

# The Challenge of Arkansas Teen Births

*Facing Reality to Lower  
the Nation's Highest Rate*



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## *Facing Reality to Lower the Nation's Highest Rate*

by Nastassja Campbell

### Introduction

For more than a decade, Arkansas's teen birth rates have been the highest in the country. Though Arkansas has followed the national trend of declining rates, our progress hasn't been as fast as most other states. Our teen birth rate is 87% higher than the national average.<sup>1</sup>

While there are many variables that contribute to teen births, data show that Arkansas teenagers' sexual behavior is not significantly different from the rest of the nation. The biggest difference is their use of contraceptives. The rate of teens in Arkansas who report not using any method of birth control is 75% higher than the national average.<sup>2</sup> And as teenagers get older in Arkansas, they're less likely to use the most effective forms of contraceptives. In most other states in the nation, the number of young people who use the most effective form of contraceptives increases as they get older.

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This data underscores findings from empirical studies and reinforces basic concepts that we already know: Inconsistent use of and limited access to contraceptives contribute to unintended pregnancies.<sup>3</sup> As long as public policy discourages access to contraceptives, Arkansas will remain near the bottom in these national rankings.

### Policy Solutions:

- Create mandatory statewide curriculum for medically accurate sexual education.
- Provide free access to Long-Acting Reversible Contraception.
- Eliminate restriction to distribution of contraceptives in School-Based Clinics.
- Target communities whose birth rates are far above the norm for their groups nationally, including White and Pacific Islander teens.
- Expand access and eliminate barriers to health care for Black women and girls, whose teen birth rates are higher than the state average.
- Increase educational opportunities as a protective factor.
- Continue access to Medicaid, WIC, and SNAP benefits as a protective factor.



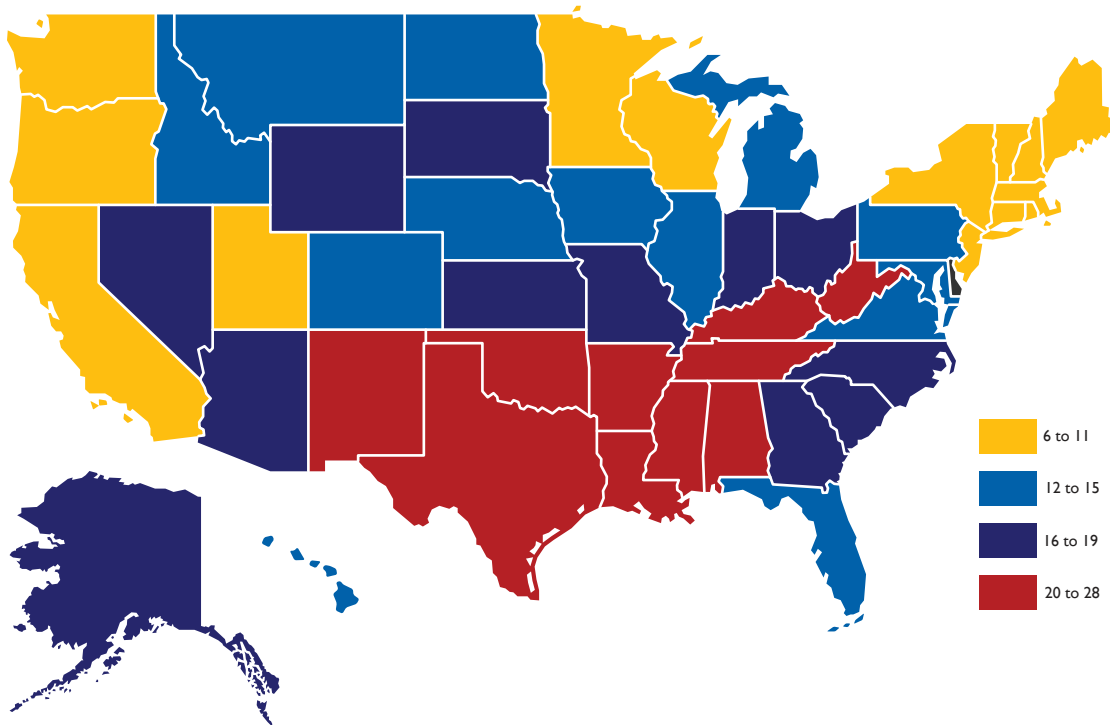
## How Does Arkansas Compare Nationally?

### Total Teen Births

In 2020, the national average for teen births was 15 per 1,000 teens. In Arkansas the rate was 28 per 1,000, which is 87% higher than the national average.<sup>4</sup> The lowest rate in the country is 6 per 1,000, in Massachusetts.



