

# The special educational needs of children from the social protection system and the usefulness of focus groups in educational programs

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## Abstract

**Background.** Due to their particular social status, institutionalized minors have been permanently deprived of the same opportunities of children in the general population. The poor socio-economic conditions of their natal family and/or the family in which they grew up lead them to drop out of school and to start a job that consists mainly of physical labor.

**Aims.** The aim of this study was to select a group of foster care teenagers able to correctly disseminate the information about smoking among their colleagues.

**Methods.** During the years 2016-2017, we developed an educational project for minors institutionalized in the Professional Maternal Assistance System.

**Results.** The rural area group consisted of 114 children, with a mean age of 16 years (45% male, 55% female). The urban area group consisted of 198 children with a mean age of 16.8 years (39% male, 61% female). Smokers were represented by 26% in the rural area group and 33% in the urban area group.

**Conclusions.** The “focus group” sought to achieve the goal and the initial objectives, but not through a monologue action to which the adherence of youngsters was statistically proven to be low, but by an active involvement of the students through which they systematically became the trainers of their colleagues, were responsible, prepared, accumulated experience and information in a collegial manner that would give all those involved an interactive experience with beneficial effects both in the near future and for the long term. The poll unanimously expressed a positive response to the fact that the information was sent to them by lecturers of their own age, and not adults, so they felt free to respond freely to the questions asked.

**Key words:** smoking, focus group, foster care, youth.

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## Introduction

Worldwide, there are 143 million children separated from their families, and about 95% of them are institutionalized in the Professional Maternal Assistance System (1).

In Romania, in the early 1990s, a child protection system was set up, where about 100,000 children were institutionalized in large-scale placement centers. Over the past 25 years, remarkable progress has been made in the child social protection system in Romania, with the reduction of large-scale placement centers and the increase in the number of children in the foster family system, as it

has been proven over time that large-scale orphanages have adverse effects on the physical and mental development of minors (2). The current trend is to take care of minors as small as possible in the childcare system, ideally from their young childhood (3).

According to the National Institute of Statistics data of 2015, there are 57,229 minors in the social protection system in Romania. The impact of the reform in the child protection system in Romania is obvious, so that statistics show a significant decrease in the number of institutionalized minors in the residential system, and implicitly a decrease in the number of these placement units. National statistics

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Received: 2019, April 15; Accepted for publication: 2019, April 22

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<https://doi.org/10.26659/pm3.2019.20.2.57>

of 2016 also show that 34,300 children, 66% respectively, are institutionalized in family-type services, of which 34% are in the Professional Maternal Assistance System, 25% live with relatives and 7% live with family friends (3); Courtney & Iwaniec, 2009.

Moreover, 17% (9000 children) are institutionalized in small residential locations, as follows: 4% in apartments, 4% in locations with facilities for children with disabilities, 9% in family homes for children without disabilities. Unfortunately, 17%, 9000 children respectively, are in transition centers (1); Braciszewski & Colby, 2015. There is a wide variation in the age of children in the social protection system in Romania. These are aged between 0-26 years; 53% are male and 46% are female.

Relative to age, 56% of children are aged between 10 and 17 years. Regarding the place of origin, 43% come from rural areas and 56% from urban areas (Braciszewski & Colby, 2015; Ahmadi-Monteclavo et al., 2016).

The distribution of ethnicity among institutionalized minors differs from that of the general population. Thus, the percentage of Roma children in the social protection system (10.3%) is double the percentage of Roma children in the general population (Courtney & Iwaniec, 2009; Ahmadi-Monteclavo et al., 2016). Similarly, the percentage of children of Romanian ethnicity in the social protection system is 54%, while in the general population of Romanians it is 79.1%.

Children with disabilities represent a significant proportion of institutionalized children (29%). Of these, 6% are under 1 year old, and 43% are aged between 18 and 26 years or over 26 years old (1).

