Self-assessed health and fertility expectations of childless men and women across the life course

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PAA 2023
New Orleans, 13 April 2023

Fertility expectations over the life course

Many individual and situational factors influence fertility expectations:

- Religion, Gender role attitudes, Social norms, Support from family, Employment, Housing, Financial stability, Relationship status, Education, …

The drivers of fertility expectations vary with age

- General health?

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- General health?

    An overall state of physical, mental, and social well-being (Self-assessed)

Why the focus on health?

- ~ 1 in 10 men and women of reproductive age in Australia have a disability (AIHW 2023)

- Disability impairments increase with age
  - W: 8.1% (20-24) – 11.3% (40-44)
  - M: 7.9% (20-24) - 10.2% (40-44)

- Relevant for understanding overall fertility levels and recuperation patters

Previous research

Longitudinal studies (Gray et al. 2014):

- Rare and mostly looking at specific conditions

(i.e. obesity in Frisco and Weden (2013))

Cross-sectional studies:

- Specific adverse health conditions (i.e., HIV, cancer, arthritis, sclerosis) (Chen et al. 2001; Langeveld et al. 2002; Katz 2006; Smeltzer 2002)

- General health (i.e., Alderotti and Trappolini 2021; Mynarska and Wróblewska 2017)

- Differences by age and sex
  - Men report better health, lower fertility expectations, and have a longer reproductive lifespan

Pathways linking health and fertility expectations

Physiological

- Difficulties conceiving
- Lack of counselling about family planning

Psychological

- Fear of transmitting a disease to the child, or
- of not being able to care for the child

Financial

- Higher risk of financial strain
- Need to outsource care

More uncertainty/less behavioral control

LOWER FERTILITY EXPECTATIONS

Research questions

(1) Do changes in general health status correspond to changes in fertility expectations?

(2) Does this association vary over the life course?

Measures & Sample

HILDA Survey (Waves 1-21)

