Introduction

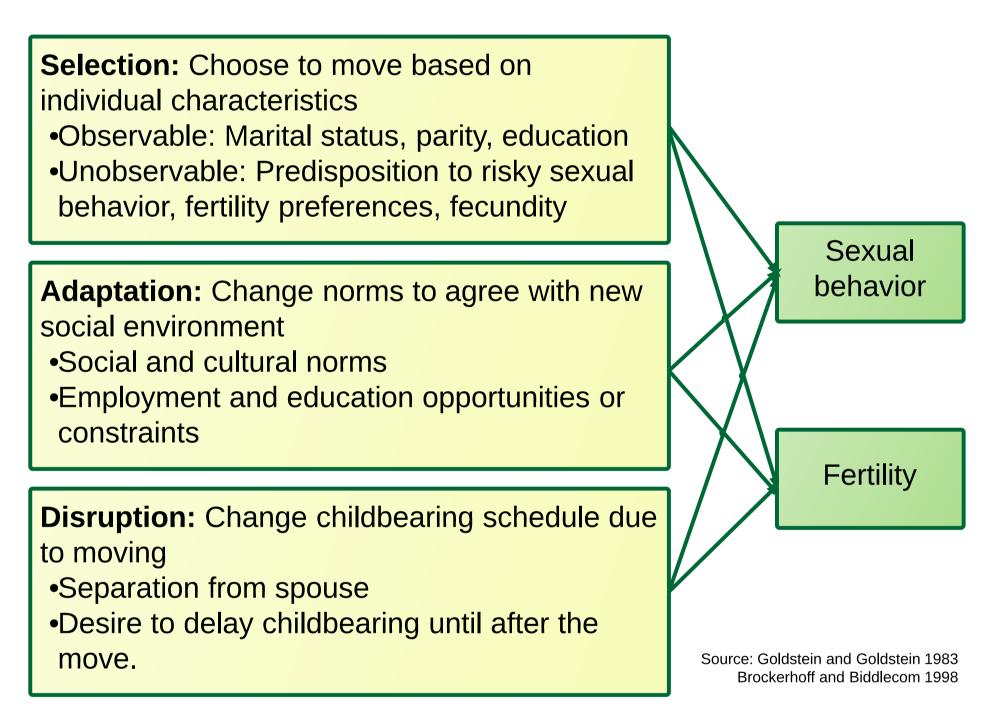
- Residential mobility can lead to disruptive changes in the social and physical environment
- Mobility can affect fertility desires and sexual activity
- Previous research found that fertility declines in the context of urban mobility in the long term.

Research Questions

- What is the effect of residential mobility on the probabilities of pregnancy, live birth, and abortion in the short term?
- What is the relationship between the distance moved and probability of pregnancy and abortion?

Theoretical Model

• What mechanisms account for fertility differences among migrants and non-migrants?



