

Fertility & reproductive health

Strand organizer: Heini Väisänen (University of Southampton)

Determinants of pregnancy timing – Monday 9 September, 1.30pm

Adolescent sexual activity, contraceptive use and pregnancy in Britain and the United States: A cross-national comparison

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Research Question: Pregnancy rates among adolescents have declined in the US and Britain, but remain high compared with other high-income countries. This comparison examines trends in pregnancy rates, recent sexual activity and contraceptive use among women aged 16–19 in the US and Britain to consider the contribution of these behavioural factors to the decline in adolescent pregnancy rates in the two countries and the differences between them. Methods and Data: We use data from two rounds of the US National Survey of Family Growth, conducted in 2002–03 and 2011–15, and the British National Survey of Sexual Attitudes and Lifestyles, conducted in 2000–01 and 2010–12, to examine differences between countries and over time in sexual activity and contraceptive use. We calculate pregnancy rates using national births and abortions data. Results: Pregnancy rates declined in both countries; this began earlier in the US and was steeper. A higher proportion in Britain than the US reported ever having sex, and sex in the last 12 months, six months and four weeks. A greater proportion in Britain reported using highly effective contraception. There was no change in sexual activity in Britain, but in the US the proportion reporting recent sex declined. In both countries, there was a shift towards more effective contraception. Conclusion: In both countries, improvements in contraceptive use have contributed to the decline in pregnancy rates; however, the steeper decline in the US may be due to declines in recent sex. Comparing Britain and the US shows that more sex among young people does not have to mean more pregnancies, and supports expanding comprehensive sex education programmes and youth-friendly contraceptive services in both countries.

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Do parenting, reproductive and health behaviours cluster together as distinct behavioural strategies? Evidence from two UK cohort studies

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Life-history theory researchers often assume reproductive, parenting and health behaviours pattern across a fast–slow continuum, with ‘fast’ life histories (typified by short lifespans, early maturation and investing in quantity over quality of children) favoured in harsher environments and/or when resources are scarce. These ideas, with different theoretical motivations, are echoed in the diverging destinies and weathering frameworks developed in the social sciences. Using latent profile analysis on data from the UK’s Millennium Cohort Study and Born in Bradford study, we explored whether reproductive, parenting and health behaviours clustered into the predicted ‘fast’ and ‘slow’ trajectories. We further tested whether similar clustering is seen in different cultural groups, by stratifying our analyses to focus on the two largest ethnic groups in both samples. While age at first birth is often used to distinguish women’s trajectories, we found breastfeeding was a particularly important discriminating feature. Parenting and reproductive traits clustered together reasonably well,

but health traits did not pattern cohesively. Socio-economic disadvantage and environmental harshness generally predicted 'fast' life histories, although experiencing parental death, living away from home before age 17 and greater air pollution reduced the chances of White UK-born mothers adopting a 'fast' trajectory. Trait clustering was less pronounced among Pakistani-origin mothers and trajectories were less well predicted by socio-economic and environmental characteristics. Breastfeeding, while no longer necessary for infant survival in the high-income context of the UK, appears to still be a key aspect of women's parenting behaviour. Cultural constraints and differing immigration histories may explain the less pronounced life histories observed among Pakistani-origin mothers.

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Gendered division of labour and childbearing outcomes in the USA

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Research Question: The literature regarding a relationship between more equal division of household labour and fertility outcomes is very diverse. However, a clear finding is that studies looking at gender role attitudes consistently find those with more 'traditional' attitudes intend and have more children compared with those with more 'egalitarian' attitudes. The opposite is usually found in studies looking at actual division of labour, but rarely are the two explanatory variables considered together in the same study. This paper asks, 'How do gender role attitudes, compared with the actual division of labour, affect childbearing outcomes in the USA?'. Methods and Data: Our study uses the National Longitudinal Survey of Youth, which follows a cohort aged 18–24 in 1979, with waves every two years. Using Weibull regression models, we tested how quickly the sample progressed to first and second child based on their gender role attitudes, controlling for age and education. Preliminary Results: We find that those with the strongest preference for the male breadwinner family form progressed most quickly to both first and second child, and those with the strongest preference for a more flexible division of labour within the couple progressed slowest. This is in line with previous studies. Ongoing analyses will explore whether this relationship still holds when analysing actual time use data, rather than gender role attitudes in the same survey. We predict the relationship will reverse, based on theory and previous literature.

