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## KNOWLEDGE AND USE OF FAMILY PLANNING SERVICES BY EXTENDED FOSTER CARE CLIENTS

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KNOWLEDGE AND USE OF FAMILY PLANNING SERVICES  
BY EXTENDED FOSTER CARE CLIENTS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Melodie Anne Chronister  
Ashley Monique Diaz  
June 2015

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## ABSTRACT

There has been extensive, mostly negative research on the outcomes of foster care youth. Due to the abundance of this research, Extended Foster Care (EFC) was created to help to provide additional resources and support to young adults in foster care until age 21. This is a fairly new program, therefore little research has been completed. One of the negative outcomes of foster youth is the high pregnancy and parenting rates. The purpose of this study is to be able to understand the knowledge and use of family planning services among the young adults participating in EFC. Understanding this information will help to improve services provided by the social workers who work with this population. This research used a quantitative questionnaire. The questionnaire was mailed to the young adults participating in EFC in San Bernardino County. A statistical analysis was completed using SPSS version 21. The study's findings showed that on average, EFC participants have a good understanding of safe-sex practices but do not usually use safe-sex methods or go to family planning service organizations. The study also found that participant demographics do not have a correlation to their knowledge or use of family planning services, nor to the number of pregnancies or live births. However, there is a negative correlation between a participant's knowledge score and if they have children in their custody. Finally, 47% of participants reported being informed about family planning service organizations by their Social Worker.

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## DEDICATION

I would like to dedicate this thesis to my Heavenly Father, who has given me the dedication and strength to complete this thesis and program. To my parents and my Nana, who have always pushed me to be the best that I can be, encouraged me to keep going, and constantly cheered me on over the years. I would also like to thank my family and friends for their consistent reassurance and support. Additionally, in memory of one of my biggest cheerleaders, my Papa, Ralph “Pete” Mullen, (1942-2013), I miss you every day. Last, but definitely not least, my thesis partner. Ashley, I could not have made it through this program or completed this project without you! We did it!

–MAC

I would like to dedicate this to my husband, Jason Diaz, who has been so supportive, encouraging, loving and understanding through this whole process. To my parents, Ronald and Alice Simpson, who have shown me a lifetime of unconditional love and support. My mother who kept me in her prayers and always reminded me that “I can do all things through Christ who strengthens me” (Philippians 4:13). To my family and friends that have encouraged me to keep going. And last but not least my friend and thesis partner, Melodie Chronister. There is no one else I would have rather taken this journey with. We made it!

–AMD

## TABLE OF CONTENTS

ABSTRACT .....	iii
ACKNOWLEDGMENTS .....	iv
LIST OF TABLES .....	viii
CHAPTER ONE: INTRODUCTION	
Problem Statement .....	1
Purpose of the Study .....	3
Significance of the Project for Social Work .....	6
CHAPTER TWO: LITERATURE REVIEW	
Introduction .....	8
Theories Guiding Conceptualization .....	8
Teen Pregnancy: Foster Youth and General Population .....	10
Extended Foster Care .....	15
Young Adult: Unplanned Pregnancies .....	18
Summary .....	20
CHAPTER THREE: METHODS	
Introduction .....	21
Study Design .....	21
Sampling .....	21
Data Collection and Instruments .....	22
Procedures .....	23
Protection of Human Subjects .....	24
Data Analysis .....	24



Summary .....	24
CHAPTER FOUR: RESULTS	
Introduction .....	25
Presentation of the Findings .....	25
Demographics.....	25
Key Variables.....	27
Inferential Statistics.....	32
Summary .....	33
CHAPTER FIVE: DISCUSSION	
Introduction .....	34
Discussion .....	34
Limitations and Strengths .....	37
Recommendations for Social Work Practice, Policy and Research .....	38
Conclusions .....	40
APPENDIX A: COUNTY APPROVAL LETTER.....	42
APPENDIX B: QUESTIONNAIRE .....	44
APPENDIX C: INFORMED CONSENT .....	48
APPENDIX D: DEBRIEFING STATEMENT .....	50
APPENDIX E: DEMOGRAPHICS .....	52
REFERENCES.....	55
ASSIGNED RESPONSIBILITIES PAGE .....	58

## LIST OF TABLES

Table 1. Demographic Characteristics of Participants.....	26
Table 2. Additional Demographic Characteristics of Participants .....	28
Table 3. Knowledge of Family Planning Service Organizations .....	29
Table 4. Knowledge of Family Planning Service Organizations. ....	30
Table 5. Use of Family Planning Services.....	31

## CHAPTER ONE

### INTRODUCTION

Over the years, there have been several studies completed regarding the negative outcomes of foster care. To help combat these results, policies have been put in place to provide additional services to foster youth and young adults. Because these policies are fairly recent there has not been a lot of research on the outcomes for the youth who have taken advantage of the additional services.

#### Problem Statement

In the past, foster youth were required to exit the foster care system on their 18th birthday. This meant they were no longer able to receive services. They were expected to leave foster care and be successful, responsible, and self-sufficient adults. The problem was, they were not prepared for this life changing transition. As a result of this, researchers began to study the outcomes of former foster youth. There have been a wide range of negative outcomes which include: “limited education attainment and employment experiences, homelessness, economic instability, and high rates of arrests and other legal system involvements” (Lee, Courtney & Tajima, 2014, p. 34). Another concern was the pregnancy rates.

Research has shown a high rate of teen pregnancy. The rate of teen pregnancy, in the United States, is very high when compared to many other

parts of the world. The U.S. has the highest teen pregnancy rate of all the industrialized nations (Weiss, 2010). There are about 75 pregnancies out of every 1,000 teen girls (Kirby, 2007). The high teen pregnancy rate of foster youth is even more alarming. Youth in foster care are becoming pregnant at two-and-a-half times the rate of non-foster youth (Children's Bureau, 2012). The trend follows foster youth into young adulthood.

In general, foster youth are considered to be involved in risky behavior. The high rates of pregnancy in foster youth as compared to the general population shows that foster youth and young adults are engaging in risky sexual behaviors. Stott (2012) found that foster youth were more likely to be younger at first time of sex and used contraceptives less regularly than their counterparts. This risky behavior could easily lead to an unplanned pregnancy. These young adults are also putting themselves at risk for contracting Sexually Transmitted Infections. In a study that tested for gonorrhea, trichomonis, and chlamydia, females with a history of foster care were more likely to contract trichomonis while males with a history of foster care were more likely to have contracted gonorrhea and chlamydia than those without a history of foster care (Kott, 2010). Sexual risky behavior is prevalent among this age group and can lead to negative outcomes.

The research continued to show the negative outcomes of foster youth and this made an impact on policy. There were a few major policies enacted to support more positive outcomes of foster youth. For the purpose of this study

the focus will be on Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351) which was signed into law October of 2008 (Child Welfare Information Gateway, n.d., paragraph 1). This act allowed foster youth the option to stay in care until age 21. The Fostering Connections to Success and Increasing Adoptions Act's main functions were to "connect and support relative caregivers" and "improve outcomes for children in foster care" (Child Welfare Information Gateway, n.d., paragraph 1). Extending services to age 21 enables foster youth more time to prepare for independence, which will bring about more positive outcomes.

