

From Wanting to Trying: Life-Course Prerequisites for Attempting Conception

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Introduction

In contemporary low-fertility societies, many people end up with fewer children than they initially wished to have (Beaujouan & Berghammer, 2019; Berrington & Pattaro, 2014; Guzzo & Hayford, 2023). Persistent postponement and delayed entry into parenthood have become defining features of these settings and are key drivers of the gap between intended and achieved family size (Beaujouan & Berghammer, 2019; Bratti & Tatsiramos, 2012; Kohler et al., 2002). This paradox of high fertility intentions but low completion reveals a central puzzle of modern demographic behavior. Fertility intentions sit at the core of this tension: they do not merely signal reproductive preferences but reflect how individuals imagine, negotiate, and plan their futures within social, economic, and relational constraints (Ajzen & Klobas, 2013; Bernardi et al., 2014; Fishbein & Ajzen, 2011; Vignoli, Bazzani, et al., 2020; Vignoli, Guetto, et al., 2020). Yet the desire for children often coexists with hesitation, uncertainty, competing priorities or delay, and in many cases, postponement becomes not simply a matter of shifting plans into the future, but a failure to act at the moment when intentions are clear and strong, increasing the risk that childbearing will eventually be forgone (Mills et al., 2011).

A large body of research has examined whether people hold well-defined reproductive goals and how reliably intentions predict outcomes. Studies of intended family size and short-term timing consistently conclude that intentions do matter, yet their predictive power remains modest (Morgan & Rackin, 2010; Régnier-Loilier et al., 2011; Schoen et al., 1999; Spéder & Kapitány, 2009). Because intentions evolve with changing life circumstances, they can be unstable and difficult to interpret (Bernardi et al., 2014; Bhrolcháin & Beaujouan, 2018; Jones, 2017). Still, intentions remain a central tool for understanding fertility behavior, as they are rooted in a commitment to act and offer a basis for identifying the constraints that prevent individuals from realising their goals (Miller, 1994; Miller & Pasta, 1995). Research shows that disaggregating intentions by certainty sharpens their predictive value: uncertain responses (such as “unsure” or “probably”) rarely materialize, whereas definite short-term intentions are associated with substantially higher realization rates (Barker & Buber-Ennser, 2024; Buber-Ennser et al., 2014). Yet even for this most committed group, stating an intention is not the same as acting on it. Whether individuals who declare a definite intention to have a (or another) child in the near term are already acting on this intention, and which of their characteristics is linked to trying, remains underexplored. At this stage, the question is no longer whether people want a child or how certain they are, but whether they take action.

Attempting to conceive is the behavioral gateway through which fertility intentions become fertility outcomes, yet this critical step is largely absent from demographic research. The act of trying to conceive reflects an immediate, goal-directed commitment, whereas waiting, despite strong intentions, reflects continued and often silent postponement. Focusing on this behavioral divide between trying and waiting provides a sharper lens on how low fertility persists, shifting attention away from fertility preferences to the concrete steps individuals take (or fail to take) when their stated goal is near-term. Examining this contrast

among definite intenders offers new insight into who acts and who delays, and thus into the micro-mechanisms through which fertility goals are, or are not, realized in low-fertility societies.

Research Question and Hypothesis

This study focuses on individuals who express a definite intention to have a (or another) child within the next three years (short-term). Within this group of strong intenders, the key question is whether they have already taken concrete steps toward realizing that intention. The present study asks:

Who already acts on their definite fertility intentions, and who delays despite intending to have a child in the short run?

Building on the idea that the urgency to act should be stronger when individuals perceive a larger gap between their achieved and intended family size, we hypothesize that those further from their intended number of children will be more likely to initiate conceiving attempts, reflecting greater motivation driven by perceived shortfall.

H1. Individuals with a larger gap between their current and intended family size, reflected in the combination of current parity and intended additional children, are more likely to initiate attempts to conceive.

By linking definite short-term intentions to the behavioural step of trying to conceive, this study offers a more fine-grained understanding of how fertility intentions translate into action or postponement among men and women in low-fertility societies.