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Trends in birth intervals for 20 countries

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Spacing between births has held little apparent interest for demographers looking at developed countries in recent years. This study remedies this. Using the Harmonized Histories database (plus the Family and Generations Survey and census data for Switzerland) we look at the trends in birth spacing for 20 OECD countries. Median ages at first birth and median birth intervals (1st–2nd, 2nd–3rd and 3rd–4th births) were calculated using the synthetic life table method described by Ní Bhrolcháin (1987). In general, there has been very little change in median birth spacing over the past three decades, despite significant changes in mean age at first birth and parity progression likelihood. In the Eastern European countries, birth intervals have increased slightly since the mid-1980s, whereas stability has been the pattern across most of the western countries. As a general rule, the interval from 2nd–3rd child is greater than for 1st–2nd, but the 3rd–4th gap is shorter. The variations in birth intervals between the countries studied are minor, although we will explore which countries have somewhat longer or shorter birth intervals. With the Swiss census data, we saw a shrinking of the interquartile range

around the median birth intervals; this is in contrast to the increasing variability in the timing of each birth (defined as standard deviation in mean age of 1st, 2nd etc. birth). The stability (and increasing standardization) in birth intervals may reveal rigidity in the social norms about the ideal age difference between successive children.

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Geographical & environmental influences on fertility & reproductive health – Tuesday 10 September, 11.00am

Subnational variations in European fertility: The Nordic countries

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Since 2000, European national fertility has split into two distinct groups – one of high fertility and one of low fertility. Countries with high fertility include those in the ‘Nordic Welfare Regime’, which are seen as leaders in fertility trends and forerunners of increased fertility due to their high levels of social democracy. However, since 2010, the Nordic countries have also experienced decreases in fertility. Previous research focuses on differences in quantum and tempo effects between socio-economic groups and largely omits geographic variations that may influence national trends, such as postponement trends originating in urban areas. I utilize municipality-level data from four Nordic countries – Denmark, Finland, Norway, and Sweden – between 1987 and 2017 to examine fertility levels across different geographical areas to understand the geographies of modern fertility decline and the factors related to emerging patterns. Preliminary results show that geographic variations previously tied to patterns such as postponement are decreasing, and new variations in fertility are emerging in the Nordic regime. Prominently, shifts to childbearing at older ages in urban areas are accompanied by similar shifts in rural areas for some countries but not all. This creates two distinct patterns: one of convergence and one of lag. I aim to identify factors related to changes in fertility timing and levels to understand how these might influence future levels of European fertility and achievement of replacement fertility in all countries.

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Fertility behaviour in linguistic zones: An application of the regression discontinuity method to West Bengal and Bangladesh

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The study examines fertility-related behaviour in the contiguous regions of West Bengal (a state in Eastern India) and Bangladesh, referred to together as Greater Bengal. These two regions are connected through a common language, culture, and history. The starting premise of the paper is that the common history and language has led to diffusion of cultural practices from West Bengal to Bangladesh, with a porous border encouraging such diffusion. It has also led to diffusion of reproductive practices between the bordering districts of the two countries. The study uses Demographic and Health Survey (DHS) and District Level Household Survey data for Bangladesh and West Bengal respectively. Data for three years have been analysed: 1992, 2002, and 2012. Although the administrative units of the two surveys are different, the two data sets may be pooled as they employ a similar sampling strategy and cover all districts (in West Bengal) and

divisions (in Bangladesh). The study uses the regression discontinuity method to test: (i) whether fertility behaviour in bordering districts differs from non-bordering districts in both countries; and (ii) whether fertility behaviour in bordering districts of both countries is similar. Multilevel linear and logistic models are estimated, taking contraceptive prevalence rates, usage of a modern contraceptive method, and number of children ever born as outcome variables. Analysis provides some evidence in support of diffusion of fertility behaviour and practices, particularly with respect to adoption rates of contraception and number of children ever born. The choice of method, however, varies between the bordering districts of the two regions.

