



## Original article

A Social Ecology Analysis of Childbirth Among Females  
Emancipating From Foster CareSvetlana Shpiegel, Ph.D.<sup>a,\*</sup>, Michele Cascardi, Ph.D.<sup>b</sup>, and Michael Dineen, M.A.<sup>c</sup><sup>a</sup> Robert D. McCormick Center for Child Advocacy and Policy, Montclair State University, Montclair, New Jersey<sup>b</sup> Department of Psychology, William Paterson University, Wayne, New Jersey<sup>c</sup> National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, New Jersey

Article history: Received May 25, 2016; Accepted September 7, 2016

Keywords: Childbirth; Foster care; Adolescents; Emancipation; Risk factors

## A B S T R A C T

**Purpose:** No research has examined childbirth from a national perspective among females emancipating from foster care. The present study fills this gap by: (1) documenting the rates of initial and repeat births among females ages 17 and 19 in a national prospective study and (2) identifying risk and protective factors at age 17 that predict childbirth between ages 17 and 19.

**Methods:** This study used data from the National Youth in Transition Database and Adoption and Foster Care Analysis and Reporting System to identify risk and protective factors associated with childbirth in a national sample of transition-age female youth ( $N = 3,474$ ).

**Results:** The cumulative rate of childbirth by age 19 was 21%, with higher rates reported between ages 17 and 19 (17%;  $n = 602$ ) compared with age 17 or earlier (9%;  $n = 313$ ). In logistic regression analysis, black race and Hispanic ethnicity, placement with relatives, runaway status, trial home visit placement, early emancipation from foster care, and lifetime incarceration histories were associated with increased likelihood of childbirth. In contrast, school enrollment and employment skills were associated with decreased likelihood of childbirth. The multivariate odds of childbirth between ages 17 and 19 increased 10-fold if youth already had a child by age 17.

**Conclusions:** Sexual health and pregnancy prevention programs should specifically target youths who already have children. Increased attention should be paid to adolescents placed with biological families and those with histories of criminal involvement.

© 2016 Society for Adolescent Health and Medicine. All rights reserved.

IMPLICATIONS AND  
CONTRIBUTION

Female youth emancipating from foster care are at substantial risk for childbirth. Ethnic and racial minority status, placement type, early emancipation from foster care, a history of incarceration, educational and vocational attainment, and prior childbirth all uniquely contributed to childbirth between ages 17 and 19. Public health and educational interventions to identify at-risk young women emancipating from foster care may reduce childbirth rates and optimize parenting outcomes.

Despite a steady decline over the past two decades, the United States continues to have the highest rates of teen births in the industrialized world [1], with approximately 25 per 1,000 births among females aged 15–19 years [2]. Females placed in foster

care are especially vulnerable to parenthood in their teens, exhibiting childbirth rates that are two to three times higher than peers in the general population [3–5]. Of even greater concern, the likelihood of childbirth doubles during the period of transition to adulthood (i.e., ages 18–21) [3,6–8] and childbirth before age 18 substantially increases the likelihood of repeat childbirth by age 21 [6]. According to one study, about 40% of girls in the California foster care system reported repeat childbirth by age 20 [7]. In other work, nearly half of girls in three Midwestern states reported repeat pregnancies by age 19 [3]. Identifying risk and protective factors associated with childbirth during the period of transition to adulthood is of crucial

**Conflicts of Interest:** The authors have no conflicts of interest to disclose.

**Disclaimer:** The collector of the original data, the funder, the Archive, Cornell University and their agents or employees bear no responsibility for the analyses or interpretations presented here.

\* Address correspondence to: Svetlana Shpiegel, Ph.D., Robert D. McCormick Center for Child Advocacy and Policy, Montclair State University, 1 Normal Ave., Dickson Hall, Room 370, Montclair, NJ 07043.

E-mail address: shpiegel@mail.montclair.edu (S. Shpiegel).

importance to reduce pregnancy and parenthood rates. However, no research has examined childbirth from a national perspective among females emancipating from foster care. The present study fills this gap by: (1) documenting the rates of initial and repeat births among females aged 17–19 years in a national prospective study and (2) identifying risk and protective factors at age 17 that predict childbirth during the high-risk period between ages 17 and 19.

Adolescent parenthood has been linked to a variety of adverse consequences for mothers, including educational and vocational difficulties, financial instability, inadequate social support, and high parenting stress [9–11]. The children of teen mothers also experience multiple challenges, such as low birth weight, severe neonatal conditions, poorer cognitive and emotional functioning, and involvement in risky behaviors later in life [12,13]. For these reasons, adolescent parenthood represents a significant public health concern, and strategies to delay childbirth are crucial to prevent multiple adverse consequences. Research on risk and protective factors associated with childbirth may help identify youths who are especially vulnerable to early parenthood and point toward intervention strategies to reduce this outcome.