Data and methods

This study draws on the second round of the Generations and Gender Survey (GGS II), a cross-national study that collects detailed information on fertility, family relationships, and gendered life courses using nationally representative probability samples. The GGS II surveys were conducted between 2020 and 2024, with survey year varying across participating countries. The analyses include data from 14 countries in total, all characterized by persistently low fertility levels. These countries are grouped into four regional clusters: Northern Europe (Denmark, Finland, Norway, and Estonia), Western Europe (Austria, France, Germany, the Netherlands, and the United Kingdom), Central and Eastern Europe (Croatia, the Czech Republic, and Moldova), and Latin America (Argentina and Uruguay). The standardized questionnaire design, harmonized data collection procedures, and unified weighting scheme make GGS II particularly suitable for examining fertility intentions and related behaviors in a comparative perspective.

The analytical sample is restricted to heterosexual partnered men and women aged 18-49 years who reported a definite positive short-term fertility intention, that is, those who stated that they “definitely intend to have a (or another) child within the next three years”. This group represents the most committed segment of the population with respect to childbearing plans and provides a clear view of the link between fertility intentions and subsequent behavior. To focus on the transition between intending and acting, respondents who were pregnant or whose partner was pregnant at the time of the survey were excluded. After applying these selection criteria and removing cases with missing information on key variables, the pooled analytical sample includes 5,491 individuals across the fourteen countries. To capture gendered patterns in fertility behavior and decision-making, all analyses are conducted separately for men and women.

The outcome variable distinguishes between those who are “trying to get pregnant” and those who are “not trying” at the time of the interview. This measure captures a key behavioural stage linking intentions to

outcomes. The key explanatory variable reflects the relationship between current parity and intended additional children, summarized in a combined measure labelled “Intended additional children by current parity”. This variable situates respondents’ future fertility goals within their present family context, distinguishing, for instance, between childless individuals intending one, two, or three or more children, and parents intending additional births. This measure captures the perceived gap between respondents’ achieved and intended family size, offering a behavioural proxy for the urgency to act on childbearing intentions.

The study also considers several demographic, socioeconomic, and contextual characteristics known to influence fertility behavior. These include age group, parity, partnership status, education, subjective health, recent sexual activity, and region. In addition, a measure of past difficulties conceiving is included, based on respondents’ reports of whether they had ever tried to become pregnant with a partner for 12 months or more without success¹. Together, these variables capture differences in life-course stage, relationship context, well-being, and broader social environments that may shape how individuals move from intending to acting on childbearing plans.

Descriptive analyses present the distribution of key variables by gender (Table 1) and visualize the proportion of definite intenders who are trying or not trying to conceive across parity-intention categories (Figure 1). To examine the correlates of conceiving attempts, survey-weighted logistic regression models are estimated separately for women and men. Results are presented in Table 2 as adjusted odds ratios with 95% confidence intervals, showing the likelihood of trying to conceive versus not trying, conditional on strong short-term intentions. To aid interpretation, predicted probabilities from the fully adjusted models are plotted (Figure 2), illustrating how the likelihood of acting on definite fertility intentions varies by parity-intention group.

Preliminary results

Descriptive results in Table 1 show that about two in five definite intenders are already trying to conceive at the time of the survey (39.5 % of women and 38.7 % of men). Most respondents are childless (57%), highlighting that the early transition to parenthood is the main context in which short-term fertility intentions are expressed as “definite”. Among them, the largest proportions are childless individuals intending to have two children in total (31% of women and 31.4% of men) and parents of one child intending one more (17.1% and 14.8%, respectively). This pattern reflects the continued dominance of the two-child family norm across low-fertility societies. Women and men are most commonly in their late twenties to mid-thirties, with over two-thirds aged 25–34. Nearly half are married, while about 40 % cohabit with a partner. A large majority report recent sexual activity (84 % of women and 87 % of men) and good subjective health. Around three in ten respondents report having ever experienced difficulties conceiving (29% of women and 27% of men), underscoring that fertility challenges are not uncommon among those with strong childbearing plans. Regional distribution shows that about half of the sample comes from Western Europe, followed by Northern and Central-Eastern Europe, and a small share from Latin America.

