



UNIVERSITY OF  
LIVERPOOL

Alder Hey Children's  
NHS Foundation Trust



# Addressing inequalities in child health

## *Opportunities and challenges*

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Department of Public Health and Policy  
University of Liverpool

**ADPH Leeds**  
Feb 2018

# DUE NORTH

**Report of the Inquiry on  
Health Equity for the North**

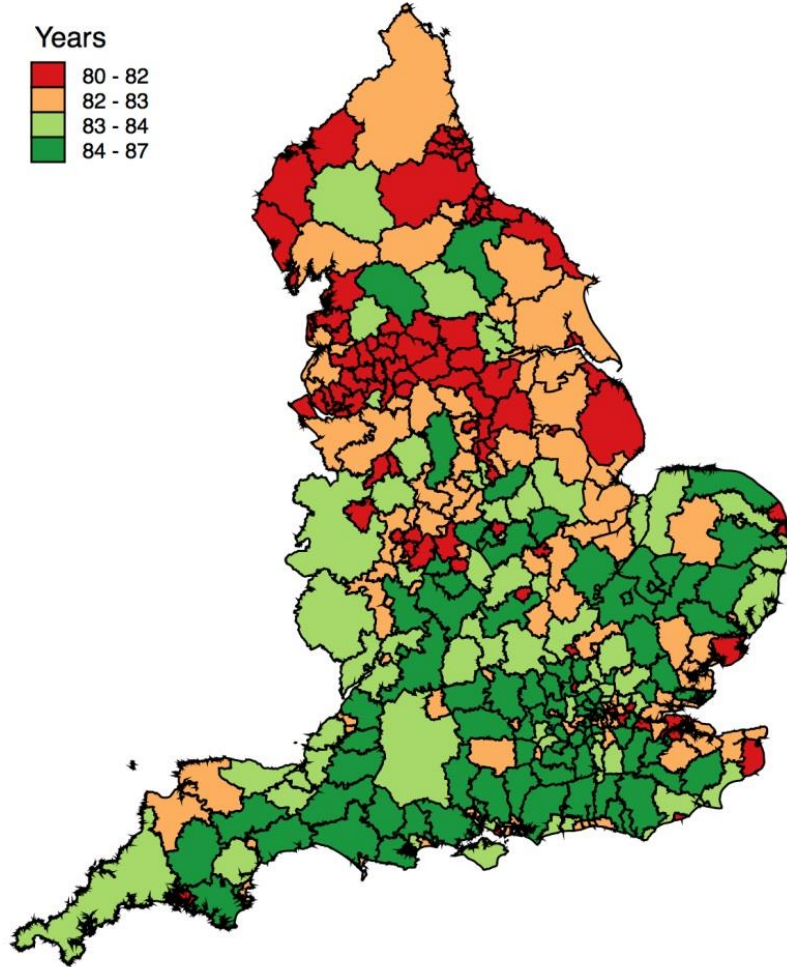
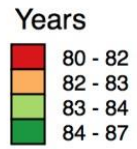
- INEQUALITIES ARE LARGE and PERSISTENT
- HEALTH INEQUALITIES START EARLY
- RECENT TRENDS
- DUE NORTH RECOMMENDATIONS
- CHALLENGES FOR CHILD HEALTH
- EVIDENCE STRATEGIES CAN REDUCE INEQUALITIES

- **INEQUALITIES ARE LARGE and PERSISTENT**
- HEALTH INEQUALITIES START EARLY
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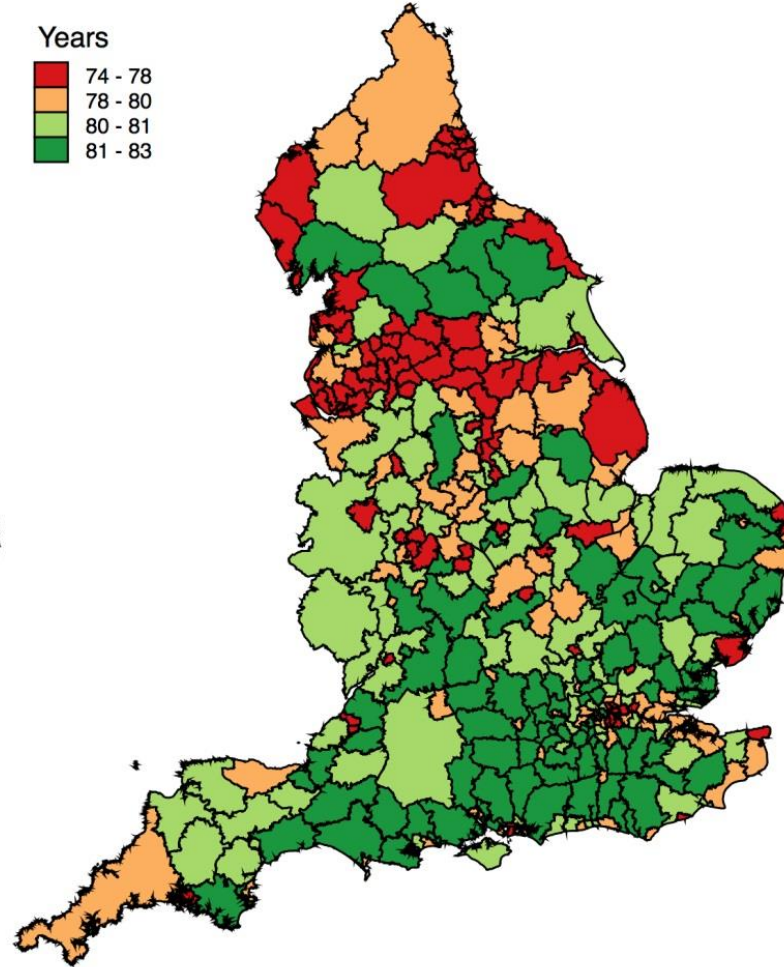
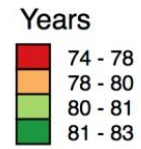


# Life Expectancy: the North-South Health Divide

Female



Male



Source: Due North





36

37

38

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42

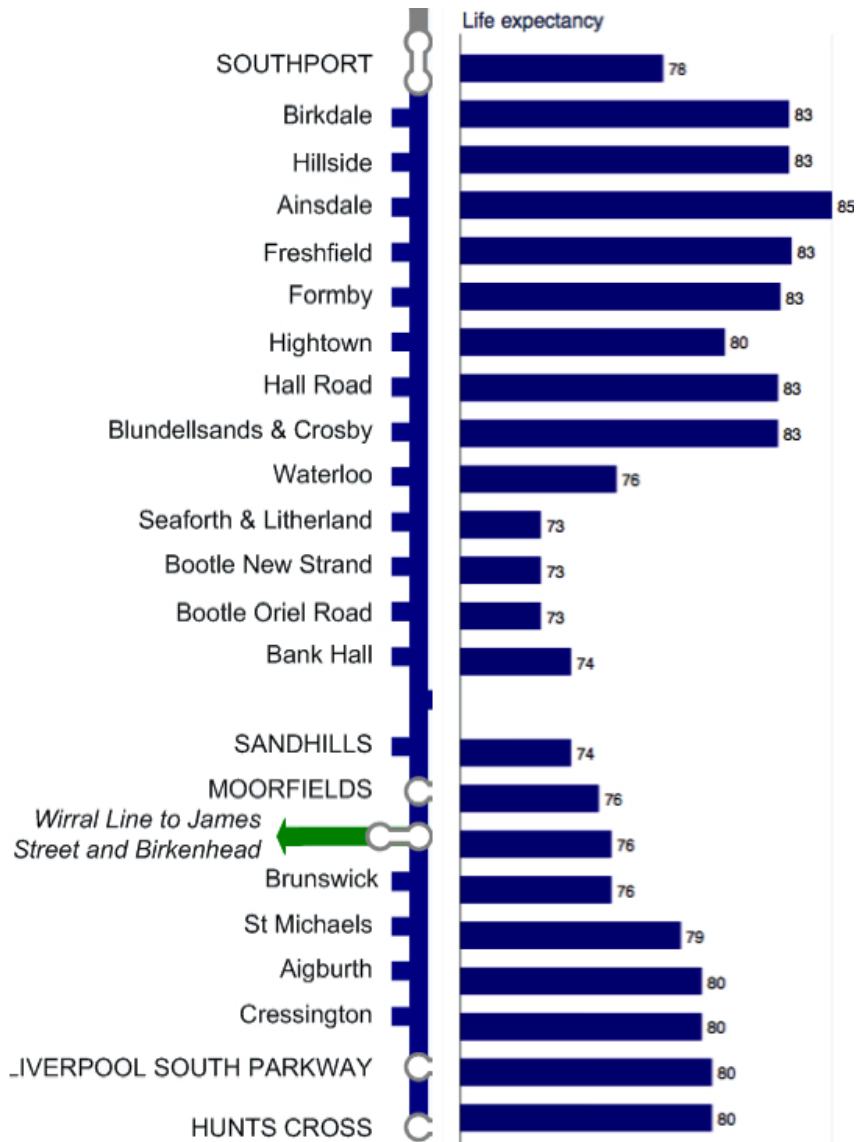
43

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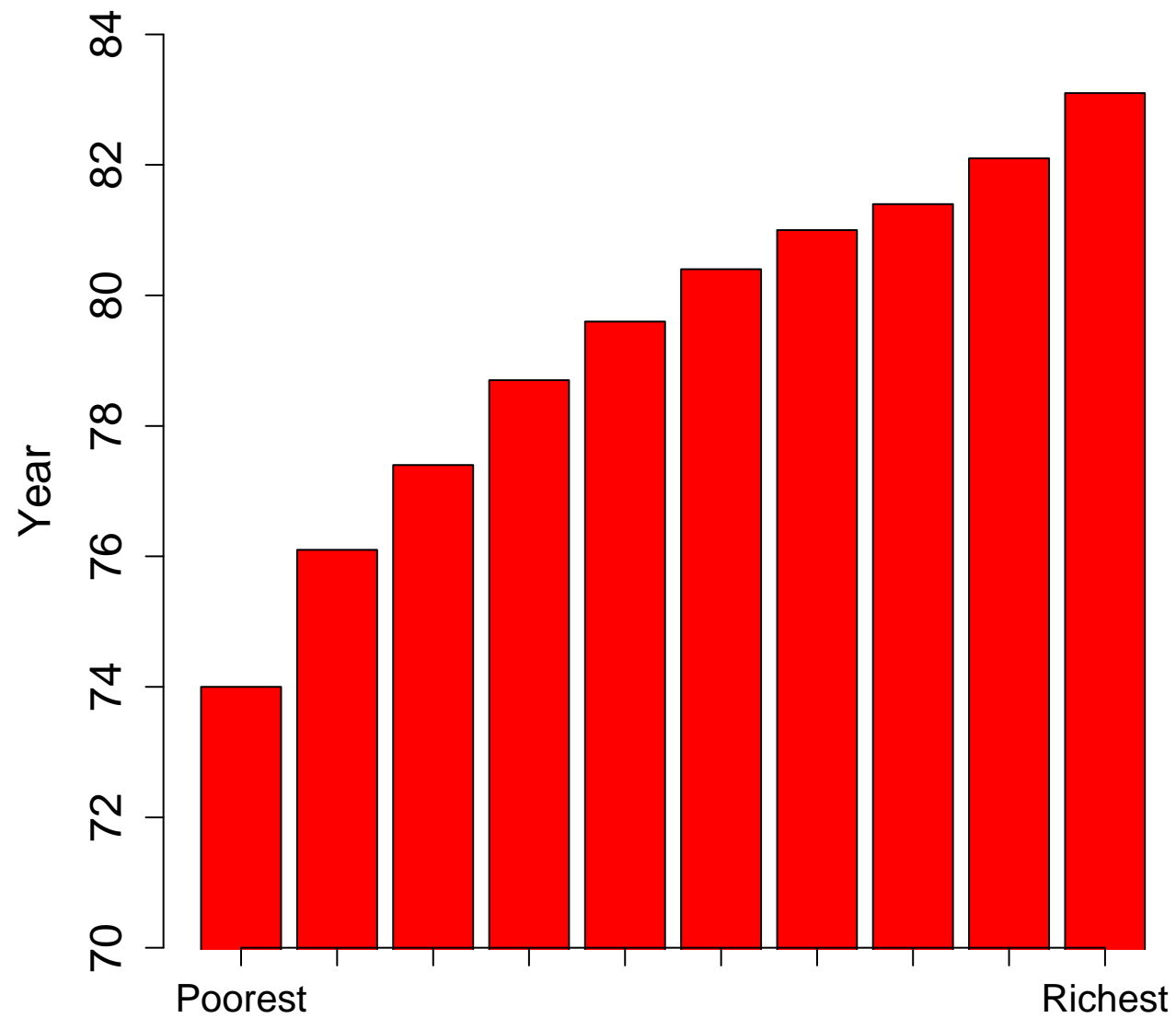


# 20 minutes on Merseyrail

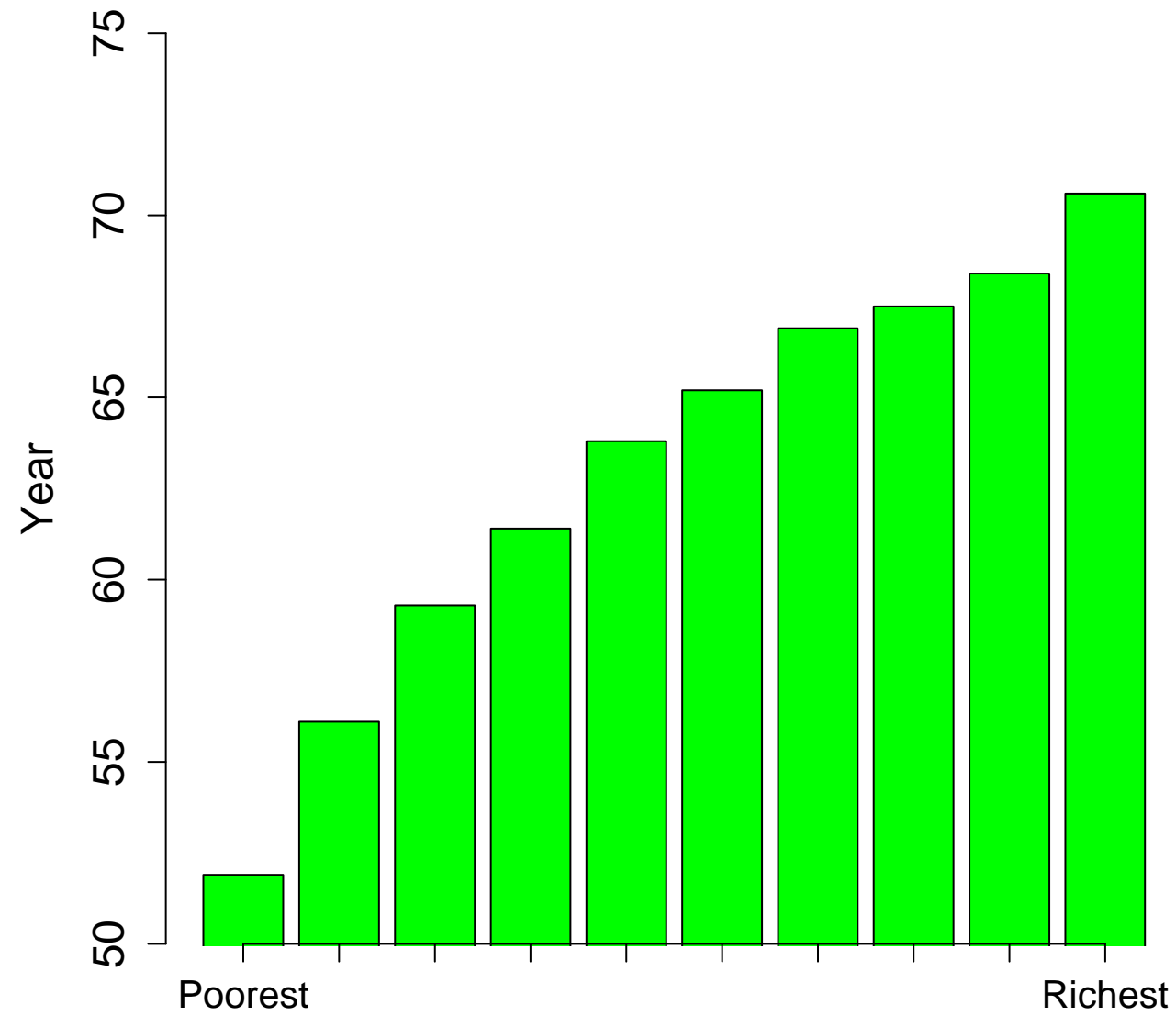


....10 fewer years of life

# Life Expectancy in men (England 2013-15)



# Healthy Life Expectancy in men (England 2013-15)





HOME » NEWS » POLITICS

## Worse than Rwanda: life prospects in Britain's poorest areas

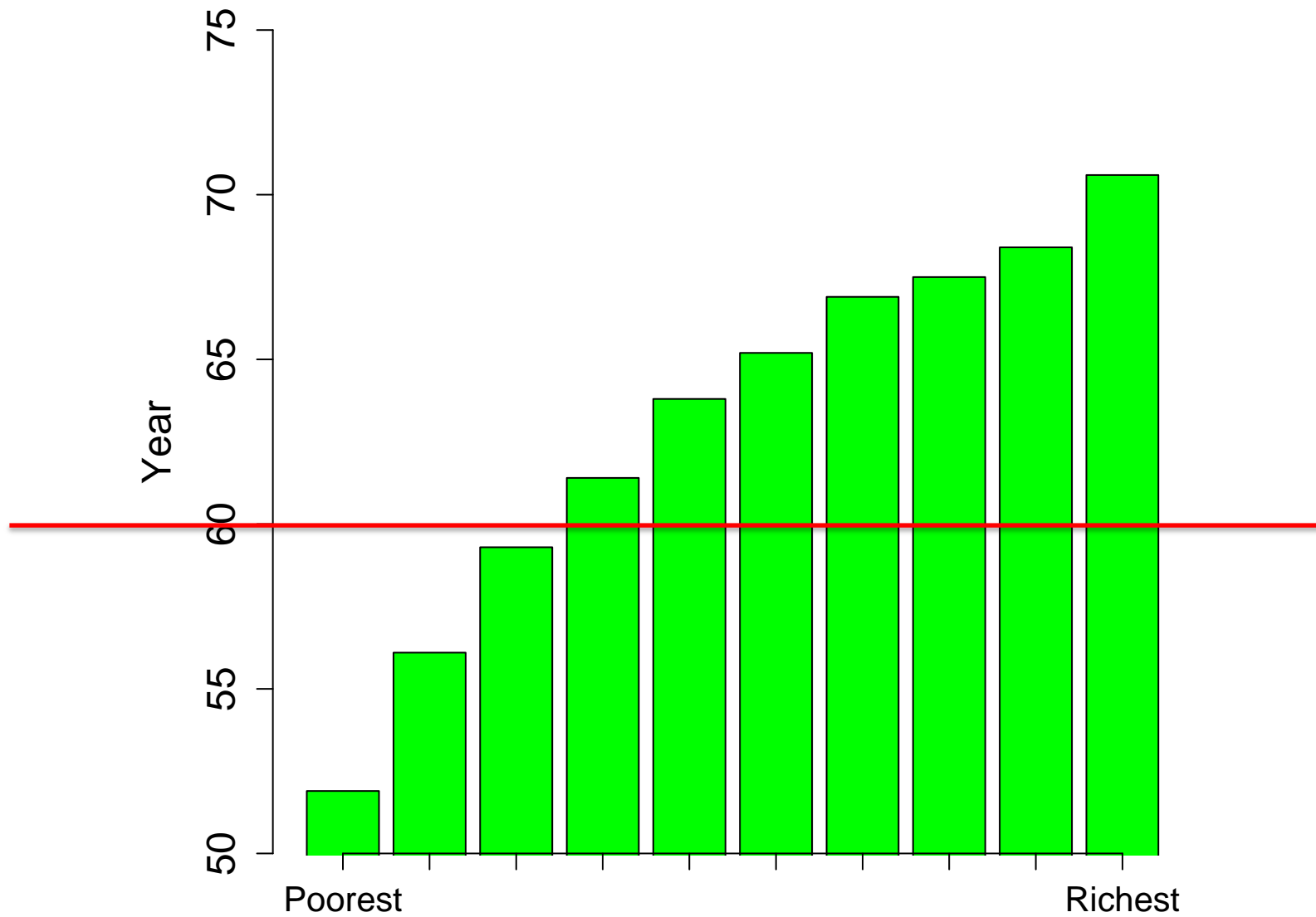
The 18-year gap in active lifespan between richest and poorest in modern Britain

 6K  625  0  34  6K  Email



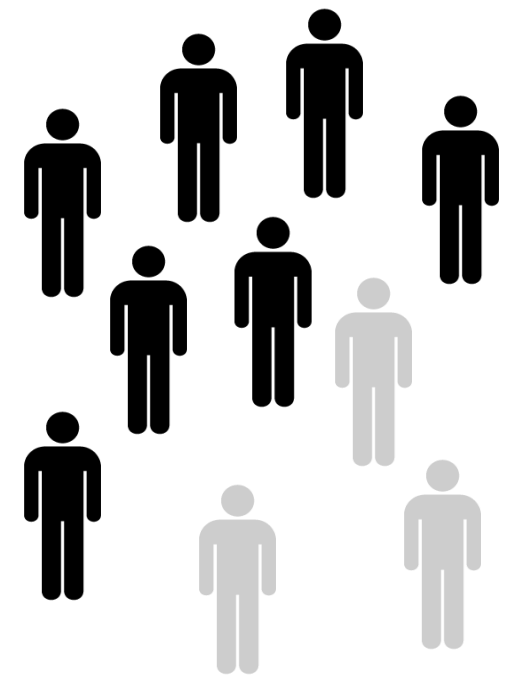
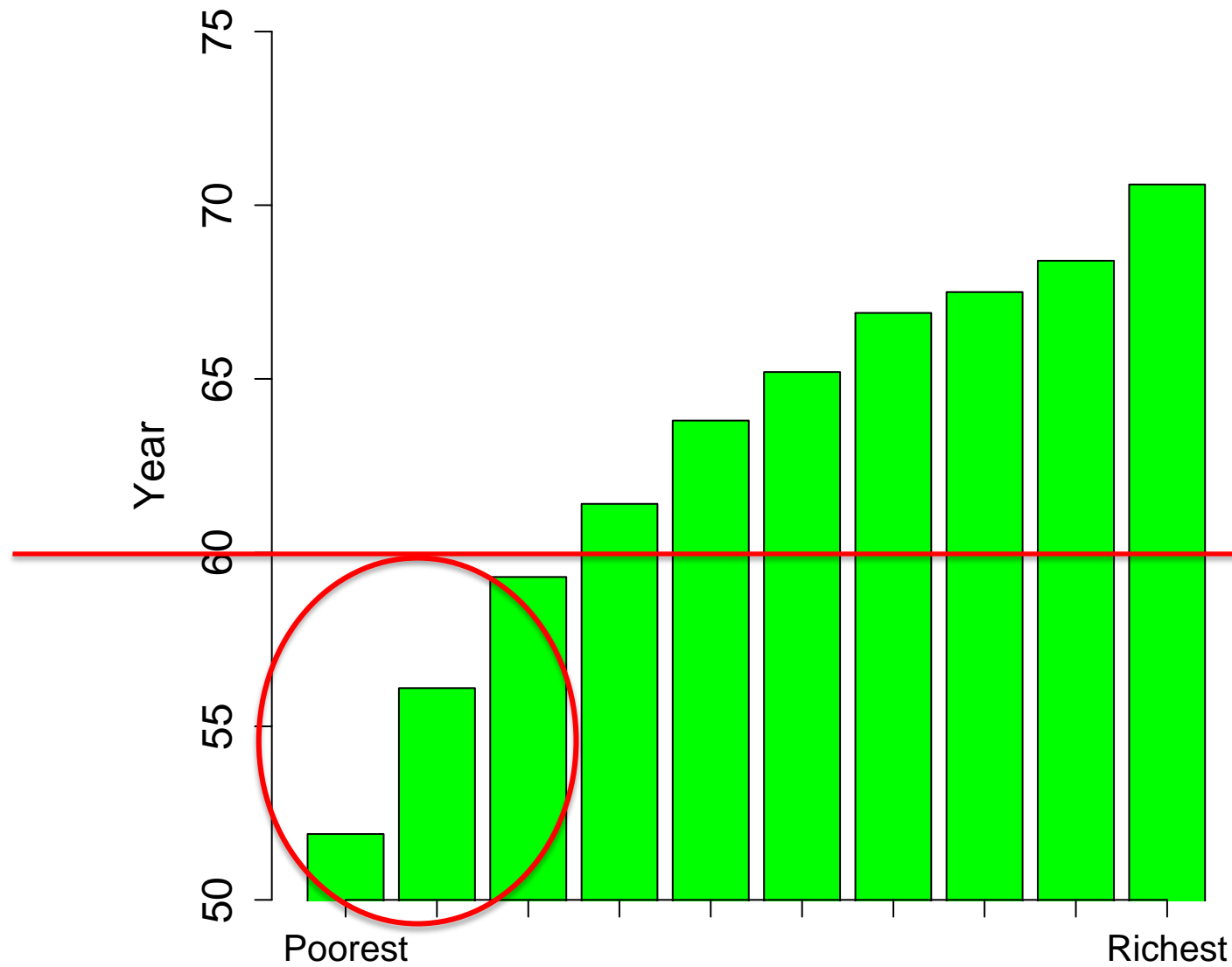
Healthy life expectancy in poorest areas 18 years behind the richest neighbourhoods

# Healthy Life Expectancy in men (England 2013-15)





# Healthy Life Expectancy in men (England 2013-15)



The NHS logo, consisting of the letters 'NHS' in white on a blue rectangular background.A photograph showing a woman holding a baby, with a healthcare professional (likely a nurse or doctor) examining the baby. The image is overlaid on a blue geometric pattern of squares and diamonds.

# FIVE YEAR FORWARD VIEW

October 2014

The economic prosperity of Britain, the health of millions of children and the sustainability of the NHS depended on '***a radical upgrade in prevention and public health***'....



