

## Fertility & reproductive health abstracts

Strand organisers: Dr. Alice Goisis, Dr. Alina Pelikh (University College London)

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### 2.00pm Tuesday 14 September: Reproductive health & infertility

#### Menarche: a global health indicator?

Tiziana Leone<sup>1</sup>, Laura Brown<sup>2</sup>; <sup>1</sup>London School of Economics, <sup>2</sup>University College London

Menarche (first menstrual bleeding) serves as a critical marker of puberty, and the associated physiological and social changes which collectively symbolise sexual maturation, adulthood and fertility. Recent evidence shows that age at menarche in Low and Middle Income Countries is undergoing a transition similar to that of European countries in the nineteenth century and is generally linked to an improvement in nutrition and health of young women. Age at menarche is influenced by a unique set of genetic, socioeconomic, and environmental factors. It is such a fundamental determinant of women's physiological development that it has been suggested as a key global health indicator. However, so far, no study has linked the trends to wider structural aspects such as demographic and economic development. Using aggregated data for 27 countries produced from pseudo-cohort information from all available World Fertility Surveys (n=16) and Demographic and Health Surveys (n=28), we analyse the relationship between mean age at menarche and macro factors such as mean age at marriage, total fertility rate, GDP and life expectancy, among others. So far, results show a significant negative correlation with life expectancy, both total (-0.66) and female (-0.62), and with GDP (-0.23) and population density (-0.34). Literacy and age at first union do not seem to be significantly correlated with mean age at menarche, neither do school drop out rates. This analysis is key in the wider context of studying transition to puberty. The onset is often neglected and its shifting to earlier ages needs to be monitored.

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#### Reproductive experiences and loneliness: The Role of the mode of conception, gender and childbearing status

Selin Köksal<sup>1</sup>, Alice Goisis<sup>2</sup>; <sup>1</sup>Department of Social and Political Sciences, Bocconi University, <sup>2</sup>Centre for Longitudinal Studies, University College London

With parenthood being postponed to later ages in advanced societies, reproductive experiences are getting more diversified due to the increased risk of infertility and conception via medically assisted reproduction (MAR). Prior studies, largely from the medical literature, show that undergoing MAR treatments can be damaging for women's mental health. These studies have not adequately explored whether this effect is moderated by the social components of reproduction, such as gender and childbearing status (i.e. if the pregnancy seeking process results in a live birth or not). To fill this knowledge gap, we investigate whether diverse reproductive experiences according to the mode of conception (MAR vs. natural conception) are associated with individuals' feeling of loneliness and if the effect is moderated by gender and childbearing status using two-waved panel data from the Generations and Gender Survey. Focusing on a subgroup of respondents who declare they are seeking a pregnancy at Wave 1 and controlling for socio-demographic characteristics, we show that the social loneliness of individuals who undergo MAR to conceive worsened in between two waves compared to individuals who are trying to conceive naturally. Furthermore, our analysis by gender reveals that this effect is mainly driven by women who undergo MAR. Lastly, compared to individuals who fail to conceive naturally, individuals who fail to conceive via MAR experience hardship in social loneliness whereas individuals who had a child in between two waves experience a slight improvement in loneliness feeling regardless of the mode of conception.

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## **Cross-national differences in the use of contraception and abortion services between England, Wales and Scotland**

**Bernice Kuang, Ann Berrington; University of Southampton**

Although cross-national fertility differences have persisted for decades between England, Scotland and Wales, few studies have investigated differences in contraceptive use and abortion as proximate determinants of country-level fertility differences. This is partly due to a paucity of continuously collected and comparable data on contraceptive use within the different nations. Omnibus Survey data on contraception in England and Wales were collected from 1998-2008, but not in Scotland. Currently, contraceptive use rates are available for Scotland through administrative records across service providers, but England and Wales only publish absolute numbers of supplies dispensed in sexual and reproductive health clinics. This paper uses two data sources that are comparable across countries: published aggregate data on abortion rates and survey data pooled from the National Survey of Sexual Attitudes and Lifestyles, 1990 to 2010. We find that abortion rates are lower in Scotland than in England and Wales and so conclude that use of abortion cannot account for the lower fertility levels in Scotland. Using multinomial logistic regression, we compare use of different contraceptive methods across countries among sexually active men and women, controlling for key background characteristics, and find marked country differences in the contraceptive method mix. Our results highlight greater levels of female sterilization and lower levels of barrier/traditional method use in Scotland compared with England, which persists when background characteristics – such as religion, age, ethnicity, education – are accounted for.