Although foster youth stay in care, at age 18 they are no longer considered children. Like young adults outside of the foster care system, they become responsible for their education, health, and family planning. Social service agencies can offer services by referrals to the young adults but they are no longer responsible for ensuring that these things are taken care of. This may be an issue because while in care, caretakers and social workers are responsible for making sure the youth's medical and dental needs are addressed. The transition from having these things taken care of for you to figuring out how to do them yourself may be difficult and confusing for these young adults.

### Purpose of the Study

Foster care is a well-known service provided by counties. Often, children who are removed from their home for suspected child abuse are put

into foster care. Unfortunately, some children remain in the foster care system for many years and eventually “age out” at 18 years old. In 2010, the California Fostering Connections to Success Act (also known as AB 12 ), was based on the federal Fostering Connections to Success and Increasing Adoptions Act, was signed into law (California Fostering Connections, n.d.). This bill was created so that foster care youth who meet certain eligibility requirements are allowed to stay in foster care until the age of 21. Because these youth are no longer minors, they are considered non-minor dependents and do not have the same regulations that minors in foster care have.

In January 2012, this law was put into full effect. Many states have also implemented an Extended Foster Care (EFC) program similar to California’s AB 12. California is continuing to try to make improvements to their EFC programs, therefore, every year since 2010 a new bill has been proposed and passed to make EFC even better (“About the California fostering connections to success act,” n.d.). Many groups nationally focus on the population of non-minor dependents and offer help and support to these youth, such as the Jim Casey Youth Opportunities Initiative and the National Resource Center for Permanency and Family Connections (“Local/National groups & support,” n.d.). Due to the recent implementation of the EFC programs, there is not a lot of literature or research regarding the outcomes of youth who participated in EFC versus those who did not.

The negative outcomes for foster youth have been well documented. Youth that transition out of care are at risk for the following negative outcomes: low employment rates, low educational achievement, homelessness, parenting at a young age, incarceration and/or arrests, and high levels of psychological distress (Courtney, Pilivan, Grogan-Kaylor, and Nesmith, 2001). According to Frost, Lindberg and Finer (2012) “American women in their late teens and 20s have higher rates of unintended pregnancy than do women in any other age group” (p. 107). Due to the lack of research on this population, it is unknown whether or not participating in EFC has lowered the outcome of early pregnancy and parenthood for these high risk young adults.

Pregnancy and parenting are some of the biggest milestones and life changers that a person can go through. Unfortunately, many parenting teens (whether they were foster youth or not) often end up in the child welfare system as parents. This is potentially due to a lack of knowledge and resources provided to this population. It should also be noted that foster youth are already at a higher risk for becoming pregnant and/or parenting at an early age compared to their general population peers. Pregnancy and parenting are simply additional predictors for foster youth and young adults having negative outcomes in regards to educational attainment, employment, and housing.

The purpose of this study is to be able to answer the following questions about young adults participating in EFC: (1) Do they know what family planning services are?; (2) What is their knowledge of safe sex

practices?; (3) Do they know where to go to receive family planning services?; and (4) Do they actually utilize family planning services to help prevent unintended pregnancy and STI's? Knowing this information will help social workers who work with this population to better educate them on family planning services and local resources. The research method for this study was to survey young adults participating in Extended Foster Care. The researchers worked with the Department of Children and Family Services in San Bernardino County to recruit participants.

#### Significance of the Project for Social Work

This study is needed so that more information can be gathered about Extended Foster Care clients. As mentioned previously, EFC is a fairly new program and not much research has been done on the program or its clients. More information is needed on this population to ensure that the clients are benefiting from the extended services. This study contributes to social work practice by providing evidence that there is a need for this population concerning family planning. Social workers will be able to use this study to find ways to fill that need; whether that be providing referrals or engaging the young adults on their caseload in a conversation.

There is an abundance of research on the high rates of teen pregnancy as well as the high rates of teen pregnancy among foster youth as compared to the general population. This study contributes to research by providing data on the EFC population, where there is a lack of research presently available.



Hopefully, this study will encourage other researchers to explore the EFC program and its clients' outcomes.

This study is relevant to child welfare because the clients are continuing services in the foster care system. Family planning services are needed to avoid or reduce unplanned pregnancy and STI's. Although EFC clients are 18 and over, the child welfare system is still responsible for their well-being.

This study provides information for the planning phase of the generalist intervention model. Social workers will use the findings of this study to create a case plan that will include family planning services, when working with the client. The research question is: What is the knowledge and use of family planning services by EFC clients?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

Research has shown that there are many negative outcomes for youth exiting out of foster care. Because of the research that has been completed over the last 20 years, there has been a lot of light shed on this topic. Various articles discuss the variety of negative outcomes as well as risk and protective factors of these outcomes. Many studies concluded that youth and young adults were not prepared for emancipating into independent adulthood when leaving care and these youth need to be offered more services. The services recommended were both while the youth are in foster care and also after they have emancipated from foster care.

#### Theories Guiding Conceptualization

The theory guiding conceptualization of this research is Arnett's (2000) Theory of Emerging Adulthood. Arnett coined the term "emerging adulthood" because he felt that there was an additional life stage, different from those that were already established by Erikson and other theorists. Emerging adulthood is a period of development after adolescence but before young adulthood, typically during the ages of 18 to 25 (Arnett, 2000). He noticed that over the past century, there has been a change in the lifecycle. In the past, young women were getting married and having children at approximately 16 years

old. At the same time, young men were in the workforce providing for their families. Now young people are going to college and putting off marriage and having children until they reach their late 20's (Arnett, 2000; Arnett 2007). Due to these changes, a new life course was established.

Emerging adults are no longer adolescents but have not yet reached adulthood. Arnett proposed five features that set emerging adulthood apart from the other life stages: "the age of identity explorations, the age of instability, the self-focused age, the age of feeling in-between, and the age of possibilities" (as cited in Arnett, 2007, p. 69). Emerging adults are trying to figure out who they are going to be. This is a time that they are exploring and experimenting with love, work, and identity (Arnett, 2000). Emerging adults tend to be unstable because they are pursuing postsecondary education or they are not yet established in their careers. Emerging adults feel a sense of newfound freedom. They are no longer restricted to parental and societal rules and are now focused on themselves and what they want to do. Emerging adults will often find themselves in between two stages. When asked if they feel they have reached adulthood they report ambivalence (Arnett, 2000). This is because they feel they have reached some aspects of adulthood but not others. At this stage in life, anything is possible for these optimistic young people.

The Emerging Adulthood Theory is appropriate for this research because EFC clients are in the emerging adulthood life stage. EFC clients are

experiencing the changes that come along with this life stage but their experience may be different from those in the general population.

Understanding the stage of emerging adulthood will allow researchers to obtain knowledge of EFC population.

