

Healthcare and Medical Analytics Individual Coursework

**Examining the Prevalence of Low Birth Weight among Infants
Born to Black Mothers: A Comprehensive Study**

Introduction

Low birth weight, defined by the World Health Organization (WHO) as a new born weighing less than 5.5 pounds or 2.5 kilograms at birth, represents a significant global public health concern. Many cases of low birth weight can be attributed to factors such as poor maternal nutrition, inadequate prenatal care, and overall maternal ill health (WHO, n.d.). In the United States, this issue is particularly pressing, affecting 1 in every 12 infants, and underscoring its magnitude (Cleveland Clinic, 2023).

Among the various risk factors associated with low birth weight, race has been identified as a significant consideration. Previous studies have investigated racial disparities in low birth weight and explored the influence of socio-economic and environmental factors on birth outcomes. (Clay, Woodson, and Kersh ,2021) found that being Non-Hispanic Black and receiving government rent assistance increased the likelihood of low birth weight, while factors such as marriage, healthcare access, and living in public housing were associated with a reduced likelihood. Another study by (Catov et al. ,2015) examined data spanning from 1997 to 2011 and revealed a concerning trend of low birth weights, particularly among African American infants. This trend was potentially linked to maternal health risks such as obesity and hypertension. The authors emphasised the need for further research on maternal health status, placenta characteristics, and prenatal care practices to better understand the implications for birth outcomes. (Nkansah-Amankra et al. ,2009) focused on the impact of income inequality and social support on birth outcomes, specifically low birth weight and preterm delivery. Their findings indicated that moderate levels of income inequality in neighbourhoods were associated with low birth weight, while low social support increased the risk for both low birth weight and preterm births. The study highlighted the heightened vulnerability of non-Hispanic Black mothers to adverse birth outcomes, influenced by neighbourhood deprivations associated with low income and limited social support.

Based on these studies, this report aims to investigate the prevalence of low birth weight among infants born to Black mothers, employing a logistic regression analysis to examine the influence of socio-economic and environmental factors. By analysing the intersection of race, income inequality, education, and physical health, this research contributes to the understanding of the complex factors impacting low birth weight and birth outcomes.

Descriptive Statistics

The dataset used for this report is The National Longitudinal Study of Adolescent to Adult Health (AddHealth) dataset, consisting of five waves of survey responses. This analysis focuses on the fourth wave, which includes questions about general life, pregnancy, and live births. The comprehensive nature of the AddHealth dataset provides valuable insights into socio-demographic characteristics and health behaviours relevant to the investigation.

In this study, the records of the most recent births were included, specifically focusing on infants reported to have been born before the due date. This criterion allowed for the analysis of a total of 705 observations. To classify low birth weight, all the birth weights reported by the mothers as being 5 pounds and below were categorized as low birth weight, assigned a binary value of 1. Birth weights from 6 pounds and above were assigned a value of 0, indicating that the birth weights were not low. Among these observations, 562 (79.7%) were classified as normal birth weight, indicating birth weights above 5 pounds. Additionally, 140 (19.8%) were classified as low birth weight, and 3 (0.42%) had missing records for the infant's birth weight.

In this analysis, the variable of race plays a significant role in determining the birth weight of infants. Therefore, it is crucial to examine the distribution of this variable in relation to the birth weight outcomes. Among the 705 respondents, the distribution of race was as follows: 68.5% identified as White, 23.7% as Black, 1.42% as American Indian, and 2.7% as Asian American Pacific Islander and four dummy variables were created. It is noteworthy that American Indians and Asian American Pacific Islanders were underrepresented in this analysis compared to their respective population proportions.

The bar chart below illustrates the distribution of low birth weight cases among Black and White women based on educational attainment. It is important to note that the data for Asian American Pacific Islanders and American Indians is not included in this graph due to incomplete records for all levels of education. However, a comprehensive graph including all racial groups can be found in the appendix. Among the 59 recorded cases of low birth weight in Black women, the highest percentage (~50%) is observed among those who have completed some form of college or vocational training education. Similarly, for White women of the 75 records of low birth weight recorded, the highest percentage (~48%) of low birth weight cases also comes from those who have completed some form of college or vocational training education. It is worth noting that there is limited representation from individuals who did not

complete high school, accounting for only 7.09% of the total responses. This limited representation may explain why it is not showing that individuals without a high school degree have the highest percentages of low birth weight for both racial groups. Furthermore, the graph suggests that having a bachelor's degree has a significant impact in reducing the likelihood of having a baby with low birth weight, as this educational category shows the second lowest percentage of low birth weight cases among both Black and White women. This highlights the influential role of higher education in promoting healthier birth outcomes.

