

**Pregnancy and Parenting among Iowa Youth Transitioning from Foster Care:
Survey and Focus Group Results**

Iowa State University

September 7, 2018

This project was made possible through a Casey Pregnancy Prevention and Parenting Support grant. Funding was provided by the Center for Study of Social Policy (CSSP Grant #g17003.115) to the Youth Policy Institute of Iowa, which issued a subcontract to Iowa State University

J. Melby, H. Rouse, T. Jordan, & C. Weems
Child Welfare Research and Training Project
Iowa State University

Acknowledgements:

Child Welfare Research and Training Project (CWRTP) staff Kate Goudy and Jo Ann Lee for contributions to project conceptualization and review of survey and focus group questions.

Center for Survey Statistics and Methodology (CSSM) staff Janice Larson for consultation on survey question development and design.

CWRTP Research Assistants Feng Zhao, Emily McKnight, Maya Bartel, Bethany McCurdy, and Sara Ray for data analytic and writing support.

EXECUTIVE SUMMARY

The Youth Policy Institute of Iowa (YPII), in collaboration with Iowa State University (ISU) and key stakeholders, received a grant to develop and adopt new or revised policy, program, and practice recommendations to address the high rate of unintended pregnancies among Iowa youth transitioning from foster care. The current project was also designed to inform the development and implementation of policies and practices to help break the cycle of multi-generational involvement in child welfare by increasing protective factors and mitigating risk factors among young parents who have been in foster care.

The role of ISU's Child Welfare Research and Training Project (CW RTP) was to assist with three aspects of the project: (1) Participate on a project team/advisory group to guide processes; review products; and identify and incorporate high-action, high-alignment strategies; (2) Assist with development of survey and focus group questions and protocols to identify causes and correlates of early parenting and access and barriers to resources; and (3) Analyze survey and focus group results for inclusion in a final report. This report details research findings from an empirical study that utilized quantitative data from surveys and qualitative data from focus groups conducted with youth age 18-26 years who had been in foster care at some point prior to age 18.

Findings from this research indicated that: (1) many youth started their sexual experiences at early ages (i.e., < age 14) and had multiple partners and pregnancies; (2) the primary sources of information about reproductive health and sexuality were from school classes, online, and sometimes parents, but very little information (if any) came from DHS, foster care workers, or Aftercare Advocates; (3) while youth overwhelmingly reported that it was a shared responsibility to prevent pregnancy (92.5%), only 22% reported always using birth control (and there were no differences between males and females); (4) the majority of females wished they had waited to have sex (68%); and (5) while the majority of females reported receiving early and consistent prenatal care, few females or males participated in birthing or parenting classes. Findings also highlight the strength of a mixed methods approach that offered more nuanced understanding of the experiences of youth who were pregnant or parenting.

These findings suggest important recommendations, including:

- Reinforcing information provided by schools/classes about pregnancy prevention and the implications of parenting for youth in foster care through other channels;
- Having support groups specifically for youth in foster care. These groups should focus both on sharing and discussing information about reproductive health with a focus on contraception, as well as provide opportunities for young parents to support one another (e.g., share resources, lessons learned, and other strategies to help build self-sufficiency); and
- Introducing information about paternity establishment and its importance.
- Providing opportunities for co-parenting training and support.

TABLE OF CONTENTS

Executive Summary	ii
Project Summary and Recommendations	2
Introduction to the Project	2
Interpretation of tables	2
Quantitative Study 1: Survey Approach and Major Findings	4
Participants	4
Major Survey Findings	4
Characteristics	4
Reproductive Health, Attitudes, and Behaviors	8
Sexual Experiences	9
Pregnancy Experiences	12
Parenting Experiences	17
Qualitative Study 2: Focus Group Approach and Major Findings	21
Approach	21
Major Themes	21
Socialization about Reproduction	22
Social Support	22
Parenting as a Choice	23
Paying It Forward	24
Recommendations	25
Conclusions and Recommendations	26
Major Findings	26
Unanswered Questions and Future Research	27
References	28
Appendix A	29
Survey Items	29
Appendix B	51
Focus Group Protocol	51
Appendix C	55
Ambiguously Worded Survey Items	55

LIST OF TABLES AND FIGURES

Tables

Table 1.	Demographics and Characteristics of Survey Participants	4
Table 2.	Living Situation and Foster Care Experiences	7
Table 3.	Sources of Information about Reproductive Health	8
Table 4a.	Description of Sexual Experiences	9
Table 4b.	Attitudes about Sexual Experiences	10
Table 5a.	Pregnancy Experiences	12
Table 5b.	Feelings about Pregnancy	14
Table 5c.	Relationships during Pregnancy	14
Table 5d.	Prenatal Care and Support	16
Table 6a.	Parenting Experiences	17
Table 6b.	Perceptions about Parenting	19

Figures

Figure 1.	Public Assistance Program Utilization by Sex	6
Figure 2.	Major and Minor Reasons for Becoming Sexually Active	12

PROJECT SUMMARY AND RECOMMENDATIONS

Introduction to the Project

There are over 400,000 children and youth in foster care at any given time in the US, with as many as 30% between the ages of 13 and 20 when exiting care (Administration for Children and Families, 2015). Findings from the Midwest Evaluation of Adult Functioning of Former Foster Youth indicate that over a third of former foster care women were pregnant by age 17, with nearly half of those experiencing repeat pregnancies by age 19 (Dworsky, 2009), which is nearly double the rate of non-foster youth from other national estimates (Courtney & Dworsky, 2006).

The purpose of this project was to better understand the experiences of foster youth in Iowa to inform the development and adoption of new or revised policy, program, and practice recommendations to address the high rate of unintended pregnancies and early parenting among Iowa youth transitioning from foster care.

In order to make informed decisions about policy and practice, the first step was to gather and analyze empirical data on the experiences of youth and young adults who have aged out of foster care. More specifically, the intent of the research was to gather information directly from youth and young adults who had aged out of the foster care system in order to:

1. Augment current understanding of the causes and correlates of pregnancy and early parenting among the target population;
2. Help identify gaps and missed opportunities to prevent unintended pregnancies and early parenting;
3. Identify the community supports, resources, and evidence-based programs that expectant and parenting teens and young adults utilize and barriers to accessing those services;
4. Offer new insights on reproductive health and parenting related issues such as sources of formal and informal information and support, access to and use of contraception, frequency of establishing paternity, involvement of fathers/non-custodial parents in raising their children, and payment or receipt of child support, among others.

Two general research questions guided the empirical study:

1. What are foster youth experiences with pregnancy and parenting?
2. How do foster youth experiences shape their understanding of pregnancy and parenting?

This study commenced in two parts. First, a survey was conducted and distributed to former foster youth. Second, a subset of survey respondents was asked to participate in focus groups to further explore their experiences with pregnancy and parenting. The following report will provide details about each of these efforts, respectively, as Quantitative Study 1 and Qualitative Study 2.

Interpretation of tables

In this report, we provide 11 tables across six sections, summarizing the survey results in the overall sample and by gender. For continuous variables (e.g., age, age of first

sex), the average (Mean; M) and the average variation (standard deviation; SD) are shown. For categorical variables (e.g., race, living situation in placement), the percentage in each category is shown. The “Note” column in each table shows results of statistical tests on gender differences. An “ns” indicates that there was no statistically significant gender difference on the variable in the same row. A p -value (i.e., “ $p < 0.05$ ” or “ $p < 0.01$ ”) indicates that a significant gender difference was found on the variable of the same row. The total number of respondents in this study is 81, but for some variables responses may be missing for one or two participants. We added notes in the corresponding tables if the missing values are more than two or if the survey questions were only applied to subgroup of the respondents. A more detailed explanation of each significant result can be found in the text below the table.

Aside from testing gender differences, we also conducted statistical analyses testing potential racial and urbanicity differences, but results of these tests are not shown in tables. Instead, we explicitly indicate no statistical significance when it is the case or explain how variables of interest vary across subgroups when a significant result was found.

The study plan and protocol were submitted for review to Iowa State University’s Internal Review Board (IRB) and determined to be exempt from IRB oversight because none of the ISU study team had contact with human subjects. All data were collected by YPII staff and provided to ISU for secondary analysis. Nevertheless, data collection and analysis activities followed informed consent procedures and participant confidentiality was maintained in all data analysis and reporting. Gratitude is expressed to the youth who participated in this study.

QUANTITATIVE STUDY 1: SURVEY APPROACH AND MAJOR FINDINGS

The project team (including representatives from YPII and ISU) developed and administered new data collection tools to investigate the experiences of Iowa youth and young adults ages 18-25 who were formerly involved in foster care (see Appendix A). Participants were purposively sampled among youth and young adults who had recently or were currently receiving services from Iowa Aftercare Services Network or related YPII services. The young people had emancipated from foster care at age 18 and voluntarily chose to participate in Aftercare services. To be eligible, youth and young adults needed to be either currently pregnant or had given birth to or fathered one or more children prior to the age of 21.

The online survey took approximately 10-15 minutes to complete and included 78 possible questions, covering the range of topics including reproductive health, attitudes, and behaviors; sexual experiences; pregnancy experiences; and parenting experiences. All respondents were also asked identical demographic questions. The remainder of the survey was split between females and males to reflect question wording that used pronouns and to reflect differential gendered experiences (primarily around birth control use and pregnancy experiences).

Members of the Iowa State University research team analyzed the survey data using SPSS software.

Participants

Survey responses were collected from 83 participants between October and December 2017. Two respondents did not meet study criteria and were omitted from the analysis, resulting in $N = 81$. There were more female ($n = 61$) than male ($n = 20$) respondents. Participants were between the ages of 18-25, with a median age of 20. Of these, 36 (44%) lived in rural counties and 45 (56%) in urban counties as defined by the Office of Rural Health Policy designation of metro and non-metro counties. The majority were white (60.5%, $n = 49$) with 39.5% ($n = 32$) identifying as underrepresented adults; African Americans made up the largest minority group (24.7%, $n = 20$), with the remaining respondents identifying in other racial categories (14.8%, $n = 12$).

Major Survey Findings

Characteristics

The following descriptions of the survey sample include information about youth education levels, out of home placement experiences, current living situations, employment and income, and receipt of public assistance.

Table 1. Demographics and Characteristics of Survey Participants

	All ($n = 81$)	Female ($n = 61$)	Male ($n = 20$)	Note
Age	$M = 19.9$ $SD = 1.32$	$M = 19.9$ $SD = 1.26$	$M = 19.8$ $SD = 1.52$	ns
18	9	5	4	
19	22	19	3	
20	34	22	12	

21	10	9	1	
22-26	6	5	1	
Missing	1	1	0	
Race				ns
White	60.5%	63.9%	50.0%	
Nonwhite	39.5%	36.1%	50.0%	
Education				ns
Less than high school	21.0%	21.3%	20.0%	
High school or above	77.8%	78.7%	75.0%	
Own parent was a teen parent				
Yes	70.4%	68.9%	75.0%	
No	29.6%	31.1%	25.0%	
Current employment status				$p < .01$
> 30 total hours a week	45.6%	35.0%	78.9%	
< 30 total hours a week	21.5%	21.7%	21.1%	
Not employed but looking for work	22.8%	30.0%	0.0%	
Not employed and not looking for work	10.1%	13.3%	0.0%	
Gross monthly income				ns
\$0	1.2%	0.0%	5.0%	
\$1-299	3.7%	1.6%	10.0%	
\$300-599	8.6%	6.6%	15.0%	
\$600-899	3.7%	4.9%	0.0%	
\$900-\$1199	17.3%	21.3%	5.0%	
\$1200-\$1499	33.3%	37.7%	20.0%	
\$1500 or more	12.3%	9.8%	20.0%	
Forms of public assistance				$p < .01$
SSI (Supplemental Security Income)	4.9%	4.9%	5.0%	
Rent subsidy or housing assistance	6.2%	8.2%	0.0%	
Food stamps (SNAP)	64.2%	77.0%	25.0%	
Cash assistance (FIP, TANF)	14.8%	19.7%	0.0%	
Health insurance (Medicaid, hawk-i)	50.6%	54.1%	40.0%	
Women, Infants and Children (WIC)	59.3%	73.8%	15.0%	
PAL stipend	38.3%	36.1%	45.0%	
Child care assistance (state funds)	16.0%	21.3%	0.0%	
Other public assistance	1.2%	1.6%	0.0%	
None of these, no public assistance	8.6%	3.3%	25.0%	
Number of public assistance	$M = 2.56$ $SD = 1.46$	$M = 2.97$ $SD = 1.32$	$M = 1.30$ $SD = 1.13$	$p < .01$
0	11.1%	4.9%	30.0%	
1	13.6%	9.8%	25.0%	
2	21.0%	16.4%	35.0%	
3	24.7%	31.1%	5.0%	
4+	29.6%	37.7%	5.0%	

As reported above in Table 1, most respondents (78.7%, $n = 63$) had an education level of high school or higher, and most respondents are currently working a part-time or full-time job. Some group differences were found:

- There was a significant gender difference in employment status, whereby more male respondents were working a full-time job (more than 30 total hours per week) compared with females, and fewer males were unemployed.
- Current employment status was also found to be associated with educational level, where more respondents with high school or higher education level were currently employed compared to those without a high school degree.

