PopFest 2011

University of Groningen, the Netherlands
27th to 29th of June

Programme

Thank you

We would like to gratefully acknowledge the role of the following organizations and institutes in generously supporting PopFest 2011:

- Netherlands Interdisciplinary Demographic Institute (NIDI)
- Netherlands Graduate School of Urban and Regional Research (NETHUR)
- British Society for Population Studies (BSPS)
- Population Research Centre (PRC)
- Centre for Population Change (CPC)
- Healthy Ageing Network Northern Netherlands (HANNN)
- The Netherlands Demographic Society (NVD)

Contents

Welcome

We would like to welcome you to the 19th PopFest conference, held this year at the University of Groningen. We have developed a programme of wide interest to students at any stage of research in the fields of demographic and population studies. We hope that you will make the most of all the opportunities, both formal and informal, available over the next few days to network, talk and learn about demography and population-related research.

We gratefully acknowledge financial support from the Netherlands Interdisciplinary Demographic Institute (NIDI), Netherlands Graduate School of Urban and Regional Research (NETHUR), British Society for Population Studies (BSPS), Population Research Centre (PRC), Centre for Population Change (CPC), Healthy Ageing Network Northern Netherlands (HANNN), The Netherlands Demographic Society (NVD).

We hope you will be stimulated by your time at PopFest 2011 and we look forward to meeting you over the next few days. This booklet has been developed to guide you through your time with us and we hope that you will find in useful.

Should you have any questions about any aspect of the conference, please speak to one of the Organising Committee members and we will be happy to help.

Best regards,

PopFest 2011 Organising Committee

Liili Abuladze – University of Groningen

Nina Conkova – University of Groningen

Sjaak Moerman – University of Groningen

Anu Kõu – University of Groningen

Alessandra Carioli – University of Groningen

Marieke van der Pers – University of Groningen

PopFest 2011
University of Groningen, The Netherlands
Zernike campus

Monday, June 27th

Time	Topic	Location
11.00 – 12.30	Registration	Hallway Blauwe Zaal
11.30 – 12.30	Lunch	Canteen
12.30 – 13.00	Opening	Blauwe Zaal
13.00 – 14.30	Session 1: Country-specific fertility	Blauwe Zaal
14.30 – 14.45	Coffee and tea	Hallway Blauwe Zaal
14.45 – 16.15	Session 2: Determinants of mortality	Blauwe Zaal
16.15 – 16.30	Coffee and tea	Hallway Blauwe Zaal
16.30 – 18.00	Keynote speech 'Big Thoughts in Demography' Prof Dr Dirk van de Kaa	Blauwe Zaal
19.00 –	Conference dinner	Academy building, Bruinszaal

Tuesday, June 28th

Time	Topic	Location
8.45 – 10.15	Session 3a: Fertility and space	Room 5412.0031
	Session 3b: Population and health	Room 5412.0040
10.15 – 10.30	Coffee and tea	Hallway Blauwe Zaal
10.30 – 12.00	Session 4a: Provision and access to health care	Room 5412.0031
	Session 4b: Life course	Room 5412.0040
12.00 – 13.00	Lunch	Canteen
13.00 – 14.00	Session 5a: Healthy ageing	Room 5412.0031
	Session 5b: Data and methods in Population Studies	Room 5412.0040
14.00 – 14.15	Coffee and tea	Hallway Blauwe Zaal
14.15 – 15.45	Session 6a: Perceptions of health behaviour	Room 5412.0031
	Session 6b: Population and Place	Room 5412.0040
15.45 – 16.15	Coffee and tea	Hallway Blauwe Zaal
16.15 – 18.00	Panel: Healthy Ageing: a Challenge in Demographic Research? Prof Dr Klaus Schömann, Prof Dr Jane Falkingham, Prof Dr Patrick Deboosere, Ton Mulder	Blauwe zaal
19.30 –	Optional dinner	Pancake ship

Wednesday, June 29th

Time	Topic	Location
8.45 – 10.15	Session 7: Integration	Blauwe Zaal
10.15 – 10.30	Coffee and tea	Hallway Blauwe Zaal
10.30 – 12.00	Session 8: Fertility preferences	Blauwe Zaal
12.00 – 13.00	Lunch	Canteen
	(Optional: Qualitative research meeting)	TBA
13.00 – 14.30	Session 9: Labour market	Blauwe Zaal
14.30 – 15.00	Closing	Blauwe Zaal
15.00 –	Drinks and farewell	Hallway Blauwe Zaal
15.00 – 17.00	*Optional seminar: Healthy Ageing: the Need for Qualitative Research + book launch (see flyer)*	Het Kasteel

Session 1: Country-specific fertility
Chair: Jamal Abdul Nasir

The Second Demographic Transition in Israel: One for All?
Evgenia Bystrov

Reproduction Behaviour in Romania. A Statistical Analysis
Raluca Caplescu

The Spatial Pattern of the Non-marital Birth Ratio in Poland in the years 2000-2009
Zuzanna Brzozowska

Session 2: Determinants of mortality
Chair: Karina Wibowo

Occupational inequalities in cause-specific and all-cause mortality in Europe
Marlen Toch, Gwenn Menvielle, Terje Andreas Eikemo

The contribution of smoking-related mortality to regional mortality differences in the Netherlands
Fanny Janssen and Alette Sigrid Spriensma

The social gradient in child mortality in Colombia between 1981 and 2010
Andrés Palacio

Session 3a: Fertility and space
Chair: Evgenia Bystrov

Migrant fertility in England and Wales: origins, generations and convergence
Ben Wilson

Explaining spatial patterns of fertility in and around Scottish cities
Annemarie Ernsten

Comparing the fertility patterns of first and second generation immigrant Russians in Estonia and the native populations of Estonia and Russia
Liili Abuladze, Arieke Rijken and Leo van Wissen

Session 3b: Population and Health
Chair: Alessandra Carioli

Race and Age Discrimination in Medical Treatment
Karina Wibowo

Contextual effects on health of ethnic German immigrants and native Germans in the Federal Republic of Germany
Daniel Kreft and Gabriele Doblhammer-Reiter

Economic stress and Cardiovascular Heart Disease
Tina Hannemann

Session 4a: Provision and access to health care
Chair: Nina Conkova

Understanding 'Health Corridors': the social and spatial inclusiveness of reproductive health care; based on a case study of Ethiopia and Tanzania
Dinasas Abdella

Nurses within Borders: The Impact of Variations in the Distribution of Health Care Professionals on Health Outcome Inequalities in Sub-Saharan Africa
Ashira Menashe

Children nutritional status and low haemoglobin level
Ngianga II Kandala

Session 4b: Life course
Chair: Marieke van der Pers

Leaving the Parental Nest and Later Life Socioeconomic Outcomes: Does the Timing of Exit Matter? A Within- Sibling Analysis Using the Panel Study of Income Dynamics
Sarkis Manoukian

Impact of family life cycle events on female labour force participation in Indonesia: A longitudinal analysis
Diahhadi Setyonaluri

Parallel life course careers of highly skilled Indian migrants in the Netherlands
Anu Kõu, Ajay Bailey and Leo van Wissen

Session 5a: Healthy ageing
Chair: Tina Hannemann

Demographic, family and institutional factors affecting self-rated health for the elderly in China: a multilevel analysis.
Zhixin Feng

Age-related trajectories of institutionalization and care need of people with dementia
Anne Schulz and Gabriele Doblhammer

Session 5b: Data and methods in Population Studies
Chair: Liili Abuladze

Age, period and cohort effects in the prescription of benzodiazepine and statin in the Netherlands 1994-2009
Maarten Bijlsma

An Empirical Case Study of the Consistency of Under-Five Mortality Rate Estimates Using Full Birth Histories and Summary Birth Histories
Romesh Silva

Session 6a: Perceptions of health behaviour
Chair: Sjaak Moerman

Public perceptions of development in a rural African community and relationship with key demographic and health outcomes
Hildah Essendi

Bounded rationality: Adolescent' Perceptions of contraceptives in Uganda
Billie de Haas and Inge Hutter

First-time breastfeeding: dilemmas between intention and behaviour in middle and high SES mothers
Bettie Oosterhoff, Hinke Haisma and Inge Hutter

Session 6b: Population and place
Chair: Anu Kõu

"*At the ass of the geography*": Experiencing and coping with rural depopulation and its consequences. A case study of Bania, Bulgaria
Nina Conkova, Ajay Bailey and Leo van Wissen

