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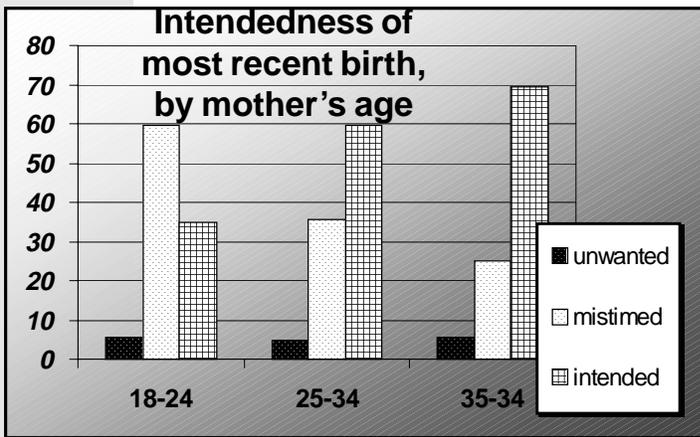
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Unmarried, poor are among women most likely to have unplanned babies

by Tara Clark, medical economist

Between 1994 and 1997, 65 percent of Arkansas pregnancies to mothers aged 18 to 24 were unintended as were 43 percent of all Arkansas pregnancies, according to Arkansas Behavioral Risk Factor Surveillance System surveys.

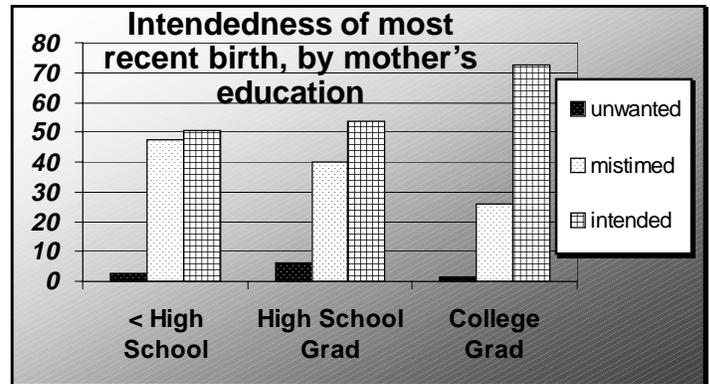
Unfortunately, unintended pregnancies and births can have consequences well beyond inconvenience and disruption. They are associated with increased health care and welfare costs. Mothers carrying unintended babies are more likely to indulge in unhealthy behaviors like smoking and drinking alcohol, and less likely to seek first-trimester prenatal care. This can result in increased health and behavioral problems for the child.



Although family planning has been shown to reduce unintended pregnancies, it doesn't work if it isn't available. Unmarried women, poor women, African-American women, and women at either end of the reproductive age span are at increased likelihood of having an unintended pregnancy. These women are also less likely to have the resources necessary to access family planning services.

Even if women have private health coverage, that doesn't mean family planning services are provided. While 93 percent of HMOs provide at least some contraception coverage, only about half of traditional private insurance plans do so.

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The child of an unwanted conception is at greater risk of low birthweight--less than 2,500 grams, of dying in its first years of life, of being abused and of not receiving sufficient resources for healthy development, according

to *The Best Intentions:*

Unintended Pregnancy and the Well-Being of Children and Families, published by the Institute of Medicine, National Academy of Sciences.

Among white mothers, 62 percent said their most recent pregnancy was intended, compared to 34 percent of black mothers. Married or widowed women pregnant within the past five years were more likely (67 percent to 58 percent) to have intended that pregnancy than women who were divorced or separated. Women who were never married or part of an unmarried couple intended their pregnancies only 17 percent of the time.

Better educated women more often had planned their pregnancies. About 73 percent of pregnancies among college graduates were intended, compared to about 54 percent among high school graduates and 51 percent among high school dropouts.

The higher a woman's income, the greater the likelihood that she planned her pregnancy. For instance, three-quarters of pregnancies to women in households with annual income of \$50,000 or more were

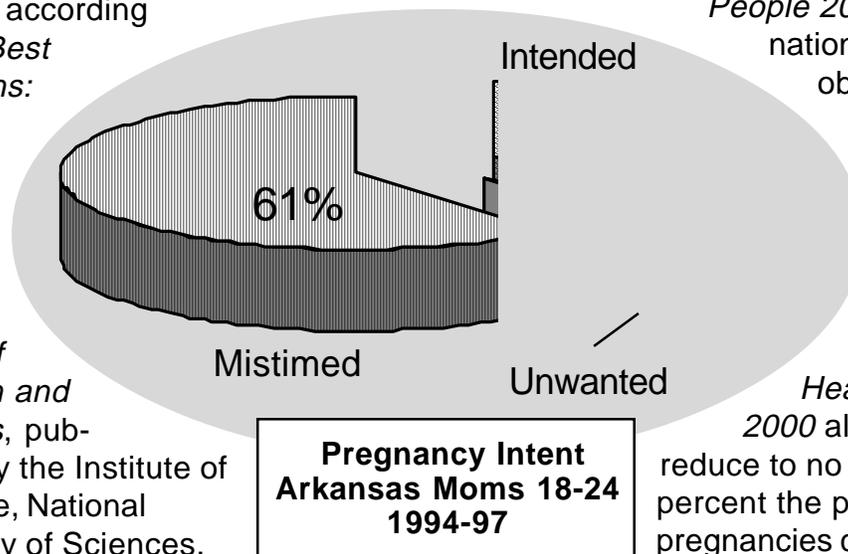
intended, while that percentage fell to 60 percent among mothers in the \$20,000-\$49,999 income group and 44 percent in households where income was less than \$20,000.

