

# **Breaking the Stigma and Changing the Narrative: Strategies for Supporting Expectant and Parenting Youth Involved in Systems of Care**

## **Abstract**

Expectant and parenting youth involved in systems of care represent a unique intersection of developmental needs as adolescents, emerging adults, parents, and young people who come into contact with child welfare, juvenile justice, and/or other human services systems. Addressing these parallel roles and respective developmental needs is necessary to improve the health, well-being, and life outcomes of both young parents and their children. But expectant and parenting youth experience numerous challenges navigating their transition to adulthood and parenthood, including negative perceptions, expectations, and judgments about them as young parents. This report will provide an overview and critique of research findings about expectant and parenting youth and the stigma associated with young parenthood. It will also discuss four strategies to break the stigmatization of expectant and parenting youth, and thereby increase the likelihood of improved outcomes for young parents and their children. The strategies are: reframing the causes and outcomes of adolescent pregnancy and parenting, amplifying young parents' voices and positive outcomes, supporting dual transitions to adulthood and parenthood, and building young parents' protective factors.

This report is one in a five-part series about improving outcomes for youth involved in systems of care. The titles in the series are:

1. Promoting the Well-Being of Black, Native, Latinx, and Asian Youth Involved in Systems of Care
2. Protective Factors for Youth Involved in Systems of Care
3. Shifting the Perception and Treatment of Black, Native, and Latinx Youth in Systems of Care
4. The Systemic Neglect of Children, Youth, and Families of Color: Distinguishing Poverty Experienced by Families from Neglect
5. Breaking the Stigma and Changing the Narrative: Strategies for Supporting Expectant and Parenting Youth Involved in Systems of Care

# **Breaking the Stigma and Changing the Narrative: Strategies for Supporting Expectant and Parenting Youth Involved in Systems of Care**

Expectant and parenting youth involved in systems of care represent a unique intersection of developmental needs as adolescents, emerging adults, parents, and young people who come into contact with child welfare, juvenile justice, and/or other human services systems. Addressing these parallel roles and respective developmental needs is necessary to improve the health, well-being, and life outcomes of both young parents and their children. But expectant and parenting youth experience numerous challenges navigating their transition to adulthood and parenthood, including negative perceptions, expectations, and judgments about them as young parents. This report will (a) provide an overview and critique of research findings about expectant and parenting youth and the stigma associated with young parenthood, and (b) provide strategies to break the stigmatization of expectant and parenting youth, and thereby increase the likelihood of improved outcomes for young parents and their children. It should be noted that, although the majority of relevant research has focused on youth who are cisgender (i.e., those whose gender identity corresponds with their sex assigned at birth) and whose pregnancy resulted from a heterosexual relationship,<sup>1</sup> expectant and parenting youth are not monolithic in their gender identity and expression. Thus, the terms “expectant and parenting youth,” “young people,” and “young parents” are used interchangeably in this report to respect the multifaceted identities of this youth population. The terms “male” and “female” are used only when reporting quantitative data. The term “father” is used when reporting the limited research findings about the young people who contributed to a pregnancy as a result of heterosexual sexual contact.

## **A Picture of Expectant and Parenting Youth**

The following are data about expectant and parenting youth with respect to birth rates, child welfare and juvenile justice involvement, and outcomes for young parents and their children. It is essential to understand these data in relation to the economic, social, and political contexts in which young people live, learn, work, play, and raise their children—such as under-resourced and disadvantaged communities and racial discrimination—because these factors impact young people’s supports, opportunities, experiences, and decisions. Failing to contextualize data about expectant and parenting youth contributes to their stigmatization and to a deficits-based orientation to the practices and policies that directly affect them. Reframing the causes and consequences of adolescent pregnancy and parenting as a strategy to counter stigma and change the narrative about expectant and parenting youth will be addressed.

