ACHI
INSPIRING HEALTHY ACTS

TEEN BIRTHS IN ARKANSAS

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Introduction

Despite having declined over the past three decades, the teen birth rate in the United States remains higher than in most other Western industrialized nations.[1] Arkansas has consistently ranked among the states with the highest teen birth rates in the United States.[2] Teen pregnancy and childbearing are linked to many negative consequences for mothers and children, including poverty, poor health, and lack of educational attainment.[1] There are also broader adverse effects on the economy, including lost tax revenue, reduced workforce productivity, and increased costs to provide public assistance.[3]

This explainer highlights one of the many risks along the birthing journey: inadequate pre-pregnancy planning and health education to prevent unintended pregnancies. It also discusses the individual and familial health, social, and economic impacts of teen births in Arkansas.

Trends in Teen Births

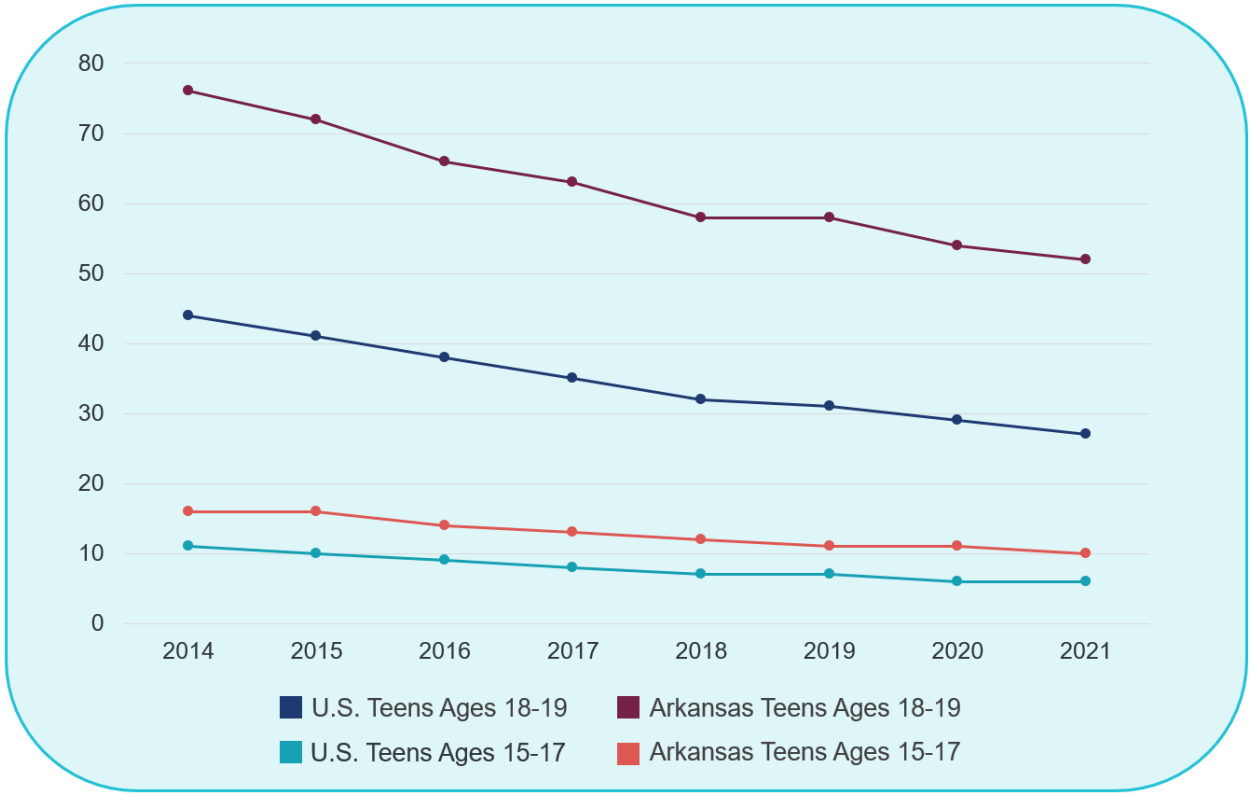
Teen births in Arkansas and across the United States have been declining since the early 1990s. Evidence suggests this decline stems from teens being less sexually active and becoming more effective users of contraception.[1,4] However, long-standing demographic and geographic disparities in teen birth rates still exist.

