

A mixed-methods evaluation of postpartum pregnancy prevention among women experiencing homelessness



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Presenter Disclosures

A mixed-methods evaluation of postpartum pregnancy prevention among women experiencing homelessness

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 24 months:

No relationships to disclose.

Overview

OBJECTIVE:

To describe the postpartum contraception needs for women experiencing homelessness.

- Acknowledgements
- Reproductive justice and 'unintended pregnancy'
- Reproductive health for women experiencing homelessness
- Key research questions

- Methodology overview
- Findings from PRAMS and interviews
- Implications for research, clinicians, and policy
- Closing & thank you



Acknowledgements

The authors would like to acknowledge the **interviewed women recently pregnant and homeless** for sharing their stories, the **PRAMS Working Group and the Centers for Disease Control and Prevention (CDC)**, my co-authors **Dr. Erika Thompson, Dr. Melissa Lewis, and Dr. Scott Walters**, and the numerous current and past mentors, educators, and support staff for their time, patience, effort, and support.

Funding:

This work was supported by the **University of North Texas Health Science Center School of Public Health Dissertation Support** fund (awarded Nov. 2021)

Reproductive Justice:

“the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”

- LORETTA ROSS

Women Experiencing Homelessness & Reproductive Health

WOMEN EXPERIENCING HOMELESSNESS

In January 2020, there were **580,466** people experiencing homelessness in the United States.

- Nearly **39%** of these individuals were female.
- **171,575** were people in families.

SEXUAL RISK

Women experiencing homelessness are at increased risk of survival sex, sexual assault, reproductive coercion, and intimate partner violence.

UNINTENDED PREGNANCIES

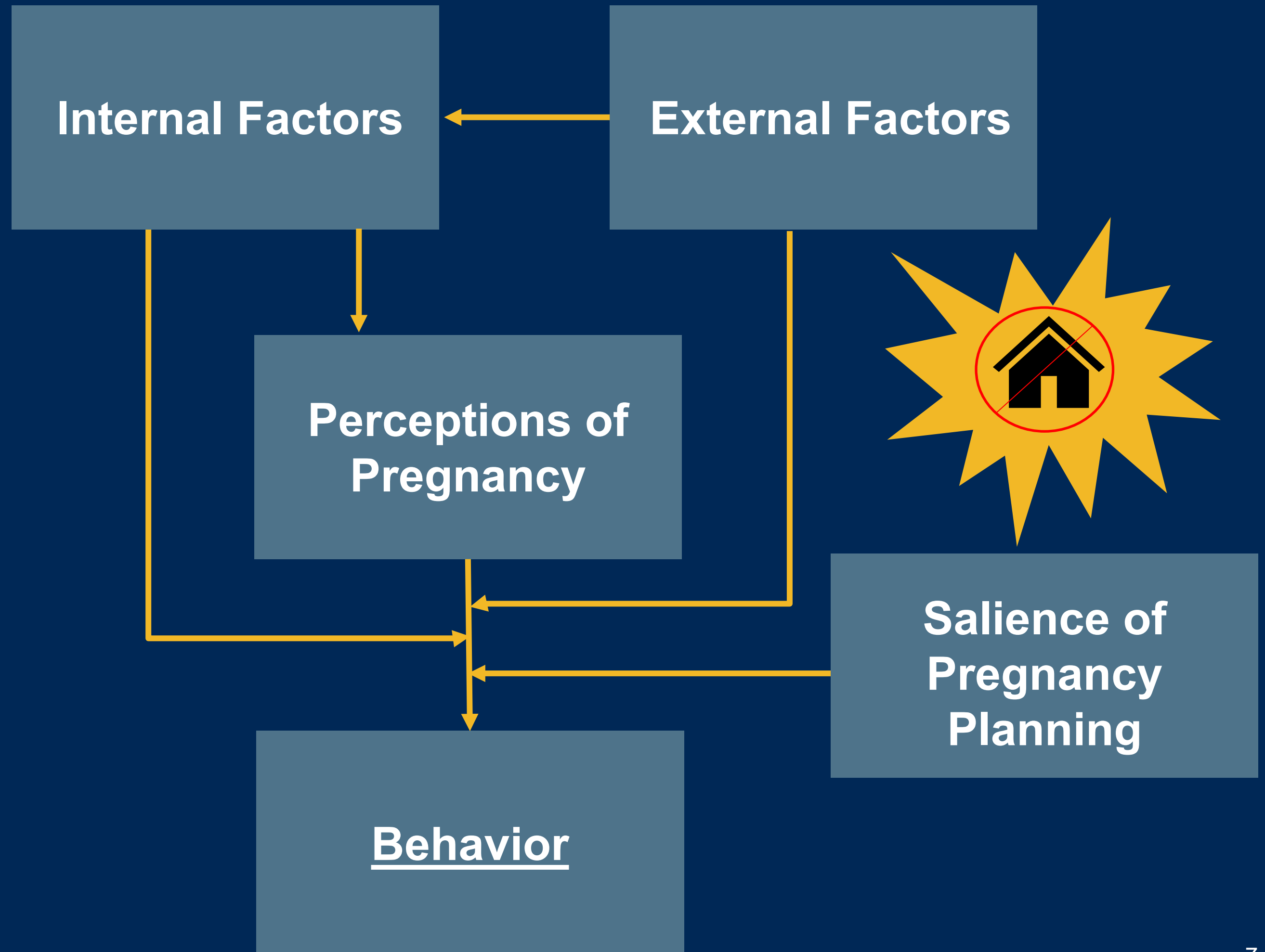
60% of pregnancies are unintended among women with low socioeconomic status.