Figure 1 illustrates the distribution of definite intenders who are trying versus not trying to conceive across parity-intention combinations. The results reveal clear variation by both parity and desired family size. Among childless individuals, trying is most common among those intending only one child (57% women and 47% men), while the share steadily declines among those aiming for two or more, suggesting that many first-birth intenders continue to postpone active efforts despite firm short-term plans. Among parents of one

¹ The GGS does not ask the “currently trying to conceive” question to women who report being definitely unable to have children. Moreover, although the questionnaire collects the month and year when trying began, reporting accuracy and completeness are limited; therefore, duration of attempts could not be incorporated at this stage. The inclusion of past infertility experience helps account for differences in motivation or urgency among respondents actively trying at the time of the interview.

child, trying is relatively frequent among those intending one more, but considerably lower among those planning larger families. This pattern indicates that acting now is most common when individuals are completing or nearly completing a relatively small intended family size. Across all categories, the not-trying share remains sizeable, underscoring that even definite intenders often delay translating intentions into action. Gender differences are modest, with women showing slightly higher rates of trying than men in most categories.

Table 2 presents the results of survey-weighted binary logistic regression models estimating the likelihood of trying to conceive among definite short-term fertility intenders. The key explanatory variable, intended additional children by current parity, shows clear and consistent patterns. Compared to childless individuals intending only one child, the odds of trying to conceive decline sharply among those aiming for two or more children and among those who already have one or more children. This gradient is particularly pronounced among women. Age remains a strong correlate of trying behavior. Compared with those aged 18–24, women and men aged 35 or older have substantially higher odds of trying, with the highest odds observed among those aged 40–44 and 45–49, likely reflecting increased urgency to realize childbearing plans within a limited biological time frame. Partnership context also matters: compared to those not cohabiting with a partner, both cohabiting and married individuals have higher odds of trying, although the likelihood is greatest among married respondents. As expected, recent sexual activity is strongly associated with attempting to conceive for both genders. Education and subjective health do not show significant associations once other factors are controlled. Respondents who have previously experienced difficulties conceiving are more likely to be trying at the time of the interview compared with those without such experience. Finally, regional patterns persist: relative to Western Europe, individuals in Northern Europe are more likely to be trying, whereas those in Central and Eastern Europe and Latin America are less likely to do so.

Figure 2 displays the predicted probabilities of trying to conceive by parity-intention combinations for women and men, based on the fully adjusted models (W2 for women and M2 for men). The estimates confirm the patterns observed in the descriptive results: the likelihood of trying is highest among childless individuals intending only one child and declines progressively with higher intended family size and increasing parity. Among women, the predicted probability is around 0.50 for childless respondents intending only one child and decreases to around 0.40 for those intending two or more, falling further to approximately 0.22–0.38 among mothers. However, the confidence intervals across these categories overlap, indicating that while the pattern is consistent, the differences are not statistically distinguishable. Among men, predicted probabilities are lower and generally lie between 0.12 and 0.45 across groups, with wide and overlapping confidence intervals, suggesting no clear behavioural differentiation by parity-intention combination. Overall, the predicted values reinforce the finding that even among definite intenders, active attempts are relatively uncommon and show only modest variation by current parity and intended family size.

Contribution

This study extends the understanding of fertility decision-making by linking short-term intentions to the behavioural act of trying to conceive, a crucial yet often overlooked step between planning and realization. By focusing on definite intenders, it isolates those most committed to childbearing, revealing that even within this group, intentions vary greatly in their translation into action. Interestingly, while childless individuals intending only one child constitute a small share of definite intenders (7.8% of women and 7.5% of men), they are the most likely to already be acting on their plans. While this pattern is likely shaped in

part by age selection among childless respondents, future extensions of this analysis will explicitly account for this dynamic to further strengthen interpretation.

Intuitively, one might expect stronger numerical aspirations (e.g., wanting “more” children) to motivate faster action, yet the evidence points otherwise. It is not the size of one’s desired family size but the immediacy of the next transition that drives behavior. Action is most likely when the family goal is small and within close reach — especially among those about to enter parenthood or complete a one-child family — while those planning larger families tend to delay, waiting for conditions they perceive as more suitable to “start” or continue childbearing.

This behavioural asymmetry challenges our hypothesis that higher intended family size signals greater reproductive motivation. Instead, it suggests that opportunity structures and life-course positioning weigh more heavily than numeric aspirations in shaping fertility behaviour. The findings thus refine the intentions-behaviour framework by revealing that even among those with clear and definite plans, childbearing remains subject to the broader logic of postponement. “Waiting for the perfect time” emerges as a silent but powerful force sustaining delays, even among those most certain about wanting a child in near-term.

