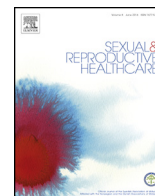




ELSEVIER

Contents lists available at ScienceDirect

## Sexual &amp; Reproductive Healthcare

journal homepage: [www.srhjournal.org](http://www.srhjournal.org)

## The role of knowledge in the contraceptive behaviour of sexually active young people in state care



Abbey Hyde <sup>a,\*</sup>, Deirdre Fullerton <sup>b</sup>, Maria Lohan <sup>c</sup>, Laura Dunne <sup>c</sup>, Geraldine Macdonald <sup>d</sup>

<sup>a</sup> University College Dublin, Ireland

<sup>b</sup> Insights Health and Social Research, UK

<sup>c</sup> Queen's University Belfast, UK

<sup>d</sup> University of Bristol, UK

### ARTICLE INFO

#### Article history:

Received 4 August 2015

Revised 4 February 2016

Accepted 7 February 2016

#### Key words:

Contraception

Young people in care

Looked-after young people

Sexual health

### ABSTRACT

**Aim:** To analyse the role of sex-focused knowledge in the contraceptive behaviour of sexually active young people in state care.

**Methods:** The sample consisted of 19 care leavers (young people previously in state care) aged 18–22 years, 16 females and 3 males. In-depth interviewing was the method of data collection, and a qualitative strategy resembling modified analytical induction was used to analyse data.

**Findings:** Findings indicated that a lack of information was not the sole or even the primary reason for engaging in unsafe sexual practices. Other factors such as ambivalence to becoming pregnant also featured in participants' accounts. Several participants conveyed a relatively weak sense of agency about consistently using contraception. A small number of participants expressed a strong determination to avoid pregnancy, and these appeared to have a level of anxiety about becoming pregnant that motivated them to engage with knowledge about contraception and its use.

**Conclusion:** Lack of sex-focused information is just one aspect of a myriad of complex factors, including socioeconomic disadvantage and/or emotional deprivation, that influence contraceptive behaviour.

© 2016 Elsevier B.V. All rights reserved.

### Introduction

Young people in state care and those who have previously experienced state care are among groups with a higher rate of teenage pregnancy and sexually transmitted infections and diseases compared to the general population [1,2]. In this article, we report on one aspect of a wider programme of research into the sex education and sexual health needs of young people in state care (YPISC) in an Irish context (the *Sexual Health and Sexuality Education Needs of Young People in Care* SENYPIC study) [3]. The overall aim of the wider programme of research – the SENYPIC study – was to identify the sexual health and education needs of YPISC from the perspective of a range of individuals – service-providers, parents, foster carers and young people themselves. In this article, we focus on one cohort of participants, namely, young people aged 18–22 years, who had previously experienced state care as children, and

address one aspect of their accounts that emerged in data, namely, how sex-focused knowledge influenced their decisions about safer sex.

In the absence of evidence from Ireland to provide a basis for understanding what is known already on the topic, we turn to research from the UK conducted on similar cohorts of young people. This research has found that children in state care report gaps in their knowledge about safer sex and lack information needed to access sexual health or contraceptive services [4,5]. Reasons for these gaps include poor relationships with parents; missed education and high exclusion rates from school, leading them to miss out on the relationship and sexuality education (RSE) provided in schools.

Lack of knowledge, however, is just one factor that appears to influence sexual behaviour. Dale's [5] Scottish study on YPISC concluded that although participants appeared to have knowledge about the consequences of sex, they still found it difficult to practise safer sex. Chase et al.'s [6] English study of 63 young people with a history of having been in state care found a number of predisposing factors to pregnancy among the sample of which lack of information and support around sexual health and relationships was one. However, the most dominant predisposing factors were related to feelings of rejection and abandonment, the experience of disrupted family relationships, poor educational access and attainment, along with practical and psychological barriers to accessing contraceptive and

**Summary statement:** This study contributes to a very limited body of knowledge about the sexual health of young people in state care. Among the young people studied, a lack of information about safer sex was only one of several contextual factors that contributed to risky sexual behaviour.

\* Corresponding author. University College Dublin, Ireland. Tel.: +353 1 7166415. E-mail address: [abbey.hyde@ucd.ie](mailto:abbey.hyde@ucd.ie) (A. Hyde).

<http://dx.doi.org/10.1016/j.srh.2016.02.001>

1877-5756/© 2016 Elsevier B.V. All rights reserved.

sexual health services. Other threats to the sexual health of young people in state care have been found to arise because their lives are more likely to be mediated by economic disadvantage, drug and alcohol abuse, and mental health problems including self-harming [5,7,8].