In 2021, Arkansas had the highest teen birth rate in the nation: 26.5 births per 1,000 teens ages 15 to 19, nearly double the national average of 14 births per 1,000 teens.[5,6] The majority of the births to Arkansas teens, 76%, occurred to teens ages 18 to 19 (52 births per 1,000 teens in this age group), while the remaining 24% occurred to teens ages 15 to 17 (10 births per 1,000 teens

in this age group).[5,6] Thirty-three births in Arkansas in 2021 occurred to teens under age 15, or approximately 1% of all births to teens under age 20.[6]

Nationally, a similar trend was observed between age groups, with 76% of teen births in 2021 occurring among teens ages 18 to 19 (26.6 births per 1,000 teens in this age group), with the remaining 24% of teen births occurring to teens ages 15 to 17 (5.6 births per 1,000 teens in this age group)[5,6] (see Figure 1).

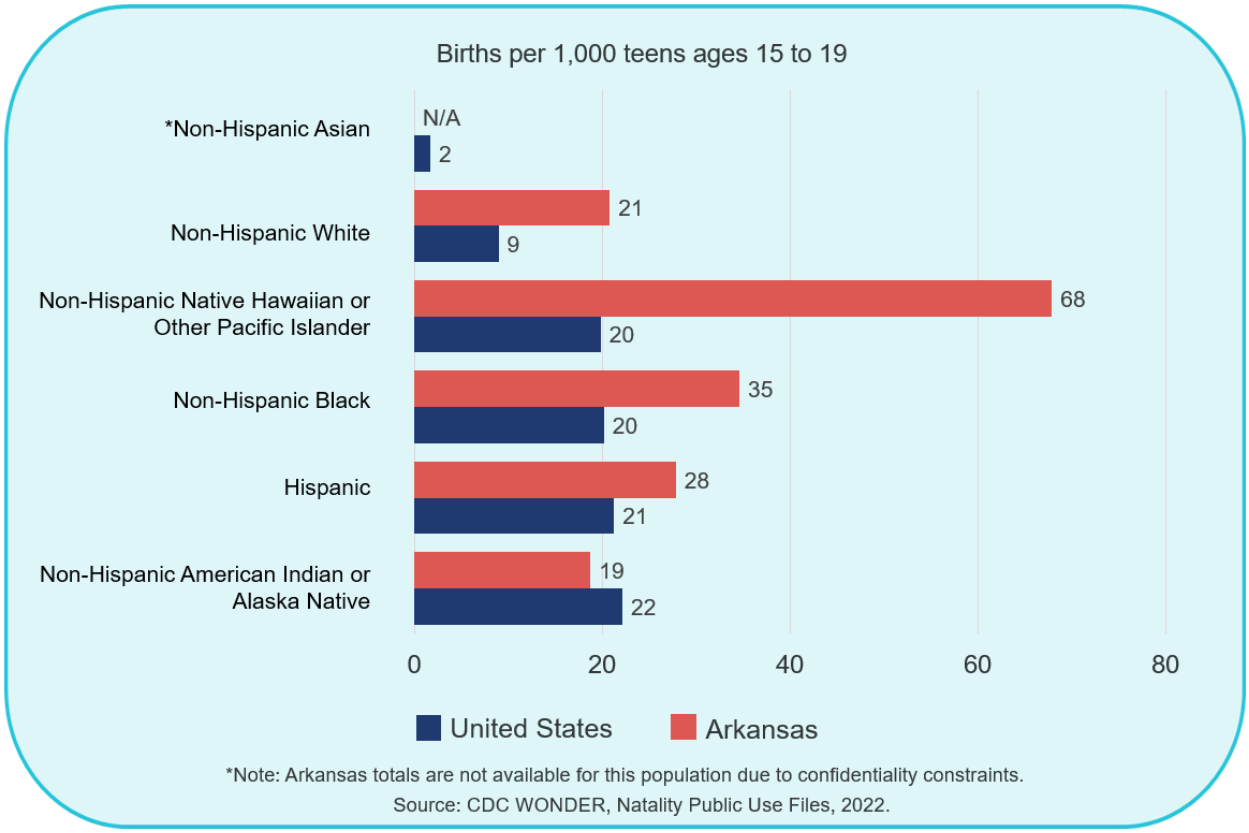
FIGURE 1: BIRTHS PER 1,000 TEENS AGES 15 TO 17 AND AGES 18 TO 19, US VERSUS ARKANSAS, 2014-2021[5,6]