Due to their particular social status, institutionalized minors have been permanently deprived of the same opportunities of children in the general population.

Raised in foster families that change many times during their lifetime, these children grow up without developing confidence in their own strength, without even dreaming that a normal life is something that can be achieved. They are likely to be forced by circumstances to lose hope of finishing their studies or becoming intellectuals, although they often do not have a lower level of intelligence. The poor socio-economic conditions of their natal family and/or the family in which they grew up lead them to drop out of school and to start a job that consists mainly of physical labor (Ryan & Deci, 2000).

Their success often depends on the relationship they have with their foster parents. The more they create a stronger sense of security and trust, the better are their chances of success in the future. This is the satisfaction of one of the primary needs described by Maslow in its pyramid of needs. According to this theory, satisfying needs is essential for a harmonious global development of the individual. Primary needs are physical/water and food, the need for safety, the need for love and belonging, the need for self-esteem and the need for self-actualization (Ahmadi-Monteclavo et al., 2016).

To ensure a safe family environment, a close relationship between the minor and the foster mother must be created. Unfortunately, maternal assistants often have an average level of education, and the amount of knowledge they can pass on to minors is minimal. According to the

law and the contractual system with the General Child Protection Department (DGASPC), they should satisfy the first 2 steps of the pyramid of Maslow's needs: children's physical needs and feeling of safety. If the relationship is good between the child and the maternal assistant, the need for love and membership is also satisfied, although these children often bear the stigma of the first childhood trauma, being maltreated or even physically or emotionally abused by either their natural parents or previous foster parents (Greeson et al., 2011; Eggertsen, 2008).

## Hypothesis

The aim of this study was to select a group of foster care teenagers able to correctly disseminate the information about smoking among their colleagues, by increasing the level of knowledge regarding tobacco addiction and developing communication skills.

On the other hand, through information disseminated by foster care teenagers from the focus groups, the secondary assumptions of the study were: 1. There are more smoking teenagers in urban areas than smokers in rural areas 2. Adolescents from non-smoking families have a lower incidence of smoking. 3. Adolescents from poor social environments have an increased incidence of smoking.

## Material and methods

### Research protocol

#### a) Period and place of the research

During the years 2016-2017, we developed an educational project with the support of the ELDDAD Târgu Mures Association in partnership with the Romanian Society of Pneumology - the Tabacology Section, and the General Directorate for Child Protection (DGASPC) Mureş and Cluj. The study also benefited from the Approval of the Ethics Commission of the „Iuliu Hatieganu” University of Medicine and Pharmacy Cluj-Napoca, number 443/ November 2016.

All subjects expressed their consent for participation in the study. The consent was signed by both the legal guardian and the Director of the General Directorate for Child Protection.

**Table I**  
Research design

Research Phase	Development and Implementation
Phase 1	Interactive audio-visual presentations on tobacco consumption. Anonymous questionnaires were completed
Phase 2	Focus groups were formed on the basis of volunteering. During one year, we worked with 4-5 groups, with a pneumologist and a representative of the organizers.
Phase 3	The results of focus group activity were materialized by organizing a medical symposium where the presentations were given by foster care minors. A period of follow-up of their evolution followed.

#### b) Subjects and groups

This project was intended for minors institutionalized in the Professional Maternal Assistance System (AMP). The subject was smoking with clearly defined objectives: motivating the participants to remain non-smoking and discouraging the experimentation of tobacco use, determining the teenagers who were already smokers to quit smoking, educating minors and their family and

school environment with regard to the consequences of active and passive smoking on their health and those around them, medical-behavioral counseling for quitting smoking. The age of the participants ranged from 10 to 18 years (Table I).

c) Tests applied

In order to ensure the continuity of the information provided in the initial presentations, several focus groups were formed. These “focus groups” had the initiative to give subsequent presentations on preselected themes, all of which were part of the global topic: smoking. The follow-up program lasted 12 months and, after the dissemination of the action by working groups, ended with a symposium attended by all the participating groups. Focus group participants were selected mainly on the basis of volunteering, but also of DGASPC recommendations, age and address.