Twenty-one respondents had zero monthly income and were all females. Compared to female respondents who had some income, more zero-income female respondents had less than a high school education. There was also a significant gender difference in monthly gross income: more male respondents than females had a monthly income of \$1500 or higher.

The top three most common forms of public assistance were: food stamps (SNAP) ($n = 52$); Women, Infants, and Children (WIC) ($n = 48$); and health insurance ($n = 41$).

- Slightly more than half of respondents (54.3%, $n = 44$) were receiving three or more forms of public assistance.
- More female respondents reported multiple types of public assistance, and more male respondents reported not receiving any public assistance.

Figure 1. Public Assistance Program Utilization by Sex

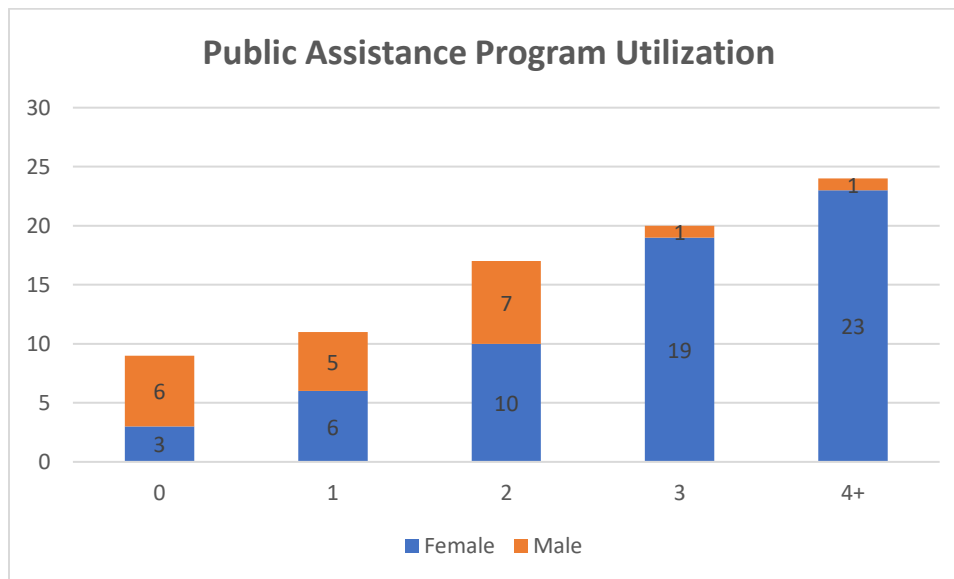


Table 2. Living Situation and Foster Care Experiences

	All (<i>n</i> = 81)	Female (<i>n</i> = 61)	Male (<i>n</i> = 20)	Note
Primary living situation in placement				<i>p</i> < .01
Foster home	35.8%	42.6%	15.0%	
Residential facility	21.0%	23.0%	15.0%	
Group home	12.3%	9.8%	20.0%	
State training school or detention	9.9%	1.6%	35.0%	
Shelter	8.6%	9.8%	5.0%	
Relative's home	6.2%	8.2%	0.0%	
PMIC	1.2%	1.6%	0.0%	
SAL (Supervised apartment living)	1.2%	1.6%	0.0%	
Other suitable placement	1.2%	1.6%	0.0%	
Other	2.5%	0.0%	10.0%	
Out of home placement length				ns
Less than six months	2.5%	1.6%	5.0%	
Six months to one year	16.0%	16.4%	15.0%	
1 to 2 years	23.5%	18.0%	40.0%	
2 to 3 years	13.6%	14.8%	10.0%	
3 to 5 years	21.0%	21.3%	20.0%	
5 years or more	23.5%	27.9%	10.0%	
Current living arrangement				ns
Partner (boyfriend/girlfriend or spouse)	50.6%	49.2%	55.0%	
Living alone (no other adults)	23.5%	26.2%	15.0%	
Friends/roommates	14.8%	14.8%	15.0%	
Parent(s)	8.6%	8.2%	10.0%	
Other family member(s)	7.4%	6.6%	10.0%	
Homeless	2.5%	1.6%	5.0%	
Grandparent(s)	1.2%	0.0%	5.0%	

As reported in Table 2, the majority of respondents (58.0%, *n* = 47) spent two or more years in out-of-home placement, and there were some significant differences in the type and duration of placement by gender and race.

- Compared to male respondents, more females were in out-of-home placements for two or more years (*p* = .06).
- There was no significant racial difference in the length of out-of-home placement.
- The top three most common living situations in placement were foster home (*n* = 29), residential facility (*n* = 17), and group home (*n* = 10).
- There were significant gender and racial differences in living situation in placement; more female respondents were in foster homes and fewer in state training school or detention [$\chi^2(9) = 31.03, p < .01$].
- White respondents were more likely than non-whites to be placed in foster home and less likely in residential facility [$\chi^2(9) = 17.13, p < .05$].

About half of respondents (50.6%, *n* = 41) were currently living with a partner and 19 of them (23.5%) lived alone with no other adults.

Reproductive Health, Attitudes, and Behaviors

The next section of the survey asked respondents about the nature and extent of information obtained from other adults about reproductive health.

Table 3. Sources of Information about Reproductive Health

	All (<i>n</i> = 81) ¹	Female (<i>n</i> = 61)	Male (<i>n</i> = 20)	Note
Informed about reproductive health				ns
Not well at all	11.1%	9.8%	15%	
Not well	7.4%	6.6%	10%	
Okay	32.1%	36.1%	20%	
Well	18.5%	16.4%	25%	
Very well	30.9%	31.1%	30%	
Seek advice about reproductive health				ns
Not likely	34.6%	34.5%	25%	
Somewhat likely	33.3%	31.0%	40%	
Very likely	32.1%	34.5%	35%	
Sources of information about sexual and reproductive health¹				
Class at school	85.7%	89.8%	72.2%	ns
Medical professional	80.8%	86.7%	61.1%	<i>p</i> < 0.05
Biological parents	67.6%	69.1%	63.2%	ns
Online sources	59.7%	63.6%	47.1%	ns
Printed material	59.2%	64.8%	41.2%	ns
Friends/siblings	57.3%	56.1%	61.1%	ns
Placement staff	49.3%	51.8%	42.1%	ns
Dept. Human Services social worker	42.3%	44.4%	35.3%	ns
Foster parents	41.7%	48.1%	22.2%	ns
Juvenile court officer	26.0%	25.0%	29.4%	ns
Primary source of information about sexual and reproductive health				ns
Class at school	29.1%	25.4%	40.0%	
Parent	22.7%	22.0%	25.0%	
Medical professional	19.0%	22.0%	10.0%	
Online sources	10.1%	10.2%	10.0%	
Placement staff	6.3%	8.5%	0.0%	
Foster parent	3.8%	5.1%	0.0%	
Friends or siblings	3.8%	3.4%	5.0%	
Other	3.8%	1.7%	10.0%	
Juvenile court officer	1.2%	1.7%	0.0%	
Frequency of Aftercare Advocate discussing reproductive health				<i>p</i> < 0.05
Very often	18.5%	23.0%	5.0%	
Often	14.8%	14.8%	15.0%	
Sometimes	34.6%	32.8%	40.0%	
Rarely	16.0%	19.7%	5.0%	
Never	14.8%	9.8%	30.0%	
N/A	1.2%	0.0%	5.0%	

¹ Due to missingness, actual total number of respondents for these questions ranges from 71 to 78.

Overall, less than half of respondents (49.4%) felt “well” or “very well” informed about reproductive health, and there were no gender, racial, or urbanicity differences. Findings were mixed related to the likelihood that respondents would seek advice about reproductive health, with about a third reporting each of “not likely,” “somewhat likely,” and “very likely.”

The survey also asked about where young adults received their information regarding reproductive health.

- Most received some information via classes at school (85.7%; $n = 69$), which was also the primary source of information for 29.1% of respondents. There were no gender, racial, or urbanicity differences in primary sources of information.
- With regard to medical professionals as a source of information, females (86.1%) were more likely to report medical professionals as a source compared to males (61.1%).
- Less than half of respondents reported receiving any information about reproductive health from their foster placement staff (49.3%), Department of Human Services social worker (42.3%), foster parents (41.7%), or Juvenile Court Officer (26%).
- Significant gender differences were found for reports of discussing reproductive health with Aftercare Advocates—with more males reporting “never” and more females reporting “very often.”

Sexual Experiences

The next section of the survey asked participants about their early and current sexual experiences. Questions ranged from age of first sex and number of sexual partners to attitudes about sexual experiences. All questions were analyzed with the overall sample, as well as by gender, race, and urbanicity.

Table 4a. Description of Sexual Experiences

	All ($n = 81$)	Female ($n = 61$)	Male ($n = 20$)	Note
Age at first sex¹	$M = 14.51$ $SD = 1.75$	$M = 14.66$ $SD = 1.69$	$M = 14.05$ $SD = 1.90$	ns
< 13	13.6%	9.8%	25.0%	
13	19.8%	19.7%	20.0%	
14	19.8%	18.0%	25.0%	
15	18.5%	23.0%	5.0%	
16	12.3%	11.5%	15.0%	
17	9.9%	13.1%	0.0%	
18	6.2%	5.0%	10.0%	
Number of sexual partners¹	$M = 7.00$ $SD = 2.99$	$M = 6.66$ $SD = 3.07$	$M = 8.11$ $SD = 2.44$	ns
1	2.5%	3.3%	0.0%	
2	7.5%	8.2%	5.3%	
3	7.5%	9.8%	0.0%	
4	6.3%	6.6%	5.3%	

5	12.5%	14.8%	5.3%
6	6.3%	6.6%	5.3%
7	6.3%	3.3%	15.8%
8	7.5%	6.6%	10.5%
9	6.3%	8.2%	0.0%
10+	37.5%	32.8%	52.6%
Ever been forced to have sex			<i>p</i> < 0.001
Yes	45.7%	57.4%	10.0%
No	54.3%	42.6%	90.0%

¹ Sex for this item was defined in survey as “vaginal-penile intercourse that both partners agreed to have beforehand.”

Age of first sex. The average age of first sexual experience was 14.50 (*SD* = 1.75), with 53.2% of respondents reporting having sex at age 14 or younger. There was no significant difference between males and females or between those living in urban compared to rural areas. We also explored interaction effects and found the following:

- There was a significant negative relationship with age of first sex and number of partners for non-whites, such that those reporting later first sexual experiences had fewer sexual partners.
- There was also a significant interaction between age of first sex and having had a teen parent. These findings indicated that the mean age of first sex for females who had a teen parent is 15 years, which is significantly different from females who did not have a teen parent (*M* = 14), indicating that young women with a teen parent are more likely to wait to have sex.

Number of Sexual Partners. There was a significant gender difference related to number of sexual partners, with males reporting significantly more partners than females (8.1 vs. 6.7, respectively). There were no significant differences by race or urbanicity.