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Timing and determinants of age at menarche in LMICs

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Age at first period is influenced by a unique set of genetic, socio-economic, and environmental factors. Age at menarche is often hailed as a key marker of adolescent development. However, very little is known about changes in the timing and determinants of the age at menarche in low- and middle-income countries (LMICs). This has mainly been due to a lack of suitable data. The aim of this study is to review the evidence on the determinants and timing of age at menarche in LMICs. In particular we want to determine whether menarche can be used as a marker of socio-economic development by looking at differentials by wealth and education in both rural and urban areas. Using multilevel modelling we analyse 28 Demographic and Health Surveys (DHS) from 16 countries that have included age at menarche, to investigate patterns and regional variations in the timing of age at menarche accounting for community and environment effects. Results show a significant relationship with wealth changing over time although not consistent across countries. We see a shift from poorer women having earlier menarche in earlier surveys to richer women having earlier menarche in later surveys in Indonesia, the Philippines and Yemen, while in Egypt the reverse pattern is evident. Urban areas consistently report a higher risk of an early age at menarche where significant. This study calls for more evidence to be incorporated in existing surveys on menarche and a greater use of existing data.

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Reproduction & health – Tuesday 10 September, 1.30pm

A decomposition analysis of inequalities in maternal healthcare access in Zambia using healthcare access barriers

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LMICs' progress in reducing intra-country inequalities in maternal healthcare access has lagged behind advancing equity in other primary healthcare areas, while maternal health interventions intended to be pro-poor have had mixed effects on equity. Additional evidence is needed to inform policymakers on the mechanisms behind disparities in maternal healthcare access. This study uses the Oaxaca decomposition method to determine the extent to which differences in maternal healthcare access between rich and poor, uneducated and educated, rural and urban, are associated with different levels of healthcare barriers and/or differential impacts of barriers on access. The analysis uses a geo-referenced dataset linking

the Zambia 2014 DHS to health facility data, in order to define a comprehensive set of six relational access barriers: availability, geographic, quality of care, cognitive, psychosocial, and affordability. Preliminary findings suggest that specific healthcare access barriers play a bigger role in impeding access for some population groups than others. Results from this study have important implications for designing policies that can accelerate progress towards greater equity.

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Sex in the city: Understanding inequalities in adolescent sexual and reproductive health in urban areas

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Urban residents are often considered to benefit from an urban advantage, where health is improved in comparison to rural residents. This paper examines whether this urban advantage is seen for poor adolescents in a wide range of African countries with respect to their sexual and reproductive health (SRH), focusing specifically on age at first sex, age at marriage and age at first birth. We compare the percentage of adolescents who have reached each milestone by age 15 and age 18 by place of residence and wealth quintile, analysing those who are currently aged 20–24. Initial results indicate that the urban advantage across some of these measures is not clearly observed for those who are in the poorest quintiles of the population. For example, in Malawi 11.3% of the urban poorest have given birth before the age of 15, in comparison to 11.9% of rural dwellers. For richer groups the differential between urban and rural is clear. A similar pattern is seen for sex before the age of 15. However, for cohabitation (a proxy for marriage) there is an urban advantage, with fewer poor adolescents cohabiting before the age of 15 in urban areas. The comparison between different countries and regions of Africa will elucidate the applicability of the urban advantage for SRH outcomes amongst the poorest, and will provide clear evidence that it cannot be assumed that the poorest urban dwellers are benefiting from living in environments with better access to services. Email: a.r.channon@soton.ac.uk

