The State of Washington's Children 2004-2005

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This is the twelfth annual report on The State of Washington's Children. It was produced by the Human Services Policy Center at the Daniel J. Evans School of Public Affairs, University of Washington, in collaboration with the University of Washington School of Public Health and Community Medicine. This report is a product of the Washington Kids Count project, which is generously supported by the Annie E. Casey Foundation.

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RECENT TRENDS

WHAT'S BETTER?			WHAT'S NOT BETTER?		
ECONOMIC WELL-BEING					
Unemployment (Seasonally Adjusted)**	**7.4%** (2003)	**6.2%** (2004)	**Per Capita Income***	**$32,696** (2002)	**$33,254** (2003)
EDUCATION					
Washington Assessment of Student Learning***			**Washington Assessment of Student Learning*****		
MATH			**WRITING**		
4th	**62.5%**	**67.4%**	**4th**	**60.6%** (2003)	**63.0%** (2004)
7th	**42.5%**	**53.7%**			
10th	**44.2%**	**49.2%**			
READING					
4th	**75.5%**	**82.9%**			
7th	**55.0%**	**68.9%**			
10th	**66.7%**	**71.4%**			
WRITING					
7th	**62.3%**	**66.1%**			
10th	**67.4%** (2003)	**72.2%** (2004)			
FAMILY & COMMUNITY					
Teen Birth Rate**** *Per 1,000 15 to 17 year olds*	**17.7** (2001)	**16.8** (2002)	**Births to Unmarried Mothers****** *Percent of all births*	**28.9%** (2002)	**28.7%** (2003)
Teen Pregnancy Rate**** *Per 1,000 15 to 17 year olds*	**33.8** (2001)	**30.9** (2002)	**Divorces Involving Children******	**13,778** (2001)	**13,198** (2002)
			Children Living in Out-Of-Home Care† *Total number, unduplicated*	**11,472** (2001)	**11,028** (2002)
			Child Abuse Accepted Referrals† *Per 1,000 children <17 years*	**25** (2002)	**26** (2003)

What's Not Better: Indicators that have not improved by at least 5%.

**Washington State Bureau of Economic Analysis*
***Bureau of Labor Statistics*
****Office of the Superintendent of Public Instruction*
*****Washington State Department of Health, Center for Health Statistics*
† Washington State Department of Health and Human Services

WHAT'S BETTER?			WHAT'S NOT BETTER?		
HEALTH					
Percentage of 2-year olds fully immunized[††]	**63.9%** (2003)	**67.4%** (2004)	**Suicide Mortality**[†] *Deaths per 100,000 10- to 19-year olds*	**5.2** (2003)	**5.4** (2004)
Mortality from Medical Conditions[†] *Deaths per 100,000 10- to 19-year olds*	**11.0** (2002)	**10.2** (2003)	**Low Birthweight Rate**[†] *Percent of all births*	**5.8%** (2003)	**6.1%** (2004)
			Mortality from Medical Conditions[†] *Deaths per 100,000 1- to 9-year olds*	**9.7** (2002)	**11.7** (2003)
			Infant Mortality[†] *Deaths per 1,000*	**5.7** (2002)	**5.5** (2003)
SAFETY & SECURITY					
Juveniles Held in Detention[†††] *Per 1,000 10- to 17- year olds*	**46.4** (2002)	**32.3** (2003)	**Homicide Mortality**[†] *Deaths per 100,000 15- to 19-year olds*	**4.6** (2002)	**4.8** (2003)
Mortality from Unintentional Injuries[††] *Deaths per 100,000 0- to 14-year olds* *Deaths per 100,000 15- to 19-year olds*	**8.3** **29.5** (2002)	**7.2** **25.3** (2003)	**Mortality due to Firearms**[†] *Deaths per 100,000 15- to 19-year olds*	**7.1** (2002)	**9.6** (2003)
Mortality due to Motor Vehicle Accidents[†] *Deaths per 1,000 1- to 19-year olds*	**8.6** (2002)	**7.2** (2003)	**Juvenile Arrest Rates for Violent Crime**[†††] *Per 1,000 10- to 17- year olds*	**2.1** (2002)	**2.1** (2003)
			Percentage of Mortality due to Firearms[†] *Percent of deaths of 15- to 19-year olds*	**12.2%** (2002)	**17.8%** (2003)

What's Not Better: Indicators that have not improved by at least 5%.

† *Washington State Department of Health and Human Services*
†† *CDC National Immunization Survey*
††† *Governor's Juvenile Justice Advisory Committee 2004 Annual Report*

SUMMARY

This is our twelfth annual report on The State of Washington's Children. This year's State of Washington's Children focuses on the theme of young mothers, particularly those between the ages of 18 and 24, and the risks that their children may face. We continue the tradition of reporting trends of key indicators of children's well-being in the areas of Education, Economics, Health, Family & Community, and Safety & Security.

Highlights of this year's report include:

Economic Security

- As Washington slowly emerges from the beginning-of-the-century recession, seasonally adjusted unemployment decreased from 7.4% in 2003 to 6.2 % in 2004.
- Sixty-eight percent of children of 18- to 21- year-old mothers live in households below 200% of the Federal Poverty Level.

Education

- Between 2003 and 2004, significantly more 4th, 7th, and 10th-grade students met both math and reading standards on the Washington Assessment of Student Learning (WASL).

Health

- The percentage of fully immunized 2-year-olds increased 5.5%, from 63.9% in 2003 to 67.4% in 2004.
- Compared to other racial/ethnic groups, Hispanics have the lowest rates of smoking and alcohol abuse before, during, and after pregnancy.
- Fewer than half (41.8%) of 18-21-year-old mothers have non-medicaid health insurance.
- One in six 18- to 21- year-old women who gave birth or were pregnant in 2003 needed alcohol or drug abuse treatment; for those 25- to 44-years old only one in 33 needed treatment.

Family & Community

- Births to unmarried mothers held steady at almost 29% between 2002 and 2003.
- The majority of mothers younger than 25 had not planned the pregnancy and would have preferred to have a baby "later or not at all."
- From 1990 to 2002, fertility decreased by 12% for the state as a whole and by 7% for Hispanics.

Safety & Security

- For 1- to 19-year olds, deaths due to motor vehicle accidents decreased by 16.3%, from 8.6% in 2002 to 7.2% in 2003.
- Among 15- to 19-year olds, death due to firearms increased by 35.2%, from 7.1 per 100,000 population in 2002 to 9.6 per 100,000 in 2003.

YOUNG MOTHERHOOD: A TOUGH TRANSITION

Between the ages of 18 and 24 most young adults are engaged in activities that will support their successes later in life. They pursue higher education, develop serious relationships, and embark on vocational paths that build toward a positive future. Mapping a course to adulthood can be confusing and difficult, however, especially if the safety nets of family, community, and institutional support – typically in place for those younger than 18 – become less available. For both cultural and biological reasons, the late-teens and early-20s are often years of upheaval[1] characterized by frequent moves and changes in employment and educational status, plus high levels of alcohol and drug abuse, credit-card debt, relationship instability, and reckless behavior.

When fledgling adults have children, the transition is even more challenging. According to a recent National Kids Count report, "...becoming parents too soon, dropping out of school, failing to find work, or getting in trouble with the legal system ...can have long-lasting effects by compromising a youth's potential to provide for himself or herself in adulthood, and by increasing the risk that a youth's own offspring will experience the same negative outcomes."[2]

While much attention has been focused on the parenting challenges faced by high-school-age teens, in this report we redirect the spotlight to young adult mothers – those who are learning to parent at the same time they are beginning to cope with the complex responsibilities of independent adult life.

