A biometric analysis of infant mortality and temperature, northern Sweden 1895-1950

Göran Broström and Tommy Bengtsson

2022-02-11 15:12:55

Abstract

The effect of extreme temperatures on infant mortality in the Umeå and Skellefteå regions 1895-1950 is studied in a biometric analysis setting. More precisely, the effect of climate and weather, measured by temperature, average and extremes, on infant mortality is investigated. It turns out that climate (average) is more important than weather (extremes), low average temperatures are more important than temporary dips in temperature, but effects are different in neonatal and postneonatal settings.

Contents

1	Intr	roducti	ion	1
2	Dat	a		2
	2.1	Infant	mortality	3
	2.2	Tempe	erature	6
	2.3	Tempe	erature as communal covariates	8
3	Sta	tistical	modelling	8
4	Res	ults		9
	4.1	Neona	tal mortality	10
		4.1.1	Winter	10
			4.1.1.1 Temperature and sex	10
		4.1.2	Summer	10
	4.2	Postne	eonatal mortality	11
			4.2.0.1 By birth month	11
		4.2.1	Winter	11
			4.2.1.1 Sex and temperature	12
			4.2.1.2 The time period 1895–1913	12
			4.2.1.3 The time period 1914–1934	13
			4.2.1.4 The time period 1935–1950	13
		4.2.2	Summer	13
5	Cor	clusio	n	14

1 Introduction

The impact of ambient temperature variations on infant mortality is studied for two northern Sweden areas, the Umeå coastal region and Skellefteå coastal and inland regions, during the first half of the twentieth century. Two recent papers (Junkka et al., 2021; Karlsson et al., 2021) studied neonatal mortality and temperature variations in this geographical area during the years 1880–1950. Climate and mortality in general is a research area that has generated great interest over the last years, see Bengtsson and Broström (2010) for an example of our own efforts.

The effect of seasonal variation and the occurrence of extreme monthly temperatures is studied and interacted with social class and time period. Studies are performed separately for neonatal and postneonatal mortality, and for winter and summer seasons.

Figure 1 shows the study area within Sweden, with the weather stations marked. The map is taken (with permission) from the paper by Junkka et al. (2021).

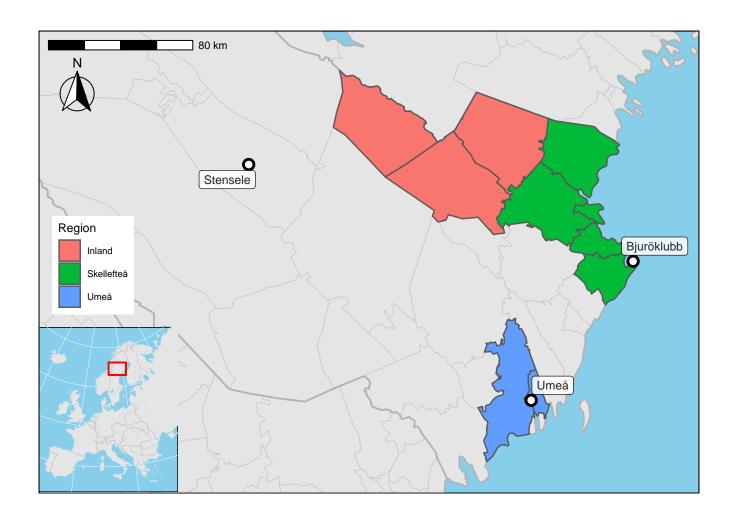


Figure 1: Umeå, Skellefteå (orange) and its inland (green).

2 Data

We have two sources of data which we combine into one data set suitable for our purpose. The first is demographic data obtained from the *Centre for Demographic and Ageing Research* (CEDAR, https://cedar.umu.se), the second is daily temperature measurements obtained

from the Swedish Meteorological and Hydrological Institute (SMHI, https://www.smhi.se).

2.1 Infant mortality

Individual data with all births between 1 January 1895 and 31 December 1950 in two coastal and one inland areas of north Sweden, Skellefteå (51560 births) and Umeå (31213 births). They were followed until death or age one year, whichever came first. The following *static* characteristics were observed on each child:

birthdate Date of birth.

sex Girl or boy.

exit Number of days under observation.

event Logical, *TRUE* if a death is observed.

socBranch Working branch of father (if any).

illeg Mother unmarried?

parity Order among siblings.

