well as endogenous factors such as obesity or hormonal disorders.

A conception closely associated in time with ovulation has been suggested to result in more boys.

A high frequency of sexual intercourse should, according to this hypothesis, lead to a predominance of boys and a decline in the sex ratio according to age or parity could reflect a decline in sexual activity or a change in endogenous hormones over time.

A low frequency could furthermore lead to low fecundity.

A recent study showed that conception cycles with short follicular phase produced more boys than girls.

Exposures like dibromochloropropane (DBCP) have been shown to be associated with both low fecundity and a low sex ratio.

De Cock et al found a difference in the ratio for boys and girls with the shortest time to pregnancy for the boys.

These observations indicate a link between fecundity as measured by time to pregnancy and sex ratio.

Based upon these observations we report data on sex ratio (measured as the proportion of boys among all newborns).

It was expected that the sex ratio would decline with body mass index, age, parity, and low fecundity.

The analyses are based upon data from a community trial named “Healthy habits for two” conducted between 1984 and 1987.

All pregnant women in the Danish cities Odense and Aalborg were asked to give detailed information on lifestyle factors during pregnancy and obstetrical information on delivery was recorded from the medical files.

The study subjects constituted 10,042 pregnant women (singleton only), excluding 1,088 women (15.26%) with incomplete data.

The participants delivered 5,137 boys and 4,905 girls.

Table 1. Maternal characteristics and sex ratio of offspring

<table>
<thead>
<tr>
<th>Maternal age</th>
<th>Sex ratio (n)</th>
<th>P value (χ² test for trend)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>0.483</td>
<td>259</td>
</tr>
<tr>
<td>20-24</td>
<td>0.522</td>
<td>2652</td>
</tr>
<tr>
<td>25-29</td>
<td>0.510</td>
<td>4307</td>
</tr>
<tr>
<td>30-34</td>
<td>0.510</td>
<td>2123</td>
</tr>
<tr>
<td>35-39</td>
<td>0.493</td>
<td>629</td>
</tr>
<tr>
<td>40-44</td>
<td>0.542</td>
<td>72</td>
</tr>
</tbody>
</table>

Maternal body mass index (kg/m²):

| 15-19        | 0.502         | 3084                       |
| 20-24        | 0.517         | 5705                       |
| 25-29        | 0.512         | 970                        |
| 30-34        | 0.500         | 283                        |
| 35-39        | 0.486         | 216                         |

Data for women over 40 years of age and increasing parity. No association was found between body mass index and the sex ratio.

The only significant association was a lower sex ratio among couples with a time to pregnancy of more than 12 months (table 2).

After entering all the variables into a logistic regression model with the sex ratio as the outcome only infertility remained significantly associated with a low sex ratio with an odds ratio (OR) for having a boy of 0.847 (95% confidence interval (95% CI) 0.789 to 0.968).

There is reason for the low sex ratio in some couples with low fecundity could be due to the same hormonal imbalance that causes the infertility or low sexual activity in couples who can be treated by hormones.

Further studies will be able to discriminate between these possible factors.

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7 Weinberg CR, Baird DD, Wilcox AJ. The sex of the baby may be related to the length of the follicular phase in the conception cycle. Hum Reprod 1995;10:304-7.

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M L Williams