The Regional Dimension of Intergenerational Proximity
Marieke van der Pers and Clara H Mulder

Understanding Post-disaster Resettlement Patterns: An Empirical Analysis of Humanitarian Common Needs Survey Data from Myanmar
Max Richman

Session 7: Integration
Chair: Liili Abuladze

What integration? Empirical findings on Albanian community in two Italian regions
Eralba Cela and Besiana Ninka

Pathways to integration: Intermarriage patterns of foreign born residents in Spain
María Sánchez Domínguez, Helga A.G. de Valk and David Reher

Social participation, support opportunities and the impact on cardiovascular heart disease
Tina Hannemann

Session 8: Fertility preferences
Chair: Billie de Haas

Disruptive Event, Stalling Fertility Decline and Fertility Preferences in Rwanda
Pierre Claver Rutayisire, Pieter Hooimeijer, Annelet Brookhuis

Short term effect of Pregnancy termination and child mortality on the desire to have another child (fertility) in Rwanda: Evidence from DHS 2000 and 2005
Ignace Habimana Kabano, Annelet Broekhuis, Pieter Hooimejer

Family planning programme evaluation: a new framework and Pakistani case
Jamal Adul Nasir and Andrew Hinde

Session 9: Labour market
Chair: Tina Hannemann

Non-standard Work Schedules and Fertility
Katia Begall

Favorable conditions for workplace work-life policies in Europe: organizational conditions, country context and managerial attitudes
Wike Been, Laura den Dulk and Tanja van der Lippe

The Sandwiched Generation at Work? An analysis of the labour market participation of UK women caring for parents and dependent children.
Karon Gush

Presentation abstracts (Day 1)

Monday June 27th	
Session 1 **Time:** 13.00 – 14.30 **Location:** Blauwe Zaal.	**Title: Country-specific fertility** **Chair:** Jamal Abdul Nasir
Presentation 1	**The Second Demographic Transition in Israel: One for All?**
Evgenia Bystrov *Bremen International Graduate School ofSocial Sciences (BIGSSS), Jacobs University Bremen*	This article explores the phenomenon of the Second Demographic Transition (SDT) and quantifies its components in Israel. I compare the postponement of family formation and childbearing in Israel to the European patterns. The goal is to understand which transitional stage Israeli society goes through and in particular whether the majority of its population has advanced to a post-transitional stage. The high heterogeneity of Israeli society allows not only differentiating between the pre-transitional, transitional and post-transitional elements, but also investigating the complex mechanism of the onset and diffusion of this process. I aim in this paper to analyze the spread of change in family behaviours across time and population groups. Data originates from Population Register from 1949 onwards, Social Survey data collected annually since 2002 by the Israel Central Bureau of Statistics and cross-national survey data of International Social Survey Programme (ISSP) and European Social Survey (ESS). I show how family related attitudes and measures of marital and fertility transition, such as median age at marriage, age-specific fertility rates, and proportion of non-marital childbearing have changed over time. I also show the trends in alternative living arrangements, increasing age at motherhood and growing proportions of multiple births. I find that the variety of behaviours among ethnic and religious groups has grown over the last three decades. In addition to differentiation between traditional and modern patterns, some similarity to European transitional paths among the non-religious groups is shown. However, such feature of the SDT as eventual childlessness is not present in Israel. Other features as out-of-wedlock childbearing and unmarried cohabitation as an alternative to marriage are minor. Finally, I point to the strong connection between value orientations of the various groups in Israel and the developments in family behaviours, and discuss some of its implications.

Presentation 2	**Reproduction Behaviour in Romania. A Statistical Analysis**
Raluca Caplescu *Bucharest Academy of Economic Studies*	Fertility behaviour is influenced by a wide range of factors that have an important influence on decisions regarding child birth. The reproductive behaviour of the Romanian population, based on early marriage, followed by childbirth soon after, with a high number of births per woman, due to increased mortality risks, and low divorce rates, remained untouched by changes until the last century. After that, the ideal family model has changed from three-four children to two children. However, to the present, most households are family households and the relationships between adult children and their parents remain strong even after the former leave parental home. The fall of the socialists regimes and the abrogation of the prohibitive legislation regarding contraception and abortion brought about a plunge in the fertility levels of the country, as well as a shift towards Western European socio-demographic trends. Even though the intensity and the calendar of the processes and phenomena are different, these demographic "modernisation" trends whose roots can be found in the previous century are visible. The present paper aims at analysing how and to what extent do socio-environmental factors influence the reproductive behaviour in Romania. The theoretical framework of the present papers is formed by combining the results of the analyses at macro-level, according to which the current low fertility rates are the result of important changes regarding family life, especially marriage and reproductive behaviour with micro-level analysis, taking into account the desire and the readiness of women to have children, based on the theory of planned behaviour. In order to reach its goal, data from the first wave of the Generations and Gender Survey were used to form a sample comprising over 2600 respondents, all of whom are theoretically able to have children.
Presentation 3	**The Spatial Pattern of the Non-marital Birth Ratio in Poland in the years 2000-2009**
Zuzanna Brzozowska	In Poland the risk of giving non-marital birth, observed at the individual level, is negatively correlated with income and the level of education and it is higher among

Warsaw School of Economics	the town residents than among the countryside residents. At the level of a region, however, this tendency is hard to observe as such indicators as the percentage of rural population or the average earnings do not seem to be good predictors of the non-marital birth ratio. For the analyses I used the annual data on the non-marital birth ratios for area units at the NUTS-4 level for the years 2000 and 2009 published by the Central Statistical Office. In the first step, I conducted simple and multiple linear regressions with independent variables such as the share of the urban population, the unemployment rate, the average earnings and a dummy variable denoting territories gained in 1945 and the rest of the country. In the next step, I analysed the spatial autocorrelation using the Simultaneous Autoregressive Model (SAR Model). The preliminary results indicate that Poland has an extremely strong spatial pattern of the on-marital birth ratio, with low values for the east and high values for the west of Poland. This spatial autocorrelation can be partially explained by significant differences in social relations between the inhabitants of the territories repopulated after World War II (i.e. western and some parts of northern Poland) and those of the rest of the country. However, this is not the only factor behind the observed strong spatial pattern.

Session 2 **Time:** 14.45 – 16.15 **Location:** Blauwe Zaal.	**Title: Determinants of mortality** **Chair:** Karina Wibowo
Presentation 1	**Occupational inequalities in cause-specific and all-cause mortality in Europe**
Marlen Toch, Gwenn Menvielle, Terje Andreas Eikemo *Norwegian University of Science and Technology (NTNU)* *Erasmus University Medical Centre, the Netherlands*	In the last decades life expectancy has shown a remarkable increase. However, substantial differences in mortality are still observed and may even be increasing between socioeconomic groups. Previous research focussed mainly on educational rather then occupational class inequalities. Such inequalities are unfair, unnecessary and avoidable, but cross country comparisons can help identify the scope for reduction. Europe is a unique region this respect, as it's inter country population characteristics as well as history and development in between countries differ, and highly reliable and comparable data on mortality and socioeconomic position are available in the majority of the countries. The aim of this study was to investigate occupational inequalities in cause-specific and all-cause mortality in Europe at the start of the new millennium. We analysed nationally representative data on cause-

	specific and all-cause mortality by occupational class from 13 countries all over Europe. We applied cross-sectional and longitudinal data obtained from population censuses and mortality registries from each country analysed. Data were centrally harmonized which enhances cross-country comparability. Men and women from age 30 to 64 are analysed. Occupational class was analyzed according to upper and lower non-manual, skilled and unskilled manual workers, self-employed as well as farmers. In order to assess the magnitude of occupational class inequalities, rate ratios for cause-specific and all-cause mortality are estimated with Poisson regression. Sensitivity analyses were conducted to correct for an underestimation of mortality inequalities due to exclusion of economic inactive persons. This study contributes to the aim of tackling inequalities in Europe, as it analyses mortality inequalities by occupational class with recent, comprehensive and comparable data from 13 European countries.
Presentation 2	**The contribution of smoking-related mortality to regional mortality differences in the Netherlands**
Fanny Janssen and Alette Sigrid Spriensma *University of Groningen*	Smoking is an important preventable determinant of mortality levels, trends and national differences therein. Less is known about the importance of smoking in regional mortality differences, whereas this can pinpoint policy areas and can be studied with population-level data only. Objective of this paper is to examine the contribution of smoking-related mortality to regional mortality differences in the Netherlands. All-cause mortality, lung cancer mortality and population numbers were obtained from Statistics Netherlands. Smoking-attributable mortality was estimated using an adapted indirect Peto-Lopez method. We graphically present regional differences (and their significance level) in age-standardised all-cause mortality, smoking-attributable mortality, smoking- and non-smoking-related mortality at NUTS level three for the Netherlands in the period 2004-2008, by sex. We assess spatial autocorrelation through Moran's I in ArcGIS. We assess correlations, and compare and decompose the variance. Significant regional differences in all-cause mortality showed, with a random pattern. For males, smoking-attributable mortality ranged from 22 to 30% with higher levels in the East and mid-South. For females, it varied from 7 to 14%, with low levels in the mid-North