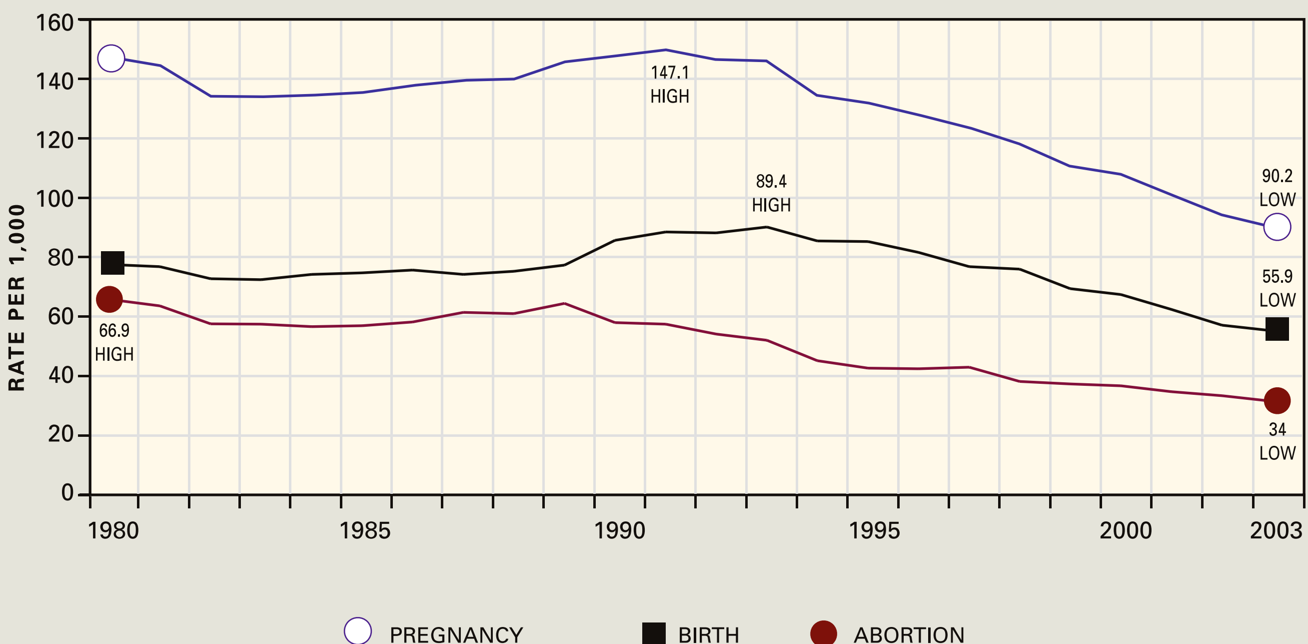
Washington Echoes National Trend

Both nationally and in Washington State we have witnessed a decades-long trend of women postponing childbearing, often for purposes of higher education and /or career development. Fertility rates among Washington women in their teens and early 20s have decreased significantly from 1980 to 2003, while rates among women in their 30s have been steadily rising since 1980.

Declines in fertility are striking among Washington teens. Pregnancies, births, and abortions among females 15- to 17-years old are all down by more than 50 percent from their peaks in the 1980s and 1990s. Declines among 18- and 19-year-olds have followed a similar trend (Figure 1).

Nationally, the Centers for Disease Control reported decreases in the proportions of teens who have ever had sex and who have had multiple partners, plus increases in contraceptive use by teens who are sexually active[3]. The declines in sexual activity, pregnancies, births, and abortions in these age groups are often attributed to sex education programs and services that reach millions of teenagers because they are in school. Getting through to youth between the ages of 18 and 24 is more difficult, since many are not in school or not working. On several fronts, these young people are "on their own." Although birth rates to women age 18 to 24 have been declining, 30 percent of all births in Washington – approximately 24,000 children in 2003 – are to women in this age range (Figure 2).

1 PREGNANCY, BIRTH, AND ABORTION RATES PER 1,000 18-19 YEAR-OLDS, WASHINGTON STATE, 1980-2003



Source: *Washington State Department of Health, Center for Health Statistics*

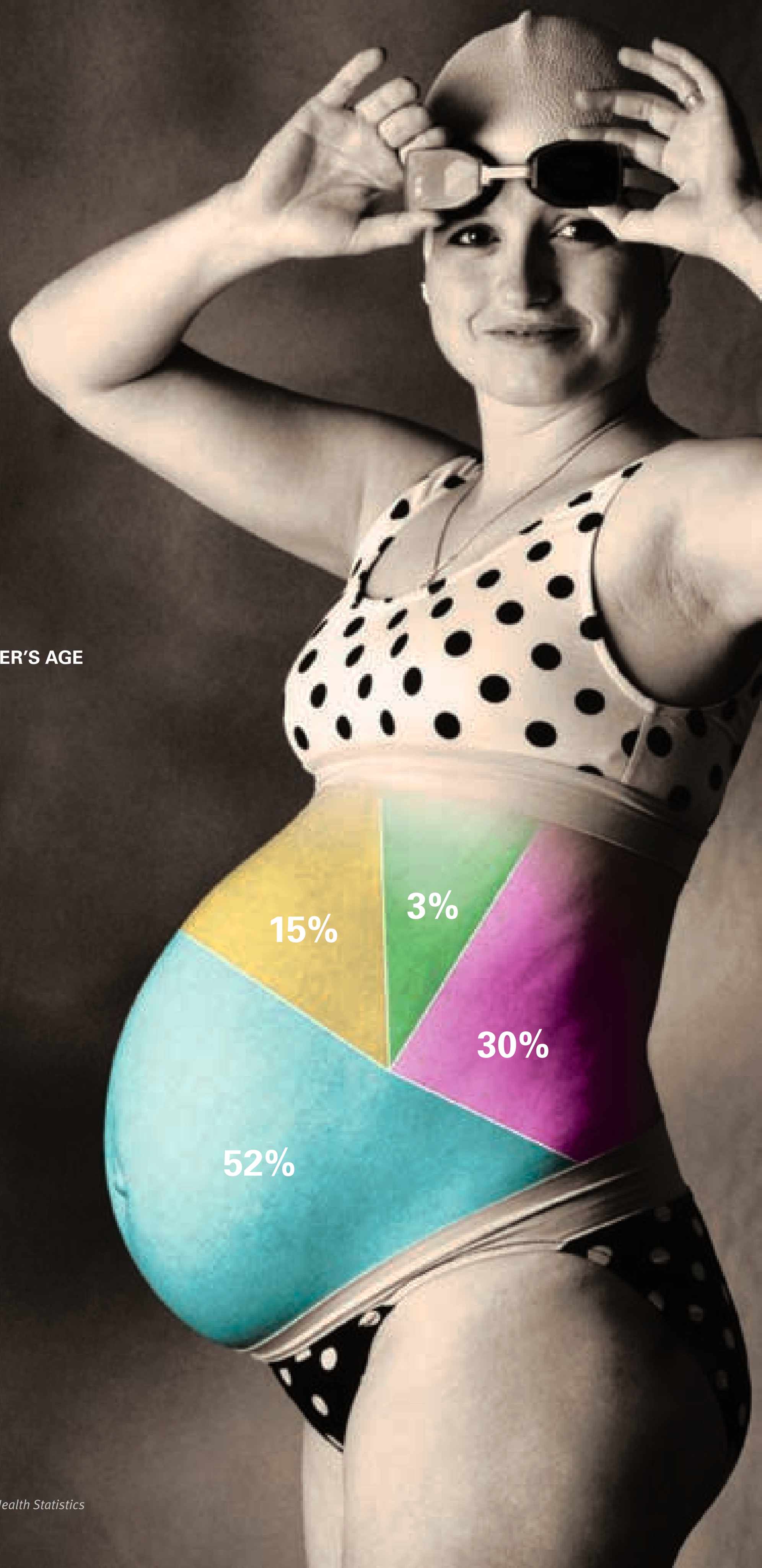
2 PERCENT OF BIRTHS BY MOTHER'S AGE
WASHINGTON STATE, 2003

3% AGES: <18

30% AGES: 18-24

52% AGES: 25-34

15% AGES: >34



Source: Washington State Department of Health, Center for Health Statistics

Ten times as many babies are born to 18- to 24-year-olds than to teens 17 and younger. Further analyses by age reveal that the 30 percent is split about evenly between 18-to-21-year-olds and 22- to 24-year-olds.

Thus, despite the overall decline in early childbearing, thousands of children are born to young parents – parents who, although their decision to have a child is rooted in love and a desire to be good caregivers, are often unprepared to handle the complexities of raising a child.

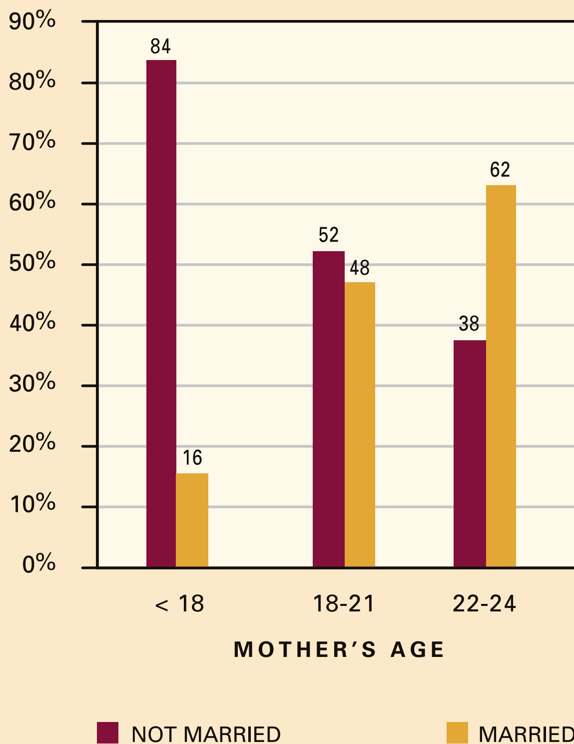
The Challenges of Young Motherhood

For most Washington mothers under the age of 25, parenthood came earlier than they would have liked. Each year the Washington State Department of Health uses the Pregnancy Risk Assessment Monitoring System (PRAMS)[4] to collect information on women who have recently given birth. In addition to evaluating women's perceptions and attitudes toward their pregnancies, the PRAMS survey asks women a series of questions about their social and economic circumstances before, during, and after pregnancy.