Teen birth rates vary by race and ethnicity, with four groups — non-Hispanic American Indian or Alaska Native, non-Hispanic Native Hawaiian or Other Pacific Islander, non-Hispanic Black, and Hispanic teens — having rates more than twice as high as the rate among non-Hispanic White teens and more than 10 times the rate among non-Hispanic Asian teens. Compared to national rates, Arkansas has higher rates of teen births among every racial and ethnic group except for non-Hispanic American Indian or Alaska Native teens, among whom Arkansas's rate is lower

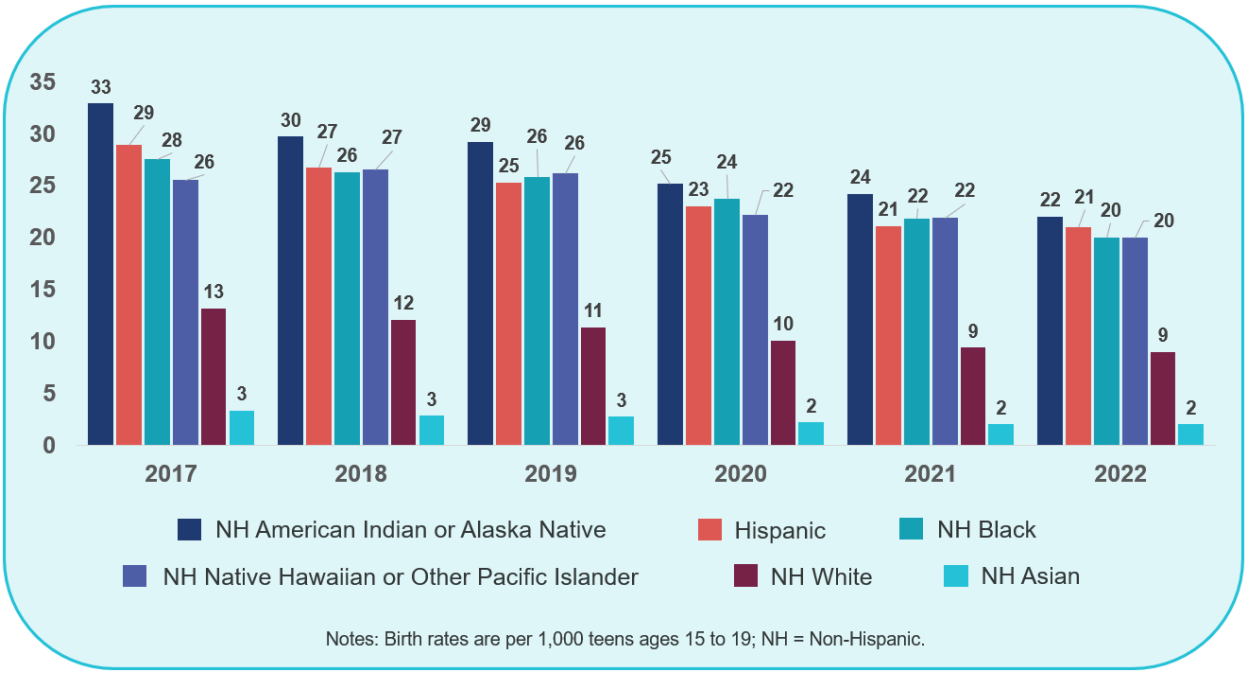
than the national rate, and non-Hispanic Asian teens, whose teen birth rate in Arkansas is suppressed to protect the confidentiality of this small group (See Figure 2).[6]