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## **Self-declared infertility and the desire for children among women in reproductive age on the last Brazilian Demographic Health Survey**

**Sandra Garcia<sup>1</sup>, Mitti Koyama<sup>2</sup>; <sup>1</sup>Brazilian Center of Analysis and Planning (CEBRAP), <sup>2</sup>Independent Consultant**

**Summary Objectives:** The aims of this article are: 1. Identify women of reproductive age who want to have children and declared themselves infertile or have difficulties getting pregnant; 2. Investigate their demand for infertility treatments in public and private services and their outcomes; 3. Identify the sterilized women who regretted that decision and their reasons for regret. **Methods:** Study based on the last Brazilian Demographic Health Survey, 2006 (PNDS 2006). The population survey consisted of 15,575 women between 15 and 49 years. Chi-square tests were adjusted to identify associations between infertility, treatment-seeking, and sociodemographic variables. **Results:** From the point of view of reproductive conditions, women were classified as in reproductive and non-reproductive conditions. Of the women classified in non-reproductive conditions, 9.2% wish to have children. Almost half of them did not seek help, with a higher percentage among black women (58%). Of the sterilized women, 12% regret. The desire to have more children is the reason for regret for 70% of them. **Conclusion:** The study points to the need for the health system to reinforce the guidelines given to women to the sharp drop in fertility after 30 years and the low chances of a reversal of sterilization. Women from poor classes are those who seek the public health system with low chances of being served.

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## **4.00pm Tuesday 14 September: Determinants of fertility**

### **Home alone: Exploring childcare options to move beyond the single child problem in Belarus**

**Kamila Ishchanova; Charles University**

Driven by very low second birth rates, the long-term fertility decline in Belarus has become a major national policy focus of the past decades. Yet, a remarkable research gap exists regarding the determinants of low fertility rates and corresponding policy options in Belarus. Building on previous research in other developed countries that found a link between family policy measures and fertility decisions, this study aims to assess the

relation between Belarusians' access to childcare support and having two children in Belarus. The empirical results will be pivotal in creating an evidence base to identify and implement effective family planning policies in Belarus. The analysis is based on respondents of the Belarusian Generation and Gender Survey (2017), who are aged between 18 and 45 and have one or two child/-ren under 15 years old. The main explanatory variables are usage of institutional regular childcare and informal childcare. The model controls for sex, age, education, and economic wellbeing. Applying logistic regressions, the model demonstrates that institutional childcare support almost doubles the likelihood of having two children regardless of socioeconomic status. However, the use of informal childcare tends to be negatively related to having two children. This study proposes initial family policy measures to stimulate families in Belarus to have more than one child.

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### **The effect of parental leave policies on increasing fertility: A systematic review**

**Jac Thomas<sup>1</sup>, Francisco Rowe<sup>1</sup>, Paul Williamson<sup>1</sup>, Eric S. Lin<sup>2</sup>; <sup>1</sup>University of Liverpool, <sup>2</sup>National Tsing-Hua University, Taiwan**

Low fertility is set to worsen economic problems in many developed countries, and parental leave has emerged as a key pro-natal policy. However, the literature contends that evidence for the effect of parental leave on fertility is mixed. We conduct the first systematic review on this topic. By applying a rigorous search protocol, we identify and review empirical studies that quantify the impact of parental leave policies on fertility. We focus on experimental or quasi-experimental studies that can identify causal effects. We identify 11 papers published from 2009-2019, evaluating 23 policy changes across Europe and North America from 1977-2009. Results are a mixture of positive, negative, and null impacts on fertility. To explain these apparent inconsistencies, we propose a new conceptual framework which decomposes the total effect of parental leave on fertility into the "current-child" and "future-child" effects. We decompose these into effects on women at different parities and specify study designs to identify each effect. We classify the 23 studies in terms of our framework, revealing that all negative or null studies identify the current-child effect, and all the positive studies identify the future-child or total effect. Since the future-child and total effects are more important for promoting aggregate fertility, our findings show that parental leave does in fact increase fertility when benefit increases are generous. Furthermore, our conceptual framework provides a new way of understanding and classifying the effects of pro-natal policies on fertility.

