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 partners. They receive unclear and inconsistent messages about sexual reproductive health and lack access to reproductive health services and programs.

According to the YRBS, 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.

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.
• 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 which sexual health behaviors were a major problem for the foster youth they served.

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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