One objective of *Healthy People 2000*, the stated national health objectives for the United States, is to reduce unintended pregnancies to 30 percent or less. *Healthy People 2000* also aims to reduce to no more than 7 percent the proportion of pregnancies conceived despite using birth control.

Unintended or unplanned pregnancies are those that are either mistimed or unwanted at conception. A pregnancy is considered mistimed if the woman wanted to be pregnant at some time later in her life than when the pregnancy occurred, and an unwanted pregnancy is one that is not wanted at conception or at any later time in the woman's life.

Publicly funded family planning services, for example, prevent an average of 1.2 million unintended pregnancies, including 509,000 unintended births and 516,000 additional abortions, each year.

Every dollar spent on publicly subsidized family planning services saves more than \$4 that would otherwise be spent to provide medical care, welfare benefits and other social services to eligible women. More than \$3 would be saved in medical costs alone for every dollar spent, according to the Alan Guttmacher Institute.



Teen Pregnancy:

Not Good, But Getting Better

by Douglas R. Murray, director
Arkansas Center for Health Statistics

Teenage pregnancy is one of the leading public health problems of our time. In addition to the profound social implications, the medical consequences are severe. The babies of very young mothers (under age 15) are almost twice as likely to weigh less than 5½ pounds and almost three times as likely to die in their first year of life than are the babies of women 18 years and older.

In 1997 Arkansas teenagers accounted for 7,008 of the 36,450 births. That's 19.2 percent of all births - the second highest rate in the nation. The national rate was 12.8. Unfortunate as these high rates are for Arkansas, this is still an improvement over 1996 when 19.7 percent of all births were to teenage moms. Provisional data for 1998 suggest a further drop to about 18.5 percent, and so far in 1999, about 17.9 percent of Arkansas births are to women younger than 20.

When young women - girls, in many cases - have babies, their problems are compounded because so many of them are unmarried. Unmarried childbirth often means diminished financial resources, the loss of emotional support, and lack of a partner with whom to share child-rearing responsibilities. Moreover, health risks to the infants of single moms are just as bad as for the infants of very young mothers. Babies born to unmarried women are twice as likely to be low birth weight babies and to die before their first birthday than babies born to married women.

One-third of Arkansas mothers who gave birth in 1997 were unmarried. Provisional Arkansas data for 1998 are coming in even higher at 35.1 percent, perhaps leveling off in 1999 at 35 percent. The comparable national rate in 1997 was 32.4 percent, with Arkansas having a lower percent than 10 other states.

While hardly encouraging, in a relative sense that is the good news. The bad news is that, in 1997, Arkansas teens were twice as likely (67.3 percent) to be single. And among those under 18, four out of every five (79.9 percent) births were to unmarried mothers. The table above provides detailed information by the age of the mother.

Teenagers account for a much higher proportion of births in Arkansas than in other states. However, the prevalence of teen births seems to be declining both in Arkansas and nationally. The rate of unmarried births is somewhat higher in Arkansas than in other states. While the prevalence of unmarried births continues to increase in this state, there is modest evidence that the national rates may be peaking.

Currently, Arkansas mothers are more likely to be unmarried teenagers than elsewhere in the U.S. Consequentially, teen pregnancy will continue to be one of Arkansas' most import health issues for many years to come.

1997 Unmarried Births to Women 20 and Younger

Age of Mother	Total Births	Unmarried Births	Percent Unmarried
Age 12	5	5	100.0%
Age 13	36	36	100.0%
Age 14	144	137	95.1%
Age 15	349	328	94.0%
Age 16	745	611	82.0%
Age 17	1,338	974	72.8%
Age 18	1,904	1,273	66.9%
Age 19	2,487	1,354	54.4%
Age 20+	29,439	7,527	25.6%
Total	36,455	12,248	33.6%

(The age of mother is unknown in eight cases.)

Health Statistics Pioneer Retires

Werner Haney's recent retirement as Vital Statistics Section director at the Arkansas Center for Health Statistics marked the end of an era.

The Department of Health was fortunate to have him during 29 of the 33 years he worked for the state. Werner set the highest standards for the quality of service he provided to the people of our state. Unfailing good humor and patience were his hallmark; these qualities served him well throughout his career.



Haney talks with Deputy Director George Harper at fairwell gathering.

In his capacity as director of the Vital Statistics Section, he and his staff were responsible for the processing and analysis of data from the Division of Vital Records. To put this in perspective, Arkansas records about 37,000 live births, 27,000 deaths, 6,000 induced abortions, 1,000 spontaneous abortions, 300 fetal deaths, 39,000 marriages and 19,000 divorces. Over the course of his career, he oversaw the recording of about four million records.

His duties coordinating the interstate exchange agreement and all activities with the National Center for Health Statistics earned Werner friends all over the country.

A native Arkansan (Monticello), Werner is a graduate (BA and MBA) of the University of Arkansas and thus a serious Razorback fan. His support of the Hogs was unwavering, even when confronted with poor, benighted souls whose loyalties lay elsewhere.

Werner is also a gardener *par excellence*. His peppers, which he shared by the bagful, can only be described as breathtaking.

At his retirement reception--a bittersweet occasion--Werner was joined by his wife Lynn and about 100 friends and fellow workers. Anyone who can talk him into coming out of retirement will be the richer for his company.



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