A majority of mothers younger than 25 reported that they had not planned the pregnancy and would have preferred to have a baby "later or not at all." Of the 18- to 21-year-old mothers, only one in four had tried to get pregnant. Forty percent of those who had not used birth control somewhat fatalistically explained that they "didn't mind if I got pregnant;" one-fourth didn't use birth control because "I thought I couldn't get pregnant;" and one-tenth said they hadn't been able to get birth control. While 43 percent of 18- to 21-year-old mothers used birth control before getting pregnant, after giving birth *90 percent* said they were currently using birth control.[5]

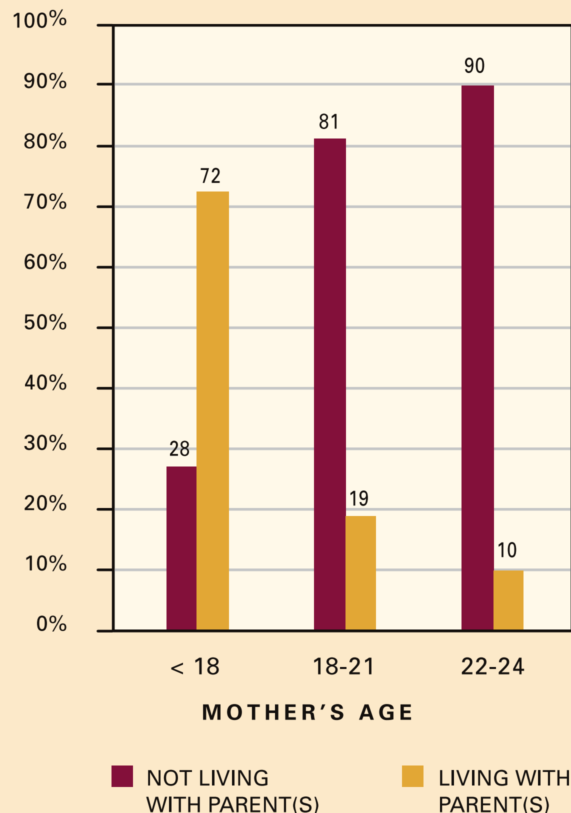
The fathers of the babies also influenced decisions about using birth control and, presumably, whether to continue the pregnancies. The same survey of 2002 births found that about 20 percent of women younger than age 25 said they didn't use birth control because their husband/partner did not want to use it. And for women younger than 22, close to half of the fathers (44 percent) *wanted to have a baby at that time or sooner* (the same high level of enthusiasm for parenting was not evident among the partners of women 22 and older).[6]

3 PERCENT OF MOTHERS WHO ARE MARRIED



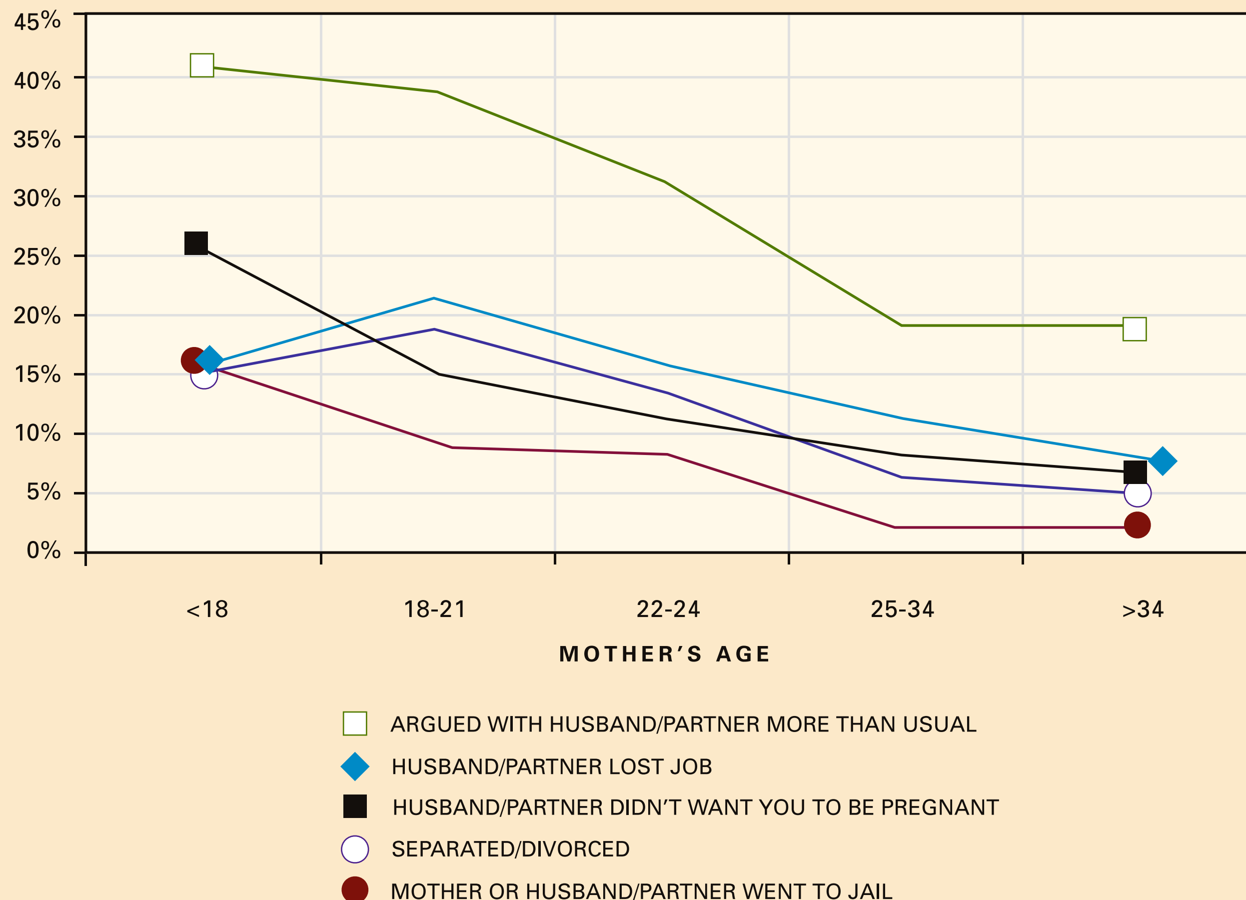
Source: Integrated Public Use Microdata, 5% Sample from Washington, 2000

4 PERCENT OF MOTHERS LIVING WITH PARENTS



Source: Integrated Public Use Microdata, 5% Sample from Washington, 2000

5 PERCENT OF MOTHERS WITH RELATIONSHIP FACTORS CAUSING STRESS IN 12 MONTHS PRIOR TO BABY'S BIRTH



Source: PRAMS 2000-2002

The partners of these young mothers are not likely to become husbands, however. According to the 2000 census, over half of Washington mothers age 18 to 21 were not married (Figure 3). Unlike their younger counterparts (who also have low rates of marriage), most 18- to 21-year-old mothers no longer live with their parents. Only 19 percent of mothers age 18 to 21 live with their parents, compared to 72 percent of mothers 17 or younger (Figure 4). While most mothers younger than 18 have parental support and mothers older than 21 are likely to have husbands, mothers in the middle often have neither.

Not surprisingly, financial stability eludes many young women raising children on their own. The transitional employment that characterizes the young adult years often keeps young mothers and their families at the bottom of the economic ladder, especially if they are unable to further their education or pursue vocational training. Economic deprivation is closely linked to a host of negative outcomes for children, particularly regarding health, education, safety, and future economic well-being.

A Cascade of Life Stresses

Raising a family is challenging at any age, but mothers younger than 25 experienced more relationship and life stresses than older mothers, even before they became pregnant. On the relationship front, about one in eight young mothers in Washington reported physical abuse by their husbands/partners in the year before their pregnancy (12 percent for mothers younger than 18; 11 percent for those 18 to 21). Abuse was significantly less common among older mothers (4 percent for those 25 to 34; 2 percent for those 35 and older). During and after the pregnancy, abuse rates were lower for all age groups, but still highest among mothers younger than 22.[7]

As shown in Figure 5, the incidence of other relationship difficulties in the 12 months prior to the baby's birth was substantially lower for mothers 25 and older. These difficulties included separation/divorce; husband/partner losing job; arguing more than usual with husband/partner; husband/partner not wanting the pregnancy; and the mother or husband/partner going to jail.

