Poverty and Teen Childbearing in Rural Indiana

Introduction

Poverty has many facets, affecting individuals and communities in multiple ways. Teen childbearing is one such issue that is frequently associated with poverty. In fact, previous research by social scientists suggests an association between poverty, lack of economic opportunities, and teen births. (For the difference between teen pregnancy and teen childbearing rates, see sidebar on page 4.) As the economists Kearney and Levine (2012) put it, girls choose “motherhood at a young age instead of investing in their own economic progress because they feel they have little chance of advancement” (p.142).

In this publication, we discuss the connection between poverty and teen childbearing in rural Indiana. We first describe the patterns of teen childbearing in the U.S. and discuss why we are concerned about teen childbearing. Next, we document the extent of teen childbearing in Indiana’s rural counties and investigate the association between teen childbearing and various indicators of economic opportunity. Finally, we discuss the implications for addressing teen childbearing in Indiana’s rural communities.

Facts and Figures:
Teen Childbearing in the United States

Teen childbearing is more widespread in the U.S. than in any other developed country (Kearney and Levine, 2012). In 2012, the teen birth rate in the U.S. was 29.4 babies born per 1,000 girls and young women under the age of 20 (Martin et al., 2013). This is more than twice as high as in Canada, three times as high as in Germany, and about six times as high as in Switzerland and Japan. At the current rates, about 14 percent of American women will have a baby before their 20th birthday, compared to only 2.5 percent of Swiss women.

Information on teen childbearing in the United States is collected through the National Vital Statistics System. Based on the most recent information for the year 2012 (Martin et al., 2013), the following key facts emerge:

- Teen childbearing in the U.S. has been declining since 1991, when the teen birth rate was more than twice as high as today.
- Geographically, there are huge differences across states. The highest rates—over 40 births per 1,000 teenagers—are concentrated in the South: New Mexico (47.5), Oklahoma (47.3), Mississippi (46.1), Texas (44.4), West Virginia (44.1), Louisiana (43.1), and Kentucky (41.5). The lowest rates—fewer than 20 births per 1,000 teenage girls—are found in Minnesota (18.5) and along the East coast: New Hampshire (13.8), Massachusetts (14.1), Connecticut (15.1), Vermont (16.3), New Jersey (16.7), Maine (19.4), New York (19.7), and Rhode Island (19.9).
• Teen birth rates vary substantially across racial and ethnic groups. Among Asian and Pacific Islanders, the rate was only 9.7 births per 1,000 teenagers in 2012. For all other racial groups, it was much higher: 27.4 for white teenagers, 34.9 among American Indians and Alaska Natives, and 44.0 among black teenagers. Hispanic teenagers have the highest rate, with 46.3 births per 1,000 teenage girls.

Reasons for Concern

Having a baby as a teenager disrupts the education of the young mother and makes it quite challenging for her to become economically independent while taking care of the child. Parenting becomes even more difficult if the child’s father is absent or not willing/able to provide adequate support. The U.S. Department of Health and Human Services (2013) reports that, compared to girls who do not have children as teenagers, teen mothers are less likely to finish high school and more likely to rely on public assistance, be poor as adults, and have children who suffer worse educational, behavioral, and health outcomes than children born to older parents. Moreover, teen childbearing is problematic from a health perspective. As reported by the National Institutes of Health (2014), teen mothers have an above average risk of pregnancy-related high blood pressure, and the risks for the baby include low birth weight, preterm birth, and premature birth.

Teen Childbearing in Indiana

During the last decade, Indiana’s teen birth rate was above the national level (see Table 1). In 2007, Indiana had about 45 births per 1,000 teenage girls, compared to the national average of 42.5 births. Both in Indiana and the nation, teen birth rates have declined since 2007, but the decline was comparatively slow in Indiana. By 2012, the gap between Indiana’s and the nation’s teen birth rates had increased from 2.7 to 3.6 births per 1,000 teenage girls. With 33 births per 1,000 teenage girls in 2012, Indiana’s rate is also higher than that of all its neighboring states, except Kentucky. Indiana’s relative poorer performance in reducing teen childbearing places added urgency on:

• Avoiding teen pregnancies in the first place, and
• Tackling the social and public health concerns surrounding teen childbearing.

Teen Childbearing in Rural Indiana

Teen childbearing rates in Indiana’s rural counties vary substantially. (Details on the classification of Indiana’s 92 counties into rural, rural-mixed, and urban categories are in Ayres, Waldorf, McKendree, and Hoelscher, 2012.) In Table 2, we ranked the 42 rural counties by their teen childbearing rates and then split them into two groups. The first group—those that have a teen birth rate that exceeds the Indiana average—includes the majority of rural counties. These counties are listed on the left side of Table 2. Jennings County tops the list, with a teen birth rate of 69 for the 7-year period.

The second group includes counties with teen birth rates at or below the Indiana average. These counties are listed on the right side of Table 2. It begins with Ripley County, which is ranked as the rural county with the 23rd highest teen birth rate, exactly at
the state average of 41. At the bottom is Brown County, with the lowest teen birth rate in rural Indiana of only 22 during 2004 to 2010. Teenage girls in Brown County are about half as likely to have a baby as Indiana teenagers overall. Comparing the counties with the highest and lowest rates suggests that teenage girls in Jennings County are almost three times as likely to have a baby as teenage girls in Brown County.

In Figure 1, we mapped the teen birth rates, showing a patchwork of high and low teen birth rates throughout rural Indiana. Very high as well as very low teen birth rates are found throughout the state. The lowest rate (Brown County) is actually very close to the highest rate (Jennings County).