Table 4b. Attitudes about Sexual Experiences

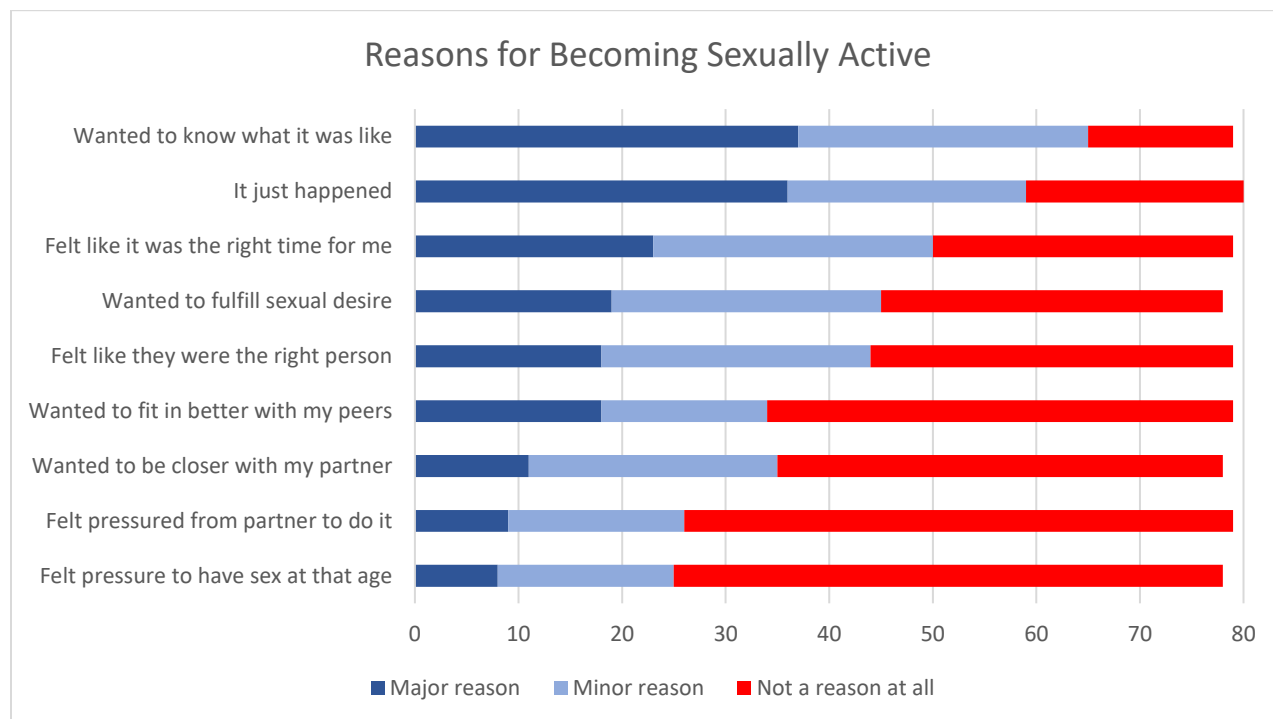
	All (<i>n</i> = 81)	Female (<i>n</i> = 61)	Male (<i>n</i> = 20)	Note
Wish you had waited longer before sex first time?				<i>p</i> < 0.001
Definitely yes	54.3%	67.2%	15%	
Probably yes	13.6%	13.1%	15%	
Maybe	8.6%	8.2%	10%	
Probably no	9.9%	4.9%	25%	
Definitely no	13.6%	6.6%	35%	
It is normal for teens to be sexually active?				ns
Strongly agree	36.3%	31.7%	50%	
Agree	42.5%	48.3%	25%	
Undecided	16.3%	13.3%	25%	
Disagree	3.8%	5%	0%	
Strongly disagree	1.3%	1.7%	0%	

Whose responsibility is it for preventing pregnancy?				ns
Woman's	3.8%	4.9%	0%	
Mostly woman's	2.5%	3.3%	0%	
Equal responsibility	92.5%	91.8%	94.7%	
Mostly man's	0%	0%	0%	
Man's responsibility	1.3%	0%	5.3%	
How often do you or your sexual partner use birth control?				ns
Always	22.2%	27.9%	5%	
Usually	17.3%	18%	15%	
About half the time	16%	16.4%	15%	
Seldom	17.3%	11.5%	35%	
Never	27.2%	26.2%	30%	

The survey also asked questions about young adults' attitudes regarding their sexual experiences (see Table 4b, above). Findings suggest that there are some significant gender differences in attitudes, specifically related to whether or not respondents wish they would have waited longer before having sex. While over 80% of females said they "probably" or "definitely" wished they had waited longer to have sex, only 30% of males reported the same. No gender differences were found related to the belief that it is normal for teens to have sex, with only 5.1% of respondents disagreeing with this statement.

Preventing Pregnancy and Birth Control Use. Over 92% of respondents reported that they felt it was the equal responsibility of men and women to prevent pregnancy, with no significant gender, racial, or urbanicity differences. However, only 22% of respondents reported "always" using birth control – with nearly 28% of women and only 5% of men reporting "always" use. Findings also indicated 27.2% never used any method of birth control. Of those that did report using birth control, the most common type of birth control used among females was the contraceptive birth control pill. The most common type of birth control across both males and females was condoms.

Respondents also were given a list of possible reasons for having become sexually active and were asked to indicate whether each was a "major," "minor," or "not a reason" impacting their decision. Figure 2 (below) shows the frequency that each of the provided reasons were selected. Respondents cited curiosity ($n = 37$) and "it just happened" ($n = 36$) as the most frequent major reasons for having become sexually active; pressure from a partner ($n = 9$) or from social expectations ($n = 8$) were the least common major reasons for respondents.

Figure 2. Major and Minor Reasons for Becoming Sexually Active

Pregnancy Experiences

Next, the survey asked questions regarding pregnancy experiences. For females in the sample, questions were framed around their own experiences; for males, questions were framed around the experiences of their partners. Questions were asked of both the first pregnancy experience and the most recent or current pregnancy experience, and which pregnancy experience is indicated throughout this report. This section is divided into four subsections: general pregnancy experiences; feelings about pregnancy; relationships during pregnancy; and prenatal care and support.

Table 5a. Pregnancy Experiences

	All (<i>n</i> = 81)	Female (<i>n</i> = 61)	Male (<i>n</i> = 20)	Note
Currently pregnant or expecting¹	32.0%	27.6%	47.1%	ns
Desire to become pregnant in next year²	21.6%	15.0%	54.5%	<i>p</i> < 0.05
Age at first pregnancy or expectancy	<i>M</i> = 17.88 <i>SD</i> = 1.83	<i>M</i> = 17.97 <i>SD</i> = 1.60	<i>M</i> = 17.60 <i>SD</i> = 2.41	ns
13	1.2%	0.0%	5.0%	
14	3.7%	1.6%	10.0%	
15	8.6%	6.6%	15.0%	
16	3.7%	4.9%	0.0%	
17	17.3%	21.3%	5.0%	

18	33.3%	37.7%	20.0%	
19	12.3%	9.8%	20.0%	
20	13.6%	11.5%	20.0%	
21	4.9%	4.9%	5.0%	
22	1.2%	1.6%	0.0%	
Number of pregnancies	<i>M</i> = 1.57 <i>SD</i> = 0.89	<i>M</i> = 1.59 <i>SD</i> = 0.72	<i>M</i> = 1.60 <i>SD</i> = 1.23	<i>p</i> < 0.01
0	2.5%	0.0%	10.0%	
1	54.3%	52.5%	60.0%	
2	33.3%	37.7%	20.0%	
3	6.2%	8.2%	0.0%	
4	1.2%	1.6%	0.0%	
> 4	2.5%	0.0%	10.0%	
Pregnancy outcome				ns
Currently pregnant	30.9%	26.2%	45.0%	
Live birth, kept the baby	65.4%	70.5%	50.0%	
Live birth, baby was taken by DHS	2.5%	1.6%	5.0%	
Live birth, baby was adopted	0.0%	0.0%	0.0%	
Stillborn or miscarriage	1.2%	1.6%	0.0%	
Abortion	0.0%	0.0%	0.0%	

¹ Six responses were coded as missing to reflect “not sure” responses and are not included in these percentages.

² These percentages include a total of 51 respondents. Others ($n = 30$) either responded N/A, currently pregnant, or “not sure.”

Pregnancy experiences. Findings indicate that the majority (68.0%) of the overall sample were not currently pregnant or expecting. The mean age of first pregnancy, as confirmed by a medical doctor, for the overall sample was 17.9 years ($SD = 1.8$), with most respondents having their first pregnancy between ages 17-20. Most females experienced their first pregnancy between ages 17-20 while the majority of males experienced their first pregnancy slightly older, between ages 18-20. Though the average age of first sex was 14.5 years old, most respondents did not experience their first pregnancy until their late teen years. Most of the overall sample (87.6%) had experienced 1-2 pregnancies ($M = 1.6$, $SD = 0.9$).

Regarding their most recent or current pregnancy:

- 30.9% of respondents in the overall sample reported currently being pregnant or expecting
- Of the subsample of respondents not currently pregnant, 65.4% reported having delivered and kept their baby
- No respondents reported adoption or abortion as outcomes of their most recent pregnancy.

Table 5b. Feelings about Pregnancy

	All (<i>n</i> = 81)	Female (<i>n</i> = 61)	Male (<i>n</i> = 20)	Note
Feelings about becoming a parent before most recent pregnancy				ns
Open to the possibility of becoming pregnant, but wasn't trying	46.9%	41.0%	65.0%	
Wanted to become pregnant at that time	27.2%	26.2%	30.0%	
Did not want to become pregnant	24.7%	31.1%	5.0%	
Not sure	1.2%	1.6%	0.0%	
Preparedness to become a parent during first pregnancy				<i>p</i> < 0.05
Not at all prepared	41.3%	48.3%	20.0%	
Rarely	10.0%	10.0%	10.0%	
Somewhat prepared	22.5%	20.0%	30.0%	
Mostly	11.3%	13.3%	5.0%	
Very prepared	15.0%	8.3%	35.0%	

Respondents in the overall sample were asked to report about their feelings associated with their first pregnancy (see Table 5b). Most respondents (46.9%) reported being open to the possibility of pregnancy but were not purposefully seeking pregnancy.

- Approximately a third (31.1%) of females reported not wanting to become pregnant at the time of their most recent pregnancy compared to only 5.0% of males.
- More than a quarter (27.2%) of respondents – 26.2% of females and 30.0% of males – reported wanting to become pregnant at the time of their most recent pregnancy.

The majority of respondents felt unprepared for their first pregnancy, with 41.3% reporting feeling not at all prepared and 22.5% reporting feeling only somewhat prepared. However, there was a significant gender difference with females less likely to report feeling prepared (*p* < 0.05): females were more likely to report feeling not at all prepared (48.3%) than males (20.0%), whereas males were much more likely to report feeling very prepared (35.0%) than females (8.3%).

Table 5c. Relationships during Pregnancy

	All (<i>n</i> = 81)	Female (<i>n</i> = 61)	Male (<i>n</i> = 20)	Note
Friend support during first pregnancy				ns
Definitely supported	46.9%	47.5%	45.0%	
Somewhat supported	19.8%	21.3%	15.0%	
Neither	18.5%	16.4%	25.0%	
Somewhat opposed	3.7%	4.9%	0.0%	
Definitely opposed	3.7%	3.3%	5.0%	

They didn't know about it	7.4%	6.6%	10.0%	
Family support during first pregnancy¹				ns
Definitely supported	42.5%	40.0%	50.0%	
Somewhat supported	28.8%	25.0%	40.0%	
Neither	8.8%	11.7%	0.0%	
Somewhat opposed	5.0%	6.7%	0.0%	
Definitely opposed	10.0%	10.0%	10.0%	
They didn't know about it	5.0%	6.7%	0.0%	
Relationship status at most recent pregnancy				ns
Romantically involved on a steady basis	64.2%	60.7%	75.0%	
Romantically involved on/off again	27.2%	29.5%	20.0%	
Didn't really know each other (one-time thing)	4.9%	4.9%	5.0%	
Just friends	2.5%	3.3%	0.0%	
Married	1.2%	1.6%	0.0%	
Desire to marry partner following most recent pregnancy¹				ns
Yes	52.5%	56.7%	40.0%	
No	37.5%	35.0%	45.0%	
Didn't care	10.0%	8.3%	15.0%	
Father's input in decision regarding pregnancy outcome²				ns
With his input	82.7%	78.6%	100.0%	
Without his input	17.3%	21.4%	0.0%	

¹ A total of 80 respondents answered this question, with one missing.

² Due to the survey skip pattern, this item asked for a response only if pregnancy resulted in a live birth, resulting in a total of 52 respondents (42 females, 10 males).

Friends and family were both sources of support for respondents in the overall sample during pregnancy (see Table 5c).

- Respondents reported that friends definitely (46.9%) or somewhat (19.8%) supported their first pregnancy.
- Generally, respondents reported receiving support from their families -- with 42.5% reporting being definitely and 28.8% reporting being somewhat supported.
- Most respondents had an ongoing relationship with their partners, with 64.2% reporting being romantically involved on a steady basis with their partner.
- Most participants (52.5%) reported a desire to marry their current partner following their most recent or current pregnancy.
- For the decision regarding their pregnancy outcome, most respondents (82.7%) reported that the partner's input was considered. All of the males and 78.6% of females reported having the father's input in this decision.