Data

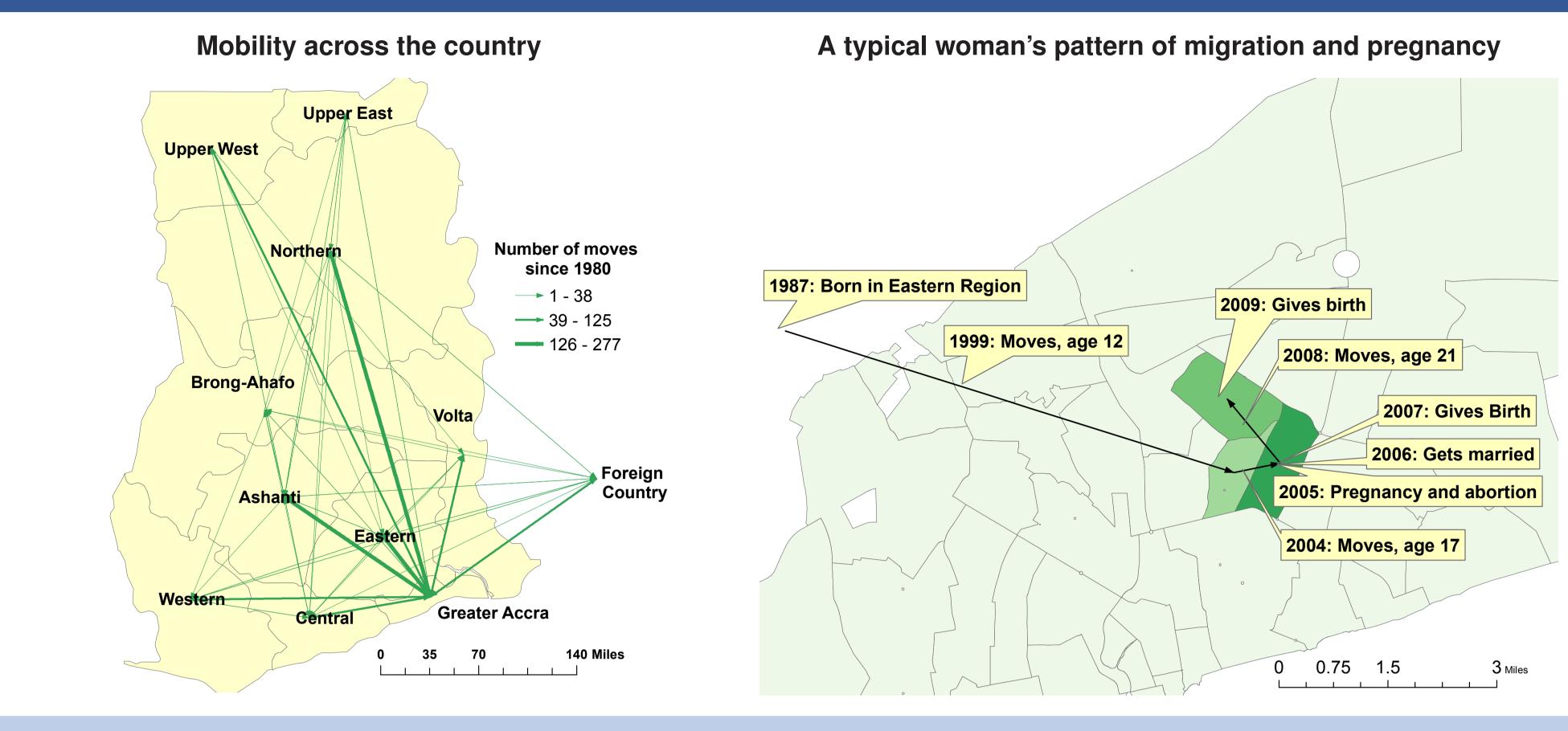
- Housing and Welfare Study of Accra (HAWS)
- Interviewed women over 18 living in slums of Accra in 2009-2010
- Analysis restricted to women who had ever moved and who had been pregnant at least once
- Constructed panel data set with person-years restricted to child bearing years, 15-49
- Mobility includes all moves, including those within a city

Number of women	1,185
Number of person-years	22,084
Number of pregnancies	3,398
Number of live births	2,856
Number of abortions	174

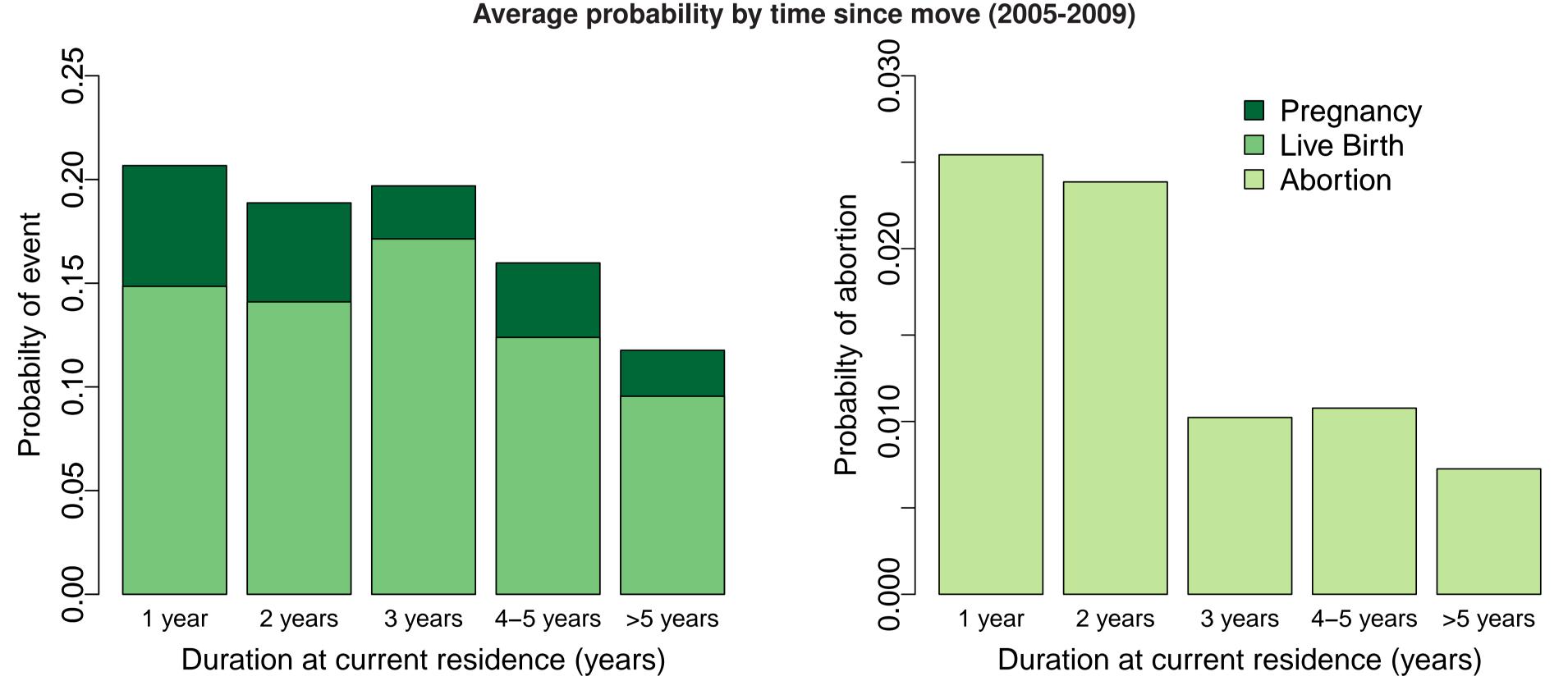
Residential Mobility, Fertility and Pregnancy Outcomes: Evidence from the Household and Welfare Study of Accra