Social-ecology theory was originally conceived by Bronfenbrenner to define and explain environmental influences on individual development [14]. This model provides a framework for understanding the interaction among societal, community, and individual factors that increase the risk for adverse outcomes or encourage resilience [14,15]. Adolescents in foster care are embedded in complex societal and community systems which may be linked to increased risk for or protection against childbirth. At a societal level, certain demographic characteristics, such as racial or ethnic identity, may influence the likelihood of pregnancy and childbirth. Racial and ethnic minority youth are disproportionately in out-of-home placements, and available evidence suggests that racial and ethnic minority status may be a risk factor for adolescent parenthood [5,7]. Cultural norms (e.g., respect for parenthood) and religious beliefs (e.g., anti-abortion views) may contribute to the increased representation of minorities among pregnant and parenting foster youth [5].

Factors within the community, such as experiences in the child welfare system, may also contribute to increased risk for childbirth. Child welfare factors, such as emancipation from foster care by age 19 [3] and placement instability [7], have been linked to increased pregnancy and childbirth in prior research. Moreover, in one study, placement in congregate care settings was associated with reduction in pregnancy [3], suggesting that this type of placement may be protective. Increased supervision and connection to child welfare staff have been suggested to explain these findings. It is plausible that certain placements may be protective, whereas others increase risk, due to variations in supervision and supportive services provided by the child welfare system.

At the individual level, risky behaviors, such as substance use [5,8], delinquency, [5,8] and homelessness [5], have been linked to pregnancy and parenthood among foster youth. In contrast, factors such as educational and vocational attainment may be protective against early parenthood [5]. Notably, the most salient risk factor for pregnancy and childbirth during the period of transition to adulthood appears to be prior pregnancy or birth [3,8]. This is not surprising as prior childbirth may account for other risk factors within the social ecology [5].

Although knowledge about adolescent pregnancy and parenthood among foster youth has expanded in recent years,

existing research has been limited by cross-sectional designs [5], samples restricted to individual states [7,8,16], and infrequent consideration of childbirth, as compared with pregnancy [8]. The needs of parenting foster youth may be more complex, challenging, and require specialized interventions than youth whose pregnancies do not result in live birth [6]. There is also a compelling need to increase understanding of risk and protective factors during the particular vulnerable period of transition to adulthood. To meet this need, this study provides a longitudinal, national perspective on childbirth at ages 17–19 in a cohort of females emancipating from foster care. The present study has two major aims: (1) examining the rates of childbirth (i.e., initial and repeat) at ages 17 and 19 and (2) identifying risk and protective factors at age 17 that predict childbirth between ages 17 and 19. Risk and protective factors were represented at different levels of the social ecology, including societal (e.g., demographics, such as race and ethnicity), community (e.g., child welfare factors, such as placement type and stability), and individual (e.g., delinquency, homelessness, prior childbirth).

## Methods

### *Data set and procedure*

This research is based on a secondary analysis of data from the National Youth in Transition Database (NYTD). Created by the John H. Chafee Foster Care Independence Program, NYTD is designed to track various services provided through Chafee Foster Care Independence Program and collect certain outcome measures to assess the effectiveness of the program. All 50 states and the District of Columbia are required to submit information to NYTD during designated reporting periods [17]. The NYTD data set consists of two separate components: (1) service-related information and (2) youth self-reported outcomes. Only the outcomes component was used in the present investigation; outcome data collection began in federal fiscal year (FFY) 2011. Approval for the present analysis was granted by the Montclair State University Institutional Review Board (exemption due to secondary analysis of publicly available data).

The outcome component of NYTD is collected in three ways: a baseline interview with youth who are in foster care at age 17 and two follow-up interviews, the first at age 19 and the second at age 21. To date, baseline and first follow-up interview data (i.e., ages 17 and 19) are available from the first cohort established in FFY 2011. The national response rates for the baseline and follow-up interviews were 53% and 50%, respectively. A weighting procedure was implemented by the Children's Bureau to correct for possible nonresponse bias. However, because we restricted our analyses only to females and merged the NYTD data file with data from the Adoption and Foster Care Analysis and Reporting System (AFCARS, see details below), we have concerns about how use of the weights in our selected sample might bias results in systematic and unintended ways. Therefore, analyses were conducted using the unweighted data. For detailed information about the NYTD design and procedures, see NDACAN [17].

Data on youths' out-of-home placement histories were retrieved from the AFCARS for FFY 2011. AFCARS is a federally mandated data collection system that provides case-level information on all children for whom child welfare agencies have responsibility for placement and supervision. Data include episode-level information, such as placement

Download English Version:

<https://daneshyari.com/en/article/5121301>

Download Persian Version:

<https://daneshyari.com/article/5121301>

[Daneshyari.com](https://daneshyari.com)