Adherence to these working groups, considered the organizational core for their colleagues, was strictly voluntary, and minors could always withdraw from the project.

d) Statistical processing

All the data were coded and introduced into Excel sheet, and the results were expressed as frequency and percentage using MedCalc Statistical Software version 16.8 (MedCalc Software bvba, Ostend, Belgium; <https://www.medcalc.org>; 2016).

Results

After the focus groups were formed, presentations were performed by these volunteers in the high schools they attended and in the general schools from which they graduated. We, the initiators of this project, accompanied them both physically and by providing the necessary logistics for these events. The audience consisted of 312 school children from Mureş, Cluj and Bistriţa-Năsăud counties, from both urban and rural areas (Table II).

Table II  
Characteristics of the study group

Indicators	Urban	Rural
Number of participants	198	114
Mean age	16.8	16
Females (%)	61	55
Males (%)	45	39
Smokers (%)	33	26
Cigarettes/day (mean value)	12	9

The rural area group consisted of 114 children, with a mean age of 16 years (45% male, 55% female). The urban area group consisted of 198 children with a mean age of 16.8 years (39% male, 61% female).

In the rural area, the number of non-smokers was 84 (74%) and that of smokers 30 (26%), with an average of 9 cigarettes/day. In the urban area, the number of non-smokers was 133 (67%) and that of smokers 65 (33%), with an average of 12 cigarettes/day. Regarding the age of onset of smoking, out of a total of 298 respondents to this question, most of them started smoking in the 13-14 age group (Fig. 1).

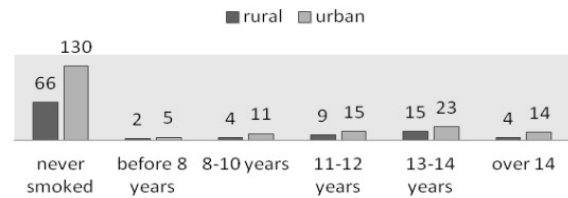


Fig. 1 - Age of smoking onset (number of responders)

Regarding exposure to passive smoking, our study demonstrated an increased exposure to passive smoking at home in the countryside, while in the case of passive smoking at school, the exposure was higher in urban areas (Fig. 2).

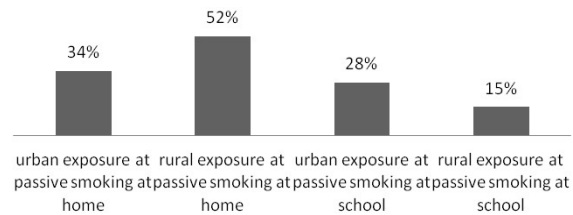


Fig. 2 – Exposure to passive smoking

This stage was necessary to build the self-confidence of these institutionalized minors, who approached the information provided by us, undertook the criticism and applied the necessary corrections.

The pupils in the target audience were also given an open question feedback form to complete, and they unanimously expressed a positive response to the fact that the information was sent to them by lecturers of their own age, and not adults, so they felt free to respond freely to the questions asked.

Regarding their future perception about smoking, a majority percentage of the total population (urban and rural) declared that they would not smoke in the future. For those who answered they did not know what their smoking attitude would be, these educational programs need to be sustained and continued (Fig. 3).

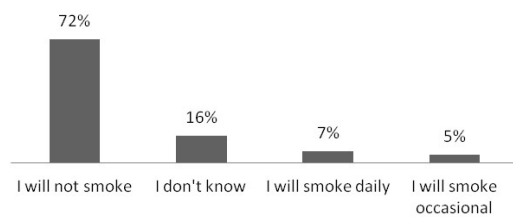


Fig. 3 – Smoking behavior in the future after the presentations

This educational program culminated with the symposium organized on 31 May 2017, on the occasion of the World No Tobacco Day, in partnership with the Romanian Society of Pneumology.