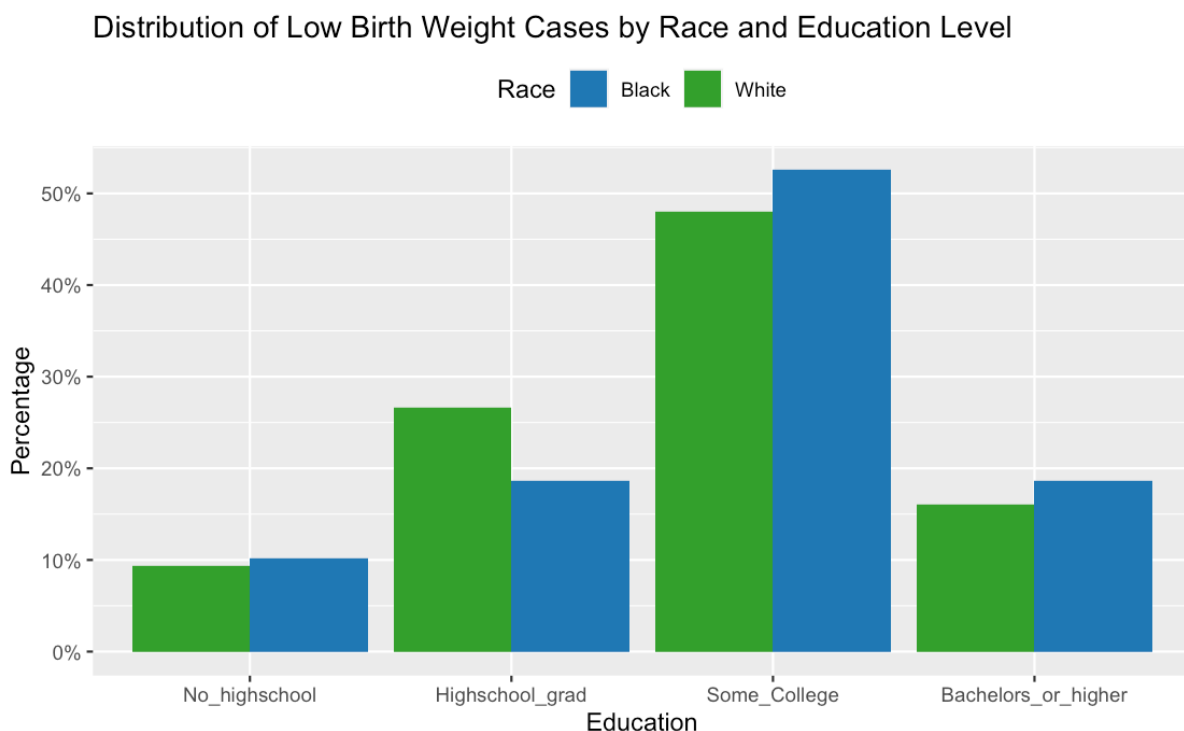


Figure 1 Distribution of Low Birth Weight cases By Race and Education Level

Dummy variables were used to represent educational levels, including "no high school degree," "graduated from high school," "completed some college," and "completed a bachelor's degree or higher." Income levels were categorized as "Low income," "Middle income," and "High income." The timing of births was indicated by a binary variable called "Actual_Preterm." Prenatal care access was denoted by a binary variable. "Multiparity status" was represented as a binary variable. Body mass index (BMI) was categorized into "Underweight," "Normal," "Overweight," "Obese I," "Obese II," and "Obese III." Smoking habits during pregnancy were captured by four variables. The gender of the newborn was indicated by a binary variable. Refer to Appendix A and B for a comprehensive description of variables and useful visualisations.

Regressions

In the first logistic regression model, the association between the mother's race and low birth weight was explored. The results revealed that being a Black mother was significantly associated with approximately 140% (odds ratio = 2.40, $p < 0.001$) higher odds of having a child with low birth weight compared to being a white mother (reference category). This suggests that being a Black mother is a significant predictor of low birth weight in this study. On the other hand, the other race dummy variables (AAPI and American_Indian) did not show significant associations with low birth weight, which may indicate that these variables are not significant predictors of low birth weight in this sample or may require further investigation to fully understand their relationship. The AIC of this model was 690.09.

In the second logistic regression model, the association between low birth weight and more socioeconomic variables was examined. The variables included in the analysis were Race, Income, Education, and access to prenatal care. The results once again indicated that being a Black mother was significantly associated with 114% higher odds (odds ratio = 2.14, $p = 0.00126$) of having a child with low birth weight compared to being a white mother. This suggests that race plays a significant role in determining the likelihood of low birth weight. Furthermore, being a high school graduate, as opposed to having some college/technical training education, was associated with approximately 109% higher odds (odds ratio = 2.092, $p = 0.00999$) of having a child with low birth weight. This highlights the importance of educational attainment as a contributing factor. However, the middle and upper income categories when compared to the low income category did not show a statistically significant effect on the odds of low birth weight, indicating that income may not be a significant predictor in this particular model. Similarly, although access to prenatal care was associated with a 55% decrease in the odds of low birth weight, this relationship did not reach statistical significance (odds ratio= 0.445, p -value = 0.21824). The AIC of this model was 563.83, indicating better fit than the previous model.

In the third regression model, variables related to perinatal outcomes, physical health and well-being were considered- the mother's BMI, multiparity status, smoking during pregnancy, newborn gender, and preterm birth. Results revealed important associations with low birth weight. Coming from a middle-income household, compared to a lower-income household, was linked to a significant 45% decrease in the odds of low birth weight. Multiparity, indicating multiple live pregnancies, showed a substantial 615% increase in the odds of low birth weight. Notably, being born preterm exhibited an extremely significant association, with an

approximately 1980% increase in the odds of low birth weight. Underweight BMI also played a significant role, with a 366% increase in the odds of low birth weight compared to a normal BMI. Additionally, being born as a male infant, as opposed to a female infant, was associated with a 52% decrease in the odds of low birth weight. The AIC of this model was 434.43 indicating a much better fit than the former two models. These findings highlight the complex interplay of factors contributing to low birth weight, encompassing income, multiparity, gestational age, maternal weight, and infant gender. The results of all the regressions can be seen in Appendix C. For this model, several statistical tests were carried out to measure and rank the goodness of fit. They can be seen in Appendix D.

The last set of regressions involved creating interaction terms between race and education, as well as race and Actual_preterm. These interaction terms were included due to their statistical significance in previous models. However, the regression results did not yield any new insights. None of the interaction variables showed statistical significance, and they had larger standard errors compared to the variables in the third model. The variables from the third model maintained similar statistical significance in this new model. Therefore, the inclusion of these interaction terms did not provide additional explanatory power or uncover any significant interactions between race, education, and Actual_preterm in relation to low birth weight.

The logistic regression models provided valuable insights into factors associated with low birth weight. Being a Black mother consistently emerged as a statistically significant predictor across all models, highlighting the role of race in birth outcomes. Educational attainment, specifically high school graduation, was also found to contribute to low birth weight. However, income and access to prenatal care did not show significant associations. Physical health and perinatal factors, such as BMI, multiparity, preterm birth, and infant gender, were significant predictors of low birth weight. These findings emphasize the complex interplay of socioeconomic and health-related factors in predicting low birth weight. Overall, the models demonstrate the importance of considering race, education, and physical health when understanding and addressing low birth weight.

Limitations

One major limitation of this report is the reliance on self-reported variables, which introduces potential bias. Self-reported data may be subject to recall bias, impacting the validity of the

results. Another limitation is the exclusion of important variables like maternal age, alcohol consumption, stress, preeclampsia, and gestational diabetes. These variables are known to affect foetal development and should be considered in future analyses. Another limitation of this report is the omission of accounting for weights associated with the variables. Weighting variables help ensure that the sample accurately reflects the characteristics of the target population, accounting for different probabilities of selection and non-response. Failure to consider these weights may result in a potential distortion of the findings and their representativeness of the population under study. Future studies should prioritise the inclusion of appropriate weights to enhance the validity and representativeness of the observed associations between variables. Furthermore, certain racial groups, particularly American Indian and Asian American/Pacific Islander populations, are underrepresented in the survey. This limits the generalisability of findings and introduces potential biases in associations between race and low birth weight.

Conclusion

The findings of this study highlight the significant association between being a Black mother and an increased likelihood of low birth weight. This underscores the importance of addressing racial disparities in birth outcomes and implementing targeted interventions for Black mothers. Additionally, educational attainment, particularly being just a high school graduate, was found to be associated with higher odds of low birth weight. This emphasizes the need to provide educational opportunities and support for mothers to improve birth outcomes. Although income did not show a significant effect on low birth weight in this study, the association between middle-income status and a decrease in low birth weight odds suggest the potential role of financial stability in reducing the risk. Comprehensive prenatal care and support for healthy behaviours are essential for improving birth outcomes. Policy recommendations include targeted interventions for Black mothers, access to quality prenatal care, educational opportunities, and resources to address maternal health risks. Efforts to reduce income inequality and promote economic stability can also contribute to improved birth outcomes. In conclusion, this study emphasises the need for comprehensive strategies to address racial disparities, educational attainment, maternal health risks, and social support to reduce the prevalence of low birth weight and improve the health outcomes of infants born to Black mothers.

References

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- WHO (n.d.). *Low birth weight*. [online] www.who.int. Available at: <https://www.who.int/data/nutrition/nlis/info/low-birth-weight#:~:text=Low%20birth%20weight%20has%20been> [Accessed 4 Jul. 2023].