	and Zeeland. Smoking-attributable mortality correlated with all-cause mortality, especially for males. Smoking-related mortality varied substantially more than all-cause mortality. When smoking-related mortality is excluded from all-cause mortality, the variance declined, although not statistically significant for females. The variance in smoking-related mortality contributes 39% of the variance in all-cause mortality among males and 30 % among females. Smoking-related mortality, and presumably smoking, thus seems to contribute to the regional differences in all-cause mortality, especially among males.
Presentation 3	**The social gradient in child mortality in Colombia between 1981 and 2010**
Andrés Palacio *Lund University*	The aim of this paper is to examine the evolution of social gradient in child mortality in the context of a developing country. Colombia is a middle-income country, which has experienced the global trend of decline in child mortality as in most developing countries. Yet, the relative decline across social groups is still an open question. While few studies in Colombia have been devoted to this endeavor, the existence of the gradient is constantly reminded and mentioned as a target for policy. I hypothesize that despite the absolute reduction in child mortality inequalities in child mortality are explained by social class rather than other determinants such as health care and geography. My analysis is based on a pooled sample from the five yearly Demographic and Health Survey (DHS) data covering children born in the period between 1981 to 2009. I use father´s occupation as the indicator of social class to estimate and compare the relative risk of child mortality across groups, controlling for other health determinants. My results indicate that social inequalities in Colombia have been relatively constant across the three decades, with the exception of year 1995. This year was particularly difficult because Colombia had just begun the implementation of the health care reform of universal coverage associated with the economic opening of its economy. On the other hand, the social gradient in child mortality disappears once wealth and education are controlled for. In sum, there is no apparent trend towards convergence across social groups despite government efforts. This suggests that more fundamental changes in income distribution, rather than universal health insurance for the poor and the unemployed, must be addressed to reduce child mortality by two thirds as the Millenium Development Goals prescribed. Additionally, compositional changes in

	education seem to contribute marginally to the decline of the social gradient in child mortality in the case of Colombia.

Presentation abstracts (Day 2)

Tuesday June 28th	
Session 3a **Time:** 8.45 – 10.15 **Location:** Room 5412.0031.	**Title: Fertility and space** **Chair:** Evgenia Bystrov
Presentation 1	**Migrant fertility in England and Wales: origins, generations and convergence**
Ben Wilson *London School of Economics*	Recent increases in net migration in England and Wales have raised questions about the fertility of immigrants and their contribution to overall fertility rates. Compared with the native-born, fertility rates in England and Wales are higher for foreign-born women (Tromans et al. 2009; Coleman et al. 2002), although the variation between ethnic groups has fallen between 1987 and 2006 (Dubuc and Haskey 2010). However, there are problems with interpreting migrant fertility rates. It is difficult to disentangle quantum and tempo effects from period fertility measures (Ni Bhrolchain 2009), and foreign-born women are a heterogeneous group, with different characteristics from one another and from the native-born (Blau 1992; Kahn 1994). Furthermore, the fertility of foreign-born women can vary considerably according to age at migration (Andersson 2004; Toulemon 2006). Existing literature suggests that the fertility of first-generation adult immigrants will differ from that of their children, who may either be born in England or Wales (second-generation migrants), or born abroad (the 1.5 generation) (e.g. Sobotka 2008). Moreover the fertility of these children is more likely to converge with that of ancestral natives (i.e. the native-born children of native-born parents), when compared with the first-generation (e.g. Parrado and Phillip Morgan 2008), reflecting the effects of socialisation within the new destination, and its interaction with migrant culture and beliefs (Fernández and Fogli 2009). The convergence hypothesis predicts that birth risks for different generations can be ordered as follows: first generation, 1.5 generation, second generation, and ancestral natives. Using data from the Office for National Statistics Longitudinal Study, this research will create models of birth risk, taking account of exposure to risk, country of origin, age at migration, and other socio-demographic characteristics. This presentation will show initial findings, and discuss their implications, both for further research, and for existing statistics such as population

	projections.
Presentation 2	**Explaining spatial patterns of fertility in and around Scottish cities**
Annemarie Ernsten *University of St Andrews*	Having a child is not just a matter of a couple's decision to reproduce; many hidden influences are at work. Boyle, Graham and Feng (2007) examined fertility in small geographical areas throughout Scotland. Per area they fit regression models to explain fertility by socio-economic variables. While the overall model fit they find significant clusters of unexplained high and low fertility in the largest Scottish cities. What could explain these clusters of unexplained high and low fertility? The modelled variables already cover many proximate determinants. Consequently other factors must be involved. Based on the current literature, I propose a conceptual model outlining possible explanations for these clusters of unexplained fertility. The unexplained fertility is found in clusters, which directs our thoughts towards neighbourhoods and the possibility of *selective migration effects*. Couples planning to have a child may move to areas perceived as child-friendly, while childless people could be attracted to other areas by neighbourhood features associated with child-free life styles. However, selective migration is unlikely to provide a complete explanation of the fertility clusters, so we also consider *social interaction effects*. Seeing families around and having conversations with friends could be 'contagious', which makes you considering having a(nother) child. In contrast, those living in low fertility areas and not seeing or hearing about children might have these considerations to a much smaller extent. The *housing market* is another factor influencing the spatial patterning of fertility. Housing choices are influenced by opportunity and constraint. However, within that framework, location is likely an additional influence. For example, families tend to live in more spacious houses than childless people and the stock of such houses itself has a spatial patterning, as will the cost of housing. Houses in the city centre, are generally more expensive but les spacious than suburban houses. This again contributes to explaining the pattern in which the clusters of unexplained fertility are found. But, importantly, this aspect of housing choice cannot be divorced from ideas of what constitutes a 'suitable'

	house and area in which to live. Furthermore, such ideas may change over time. Few studies have considered social norms as influences on perceived housing needs when starting a family, however this paper argues that *social norms* could be an important explanation of fertility.
Presentation 3	**Comparing the fertility patterns of first and second generation immigrant Russians in Estonia and the native populations of Estonia and Russia.**
Liili Abuladze, Arieke Rijken and Leo van Wissen *University of Groningen*	Foreign-origin population fertility has usually been analysed by comparing first generation immigrants to the native population of the host country. The current study looks at the timing of first and second births, comparing four groups: first and second generation immigrant Russians in Estonia, the Estonian native population, and the Russian population in Russia – thus also incorporating second generation immigrants and the origin country population. Estonia provides an interesting case where immigration processes occurred slightly earlier than in other Western European countries, and the country has a relatively large immigrant population (with approximately 32% of the total population). The aim is to test effects of migration on fertility and to observe possible demographic convergence of immigrants' fertility to the native population's behaviour. One of the tested hypothesis will be socialisation hypothesis which predicts that convergence of fertility levels will be seen in the second generation in comparison to the host country population. Adaptation hypothesis predicts convergence also in the first generation. The Gender and Generation Survey data used in the current study provides an opportunity to analyse all four groups with comparable data from two countries. This also adds to the current research on the topic by using data which includes life history approach. Cox regression models of first and second birth will be conducted, including male and female respondents from each of the four groups, born between 1924 and 1983. We take into account background characteristics such as sex, cohort, timing of migration, education and urban/rural settlement. Ethnicity of the partner is included in a separate analysis for only first and second generation immigrants.