Table 5d. Prenatal Care and Support

	All (<i>n</i> = 81)	Female (<i>n</i> = 61)	Male (<i>n</i> = 20)	Note
Month of most recent pregnancy when first visiting a doctor or nurse¹	<i>M</i> = 1.85 <i>SD</i> = 0.87			
Month 1	36.1%	36.1%	n/a	
Month 2	47.5%	47.5%	n/a	
Month 3	14.8%	14.8%	n/a	
Month 4	0.0%	0.0%	n/a	
Month 5	0.0%	0.0%	n/a	
Month 6	1.6%	1.6%	n/a	
Month 7, 8, or 9	0.0%	0.0%	n/a	
Number of prenatal care visits during most recent pregnancy²				
< 4	10.2%	10.2%	n/a	
4-10	39.1%	39.1%	n/a	
11-20	40.7%	40.7%	n/a	
>20	27.1%	27.1%	n/a	
Attendance at a birthing or baby preparation class during most recent pregnancy³				ns
No	75.0%	73.3%	80.0%	
Yes	25.0%	26.7%	20.0%	
Primary support person during most recent pregnancy				ns
Partner or spouse	46.9%	45.9%	50.0%	
Parent	22.2%	21.3%	25.0%	
Close friend	11.1%	11.5%	10.0%	
Another relative	8.6%	6.6%	15.0%	
Case worker	3.7%	4.9%	0.0%	
Foster parent	1.2%	1.6%	0.0%	
Other	3.7%	4.9%	0.0%	
I did/do not have a primary support person	2.5%	3.3%	0.0%	

¹ A total of 61 respondents, with 20 missing (due to item being not applicable for male respondents).

² A total of 59 respondents, with 22 missing (20 due to item being not applicable for males and 2 for not answering the question).

³ A total of 80 respondents answered this question.

As reported in Table 5d, all of the females (100.0%) in the sample received prenatal care during their most recent or current pregnancy. Only females were asked questions regarding when and how often they received prenatal care during their most recent or current pregnancy.

- 98.4% saw a doctor or nurse within the first trimester of their pregnancy.
- However, 10.2% had 3 or fewer prenatal visits overall.

- Only 25% reported having attended a birthing or baby class during their most recent pregnancy.

Participants were also asked to name their primary support person during their most recent or current pregnancy. The top three support persons among the overall sample were partners or spouses (46.9%), parents (22.2%), and close friends (11.1%). Caseworkers and foster parents were uncommonly selected, though females did name them as support persons a small percentage of the time (4.9% and 1.6%, respectively) during their most recent or current pregnancy whereas males did not.

Parenting Experiences

Survey questions also asked about the nature and perceptions of parenting for those respondents who reported they were currently parenting ($n = 58$). Respondents who were currently expecting but did not have living children or who were previously pregnant but had no living children were excluded.

Table 6a. Parenting Experiences

	All ($n = 58$)	Female ($n = 47$)	Male ($n = 11$)	Note
Number of living children	$M = 1.33$ $SD = 0.63$	$M = 1.32$ $SD = 0.55$	$M = 1.36$ $SD = 0.92$	ns
1	74.1%	72.3%	81.8%	
2	20.7%	23.4%	9.1%	
3	3.4%	4.3%	0.0%	
4 or more	1.7%	0.0%	9.1%	
If 2 or more ($n = 15$), do all of your children share same mother/father?¹				ns
Yes	46.7%	53.8%	0%	
No	53.3%	46.2%	0%	
If 2 or more ($n = 15$), how many men have fathered your children / how many women have had children you fathered?¹				ns
2	85.7%	83.3%	100%	
3	14.3%	16.7%	0.0%	
4 or more	0.0%	0.0%	0.0%	
Do you have custody of your children?				ns
Yes, custody of all	89.7%	91.5%	81.8%	
Yes, custody of some	6.9%	6.4%	9.1%	
Custody of youngest ($n = 7$)	67.7%	75.0%	50.0%	
No	3.4%	2.1%	9.1%	
Are you currently married/living with the father/mother of your youngest child?				ns
Married	5.2%	6.4%	0.0%	
Not married but living with	48.3%	42.6%	72.7%	
Not married or living with	46.6%	51.1%	27.3%	
If not married/living together ($n = 26$), formally established paternity of youngest child?				ns
Yes	55.6%	58.3%	33.3%	

No	37%	33.3%	66.7%	
Not sure	7.4%	8.3%	0.0%	
If not married/living together (n = 26), do you receive child support?				ns
Yes	7.7%	8.7%	0.0%	
No	73.1%	69.6%	100%	
Supposed to but I don't	15.4%	17.4%	0.0%	
Not sure	3.8%	4.3%	0.0%	
If not married/living together (n = 26), do you pay child support?				
Yes	3.7%	4.2%	3.7%	ns
No	92.6%	91.7%	92.6%	
Supposed to but do not	3.7%	4.2%	3.7%	
Not sure	0.0%	0.0%	0.0%	
Participated in home-visiting program(s)	34.5%	38.3%	18.2%	ns
Participated in parenting program	36.2%	36.2%	36.4%	ns
Children with special medical needs	12.1%	8.5%	27.3%	ns

¹ A total of 15 respondents (8 women, 7 men) reported having children with 2 or more partners.

The majority of respondents reported having one living child (74.1%). For those with 2 or more children, a majority (53.3%) were parenting with multiple partners.

The following is a summary of the co-parenting reports:

- Only 5.2% of participants were married at the time of the survey; 48.3% were not married but were cohabiting with the parent of their youngest child, while 46.6% were not married or living with the co-parent.
- The co-parenting relationship was identified as very good or excellent by 62.1% of parents, while 37.9% rated the co-parenting relationship as good, fair, or poor.
- There was a significant negative relationship between current age and co-parenting rating for males, indicating that older males had a lower perception of their co-parenting quality. There were no significant differences by race or urbanicity.
- 89.7% of respondents reported having custody of all children.
- Of those who had custody of only some of their children, 33.3% reported not having custody of the youngest child.
- Of those not married or living with their co-parent, 55.6% had established paternity, 7.7% reported receiving child support, and 3.7% reported paying child support. The majority of participants were neither receiving (88.5%) nor paying (96.3%) child support.

The survey asked questions about participation in parenting services and programs.

- 34.5% (38.3% females, 18.2% males) reported participating in home-visiting services for parent/child well-being.
- 36.2% participated in other groups, classes, or programs specifically for parents.

While there were no significant differences in attendance at parenting class or program by race, gender, or urbanicity, there was a significant interaction effect such that the

relationship between age of first pregnancy (AFP) and whether or not young adults attended a parenting class or program was significant:

- For females who attended a program, the mean AFP was age 17 whereas the mean AFP for those who did not attend a program was age 18.
- For whites and nonwhites, respectively, the mean AFP for those who attended a class was age 16.7 and 17 while those who did not had a mean AFP of 18.3 and 18.6.
- For those who lived in an urban county and attended a program, the mean AFP was 16.7 and those who did not had a mean AFP of 18.5. In rural counties, if a program was attended, the mean AFP was 17.3 whereas those who did not attend had a mean AFP of 18.4.

Table 6b. Perceptions about Parenting

	All (<i>n</i> = 58)	Female (<i>n</i> = 47)	Male (<i>n</i> = 11)	Note
How confident do you feel in your ability to parent children?				ns
Not at all confident	0.0%	0.0%	0.0%	
A little confident	0.0%	0.0%	0.0%	
Somewhat confident	10.7%	11.1%	9.1%	
Confident	14.3%	13.3%	18.2%	
Very confident	75%	75.6%	72.7%	
Being a parent is harder than I thought it would be				ns
Strongly agree	35.1%	39.1%	18.2%	
Agree	17.5%	17.4%	18.2%	
Neutral, Mixed	29.8%	30.4%	27.3%	
Disagree	5.3%	2.2%	18.2%	
Strongly Disagree	12.3%	10.9%	18.2%	
I would be doing better in life if I didn't have my children				ns
Strongly agree	7.0%	6.5%	9.1%	
Agree	1.8%	2.2%	0.0%	
Neutral, Mixed	8.8%	4.3%	27.3%	
Disagree	7.0%	8.7%	0.0%	
Strongly Disagree	75.4%	78.3%	63.6%	
I feel I will be a better parent to my children than my parents were to me				ns
Strongly agree	84.2%	87%	72.7%	
Agree	10.5%	8.7%	18.2%	
Neutral, Mixed	5.3%	4.3%	9.1%	
Disagree	0.0%	0.0%	0.0%	
Strongly Disagree	0.0%	0.0%	0.0%	
Being a parent is rewarding				<i>p</i> < 0.05
Strongly agree	84.2%	89.1%	63.6%	
Agree	10.5%	6.5%	27.3%	
Neutral, Mixed	3.5%	4.3%	0.0%	
Disagree	1.8%	0.0%	9.1%	

Strongly Disagree	0.0%	0.0%	0.0%	
I feel responsible for my child's well-being				ns
Strongly agree	94.8%	95.7%	90.9%	
Agree	1.7%	0.0%	9.1%	
Neutral, Mixed	1.7%	2.1%	0.0%	
Disagree	1.7%	2.1%	0.0%	
Strongly Disagree	0.0%	0.0%	0.0%	
My child makes me want to be a better person				ns
Strongly agree	94.8%	93.6%	100%	
Agree	3.4%	4.3%	0.0%	
Neutral, Mixed	1.7%	2.1%	0.0%	
Disagree	0.0%	0.0%	0.0%	
Strongly Disagree	0.0%	0.0%	0.0%	

Additional questions explored participant perceptions about parenting, including preparedness, confidence, and attitudes. These questions were only asked of the 58 respondents who were currently parenting.

Overall, respondents reported positive outlooks on their attitudes and experiences of parenting:

- 94.8% reported they strongly agreed in feeling responsible for their children's well-being and felt as though their children created a feeling of wanting to be a better person.
- 84.2% strongly agreed in feeling as though they want to be a better parent to their child(ren) than their own parents were to them.
- 75.4% reported that they strongly disagreed they would be doing better in life if they did not have their child(ren).
- There was a significant gender difference in feeling as though parenting is rewarding, with more females "strongly agreeing" compared to males.
- While 52.6% of parents agreed that parenting was harder than anticipated, no participants reported feelings of total doubt or uncertainty in their ability to parent their child(ren).

QUALITATIVE STUDY 2: FOCUS GROUP APPROACH AND MAJOR FINDINGS

Approach

YPH staff recruited young adult women aged 18 to 26 years of age who were previously involved in the Iowa foster care system and were currently receiving or had received services from the Iowa Aftercare Services Network (IASN) and related YPH programs. IASN is under contract with the Iowa Department of Human Services to provide support and services to young adults who have emancipated from foster care at age 18 and voluntarily choose to participate in Aftercare services. During client meetings, women were given information about the focus group meetings and invited to enroll. The purpose of the focus group was to engage the participants in an informal discussion about their parenting and reproductive experiences. Participants were advised that they may learn more about their own experiences and how these experiences shape their understanding about pregnancy and parenting.

Nine women took part in one of two focus groups on a first-come, first-served basis. Seven women attended the first focus group on October 24, 2017; two women attended the second focus group on February 14, 2018. Two female facilitators affiliated with YPH led the group discussions. After the facilitators introduced themselves, the women completed consent forms and an eight-item demographic form. The mean age was 19 (range 18 to 20). The women described themselves as White ($n = 3$), two or more races ($n = 3$), Hispanic/Latino ($n = 1$), and American Indian ($n = 1$). On average, most women had at least one child (range 0 to 2 children). One woman reported having a deceased child. Other women with live children reported an average child's age of 13 months (range 3 months to 2 years). Five women were pregnant. Four women were not employed. Four women were employed for 20 to 34 hours per week; one woman worked more than 35 hours per week. Relative to education, five women were enrolled in educational programs (2 full-time, 3 part-time) including GED or high school, cosmetology, and community college.

Focus group questions covered a range of topics including socialization about sex and reproduction, social support, advice for foster care youth about parenting and reproductive health, and reasons for choosing to become pregnant (see Appendix B). One of the female facilitators developed the questions and sought feedback from the Iowa State University team members. Participants were paid \$50 for their involvement in the focus groups. The group discussions lasted approximately one hour and were documented using digital recorders; the recordings were uploaded to a web-based shared network drive that is password-protected and university-controlled.

Two members from the Iowa State University research team—a faculty member and a graduate student—listened to the digital audio recordings separately and developed notes about themes that emerged from the group discussions using principles of content analysis. After independently listening to the recordings, they met to discuss their impressions of the women's comments.

Major Themes

An integrative summary of the main themes that emerged from the data are presented next.

Socialization about Reproduction

Focus group participants learned about reproduction through school (e.g., teachers, peers), books, or the Internet. No women recalled receiving any information from their Department of Human Services social worker; one woman did recall a presentation while she resided at the Youth Emergency Services & Shelter of Iowa (YESS). She recalled, "I was in the YESS Shelter. Planned Parenthood would come, but I was already pregnant then." In support of this point, the women stressed the importance of providing education about reproduction early in development (e.g., 5th grade). As one woman offered, "I think by the time you start talking about it to people in foster care, they're already having sex." Adolescents commonly receive this information too late.

