



"We're changing the way people think about health..."

Sex Education and Reproductive Health Needs of Foster Youth

Center for Research on Adolescent Health and Development

California Adolescent Sexual Health Policy Project



**How are foster youth
different from their
non-foster peers?**

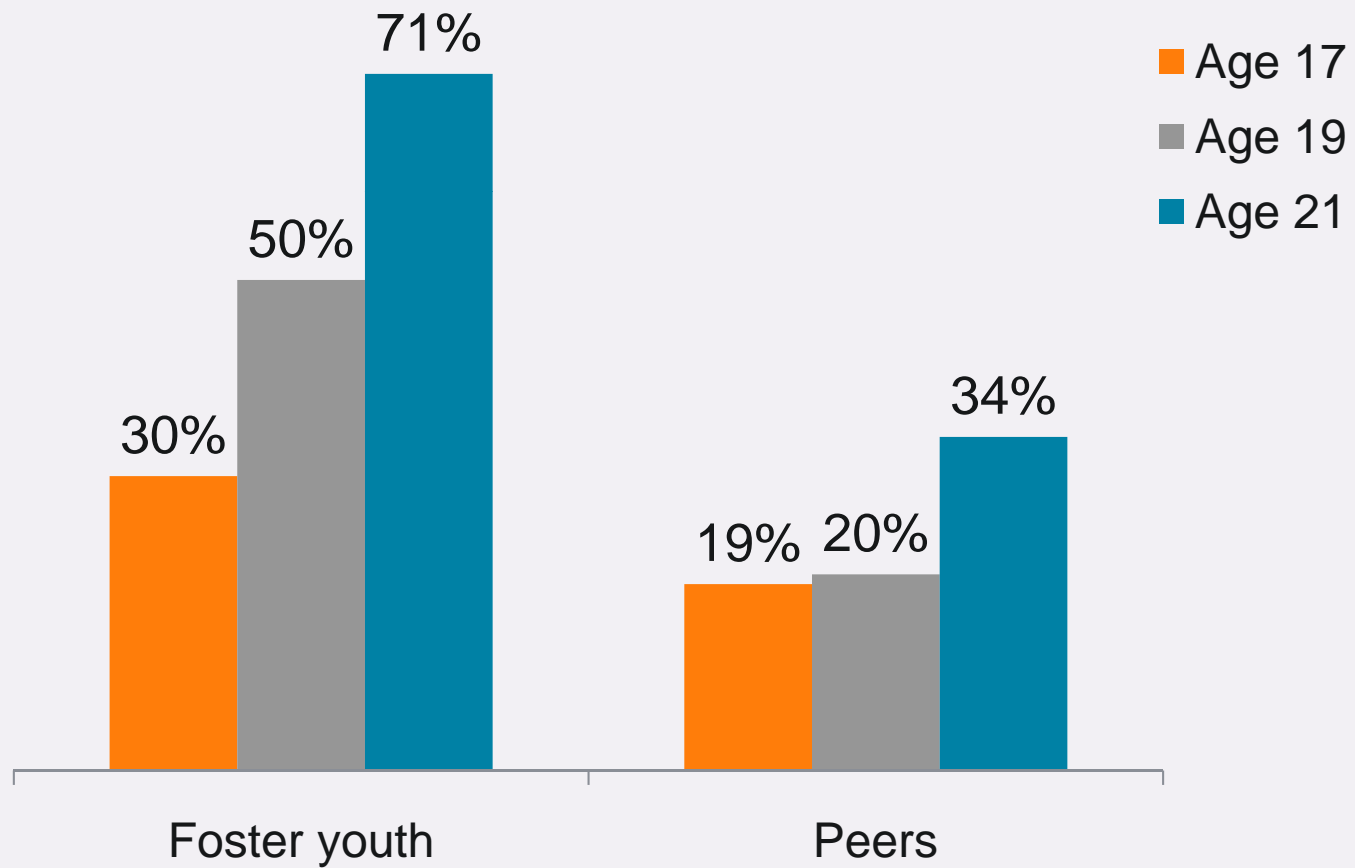
Objectives

- Sex education and reproductive health needs of foster youth?
- Barriers to addressing these needs?
- How to promote foster youth's sexual and reproductive health?