### Teen Births by State, 2020



Source: KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org)

### Arkansas Teen Births Compared to the Nation

Location	Data Type	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
United States	Number	329,772	305,388	273,105	249,078	229,715	209,809	194,377	179,871	171,674	158,043
	Rate per 1000	31	29	26	24	22	20	19	17	17	15
Arkansas	Number	4,845	4,349	4,155	3,782	3,677	3,372	3,178	2,928	2,882	2,676
	Rate per 1000	51	46	44	40	38	35	33	30	30	28

Source: KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org)

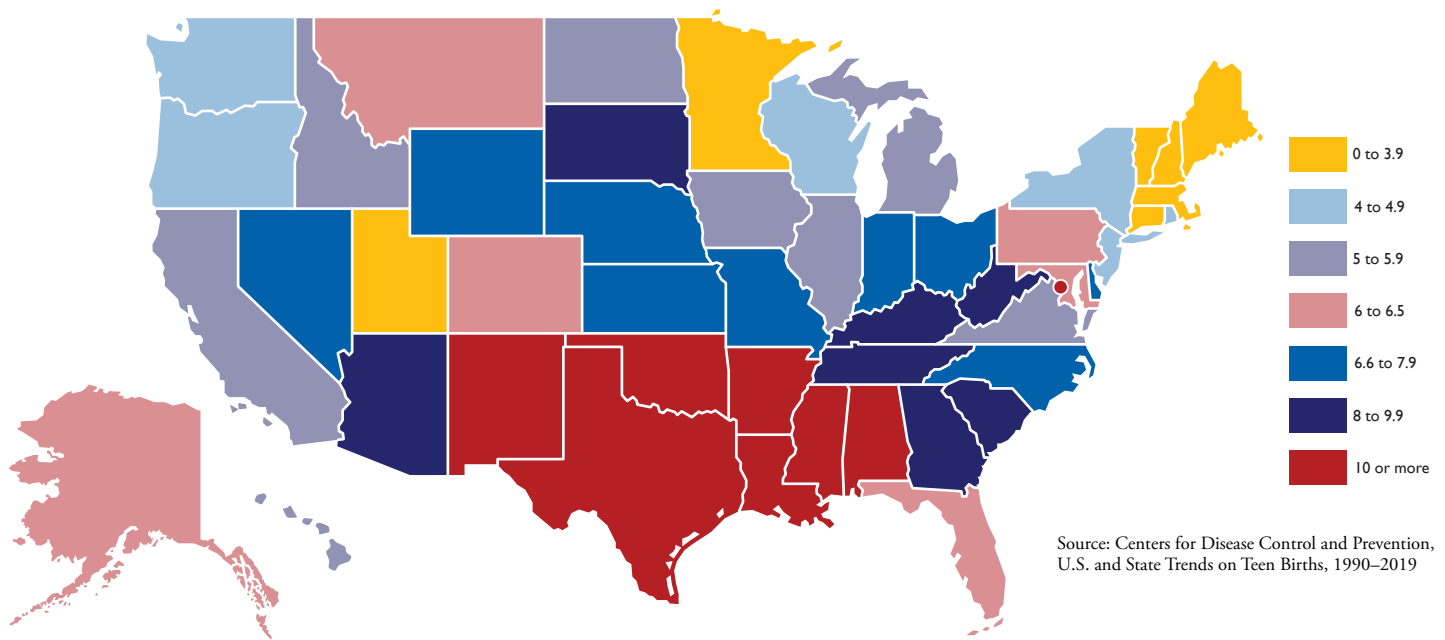
### Age of Teens Who Give Birth

At every age in the teen years, Arkansas's birth rate is higher than the national average. In Arkansas, the rate of teens ages 18-19 who give birth is 58.3 per 1,000, compared to the national average of 31.<sup>5</sup> Younger teens in Arkansas, ages 15-17, give birth at a lower rate of 11.2. But this rate is still remarkably higher than the national average for this age group, which is 6.7. Solutions aimed at decreasing the teen birth rate must address all age groups.