# North-South disparities in English mortality 1965–2015: longitudinal population study

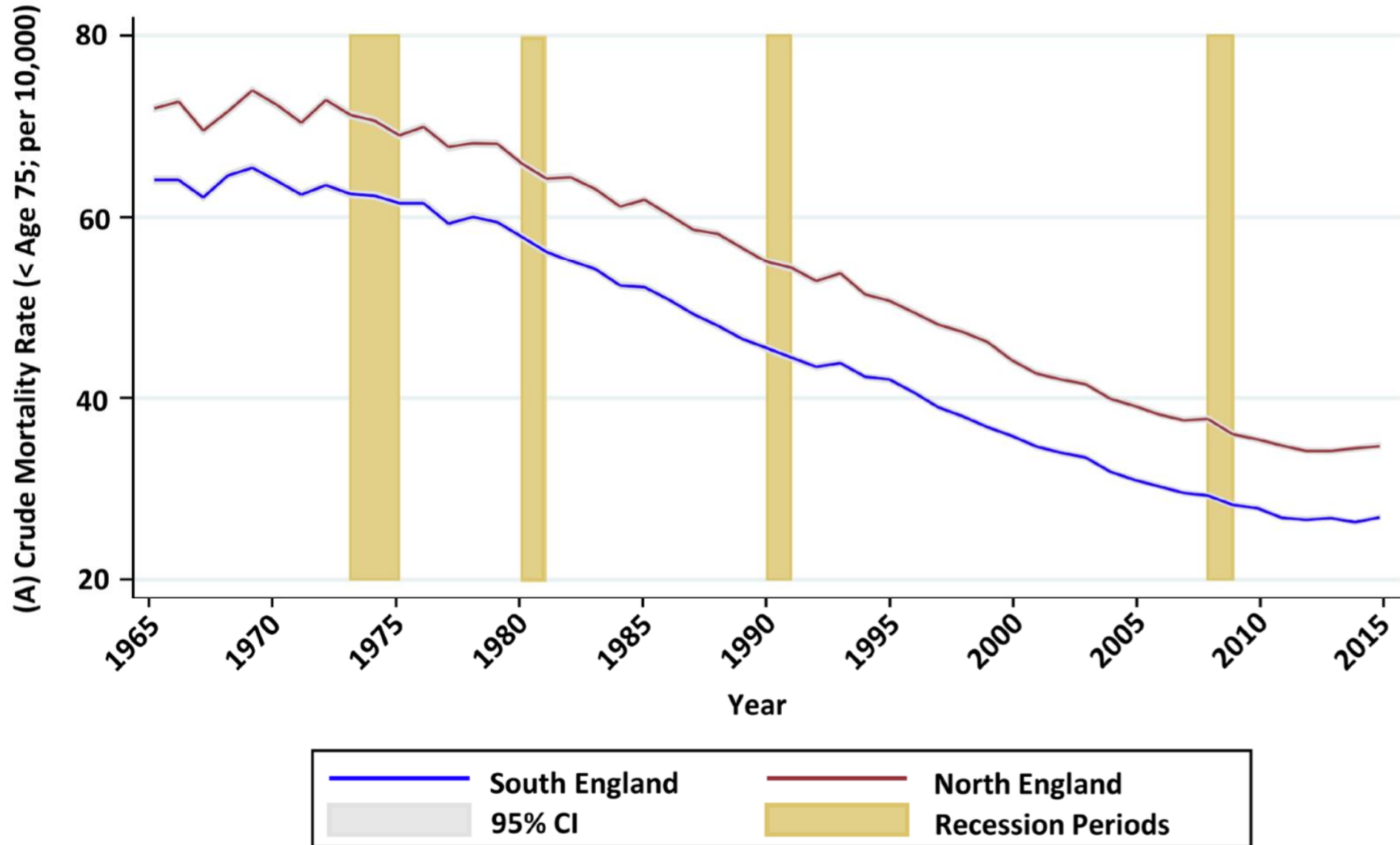
Iain E Buchan,<sup>1,2,3</sup> Evangelos Kontopantelis,<sup>1,2,3,4</sup> Matthew Sperrin,<sup>1,2,3</sup>  
Tarani Chandola,<sup>5</sup> Tim Doran<sup>6</sup>

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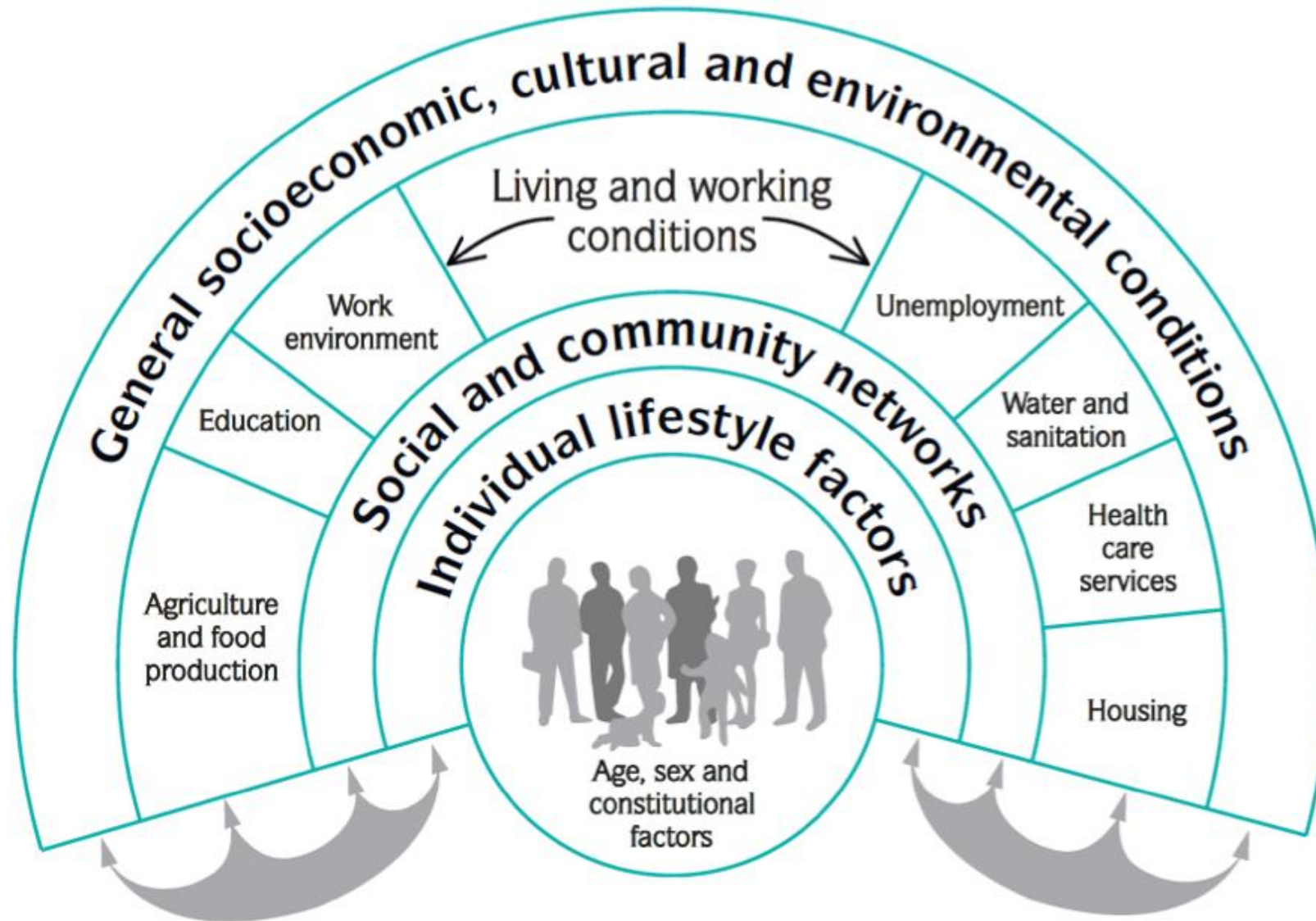
**BMJ** Journals

Journal of  
**Epidemiology &  
Community Health**

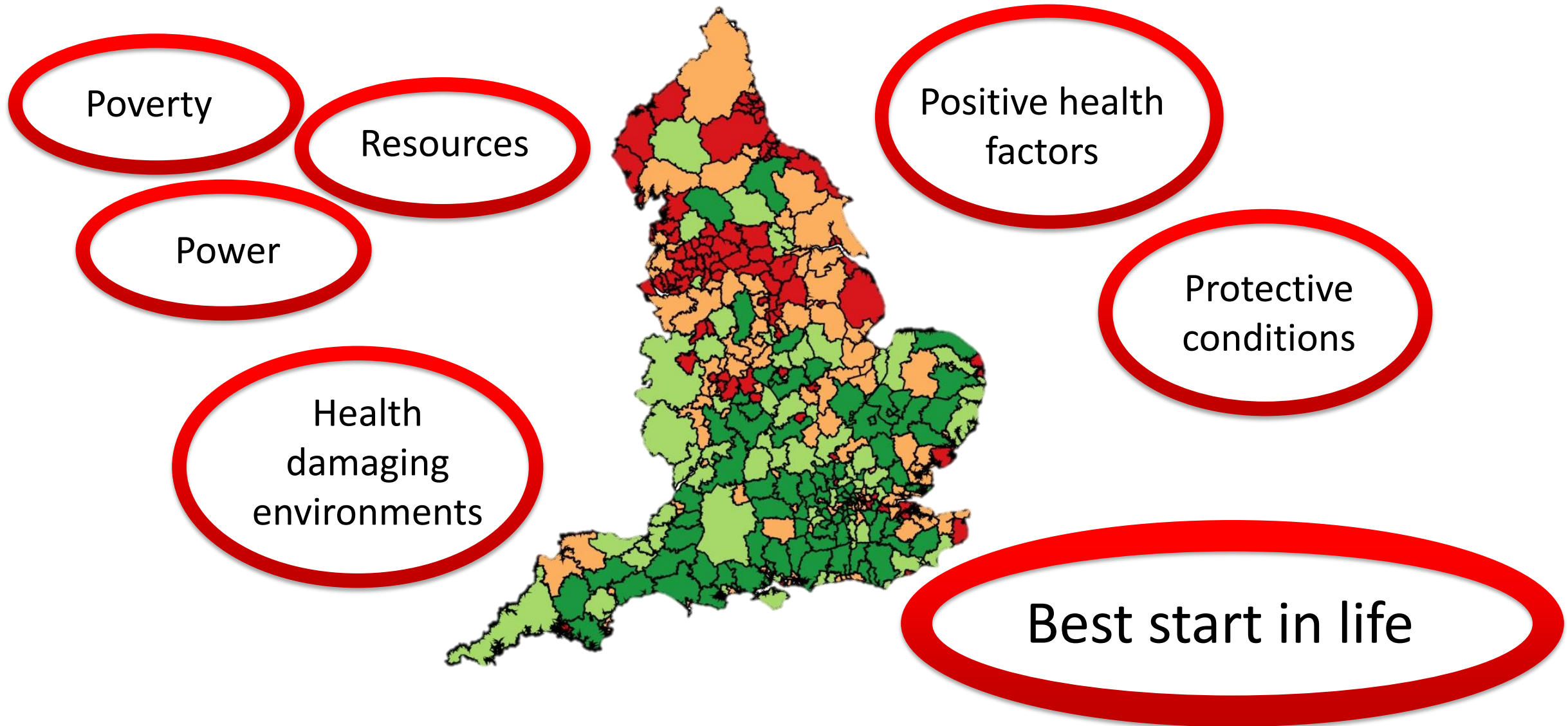
# 1.2 million northern excess deaths under age 75 over five decades



# THE MAIN INFLUENCES ON HEALTH



# Drivers of the North-South Divide in Health





INEQUALITIES IN HEALTH

REPORT OF A RESEARCH WORKING  
GROUP

DHSS

1980

PRICE: £8



INEQUALITIES  
IN  
HEALTH

'All the major killer diseases now affect the poor more than  
the rich...'

THE  
BLACK REPORT

Edited by Peter Townsend and Nick Davidson



THE  
HEALTH DIVIDE

by Margaret Whitehead

Now published together in a single volume



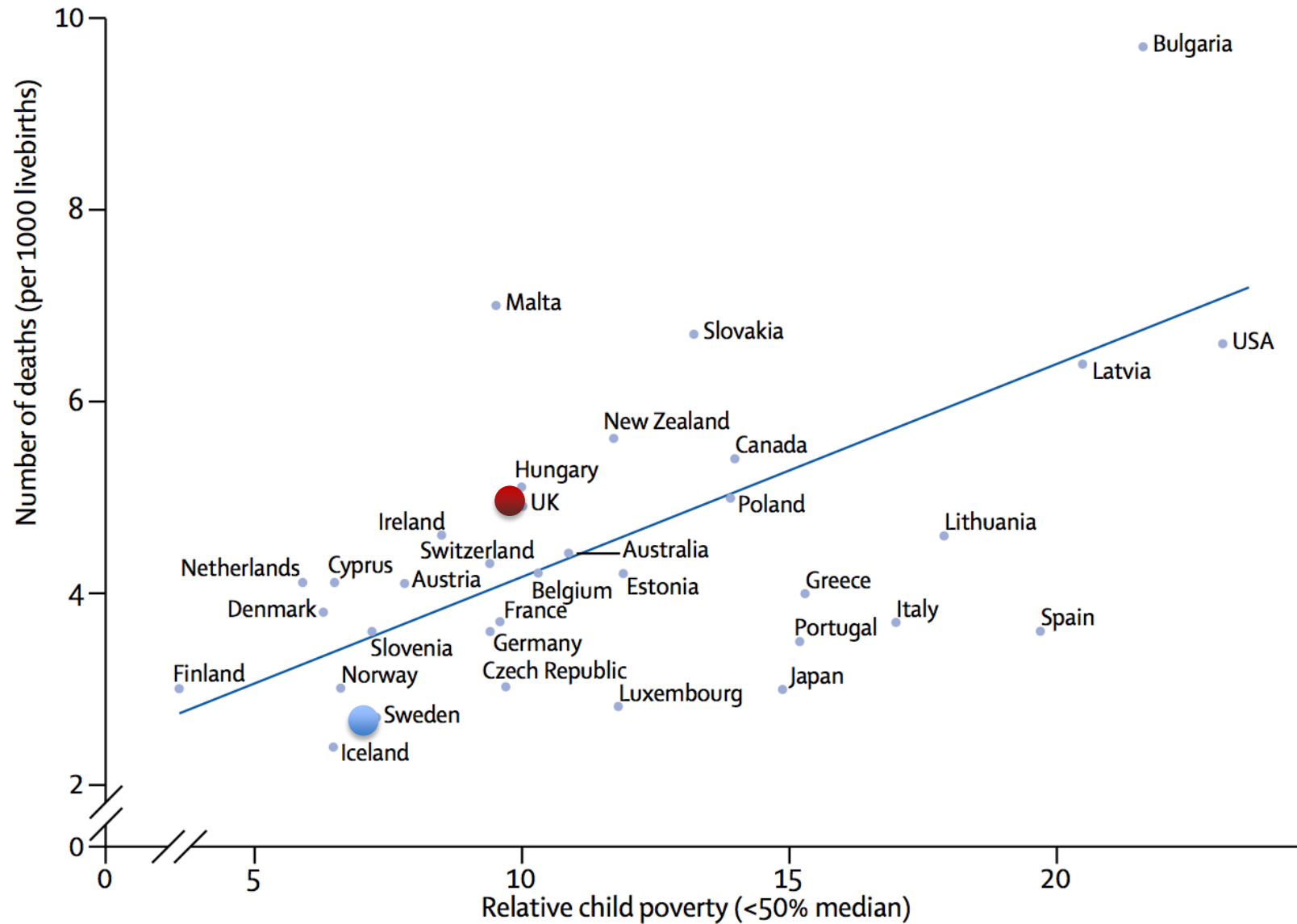
“For this reason,  
*giving every child  
the best start in life  
is our **highest  
priority  
recommendation***”

(Policy Objective A)



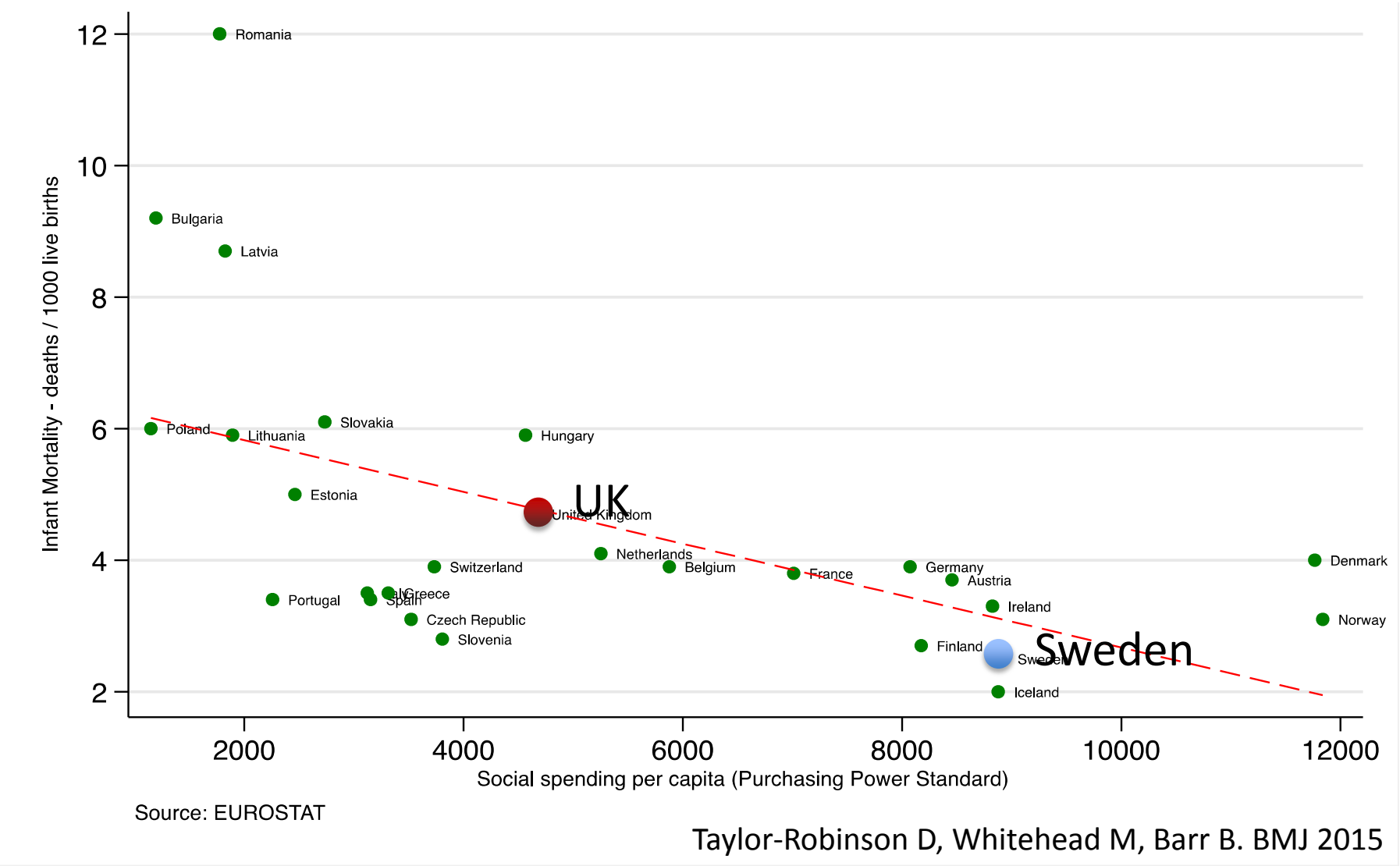
- INEQUALITIES ARE LARGE and PERSISTENT
- **HEALTH INEQUALITIES START EARLY**
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- EVIDENCE STRATEGIES CAN REDUCE INEQUALITIES

## Child poverty and mortality in OECD – UK worst in Western Europe

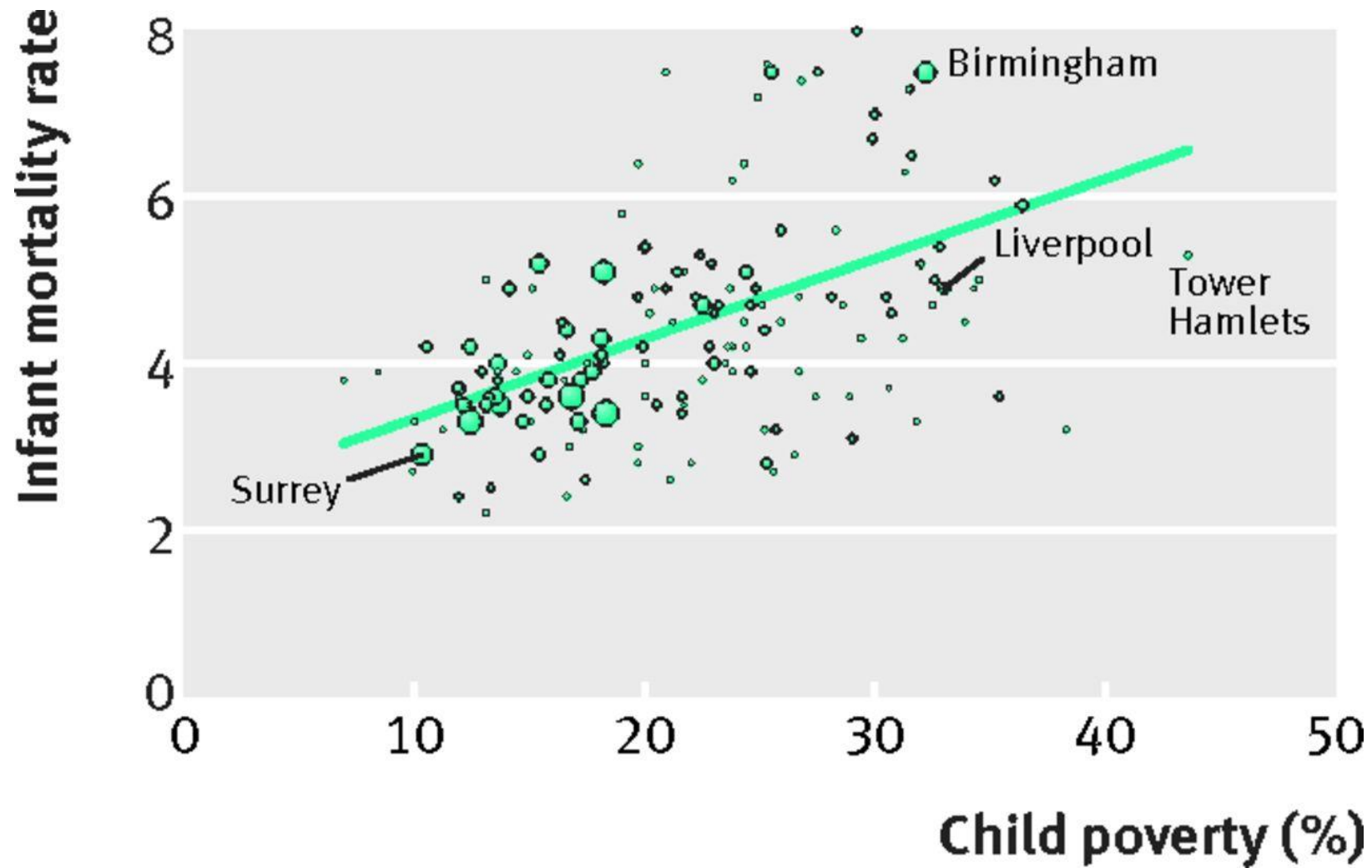


Taylor-Robinson D, Bradshaw J, Barr B, Whitehead M. 2014 Child mortality in the UK. *Lancet* 384, 9958, p1923

# Social spending on children is associated with improved population health



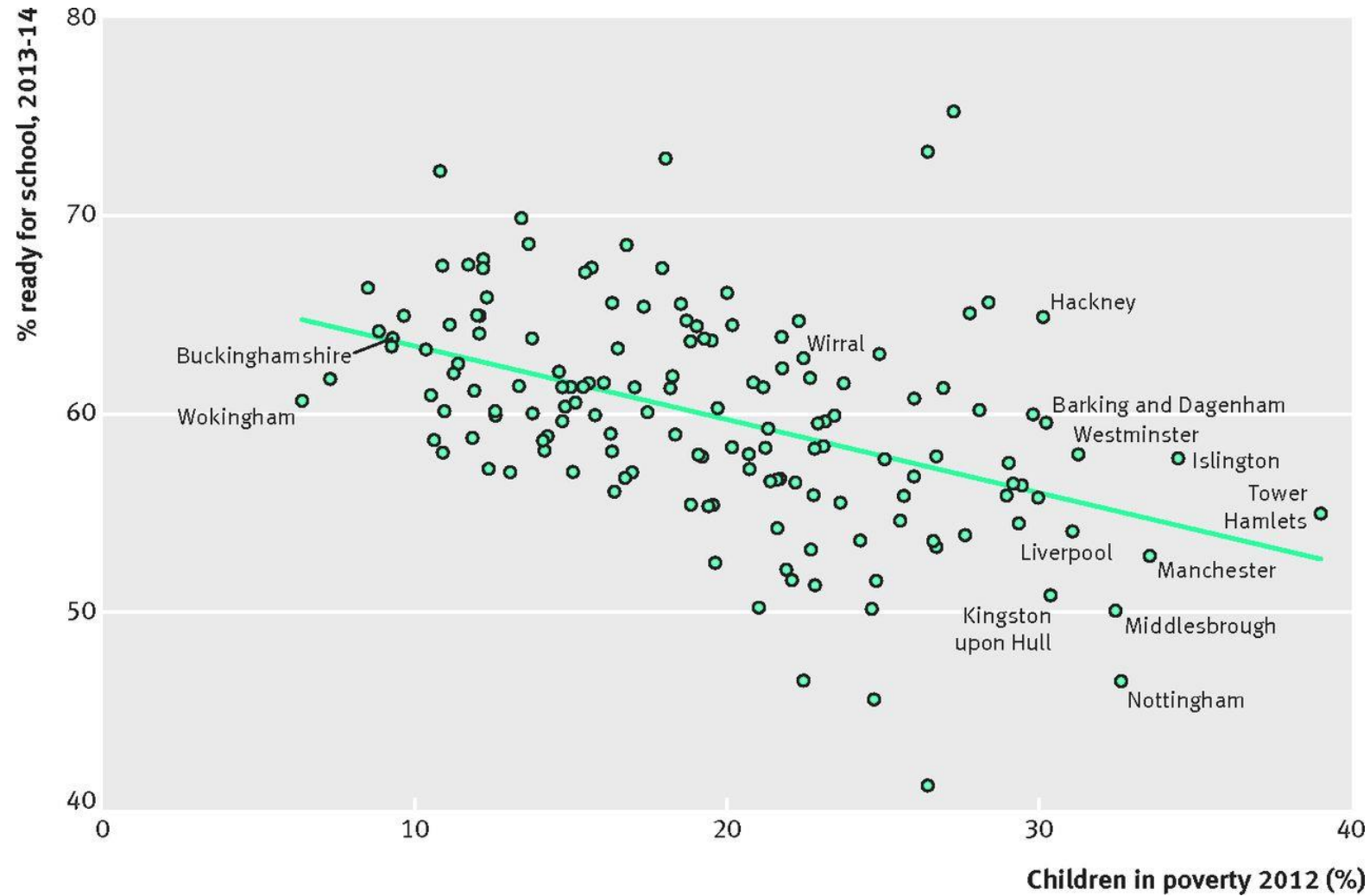
Infant mortality rate by relative child poverty (<60% median) for local authorities in England.



David Taylor-Robinson et al. BMJ 2015;351:bmj.h3959



## Percentage of children assessed as ready for school at age 5 (good level of development at end of early years foundation stage) compared with levels of child poverty in English authorities

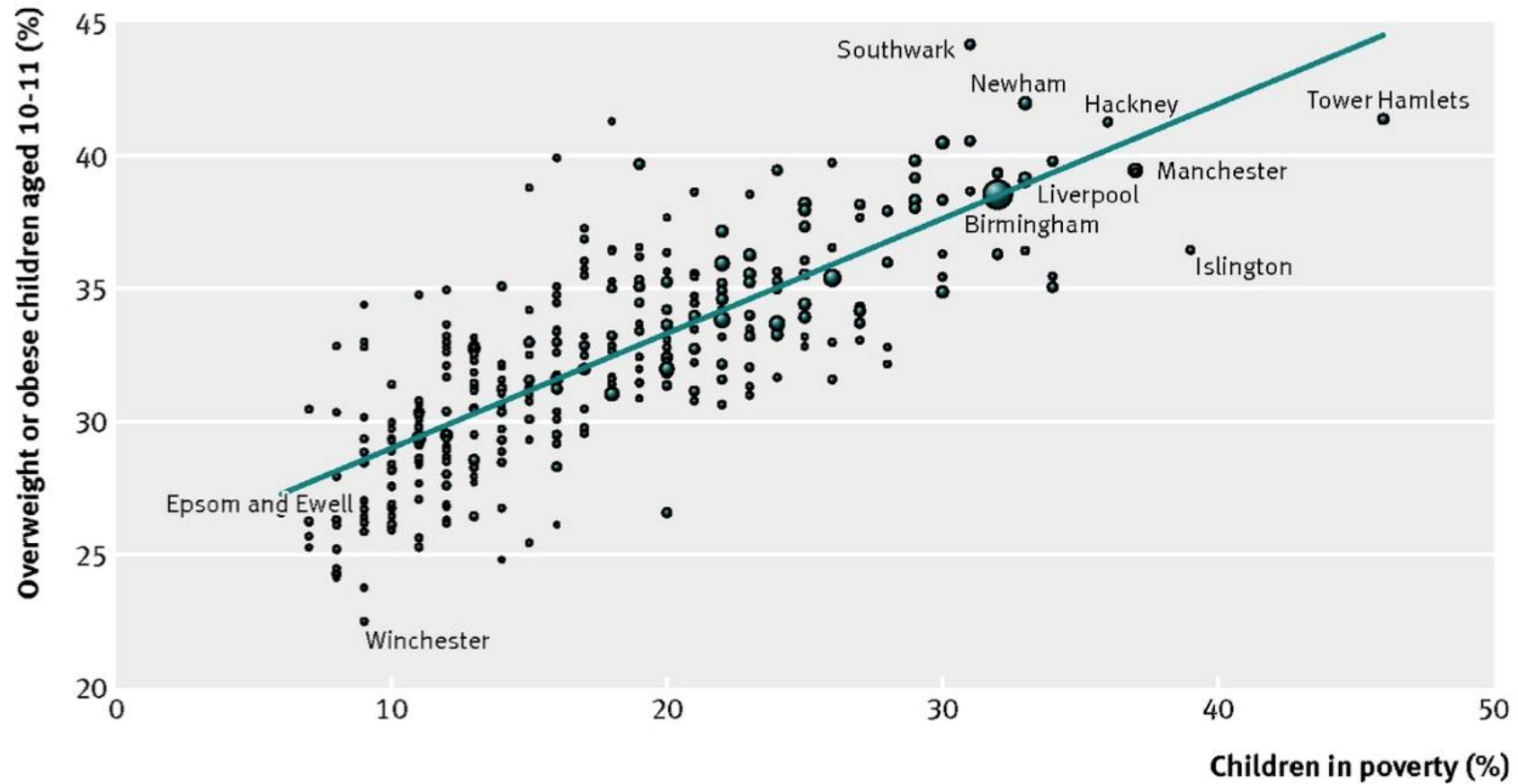


David Taylor-Robinson et al. *BMJ* 2015;351:bmj.h5330





## Percentage of overweight or obese children aged 10-11 years by percentage of children in poverty in English councils, 2012.