Similarly, the chances of facing such major life stresses as moving, homelessness, or having lots of bills that the mother couldn't pay also leveled off after age 24 (Figure 6). Mothers younger than 18 experienced fewer of these stresses, presumably because many of them lived with parents or other extended family members.

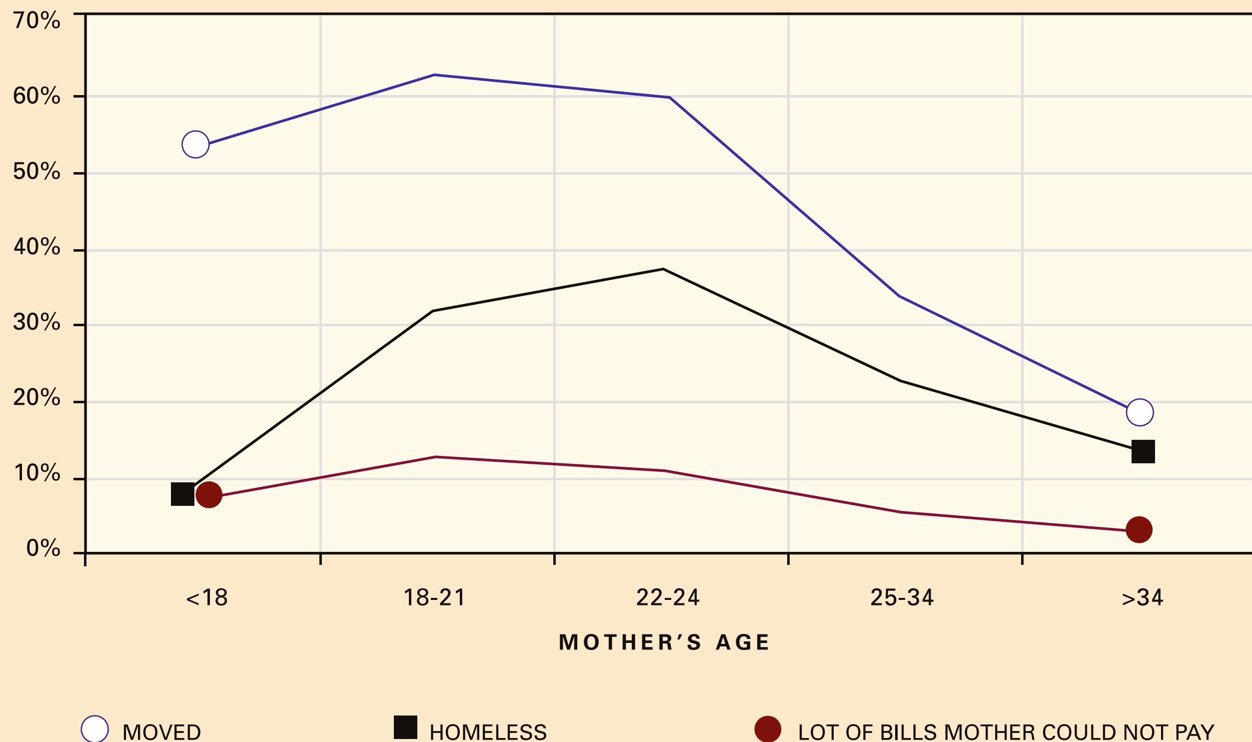
Young Parents Don't Have Health Insurance

Health coverage provides strong protection for families with children, and working at a job with benefits is the surest route to getting non-Medicaid health insurance. Not surprisingly, older mothers are most likely to have such coverage in Washington (Figure 7). Close to half of 18- to 21-year-old mothers had neither health insurance nor Medicaid before becoming pregnant.

One possible consequence of not having health insurance before pregnancy is not getting appropriate and timely prenatal care. Early and continuous prenatal care is important for the baby's nutrition and birth weight, and leads to earlier detection of problems and more timely and effective interventions.[8] In Washington, 29 percent of 18- to 21-year-old mothers started prenatal care later than they would have liked. Mothers in this age group most commonly explained late starts on prenatal care by saying they didn't realize they were pregnant (11 percent) or they lacked insurance or money to pay for care (9 percent).

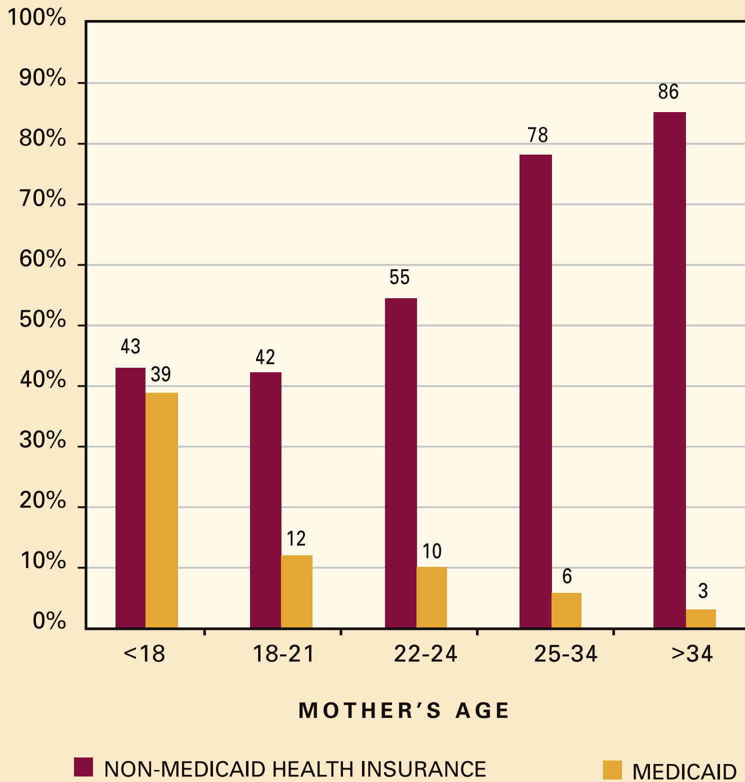
Medicaid did eventually provide a financial safety net for many of the low-income young mothers surveyed by the PRAMS study. While only 12 percent of 18- to 21-year-old mothers were covered by Medicaid before their pregnancies, Medicaid paid for 53 percent of the prenatal care and 56 percent of the deliveries of women in this age range. Older women with more stable family and employment situations were much less likely to rely on Medicaid (only 14 percent of women 35 and older had Medicaid-financed deliveries).

6 PERCENT OF MOTHERS WITH HOUSING AND ECONOMIC FACTORS CAUSING STRESS IN 12 MONTHS PRIOR TO BABY'S BIRTH



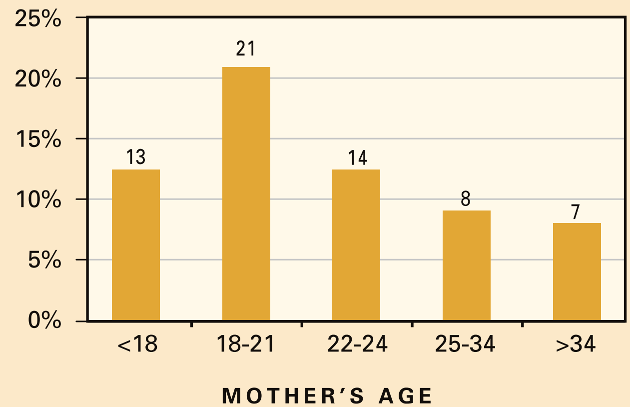
Source: PRAMS 2000-2002

7 PERCENT OF MOTHERS WITH MEDICAID VS. NON-MEDICAID INSURANCE BEFORE PREGNANCY



Source: PRAMS 2000-2002

8 PERCENT OF MOTHERS WHO SMOKED DURING THIRD TRIMESTER OF PREGNANCY



Source: PRAMS 2000-2002

Smoking & Substance Abuse

Smoking during pregnancy is known to increase the risks of low birthweight, pre-term delivery, and newborn death.[9] More than any other age group in Washington State, 18-to 21-year-old mothers are putting their babies at risk for these and other complications. Forty-two percent of 18- to 21-year-olds smoked before pregnancies, and 33 percent were smoking again within six months of their child's birth. Even during the third trimester of pregnancy, more than 20 percent of these mothers smoked (Figure 8).