-4,997 men (25,472 person-years) ~ 7.1 waves
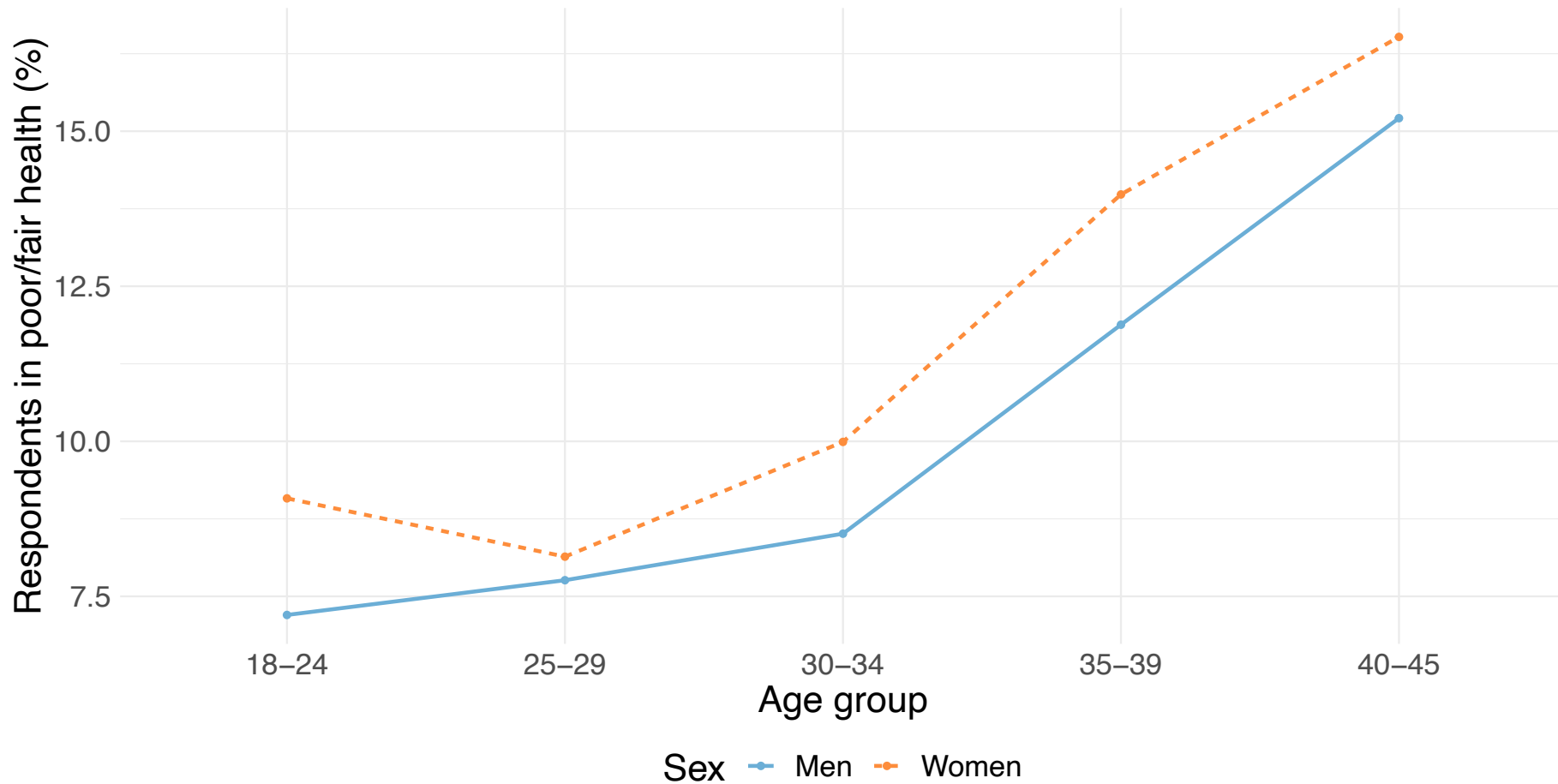
-4,785 women (24,488 person-years) ~ 7.1 waves

Unbalanced panel

Childless respondents aged 18-45

- Fertility expectations (outcome) - ***How likely are you to have a child in the future?***

- Self-assessed general health (physical, mental and social wellbeing) – ***In general, would you say your health is***: Excellent, Very Good, Good, Fair, or Poor

Share perceiving fair or poor health

Source: HILDA, waves 1-21, release 21.