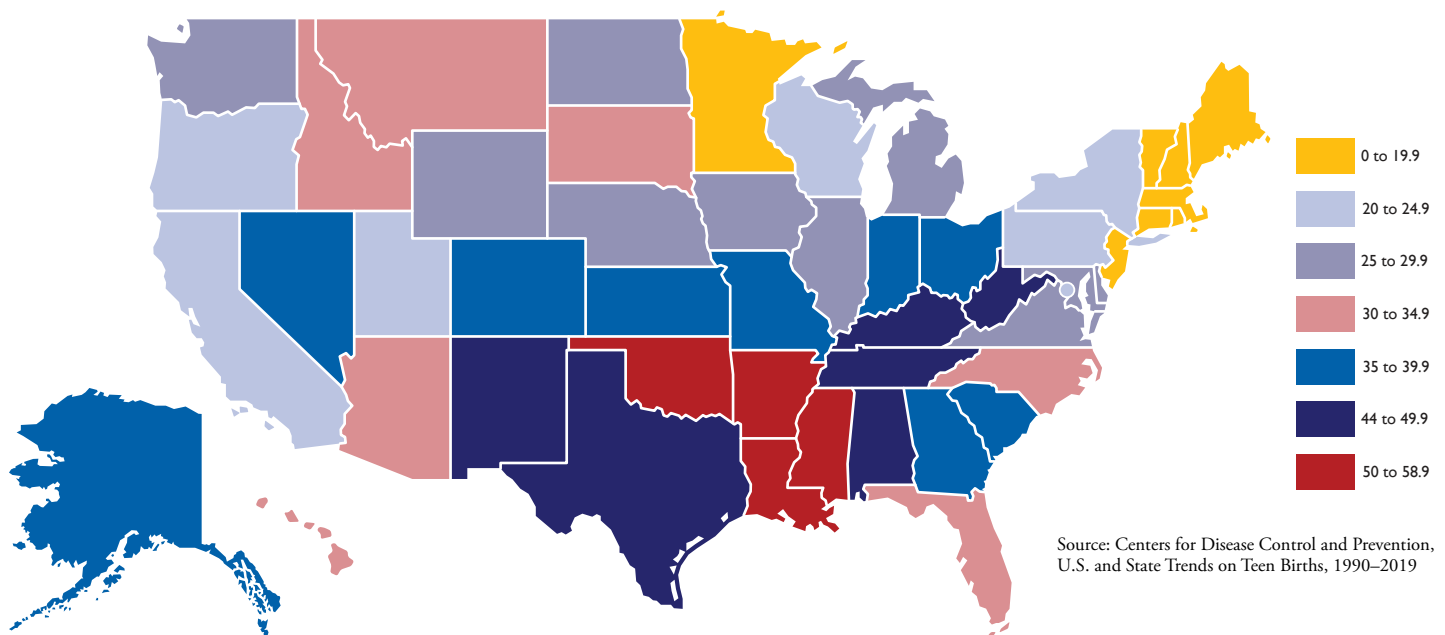
### Unintended Pregnancies

State data show that most teens do not intend to become pregnant. Only 22% of teens who gave birth in Arkansas reported that their pregnancy was intentional. The rest reported that it was unintended or were unsure that they wanted the pregnancy, compared to 51% of women older than aged 20 who reported their pregnancy as intentional.<sup>6</sup>

#### State Teen Birth Rates for Females Aged 15-17 years, United States, 2019



#### State Teen Birth Rates for Females Aged 18-19 years, United States, 2019



## The Costs

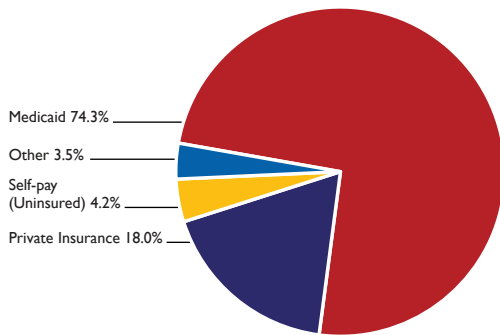
### To the State

The annual cost of teen births in Arkansas is estimated at \$143 million, according to legislation proposed in 2021.<sup>7</sup> That takes into account expenses such as Medicaid payments for deliveries and prenatal care as well as other state-funded expenses. In Arkansas, about 74% of teen births were covered by Medicaid in 2016, compared to 38% of births in women older than age 20. Data show that most teen mothers, no matter their race or ethnicity, depend on Medicaid as their primary source of payment for services.<sup>8</sup> Likewise, teen mothers of all racial and ethnic groups rely on WIC (the Women, Infant and Children nutritional program) at similar rates.

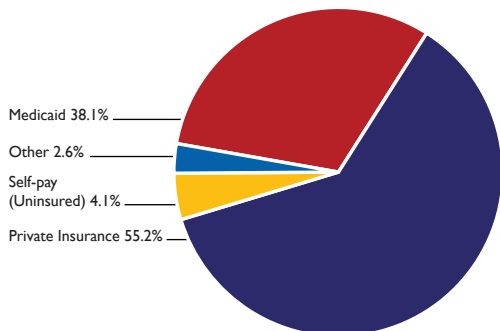
These programs are absolutely necessary and important for the success of young families, but it's clear that significant investments in reducing teen births could result in a net savings to the state.

### Percent Distribution of Principal Payment Source for Delivery, Arkansas, 2016

Births among Females Younger than Age 20

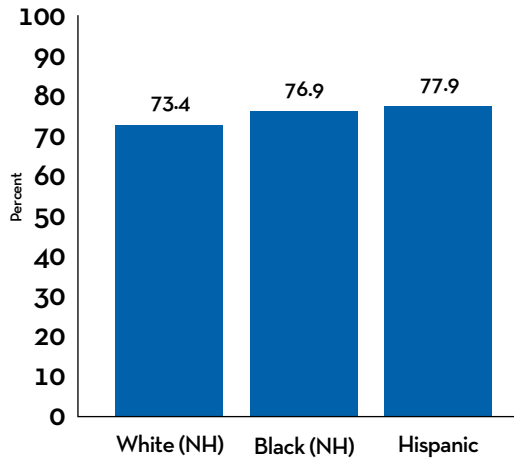


Births among Females Ages 20 and Older



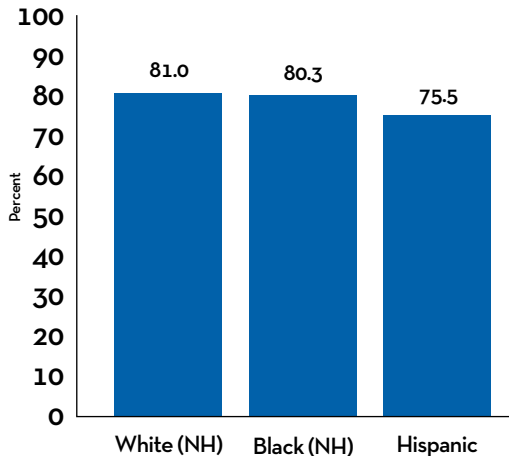
Source: Arkansas Department of Health, "Teen Pregnancy in Arkansas Data Deck: Spring 2018"

