



The Association between Socioeconomic Status and Contraceptive Use Intentions in Adolescents

Raymond Dong, Applied Data Analysis, Wesleyan University



Introduction

- Socioeconomic status is consistently linked to adolescents' contraceptive behaviors and attitudes, with higher-SES youth reporting greater access, knowledge, and autonomy in reproductive decision-making (Dehlendorf, Rodriguez, Levy, Borrero, & Steinauer, 2010)
- Perceptions of contraception, such as whether it is too costly, inconvenient, or morally acceptable, vary across socioeconomic backgrounds and shape intentions differently among adolescents (Cederbaum, Yoon, Lee, Desai, Brown, & Clark, 2022; Institute of Medicine, 1995)
- Household financial conditions can further influence contraceptive motivations, as adolescents experiencing financial strain often report weaker intentions to use birth control compared to peers with more stable resources (Cederbaum, Yoon, Lee, Desai, Brown, & Clark, 2022).

Research Questions

- How do household income and financial strain (ability to pay bills) shape adolescents' intentions to use contraception?
- How does socioeconomic status influence adolescents' contraceptive use intentions?

Methods

Sample

- The data comes from the National Longitudinal Study of Adolescent to Adult Health (Add Health), a nationally representative survey of U.S. adolescents. The Wave I sample includes 20,745 adolescents in grades 7–12, selected from 145 middle, junior, and high schools across the United States using a stratified, school-based cluster design. Respondents participated in face-to-face, computer-assisted interviews conducted in their homes following informed consent procedures. Although Add Health consists of five waves of follow-up, the present study focuses exclusively on Wave I.

Measures

- Contraceptive Motivation was measured by summing seven items on attitudes toward birth control (e.g., cost, planning, moral acceptability, ease of use, interference with pleasure). Higher scores indicate greater intention or motivation to use contraception.
- Household Income (SES) was parent-reported (PA55) and recoded into three categories: low, moderate, and high income.

- Financial Strain was measured by whether the household had enough money to pay bills (PA56), coded 0 = insufficient, 1 = sufficient.

Results

Bivariate

- ANOVA and bivariate boxplots showed that adolescents' contraceptive motivation increased with household income (Fig. 1).
- Adolescents from high-income households reported the highest motivation, while those from low-income households reported the lowest.

Multivariate

- Multiple linear regression analyses showed that adolescents from moderate- and high-income households reported significantly higher contraceptive motivation than those from low-income households ($\beta = 0.964$, $p < 0.05$; $\beta = 1.88$, $p < 0.05$, respectively) (Fig. 2).
- Adolescents whose households had enough money to pay bills also had slightly higher motivation ($\beta = 0.152$, $p < 0.05$).
- Financial strain partially moderated the relationship between household income and contraceptive motivation, with the largest differences observed among high-income adolescents.

