



THE IMPORTANCE OF SEXUAL AND REPRODUCTIVE HEALTH EDUCATION FOR FOSTER CARE ADOLESCENTS AND THEIR CAREGIVERS

A CSCH Brief by Christina Ross, PhD, RN

Background

Sexual and Reproductive Health (SRH) disparities among Black youth in the US

Sexually transmitted infections (STIs) and unintended pregnancies are serious public health issues that disproportionately affect Black youth.^{1,2} In 2018, the chlamydia rate among 15-19-year-old black females was 4.5 times the rate among 15-19-year-old white females.¹ Despite overall downward trends in unintended pregnancy and birth among adolescents, racial disparities also exist;² in 2018, birth rates for non-Hispanic Black teens were substantially higher than for non-Hispanic White teens.^{1,2}

SRH Disparities Among Adolescents in Foster Care

In addition to sexual and reproductive health disparities among Black youth in general, further disparities are prevalent among Black youth in foster care. As of September 2021, there were 391,098 youth in foster care in the U.S., of which 22% (86,645) were Black.³ Black youth are overrepresented in the foster care system⁴ and Black youth in foster care are at greater risk for experiencing negative sexual and reproductive health outcomes compared to their White counterparts.⁵ Youth in foster care engage in riskier sexual behaviors and are at higher risk for STIs and unintended pregnancy than youth not in foster care.⁶

Youth in Foster Care are Self Advocates for Their SRH

Separated from their biological parents, adolescents in foster care depend on foster parents to provide sexual and reproductive health information, but they often receive limited, inconsistent, and unclear messages.⁷ Conversely, foster parents are often ill-equipped to address the diverse and complex sexual and reproductive health needs of youth in care due to a lack of adequate sexual health knowledge and training.⁷ Youth in care cannot rely on other foster care staff for sexual health support because staff are often overworked.^{8,9} In most states in the U.S., caregivers working with youth in foster care receive training to promote the health and well-being of the child but the training rarely includes sexual and reproductive health education and communication of sexual and reproductive health topics with youth.

Research Study Findings

In 2018, I interviewed 16 female African American adolescents with a history of foster care placement to explore experiences related to their sexual and reproductive health disparities and needs. During the interviews, participants described yearning for a stronger nurturing and supportive relationship with their caregivers and wanting to have open communication with them about their sexual and reproductive health needs.¹⁰ Youth reported that while the internet was their primary source for information about their sexual health, it was also filled with inaccurate and worrisome information.^{10,11}

Relationships with caregivers

Youth felt caregivers were unable to adequately care for them due to age-related health issues, feeling unsupported, lack of trust, and being judged unfairly when they tried to engage in conversations surrounding their sexual health needs.¹⁰ Due to limited caregiver support, the participants had to address their sexual and reproductive health needs independently.^{10,11}

“I wish that my step-mom would have told me about my first period. I really got freaked out when I first started... to be honest, I didn't know what a condom was until I was 16, 17, just two years ago...”

Sources for SRH information

Due to limited caregiver support, participants relied heavily on the internet as their primary source for sexual and reproductive health information. Other named sources of information included school, public agency social services group sessions, sexual abuse, and obstetrician and gynecology providers.¹¹ In an effort to keep romantic relationships going, participants expressed that they “let their guards down” and engaged in risky sexual practices, which increased their chances of unintended pregnancy and sexually transmitted infections.¹⁰

Perspectives on SRH communication:

Youth wanted caregivers to take time to establish a genuine relationship with them, avoid excessive use of demonstrations when talking about sex, ease into the discussion, be vulnerable, share personal experiences, be loving and nurturing, and be non-judgmental.^{10,11} Topics of interest included puberty, contraceptives, and abstinence.¹¹

Recommendations

- **Implement state mandated, culturally sensitive trauma-informed sexual and reproductive education and training for all caregivers working directly with children and youth in foster care.**
 - Communication techniques surrounding SRH discussions should be implemented in the training. Youth caution against excessive use of demonstrations, being judgmental, and not using a “step by step” approach.
- **Offer mandated no-cost annual SRH refresher workshops.**
 - Ongoing support should be available for caregivers who might need further guidance after initial training.
- **Provide SRH education workshop series for youth in foster care.**
 - The state can provide accurate SRH information to youth in care to prevent SRH risks by teaching a comprehensive, evidence-based curriculum, grounded in trauma-informed care.
 - Innovative culturally sensitive technology-based interventions should be explored and implemented to promote SRH. This option offers youth more options for attendance and interaction with the content privately as needed.