## **Birth Rates**

Adolescent birth rates in the United States have significantly declined over the last two decades, from 62 per 1,000 females aged 15-19 in 1991 to a historic low of 16.7 per 1,000 in 2019 (the year of the most recent available data). Notwithstanding the overall decline in the adolescent birth rate, racial and ethnic disparities persist.<sup>2,3</sup> Birth rates for Black, Latinx, and Native adolescents in 2019 were disproportionately higher than White adolescents. Native youth had the highest birth rate at 29.2 percent per 1,000, almost three times higher than the rate of White youth (11.4%). Birth rates for Latinx (25.3%) and Black (25.8%) youth were more than two times higher than the rate of their White peers. More than half of young parents (55%) are young people of color.<sup>4</sup>

## **Child Welfare and Juvenile Justice Involvement**

Young people involved in child welfare and justice systems experience higher rates of childbirth than those not involved.<sup>5,6,7</sup> Studies have found that young people in foster care are more likely than their peers to experience both a pregnancy and a repeat pregnancy, with about 20 percent reporting a first birth by age <sup>19,8,9,10,11,12</sup> Recent national data on the number of expectant and parenting youth who are justice-involved could not be identified. However, 2003 data from a survey of youth in residential placement indicated that the parenthood rates of justice-involved youth were higher than those of adolescent males and females in the general population (2% and 6% respectively). Fourteen percent (14%) of young people in custody reported being a parent, with young males having a higher rate of parenthood (15%) than young females (9%)<sup>13</sup>.

## **Outcomes**

Studies have consistently reported that young parents are at increased risk for numerous types of adverse outcomes such as medical (e.g., poor health), psychological (e.g., depression), developmental (e.g., repeat pregnancy), educational (e.g., low academic attainment), employment (e.g., limited vocational options), and social (e.g., interpersonal violence).<sup>14,15,16,17,18,19</sup> Similarly, the children of young parents have been found to be at increased risk of low birth weight, infant mortality, cognitive, speech, and language delays, and giving birth as a teenager.<sup>20</sup> Risks of negative outcomes are increased for expectant and parenting youth involved in systems of care. For example, several studies have documented the increased likelihood of intergenerational child welfare involvement among the children of young parents in foster care.<sup>21,22,23</sup>

## **The Stigmatization of Expectant and Parenting Youth**

The challenges faced by expectant and parenting youth involved in systems of care may be exacerbated by deeply engrained disrespectful attitudes and messages about their group identity. Stigma - negative stereotypes and derogatory labels - have dominated perceptions and expectations of expectant and parenting youth. Stigmatization emanates from multiple sources including mass media, pregnancy

prevention programs, adults who work with youth, and demeaning looks and offensive comments from strangers. Over the years and in multiple contexts, expectant and parenting youth have been judged and characterized as being sexually promiscuous, irresponsible, reckless, having poor decision-making skills, lacking the capacity to parent, being absentee parents, unmotivated, morally suspect, weak willed, failing to make the “right” choices, social problems, looking for handouts, unworthy of empathy and support, bad influences, and having a ruined future.<sup>24,25,26,27,28,29</sup> For example, in its early efforts to promote abstinence and the negative consequences of adolescent pregnancy, the National Campaign to Prevent Teen and Unplanned Pregnancy labeled pregnant youth as “cheap” or “dirty” on its posters.<sup>30</sup>

Pervasive stigma can result in expectant and parenting youth’s personal identities being intertwined with stereotyped perceptions of their group. As a result, they may experience negative feelings that can affect their well-being and the well-being of their children,<sup>31</sup> such as shame, blame, loneliness, fear, insecurity, humiliation, resentment, alienation, distress, eroded confidence, and worthlessness.<sup>32,33,34</sup> Also, when authority figures in systems of care—such as schools, medical facilities, and courts—have negative stereotyped perceptions and implicit biases about expectant and parenting youth, these stigma can create barriers to services, impede effective practice, blind practitioners to the strengths of young parents, and impact how they are treated.<sup>35</sup> Compared to their non-pregnant and parenting peers, young parents often are subjected to severe criticism, disregard, apathy, disrespectful behavior, intense scrutiny, humiliation, discrimination, and low expectations.<sup>36,37</sup> For example, an article in the *Infant Mental Health Journal* reported that Judge Lester Langer of the 11th Judicial Circuit of Florida asserted that judges tended to focus on the criminal charge and not to “see” expectant and parenting youth in their courtroom in that they did not acknowledge anything about the pregnancy or ask about the care of the baby if the parent was to be incarcerated.<sup>38</sup>

*Fear of being judged, scrutinized, or defamed can result in expectant and parenting youth’s distrust of systems of care and hesitance to seek the information, support, and services they need to successfully parent and provide for their children. Young parents report experiencing a constant state of anxiety about the threat of losing their children to the child welfare system, and that this anxiety creates a barrier to seeking mental health and other supportive services.<sup>39,40</sup> This fear is confirmed by studies documenting evidence of surveillance bias leading to a greater likelihood of reports alleging abuse and neglect against them as parents.<sup>41,42</sup>*

## **Breaking the Stigma and Changing the Narrative**

Countering the stigma about expectant and parenting youth involved in systems of care is essential for these young people to be treated with respect and dignity and receive

the positive supports, opportunities, and experiences they and their children deserve. Actions should be taken that center on the four strategies explained below.

