

Why Foster Youth Need “Sex Ed”: Social Work Practices Regarding Sexual Reproductive Health

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Introduction

At present, more than 400,000 American children live in foster care. Adolescents and young adults placed in the child welfare system are at an increased risk for pregnancy and STIs due to their likelihood to engage in high-risk behaviors, such as unprotected sex and sex with multiple partners¹. They receive unclear and inconsistent messages about sexual reproductive health and lack access to reproductive health services and programs².

According to the YRBS³, preventive solutions to adolescent sexual risk behaviors include:

- Better health education
- More comprehensive health services
- More supportive policies

A comprehensive approach to the sexual reproductive needs of foster youth which includes training child welfare workers and foster parents with regard to their roles in preventing sexually transmitted diseases and pregnancies is warranted.

Study Aims

To demonstrate the need for an educational pregnancy prevention curriculum for child welfare professionals and foster parents.

Methods

Using a needs assessment framework, this mixed methods study employed analysis of surveys administered to youth and adult providers in the child welfare system, as well as analysis of focus groups held with the adult providers.

PTC Youth (n = 38; 42% Female):

- Participants in *Power Through Choices*, a sexuality education program for youth ages 14-21 in out of home care.
- Youth completed baseline surveys which captured information on demographics, family circumstances, reproductive health behaviors, and outcomes.

Child welfare workers (n = 42; 95% Female) and Foster Parents (n = 24; 82% Female):

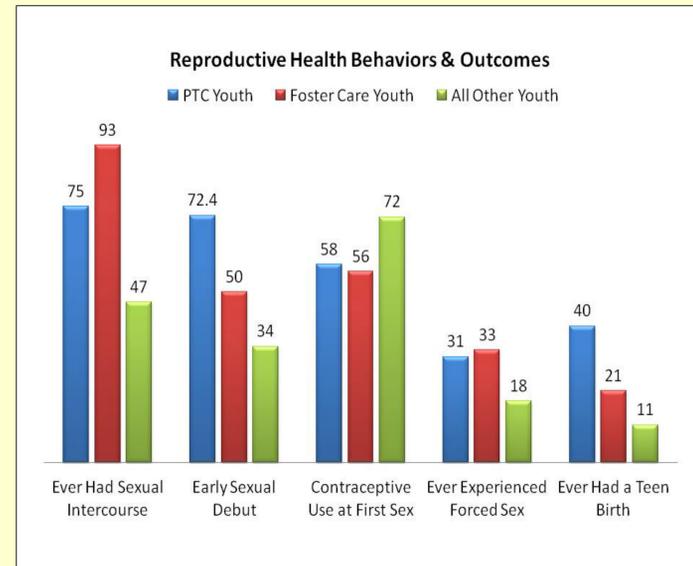
- Participants were in focus groups whose aims were to identify concerns and age- and culturally-specific barriers to cross-generational pregnancy prevention communication
- Surveys were administered prior to the focus group.

FOCUS GROUP PROCESS

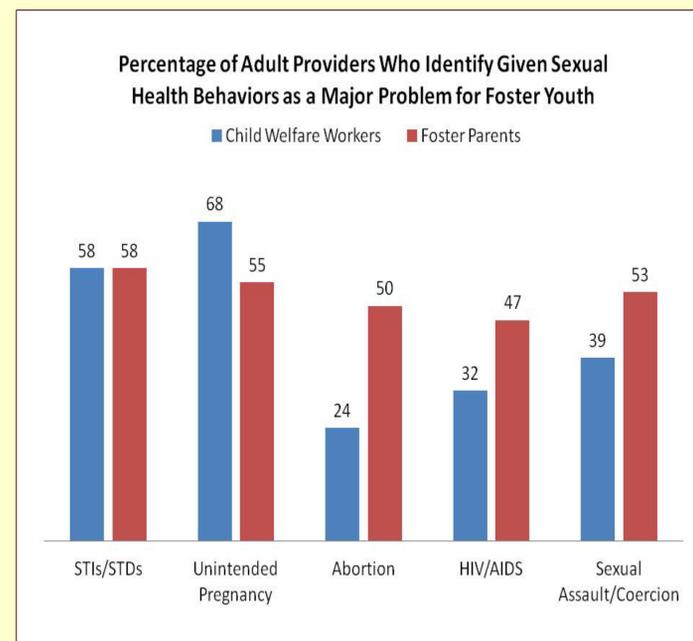
Four focus groups were conducted by two staff members who are experienced social workers and researchers. Sessions were audio-taped and later transcribed for analysis.

Results

Comparison of risky sexual behaviors of PTC youth with a nationally representative sample of foster youth⁴ and youth in the general population^{3,4}.



Child Welfare Workers and Foster Parents were asked to identify which sexual health behaviors were a major problem for the foster youth they served.



Child Welfare Workers and Foster Parents Perceptions of Training Needs

Theme 1 – Positive conversations with youth about sexual reproductive health

“I believe that if we had more positive conversation with our youths surrounding sex, then I mean, you wouldn’t see I guess the amount of teenage pregnancy that you do see.” – Child Welfare Worker

“...having trainings where you’re able to learn correct and factual information and having snapshots and things...helps us be able to better engage [youth]” – Child Welfare Worker

Theme 2 – Reducing the stigma about the “sex talk”

“...some of them don’t feel comfortable, uncomfortable with the body, they don’t want to get put out, they don’t want to get punished, they want to feel comfortable so they can continue to have trust.” – Foster Mother

“if you’re not really comfortable with dealing with a teen who might have values that you don’t have, then you’re less likely to talk, or less likely to have that discussion with them because you have not feeling comfortable with going there.” Child Welfare Worker

“be more comfortable explaining to them and talking to them, instead of over exaggerating or getting upset. Instead talking to them calmly since you don’t know what they’re going through. It’s hard for them to ask those questions.” – Foster Mother

Theme 3 – Inclusion of the adolescent’s viewpoint

“...having some of the teens sitting with us to get their point of view, to get their viewpoint as well, getting feedback from them.” – Child Welfare Worker

“they [foster youth] can have their own separate workshop, and then we take that information, and we learn how to respond back to it. So like real life case scenarios, where they say you know, ‘I was put in this situation, and I wanted to ask blah blah blah...’ so that we would know how to better respond to them” – Child Welfare Worker

Conclusions

These results show that youth in foster care tend to exhibit higher sexual risk taking and teen pregnancies than their out of care counterparts. Youth in the current study are more at risk for teen pregnancy than youth in foster care from a national sample. These high risk behaviors create difficulties not only for the youth themselves but also for the child welfare system.

Child welfare workers and foster parents could benefit from interventions which address how to engage foster youth about their sexual reproductive health. Implementation of such interventions could lead to prevention of unintended pregnancies and the incidence of sexually transmitted infections. These interventions should include the provision of practice skills for effective conversations with youth about sexual reproductive health behaviors.

Social and health services agencies must create environments that in practice and both administratively and programmatically address the sexual reproductive health issues specific to foster youth.

References

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