Analytical strategy

- Linear fixed effects (LFE) regression models (within-person changes)
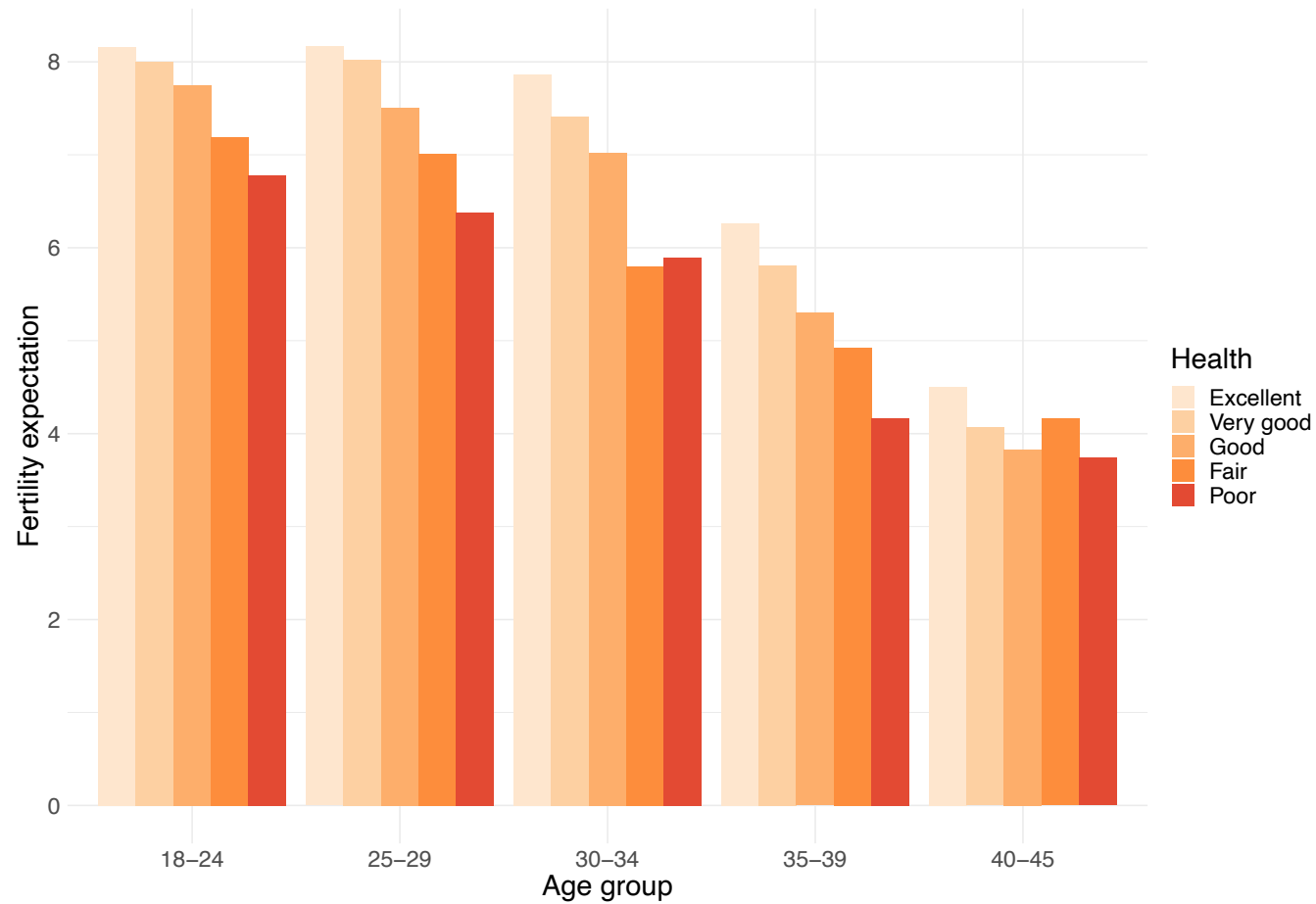
Control for:

- Individual time-invariant characteristics

- Other time-varying confounders: Self-assessed health, Partnership status, Employment, Age, and Year

⇒ *Isolate the effect of a change in health on a change in fertility expectations*