Slawa Rokicki, Harvard University and Günther Fink, Harvard School of Public Health

Mobility patterns in Ghana



Descriptive Analysis



Fixed Effects Analysis of Residential Mobility on Fertility and Abortion

	Analysis by time since move (in % points)				Analysis by distance (moved 2-3 years ago, in % points				
Model		Pregnancy	Live Birth	Abortion		Pregnancy	Live Birth	Abortion	
(1)	Moved 1 year ago	1.91**	0.978	0.394*	Moved locally	0.523	0.689	-0.081	
	, ,	(0.913)	(0.847)	(0.224)		(0.9)	(0.84)	(0.22)	
(2)	Moved 1-3 years ago	1.82**	1.28*	0.289*	Moved between regions	2.65**	1.98*	0.564*	
		(0.63)	(0.585)	(0.155)		(1.22)	(1.14)	(0.3)	
(3)	Moved 2-3 years ago	1.26*	1.13*	0.141					
		(0.742)	(0.689)	(0.182)					
	Ν	22084	20832	2181	Ν	22084	20832	2181	
FE ana	FE analysis, adjusted for age, age ² , parity, marital status, & year				FE analysis, adjusted for age, age ² , parity, marital status, & year				
** p<0.	** p<0.05, * p<0.1				** p<0.05, * p<0.1				

ts)

Contribution

- histories.

Conclusions

- and year.

- infant or child mortality.

Policy Implications

- pregnancies.

Limitations

- can lead to reporting bias.
- abortion took place.

Acknowledgements

1. Brockerhoff, Martin. "Fertility and family planning in African cities: the impact of male migration." Journal of Biosocial Science 27.03 (1995): 347-358.

2. Brockerhoff, M and Biddlecom A. Migration, Sexual Behavior, and HIV Diffusion in Kenya. Policy Research Division Working Paper no. 111. 1998.

3. Chattopadhyay, Arpita, Michael J. White, and Cornelius Debpuur. "Migrant fertility in Ghana: Selection versus adaptation and disruption as causal mechanisms." Population studies 60.2 (2006): 189-203.

4. Goldstein, Sidney, and Alice Goldstein. Migration and fertility in peninsular Malaysia: An analysis using life history data. Rand, 1983.

 Conducted longitudinal rather than cross-sectional analysis with individual fixed effects to address heterogeneity concerns.

 Analyzed separately the effect of moving on probability of pregnancy, live birth, and abortion, using detailed pregnancy

• Residential mobility is associated with an increase in fertility in the short-term, after controlling for individual fixed effects and time varying covariates including age, marital status, parity,

• Probability of abortion is highest in the years immediately post mobility and decreases over time.

• Risk of abortion is especially high for those who moved between regions compared to local moves - evidence of adaptation to new environment.

• No effect of mobility was found for stillbirth, miscarriage, or

• Providing easier access to contraception could prevent unwanted pregnancies among new arrivals.

• Increasing breastfeeding awareness campaigns could increase time between births and prevent higher order unwanted

• HAWS data is representative of women living in slums in Accra, no information on those who moved away from slums.

• Lack of month specification for birth and move date, leading to unclear causal effect relationship in first year.

Some women may not report abortion due to stigma, which

• No data on why women decided to obtain an abortion or where

• Thanks to Allan Hill, Mark McGovern, and Raphael Arku at the Harvard School of Public Health.