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## Demographic, Health Care, and Fertility-related Characteristics of Adults Aged 18–44 Who Have Ever Been in Foster Care: United States, 2011–2017

by Colleen N. Nugent, Ph.D., and Chinagozi Ugwu, M.P.H., National Center for Health Statistics; Jo Jones, Ph.D.; Sharon Newburg-Rinn, Ph.D., and Tammy White, Ph.D., Children's Bureau, Administration for Children & Families

### Abstract

**Objective**—This report presents demographic characteristics, health service access and use, and timing of key fertility-related milestones among adults aged 18–44 who had ever been in foster care as compared with those who had never been in foster care in the United States.

**Methods**—The National Survey of Family Growth (NSFG) is a nationally representative survey, with data collected through in-person interviews of the household population of the United States. Analyses used 6 years of NSFG interviews spanning September 2011 through September 2017, and included 11,527 male and 14,439 female respondents aged 18–44. Bivariate analyses examined demographic characteristics and health service access and use by having ever been in foster care, as measured by household roster information and childhood background items. Cumulative probabilities of first sexual intercourse, first marriage, and first birth by age were estimated using Kaplan–Meier procedures. All estimates were stratified by sex.

**Results**—Overall, 2.6% of adults aged 18–44 had ever been in foster care, and the percentage was higher for women (3.0%) than for men (2.3%). Lower percentages of men and women who were ever in foster care had a bachelor's degree or higher (4.8% for men and 9.1% for women) compared with those who had never been in foster care (31.1% and 36.2%, respectively). Receipt of public assistance in the past 12 months was more likely among adults who were ever in foster care compared with those who were never in foster care. Adults ever in foster care were less likely than adults never in foster care to be currently covered by private health insurance and were more likely to be covered by Medicaid. Adults ever in foster care also had higher probabilities of first sexual intercourse and first births at younger ages than those never in foster care.

**Keywords:** history in foster care • demographic profile • health care access • fertility behavior • National Survey of Family Growth

### Introduction

In fiscal year 2017 (through September 30), roughly 443,000 children and youth were in foster care in the United States, a number that steadily increased over the 5-year period beginning in 2013 (1). The federal foster care program is authorized by Title IV–E of the Social Security Act, as amended, and implemented under the Code of Federal Regulations (CFR) in 45 CFR parts 1355, 1356, and 1357. It is intended to ensure the permanency, safety, and well being of children who have been removed from their homes as the result of maltreatment, lack of care, or lack of supervision.

Some research tracks current outcomes in a variety of domains for youth and young adults who have transitioned out of U.S. foster care (2,3), including financial self-sufficiency, educational attainment, and high-risk behaviors. Other studies compare estimates on various outcomes for individuals who have been in foster care with those who have not, showing that those formerly in foster care have poorer health and socioeconomic outcomes relative to those who were never in foster care. For example, individuals formerly in foster care have higher rates of



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pregnancy and parenthood at young ages, unemployment, homelessness, mental illness, and lower educational attainment (4–11). However, these studies either focus only on young adults, are limited to specific geographic regions, or rely on data that are 2 or 3 decades old.

The National Survey of Family Growth (NSFG) is one of the few U.S. nationally representative surveys that collects information on having ever been in foster care during childhood from adult respondents across the full reproductive age span. NSFG also gathers data on men’s and women’s fertility, family life, and health-related behaviors. This report includes analyses of outcomes examined in other studies previously mentioned, building on those concepts with detail on other related measures that are uniquely contributed by NSFG. It provides descriptive profiles of adults who have ever been in foster care and those who have not to better understand associations between experience in foster care and demographic characteristics, health service access and use, and timing of key fertility-related milestones. Causal inferences about foster care history or the foster care system cannot be made based on these cross-sectional data, as youth who go into foster care may be those already at risk of adverse outcomes. However, a descriptive profile comparing adults who have ever been in foster care with those who have not contributes to the existing body of research on the association of history in foster care with select outcomes.

## Methods

### Data source and measures

NSFG uses a multistage, probability sample design to generate estimates that are nationally representative of the U.S. household population aged 15–49. Female interviewers conduct in-person interviews with independent samples of both male and female respondents. Further details on sample design, fieldwork procedures, and interview content are available elsewhere (12–14). This report is based on combined NSFG data for 2011–2013, 2013–2015, and

2015–2017, resulting in a data file based on 6 years of interviews conducted from September 2011 through September 2017. The combined data set includes respondents aged 15–44 and contains a total of 29,511 interviews—16,191 with women and 13,320 with men. The overall response rate for the 2011–2017 combined file was 69.1%: 70.4% for women and 67.5% for men. During this period response rates declined, ranging from 72.8% in 2011–2013 to 65.3% in 2015–2017. This analysis is restricted to 14,439 women and 11,527 men aged 18–44, as minors (defined as those under 18) who have never spent time in foster care still have the potential to do so. Some states have opted to allow youth to remain in foster care up to age 21 (15) to help achieve a more successful transition to adulthood. Therefore, the few NSFG respondents aged 18–21 ( $n = 5$ ) who were currently living with foster parents at the time of interview were excluded to ensure that the dichotomous variable for ever having been in foster care reflects only past experience. This measure is constructed from information on the household roster and childhood background questions. Further details can be found in the Definition of terms (Technical Notes).

This report compares adults who have ever been in foster care with those who have not, highlighting differences by several key demographic characteristics including age at interview, Hispanic origin and race, marital or cohabiting status, educational attainment, receipt of public assistance in the past 12 months, and labor force status for women and men. The report also presents differences by history in foster care for outcomes related to health service access and use, as well as the timing of key fertility-related milestones. Selected health service access and use measures include: the respondent’s current type of health insurance, whether the respondent lacked health insurance at any time in the past year, the respondent’s usual place of health care, whether the respondent ever had an HIV test outside of blood donation, and the contraceptive method used during the last sexual intercourse in the past 12 months. Key fertility-related milestones include the respondent’s first

sexual intercourse, first marriage, and first birth. All measures are described in detail in the Definition of terms (Technical Notes).