References

- Ajzen, I., & Klobas, J. (2013). Fertility intentions: An approach based on the theory of planned behavior. *Demographic Research*, *29*, 203–232.
- Barker, R., & Buber-Ennsner, I. (2024). Uncertainty and flexibility of fertility intentions. *Advances in Life Course Research*, *61*, 100618.
- Beaujouan, E., & Berghammer, C. (2019). The gap between lifetime fertility intentions and completed fertility in Europe and the United States: A cohort approach. *Population Research and Policy Review*, *38*, 507–535.
- Bernardi, L., Mynarska, M., & Rossier, C. (2014). Uncertain, changing and situated fertility intentions: A qualitative analysis. In *Reproductive decision-making in a macro-micro perspective* (pp. 113–139). Springer.
- Berrington, A., & Pattaro, S. (2014). Educational differences in fertility desires, intentions and behaviour: A life course perspective. *Advances in Life Course Research*, *21*, 10–27.
- Bhrolcháin, M. N., & Beaujouan, É. (2018). Do people have reproductive goals? Constructive preferences and the discovery of desired family size. In *Analytical family demography* (pp. 27–56). Springer.
- Bratti, M., & Tatsiramos, K. (2012). The effect of delaying motherhood on the second childbirth in Europe. *Journal of Population Economics*, *25*(1), 291–321. <https://doi.org/10.1007/s00148-010-0341-9>
- Buber-Ennsner, I., Neuwirth, N., & Testa, M. R. (2014). Families in Austria: 2009–2013. *Descriptive Findings on Partnerships, Fertility Intentions, Childbearing and Child-Rearing. GGS Report. Vienna Institute of Demography of the Austrian Academy of Science.*
- Fishbein, M., & Ajzen, I. (2011). *Predicting and changing behavior: The reasoned action approach*. Psychology press.
- Guzzo, K. B., & Hayford, S. R. (2023). Evolving fertility goals and behaviors in current US childbearing cohorts. *Population and Development Review*, *49*(1), 7–42.
- Jones, R. K. (2017). Are uncertain fertility intentions a temporary or long-term outlook? Findings from a panel study. *Women’s Health Issues*, *27*(1), 21–28.
- Kohler, H., Billari, F. C., & Ortega, J. A. (2002). The emergence of lowest-low fertility in Europe during the 1990s. *Population and Development Review*, *28*(4), 641–680.
- Miller, W. B. (1994). Childbearing motivations, desires, and intentions: A theoretical framework. *Genetic, Social, and General Psychology Monographs*, *120*(2), 223–258.
- Miller, W. B., & Pasta, D. J. (1995). Behavioral intentions: Which ones predict fertility behavior in married couples? 1. *Journal of Applied Social Psychology*, *25*(6), 530–555.

- Mills, M., Rindfuss, R. R., McDonald, P., Te Velde, E., & ESHRE Reproduction and Society Task Force. (2011). Why do people postpone parenthood? Reasons and social policy incentives. *Human Reproduction Update*, 17(6), 848–860.
- Morgan, S. P., & Rackin, H. (2010). The correspondence between fertility intentions and behavior in the United States. *Population and Development Review*, 36(1), 91–118.
- Régnier-Loilier, A., Vignoli, D., & Dutreuilh, C. (2011). Fertility intentions and obstacles to their realization in France and Italy. *Population*, 66(2), 361–389.
- Schoen, R., Astone, N. M., Kim, Y. J., Nathanson, C. A., & Fields, J. M. (1999). Do fertility intentions affect fertility behavior? *Journal of Marriage and the Family*, 790–799.
- Spéder, Z., & Kapitány, B. (2009). How are Time-Dependent Childbearing Intentions Realized? Realization, Postponement, Abandonment, Bringing Forward: Les intentions de fécondité sont-elles réalisées dans le délai prévu? Réalisation, report, abandon, avancement. *European Journal of Population/Revue Européenne de Démographie*, 25(4), 503–523.
- Vignoli, D., Bazzani, G., Guetto, R., Minello, A., & Pirani, E. (2020). Uncertainty and narratives of the future: A theoretical framework for contemporary fertility. In *Analyzing contemporary fertility* (pp. 25–47). Springer.
- Vignoli, D., Guetto, R., Bazzani, G., Pirani, E., & Minello, A. (2020). A reflection on economic uncertainty and fertility in Europe: The narrative framework. *Genus*, 76(1), 28.