#### Teen Pregnancy: Foster Youth and General Population

A study by Carpenter et al. (2001), utilizing data from the National Survey of Family Growth, indicated adolescent females with a history in foster or kinship care were at a higher risk of becoming pregnant. In the survey, participants reported having a history in foster care, kinship care, or no history. Researchers created the groups accordingly. The group that reported no history of foster or kinship care was used as the comparison group. The study revealed the participants that reported they grew up in foster care or kinship care were more likely, than the comparison group, to be younger at the age of first conception and had more sex partners. There were no major differences between the foster care and kinship groups. Although the data were taken from a national representative sample of women, there was an overrepresentation of Non-Hispanic Whites in all three groups as compared to the Black and Hispanic women.

Connolly, Heifetz, and Bohor (2012) conducted a meta-synthesis of qualitative research on pregnancy and motherhood among adolescent girls in foster care. In the United States, as of 2010, adolescents 15 to 19 years old have a birth rate of 41.9 live births per 1,000 with the United States having the

highest birth rate of the Western countries. In the United States, approximately 50% of girls in foster care reported a pregnancy by age 19. In the meta-synthesis study, 17 qualitative studies published between 2001 and 2010 were reviewed and analyzed. Three sets of variables were examined: risks, protective factors, and resilience. The four themes found as risk factors were: the baby filled an emotional void for the mother, mother had a lack of consistent education (including education of safe-sex practices), the difficulties of motherhood and lack of trusting others. Support was identified as a protective factor theme for a positive motherhood experience. Last, “motherhood experienced as positive and stabilizing; and gaining internal strengths from wanting to do better” were listed as themes of resiliency factors (p. 620).

Connolly, Heifetz, and Bohor (2012) suggest that professionals who work with this population take this research knowledge to help prepare their clients for pregnancy and parenthood. They suggest health professionals should assist teens with the decision of having a baby, individual counseling should be offered, and child welfare workers need to be better trained on how to talk to their clients about sex and contraception. They also suggest that outreach programs for foster youth should be developed to help connect the youth to various services such as education, job training, and parenting programs. These programs will also help to provide stability for these youth; in case of relocation they will have the familiarity with the program.

Svoboda, et al. (2012) note that even though research has shown a decrease in pregnancies of 15 to 19 year old females in the United States, parenting teens remain a concern due to the poor outcomes that have been found. They found that in the studies reviewed (published 1989 to 2010), 23% of 14 and 15 year old youth in foster care reported being pregnant or causing pregnancy. Svoboda, et al. (2012) noted that common themes expressed by the youth throughout the various studies was the consistent presence of involved adults in their lives that they trusted. Their conclusion was that research has shown countless times that foster youth are at an increased risk of becoming parents at an early age. Analysis of state child welfare agencies has shown a lack of discussing, let alone implementing interventions and services regarding “issues related to pregnancy, pregnancy prevention, or family planning” (p. 874). The main challenge in developing effective programs to address these issues is the difficulty in getting accurate information regarding number of pregnancies and births among foster youth. (Svoboda, et al., 2012). The researchers believe that child welfare workers should begin to input data regarding teen pregnancies and parenting to help create effective programs. They also suggest that as a part of child well-being, family planning programs and trainings for workers must be implemented.

Lieberman et al. (2014) conducted a study on the difficulties in conducting research on pregnant teens in foster care. In 2011, the teen birth rate in the United States was 34.3 per 1,000 females. The study found that

though poor outcomes for teen parents is known, there is limited information regarding pregnant teens in foster care and therefore many of the decisions that are made, are made without the benefit of data. This suggests that it is necessary for child welfare agencies to monitor the foster youth birth rate in order to provide effective services to clients. Even limited studies can begin to assess the implementation and potential efficacy of interventions.

Putnam-Hornstein and King (2014) completed an analysis of linked birth and child protection records among girls in foster care at age 17 in California. Though research has shown a decrease in teen births over the last decade, in 2011 approximately 1 in 12 births were to a teen mom and approximately 18% of all teen mother births were repeat births. The findings for foster care teens included: Latinas had the highest birth rates, followed by blacks; girls with four or more placements had the highest birth rates; girls who entered a new foster care episode in their teens were more likely to have first births than those who entered the system before the age of 12; and teens who exited to adoption or guardianship had the lowest birth rates, followed by emancipation, reunification, and runaways. Overall, 11.4% of girls in foster care had given birth for the first time by age 17 but by age 20 more than 4 in 10 girls had a second birth. Putnam-Hornstein and King conclude that monitoring births by foster youth is necessary to evaluating the current interventions provided and “determining the nature of services that are needed for young mothers and children” (2014, p. 704). Based on the increase in teen

births when youth exit the foster care system, it is suggested that extended foster care may serve as a preventative factor from teen pregnancy.

In a similar study, King and colleagues (2014) matched CPS records from California Department of Social Services with vital birth records from California Department of Public Health, to create a data set of adolescent teen girls in foster care that had given birth between 2006 and 2010. Researchers used four variables to characterize teen pregnancy among foster youth: episode length, placement stability, number of foster care episodes, and placement type. The study indicated girls that were placed in homes where there was guardianship had the lowest birth rates. The study revealed higher birth rates among girls with nine or more placements, in foster care for less than 12 months, who were removed due to neglect, or were placed in non-relative foster homes. The study showed that race/ethnicity played a factor in teen birth rates: Black and Latina girls were more likely than their white counterparts to give birth. Researchers were not able to produce birth rates for a population of youth that was socio-demographically comparable.

Dworsky and Courtney (2010) used data from two longitudinal studies to study the risk of teenage pregnancy among foster youth in and aging out of foster care. They used the Midwest Study data, which followed foster youth from three Midwestern states as they transitioned into adulthood, and compared it to the National Longitudinal Study of Adolescent Health (Add Health Study), which studied adolescent health and adult outcomes. The Add



Health Study was used to represent the general population. Dworsky and Courtney (2010) found that over 30% of the foster youth in the Midwest Study had been pregnant at least once by age 18 compared to only 13.5% of youth in the Add Health Study. By age 19, about 50% of the foster youth compared to 20% of youth from the Add Health Study had been pregnant once. The research findings confirmed a need for programs to reduce teen pregnancy. This study also made implications for extending foster care to age 21 to serve as a protective factor against teen pregnancy. The results of the study may not be generalizable because the experience of the participants in the Midwest may be different for foster youth from other areas of the country.

#### Extended Foster Care

A study was completed to research the effects of Multidimensional Treatment Foster Care (MTFC) relative to group care (GC) of adolescent girls. Included in this study was a two-year follow-up study. Based on the positive effects of MTFC, Leve, Kerr, and Harold (2013), completed a seven-year follow up (post baseline) to a study of the same participants. Leve, Kerr, and Harold found that “rates of child abuse are twice as high among teen parents and include rates of physical neglect and abuse” (2013, p.422). In the two-year follow up, MTFC participants were nearly 50% less likely to become pregnant compared to the GC participants. They found that participants in both groups who became pregnant within the two-year follow up were not as well off in young adulthood. There was a positive correlation between pregnancies in the

follow-up and illegal drug use, miscarriage(s), and likelihood of having a child welfare case referral (Leve et al., 2013). They concluded that pregnancy preventative interventions could improve the life trajectories of the adolescent girls.