Some crude statistics about infant, neonatal, and postneonatal mortality are shown in Figures.

Figure 2 shows the average weekly crude infant mortality, and a clear seasonal pattern is visible.

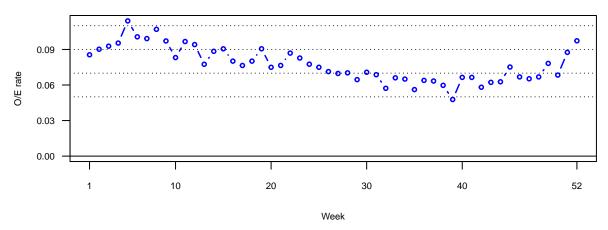


Figure 2: Crude infant mortality by week of year, Umeå/Skellefteå 1895–1950.

The average weekly neonatal mortality is shown in Figure 3.

The seasonal pattern is similar to the one we found above for infant mortality.

The average weekly postneonatal mortality is shown in Figure 4.

The seasonal pattern is once again similar to the one we found for infant mortality. Next, the decline over the years in Figures 5 and 6.

Note that the estimates of neonatal and postneonatal mortality are non-standard here: They are calculated as occurrence-exposure rates, that is, the number of deaths divided by exposure

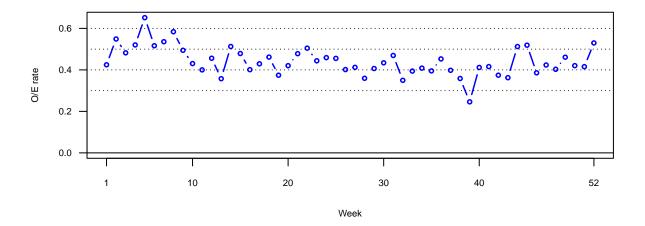


Figure 3: Crude neonatal mortality by week of year, Umeå/Skellefteå 1895–1950.

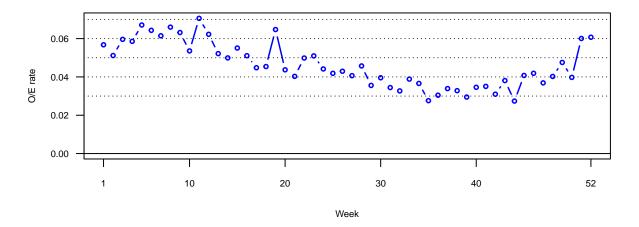


Figure 4: Crude postneonatal mortality by week of year, Umeå/Skellefteå 1895–1950.

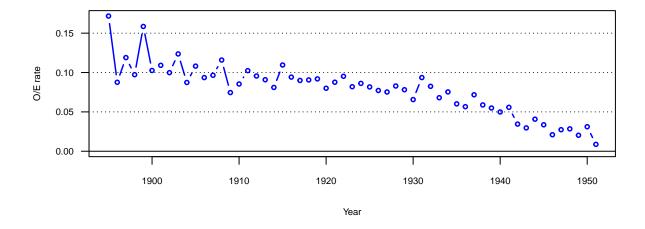


Figure 5: Crude IMR by year, Umeå-Skellefteå 1895–1950.

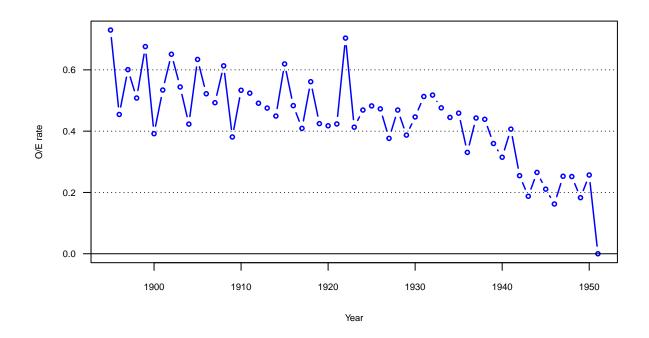


Figure 6: Crude NMR by year, Umeå-Skellefteå 1895–1950.