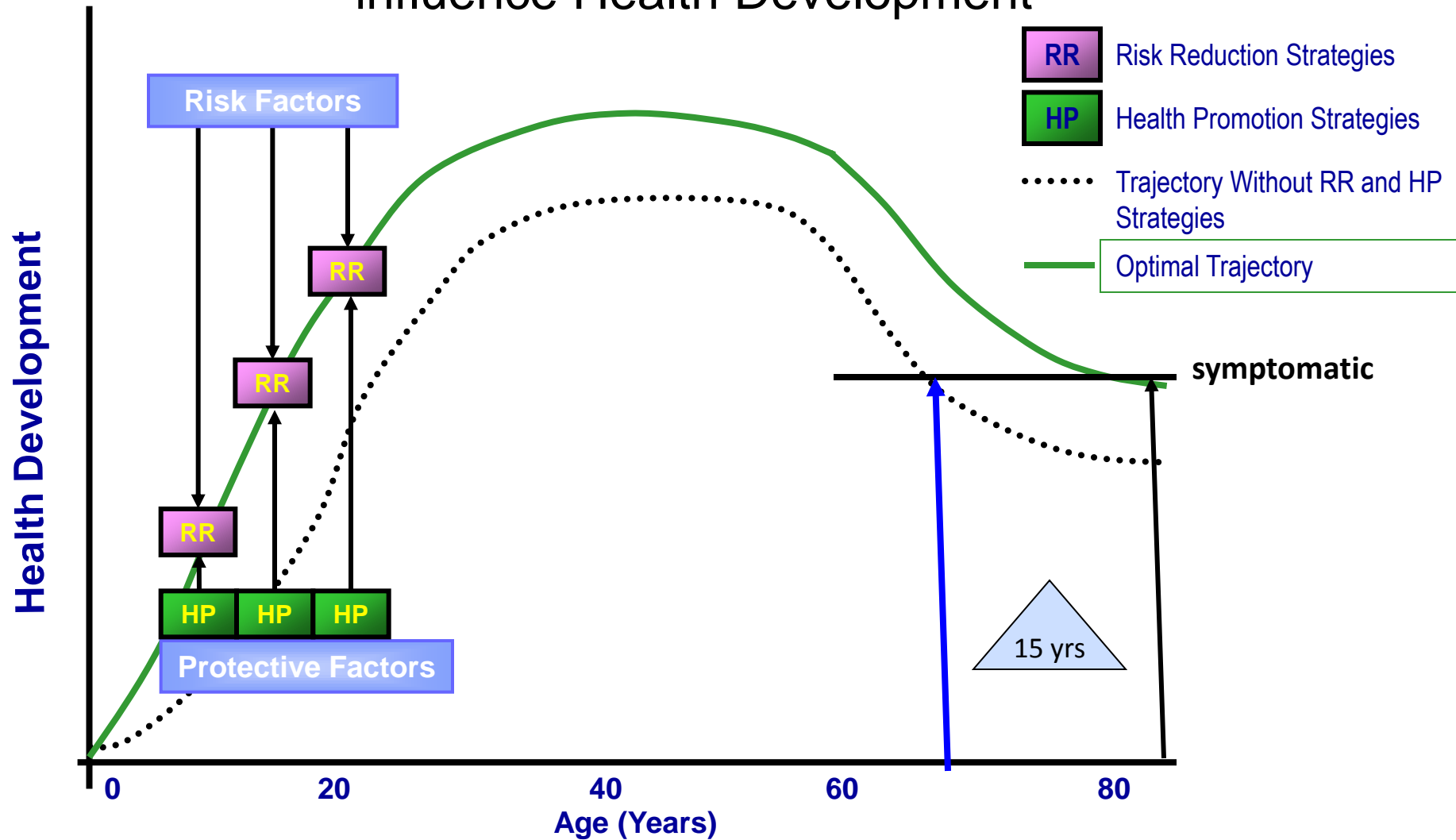


Taylor-Robinson D C et al. *BMJ* 2014;348:bmj.g2712

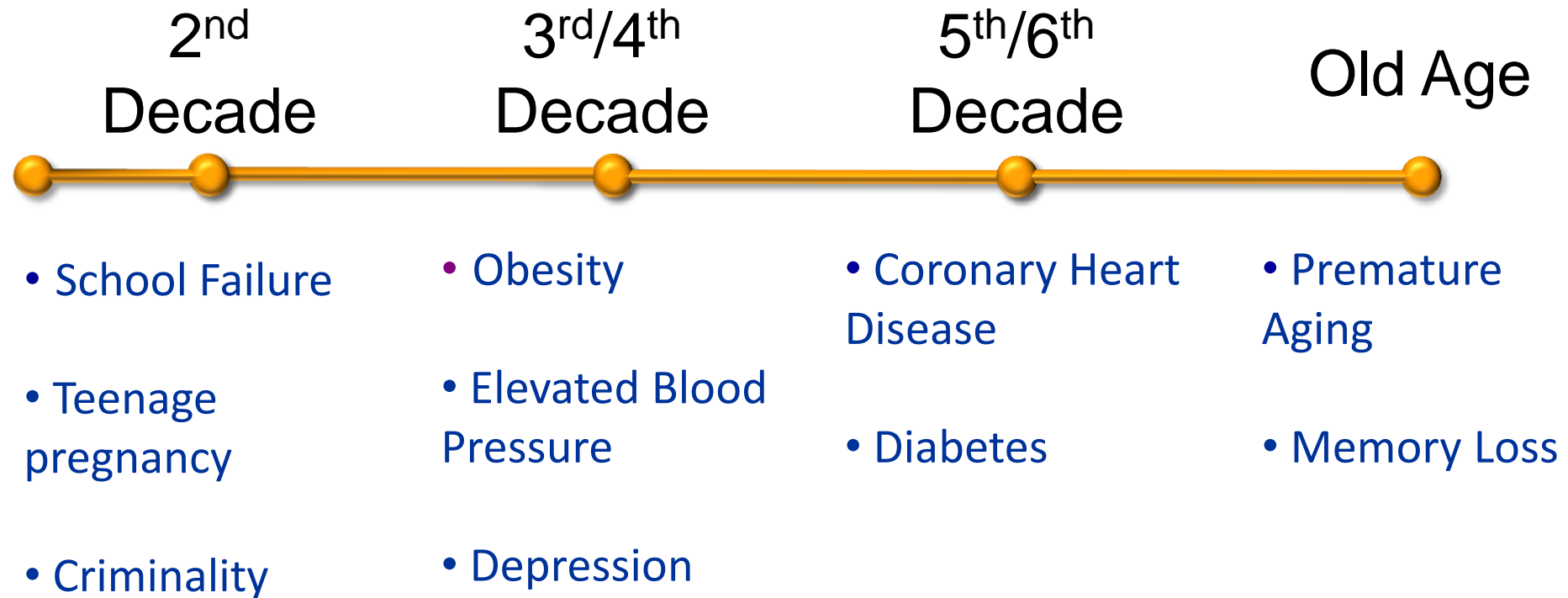




# How Risk Reduction and Health Promotion Strategies influence Health Development



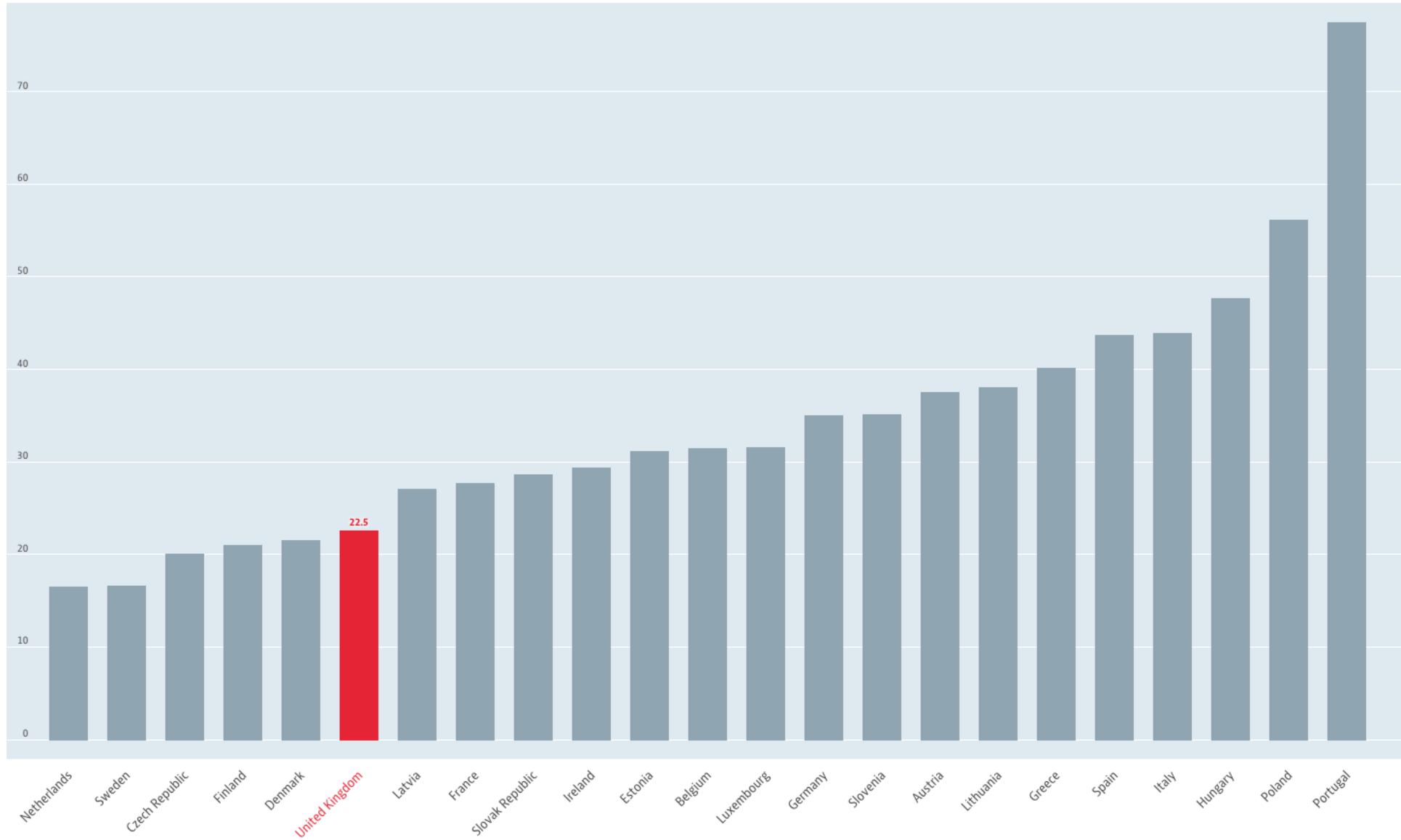
# Life Course Problems Related to Early Life



- INEQUALITIES ARE LARGE and PERSISTENT
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- **RECENT TRENDS**
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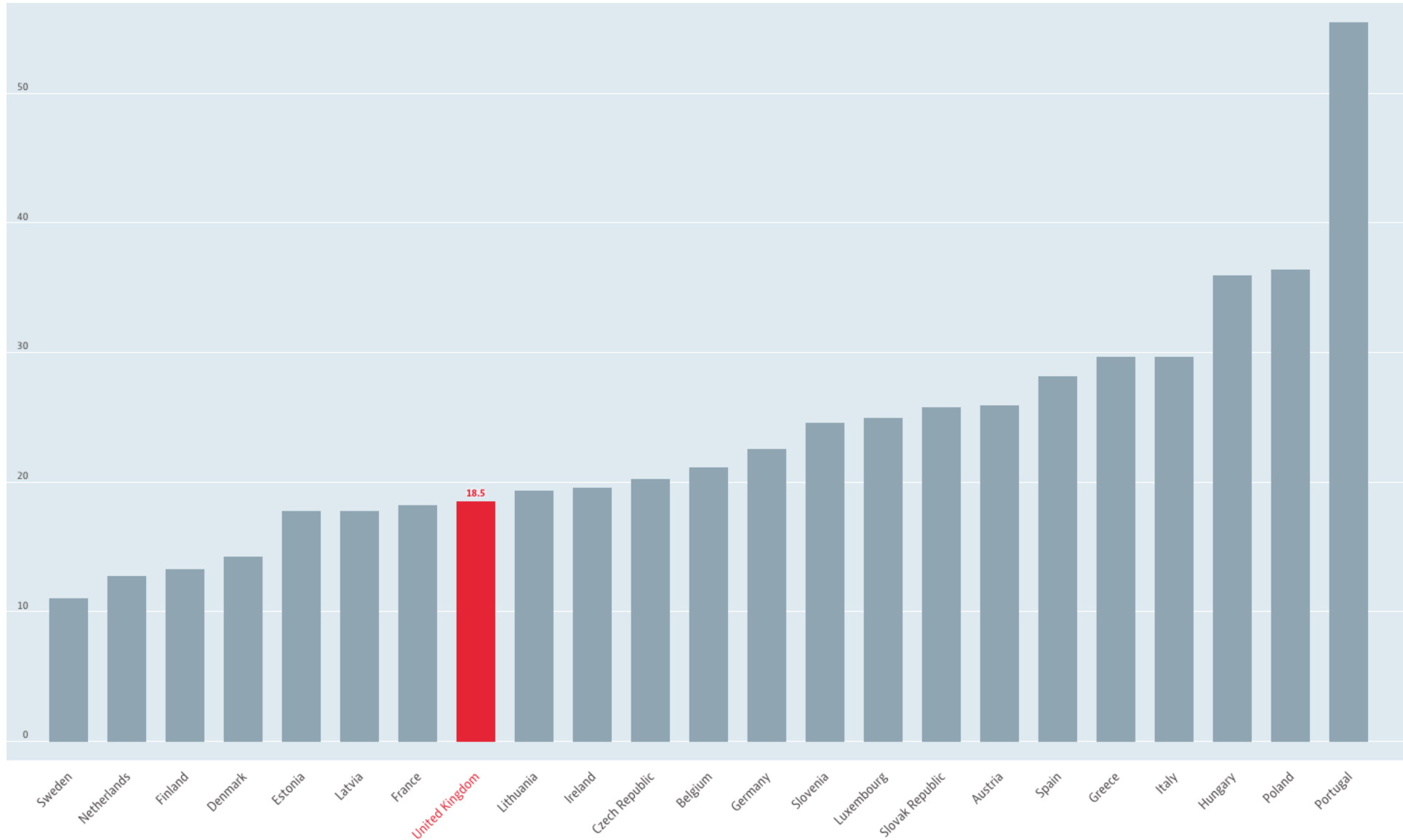
# INFANT MORTALITY RANK 1960

Infant mortality rates Total, Deaths/1 000 live births, 1960



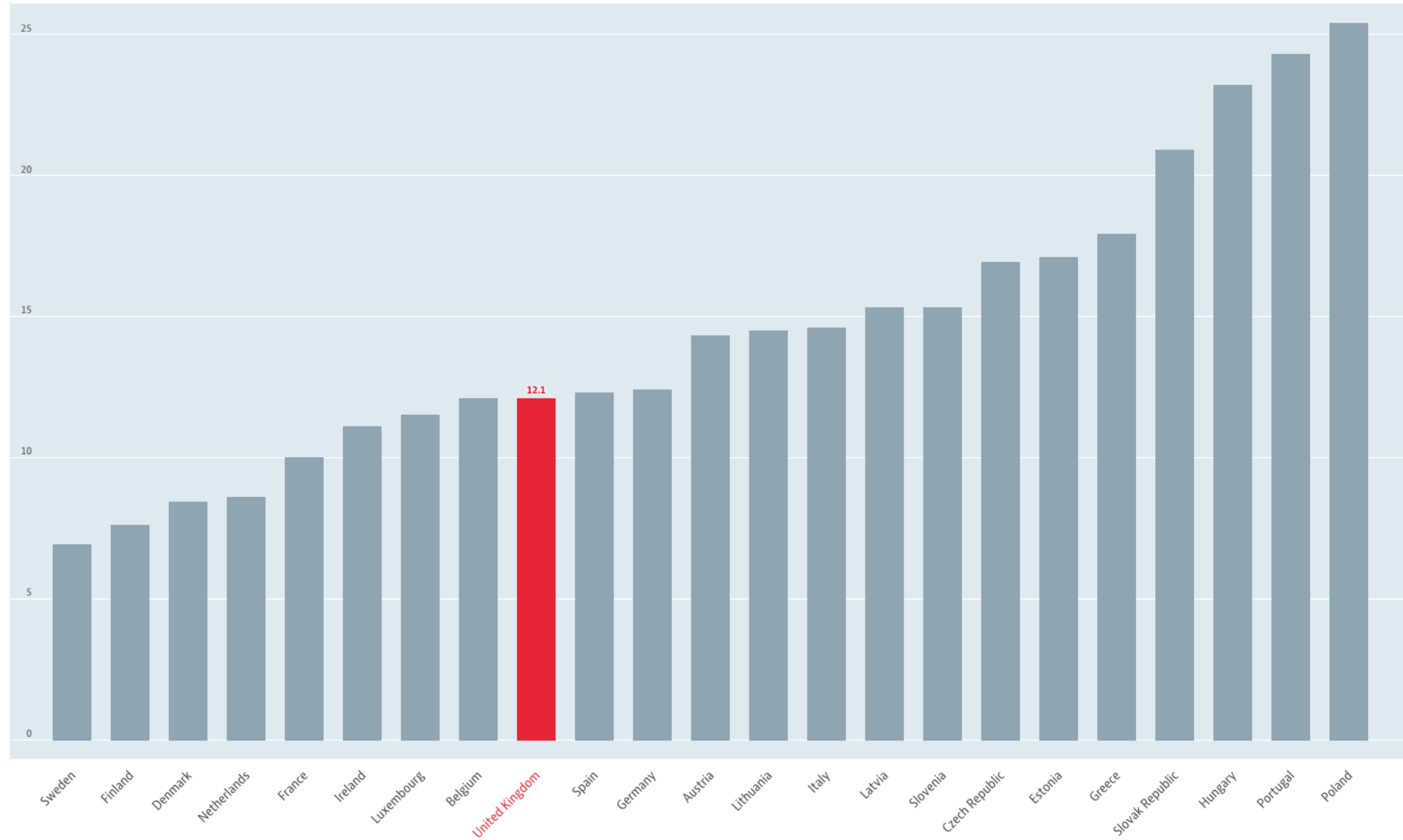
# INFANT MORTALITY RANK 1970

Infant mortality rates Total, Deaths/1 000 live births, 1970



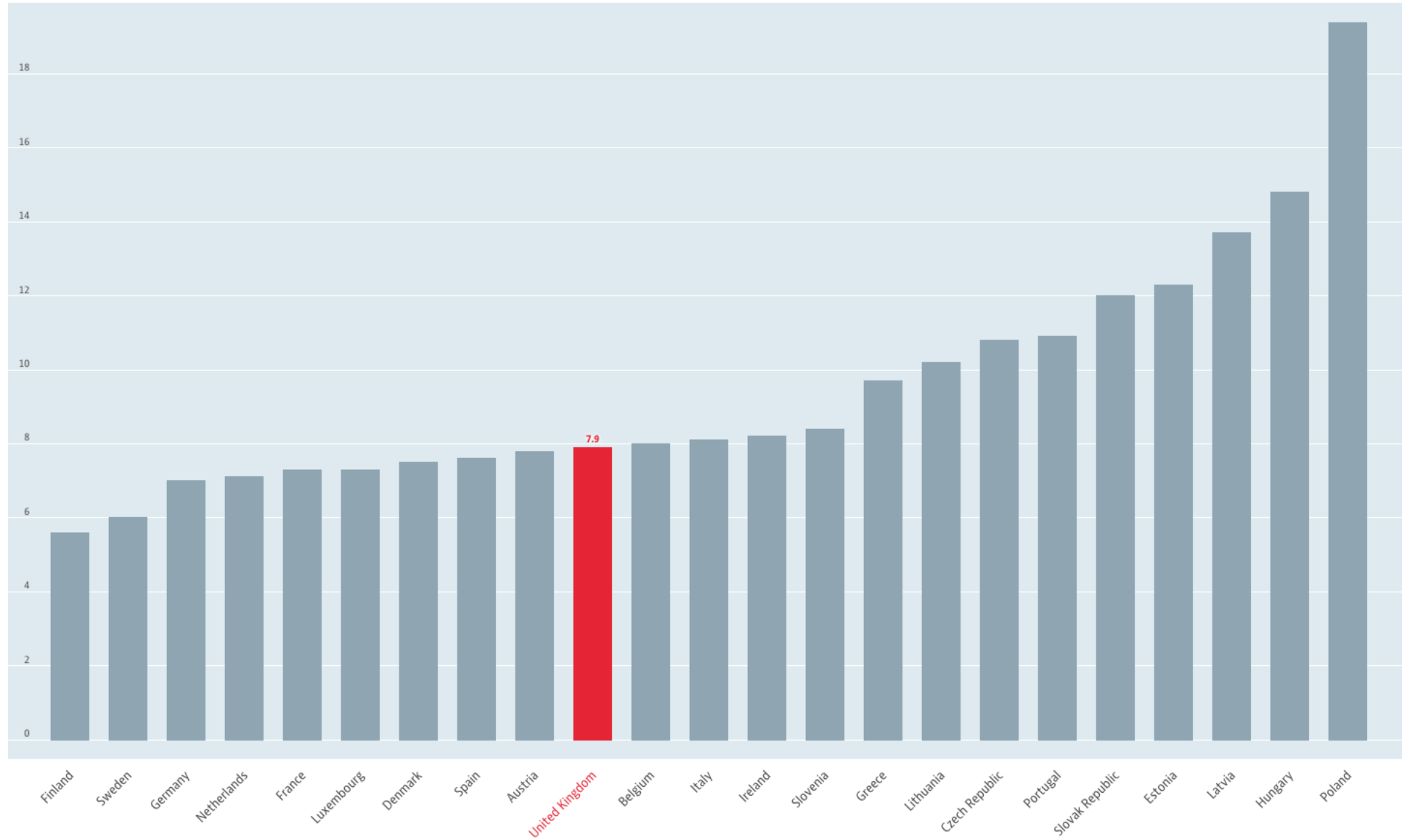
# INFANT MORTALITY RANK 1980

Infant mortality rates Total, Deaths/1 000 live births, 1980



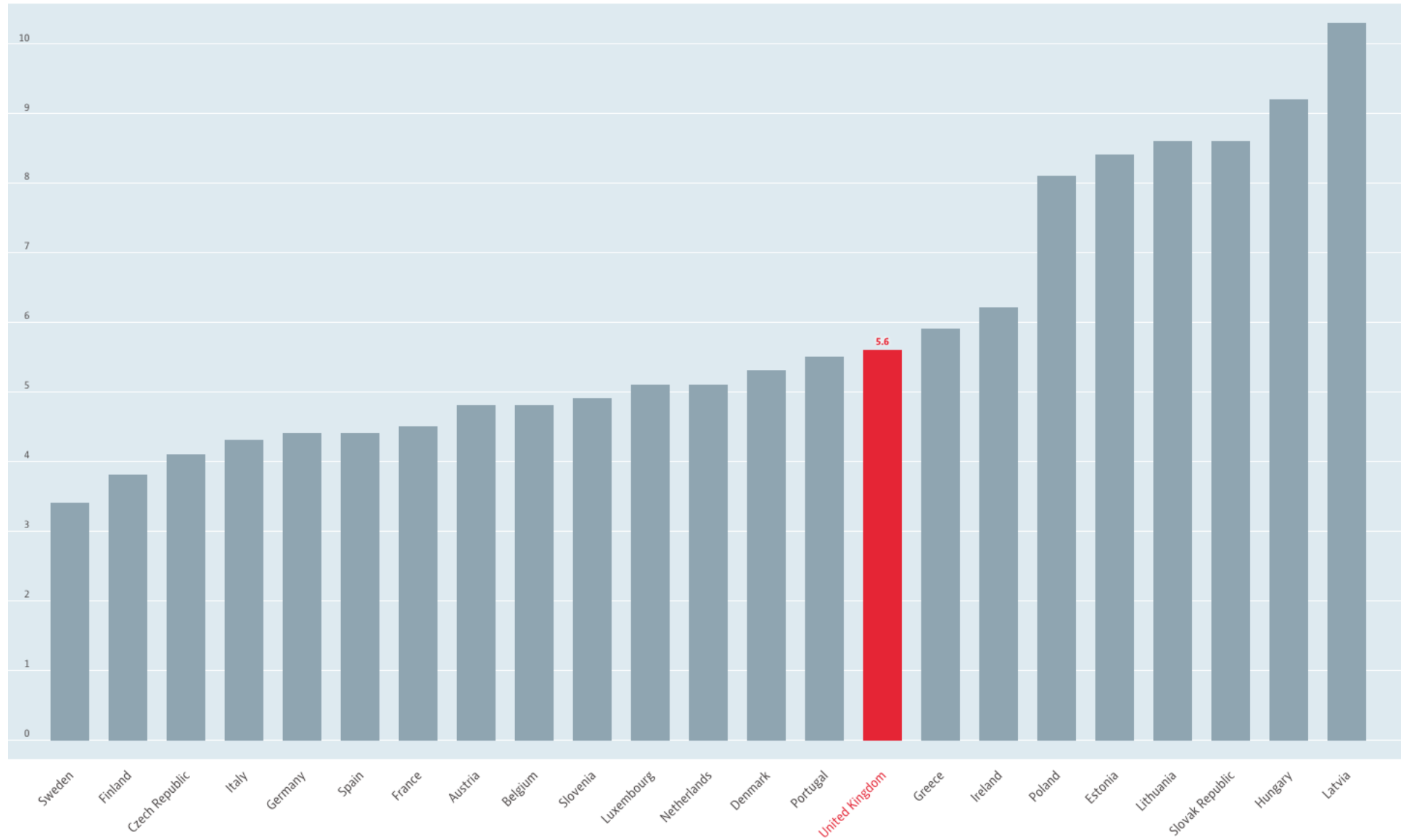
# INFANT MORTALITY RANK 1990

Infant mortality rates Total, Deaths/1 000 live births, 1990



# INFANT MORTALITY RANK 2000

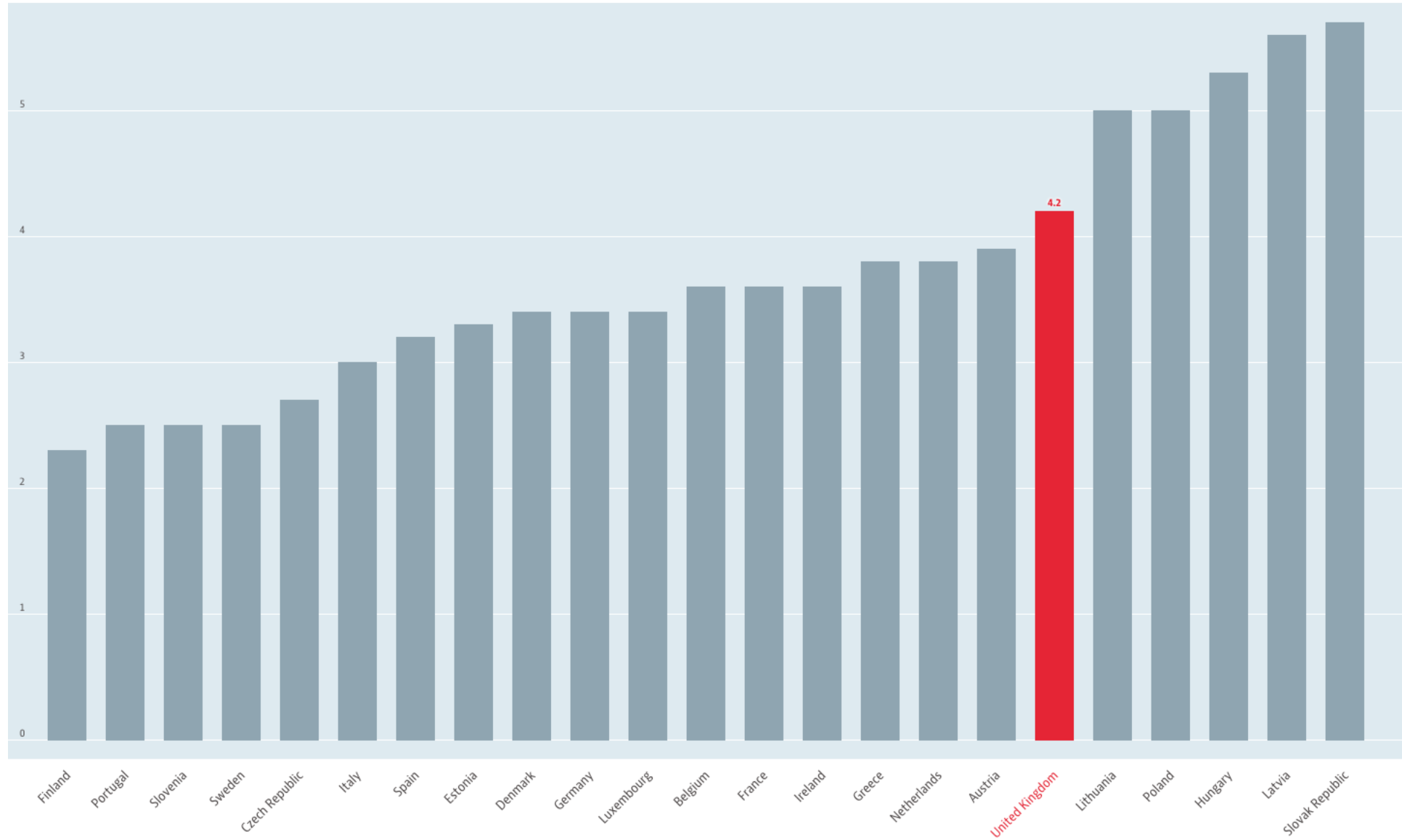
Infant mortality rates Total, Deaths/1 000 live births, 2000