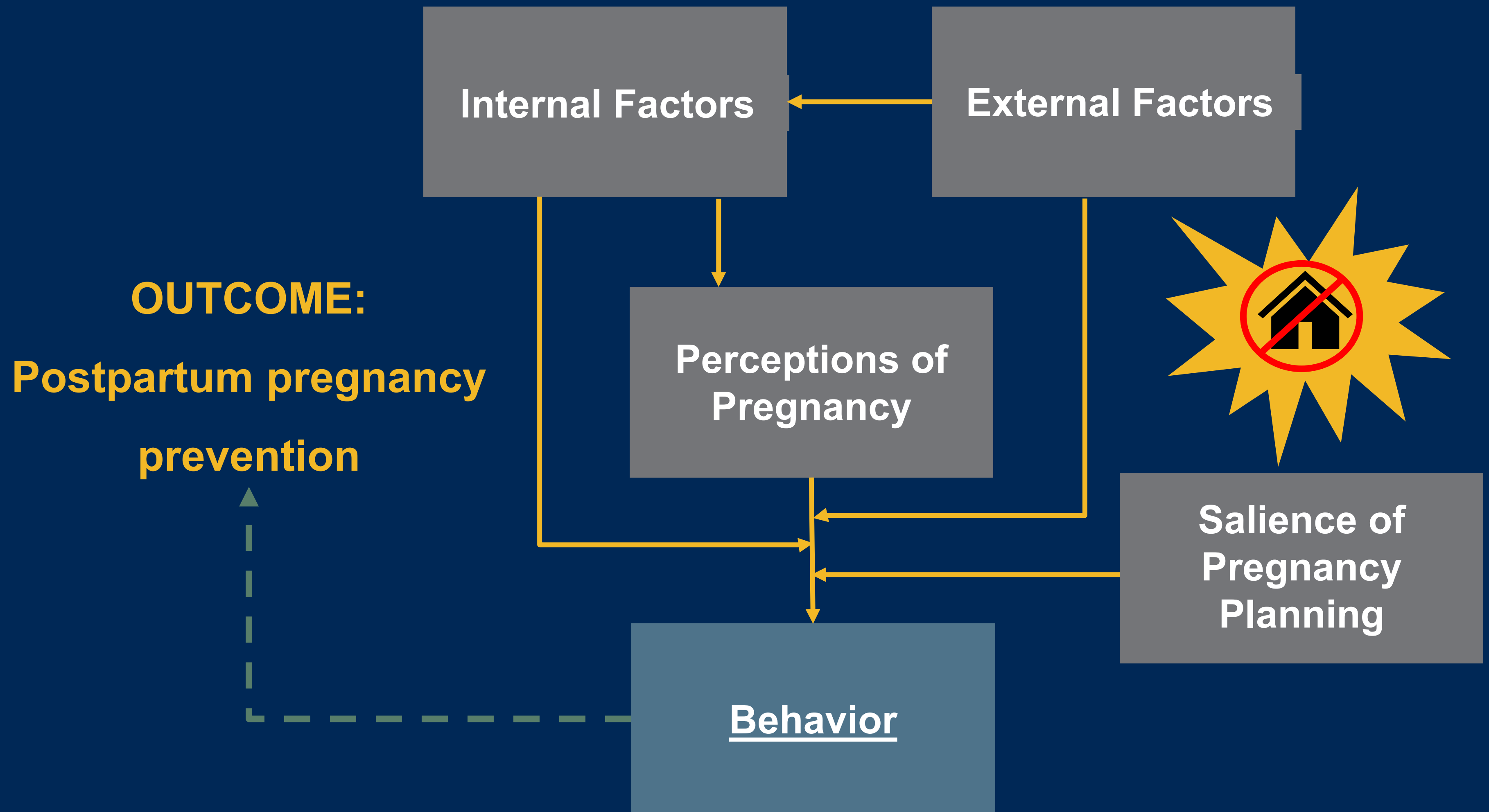
HEALTHCARE

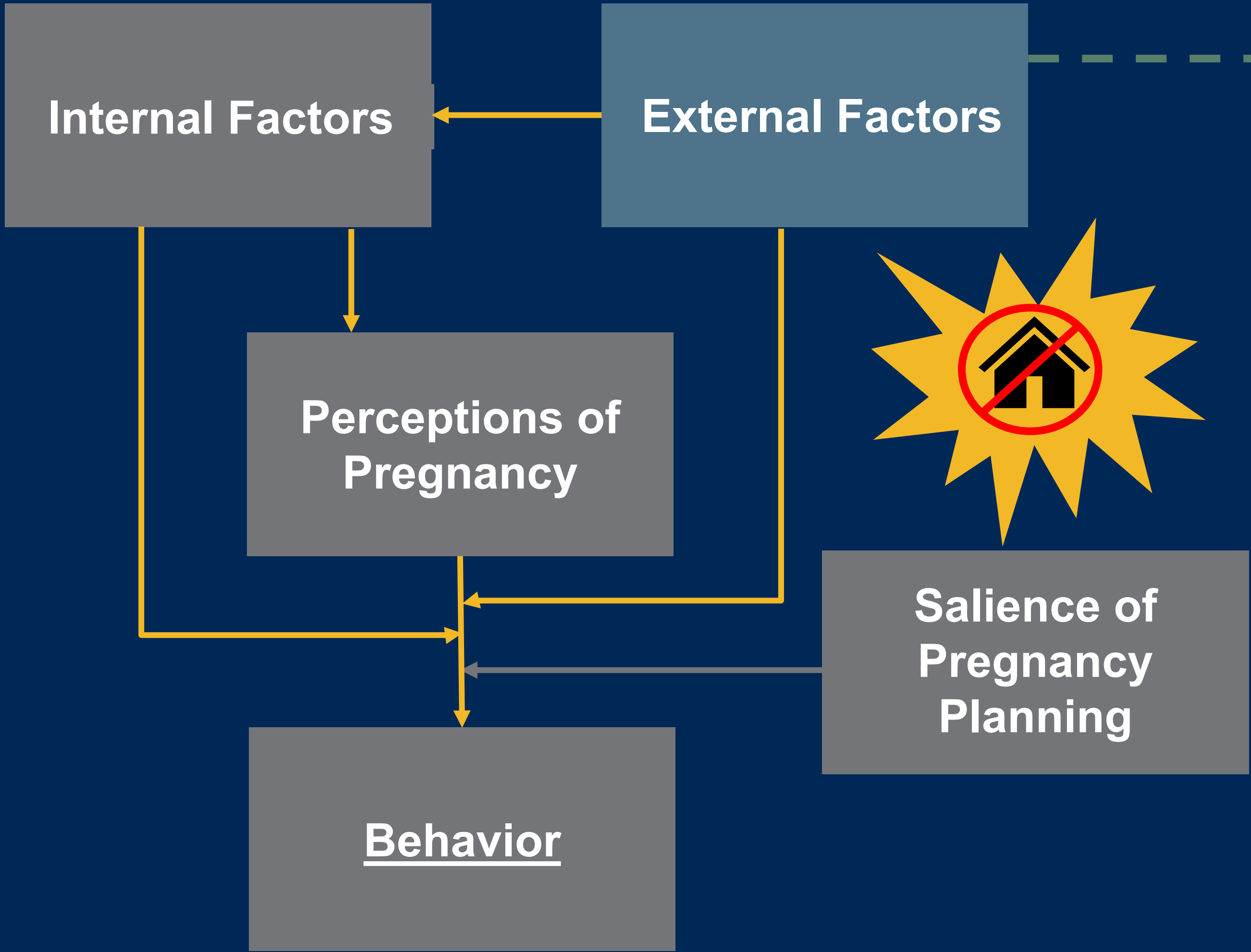
Women experiencing homelessness face difficulty accessing healthcare services and lack of comprehensive contraceptive counseling from providers.