### Statistical analysis

Estimates for this report were generated using SAS-callable SUDAAN software (<http://www.rti.org/sudaan>) to produce standard errors accounting for the complex sample design of NSFG. Life table cumulative probabilities of key fertility-related milestones by selected ages were calculated using the Kaplan–Meier procedure. This method incorporates censored cases (cases that have not yet experienced the fertility-related milestone events) and accounts for NSFG’s complex survey design (16). For ease of interpretation, probabilities are described as percentages, such as the percentage who have had sexual intercourse by age 18. All estimates in this report were based on sampling weights designed to produce unbiased estimates that are nationally representative of the reproductive-aged household population of the United States (13,14). These analyses were conducted using the 6-year sample weights constructed for the 2011–2017 data; population size estimates in this report reflect the approximate midpoint of 2011–2017 interviewing (July 2014).

All estimates presented meet the National Center for Health Statistics guidelines for presentation of proportions (17). Distributions of demographic characteristics, health service access and use indicators, and timing of fertility-related milestones by ever being in foster care may vary significantly for men compared with women. Therefore, estimates were stratified by sex, and comparisons between men and women with foster care histories were made for most estimates. Contraceptive use estimates were not compared because men’s reporting reflects the fact that they may not be aware of the use of some female methods. When percentages between groups were compared, statistical significance was determined by using two-tailed  $t$  tests at the 5% level. No adjustments were made for multiple comparisons. Terms such as “greater than” and “less than” indicate

that a statistically significant difference was found. Terms such as “similar” and “no difference” indicate that the estimates being compared were not significantly different. In addition to the cross-sectional nature of the survey data precluding valid causal inferences, the data presented in this report are bivariate associations that may be explained by other factors not controlled for in this analysis.

## Results

### Percentage ever in foster care overall and by sex and race and Hispanic origin

Figure 1 presents the percentage of adults aged 18–44 in 2011–2017 who had ever been in foster care by sex and race and Hispanic origin.

- Overall, 2.6% of adults aged 18–44 in 2011–2017 had ever been in foster care in the United States. A higher percentage of women (3.0% or about 1.7 million) had ever been in foster

care than men (2.3% or about 1.2 million).

- The percentages of non-Hispanic black men and women who had ever been in foster care were higher than the percentages for men and women in other race and Hispanic-origin groups. Among non-Hispanic black men, 3.8% had been in foster care compared with 2.4% of non-Hispanic white men and 1.1% of Hispanic men. Among non-Hispanic black women, 5.0% had been in foster care compared with 2.7% of non-Hispanic white women and 3.0% of Hispanic women. A higher percentage of Hispanic women had been in foster care (3.0%) than Hispanic men (1.1%); the observed differences between women and men were not statistically significant among non-Hispanic white or non-Hispanic black adults.

### Selected demographic characteristics by history in foster care

Table 1 presents a profile of selected demographic characteristics by history in foster care for men and women aged 18–44 in 2011–2017.

- For women, the percentage aged 35–44 was lower among those who had been in foster care (28.5%) than among those who had not (36.3%). A similar pattern was seen among men, but the observed difference was not statistically significant. Among those ever in foster care and never in foster care, no difference was seen in age distributions between men and women.
- For both men and women, those who had been in foster care were less likely to be currently married than those who had never been in foster care. About 3 in 10 men (29.8%) and approximately 2 in 10 women (22.4%) who had been in foster care were currently married compared with 4 in 10 men and women

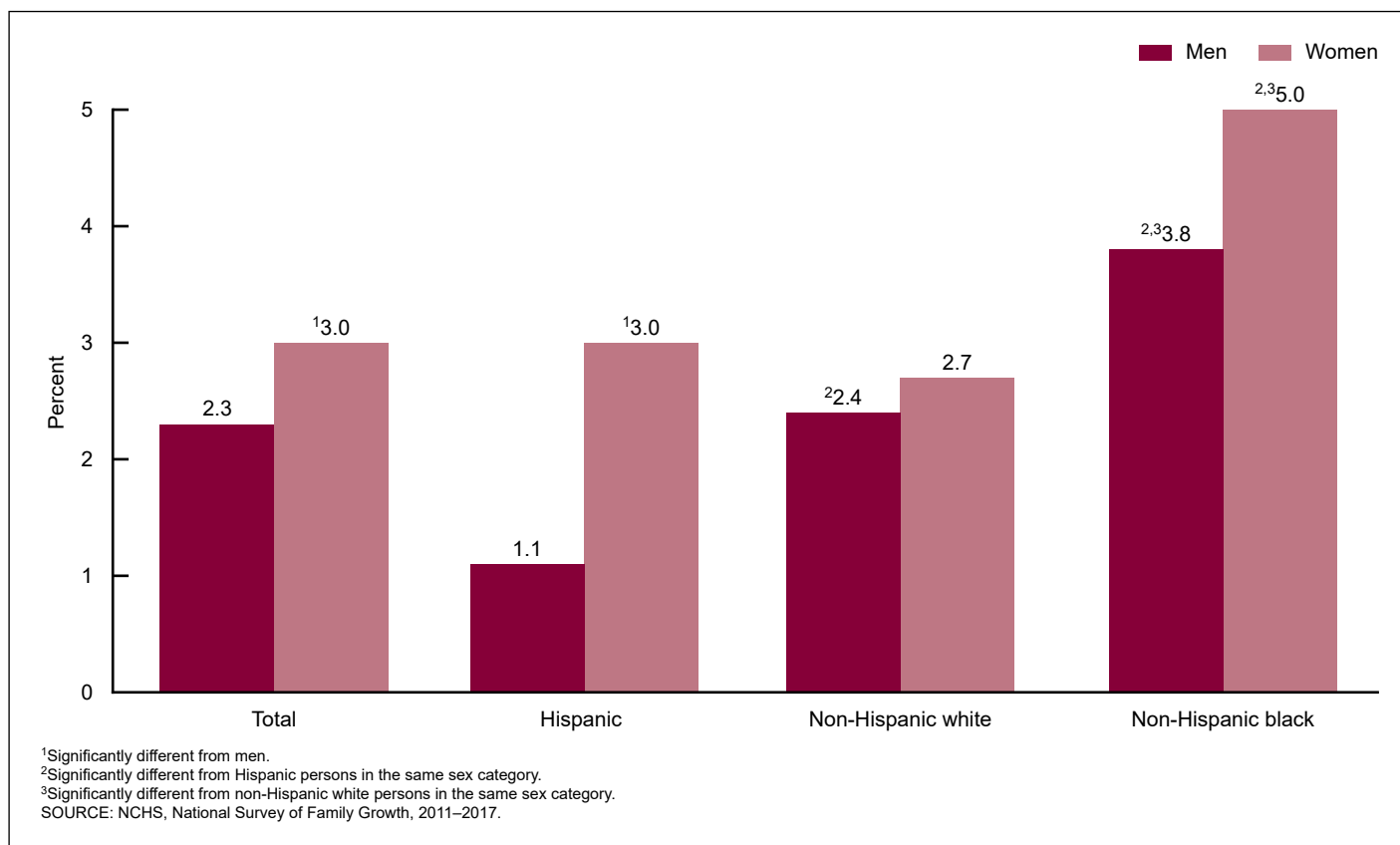


Figure 1. Percentage of adults aged 18–44 who had ever been in foster care, by sex and race and Hispanic origin: United States, 2011–2017