### Females under 20 Who Used Medicaid as Principal Payment Source for Delivery by Race (2016)



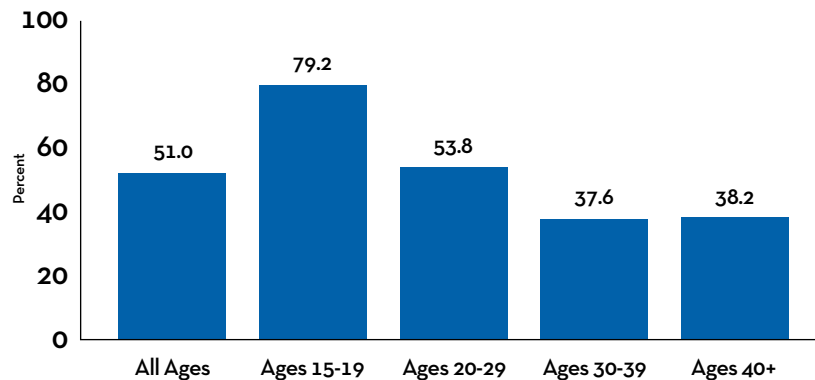
Source: Arkansas Department of Health, "Teen Pregnancy in Arkansas Data Deck: Spring 2018"

### Percent of Mothers Aged 15-19 Who Participated in WIC During Pregnancy by Race/Ethnicity



Source: Arkansas Department of Health, "Teen Pregnancy in Arkansas Data Deck: Spring 2018"

### Percent of Mothers Who Participated in WIC During Pregnancy By Maternal Age, Arkansas, 2016



Source: Arkansas Department of Health, "Teen Pregnancy in Arkansas Data Deck: Spring 2018"

## To the Family

Giving birth at a young age also has serious implications for a family's health and standard of living.

For the parent, it poses challenges to completing and furthering education. Only 50% of teen mothers will obtain a high school diploma by age 22, compared to 90% of their peers. Additionally, only 2% of women who become parents in their teenage years earn a college degree by age 30, in stark contrast to the 33% of women ages 25 and older who have a college degree.<sup>9</sup>

This puts teen parents at risk because educational attainment has a strong link to economic outcomes. Lower educational attainment strongly correlates with living in poverty. Low-income parents face hardships providing essential needs for their families, from food to medical care, housing, and utilities.<sup>10</sup> Educational attainment for young mothers is a predominant variable associated with high poverty rates.<sup>11</sup>

## For the Child

Parental life outcomes are significant predictors of the adult success of their children. Parental education at the child's birth is closely tied to children's academic achievement. The higher a parent's education level, the more likely their children are to pursue higher levels of education or professional training. These achievements are also highly related to consistent employment in adulthood, which helps shield these children from living in persistent states of poverty later in life.<sup>12</sup>

Children whose parents are teens are more likely to become teen parents themselves, which contributes to the cycle of poverty and lower educational levels. Addressing teen births with prevention programs, in addition to helping existing teen parents increase their education levels, would help many families transcend patterns of poverty and hardship and could help lower the child poverty rate in Arkansas.

Becoming a teen parent is by no means an end to educational attainment or economic success. Every person, including young mothers, has the ability to create a successful, enriching life. But unfortunately data show that, without the necessary resources such as education, adequate healthcare, and job stability, conceiving at a young age makes parenthood even more difficult. The data examined above indicates that environmental factors have a significant impact on childhood development, which has lingering effects into adulthood. A lot of the obstacles teen mothers face have well-researched solutions that, when implemented, could help mothers break these barriers.

## The Massachusetts Approach

In Massachusetts, one of the states with the lowest rates of teen births, the state recognized the difficulties of young parenthood and created a program, called Massachusetts Pregnant and Parenting Teen Initiative, to address those. It gave need-based assistance to pregnant teens and young families to alleviate the strains of starting a family at a young age. The services included health care, child care, health education, referrals for jobs, and counseling. The intent of the program was to assess individual families' needs and provide them with resources to meet their life goals. After the program, participants' full-time employment doubled, 93% reported using contraception, and 58% made progress in their career and academic goals.<sup>13</sup> Implementing a program like this that targets communities that are at risk of hardship could eliminate the disparities Arkansas sees between these groups and the rest of the nation.



## Health

Not only does living in persistent states of poverty cause adverse health effects, simply giving birth at a young age puts both mothers and children at risk. This is true regardless of economic status.

### Maternal Health

In Arkansas, women under the age of 20 report experiencing postpartum depression at higher rates than women who give birth later in life. Receiving effective contraceptive care during the postpartum period can delay the amount of time between births and improve the health outcomes of women and children. Despite this fact, in 2020, only 36% to 44% of women and girls in Arkansas age 15-20 who had a live birth were given the most effective or moderately effective contraceptives within 60 days of postpartum. And only 5% to 12% of these mothers had access to Long-Acting Reversible Contraception (the most effective type of contraception) within 60 days.<sup>14</sup>

