Despite a decline in recent years, the teen birth rate in the United States remains higher than in most other developed countries. In Arkansas, the teen birth rate was the highest in the nation in 2014 at 39.5 births per 1,000 teen girls. Teen pregnancy and childbearing are linked to many negative consequences for the mother and child, including lack of educational attainment, poverty, and poor health. For example, only 40 percent of teen mothers finish high school, and of those who do, only 2 percent finish college by age 30. The consequences of teen pregnancy also have an adverse effect on the state’s economy in the form of lost tax revenue, reduced workforce productivity, and the cost of providing public assistance. In addition, children born to teen mothers are more likely to be at risk for low birth weight and infant mortality, suffer from less cognitive stimulation, and are less prepared for kindergarten. Consequently, these children are more likely to have lower school achievement and are more likely to drop out of high school; have behavioral problems and chronic medical conditions; give birth as a teen; and become unemployed and therefore be reliant upon public support. This fact sheet provides a picture of teen pregnancy, repeat teen pregnancy, and the economic impact of teen pregnancy in Arkansas.

Arkansas has consistently ranked among the top 10 states with the highest teen birth rates and currently has the highest rate in the nation. In 2014, the teen birth rate was 39.5 per 1,000 births in Arkansas compared to 24.2 in the United States (see Figure 1). Nationwide, the incidence of teen births is highest among those in the 18-19 year old age group at 43.8 per 1,000, while the rate for 15-17 year olds is 10.9 per 1,000. In Arkansas, the 18-19 year old rate is 75.7 per 1,000 and the rate for 15-17 year olds is 16.2 per 1,000.

St. Francis County had the highest teen birth rate in the years 2006 through 2012, with 93 live births per 1,000. Other Arkansas counties in the top 10 percent included Phillips (89), Crittenden (86), Desha (86), Mississippi (81), Poinsett (80), and Sevier (80). Clark County (Arkadelphia) had the lowest teen birth rate at 27 live births per 1,000.
In the United States, nearly one-in-five births to teens ages 15-19 are repeat births. Some teens give birth to a third child (13 percent) or a fourth up to a sixth child (2 percent). Arkansas is among the states in the nation with the highest percentage (more than 20 percent) of repeat teen births with a higher percentage of second births occurring among teens aged 18-19 years. These rates are important to note because infants born from a repeat teen birth are often born too small or too soon, which can lead to more health problems for the baby.

### Health Risks and Complications of Teen Births

Teen mothers and their babies are at increased risk for many complications, including those associated with preterm birth and low birth weight (see Table 1).

- 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.

- Teen mothers are two times more likely to develop hypertensive problems during pregnancy and have low birth weight babies.

- The infant mortality rate is higher in infants born to teen mothers.

- Teen pregnancy is also associated with low maternal weight gain, anemia, and sexually transmitted diseases (STDs). Poor nutrition and low pre-pregnancy weight and height parity are contributing factors along with poverty, low educational achievement, tobacco, drug, and alcohol use; and little or no prenatal care.

- The preterm birth rate for babies born to teen mothers is high: 14.7 percent of births among girls aged 15-17 compared to 12.6 percent of births among those aged 18-19 and 11.4 percent of births to women 20 years and older.

- Being born preterm puts babies at greater risk for serious and long-term illnesses, developmental delays, and death in the first year of life.

### Net Cost of Teen Pregnancy

- The cost of teen births to taxpayers in 2010 alone was $9.4 billion in the United States. This cost included $2.1 billion in public sector healthcare costs, $3.1 billion in child welfare costs, and $2.0 billion in costs of incarceration (see Figure 2). It is estimated that the decline in the teen birth rate between 1991 (the peak) and 2010 saved taxpayers nearly $12 billion nationally and $111 million in Arkansas.

- Between 1991 and 2010, there were 126,788 children born to Arkansas teens, costing taxpayers approximately $3.3 billion.
• In 2010 (the most recent year for which data are available), the public cost of teen childbearing in Arkansas was $129 million.16

• In 2010, 67 percent of all births in Arkansas were Medicaid funded.16 The average cost for one Medicaid-funded birth is $12,770 (including prenatal care, delivery, post-partum care, and infant care for one year), whereas one year of publicly funded contraception through Medicaid averages $239 (both in 2010 dollars).

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.18

• Of teen mothers, 63 percent receive some type of public benefits within the first year after their children are born.19

• Teen pregnancies and births are a significant contributor to high school dropout rates. Only about 50 percent of teen mothers receive a high school education by age 22, while nearly 90 percent of women who have not given birth as a teen have received a high school diploma.20

• At least one-third of parenting adolescents (both males and females) are themselves the products of adolescent pregnancy.20

**POLICY OPTIONS**

Policy options to prevent teen pregnancy in Arkansas include:

• Improving access for teens to essential primary prevention strategies and services, including counseling targeted toward sexual behavior and long-acting reversible contraception.

• Working to improve services and mechanisms to support teen mothers in acquiring an education and completing a degree, which would help reduce the economic burdens associated with teen childbearing.

• Supporting research efforts to better-understand the economic impact of teen pregnancy on families and the state.

• Supporting educational efforts to enhance health literacy and, in particular, education surrounding pregnancy avoidance in various venues.

• Investing in evidence-based programs such as those found on the Office of Adolescent Health’s website at [http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/tpp-searchable.html](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/tpp-searchable.html).
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9 Arkansas Vital Statistics Birth Data, Arkansas Center for Health Improvement Health Data Initiative (HDI), 2010-2012.