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### **Moving home or having a baby: what comes first? Understanding the realisation of jointly held childbearing and mobility intentions in UK.**

**Sarah Christison, Hill Kulu, Francesca Fiori, Katherine Keenan; University of St Andrews**

Across the life course people may hold several co-existing intentions such as childbearing and residential mobility. However, the way in which jointly held intentions are realised, has not been studied. This study examines the intentions in the related domains of child-bearing and residential mobility, examining how jointly held intentions are realised. This study also explores the sequence through which joint fertility and mobility intentions are realised and explores the factors which influence how these intentions are fulfilled. Based upon existing theoretical and empirical literature, this research examines how demographic and socio-economic factors influence the order of intention fulfilment. The way in which these issues are addressed are set out in the research questions below. Research Questions: 1. How are jointly held fertility and residential mobility intentions realised, and does the order of intention realisation vary, based upon demographic and socio-economic factors? 2. Does the order of realising jointly held fertility and mobility intentions differ based upon intended family size? 3. Is the order of realising jointly held fertility and mobility intentions different for higher order births compared to first births? Using longitudinal (monthly) data from the BHPS and the UKHLS, the study applies event history analysis to model time to conception and time to a residential relocation for individuals holding joint fertility and mobility intentions. This is the first study to examine intentions and their realisation in more than one life domain. Results will improve our understanding of individuals' decision-making and factors that promote or hinder the realisation of intentions.

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### **ICT and fertility: Does home-based work influence fertility decisions in the UK?**

**Beata Osiewalska, Anna Matysiak, Anna Kurowska; University of Warsaw**

The development of information and communication technologies (ICT) and the spread of high-speed Internet have severely impacted many aspects of the labour market, including the increasing prevalence of home-based work (HBW). These changes may have important consequences for fertility decisions. We recognize two major and contradictory mechanisms. First, working from home may encourage childbearing by helping to reconcile paid-work and parenthood, relaxing time constraints, reducing commuting times and allowing to devote more to family life. Second, HBW may exacerbate the work-family conflict and thus reduce fertility by the work-to-family spillover, blurring boundaries between work and family time, and feeling higher paid or unpaid workload. The relationship between HBW and childbearing may depend on gender (as women in their 'rush hour of life' encounter higher work-family pressure than men), education (the 'digital divide': highly educated are more capable of and entitled to HBW), occupation and related work-conditions (e.g., ability to work remotely, level of competitiveness, work-intensity). In this study, we use UKHLS data to test whether HBW influences fertility in a liberal labour market setting, in which the share of home-based employees is one of the highest in Europe. We focus on couples with female partners at reproductive age. With the use of event history analysis, we study the differences in first-, second-, and subsequent birth rates by the availability and use of HBW, controlling for educational and occupational conditions. Our preliminary results suggest that HBW positively correlates with childbearing. Nevertheless, this correlation turns negative for second parity-progression among socioeconomically-advantaged groups.

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### **9.00am Wednesday 15 September: Low fertility trends & perspectives**

#### **Recent trends in total fertility and measure of fertility replacement level which is adjusted for net immigration for 12 European countries**

