

## Pregnancy Attitudes, Contraceptive Service Utilization, and Other Factors Associated with Los Angeles Homeless Youths' Use of Effective Contraception and Withdrawal

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### ABSTRACT

**Study Objective:** This study aims to understand the associations of contraceptive service utilization (ie, accessing condoms or birth control), pregnancy attitudes, and lifetime pregnancy history among male and female homeless youth in relation to use of effective contraception and withdrawal.

**Design, Setting, and Participants:** Between October 2011 and February 2012, homeless youth (14–27 years old) from 2 drop-in centers in Los Angeles (N = 380) were recruited and completed a questionnaire. The data in this paper are restricted to those who reported vaginal sex at last sex (N = 283).

**Main Outcome Measures:** Analyses examined history of foster care, sexual abuse, exchange sex, pregnancy, lifetime homelessness duration, current living situation, contraceptive service utilization, and pregnancy attitudes in predicting use of effective contraception and withdrawal at last sex.

**Results:** Over 62% of females and 43% of males report having ever been pregnant or impregnating someone. There are no gender-based differences in pregnancy attitudes; 21% agree they would like to become pregnant within the year. Additionally, there are no gender-based differences in reported contraceptive use at last vaginal sex. In the multivariable model, high school education, contraceptive service utilization (Relative Risk Ratio [RRR]: 4.0), and anti-pregnancy attitudes (RRR: 1.3) are significant positive predictors of using effective contraception; anti-pregnancy attitudes (RRR: 1.2) and gender (RRR: 0.3) are significantly associated with using withdrawal.

**Conclusions:** Health professionals should acknowledge that some homeless youth desire pregnancy; for those that do not, access to effective contraception is important. Programs must continue to promote pregnancy prevention, and include discussions of healthy pregnancy habits for pregnancy-desiring youth.

**Key Words:** Homeless youth, Pregnancy, Attitudes toward pregnancy, Contraception, Condoms, Sexual health

### Introduction

Attitudes toward pregnancy and the likelihood of pregnancy have been largely understudied among homeless youth. Yet, of the estimated 1.6–1.7 million homeless youth in the United States,<sup>1</sup> 30%–60% of female homeless youth have reported ever being pregnant<sup>2–9</sup> and 21% of male homeless youth report impregnating someone in their lifetimes.<sup>3</sup> These rates are greater than that experienced by their non-homeless peers,<sup>8–11</sup> with 7%–17% of 14- to 19-year-old females reporting a history of pregnancy.<sup>8,12,13</sup> Moreover, pregnancy and pregnancy desire is associated with a longer duration of homelessness.<sup>4,9,14–16</sup> Forty percent of female homeless youth who have been homeless for 6 months or more report a lifetime history of pregnancy, compared to 14% of females who have been homeless for less than 6 months.<sup>9</sup> Additionally, youth who have been homeless for a longer period of time are significantly more likely to report pro-pregnancy attitudes.<sup>16</sup>

Contraceptive use is the best predictor of pregnancy among youth.<sup>17</sup> Youth who do not use contraception are 11 times as likely to become pregnant, whereas youth who use contraception inconsistently are 3 times as likely to become pregnant.<sup>17</sup> However, disparities in pregnancy rates are explained in part by different contraceptive use patterns.<sup>18</sup> Hormonal contraceptives (eg, pill, vaginal ring, patch, shot, implant) are the most effective, male condoms are also effective,<sup>19</sup> whereas withdrawal is the least effective.<sup>20</sup> About 60% of sexually-active 15 to 19-year-olds report using a highly-effective form of contraception (eg, intra-uterine device [IUD], hormonal contraceptive), 16% use male condoms, 6% use withdrawal or other less effective forms, and 18% do not use any form of contraception.<sup>21</sup> Comparatively, among homeless youth, 92% report ever using male condoms, 40% have ever used birth control pills, and 13% have had a contraceptive shot.<sup>22</sup> Three-quarters of homeless young women report “sometimes” or “always” using contraception, of which 57% report doing so primarily for pregnancy prevention. However, 27% of female homeless youth report not using contraception for over half of their sexual encounters.<sup>6</sup> At last sexual encounter, 25% of Los Angeles homeless youth report not using any form

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of contraception, 19% relied on withdrawal, 37% used a condom, 12% used a hormonal method, and 8% used a condom and hormonal method; though these rates are among youth who reported vaginal or anal sex at last sexual encounter.<sup>16</sup> Regardless of effectiveness, homeless youths' contraceptive use is inconsistent, thus leading to an increased likelihood of pregnancy.

Contextual factors may relate to the decision to use contraception, especially condoms. As a relationship progresses and becomes more serious, condom use declines.<sup>23</sup> Homeless youth are less likely to report condom use with main partners than with their casual partners.<sup>3,6,24</sup> Among non-homeless youth, ages 17–25 years, condom use occurs less often within exclusive sexual relationships, as other forms of contraception are utilized.<sup>25</sup> Moreover, male homeless youth who complete at least 10<sup>th</sup> grade are more likely to use condoms at last sexual encounter;<sup>2</sup> whereas pregnant female homeless youth (12–18 years old) are over twice as likely to have dropped out of school as those who are not pregnant.<sup>14</sup> Thus, partner type and education may contribute to homeless youths' contraceptive use.