Session 3b	Title: Population and health
Time: *8.45 – 10.15* *Location: Room 5412.0040.*	**Chair:** Alessandra Carioli

Presentation 1	**Race and age discrimination in medical treatment**
Karina Wibowo *Jacobs University Bremen*	Western populations are facing two major challenges today: The integration of the aging population and the increasing amount of immigrants into the society. Indeed, this has never been as pertinent as today. The consequences of an aging population along with the growing cultural diversity are changing the face of societies, thus raising dilemmas regarding possible solutions to these issues. Given the current state of globalization with the emergence of new institutions and new forms of migration, the pressure on societies to deal with these unexpected changes is rising. As a result, not just the number of immigrants increases, but also the composition of all demographic cohorts, resulting in new consolidated minorities: elderly and ethnic groups. According to Becker (1971) an increase in the minority groups can raise the prejudice against them making the majority afraid of the increasing importance of the minority and leading to greater discrimination against the minorities. Indicating the topicality of this point, many scientists in the United States of America have concentrated their research on race discrimination in medical treatment; discrimination can be a major factor behind health inequality in the population. However, so far all studies have assessed ethnic and age discrimination in medical treatment merely within the United States; even though the pattern of race and age discrimination in medical treatment has been reported in other Western countries as well. Hence our project aims at extending the research countries outside of the United States: Therefore, the research objective concentrates on the perceived discrimination in medical treatment in Western countries. Subsequently, the actual race and age discrimination according to different population compositions will be compared. The third research question aims on assessing whether experimental economics is suitable to assess the behavior of discrimination.

Presentation 2	**Contextual effects on health of ethnic German immigrants and native Germans in the Federal Republic of Germany**
Daniel Kreft and Gabriele Doblhammer-Reiter *Rostock University* *German Center for Neurdegenerative Diseases*	Since ethnic German immigrants (Aussiedler) are the largest immigrant group in Germany, the investigation of health inequalities in the population of Ethnic German Immigrants is important for public health researchers as well as for policy-makers. Based on individual data from the Microcensus 2005 and regional data from the INKAR database 2007, contextual effects on health of the Aussiedler are estimated and compared with the results for native Germans. Duration of stay of the Aussiedler will be additionally considered by stratifying the Aussiedler into subgroups. Two- level logistic regression models are used to estimate the association of selected indicators (settlement structure, ethnic composition and economic performance) with individual's state of health, when adjusting for individual characteristics. The analysis detects an association of duration of stay with health of Aussiedler. While Aussiedler who live 15 years or less in Germany show a lower (age adjusted) risk of poor health compared to native Germans, Aussiedler with a duration of stay of more than 30 years tend to have a higher risk. In the multilevel models, general trends in economic performance (measured in GDP per capita) and settlement structure (measured in centrality of population distribution) can be detected. The individuals show highest odds of poor health if they live in regions with a high centrality and a low GDP per capita, regardless of whether they are Aussiedler or native Germans. The effects of regional ethnic composition (measured in proportion of foreigners) are inconsistent: Native Germans show good health in regions with a moderate proportion of foreigners, while Aussiedler have the lowest risk of poor health in regions with a low proportionof foreigners. These findings support the argument that the effects of duration of stay and of characteristics of the living area have to be regarded when analyzing health disparities of Aussiedler and native Germans.
Presentation 3	**Economic stress and Cardiovascular Heart Disease**

Tina Hannemann *Lund University*	Lately, an increasing focus has been directed towards the link between health and socio-economic position. A negative experience in the labor market is likely to be associated with considerable economic stress, which could influence the individual's health adversely. The influence could be direct, causing changes in the metabolism, the inflammatory system or the levels of cortisol and cholesterol in the body. The influence of stress could also be indirect and cause changes in the individual's behavior regarding exercise, nutrition or smoking. Both mechanisms lead to the assumption that individuals experiencing economic stress may suffer from an elevated risk of cardiovascular disease. In the study we investigate the individual's economic performance and its impact on health among a sample of 150,000 working individuals in Sweden between 1987 and 2001. More specifically, the influence from the individual's economic contribution to the combined household assets is analyzed. We assume that a poor performance in terms of income from work is associated with an increasing risk for cardiovascular diseases, such as ischemic heart disease (IHD) and stroke. For the analysis, we are using longitudinal individual level data from the Swedish tax register. We calculate the individual's relative income compared to their expected income, conditional upon their education, age and gender. The data was combined with medical records on events of ischemic heart disease (IHD) and stroke from the patient register. We limit the study population to the ages between 20 and 65 to cover the working population, since we are focusing on income from labor. We included classic cardiovascular risk factors, such as being diagnosed with diabetes and/or hypertension. Since we possess repeated observations on each individual, a panel data approach is chosen. In order to cancel out the influence of unobserved characteristics, fixed effect logit regression models are run.

Session 4a **Time:** 10.30 – 12.00 **Location:** Room 5412.0031.	**Title: Provision and access to health care** **Chair:** Nina Conkova
Presentation 1	**Understanding 'Health Corridors': the social and spatial inclusiveness of reproductive health care; based on a case study of Ethiopia and Tanzania**

Dinasas Abdella *Utrecht University*	It is evident that sub Saharan countries portray low utilization rates and poor accessibility to reproductive health services, especially amongst disregarded groups. Current debate affirms strengthening decentralised reproductive health programmes by integrating family planning and HIV/AIDS with gender and health rights. The debate is further steered by broadening the spatial-biased concept of access to health care to include various social dimensions. Against this backdrop, this study examines the implications of facility-based reproductive health integrated services (FBIS) and community-embedded health interventions (CBI) and explores the notions of demand articulation and internalisation of rights in delivering and demanding for reproductive health services. This study adopted a mixed qualitative and quantitative method and conducted in selected communities in the Amhara region, Ethiopia and Mwanza region, Tanzania. In Ethiopia utilization of facility-based integrated services are found to be low primarily due to cultural barriers associated with early marriage, female genital mutilation, traditional abortion and self perception of low risk HIV infection. Community-embedded health interventions are found to strategically breach cultural barriers and increase access to health care through 'health corridors'; this is, a process by bringing non-clinical care, counselling and imparting knowledge on health-related and rights issues directly to the homes of the community. In Tanzania, whilst integrated facility-based services are relevant, complementing community embedded health interventions are found to be more crucial given that disregarded groups are better reached through such 'health corridors'. However, this process is challenged most with the lack of cooperation and trust between implementing bodies and the skewed community perception of reproductive health. In the absence of a strong health system and in a limited resource area, strengthening reproductive health care, though integration of community-embedded health interventions is demonstrated as pivotal Understanding and investment In "health corridors" offers a socially and spatially inclusive reproductive health service delivery.
Presentation 2	**Nurses within Borders: The Impact of Variations in the Distribution of Health Care Professionals on Health Outcome Inequalities in Sub-Saharan Africa**
Ashira Menashe	One of the key problems facing sub-Saharan African populations is the combination of a relatively rich

	disease environment, especially communicable diseases, and relative scarcity and mal-distribution, of health professionals. The results of this combination are the substantial inequalities in health outcomes across countries and within them. My research tests a longstanding assumption which underlies the proposed solution to this problem: that human resources for health, especially nurses, are essential in providing medical services and determining these health inequalities. Merging individual-level data from Demographic and Health Surveys collected in five countries (Kenya, Rwanda, Ghana, Tanzania and Uganda) with data from Service Provider Assessments – essentially, clinic data –in three different ways I created distinct datasets geared to a specific series of empirical questions. I evaluate the relationship between variations in health personnel availability and eight different health related indicators, each representing one of three health dimensions: reproductive health, child vaccination, and treatment of sick children. Results show that overall increasing the availability of medical staff is essential in improving certain health outcomes but not others. The central result is that doctor and midwife densities have significant positive effects on women's reproductive health. But they are not associated with vaccination coverage, and have mixed effects regarding children's medical care when sick. Health professionals are the heartbeat of healthcare in Sub-Saharan Africa and ways need to be found to keep them on the continent, and to spread them around in ways that serve the general health needs of the population.
Hebrew University of Jerusalem	
Presentation 3	**Children nutritional status and low haemoglobin level**
Ngianga II Kandala *University of Southampton*	Anaemia is a widespread public health concern. It is estimated that globally 47 percent of young children are anaemic (WHO, 2005). In children anaemia can impair development and increase susceptibility to infectious diseases. The lack of sufficient food rich in iron and other micronutrients are the commonest cause of anaemia. Underweight, a measure of short and long term malnutrition may reflect poor feeding practices or recent episodes of illness. Endogenous switching regression methods with Full Information Maximum likelihood are used to investigate the link between children's nutritional status (underweight) and anaemia. This is a cross-sectional study of 3157 children age 6-54 months from the Democratic Rep. of Congo. Initially,

	24% of children were underweight (weight-for-age bellow -2 standard deviation) and 74% were anaemic. It is suggested that anaemia is significantly associated with children nutritional status (underweight) and most of the risk factors associated with anaemia are also found to be related with children weight-for-age. These include bed net use, breastfeeding, succeeding birth interval, source of drinking water and wealth quintiles. Paying a close attention to these common socioeconomic factors associated with both children's nutrional status and anaemia can improve children's health in the Dem. Rep of Congo.