**Nick Parr; Macquarie University**

This paper examines the heterogeneity of the long run population growth prospects of countries with below (conventional) replacement level fertility and positive net migration. A population which experiences constant fertility below exact replacement level, constant mortality and constant net immigration amount with a fixed age composition will converge to a stationary state. Parr (2021) defined the Current Migration Replacement TFR as the level of fertility which in combination with constant net migration (measured in absolute terms) and constant mortality rates at the levels for a specified population and year produces a size of stationary population equal to the actual population size for that year. For individual years between 2009 and 2018 for 12 European countries, the paper compares the actual TFR to Parr's (2021) Current Migration Replacement level. Results show the number of countries in which TFR was above Parr's (2021) replacement level fell from 8 in 2009 to 4 in 2018. In almost all years for France, Sweden, Norway and Switzerland The TFR was above Parr's (2021) replacement level and for almost all years for Czechia, Hungary, Portugal and Italy the TFR was below it. Germany's TFR rose from below to above (Parr's 2021) replacement level, whilst Finland's TFR fell from above replacement to below it. The results show the population growth implication growth implication of an NRR below 1.0, when considered in combination with concurrent net migration and mortality, varies between countries and over time.

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### **Recent trends in UK fertility and scenarios for impact of COVID-19**

**Ann Berrington<sup>1</sup>, Joanne Ellison<sup>1</sup>, Bernice Kuang<sup>1</sup>, Sindhu Vasireddy<sup>2</sup>, Hill Kulu<sup>2</sup>; <sup>1</sup>University of Southampton, <sup>2</sup>University of St. Andrews**

First, we examine fertility trends up to 2019 in the UK's constituent countries, to understand what was already happening prior to the COVID-19 pandemic. Second, we discuss the possible impact of the COVID-19 pandemic on childbearing behaviour and outline a number of possible future scenarios for fertility rates. Third, we use these scenarios to project the Total Fertility Rate (TFR) and the annual number of births for the period of 2021-23. We find that in all countries of the UK fertility rates have been declining at all ages, even among older women in their late thirties and forties among whom there had previously been sustained increases associated with the shift of childbearing to later ages. Provisional estimates of the TFR for England and Wales based on the first three quarters of 2020 (ONS, 2020b) suggest that fertility rates had fallen to historically unprecedented low levels before any impact due to the pandemic occurred. Having considered potential forces acting on individuals at different ages and using data on fertility rates following the 2008 recession, we expect that the COVID-19 pandemic will depress fertility, particularly among younger people. Because fertility at all ages was declining before the onset of the pandemic, this could mean a further decline in period fertility to historically low levels for the UK. Our projections show that for three scenarios out of four fertility is expected to decline over the next three years leading to significantly fewer births annually compared to the pre-pandemic period.

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### **Two decades of fertility fluctuation in Great Britain**

**Hill Kulu<sup>1</sup>, Bernice Kuang<sup>2</sup>, Ann Berrington<sup>2</sup>; <sup>1</sup>University of St. Andrews, <sup>2</sup>University of Southampton**

The last three decades have witnessed unexpected fluctuations in fertility levels in the United Kingdom. Fertility significantly increased in the first decade of the 21st century and declined thereafter. However, the causes of these fertility changes are unclear. Some researchers attribute them to changes in fertility timing - i.e. the postponement or acceleration of childbearing - while others emphasize the importance of changes in population composition or changes in childbearing behaviour in response to past policy changes and the post-2008 economic recession. Using the England and Wales Longitudinal Study and the Scottish Longitudinal Study, we will investigate childbearing trends by birth order in the last two decades by calculating annual parity-specific fertility rates by country to determine whether the increase and subsequent decline in the total fertility rate (TFR) is attributable to the changes in first, second, third or higher-order births, or all of them. We will also investigate whether TFR differences between the constituent countries are the result of differences in the timing of childbearing, variations in levels of childlessness, or different family sizes among mothers by calculating the mean age at first birth and distributions of completed family size for each country. This is the first study to investigate childbearing trends in Britain by birth order and compare parity-specific fertility by country.