Appendices

Appendix A: Variable Description

Variable	Description	Source
AAPI	Dummy variable based on the interviewee's description of respondent's race. = 1, if respondent is Asian American and Pacific Islander Race (AAPI) = 0, if respondent is not AAPI	Wave 4- General Use Dataset
American_Indian	Dummy variable based on the interviewee's description of respondent's race. = 1, if respondent is American Indian = 0, if respondent is not American Indian	Wave 4- General Use Dataset
Black	Dummy variable based on the interviewee's description of respondent's race. = 1, if respondent is Black = 0, if respondent is not Black	Wave 4- General Use Dataset
White	Dummy variable which is also reference category for Race and is based on the interviewee's description of respondent's race. = 1, if respondent is White = 0, if respondent is not White	Wave 4- General Use Dataset
low_income	A dummy variable which also represents the reference income category for the model and indicates respondent's household income. = 1, if respondent indicated their household income was below \$49,999 i.e. values 1-8 = 0, if respondent's income level did not fall in this category	Wave 4- General Use Dataset
middle_income	A dummy variable which indicates respondent's household income = 1, if respondent indicated their household income was greater than \$50,000 and less than \$150,000 i.e. values 9-11 = 0, if respondent's income level did not fall in this category	Wave 4- General Use Dataset

upper_income	A dummy variable which indicates respondent's household income = 1, if respondent indicated their household income was greater than \$150,000 i.e., value 12 = 0, if respondent's income level did not fall in this category	Wave 4- General Use Dataset
No_highschool	A dummy variable which indicates respondent's highest educational level = 1, if respondent indicated that they were either in the 8th grade or less or that they had finished some high school i.e., values 1 and 2 = 0, if respondent's education level did not fall in this category	Wave 4- General Use Dataset
Highschool_grad	A dummy variable which indicates respondent's highest educational level = 1, if respondent indicated they had graduated from high school i.e. value 3 = 0, if respondent's education level did not fall in this category	Wave 4- General Use Dataset
Some_College	A dummy variable which also served as reference category that indicates respondents highest educational level = 1, if respondent indicated had finished from some college or completed vocational training i.e. values 4,5,6 = 0, if respondent's education level did not fall in this category	Wave 4- General Use Dataset
Bachelors_or_higher	A dummy variable which indicates respondent's highest educational level = 1, if respondent indicated had completed a bachelor's degree and other post graduate education i.e. values 9-12 = 0, if respondent's education level did not fall in this category	Wave 4- General Use Dataset
No_cigs	A dummy variable which also serves as a reference category to indicate respondents smoking frequency during pregnancy. = 1, if respondent indicated that they did not smoke while pregnant i.e. value 0	Wave 4- Pregnancy Dataset

	= 0, if respondent did not fall in this category with regards to smoking during pregnancy	
Low_cigs	A dummy variable which indicates respondents smoking frequency during pregnancy. = 1, if respondent indicated that they smoked a few cigarettes, but not every week i.e. value 1 = 0, if respondent did not fall in this category with regards to smoking during pregnancy	Wave 4- Pregnancy Dataset
Medium_cigs	A dummy variable which indicates respondents smoking frequency during pregnancy. = 1, if respondent indicated that they smoked a few cigarettes a week, but not every day i.e. value 2 = 0, if respondent did not fall in this category with regards to smoking during pregnancy	Wave 4- Pregnancy Dataset
High_cigs	A dummy variable which indicates respondents smoking frequency during pregnancy. = 1, if respondent indicated that they smoked 10 to greater than 31 cigarettes in a day while pregnant i.e. values 3-6 = 0, if respondent did not fall in this category with regards to smoking during pregnancy	Wave 4- Pregnancy Dataset
Prenatal_care	Binary variable used to indicate if mother had access to prenatal care during pregnancy: = 1, if mother indicated that she had access to prenatal care = 0, if mother indicated that she did not have access to prenatal care	Wave 4- Pregnancy Dataset
Underweight	A dummy variable used to indicate respondent's BMI classification. = 1, if respondent was categorised as underweight <18.5 i.e. value 1 =0, if respondent was placed in a different category	Wave 4- General Use Dataset
Normal	A dummy variable which served as reference category that indicate respondent's BMI classification. = 1, if respondent was categorised as normal 18.5- <25 i.e. value 2	Wave 4- General Use Dataset

	=0, if respondent was placed in a different category	
Overweight	A dummy variable used to indicate respondent's BMI classification. = 1, if respondent was categorised as overweight 25-<30 i.e. value 3 =0, if respondent was placed in a different category	Wave 4- General Use Dataset
Obese_i	A dummy variable used to indicate respondent's BMI classification. = 1, if respondent was categorised as obese I 30-<35 i.e. value 4 =0, if respondent was placed in a different category	Wave 4- General Use Dataset
Obese_ii	A dummy variable used to indicate respondent's BMI classification. = 1, if respondent was categorised as obese II 35-<40 i.e. value 5 =0, if respondent was placed in a different category	Wave 4- General Use Dataset
Obese_iii	A dummy variable used to indicate respondent's BMI classification. = 1, if respondent was categorised as obese III 40+ i.e. value 6 =0, if respondent was placed in a different category	Wave 4- General Use Dataset
Multiparity_status	A binary variable that indicates whether a mother has had multiple pregnancies or not. = 1 , indicating that the mother has had more than one baby during the specific pregnancy. i.e values 2-5 = 0, indicates primiparity, indicating that the mother has had only one baby during the specific pregnancy. i.e. value 1	Wave 4- Pregnancy Dataset
Actual_Preterm	A binary variable that indicates whether a live birth was preterm = 1 , A value of 1 if baby was delivered more than 3 weeks before due date = 0, if baby was delivered less than 3 weeks before due date	Wave 4- Live Births Dataset
baby_gender	A binary variable used to indicate gender of baby =1, if baby was a boy =0, if baby was a girl	Wave 4- Live Births Dataset
low_birthweight	A binary variable used if the newborn had low birth weight at time of birth	Wave 4- Live Births Dataset

	=1, if baby weighed less than 5 pounds at birth =0, if baby weighed greater than 5 pounds at birth	
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Appendix B: Descriptive Statistics

Descriptive Statistics for Low Birth Weights Variable

low_birthweight	Frequency	Percentage
0	562	79.7163121
1	140	19.8581560
NA	3	0.4255319

Figure 2 Descriptive Statistics for low birth weight variable

Descriptive Statistics for Race Variable

Race	Frequency	Percentage
AAPI	19	2.695035
American_Indian	10	1.418440
Black	193	27.375887
White	483	68.510638
NA	0	0.000000

Figure 3 Descriptive statistics for Race Variable

Descriptive Statistics for Income Variable

Income	Frequency	Percentage
low_income	346	49.078014
middle_income	305	43.262411
upper_income	18	2.553192
NA	36	5.106383

Figure 4 Descriptive Statistics for Income Variable

Descriptive Statistics for Education Variable

Education	Frequency	Percentage
No_highschool	50	7.092199
Highschool_grad	103	14.609929
Some_College	372	52.765957
Bachelors_or_higher	179	25.390071
NA	1	0.141844