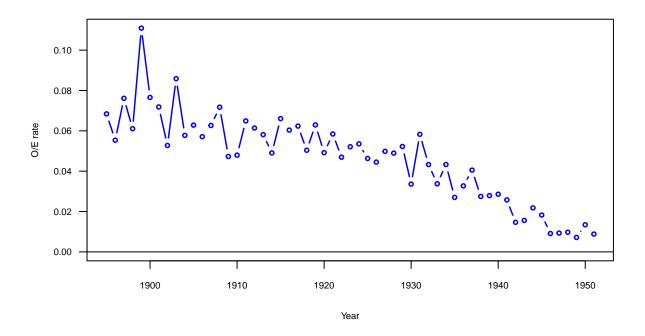


Figure 7: Crude postneonatal mortality by year, Umeå-Skellefteå 1895–1950.

Table 1: Raw temperature data from first week of 1923, Umeå.

Date	Time	Temperature	Quality
1923-01-01	07:00:00	0.4	G
1923-01-01	13:00:00	0.6	G
1923-01-01	20:00:00	0.0	G
1923-01-02	07:00:00	-1.4	G
1923-01-02	13:00:00	-1.4	G
1923-01-02	20:00:00	-1.2	G
1923-01-03	07:00:00	0.4	G
1923-01-03	13:00:00	0.8	G
1923-01-03	20:00:00	1.2	G
1923-01-04	07:00:00	1.4	G
1923-01-04	13:00:00	1.2	G
1923-01-04	20:00:00	1.0	G
1923-01-05	07:00:00	-1.4	G
1923-01-05	13:00:00	-3.2	G
1923 - 01 - 05	20:00:00	-3.4	G
1923-01-06	07:00:00	1.0	G
1923-01-06	13:00:00	0.4	G
1923-01-06	20:00:00	0.4	G
1923-01-07	07:00:00	0.6	G
1923-01-07	13:00:00	0.4	G
1923-01-07	20:00:00	0.4	G

Table 2: Weekly summarized temperature data: Umeå 1923, first week.

\mathbf{week}	year	mintemp	maxtemp	meantemp	${\bf emintemp}$	$\mathbf{e}\mathbf{m}\mathbf{a}\mathbf{x}\mathbf{t}\mathbf{e}\mathbf{m}\mathbf{p}$	${\bf emeantemp}$
1	1923	-3.4	1.4	-0.1	-17.73	-0.36	-7.54

time. They are thus crude $hazard\ rates$, not probabilities, which is more common in definitions of mortality.

2.2 Temperature

Temperature data are collected from three weather stations, *Umeå*, *Bjuröklubb* (used with population data from Skellefteå coastal area), and *Stensele* (Inland). All stations deliver daily temperature data covering our time period, usually three measures per day, morning, noon, and evening. In Table 1, the Umeå data from the week 1–7 January, 1923 is shown.

There are three measurements per day, or 21 per week. In the forthcoming analyses, the weekly data are summarized in a few measurements, see Table 2. Our rule for week numbering is that week No. 1 always start on January 1. Week No. 52 always ends at December 31, and so will be eight days long, except for leap years, when it will be nine days long.

Weekly averages (mintemp, maxtemp, meantemp) are calculated by week and year, and deviations from the averages (emintemp, emaxtemp, emeantemp) of the weekly averages are used as time-varying *communal covariates*. As an example, see Figure 8, where the variation around the average minimum temperature (emintemp) week 1 is shown.

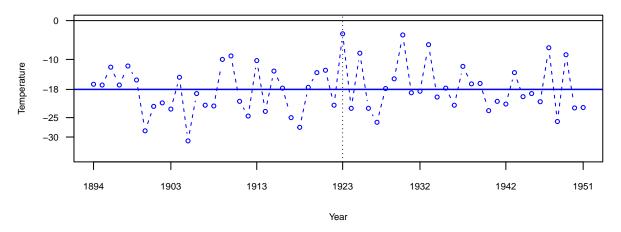


Figure 8: Minimum temperature the first week of each year.

Curiously, our randomly selected year 1923 turns out contain the warmest first week of all years, see Figure 8.

Figure 9 shows the average monthly distribution over all years. The subregional patterns and levels are very similar.

