures for controlling and reducing their fertility, while they also increase their means to do so (González-Ferrer et al., 2017). Most women in our sample agreed that they enjoy better and systems of public health care, education and family benefits than in Romania. However, they also perceived that these increased social benefits incorporate a more exhaustive system of control and discipline embodied primarily in the actions of social workers. Most Roma women, particularly those more in need often declare their fear of having their children removed by social services.

On the other hand, these women are well aware that the direct, indirect and opportunity costs of children have increased. Even mothers who beg need to leave their children supervised and cared for. Their daughters must be in school. So increasingly they are taking them to crèches and kindergartens. The discourses of these women abound in complains about how children today require ‘many more things’ and ‘much more time’. They feel the pressure to devote much attention, care

and investment to their 'quality children' in the new environments of migration, compulsory education, and wealthier consumer societies where they now live. Thus, increasingly we find women who are using birth control methods and considering carefully if 'to have another child'. In their vicinity they find free family planning services, where they can access cheap or free contraceptives and even encouragement to use them. Almost all women under 40 in our sample have used both modern and 'traditional' contraceptive methods during the study period.

Contraception was seen primarily as a woman's concern. Men give their approval and would often accompany their wives to family planning services and gynecologists. However 'care' (withdrawal) or contraception was seen as something that operates on the body of their women, not theirs. Males rejected the use of condoms almost unanimously when having intercourse with their spouses, but not if they had sex with other women, particularly with prostitutes. Vasectomy was also unacceptable. There were many failures in contraceptive methods, and many misunderstandings concerning their correct use and their effects.

The relationship between fertility transitions and transnational migrations is complex and cannot be portrayed as a difference between the 'here' and the 'there' of families living in different countries. Movements and lives across borders have today a multidirectional and recursive nature. A majority of Romanian Roma women or their closest relatives have experienced childbearing and childrearing abroad. In our case there is a whole network of families (network 7) who spends time both in Spain and Romania every year. Therefore, the process should be seen as one of a complex cultural transformation of family lives lived in several countries and in permanent communication and mutual influence.

3.5 Gender transformations

These women are also becoming increasingly aware of new ideologies of gender equality being enacted around them. They are being exposed to new sets of values, beliefs and norms in schools, in the mass media and in their interaction with their *Gadje* (non-Roma) friends and acquaintances. They are also observing couples with more equalitarian gender relations in which men contribute more to domestic tasks and to the care of children and other dependents. They are also exposed to new family, domestic and sexual arrangements. For instance, Bianca, the *Ursari* woman whom we presented before, has become friends with a female couple who lived together in the house across the street. These women were partners and were raising a child together. She was puzzled and asked us in need of clarification: 'How is this possible? How do they do it, two women?' It was the normality of their living arrangements and the acceptance of people in the vicinity that both surprised and educated her.

Moreover, some of our informants told us how often they felt the need to justify their own gender and family arrangements to their non-Roma friends, or to teachers, nurses and doctors. This was a revealing experience for them. Often they reacted defensively and developed feelings and discourses of resistance and reaffirmation of their culturally distinct norms and institutions. However, in these intercultural encounters their mentality was also transformed.

Besides some of these women are developing more articulated and critical views of their own family and gender arrangements. These are not exclusively negative, but more nuanced and dialectical. They would negotiate differently their own living arrangements and, even more so, of their children. Two discursive themes are recurrent: 'I don't want to be like my mother', and also: 'I don't want my daughters to be like me'. In this sense, one of their first concerns is to have fewer children.

Moreover, a growing number of these women expressed feelings of frustration by the many duties and tasks in their hands and show discontent with their overburdened situation (Oprea, 2004). Some of them are questioning openly some of the institutional frameworks and rules that guide their decisions and lives. A more equalitarian gender system is emerging. We found couples that are living, in many respects, companionate marriages, as they base their relationship on trust and the complicity of partners. However, we have also found domination and abuse by husbands in many couples. Besides, a considerable level of communication and respect is still compatible with a considerable asymmetry in gendered tasks and obligations, and in the restriction of autonomy of women in their movements and their capacity to maintain independent social relationships, including those developing in social media (Ogáyar, Gamella and Muntean, 2018).

The trend towards more equitable roles and duties is more visible in some networks and, particularly, in some families. It may accelerate in the next years when the generation of Roma girls now in schools all over Europe reaches adolescence. The long stay of some of these families in different European localities is favoring process of educational integration and the development of bicultural mentalities and identities.

4. Conclusions

We have explored how a group of Roma women from various Romanian regions are transforming their reproductive lives in the transnational context brought about by their displacement to Western Europe. International migration is contributing to the transformation of their fertility patterns. Moreover transnational encounters and experiences take new meaning when considering reproduction.