Figure 5 Descriptive Statistics for Education Variable

Descriptive Statistics for Prenatal Care Variable

Prenatal_care	Frequency	Percentage
No Prenatal Care	13	1.843972
Prenatal Care	616	87.375886
NA	76	10.780142

Figure 6 Descriptive statistics for Prenatal Care Variable

Descriptive Statistics for Baby Gender Variable

Gender	Frequency	Percentage
Girl	344	48.79433
Boy	361	51.20567
NA	0	0.00000

Figure 7 Descriptive Statistics for Baby Gender Variable

Descriptive Statistics for Actual Preterm Variable

Status	Frequency	Percentage
Term	576	81.702128
Preterm	121	17.163121
NA	8	1.134752

Figure 8 Descriptive Statistics for Actual Preterm Variable

Descriptive Statistics for BMI Variable

BMI	Frequency	Percentage
Underweight	14	1.9858156
Normal	198	28.0851064
Overweight	189	26.8085106
Obese_i	143	20.2836879
Obese_ii	70	9.9290780
Obese_iii	85	12.0567376
NA	6	0.8510638

Figure 9 Descriptive Statistics for BMI Variable

Descriptive Statistics for Smoking_Preg Variable

Smoking_Preg	Frequency	Percentage
No_cigs	509	72.198582
Low_cigs	28	3.971631
Medium_cigs	38	5.390071
High_cigs	54	7.659574
NA	76	10.780142

Figure 10 Descriptive Statistics for Smoking_Preg Variable

Descriptive Statistics for Multiparity Status Variable

Multiparity_status	Frequency	Percentage
Uniparous	617	87.517730
Multiparous	13	1.843972
NA	75	10.638298

Figure 11 Descriptive Statistics for Multiparity Status Variable

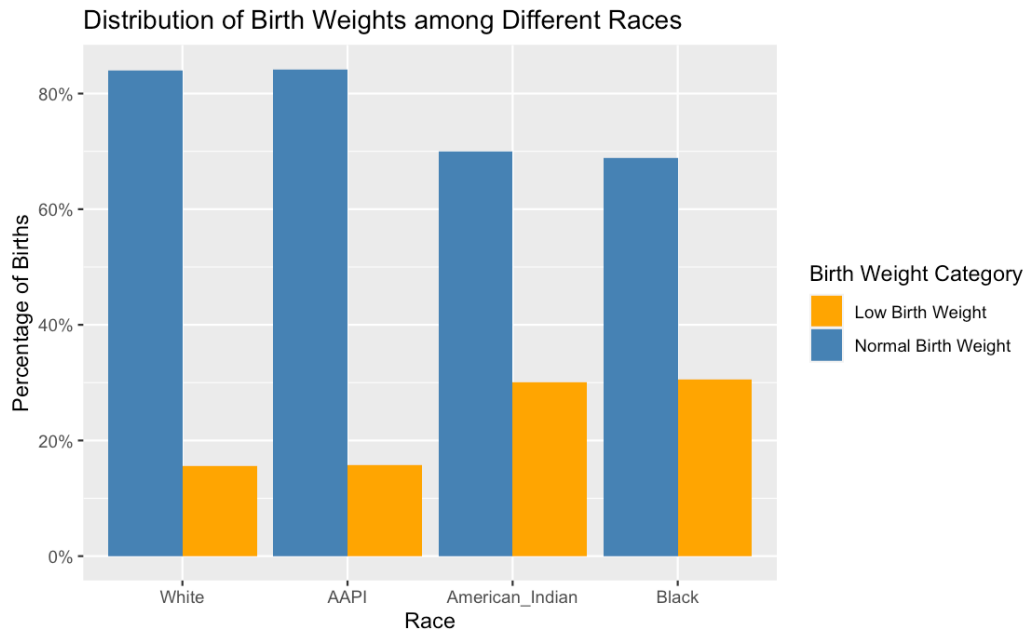


Figure 12 Graph Showing Distribution of Birth Weights Among Different Races

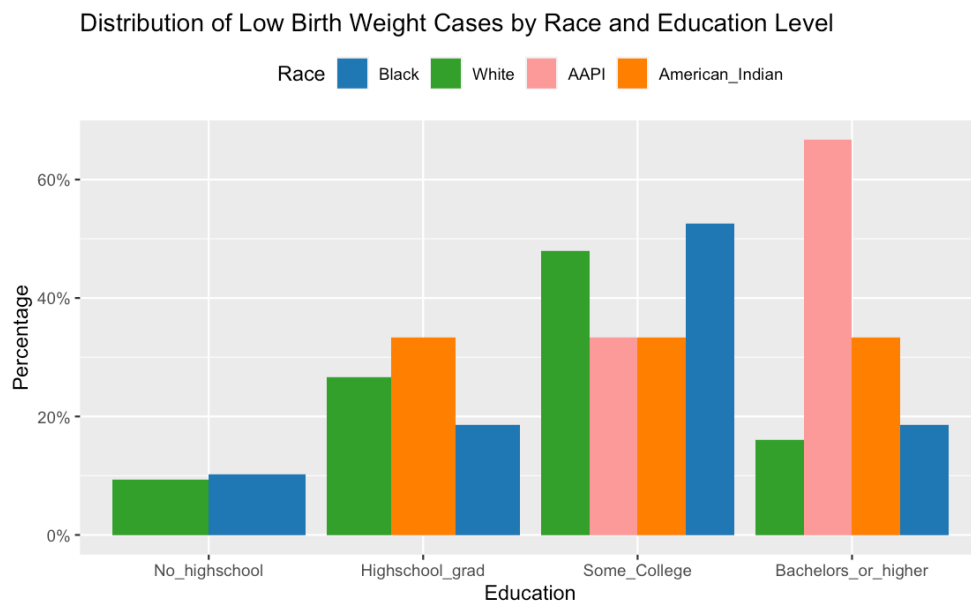


Figure 13 Graph Showing Distribution of Low Birth Weight Cases by Race and Education Level