**Are High Teen Birth Rates in Rural Counties Associated with Widespread Poverty?**

To answer this question we investigate the relationship between county teen birth rates and six indicators that speak directly to counties’ economic well-being. These indicators are median household income, percent children under age 18 who live in poverty, percent children who are eligible for free school lunch, the percent of the population who did not see a doctor due to cost, high school graduation rate, and, finally, the percent of children growing up in a single-parent household.

Table 3 shows the averages of these indicators, separately for the 22 counties with above average teen birth rates and the 20 counties that have below average teen birth rates. Compared to rural counties with a below average teen birth rate, counties with an above average teen birth rate have a:

- Lower median household income. The difference amounts to $6,274.
- Substantially higher percentage of children eligible for free school lunch. The difference is, at seven percentage points, quite substantial.
- Higher share of children growing up in single-parent households. The share is 29 percent, compared to only 24 percent in low teen birth rate counties.
- Higher percentage of children living in poverty. The difference is four percentage points.
- Higher share of people who did not receive medical care due to financial constraints. The difference is four percentage points.

Taken together, the comparison suggests that teen childbearing is more common in rural counties with higher poverty and less common in rural counties that score more favorably on the economic well-being indicators. Interestingly, high school graduation rates are not a distinguishing characteristic between low and high teen birth rate counties. The difference is very small and amounts to only two percentage points.

**Summary and Discussion**

**Teen Childbearing**

Teen childbearing carries negative health risks for mother and baby, and costs taxpayers billions of dollars every year. In the U.S., teen childbearing has declined substantially over the last quarter of a century. But it is still much higher than in all other developed countries. Reducing teen pregnancy and teen births thus has a high public policy priority for state and federal governments.

**Table 3. Indicators of Economic Well-Being and Teen Birth Rate**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Average indicator in counties with:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Above average teen birth rate</td>
<td>Below average teen birth rate</td>
</tr>
<tr>
<td>Median household income</td>
<td>$42,229</td>
<td>$48,503</td>
</tr>
<tr>
<td>% Free lunch</td>
<td>39%</td>
<td>32%</td>
</tr>
<tr>
<td>% Children in single parent households</td>
<td>29%</td>
<td>24%</td>
</tr>
<tr>
<td>% Children in poverty</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>% Couldn’t see doc due to cost</td>
<td>17%</td>
<td>13%</td>
</tr>
<tr>
<td>High School Graduation Rate</td>
<td>87%</td>
<td>89%</td>
</tr>
</tbody>
</table>

*Median household income, % children in poverty, and % eligible for free lunch refer to 2011. The indicator “% couldn’t see a physician due to cost” is based on survey data collected between 2005 and 2011.

*Source: County Health Rankings 2013.*
Rural counties in Indiana are quite mixed when it comes to teen childbearing. For instance, teenage girls in Jennings County are about three times more likely to have a baby than teenagers in Brown County. In search for an explanation for these differences, social scientists frequently emphasize the connection with poverty. Teenagers faced with poverty and little chance of upward mobility are more likely to have a baby than those who grow up in a well-off environment, where investing in education and delaying childbearing until later in life are the norm.

For rural counties in Indiana, the data on teen birth rates and indicators of economic well-being are consistent with the interpretation of teenagers becoming more prone to childbearing in the face of poverty. Indeed, on average, Indiana’s rural counties with high teen birth rates score worse on several indicators of economic well-being than rural counties with low rates. They have lower income, constrained access to medical care, and more children living in single parent households.

**Strategies to Reduce Teen Childbearing**

Because teen childbearing has long-term adverse effects for mother and child (Ventura et al., 2011), the U.S. has long been engaged in strategies to reduce teen pregnancies and teen motherhood (National Campaign 2010). Traditional teen pregnancy prevention policies—including, for example, sex education and improved access to contraceptive—have contributed to the overall decline in teen birth rates since 1990. A useful overview of various programs for teen pregnancy prevention and their effectiveness is provided by the Department of Health and Human Services (2014). Moreover, recent research emphasizes the role of the media as a teen pregnancy reduction strategy. Kearney and Levine (2014) find that the TV show 16 and Pregnant has had a substantial influence on the declining teen birth rates. The TV show and its spin-offs expose viewers to the difficult realities of pregnant teenagers and teen mothers. Similarly, exposure to a close friend’s teen birth makes young girls less likely to become pregnant (Yakusheva and Fletcher, 2013).

At the local level, communities need to adopt a two-pronged strategy that deals with reducing teen pregnancies, but also with programs that help teen mothers tackle the many social and economic challenges they face. This is even more important since we find a strong connection between teen childbearing and poverty/absence of social mobility. Local governments can make a huge difference with policies that directly speak to poverty reduction and the creation of economic opportunities for young girls.

Examples are counseling and providing information about, and enrollment assistance for, the various government programs that offer financial support for teen moms. Examples are programs like the Women, Infants and Children (WIC) program, which provides nutrition and health vouchers; the Supplemental Nutrition Assistance Program (SNAP); the Children’s Health Insurance Program (CHIP); and the Temporary Assistance for Needy Families program (TANF). Moreover, to counter adverse long-term effects of teen childbearing, programs that facilitate teen mothers’ continued education in high school, college, and apprenticeships are essential. Affordable child care services, for example, may allow a teen mom to graduate rather than dropping out of high school. Another example is education grants for mothers, such as Pell Grants, which can encourage young mothers to invest in a college education. Making such information accessible, and reaching out to teen moms will benefit young mothers and ultimately make the community stronger.
References
STATS Indiana http://www.stats.indiana.edu

About the Authors
Brigitte Waldorf is a professor in the Department of Agricultural Economics at Purdue University. Her expertise is in demography, and she has written about a variety of population issues in Indiana, including immigrants, educational attainment, and aging. Danielle Carriere is a graduate research assistant in the Department of Agricultural Economics at Purdue University.