Some parents (inclusive of biological and foster) did not engage the women in discussion about reproduction. One woman shared, "It did not get talked about because they didn't want us to do it." Other women remembered these conversations as being awkward and sometimes uncomfortable. Only one woman explicitly stated that she received the information she needed from her biological parents, and so did not need to be educated when she was in the care of her foster parents. Among the information they did receive about reproduction, the women only received basic facts (e.g., physical anatomy).

None of the content focused on emotional or relational aspects of dating or choosing a partner, though information about these things would have been beneficial. One woman shared that: "It's a lot less personal when you talk about sex with anybody in the system. You're probably talking about sexual *health*, you're not talking about sexual *relationships*. I never talked about my sexual relationships with any of my foster parents. Your character as far as how you carry yourself, how your relationships affect how you carry yourself sexually." Another woman concurred with this saying, "If I could change anything I learned about sexual health as a minor, it would be the emotional aspect of relationships." In sum, the women expressed a need to be proactive and ask parents about reproduction.

Social Support

Most women acknowledged that they received some form of social support during their pregnancy. This support was mainly emotional support from their friends and some financial support from their parents. Women desired emotional support from birth mothers and physical presence from family members and/or the children's fathers at the time of delivery, but this kind of assistance was not provided. The nature of support was reflective of the relationship quality shared with parents and children's fathers; many of these relational ties were complex and complicated by infrequent contact and substance use.

Once their children were born, some participants did receive more support from their mothers (biological and foster), both financially and with caregiving. One participant learned how to navigate being a single parent by watching her mother parent six children alone. Single women either received inconsistent support or no aid from their children's fathers. One woman shared, "Since my child's father has no relationship with me, he has no relationship with his child." Two women were married and engaged to

their mates, and thus benefitted from more support since they were in committed relationships with the children's fathers.

Participants acknowledged receiving adequate support from churches, community organizations, or other groups during and after their pregnancies. Agencies such as Young Women's Resource Center, Bridge Haven, and Women, Infants, and Children were mentioned as a means for both emotional and peer group support as well as access to nutritional and housing needs. One woman reflected, "One church I would go to give out all kinds of baby items like pampers and wipes, stuff that I could definitely use." Another participant stressed the importance of providing additional services and supports if a child has special needs.

Although they found these organizations and groups helpful, the women recommended offering support groups and resources specifically designed for the unique needs of teens in the foster care system. One woman suggested this: "Another big support would be going to young mom's group. All the girls there, since they all have kids, you always have somebody you can go to for advice and they keep it real with you because they're doing it now."

Access to free birth control in shelters, doctor's offices, or school nurse offices would also be helpful. The women also advocated for more parenting prevention/preparation courses in school like the "take a fake baby home for a weekend" project, as one woman described it. Another woman concurred with this point and noted that foster parents should not be able to decline a teen in the foster care system participating in this useful activity. Another participant expressed the need for inclusive representation, especially during social and peer group settings. She said, "Having someone talk to them they could relate to. You don't want to hear it—like no offense—but if you're Black, you don't want to hear it from some White person from Altoona. You want somebody who's been in your position."

Parenting as a Choice

Women were asked to think of reasons why young adults their age would purposely try to have a baby. Many expressed foster teens' desires to have "their own" families as central reasons, in addition to influences from boyfriends or partners and a hope to be loved and not alone. One woman said, "I did it on purpose 'cause I was young and stupid and I was in placement most of my life. When I was there, I always just wanted a family. So I tried." Another woman offered this: "I know a few girls who have had children because they really liked their man and thought that having a child would keep them together." Other reasons for intentionally choose to have a child included a desire to demonstrate one's maturity, though becoming a parent early in life only served to shortened one's time to develop and explore, in the women's opinions. One woman stated this: "You think you're ready to be grown up." The women advocated for delaying parenthood such that one might be more exposed to life and one could be better positioned to provide a stable home life for their child. The women advised protecting oneself if you were not ready to be a parent. Other messages included "Grow up first. Live out your youth" and "Know who YOU are, before becoming a parent."

Although participants expressed why some young women chose to have children, it was the consensus that most mothers in the focus group did not plan to become pregnant,

but perhaps conceptions resulted from lack of or inconsistent use of birth control. One woman recalled, “My parents weren’t really involved and I was kinda on my own, so nobody was there to enforce me to use protection or getting a contraceptive.”

The women generally aimed to be intentional about reproductive decisions, yet they lacked needed guidance and support in choosing which method was best for them. A birth control counselor who was culturally competent and well-informed would have been helpful for these women. The women proved to be very knowledgeable about different forms of birth control (e.g., the pill, Nuva Ring, “The Patch,” Nexplanon). Yet, many women communicated concerns about side effects or barriers to use which contributed to why they chose *not* to use them. Side effects such as weight gain, allergic reactions, and even “hating the feeling of condoms” were noted as deterrents to using birth control. Other barriers to contraceptive use were transportation, time, baby fever, and knowing when to renew the prescription or obtain a new dose. For example, one woman said, “When kids of women in the system have to choose a birth control method, it should be reflected where they are stability-wise in their lives. I still have to go to Planned Parenthood and get my Depo Shot and I’m like a week late getting the shot. So, like how long your birth control lasts, when you have to renew it, how it’s supposed to be renewed, those things that might have been handled by a foster parent, it’s harder to deal with as an adult all on your own.”

It is plausible that the lack of discussion about sex and birth control among participants, parents, and or other trusted adults contributed to the women’s lack of or inconsistent use of contraception. One woman said: “I didn’t know who to talk to about birth control.” Another woman mentioned this: “With my birth mother, talks of birth control were seen as a ‘green light’ to have sex, so we just didn’t ask.” Regardless of whether becoming a parent was an intentional choice or not, the women had advice to share with teens who are in the foster care system. We describe this next.

Paying It Forward

Participants offered advice for foster care youth about parenting and reproductive health. Most women recommended using birth control, wearing protection at all times if sexually active, and educating oneself about birth control options. One participant asserted, “Don’t be afraid to ask questions. That’s for guys and girls.” Another woman warned, “Don’t do it if you don’t know.” Others offered cautionary tales such as being selective on who you parent a child with and to wait until you become financially stable to have children.

The women reflected on their own experiences and shared lessons learned for teens currently in the foster care system. Participants recalled the physical effects of pregnancy and the weighty responsibility of being a new parent. The women commented on how time-consuming parenting is and noted the financial and emotional burdens of raising offspring. One woman lamented, “It’s really hard but you think, if they [one’s peers] can do it, I can.” Another woman conceded this: “I wish someone would have told me about kids—if someone would have told me about parenting I probably would have made sure I used protection.” These women seemed ill-prepared for these challenges and advocated for educational programming to inform others about the realities of being a parent. Although the women expressed no regrets about having their children, the women conceded that it was important to be educated about parenting

responsibilities before having children. As one woman shared, “There’s that feeling of regretting the different life that you could have had or regretting not having the opportunity to have that life, but you’ll never regret your child. You’ll never regret a life.”

Recommendations

Based on these focus group findings, we offer five recommendations for the development and adoption of new or revised policies, programs, or practices to address the high rate of unintended pregnancies and early parenting among Iowa youth transitioning from foster care.

1. Offer culturally-sensitive comprehensive sex education that attends to the emotional aspects of romantic relationships for youth early in development (e.g., 5th grade) and provides information about contraceptives and continue this learning through the adolescent years as the teens lives change.
2. Collaborate with youth to cultivate social support networks, connect with family members and friends for which they could benefit from sharing high-quality relationships, and identify organizations and services that will provide needed resources as they move through the adolescent and adult years.
3. Make relationship enrichment, parenting education, and co-parenting programming available. Such programming could provide useful information about and help break family communication patterns that do not serve individuals, children, and families well.
4. Provide services and supports that will help build self-sufficiency and increase the likelihood of financial stability (e.g., education, career planning), including procedures for establishing legal paternity.
5. Organize support groups for young parents so that they can share information about community resources, lessons learned, and other strategies to achieve healthier lives and build better futures for themselves and their children.

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to better understand the experiences of foster youth in Iowa in order to inform the development and adoption of new or revised policy, program, and practice recommendations to address the high rate of unintended pregnancies and early parenting among Iowa youth transitioning from foster care.

In order to make informed decisions about policy and practice, a first step was to gather and analyze empirical data on the experiences of youth and young adults who have aged out of foster care. More specifically, the intent of the research was to gather information directly from youth and young adults who had aged out of the foster care system in order to, address two general research questions which guided the empirical study:

1. What are foster youth experiences with pregnancy and parenting?
2. How do foster youth experiences shape their understanding of pregnancy and parenting?

Major Findings

The overall findings from this mixed methods research indicated that: (1) many youth started their sexual experiences at early ages and had multiple partners and pregnancies; (2) the primary sources of information about reproductive health and sexuality were from school classes, online, and sometimes parents, but very little information (if any) came from DHS, foster care workers, or Aftercare Advocates; (3) while youth overwhelmingly reported that it was a shared responsibility to prevent pregnancy, few reported always using birth control (and there were no differences between males and females); and (4) the majority of females wished they had waited to have sex; (5) while the majority of females reported receiving early and consistent prenatal care, few females or males participated in birthing or parenting classes.

Findings from both the quantitative and qualitative work suggest **opportunities for co-parenting programs**, such as those provided through the National Fatherhood Initiative or PREP. Survey results identified partners and/or spouses as the primary support person during most recent pregnancies for nearly 50% of the sample, as well as that less than 50% of parents are currently married to or living with the father/mother of their youngest child. Focus group discussions also revealed a desire for partners to be more involved and supportive, suggesting opportunities for co-parenting supports.

Findings from this work also highlighted the **strength of a mixed methods approach** to understanding the parenting experiences of foster youth. Survey reports, for example, suggest that a majority of youth felt quite confident in their parenting abilities, with very few indications of “doubt” or “uncertainty” related to their ability to parent. Focus group discussions, however, provided more opportunity for respondents to discuss their apprehension and challenges associated with parenting. Similarly, survey respondents primarily disagreed with statements suggesting that child raising had changed their lives, whereas focus group discussions elicited elaborations about youth’s beliefs about how they would have wished for different circumstances under which their children could have been born. While these differences are not necessarily contradictory, they do highlight the value of shared discussion among women with similar experiences, and

also provide support for recommendations about building or facilitating support groups for women who are parenting.

Unanswered Questions and Future Research

While the research presented in this report was helpful to explore experiences and perceptions of foster youth, there are a few limitations that could benefit from additional research.

1. The small sample size of the survey limits our ability to make any causal inferences or fully test subgroup differences.
2. The lack of specificity of some survey items limited in-depth analysis of some research items. Appendix C identifies ambiguously worded survey items and recommendations.
3. The work does not have a comparison group of youth formerly involved in the foster care system who were not currently pregnant/parenting. Such a comparison, as well as a comparison group of youth not formerly in the foster care system, could better highlight what is unique about this population.
4. Additional focus groups with more diverse participants (including males) would be helpful to further understand pregnancy and parenting experiences.

References

- Administration for Children and Families (2015). *The AFCARS report* (DHSS publication). Washington, D.C.: U.S. Children's Bureau. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf>.
- Courtney, M. E., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child & Family Social Work, 11*(3), 209-219. doi:10.1111/j.1365-2206.2006.00433.x
- Dworsky, A. (2009). *Preventing pregnancy among youth in foster care: Remarks for a congressional roundtable*. Chicago, IL: Chapin Hall at the University of Chicago.

Appendix A
Survey Items

Intro page

Thank you for participating in this important study. Your answers will help to inform policies and practices for young adults who are expecting a child or parenting.

You are being asked to complete this study because you have experienced pregnancy or are parenting, and have been in an out-of-home placement. When you see "placement" in this survey it includes foster care, group care, shelter, residential facility, and the Iowa state training school (STS), to name a few.

Your answers will be completely anonymous and confidential. We will not be able to trace answers back to an individual. Information from the study will be reported in summary form only.

Some questions will cover personal or sensitive topics. Although we encourage you to provide an answer for each question, you are allowed to skip most questions if you choose. There are a few required questions that are needed so you will get appropriate follow-up questions.