FIGURE 2: TEEN BIRTH RATES BY RACE/ETHNICITY, US VERSUS ARKANSAS, 2022



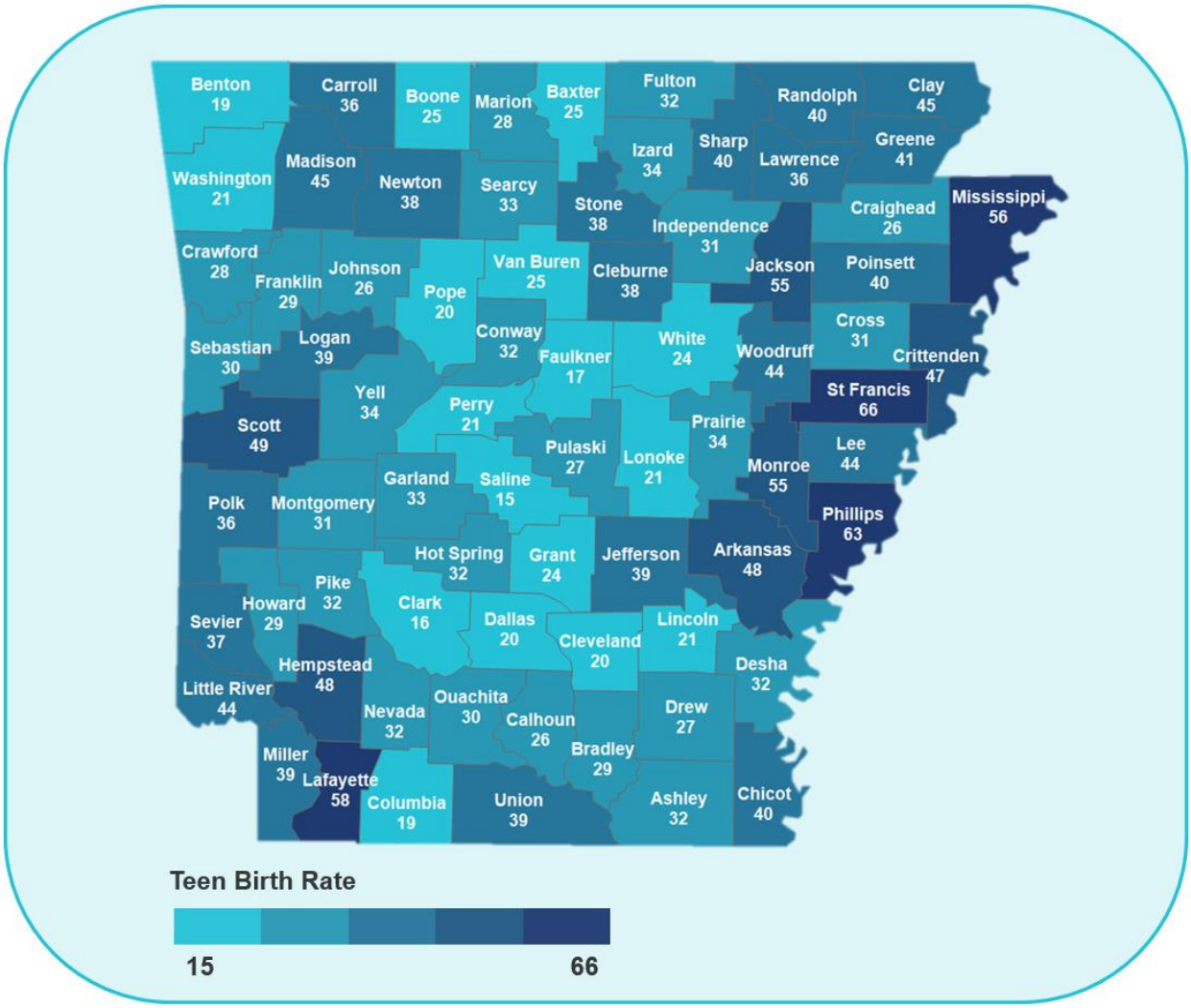
Despite declines in teen birth rates across all racial and ethnic groups, the rates of decline have been greater for certain groups than others. From 2017 to 2022, U.S. birth rates fell by 48% for non-Hispanic Asian teens, 33% for non-Hispanic American Indian or Alaska Native teens, 32% for non-Hispanic White teens, 27% for non-Hispanic Black teens, 26% for Hispanic teens, and 22% for non-Hispanic Native Hawaiian or Other Pacific Islander teens (see Figure 3).[5,6]