The influence of health in early adulthood on male fertility

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Research has shown that reproductive history is related to later-life health, where both the childless and those who have had many children have higher post-reproductive mortality. However, our understanding of how health in early adulthood influences male fertility is limited. Using Swedish population data on men born 1965–72 (N = 405,427) we examine the relationship between fertility by age 40 and BMI, physical fitness, and height, measured at ages 17–20 as part of military conscription exams. We use linear regression to study number of children by age 40, and linear probability models for parity transitions. We also apply sibling fixed effects models (75,378 brothers within 36,383 families). For physical fitness and height, we found a positive relationship with number of children. For BMI, men in the normal category had more children by age 40 than all other BMI categories. Men who were underweight, obese, the least fit, and the shortest were far more likely to be childless, e.g. obese men had a relative probability of being childless 100% higher than normal BMI men. These results persisted in the sibling fixed effects models. Further analyses showed that the patterns persist both amongst men who ever married and men who never married by age 40, though the relationship is far stronger amongst the never married. This study sheds light on what factors might drive the relationship between reproductive history and post-reproductive mortality, as well as showing how health may be a limiting factor for the realization of fertility preferences for vulnerable groups of men. Email: barclay@demogr.mpg.de

Future cardiovascular disease risk for women with gestational hypertension: A systematic review and meta-analysis

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****First two authors made equal contributions***

Objective: To quantify the association between gestational hypertension and cardiovascular outcomes for women. Design: Systematic review and meta-analysis. Data Sources: PubMed, Embase and Web of Science. Eligibility Criteria: Studies examining the association between gestational hypertension and a cardiovascular outcome, including overall cardiovascular disease, coronary heart disease, stroke and heart failure. Two reviewers independently assessed the abstracts and full-text articles. Study characteristics and the relative risk of cardiovascular outcomes associated with gestational hypertension were extracted from the eligible studies. Where appropriate, estimates were pooled with inverse variance weighted random-effects meta-analysis. Results: Eighteen studies involving 3,298,506 women (110,763 with gestational hypertension) were identified. Gestational hypertension in the first pregnancy was associated with an increased risk of overall cardiovascular disease (relative risk 1.45, 95% confidence interval, 1.17–1.80), and coronary heart disease (1.46, 1.23–1.73), but not stroke (1.26, 0.96–1.65). Women with a history of one or more pregnancies affected by gestational hypertension were at greater risk of cardiovascular disease (1.81, 1.42–2.31), coronary heart disease (1.83, 1.33–2.51) and heart failure (1.77, 1.47–2.13), but not stroke (1.50, 0.75–2.99). Among the outcomes examined, the highest absolute risk increase was for cardiovascular disease. Associations between gestational hypertension and cardiovascular disease were broadly consistent across subgroups stratifying by study-level characteristics. Conclusions: Gestational hypertension is associated with an increased risk of overall cardiovascular disease, coronary heart disease and heart failure. More research is needed to assess the presence of a dose-response relationship and to confirm or refute an increased risk of stroke.

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Constraints of childbearing – Tuesday 10 September, 4.45pm

Quantifying age constraints to childbearing in today's societies

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Despite the childbearing postponement continuing in Europe since the 1970s, demographic evidence about the extent of age constraints to childbearing is still lacking. This paper aims to quantify the difficulties encountered by women and men when trying to have children at late ages. Using the first and second waves of the Generations and Gender Survey (GGS) for Austria, France, Italy and Poland, we analyse strong short-term childbearing intentions and their realization by age and sex. Individuals with strong short-term childbearing intentions are those who at wave one 'intended to have a child now' or 'definitely intended to have a child within the next three year'. We: (1) produce age and sex profiles of realization of strong

short-term fertility intentions; (2) explore how contraceptive use changes with age among those with strong short-term childbearing intentions; and (3) verify the role played by partner's age in the realization of strong short-term fertility intentions. Our results confirm that strong short-term childbearing intentions and their realization weaken at older ages. In each country, the shares start decreasing from a very different level and at different ages, but after age 35 the proportion of women having a child by the following survey wave universally declines very quickly. Among men, the decrease is not systematic and occurs later. The proportion of respondents with strong short-term fertility intentions who adopt a proceptive behaviour rises with age in France but is stable in Austria and Poland (no data on contraceptive use for Italy).

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Infant night wakings and parity progression

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Research Question: To analyse the relationship between infant night wakings and parity progression in mother. Specifically, we examine how the experience of child-rearing, as measured by number of night wakings of the infant, influences subsequent fertility decision-making. Secondly, we see if there are any indirect effects mediating the relationship.