Chapin Hall Study

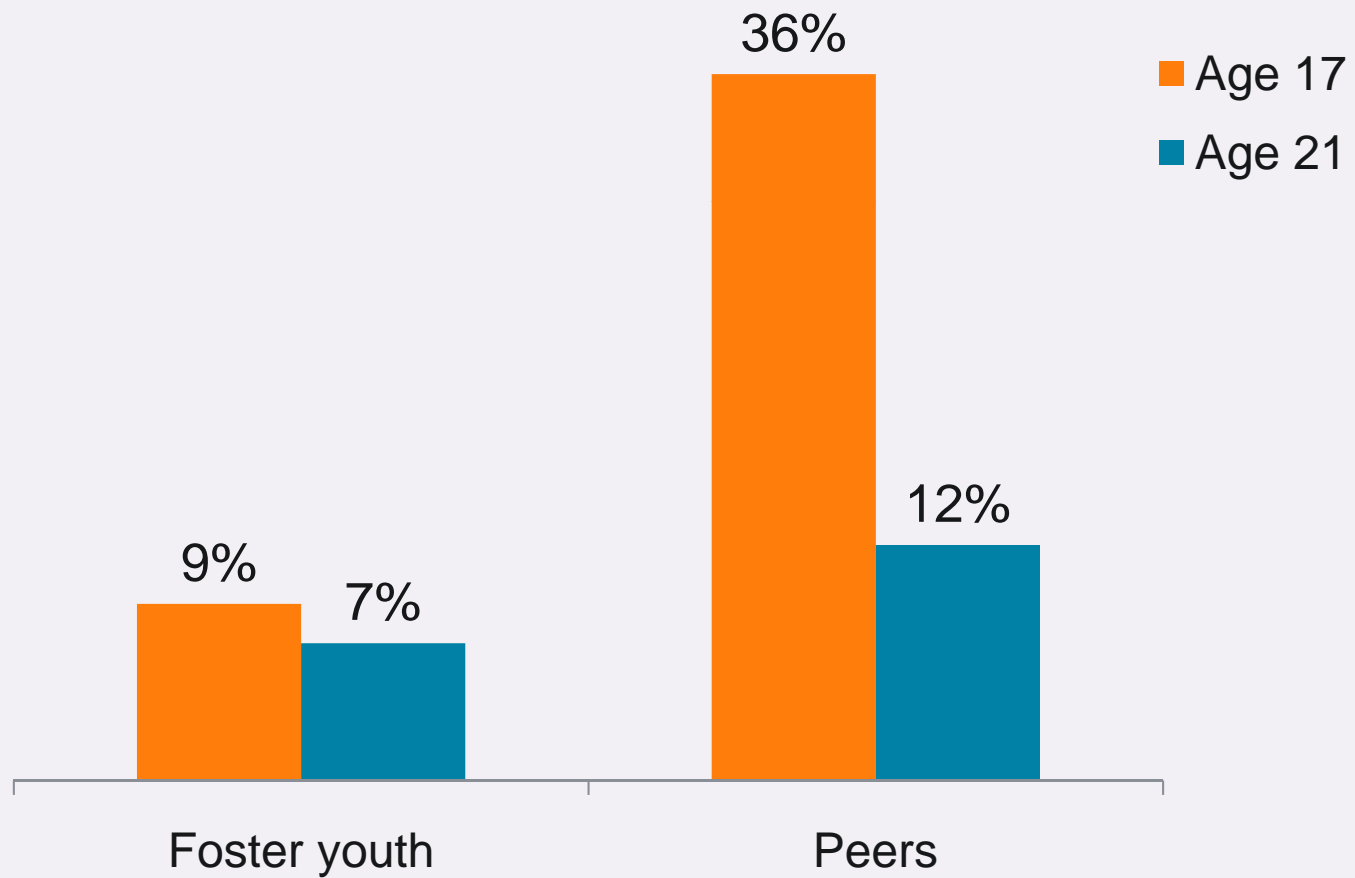
Chapin Hall Study

% ever pregnant (females)