Session 4b **Time:** 10.30 – 12.00 **Location:** Room 5412.0040.	**Title: Life course** **Chair:** Marieke van der Pers
Presentation 1	**Leaving the Parental Nest and Later Life Socioeconomic Outcomes: Does the Timing of Exit Matter? A Within- Sibling Analysis Using the Panel Study of Income Dynamics**
Sarkis Manoukian *University of Essex*	The decision to leave the parental home can be one of the most important decisions to be taken by young adults. In this paper I look into the impact of this decision on later life labour market outcomes using panel data from the Panel Study of Income of income Dynamics (PSID). All unmeasured parental background and household factors are controlled for through a within-siblings model that compares outcomes between same-sex siblings. I find that exiting the parental home too soon can lead into worse outcomes later in life, and that is especially true for mid-life income measures. This result holds even after an Instrumental Variables robustness check using US state house prices. Men with low education have better outcomes on average if they delay leaving home and this estimated effect is larger when unobserved family effects are controlled.
Presentation 2	**Impact of family life cycle events on female labour force participation in Indonesia: A longitudinal analysis**
Diahhadi Setyonaluri	This work-in-progress explores the effect of family life cycle events in female labour force participation, particularly the effect of timing of first marriage and first

Australian National University	child birth on women's labour force participation. This paper uses the longitudinal data from the Indonesian Family Life Survey (IFLS) 1993, 1997, 2000, and 2007, which have retrospective information on work, marriage, childbirths, and migration histories. The sample is women who were aged 15-49 years old at each year of the observation period available in the work history of each wave of IFLS. This work is employing panel logistic to examine the likelihood to exit from the workforce, explanatory variables include timing of marriage, childbirths, age of youngest child, migration, and type of residence, which are treated as time-variant variables, and the last attained of year of schooling and birth cohort as the time-invariant variables.
	It is hypothesized that childbirth are more likely to increase the likelihood of exiting work and education enforced women's to stay in the paid employment. Marriage has a positive impact on women to be out from the labour force since married women in Indonesia still take the main responsibility for household work, although large share of women work in the informal sector allows women to combine market and household works, and therefore marriage will have no effect on workforce participation. Migration is hypothesized to have a positive impact on women exiting from workforce since women need to change a job if they move and there will be a certain period of unemployment until they get a new job. Meanwhile, education is hypothesized to have a negative impact on women to be out from the workforce. Women with higher education investment have higher opportunity cost to be out from the workforce even though they are married and have children.
Presentation 3	**Parallel life course careers of highly skilled Indian migrants in the Netherlands**
Anu Kõu, Ajay Bailey and Leo van Wissen *University of Groningen*	Whereas a large body of literature concerns the economic macro-level contributions of highly skilled migration, little is known about the micro-level behaviour of knowledge migrants that goes beyond the financial reasoning. By means of a qualitative life course approach, this paper reports upon how highly skilled Indian migrants in the Netherlands shape their life course, and highlights the intertwining between parallel trajectories that structure their migration paths. We also examine the role of factors that either facilitate or hinder migration decision making, such as social and organisational networks, household members, and migration policies. Our results draw from semi-

	structured biographic interviews conducted during a pilot study which will be complemented by more extensive fieldwork. Preliminary findings suggest that migration of the highly skilled cannot be separated from their other parallel careers of education, employment and household. Moreover, it is influenced by linked lives to a remarkable extent. These qualitative results enable understanding the migration process through the lives of the highly skilled, and reveal that interdependent trajectories and life transitions are often culturally conditioned.

Session 5a **Time:** 13.00 – 14.00 **Location:** Room 5412.0031.	**Title: Healthy ageing** **Chair:** Tina Hannemann
Presentation 1	**Demographic, family and institutional factors affecting self-rated health for the elderly in China: a multilevel analysis.**
Zhixin Feng *University of Bristol*	China's aging population has increased rapidly due to its declining mortality and fertility. An aging population may put great strains on China's economy and society and will demand more effective and comprehensive care provision and support systems. A study examining the main demographic, family and institutional factors affecting the health outcomes of the elderly will shed light on issues involving the current care and support systems for the elderly and provide implications for the on-going social security reforms in China. This empirical analysis will use two waves (2002 and 2005) from the Chinese Longitudinal Healthy Longevity Survey (CLHLS) and will analyse the health outcomes of self-rated health. The data has a three level hierarchical structure with years nested within individuals and individuals nested within counties. Multi-level modelling is used to estimate variations across time and places simultaneously. Results from the analysis show that age, gender, education, living arrangements, family supports, institutional support (medical and finance) play a role on the health outcome. The temporal effects over the two waves of the survey attenuate after the demographic, family and institutional factors are included in the model. However, geographical effects remain the main effects on the self-rated health.

Presentation 2	Age-related trajectories of institutionalization and care need of people with dementia
Anne Schulz and Gabriele Doblhammer *Rostock University* *German Center for Neurdegenerative Diseases*	Objective: The purpose of the study is to analyze the distribution of dementia in Germany. Next to differences between men and women it is focused on age-related trajectories of institutionalization and care need of dementia prevalence rates. Method: Using the routine data of the biggest public sickness fund in Germany (AOK) of the year 2007 the age-specific dementia prevalence of nearly 11 million people aged 50+ is analyzed differentiated by sex, region, institutionalization, care need, ICD-10 diagnosis and diagnosing physician. Results: Dementia seems to be more prevalent among women than among men. East German people suffer more often from dementia than people living in West Germany. Dementia prevalence increases with age. Up to age 90 demented people mostly live at home. From that age onwards the prevalence rate of demented people living in institutions is increasing rapidly whereas there are profound differences between men and women. The need for care of demented persons rises as well and is getting more severely the older the people are. The most common ICD-10 coding for dementia is F03 and over 50 % of all cases are diagnosed by a GP. Conclusion: The share of demented people living in institutions and in need of care increases with age. Whereas relatively young dementia patients mostly live at home it is most common to live in an institution in the highest ages. The older the demented persons the more often the diagnosis is unspecified.

Session 5b Time: 13.00 – 14.00 Location: Room 5412.0040.	Title: Data and methods in Population Studies Chair: Liili Abuladze
Presentation 1	Favorable conditions for workplace work-life policies in Europe: organizational conditions, country context and managerial attitudes
Maarten Bijlsma *University of Groningen*	Not much is known about prescription drug use and its effects in the general population. Methods from demography may help in studying these effects. Age, period and cohort effects are, implicitly or explicitly, at the heart of many demographic methods. By studying age, period and cohort (APC) as proxies, additional insight may be gained into the effects of ageing, policy, or even drug side-effects, on drug prescription trends.

	We use a large longitudinal dataset (iadb.nl) on drug prescription in the Netherlands. We focus on benzodiazepine and statin. Both drugs have a large number of users, have effects tied to age, have generational differences between users, and have recently undergone policy changes. We attempt to discern what effect these changes have had on trends in drug prescription in the period 1994 – 2009 using both descriptive and analytical methods.
Presentation 2	**An Empirical Case Study of the Consistency of Under-Five Mortality Rate Estimates Using Full Birth Histories and Summary Birth Histories**
Romesh Silva *University of California, Berkley*	This paper reviews the direct and indirect estimation methods that are widely used to estimate under five mortality rates in developing countries when high quality vital registration information is unavailable. The paper presents a preliminary case study, using data from 115 demographic and health surveys in thirty five countries spanning the regions of West Africa, East Africa, Latin America and South and Southeast Asia, that quantifies the difference between observed direct and indirect estimates. I also analyse the nature of the data quality issues associated with full birth histories (used in direct estimation methods) and summary birth histories (used in indirect estimation methods), noting the relative effects of these errors and testing whether these errors explain observed differences between direct and indirect estimates. I conclude by developing a framework to explore the potential error and bias that may result from violation of the underlying assumptions of the Brass indirect method.