FIGURE 3: TEEN BIRTH RATES BY RACE/ETHNICITY, 2017-2022[5,6]



Teen birth rates also vary considerably by geography. In 2020, the most recent year for which county-level data are available, teen birth rates in Arkansas ranged from 15 births per 1,000 teens in Saline County to 66 births per 1,000 teens in St. Francis County. Other Arkansas counties with among the highest rates of teen births per 1,000 teens included Phillips (63), Lafayette (58), Mississippi (56), and Jackson (55). In Northwest Arkansas, Benton and Washington counties had among the state's lowest rates of teen births per 1,000 teens at 19 and 21, respectively. Carroll and Madison counties had 36 teen births and 45 teen births, respectively, per 1,000 teens (See Figure 3).[7]

FIGURE 3: BIRTHS PER 1,000 TEENS BY COUNTY, 2020[7]



Repeat Teen Births in Arkansas

In 2021, repeat teen births accounted for 15% of teen births nationally and 16% of teen births in Arkansas.[8] Repeat teen mothers are at increased risk for poor prenatal outcomes when compared to teen mothers with only one birth prior to their 20th birthday. Repeat teen mothers are also more likely than first-time teen mothers and older mothers to delay or forgo prenatal care, which can result in adverse health outcomes such as low birth weight, preterm birth, and infant mortality.

One study looking at county-level clusters of teen pregnancy found that counties with elevated repeat teen births had lower high school graduation rates, higher poverty rates, higher unemployment rates, and higher levels of income inequality compared to counties that had high rates of first-time teen births but not repeat births. Counties with high levels of repeat teen births also relied heavily on publicly funded family planning clinics, yet they tended to have fewer of them per capita.[9]

Health Risks and Complications of Teen Births

- Teen mothers and their babies are at increased risk for many health-related complications, including those associated with preterm birth and low birth weight.[10] According to a study comparing the pregnancies of teen mothers to those of older women, teen mothers are nearly three times more likely to develop anemia and deliver preterm.[11]
- Teen mothers are twice as older moms likely to develop hypertensive problems during pregnancy and have babies with low birth weight.[11]
- In the United States, the infant mortality rate is highest among infants born to teen mothers. In Arkansas, the infant mortality rate is second-highest among infants born to teen mothers, with infants born to mothers over age 40 having the highest mortality rate.[12]
- Teen pregnancy is also associated with low maternal weight gain and sexually transmitted diseases (STDs). Poor nutritional status, low pre-pregnancy weight and height, high parity,[a] insufficient weight gain during pregnancy, and STDs are contributing factors to poor pregnancy outcomes.[13]
- In 2021, nearly 11% of infants born to teens between the ages of 15 and 19 in the United States were born preterm (less than 37 weeks).[5] Being born preterm puts babies at greater risk for serious and long-term illnesses, developmental delays, and death in the first year of life.[14]
- One study found that the risk of premature death — defined as death by approximately 31 years of age — is 1.5 times higher, compared to women who do not become pregnant as