Consent to participating in survey?	<ul style="list-style-type: none"> • Yes, I consent to participating in this study • No, I do not consent to participating in this study 		
1. Were you born male or female?	<ul style="list-style-type: none"> • Female • Male 	Females and males split surveys and merge again for demographic information	

Reproductive Health, Attitudes and Behaviors

Female Question	Female Answers	Male Question	Male Answers
2. When you were in placement, did you ever receive information on sexual and reproductive health from the following sources?	[Matrix or grid with answer options Yes / No / Not Sure for each of the 9 sources.] <ul style="list-style-type: none"> • Yes • No 	2. When you were in foster care, did you ever receive information on sexual and reproductive health from the following sources?	[Matrix or grid with answer options Yes / No / Not Sure for each of the 9 sources.] <ul style="list-style-type: none"> • Yes • No

<ul style="list-style-type: none"> • Class at school • Parent • Foster parent • Friends or siblings • Doctor, nurse, or other medical professional • DHS (Department of Human Services) social worker • JCO (Juvenile court officer) • Printed material • Placement staff • Online sources • Other 	<ul style="list-style-type: none"> • Not sure • N/A 	<ul style="list-style-type: none"> • Class at school • Parent • Foster parent • Friends or siblings • Doctor, nurse, or other medical professional • DHS (Department of Human Services) social worker • JCO (Juvenile court officer) • Printed material • Placement staff • Online sources • Other 	<ul style="list-style-type: none"> • Not sure • N/A
<p>3. Who or what has been your primary source of information about sexual and reproductive health? (Choose one)</p>	<ul style="list-style-type: none"> • Class at school • Parent • Foster parent • Friends or siblings • Doctor, nurse, or other medical professional • DHS social worker • JCO • Placement staff • Printed materials • Online sources • Other 	<p>3. Who or what has been your primary source of information about sexual and reproductive health? (Choose one)</p>	<ul style="list-style-type: none"> • Class at school • Parent • Foster parent • Friends or siblings • Doctor, nurse, or other medical professional • DHS social worker • JCO • Placement staff • Printed materials • Online sources • Other

4. Overall, how well did the adults in your life inform you about sexual and reproductive health while you were in placement?	Rating, from 1 to 5 stars, with 1 Not Well at All and 5 Very Well.	4. Overall, how well did the adults in your life inform you about sexual and reproductive health while you were in placement?	Rating, from 1 to 5 stars, with 1 Not Well at All and 5 Very Well.
[ASK IF Q3 = Foster parent, DHS social worker, JCO, or Placement staff] 6. How often did these adults discuss your reproductive health with you?	<ul style="list-style-type: none"> • Very Often • Often • Sometimes • Rarely • Never 	[ASK IF Q3 = Foster parent, DHS social worker, JCO, or Placement staff] 6. How often did these adults discuss your reproductive health with you?	<ul style="list-style-type: none"> • Very Often • Often • Sometimes • Rarely • Never
7. How often did or does your Aftercare advocate discuss your reproductive health with you?	<ul style="list-style-type: none"> • Very often • Often • Sometimes • Rarely • Never • N/A – did not have Aftercare advocate 	7. How often did or does your Aftercare advocate discuss your reproductive health with you?	<ul style="list-style-type: none"> • Very often • Often • Sometimes • Rarely • Never • N/A – did not have Aftercare advocate
8. How likely are you to seek advice from adults about your sexual or reproductive health?	<ul style="list-style-type: none"> • Very likely • Somewhat likely • Not likely 	8. How likely are you to seek advice from adults about your sexual or reproductive health?	<ul style="list-style-type: none"> • Very likely • Somewhat likely • Not likely
9. Would you agree or disagree that it is normal for teenagers to be sexually active?	<ul style="list-style-type: none"> • Strongly agree • Agree • Undecided • Disagree • Strongly disagree 	9. Would you agree or disagree that it is normal for teenagers to be sexually active?	<ul style="list-style-type: none"> • Strongly agree • Agree • Undecided • Disagree • Strongly disagree
10. Did your biological mother have any of her children when she was a teenager?	<ul style="list-style-type: none"> • Yes • No • Don't know 	15. Did your biological mother have any of her children when she was a teenager?	<ul style="list-style-type: none"> • Yes • No • Don't know

11. Did your biological father have any of his children when he was a teenager?	<ul style="list-style-type: none"> • Yes • No • Don't know 	16. Did your biological father have any of his children when he was a teenager?	<ul style="list-style-type: none"> • Yes • No • Don't know
There are many forms of sex and sexual activity. For this survey, when you read "have sex" or "had sex", we're talking about vaginal-penile intercourse that both partners agreed to have beforehand.			
Female Question	Female Answers	Male Question	Male Answers
12. How old were you when you first had sex?	Drop down of ages 13 to 28; Younger than 13, Older than 28, Have never had sex IF Have never had sex, jump straight to Demographics	9. How old were you when you first had sex?	Drop down of ages 13 to 28; Younger than 13, Older than 28, Have never had sex IF Have never had sex, jump straight to Demographics
13. For each of the following, please indicate whether it was a major or minor reason for becoming sexually active, or not a reason at all. <ul style="list-style-type: none"> • Felt like it was the right person • Felt like it was the right time for me • Wanted to know what it was like • Wanted to fulfill sexual desire • Wanted to be closer to my partner 	Matrix/Grid with: <ul style="list-style-type: none"> • Major Reason • Minor Reason • Not a Reason at All 	13. For each of the following, please indicate whether it was a major or minor reason for becoming sexually active, or not a reason at all. <ul style="list-style-type: none"> • Felt like it was the right person • Felt like it was the right time for me • Wanted to know what it was like • Wanted to fulfill sexual desire 	Matrix/Grid with: <ul style="list-style-type: none"> • Major Reason • Minor Reason • Not a Reason at All

<ul style="list-style-type: none"> • Felt pressure from my partner to do it • Felt pressure from others to be sexually active • Wanted to be more accepted by my peers • It just happened 		<ul style="list-style-type: none"> • Wanted to be closer to my partner • Felt pressure from my partner to do it • Felt pressure from others to be sexually active • Wanted to be more accepted by my peers • It just happened 	
14. Have you ever been forced to have sex when you did not want to?	<ul style="list-style-type: none"> • Yes • No 	14. Have you ever been forced to have sex when you did not want to?	<ul style="list-style-type: none"> • Yes • No
15. Looking back, do you wish you had waited longer before having sex for the first time?	<ul style="list-style-type: none"> • Definitely yes • Probably yes • Maybe • Probably no • Definitely no 	15. Looking back, do you wish you had waited longer before having sex for the first time?	<ul style="list-style-type: none"> • Definitely yes • Probably yes • Maybe • Probably no • Definitely no
16F. How many men have you had sex with?	Dropdown <ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 or more 	16M. How many women have you had sex with?	Dropdown <ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 or more

17. Whose responsibility should it be to prevent pregnancy?	<p>Likert scale</p> <ul style="list-style-type: none"> • 1 - Woman's Responsibility • 2 - Mostly Woman's • 3 - Equal Responsibility • 4 - Mostly Man's • 5 - Man's Responsibility 	17. Whose responsibility should it be to prevent pregnancy?	<p>Likert scale</p> <ul style="list-style-type: none"> • 1 - Woman's Responsibility • 2 - Mostly Woman's • 3 - Equal Responsibility • 4 - Mostly Man's • 5 - Man's Responsibility
18. How often do either you or your sexual partner(s) use birth control when you have sex?	<ul style="list-style-type: none"> • Always • Usually • About half the time • Seldom • Never 	18. How often do either you or your sexual partner(s) use birth control when you have sex?	<ul style="list-style-type: none"> • Always • Usually • About half the time • Seldom • Never
<p>[ASK IF Q18 IS ANYTHING BUT NEVER]</p> <p>19F. What types of birth control do you use? (Check all that apply.)</p>	<ul style="list-style-type: none"> • Birth control pill • Implant • IUD (intrauterine device) • Injection • Patch • Diaphragm • Condom • Natural planning method • Not sure • Other • None, do not use birth control 	<p>[ASK IF Q18 IS ANYTHING BUT NEVER]</p> <p>19M. What types of birth control do you use? (Check all that apply.)</p>	<ul style="list-style-type: none"> • Condom • Natural planning method • Pull out method • Not sure • Other • None, do not use birth control
20. What types of birth control does your most recent partner use? (Check all that apply.)	<ul style="list-style-type: none"> • Condom • Natural planning (abstaining from sex during woman's most fertile time of month) 	20. What types of birth control does your most recent partner use? (Check all that apply.)	<ul style="list-style-type: none"> • Pill • Implant • IUD (intrauterine device) • Injection ("Depo shot") • Patch or ring ("Nuva ring")

	<ul style="list-style-type: none"> • Withdrawal (“pulling out”) • Not sure • None, does not use birth control • None, I take care of birth control • Other 		<ul style="list-style-type: none"> • Diaphragm • Condom • Natural planning (abstaining from sex during woman’s most fertile time of month) • Withdrawal (“pulling out”) • Not sure • None, does not use birth control • None, I take care of birth control • Other
21F. Have you had a reproductive screening (pap smear, pelvic exam) with a medical professional in the last 12 months?	<ul style="list-style-type: none"> • Yes • No • Not sure 		
22F. Are you currently pregnant? SKIP to Q25F if YES	<ul style="list-style-type: none"> • Yes • No • Not sure 	21M. Are you currently expecting a child? SKIP to Q24M if YES	<ul style="list-style-type: none"> • Yes • No • Not sure
[ASK IF 22F IS No or Not sure] 23F. Would you like to become pregnant in the next year?	<ul style="list-style-type: none"> • Yes • No • Not sure 	[ASK IF 22F IS No or Not sure] 22M. Would you like to father a child in the next year?	<ul style="list-style-type: none"> • Yes • No • Not sure

24F. Have you ever been pregnant?	<ul style="list-style-type: none"> • Yes • No 	23M. Have you ever gotten a woman pregnant?	<ul style="list-style-type: none"> • Yes • No
The next questions are about your experiences relating to pregnancy.			
Female Question	Female Answers	Male Question	Male Answers
25F. How old were you when you first got pregnant, as confirmed by a medical professional?	Drop down of ages 13 to 26; Younger than 13, Older than 26, Have never been pregnant IF Have never been pregnant, skip to Demographics	24M. How old were you when you first got a woman pregnant, as confirmed by a medical professional?	Drop down of ages 13 to 26; Younger than 13, Older than 26, Have never been pregnant IF Have never been pregnant, skip to Demographics
26F. How many pregnancies have you had, as confirmed by a medical professional? (Include all pregnancies, whether or not they resulted in a live birth.)	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • More than 4 	25M. How many times have you gotten a woman pregnant, as confirmed by a medical professional? (Include all pregnancies, whether or not they resulted in a live birth.)	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • More than 4
27F. Did your friends support or oppose your first pregnancy?	<ul style="list-style-type: none"> • Definitely supported • Somewhat supported • Neither • Somewhat opposed • Definitely opposed • They didn't know about it 	26M. Did your friends support or oppose the first pregnancy?	<ul style="list-style-type: none"> • Definitely supported • Somewhat supported • Neither • Somewhat opposed • Definitely opposed • They didn't know about it

28F. Did your family support or oppose your first pregnancy?	<ul style="list-style-type: none"> • Definitely supported • Somewhat supported • Neither • Somewhat opposed • Definitely opposed • They didn't know about it 	27M. Did your family support or oppose the first pregnancy?	<ul style="list-style-type: none"> • Definitely supported • Somewhat supported • Neither • Somewhat opposed • Definitely opposed • They didn't know about it
29F. When you found out you were pregnant for the first time, how prepared did you feel to become a parent?	Likert scale <ul style="list-style-type: none"> • 1 - Not at All Prepared • 2 • 3 - Somewhat Prepared • 4 • 5 - Very Prepared 	28M. When you found out you were expecting for the first time, how prepared did you feel to become a parent?	Likert scale <ul style="list-style-type: none"> • 1 - Not at All Prepared • 2 • 3 - Somewhat Prepared • 4 • 5 - Very Prepared
For the following questions, please answer according to your <u>most recent or current pregnancy</u> .			
30F. Was your most recent or current pregnancy confirmed by a medical professional?	<ul style="list-style-type: none"> • Yes • No • Don't know 	29M. Was the most recent or current pregnancy confirmed by a medical professional?	<ul style="list-style-type: none"> • Yes • No • Don't know
31F. Before you found out you were pregnant, how did you feel about the possibility of becoming pregnant? (Choose one)	<ul style="list-style-type: none"> • Wanted to become pregnant at that time • Open to the possibility of becoming pregnant, but wasn't trying • Did not want to become pregnant • Not sure 	30M. Before you found out about this pregnancy, how did you feel about becoming a father? (Choose one)	<ul style="list-style-type: none"> • Wanted to become a father at that time • Open to the possibility of becoming a father, but wasn't trying • Did not want to become a father • Not sure
32F. What was your relationship with your partner at	<ul style="list-style-type: none"> • Married 	31M. What was your relationship with your partner	<ul style="list-style-type: none"> • Married