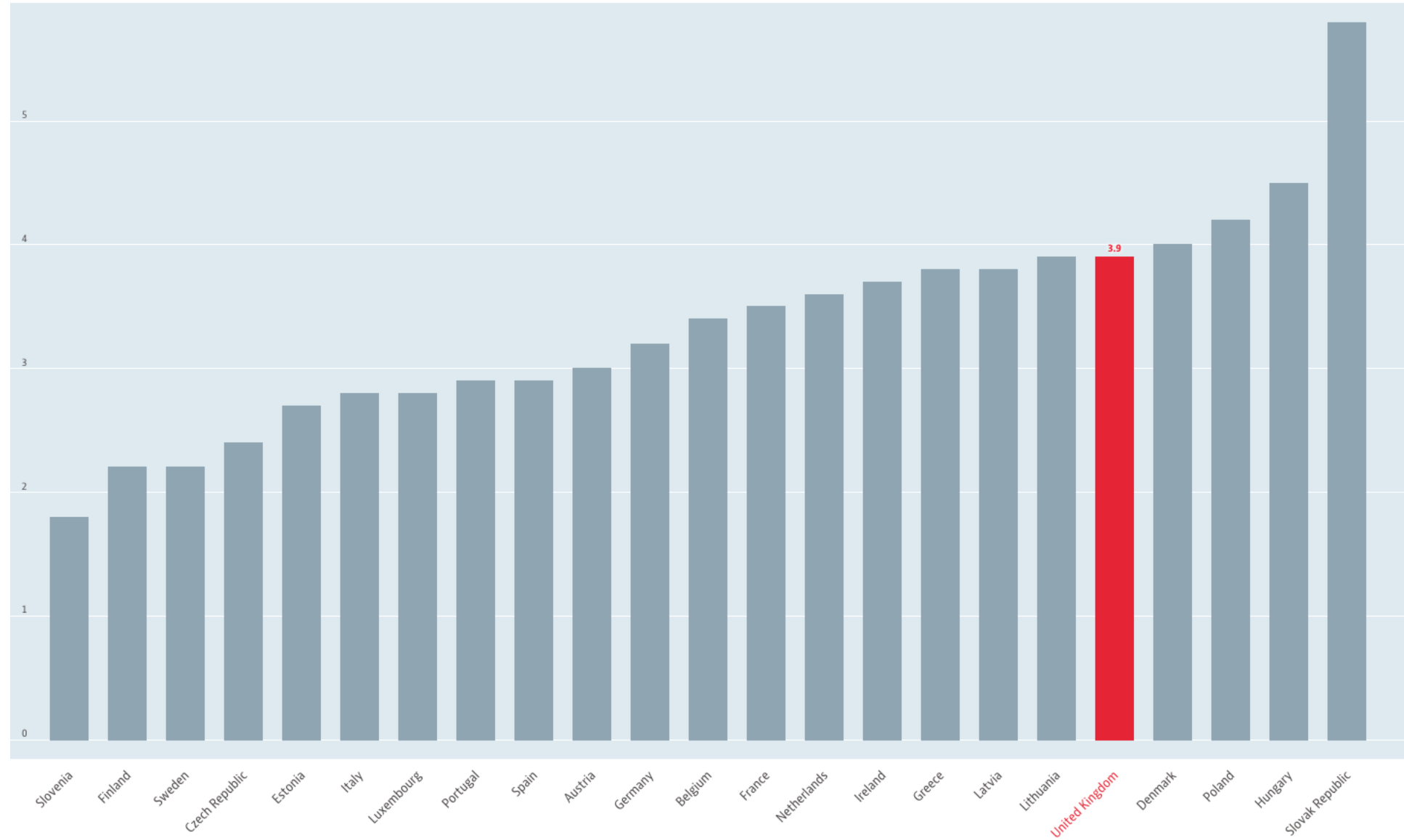
# INFANT MORTALITY RANK 2010

Infant mortality rates Total, Deaths/1 000 live births, 2010

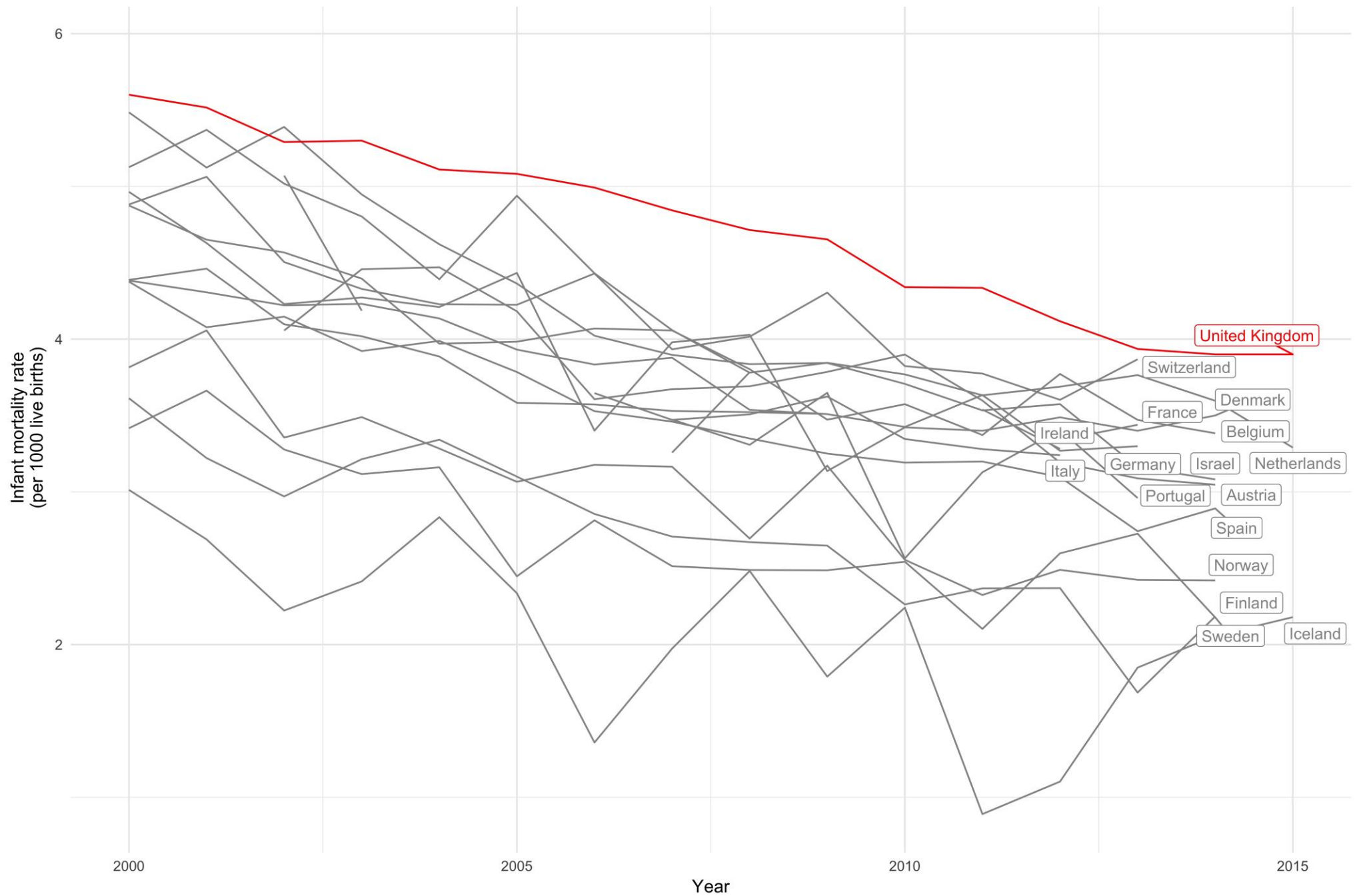


# INFANT MORTALITY RANK 2014

Infant mortality rates Total, Deaths/1 000 live births, 2014 or latest available



# INFANT MORTALITY in Western European countries 2000-latest data



Statistical bulletin:

# Childhood mortality in England and Wales: 2015

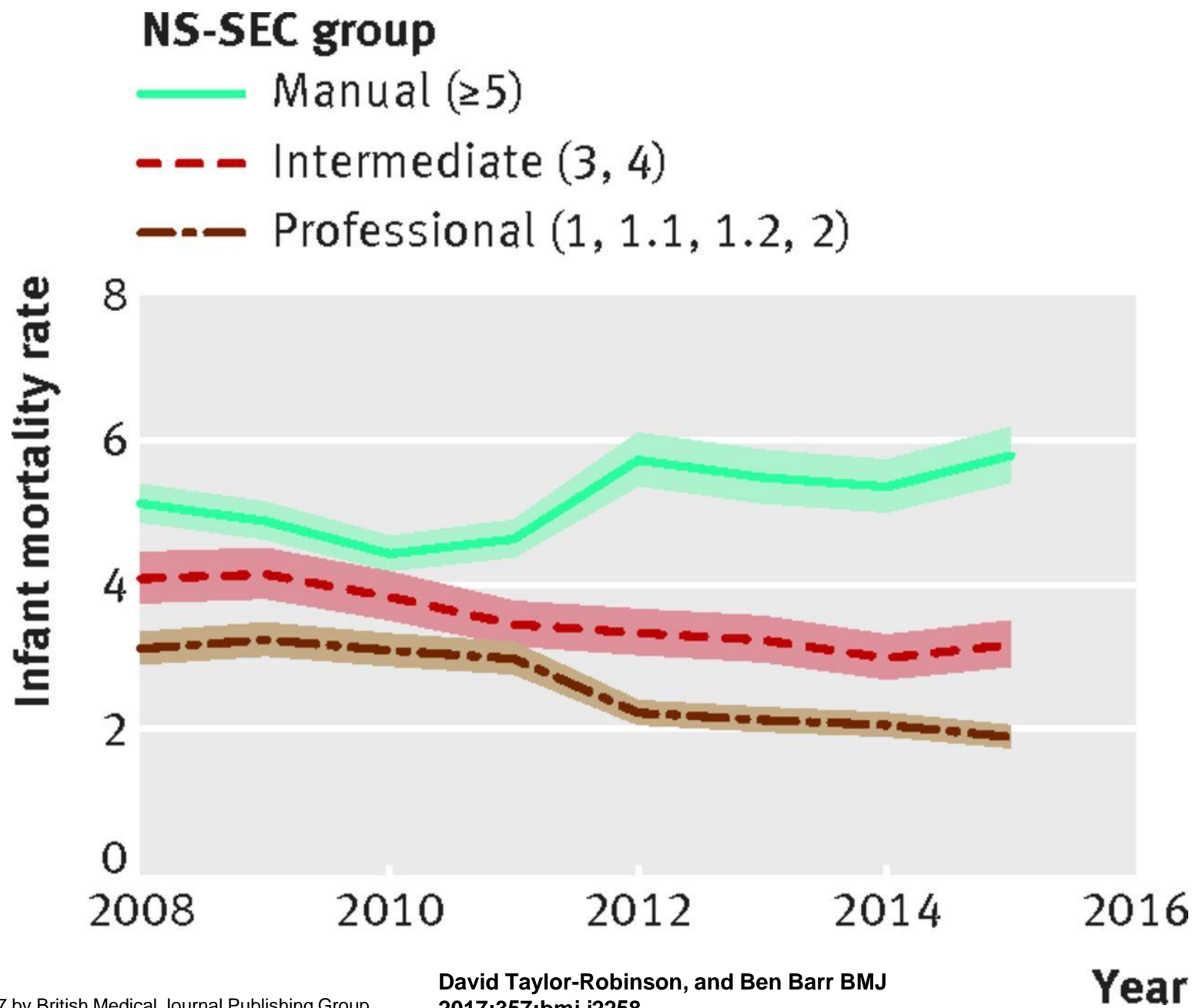
Stillbirths, infant and childhood deaths occurring annually in England and Wales, and associated risk factors.

## Statistician's comment

"2015 saw the first increase in the infant mortality rate in England and Wales since 2006. The rate rose to 3.7 deaths per 1,000 births from the record low of 3.6 in 2014, but it remains low in historical terms. There are many risk factors contributing to infant mortality such as birthweight, mother's age at birth of child, and the parents' socio-economic status."

Vasita Patel, Vital Statistics Outputs Branch, Office for National Statistics

Infant mortality rate (95% confidence interval) by socioeconomic classification, 2008-15.





## State of Child Health



# State of Child Health Report 2017

CHILD HEALTH IN JEOPARDY DUE TO AN ALARMING GAP BETWEEN RICH  
AND POOR

# UK has 'stark inequalities in child health', report says

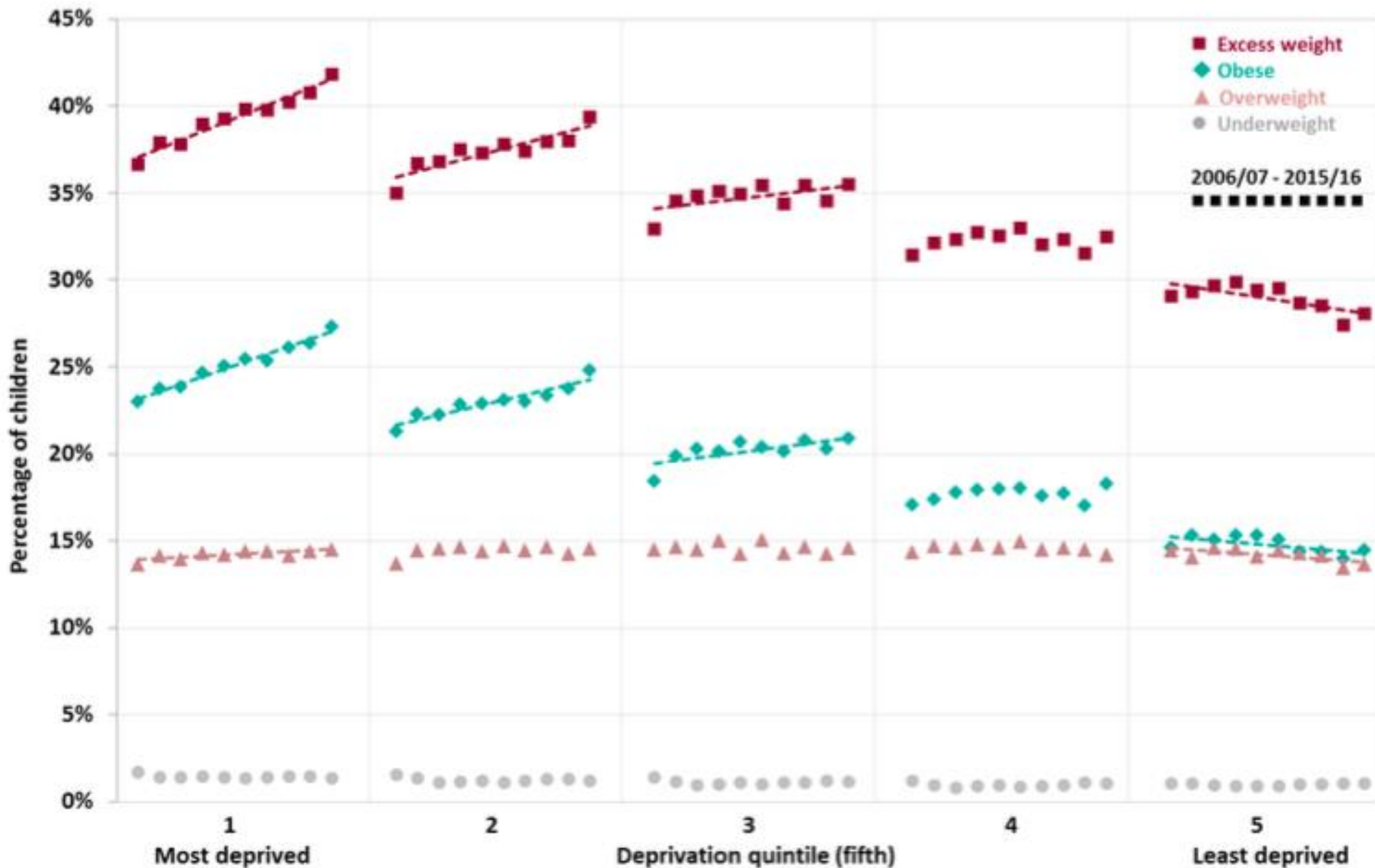
🕒 26 January 2017 | [Health](#) | 🗨️

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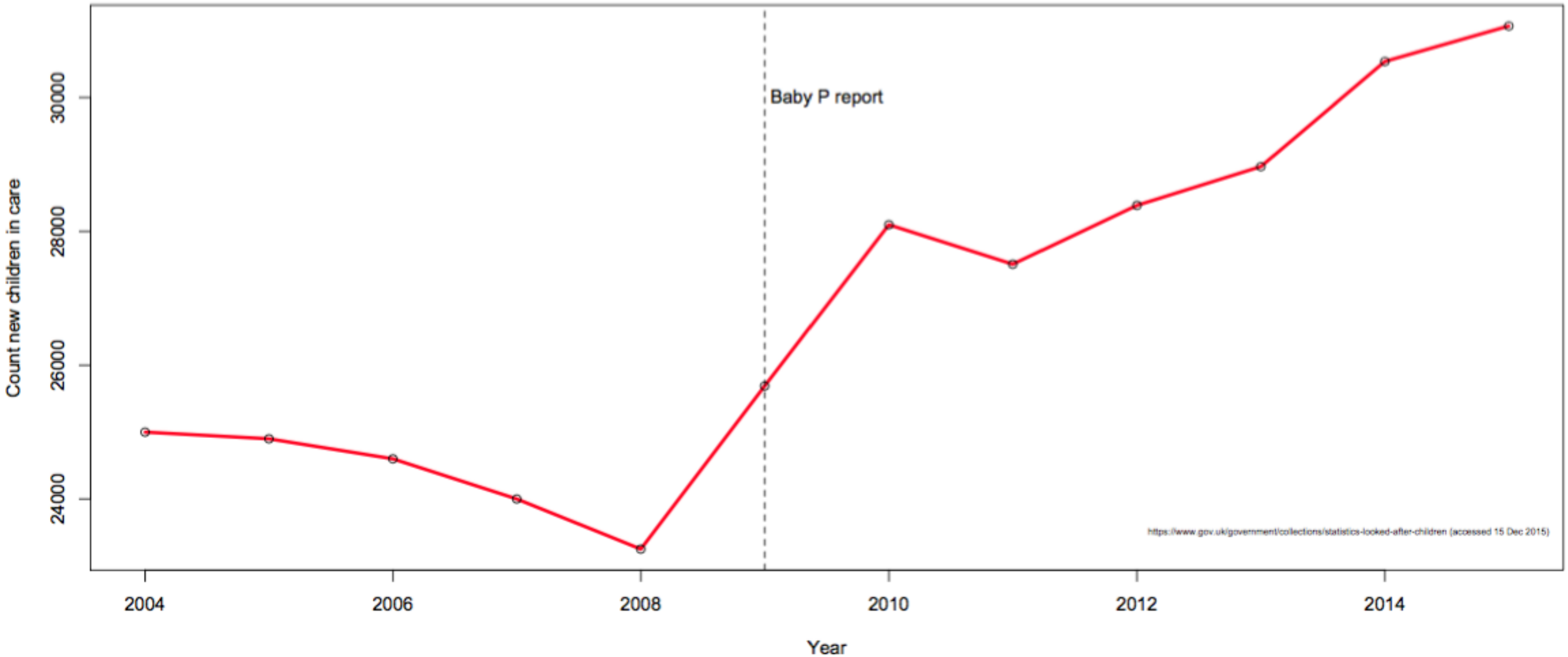
**Child health in the UK is falling behind that of many other European countries, a major report says.**

# INCREASING INEQUALITY IN OBESITY: Prevalence of overweight and obesity among Year 6 pupils in England by deprivation quintile (first and fifth) 2006/2007 to 2015/2016

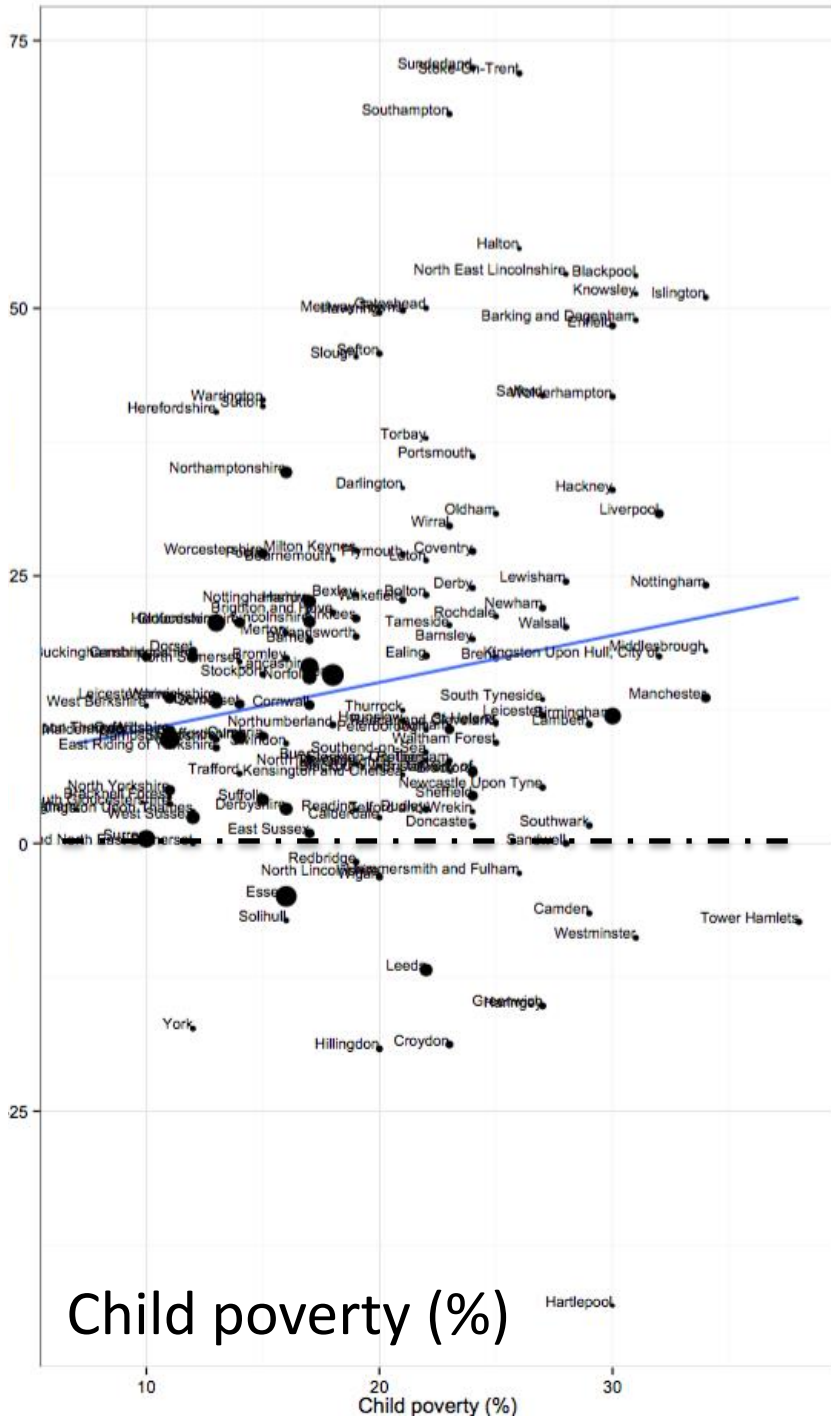


# Dramatic rise in children taken into LA care

Children who started to be looked after 2008-2015



% change in children taken into LA care



**Change in number of children taken into LA care 2008-2015 by child poverty**

*Bigger increase in disadvantaged areas*

Child poverty (%)

Hartlepool





Department  
of Health

# **Department of Health**

## **Annual Report and Accounts 2016-17**

**(For the period ended 31 March 2017)**

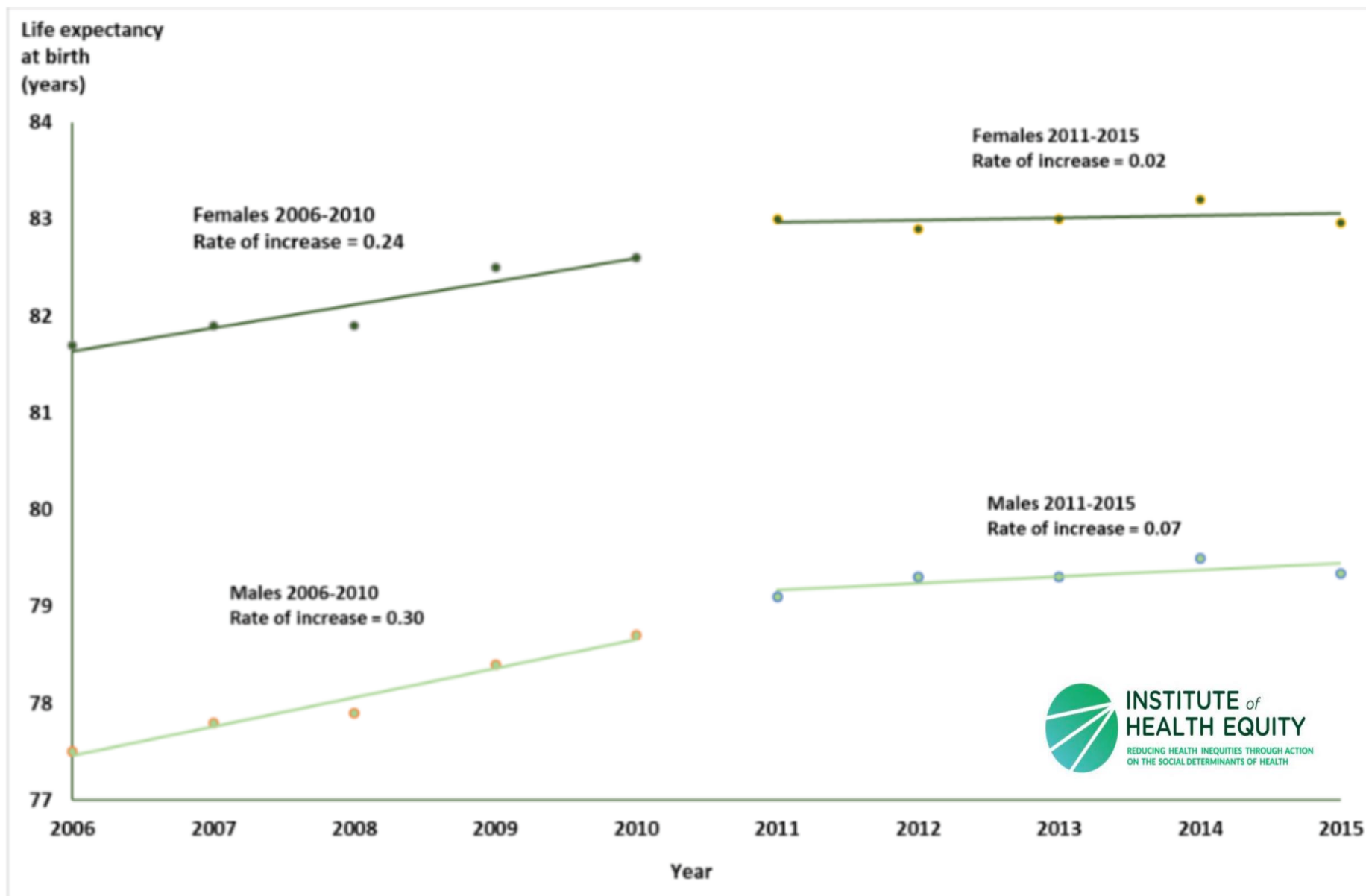
Accounts presented to the House of Commons pursuant to Section 6(4) of the Government  
Resources and Accounts Act 2000

