Policy Prescription for Preventing Unintended Pregnancies

Brookings Social Genome Project Conference Georgetown University Washington, DC November 8, 2011 **Demographic Variation in Contraceptive Use and** Failure Jennifer Manlove, Ph.D. Amanda Berger, Ph.D. Kate Welti, M.P.P.



Contraceptive Method Failure Rates

- Socio-demographic differences in contraceptive failure rates (% pregnant in 1st year)
 - Data: 2002, 2006-08 NSFG contraceptive histories
 - Marital status, race/ethnicity, age
 - Predicted probability of pregnancy
 - Adjust average probability to "typical use" failure rates from *Contraceptive Technology* and create scalars
 - Methods: Condom, Pill, LARC
- 2. Examined cumulative frequencies to estimate failure rates for poor, moderate, and good users



Condom Failure Rates Vary by Subgroup



Pill Failure Rates Vary by Subgroup



LARC Failure Rates Vary by Subgroup



Estimated Failure Rates for Poor, Moderate and Good Users

Contraceptive Method Failure Rates				
	Poor Use	Moderate	Good Use	Perfect Use*
	(Upper 25th	Use	(Lower 25th	
	Percentile)	(Median)	Percentile)	
Condom	19.9%	13.0%	7.2%	2.0%
Pill	8.2%	7.9%	5.1%	0.3%
LARC	3.2%	2.5%	1.2%	0.3%

* Source: Hatch R, et al., Contraceptive Technology 19th Revised Edition. New York: Arden Media, Inc, 2009 p. 24.



FamilyScape: Next Steps

- Kris Moore & Nicole Steward-Streng (Child Trends): interesting analysis of which birth characteristics/circumstances are most predictive of success in early childhood.
- Will use results of this analysis to beef up the "back end" of FS and link it to the ECM.
- Update from Moore & Steward-Streng.

What Constitutes a **Strong Start for Babies**?

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Purpose

• To develop a brief index of a strong start in life for a baby, using variables that are well-measured, widely available, and malleable, and that predict better child development.



Potential Independent Variables

- Education
- Age at Birth
- Pregnancy Intentions
- Poverty Status
- Family Structure
- Relationship Happiness
- Substance Use



Approach

- •Create 3-category variables
- Education (o=high school degree or less, 1=some college, 2=college graduate or more)
 Bivariate analyses with child outcomes
 - Behavior
 - Cognitive
 - Health Measures
- •Multivariate analyses of individual variables on child outcomes
- •Analyses of varied indices on child outcomes
- •Selection and creation of recommended index





Early Childhood Longitudinal Study – Birth Cohort (ECLS-B), a longitudinal study of approximately 10,700 children born in 2001. We restrict our sample to the approximately 6,200 children at 60 months whose resident biological mothers answered the ninemonth parent survey and who had a valid sample weight.

9-month interview for "strong start" independent variables

• 48- & 60-month variables for child development measures



Potential Strong Start Measures

- Education of mother/better-educated parent
 - 0=high school degree or less, 1=some college, 2=college degree or more
- Mother's age at first birth/birth of the focal child
 - 0=19 or younger, 1=20-24, 2=25 or older

Pregnancy intentions of both parents, mother/mother and father reports

0=unwanted by both parents, 1=wanted by one, 2=wanted by both parents

Family income

0=<100% FPL, 1=100-184% FPL, 2=>=185% FPL

• Welfare receipt

0=two or more forms of aid, 1=one form of aid, 2=no aid

• Union status of biological parents at birth and nine months/at birth 0=other/no union, 1=cohabiting, 2=married

Relationship happiness

0=not too happy, 1=fairly happy, 2=very happy

Relationship happiness and conflict between parents

0=not happy and argues OR fairly happy and argues about two or more issues, 1=else, 2=very happy and does not argue often

Substance use during pregnancy

o=a lot of smoking or drinking, 1=some of either, 2=no smoking or drinking

Child

ECLS-B Child Development Measures

Behavior

- Social Skills (parent report)
- Learning-Related Behaviors (teacher report)
- Externalizing Behaviors (parent report)
- Externalizing Behaviors (teacher report)

•Cognitive

- IRT Reading Score (child assessment)
- IRT Math Score (child assessment)

•Health

- Overall Health (parent report)
- BMI-Measured Weight Risk (child assessment)
- Any Hospitalization (parent report)



Findings

•All potential independent variables were significant and generally associated with our child outcomes

- Bivariate
- Multivariate
- Exception is intendedness in multivariate analyses

•Some variables are stronger and more consistently related to child outcomes

• Age at first birth vs. age at focal birth

•Some variables are more available in surveys

• Union status vs. relationship happiness

•Some variables are better measures

• Parent education vs. substance use during pregnancy

•Some variables have greater face validity

• Income vs. food stamps, housing, or TANF



Therefore, we chose . . .

Education of mother

o=high school degree or less, 1=some college, 2=college degree or more

Mother's age at first birth

0=19 or younger, 1=20-24, 2=25 or older

Family income

o=less than 100% FPL, 1=100-184% FPL, 2=185% FPL or more

Union status of biological parents at birth 0=other/no union, 1=cohabiting, 2=married



The 8-Category Index of a Strong Start is Well-Distributed





Learning-Related Behaviors, Teacher Report (Range=-0.8 – 4.4), Improve as Scores on the Strong Start Index Increase





Externalizing Behaviors, Teacher Report (Range=1– 5), Decline as Scores on the Strong Start Index Increase





IRT Reading Scores (Range=-1.8 – 3.1), Improve as Scores on the Strong Start Index Increase





IRT Math Scores (Range=-1.4 – 3.1), Improve as Scores on the Strong Start Index Increase





The Proportion of Children with Excellent Health Increases as Scores on the Strong Start Index Increase





Implications

- An indicator of child well-being
- A parameter for a microsimulation model

What if...

Scores moved from 0 to 1?

All scores (except 8) increase by 1?

Scores of o to 3 increase by 1?













www.facebook.com/childtrends



FamilyScape: Next Steps

- New FS tasks: well-aligned with the SGP's overarching goal of looking at life-course implications of targeted interventions carried out at different points in time.
- Look forward to continuing to work with CT & the SGP team to get the "3.0 version" of the model up/running new policy simulations.

Comments/Questions Welcome...