Among 18- to 21-year-old Washington mothers, smoking is a particularly significant problem for non-Hispanic whites and Native Americans (54 percent and 53 percent, respectively). Hispanic moms have the lowest smoking rates of all racial/ethnic groups – 12 percent in the 18 to 21 age group and 7 percent across all ages.[10] Overall in 2002, the rate of tobacco use during pregnancy for Washington mothers under age 20 was 22 percent, higher than the national average of 17 percent.[11]

Like smoking, substance abuse during pregnancy is associated with negative outcomes for babies, including birth defects and developmental disabilities.[12] Mothers who abuse alcohol or drugs are also more likely to abuse or neglect their children.[13] Washington mothers age 18 to 24 are more likely than younger or older mothers to need alcohol and drug-abuse treatment.[14] Among 18- to 21-year olds, one in six women who gave birth or were pregnant in 2003 needed alcohol or drug-abuse treatment. For those age 25 to 44, only one in 33 needed treatment.[15]

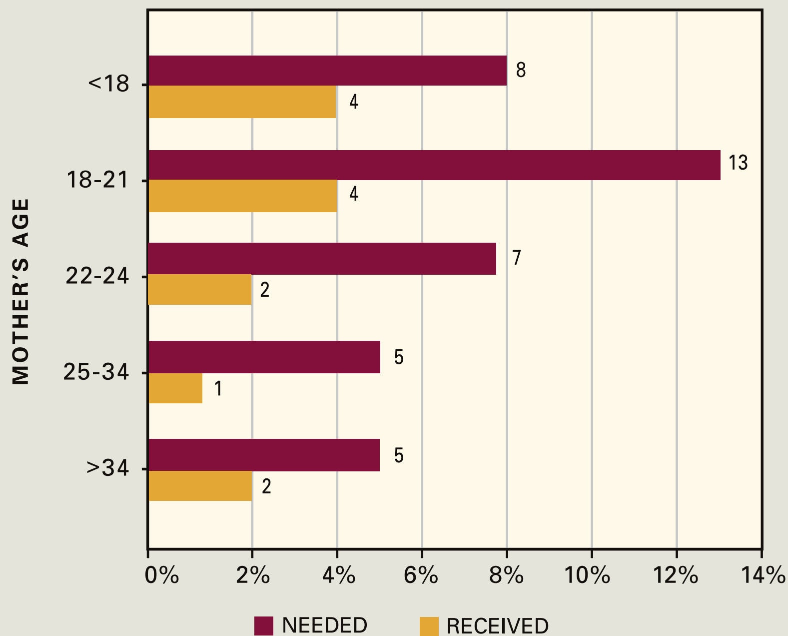
Are We Bridging the Gap?

In most societies, family, community, and/or social service institutions ease the transition from adolescence to adulthood. In developed nations like the U.S., such supports often include help with educational decisions and expenses, family planning, child care, plus a wide range of counseling, advice, and other social services. Some young parents have particularly acute needs for these supports. To what extent are these needs being met? According to the PRAMS data, almost half of the need for counseling is unmet among all mothers, with the greatest disparity among the 18- to 21-year-olds. The additional burden of unmet needs in this age group probably reflects their transitional status – cut off from supports previously provided by parents or high schools at the younger end and not yet plugged into supports available to more savvy adults.

Similarly, the gap between mothers' expressed need for help in quitting smoking and receipt of such help was greatest for mothers age 18 to 21, for whom less than a third actually got the help they needed (Figure 9).

Social support during pregnancy provides some protection against the various stresses discussed above, and the PRAMS survey includes a series of questions about social support. In response to these questions, mothers age 18 to 21 reported that they were less likely than older or younger mothers to have someone they could talk to, someone to borrow money from, and someone to support them in time of crisis.[16] Using data from the 2000 Census, Washington Kids Count compared children with mothers of different

9 SMOKING CESSATION SERVICES: PERCENT OF MOTHERS NEEDING VS. RECEIVING SERVICES



Source: PRAMS 2000-2002

TABLE 1. RISK FACTOR EXPOSURE FOR WASHINGTON CHILDREN (BY AGE OF MOTHER)

Child Indicator	18-21	22-24	25 +
Living in household with income less than 200% of the Federal Poverty Level	68%	61%	28%
Living in household with no parent with full-time/full-year employment	50%	32%	17%
Living in household with no parent or single-parent	51%	37%	20%
Mother has less than high school education	36%	22%	10%
Limited English Proficiency	8%	5%	2%

Integrated Public Use Microdata, 5% Sample from Washington

ages on five factors that – especially if they occur together – can increase the chances of negative outcomes for children.[17] Compared with children whose mothers were slightly younger and older, those with mothers age 18 to 21 were more likely to experience every one of these risks (Table 1); they were also more likely than children with older mothers to simultaneously experience three or more risks.[18]

Special Needs of Young Hispanic Mothers[19]

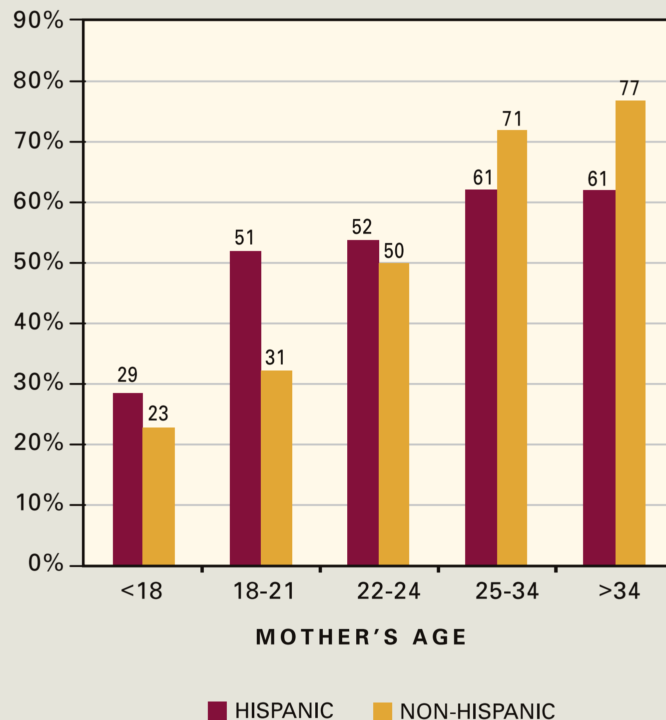
While teen pregnancy, birth, and abortion rates have declined across the board in Washington, Hispanic women are having more children, and having them at younger ages, than women in any other racial/ethnic group. From 1990 to 2002, fertility decreased by 12 percent for the state as a whole and by 7 percent for Hispanics.[20] By 2002, almost one-third of Washington births to women under age 20 were to Hispanic women[21] although only about 8 percent of Washington's population was of Hispanic origin.[22] Among the 18- to 21-year-old Hispanic mothers in the PRAMS survey, 41 percent had previously given birth to one or more children.[23]

A high proportion of 18- to 21-year-old Hispanic mothers were *trying to become pregnant* (44 percent vs. 20 percent for non-Hispanic mothers of the same age), and more than half were not using birth control when they became pregnant.[24]

The most common reason given by 18- to 21-year-old Hispanic mothers for not using birth control was that they didn't think they could get pregnant at that time (39 percent vs. 20 percent for non-Hispanics of the same age).[25] Although the questionnaires/interviewers didn't probe further, it is possible that, since almost half of these young women already had babies (and most of them were nursing moms), they may have believed the common myth that a woman can't get pregnant when breastfeeding.

Whether or not they were trying to get pregnant, more than half of Hispanic mothers in this age group (compared to only 31 percent of non-Hispanics) reported that they wanted their baby "at the time or sooner" (Figure 10). The partners of Hispanic mothers in this age range were also enthusiastic about parenting: 43 percent wanted a baby at that time or sooner.

10 PERCENT OF MOTHERS WHO WANTED BABY AT THE TIME OR SOONER BY HISPANIC ORIGIN



Source: PRAMS 2000-2002

These findings suggest major cultural differences in attitudes toward early childbearing. The trend to delay childbearing that has taken hold in most other racial/ethnic groups appears to be lagging in the Hispanic community. Education may also be a factor: in 2002, 52 percent of Hispanic births in Washington – 6,459 babies – were to mothers with fewer than 12 years education while only 8 percent of Hispanic births were to moms with 16 or more years of education (Figure 11).[26]

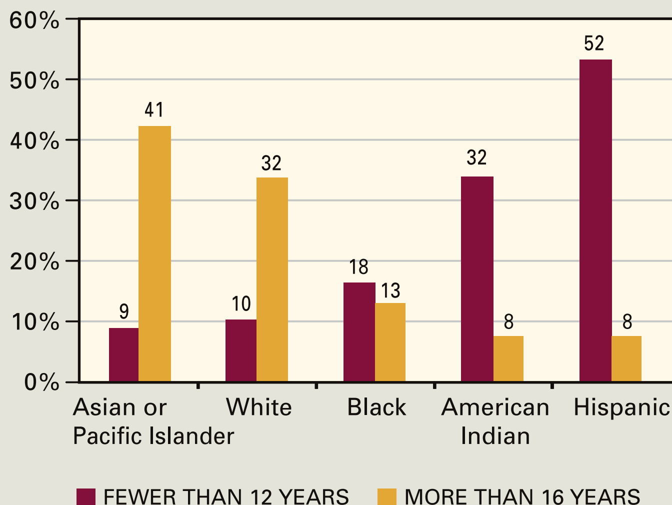
Getting even a high school diploma poses a challenge to those who were not born in the United States. According to a recent report, although only about 15 percent of all persons aged 21 to 24 were foreign-born, the foreign-born constituted a third of those in the 21-to-24 age group who had not graduated from high school. This may reflect the difficulties that immigrant children experience in American schools. It also reflects the fact that many immigrants come either as young adults lacking a high school degree or, if still of high-school age, do not enroll in school when they arrive in the United States.[27]