As noted by Nicoletti (2007), there has not been much research completed on the correlation between early pregnancy and aging out of foster care. Clinicians have learned that many adolescent girls who age out of foster care develop questionable relationships that result in unintended pregnancy. “A reasonable assumption is that a more supportive transition to independent living would provide these teens, males as well as females, with skills and support to succeed and therefore a reason to postpone child-bearing” (Nicoletti, 2007, p. 205).

Daining and DePanfilis (2007) conducted a study using secondary data to assess the resilience of former foster youth. One hundred youth participated in the survey, 34 males and 66 females. The survey included information on many topics, including parenthood. All participants were given a score based on the various domains, the higher the total score of the participant the more likely they were to have better outcomes. It was found that 59% of the participants reported parenting a child, equaling to 91 children total. The study found that of these former foster youth, those who exited care at a later age had a better score due to the additional support that they received. Also, youth

who reported higher levels of social support and spiritual support showed higher resiliency.

Using data from a longitudinal study of older foster youth, Oshima, Narendorf, and McMillen (2013) examined relationships between early pregnancy risk and protective factors and pregnancy between the ages of 17 and 19. Different from past research, information from both male and females were used in this study. The findings showed that not being sexually active at 17 years old was a protective factor, for male and female foster youth, in not becoming or making someone pregnant between ages 17 and 19. The findings also revealed that males that left foster care before age 19 were almost 40% more likely to report making someone pregnant, when compared to males that remained in placement. Although the data taken from the study was useful, it was not designed to answer questions about the use of birth control, pregnancy and sexual activity which could have contributed more information.

Geiger and Schelbe (2014) found that every year in United States there are approximately 750,000 teen pregnancies, with more than 50% resulting in live births. They examined “current programs and policies targeting and parenting youth aging out and presents a research agenda that focuses on pregnancy prevention and positive parenting” (p. 25). The programs reviewed included Title IV-E Independent Living Initiative, Chafee Foster Care Independence Act, Fostering Connections to Success and Increasing

Adoptions Act, staying in care until 21 years old, Independent Living Services, Housing, Education and Employment Services for pregnant and parenting youth in and aging out of foster care. This study found that though the programs and policies regarding pregnancy prevention and the needs of pregnant and parenting foster youth have good intentions, they are “seriously unfounded, poorly monitored, and too heavily influenced by politics” (Geiger & Schelbe, 2014, p. 42). It is suggested that foster youth, especially those who are pregnant and parenting, need a wide variety of services in order to succeed after aging out of foster care. Short term programs should be implemented based on this populations’ needs including independent living skills, counseling services, parenting classes, and secondary pregnancy prevention.

#### Young Adult: Unplanned Pregnancies

Frost, Lindberg and Finer (2012) evaluated the data collected from the 2009 National Survey of Reproductive and Contraceptive Knowledge. There were 1,800 unmarried men and women, ages 18 to 29 who completed this telephone survey across the United States. “American women in their late teens and 20s have higher rates of unintended pregnancy than do women in any other age-group” (Frost et al., 2012, p. 107). Frost, Lindberg, and Finer (2012) defined the following six domains that they thought were connected to the contraceptive behaviors of young adults including their background, knowledge of contraceptive use and corresponding consequences, their

perceived “social norms” and their own thoughts regarding pregnancy and contraceptives. The results showed that many young adults, especially men, showed a lack of objective knowledge about popular contraceptive methods. In regards to pregnancy avoidance, 69% of women and only 45% of men were committed. Twenty percent of women and 41% of men were ambivalent about avoiding pregnancy. Forty-three percent of men and 29% of women anticipated engaging in unprotected sex in the next three months. Fifty-four percent of women reported using a hormonal or long-acting contraceptive method, while 24% of women and 23% of men reporting not using any contraceptives. Frost, Lindberg, and Finer (2012) concluded that though many young adults do not intentionally avoid pregnancy by taking the necessary precautions, many do not intend to become pregnant. They also conclude that the more and better knowledge that young adults are taught regarding contraceptives, their misuse and side effects, could cause an increase in the use of contraceptives.

In a similar study, Higgins, Popkin and Santelli (2012) also analyzed the data from the 2009 National Survey of Reproductive and Contraceptive Knowledge; however their study focused on those who were in current sexual relationships (420 men and 499 women). Of this sample, they found that 53% of men and 36% of women (with an average of 45%) displayed ambivalence towards pregnancy. For men, this ambivalence significantly lowered the likelihood of their contraceptive use. It was suggested that many men think

that pregnancy is their partner's choice and responsibility so they don't feel the need to use contraceptives as opposed to their female counterparts. Due to this thought process, Higgins, Popkin and Santelli (2012) believe that men need to also be the focus of pregnancy prevention programs, not only women.

### Summary

As shown in the literature discussed, it is very evident that youth who emancipate out of foster care face more difficulties than those who do not; they have a lot of barriers to overcome in order to become successful. Becoming a parent in general is life altering but this is even more true for teens and young adults. Foster youth who become early parents have even more obstacles to overcome in order attain education achievement, a good job, and decent housing. Because young adults (18 to late 20's) are at the highest risk for becoming pregnant, it is vital that family planning education and resources are given to the young adults in EFC.

## CHAPTER THREE

### METHODS

#### Introduction

In this chapter the research method and procedures of the study is described. The sample selection, data collection, instrument utilized, and protection of human subjects are also discussed. Finally, the quantitative procedures that are used to test the data received is explained.

#### Study Design

A quantitative study design was used for this research project. This survey design was distributed in the form of a questionnaire. A quantitative design best suits this research because the population can be difficult to get in touch with and this design requires the least amount of time and energy to complete (Grinnell, Richard & Unrau, 2011). The purpose of this study was to explore the knowledge and use of family planning services by young adults participating in Extended Foster Care (EFC). This study provides social workers, and other health professionals, information on the knowledge and use of family planning services for this population so they can better educate and provide the needed services.

#### Sampling

Researchers mailed surveys to 298 EFC recipients using the mailing list provided by San Bernardino County Children and Family Services. The

sampling criteria consisted of young adults between the ages of 18 and 21, who were participating in EFC in San Bernardino County. This list was received from the Department of Children and Family Services, San Bernardino County. All young adults listed were sent a copy of the survey. Approximately 300 young adults were listed in the sample, however only 30 completed surveys were received. The study therefore had a 10% return rate which is low, but not unexpected in this particular population based on the transient nature of this population, the sensitive nature of the topic, and the challenges connecting with young adults by mail.