(40.3% and 42.2%, respectively) who had never been in foster care. For both men and women, a higher percentage of those ever in foster care were currently cohabiting compared with those never in foster care (22.6% compared with 14.3% for men; 20.1% compared with 15.6% for women). Women ever in foster care were nearly twice as likely as women never in foster care to be formerly married, not cohabiting.

- The percentage of men and women aged 22–44 ever in foster care who did not have a high school diploma or GED (24.9% for men; 21.3% for women) was just over twice the percentage of those who had never been in foster care (12.0% and 9.6%, respectively) (Figure 2). For both men and women, the percentage of those ever in foster care who had completed some college was similar to those never in foster care. However, the percentage of men and women ever in foster care who had completed a bachelor’s degree

or higher (4.8% for men; 9.1% for women) was lower compared with those who had never been in foster care (31.1% and 36.2%, respectively).

- Although women were more likely than men to receive any public assistance in the past 12 months, a higher proportion of both women and men who had been in foster care received public assistance in the past 12 months compared with those never in foster care. Two-thirds (66.8%) of women ever in foster care received public assistance income in the past year compared with one-third (33.1%) of women never in foster care. For men, the percentages were 51.9% and 23.8%.
- Lower percentages of both men and women who had ever been in foster care were currently working or attending school (75.0% for men; 63.6% for women) compared with those who had not been in foster care (87.0% and 78.2%, respectively).

### Selected health service access and use indicators by history in foster care

Table 2 presents a profile of health service access and use by history in foster care for men and women aged 18–44.

- A lower percentage of both men and women who had ever been in foster care were covered by private health insurance at the time of interview than those who had not been in foster care (35.0% compared with 62.7% for men; 26.9% compared with 61.5% for women), and a higher percentage were covered by Medicaid (22.9% compared with 10.0% for men; 45.5% compared with 16.8% for women) (Figure 3). In addition, a higher percentage of men who had been in foster care were uninsured compared with those who had not been in foster care (34.3% compared with 22.4%). Among adults who had been in foster care, the percentage of men currently covered by Medicaid was lower than