### **Strategies to Break the Stigma about Expectant and Parenting Youth**

- A.** Reframe the causes and outcomes of adolescent pregnancy and parenting
- B.** Amplify young parents' voices and positive outcomes
- C.** Support dual transitions to adulthood and parenthood
- D.** Build young parents' protective factors

#### **A. Reframing the Causes and Outcomes of Adolescent Pregnancy and Parenting**

Earlier research has attributed poor parent and child outcomes to problems related to individual youth, such as low self-esteem, young age, and immaturity; these explanations in effect blamed expectant and parenting youth for their circumstances.<sup>43,44</sup> Recent research no longer considers individual factors as the primary cause of adolescent pregnancy, birth rate disparities, and compromised outcomes for young parents and their children.<sup>45,46</sup> Instead, it underscores the importance of examining pre-existing community conditions and systemic inequities, collectively called social determinants of health.<sup>47,48</sup>

*“Contemporary research has strongly suggested that teenage childbearing does not cause social problems so much as it is caused by social inequalities in income, education, and community. In addition, these social inequalities also alter young women’s capacity to provide for their families and parent their children.”<sup>49</sup>*

The Centers for Disease Control and Prevention define social determinants of health as “conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes”.<sup>50</sup> Conditions and contextual factors that have been identified as contributors to, rather than the result of, adolescent pregnancy and outcomes for young parents and their children include poverty, low education, high unemployment, housing instability, school disengagement, and frequent family conflict.<sup>51,52,53</sup> For example, researchers have asserted that the increased risk of negative outcomes for youth involved in systems of care is due to their challenging experiences both before and during their systems involvement, such as attending under-resourced, low-performing schools; multiple placements in resource homes; involvement in programs that fail to address the multiple needs of expectant and

parenting youth; and systems that ignore racism, sexism, and the inequitable treatment of LGBTQ+ and Trans youth.<sup>54,55,56,57</sup>

Racism is regarded as the driving force of social determinants of health.<sup>58</sup> Thus, the prospect of negative life outcomes is further heightened for Black, Latinx, and Native expectant and parenting youth who are involved in systems of care—not because of their race or ethnicity, but because of racism. Like other youth of color, Black, Latinx, and Native expectant and parenting youth who are involved in systems of care must contend with racism and inequitable treatment in their daily lives,<sup>59</sup> as well as in their interactions with systems of care. These systems have historically discriminated against Black, Latinx, and Native youth, such as disproportionately separating them from their families and imposing disparately harsher punitive treatment at almost every decision point in the juvenile justice system.<sup>60,61</sup> The American Academy of Pediatrics emphasized that failure to address racism as a significant factor in health disparities, will continue to undermine the health status and overall well-being of all children, adolescents, emerging adults, and their families.<sup>62</sup>

### **Actions to Take to Reframe the Causes and Outcomes of Adolescent Pregnancy and Parenting**

1. Prioritize the identification and removal of stereotyped language, images of, and messages about expectant and parenting youth and replace them—with input from expectant and parenting youth themselves—with positive, strengths-based images and messages about their motivations, capabilities, talents, and successes.
2. Require anti-bias/anti-racist training and coaching for all individuals within a system who interact with expectant and parenting youth and who have the power to convey negative stereotypes and dehumanizing messages about these youth in their words and deeds. Training should explore how stereotypes are formed; the historical context and contemporary manifestation of negative stereotypes about expectant and parenting youth including those promoted by science and media; the effects of these stereotypes on young parents and their children; and how these stereotypes impact authority figures' differential perceptions of which youth should be surveilled, reported, investigated, and punished.
3. Engage media and other producers of images to partner with systems of care to promote positive images of expectant and parenting youth, as well as providing examples of nurturing, developmentally appropriate responses to them.
4. Address the root causes for inequitable outcomes for young parents and their children by investing in quality health, reproductive, and sexual health services; quality education and housing; universal basic income; and free community college and post-secondary training programs.
5. Employ practice methods that reflect and maintain the dignity and humanity of expectant and parenting youth.