Tables and Figures

Table 1: Sample characteristics of definite short-term fertility intenders by gender (weighted percentages, unweighted N in parentheses)

Sample Characteristics by Gender

Weighted percentages; unweighted counts in parentheses

	Women (weighted %; n)	Men (weighted %; n)
Trying to get pregnant? (outcome variable)		
Yes	39.5% (1,364)	38.7% (806)
No	60.5% (2,089)	61.3% (1,232)
Intended additional children by current parity		
Childless → intends 1 child	7.8% (262)	7.5% (153)
Childless → intends 2 children	31.0% (1,163)	31.4% (688)
Childless → intends 3+ children	13.2% (450)	12.4% (259)
1 child → intends 1 more	17.1% (628)	14.8% (329)
1 child → intends 2 more	11.1% (350)	11.4% (215)
1 child → intends 3+ more	3.8% (111)	5.8% (93)
2+ children → intends 1 more	4.1% (118)	4.0% (78)
2+ children → intends 2 more	1.0% (32)	2.1% (32)
2+ children → intends 3+ more	3.0% (74)	3.4% (45)
Unanswered (DK/Refusal)	8.0% (265)	7.2% (146)
Age group		
(18-24)	13.5% (393)	6.4% (109)
(25-29)	33.7% (1,153)	22.7% (424)
(30-34)	34.4% (1,260)	38.3% (783)
(35-39)	15.0% (529)	22.8% (498)
(40-44)	2.8% (100)	8.1% (175)
(45-49)	0.6% (18)	1.9% (49)
Parity		
Childless	57.3% (2,060)	57.1% (1,216)
Parity 1	34.2% (1,158)	33.1% (662)
Parity 2+	8.5% (235)	9.8% (160)
Partnership status		
Not cohabiting	9.2% (315)	9.7% (180)
Cohabiting	41.7% (1,585)	38.4% (855)
Married	48.5% (1,534)	51.6% (996)
Refusal	0.7% (19)	0.3% (7)
Had sex in past 4 weeks		
Yes	83.6% (2,927)	86.9% (1,760)
No	12.9% (415)	10.8% (238)
DK/Refusal/Incomplete survey	3.6% (111)	2.3% (40)
Ever experienced infertility?		
Yes	29.3% (951)	26.9% (536)
No	69.6% (2,457)	71.1% (1,461)
DK/Refusal	1.1% (45)	2.0% (41)
Education (self)		
Low	10.8% (172)	13.0% (155)
Medium	36.6% (1,059)	40.7% (699)
High	52.6% (2,222)	46.2% (1,184)
Subjective health		
Good	73.2% (2,602)	78.6% (1,611)
Average	19.9% (646)	15.3% (302)
Poor	3.9% (102)	2.6% (52)
DK/Refusal/Incomplete survey	3.0% (103)	3.5% (73)
Region		
Western Europe	51.0% (1,809)	48.3% (1,065)
Northern Europe	22.2% (890)	17.7% (458)
Central & Eastern Europe	21.4% (622)	28.5% (433)
Latin America	5.4% (132)	5.5% (82)

Notes: Gender-specific weighted estimates (survey weights applied). Unweighted counts in parentheses. Rows may not sum to 100% due to rounding.

Figure 1: Trying versus not trying to conceive among definite fertility intenders, by combinations of current parity and intended additional children, shown separately for women and men (weighted percentages, unweighted n in parentheses).