To cite this brief: Ross, C. (2023, April). *The importance of Sexual and Reproductive Health Education for Foster Care Adolescents and their Caregivers*. Storrs, CT: UConn Collaboratory on School and Child Health. Available from: <http://csch.uconn.edu/>.

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Financial support for this research was obtained from the University of Virginia School of Nursing. Dissemination of the study's findings was supported by the Interdisciplinary Research Training in Child and Adolescent Primary Care IRCAPC funded by HRSA under NRSA in Primary Medical Care grant number T32HP22239 (PI: Borowsky).

¹ Centers for Disease Control and Prevention (2019). Sexually Transmitted Disease Surveillance 2018. Atlanta: U.S. Department of Health and Human Services. DOI: 10.15620/cdc.79370.

² Martin, J.A., Hamilton B.E., & Osterman M.J.K. (2019). Births in the United States 2018. NCHS Data Brief, no 346. Hyattsville, MD: National Center for Health Statistics.

³ U.S. Department of Health and Human Services. (2022). The AFCARS report. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-29.pdf>

⁴ Kids Count Data Center (2020). Black Children Continue to Be Disproportionately Represented in Foster Care. The Annie E. Casey Foundation. Retrieved 15 November 2021, from <https://datacenter.kidscount.org/updates/show/264-us-foster-care-population-by-race-and-ethnicity>

⁵ Wiltz, T. (2015). Racial and Ethnic Disparities Persist in Teen Pregnancy Rates. Pewtrusts.org. Retrieved 15 April 2016, from <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/3/03/racial-and-ethnic-disparities-persist-in-teen-pregnancy-rates>

⁶ Courtney, M.E., Dworsky, A., Ruth, G., Havlicek, J., Perez, A., & Keller, T. (2007). Midwest evaluation of the adult functioning of former foster youth: outcomes at age 21. Chicago: Chapin Hall Center for Children.

⁷ Harmon-Darrow, C., Burruss, K., & Finigan-Carr, N. (2020). "We are kind of their parents": Child welfare workers' perspective on sexuality education for foster youth. *Children And Youth Services Review*, 108, 104565. <https://doi.org/10.1016/j.childyouth.2019.104565>

⁸ Farber, J., & Munson, S. (2010). Strengthening the Child Welfare Workforce: Lessons from Litigation. *Journal Of Public Child Welfare*, 4(2), 132-157. doi: 10.1080/15548731003799340

⁹ Kim, H., & Stoner, M. (2008). Burnout and Turnover Intention Among Social Workers: Effects of Role Stress, Job Autonomy and Social Support. *Administration In Social Work*, 32(3), 5-25. doi: 10.1080/03643100801922357

¹⁰ Ross, C., Kools, S., & Sieving, R. (2021). "I'm not Gonna Die Because of an STD": Female African American Adolescents' Perspectives on how they Protected Themselves from Sexual Risks While in Foster Care. *Journal Of Pediatric Nursing*, 56, 47-53. <https://doi.org/10.1016/j.pedn.2020.10.007>

¹¹ Ross, C., Kools, S., & Laughon, K. (2020). "It was only me against the world." Female African American Adolescents' perspectives on their sexual and reproductive health learning and experiences while in foster care: Implications for positive youth development. *Children and Youth Services Review*, 118(C). <https://ideas.repec.org/a/eee/cysrev/v118y2020ics0190740920306824.html>