Pregnancy Risk of Older Youth Transitioning Out of Foster Care By Karen M. Matta Oshima; Sarah Carter Narendorf; and J. Curtis McMillan Prepared by: Lauren Bagby

This study acknowledges the need for direct pregnancy intervention and access to birth control for foster youth populations. This suggestion is based on policies with protective factors to help the general population, yet have not been shown to be significantly helpful for those in foster care. Results indicated that rates of pregnancy were equal between youth who used birth control to some extent and those who do not. Therefore, access to improved and more consistent methods of birth control seem to be the most effective intervention. However, it is noted that these interventions do not address individuals who choose to become pregnant, of which there seems to be a significant number.

Information at a Glance:

- Likelihood of pregnancy (or getting someone pregnant for males) increases 300% among foster youth between the ages of 17 and 19.
- Foster youth are at higher risk for pregnancy even after considering protective factors like maltreatment history, school connectedness, academic achievement, and religiosity.
- In Oregon, Multidimensional Treatment Foster Care (MTFC) was found to decrease the pregnancy rate to 27% compared with 47% not involved in MTFC.

Proposed Program Solutions:

While the MTFC study showed significant improvements in pregnancy rates, the study has not been replicated and should be revisited due to its promising results. This study supports extended foster care for males, as remaining in closer contact with supportive adults and systems showed a protective factor against pregnancy and a reduction in "risky sexual behavior".

Additionally, alternative and more reliable methods of birth control should be explored to reduce pregnancy rate, as condoms were most widely used contraceptive but require youth to be prepared ahead of each sexual encounter. Further research is needed to address predictive factors of pregnancy for foster youth between ages 17-19, which include:

- Females- pregnancy at or prior to age 17, using drugs, not using birth control at the last reported sexual intercourse (as compared to those who did use birth control), a history of arrest, and leaving the foster care system prior to age 19.
- Males- fathering a child prior to or at 17, using drugs, failing grades, and leaving the foster care system prior to age 19 all positively predicted fathering a child between ages 17 and 19.

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