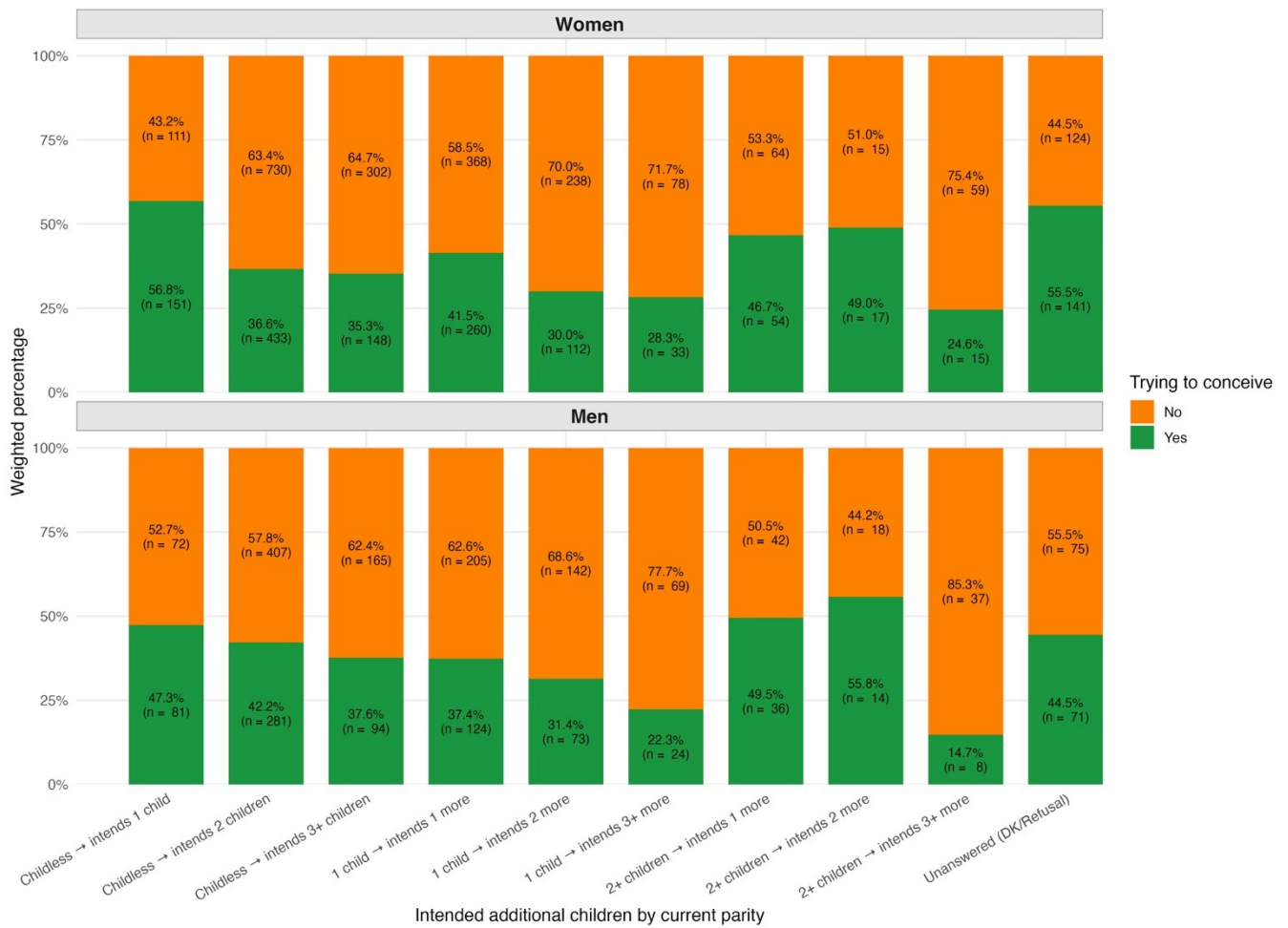


Table 2: Binary Logistic regression results predicting the likelihood of trying to conceive among definite short-term fertility intenders, by gender.

Trying to Conceive among Definite Intenders

Survey-weighted logistic regression – Odds Ratios (95% CI) with significance stars