- Interactions analyses
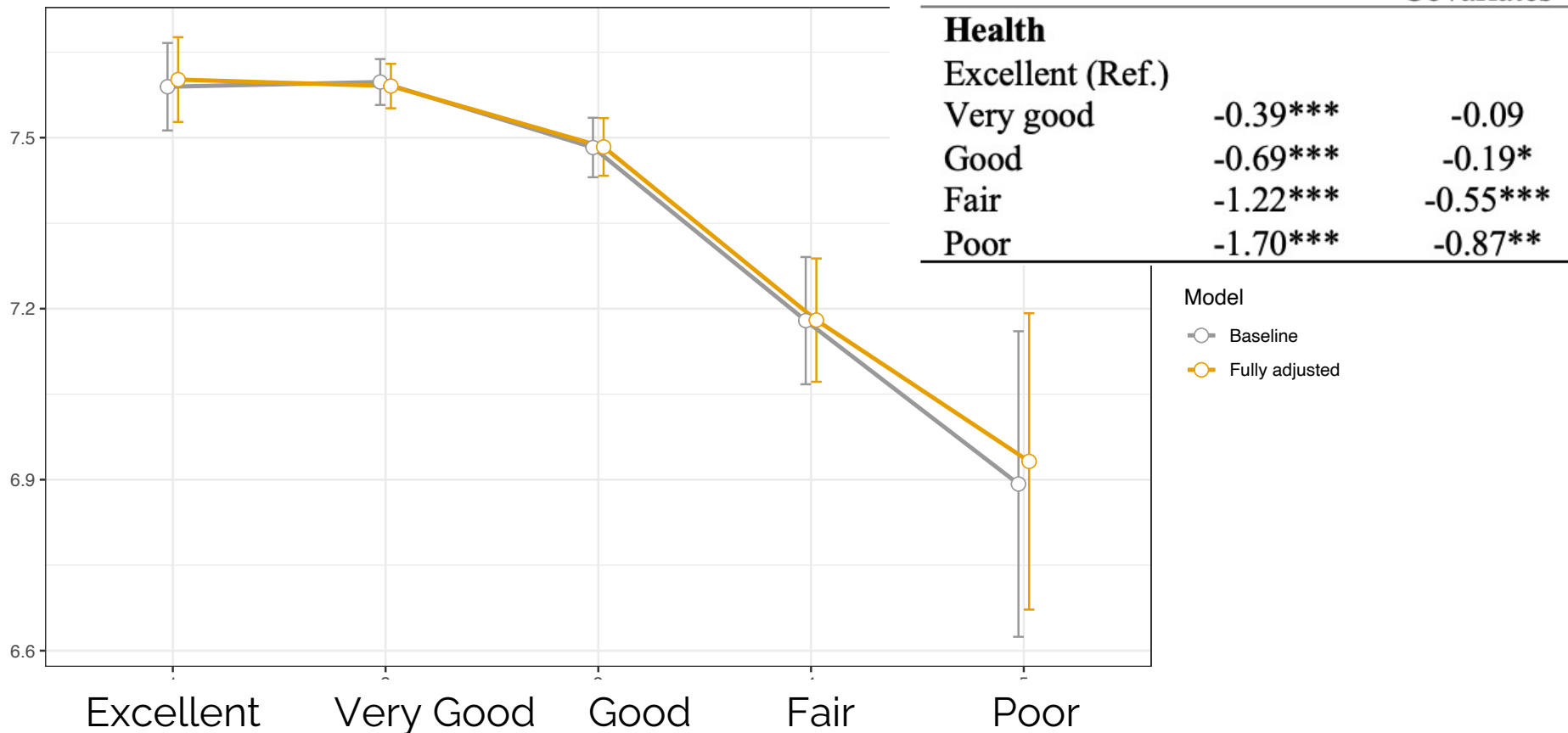
Fertility expectations by health status, women

Source: HILDA, waves 1-21, release 21.

Predicted fertility expectation
Linear FE models - childless women

	LFE	
	Baseline	**Multiple Covariates**
Health		
Excellent (Ref.)		
Very good	-0.39***	-0.09
Good	-0.69***	-0.19*
Fair	-1.22***	-0.55***
Poor	-1.70***	-0.87**

Model
- Baseline
- Fully adjusted

Note: Adjusted for age, age-squared, year, employment, and relationship status. Source: HILDA, waves 1-21, release 21.