In this event, 6 young people institutionalized in the AMP system participated. They gave PowerPoint presentations, after assiduous training prior to the event. The success of this symposium was generated by the large number of teenagers from the Social Assistance system, but especially of students from Târgu Mureş high

schools. Approximately 300 adolescents listened to the 6 talks on the topic of smoking given by volunteer focus group speakers, as well as to the psychological debate on addictions conducted by a clinical psychologist.

## Discussions

The “focus group” sought to achieve the goal and the initial objectives, but not through a monologue action to which the adherence of youngsters was statistically proven to be low, but by an active involvement of the students through which they systematically became the trainers of their colleagues, were responsible, prepared, accumulated experience and information in a collegial manner that would give all those involved an interactive experience with beneficial effects both in the near future and for the long term.

The idea to work individually, to give presentations as the main authors was on the one hand a factor favoring the adherence of minors to these working groups, but on the other hand it was a negative factor, this environment probably inspiring fear of not being able to cope with the challenge or not being sufficiently prepared.

The originality of this project resides in the challenge that these young people addressed for the first time: to be speakers, to be lecturers alongside physicians, on an official stage in front of 300 students in their city.

Although literature studies evidence the association between social protection and low rates of school progress, the cause of these poor learning outcomes is unclear (Budin et al., 2018; Greeson et al., 2011). The system itself is considered to be responsible on the one hand, and on the other hand, childhood and adolescence maltreatment or other circumstances to which these children were subjected throughout their experiences (Greeson et al., 2011; Gruber et al., 1996; Ryan & Deci, 2000). Although literature data show an increased incidence of smoking in adolescents from poor social backgrounds, this hypothesis was not demonstrated in our group.

According to the National Strategy for the Protection and Promotion of the Rights of the Child 2014-2020, the National Strategy for Social Inclusion and Poverty Reduction 2015-2020, and the Partnership Agreement for the 2014-2020 Programming Period, organizational and educational measures should be initiated for the abandoning families of children, families at the deepest poverty level or with a precarious socio-cultural status.

An international study conducted in 2018 provided consistent results with these premises, showing that the percentage of institutionalized minors who have suffered various types of ill-treatment and who have succeeded in promoting high school is 15% lower than in the general population.

In a study conducted in Transylvania on a group of institutionalized minors, the results showed that more than 1 out of 10 children and adolescents in the social protection system smoked a cigarette before the age of 10, and another 17% declared that they started smoking between 11 and 14 years of age (Hudson & Nandy, 2012; Lockwood et al., 2015). Therefore, almost a third of this social class initiates smoking before the age of 15, which justifies the tendency of targeting prevention campaigns to

this age group (Lorand et al., 2016; Vremarioiu-Coman et al., 2018; Todea et al., 2013).

The literature data on youth included in social protection programs are limited and need to be extended by well-conducted studies coupled with concrete scientific support and legislative and administrative measures tailored to each studied group (Shpiegel et al., 2017).

## Conclusions

In the light of these events, we consider that everyone is entitled to a chance. And these young people, although coming from a social protection system and carrying this stigma throughout their lives, are not in the least inferior to those who grew up in a family with natural parents. Their level of intelligence permits an investment in this respect, and the results will not delay to appear.

Working with them was strenuous; it was difficult to teach them to be disciplined, to convince them that they needed to go home with good results, to provide them with the necessary logistics.

## Conflicts of interests

None of the authors of the manuscript has any conflicts of interest related to the presented work.

## Acknowledgments

The project is part of the main project ANF (“Azi Nu Fumez” – “Today I don’t smoke”), developed by the ELDAD Association of Targu Mures in partnership with the Romanian Society of Pneumology and “Iuliu Hațieganu” University of Medicine and Pharmacy Cluj-Napoca.

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