Predictor	Women (N = 3,453)		Men (N = 2,038)	
	W1	W2	M1	M2
Intended Additional Children by Current Parity				
Childless → intends 1 child (Reference)				
Childless → intends 2 children		0.72 [0.50, 1.03] .		1.21 [0.77, 1.91]
Childless → intends 3+ children		0.73 [0.48, 1.12]		1.34 [0.78, 2.30]
1 child → intends 1 more		0.45 [0.31, 0.66] ***		0.62 [0.36, 1.05] .
1 child → intends 2 more		0.36 [0.22, 0.59] ***		0.59 [0.33, 1.05] .
1 child → intends 3+ more		0.61 [0.29, 1.29]		0.31 [0.14, 0.66] **
2+ children → intends 1 more		0.53 [0.29, 0.98] *		0.77 [0.38, 1.56]
2+ children → intends 2 more		0.64 [0.16, 2.65]		1.17 [0.32, 4.28]
2+ children → intends 3+ more		0.30 [0.13, 0.68] **		0.23 [0.06, 0.90] *
Unanswered (DK/Refusal)		0.97 [0.59, 1.59]		0.99 [0.55, 1.80]
Age Group				
(18-24) (Reference)				
(25-29)	0.85 [0.59, 1.24]	0.88 [0.60, 1.29]	1.53 [0.74, 3.19]	1.63 [0.81, 3.28]
(30-34)	1.21 [0.83, 1.76]	1.32 [0.89, 1.96]	1.85 [0.92, 3.74] .	2.34 [1.19, 4.57] *
(35-39)	2.01 [1.33, 3.04] ***	2.23 [1.44, 3.45] ***	2.17 [1.06, 4.41] *	2.75 [1.38, 5.48] **
(40-44)	7.55 [3.12, 18.25] ***	8.18 [3.45, 19.43] ***	2.90 [1.31, 6.42] **	3.78 [1.73, 8.27] ***
(45-49)	7.95 [1.51, 41.72] *	7.42 [1.38, 39.89] *	4.60 [1.65, 12.80] **	6.27 [2.30, 17.07] ***
Partnership Status				
Not cohabiting (Reference)				
Cohabiting	3.51 [2.28, 5.39] ***	3.84 [2.47, 5.95] ***	2.62 [1.49, 4.61] ***	3.07 [1.76, 5.37] ***
Married	4.69 [3.03, 7.27] ***	5.91 [3.75, 9.32] ***	3.53 [2.00, 6.23] ***	4.88 [2.75, 8.67] ***
Refusal	2.48 [0.62, 9.97]	2.36 [0.59, 9.41]	1.30 [0.25, 6.64]	1.54 [0.30, 7.99]
Had Sex in Past 4 Weeks				
Yes (Reference)				
No	0.38 [0.26, 0.54] ***	0.40 [0.28, 0.56] ***	0.34 [0.22, 0.55] ***	0.35 [0.21, 0.57] ***
DK/Refusal/Incomplete survey	1.05 [0.58, 1.89]	0.98 [0.52, 1.83]	0.62 [0.23, 1.67]	0.60 [0.23, 1.59]
Education (self)				
Low (Reference)				
Medium	1.09 [0.65, 1.82]	1.01 [0.59, 1.75]	0.96 [0.58, 1.56]	0.88 [0.52, 1.47]
High	1.00 [0.60, 1.68]	0.91 [0.52, 1.57]	0.95 [0.59, 1.54]	0.83 [0.50, 1.38]
Ever Experienced Infertility				
Yes (Reference)				
No	0.12 [0.09, 0.15] ***	0.12 [0.09, 0.15] ***	0.09 [0.07, 0.13] ***	0.10 [0.07, 0.13] ***
DK/Refusal	0.30 [0.15, 0.61] ***	0.29 [0.14, 0.61] **	0.42 [0.17, 1.07] .	0.41 [0.17, 1.01] .
Subjective Health				
Good (Reference)				
Average	1.35 [1.05, 1.73] *	1.29 [1.00, 1.66] .	1.32 [0.96, 1.83] .	1.34 [0.96, 1.87] .
Poor	1.57 [0.87, 2.84]	1.42 [0.76, 2.65]	1.84 [0.82, 4.12]	1.88 [0.69, 5.12]
DK/Refusal/Incomplete survey	0.84 [0.48, 1.45]	0.85 [0.49, 1.49]	1.65 [0.83, 3.27]	1.73 [0.86, 3.49]
Region				
Western Europe (Reference)				
Northern Europe	1.40 [1.10, 1.78] **	1.49 [1.16, 1.89] **	1.41 [1.03, 1.94] *	1.46 [1.05, 2.02] *
Central & Eastern Europe	0.46 [0.35, 0.61] ***	0.51 [0.38, 0.69] ***	0.46 [0.33, 0.63] ***	0.57 [0.40, 0.82] **
Latin America	0.60 [0.32, 1.09] .	0.62 [0.33, 1.16]	0.60 [0.27, 1.34]	0.67 [0.30, 1.46]
Constant	0.70 [0.35, 1.40]	0.95 [0.43, 2.10]	0.79 [0.30, 2.08]	0.60 [0.22, 1.63]

Shown: Odds Ratio with 95% Confidence Interval; blank cells indicate the **reference** category.

Significance: *** p ≤ .001, ** p ≤ .01, * p ≤ .05, · p ≤ .10.

Models: **W1** = Women, no main IV; **W2** = Women, with main IV; **M1** = Men, no main IV; **M2** = Men, with main IV.

Fig 2: Predicted probabilities of trying to conceive by parity–intention combinations among definite fertility intenders, by gender (from fully adjusted models).