#### Data Collection and Instruments

The data collected in the survey (Appendix A) consists of four sections: knowledge of safe-sex practices, knowledge of family planning services, knowledge of the locations of family planning service offices, use of family planning services, and demographics. To understand this population's knowledge of safe-sex practices, there were thirteen statements that the participants marked as true or false. Some of these statements are common myths while others are true statements about using birth control and contracting STI's. An additional question was asked regarding what services the participant considers to be a family planning service, to understand the knowledge of family planning services. To assess the participants' knowledge of family planning service centers (such as Planned Parenthood centers and the Pregnancy and Family Resource Center), the participants were asked if



they know where to go to receive the services and then they are asked to list the locations that they know about. The participants were then asked eight questions regarding their current sexual activity and use of family planning services. These questions were designed to understand if the participants are or have been sexually active, if they have ever used family planning services, which services they have used, how many times the participant or their partner have been pregnant, how many live births the participant or their partner have had, and how many children the participant currently has custody of. The survey ended with eight questions pertaining to the demographics of the survey participants: age, gender, race, number of years in foster care (not including EFC), number of years in EFC, types of placement(s), education level, and how the participant qualifies for EFC. The levels of measurement for the survey include interval/ratio and nominal data.

### Procedures

The data for this research was gathered using a survey through the mail. The researchers received a mailing list of Extended Foster Care clients from San Bernardino County Children and Family Services and sent surveys through the mail. Each person on the list was mailed a survey. Included in the envelope was a pre-addressed return envelope, no postage necessary, so the participant could easily return the survey.

## Protection of Human Subjects

All participants of this study completed informed consent (Appendix B) before taking the survey. The participants were also given a debriefing statement (Appendix C) upon the completion of the survey. All information on the mailing list, provided by the County of San Bernardino, was kept on a password protected data storage device on a computer that was also password protected. The completed surveys received through the mail were kept in a locked drawer. All data used in this research was destroyed after the study was completed.

## Data Analysis

Data analysis for this study consisted of quantitative procedures to answer the research question. Univariate analysis were run on the demographics. This analysis provided frequencies and percentages which helped to describe the sample. Bivariate analyses were run, using Pearson's Coefficient Correlation, to analyze the key variables of the survey.

## Summary

This chapter provided an overview of the research method and procedures that were used in this study. The sampling selection, data collection, the instrument utilized, and protection of human subjects were also discussed. Last, quantitative procedures that were used for this study were addressed.

## CHAPTER FOUR

### RESULTS

#### Introduction

In this chapter the researchers will present the data gathered from the survey. First the researchers will discuss the demographics of the participants, the key variables, and the bivariate statistics. Finally, the researchers will summarize the findings.

#### Presentation of the Findings

##### Demographics

The current study consisted of 30 participants (see Table 1). There were 23 females (77%) and 6 males (20%) that participated in the study including one participant that did not disclose gender. The ages range from 18 to 20 years old. Thirty seven percent were 18 years old, 33% were 19 years old, and 27% were 20 years old. More than half of the participants were Hispanic (53%), followed by Caucasian (30%), African-American (23%), American Indian (13%), and 7% reported belonging to a race other than those listed. There were 7 participants that report to belong to more than one race.

Table 1. Demographic Characteristics of Participants

Variable	Frequency (N)	Percentage (%)
<b>Gender (N = 30)</b>		
Male	6	20
Female	23	77
Unknown	1	3
<b>Age</b>		
18	11	37
19	10	33
20	8	27
Unknown	1	3
<b>Race</b>		
African-American	7	23
Caucasian	9	30
Hispanic	16	53
Asian	0	0
American Indian/Alaska Native	4	13
Other	2	7
Unknown	1	3

To gain further information about the participants, they were asked questions about their time in foster care, EFC, and education. When asked about length of time in foster care before starting EFC, 10% reported being in care less than 1 year, 20% reported 1-2 years, 20% reported 3-4 years, 3% reported 3-5 years, and 43% reported being in care 7 years or more. When asked about length of time in EFC, 50% reported less than 1 year, 30% reported 1 year, 13% reported 2 years, and 3% reported 3 years. Many participants reported being in more than one type of placement. When asked about the types of placements they have been in nearly all of the participants (90%) reported to have been in a foster home placement, 70% reported they have been in placement with a relative/family friend, 47% reported to have

been in a guardian placement, 27% reported to have been in a group home placement, and 3% reported to have been in another type of placement. When asked about highest level of education completed 20% reported not completing high school or GED, 63% reported receiving their high school diploma or GED, 43% reported some college, 3% reported technical or trade school, 7% reported receiving an associate degree, none of the participants reported receiving a bachelor degree, and the rest reported other (3%). When asked about how they qualify for EFC, the majority (83%) reported completing high school or equivalent program; 27% reported enrolling in college, community college, or a vocational education program; 27% reported being employed at least 80 hours a month; 10% reported participating in a program designed to promote or remove barriers to employment; and 7% reported being unable to do one of the other requirements due to a medical condition. Many of the participants (N=23) reported two or more qualifiers.

### Key Variables

The survey included 13 true or false questions to gain understanding of the participants' knowledge of family planning and safe sex practices (see Table 3). Each correct answer was worth 1 point. The participants received a score between 0 and 13, 0 meaning they have little to no knowledge and 13 meaning they have a higher level of knowledge of family planning and safety measures. The participants' scores ranged from 6 to 13. The mean score was

11. Two participants scored 6 points, 2 scored 9 points, 7 scored 10 points, 5 scored 11 points, 10 scored 12 points, and 4 scored 13 points.

Table 2. Additional Demographic Characteristics of Participants

Variable	Frequency (N)	Percentages (%)
<b>Length of Time in Foster Care</b>		
Not in foster care	0	0
Less than 1 year	3	10
1-2 years	6	20
20	6	20
5-6 years	1	3
7 years or more	13	43
Unknown	1	3
<b>Length of Time in EFC</b>		
Less than 1 year	15	50
1 year	9	30
2 years	4	13
3 years	1	3
Unknown	1	3
<b>Placement Types</b>		
Relative/Family Friend	21	70
Guardian	14	47
Foster Home	27	90
Group Home	8	27
Other	1	3
<b>Highest Level of Education</b>		
Did not complete HS/GED	6	20
High school diploma/GED	19	63
Some college	13	43
Technical or Trade School	1	3
<b>EFC Qualifications</b>		
Completing HS/GED	25	83
Enrolling in college	27	90
Employed 80+ hours a month	8	27
Program to remove barriers to unemployment	3	10
Medical condition	2	7

Table 3. Knowledge of Family Planning Service Organizations

Variables	Frequency (N)	Percentages (%)
<b>Number of Correct Answers</b>		
6	2	7
9	2	7
10	7	23
11	5	17
12	10	33
13	4	13

Participants were asked questions about their knowledge of family planning organizations (see Table 4). More than half of the participants reported providing condoms (78%), providing birth control (73%), pregnancy testing (73%), referrals for other resources (70%), counseling (67%), STI testing (67%), providing Plan B (60%), and PAP smear evaluation (60%) to be included in the term “family planning services. Less than half reported abortion services (47%), or other services (13%) to be included in the term “family planning services”. 63% of the participants reported yes they would know where to go to receive family planning services and 33% reported they would not know where to go. When asked where they would go to receive family planning services the overwhelming majority listed Planned Parenthood as a resource. Some of the other places named were FPA Women’s Health, the health center, and a primary doctor. When asked who told them about these centers, 40% of the participants reported their parent or guardian, 40% reported a foster parent, 47% reported a social worker or case manager, 37% reported a school staff, and 37% reported someone other than those provided

on the survey. Fifty percent of the participants reported more than one person told them about family planning resource centers.