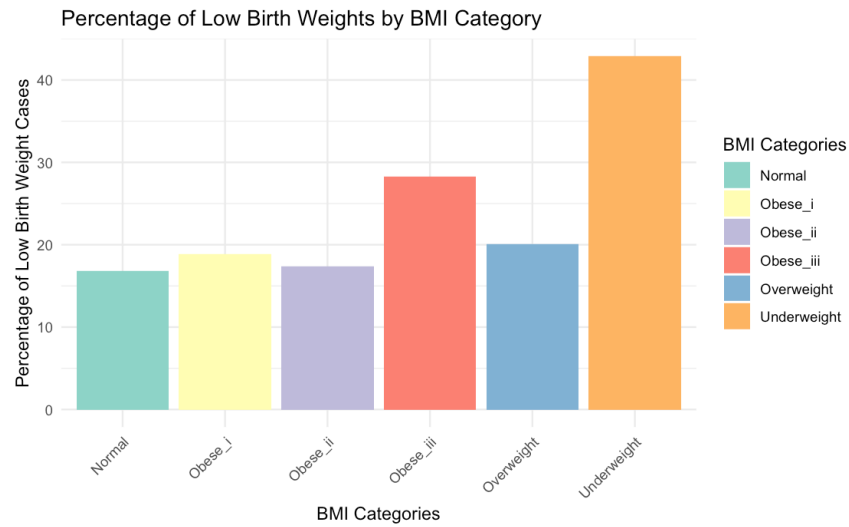


Figure 14 Graph Showing Percentage of Low Birth Weight Cases by BMI Category

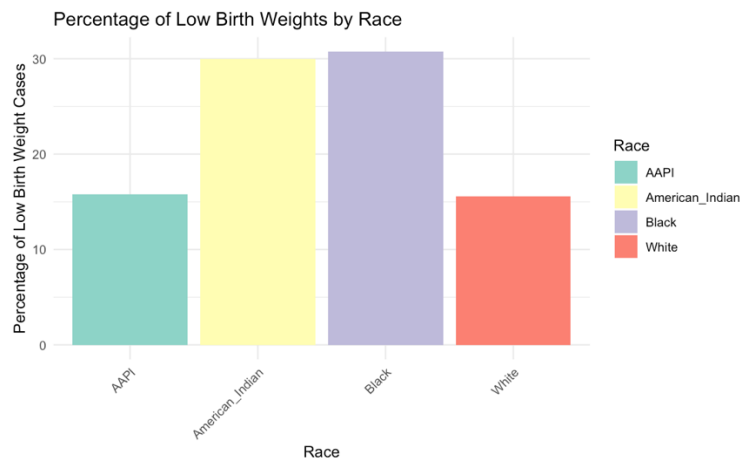


Figure 15 Graph Showing Percentage of Low Birth Weight Cases by Race

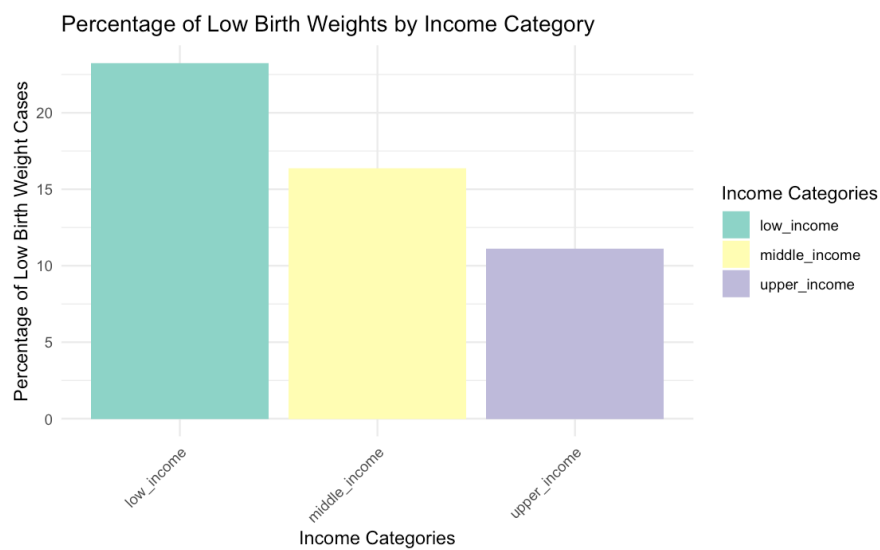


Figure 16 Graph Showing Percentage of Low Birth Weight Cases by Income

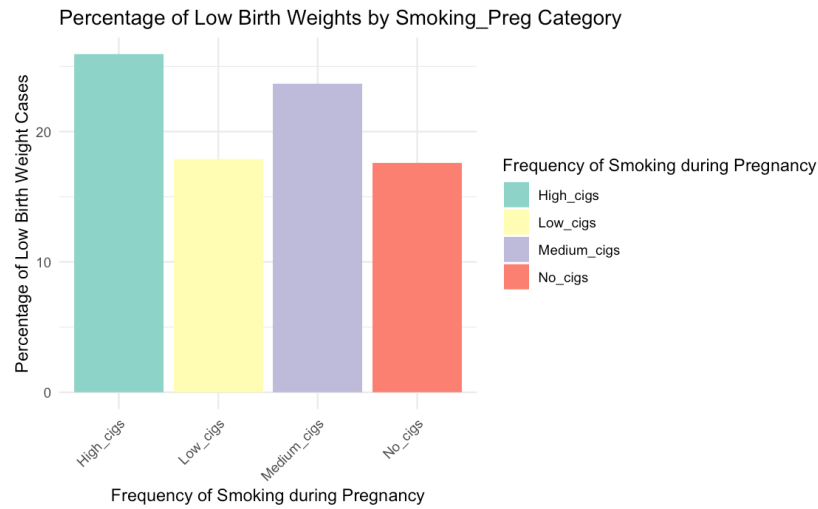


Figure 17 Graph Showing Percentage of Low Birth Weight Cases by Frequency of Smoking During Pregnancy