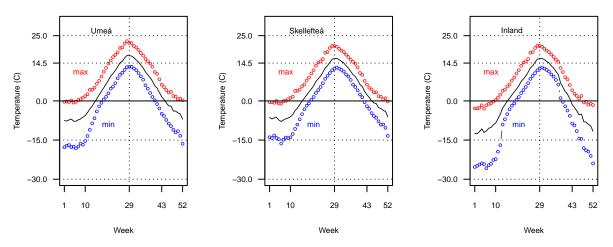


Figure 9: Weekly max, mean, and min temperature averages, 1895–1950.

Time trends of yearly average temperatures, see Figure 10.

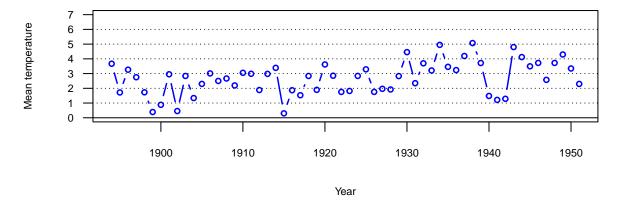


Figure 10: Yearly average temperatures, Umeå and Skellefteå.

Table 3: Data with communal covariates.

enter	exit	event	extemp	extemp.1	emeantemp	week	year
0.0000000	0.0180327	0	0	1	12.584483	35	1900
0.0180327	0.0372634	0	-4	0	11.286207	36	1900
0.0372634	0.0564942	0	-1	-4	10.086207	37	1900
0.0564942	0.0757250	0	1	-1	6.910345	38	1900
0.0757250	0.0949557	0	-2	1	5.315517	39	1900
0.0949557	0.1141865	0	0	-2	3.610345	40	1900

2.3 Temperature as communal covariates

The two data sets, mortality and weather, are combined into one by treating temperature data as a communal covariate and incorporate it as such in the mortality data set. The function make.communal in the \mathbf{R} (R Core Team, 2021) package eha (Broström, 2021a,b) is used for that purpose. Resulting data drame is partly shown in Table 3.

3 Statistical modelling

It turns out that extremely low temperature (lowTemp) is bad during all seasons except summer, and extremely high temperature (highTemp) is bad during summer, but good otherwise. So we group season into two categories, *summer* and *not summer*. In each case separate analyses for neonatal and postneonatal mortality are performed.

The *summer* half-year consists of the weeks 14–39, about 1 April to 30 September, and the *winter* half-year is the rest, weeks 1-13 and 40–52, 1 January to 31 March and 1 October to 31 December. This is the division made in Karlsson et al. (2021), and we keep it for comparability reasons.

4 Results

The results regarding neonatal mortality is much in accordance with the results found by Junkka et al. (2021). However, they used temperature in a "hockey-stick" regression with a breakpoint at 14.5 degrees Celsius and a negative slope (decreasing risk) to the left and a positive slope (increasing risk) to the right. Instead, we are using the average weekly temperature for the 52 weeks of a year, for each week averaging over all the years in the study, as our "reference points" ("climate"), adding deviances up and down ("weather") as "short-term temperature stress". This is similar to the way prices and mortality were related in for instance Bengtsson and Broström (2011), that is, a time series split into long time trend and short term variation.

Comments on other candidate covariates:

Birth month is left out in the analyses despite that fact that it is an important factor in neonatal mortality. However, we include time of year in terms of winter and summer as a time-varying covariate, and in the neonatal case it will coincide to a great extent with birth period. For the postneonal case the situation is different, but it turns out that for those infants who have survived the first month of life, birth month does not matter much. We separate the investigation into two parts, neonatal and postneonatal mortality. But first, a joint analysis.

Socioeconomic status is divided into two factor covariates: socBranch and socStatus. The latter should be seen relative to actual socBranch. We have information on whether the infant was *illegitimate* (mother unmarried), but we incorporate those cases in the category none of socBranch and unknown as category of socStatus.