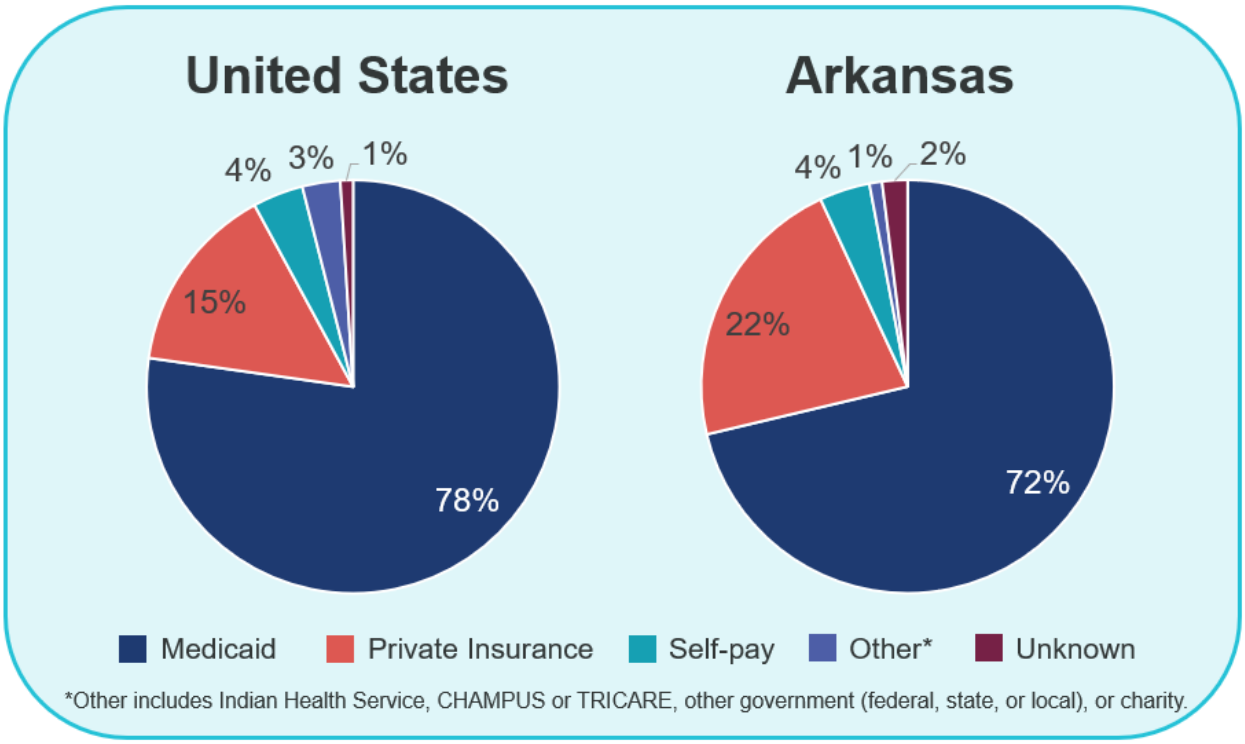
[a] Parity is defined by the American College of Obstetricians and Gynecologists as the number of a woman's previous pregnancies reaching 20 weeks of gestation or beyond, regardless of the number of fetuses or outcomes.

teens, among those who had one teen pregnancy and 2.1 times higher among those with at least two teen pregnancies. Among those who do become pregnant as teens, a pregnancy before the age of 16 has a higher associated risk of premature death than a pregnancy at 16 to 19.[15]

Cost of Teen Pregnancy

Medicaid covers more than 40% of all births nationally. In 2021, Medicaid funded 78% of teen births in the United States and 72% in Arkansas (See Figure 3).[6] While states can vary in the benefits they provide to pregnant women, most provide full Medicaid benefits to all pregnant beneficiaries.

FIGURE 3: PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY FOR TEENS UNDER 20, 2021[6]



Becoming a teen parent can pose long-term challenges for young women's earning potential, making them more likely to need public assistance and have low income as adults.[16] For example:

- Teen pregnancies and births are a significant contributor to high school dropout rates. Only about half of teen mothers receive a high school education by age 22, compared to nearly 90% of women who did not give birth as teens.[16]
- Only about 10% of teen mothers complete a two- or four-year college program.[16]
- Sixty-three percent of teen mothers receive some type of public benefits within the first year after their children are born.[16]
- Teen girls in foster care are more than twice as likely as teens not in foster care to be pregnant at least once before they turn 19. They are also more likely to have a repeat pregnancy.[17]

While the disparity in future earnings between teen parents and their peers cannot be attributed solely to teen childbearing, research suggests that even after controlling for many factors, teen parenting has a negative effect on income over time.

State Strategies To Reduce Teen Pregnancies

States have developed myriad strategies to reduce teen pregnancies, including implementation of teen pregnancy prevention programs, personal responsibility education programs, comprehensive sex education, access to long-acting reversible contraception, and expanded access to Medicaid family planning to help young people make informed decisions about their relationships and reproductive choices.

STATE POLICY EFFORTS TO REDUCE TEEN PREGNANCY

Massachusetts [2,Error! Bookmark not defined.,Error! Bookmark not defined.]

- The Massachusetts Pregnant and Parenting Teen Initiative was established to focus on the most at-risk communities in the state.
- Between 2014 and 2016, among those who actively participated for six months or more, full-time employment doubled, 98% were enrolled in health insurance, 93% reported using contraception, and 58% made progress toward achieving their academic or career goals.
- In 2021, Massachusetts had the second-lowest teen birth rate in the nation (5.7 births per 1,000 teens ages 15-19) and observed and 85% decline in teen births since the peak of 1991.