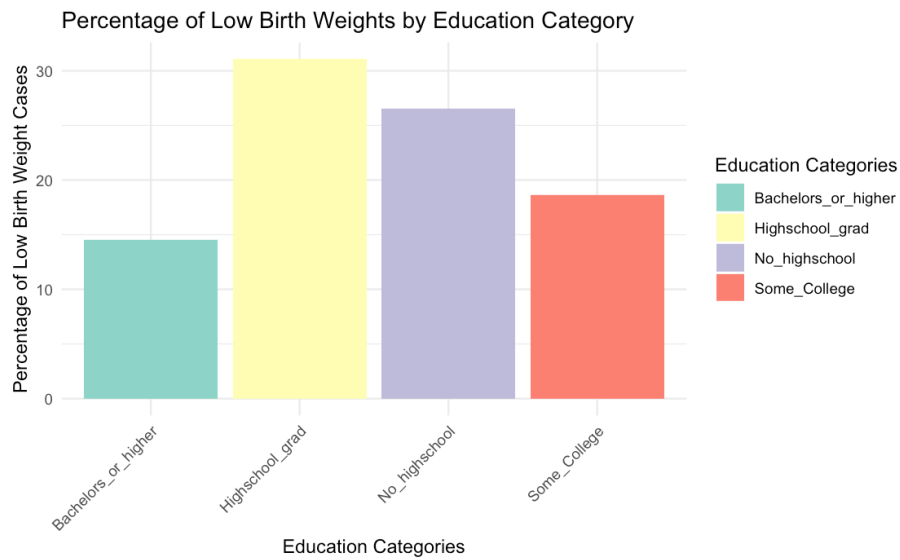


Figure 18 Graph Showing Percentage of Low Birth Weight Cases by Education Level

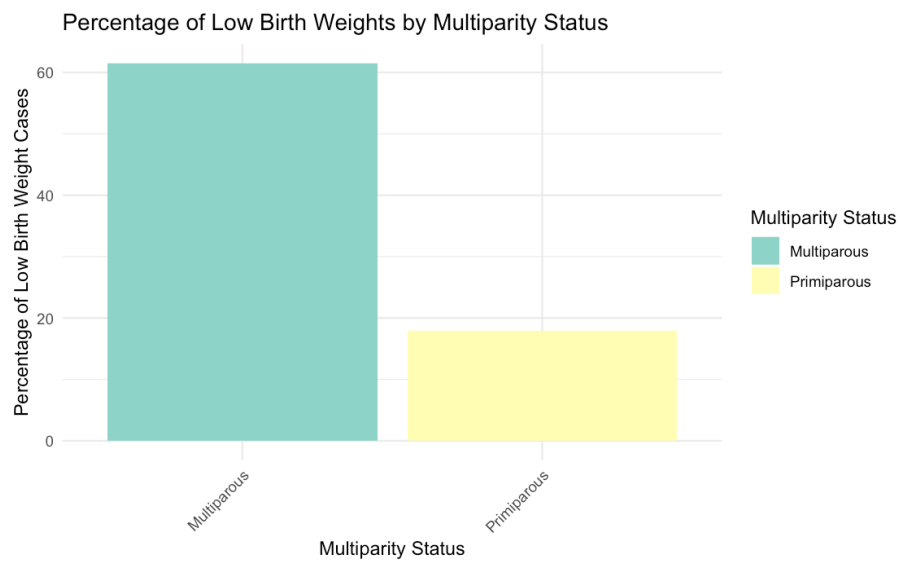


Figure 19 Graph Showing Percentage of Low Birth Weight Cases by Multiparity Status

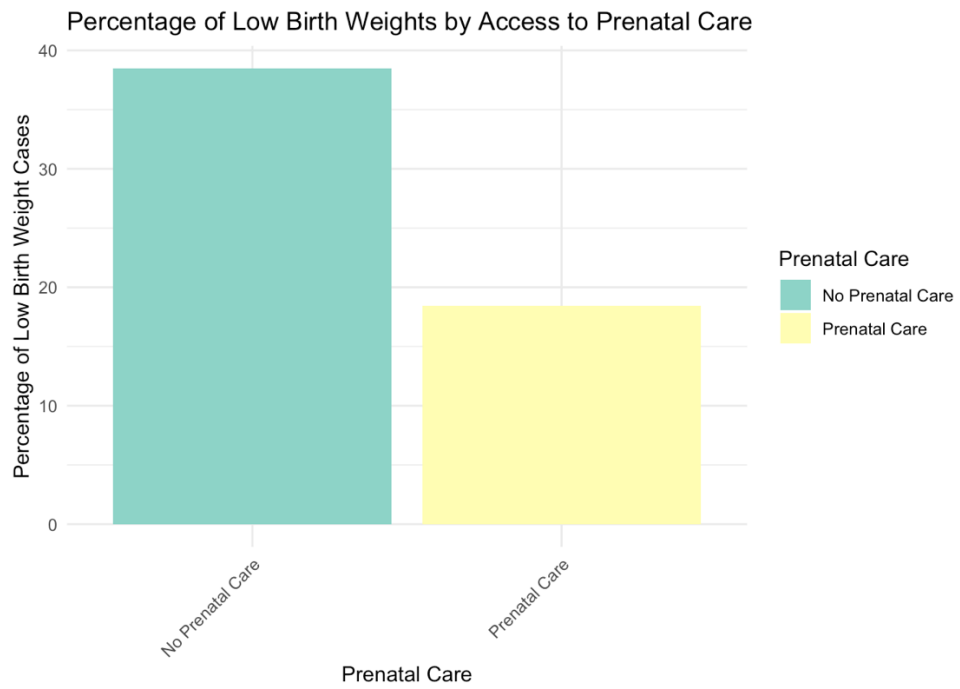


Figure 20 Graph Showing Percentage of Low Birth Weight Cases by Access to Prenatal Care