Secretary of State's annual report presented to Parliament pursuant to Section 247(D) of the  
National Health Service Act 2006

Annual Report presented to the House of Commons by Command of Her Majesty  
Annual Report and Accounts presented to the House of Lords by Command of Her Majesty

Ordered by the House of Commons to be printed on 18 July 2017

# Figure 1 Life Expectancy at birth, England, single years 2006 to 2015

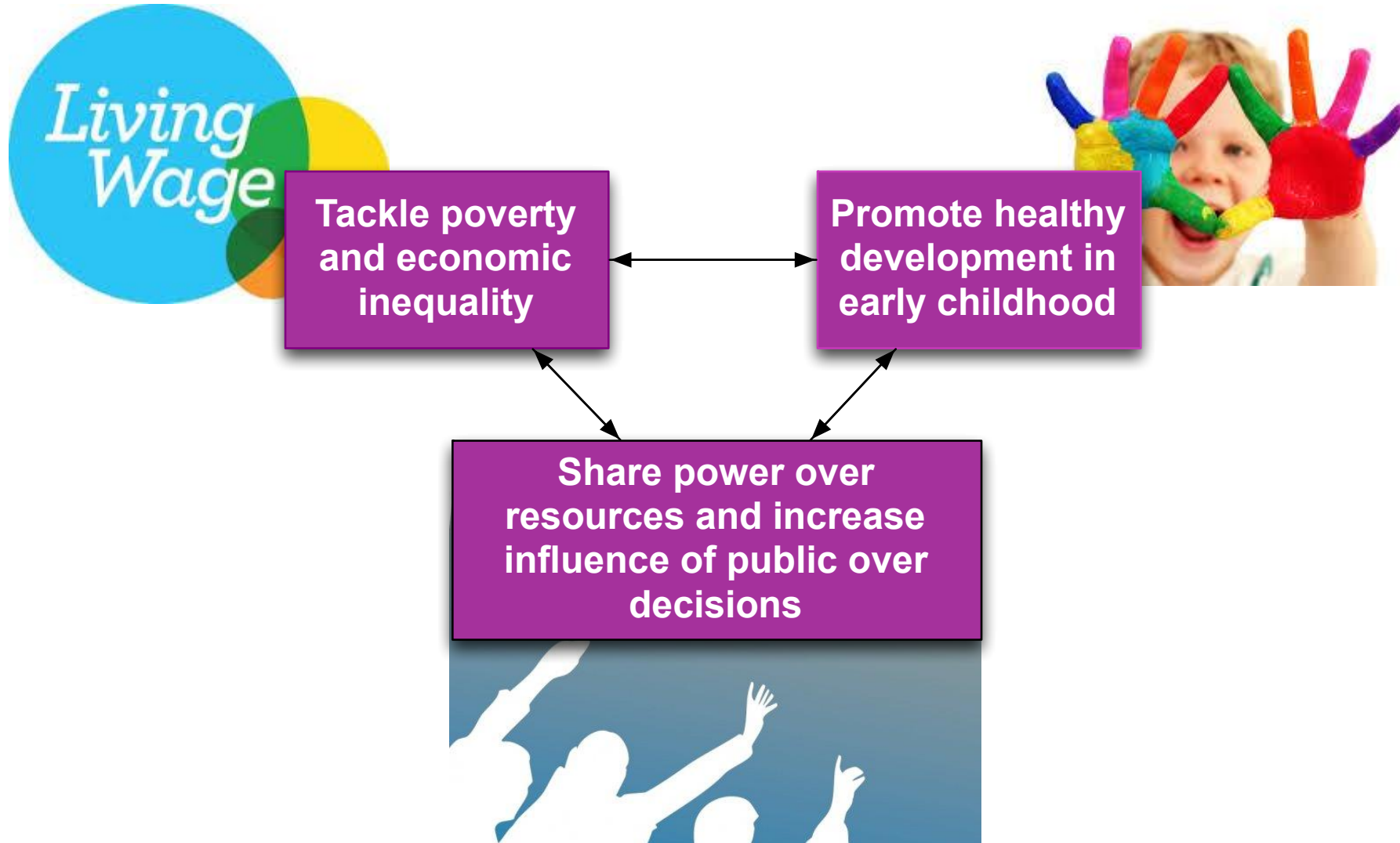


- INEQUALITIES ARE LARGE and PERSISTENT
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# DUE NORTH

**Report of the Inquiry on  
Health Equity for the North**

# DUE NORTH: actions to tackle root causes







# Agencies in the North

- *Increase proportion of early years spend*
- Ensure access to good quality *universal early years education and childcare*
- Maintain and *protect universal integrated neighbourhood support* for early child development, including *Children's Centres*
- Develop and sign up to a Charter to *protect the rights of children to the best possible health*
- *Better data on children across the lifecourse*

# Central government

- ***Reduce child poverty*** through the measures advocated by the Child Poverty Commission
- ***Increase expenditure allocated to early years***, focused according to need
- ***Embed a rights based approach*** to children's health across government departments
- ***Health in all policies*** and ***cumulative impact assessment*** of any future welfare changes





# NHS

- ***Allocate resources to reduce health inequalities*** over the lifecourse
- ***Pool resources*** with other partners to ensure that universal support ***for early child development*** is developed and maintained
- ***Encourage holistic provision of services in primary care to reduce poverty*** among children with chronic illness



# Public Health England

- ***Advocacy for child health in all policies***
- Help to establish a cross-departmental system of health impact assessment
- ***Support cumulative impact assessment*** of the impact of welfare reform and cuts to local and national public services
- ***Support local authorities to produce a Health Inequalities Risk Mitigation Strategy***

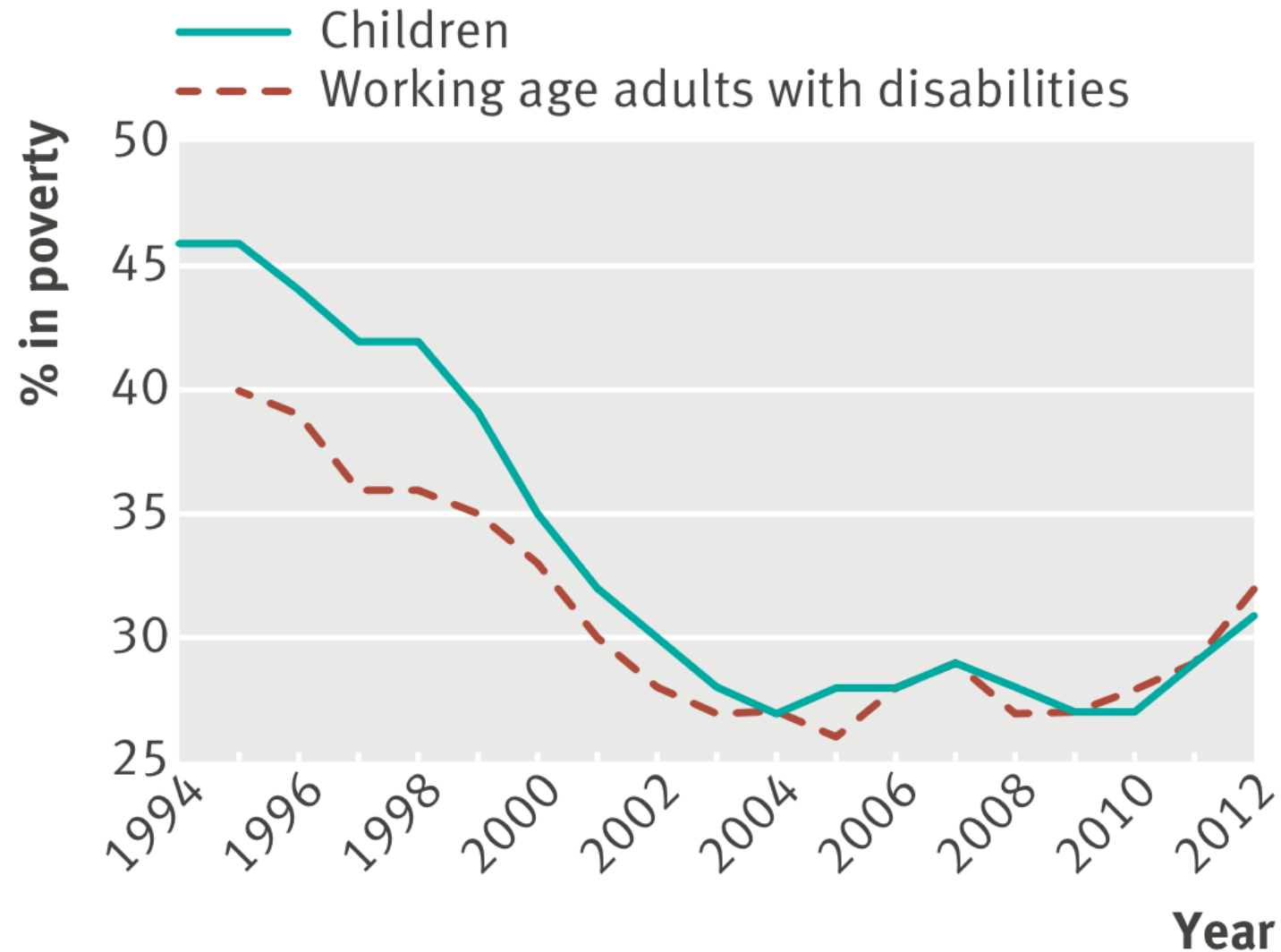
*“We exist to protect and improve the nation's health and wellbeing, and reduce health inequalities.”*



Public Health  
England

- INEQUALITIES ARE LARGE and PERSISTENT
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# Gains of the past are being undone





# Child poverty in UK at highest level since 2010, official figures show

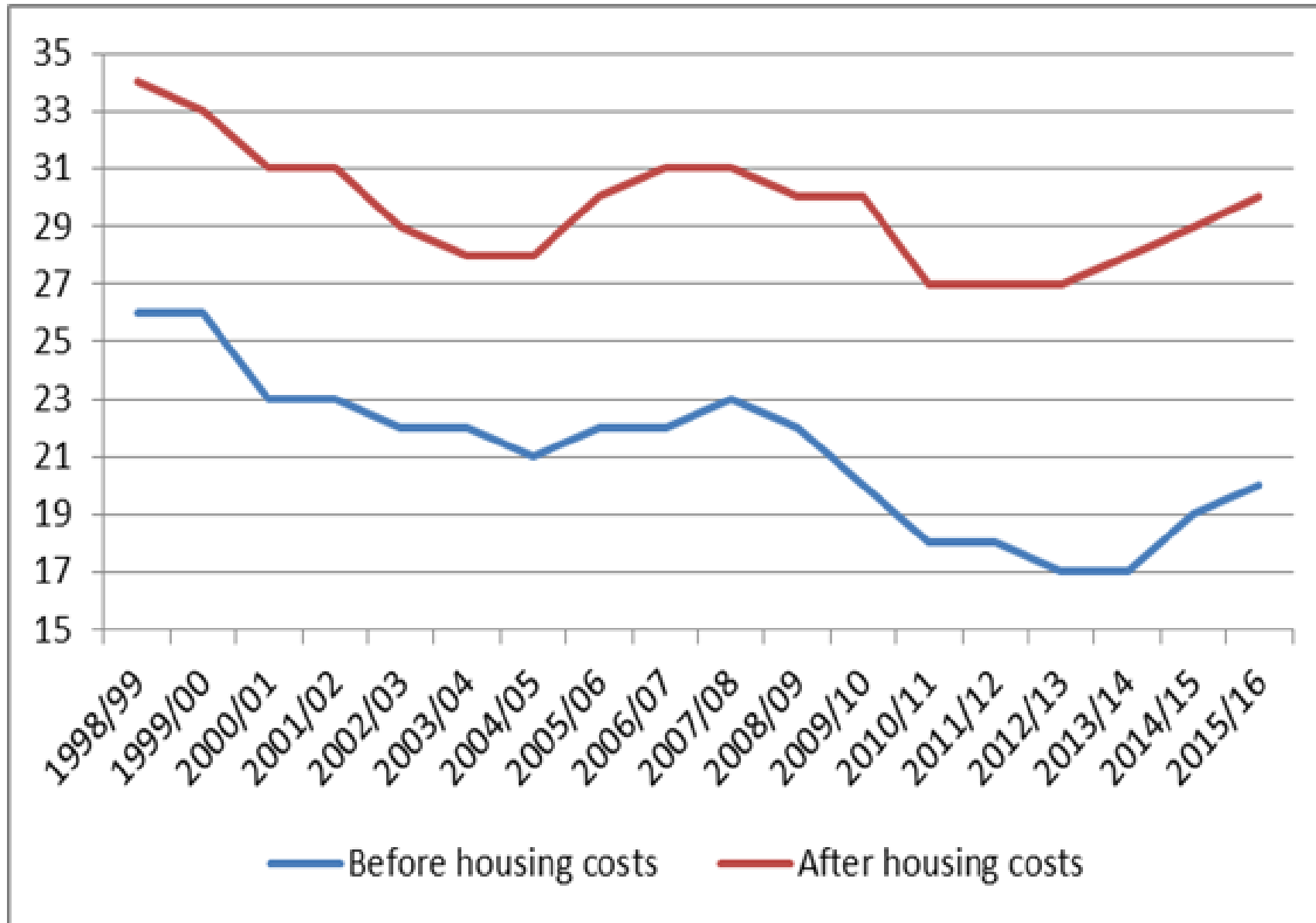
About 30% of Britain's children are now classified as poor, of whom two-thirds are from working families



**i** About 100,000 children fell into relative poverty in 2015-15, taking the overall figure to 4 million. Photograph: Christopher Furlong/Getty Images

The upward trend in child poverty in the UK has continued for the third year running, with the percentage of children classed as poor at its highest level since the start of the decade, latest official figures show.

# UK Child Poverty rates <60% contemporary median before and after housing costs



Data: <https://www.gov.uk/government/statistics/households-below-average-income-199495-to-201516>

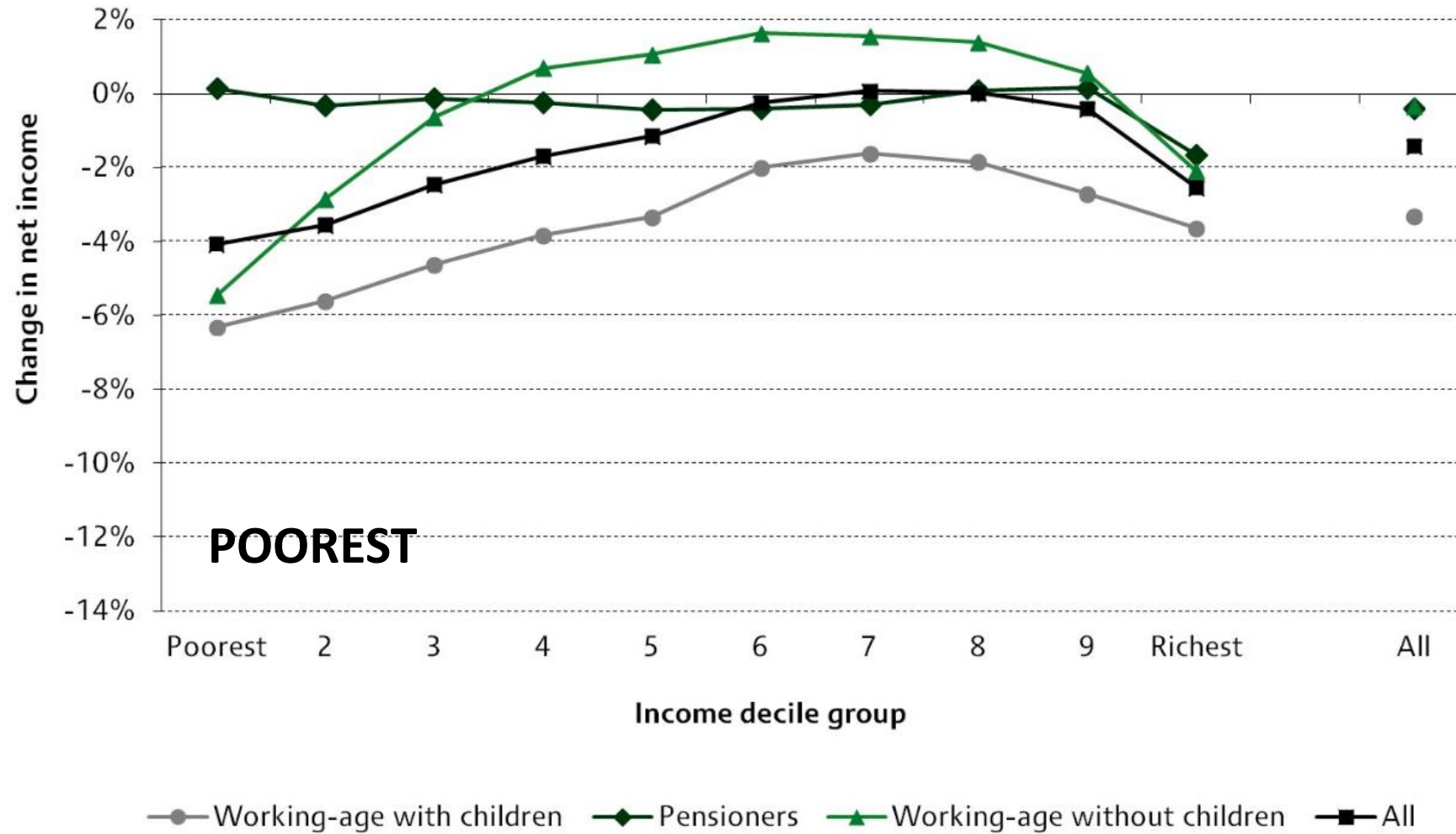


Families in an Age of Austerity:  
January 2012

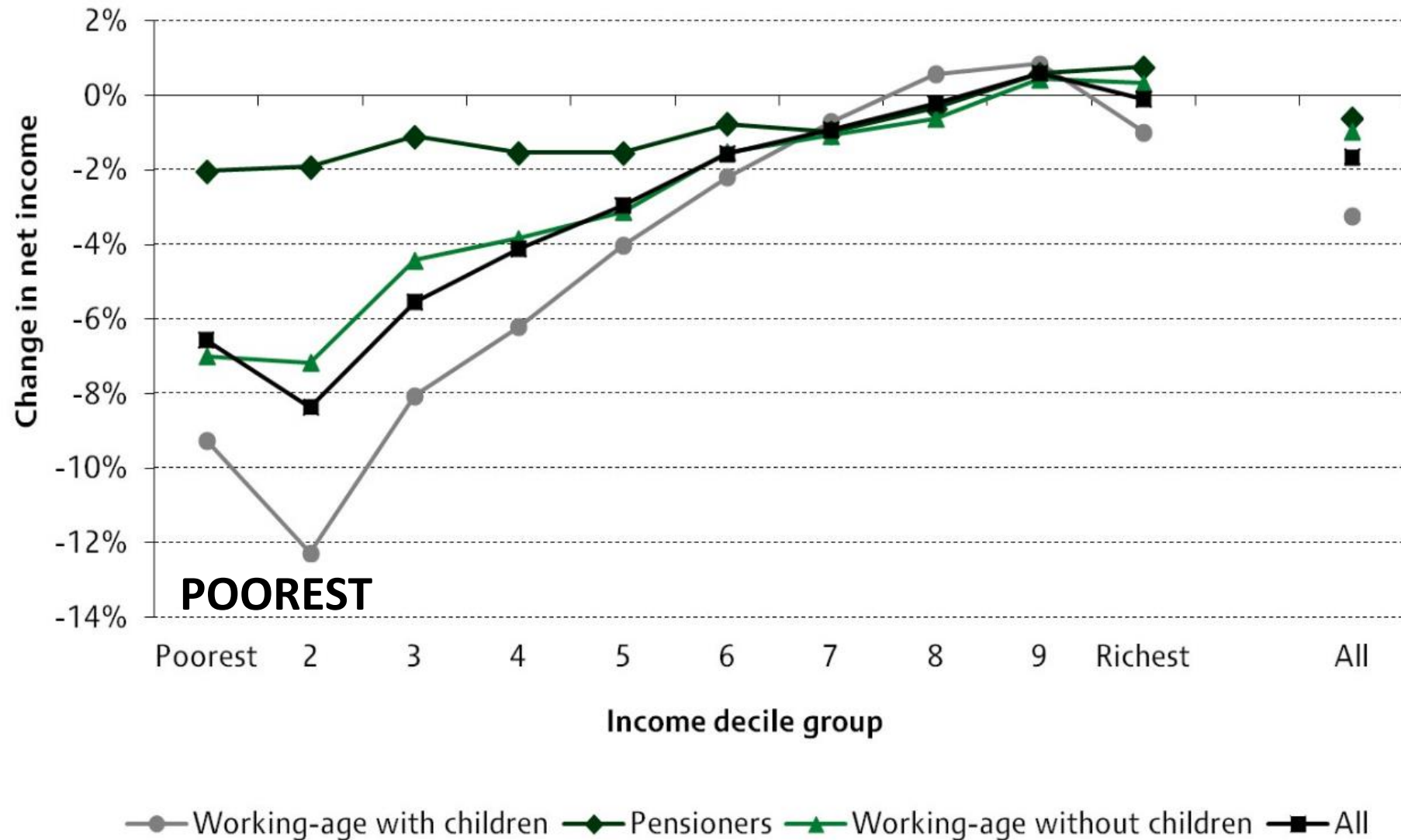
## **The Impact of Austerity Measures on Households with Children**

Analysis by James Browne, Institute for Fiscal  
Studies

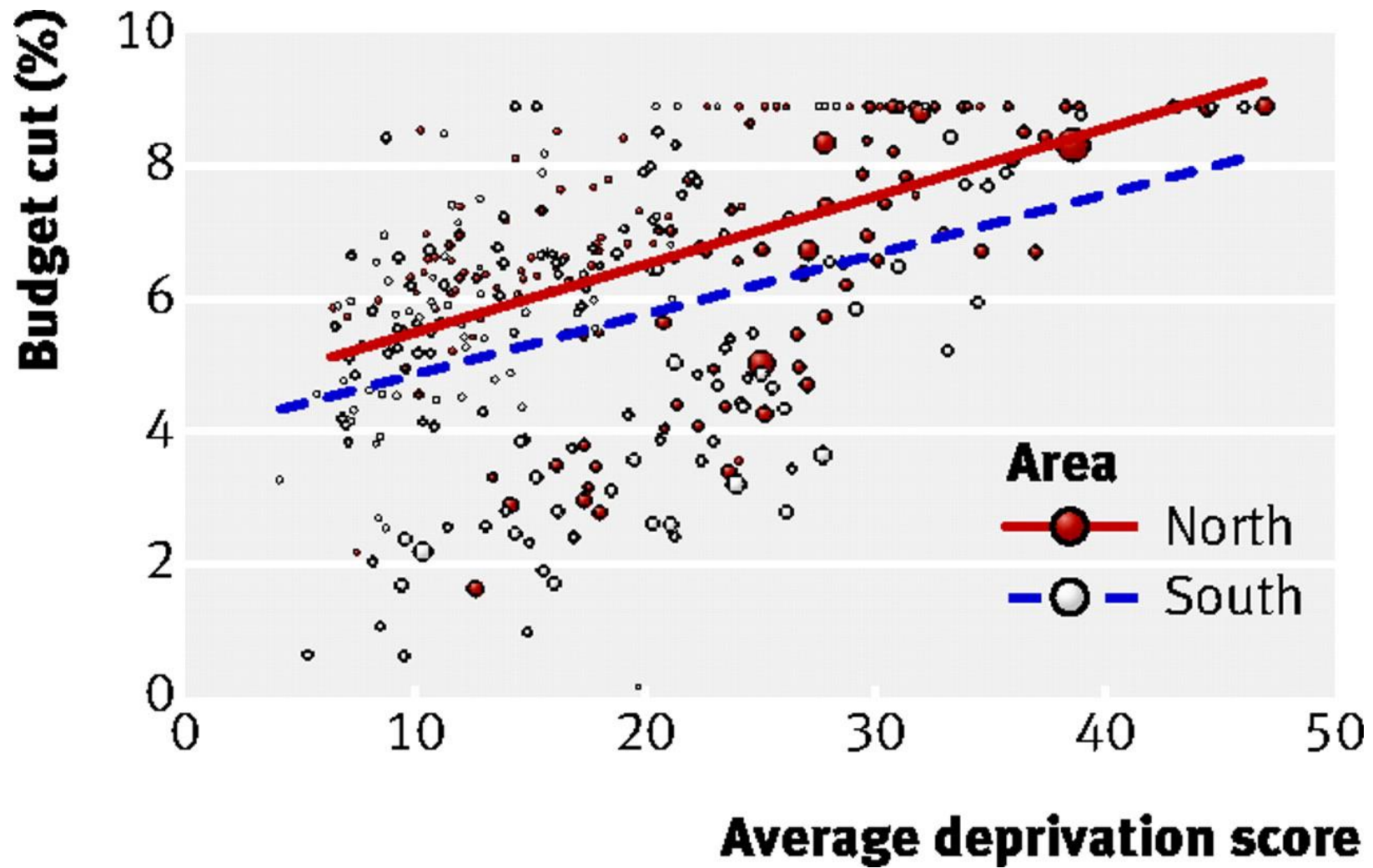
# Impact of tax and benefit reforms introduced between May 2010 and April 2015 by income decile and household type



# Long-run impact of tax and benefit reforms introduced between May 2015 and April 2019 by income decile and household type (including universal credit)



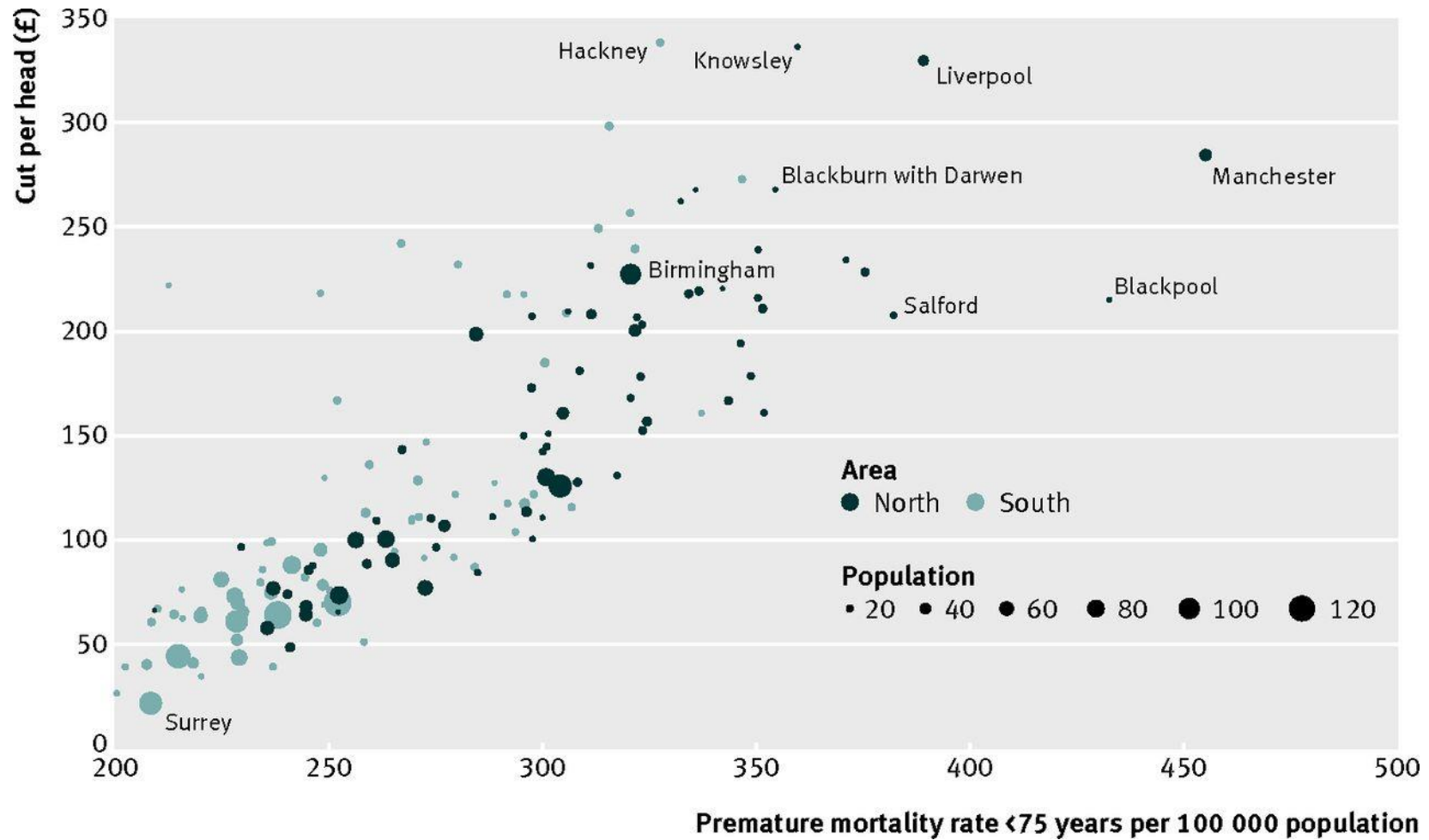
Cut in local authority budget by average deprivation score in north and south of England.