These contextual factors beyond sex-focused education also tend to be a feature of life, albeit to a lesser degree, for young people outside the care system who experience social exclusion (see Scott and Hill [4]). In spite of empirical evidence suggesting that factors associated with teenage pregnancy are heavily cross-cut by structural disadvantage whether or not one is in state care, knowledge deficits have been singled out for special attention in policy documents in Britain as though these are primarily the root of the “problem” [9]. Middleton [9] points out that policy makers tended to attribute susceptibility to early pregnancy to “ignorance, embarrassment and misinformation about sex and contraception for adolescents ...” (Social Exclusion Unit [10], p. 228). She argues that if preventive interventions are to feature, these should focus on the impact of poverty, abuse and adversity.

If we draw together the threads of what is known already about why young people with a history of state care have a heightened risk of teenage pregnancy, the evidence suggests that a lack of sex-focused knowledge appears to play a part. However, there is substantial evidence to suggest that teenage pregnancy is socially shaped by wider social, educational and economic disadvantage, and the lives of YPISC tend to be cross-cut by such disadvantage. In this article we attempt to add to this body of knowledge by analysing what a sample of young people who had left state care – a group known to have a higher than average chance of an early pregnancy – had to say about their use of contraception, and the extent to which sex-focused knowledge played a part in their sexual behaviour.

## Methods

The aim of this article is to present an analysis of one component of findings from a wider study of the sexual health needs of YPISC, namely, how sex-focused knowledge influenced young people’s decisions about safer sex. Ethical approval for the study was given by the university leading the SENYPIC study before conducting fieldwork, and there was adherence to established ethical conduct in research.

### *Recruitment of participants*

Access to the young participants was via service-providers who interfaced with YPISC identified through a scoping review of all providers of services to YPISC in Ireland (see Author et al. [3] for details). These acted as intermediaries between the research team and potential participants conveying information about the study to the young people. This information was captured on an information sheet supplemented with oral clarification where necessary. Service-providers were employed at various organisations including aftercare/homeless organisations, an advocacy organisation centre, training centres and colleges, family support services, state aftercare services and parenting support services.

Inclusion criteria were that participants should be aged 18–22 years, with experience of having been in state care at some stage. The initial design proposed the participation of young people currently in care (those under the age of 18 years), in keeping with the contemporary discourse of children’s rights to inclusion; however, consent from birth parents was required and limited resources in terms of service-providers to facilitate this resulted in no minors being recruited.

### *Data gathering*

The data collection technique was the in-depth individual interview except in four cases where the participants requested to be interviewed in pairs (these involved friends with both individuals satisfying the inclusion criteria). Data were collected throughout 2013. The locations of the interviews were the premises of the organisation at which the participant was recruited or a private space provided by the organisation. A topic guide derived from existing knowledge in the field and from information emerging at earlier phases of the SENYPIC study was used to structure the interview. The duration of each interview varied from 40 to 80 minutes. Interviews were audio-recorded and later transcribed. The transcripts were anonymised, any obviously identifying features of the participants were removed, and pseudonyms were applied.

### *Data analysis*

A strategy for analysing qualitative data called modified analytical induction (MAI) by Bogdan and Biklen [11] was used to make sense of the interview transcripts. Unlike techniques that involve segmenting data and collating data slices into themes (e.g. grounded theory), MAI proceeds by taking the whole transcript and comparing this with other whole transcripts. With each whole individual transcript, the participant’s voice was paraphrased, though with poignant parts of his/her narrative preserved verbatim (and used as evidence in quotations when the findings were reported). As the analysis proceeded, each additional transcript was paraphrased and folded into the emerging collective report. During this analytical process, the overall emerging findings from the studies were modified, corroborated and stretched as subsequent transcripts were analysed and new areas emerged.

## Findings

### *Description of the sample*

The sample comprised 19 young people, 16 women and three men, all of whom had experienced state care as children and/or teenagers. Recruitment stopped 19 interviews because the research team believed that this generated enough rich data to fulfil the purpose of the research. The preponderance of young women over young men in the sample arose because young women were more willing to volunteer for the study; this gender disparity is a feature of qualitative research more generally [12]. Participants had experienced a variety of care histories. Initial short-term care placements had been widely experienced followed by longer-term care arrangements in foster and/or residential care; several participants reported having had multiple placements. Among the 19 participants, at the time of the interview, nine participants, seven female and two male participants, had already gone on to become parents themselves. In terms of geographical spread, the sample was drawn from a wide variety of rural and urban locations in Ireland.

### *Emerging themes*

In explaining the contraceptive behaviour of participants, data are presented around three themes: (1) lack of information about contraception; (2) lack of agency in using contraception; and (3) self-determination around contraceptive protection.

#### *Lack of information about contraception*

Lack of information about safer sex and fertility as a basis for non-use of contraception was cited by a few participants to explain risky sexual behaviour; indeed, three of the teenage mothers foregrounded lack of knowledge as the key reason why they became

Download English Version:

<https://daneshyari.com/en/article/2636109>

Download Persian Version:

<https://daneshyari.com/article/2636109>

[Daneshyari.com](https://daneshyari.com)