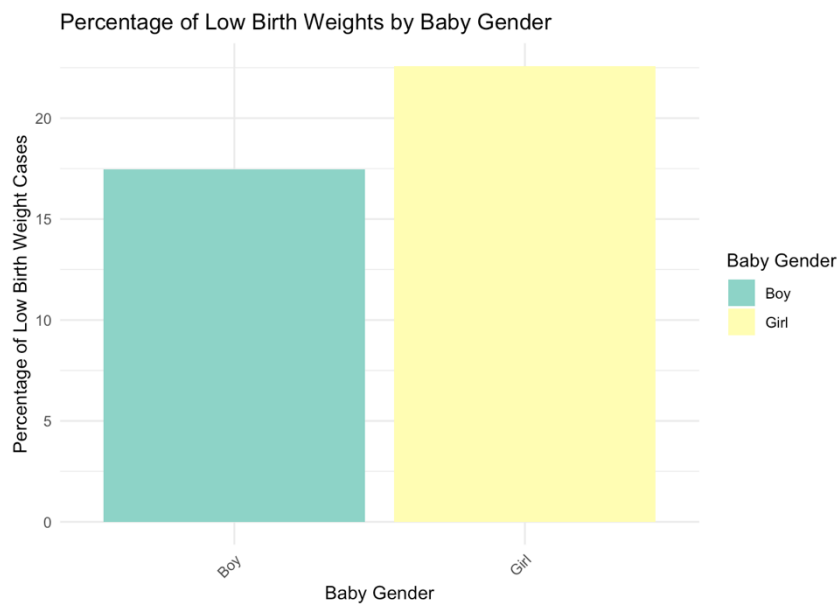


Figure 21 Graph Showing Percentage of Low Birth Weight Cases by Baby's Gender

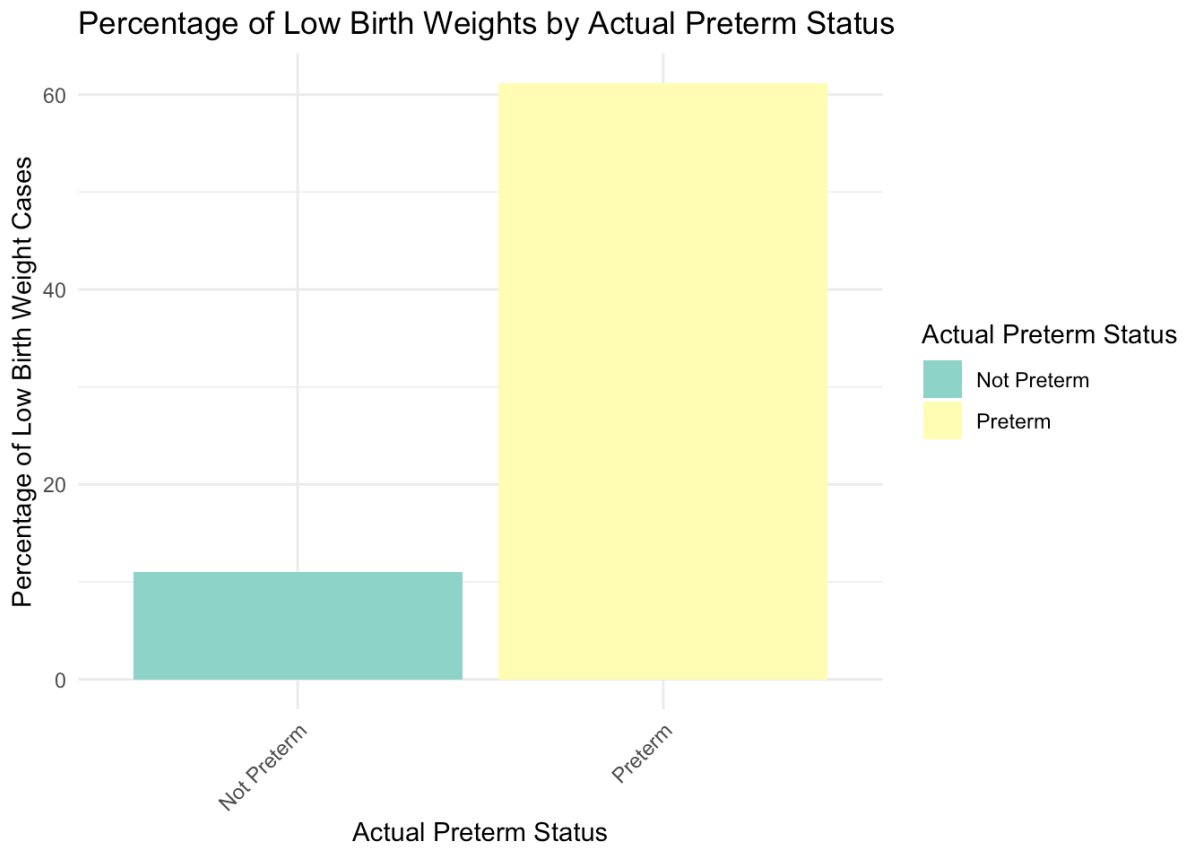


Figure 22 Graph Showing Preterm Births by Actual Preterm Status

Appendix C: Regressions and Results

```
stargazer(logitModel,logitModel3,logitModel4, type="text", title= "logistic regression models for low birth we
t prediction")
```

```
##
## logistic regression models for low birth weight prediction
## =====
##                               Dependent variable:
##                               -----
##                               low_birthweight
##                               (1)      (2)      (3)
## -----
## RaceAAPI                0.015      0.372      1.239
##                        (0.642)    (0.667)    (0.756)
##
## RaceAmerican_Indian      0.842      0.328     -0.322
##                        (0.701)    (0.849)    (1.027)
##
## RaceBlack                0.876***    0.763***    0.985***
##                        (0.201)    (0.236)    (0.302)
##
## Incomemiddle_income              -0.338     -0.592**
##                                (0.237)    (0.295)
##
## Incomeupper_income              -1.112     -1.389
##                                (1.058)    (1.200)
##
## EducationNo_highschool           0.307      0.125
##                                (0.427)    (0.568)
##
## EducationHighschool_grad         0.738***    0.670*
##                                (0.287)    (0.366)
##
## EducationBachelors_or_higher     -0.312     -0.203
##                                (0.291)    (0.349)
##
## Prenatal_care1                 -0.809     -0.339
##                                (0.657)    (0.890)
##
## Multiparity_status1              1.967**
##                                (0.811)
##
## Actual_Preterm1                 3.034***
##                                (0.308)
##
## BMIUnderweight                 1.538**
##                                (0.779)
##
## BMIOverweight                   0.216
##                                (0.364)
##
## BMIObese_i                    -0.247
##                                (0.394)
##
## BMIObese_ii                   -0.161
##                                (0.539)
##
## BMIObese_iii                   0.046
##                                (0.463)
##
## Smoking_PregLow_cigs            0.015
##                                (0.640)
##
## Smoking_PregMedium_cigs         0.119
##                                (0.533)
##
## Smoking_PregHigh_cigs           0.220
##                                (0.509)
##
## baby_gender                    -0.734***
##                                (0.275)
##
## Constant                     -1.689***    -0.833    -1.814*
##                        (0.126)    (0.673)    (0.952)
##
## -----
## Observations                   702      596      581
## Log Likelihood                 -341.045   -271.916  -196.217
## Akaike Inf. Crit.              690.090   563.831  434.433
## =====
## Note:                          *p<0.1; **p<0.05; ***p<0.01
```

Figure 23 Result of the three initial logistic regressions

```
##
## logistic regression models involving interaction terms for low birth weight prediction
```

```
## =====
##                               Dependent variable:
##                               -----
##                               low_birthweight
##                               (1)         (2)
## -----
## RaceAAPI                      0.545         1.033
##                               (1.112)        (0.822)
##
## RaceAmerican_Indian          -13.100        -13.370
##                               (827.307)      (639.593)
##
## RaceBlack                     1.077***       0.885***
##                               (0.401)       (0.341)
##
## EducationNo_highschool        0.108         0.075
##                               (0.698)       (0.575)
##
## EducationHighschool_grad      0.679         0.660*
##                               (0.440)       (0.366)
##
## EducationBachelors_or_higher -0.202        -0.227
##                               (0.442)       (0.352)
##
## Incomemiddle_income          -0.548*       -0.625**
##                               (0.301)       (0.298)
##
## Incomeupper_income           -1.345        -1.381
##                               (1.208)       (1.190)
##
## BMIUnderweight               1.468*       1.533**
##                               (0.789)       (0.770)
##
## BMIOverweight                0.199         0.160
##                               (0.372)       (0.369)
##
## BMIObese_i                   -0.278        -0.276
##                               (0.397)       (0.394)
##
## BMIObese_ii                  -0.109        -0.216
##                               (0.547)       (0.548)
##
## BMIObese_iii                 0.009         0.021
##                               (0.464)       (0.463)
##
## Multiparity_status1          1.923**       1.970**
##                               (0.821)       (0.801)
##
## Prenatal_care1               -0.264        -0.047
##                               (0.938)       (0.998)
##
## Actual_Preterm1              2.995***       2.880***
##                               (0.311)       (0.353)
##
## Smoking_PregLow_cigs         -0.013         0.036
##                               (0.639)       (0.633)
##
## Smoking_PregMedium_cigs      0.107         0.108
##                               (0.532)       (0.526)
##
## Smoking_PregHigh_cigs        0.208         0.201
##                               (0.509)       (0.504)
##
## baby_gender                  -0.726***       -0.750***
##                               (0.277)       (0.276)
##
## RaceAAPI:EducationNo_highschool
##
## RaceAmerican_Indian:EducationNo_highschool
##
## RaceBlack:EducationNo_highschool 0.0005
##                               (1.155)
##
## RaceAAPI:EducationHighschool_grad -13.374
##                               (1,455.398)
##
## RaceAmerican_Indian:EducationHighschool_grad 12.223
##                               (827.308)
##
## RaceBlack:EducationHighschool_grad 0.097
##                               (0.838)
##
## RaceAAPI:EducationBachelors_or_higher 2.417
##                               (1.801)
##
```

```
--
## RaceAmerican_Indian:EducationBachelors_or_higher 28.364
##                               (1,674.103)
##
## RaceBlack:EducationBachelors_or_higher -0.470
##                               (0.743)
##
## RaceAAPI:Actual_Preterm1 15.078
##                               (1,455.398)
##
## RaceAmerican_Indian:Actual_Preterm1 13.711
##                               (639.594)
##
## RaceBlack:Actual_Preterm1 0.445
##                               (0.736)
##
## Constant -1.878* -1.984*
##           (0.994) (1.033)
##
## -----
## Observations 581 581
## Log Likelihood -193.638 -195.206
## Akaike Inf. Crit. 443.276 438.412
## =====
## Note: *p<0.1; **p<0.05; ***p<0.01
```