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## **10.30am Wednesday 15 September: Spatial variation in fertility**

### **The rural-urban difference in effects of second-child policy in China**

**Kai Hu<sup>1</sup>, Cuiling Zhang<sup>2</sup>; <sup>1</sup>University of St. Andrews, <sup>2</sup>China Population and Development Research Center**

Background: Since the second-child policy was adopted in 2016 in China, there are many studies to explore factors associated with intentions to have a second child. However, few studies investigate the rural-urban difference in effects of second-child policy in China. Methods: Data used in this study are from a survey of China's floating population in 2017. We restrict the analysis samples in 70,593 who are females aged from 18 to 40 years old. The total number of children and the number of children born after 2016 are observed as the outcome variables. Residence type in China consists of three types: rural, urban, residence from rural to urban. Considering the minor diversity of second-child policy in each city, we apply the multilevel modelling to

estimate the rural-urban difference in effects of this policy. Results: Our findings show that rural residents have more children than rural-urban and urban residents. However, when comparing their children born after 2016, we find rural-urban and urban residents have more, especially for rural-urban women. The heterogeneous tests suggest the rural-urban difference is mainly existed in those aged 30-40 years old and with higher education. Conclusion: Our study suggests the universal second-child policy has a strongly positive effect among rural-urban and urban residents, while this effect is weak among rural women. Due to economic and cultural difference between rural and urban areas in China, policymakers should consider the rural-urban difference in the second birth.

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### **A Spatial Durbin Panel approach to understanding fertility in the UK 2013-2019**

**Peter Dorey, Hill Kulu; University of St Andrews**

Spatial aspects are of increasing interest within fertility research – studies report significant intra-country heterogeneity in fertility rates in high-income countries. This study investigates fertility variation at a Local Authority level in the UK over the 2013-2019 period. Various economic (house price, unemployment), compositional (ethnicity, sex ratio, education) and contextual (population density, migration rate) variables are included within the model as well as a cultural measure (leave voting in 2016 EU election) in order to account for spatial fertility variation. The study applies a Spatial Durbin Panel Model - a novel technique, not yet applied in fertility research. The model allows exploration not only of the relationship between characteristics of an area and the fertility of that area but also of relationships between characteristics of neighbouring areas and the fertility of an area. The approach allows nuance and flexibility; expanding current conceptions of structural geographic dynamics of fertility. Results show significant relationships between fertility, education, population density, ethnicity and leave voting: fertility declines with increasing population density, growing share of highly educated individuals and declining proportion of ethnic minorities. Interestingly, fertility levels are also lower in areas with smaller percentage of leave voters suggesting a relationship between fertility and ideational-normative factors. Results also show significant spatial dynamics of fertility and its determinants.

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### **Differentials and trends in fertility across the Swiss cantons 2000-2019**

**Marion Burkimsher; affiliated to the University of Lausanne**

The lowest TFR across the cantons of Switzerland was just 0.9 for Swiss women in recent years: the highest was 1.9. Why such large differentials? In some cantons over half of births are to foreign women: how does this impact the TFR? And what are the drivers of the TFR trends of the past two decades? First we find that the fertility of foreign women boosts a canton's TFR; foreigner TFR is distorted by births soon after migrants arrive. However, this boost has declined from 0.3 to 0.1, despite a rise in the foreign population. In contrast to stable foreigner fertility, the TFR of Swiss women has evolved: after a post-2000 dip, the TFR rose by over 0.3, followed by a modest fall. First, second and, to a lesser extent, third order birth rates all contributed to these trends. Timing of childbearing has changed. From 2002-2010 pre-modal age fertility stabilised and later fertility rose, widening the fertility curve. Subsequently, early fertility declined whilst later fertility stabilised, narrowing the curve. Mean age at first birth continues to rise, but are older women hitting a limit to their fertility? Secondly, how to explain the differentials between cantons? We find three significant variables: religiosity, urbanicity and education. An increasing proportion of Swiss women are starting a family whilst living in the city, with a concomitant fall for rural areas. Hence there has been convergence in TFR between cantons. Comprehensive data sets allow detailed analysis and these insights could have wider applicability between countries.