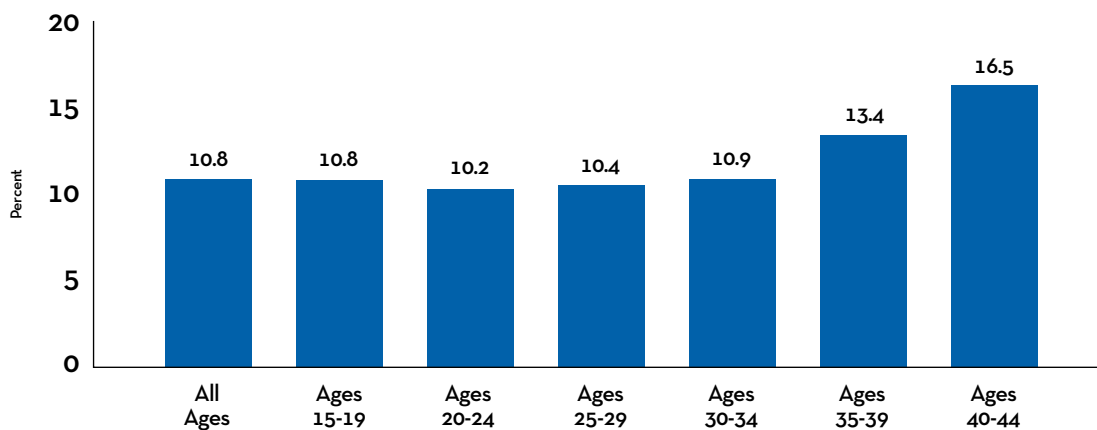
### Infant Health

In Arkansas from 2016-2018, infant mortality rates were highest for babies born to women under age 20. The rate of infants dying within the first year of life was 10.5 per 1,000 for babies born to teen mothers, compared to 7.9 for all live births.<sup>15</sup> The high rate of teen births likely contributes to Arkansas having the 4th highest rate of infant mortality in the country.<sup>16</sup>

People in Arkansas who give birth at a younger age have an increased likelihood of having a baby with a low birth weight, compared to giving birth in the age range of 25-34.<sup>17</sup> Low weight at birth can cause serious health problems for some babies. Generally, teens are more likely to account for large numbers of preterm births<sup>18</sup>, but in Arkansas preterm birth rates are consistent among mothers ages 15-34.<sup>19</sup>

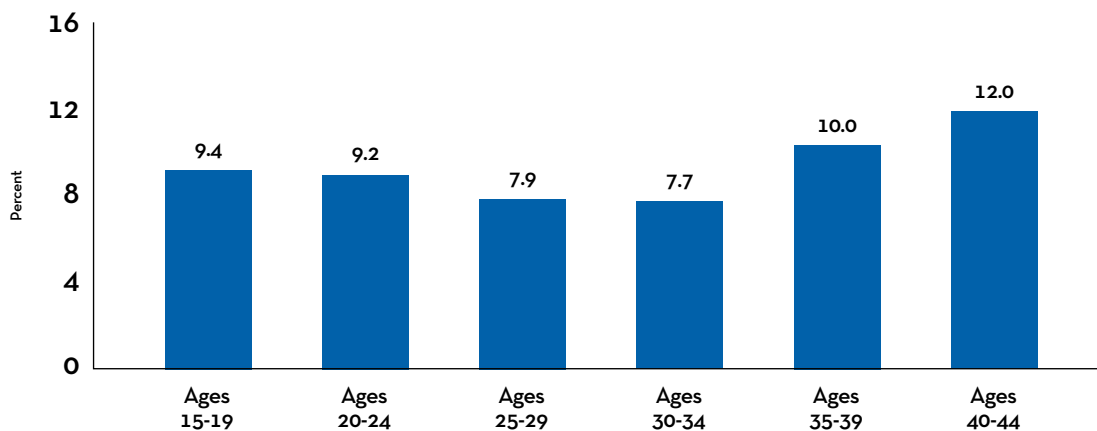
*Simply giving birth at a young age puts mothers and children at risk.*

**Percent of Preterm Births by Maternal Age Group, Arkansas, 2016**



Source: Arkansas Department of Health, "Teen Pregnancy in Arkansas Data Deck: Spring 2018"

**Percent of Low Birth Weight Births by Maternal Age Group, Arkansas, 2016**



Source: Arkansas Department of Health, "Teen Pregnancy in Arkansas Data Deck: Spring 2018"

## Significant Disparities for Black Mothers: Even in Teen Childbearing

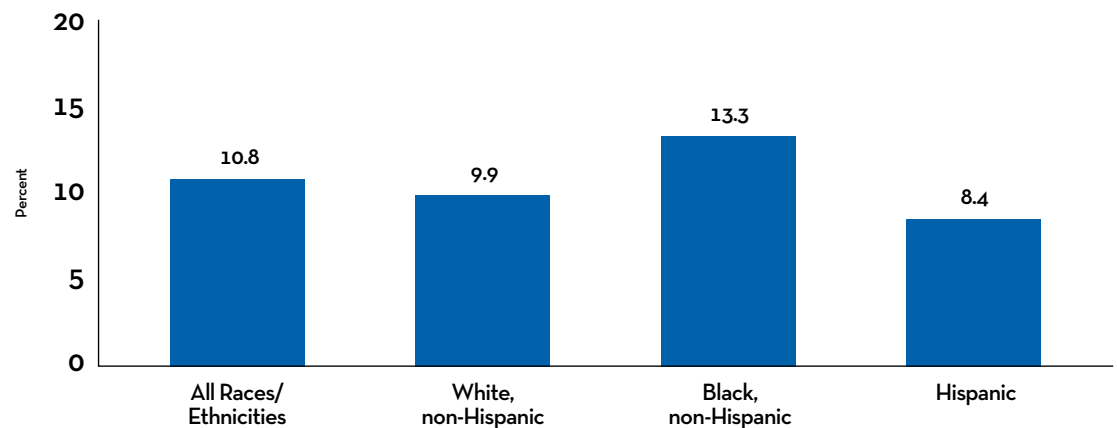
Even though there are not significant differences in preterm births by a mother's age in Arkansas, there are notable racial disparities

