



Addressing Pregnancy Among Rural Teens

By *Kate Blackman*

The United States has seen [consecutive historic lows](#) in teen birth rates each year since 2009. Despite the decreased rates, significant disparities in teen childbearing persist for some populations. Rural adolescents are among the groups in which rates are higher, declines are milder and the risk of teen childbearing remains greater.

The birth rate for rural teens was nearly one-third higher than all other teens in 2010, according to a [new analysis](#) by the National Campaign to Prevent Teen and Unplanned Pregnancy. At 43.3 births per 1,000 girls ages 15 through 19, the rural teen birth rate was higher than both the national and metropolitan rates—34.2 and 32.7, respectively. In addition, rural teen births have fallen less dramatically during the past two decades, with declines of 31 percent in rural counties, compared to 50 percent in the most urban counties.

Pregnancy can have far-reaching consequences for teens, their children and states. Childbearing can create a cycle of poverty, low educational attainment and poor health for adolescents and their children. These issues add to the economic and educational disadvantages that are already acute in many rural areas. Teen childbearing can increase costs for states' publicly funded services and decrease revenue from lost wages and productivity. In addition, teen pregnancy dovetails with other rural health concerns, such as health disparities and health care access.

The disparity in birth rates can be attributed in part to sexual activity and contraceptive use among rural adolescents. In 2010, 55 percent of teen girls in rural counties reported ever having sex, compared to 40 percent of their metropolitan counterparts. In addition, 71 percent reported using contraception their first time, compared to 81 percent of other teens.

Many rural adolescents face additional challenges that can increase their risk of pregnancy. Economic adversity and lack of access to health services may contribute most significantly to higher rates of rural teen births, [according to the National Campaign's report](#). While not isolated to rural areas, many of the issues are more pronounced in these communities. The analysis looked at the degree to which various factors contribute to the difference between rural and metropolitan teen birth rates. It found that 20 percent of the difference can be attributed to college education prospects and 19 percent to poverty. Availability of health care services—measured by number of publicly funded clinics offering contraception, the number of providers and health provider shortage area (HPSA) status—and the portion of those with no health insurance similarly contributed to higher rates in rural counties.

Did You Know?

- Rural teens make up 15 percent of the adolescent population, but account for 19 percent of all teen births.
- Teens in rural areas are almost twice as likely as their peers to depend on community clinics for access to contraception.
- Eighty-five percent of teen births in rural counties occur outside of marriage, compared to 89 percent in metropolitan counties.

State Action

State actions to reduce teen pregnancy in rural areas align with initiatives to target the issue statewide. Nearly half of all [states mandate sexual health education](#) and, when provided, 37 states require teaching abstinence, while 18 states and the District of Columbia also stipulate that contraceptive information be included.

As states increasingly focus on outcomes and cost effectiveness, many turn to evidence-based programs to reduce risky behavior among teens. The federal Office of Adolescent Health has identified [more than 35 programs](#) proven to reduce teen pregnancy or risky behavior. Most states capitalize on federal funding to implement these programs. For example, school and community-based programs in [45 states, the District of Columbia and three territories](#) received formula grants in 2015 from the Personal Responsibility Education Program (PREP), which focuses on high-risk teens.

Some states have leveraged federal funds to reach rural teens. For example, through partnerships with local health departments, Kentucky focused its PREP funds on rural areas. Similarly, the Alaska Department of Health and Social Services uses a PREP grant to fund the Department of Education and Early Development to deliver an evidence-based program to teens in rural communities. The program is delivered during school hours to maximize opportunities to reach youth.

Two states with large rural populations—[Mississippi](#) and [Arkansas](#)—passed legislation in 2014 and 2015, respectively, focused on reducing unplanned pregnancies among students at community colleges and public universities. By working with institutions of higher education, the legislation helps keep all students—including 18- and 19-year-olds who account for about 70 percent of teen pregnancies—on track toward their educational goals. Mississippi [appropriated funds](#) in the 2015 session for community colleges to begin tackling the issue of unplanned pregnancies on their campuses.

States also help to reduce risks for teens and prevent unplanned pregnancies through publicly funded clinics. For example, nearly [one-third of school-based health centers \(SBHCs\)](#) were located in rural areas in 2010-2011. These SBHCs, most of which receive some state funding, often provide primary and preventive care for teens. Half of all SBHCs are prohibited from providing contraceptives, but most provide abstinence counseling (82.1 percent) and contraceptive counseling (64.5 percent).

Federal Action

The Title X program of the Public Health Service Act funds health clinics that provide comprehensive family planning and preventive health services to low-income people, including those who are uninsured or face other barriers to care. In 2012, Title X clinics served nearly 5 million people, and close to 1 million were under age 19. Without these clinics, the rate of unintended pregnancies, births and abortions among all women is [estimated to have been 44 percent higher](#).

Federal flexibility with Medicaid also allows states to provide coverage for preventive health services that reduce the risk of teen pregnancy. Through waivers or state plan amendments, [states can expand Medicaid family planning services](#) with a 90 percent federal match to those who are not otherwise eligible, including adolescents, and ensure access to affordable and effective preventive health care.

NCSL Contact and Resources

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Additional Resource

The National Campaign to Prevent Teen and Unplanned Pregnancy, [Sex in the \(Non\) City: Teen Childbearing in Rural America](#)

[Teen Pregnancy Prevention](#)

[State Policies on Sex Education in Schools](#)

The information contained in this LegisBrief does not necessarily reflect NCSL policy.