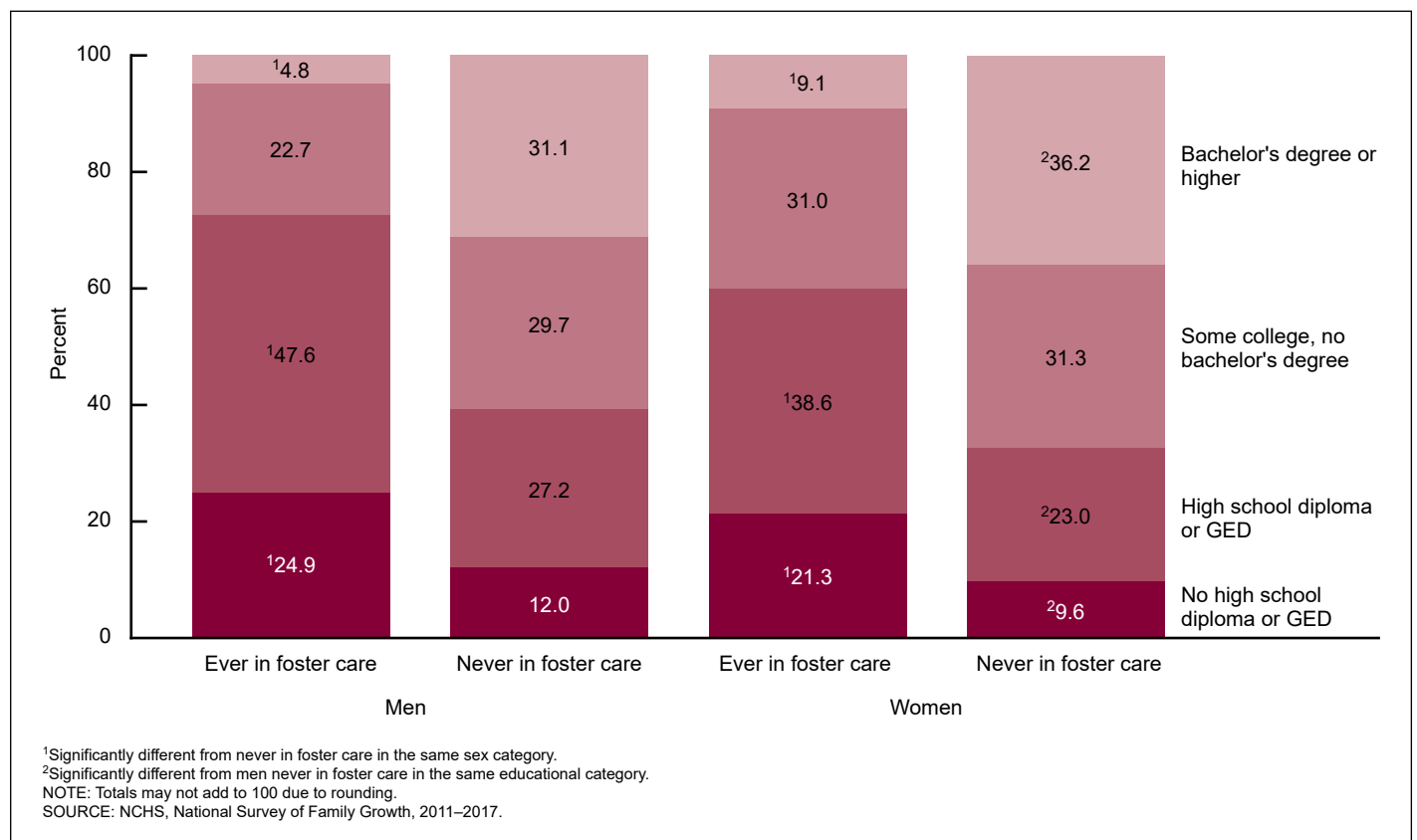
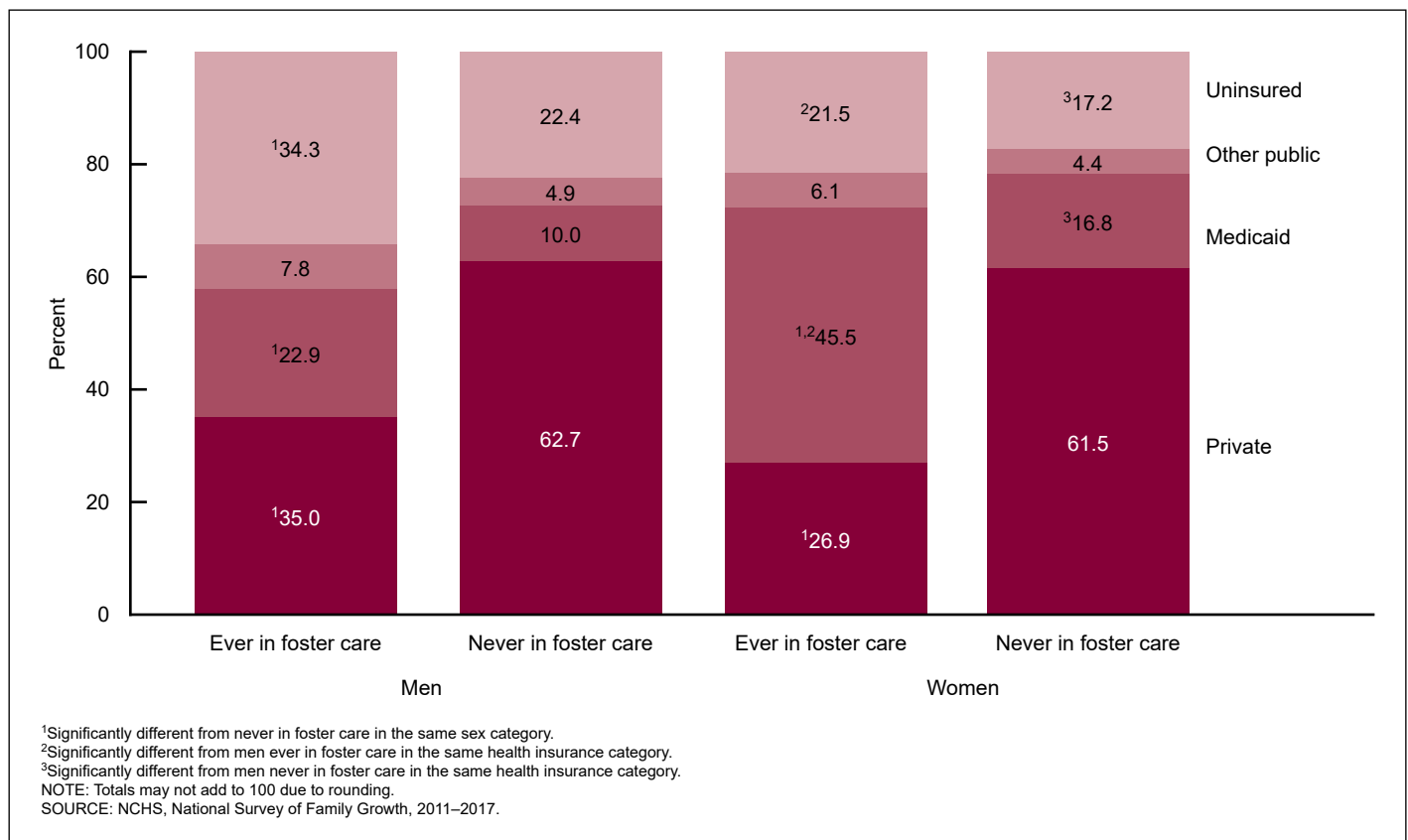


Figure 2. Percent distribution of educational attainment based on ever being in foster care among men and women aged 22–44: United States, 2011–2017



**Figure 3. Percent distribution of current type of health insurance based on ever being in foster care among men and women aged 18–44: United States, 2011–2017**

for women (22.9% compared with 45.5%), but the percentage uninsured was higher (34.3% compared with 21.5%). This pattern was also seen among adults who had never been in foster care.

- A higher percentage of both men and women who had ever been in foster care did not have health insurance for a period of time in the preceding year (43.2% for men; 30.5% for women) compared with those who were never in foster care (28.9% and 24.3%, respectively). Among those who had been in foster care, the percentage of men who did not have health insurance for the full year (43.2%) was higher than for women (30.5%), a pattern that was also seen among those who were never in foster care.
- Men who had been in foster care were less likely to use a private doctor's office or HMO as their usual place of health care (27.0%) compared with men never in foster care (44.3%). The same pattern existed for women (51.8% compared