Taylor-Robinson D , Gosling R BMJ 2011;342:bmj.d1487



# Bigger cuts to English local area budgets in sickest populations 2010-2015

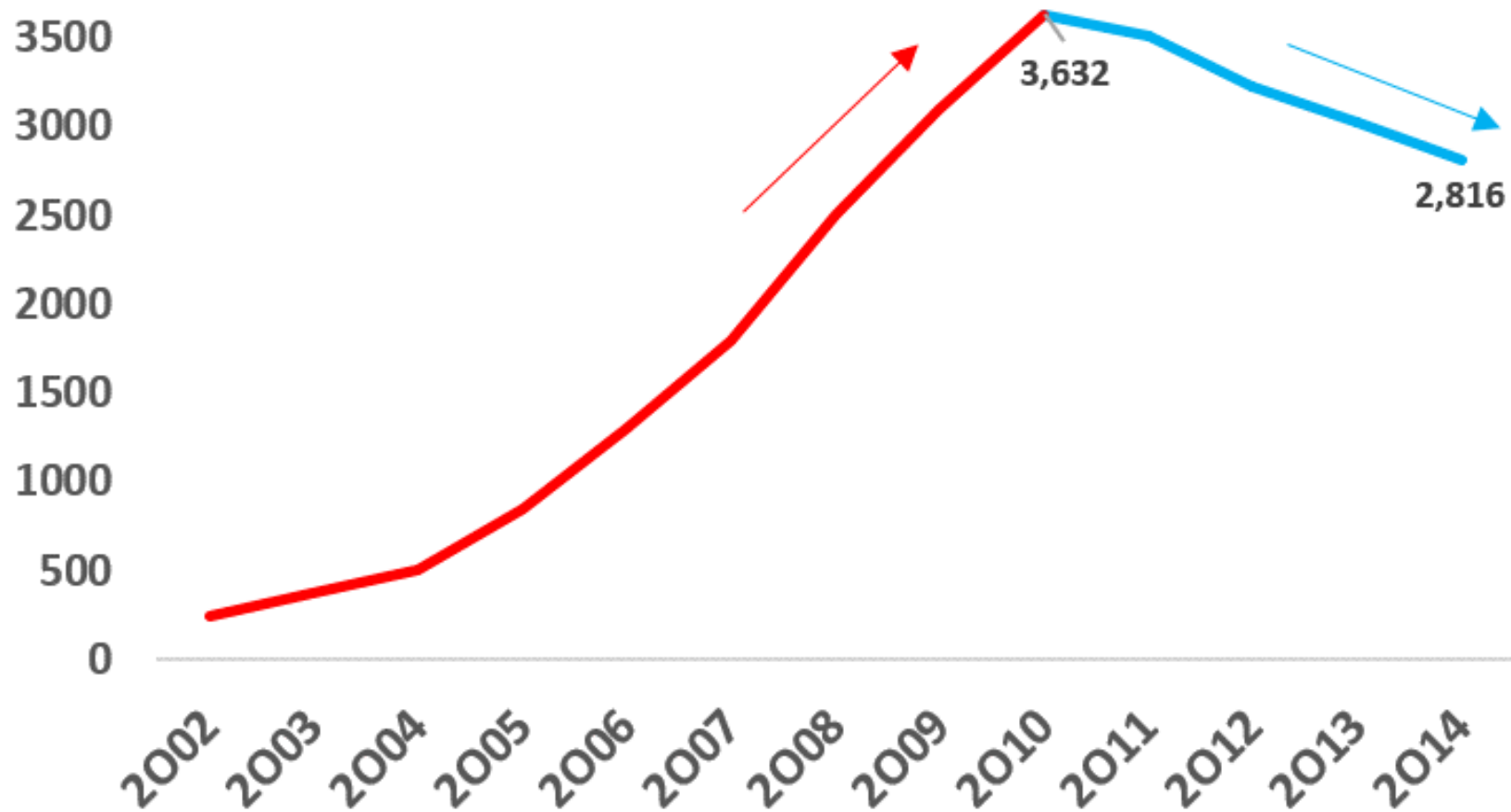


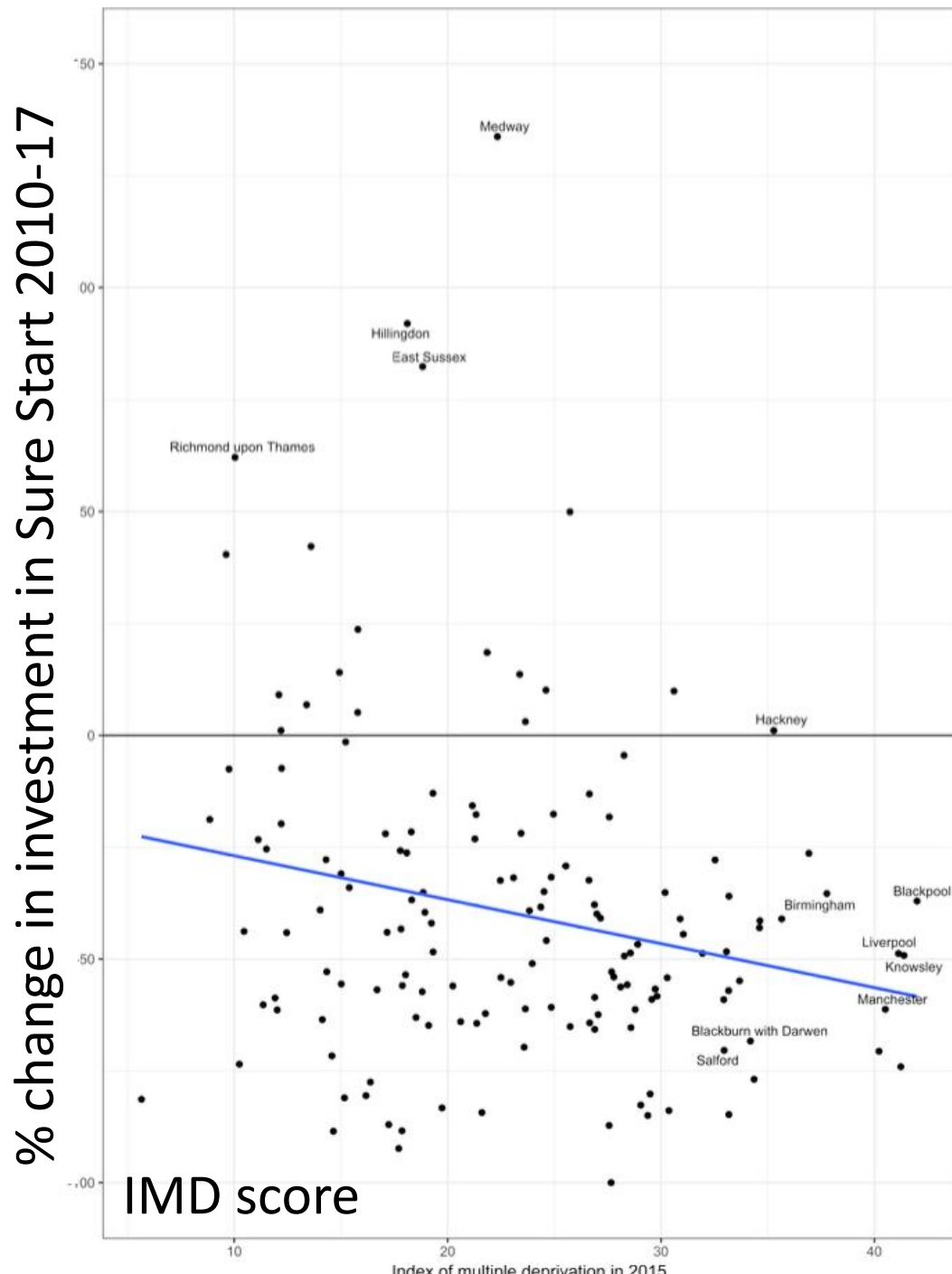
Taylor-Robinson D et al. BMJ 2013;347:bmj.f4208





## Number of Children's **Sure Start** Centres (gov.uk)



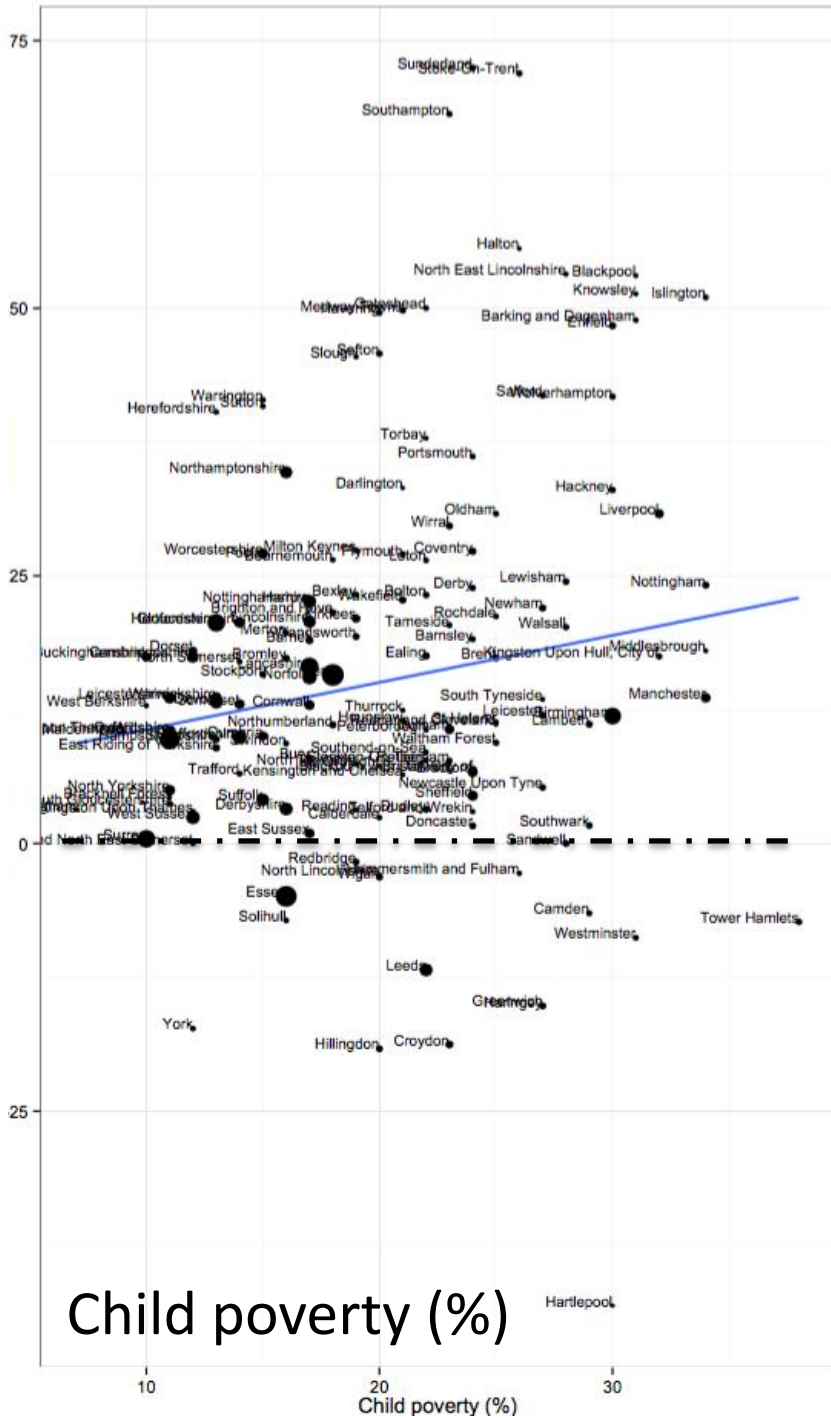


## Change in investment in Sure Start 2010-2017 for local authorities by IMD

*Bigger cuts in more disadvantaged areas*

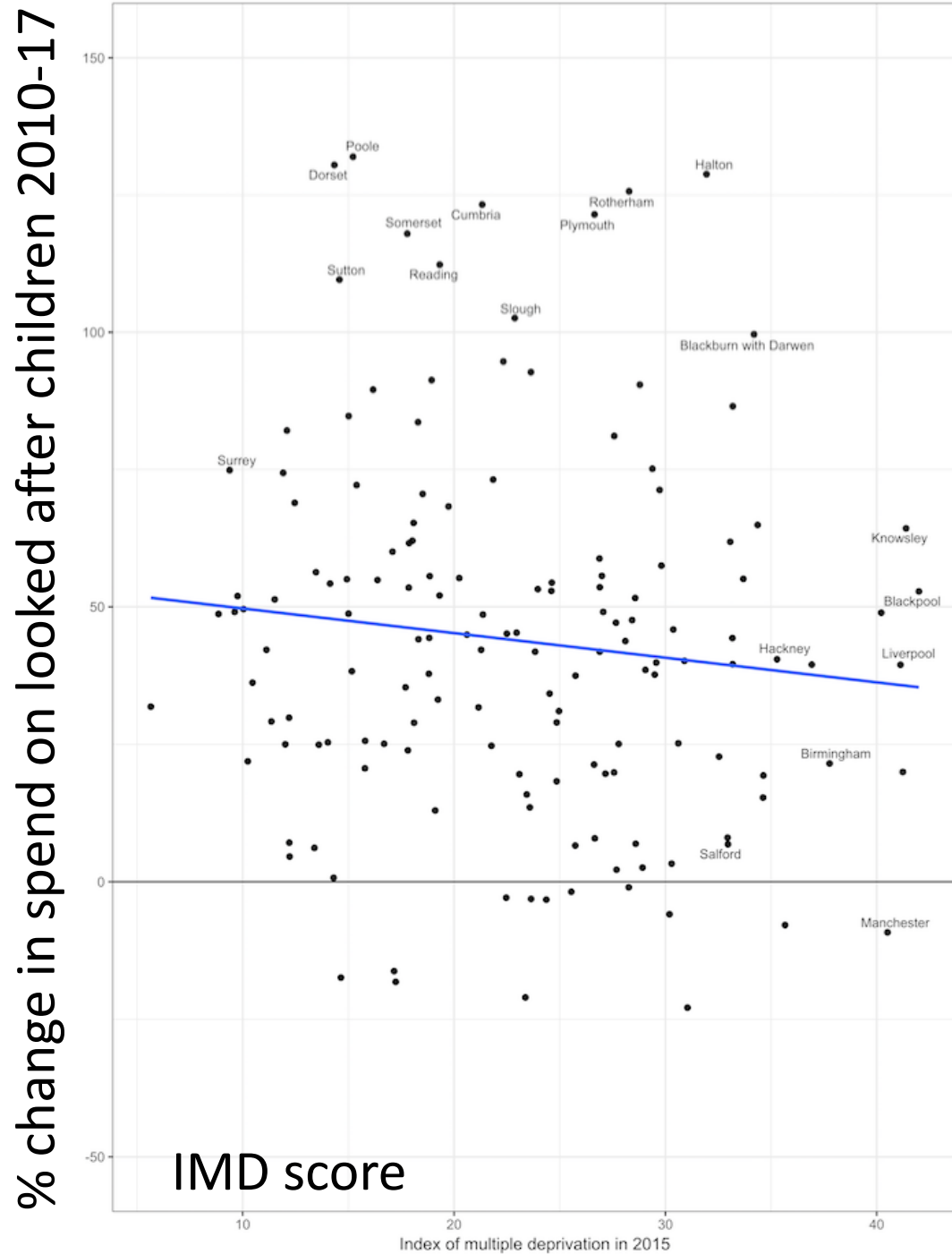


% change in children taken into LA care



**Change in number of children taken into LA care 2008-2015 by child poverty**

*Bigger increase in disadvantaged areas*











## Change in spend on looked after children 2010-2017 for local authorities by IMD

*Bigger increase in more affluent areas*



# Inequalities in English child protection practice under austerity: A universal challenge?

Paul Bywaters<sup>1</sup>  | Geraldine Brady<sup>1</sup>  | Lisa Bunting<sup>2</sup> | Brigid Daniel<sup>3</sup>  |  
Brid Featherstone<sup>4</sup>  | Chantel Jones<sup>5</sup>  | Kate Morris<sup>6</sup>  | Jonathan Scourfield<sup>7</sup>  |  
Tim Sparks<sup>1</sup>  | Calum Webb<sup>6</sup>

<sup>1</sup>Coventry University, Coventry, UK

<sup>2</sup>Queen's University Belfast, Belfast, UK

<sup>3</sup>University of Stirling, Stirling, UK

<sup>4</sup>Huddersfield University, Huddersfield, UK

<sup>5</sup>University of Oxford, Oxford, UK

<sup>6</sup>University of Sheffield, Sheffield, UK

<sup>7</sup>Cardiff University, Cardiff, UK

## Correspondence

Paul Bywaters, Centre for Technology Enabled Health Research, Faculty of Health and Social Sciences, Coventry University.  
Email: p.bywaters@coventry.ac.uk

## Funding information

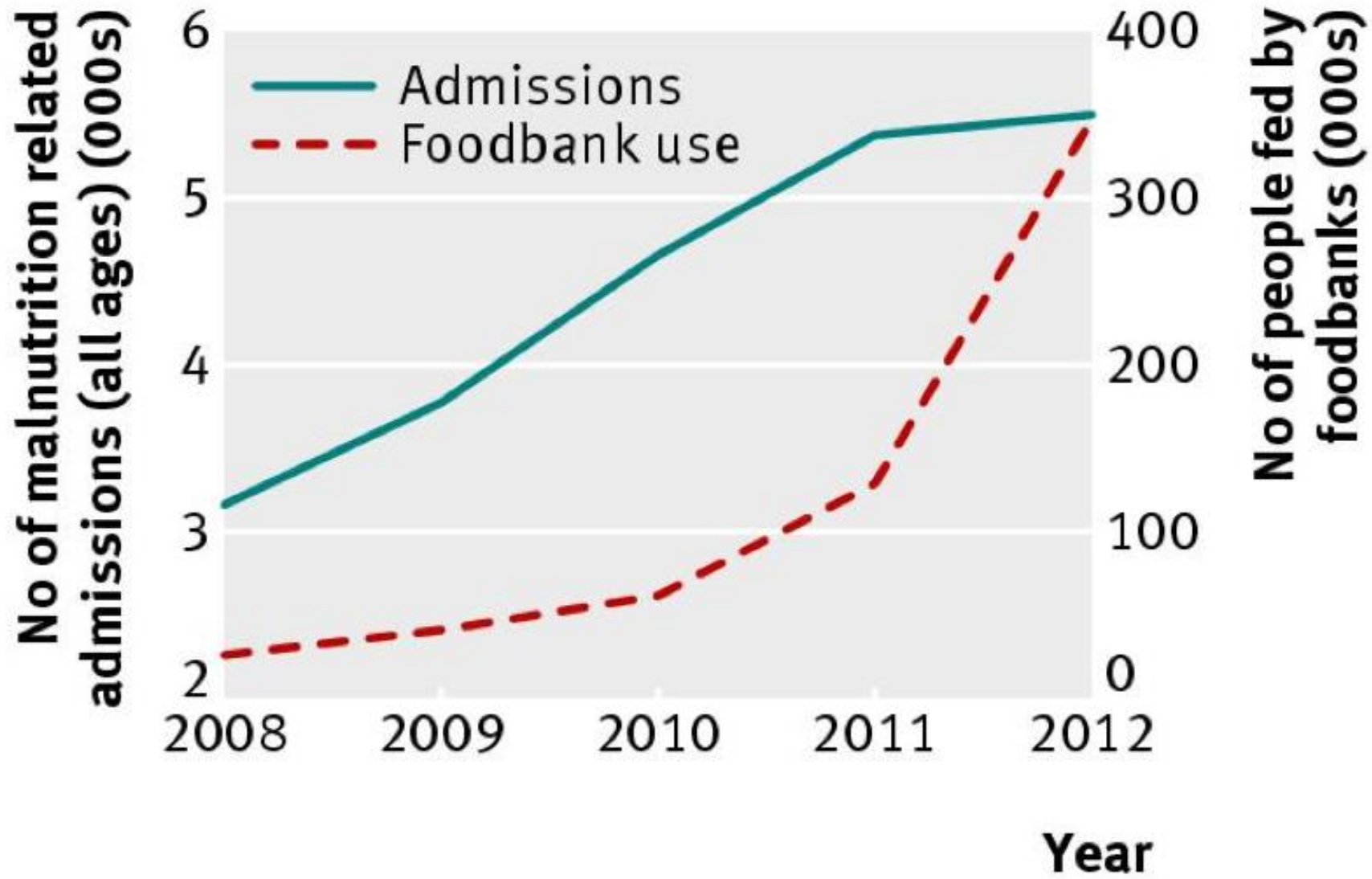
Nuffield Foundation, Grant/Award Number: KID/41925

## Abstract

The role that area deprivation, family poverty, and austerity policies play in the demand for and supply of children's services has been a contested issue in England in recent years. These relationships have begun to be explored through the concept of inequalities in child welfare, in parallel to the established fields of inequalities in education and health. This article focuses on the relationship between economic inequality and out-of-home care and child protection interventions. The work scales up a pilot study in the West Midlands to an all-England sample, representative of English regions and different levels of deprivation at a local authority (LA) level. The analysis evidences a strong relationship between deprivation and intervention rates and large inequalities between ethnic categories. There is further evidence of the inverse intervention law (Bywaters et al., 2015): For any given level of neighbourhood deprivation, higher rates of child welfare interventions are found in LAs that are less deprived overall. These patterns are taking place in the context of cuts in spending on English children's services between 2010–2011 and 2014–2015 that have been greatest in more deprived LAs. Implications for policy and practice to reduce such inequalities are suggested.

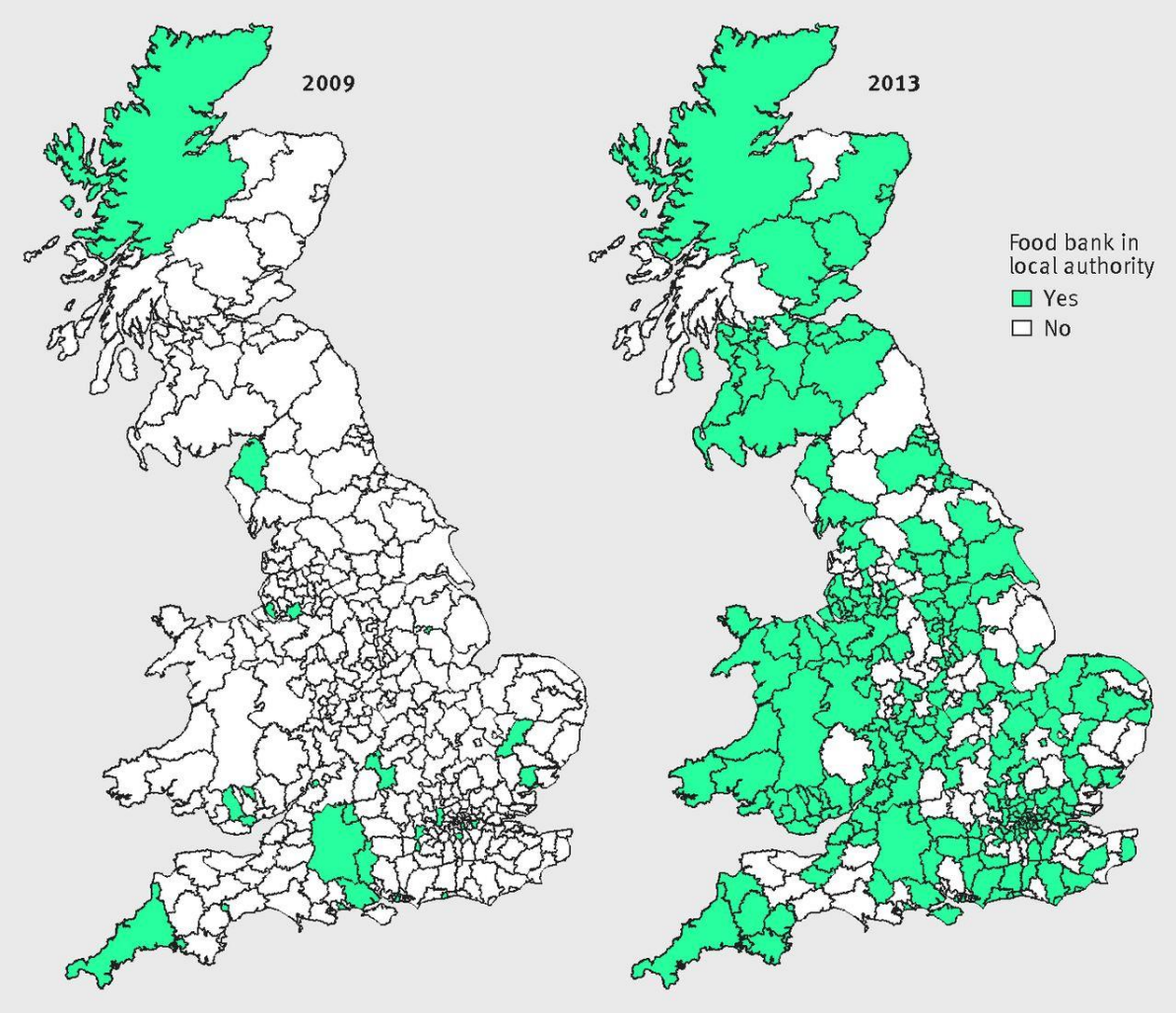
## KEYWORDS

child protection, child welfare, looked-after children, poverty



Taylor-Robinson et al BMJ 2013;347:f7157

# Trussell Trust food banks in local authorities in England, Scotland, and Wales in 2009 and 2013.



Rachel Loopstra et al. *BMJ* 2015;350:bmj.h1775



# Rising homelessness in children





**Volume 38, Issue 3**  
17 September 2016

## Article Contents

Introduction

Methods

Results

Discussion

Supplementary data

Funding

References

Supplementary data

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# The impact of economic downturns and budget cuts on homelessness claim rates across 323 local authorities in England, 2004–12

Rachel Loopstra; Aaron Reeves; Ben Barr; David Taylor-Robinson; Martin McKee; David Stuckler

J Public Health (Oxf) (2016) 38 (3): 417–425. **DOI:** <https://doi.org/10.1093/pubmed/fd-v126>

**Published:** 17 October 2016

## Background

It is unclear why rates of homelessness claims in England have risen since 2010. We used variations in rates across local authorities to test the impact of economic downturns and budget cuts.

## Methods

Using cross-area fixed effects models of data from 323 UK local authorities between 2004 and 2012, we evaluated associations of changes in statutory homelessness rates with economic activity (Gross Value Added per capita), unemployment, and local and central government expenditure.



# Liverpool Mayoral Summit on Children

March 29, 2015 by [Mary Ryan](#) — [Leave a Comment](#)

Last year, the Mayor of Liverpool, Joe Anderson, hosted a Health Summit. It was well received and showed the commitment of the city council to health care and integration... but there was something important missing: it didn't mention children at all.