**Adapted
Reproductive
Decision-
Making
Conceptual
Framework**

(Aiken et al., 2018)

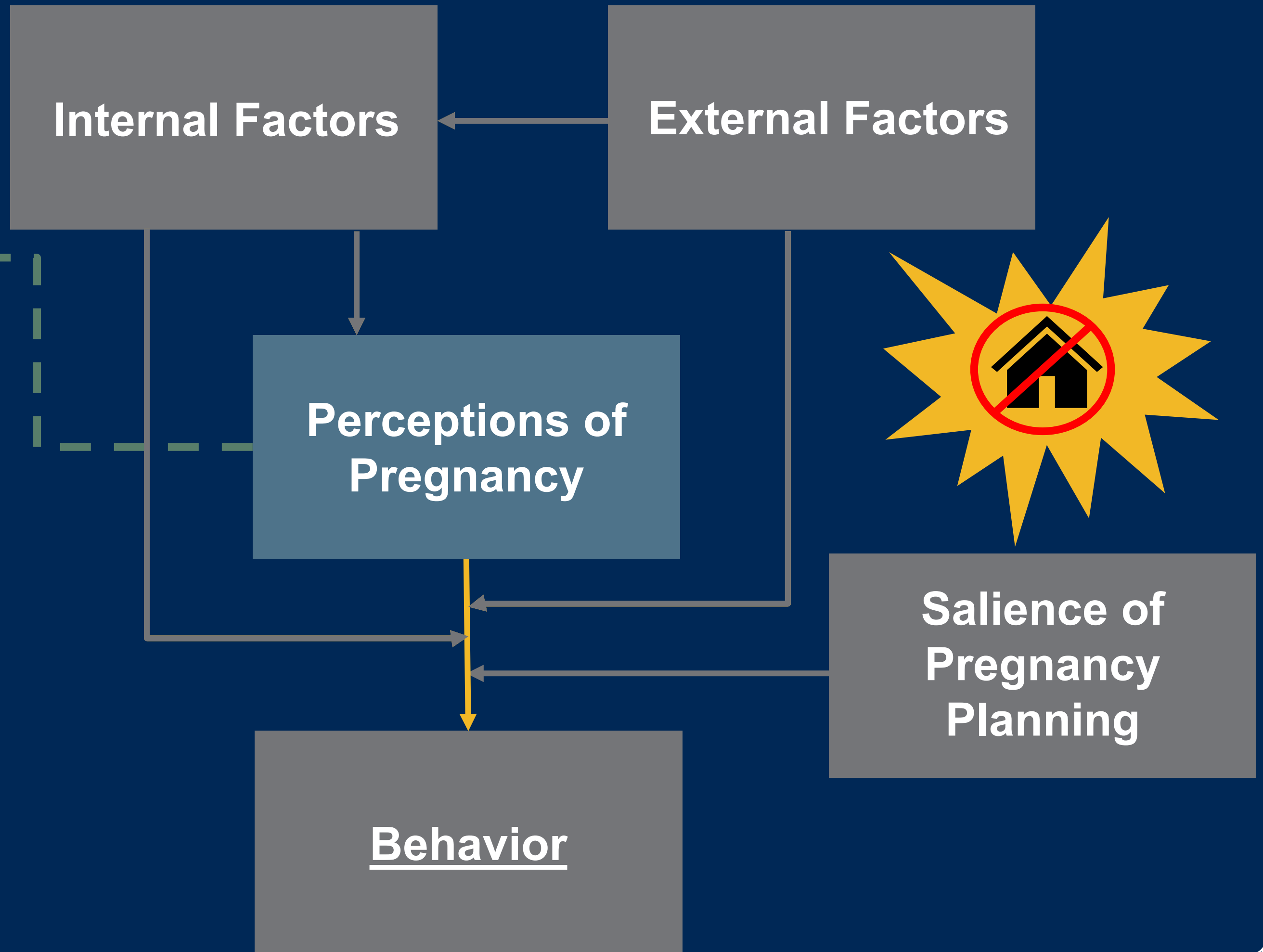