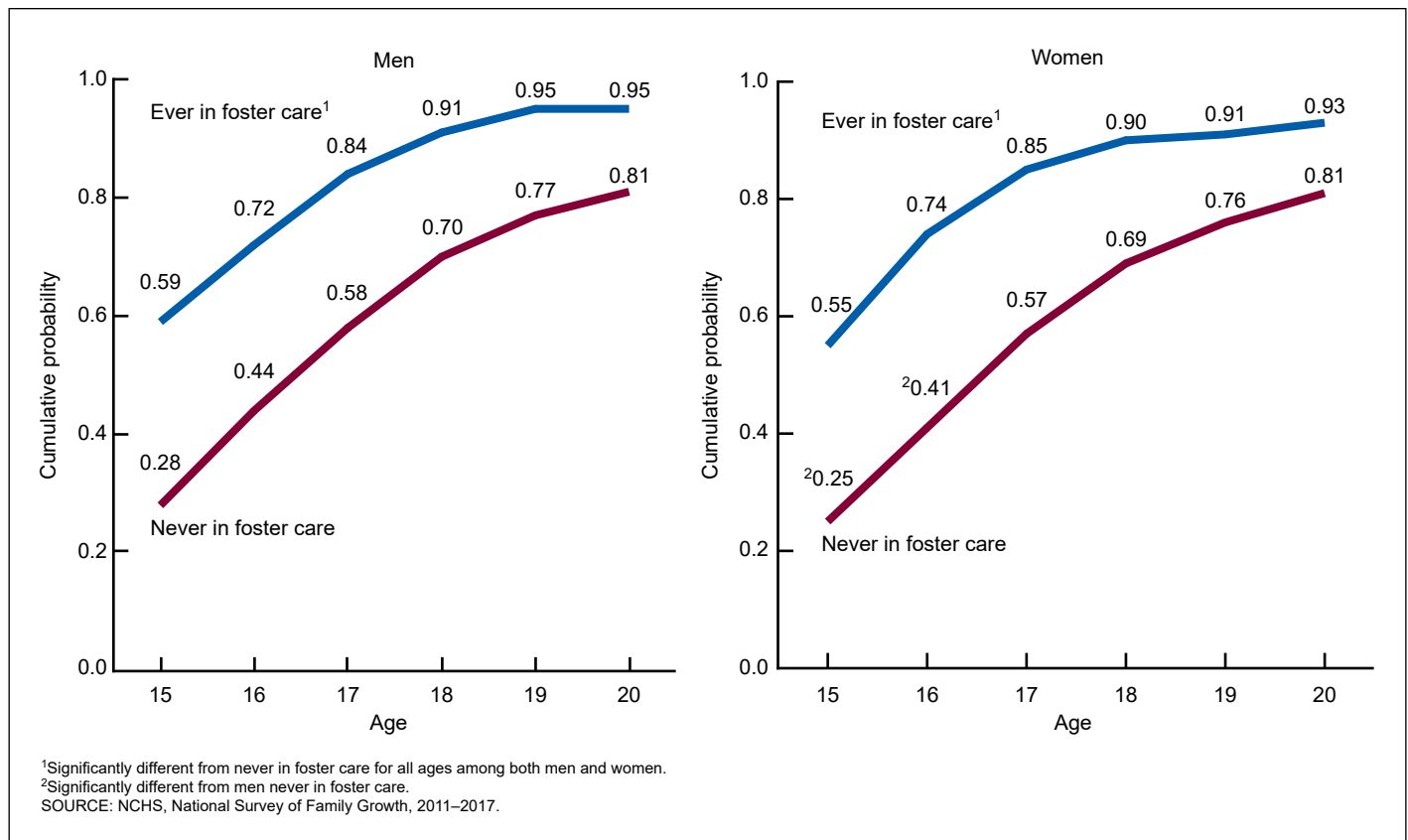
with 63.4%). Also, a significantly higher percentage of men who had been in foster care had no usual place of care (40.0%) compared with men never in foster care (31.8%). Among those who had been in foster care, twice as many men had no usual place of care (40.0%) as women (19.8%), a relationship that also existed among men and women who were never in foster care.

- Compared with men and women who were never in foster care, a higher percentage of men and women who had ever been in foster care had an HIV test outside of blood donation (79.2% compared with 49.6% among men; 80.9% compared with 65.4% among women).
- When considering contraceptive method use at last sex in the past year, no differences were seen by history in foster care for either men or women.

### Selected fertility-related milestones by history in foster care

Table 3 presents the cumulative probability of key fertility-related milestones by selected ages and history in foster care for men and women aged 18–44.

- Both men and women who had been in foster care had their first sexual intercourse at earlier ages than those who had not. By age 15, more than one-half of men and women (59% and 55%) who had ever been in foster care had had their first sexual intercourse compared with 28% of men and 25% of women who had never been in foster care. Among men and women who had been in foster care, 9 in 10 had sexual intercourse by age 18, compared with 7 in 10 men and women never in foster care (Figure 4). Men and women who had been in foster care had comparable cumulative probabilities of having sexual intercourse by selected ages.



**Figure 4. Cumulative probability of first sexual intercourse based on ever being in foster care among men and women aged 18–44, by selected age: United States, 2011–2017**

- Compared with those who had never been in foster care, men and women who had ever been in foster care had higher probabilities of a first marriage by age 20. For example, 11% of men who had been in foster care were married by age 20 compared with 6% of men who had never been in foster care. By age 25, the probabilities of first marriage were similar for those who had been in foster care and those who had not among both men and women. Beyond age 25, this similarity between groups remained for men. However, among women, the probability of a first marriage was lower by ages 30 and 35 for those who had been in foster care (51% and 59%, respectively) compared with those who had not (64% and 74%). Among those ever in foster care, women were more likely to be married by age 20 compared with men, but they had similar cumulative probabilities at older ages.
  - The cumulative probabilities of having a first birth by selected ages were higher among both men and women who had ever been in foster care than for men and women who had not. One-half of women ever in foster care had given birth to a child by age 20, and 8 in 10 had a first birth by age 30. This compares with one-quarter of women who had never been in foster care having a first birth by age 20 and two-thirds doing so by age 30. Overall, women who had been in foster care experienced a first birth at earlier ages than men ever in foster care, a relationship that was also seen between men and women who had never been in foster care.
- Summary**
- This report is the first to present a profile of adults aged 18–44 who had ever been in foster care as compared with those who had never been in foster care using recent, nationally representative data from NSFG for 2011–2017. The percentage of those who had ever been in foster care compared with never in foster care was higher for non-Hispanic black adults than for Hispanic and non-Hispanic white men and women. Men and women who had been in foster care were less likely than those who had not to be currently married. Demographic profiles also show that both women and men who had been in foster care had lower levels of educational attainment and higher percentages having received public assistance in the past year compared with those never in foster care. Furthermore, they were less likely to be currently working or attending school than those who had not been in foster care. Past research has found similar patterns of poorer socioeconomic outcomes such as lower educational attainment, as well as higher rates of unemployment and receipt of public assistance for those who had been in foster care (5–10), but these studies were more limited in geography and sample age range or used older data.
- Both men and women who had ever been in foster care had lower levels of

health care access and use than those who had not. They were less likely to have private health insurance coverage and more than twice as likely to be on Medicaid. They were also more likely to have experienced time without health insurance in the past year, and less likely to use a private doctor's office as their usual place of care. These disparities were especially pronounced for men who had been in foster care, who were the most likely to be uninsured, experience time without health insurance in the past year, and have no usual place of care. Higher percentages of those who had been in foster care had been tested for HIV compared with men and women who had not been in foster care.