Access to condoms and other contraception at drop-in centers, shelters, and other service agencies may increase effective contraception use. Two-thirds of homeless youth report receiving condoms within the previous month and male homeless youth who received condoms are almost 4 times as likely to report using a condom at last vaginal sex.<sup>26</sup> Female homeless youth explain that condoms are most commonly utilized because they are available more often and protect against sexually transmitted infections (STIs).<sup>5</sup> Lack of access to other contraceptive methods may cause homeless youth to rely on other less-effective forms of contraception. Even though homeless youth recognize that the rhythm method and withdrawal are not the most effective methods, they are methods that do not require health professional involvement.<sup>5</sup>

Homeless youths' negative life experiences may contribute to their likelihood of becoming pregnant or impregnating someone. High rates of sexual victimization, history of foster care, current risky sex behaviors (eg, engaging in exchange sex, unprotected sex, having multiple partners, and participating in high risk sex networks) and limited access to healthcare services heighten the risk for pregnancy among homeless youth.<sup>8,10</sup> Homeless youth experience high rates of sexual abuse and victimization,<sup>10</sup> which may increase their likelihood of pregnancy; as sexual abuse victims are more likely to engage in risky sex behavior that can lead to pregnancy,<sup>7,8,24</sup> and if forced to have sex, may not have the option to use contraception.<sup>11</sup> Foster care history is also associated with both higher rates of homelessness<sup>27</sup> and pregnancy;<sup>28</sup> and homeless youth with a lifetime history of pregnancy are more likely to have been involved in foster care.<sup>7</sup> Exchange sex (ie, trading sex for money, drugs, food, a place to stay, or other means) is pervasive among homeless youth<sup>7,29</sup> and is further associated with pregnancy in this population.<sup>4</sup>

Homeless youths' attitudes toward pregnancy have rarely been examined in research to date. A retrospective study of homeless youth found those who experienced a pregnancy felt either excited or ill-prepared physically,

emotionally, and financially.<sup>10</sup> Most of these homeless youth reported that they did not want to be pregnant, but also did not use any contraception.<sup>10</sup> One study found that 9% of female homeless youth want to become pregnant and 6% are trying to become pregnant.<sup>6</sup> A recent study found that 75% of male and 71% of female homeless report that it is "very important" to "avoid becoming pregnant;" whereas 43% of male and 25% of female homeless youth would be "a little pleased" or "very pleased" if they found out they were pregnant. However, in a multivariate model, being pleased about a pregnancy is not significantly associated with failure to use an effective contraceptive at last sex.<sup>16</sup>

Studies exploring attitudes toward pregnancy among non-homeless adolescents suggest that a subset of youth have positive attitudes toward pregnancy. Eight percent of 15- to 19-year-old female youth participating in the National Longitudinal Study of Adolescent Health (Add Health) strongly agreed or agreed that pregnancy "would not be all that bad." Additionally, 7% strongly disagree or disagree with the statement that "Getting pregnant at this time in my life is one of the worst things that could happen to me" (ie, pro-pregnancy attitude). Twenty-nine percent of those with the strongest pro-pregnancy attitudes became pregnant within 1 year of the initial interview, compared to only 4% of those with the strongest anti-pregnancy attitudes.<sup>30</sup> This may be particularly relevant for homeless youth, as pro-pregnancy attitudes are associated with living away from home for at least 2 weeks and dropping out of school among adolescent girls.<sup>31</sup> Pro-pregnancy attitudes are also negatively associated with using contraception<sup>23,32,33</sup> and predictive of becoming pregnant within 1 year.<sup>30</sup> Sexually active high school students who report high perceived positive consequences to teenage child-bearing are over 3 times as likely to have not used contraception the last time they had sex.<sup>34</sup> Conversely, youth with anti-pregnancy attitudes are more likely to use contraceptives regularly.<sup>23,32</sup> Thus, attitudes toward pregnancy may have a direct impact on contraceptive use.

Among homeless youth, the relationship of pregnancy history to subsequent pregnancy desires and contraceptive use is inconclusive. Although pregnancy history has not been found to be associated with unprotected intercourse at last sex among homeless youth,<sup>4</sup> another study found female homeless youth who have ever been pregnant are much less likely to use condoms with their regular partners.<sup>7</sup> Other studies have found that non-homeless youth who have a history of pregnancy are more likely to have pro-pregnancy attitudes,<sup>17,23</sup> to use contraception ineffectively<sup>23</sup> or not at all,<sup>32</sup> and to believe that pregnancies strengthen their relationships with a romantic partner.<sup>35</sup>

As perceived by health professionals, pregnancy is a "serious health concern" for homeless youth.<sup>10</sup> Being pregnant and homeless increases the risk for a variety of health complications and negative birth outcomes.<sup>36,37</sup> However, it is unknown if homeless youth share these perceptions. Health professionals may erroneously assume that homeless youth wish to avoid pregnancy. If homeless youth desire pregnancy, however, mere contraceptive availability may not be the best public health solution. As such, any potential gender-based differences

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