Methods: Using data from Avon Longitudinal Study of Parents and Children (ALSPAC), we obtain data on infant night wakings at 8, 21, 33 and 42 months of age, corresponding information on mother's pregnancy and other control variables including prenatal characteristics. Firstly, we use logit regressions to analyse the relationship between night wakings and fertility decisions followed by a khb decomposition analysis to decompose the total effect of night wakings into direct and indirect effects. Finally, we attempt to provide an alternative explanation to our findings using Triver's parent-offspring theory on parental investment, adapted from evolutionary genetics. Results: We find that an increase in the night wakings of the study child predicts decreased likelihood of having another child. This association is significant until 33 months of age, and disrupted sleep of mother, subsequent fatigue and exhaustion contribute to indirect effects. Conclusion: We address the question of why those who have one or more children do not go on to have more. Policymakers concerned about low fertility should pay attention to the sleep of the parents (mother) as this influences the well-being of new parents.

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Things to gain, things to lose: Perceived benefits and costs of children and intention to remain childless

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A rapid fertility decline observed in Poland since 1990s has been accompanied by a marked increase in childlessness. This is surprising given the high value placed on parenthood in the country. While there is some evidence on how childlessness among Polish women is linked to infertility, a lack of a partner or various life circumstances, these constraints do not account for all cases of foregone motherhood. This paper generates evidence on how perceived values and disvalues of children contribute to an intention to postpone or ultimately forego childbearing among childless women and men in Poland. We use the second wave of the Polish Generation and Gender Survey that includes a unique set of questions on perceived positive and negative consequences of parenthood. The exploratory factor analysis identifies three dimensions

of these consequences: disvalues (costs) and two types of values of children (emotional and instrumental gains). Next, we apply multivariate logistic models to examine to what extent the three dimensions of values and disvalues of children explain different fertility intentions: the intention to have a child soon, postpone it till later or remain ultimately childless. The preliminary results indicate that perceived emotional values are of crucial importance for childbearing plans among childless women and men. However, perceived disvalues play a much greater role for childbearing plans among women than among men.

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Genetic determinants of fertility and reproductive behaviour

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This paper introduces readers to recent findings of the genetic underpinnings of fertility and reproductive behaviour. We extend previous our Nature Genetics (2016) discovery of genetic loci linked to fertility to analyse four traits – age at first sex (AFS), age at first birth (AFB), number of children ever born (NEB) and childlessness (CL). We identify hundreds of novel independent genome-wide significant loci and trace their underlying biological and causal functions. Adopting a socio-demographic approach we examine whether genetic predispositions differ by sex and birth cohort. Those born after 1960 have a higher heritability than earlier birth cohorts, suggesting genetics plays a stronger role in recent cohorts able to exercise choice. Analyses also explore strong genetic overlaps of genetic factors related to reproductive behaviour with developmental (menarche, menopause), risky (smoking, drinking) and educational behaviour. Our new polygenic scores explain up to 5.5% of the variance for AFS, almost 3% for AFB and 1.5% for NEB and have predictive utility in multivariate models, offering a new variable for demographers.

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Abortion – Wednesday 11 September, 9.00am

The different decisions after conceiving as a teenager: How the proportions of teenage pregnancies leading to abortion vary through England in 1998–2016

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England's teenage fertility rates have halved since the late 1990s. Works have focused on the dramatic reduction in teenage conception rates; however, the proportion of teenage conceptions leading to abortions (abortion ratio) has simultaneously increased through this period. These changes have occurred alongside societal changes such as rising engagement in post-compulsory education, Government austerity, and postponement of leaving the parental home. This paper aims to examine the geographical variation in under-18 abortion ratios by examining the relationships with area characteristics and their changes, and how changes in the teenage conception rate relate to the change in the teenage abortion ratios. This work's added value is that it considers under-18 abortion ratios amongst a wide range of area characteristics, using a panel regression approach, for 1998–2016. Teenage abortion ratios for each of England's 326 Local Authority Districts (LADs) were examined using random intercept linear regression models. These repeated measure models are used to investigate the relationships between LAD characteristics and abortion ratios' variation within and

between LADs. Areas with greater declines in teenage conception rates also experienced larger increases in abortion ratios. LADs with higher levels of material deprivation have lower abortion ratios, although these coefficients' effects lessened through the period. LADs with higher educational attainment have lower abortion ratios. LADs with greater social housing prevalence and higher housing unaffordability ratio have greater proportions of their teenage conceptions ending in abortions. Further work includes highlighting outlier areas and the role of the Teenage Pregnancy Strategy funding on teenage abortion ratio changes.