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## **Individual and aggregate conditions of first births in Finland, 2012-2018**

**Nicholas Campisi<sup>1,2</sup>, Hill Kulu<sup>1</sup>, Júlia Mikolai<sup>1</sup>, Sebastian Klüsener<sup>3,2,4</sup>, Mikko Myrskylä<sup>2,5</sup>; <sup>1</sup>University of St Andrews, <sup>2</sup>Max Planck Institute for Demographic Research, <sup>3</sup>Federal Institute for Population Research, <sup>4</sup>Vytautas Magnus University, <sup>5</sup>University of Helsinki**

Fertility levels in Finland declined from among the highest in Europe in 2000 to currently among the lowest. The causes behind fertility decline are multifaceted – analysis of both individual and broader contextual factors is critical to understand individuals' fertility decisions. This paper aims to understand how individuals' first birth outcomes are related to the broader contexts in which they live. We use register data to estimate the probability of a first birth between 2012 and 2018 to women living in Finland and estimate probabilities by age to highlight differences in fertility timing and their relationship to labor force participation. We contribute a multilevel approach to individual fertility outcomes that combines both individual- and aggregate-level conditions to understand how the conditions of fertility vary across level of urbanization. We find that unemployment is related to an increased risk of a first birth in Finland, especially for women aged 18 to 29. Younger women appear to form a select group able to choose fertility without sacrificing labor force participation. Supplemented incomes may reduce the tradeoff between unemployment and fertility and inhibit postponement, even as unemployment rates increase. This trend is strongest in Helsinki, where the risk of a first birth is lowest in the country but the difference in first birth probabilities between employed and unemployed women is largest.

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## **Midday Wednesday 15 September: Framing abortion**

**Session convenor: Joe Strong (London School of Economics)**

This session brings together research exploring the ways in which abortions are conceptualised across the political, economic, and social spectrum, unpacking abortions within legislation, workplaces, and reproductive technologies. It offers futures of how abortions might be understood.

### **The future of the right to choose. Ectogenesis and abortion rights**

**Andrea Bidoli; University of Copenhagen**

This paper addresses some of the potential implications that ectogenesis, also known as artificial womb technology, could have on the interpretation of 'the right to choose' and consequently to question the moral grounds of current legislation on abortion. Partial ectogenesis would make pregnancy terminations possible without necessarily causing the death of the foetuses, by transferring them to artificial wombs. This is likely to complicate the debate, rather than resolve it, as some argue that, once technologically possible, this would be the only morally acceptable abortion option, regardless of the parents' preferences. Others call for a broader acceptance of 'the right to choose', one that would include the right to decide whether to become a parent – at a particular time, with a particular partner, of a particular child. The ethical challenges become even more evident with full ectogenesis, which would allow embryos – created via IVF – to be placed directly into artificial wombs. By completely detaching gestation from the human body, the right to bodily autonomy, which currently is the foundation of many abortion laws worldwide, would no longer be relevant. Full ectogenesis could then shift the focus to a different set of rights, such as the right to genetic privacy and the right to choose whether to become a parent, which would imply the (controversial) right to the death of the foetus. Moreover, a whole new set of (potential) parents will be given a voice in abortion decisions, which currently belong only to those physically pregnant.

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### **Abortion as a workplace issue**

**Noirin MacNamara<sup>1</sup>, Claire Pierson<sup>2</sup>, Fiona Bloomer<sup>3</sup>, Danielle Mackle<sup>4</sup>; <sup>1</sup>TU Dublin, <sup>2</sup>University of Liverpool, <sup>3</sup>Ulster University, <sup>4</sup>Queen's University Belfast**

Drawing from data collected through our 2017 study of Abortion as a Workplace Issue, we argue that in order to protect the rights and wellbeing of people who need abortions, trade unions must highlight the need for abortion rights and also deconstruct and counter abortion stigma as it is linked to archetypal constructs of the gender binary (masculine/feminine norms). Women's participation in the labour force has historically been constrained by the sexual politics of everyday life and the traditionally masculine politics of trade unionism. In recent decades there has been a welcome move away from more traditional understandings of the role of the trade unions wherein the concept of the worker is based on male norms –i.e. full time worker with no care responsibilities. Within a more egalitarian framing, the contemporary 'worker' is now understood as having a range of identities, work environments, and work and social roles. Our study data illustrates opposing but fairly consistent views in terms of how anti-abortion and pro-choice participants talk about abortion and frame abortion rights. However, it also illustrates significant confusion over the role of trade unions with regard to feminist issues such as abortion rights. This issue doesn't necessarily fit neatly within an egalitarian focus on accommodating a wide range of needs and interests. We argue that protecting the rights and wellbeing of people who need abortions necessitates critical reflection on individual and collective investments in dominant norms linked to the gender binary and the ways they shape ideas of the 'worker'.