The growth of Washington's Hispanic population is linked to the influx of recent immigrants. As of the 2000 Census, 39 percent of Hispanics in Washington were foreign-born; from 1990 to 2000, native-born Hispanics increased by 87 percent, while foreign-born Hispanics increased by 177 percent.[28] Acculturation is a gradual process, so it is not surprising that family-planning interventions may not be getting through to recent immigrants in their teens and early 20s. Hispanic women *do* use birth control, but they tend to access services providing birth control at older ages than non-Hispanic women. Federally funded family planning programs[29] are more likely to be used by Hispanic women age 30 and older than by those in their teens; the opposite is true for non-Hispanic women.[30]

Risks related to economic well-being are intense for the Hispanic mothers in the PRAMS survey. For example, across all age groups, more Hispanic than non-Hispanic mothers lost their jobs – *not* by choice – in the 12 months before the birth of their child (Figure 12). Hispanic mothers also had the lowest monthly incomes of any other racial/ethnic group (Figure 13).[31]

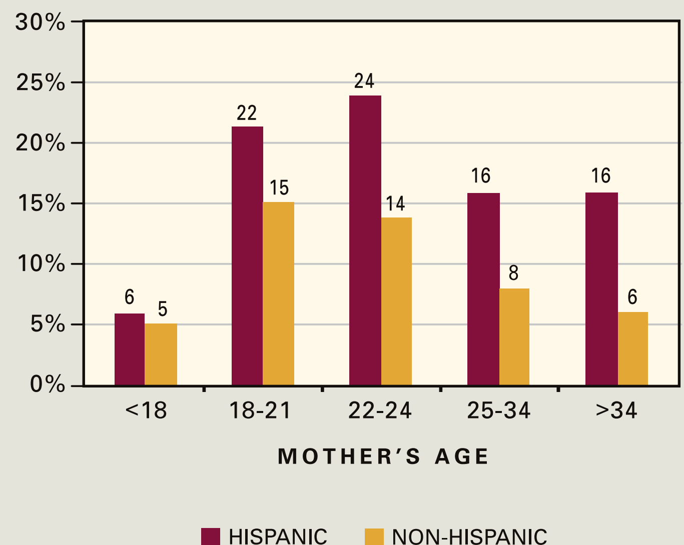
For women of all ages, Hispanic moms had the lowest levels of non-Medicaid health insurance; in the high-risk age group of 18- to 21-year-olds, only 17 percent had non-Medicaid coverage prior to their pregnancies. While only 13 percent of 18- to 21-year-old Hispanic mothers were on Medicaid before becoming pregnant, Medicaid paid for the prenatal care of 71 percent and for the births of 74 percent of the women in this age group. The federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provided significant support for families in this low-income population: 87 percent of 18- to 21-year-old Hispanic mothers received WIC benefits during their pregnancies. However, contrary to the pattern found for other racial/ethnic groups, the family economic picture for Hispanics does not improve much for older mothers (Figure 14).[32] *Across all ages,* 82 percent of Hispanic mothers participated in WIC. This finding highlights the enduring economic cost of having children during what our culture considers the prime time for education and vocational training. Without such training, a large proportion of Hispanic parents experience diminished financial well-being throughout their lives.

11 PERCENT OF BIRTHS TO MOTHERS OF DIFFERENT EDUCATION LEVELS BY RACIAL/ETHNIC ORIGIN OF MOTHER



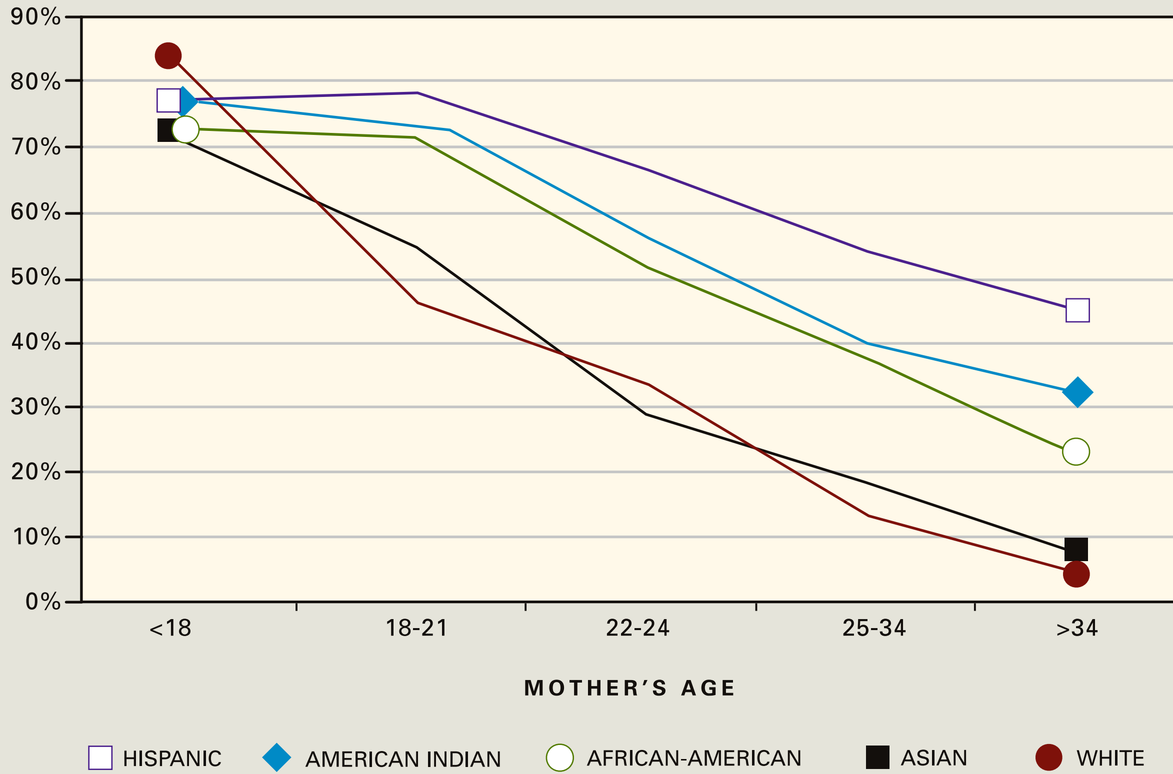
Source: National Center for Health Statistics, 2004