Colorado [2,Error! Bookmark not defined.]

- The Colorado Family Planning Initiative (CFPI) was established to increase access to long-acting reversible contraceptives.
- In the first five years of implementation, birth and abortion rates both declined by nearly 50% among teens ages 15-19.
- Births that were averted among women ages 15-24 were estimated to result in avoided costs ranging from $66.1 to $69.6 million for entitlement programs.
- CFPI helped to reduce the proportion of births to mothers without a high school education, reduced the number of repeat births to young women, and increased the length of time between births.

Oregon [2,Error! Bookmark not defined.]

- The 2009 Oregon Youth Sexual Health Plan was developed as a resource to help communities identify effective strategies, collaborate with local partners, and find the most up-to-date research to use to seek grants and other resources for new and existing programs.
- In 2010, Oregon taxpayers saved $116.8 million on teen childbearing.
- Within five years of implementation, 34 out of 35 counties had a decrease in teen pregnancy among 15-to-19-year-olds; the teen birth rate declined 49% from the peak year of 1991; and there was a 500% increase among 15-to-17-year-olds using LARCs.

Other examples include Nevada, which enacted a law in 2023 requiring Medicaid coverage of reproductive health services including testing, treatment, and prevention measures for sexually transmitted infections for pregnant Medicaid recipients.[18] As of the date of this explainer, 46 states and the District of Columbia have opted to extend postpartum Medicaid coverage to 12 months,[19] providing new mothers with care continuity and support during a critical period of bonding and development, as well as opportunities for education about future pregnancies and the risks of closely spaced pregnancies. Arkansas has not opted to extend postpartum Medicaid

coverage to 12 months.[19] In March of 2024, Arkansas's governor established the Arkansas Strategic Committee for Maternal Health to develop strategies to improve maternal health before, during, and after pregnancy and increase access to quality maternal health services.[20]

Other states are piloting or fully adopting evidence-based practices to include young men and fathers in teen pregnancy prevention discussions.[21] Some states have strengthened protections for the confidentiality of sexual and reproductive health for people under 18, which evidence shows can increase the likelihood that teens will seek care and disclose sensitive information that will help providers deliver appropriate clinical services.[22]

Arkansas has been slower than other states to adopt comprehensive, evidence-based practices to reduce teen pregnancy and teen birth rates. Arkansas is one of 22 states that do not require schools to teach reproductive health education, although Arkansas does require that if sex education is offered, instruction must stress abstinence.[23] Of the 28 states, plus the District Columbia, that require sex and HIV education programs, only 18 require that content be medically accurate.[23] Arkansas does not require medically accurate sex education instruction.

Local school boards in Arkansas may establish school-based health centers to provide basic healthcare services as needed. They can also decide whether a school-based health center will provide sex education and whether it will prescribe or distribute contraceptives. However, state funds cannot be used to purchase condoms or contraceptives.[24]

During the 2023 regular session of the Arkansas General Assembly, lawmakers enacted several bills related to education and reproductive health. Public schools are now required to provide instruction on adoption awareness to students enrolled in grades 6 through 12 for one hour each school year. [25] Public schools and open-enrollment public charter schools are required to excuse absences arising from pregnancy- or parenting-related conditions, give student parents options for completing missed assignments, and provide reasonable accommodations for such parents.[26] And the Arkansas Medicaid program must now reimburse healthcare providers for providing long-acting reversible contraception immediately and postpartum.[27]

Conclusion

Research shows that implementing evidence-based, medically accurate, and age-appropriate teen pregnancy programs, including comprehensive reproductive health education, and

expanding access to family planning services can greatly reduce unintended teen pregnancies and births. Empowering teens to make informed reproductive healthcare decisions will increase the likelihood that they finish school, pursue a career of their choosing, and be less likely to need public assistance as adults. More extensive research into the social, economic, and environmental inequalities that result from teen births in Arkansas will provide an opportunity to improve maternal and infant health in a state that consistently has some of the poorest health outcomes in the nation.

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