Armed with this knowledge, our colleagues at Liverpool CCG children's commissioning arm, Dr Simon Bowers and Alison Williams, employed that well known tactic of 'pester power' and very quickly Mayor Anderson agreed to host a similar event for children.





# Welfare Reform Cumulative Impact Analysis 2016

Interim Report: February 2017



## NEWS

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## Child poverty definition to be changed

🕒 1 July 2015 | [UK Politics](#)



A child is defined as being in poverty when living in a household with an income below 60% of the UK's average.

**Work and Pensions Secretary Iain Duncan Smith has announced a new way of measuring child poverty.**



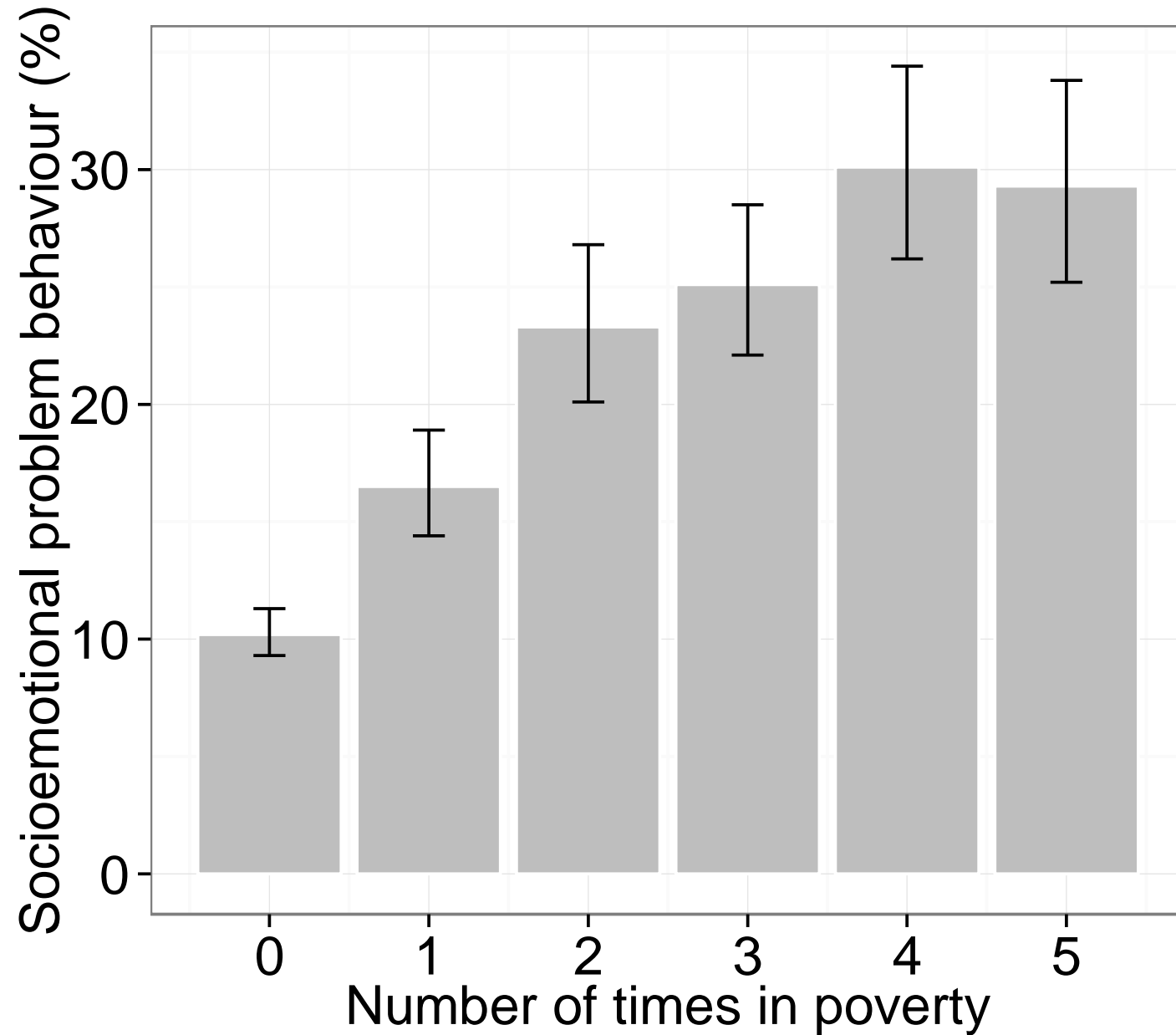
All Party Parliamentary Group on Health in All Policies

Inquiry:  
**Child Poverty  
and Health**



the Impact  
of the Welfare Reform  
and Work Bill 2015-16

# Socio-emotional problem behaviour (abnormal/borderline) at age 11 by experience of poverty in MCS children



# The effect of a transition into poverty on child and maternal mental health: a longitudinal analysis of the UK Millennium Cohort Study



Sophie Wickham, Margaret Whitehead, David Taylor-Robinson\*, Ben Barr\*



## Summary

**Background** Whether or not relative measures of income poverty effectively reflect children's life chances has been the focus of policy debates in the UK. Although poverty is associated with poor child and maternal mental health, few studies have assessed the effect of moving into poverty on mental health. To inform policy, we explore the association between transitions into poverty and subsequent mental health among children and their mothers.

**Methods** In this longitudinal analysis, we used data from the UK Millennium Cohort Study, a large nationally representative cohort of children born in the UK between Sept 1, 2000, and Jan 11, 2002, who participated in five survey waves as they progressed from 9 months of age to 11 years of age. Our analysis included all children and mothers who were free from mental health problems and not in poverty when the children were aged 3 years. We only included singletons (ie, not twins or other multiple pregnancies) and children for whom the mother was the main respondent to the study. The main outcomes were child socioemotional behavioural problems (Strengths and Difficulties Questionnaire) at ages 5 years, 7 years, and 11 years and maternal psychological distress (Kessler 6 scale). Using discrete time-hazard models, we followed up families without mental health problems at baseline and estimated odds ratios for subsequent onset of maternal and child mental health problems associated with first transition into poverty, while adjusting for confounders, including employment transitions. We further assessed whether or not change in maternal mental health explained any effect on child mental health.

**Findings** Of the 6063 families in the UK Millennium Cohort study at 3 years who met our inclusion criteria, 844 (14%) had a new transition into poverty compared with 5219 (86%) who remained out of poverty. After adjustment for confounders, transition into poverty increased the odds of socioemotional behavioural problems in children (odds ratio 1.41 [95% CI 1.02–1.93];  $p=0.04$ ) and maternal psychological distress (1.44 [1.21–1.71];  $p<0.0001$ ). Controlling for maternal psychological distress reduced the effect of transition into poverty on socioemotional behavioural problems in children (1.30 [0.94–1.79];  $p=0.11$ ).

**Interpretation** In a contemporary UK cohort, first transition into income poverty during early childhood was associated with an increase in the risk of child and maternal mental health problems. These effects were independent of changes in employment status. Transitions to income poverty do appear to affect children's life chances and actions that directly reduce income poverty of children are likely to improve child and maternal mental health.

*Lancet Public Health* 2017

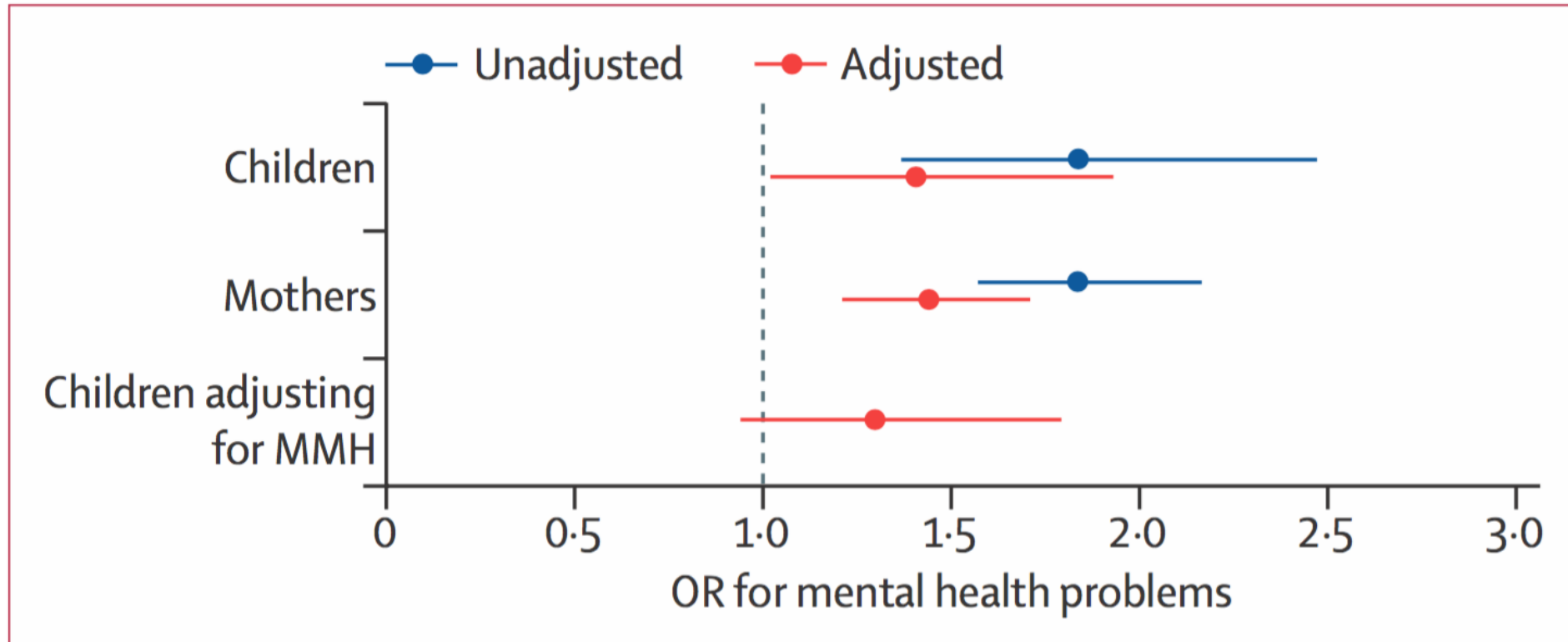
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# Moving into poverty increases child and maternal mental health risk

## Child mental health risk mediated by maternal mental health



**Figure 3: ORs for development of childhood socioemotional behavioural difficulties and maternal psychological distress by transition into poverty**  
MMH=maternal mental health. OR=odds ratio.



These policies represent  
a collective failure to  
protect the rights of  
children

Editorial

## UK welfare reform: disastrous for the poorest children

The Lancet

Altmetric 258

DOI: [http://dx.doi.org/10.1016/S0140-6736\(16\)00387-1](http://dx.doi.org/10.1016/S0140-6736(16)00387-1)



[Article Info](#)

Summary

Full Text

Tables and Figures

The UK Government has an ambitious plan to reduce deficits in the UK's economy. However, this quest for recovery might be at the expense of the poorest and most vulnerable groups in society. Last week, the [UK All-Party Parliamentary Group \(APPG\) on Health in All Policies](#) released the findings from their inquiry into the effects of the proposed Welfare Reform and Work Bill 2015–16 on child poverty and child health. The Bill sets out several changes to the UK welfare system, including reducing the benefit cap, freezing some benefits for 4 years, and restricting the amount of support provided by child tax credits—changes that will hit the poorest people the hardest. The Bill will also repeal most of the UK Child Poverty Act 2010, which set out to eradicate child poverty by 2020; in fact, the Bill has removed all child poverty reduction targets.

The APPG's findings showed that increased levels of child poverty directly worsen children's social, emotional, and cognitive outcomes, and the risk of infant mortality. Asthma, obesity, smoking, teenage pregnancy, and mental health disorders such as self-harm are also more prevalent in children from less affluent families.

# House of Lords votes to keep income-related child poverty measures

Conservatives announced plans to abolish current system of targets, but amendment by bishop of Durham passes by 290 votes to 198



Child poverty charities reacted angrily when Iain Duncan Smith unveiled his plans in July. Photograph: Christopher Furlong/Getty Images

**Rowena Mason** Political correspondent

Monday 25 January 2016 18.46 GMT



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- INEQUALITIES ARE LARGE and PERSISTENT
- HEALTH INEQUALITIES START EARLY
- RECENT TRENDS
- DUE NORTH RECOMMENDATIONS
- CHALLENGES FOR CHILD HEALTH
- **EVIDENCE STRATEGIES CAN REDUCE INEQUALITIES**

## RESEARCH

# The impact of NHS resource allocation policy on health inequalities in England 2001-11: longitudinal ecological study



OPEN ACCESS

Ben Barr *senior clinical lecturer in applied public health*<sup>1</sup>, Clare Bambra *professor of public health policy*<sup>2</sup>, Margaret Whitehead *professor*, and W H Duncan *professor of public health*<sup>1</sup>

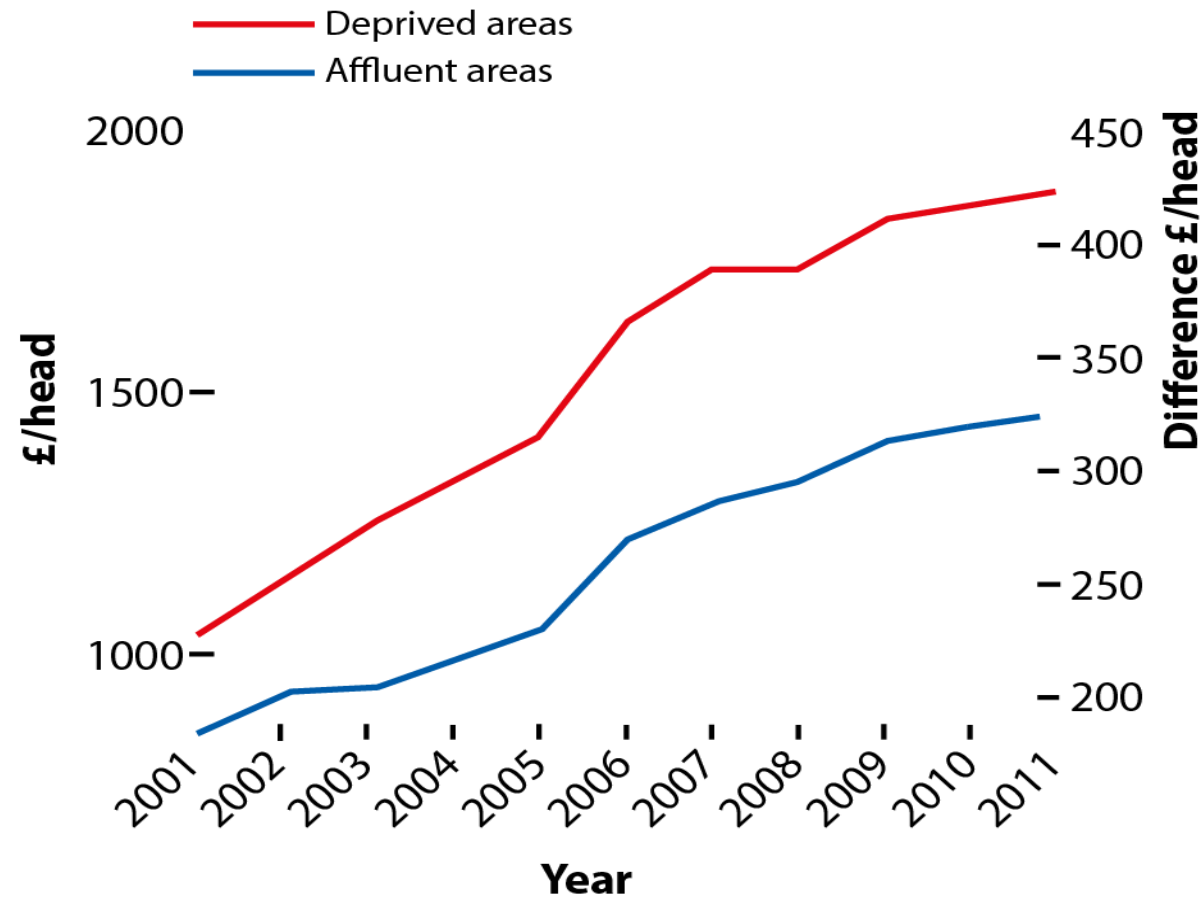


## ***New health inequalities resource allocation objective for the NHS***

Since 1999 - policy of increasing NHS funding to a greater extent in deprived areas of England compared with more affluent areas “***to contribute to the reduction of avoidable health inequalities***”

***Experiment in proportionate universalism***

# NHS allocation per head greater in deprived than affluent areas, 2001 to 2011

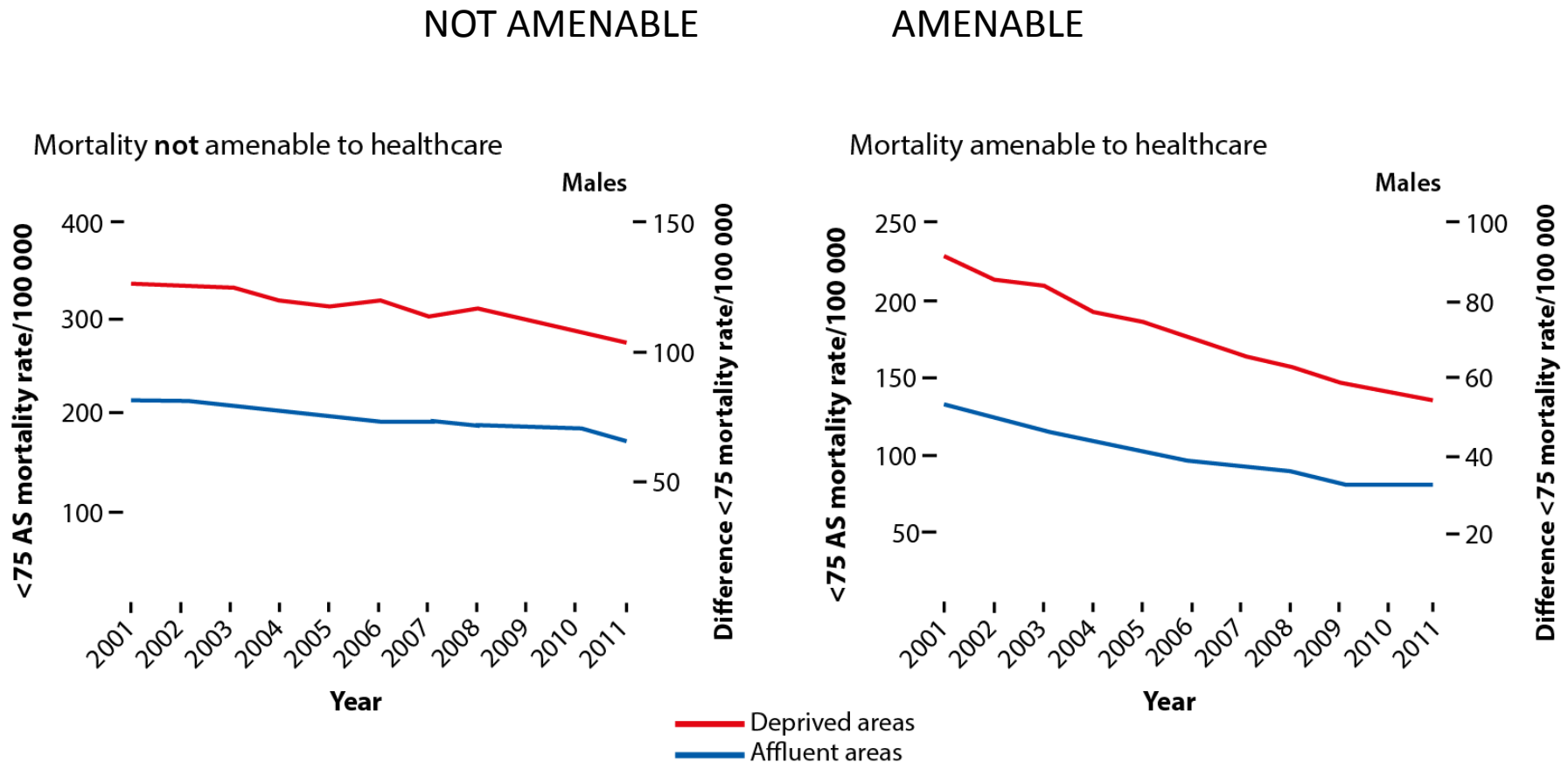


Source: Barr et al. BMJ, 2014

# What did local health agencies in Liverpool invest in?

- Tackling inverse care law - proportionate universalism in prevention – in NHS Smoking Cessation Clinics, BP control.....
- Wider social determinants of health – ‘Liverpool Healthy Homes’; Children’s Centres
- Using purchasing power and status as major employer to boost employment chances

# Policy associated with a reduction in absolute inequalities from causes *amenable* to health care




Source: Barr et al. BMJ 2014; 348: g3231



# RESEARCH

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## Investigating the impact of the English health inequalities strategy: time trend analysis

 OPEN ACCESS

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Department of Public Health and Policy, Institute of Psychology, Health and Society, University of Liverpool, Liverpool L69 3GB, UK

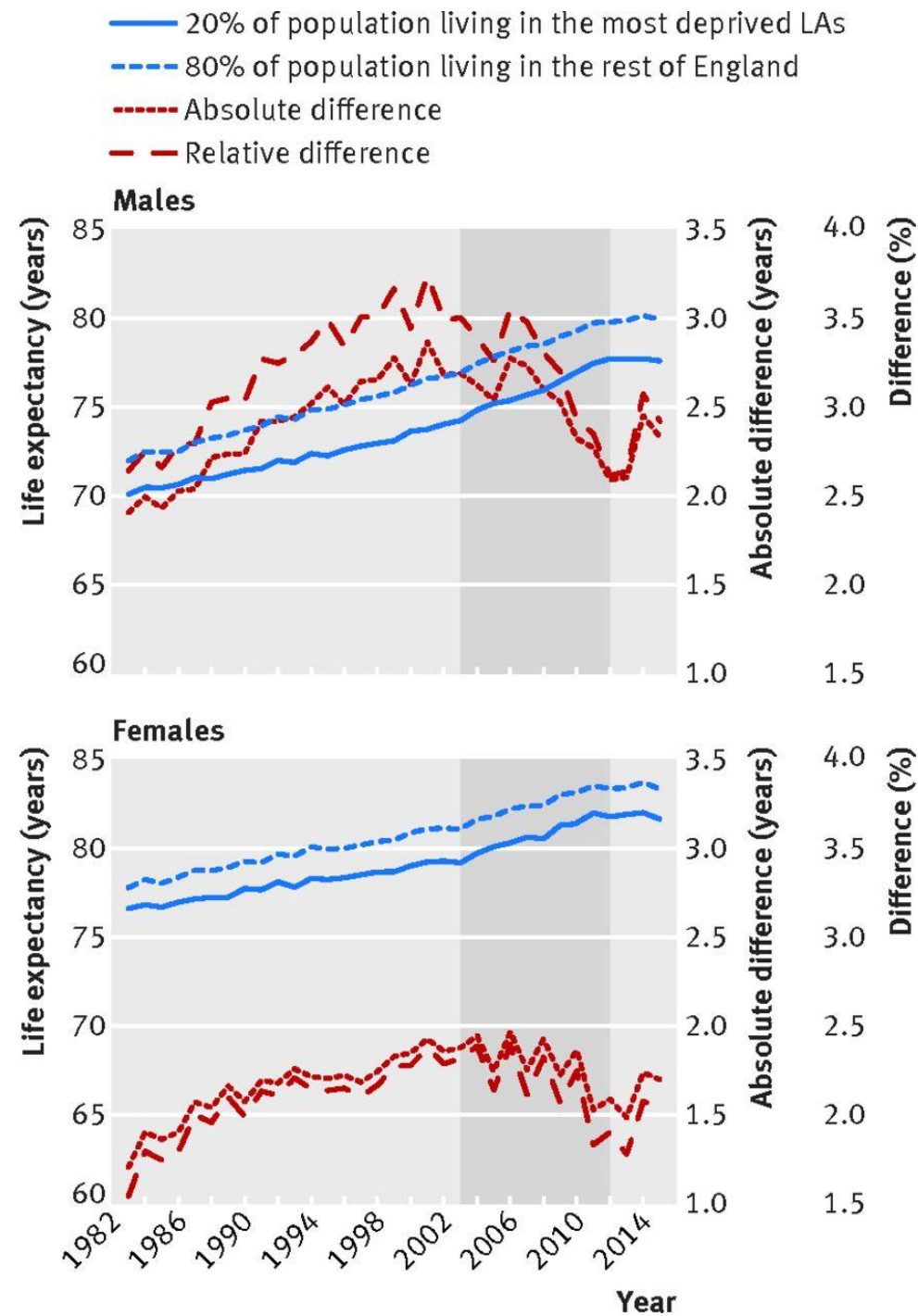


“By 2010 to **reduce by at least 10% the gap in life expectancy** between the fifth of local authorities with the worst health and deprivation indicators (the Spearhead areas) and the population as a whole”. (DH, 2003).