12 PERCENT OF MOTHERS WHO LOST JOB IN 12 MONTHS BEFORE PREGNANCY BY AGE AND ETHNICITY



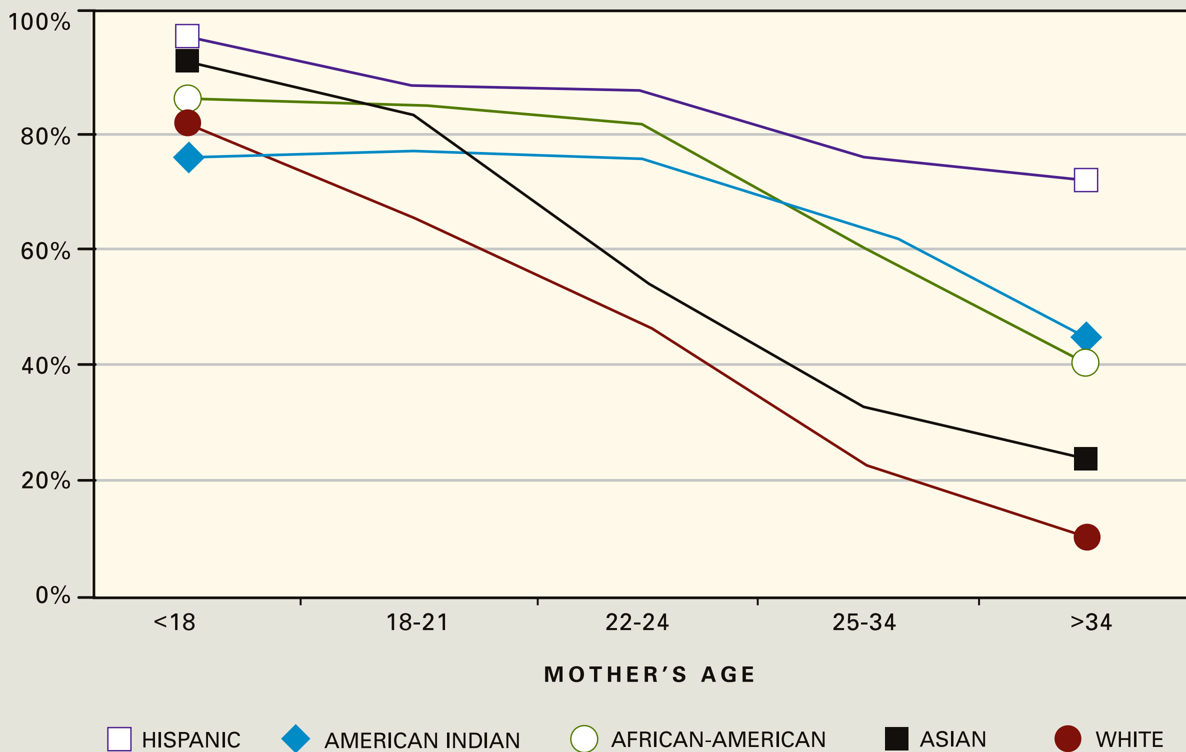
Source: PRAMS 2000-2002

13 PERCENT OF MOTHERS WITH INCOMES BELOW $1400 PER MONTH BY RACE / ETHNICITY



Source: PRAMS 2000-2002

14 PERCENT OF MOTHERS USING SUPPLEMENTAL FOOD (WIC) DURING PREGNANCY BY RACE/ETHNICITY



Source: PRAMS 2000-2002

Not all risks were more intense for Hispanic mothers. Smoking and alcohol use – before, during, and after pregnancy – were infrequent among Hispanic moms. Only 1 percent reported needing help to stop smoking (vs. 7 percent for all racial/ethnic groups). And despite the many disadvantages reviewed above, the rate of low birthweight babies among Hispanic mothers was no different than that for non-Hispanics.[33]

Education is Key

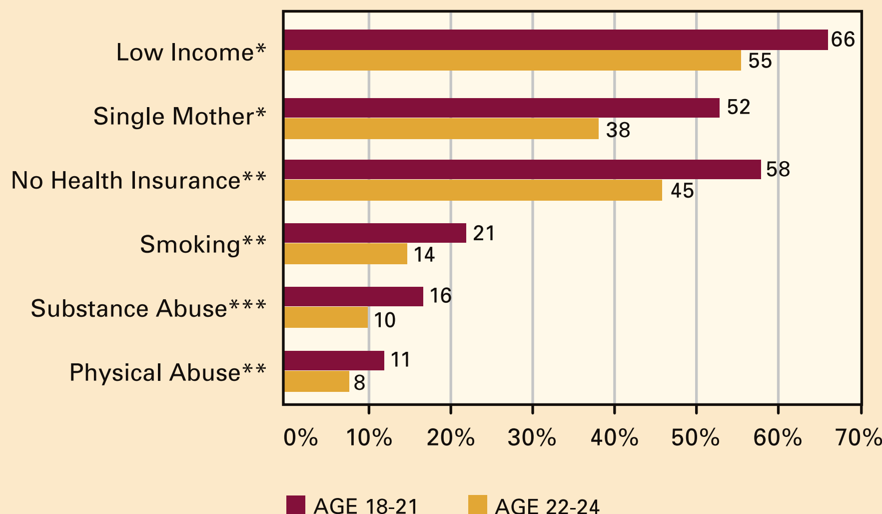
We have known for some time that mother's education is one of the most significant factors affecting child and family well-being. "Women who are educated are more likely to postpone marriage and early childbirth, seek health care for themselves and their families, and encourage all of their children, including girls, to go to school."[34] Women who forego education to have babies deprive themselves of the opportunity to acquire the skills they need to be self-sufficient.

When addressing the issue of young motherhood, the relationship between early pregnancy and dropping out of school is a classic "chicken-and-egg" situation. While it is not uncommon for girls to drop out of school when they become mothers, a widely cited study found that 28 percent of teen mothers dropped out *before* becoming pregnant; among Hispanics, the *pre-pregnancy* dropout rate was 41 percent.[35] In Washington State, high school graduation rates vary widely according to location (from 82 percent in Bellingham to 46 percent in Pasco) and ethnicity (from 77 percent for Asian-Americans to 47 percent for Hispanics and Native Americans).[36] Increasing girls' engagement with school and boosting graduation rates for all should help reduce the rate of young motherhood.

Many Reasons to Wait

Figure 15 summarizes risks for poor child outcomes experienced by mothers age 18 to 24. Evidence from these and other analyses support the same conclusion: in contemporary U.S. culture, children born to mothers younger than 25 have a reasonably high probability of experiencing poverty, single parenting, gaps in health coverage, and other risks. The case for deferring childbearing is strong; mothers who do so are able to offer their children better opportunities for economic and academic success, and are less likely to have children with behavioral problems and delayed cognitive development.[37] Women and men in their late teens and early 20s are in limbo – socially, economically, and even neurologically. Many are cut off from resources that had been available to them through their schools and are unprepared – emotionally and financially – for the short- and long-term responsibilities of parenthood. Brain development may have something to do with it too. Recent research has revealed that the human brain is not fully mature until the early 20s. Scientists have suggested that adolescents' susceptibility to addictive substances like tobacco and other drugs may be a function of incomplete and uneven neurological development.[38] The relatively late maturation of a part of the brain that affects impulse control, planning, and decision-making could also contribute to some aspects of teen sexual behavior.[39]

15 PERCENT OF YOUNG MOTHERS EXPERIENCING RISKS FOR POOR CHILD OUTCOMES



** Source:Integrated Public Use Microdata, 5% Sample from Washington, 2000*
***Source: PRAMS 2000-2002*
****Source: Washington State Needs Assessment Household Survey 2003*

What Can Be Done?

As our children move from adolescence to adulthood – and often to parenthood – they face great opportunities and significant challenges. We must craft a policy framework that maximizes the opportunities and minimizes the risks to youth and their children. Such a framework must include components that address four major objectives (Figure 16):

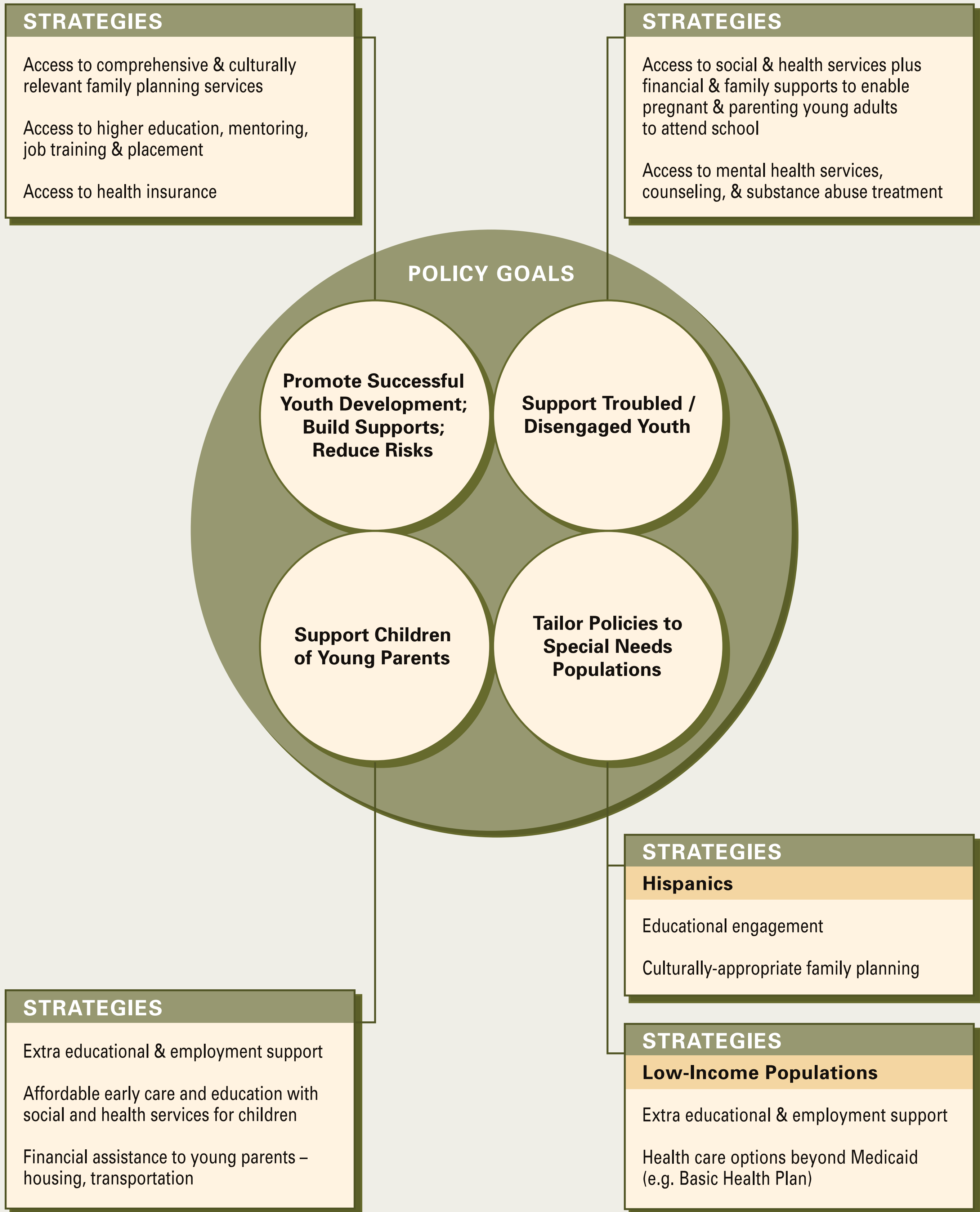
- Promote successful youth development by building supports and reducing risks.
- Support troubled and disengaged youth with educational/employment opportunities and appropriate treatment.
- Support the children of young parents to reduce the risk of negative outcomes.
- Tailor policies to populations with special needs.