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### **Framing abortion as a public health issue in the International Human Rights Framework: Limiting progress? Zoe Louise Tongue; Durham Law School**

International human rights bodies, including the Human Rights Council, Committee on Economic, Social, and Cultural Rights, and the Committee on the Elimination of Discrimination Against Women, have increasingly recognised abortion as a human rights issue. These treaty bodies have required that states at least provide for abortion in exceptional circumstances: where the pregnancy threatens the pregnant person's life or health, in cases of rape, and in cases of fatal foetal impairment. Treaty bodies have recently advocated for the full decriminalisation of abortion. However, these bodies heavily rely on public health or harm reduction framings in order to justify abortion. They generally advocate for abortion access as a solution to clandestine abortions, focusing on the links between unsafe abortion and maternal mortality. This approach thus frames abortion as the lesser of two evils. In this paper, I will explore how this framing of abortion ultimately restricts progress on abortion rights. The public health framing has been somewhat successful in pushing for abortion access in the context of anti-abortion backlash by depoliticising the issue and instead emphasising the potential harms of clandestine abortions. However, this framing makes it difficult to advocate for abortion access beyond the exceptional circumstances and puts little pressure on states to provide free and easily accessible services. By contrast, a human rights approach focused on reproductive autonomy might provide an emancipatory discourse capable of pushing for expansive abortion law reform.

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### **Ireland after the Eighth Amendment: Moral governance of abortion In an ethnography of time and place Charlotte Waltz; University College Cork**

Abortion has been legally available in Ireland since January 2019. Following the repeal of the constitutional ban on abortion, termination is now permitted during the first twelve weeks of pregnancy, in later cases where the pregnant woman's life or health is at risk, and in cases of fatal foetal abnormality (Health Termination of Pregnancy Act 2018). This legal, cultural, social, and political change in Ireland provides fertile ground to move away from the framing of abortion as a moral issue and to explore a more balanced consideration of abortion provision as policy, practice and lived experience for both service user and provider. The COVID-19 pandemic further affects abortion care provision. For the duration of the pandemic, the Irish government has made abortion available via telemedicine for pregnancies under 9 weeks' gestation. This paper examines the temporal and spatial dimensions of abortion within and throughout the transition in Ireland from largely



invisible abortion care to more visible abortion care since its legalisation. I examine reproductive justice under the current Irish abortion legislation through an ethnographic project of time and place. I envision this as a holistic conceptual and methodological approach to abortion, which not only enables inquiry into how temporal and spatial dimensions shape lived experiences with abortion, but which is also helpful in tracing the moral governance of abortion throughout times and places. Ultimately, my aim is to show historically and socially specific continuities and shifts in how particular populations are multiply marginalised through abortion governance.

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### **4.30pm Wednesday 15 September: Theoretical contributions on abortion: Complicating concepts, nuancing measurements**

**Session convenor: Joe Strong (London School of Economics)**

**Whose bodies are they? Conceptualizing reproductive violence against adolescents in Ethiopia, Malawi and Zambia**

**Malvern Chiweshe<sup>1</sup>, Tamara Feters<sup>2</sup> and Ernestina Coast<sup>1</sup>; <sup>1</sup>London School of Economics, <sup>2</sup>Ipas**

We use a violence lens to visibilize how adolescents who sought abortion-related care in three African countries are coerced, controlled and punished with regards to their sexual and reproductive health. We suggest the use of the concept of reproductive violence to characterize these diverse experiences. We show how a culmination of violence by and between healthcare providers, partners and guardians collides with the evolving capacity of adolescents in African contexts. Our data comes from a comparative study on adolescent contraceptive and abortion seeking behaviours in Ethiopia, Malawi and Zambia. We conducted 313 interviews that generated both quantitative and qualitative evidence in each country (2018 - 2019). Our analysis shows how adolescent bodies are subject to reproductive violence by parents, partners and healthcare workers, situated within a broader framework of structural violence. Reproductive violence manifests in multiple ways, often within a single abortion trajectory, including coercion to accept post-abortion contraception after receiving facility-based abortion services; having few to no choices of contraceptive methods prior to or after pregnancy; parents and relatives coercing adolescents to not / use abortion or contraception; lack of decision-making on sexualities, sex and contraceptive use in relationships rooted in gendered and power dynamics with partners; and - ultimately – adolescents' lack of control over their own bodies. We show how these experiences make adolescents vulnerable to the experience and perpetuation of reproductive violence.