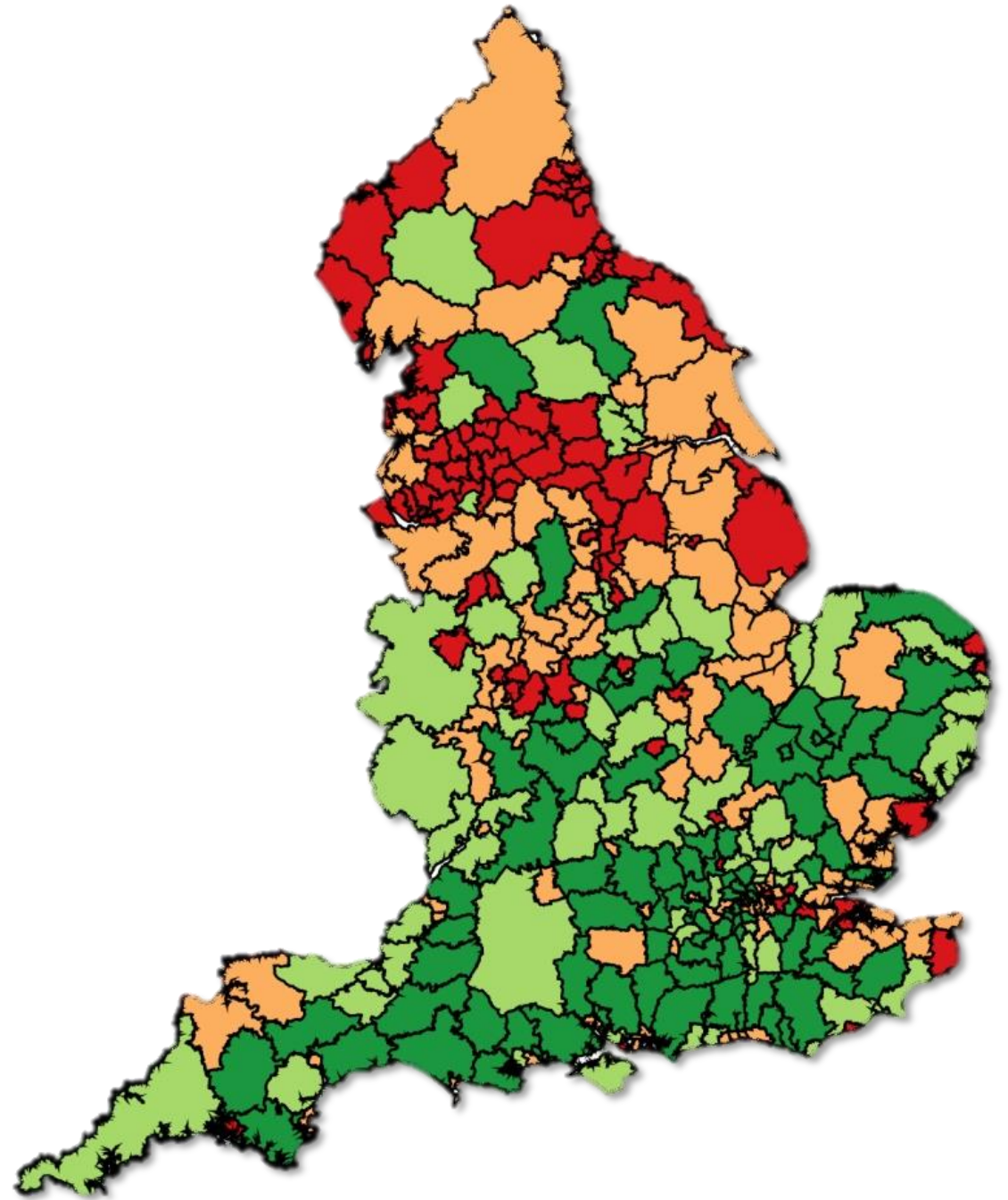
- Targets
- Resource allocation
- Area based regeneration
- Tax and benefit changes
- Minimum wage
- Sure Start
- Targeted primary and secondary prevention services.
- Technical support for improved chronic disease management

“Trends in inequalities before, during, and after the strategy show that the strategy may have reduced these inequalities”



# DUE NORTH

Report of the Inquiry on  
Health Equity for the North



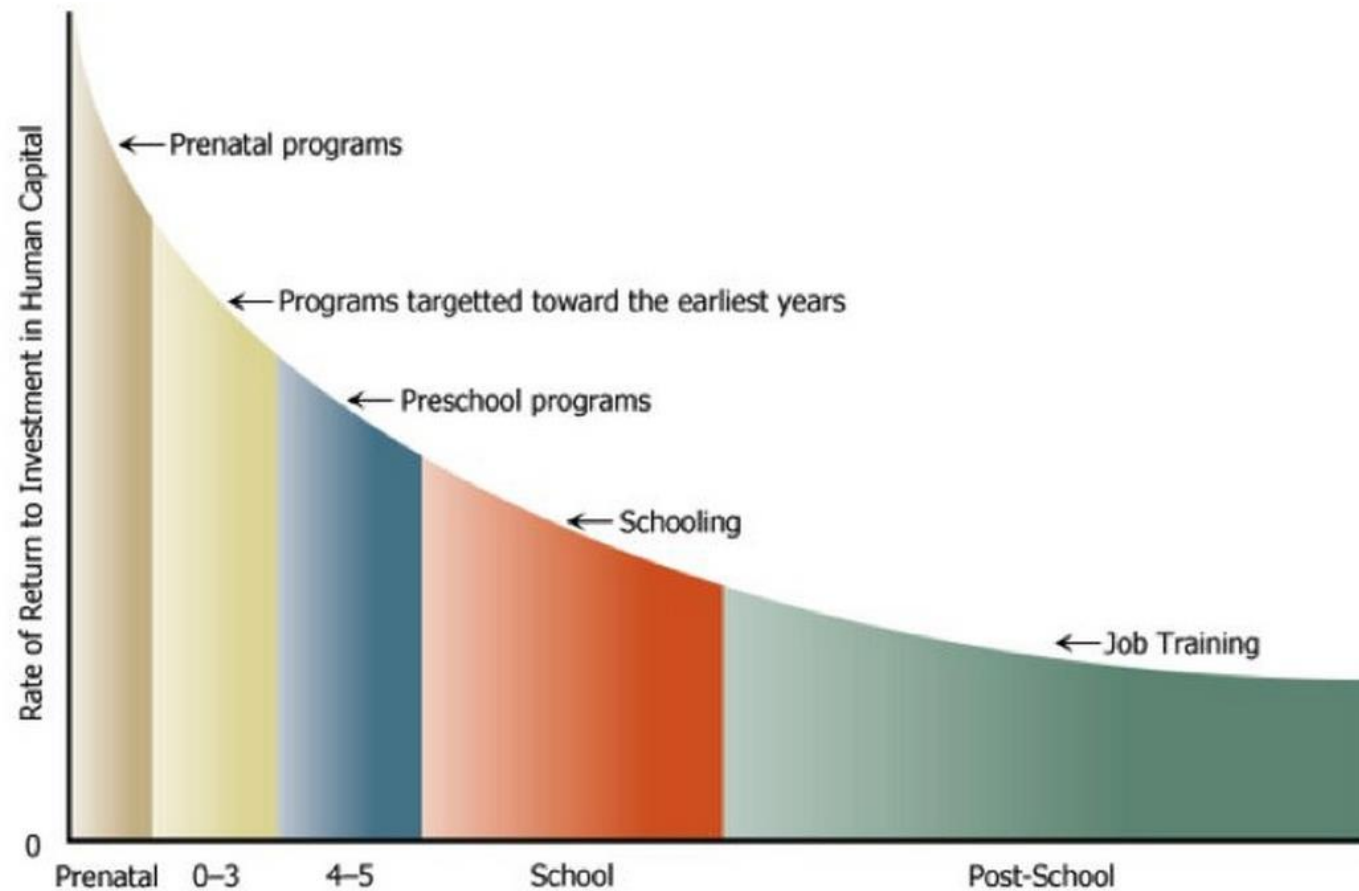




**RESERVE SLIDES**

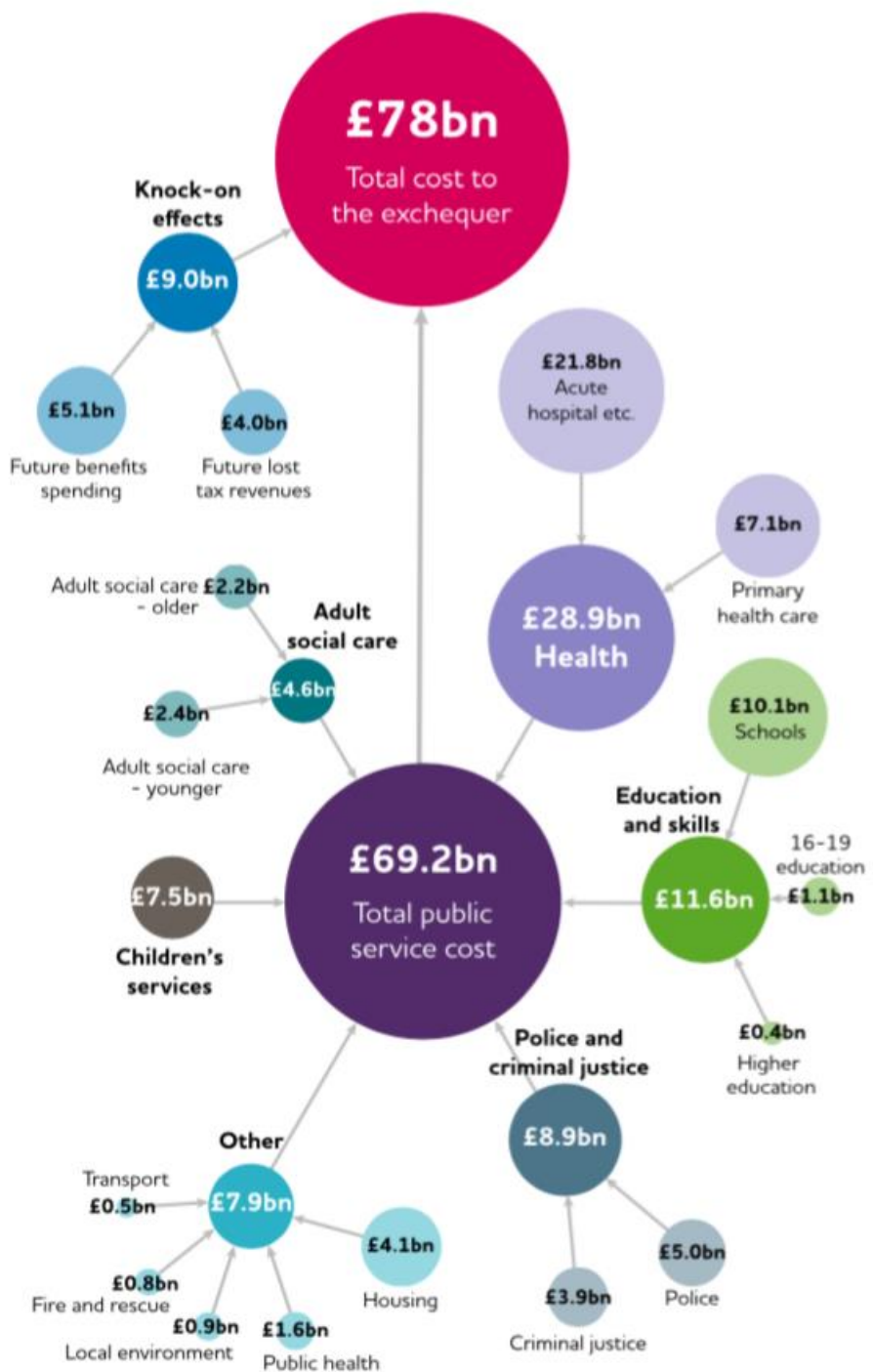
# Early childhood development is a smart investment

The earlier the investment, the greater the return



Source: James Heckman, Nobel laureate in economics





# UK POVERTY: CAUSES, COSTS AND SOLUTIONS

#solveukpoverty



National Audit Office

REPORT BY THE  
COMPTROLLER AND  
AUDITOR GENERAL

HC 683  
SESSION 2012-13  
31 JANUARY 2013

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Cross-government

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# Early action: landscape review

# Key facts

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**£12bn**

estimated spend on early  
action interventions in health  
and social policy, 2011-12

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**£377bn**

estimated social spending,  
including benefits and  
pensions, 2011-12

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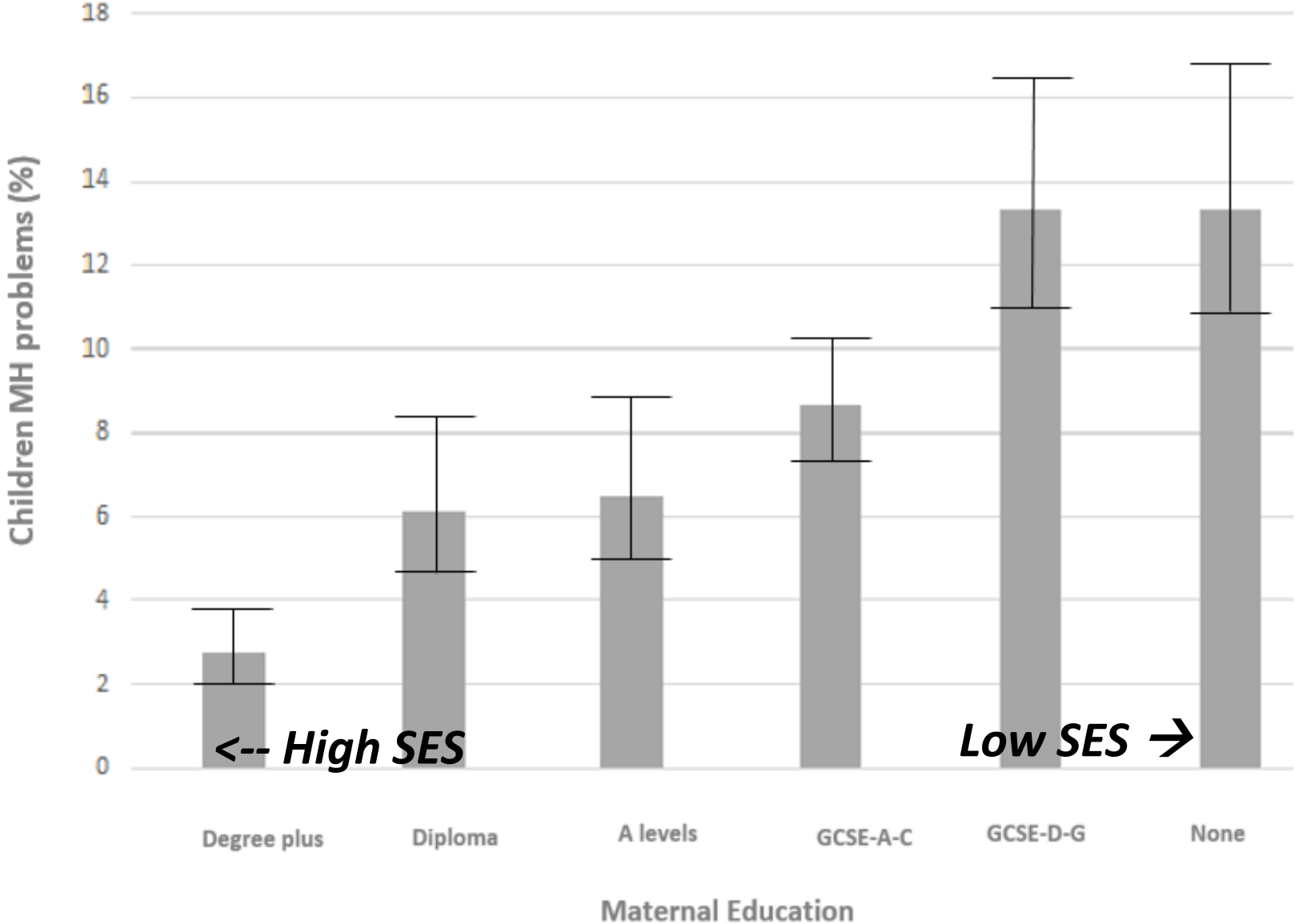
# State of Child Health

Report 2017

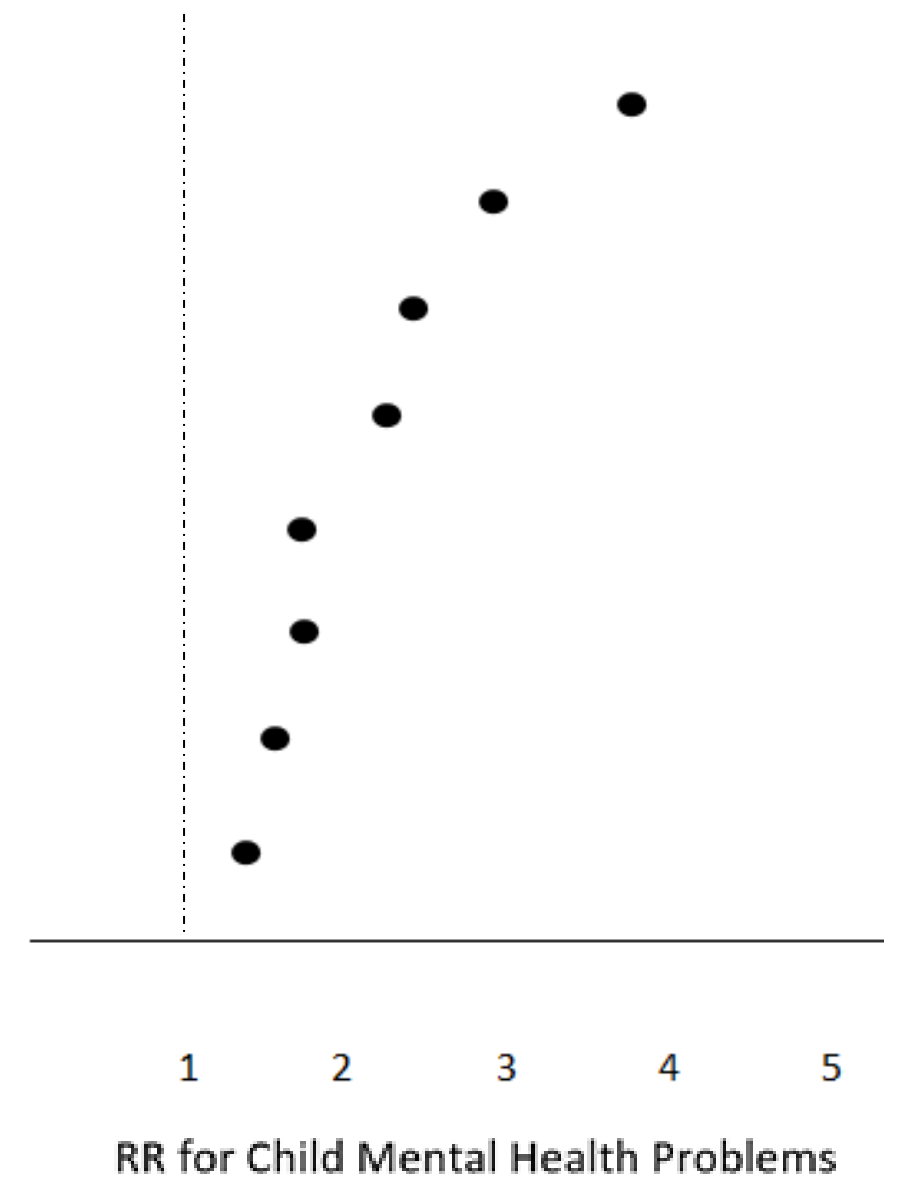
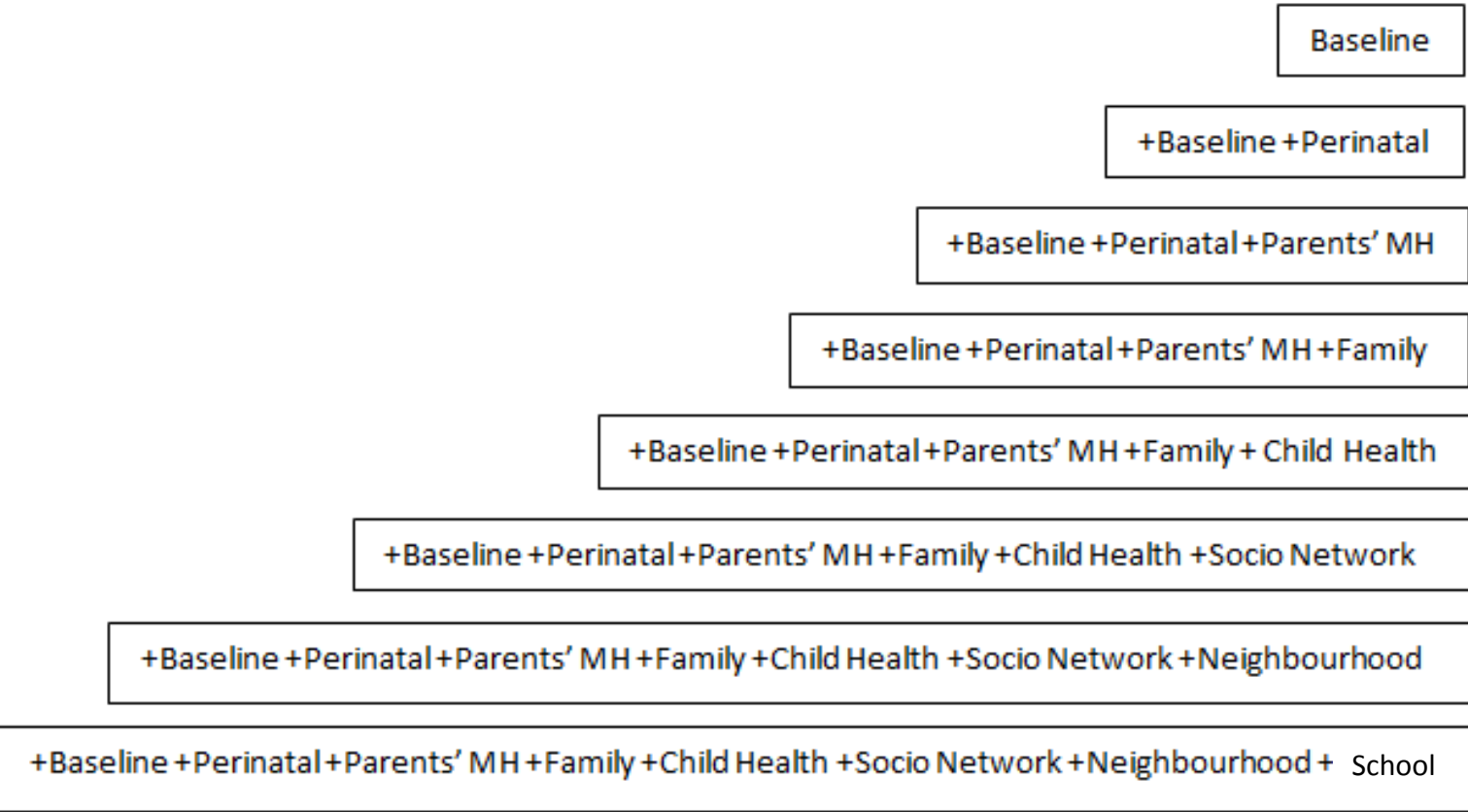


- Develop a child health and wellbeing strategy
- ‘Child health in all policies’
- Ban on the advertising of unhealthy foods
- Cross-departmental support for breastfeeding
- Expansion of NCMP
- Reverse cuts
- Minimum unit alcohol pricing
- Extend the ban on smoking
- Action on electronic cigarettes
- Good nutrition and exercise before, during and after pregnancy

# ***Child Mental Health Problems at age 11 by socio-economic conditions (maternal education)***

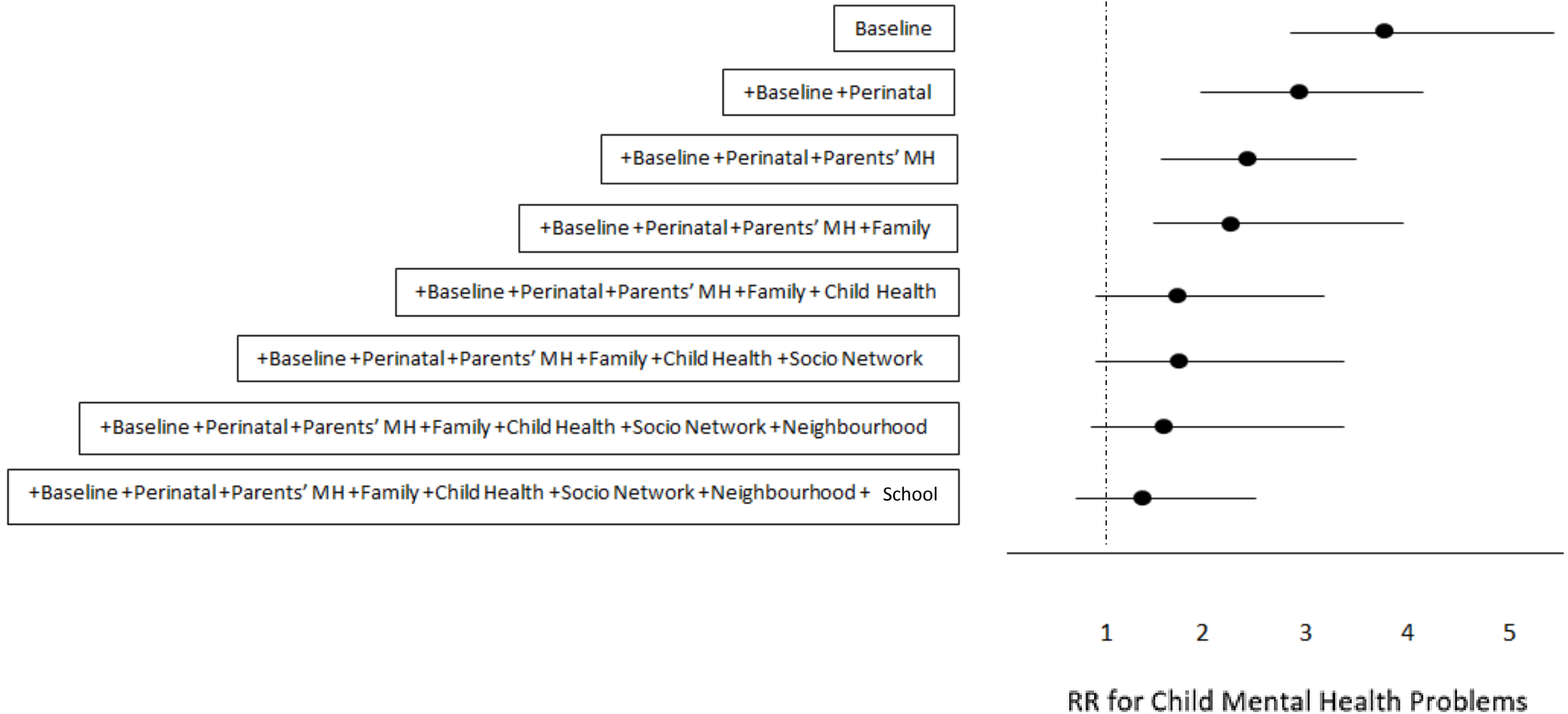


**Relative Risk for child mental health problems by age 11 years  
–models sequentially adjusted**

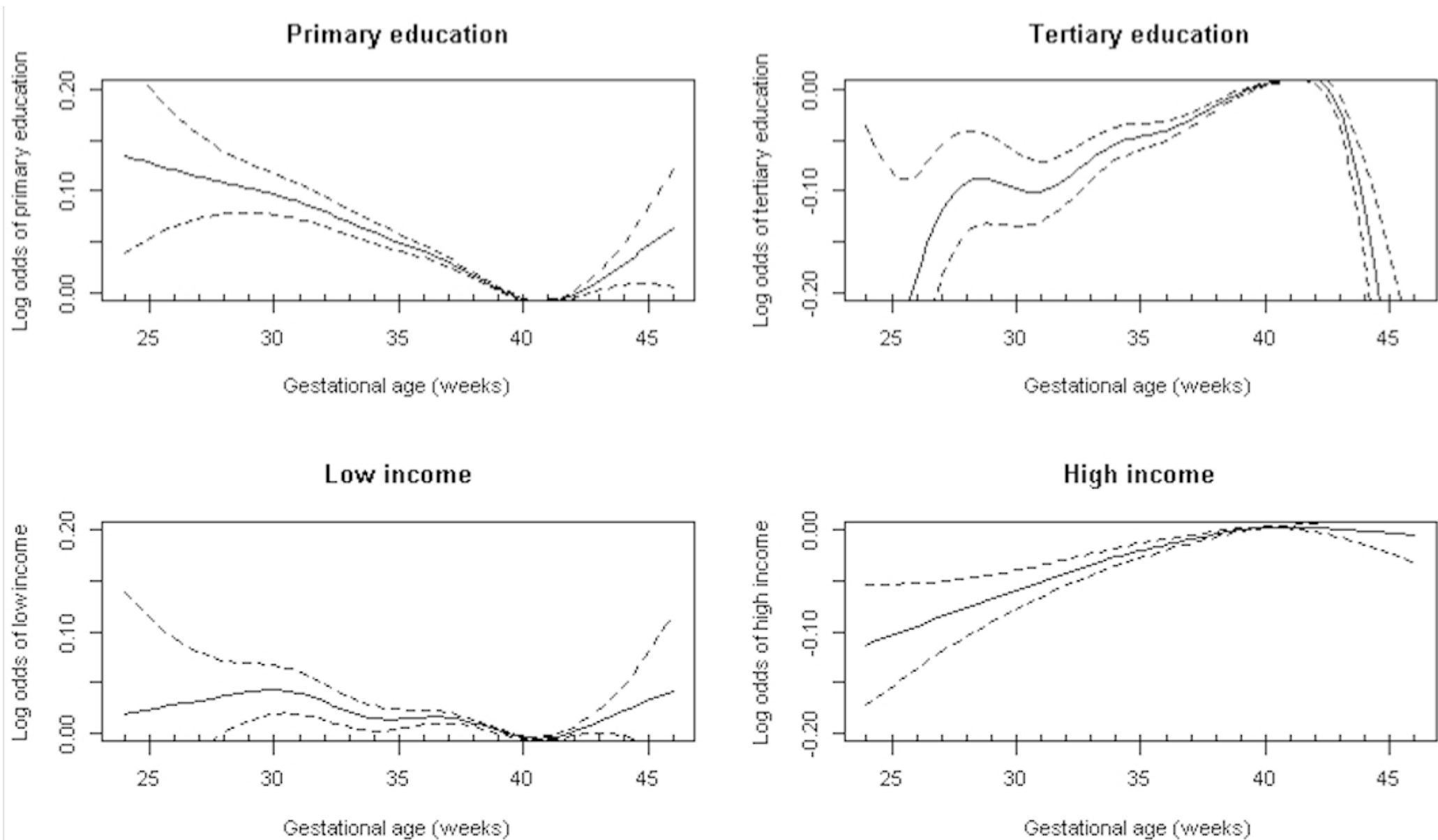




**Relative Risk for child mental health problems by age 11 years  
–models sequentially adjusted**



# Shorter gestational age was associated with increased risk of poorer socioeconomic outcomes in young adulthood even within the term range of gestational age



# *Odds of having completed tertiary education (degree level) by age 30 years*

Gestational age	Tertiary education			
	OR	CI 95%	<u>aOR</u>	CI 95%
<28	0.32	0.20-0.51	0.29	0.18-0.48
28-31	0.44	0.37-0.52	0.47	0.39-0.56
32	0.53	0.42-0.66	0.63	0.50-0.80
33	0.61	0.50-0.74	0.70	0.56-0.86
34	0.59	0.51-0.68	0.65	0.55-0.76
35	0.68	0.61-0.77	0.79	0.69-0.82
36	0.68	0.63-0.74	0.75	0.70-0.83
37	0.76	0.72-0.81	0.82	0.77-0.87
38	0.81	0.78-0.85	0.85	0.81-0.88
39	0.96	0.93-0.99	0.96	0.92-0.99
40	1.00		1.00	
41	1.06	1.03-1.09	0.99	0.95-1.02
42	1.01	0.96-1.05	0.96	0.91-1.00
≥ 43	0.75	0.67-0.85	0.76	0.67-0.86