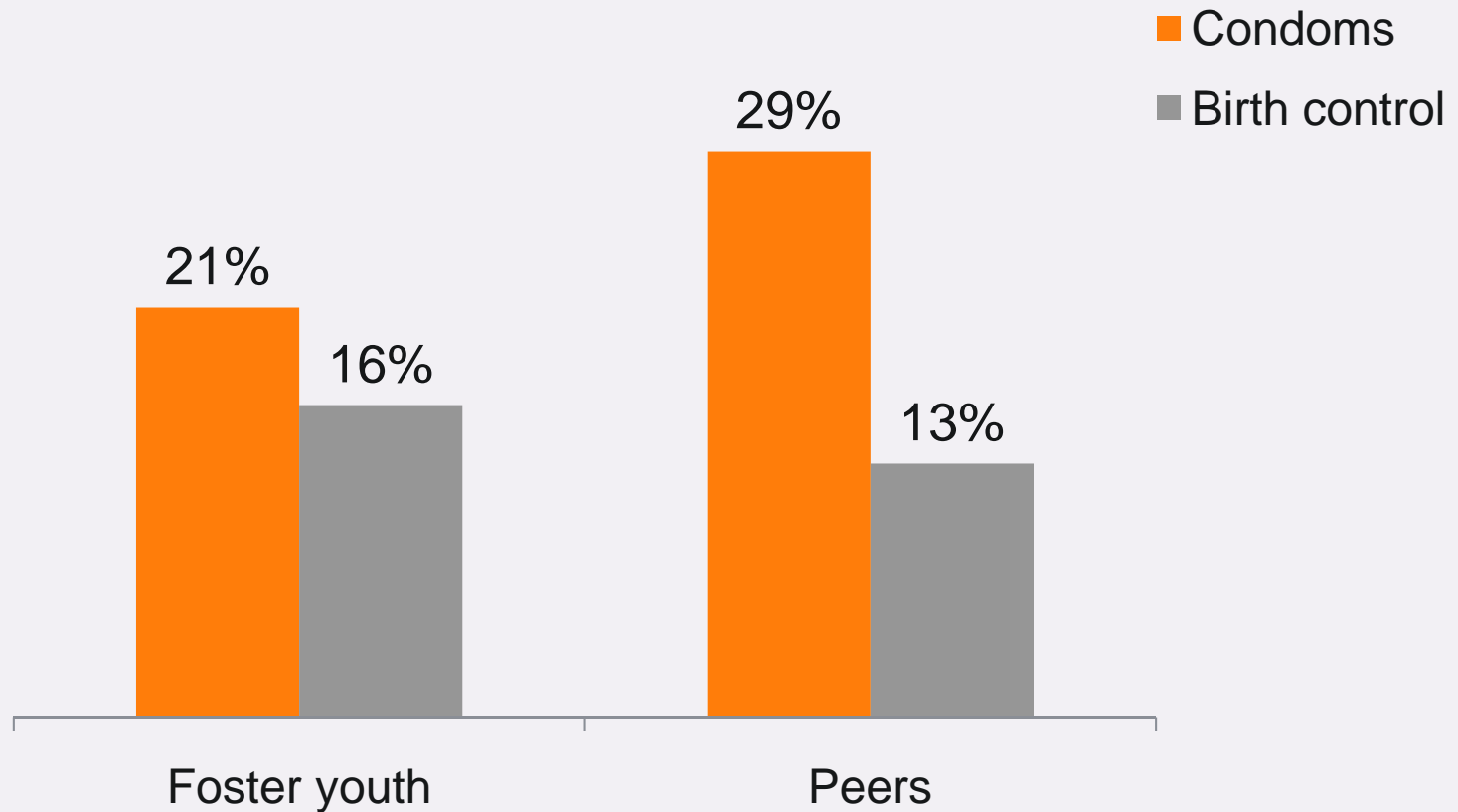
Chapin Hall Study

% had abortion (ever pregnant females)



Chapin Hall Study

% of non-use of birth control and condoms during the past year (sexually active females, age 19)



Uhlich Children's Advantage Network (UCAN) Study

UCAN Study

Foster Youth

- Too little information, too late
- Feelings of invincibility
- Mistrust of contraceptives
- Embarrassed asking for birth control
- Mixed emotions on education vs. family
- Desire for discussions on sex education

UCAN Study

Child Welfare Providers

- No specific plan for prevention (59%)
- Insufficient training (58%)
- Need open respectful discussions;
information not enough

Unmet needs of Midwest foster youth.