*There are notable racial disparities among young mothers.*



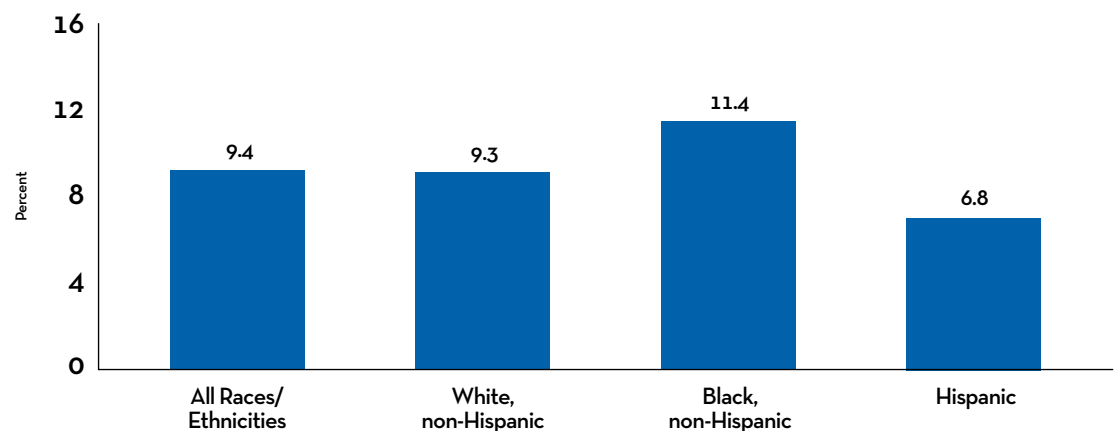
in preterm births among young mothers. Black teen mothers are much more likely than White and Hispanic or Latino teens to give birth preterm and give birth to babies with low birth weights.<sup>20</sup> This means that Black mothers and Black children are disproportionately affected by the outcomes of low birth weights and preterm births. These findings provide further evidence of racial disparities within the healthcare system as well as how systemic racism affects Black women and their children even from a very young age. This highlights both the state and national necessity to address inequities in Black women's health as addressed in this report from Arkansas Advocates for Children and Families.

### Percent of Preterm Births among Females Ages 15-19 by Maternal Race/Ethnicity, Arkansas, 2016



Source: Arkansas Department of Health, "Teen Pregnancy in Arkansas Data Deck: Spring 2018"

### Percent of Low Birth Weight Births among Females Ages 15-19 by Maternal Race/Ethnicity, Arkansas, 2016



Source: Arkansas Department of Health, "Teen Pregnancy in Arkansas Data Deck: Spring 2018"

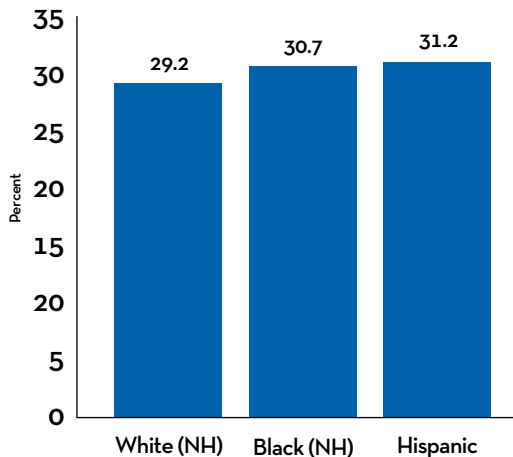


### Teen Parents by Race and Ethnicity

Excluding the Native American population, all racial groups in Arkansas have significantly higher teen birth rates compared to the national average.<sup>21</sup> National and state trends show that on a general basis, lower levels of education and economic attainment are strong predictors of teen births, but that is not necessarily true for all racial groups and ethnicities. In order to know the exact reasons certain racial groups have higher teen birth rates, we must research and assess these groups individually to understand their needs.

The racial group in Arkansas with the largest discrepancy from the national average is the Asian/Pacific Islander population. The rate of Asian/Pacific Islander teen births in Arkansas is 8.5 times higher than the group’s national average. The next largest difference between the national average and the state average is for White teens. White teenagers in Arkansas have a birth rate that is 2.2 times higher than the national average.<sup>22</sup> These significant differences indicate that Arkansas needs to direct attention to both these groups in order to understand why they face such different outcomes from the rest of the nation.

### Percent of Arkansas Highschoolers Currently Sexually Active (2019)



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Survey, 2019.

### Disproportionate Rates for Black Girls

Arkansas’s Black women and girls have the highest rates of teen births, at a rate of 43.2 per 1,000. This is despite the fact that Black teens are no more sexually active than other groups of teens.<sup>23</sup> What sets Black teens apart from teens with lower birth rates is the type of contraception they use. Black teens in Arkansas are more likely to use condoms than White teens, but less likely to use more effective forms of contraceptives, which are hormonal and require doctor appointments or referrals for minors to obtain them.<sup>24</sup>

### Births per 1000 Females Ages 15-19 by Race/Ethnicity, 2019

#### Teen Births • American Indian/Alaska Native



#### Teen Births • Asian/Pacific Islander



#### Teen Births • Black



#### Teen Births • Hispanic



#### Teen Births • White



Source: United Health Foundation, America’s Health Rankings, From CDC WONDER, Natality Public Use Files, 2019

## Decreasing Teen Births

The Centers for Disease Control and Prevention makes two recommendations to prevent unintended pregnancy:

- Access to a variety of contraception methods, including long-acting and reversible forms like intrauterine devices and hormonal implants.
- Correct and consistent use of contraceptives for sexually active women who choose to delay or avoid pregnancy.