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Incomplete abortion reporting in British and American surveys: Pathways for improvements

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Despite its frequency and legality, abortion remains a sensitive, stigmatized and difficult-to-measure behaviour. In both Britain and the United States, abortion reporting by survey respondents is incomplete as compared to administrative surveillance counts. However, abortion under-reporting is larger in the US than Britain in some surveys, where women report only about 30% of their abortions, as compared with about 70% in Britain. This analysis examines survey and contextual influences on abortion under-reporting in the US and Britain with the objective of informing efforts to understand and improve reporting. First, we examine differences in study and questionnaire design in the British National Survey of Sexual Attitudes and Lifestyles and the US National Survey of Family Growth, National Longitudinal Survey of Youth, and National Longitudinal Study of Adolescent to Adult Health, to identify measurement approaches that might influence reporting. Second, we consider how the demographic distribution of individuals obtaining abortions may influence reporting across countries. Third, we synthesize and compare across settings direct and indirect measures of country-specific abortion stigma, including laws, social attitudes, and prior in-depth studies of stigma. Abortion question designs related to recall length and survey placement appear to influence the cross-national patterns of under-reporting. Also important appear to be the greater legal restrictions, negative social attitudes about abortion, and more conservative religious ideology in the US than Britain. Improvements in survey design are necessary to increase abortion reporting. However, greater efforts are also needed to understand and reduce stigma even in legal settings, including cross-nationally.

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Understanding misoprostol use and health literacy among women obtaining medication abortions in Lagos

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Good health literacy is associated with better health outcomes and these skills tend to be correlated with overall numeracy and literacy skills. Health literacy is of particular importance in contexts where little external support is available for health-related decision-making processes and the literacy/numeracy levels among some population subgroups may be low. For instance, women obtaining abortions in countries where access to them is restricted often need to navigate the process without the help of healthcare professionals and thus rely on their own health literacy and information-seeking skills. We surveyed 394 women obtaining medication abortion in Lagos, Nigeria in 2018 about their sexual and reproductive health

(SRH) literacy and misoprostol knowledge. The preliminary results show that women's knowledge of misoprostol was relatively low. Good SRH literacy was associated with better misoprostol knowledge, while overall numeracy and literacy levels were not. An open-ended question regarding how women describe misoprostol working in their body revealed a wide range of answers ranging from 'don't know' (32% of the sample) to detailed accounts of the medicine's impact on the body. Despite the relatively low level of misoprostol knowledge, women in our sample were able to use the drug safely and most of them reported their pregnancy having indeed ended as a result. This study is the first to examine women's SRH literacy and misoprostol knowledge in the context of obtaining medication abortions in a restrictive setting.

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Women's use of the internet to explore abortion options in Latin America at the time of the 2015–16 Zika epidemic

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Use of the internet to navigate pathways to abortion is well-established. Some women in countries where abortion is not legally available can access medical abortion services by post from websites. The Internet is also a key tool for abortion knowledge sharing and seeking. In 2016, the WHO declared Zika related microcephaly to be a Public Health Emergency of International Concern (PHEIC). In many Latin American Countries abortion is either illegal or highly legally restricted. The ways in which health emergencies (including Zika) and abortion-seeking behaviour are interrelated are not yet well-established and web-based searches can help us shed more light into the agency women exercise during an outbreak period. The aim of this study is to analyse use of the internet as a resource for abortion information during the Zika outbreak and its aftermath in Brazil, Colombia and El Salvador in 2014/15. Using google trends data we analyse contextually specific searches using standardized algorithms that reflect the overall representation of the population. The initial results show a heightened use of the word abortion in Brazil compared with El Salvador and Colombia. Although we standardize the data using specific algorithms, these data are not representative. However, they add to the overall review of the significance of the internet as a tool for women's agency.

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