

Former Foster Care Youth May Face Increased Odds Of STDs, Risky Behaviors

Young adults who have spent time in foster care may be at greater risk for STDs than those who have not, a study of more than 14,000 young men and women has found.¹ In addition, young women who have been in foster care begin having sex earlier, have more partners and are more likely to have casual sex and sex for money than other young women, according to the national, prospective, longitudinal study.

The incidence of STDs has reached epidemic proportions among certain subgroups of adolescents and young adults. Youth in foster care—half of whom are adolescents—have a high prevalence of a wide variety of factors that put them at particular risk. To evaluate the relationship between a foster care history and the risk for STDs during young adulthood, researchers analyzed data on 7,563 females and 6,759 males who participated in Waves 1 and 3 of the National Longitudinal Study of Adolescent Health (Add Health). Wave 1, incorporating a questionnaire and an interview, as well as a parent interview, was conducted in 1994–1995, when youth were in grades 7–12. For Wave 3, participants were interviewed roughly six years after enrollment. Wave 3 also included the collection of urine specimens that were tested for gonorrhea, chlamydia and trichomoniasis. Survey questions covered sexual risk behaviors, as well as demographic and socioeconomic characteristics.

Only 3% of females and 2% of males had been in foster care, and they differed from other youth in a number of respects. As parent interviews revealed, the mean annual income for parents of females and males with a foster care background was \$29,000 and \$23,000, respectively, compared with \$46,000 and \$45,000, respectively, for parents of youth in the general population. Foster care males lived in poorer neighborhoods than other males, with a mean annual household income of \$23,000, compared with \$31,000 for that of others. Also, 12% of parents of foster care females had a college degree, compared with 22% of parents of other females. And 9% of males with a foster care background, compared with 1% of other males, were Native American.

Among all study participants, the prevalence of gonorrhea was 0.4% for females and 0.5% for males, the prevalence of chlamydia was 5% for females and 4% for males, and the prevalence of trichomoniasis was 3% for females and 2% for males. In multiple regression analyses that controlled for demographic and socioeconomic characteristics, females with a foster care background were significantly more likely than other females to test positive for trichomoniasis (odds ratio, 3.2), but not for gonorrhea or chlamydia. Males who had experienced foster care were significantly more likely than other males to test positive for both gonorrhea (14.3) and chlamydia (3.1), but not for trichomoniasis. Females with foster care experience also were significantly more likely than other females to report having had casual sex (3.0) and sex for money at Wave 1 (11.7), and a history of vaginal intercourse at Waves 1 and 3 (3.0 for each). Among participants with a history of vaginal intercourse, former foster care females had begun having intercourse approximately 1.5 years earlier and had 2.2 more partners than other women. The only significant behavioral outcome for former foster care males was an increased risk at Wave 3 for reporting a history of vaginal intercourse (5.1).

The investigators identify several weaknesses in their study. Because Add Health did not assess the amount of time that youth spent in foster care, the study could not measure how time in foster care affects STD risks. In addition, few youth were in foster care during the study, so some participants may have been in foster care as very young children and not during adolescence.

Behavioral outcomes also were limited, since study questions focused on heterosexual vaginal sexual activity. Still, the study suggests a link between living in foster care and having an increased risk for STDs. The researchers note that traumatic childhood experiences and subsequent mental health problems could lead to high-risk behaviors that could increase the risk for STDs. They conclude with the recommendation that health care providers and child welfare officials carefully screen foster care youth and integrate STD risk reduction programs into foster care services.—A. Kott

REFERENCE

1. Ahrens K et al., Laboratory-diagnosed sexually transmitted infections in former foster youth, *Pediatrics*, 2010, 126(1):97–103.