Table 4. Knowledge of Family Planning Service Organizations.

Variables	Frequency (N)	Percentages (%)
<b>Know Where To Go To Receive Family Planning Services</b>		
Yes	19	63
No	10	33
Unknown	1	3
<b>Who Told You About the Centers?</b>		
Parent/Guardian	12	40
Foster Parent	12	40
Social Worker	14	47
School Staff	11	37
Other	11	37

The participants were asked questions regarding their use of family planning services (see Table 5). When asked if they had ever used family planning services and 27% reported yes while 70% of participants reported never using family planning services. 80% reported they are currently or have been sexually active and 17% reported they are not or have not been sexually active. Of the 80% of participants that are sexually active 43% reported always using pregnancy and STI prevention methods, 13% reported to frequently use prevention methods, 7% reported using prevention methods sometimes, 13% reported rarely using prevention methods, and 7% reported never using prevention methods.



The participants were asked what family services they would be interested in receiving if planning to be or are sexually active. More than half of the participants reported to be interested in condoms (70%) and birth control (67%). Less than half of the participants reported interest in STI testing (47%), pregnancy testing (43%), PAP smear evaluation (47%), Plan B (37%), counseling (23%), resources for other services (23%), abortion services (17%), and other services (3%). When asked about how many times they themselves or their partners have been pregnant, 19 of the participants reported to have no pregnancies and 10 participants reported to have at least 1 pregnancy. There were a total of 18 pregnancies reported. When asked about the number of live births that resulted from those pregnancies 4 participants reported having 1 child, 1 participant reported having 2 children, and 1 participant reported having 3 children. The majority of participants (23) reported having zero live births. When asked about the number of children in their custody, 3 participants reported having custody of 1 child and 1 participant reported having custody of 2 children.

Table 5. Use of Family Planning Services

Variable	Frequency (N)	Percentages (%)
<b>Ever Used Family Planning Services</b>		
Yes	8	27
No	21	70
Unknown	1	3
<b>Sexually Active</b>		
Yes	24	80
No	5	17
Unknown	1	3

## Inferential Statistics

A Pearson's correlation coefficient was run to find if there was a correlation between the following variables: how many knowledge questions answered correctly, age, time in foster care, and no high school diploma or GED. The results showed there was no statistically significant correlation between the variables. Another Pearson's correlation coefficient was run to find if there was correlation between how many knowledge questions answered correctly, number of pregnancies, number of live births, and number of children in their custody. The results showed there were no significant correlations for the exception of how many knowledge questions answered correctly and number of children in their custody. The number of knowledge questions correctly answered correctly had a negative relationship with and number of children in their custody ( $r = -.496$ ,  $p < .006$ ).

A Pearson's correlation coefficient was also used to assess the number of pregnancies and the correlation between the number of knowledge questions answered correctly, how often they are using pregnancy/STI prevention methods, number of live births, and the number of children in their custody. The results showed there be a positive relationship between the number of live births and the number of children in their custody ( $r = .583$ ,  $p < .001$ ). There were no significant correlations found between the other variables.

## Summary

This chapter provided the data that was gathered from the surveys. The demographics of the participants was provided along with key variables. Finally, the inferential statistics were reported.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

In this chapter, there is discussion regarding the significant results and the key findings of the study. The limitations of the study will be reviewed. Then the chapter will discuss recommendations for social work practice, policy and research. The chapter closes with the conclusion which overviews the study and final remarks from the researchers.

#### Discussion

This study was aimed at understanding the knowledge of safe-sex practices and the knowledge and use of family planning services by young adults in the Extended Foster Care program in San Bernardino County, Children and Family Services. Research has thoroughly examined the outcomes of foster care youth but there has been little regarding the outcomes for Extended Foster Care young adults.

In regards to knowledge of safe-sex practices, the average score was 11 out of 13, meaning on average the young adults scored 84%. The three questions that were most commonly incorrect were the following: 23% of the participants believe that it is better for a male to use two condoms at the same time to prevent pregnancy, 30% of the participants believe that a female cannot get pregnant if she is using birth control (pills, patch, shot, ring, IUD),

and 67% of participants believe that condoms prevent STIs. Ten percent of the participants believe that a female cannot get pregnant while she is on her menstrual cycle and a person can only contract an STI through vaginal sex, as opposed to oral or anal. Thirteen percent of participants believe that if a male “pulls out” before he ejaculates during sexual intercourse, a female will not get pregnant; a male can use plastic wrap or a balloon instead of a condom to prevent pregnancy; if a female takes a bath or shower right after sexual activity she will not become pregnant; and using two forms of birth control (such as contraceptive pills and a condom) is better than using only one. One-hundred percent of participants believe that you can contract an STI in heterosexual activities.

Understanding what this population believes and does not believe is vital to educating them on safe sex practices. As stated in chapter 2, Higgins, Popkin and Santelli (2012) reported that both men and women need to be the focus of pregnancy prevention programs. This study found that there is not a significant relationship between the participants’ knowledge and their demographics, included sex, age, race, education level and length in foster care. This means that all young adults in Extended Foster Care need to be educated about safe sex practices and family planning services and that this study does not indicate any particular variable that might predict a higher need for this information.

It should be noted that many participants were interested in receiving family planning services such as birth control, condoms, STI and pregnancy testing and PAP smear evaluations. However, only 27% of participants reported ever going to a family planning service agency. As supported by previous research by Frost, Lindberg, and Finter (2012) who found that 23-24% of men and women reported not using contraceptives, this study found that only 20% of participants reported rarely to never using pregnancy and STI prevention methods.

Another finding of the study is that of the 30 participants 10 reported being pregnant or their partner being pregnant (with a total of 18 pregnancies), 6 reported having live births, and 4 reported having custody of their children. These numbers seem to align with other studies that have been completed such as Dworsky and Courtney (2010) who found that 30% of foster youth reported at least one pregnancy by age 18 and at age 19 it increased to 50%. Connolly, Heifetz, & Bohor (2012) echoed these findings with their United States study that revealed that by age 19, 50% of girls in foster care reported at least one pregnancy. In a California study, Putnam-Horstein and King (2014) found that 11.4% of girls in foster care had one birth by age 17 and by age 20 over 40% had a second child. Because our findings align with those of previous research, it implies that the EFC program has not yet resolved the issue of unintended pregnancy.