<p>the time you got pregnant?</p> <p>[IF Q32F = Married, SKIP Q33F.]</p>	<ul style="list-style-type: none"> • Romantically involved on a steady basis • Romantically involved on/off again • Just friends • Didn't really know each other (one-time thing) 	<p>at the time that you got her pregnant?</p> <p>[IF Q31M = Married, SKIP Q32M.]</p>	<ul style="list-style-type: none"> • Romantically involved on a steady basis • Romantically involved on/off again • Just friends • Didn't really know each other (one-time thing)
<p>[IF Q32F IS NOT MARRIED, ASK:]</p> <p>33F. Did you want to marry your partner when you became pregnant?</p>	<ul style="list-style-type: none"> • Yes • No • Didn't care 	<p>[IF Q31M IS NOT MARRIED, ASK:]</p> <p>32M. Did you want to marry your partner when she became pregnant?</p>	<ul style="list-style-type: none"> • Yes • No • Didn't care
<p>34F. Were you or your partner using birth control the most recent time you got pregnant?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know 	<p>33M. Were you or your partner using birth control the most recent time you got her pregnant?</p>	<ul style="list-style-type: none"> • Yes • No • Don't know
<p>[If Q34F = YES, ASK:]</p> <p>35F. Which form of birth control was used? (Choose one)</p>	<ul style="list-style-type: none"> • Pill • Implant • IUD (intrauterine device) • Injection ("Depo shot") • Patch or ring ("Nuva ring") • Diaphragm • Condom • Natural planning (abstaining from sex during woman's most fertile time of month) 	<p>[If Q33M = YES, ASK:]</p> <p>34M. Which form of birth control was used? (Choose one)</p>	<ul style="list-style-type: none"> • Pill • Implant • IUD (intrauterine device) • Injection ("Depo shot") • Patch or ring ("Nuva ring") • Diaphragm • Condom • Natural planning (abstaining from sex during woman's most fertile time of month)

	<ul style="list-style-type: none"> • Withdrawal (“pulling out”) • Not sure • Other 		<ul style="list-style-type: none"> • Withdrawal (“pulling out”) • Not sure • Other
<p>36F. Did you receive prenatal care from a doctor, nurse, or birthing clinic during your most recent pregnancy? (Prenatal care: regular check-ups during pregnancy to find and treat potential problems, encourage healthy lifestyle that’s best for mother and baby)</p>	<ul style="list-style-type: none"> • Yes • No • Don’t know 	<p>35M. Did your partner receive prenatal care from a doctor, nurse, or birthing clinic during the most recent pregnancy? (Prenatal care: regular check-ups during pregnancy to find and treat potential problems, encourage healthy lifestyle that’s best for mother and baby)</p>	<ul style="list-style-type: none"> • Yes • No • Don’t know
<p>37F. In what month of your most recent pregnancy did you first see a doctor or nurse?</p>	<ul style="list-style-type: none"> • Month 1 • Month 2 • Month 3 • Month 4 • Month 5 • Month 6 • Month 7 • Month 8 • Month 9 • Don’t know 		
<p>38F. About how many times did you visit a doctor, nurse, or clinic for prenatal care during your most recent pregnancy? Your best guess is fine.</p>	<p>Comment box, whole number only allowed</p>		
<p>39F. Did you attend a birthing or baby class during</p>	<ul style="list-style-type: none"> • Yes • No • Not sure 	<p>36M. Did you attend a birthing or baby class</p>	<ul style="list-style-type: none"> • Yes • No

<p>your most recent pregnant?</p> <p>(A class where you learned what to expect during and after delivery, how to care for your baby at home, etc.)</p>		<p>during the most recent pregnancy?</p> <p>(A class where you learned what to expect during and after delivery, how to care for your baby at home, etc.)</p>	
<p>40F. Who was your primary support person during your most recent pregnancy? (Choose one)</p>	<ul style="list-style-type: none"> • Partner or husband • Parent • Another relative • Close friend • Foster parent • Case worker • Other • I did/do not have a primary support person 	<p>37M. Who was your primary support person during the most recent pregnancy? (Choose one)</p>	<ul style="list-style-type: none"> • Partner or wife • Parent • Another relative • Close friend • Foster parent • Case worker • Other • I did/do not have a primary support person
<p>41F. How did your most recent pregnancy end?</p>	<ul style="list-style-type: none"> • Currently pregnant • Live birth, kept the baby • Live birth, baby was adopted • Live birth, baby was taken by DHS • Stillborn or Miscarriage • Abortion 	<p>38M. How did this most recent pregnancy end?</p>	<ul style="list-style-type: none"> • Currently pregnant • Live birth, you and/or partner kept the baby • Live birth, baby was adopted • Live birth, baby was taken by DHS • Stillborn or Miscarriage • Abortion
<p>[IF Q41F = Kept baby, Adopted, or Abortion, ASK:]</p> <p>42F. Was this decision made with</p>	<ul style="list-style-type: none"> • With his input • Without his input 	<p>[IF Q38M= Kept baby, Adopted, or Abortion, ASK:]</p> <p>39M. Was this decision made</p>	<ul style="list-style-type: none"> • With my input • Without my input

or without the input of the baby's father?		with or without your input?	
Parenting Experiences			
Female Question	Female Answers	Male Question	Male Answers
43F. Do you have any living children? (Including children you do not have custody of)	<ul style="list-style-type: none"> • Yes • No • Currently pregnant but no other children 	40M. Do you have any living children? (Including children you do not have custody of)	<ul style="list-style-type: none"> • Yes • No • Currently expecting but no other children
If no living children (Q43/40 is not Yes), skip to demographic information.			
44F. How many living children do you have?	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 or more 	41M. How many living children do you have?	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 or more
[IF Q44F = 1, ASK:] 45F. Please select the year that your child was born. THEN SKIP TO Q49F	Dropdown of years 2017 to 2005	[IF Q40M = 1, ASK:] 42M. Please select the year that your child was born. THEN SKIP TO Q46M	Dropdown of years 2017 to 2005
[IF Q44F = 2, 3, or 4 or more, ASK:] 46F. Please select the year that each of your children was born.	Dropdown of years 2017 to 2005 <ul style="list-style-type: none"> • Year Child 1 was born • Year Child 2 was born • Year Child 3 was born • Year Child 4 was born 	[IF Q41M = 2, 3, or 4 or more, ASK:] 43M. Please select the year that each of your children was born.	Dropdown of years 2017 to 2005 <ul style="list-style-type: none"> • Year Child 1 was born • Year Child 2 was born • Year Child 3 was born • Year Child 4 was born
[IF Q44F = 2, 3, or 4 or more, ASK:] 47F. Do all of your children share the same father?	<ul style="list-style-type: none"> • Yes • No 	[IF Q41M = 2, 3, or 4 or more, ASK:] 44M. Do all of your children	<ul style="list-style-type: none"> • Yes • No

		share the same mother?	
[IF Q47F = NO, ASK:] 48F. How many men have fathered your children?	<ul style="list-style-type: none"> • 2 • 3 • 4 or more 	[IF Q44M = NO, ASK:] 45M. How many women have had children that you fathered?	<ul style="list-style-type: none"> • 2 • 3 • 4 or more
49F. Do you have custody of your child(ren)? That is, are you responsible for caring for your child(ren) on a day-to-day basis?	<ul style="list-style-type: none"> • Yes, I have custody of all of my children • Yes, I have custody of some of my children • No, I do not have custody of any of my children 	46M. Do you have custody of your child(ren)? That is, are you responsible for caring for your child(ren) on a day-to-day basis?	<ul style="list-style-type: none"> • Yes, I have custody of all of my children • Yes, I have custody of some of my children • No, I do not have custody of any of my children
50F. Do you have custody of your youngest child? (The child you had most recently?) IF YES, SKIP TO Q53F	<ul style="list-style-type: none"> • Yes • No 	47M. Do you have custody of your youngest child? (The child you had most recently?) IF YES, SKIP TO Q50M	<ul style="list-style-type: none"> • Yes • No
[IF Q50F = NO, ASK:] 51F. Who is the primary caretaker of your youngest child?	<ul style="list-style-type: none"> • Child's father • Child's grandparent(s) • Other family member(s) • Child is in foster care • Child was adopted • Other 	[IF Q47M = NO, ASK:] 48M. Who is the primary caretaker of your youngest child?	<ul style="list-style-type: none"> • Child's mother • Child's grandparent(s) • Other family member(s) • Child is in foster care • Child was adopted • Other
[IF Q49F = NO CUSTODY OF YOUNGEST CHILD, ASK:]	<ul style="list-style-type: none"> • Never • 1 to 11 times (less than once a month) 	[IF Q46M = NO CUSTODY OF YOUNGEST CHILD, ASK:]	<ul style="list-style-type: none"> • Never • 1 to 11 times (less than once a month)

<p>52F. How many times have you seen your youngest child in the last 12 months?</p> <p>THEN TO Q54F</p>	<ul style="list-style-type: none"> • About once a month • About twice a month • About three times a month • About once a week • A few days a week • Daily 	<p>49M. How many times have you seen your youngest child in the last 12 months?</p> <p>THEN TO Q51M</p>	<ul style="list-style-type: none"> • About once a month • About twice a month • About three times a month • About once a week • A few days a week • Daily
<p>[IF Q50F = YES, HAS CUSTODY OF YOUNGEST CHILD, ASK:]</p> <p>53F. How many times has the father of your youngest child seen him/her in the past 12 months?</p>	<ul style="list-style-type: none"> • Never • 1 to 11 times (less than once a month) • About once a month • About twice a month • About three times a month • About once a week • A few days a week • Daily 	<p>[IF Q47M = YES, HAS CUSTODY OF YOUNGEST CHILD, ASK:]</p> <p>50M. How many times has the mother of your youngest child seen him/her in the past 12 months?</p>	<ul style="list-style-type: none"> • Never • 1 to 11 times (less than once a month) • About once a month • About twice a month • About three times a month • About once a week • A few days a week • Daily
<p>54F. Are you currently married to or living with the father of your youngest child?</p> <p>[IF Q54F = MARRIED OR LIVING WITH, SKIP TO Q60F.]</p>	<ul style="list-style-type: none"> • Married to the father • Not married, but living with the father • No, not married or living with the father 	<p>51M. Are you currently married to or living with the mother of your youngest child?</p> <p>[IF Q51M = MARRIED OR LIVING WITH, SKIP TO Q57M.]</p>	<ul style="list-style-type: none"> • Married to the mother • Not married, but living with the mother • No, not married or living with the mother
<p>[IF Q54F = NO, ASK:]</p> <p>55F. What is your current relationship with the father of your youngest child?</p>	<ul style="list-style-type: none"> • Romantically involved, steady basis • Romantically involved, on and off • Just friends 	<p>[IF Q51M = NO, ASK:]</p> <p>52M. What is your current relationship with the mother of your youngest child?</p>	<ul style="list-style-type: none"> • Romantically involved, steady basis • Romantically involved, on and off • Just friends

	<ul style="list-style-type: none"> • Seldom see or talk to each other • Do not see or talk to each other 		<ul style="list-style-type: none"> • Seldom see or talk to each other • Do not see or talk to each other
<p>[IF Q54F = NO, ASK:]</p> <p>56F. Have you formally established the paternity of your youngest child? (Paternity is who the biological father is)</p>	<ul style="list-style-type: none"> • Yes • No • Not sure 	<p>[IF Q51M = NO, ASK:]</p> <p>53M. Have you formally established the paternity of your youngest child? (Paternity is who the biological father is)</p>	<ul style="list-style-type: none"> • Yes • No • Not sure
<p>[IF Q54F = NO, ASK:]</p> <p>57F. Do you have a legal agreement regarding custody of your youngest child with his/her father?</p>	<ul style="list-style-type: none"> • Yes • No • Not sure 	<p>[IF Q51M = NO, ASK:]</p> <p>54M. Do you have a legal agreement regarding custody of your youngest child with his/her mother?</p>	<ul style="list-style-type: none"> • Yes • No • Not sure
<p>[IF Q54F = NO, ASK:]</p> <p>58F. Do you receive child support payments from the father of your youngest child?</p>	<ul style="list-style-type: none"> • Yes • No • Supposed to but I don't • Not sure 	<p>[IF Q51M = NO, ASK:]</p> <p>55M. Do you receive child support payments from the mother of your youngest child?</p>	<ul style="list-style-type: none"> • Yes • No • Supposed to but I don't • Not sure
<p>[IF Q54F = NO, ASK:]</p> <p>59F. Do you pay child support to the father of your youngest child?</p>	<ul style="list-style-type: none"> • Yes • No • Supposed to but I don't • Not sure 	<p>[IF Q51M = NO, ASK:]</p> <p>56M. Do you pay child support to the mother of your youngest child?</p>	<ul style="list-style-type: none"> • Yes • No • Supposed to but I don't • Not sure
<p>60F. How confident do you feel in your ability to parent your child(ren)?</p>	<p>Likert Scale</p> <ul style="list-style-type: none"> • 1 = Not at All Confident • 2 	<p>57M. How confident do you feel in your ability to parent your child(ren)?</p>	<p>Likert Scale</p> <ul style="list-style-type: none"> • 1 = Not at All Confident • 2