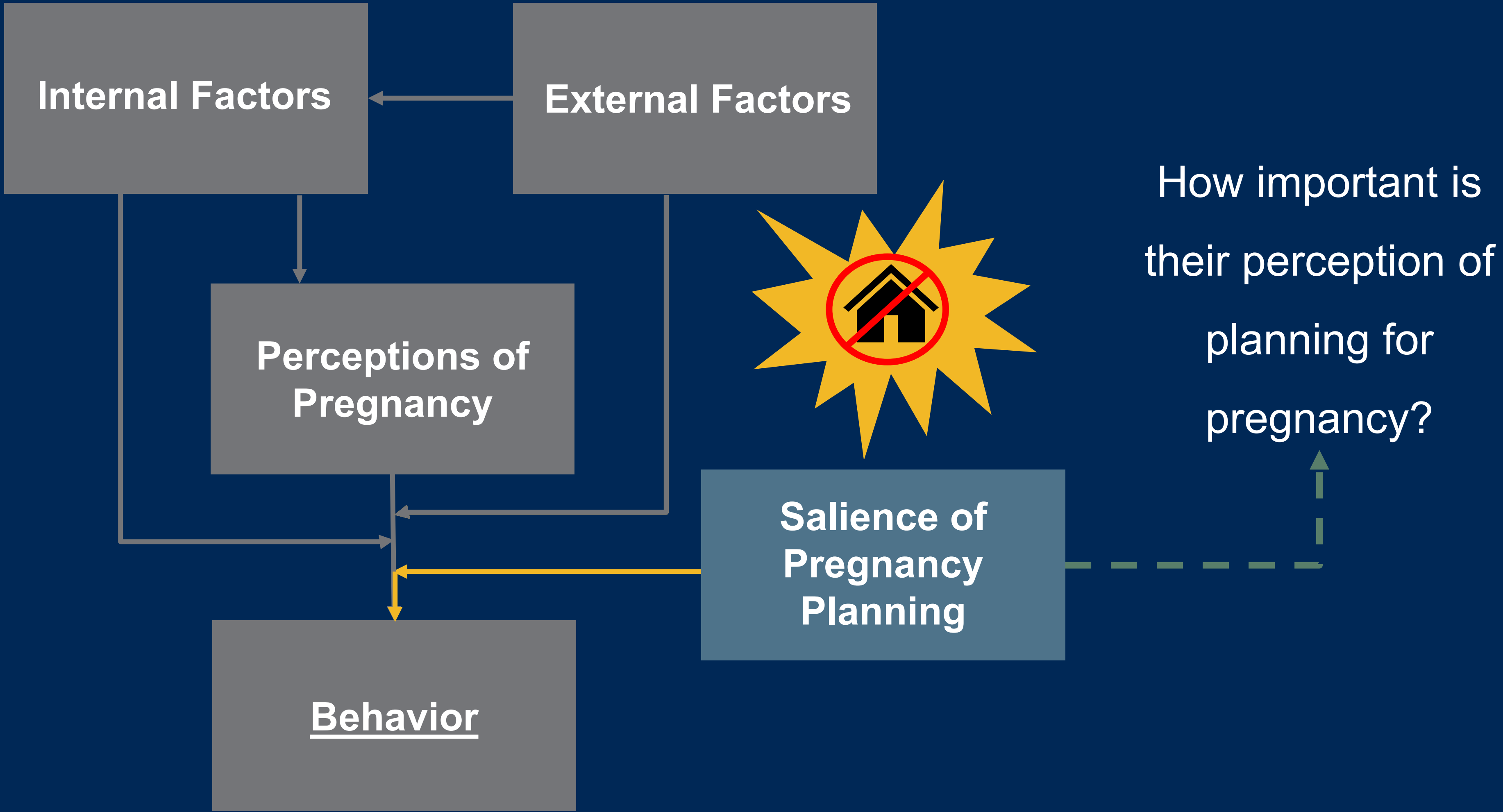




- Social, cultural, economic environment
- Inability to pay for birth control
- Current partner did not want birth control