This exploration showed that birth control has become a key issue of conscious choice by these Roma women, their partners and their families. However, the birth of the first child is less open to choice and planning once marriage takes place. It is particularly the choice of having another child that is becoming an area of individuals' and couples' agency that requires know-how and expert support. Hence the evidence collected shows that these women are undergoing a culturally specific fertility transition compatible with the strong institutional pressures favoring early pronatalist marriage and teenage motherhood. Two major strategies seem decisive. First, the most mature of these women are trying to stop having children in their late 20s and early 30s, at the age when most Western European women are considering motherhood. Secondly, the younger cohorts are delaying the birth of second and subsequent children. In this second strategy we find more heterogeneity among groups and families. Besides, the changes in the timing and level of their fertility are introducing key changes in their lives. Most of these Roma women are dedicating a

smaller portion of their adult lives to childbearing and childrearing. Their increasing access to family planning services is helping them to better balance reproductive and non-reproductive goals.

Secondly, in some ways fertility decline and birth control in these families is acting 'as a lever for more equal gender relations' (Malhotra, 2012: 3), although this is following different rhythms and pathways in the various groups studied. Husbands are still key actors in the process of reproductive choice, as in many other contexts (see Mason and Smith 2000). However, we found that in the couples where partners agree in their reproductive goals women tend to be much more able to use birth control effectively. However, women do not decide alone, and the pressures of husbands and close in-laws are also contributing to fertility change. Thus we contemplate here a cultural transformation and not only a turn to an individualistic view of birth control.

Thirdly, these women in their different roles are transforming the meta-institutions of family, marriage a gender by their actions and responses to the demands of their transnational experience. Teenage motherhood, for instance, is being retarded by the exigencies of schooling and education these families found in the new places where they live. The process is varied and is increasing the heterogeneity of the younger cohorts. Thus none of these institutions must be portrayed as a feature of an unchanging Roma culture, but an adaption to factors and pressures both internal and external to the communities studied. In their life abroad women are exposed daily to new models of gender equality and the sharing of domestic and care tasks. Attitudes and normative expectations are opening generation gaps between mothers and mothers-in-law and daughters or *boria* in respect of the contribution of men to household and childcare tasks. Sometimes these gaps are appearing between older and younger sisters as well. Often the couples that are more isolated from the pressures of kin and family show less asymmetry in their gender roles, and more cooperation in domestic tasks and in birth control. This supports the classic thesis of Bott about the connection of strong family networks and gender segregation (1971). Moreover, 'the extensiveness of kinship networks and the degree of the relatives' assistance with childcare' may decrease the costs of new children (Berezkei, 1998: 238). However, there are mediating variables affecting these relations, and we found increasing internal variation both among families and among the networks studied, both in terms of institutional and structural change and in the mutual trust, respect and cooperation of couples.

Our observation showed that the transnational experiences of these Roma are increasing their interactions with women with 'lifestyles, career and consumer aspirations' (Basten, Sobotka and Zeman, 2013: 83) that were relatively alien to them and that are increasingly incompatible with early and high fertility patterns. Along a more theoretical line, this case shows that gendered theories of migration (for a recent review, see: Brettell, 2016) need to consider how reproductive strategies intersect with domestic gender relations and ideologies in the intercultural encounter brought about by international mobility.

Finally the reproductive regimes observed in these Romani groups contrast sharply with those prevalent both among the majority populations in Romania and in Spain, as well as in other countries where these families have moved recently, such as Germany, Italy and the U.K. Precisely, Romania, and Spain, as most of Southern and

Eastern European countries, have remained for over two decades in the group of countries with very low levels of both period and cohort fertility (Frejka, 2017). Both countries also started their ‘postponment transitions’ form early to late age of childbearing decades ago (Kohler, Billari and Ortega, 2002: 645). Recent aggregated data provides a measure of these demographic disparities.⁷

It seems that marriage and the extended family remain key institutions in the social organization of reproduction of these Roma groups. This somehow contrasts with the trends observed among the overall populations of the Western European countries where they have migrated. These divergences are generating misunderstandings and conflicts both with their neighbors and with social and health professionals. However, contrary to popular discourses on the ‘irresponsible’ Roma mothers, our case shows that most Roma women and couples are ready and willing to control their fertility. However, (to use the classic formulation of Coale, 1973) most of them are not completely able to do so in their present circumstances.

It is clear that the efforts of these Roma women to control their childbearing require more adequate health education and more culturally sensitive planning services. There is a need for a more positive view of the demographic vitality of Roma people, and for an understanding of the different instituted logics of action (DiMaggio, 1997) at work in the intercultural encounters. This calls for a rephrasing of family policies and health efforts targeted to Roma women and their needs, particularly those from the more marginal and excluded groups.

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⁷ By 2015, the final year of our survey, Romania had a TFR of 1.58 and Spain of 1.32, that is less than half that of the Roma groups surveyed that was 3.9 children per woman. The mean age of women at the birth of their first child was 26.3 for Romania and 30.8 for Spain, compared to 17.3 for the Roma mothers in our sample (see table 2). Other familial processes associated with the Second Demographic Transition have also rose steadily in both countries, although following different demographic and social pathways (Frejka, 2017; Muresan, 2008). Thus by 2015, over 44 per cent of children in Spain were borne outside marriage to to 31 per cent in Rumania. That year the divorce rate in Spain reached an all time high of 60 per cent compared to 25 for Romania (Eurostat 2017: <http://ec.europa.eu/eurostat/web/population-demography-migration-projections/births-fertility-data/database>, updated Nov. 11. 2017).

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