Session 6a **Time:** 14.15 – 15.45 **Location:** Room 5412.0031.	**Title: Perceptions of health behaviour** **Chair:** Sjaak Moerman
Presentation 1	**Public perceptions of development in a rural African community and relationship with key demographic and health outcomes**
Hildah Essendi *University of Southampton*	Although some of the key dimensions of development include standards of living and the development of per capita income, it is also important to recognise the importance of non-economic factors, particularly in understanding the dynamics of socio-economic

	development. And whereas researchers recognise that human development entails much more than the rise or fall of national incomes, various indicators regarding wellbeing, health and development in developing countries remain below average. This is in spite of the implementation of many development initiatives in developing countries, particularly in the rural areas. In addition, very few studies to understand and implement rural development have sought the views of community members regarding the important aspects and outcomes of their development. Using the mixed-methods approach, this study investigates community perspectives on the key dimensions of development, and the impact of their perception and involvement in development on demographic and health outcomes. The outcomes under focus in this study include Total Fertility Rate (TFR), use of maternal health services, child morbidity and mortality, vaccination and nutritional status. The study is implemented in Makueni district of Eastern Province Kenya. Data is collected at the community and household levels using focus group discussions, key informant interviews, indepth interviews, mapping and questionnaires. The FGDs, key informant interviews and indepth interviews are conducted with community members to understand their perception of development at the qualitative level. Community members are also involved in mapping the areas that signify development to them. In addition, questionnaires are administered at the household level to understand where households place health and demographic outcomes in their ideas of development and compare these with their other ideas of development. Qualitative data is analysed using NVivo 8 software while the quantitative data is analysed using SPSS and Stata.
Presentation 2	**Bounded rationality: Adolescent' Perceptions of contraceptives in Uganda**
Billie de Haas and Inge Hutter *University of Groningen*	This paper explores adolescents' knowledge of sexual health issues and how this knowledge relates to their intention to engage in safe sexual behaviour. Ten in-depth interviews and six focus group discussions were conducted with adolescents aged 15-19 at a mixed secondary school in the capital Kampala in April-May 2008. The findings show that most participants intend to abstain until marriage because they believe abstinence is the best option to protect themselves from pregnancies and HIV/AIDS. Many participants believe contraceptives are not reliable or they fear the side

	effects. Several participants seem to have incorrect information about contraceptives, which they claim to be receiving from teachers and health counsellors visiting their school. This 'bounded rationality' can potentially lead adolescents to take unhealthy decisions, for instance to have sexual intercourse without protection.
Presentation 3	**First-time breastfeeding: dilemmas between intention and behaviour in middle and high SES mothers**
Bettie Oosterhoff, Hinke Haisma and Inge Hutter *University of Groningen*	In the Netherlands 81% of the mothers start breastfeeding their infant. After one month this has dropped to 48%. To get insight into this decrease, a better understanding of women's underlying motives for deciding on infant feeding practice is needed. Former research using the Theory of Planned Behaviour (TPB) has shown the importance to investigate breastfeeding intentions, the actual behaviour, and behavioural continuation. Our research concentrates on what happens between intention and behaviour in primiparous mothers with middle and high socioeconomic status. In a province in the northern Netherlands, in-depth interviews were carried out re- and postpartum with 8 Dutch mothers who intended to start breastfeeding. The TPB was the deductive conceptual model used, all interviews were transcribed ad erbatim and analysed by content analysis using grounded theory. Interviewing both pre- and postpartum showed that mothers are 'working', 'learning', 'arranging', 'hoping' and 'giving birth'. These concepts are added into the inductive model. The concepts show that mothers face certain dilemmas. Expectant mothers are busy arranging for motherhood and are in control regarding work and other activities. This period suddenly ends with delivery, and the newborn, emotions and hormones take over the previous perceived control. Delivery is experienced as a major life event. Mothers have access to information, but this does not result in sufficient skills to practice breastfeeding. The TPB is a useful model but it does not show the impact of a major life event. Only by applying grounded theory it becomes clear what exactly happens between intention and practice, and which dilemmas exist. These dilemmas must be taken into account in order to support mothers in their infant feeding choices.

Session 6b **Time:** 14.15 – 15.45 **Location:** Room 5412.0040.	**Title: Population and place** **Chair:** 6b: Anu Kõu

Presentation 1	*"At the ass of the geography"*: Experiencing and coping with rural depopulation and its consequences. A case study of Bania, Bulgaria
Nina Conkova *University of Groningen*	Depopulation in Bulgaria is observed at national, regional and rural levels. The rural depopulation dates its commencement from the period after the Second World War and is most strongly pronounced in the country nowadays. This paper deals with the experience of rural depopulation and its consequences, and the related coping behavior of the inhabitants of Bania. Bania is a former resort village which is situated in South-central Bulgaria and has been in a state of depopulation since 1992. By means of in-depth interviews, it was revealed that the depopulation and its consequences are well manifested in the village of Bania. While the participants seem to experience the depopulation process fairly alike, the meaning of its consequences is somewhat different for the different generations. The elderly, who are the majority of Bania's population, lay special emphasis upon health care problems, and social problems resulting from the decreased number of people and the process of aging. They are equipped with fewer coping resources and are more dependent on social support provided by their families and neighbours. The younger participants, who remained because of the inability to emigrate/out-migrate or their attachment to the village, also suffer from the lack of (young) people, but in addition they experience much more strongly problems resulting from high unemployment, lack of adequate transportation and entertainment, and disrupted infrastructure. The female population is contingent on social support provided by the community while the male population has more material resources and thus more problem-focused coping behaviour.
Presentation 2	The Regional Dimension of Intergenerational Proximity
Marieke van der Pers and Clara H Mulder *University of Groningen*	In this paper we examine the impact of regional characteristics on the differences in intergenerational proximity in the Netherlands. Acknowledging that the intensity of support exchange is associated with geographic proximity, we address the geographic dimension of intergenerational proximity by putting attention to regional characteristics that contribute to the likelihood of living within daily reach from each other. Applying logistic regression to register data, and treating regional characteristics at the spatial scale of municipalities, we show that regional characteristics like degree of urbanization, level of Protestantism and

	individualism contribute to our understanding of the differences in proximity between older parents and their adult children in the Netherlands.
Presentation 3	**Understanding Post-disaster Resettlement Patterns: An Empirical Analysis of Humanitarian Common Needs Survey Data from Myanmar**
Max Richman *London School of Economics*	Based on humanitarian common-needs assessment surveys conducted in the southern delta of Myanmar (Burma) following Cyclone Nargis, to what extent do micro-level socio-economic and demographic characteristics explain household rural-to-rural resettlement? To answer this question, appropriate literature will be consulted to construct testable hypotheses. Model specification and testing using binary logistic regression will be applied as well as other multivariate statistical methods. The findings of the study aim to contribute, cautiously, to a better understanding of the patterns of household resettlement following this natural disaster as well as demonstrate additional value of using humanitarian common needs assessments for demographic secondary analysis purposes. The research is currently in progress and will be finalized in August as part of my post-graduate dissertation.

