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Original article

Predictors of Early Childbirth Among Female Adolescents in Foster Care

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A B S T R A C T

Purpose: Placement into foster care is driven by a number of factors, many of which are associated with adolescent childbirth. Yet, there are few studies that identify the experiences and characteristics that predict adolescent childbirth among girls who spend time in foster care.
Methods: A longitudinal, population-based data set was constructed by probabilistically matching California child protective service records for female foster youth to maternal information available on vital birth records for children born between 2001 and 2010. Rates of childbirth among girls in foster care after their 10th birthday were generated. Chi-square tests assessed differences and survival models were specified to determine the rate of childbearing across key characteristics.
Results: Among the 30,339 girls who spent time in foster care as adolescents, 18.3% (5,567) gave birth for the first time before their 20th birthday. At a bivariate level, significant differences ($p < .001$) in birth rates were observed across demographic characteristics, maltreatment history, and foster care placement experiences. In the fully adjusted survival model, the highest birth rates were observed among girls who entered care between ages 13 and 16 years; had been in care for relatively short periods of time; lived in congregate care at the estimated date of conception; had a history of running away; and were Latina, black, or Native American.
Conclusions: The results suggest that there are identifiable risk factors associated with early childbirth among girls in foster care, which can help determine the timing and location of reproductive health services to minimize unintended pregnancy and maximize adolescent health and well-being.
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IMPLICATIONS AND CONTRIBUTION

This population-based study identifies predictors of early childbirth among a population with high adolescent birth rates and demonstrated health, social, and economic vulnerabilities as parents. The findings inform the development and targeting of reproductive health services and supports tailored to the unique needs of the foster care population.

While the adolescent birth rate has declined significantly in the United States since 1991 [1], some groups continue to experience heightened risk for early pregnancy and parenting. Girls living in foster care represent one such population [2–5]. Indeed, birth rates to adolescents in foster care have remained relatively static despite significant population-level decreases [5]. Girls who have lived in foster care are more likely than the general population to give birth during adolescence [6], particularly those girls who are in foster care as older adolescents [3,4]. The research on current and former foster youth suggests that those who are parenting are challenged by a number of structural, social, and emotional issues, including low rates of employment and school enrollment, poverty, less social support, and high rates of child welfare involvement among their children [7,8]. Given these challenges, it is critical to determine the predictors of early childbearing among girls in foster care to target preventive interventions and supports to those who are most vulnerable.

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

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Adverse childhood experiences have been consistently associated with higher rates of early parenting [9], including and especially child maltreatment [10]. Research indicates that children and adolescents who have experienced sexual abuse are more likely than those who were not maltreated to become pregnant as teenagers [11–13]. The co-occurrence of sexual and physical abuse and physical abuse alone are also associated with adolescent pregnancy and childbirth [13,14]. The timing and severity of maltreatment appears to influence the likelihood of pregnancy and high-risk sexual behavior more generally. Young people who experience maltreatment during adolescence appear to be at greatest risk of early pregnancy and childbirth [15,16]. Likewise, chronic maltreatment that occurs in both childhood and adolescence is associated with being more likely to have sex without a condom, multiple sexual partners, and contract sexually transmitted infections [17,18].

Determinants of early pregnancy, childbirth, and parenting are complex and interactive. Research has identified risk factors ranging from genetic and biological characteristics to community-level conditions [19–21]. Adolescent births among girls in foster care have been associated with many of the same factors, including poverty and school failure [22,23]. Research on birth rates among foster youth has identified that those who have recently entered care, are living in congregate care placements, or have experienced substantial placement instability have higher rates of birth [5], but few studies have fully elucidated the factors that predict early pregnancy and parenting among girls in foster care. This study will begin to address this gap by using longitudinal data to determine the demographic, maltreatment-related, and placement characteristics that predict early childbirth among adolescent girls in foster care. The findings can inform the timing and location of reproductive health and preventive services to minimize unintended pregnancy and maximize positive development and well-being, even when foster youth become parents.

Methods

Analytic data set

Child protective service records for the full population of girls who were born between 1989 and 1993 and spent time in foster care after their 10th birthday were extracted from California's child welfare case management system. Child welfare records were available through a long-standing data-sharing agreement between the California Child Welfare Indicators Project at the University of California, Berkeley and the California Department of Social Services. Vital records capturing all births occurring in California between 1999 and 2010 were obtained from the California Department of Public Health. Personally identifiable maternal information from the birth records was extracted for all adolescent mothers who gave birth when they were 12–19 years of age. This information was used to match child welfare records and birth records to identify female foster youth who gave birth during adolescence. Record linkages were completed using probabilistic matching software (Link Plus, version 2.0) that established record pairs based on a combination of unique and nonunique identifiers common to both data sources [24]. The final data set generated from these linkages included all girls who spent time in foster care after their 10th birthday and between 1999 and 2010, along with their maltreatment histories, foster care placement data, and birth information for those who gave birth during the same period. The linkage and analysis of these data fell under state and university institutional review board protocols and was reviewed by the California Vital Statistics Advisory Board.

Variables

The outcome variable for this analysis was a first birth between the age of 12 and 19 years. Explanatory variables were age at entry, race/ethnicity, maltreatment history, and experiences in foster care. Variables characterizing foster care experiences were coded based on a defined focal episode and placement in foster care. The period of time from the date of removal to an exit from foster care is considered an episode. An episode in foster care can include multiple placements, which constitute moves within care. For those who gave birth, focal episodes and placements were coded two ways: (1) if they were in care when they conceived, then the episode and placement in which they conceived was considered the focal one and (2) if they conceived after exiting from care, then the focal episode and placement was the one immediately before exit. For those who did not give birth during adolescence, the focal episode and placement was either the last one or the one as of the end of the study window (December 31, 2010).

Demographic characteristics. Age at entry was calculated based on the date girls entered the focal episode; it was categorized into five mutually exclusive groups (under 10 years, 10–12 years, 13–14 years, 15–16 years, and 17 years and older). The race/ethnicity variable was based on child welfare workers' determination of the primary racial/ethnic category and collapsed into five groups (Latino, white, black, Asian/Pacific Islander, and Native American).

Maltreatment history. Maltreatment type was coded into six dichotomous variables that indicated whether each girl ever experienced each of the following types of maltreatment: sexual abuse, physical abuse, severe neglect, caretaker absence/incapacity, general neglect, and emotional abuse (these categories are not mutually exclusive). Recurrence was dichotomous, indicating if there was another substantiated allegation of maltreatment at any point after the initial substantiation. Events of maltreatment occurring after the estimated date of conception were excluded.

Characteristics of the focal placement/episode. Removal reason for the focal episode was identified as the reason noted by the child welfare worker and categorized according to maltreatment type (sexual abuse, physical abuse, severe neglect, caretaker absence/incapacity, general neglect, emotional abuse, and other). Placement type was categorized as either the last known placement (for those who exited) or the placement during which conception occurred (for those who conceived while in care) and was collapsed into the following categories: kin/relative home, nonrelative foster home, congregate care (includes both group homes and shelters), guardian home, and other. Length of stay in the focal episode was calculated by month and categorized into five groups (less than 3, 3–11, 12–23, 24–59, and 60 or more), reflecting the time from the date of removal through the date of conception, the exit from foster care, or the end of the study window (December 31, 2010). Finally, placement stability was calculated according to

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