Exercise session 4

- 1. Your aim is to estimate how the number of prenatal examinations and several other characteristics influence the birth weight of a baby. Your initial hypothesis is that more responsible pregnant women visit the doctor more often and this leads to healthier and thus also bigger babies.
 - (a) In your first specification, you run the following model:

bwght =
$$\beta_0 + \beta_1 npvis + \beta_2 npvis^2 + \beta_3 monpre + \beta_4 male + \varepsilon$$
,

where *bwght* is birth weight of the baby (in grams), *npvis* is the number of prenatal doctor's visits, *monpre* is the month on pregnancy in which the prenatal care began and *male* is a dummy, equal to one if the baby is a boy and zero if it is a girl. You obtain the following results from Stata¹:

Source	SS	df	MS		Number of obs F(4, 1721)	
Model RESIDUAL	12848047.5 570003184		212011.87 31204.639		Prob > F R-squared	= 0.0000 = 0.0220
Total	582851231	1725 33	37884.772		Adj R-squared Root MSE	= 0.0198 = 575.5
bwght	Coef.	Std. Ern	f. t	P> t	[95% Conf.	Interval]
npvis npvissq monpre MALE _cons	53.50974 -1.173175 30.47033 76.69243 2853.196	11.41313 .3591552 12.40794 27.76083 101.3073	2 -3.27 4 2.46 3 2.76	0.000 0.001 0.014 0.006 0.000	31.12468 -1.877601 6.134091 22.24391 2654.498	75.89484687481 54.80657 131.141 3051.895

- i. Is there strong evidence that npvissq (stands for $npvis^2$) should be included in the model?
- ii. How do you interpret the negative coefficient of npvissq?
- iii. Holding *npvis* and *monpre* fixed, test the hypothesis that newborn boys weight by 100 grams more than newborn girls (at 95% confidence level).

¹ Stata is a statistical software, which can be used to for econometric purposes. The Stata output

is quite similar to the Gretl output you are familiar with. In particular, *Coef.* denotes the estimated coefficients, *Std.Err.* denotes the standard errors of these coefficients, t denotes the t-statistic of the test of significance of the coefficients, P > |t| denotes the corresponding t-value.

(b) A friend of yours, student of medicine, reminds you of the fact that the age of the parents (especially of the mother) might be a decisive factor for the health and for the weight of the baby. Therefore, in your second specification, you decide to include in your model also the age of the mother (*mage*) and of the father (*fage*). The results of your estimation are now the following:

Source	SS	df	1	MS		Number of obs : F(6, 1713) =	= 1720 8.25
Model Residual	16270165.8 563258231	6 1713	2711 32881	694.3 3.912		Prob > F	= 0.0000 = 0.0281
TOTAL	579528396	1719	33713	1.121		_	= 573.42
bwght	Coef.	Std.	Err.	t	P> t	[95% Conf.	Interval]
npvis npvissq monpre MALE MAGE FAGE _cons	52.43859 -1.138545 34.35661 74.45482 .5285275 8.697342 2592.813	11.40 .3585 12.69 27.75 4.218 3.465 139.6	5648 9477 5247 8069 5973	4.60 -3.18 2.71 2.68 0.13 2.51 18.57	0.000 0.002 0.007 0.007 0.900 0.012 0.000	30.06826 -1.841816 9.457725 20.02252 -7.744582 1.899357 2318.974	74.80891 4352743 59.2555 128.8871 8.801637 15.49533 2866.651

- i. Comment on the significance of the coefficients on *mage* and *fage* sepa- rately: are they in line with your friend's claim?
- ii. Test the hypothesis that *mage* and *fage* are jointly significant (at 95% confidence level). Is the result in line with your friend's claim?
- iii. How can you reconcile you findings from the two previous questions?
- (c) In your third specification, you decide to drop fage and you get the following results:

Source	SS	df	MS		Number of obs	
Model Residual	14451685.6 568399545		90337.13 0464.852		R-squared	8.75 0.0000 0.0248 0.0220
TOTAL	582851231	1725 33	7884.772		naj re ogomes	= 0.0220 = 574.86
bwght	Coef.	Std. Er	r. t	P> t	[95% Conf.	INTERVAL]
npvis npvissq monpre MALE MAGE _cons	52.27885 -1.142647 35.25912 79.38175 -6.91257 2648.851	11.4140 .359021 12.5832 27.7566 3.13797	4 -3.18 8 2.80 7 2.86 2 -2.20	0.000 0.001 0.005 0.004 0.028 0.000	29.89196 -1.846811 10.57898 24.94136 -13.06721 2379.602	74.665754384821 59.93927 133.8221757928 2918.1

Comment on the significance of the coefficient on mage, compared to the results

from part (b). Is your finding in line with your reasoning in part (b)? Does it confirm your friend's claim?

(d) Having regained trust in your friend, you consult your results once more with him. Together, you come up with an interesting question: whether smoking during pregnancy can affect the weight of the baby. Fortunately, you have at your disposition the variable *cigs*, standing for the average number of cigarettes each woman in your sample smokes per day during the pregnancy, and so you can include it in your model. However, your friend warns you that women who smoke during pregnancy are in general less responsible than those who do not smoke, and that these women also tend to visit the doctor less often. (In other words, the more the women smokes, the less prenatal doctor's visits she has). This is an important fact that you have to take into consideration while interpreting your final results, which are:

Ri	Source Model ESIDUAL	SS 14560828.9 523281374	df 6 1615	24268	MS 304.81		Number of obs F(6, 1615) Prob > F R-squared		1622 7.49 0.0000 0.0271
	TOTAL	537842203	1621	33179	96.547		Adj R-squared Root MSE	=	0.0235 569.22
	bwght	Coef.	Std.	Err.	t	P> t	[95% Conf.	Int	rerval]
	npvis npvissq monpre MALE MAGE cigs _cons	42.434428948737 31.77658 82.39438 -6.980738 -10.209 2748.856	11.59 .3624 12.78 28.34 3.227 3.398 141.	432 3156 3937 2181 3309	3.66 -2.47 2.49 2.91 -2.16 -3.00 19.38	0.000 0.014 0.013 0.004 0.031 0.003	19.68999 -1.605782 6.706395 26.78897 -13.31064 -16.87456 2470.591	1 56 13 6	5.17885 1839653 5.84676 37.9998 5508356 3.54344 3027.12

- i. Interpret the coefficient on cigs.
- ii. What evidence do you find that cigs really should be included in the model? List at least two arguments.
- iii. Compare the coefficient on npvis with the one you obtained in part (c). Do you think there was a bias? If yes, explain where it came from and interpret its sign.