

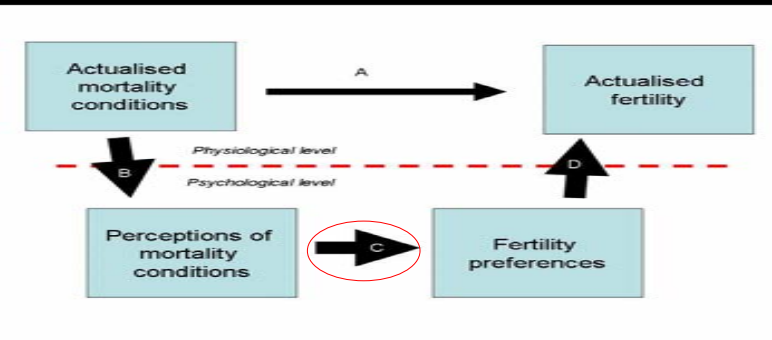
Does this make you want to have (more) children? Our findings suggest it does for childless young males.

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## Background

- Association between mortality and fertility is one of the oldest relationships in demography



## Results

- Preceding mortality questions DO change fertility preferences, whilst questions on dental health questions have no effect
- Adult mortality: **Increases ideal number of children for males but not females**
- Child mortality: **Unclear**, decrease for both sexes in multivariate models, though bivariate saw an increase for female

- Diagram above illustrates how this relationship might work at the individual level
  - o Actual mortality influences **perceived** mortality (Arrow B below)
  - o Fertility **preferences** influence actual fertility levels (Arrow D)
- This research asks: Is there a link between perceived mortality and fertility preferences (Arrow C)?
- Life History Theory (Evolutionary Biology) and Terror Management Theory (Social Psychology) both suggest people should react to mortality priming

## Data and Methods

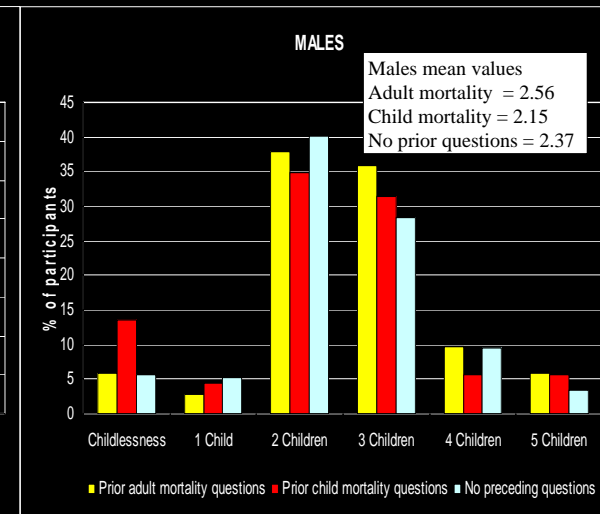
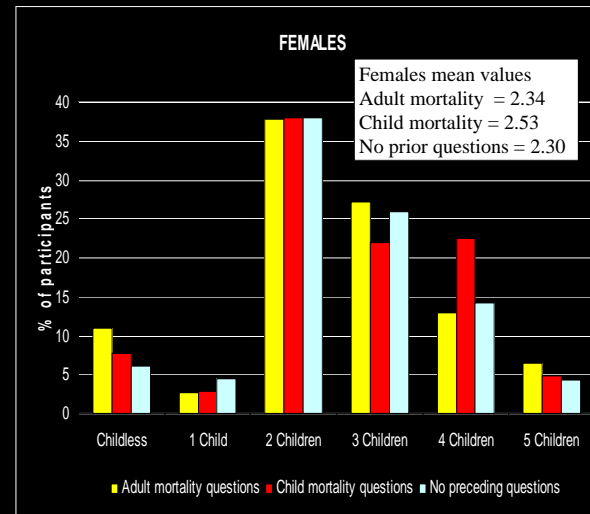
- Do preceding questions on mortality influence reporting of fertility preferences?
- Internet experiment, participants randomly allocated to one of four questionnaires
- Nearly 3,000 student participants from universities across the Southern UK (including LSE)

### Mortality Priming

- Treatment 1: Eleven **adult mortality priming** preceding questions such as 'How old do you expect to be when you die?'
- Treatment 2: Eleven **child mortality priming** questions such as 'What is the most common age of death for children that die in the UK before their 5th birthday?'
- Control 1: Eleven questions on **dental health** (unpleasant but not fatal) - partly controls for mood and survey fatigue
- Control 2: No preceding questions

### Fertility Preferences

- **Ideal number of children:** 'if you could chose the ideal number of children that you would have during your whole life, how many would that be?'
- Other fertility measures were also collected values of children, timing of childbearing (not discussed here)



| Linear regression  | Model 1: Males (n=670) |             | Model 2: Females (n=1607) |             |
|--|------------------------|-------------|---------------------------|-------------|
|  | Coef                   | se          | Coef                      | se          |
| Dependent variable: <b>Ideal number of children(0-5)</b> |                        |             |                           |             |
| Omitted: Control 2: no preceding questions               |                        |             |                           |             |
| Treatment 1: Adult mortality priming                     | <b>0.28**</b>          | <b>0.14</b> | -0.09                     | 0.09        |
| Treatment 2: Child mortality priming                     | <b>-0.37**</b>         | <b>0.15</b> | <b>-0.22**</b>            | <b>0.10</b> |
| Control 1: Dental health priming                         | -0.15                  | 0.16        | -0.12                     | 0.09        |

Controlling for: Age, Expected Income, Parental education and occupation, Ethnicity, Religion, Country of birth, Consideration of fertility preferences, Number of siblings, If respondent has recently experience mortality, Pessimistic for trend, Accuracy of mortality answers, Life expectancy and deprivation of local area & Missing data (using dummy variables)  
 \*\* = significant at 5% level