Some helpful policies represent extensions of support services routinely offered to high school or college students, but less available to those who are not enrolled in school. Others reflect the fact that most 18- to 21-year-olds are living away from their families and are therefore no longer eligible for Medicaid as dependents of low-income parents.

We need policies, starting even before elementary school, that keep youth on the path to higher education and employment, fostering the hopes and expectations that will allow them to build the human and financial capital necessary to support a family. These policies must take account of the fact that many youth leave high school without knowledge or skills to advance above the bottom rung of the employment ladder. Others have knowledge and skills, but lack the information, contacts and support to get established in either higher education or employment. In many cases, the jobs they get will not provide health insurance or wages sufficient to support a family. Therefore, assistance with health care, early childhood education, housing, and transportation may be required to assure that their children are well cared for. The data presented in this report make it clear that a substantial proportion of young mothers need basic information about reproduction and convenient access to birth control, available in multiple languages and presented in appropriate cultural contexts. Around the world, higher education is linked to lower rates of young motherhood.[40] Education is the surest route to the social and economic security that enables parents to provide well for their children.

Smoothing a Tough Transition

16 A POLICY FRAMEWORK TO SMOOTH THE TOUGH TRANSITION



Elaboration of options for achieving our policy objectives is offered below.

Promote successful youth development by building supports and reducing risks.

• Improve communication about and distribution networks for access to confidential family planning services, including outreach to all ethnic groups.

Despite policies guaranteeing confidential access, 10 percent of young mothers reported that they hadn't been able to get birth control before pregnancy.

• Offer comprehensive sex education programs with full family involvement.

A review of 11 evaluations of federally funded (with state matching) abstinence-only-until-marriage education programs found that they had no lasting, positive impact.[41] Comprehensive programs promote abstinence while including information about contraception, developing skills for the time when participants become sexually active. Across the country, participation in high-quality teen outreach and youth development programs – with sex education components –has led to more effective contraceptive use and lower pregnancy and birth rates.[42] Although parents may not realize it, they influence the sexual behavior of their almost-adult children more strongly than peers, religious leaders, sex educators, or the media.[43] It is therefore important to engage the whole family in family planning programs for teens and emerging adults.

• Include young men in family planning and relationship counseling programs.

Fathers are involved every step of the way – from making decisions about birth control to active (or absent) parenting. Many young parents have difficulty maintaining a stable relationship that could help them provide for themselves and their children. Counseling women will not help if men are left out.[44]

• Make education and vocational training relevant and engaging for both girls and boys.

One study found that 38 percent of teens who dropped out between 8th and 12th grade had a subsequent pregnancy and teen birth, compared to only 11 percent who didn't drop out. "Part of the reason that teen mothers ultimately have lower educational levels than others may be due to a disengagement from school that began well before they became pregnant."[45] Youth of both genders with few opportunities for advancement are less motivated to postpone having children.

Support troubled and disengaged youth by providing educational/employment opportunities and appropriate treatment.

• Improve access to transitional and educational services for youth.

These should include temporary shelter, food, and health care as well as supports to enable pregnant and parenting young adults to attend school.

• Improve mental health and counseling services for youth.

Mental health services should include emotional support, smoking cessation programs, and treatment for depression, post-traumatic stress disorder, and alcohol/drug abuse. Relationship counseling is also important. Young people (and women in particular) need the skills and self-assurance to negotiate equitable and abuse-free relationships with their partners. Anger management is also a serious problem for many men younger than 25.

Support the children of young parents to reduce the risk of negative outcomes.

• Make affordable, high-quality early care and education (ECE) available to all children.

This policy reaps multigenerational benefits. Longitudinal follow-ups have found that youth who participated in high-quality early education programs had significantly lower rates of teen pregnancy than youth who had not participated.[46] High-quality ECE is also the first step in school success, which is the strongest deterrent to early childbearing. Comprehensive programs including health and social services are vital for young children from low-income families.

• Offer young parents both financial and emotional supports.

In addition to providing the economic supports discussed above (education, health care, housing, transportation), make sure young parents have someone with whom they can discuss their problems. Many early marriages fail, but counseling can sometimes help. Creating a secure environment for quality parenting – either by young couples or by single parents – is important for children's emotional and social development.

Tailor policies and allocate resources to populations with special needs.

• ***Customize family planning efforts to the needs and patterns of Hispanic youth***.

Hispanic women tend to access family planning services *after* having a child. Recent immigrants, in particular, may not know such services are available and may not understand the disadvantages of early childbearing in this culture.

• ***Ensure that recent immigrants and those who are not proficient in English have access to transitional services and multilingual education***.

Young people from other cultures may feel uncomfortable availing themselves of social services … or they may not know what's available to them.

• ***Improve incentives for Hispanic youth to enroll and stay in school***.

Many recent immigrants never even enroll in U.S. schools. Of those who do enroll, fewer than half graduate. Many young Latinas drop out of school *before* becoming pregnant.[47] And a recent study found that young Hispanic men were more likely than whites or African Americans to drop out of school to take advantage of seasonal employment opportunities.[48]

• ***Reduce the achievement gap between Hispanic and non-Hispanic students***.

In 2001, Hispanic 4th, 7th, and 10th grade students ranked last of all cultural groups in reading, writing, and listening on the Washington Assessment of Student Learning (WASL). Data suggest that *raising educational expectations* is linked to improved performance. Reduced risk of young pregnancy among Latinas is associated with high test scores and high expectations for postsecondary education.[49] Increasing the number of Hispanic teachers in the schools can provide positive role models and improve educational expectations. While more than 12 percent of students enrolled in Washington public schools in 2003-2004 were Hispanic, fewer than 3 percent of teachers in these schools were Hispanic.[50] Increased funding and support for bilingual education would also help. A study in Texas found that drop-out rates for Hispanics were lower in districts with more funding for bilingual education.[51] A range of interventions, from early education, to Whole School Reform, tutoring, improving teacher quality or shifting to small schools have been shown to improve student performance.[52]

• ***Improve Hispanic youth's access to postsecondary education.***

Largely through the efforts of LEAP (Latino/a Educational Achievement Project), recent policy changes in Washington should help achieve this goal. A 2003 law allows undocumented students to pay in-state tuition to attend Washington State colleges and universities. And in 2004 the legislature included "bilingual ability" as a criterion for qualification for conditional scholarships in which students agree to get a teaching certificate and teach in the public schools for five years.[53]

• ***Allocate additional resources to children and families living in poverty.***

For a wide variety of reasons, children growing up in lower-income homes have worse educational and health outcomes. To meet the needs of these children, additional funds should be allocated to the schools, health clinics, and community centers that serve them. Assistance should also be offered to individual families.

Conclusion

Although significant progress has been made toward reducing early childbearing, the data presented in this report indicate we still have a distance to go, particularly among mothers age 18 to 24. According to a recent analysis,[54] if teen pregnancies had not gone down by 39 percent in Washington between 1991 and 2002, an additional 6,700 children under age 6 would be living in poverty and almost 8,100 more children under age 6 would be living with single moms. Similar benefits could be expected from reducing the rate of unwanted births to unprepared young adults. If young adults can defer parenthood until they have completed their schooling, they – and their children and their children's children – will undoubtedly reap rich benefits from that choice. The numbers should continue to improve if young people appreciate the value of, and can access, quality education.

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YOUNG MOTHERHOOD: A TOUGH TRANSITION