The literature overwhelmingly implied that males should be targeted regarding discussions on family planning. However, contrary to the literature, it was found that the participants who had a lower knowledge score were more likely to have custody of their children. There was not a correlation between knowledge and pregnancy or live births.

### Limitations and Strengths

One of the main limitations of the study is the sample size. Close to 300 surveys were mailed to young adults participating in EFC and only 30 were received by the researchers. Something that should be noted is that there were several surveys that were returned due to not having the correct address information. If this is studied in the future, it would be beneficial for the researchers to try to give the surveys in person by either attending any classes or conferences put on by the EFC program, collaborating with university level foster care programs and possibly accompanying case workers on their monthly contacts.

Another limitation to the study is that only young adults that have an open EFC case in San Bernardino County were sampled. Though this is one of the largest counties in the state of California, there could have been a larger, more representative, sample size if other county's EFC participants were included. Therefore, the data from this study is not generalizable to other counties or states because it was only sent out to EFC participants in one county.

A strength of this study is that there were participants who did complete and mail back the survey. This population is notorious for not participating in surveys, even if there is an incentive and they can be difficult to get in contact with. Another strength of the study is that included in the survey were resources (in the debriefing statement) so majority of the EFC participants in San Bernardino County were given several resources on family planning service organizations.

#### Recommendations for Social Work Practice, Policy and Research

As Social Workers working with an already at risk population of youth and young adults in foster care, it is important that Social Workers are familiar with Arnett's (2000) Theory of Emerging Adulthood and the various stages that young adults are going through developmentally. It is also imperative that Social Workers know and understand what information and resources their clients need. In this study, we found that the majority of participants scored relatively high on the knowledge portion of the survey, answers ranging from 6 to 13, with an average of 11. However, 13% of participants scored 9 points or less. These are the clients social workers need to identify and make sure that they are educating these young adults about safe-sex practices and providing them with resources to family planning service organizations. This study did find that 47% of the participants reported that their social worker told them about various family planning service organizations, which is good but could



be improved. To echo Connolly, Heifetz and Bohor (2012) it would be beneficial for Social Workers to be trained on how to have conversations with youth and young adults about sex and contraceptives. It may be helpful to some Social Workers to have a copy of the knowledge portion of this survey to give to their clients in order to get an understanding of what their knowledge is regarding safe sex practices. This could help the Social Worker to focus on the questions that the client did not get correctly and educate them.

Though the sample size is small compared to the total studies that were distributed, the information gathered does seem to align with previous research studies. Being that 80% of the sample reported to be sexually active, of those who are sexually active 42% reported at least one pregnancy, and 43% reported using pregnancy and STI prevention always. There were a total of 18 pregnancies reported, 6 live births, and 4 children in current custody. It's also important for Social Workers to be aware that there is not a correlation between a young adults' knowledge of safe-sex and family planning services and the young adults' demographics so it is important to educate all of the clients on their caseloads to help prevent unwanted pregnancies and STIs.

If future research is completed on this topic with the same population, the researchers should attempt to get a larger amount of responses; a larger sample size would be helpful in regards to generalizing the data findings to the EFC population. Researchers could do this by not only mailing the survey but also having an online version, attending any events that are geared

towards the population, and communicating with primary social workers that have EFC cases. If the social workers are informed about the survey, they could help the researchers distribute and retrieve more survey responses.

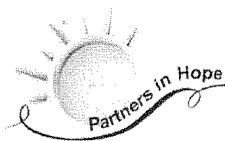
In future social work education and training, to echo Connolly, Heifetz and Bohor (2012), it would be beneficial for Social Workers to be trained on how to have conversations with youth and young adults about sex and contraceptives. It may be helpful to some social workers to have a copy of the knowledge portion of this survey to give to their clients in order to get an understanding of what their knowledge is regarding safe sex practices. This could help the social worker to focus on the questions that the client did not answer correctly and educate them. From there the discussion can continue to family planning resources that are available to them. It is important to continue to note that the data did find that knowledge and use of family planning services is not related to any demographics. This needs to be passed along to social workers so they know that they should talk to all of their clients about safe-sex practices and family planning services.

### Conclusions

In conclusion, this study examined the knowledge and use of family planning services by EFC participants, as well as their knowledge of safe-sex practices. It is clear that while the EFC program outcomes need to be further researched, there is clearly still a need for this growing population regarding information on safe-sex practices and family planning services. Many EFC

participants reported knowing what some family planning service organizations offered and would like to utilize these services but did not know where to go to receive them. Social Workers can help to close the gaps of these knowledge deficits by talking to their clients and providing them with multiple resources. Hopefully, with continuing to educate and support these young adults, social workers will be able to slowly lower the numbers of unwanted pregnancies and STIs among this population.

APPENDIX A  
COUNTY APPROVAL LETTER



CHILDREN AND FAMILY SERVICES

150 SOUTH LENA ROAD SAN BERNARDINO CA 92415-0515

COUNTY OF SAN BERNARDINO  
HUMAN SERVICES

RANDALL L. SCHULZ  
DIRECTOR


January 5, 2015

Dr. L. Smith  
Department of Social Work  
California State University San Bernardino  
5500 University Parkway  
San Bernardino, CA 92407-2397

Dear Dr. Smith:

This letter serves as notification to the Department of Social work at California State University San Bernardino that **Melodie Chronister and Ashley Diaz** have obtained consent from Bernardino County Children and Family Services to conduct the research project entitled **Knowledge and Use of Family Planning Services by Young Adults Participating in Extended Foster Care.**

Sincerely,

  
\_\_\_\_\_  
Laura Lee, Deputy Director

		Board of Supervisors	
GREGORY C DEVEREAUX Chief Executive Officer	ROBERT A. LOVINGOOD.....	First District	JAMES RAMOS ..... Third District
	JANICE RUTHERFORD .....	Second District	GARY C. OVITT ..... Fourth District
	JOSIE GONZALES .....	Fifth District	

APPENDIX B  
QUESTIONNAIRE

## Knowledge and Use of Family Planning Services by Young Adults

### Participating in Extended Foster Care

For questions #1-13, please mark whether you believe the statement is True or False.

		True	False
1.	A female cannot get pregnant if she is using birth control (pills, patch, shot, ring, IUD).		
2.	Birth control pills are effective immediately.		
3.	If a female forgets to take 2-3 birth control pills she cannot become pregnant because the hormones are still in her system.		
4.	A female cannot get pregnant if she participates in sexual activities while on her period.		
5.	A female cannot get pregnant if her male partner “pulls out” before he ejaculates.		
6.	It is better for a male to use two condoms at the same time to help prevent pregnancy.		
7.	You or your partner are least likely to get pregnant if two methods of birth control are being used (for example birth control and condoms).		
8.	You or your partner will not become pregnant if it is your first time having sex.		
9.	If you or your partner do not have a condom, you can use plastic wrap or a balloon to prevent pregnancy.		
10.	If a female takes a shower, bath or uses the restroom right after sexual activity, she will not become pregnant.		
11.	Condoms prevent the spreading of Sexually Transmitted Infections (STIs).		
12.	You can contract an STI during vaginal sex only (not oral or anal).		
13.	You cannot contract an STI if you only engage in male/female sexual activity.		