	<ul style="list-style-type: none"> • 3 = Somewhat Confident • 4 • 5 = Very Confident 		<ul style="list-style-type: none"> • 3 = Somewhat Confident • 4 • 5 = Very Confident
61F. Where do you currently get parenting support? (Choose all that apply.)	<ul style="list-style-type: none"> • Child's father • Community organization • Parenting group or program • Case worker • Aftercare advocate • Family member • Friend • Mentor • Other • None of the above, I do not get parenting support 	58M. Where do you currently get parenting support? (Choose all that apply.)	<ul style="list-style-type: none"> • Child's mother • Community organization • Parenting group or program • Case worker • Aftercare advocate • Family member • Friend • Mentor • Other • None of the above, I do not get parenting support
62F. Have you ever participated in a program that provides home-visiting services for the wellness of you and your baby/child? (Home visits provide check-ins to see how you and your baby are doing, answer questions, help you with parenting, etc.)	<ul style="list-style-type: none"> • Yes • No • Not sure 	59M. Have you ever participated in a program that provides home-visiting services for the wellness of you and your baby/child? (Home visits provide check-ins to see how you and your baby are doing, answer questions, help you with parenting, etc.)	<ul style="list-style-type: none"> • Yes • No • Not sure
63F. Have you ever participated in any group, class or	<ul style="list-style-type: none"> • Yes • No 	60M. Have you ever participated in any group,	<ul style="list-style-type: none"> • Yes • No

program specifically for mothers/parents?	<ul style="list-style-type: none"> No, but would like to 	class or program specifically for fathers/parents?	<ul style="list-style-type: none"> No, but would like to
64F. Do any of your children have special medical needs? (For example, needs frequent or special doctor visits, requires treatment or therapy, etc.)	<ul style="list-style-type: none"> Yes No, not aware of any at this time 	61M. Do any of your children have special medical needs? (For example, needs frequent or special doctor visits, requires treatment or therapy, etc.)	<ul style="list-style-type: none"> Yes No, not aware of any at this time
<p>65F. Please indicate whether you agree or disagree with the following statements about being a mother.</p> <ul style="list-style-type: none"> Being a parent is harder than I thought it would be. I would be doing better in life if I didn't have my child(ren). I feel that I will be a better mother to my child than my mother was to me. Being a mother is rewarding. I feel responsible for my 	<p>Matrix/Grid of:</p> <ul style="list-style-type: none"> Strongly Agree Agree Neutral, Mixed Disagree Strongly Disagree 	<p>62M. Please indicate whether you agree or disagree with the following statements about being a father.</p> <ul style="list-style-type: none"> Being a parent is harder than I thought it would be. I would be doing better in life if I didn't have my child(ren). I feel that I will be a better father to my child than my father was to me. Being a father is rewarding. I feel responsible 	<p>Matrix/Grid of:</p> <p>Strongly Agree Agree Neutral, Mixed Disagree Strongly Disagree</p>

<p>child's well-being.</p> <ul style="list-style-type: none"> • My child makes me want to be a better person. 		<p>for my child's well-being.</p> <ul style="list-style-type: none"> • My child makes me want to be a better person. 	
<p>66F. In general, how would you rate your parenting relationship with your youngest child's father?</p>	<p>Likert scale</p> <ul style="list-style-type: none"> • 1 – Poor • 2 – Fair • 3 – Good • 4 – Very Good • 5 – Excellent 	<p>63M. In general, how would you rate your parenting relationship with your youngest child's mother?</p>	<p>Likert scale</p> <ul style="list-style-type: none"> • 1 – Poor • 2 – Fair • 3 – Good • 4 – Very Good • 5 – Excellent
Demographic Information			
<p>67. How old are you?</p>		<ul style="list-style-type: none"> • 18 • 19 • 20 • 21 • 22 • 23 • 23 • 25 • 26 • 27 • 28 	
<p>68. What is your race/ethnicity? (Choose all that apply.)</p>		<ul style="list-style-type: none"> • Black or African American • Hispanic, Latino/Latina, or Spanish Origin of any race • American Indian or Alaskan Native • Asian • Native Hawaiian or Other Pacific Islander • White • Other 	
<p>69. What county in Iowa do you live in?</p>		<p>Drop-down of Iowa counties</p>	
<p>70. What is the highest level of education you have completed?</p>		<ul style="list-style-type: none"> • Less than high school • High school diploma • High school equivalency (HSED) • Some college • Associate's degree • Bachelor's degree 	

	<ul style="list-style-type: none"> • Master's or higher
71. Do you have a vocational certificate or license?	<ul style="list-style-type: none"> • Yes • No
72. Who are you currently living with, not including your children?	<ul style="list-style-type: none"> • Partner (boyfriend/girlfriend or spouse) • Parent(s) • Grandparent(s) • Other family member(s) • Friends/roommates • Living alone (no other adults) • Other
73. Are you currently employed? (Combine hours if working multiple jobs)	<ul style="list-style-type: none"> • Yes, employed full time (30+ total hours/week) • Yes, employed part time (Less than 30 total hours/week) • No, not employed but looking for work • No, not employed and not looking for work
74. What is your gross (before taxes) individual monthly income from working?	<ul style="list-style-type: none"> • \$0 • \$1-\$299 • \$300-\$599 • \$600-\$899 • \$900-\$1199 • \$1200-\$1499 • \$1500 or more
75. Please select the forms of public assistance you have received in the past 12 months.	<ul style="list-style-type: none"> • SSI (Supplemental Security Income) • Rent subsidy or housing assistance (Section 8) • Food stamps (SNAP) • Cash assistance (FIP, TANF) • Health insurance (Medicaid, hawk-i) • WIC (Women, Infants, and Children) • Unemployment benefits • PAL stipend • Child Care Assistance (state funds) • Other public assistance

	<ul style="list-style-type: none"> • None of these, no public assistance
76. About how long were you in placement?	<ul style="list-style-type: none"> • Less than six months • Six months to one year • 1 to 2 years • 2 to 3 years • 3 to 5 years • 5 years or more
77. What was your living situation most of the time when you were in placement?	<ul style="list-style-type: none"> • Foster home • Relative's home • Residential facility • PMIC • Group home • Shelter • SAL (supervised apartment living) • State training school or detention • Suitable other placement • Other
78. About how long were you in an out-of-home placement?	<ul style="list-style-type: none"> • Less than six months • Six months to one year • 1 to 2 years • 3 to 4 years • 5 to 6 years • 7 to 8 years • More than 8 years
<p>Thank you for completing the survey. Once you click "Done" below, you will be redirected to a new page to select a gift card. Your survey answers will not be linked to your contact information.</p> <p>If you are not automatically taken to the gift card page, please contact XXXXXX@ypii.org.</p>	Redirection to separate survey for compensation and contact information

Appendix B
Focus Group Protocol

Focus Group Protocol

Thanks everyone for coming today. My name is XXXX, and I will be the moderator today—which means I will be the one asking questions. XXXX is helping me by taking notes today, but she won't be asking questions or adding to the conversation.

Today we will be talking as a group about your experiences being a parent – or expecting a baby – and your reproductive health. I will be asking a lot of questions. I invite you to answer all of them. However, if you would rather not answer a question, you do not have to. Sometimes, I will ask you to say more, or to explain your answer. Other times I might call on you if you have not spoken in a while. Please be patient with me. It is my job to help be sure that everyone has their opinion heard. The session will be tape recorded on audiotape after you introduce yourselves. Your individual responses will be confidential and reported out as a whole without your names attached to them.

So, we are viewing you as the experts in these areas and would like to know your opinions, ideas, attitudes, and beliefs. I will take turns asking the group questions about different topics. Because everyone likes to talk about these topics, we have a few ground rules:

- 1) First, everything that we say in here today is confidential, which means please don't use anyone's last name. We will only address you by your first name. If you are talking about your friends or family, please don't use their names.
- 2) While we want to hear from all of you please let one person talk at a time, if everyone is talking at once, it is hard to understand what people are saying.
- 3) Please respect one another. This means don't call people ugly names, don't swear at anyone and don't laugh at another person just because they may have a different opinion than you.
- 4) Also, we won't pressure you into answering any questions. Your opinions, beliefs and ideas will help us identify areas we can better serve young adults like yourselves.

INTRODUCTIONS

We are going to start the recording device now. Do you have any questions before we begin?

QUESTIONS

Let's start by talking about what you learned about sexual or reproductive health when you were younger. Maybe this happened while you were in foster care, maybe not.

1. Do you think kids who spend time in foster care learn what they need to know about sex and reproduction? Why or why not?
2. Knowing what you know now, what would you tell younger people in foster care about sexual health, pregnancy, or parenting?

3. Thinking about your own experience, how much did your DHS social worker inform you?
 - a. What about your parents, foster parents?
 - b. JCO worker?
 - c. Who do you wish had talked with you about sexual and reproductive health?

Now we'll switch gears a little and talk about pregnancy prevention using birth control. Most people are probably familiar with birth control methods like the pill, a condom, or just not having sex. What other forms are you familiar with or have you heard of?

If not vocalized, offer: other birth control methods include an IUD (intrauterine device), implant, patch, ring (Nuva Ring), diaphragm, pulling out, and tracking cycles of fertility.

4. Have you, or someone you know, ever not used birth control when having sex?
 - a. What were the reasons for not using birth control in those situations?
5. Thinking about when you were in foster care (or placement), did anything keep you or someone you know from getting birth control?
 - a. Who helped you get what you needed for preventing pregnancy?
6. Does anything now keep you from getting the birth control you want?
7. What do you personally think would help teens in foster care be more informed about their options to prevent pregnancy?

Now, let's talk a little about your experiences with pregnancy. All of you were invited to participate in this group because you've experienced a pregnancy.

8. What are some reasons you can think of that young adults your age or teenagers would want to try to have a baby? Think about this from the view of a man and a woman.
 - a. What are some reasons young adults or teenagers would not want to try to have a baby?
 - b. How would having a baby later in life be different than having one as a teenager or young adult?
9. Did you ever access services from a church, community organization, or other group for help during your pregnancy?
 - a. If yes, why did you pick that one?
 - b. What did you receive from them? Was it what you were looking for?
 - c. If no, why did you choose not to seek help from those sources?
10. Tell me about the people who were there for you during your most recent or current pregnancy.
 - a. What did they do that made you know they were there for you?
 - b. If not offered, ask what kind of support did they give you?

11. Male groups: Were you ever invited or allowed to attend doctor's visits with your partner during the pregnancy?
 - a. Did you go along?
 - b. If you ever attended a doctor's visit, how were you treated by doctors or nurses? Did you feel welcomed to participate in conversations about the pregnancy?

Finally, we're going to spend some time talking about parenting and your relationship with your child's other parent. If you're still expecting your first child, you can still participate in the questions about your relationship and your expectations as a parent.

12. Do you have a family member or friends who help you out once in a while with your children?
 - a. Who are they?
 - b. How do they help you?
13. How does your partner (or your child's father/mother) help you?
 - a. How do they make life or parenting more challenging for you?
14. Have you participated in a support group or program for parents or just mothers/fathers?
 - a. Why did you choose that group?
 - b. What did you like about it?
 - c. What didn't you like about it?
15. Last question – if you had a magic wand, what is one thing you would wish for that would lighten your load as a parent?

Thanks for participating!

Appendix C
Ambiguously Worded Survey Items

Ambiguously Worded Survey Items

Survey Item	Suggested Clarification
#14. Have you ever been forced to have sex when you did not want to?	Would be helpful to clarify: Was forced sex prior to or after placement in foster care? Was it the reason for being placed in foster care? Was forced sex the initial sexual experience? Did forced sex lead to an unwanted pregnancy?
#15/16. How many men/women have you had sex with?	Within the question, define "sex" as "sexual intercourse".
#24F/#23M. Have you ever been pregnant?	Add "as confirmed by a medical professional."
#41F/#38M. How did your most recent pregnancy end?	Ask about all previous pregnancies to give insight into pregnancy history and parenting trends.
#47F. Do all of your children share the same father?	Add a "Don't know" option. Add "biological" before "father" to clarify.
#54F. Are you currently married to or living with the father of your youngest child?	Add "biological" before "father" to clarify.
#55F. What is your current relationship with the father of your youngest child?	Add "biological" before "father" to clarify. If more than one child, consider asking about each child's biological father.
#66F. In general, how would you rate your parenting relationship with your youngest child's father?	Add "biological" before "father" to clarify. If more than one child, consider asking about each child's biological father.
#73. Are you currently employed? (Combine hours if working multiple jobs)	Could identify number of participants working multiple part-time jobs that total providing full-time hours? (i.e., if a response choice was "Yes, employed at multiple part-time jobs with 30+ total hours/week").