## **B. Amplifying Young Parents' Voices and Positive Outcomes**

The overarching theme of the stigma ascribed to expectant and parenting youth is that adolescent pregnancies invariably will end in adverse outcomes for young parents and their children. However, when the voices of expectant and parenting youth are revealed through qualitative research, a very different narrative emerges of young parents' strengths and positive outcomes—a narrative that should be amplified with and listened to by families, professionals in systems of care, researchers, the general public, and media. Contrary to pervasive negative stereotypes, many young parents who were interviewed in multiple studies affirmed that:<sup>63,64,65,66,67,68,69,70,71</sup>

- Early pregnancy does not automatically cause adversity; it can result in positive outcomes for both the parent and the child.
- Pregnancy creates a reason and opportunity to stop substance abuse and other risky behavior.
- Becoming a parent adds meaning and purpose to one's life.
- Young parents have a desire to be a good parent and positive role model for their children and to create positive and stable futures for themselves and their children.
- Motherhood was the motivation to pursue educational, training, or career goals and to overcome obstacles because they had someone else for whom they were responsible.
- Young parents can have increased self-esteem and a sense of purpose, pride, and joy because they are parents.
- Young parents prefer to focus on the benefits and lessons from parenting rather than the challenges.
- Young parents are doing their best to parent even in the context of disrespectful and erroneous stigma and the burden of limited resources.
- Children and parenthood are a source of happiness that motivates expectant and parenting youth in foster care to create the lives and families they have longed for.

### **Actions to Take to Amplify Young Parents' Voices and Positive Outcomes**

1. Adopt and promote a bill of rights for expectant and parenting youth developed by expectant and parenting youth.
2. Involve expectant and parenting youth in: (a) identifying priorities for advancing their and their child's healthy development and well-being; (b) the design and evaluation of programming, services, activities, and materials; (c) making institutions,

organizations, and services more youth friendly, welcoming, equitable, and effective; and (d) co-designing policy, bills of rights, practice, and services.

3. Allow expectant and parenting youth to co-train with practitioners on topics related to their needs and how they would like to be supported.
4. Create intentional opportunities to engage with expectant and parenting youth in ways that are about understanding strengths and joy, not just about needs and deficits.

### C. Supporting Dual Transitions to Adulthood and Parenthood

Expectant and parenting youth are faced with the dual challenge of progressing through the developmental tasks of adolescence and, at the same time, adapting to their new role as a parent. Expectant and parenting youth involved in systems of care also must navigate their experiences before, during, and following their systems involvement. These youth have a complex set of needs related to their own and their child’s mental and physical health and development, relationships, childcare, housing, finances, and access to supports and resources.

Table 1 provides a research- and practice-informed list of the developmental needs of expectant and parenting youth who are involved in systems of care. The list is extrapolated from current research, including the voices of expectant and parenting youth.<sup>72,73,74</sup> The developmental needs are organized into five domains: (a) physical, sexual, and reproductive health and development; (b) cognitive and emotional development; (c) identity development; (d) social development; and (e) preparation for parenthood and self-sufficiency. While expectant and parenting youth involved in systems of care may have unique challenges and needs, it is important to recognize that they also need and deserve the same supports, opportunities, experiences, and high expectations as other youth.

**Table 1. Developmental Needs of Expectant and Parenting Youth in Systems of Care**

Domain	Developmental Needs
Physical, Sexual, and Reproductive Health & Development	<ol style="list-style-type: none"> <li>1. Having an approachable, knowledgeable, non-judgmental adult with whom youth can freely discuss physical, sexual, and reproductive health issues</li> <li>2. Having access to, seeking, and receiving timely, accurate, and affordable medical, contraceptive, and reproductive health care and information, as well as needed supports and services</li> <li>3. Maintaining a healthy lifestyle, in particular eating nutritious food, getting sufficient sleep, being sexually</li> </ol>