Men and women ever in foster care had first sexual intercourse at younger ages than those never in foster care. They were also more likely to experience a first marriage by age 20, and then women who had been in foster care became less likely to get married as they reached selected older ages compared with women never in foster care. Finally, results support prior findings related to early parenthood for young adults ever in foster care—men and women who had been in foster care were more likely to father or birth a first child at younger ages compared with those never in foster care (6–8), and this earlier timing was even more pronounced for women.

Several limitations should be taken into consideration when interpreting these results. First, the 2011–2017 data range spans 6 years and covers a period of changes in some policies, such as health insurance availability, and the effects of these changes on these estimates are unknown. Information on what ages respondents were in foster care and how long ago they exited was not available in the 2011–2017 data file. Without details on the timing of foster care, it is not known whether some fertility-related outcomes such as first sexual intercourse occurred before, during, or after time in foster care. Information on the type of foster care setting (e.g., relative or nonrelative family foster home, group home, or institution) is also not collected. As a household-based survey, the NSFG sample excludes institutionalized individuals

(e.g., those in prisons, military bases, and long-term psychiatric hospitals), individuals living in group quarters, and individuals without a physical address; individuals with prior experience being homeless or incarcerated may also be underrepresented. As such, some differences in measures presented in this report by history in foster care may be underestimated given that a higher proportion of adults who had ever been in foster care have experienced homelessness or incarceration than adults who have never been in foster care (8,18). Finally, as previously stated, these analyses are cross-sectional and therefore cannot be used to assess causal relationships. This means that outcomes may not be due solely to foster care itself and may be linked with characteristics of those entering foster care that preceded their experience in the system. Indeed, some research suggests that those who have been in foster care have later life outcomes that are more comparable to those with similar sociodemographic and family characteristics (and no history in foster care) than with the general population (19).

NSFG is the only national survey with any information on ever having been in foster care among adults up to age 44. This allows basic descriptive analyses comparing different socioeconomic and health care measures and fertility-related life course events by history in foster care. Although causal inferences cannot be made, these results show an association between having been in foster care and having fewer socioeconomic and health care resources, as well as earlier timing of some key fertility-related milestones. The results presented here may be due to other intervening events or decisions. For example, having a first birth at a younger age, regardless of history in foster care, may decrease an individual's educational attainment and employment opportunities (20). The reduced employment opportunities that may result from early childbearing may also lead to higher use of public assistance (20) or Medicaid. Nevertheless, these results help to document associations between ever having been in foster care and key socioeconomic, health care, and fertility-related measures.

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**Table 1. Percent distribution of selected demographic characteristics among men and women aged 18–44, by history in foster care: United States, 2011–2017**

Characteristic	Men		Women	
	Ever in foster care	Never in foster care	Ever in foster care	Never in foster care
All men and women aged 18–44				
Weighted number (thousands) . . . . .	1,240	53,800	1,696	54,249
Unweighted number of respondents in sample . . . . .	329	11,198	608	13,831
	Percent distribution (standard error)			
Total . . . . .	100.0 ...	100.0 ...	100.0 ...	100.0 ...
Age				
18–24 . . . . .	26.8 (3.30)	26.3 (0.71)	29.4 (2.66)	25.7 (0.67)
25–34 . . . . .	43.4 (4.43)	38.2 (0.71)	42.0 (2.79)	38.0 (0.60)
35–44 . . . . .	29.7 (3.72)	35.5 (0.82)	<sup>1</sup> 28.5 (2.91)	36.3 (0.67)
Hispanic origin and race				
Hispanic or Latino . . . . .	<sup>1</sup> 10.1 (1.82)	21.4 (1.18)	<sup>2</sup> 19.7 (2.89)	20.1 (1.15)
Not Hispanic or Latino . . . . .				
White, single race . . . . .	61.4 (3.91)	56.8 (1.32)	<sup>2</sup> 49.5 (3.36)	56.2 (1.32)
Black, single race . . . . .	<sup>1</sup> 19.9 (3.27)	11.7 (0.73)	<sup>1</sup> 22.7 (2.39)	13.4 (0.81)
Other, single race or multiple race . . . . .	8.6 (1.62)	10.0 (0.70)	8.1 (1.41)	10.3 (0.81)
Marital or cohabiting status				
Currently married . . . . .	<sup>1</sup> 29.8 (4.60)	40.3 (0.99)	<sup>1</sup> 22.4 (2.73)	42.2 (0.78)
Currently cohabiting . . . . .	<sup>1</sup> 22.6 (3.26)	14.3 (0.58)	<sup>1</sup> 20.1 (2.20)	15.6 (0.52)
Formerly married, not cohabiting . . . . .	7.2 (1.49)	5.1 (0.22)	<sup>1,2</sup> 16.0 (2.21)	<sup>3</sup> 8.8 (0.36)
Never married, not cohabiting . . . . .	40.5 (3.99)	40.3 (0.88)	<sup>1</sup> 41.5 (3.08)	<sup>3</sup> 33.3 (0.75)
Educational attainment <sup>4</sup>				
No high school diploma or GED . . . . .	<sup>1</sup> 24.9 (3.44)	12.0 (0.65)	<sup>1</sup> 21.3 (2.36)	<sup>3</sup> 9.6 (0.51)
High school diploma or GED . . . . .	<sup>1</sup> 47.6 (4.85)	27.2 (0.87)	<sup>1</sup> 38.6 (3.40)	<sup>3</sup> 23.0 (0.73)
Some college, no bachelor's degree . . . . .	22.7 (3.78)	29.7 (0.81)	31.0 (3.17)	31.3 (0.79)
Bachelor's degree or higher . . . . .	<sup>1</sup> 4.8 (1.36)	31.1 (1.21)	<sup>1</sup> 9.1 (1.86)	<sup>3</sup> 36.2 (1.19)
Received any public assistance in past 12 months <sup>5</sup> . . . . .	<sup>1</sup> 51.9 (4.16)	23.8 (0.76)	<sup>1,2</sup> 66.8 (3.33)	<sup>3</sup> 33.1 (0.83)
Working or attending school <sup>6</sup> . . . . .	<sup>1</sup> 75.0 (2.83)	87.0 (0.52)	<sup>1,2</sup> 63.6 (2.84)	<sup>3</sup> 78.2 (0.61)

... Category not applicable.