Other results

- Age interactions

- Gender differences

- Childless vs parents

- Alternative measures of health

Concluding remarks

Health is an important predictor of childbearing expectations across the entire life course

- o As important as other more traditional determinants of fertility expectations
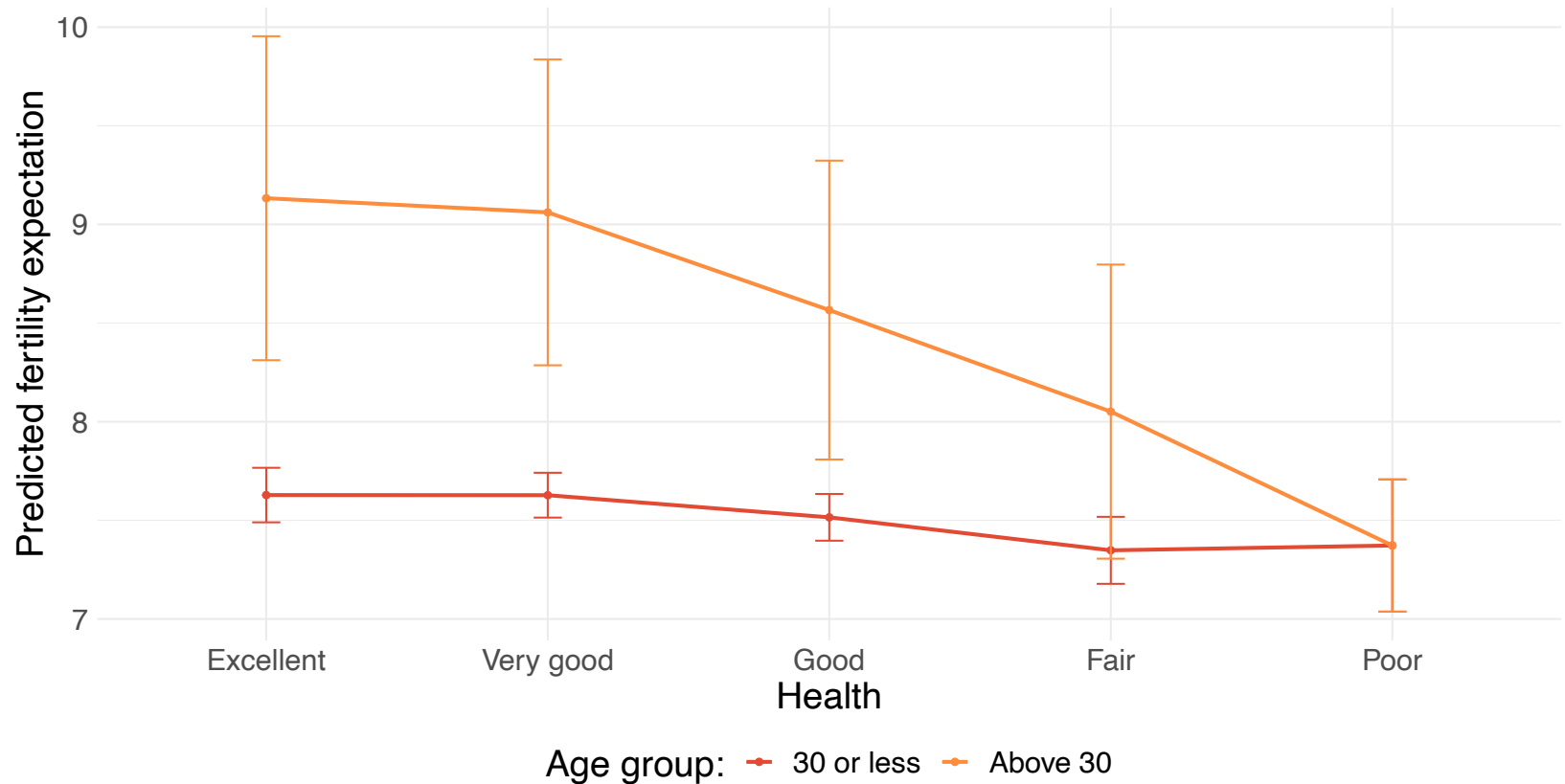- o For both men and women

Thank you!

BIO·late

Acknowledgement:

Age interactions
LFE models for fertility expectations
childless women

Note: Adjusted for age, age-squared, year, employment, and relationship status.
Source: HILDA, waves 1-21, release 21.