

Preventing Pregnancy among Youth in Foster Care

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I would like to thank you for joining us here today at this Congressional Roundtable on preventing teen pregnancy among youth in foster care. My job is to set the stage for the discussion that will follow, so let me begin by suggesting several reasons why this issue merits our attention.

First, according to the most recent national data from the Adoption and Foster Care Analysis Reporting System, nearly 200,000 adolescents, ages 13 and older, are currently in foster care. This means that at this very moment approximately 100,000 female foster youth are at risk of becoming pregnant and approximately 100,000 male foster youth are risk of fathering a child.

Second, the transition to adulthood is already difficult enough for youth in foster care. Studies that have examined the outcomes of former foster youth have consistently found that they are often not prepared for self-sufficiency. Moreover, unlike many other young adults, most cannot count on financial or emotional support from their families. Teen pregnancy and early childbearing would only add to the various challenges they face.

Third, the few studies that have examined the sexual behavior of youth in foster care have found high levels of risky sexual activity, including unprotected sex, among this population. There is also some evidence that foster youth are, on average, younger than their peers when they first have sex.

And fourth, although many state and local child welfare systems have programs to address the special needs of foster youth who are pregnant or parenting, comparatively little has been done to help foster youth avoid teen pregnancy and early parenthood.

Part of the problem may be that we really don't know how many foster youth become (or cause someone else to become) pregnant. These are not data that states have been required to report. This will begin to change in the not too distant future. The Foster Care Independence Act of 1999, which established the Chafee Foster Care Independence Program, also mandated the

creation of a National Youth in Transition Database (NYTD) that will track both the provision of Chafee-funded services and the outcomes of foster youth across six domains, one of which is childbearing.

For now, most of what we know about the incidence of teen pregnancy among youth in foster care comes from just a handful of studies, including one in which I have been involved. That study, Midwest Evaluation of the Adult Functioning of Former Foster Youth, also known as the Midwest Study, has been following a sample of more than 700 young people from Iowa, Wisconsin and Illinois as they transition out of foster care and into adulthood. We first interviewed these young people when they were 17 or 18 years old and then again at ages 19, 21, and 23.

According to their self-reports, one third of the young women in our study had been pregnant at least once by age 17 or 18. By age 19, that had risen to nearly one half. To put these numbers in perspective, consider that the National Campaign to Prevent Teen and Unplanned Pregnancy estimates that approximately 31 percent of teenage girls in the general population become pregnant at least once before their 20th birthday. Likewise, when we analyzed data from the National Longitudinal Study of Adolescent Health, we found that only 20 percent of the 19-year-old females in their nationally representative sample had ever experienced a pregnancy. Equally troubling was the high incidence of repeat pregnancies. Of the 19-year-olds in the Midwest Study who had ever been pregnant, 46 percent had been pregnant more than once.

Not all of the teen pregnancies that occur among youth in foster care result in the birth of a child, but many of them do. By age 19, nearly one third of the young women in the Midwest Study had given birth compared with only 12 percent of the nationally representative sample of 19-year-old females in the National Longitudinal Study of Adolescent Health.

What is also clear from the Midwest Study is that female foster youth are not the only ones at increased risk of becoming parents at an early age. Fourteen percent of the 19-year-old young men reported that they had at least one child. This is more than double the percentage among their Add Health peers. And some of the young men in the Midwest Study may have fathered children of whom they were unaware.

Given what we know, perhaps the question we should be asking is why foster youth are such a high risk population when it comes to teen pregnancy and too-early parenthood. One problem may be a lack of information about contraception and a lack of access to birth control. At age 17 or 18, only 45 percent of the Midwest Study participants reported that they had received information about birth control and only 15 percent reported that they had received family planning services during the past year. Likewise, foster youth from the Chicago area who participated in focus groups reported that although they had access to contraceptive services,

whatever sex education they had received in school was both too little and too late. They still had misconceptions about birth control and how to use it effectively.

An even bigger problem may be a perception, at least among some youth in foster care, that the benefits of teen pregnancy far outweigh the costs. For some foster youth, having a child is a way to create the family they don't have or fill an emotional void. This might explain why more than one third of the young women in the Midwest Study who experienced a pregnancy between their first two interviews described themselves as "definitely or probably wanting to get pregnant." Foster youth may also feel a need to prove they can be good parents even though their own parents were not and may not understand why it would be better to delay parenthood.

Finally, research shows that strong relationships between teens and their parents or other caring adults are critical when it comes to helping young people avoid teen pregnancy (and other risky behaviors). These are precisely the kinds of relationships that youth in foster care often lack.

Other members of the panel are going to talk more about how we can reduce the incidence of teen pregnancy among youth in foster care. However, I do wish to make a few comments. A number of programs have been shown to delay early sex, increase contraceptive use, and reduce teen pregnancy, but they were not designed with the unique needs of foster youth in mind. Although foster youth are similar to their non-foster peers in many respects, there are important differences that must be taken into account.

As already noted, foster youth often lack the kind of strong relationships with caring adults that are critical to helping young people avoid teen pregnancy. Likewise, their motivations for becoming pregnant may be different. This suggests a need to develop and then rigorously evaluate interventions that specifically target youth in foster care.

Also essential is increased training for child welfare workers. At least some research suggests that many child welfare workers feel unprepared to talk with foster youth about sex and contraception. And foster parents, including relative caregivers, need training so that they can initiate conversations with their foster youth about pregnancy prevention and so that their foster youth feel comfortable approaching them with questions and concerns.

I'd like to conclude with some thoughts about the Fostering Connections to Success and Increasing Adoptions Act of 2008. Among other things, this federal legislation increased the age of eligibility for Title IV-E reimbursement from 18 to 21 years old beginning in October 2010, giving states a financial incentive to extend foster care. This is important to teen pregnancy prevention for at least two reasons.

First, when we looked at the data collected from young women in the Midwest Study at age 19, we found that remaining in foster care beyond age 18 was associated with a 38 percent reduction

in the risk of becoming pregnant even after controlling for a variety of factors, including prior pregnancy. Just why remaining in care would have this protective effect is not entirely clear, and warrants future research.

Second, if states take advantage of this financial incentive and allow foster youth to remain in care until their 21st birthday, they will have up to three additional years to prepare young people for the transition to adulthood. This would include helping them avoid teen and unplanned pregnancy.