<sup>1</sup>Significantly different from never in foster care in the same sex category.<sup>2</sup>Significantly different from men ever in foster care.<sup>3</sup>Significantly different from men never in foster care.<sup>4</sup>Limited to respondents aged 22–44 at time of interview.<sup>5</sup>Includes public assistance or welfare; food stamps; Women, Infants, and Children Nutrition Program; help with transportation or childcare services; or job training in the calendar year before the interview.<sup>6</sup>Working includes temporary leaves due to illness, vacation, strike, and maternity or family.

NOTE: Percentages may not add to 100 due to rounding.

SOURCE: NCHS, National Survey of Family Growth, 2011–2017.

**Table 2. Percent distribution of selected health service access and use indicators among men and women aged 18–44, by history in foster care: United States, 2011–2017**

Characteristic	Men		Women	
	Ever in foster care	Never in foster care	Ever in foster care	Never in foster care
	Percent distribution (standard error)			
Total	100.0 ...	100.0 ...	100.0 ...	100.0 ...
Current type of health insurance				
Private or Medigap	<sup>1</sup> 35.0 (4.41)	62.7 (0.96)	<sup>1</sup> 26.9 (2.85)	61.5 (1.02)
Medicaid, CHIP, or state-sponsored plan	<sup>1</sup> 22.9 (2.68)	10.0 (0.54)	<sup>1,2</sup> 45.5 (3.27)	<sup>3</sup> 16.8 (0.66)
Other public, including military and Medicare	7.8 (2.10)	4.9 (0.58)	6.1 (1.32)	4.4 (0.52)
Uninsured, single-service plan, or Indian Health Service	<sup>1</sup> 34.3 (4.49)	22.4 (0.76)	<sup>2</sup> 21.5 (2.43)	<sup>3</sup> 17.2 (0.71)
Had any time of no health insurance in past year	<sup>1</sup> 43.2 (4.58)	28.9 (0.81)	<sup>1</sup> 30.5 (2.82)	24.3 (0.80)
Usual place of care				
Private doctor's office or HMO	<sup>1</sup> 27.0 (3.67)	44.3 (0.82)	<sup>1,2</sup> 51.8 (3.11)	<sup>3</sup> 63.4 (0.91)
Community or health clinic	12.3 (2.82)	8.5 (0.46)	<sup>1</sup> 16.8 (2.37)	<sup>3</sup> 11.4 (0.52)
Other clinic or hospital setting	20.6 (3.33)	15.4 (0.74)	<sup>2</sup> 11.6 (1.65)	<sup>3</sup> 10.1 (0.57)
No usual place of care	<sup>1</sup> 40.0 (3.87)	31.8 (0.78)	<sup>2</sup> 19.8 (2.37)	<sup>3</sup> 15.1 (0.54)
Ever had HIV test outside of blood donation	<sup>1</sup> 79.2 (2.63)	49.6 (0.93)	<sup>1</sup> 80.9 (2.93)	<sup>3</sup> 65.4 (0.95)
Contraceptive method use at last sex in past 12 months <sup>4,5</sup>				
No method <sup>6</sup>	29.0 (4.06)	25.0 (0.73)	23.3 (2.93)	20.7 (0.61)
Least effective	20.5 (3.83)	26.6 (0.79)	21.5 (2.18)	24.9 (0.68)
Moderately effective	23.2 (3.36)	26.6 (0.73)	16.7 (2.75)	21.7 (0.65)
Most effective	27.3 (4.56)	21.7 (0.81)	38.6 (3.47)	32.7 (0.68)

... Category not applicable.

<sup>1</sup>Significantly different from never in foster care in the same sex category.

<sup>2</sup>Significantly different from men ever in foster care.

<sup>3</sup>Significantly different from men never in foster care.

<sup>4</sup>Because men may not have knowledge of female partner's use of contraception, this may represent an underestimate of actual use among men and comparisons between men and women were not made.

<sup>5</sup>Methods categorized by effectiveness: most effective (sterilization, contraceptive implant, and intrauterine device); moderately effective (oral contraceptive pill, injectable [e.g., Depo-Provera], contraceptive patch, contraceptive ring, and diaphragm); and least effective (condom, withdrawal, rhythm method or natural family planning, female condom, foam, jelly, suppository, emergency contraception, and other).

<sup>6</sup>May include those who are currently pregnant, seeking pregnancy, or otherwise not in need of contraception at time of interview.

NOTES: CHIP is Children's Health Insurance Program. HMO is health maintenance organization. Percentages may not add to 100 due to rounding.

SOURCE: NCHS, National Survey of Family Growth, 2011–2017.

**Table 3. Cumulative probability of key fertility-related milestones by selected ages among men and women aged 18–44, by history in foster care: United States, 2011–2017**

Fertility-related milestone	Men		Women	
	Ever in foster care	Never in foster care	Ever in foster care	Never in foster care
Probability of first sexual intercourse by age				
15 .....	0.59 (0.04)	0.28 (0.01)	0.55 (0.03)	0.25 (0.01)
16 .....	0.72 (0.03)	0.44 (0.01)	0.74 (0.03)	0.41 (0.01)
17 .....	0.84 (0.02)	0.58 (0.01)	0.85 (0.02)	0.57 (0.01)
18 .....	0.91 (0.02)	0.70 (0.01)	0.90 (0.02)	0.69 (0.01)
19 .....	0.95 (0.01)	0.77 (0.01)	0.91 (0.02)	0.76 (0.01)
20 .....	0.95 (0.01)	0.81 (0.01)	0.93 (0.02)	0.81 (0.01)
Probability of first marriage by age				
20 .....	0.11 (0.02)	0.06 (0.00)	0.20 (0.02)	0.15 (0.01)
25 .....	0.35 (0.05)	0.31 (0.01)	0.38 (0.03)	0.44 (0.01)
30 .....	0.49 (0.05)	0.56 (0.01)	0.51 (0.04)	0.64 (0.01)
35 .....	0.61 (0.06)	0.70 (0.01)	0.59 (0.04)	0.74 (0.01)
40 .....	--- ---	0.77 (0.01)	--- ---	0.78 (0.01)
Probability of first birth by age				
20 .....	0.30 (0.04)	0.09 (0.00)	0.51 (0.03)	0.23 (0.01)
25 .....	0.56 (0.05)	0.28 (0.01)	0.71 (0.03)	0.45 (0.01)
30 .....	0.72 (0.04)	0.51 (0.01)	0.81 (0.03)	0.66 (0.01)
35 .....	--- ---	0.67 (0.01)	--- ---	0.79 (0.01)
40 .....	--- ---	0.75 (0.01)	--- ---	0.83 (0.01)

--- Data not available.