Covariates may affect neonatal and postneonatal mortality differently, and one way to investigate that is to stratify the infant mortality data into two age intervals, one from birth to one month of age and the other from one month to one year of age. Then the interaction between the stratum variable and other variables of interest is investigated, with this result:

Single term deletions

```
Model:
oe(event, exposure) ~ strata(ageIvl) * (extemp + extemp.1 + emeantemp +
    socBranch + period)
                              AIC
                                         Pr(>Chi)
                         Df
                                     LRT
                            41722
<none>
strata(ageIvl):extemp
                          1 41720
                                   0.024
                                          0.877627
strata(ageIvl):extemp.1
                          1 41722
                                   2.244
                                          0.134141
                          1 41739 18.969 1.329e-05 ***
strata(ageIvl):emeantemp
strata(ageIvl):socBranch
                          3 41730 13.818 0.003163 **
                          2 41795 77.203 < 2.2e-16 ***
strata(ageIvl):period
                0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
Signif. codes:
```

We can see that the variables *emeantemp*, socStatus and period all have different effects on

mortality in the neonatal case compared to the postneonatal case. In terms of *infant mortality*, we can say that these caovariates have non-proportional effects.

4.1 Neonatal mortality

The analyses are split into two parts by season, winter is one, and summer the other. Summer covers the months April to September, and winter the rest of the months.

4.1.1 Winter

This period refers to the months October to March. A Cox regression involves as interesting variables high Temp, an indicator of temperature at least four degrees above the expected for at least two weeks in a row, emeantemp the expected temperature the actual week, and extemp the excess temperature the actual week.

Table 4:	Neonatal	mortality,	October	to N	Aarch.
----------	----------	------------	---------	------	--------

Covariate	Mean	Coef	H.R.	S.E.	L-R p
extemp	-0.024	-0.005	0.995	0.006	0.444
extemp.1	-0.026	-0.012	0.988	0.006	0.052
emeantemp	-4.140	-0.020	0.980	0.006	0.001
Events	1806	TTR	3899		
Max. logLik.	-2171				

4.1.1.1 Temperature and sex We check the interaction between temperature and sex and period.

Single term deletions

Model:

```
oe(event, exposure) ~ sex * (extemp + extemp.1 + emeantemp)

Df AIC LRT Pr(>Chi)

<none> 4507.1

sex:extemp 1 4507.6 2.47699 0.1155

sex:extemp.1 1 4505.6 0.50456 0.4775

sex:emeantemp 1 4505.3 0.11737 0.7319
```

Obviously no temperature and sex interactions

4.1.2 Summer

This period refers to the months *April to September*. A Cox regression involves as interesting variables *highTemp*, an indicator of temperature at least four degrees above the expected for at least two weeks in a row, *emeantemp* the expected temperature the actual week, and *extemp* the *excess temperature* the actual week.

Table 5: Neonatal mortality, April to September.

Covariate	Mean	Coef	H.R.	S.E.	L-R p
extemp	0.022	0.001	1.001	0.012	0.911
extemp.1	0.019	0.007	1.007	0.012	0.546
emeantemp	9.817	-0.006	0.994	0.005	0.163
Events	1689	TTR	4026		
Max. logLik.	-2027				

4.2 Postneonatal mortality

4.2.0.1 By birth month See Figure 11.

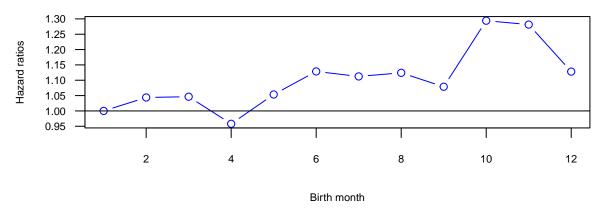


Figure 11: Crude postneonatal relative (to January = 1) mortality by birth month.

4.2.1 Winter

Interaction tests with temperature and period, postneonatal mortality:

Single term deletions

```
Model:
oe(event, exposure) ~ period * (extemp + extemp.1 + emeantemp)
                 Df
                       AIC
                              LRT Pr(>Chi)
                     17721
<none>
period:extemp
                   2 17722 4.2212
                                     0.1212
period:extemp.1
                   2 17719 1.4788
                                     0.4774
period:emeantemp
                  2 17720 2.3455
                                    0.3095
```

This shows that the temperature effects do not vary much with time period, but we continue with separate analyses for the time periods (1895,1914], (1914,1935], (1935,1951]. Just to make sure, will be joined when appropriate.