Presentation abstracts (Day 3)

Wednesday June 29th	
Session 7 **Time:** 8.45 – 10.15 **Location:** Blauwe Zaal	**Title: Integration** **Chair:** Liili Abuladze
Presentation 1	**"What integration? Empirical findings on Albanian community in two Italian regions"**
Eralba Cela and Besiana Ninka *University of Bari "Aldo Moro", Italy*	The geographic mobility of individuals may be determined by many factors including the aspiration for an economic, social and political emancipation. But not always the expectation of migrants in obtaining adequate answers to their needs is confirmed during the process of integration in the host society. As a consequence of these considerations, in this paper we will analyse the life conditions of the Albanian immigrants in Italy, in two Adriatic regions, Marche and Apulia. In these regions the presence of Albanian immigrants not only has progressively increased over the past decade, but has become an important migrant community. Nowadays the Albanian immigration has reached a more mature stage, if we consider the fact that, from the beginnings of the 1990s till now the family reunification and the presence of women in the migratory processes has increased considerably (Cela, 2008).The aim of this paper is that of understanding if and to what extent the Albanians in Italy can be considered well integrated in the socio-economic Italian society. The choice to give importance to the presence of the Albanian communities on the eastern shore of Adriatic derive from the desire to understand if the Italian regions of this side, originally lands of transit and gateway for the Albanian migrants, has become also territories of their definitive settlement.
Presentation 2	**Pathways to integration: Intermarriage patterns of foreign born residents in Spain**
María Sánchez Domínguez, Helga A.G. de Valk and David Reher *Universidad Complutense de Madrid*	Intermarriage is often considered one of the most important indicators to measure the degree of integration within host societies. In this paper, using the National Immigrant Survey of Spain (2007), we analysis marriage patterns of intermarriage with native Spanish among immigrants from the developing countries. First of all, we examine general patterns of exogamous

	marriage. Second, we assess the factors influencing the likelihood of being in an exogamous marriage. The results show a high variety in levels of intermarriage between countries of origin in Spain, and the mechanisms behind them are clearly different depending on immigrant origin and gender. Assimilation is only one partial way of understanding intermarriages. Our study points to the importance of linking marriage and migration to better understand intermarriage patterns.
Presentation 3	**Social participation, support opportunities and the impact on cardiovascular heart disease**
Tina Hannemann *Lund University*	Diseases of the cardiovascular system are besides neoplasm the main cause of death in developed countries. Research about impact factors and prevention methods are numerous in the fields of social medicine and the impact from classis risk factors as overweight, smoking and hypertension is well established. This study aims to investigate the impact from social participation and support opportunities on the individual's health and well-being. Beside the well known risk factors, the degree of integration in the social environment could provide resources of various kinds (mental, financial practical help) as well as stable physical and psychological situations. We assume that a socially active person is better integrated in its environment and therefore has more access to resources, important for health and well-being. Social isolation and a lack of personal contacts could produce mental stress which has direct and indirect impact on the physiological conditions as well. Indicators for social activity are generated from various information about participation in activities related to the social environment as well as information about memberships, support opportunities and feeling of solidarity among friends and family. We include classical medical and behavioral risk factors like hypertension, diabetes, smoking, age and gender as well as the occupational situation in the models to avoid omitted variable bias. We will analyze the health impact as incidence rates of ischemic heart disease (IHD) ad stroke on a sample of 28.000 people from Malmö, the third biggest town in Sweden. We use the data from the Malmö Diet and Cancer Study (MDCS), which was conducted 1991-1996. The baseline information has cross sectional character and is therefore handled as time constant. The medical information about cardiovascular incidences is provided from the patient register (latest update available: 31.12.2006) and subsequently allows survival analysis of 15 years of

	observation.

Session 8	**Title: Fertility preferences**
Time: 10.30 – 12.00 **Location:** Blauwe Zaal	**Chair:** Billie de Haas

Presentation 1	**Disruptive Event, Stalling Fertility Decline and Fertility Preferences in Rwanda**
Pierre Claver Rutayisire, Pieter Hooimeijer, Annelet Brookhuis *Utrecht University*	Many sub-Saharan Africa countries have witnessed a stall of the fertility decline during the previous century. Various explanations have been put forward to explain this stagnation. In a limited number of contributions the stalling decline is linked to the effects of severe disruptive events like natural disasters, civil wars, etc. These events shape the social and economic conditions that may account for the stall in fertility decline. This paper focuses on the Rwanda where the total fertility rate decreased very rapidly in the eighties (from 8.5 in 1983 to 6.2 in 1992) but stalled at that level in the nineties (6.1 in 2005). Recent data show that the demographic transition might have resumed its course (5.5 in 2008) although it may be too early to draw this conclusion. For our analysis we isolated the role of fertility preferences by analyzing the shifts in desired family size in the period 1992-2008 and connecting it to various mechanisms that could account for a change in the ideal number of children over time. Using ordinal logistic regression to analyze data from the Demographic Health Surveys from 1992, 2000, 2005 and 2008, we tested the contribution of these mechanisms to fertility preference. The results show that there is a temporary impact of the disruptive event on the preference of women for larger families in Rwanda. This persist to be the case even after controlling for other risk factors such as individual mortality experience (death of own children or siblings), current and childhood place of residence, education and approval of family planning by the partner.
Presentation 2	**Short term effect of Pregnancy termination and child mortality on the desire to have another child (fertility) in Rwanda: Evidence from DHS 2000 and 2005**

Ignace Habimana Kabano, Annelet Broekhuis, Pieter Hooimejer *Utrecht University* *Key words: Pregnancy termination, infant and child mortality, desire to have another child (replacement) and Rwanda*	Research in demographic transition has hypothesized that a reduction in infant and child mortality is an important predictor of fertility decline. As other developing countries, Rwanda's demographic pattern is characterized by the co-existence of high fertility with pregnancy terminations and maternal mortality, infant, and child mortality. Using binary regression on data from the Demographic and Health Surveys conducted in 2000 and in 2005, we evaluate not only the influence of pregnancy termination and child mortality experience on the desire to have another child, but also under which conditions this replacement occurs. This study extends explanations on the desire to have another child (replacement) by showing the influence of individual-level biological factors; Individual-level behavioral factors and economic factors.
Presentation 3	**Family planning programme evaluation: a new framework and Pakistani case**
Jamal Adul Nasir and Andrew Hinde *University of Southampton*	Research is still needed for family planning program evaluation because the controversies among researchers regarding evaluation methodologies which are in vogue do exist. Perhaps evaluation is not an exact science; it may mostly depend on evaluator's own choices. Previously many different approaches have been adopted ranging from simple description to complex set of criterions which are heavily based on service statistics and the information regarding program acceptors only. Evaluating the FP program by neglecting the non-acceptors perhaps poses a substantial problem in our line of argument particularly in those developing countries where contraceptive prevalence is low. In this paper, we suggest and apply a less complicated framework for evaluating the family planning programme by incorporating both the acceptors and non-acceptors information available in the form of response statistics. To best deal with the objective of this paper; family planning program of Pakistan is investigated because of its persistent low contraceptive prevalence rates and some other core reason for inclusion. However, the proposed conceptual framework for evaluating the family planning program is based on the five set of criteria. These criteria are: family planning information; contraceptive method specific information; program based and non- program based factors for not using contraception and the fertility outcomes of users and non-users of contraception. Historically, Pakistan's family planning program remained a target oriented on

fertility outcomes or achievements. Previously on the basis of fertility targets set for Pakistan, the program has been viewed as unsuccessful. In addition to fertility target achieved evaluation; Pakistan's family planning program performance has also been judged using the contraceptive users only. One of the interesting finding of this study using the proposed conceptual framework is: the fertility outcomes of women contraceptive users in Pakistan is higher as compared to non-users. Unlike the previous studies for evaluating Pakistan's family planning program, here it is found to be above satisfactory level in this paper, however, the decision regarding program's complete failure or limited success to accept is left on optimistic, pessimistic or neutralist reader.

Session 9 Time: 13.00 – 14.30 Location: Blauwe Zaal	Title: Labour market Chair: Tina Hannemann
Presentation 1	**Non-standard Work Schedules and Fertility**
Katia Begall *University of Groningen*	This study aims at gaining more insight into the relationship between fertility and non-standard work schedules. Non-standard work schedules are one aspect of employment that has so far received little attention in relation fertility outcomes, despite the fact that these schedules are increasingly common in Western countries. Non-standard schedules refer to work in evening, night or weekend and according to an estimation of the Dutch statistical office (CBS), more than half of the Dutch labor force worked non-standard schedules in 2002. Especially among women with small children, part-time jobs with non-standard or irregular hours appear to be a common strategy to combine paid employment with care responsibilities. Besides the fact that non-standard schedules can facilitate the combination of work and care, they have also been found to negatively influence health and partnerships. In order to examine whether non-standard schedules have a impeding or facilitating effect on childbearing, we look at men and women and couples with and without children. We draw on the extensive literature on the relation between work-family balance and non-standard work schedules to develop hypotheses for our empirical analyses. Furthermore we make use of a qualitative interview study linked to the Netherland Kinship Panel Study (NKPS) where semi-structured qualitative interviews were conducted with 28 couples of whom at least one of the respondents worked in a non-standard schedule. We will use a combination of narrative

