Study explains racial and ethnic disparities in unintended pregnancy

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In the United States, 51% of all pregnancies are unintended, and these happen disproportionately among racial and ethnic minorities. Dr. Dagher suggests that differences in access to health care and education are key factors underlying the disparities.

A new study from the University of Maryland School of Public Health examined why African American and Hispanic women have higher rates of unintended pregnancy than White women. Researchers found that there were unique factors explaining the differences in unintended pregnancy between African Americans and Whites (respondent's mother's age at first birth, income, and health insurance status) and the

differences between Hispanics and Whites (U.S. born status and educational level). Maternal age and marital status differences also explained both racial and ethnic disparities. The study provides evidence in support of culturally-tailored public health interventions targeted to groups of women that may be younger, unmarried, lower-income, less-educated, non-U.S. born, or uninsured or publicly insured.

"Preventing unintended pregnancy should be a public health priority. In the United States, 51% of all pregnancies are unintended, and these happen disproportionately among racial and ethnic minorities," says Dr. Dagher, assistant professor of health services administration at the University of Maryland School of Public Health and senior author on the study. "Our study showed that there are modifiable factors such as health insurance status and education that can be targeted by policymakers to reduce these disparities." This study is the first to use Fairlie decomposition analyses to investigate the reasons behind racial and ethnic disparities in unintended pregnancy. This statistical method helps with understanding the specific factors that explain the differences in rates of unintended pregnancy between African Americans and Whites, or Hispanics and Whites, and what percent of the difference each factor explains. It is published in the *American Journal of Preventive Medicine*.

Dr. Dagher's prior research has shown that women with unintended pregnancies take the shortest maternity leaves, which may have a detrimental impact on their health and the health of their babies. Other studies have shown that women with unintended pregnancies report increased levels of stress and depression, delayed prenatal care, increased likelihood of smoking and drinking during pregnancy, and are more likely to experience psychological and physical abuse. "The fact that African American and Hispanic women have even higher rates of unintended pregnancy than Whites (63% and 48% versus 42%, respectively) underscores the importance of tailoring multilevel interventions that address the underlying causes of the disparities," Dr.

Dagher said.

The study utilizes 2006-2010 data from the National Survey of Family Growth, collected by the National Center for Health Statistics at the Centers for Disease Control and Prevention. The authors analyzed data on 3,557 pregnancies that occurred before 36 months had passed between the interview and conception months. They chose this time span to reduce recall bias of unintended pregnancies. This analytical sample included 1,017 African American women (28%), 967 Hispanic women (27%), and 1,593 White women (45%). The authors applied the Fairlie decomposition analysis to determine how intrapersonal, interpersonal, institutional, community, and public policy factors explain the racial and ethnic disparities in unintended pregnancy.

Being single and younger than 20 years old at the time of conception contributed to the differences in unintended pregnancy between African American and White women, and between Hispanic and White women. Earning below 100% Federal Poverty Level (FPL) compared to 200% FPL or higher, having public insurance versus private insurance, and respondent's mother being 25 years or younger contributed to the differences in unintended pregnancy between African American and White women. On the other hand, not being born in the U.S. and not having a Bachelor's degree contributed to the differences between Hispanic and White women. The analytical model explained 51% of the difference in unintended pregnancy between African American and White women, and 73% of the difference between Hispanic and White women.

The study concludes that interventions to reduce unintended pregnancy should target at-risk groups of women such as younger, unmarried, lower income, lower educated, non-U.S. born women, and those with public insurance. One potential policy intervention relates to women's health insurance coverage. Under the Affordable Care Act (ACA), health plans

must cover women's preventive care, including contraceptives without cost sharing. Moreover, Medicaid has expanded in 30 states, including Washington, DC. "Our study only included data between 2006 and 2010; thus, it would be interesting to explore whether there are decreases in <u>unintended pregnancy</u> and related racial and ethnic disparities with the ACA's removal of cost sharing and with Medicaid expansions," Dr. Dagher added.

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