Does this transfer
to California?



Sex Education and Reproductive Health Needs of Foster and Transitioning Youth in Three California Counties

Three counties:
Fresno, Orange, San Francisco

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Three counties:

Fresno, Orange, San Francisco

Multiple-case study:

Interviews, surveys, and focus groups

Participants

Participants	Fresno	Orange	San Francisco	TOTAL
CFS directors or program directors	1	1	2	4
CFS social workers	12	12	9	33
ILP managers	1	2	2	5
ILP caseworker	8	9	8	25
Public health nurses	1	2	2	5
Foster parents	2	2	1	5
Former foster youth	8	9	4	21
Community-based service provider	1	-	-	1
TOTAL	34	37	28	99

Findings



Needs and Challenges



- Acceptance of teen pregnancy

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- Unmet need for love and a sense of belonging

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Needs and Challenges



- Acceptance of teen pregnancy
- Unmet need for love and a sense of belonging
- Sex education not always available
- Having knowledge vs. using knowledge
- Absence of consistent, trusted adult to talk with
- Prevention information lacking for previously pregnant foster youth

Barriers



- Unclear policies about roles and liability

Barriers



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- Poor communication on sexual risk prevention

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Barriers



- Unclear policies about roles and liability
- Poor communication on sexual risk prevention
- Diversity of religious and moral beliefs and values
- Lack of, or inadequate, training in adolescent sexuality and comprehensive sex education

Participant Suggestions



- Sex education through ongoing group presentations

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- Start sex education earlier

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- Sex education through ongoing group presentations
- Start sex education earlier
- Include peer-to-peer components
- Focus more on the dangers of STDs
- Train youth on condom use

Participant Suggestions continued

- One-on-one sexual health discussions with trusted adults

Participant Suggestions continued



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- Better address gender-related issues

Participant Suggestions continued

- One-on-one sexual health discussions with trusted adults
- Better address gender-related issues
- More accessible information and resources, including condoms



Recommendations

- **Regular** access to sex education
- **Early access** to sex education
- **Routine discussions** on healthy sexuality
- **Information and resources** on-site, including condoms
- **Training** on adolescent sexuality and reproductive health



Consistent with DASH teen pregnancy prevention goals:

- Increased access to high quality sex education
- Increased linkages with community based clinical services
 - including condom availability and long-acting reversible contraceptives

<http://www.cdc.gov/TeenPregnancy/PreventTeenPreg.htm>



Thoughts?

Study Team



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No Time for COMPLACENCY

SEXUAL HEALTH NEEDS OF CALIFORNIA'S FOSTER AND TRANSITIONING YOUTH

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Executive Summary

Foster and emancipated youth are at increased risk for unintended pregnancy, HIV, and other sexually transmitted diseases

There are approximately 72,000 children and youth aged 20 years and younger in state-supervised foster care in California, with about 13,000 of these youth aged 16 to 20 years currently transitioning out of foster care. Children and youth in foster care are often characterized by the absence of a dependable family or social network, an intense need for affection, the desire to possess something of their own that they do not have to share, exposure to sexual abuse, exposure to other types of violence, and limited skills in identifying and accessing resources to support themselves now and in the future. Studies have shown that youth who grow up in and emancipate from foster care are likely to have poor outcomes in education, employment, housing, and physical and mental health.

Foster and emancipated youth are at increased risk for unintended pregnancy, HIV, and other sexually transmitted diseases (STDs) due to high-risk sexual behaviors such as unprotected sex and sex with multiple partners. Young women who had been in foster care are more likely to have been pregnant than are same-aged peers who had not been in foster care.



<http://teenbirths.phi.org>