Figure 24 Result of logistic regression with interaction terms

Appendix D: Statistical Tests

VIF values

	GVIF	Df	GVIF ^{1/(2*Df)}
Race	1.270843	3	1.040755
Income	1.292667	2	1.066281
Education	1.375717	3	1.054601
Prenatal_care	1.061156	1	1.030124
Multiparity_status	1.059315	1	1.029230
Actual_Preterm	1.193486	1	1.092468
BMI	1.303076	5	1.026826
Smoking_Preg	1.243818	3	1.037034
baby_gender	1.087454	1	1.042811

Figure 25 Variance Inflation Factor (VIF) Values for Predictor Variables from Third Regression Model

```
Variable_Importance= varImp(logitModel4)
library(knitr)

# Print the result_df using kable for a nicely formatted table
kable(Variable_Importance, format = "html", caption = "Variable_Importance") %>%
  kable_styling(bootstrap_options = "striped")
```

Variable_Importance

	Overall
RaceAAPI	1.6384537
RaceAmerican_Indian	0.3134998
RaceBlack	3.2565774
Incomemiddle_income	2.0022479
Incomeupper_income	1.1579012
EducationNo_highschool	0.2193987
EducationHighschool_grad	1.8321631
EducationBachelors_or_higher	0.5821006
Prenatal_care1	0.3806982
Multiparity_status1	2.4253800
Actual_Preterm1	9.8585522
BMIUnderweight	1.9743063
BMIOverweight	0.5937457
BMIObese_i	0.6284711
BMIObese_ii	0.2985013
BMIObese_iii	0.0989243
Smoking_PregLow_cigs	0.0234124
Smoking_PregMedium_cigs	0.2239337
Smoking_PregHigh_cigs	0.4323943
baby_gender	2.6726630

Figure 26 Variable Importance for Predictor Variables

```
chi_square_result <- anova(logitModel4, test = "Chisq")

# Convert the anova result to a data frame
result_df <- as.data.frame(chi_square_result)

# Load the knitr package
library(knitr)

# Print the result_df using kable for a nicely formatted table
kable(result_df, format = "html", caption = "Chi-Square Test Results") %>%
  kable_styling(bootstrap_options = "striped")
```

Chi-Square Test Results

	Df	Deviance	Resid. Df	Resid. Dev	Pr(>Chi)
NULL	NA	NA	580	557.9958	NA
Race	3	9.3042687	577	548.6915	0.0255074
Income	2	7.1232525	575	541.5683	0.0283926
Education	3	8.8940600	572	532.6742	0.0307331
Prenatal_care	1	1.8827387	571	530.7915	0.1700232
Multiparity_status	1	12.2679614	570	518.5235	0.0004608
Actual_Preterm	1	113.0409473	569	405.4826	0.0000000
BMI	5	5.2208647	564	400.2617	0.3895246
Smoking_Preg	3	0.4484882	561	399.8132	0.9300535
baby_gender	1	7.3798363	560	392.4334	0.0065959

Figure 27 Chi-Square Test Results for Predictor Variables

```
# Remove rows with missing values
final_columns_complete <- final_columns[complete.cases(final_columns), ]

# Fit the null model
null_model <- glm(low_birthweight ~ 1, data = final_columns_complete, family = binomial())

# Fit the full model
full_model <- glm(low_birthweight ~ Race + Income + Education + Prenatal_care + Multiparity_status + Actual_Preterm + BMI + Smoking_Preg + baby_gender, data = final_columns_complete, family = binomial())

# Perform the likelihood ratio test
lr_test <- anova(null_model, full_model, test = "Chisq")

# Print the test results
library(stargazer)
stargazer(lr_test, type="text", title= "Results of Likelihood Ratio test")
```

```
##
## Results of Likelihood Ratio test
## =====
## Statistic N Mean St. Dev. Min Max
## -----
## Resid. Df 2 570.000 14.142 560 580
## Resid. Dev 2 475.215 117.070 392.433 557.996
## Df 1 20.000 20 20
## Deviance 1 165.562 165.562 165.562
## Pr(> Chi) 1 0.000 0 0
## -----
```

Figure 28 Results of Likelihood-Ratio test

```
logitModel4 <- glm(low_birthweight ~ Race + Income + Education + Prenatal_care + Multiparity_status + Actual_Pret
erm + BMI + Smoking_Preg + baby_gender , data = final_columns, family = binomial())
```

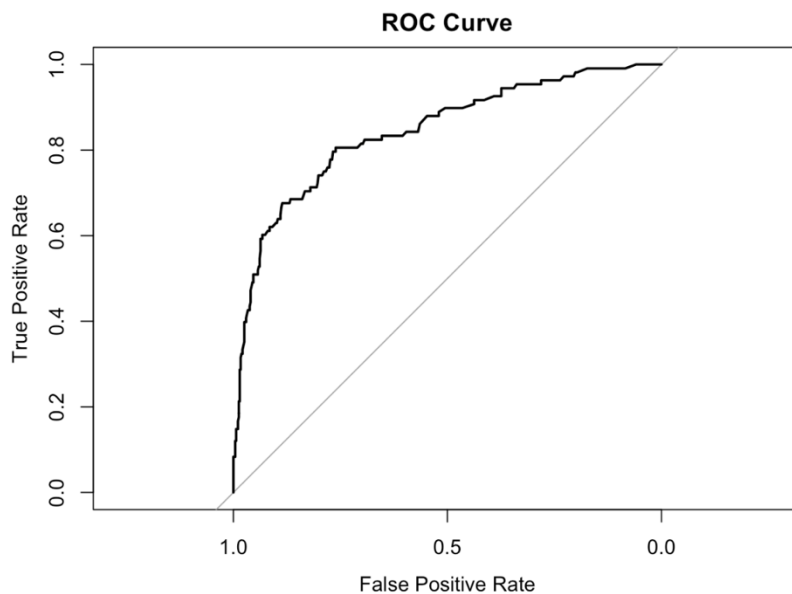
```
# Use the same dataset to generate predicted probabilities
predicted_probs <- predict(logitModel4, type = "response", newdata = final_columns)
```

```
# Create a ROC curve and calculate the AUROC
roc_obj <- roc(final_columns$low_birthweight, predicted_probs)
```

```
## Setting levels: control = 0, case = 1
```

```
## Setting direction: controls < cases
```

```
# Plot the ROC curve
plot(roc_obj, main = "ROC Curve", xlab = "False Positive Rate", ylab = "True Positive Rate")
```



```
# Calculate the AUROC
auroc <- auc(roc_obj)

# Print the AUROC value
cat("AUROC:", auroc, "\n")
```

```
## AUROC: 0.8433756
```

Figure 29 ROC curve and AUROC result