SOURCE: NCHS, National Survey of Family Growth, 2011–2017.

## Technical Notes

### Definition of terms

*Age*—The recode variable AGER indicates the respondent’s age at the time of interview.

*Age at first birth*—The recode variable AGEBABY1 indicates the age that a respondent first fathered or gave birth to a child where live birth was the outcome. For the 2015–2017 National Survey of Family Growth (NSFG) public-use files, this recode shows age in whole years.

*Age at first marriage*—The recode variable FMARRIAGE for women who have been married indicates the age of the female respondent at the century month date of her first marriage. For men, an analogous measure was calculated using the century month of the date of first marriage and the century month of the male respondent’s own birth. In the 2015–2017 file, these century month variables were suppressed for public use and are available through the National Center for Health Statistics Research Data Center.

*Age at first sexual intercourse*—The recode variable VRY1STAG indicates the age at first vaginal intercourse for both male and female respondents. It is based on a question asking respondents how old they were the first time they had sexual intercourse with a person of the opposite sex, which is asked only of respondents who reported ever having such sexual intercourse.

*Any time of no insurance in past year*—The raw variable COVER12 captures whether there was any time in the past 12 months that the respondent did not have any health insurance coverage, even though they may have had coverage at the time of interview. It is a measure of access to health care that indicates continuity and stability of insurance coverage.

*Contraceptive use at last sexual intercourse within past 12 months*—Use of contraception at last sexual intercourse within the past 12 months (among those who have had sexual intercourse in the past 12 months) is based on the recode series METH12M1–METH12M4, which indicates up to four method types used at last sex in the past

12 months, as well as the recode variable MTHUSE12 for women, which indicates any use or nonuse of contraception at last sex in the past 12 months. This measure groups method types into the following categories: no method, least effective (i.e., condom, withdrawal, rhythm method or natural family planning, female condom, foam, jelly, suppository, emergency contraception, and other), moderately effective (i.e., oral contraceptive pill, injectable [e.g., Depo–Provera], contraceptive patch, contraceptive ring, and diaphragm), and most effective (i.e., sterilization, contraceptive implant, and intrauterine device).

*Current type of health insurance*—The recode variable CURR\_INS follows the classification rules of the National Health Information Survey and is the type of insurance coverage the respondent has at the time of interview. The four categories are created hierarchically and include:

1. Private insurance or Medigap
2. Medicaid, Children’s Health Insurance Program, or a state-sponsored health plan
3. Any other public coverage (including military and Medicare)
4. No insurance—Includes Indian Health Service coverage and single-service plans (e.g., dental, vision, or prescription coverage)

*Educational attainment*—The recode variable HIEDUC provides a measure of the respondent’s highest degree or highest year of completed schooling as of the date of interview. Results are presented only for respondents aged 22 and over because respondents aged 18–21 may still be completing a degree.

*Ever had HIV test outside of blood donation*—The recode variable EVHIVTST classifies respondents as ever having had an HIV test and in what context (i.e., as part of blood donation or outside of blood donation). The four categories for this recode variable were:

- 0 = No HIV test reported
- 1 = Yes, only as part of blood donation

2 = Yes, only outside of blood donation

3 = Yes, in both contexts

For this report, categories 0 and 1 were combined as “Never tested for HIV (except for blood donation)” and categories 2 and 3 were combined as “Ever tested for HIV outside of blood donation.”

*Hispanic origin and race*—The recode variable HISPRACE2 classifies Hispanic origin and race according to the 1997 Office of Management and Budget guidelines for the presentation of race and ethnic-origin data in federal statistics (21). In this report, the categories Hispanic; non-Hispanic white, single race; non-Hispanic black, single race; and non-Hispanic other, either single or multiple race are shown.

*History in foster care*—This dichotomous variable with categories “Ever in foster care” and “Never in foster care” is constructed using the variables r\_foster and EVRFSTER. The r\_foster variable is computed (or defined) within the instrument to indicate whether a respondent has ever lived with a foster parent based on information from the household roster and childhood background questions. The EVRFSTER variable is a raw question asking respondents who have not always lived with their biological or adoptive parents whether they have ever lived in state-sponsored foster care, including settings such as a family foster home, a relative foster home, a group home, an institution, or supervised independent living.

*Labor force status*—The recode variable LABORFOR indicates what respondents were doing in the week before interview. This report presents the category “Working or attending school,” which combines working full time and part time; not working due to temporary illness, vacation, strike, or maternity or family leaves; and attending school.

*Marital or cohabiting status*—The recode variable RMARITAL indicates the respondent’s marital and cohabiting status at the time of interview and is defined in relation to opposite-sex partners or spouses.

*Receipt of public assistance in the past 12 months*—The recode variable PUBASSIS indicates whether the respondent or any family members received public assistance in the calendar year before the interview. It includes public assistance or welfare; food stamps; Women, Infants, and Children Nutrition Program; help with transportation or childcare services; or job training.

*Usual place of care*—Based on the raw variables USUALCAR and USLPLACE, this measure indicates where a respondent goes when he or she is sick or needs advice about health, or whether he or she does not have a usual place of care. If a respondent answered “No” on USUALCAR, which asks if there is a place he or she usually goes when sick or needing advice about health, they are presented in this report as having “No usual place of care.”

**U.S. DEPARTMENT OF  
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#### National Center for Health Statistics

Jennifer H. Madans, Ph.D., *Acting Director*  
Amy M. Branum, Ph.D., *Acting Associate  
Director for Science*

#### Division of Vital Statistics

Steven Schwartz, Ph.D., *Director*  
Hanyu Ni, Ph.D., M.P.H., *Associate  
Director for Science*