4.2.1.1 Sex and temperature Interaction tests with temperature and sex, postneonatal mortality:

Single term deletions

Model:

```
oe(event, exposure) ~ sex * (extemp + extemp.1 + emeantemp)

Df AIC LRT Pr(>Chi)

<none> 18111

sex:extemp 1 18109 0.0734 0.7865

sex:extemp.1 1 18109 0.0114 0.9148

sex:emeantemp 1 18109 0.0537 0.8167
```

Obviously no interactions between temperature and sex.

Table 6: Postneonatal mortality, October to March 1895-1914.

Covariate	Mean	Coef	H.R.	S.E.	L-R p
extemp	-0.273	-0.018	0.982	0.007	0.017
extemp.1	-0.237	-0.016	0.984	0.008	0.036
emeantemp	-4.154	-0.050	0.951	0.008	0.000
socBranch					0.002
$of\!f\!ice$	0.063	0	1	(refe	rence)
farming	0.557	0.264	1.303	0.146	
none	0.022	0.366	1.442	0.248	
worker	0.358	0.443	1.558	0.147	
subreg					0.000
ume	0.305	0	1	(refe	rence)
ske	0.476	-0.382	0.683	0.068	
in land	0.218	-0.516	0.597	0.089	
sex					0.000
boy	0.514	0	1	(refe	rence)
girl	0.486	-0.269	0.764	0.061	
parity					0.000
1	0.187	0	1	(refe	rence)
2-4	0.423	-0.026	0.975	0.087	
5+	0.390	0.231	1.260	0.086	
Events	1111	TTR	15642		
Max. logLik.	-3884				

4.2.1.2 The time period 1895–1913 Table 6 shows that the effects of extreme temperatures have the expected directions, extra high temperatures is *positive* (remember that this concerns winter conditions), but not statistically significant. *Climate* (emeantemp), on the other hand shows to be very important, where increasing temperature by one degree lower mortality by 0.7 per cent. The normal short term fluctuations (extemp) are not so important, but in the expected direction.

The importance of social class (socBranch) in explaining the effects of climate and weather is negligible, but there is variation between the regions regarding *climate*:

Table 7: Postneonatal mortality, Umeå, October to March 1895-1913.

Covariate	Mean	Coef	H.R.	S.E.	L-R p
extemp	-0.223	-0.014	0.986	0.013	0.264
extemp.1	-0.183	-0.016	0.984	0.013	0.209
emeantemp	-3.621	-0.013	0.987	0.012	0.291
Events	436	TTR	4777		
Max. logLik.	-1429				

Table 8: Postneonatal mortality, Skellefteå with inland, October to March 1895-1913.

Covariate	Mean	Coef	H.R.	S.E.	L-R p
extemp	-0.294	-0.019	0.981	0.009	0.036
extemp.1	-0.260	-0.016	0.985	0.009	0.098
emeantemp	-4.388	-0.063	0.939	0.009	0.000
Events	675	TTR	10865		
Max. logLik.	-2444				

We can conclude from Tables 7 and 8 that the main difference between Umeå and Skellefteå is that *climate* has more severe effect in Skellefteå (with inland), while *weather* is less important.

Table 9: Postneonatal mortality, October to March 1914-1934. Adjusted for sex, parity, and subregion.

Covariate	Mean	Coef	H.R.	S.E.	L-R p
extemp	-0.020	0.004	1.004	0.008	0.587
extemp.1	-0.044	-0.025	0.975	0.008	0.001
emeantemp	-4.170	-0.056	0.946	0.009	0.000
Events	967	TTR	17087		
Max. logLik.	-3594				

4.2.1.3 The time period 1914–1934 Table 9 shows that the weather effect is lagged one week (*extemp.1*), and that climate continues to be very important. Let's look at regional differences.

4.2.1.4 The time period 1935–1950 Table 12 shows that

4.2.2 Summer

The result in Table 15 shows that *climate* (emeantemp) is more important than *weather* (exTemp). Moreover, no signs of interaction between weather or climate and the rest of covariates (not shown).

Table 10: Postneonatal mortality, Umeå, October to March 1914-1934.