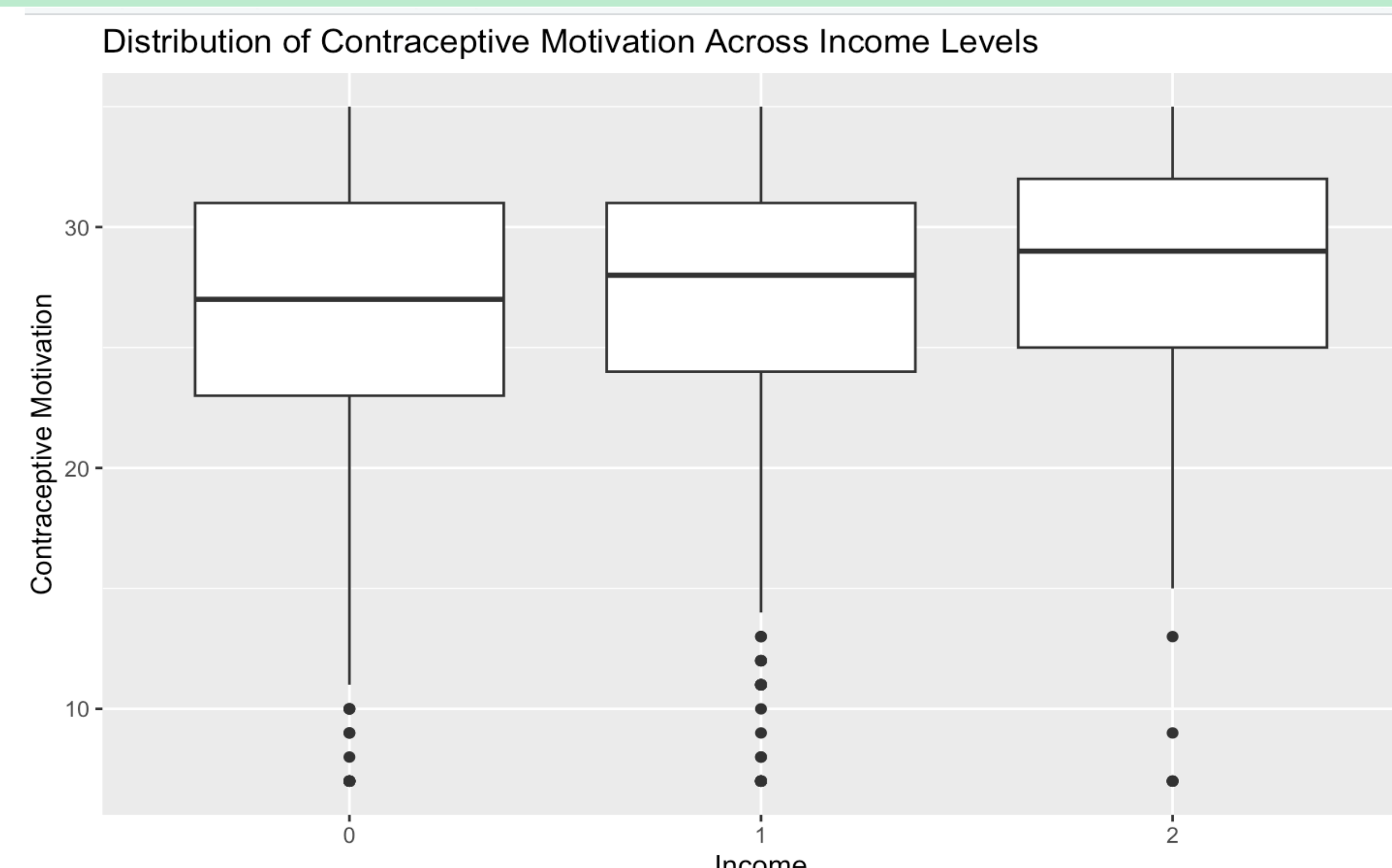


Figure 1: Distribution of contraceptive motivation scores across household income levels. Higher-income adolescents generally report greater motivation to use contraception.

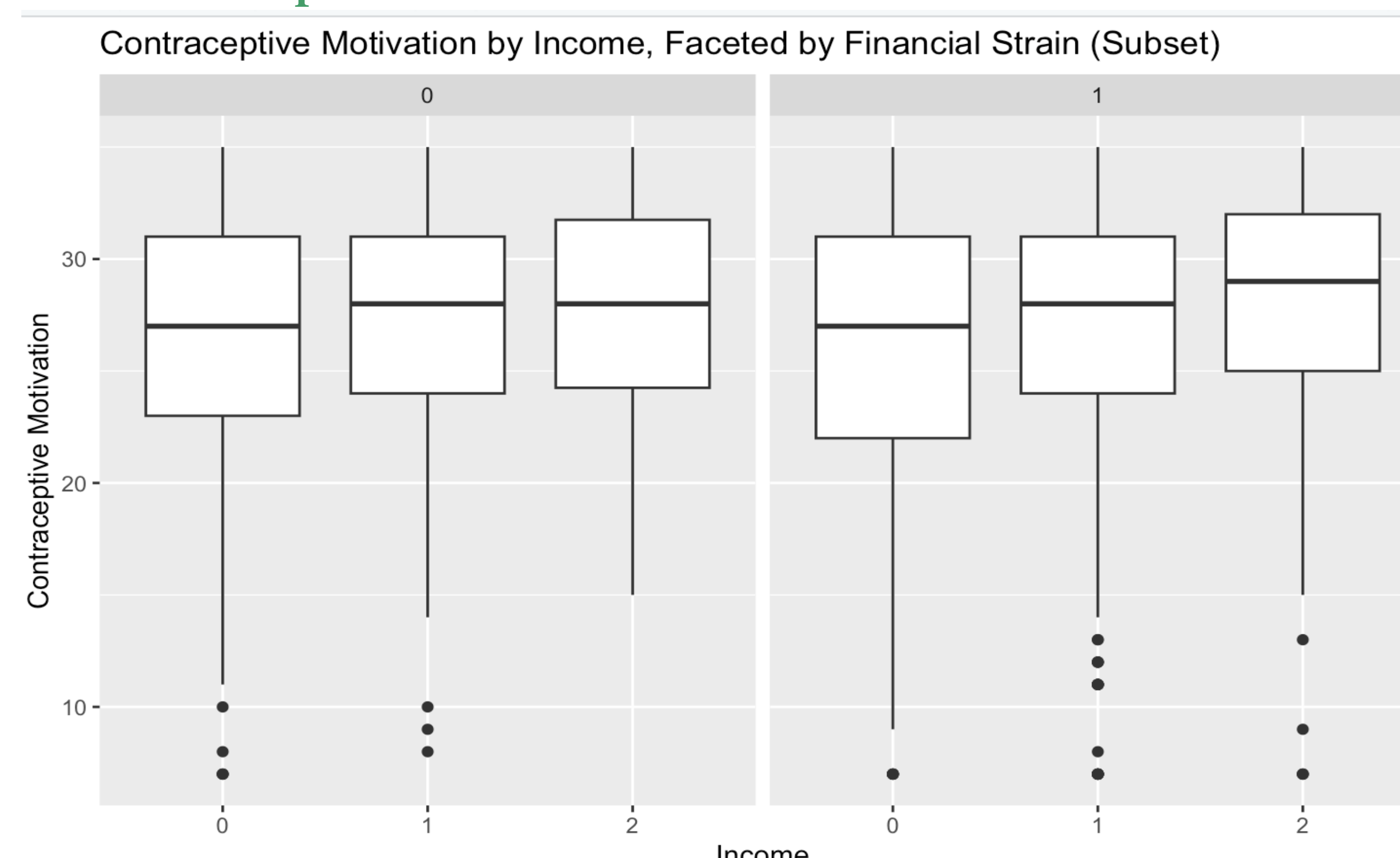


Figure 2: Predicted contraceptive motivation scores by household income and financial strain. Adolescents from higher-income households show greater motivation, and having enough money to pay bills is associated with slightly higher motivation across income levels.

Discussion

- Adolescents from higher-income households reported stronger intentions to use contraception, while lower-income adolescents showed weaker motivation.
- Financial strain (ability to pay bills) modestly influenced motivation, suggesting both SES and short-term economic stress matter for reproductive health attitudes.
- Future research should examine factors like parental education and race/ethnicity to and see if teens' motivation affects their actual contraceptive use later on in life.

References

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