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**When sexual desire interrupts the desire to avoid pregnancy: Young women's sexual behaviour and contraceptive use**

**Michelle A. Eilers; University of Texas at Austin**

Unintended pregnancy in the United States accounts for over 60% of pregnancies to teens and women in their early twenties, yet causal explanations for this phenomenon remain elusive. Despite extant research on fertility desires and access to reproductive healthcare, less research considers how pregnancy and sexual desires influence sexual and contraceptive behaviours. Many young women simultaneously experience strong sexual desire alongside a strong desire to avoid pregnancy and considering these two factors together may offer insight into young women's sexual and contraceptive behaviours. Using novel weekly panel data from the Relationship Dynamics and Social Life (RDSL) study, this analysis causally assesses how sexual desire modifies the desire to avoid pregnancy in predicting sex and contraceptive use. Findings suggest that a woman who really wants to avoid pregnancy is less likely to have sex and more likely to use hormonal or coital contraceptives. As her sexual desire increases however, she is more likely to have sex and her contraceptive trajectory shifts: her hormonal use is amplified by her desire to avoid pregnancy, but if she does not use hormonal methods, she is less likely to use coital contraceptives, and therefore any contraceptive method,

regardless of her desire to avoid pregnancy. These findings highlight the importance of recognizing sexual desire as a behavioural modifier for avoiding unintended pregnancy in the transition to adulthood.

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### **Improving women's abortion reporting: An exploratory, mixed-methods study**

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Abortion is a difficult-to-measure behavior with extensive survey underreporting, which compromises research. The purpose of this study was to improve our understanding of how women interpret and respond to survey items asking them to report on if they have ever had an abortion. We developed, tested, and evaluated new survey approaches and items to improve reporting of abortion in surveys using a mixed-methods exploratory approach consisting of cognitive interviews and a large online survey. The development of these approaches was informed by theoretical and empirical research on abortion stigma and the survey response process. In developing the new survey items, we focused on strategies that may help: reduce the stigma and sensitivity of abortion; inform respondents' comprehension or judgment of which experiences to report as abortion or; lessen the sense of intrusiveness of asking about abortion or increase the motivation to report. We conducted cognitive interviews with cisgender women age 18-49 in two states (N=64) to iteratively assess eight question approaches hypothesized to improve the accuracy of abortion reporting in response to a survey question. Results from the cognitive interviews informed the experimental testing of a subset of questions in a national online survey (N=2009). Preliminary findings indicate that certain introduction formats and wordings are less stigmatizing for respondents and may elicit more accurate survey reports. Improving measurement of abortion by reducing abortion underreporting has broad implications for fertility-related research, as incomplete pregnancy histories undermine pregnancy and fertility data.

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### **Abortion as ReProduction**

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This theorisation is still a work in progress. In this paper, I attempt to theorise abortion in two ways: (i) as a form of "social reproduction" and (ii) linked to the (re)production of normative behaviours and actions. Feminist scholars theorise "social reproduction" or "reproductive labour" as largely neglected forms of (direct and indirect) care labour, often in the family unit. These tasks maintain and reproduce life, in an everyday and a generational sense. While biological reproduction has been theorised as a key element of social reproduction, abortion has largely been overlooked in this understanding. Drawing on qualitative narratives of women's abortion experiences in India (n=31, collected in 2017), I examine their abortions as a form of reproductive labour which continues to centre the family unit and its care. While abortion challenges the reproduction of normative discourses of womanhood and motherhood, when placed in this context of social reproduction; these same discourses- of care and nurturing- are reproduced at the micro-level.

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