Arkansas places unnecessary limits on teenagers' contraceptive access. In doctor's offices, minors can use Medicaid, partially funded by the state, to get birth control without parental consent. But at School-Based Health Clinics, health care professionals cannot use state funds to purchase contraceptives. The clinics also require written parental consent to distribute contraceptives to students. Of course, teenagers and their parents ideally should make these decisions together, but barriers to contraceptive access put teens at risk.

*Arkansas places unnecessary limits on teenagers' access to contraceptives.*



## The Colorado Experience

For a better model, we can look to Colorado's family planning initiative, which increased access to Long-Acting Reversible Contraceptives, or LARC. There, the state allows clinics that receive state funds to provide this most effective form of contraception for free.<sup>25</sup> The state received a private donation of \$23 million to start the project, a fraction of what Arkansas spends annually on teen births.<sup>26</sup> Even after this relatively small investment, Colorado saw tremendous success with the program.

In 2009, Colorado had one of the highest teen birth rates in the country, at 38 per 1,000 – higher than Arkansas's current rate.<sup>27</sup> In the years since the program began, the teen birth rate in Colorado has dropped by more than two thirds, to 12 births per 1,000, and is now one of the lowest rates in the country. After providing access to LARC at no charge to teenagers who'd already had a baby, Colorado also saw a 57% decline in repeat teen births. Because the Colorado Family Planning Initiative empowers women and girls to choose when they start a family, the program reduced Colorado's teen abortion rate by nearly half.<sup>28</sup> The reduction in teen births also directly contributed to boosting the state's graduation rates.<sup>29</sup>

In addition to all of this success, the original investment of \$23 million saved the state almost \$70 million in the first years of the program.<sup>30</sup> Colorado's experience showed other states that providing LARC works, that increasing access to contraception is possible, and that investing in free contraceptives saves the state money.

### Correct and Consistent Use of Contraceptives

In Arkansas, 21% of teens report not using any form of contraception compared to 12% of teens nationally. As these teens get older and more sexually active, the rate of teens who fail to use any form of contraception increases. The rate of sexually active 12th graders in Arkansas who do not use any form of birth control to prevent pregnancy is almost three times higher than the national average. This is in stark contrast to national trends that show as teens get older; they use contraception more [see chart].<sup>31</sup>

Not only does the rate of any form of contraception use decrease as age increases, Arkansas teens also use the most effective forms of birth control less as they get older. Just like overall use of contraceptives, Arkansas teens who use hormonal forms of birth control decrease as the teens' ages increase. This sets our state apart, because most teens nationally use hormonal birth control more as they get older.<sup>32</sup> As young people in Arkansas get older and more sexually active, they are using the most effective forms of contraception less.

It's clear that Arkansas's problem is not only providing contraception, but also making sure young people are using contraceptives. Fortunately, there is a proven solution to increase contraceptive use.

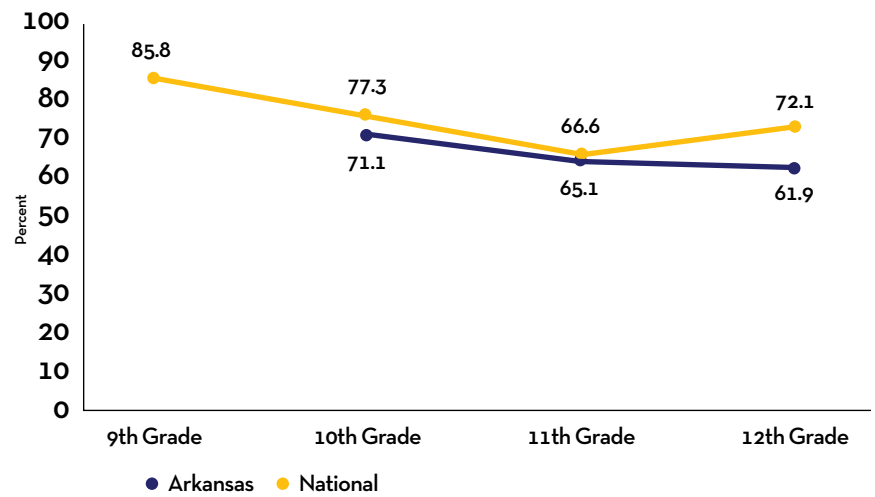
### Scientifically Accurate Sexuality Education: Reduces Risk Factors in Teens

Comprehensive sexual education, which incorporates scientifically accurate information that is age appropriate, decreases teen pregnancy and sexual risk behaviors in teens. Studies show that early introduction to sexual education delays the age of the first time a person has sex, increases the likelihood of using contraceptives during first sexual intercourse and continuing their use later, and increases the likelihood of using more effective forms of birth control during early sexual experiences.<sup>33</sup> Comprehensive sexual education checks all the

boxes to address the problems associated with teen births in Arkansas. Combining sexual education and access to contraceptives greatly increases the chance of changing outcomes for our teenagers.