14. Which of the following are included in the term “family planning services”? (select all that apply)
- Provide birth control (pills, patch, shot, ring, IUD)
  - Provide condoms
  - Provide Plan B (aka “the morning after pill”)
  - Pregnancy testing
  - STI (Sexually Transmitted Infection) testing
  - PAP smear evaluation
  - Abortion services
  - Counseling
  - Referrals for other resources
  - Other
15. Do you know where to go to receive family planning services?
- Yes
  - No
16. Where would you go to receive family planning services?
- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - I do not know where I would go.
17. Who told you about these centers? (Check all that apply)
- Parent/Guardian
  - Foster Parent
  - Social Worker/Case Manager
  - School staff
  - Other
18. Have you ever used family planning services?
- Yes
  - No
19. Are you or have you been sexually active?
- Yes
  - No
20. When you are sexually active how often are you using pregnancy and STI prevention methods?
- Yes
  - No
  - I have never been sexually active



21. What family planning services would you be interested in receiving if you were planning to be or are sexually active?

- Birth control (pills, patch, shot, ring, IUD)
- Condoms
- Plan B (aka "the morning after pill")
- Pregnancy testing
- STI (Sexually Transmitted Infection) testing
- PAP smear evaluation (females only)
- Abortion services
- Counseling
- Referrals for other resources
- Other: \_\_\_\_\_

22. How many times have you or your partner (previous or current) been pregnant? \_\_\_\_\_

23. How many live births have you or your partner (previous or current) had? \_\_\_\_\_

24. How many children do you currently have custody of? \_\_\_\_\_

APPENDIX C  
INFORMED CONSENT



College of Social and Behavioral Sciences  
School of Social Work

**INFORMED CONSENT**

The study in which you are being asked to participate is designed to investigate the knowledge and use of family planning services by Extended Foster Care clients. This study is being conducted by Melodie Chronister and Ashley Diaz under the supervision of Dr. McAllister, Assistant Professor of Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Subcommittee of the California State University, San Bernardino Institutional Review Board.

**PURPOSE:** The purpose of this research is to find out what Extended Foster Care clients know about family planning services, whether they know where to go for family planning, and whether they are using the family planning services to prevent unplanned pregnancy and STI's.

**DESCRIPTION:** You have been selected to participate in this study because you are currently a young adult participating the Extended Foster Care program. In this study will be asked to answer questions regarding your knowledge and use of family planning services.

**PARTICIPATION:** Your participation is entirely voluntary. You do not have to answer any questions you do not want to answer and you can choose to end the survey at any time. Deciding not to participate will not affect any services or benefits you receive and it will not harm your relationship the county from which you receive Extended Foster Care services.

**CONFIDENTIALITY:** To keep information about you confidential we will keep the surveys in a locked drawer. All surveys will be destroyed June 2015, after the study has been completed.

**DURATION:** This survey is expected to take no more than 15 minutes. There will be no further participation needed.

**RISKS:** There are no foreseeable risks to your participation in this research.

**BENEFITS:** There are no benefits to your participation in this research but your participation may help to better service young adults participating in Extended Foster Care by providing better information regarding family planning services.

**CONTACT:** If you have any questions or concerns please contact Dr. McAllister, Professor of Social Work, California State University, San Bernardino phone: email: mcallis@csusb.edu

**RESULTS:** The results of this research will be available June 2015. They can be obtained at the California State University, San Bernardino Library. John M. Pfau Library, 5500 University Pkwy, San Bernardino, CA 92407 (909) 537-5091.

**CONFIRMATION STATEMENT:** I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

**SIGNATURE:** To maintain confidentiality we ask that you DO NOT sign your name but instead mark an X on the signature line.

Mark: \_\_\_\_\_ Date: \_\_\_\_\_

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX D  
DEBRIEFING STATEMENT

### **Debriefing Statement**

This study you have just completed was by Melodie Chronister and Ashley Diaz. It was designed to explore the knowledge and use of family planning services by young adults participating in Extended Foster Care. If you are interested in the results of this study, you can obtain a copy of the results at California State University, San Bernardino's Pfau Library or on their website at <http://scholarworks.lib.csusb.edu/> once the study has been completed, August 2015.

If you have any questions, comments, or concerns due to participating in this study, please contact Dr. Carolyn McAllister at (909) 537-5559 at the end of Spring Quarter 2015.

The following community contacts offer family planning services at little to no cost.

Planned Parenthood  
Phone: (909) 890-5511  
Website: <http://plannedparenthoodsbc.org/services/appointment.asp>

San Bernardino Pregnancy Resource Center  
Phone: (909) 382-4550  
24 Hour Help line: (909) 825-6656  
Address: 114 E. Airport Drive, Suite 104, San Bernardino, CA 92408  
Website: <http://sbpcc.net/index.htm>

FPA Women's Health:  
Phone: (909) 885-0282  
Address: 855 E. Hospitality Lane, San Bernardino, CA 92408

Maternal, Child and Adolescent Health  
Phone: 1-800-227-3034  
Address: 799 East Rialto Avenue, San Bernardino, CA 92415

□

APPENDIX E  
DEMOGRAPHICS

25. What is your age?

- 18
- 19
- 20
- 21
- Other

26. What gender do you identify with?

- Male
- Female
- Other

27. What race do you identify with? (check all that apply)

- African American
- Caucasian
- Hispanic
- Asian
- American Indian/Alaska Native
- Other

28. How long were you in foster care before starting Extended Foster Care?

- I was not in foster care before starting Extended Foster Care
- Less than 1 year
- 1 – 2 years
- 3- 4 years
- 5 -6 years
- 7 years or more

29. How long have you been in Extended Foster Care?

- Less than 1 year
- 1 years
- 2 years
- 3 years

30. What types of placements have you been in? (Check all that apply)

- Relative/Family Friend
- Guardian
- Foster Home
- Group Home
- Other

31. What is the highest level of education you've completed? (Check all that apply)

- Did not complete high school or GED
- High school diploma or GED
- Some college
- Technical or Trade School
- Associate degree
- Bachelor degree
- Other

32. How do you qualify for EFC? (Check all that apply)

- Completing high school or equivalent program (GED)
- Enrolling in college, community college or a vocational education program
- Employed at least 80 hours a month
- Participating in a program designed to promote or remove barriers to employment
- Unable to do one of the above requirements because of a medical condition



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## ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Melodie Chronister and Ashley Diaz

2. Data Entry and Analysis:

Team Effort: Melodie Chronister and Ashley Diaz

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature

Team Effort: Melodie Chronister and Ashley Diaz

- b. Methods

Team Effort: Melodie Chronister and Ashley Diaz

- c. Results

Assigned Leader: Ashley Diaz

Assisted By: Melodie Chronister

- d. Discussion

Assigned Leader: Melodie Chronister

Assisted By: Ashley Diaz