Domain	Developmental Needs
	responsible, avoiding drug use
Cognitive & Emotional Development	<ol style="list-style-type: none"> <li>1. Increasing their knowledge and understanding of their own adolescent development and that of their child</li> <li>2. Having experiences—including seeking professional help—that will promote an understanding of and ways to manage general life stressors, parenting stressors, systems-involved stressors, and traumatic experiences</li> <li>3. Having experiences that are strengths-based, trauma-informed, and focus on healing and well-being that enable youth to understand that they are more than stigma and their trauma and should not be defined by them</li> <li>4. Identifying and applying one’s strengths, using one’s voice, and gaining a sense of control over one’s life; asking for help when needed</li> </ol>
Identity Development	<ol style="list-style-type: none"> <li>1. Internalizing clarity about and a positive regard for one’s parental, physical, racial/ethnic/cultural, gender, ability, economic, sexual orientation, and spiritual/religious identities</li> <li>2. Envisioning and exploring a positive future identity for themselves and their child and the pathways to achieve it; having a sense of purpose, meaning, hope, and optimism</li> <li>3. Building resilience despite or in response to adversity</li> </ol>
Social Development	<ol style="list-style-type: none"> <li>1. Building and sustaining relationships with trustful and supportive family members, other adults, peers, and the co-parent if it is safe and appropriate</li> <li>2. Being meaningfully involved in social institutions and environments that are safe, stable, supportive, and equitable which support their social development as adolescents and transition into adulthood and parenthood</li> <li>3. Having access to and receiving comprehensive supports that focus on the dual needs of young parents and their children that are guided by an understanding of adolescent development and use a strengths-based, trauma-informed, healing-centered approach to working with youth</li> </ol>
Preparation for Parenthood & Self-Sufficiency	<ol style="list-style-type: none"> <li>1. Completing high school or a high school equivalency program; completing college or vocational training; accessing resources and supports to pursue educational/training goals</li> <li>2. Accessing employment/career related resources and</li> </ol>

Domain	Developmental Needs
	<p>supports; securing employment with a livable wage</p> <ol style="list-style-type: none"> <li data-bbox="607 317 1419 457">3. Building healthy life skills including accessing housing related resources; learning about financial literacy, budgeting, banking, and establishing credit; learning to balance parental and other roles</li> <li data-bbox="607 501 1406 569">4. Understanding the importance of and learning how to be a competent and nurturing parent</li> <li data-bbox="607 613 1406 716">5. Being aware of one’s rights and responsibilities as an expectant and parenting youth, and those of youth in the respective system of care</li> <li data-bbox="607 760 1425 863">6. Having access to and attending parenting programs that are developmentally informed, designed for young parents, and focused on parent-child bonding</li> <li data-bbox="607 907 1390 1079">7. Having access to safe, quality childcare within their communities that offer non-traditional hours such as evenings and weekends; having access to community-based early childhood home visiting programs</li> </ol>

**Actions to Take to Support the Dual Transitions to Adulthood and Parenthood**

1. Require training and coaching for all individuals within systems of care about the science of adolescent and early childhood development and how to integrate this knowledge into practice; the impact of stigma and trauma on development; social determinants of health; and trauma-informed, healing centered approaches. Assess if and how this knowledge is integrated into all aspects of the organization or institution.
2. Within all systems of care, establish a unit for expectant and parenting youth—and designate a coordinator of services—that ensures that the resources, services, and opportunities they need (e.g., housing, training) are coordinated with the resources, services, and opportunities they need for their child (e.g., home visiting, prenatal and postnatal services).
3. Establish data collection and continuous quality improvement systems of accountability that capture, assess, and use information that is disaggregated by parental status, race, ethnicity, sexual orientation, gender identity and expression, and ability status.

## D. Building Young Parents' Protective Factors

For youth who have experienced significant challenges before, during, and following their involvement in systems of care, identifying, building, and reinforcing protective factors is essential for promoting healthy development and well-being and increasing the likelihood of positive outcomes.<sup>75,76</sup>

*“In describing the importance of protective factors, leading researchers in the science of resilience have suggested that “they make a more profound impact on the life course of children who grow up under adverse conditions than do specific risk factors or stressful life events.”<sup>77</sup>*

Protective factors are conditions and characteristics of individuals, interpersonal relationships, communities, and the larger society that serve five essential purposes for youth:

- Preventing or mitigating the effect of exposure to risk factors and stressful life events.
- Maximizing potential and building strengths, resources, and environments that promote healthy development, healing, and well-being.
- Helping youth negotiate difficult circumstances and fair better in school, work, and life.
- Helping youth to recognize, reclaim, and enhance their own strengths which can lead to a sense of renewed hope and optimism that empowers them to do better in school, work, interactions, and life.
- Recognizing and addressing the influence of the larger context in which youth live, learn, play, and work.<sup>78,79,80</sup>