	analysis and the more summarizing techniques of correspondence analysis. The quantitative data are taken from two waves of the NKPS collected between 2002-2004 and 2006-2007. The data were collected from a random sample of individuals in households aged 18 to 79. In total about 7,000 respondents were interviewed face-to-face in both waves and if applicable a questionnaires including detailed information on family life and work schedules were filled in by their partners. Our sample consists of all 2,038 couples who lived together and participated in both waves and of whom the female partner was not older than 45 at the time of the first wave. The dependent variable is the occurrence of a birth between the two waves of the NKPS and we estimate separate binary logistic models for the occurrence of a first and higher order birth. All explanatory measures were taken from the first wave of data collection in order ensure that the observed employment situation and attitudes of both partners are not a consequence rather than a precedent of the fertility outcome.
Presentation 2	**Favorable conditions for workplace work-life policies in Europe: organizational conditions, country context and managerial attitudes**
Wike Been, Laura den Dulk and Tanja van der Lippe *Utrecht University*	With the steady rise of dual income families, European companies and governments have introduced work-life policies to facilitate the combination of work and family responsibilities. These policies will become even more relevant in the coming years as the labor supply of women will be needed in the labor market as a consequence of the ageing of societies. Governments differ in the number and kind of work-life policies they provide. When the state is not providing certain policies, companies can provide supplementary policies to their employees. In this study we focus on favorable conditions for the provision of work-life policies by companies, taking company characteristics and the institutional context into account. Drawing upon a combination of economic theory and institutional theory, we first investigate how company characteristics, managerial attitudes and institutional conditions are related to the provision of work-life policies by companies. Second, we investigate how these favorable conditions reinforce each other leading to even more work-life policies being offered by the company. To be able to take the institutional context into account, we take a cross-national approach using data from the Establishment Survey on Working Time and Work-Life Balance (ESWT) of the European Foundation for the Improvement of Living and Working Conditions

	(EFILWC) containing 21 European countries and over 20.000 establishments (EU15, Czech Republic, Cyprus, Hungary, Latvia, Poland and Slovenia). The results of the multi-level analysis show that larger companies, organizations in the public sector, companies with a large proportion of women and companies with a HR manager with a positive attitude towards work-life policies tend to provide more work-life policies. Furthermore, a context with high national gender equality or a government providing many state work-life policies is associated with the provision of more work-life policies. A favorable national context furthermore increases the positive impact of favorable company characteristics.
Presentation 3	**The Sandwiched Generation at Work? An analysis of the labour market participation of UK women caring for parents and dependent children.**
Karon Gush *University of Essex*	Women who find themselves simultaneously providing care for parents and children have been referred to as the 'sandwich generation' due to being wedged between the needs of the young and the needs of the old. Whilst relatively few studies consider the impact of sandwiched caring on female labour participation, the amount of women who fall into this sandwich category might be expected to rise. Demographic trends such as increasing life expectancy and delayed motherhood imply an increasing probability for a woman to be in a sandwiched position. Moreover, much research on exchanges between older parents and their adult children has focused on co-residence. However, analyses of intergenerational co-residence have shown such living arrangements to be a declining trend in many Western countries, including the UK. It is therefore important to know more about intergenerational support which is not characterised by co-residence. Using the British Household Panel Survey (BHPS) and concentrating on women aged 25 to 50 as those most likely to have dependent children and elder parents concurrently, this investigation seeks to uncover the impact of sandwiched caring on paid work; both in terms of the propensity to work and, for those in work, the amount of hours they work. The findings suggest that whilst dependent children, both in terms of their age and number, are associated with a reduction in both a mother's propensity to work and the number of usual working hours per week; caring for a parent who lives outside the household has a negligible effect on these labour market

| | outcomes for daughters. Furthermore, there is no evidence to suggest an interaction effect between caring for children and parents. |

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The Netherlands Graduate School of Urban and Regional Research is a joint initiative of the Universiteit van Amsterdam (UvA), Delft University of Technology (TU Delft), Technische Universiteit Eindhoven (TU/e), Radboud University Nijmegen (RU), University of Groningen (RuG) and Utrecht University (UU), which hosts the secretariat. The graduate school is accredited by The Royal Netherlands Academy of Arts and Sciences (KNAW). NETHUR offers an education programme for PhD candidates and a collaborative programme of research by these candidates and their supervisors. Some 120 PhD members are currently preparing their dissertations under its auspices. In addition, a similar amount of senior members participate in NETHUR. NETHUR's mission is to promote and support urban and regional research of a high international scientific standard in the Netherlands.

British Society for Population Studies (BSPS)
The British Society for Population Studies (BSPS) is a non-profitable society of persons with a scientific interest in the study of human populations. BSPS was founded in 1973, but originated in the 1960s. Its main objectives are to further the scientific study of biological, economic, historical, medical, social and other disciplines connected with human populations and to contribute to the public awareness of them. BSPS provides a forum for discussion of these issues and is a vehicle for the interchange of ideas. It provides facilities for study and research and for the exchange and dissemination of information.

Population Research Centre (PRC)
The Population Research Centre (PRC) in the Faculty of Spatial Sciences at the University of Groningen is an internationally oriented demographic research and training institute. An international orientation is the dominant characteristic of the PRC. Research is conducted at the international level and PhD researchers and Master's students come to the PRC from all over the world. The University of Groningen is the only university in the Netherlands where students can obtain a Master's in Population Studies. The PRC research focuses on four themes - reproductive health and culture; HIV/AIDS and gender; mortality, health and health seeking behaviour; and population, economy and space.

Centre for Population Change (CPC)
The ESRC Centre for Population Change was established in January 2009, funded by the Economic and Social Research Council it is the UKs first research centre on

population change. Based jointly at the University of Southampton and the General Register Office Scotland, the ESRC Centre for Population Change brings together expertise from the Universities of Southampton, St. Andrews, Edinburgh, Strathclyde, Stirling and Dundee as well as the General Register Office for Scotland and The Office for National Statistics. The Centre undertakes research based around four themes - dynamics of fertility and family formation past, present and future; household dynamics and living arrangements across the life course; the demographic and socio-economic implications of national and transnational migration; and modelling population growth and enhancing the evidence base for policy. The Centre is multi-disciplinary, bringing together over 30 academics and associates drawn from Anthropology, Demography, Economics, Geography, Gerontology, Sociology, Social Policy and Social Statistics.

Healthy Ageing Network Northern Netherlands (HANNN)
The HANNN stimulates the economic development of the Northern Netherlands through connecting knowlegde institutions, companies, and government in the fields of disease and health. The number of older people is growing rapidly. This calls for new, clever solutions that improve the quality of life for ageing people and minimize the social burden on healthcare. The Northern Netherlands has the knowledge and experience, as well as the necessity, to be a forerunner in innovation and research in the field of healthy ageing. This is why HANNN was initiated. Dozens of companies, knowlegde institutions and local authorities have joined forces in HANNN in order to work together on solutions for staying healthy longer. The HANNN focuses on the following core areas - life sciences; medical technology; food and nutrition; care and cure; and healthy lifestyle. The core areas are in part overlapping, and these areas of interaction are often the source for further innovation. The added value is also the integrated, multidisciplinary approach to the subject.

The Netherlands Demographic Society (NVD)
For anyone working in the field of demography or those with a general interest in demographic issues such as ageing, family formation and international migration, the Netherlands Demographic Society is an interesting association. Among our members are scientists, policy makers, government workers, journalists, entrepreneurs, teachers and students.

Guidelines for presenters and session chairs

In order for a smooth proceeding of the conference, please find below some important information and guidelines on session chairing and on the format of oral presentations

For Chairs

- In preparation, you may want to read through the abstracts of your session in advance.

- You should clearly introduce yourself, the session and each speaker in turn.

- It is very important that we stick to the schedule. Therefore, please start the session on time and make sure that questions are not allowed to delay the rest of the session, and/or encourage people to continue discussions in the breaks.

- Please make sure that the speaker sticks to their indicated presentation time. (Use the 5 minutes and 1 minute flash cards to assist the speaker in finishing on time).

- After each talk, please thank the speaker, encourage applause, and open the floor to questions for 15 min.

For Oral Presentations

- PowerPoint facilities will be available.

- You should arrive at your session 5 minutes early to make sure your slides are ready and to meet the session chair.

- The session chair will be in charge of keeping time and they will signal you 5 minutes and 1 minute before the scheduled end of the presentation.

- If you wish to provide extra materials such as handouts you are welcome but this is your sole responsibility.