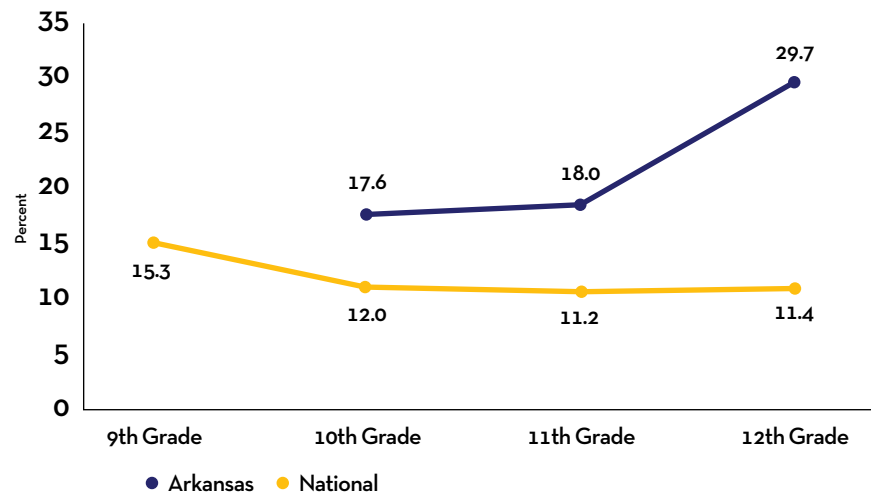
Right now, Arkansas does not require sexual education. If sexual education is taught, it does not have to be medically accurate, inclusive of different sexualities, or include information about contraceptives. One thing that is required is that it must stress abstinence.<sup>34</sup> Multiple studies have shown that abstinence-only education does not delay sexual activity or decrease teen pregnancy risk.<sup>35</sup>

### Sexually Active Highschoolers Who Report Not Using Hormonal Birth Control (2019)



Source: Source: Centers for Disease Control and Prevention, Youth Risk Behavior Survey, 2019.

### Sexually Active Highschoolers Who Report Not Using Any Method to Prevent Pregnancy (2019)



Source: Source: Centers for Disease Control and Prevention, Youth Risk Behavior Survey, 2019.

## Policy Recommendations

Arkansas has only to follow the lead of other states to reduce teen births. Proven solutions include:

- **Medically accurate sexual education.** Create statewide mandated comprehensive sexual education. Sexual education is proven to increase use of contraception and decrease sexual risk behaviors in teens. Senate Bill 655 of 2021 outlines the basis of this curriculum, which would be inclusive and culturally accurate.
- **Expand school-based health centers.** In health clinics outside of schools, a student can get federally funded contraceptives without parent permission. School clinics should work the same way. If the intent of establishing School-Based Health Clinics was to provide effective and efficient health care for children, then they should be able to use state funds to provide contraception.
- **Increase access to the most effective contraception.** The state should increase its funding for LARC. Contraceptive devices like IUDs are proven to be the most effective form of birth control to prevent pregnancy. Increasing use of LARC would address a variety of issues. It targets older teens who have the highest concentrations of births and repeat births; it's directly linked to increasing graduation rates; it reduces rates of repeat births among teens, who have the highest reported rates of postpartum depression; and the state saves money by decreasing unintended pregnancies.
- **Use existing pregnancy centers.** Arkansas already has systems in place that can provide the care needed to prevent unintended pregnancies and mitigate the hardships of teen childbearing. Act 187 of 2022 allocated \$1 million to pregnancy centers to help those “individuals give birth to their unborn child,” but does not provide funding for care after birth. Since Arkansas policymakers have limited access to abortion, the state must enable pregnancy centers to provide access to LARC during the postpartum period. Amending this law to expand funding specifically for after-birth care in pregnancy centers could expand access to LARC for women and girls after birth, which is proven to treat postpartum depression and prevent unintentional repeat births.
- **Target high-risk communities.** Because their teen birth rates are so far out of the norm nationally, policymakers and community members must assess the needs of White and Pacific Islander teens to provide tailored resources for them. General solutions like sexual education and access to contraceptives are essential, but concentrating on specific communities will better address huge discrepancies in Arkansas trends. The state should also continue to expand quality health care access to Black women and girls. Data clearly show disparities in access to health care for Black women in adulthood and in adolescence. Expanded access to health services will lower preterm births, low weight births, and increase prenatal care access, which will begin decreasing disparities for Black women in health care.

*Concentrating on specific communities will better address huge discrepancies in Arkansas trends.*

*Smart state investments will lower the teen birth rate while improving overall child well-being.*

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## Conclusion

In Arkansas, we want to invest in programs and policies that help our state prosper. Despite our intentions, our actions have made that more difficult. Failing to teach young people the importance of contraception use has resulted in Arkansas's teens facing the highest rates of teen births in the nation for many years running. All teens in Arkansas, no matter their race or their age, experience higher rates of births compared to teens across the nation.

It's time for us to invest our scarce state dollars in programs that work better. Further reduction in the teen birth rate in Arkansas would likely alleviate child poverty, increase educational attainment and create a net savings to the state. These are all goals that policymakers say they want to achieve, and other states' experiences have provided the blueprint for us to follow.

Now more than ever, after the Supreme Court decision in *Dobbs v. Jackson Women's Health Organization*, we need to ensure that every Arkansan makes an informed and deliberate decision before starting a family. Protecting mothers and babies not only starts at conception, but also starts by empowering young people to make informed decisions before they become pregnant. By providing young people with the education and resources they need, we as a state give them the tools to decide when the right time is for them to start a family.



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## Arkansas Advocates for Children and Families

*Main Office:*

Union Station  
1400 W. Markham St., Suite 306  
Little Rock, AR 72201  
(501) 371-9678

*Northwest Arkansas Office:*

614 E. Emma Avenue, Suite 235  
Springdale, AR 72764  
(479) 927-9800

*Learn more at*

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