Using a strengths-based protective factors approach can be an effective way for practitioners to engage expectant and parenting systems-involved youth because it looks beyond their stigma and trauma and maximizes their strengths and what they are doing well. This stands in stark contrast to approaches that define youth in terms of negative stereotypes, problems, or deficits. Table 2 describes the protective factors of focus and how they are manifest in expectant and parenting youth's dual roles as parents and adolescents preparing for adulthood. Five of the protective factors are adapted from two research-informed frameworks - Strengthening Families and Youth Thrive - developed by the Center for the Study of Social Policy; they are social connections, knowledge of development, resilience, concrete supports, and developmental competence.<sup>81,82</sup> These protective factors focus on individual, relationship, and community conditions and characteristics. The sixth protective factor focuses on broad societal level conditions and characteristics that influence outcomes.

**Table 2. Protective Factors for Expectant and Parenting Youth Involved in Systems of Care**

<b>Protective Factor</b>	<b>Parenting Role</b>	<b>Adolescent Role</b>
Social Connections	Having a positive social network that provides emotional support (e.g., being empathic and nonjudgmental), informational support (e.g., parenting guidance), instrumental support (e.g., transportation) and spiritual support (e.g., offering hope and encouragement)	Having healthy, sustained relationships with people, institutions, communities, and/or a higher power that promote a sense of trust, belonging, and belief that one matters
Knowledge of Development	Understanding child development and parenting strategies to meet children’s needs and support optimal brain development; understanding the developmental aspects of parenting	Understanding the unique physical, brain, cognitive, social, and emotional aspects of adolescent development and well-being
Concrete Supports	Proactive help-seeking behavior and access to resources, services, and supports that meet child, adult, family, and parenting needs	Proactive help-seeking behavior and access to developmentally informed resources, services, and supports that promote healthy adolescent development
Developmental Competence	Supporting and teaching children to express their feelings with words, to develop self-regulation, and to learn to interact positively with others; demonstrating self-regulation in parenting behavior	Acquiring knowledge, attitudes, and skills that are essential for forming an independent identity and having a productive, responsible, and satisfying adulthood
Resilience	Positive adaptation, effective parenting, and personal growth despite or in response to experiencing stigma, stressors, adversity, or trauma	Positive adaptation, effective coping, and personal growth despite or in response to experiencing stressors, adversity, or trauma
Societal-Level Priorities	Systemic and institutional values, ideology, policies, and procedures that create and sustain the context for healthy	

Protective Factor	Parenting Role	Adolescent Role
	child, youth, adult, and family development and well-being, as well as developmentally appropriate, humanizing, and equitable treatment	

### **Actions to Take to Build Young Parents’ Protective Factors**

1. Require that all agency programs and contracts for services promote youth’s protective factors.
2. Assess existing policies, programs, and practices as to whether young fathers are actively engaged and involved in the care of their child and revise accordingly.
3. Adopt co-parenting policies and practices and training for young parents on how to co-parent and to navigate, build, and sustain healthy relationships.
4. Listen to and talk with youth about proactive ways to respond to past, current, and future stressful situations and strengthen their resilience.
5. Provide structured opportunities for young parents to build healthy social connections, including interacting with other young parents and their children.
6. Provide young parents with experiences that enable them to increase their knowledge about their own development, the developmental needs of their young children, and how to meet their young children’s needs and promote their developmental competence in a safe and nurturing way.
7. Ensure young parents have access to concrete supports for themselves and for their children, including safe housing and quality childcare in or near their school.

### **Conclusion**

When the voices of expectant and parenting youth are heard and valued, their reported perspectives, motivations, experiences, and outcomes stand in stark contrast to the persistently negative, stigmatized portrayal of the lives. Their voices signify the need for professionals and policymakers to focus on young parents’ strengths and potentials and to be guided by their parallel developmental needs as adolescents, parents, and youth in, or recently transitioned out of, systems of care. Their voices also strengthen the growing emphasis to improve the economic, social, and political contexts in which young people live, learn, work, play, and raise their children in order to eliminate disparities in birth outcomes and to improve the health and life outcomes of expectant and parenting youth in systems of care and those of their children.

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