Covariate	Mean	Coef	H.R.	S.E.	L-R p
extemp	-0.118	0.018	1.019	0.015	0.221
extemp.1	-0.138	-0.022	0.978	0.015	0.128
emeantemp	-3.619	-0.061	0.941	0.016	0.000
Events	303	TTR	4522		
Max. logLik.	-1069				

Table 11: Postneonatal mortality, Skellefteå with inland, October to March 1914-1934.

Covariate	Mean	Coef	H.R.	S.E.	L-R p
extemp	0.015	-0.001	0.999	0.010	0.908
extemp.1	-0.011	-0.026	0.974	0.009	0.005
emeantemp	-4.369	-0.050	0.951	0.009	0.000
Events	664	TTR	12566		
Max. logLik.	-2513				

5 Conclusion

Remains to be written, especially the discussion about temperature and mortality. Used processing time (seconds):

user system elapsed 130.112 0.759 130.986

Done: 2022-02-11 15:15:07.

References

Bengtsson, T. and Broström, G. (2010). Mortality crisis in rural southern Sweden 1766–1860. In Kurosu, T., Bengtsson, T., and Campbell, C., editors, *Demographic Response to Economic and Environmental Crisis*, pages 1–16. Reitaku University Press, Kashiwa.

Bengtsson, T. and Broström, G. (2011). Famines and mortality crises in 18th to 19th century southern Sweden. *Genus*, 67:119–139.

Broström, G. (2021a). *eha: Event History Analysis*. R package version 2.9.0. https://CRAN. R-project.org/package=eha.

Broström, G. (2021b). Event History Analysis with R, Second Edition. Chapman & Hall/CRC, Boca Raton.

Junkka, J., Karlsson, L., Lundevaller, E., and Schumann, B. (2021). Climate vulnerability of Swedish newborns: Gender differences and time trends of temperature-related neonatal mortality, 1880–1950. Environmental Research, 192. article id 110400.

Table 12: Postneonatal mortality, October to March 1935-1950. Adjusted for sex, parity, and subregion.

Covariate	Mean	Coef	H.R.	S.E.	L-R p
extemp.1	0.394	-0.007	0.993	0.013	0.595
emeantemp	-4.129	-0.057	0.944	0.016	0.000
socBranch					0.027
$of\!f\!ice$	0.172	0	1	(reference)	
farming	0.313	0.612	1.845	0.228	
none	0.028	0.757	2.132	0.388	
worker	0.487	0.532	1.702	0.217	
Events	268	TTR	13484		
Max. logLik.	-1270				

Table 13: Postneonatal mortality, Umeå, October to March 1935-1950.

Covariate	Mean	Coef	H.R.	S.E.	L-R p
extemp	0.376	0.014	1.014	0.031	0.658
extemp.1	0.364	0.002	1.002	0.031	0.943
emeantemp	-3.615	-0.036	0.964	0.031	0.229
Events	73	TTR	4281		
Max. logLik.	-358				

Karlsson, L., Junkka, J., Schumann, B., and Häggström Lundevaller, E. (2021). Socioeconomic disparities in climate vulnerability: neonatal mortality in northern Sweden, 1880–1950. *Population and Environment*, 10.1007.

R Core Team (2021). R: A Language and Environment for Statistical Computing. R Foundation for Statistical Computing, Vienna, Austria. https://www.R-project.org.

Table 14: Postneonatal mortality, Skellefteå with inland, October to March 1895-1913.

Covariate	Mean	Coef	H.R.	S.E.	L-R p
extemp	0.407	-0.002	0.998	0.017	0.886
extemp.1	0.408	-0.011	0.989	0.017	0.520
emeantemp	-4.368	-0.067	0.936	0.017	0.000
Events	195	TTR	9203		
Max. logLik.	-901				

Table 15: Postneonatal mortality, April to September. Adjusted for sex, parity, time period, and subregion.

Covariate	Mean	\mathbf{Coef}	H.R.	S.E.	L-R p
extemp	0.006	0.007	1.007	0.011	0.520
extemp.1	0.003	-0.012	0.988	0.011	0.274
emeantemp	9.963	-0.020	0.980	0.004	0.000
Events	1914	TTR	45958		
Max. logLik.	-7656				