- Pregnancy intentions and desire
- Emotional orientation to pregnancy





Consequences for not addressing reproductive needs for women experiencing homelessness



Lower birthweight, preterm birth, longer hospital stays



Adverse childhood experiences



Behavioral, academic, and mental health challenges for children



Perpetuation of the cycle of poverty

RESEARCH QUESTIONS

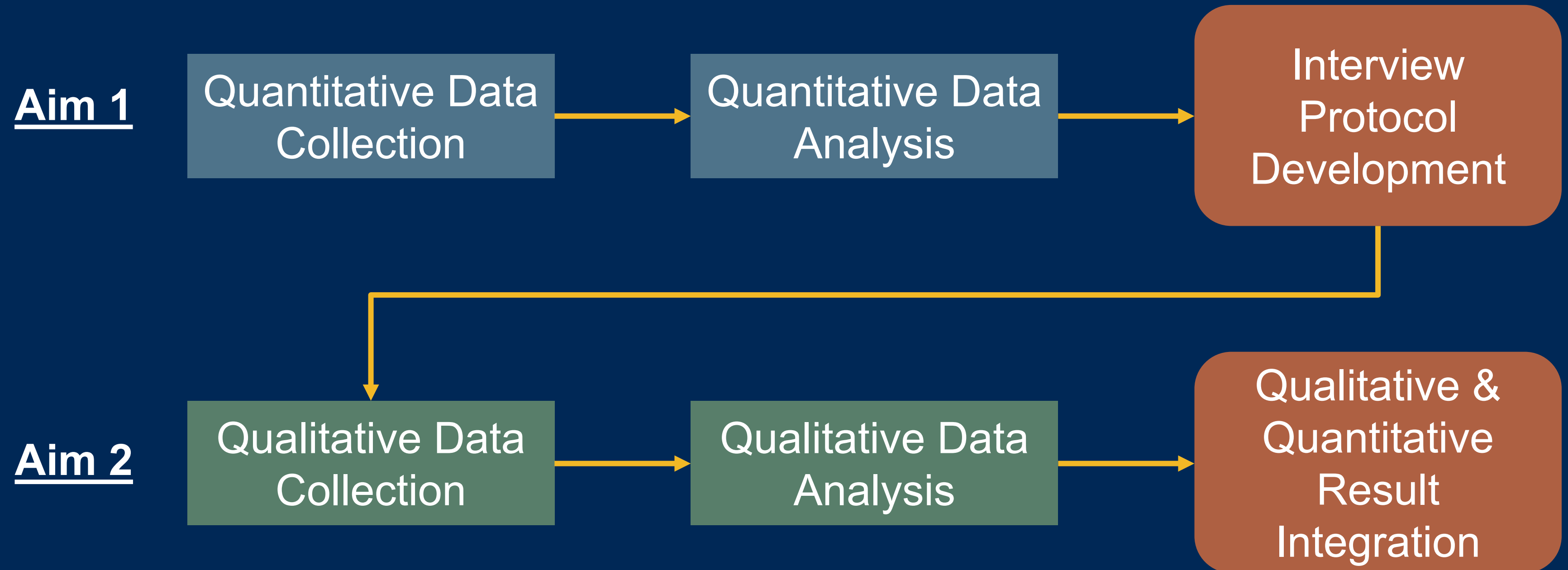


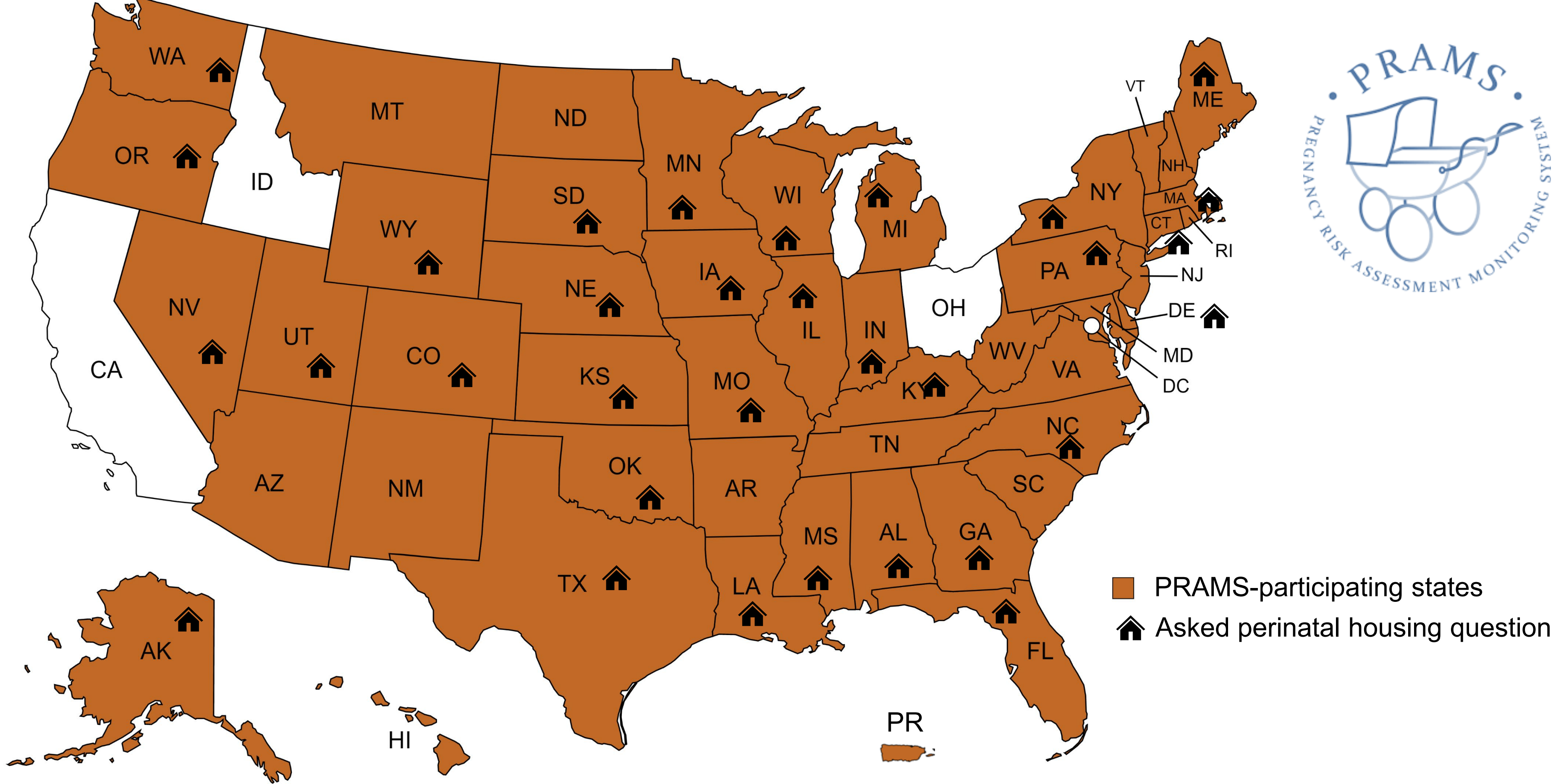
Did women experiencing homelessness engage in postpartum pregnancy prevention? Did this differ from women who were stably housed?



How do women with recent lived experiences being homeless and pregnant further contextualize findings about postpartum pregnancy prevention?

Research Plan





99,183

PRAMS 2016-2019: Sample size of live births, baby alive at the interview, responding to perinatal housing instability and postpartum pregnancy prevention questions

2,878

of participants experienced homelessness in last 12 months

2.42%

of participants experienced homelessness in last 12 months

PRAMS questions: Reasons for not engaging in postpartum pregnancy prevention

“Are you or your husband or partner doing anything now **to keep from getting pregnant**? Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.”

“What are your reasons or your husband’s or partner’s **reasons for not doing anything to keep from getting pregnant now**? Check ALL that apply.”

PRAMS (continued):

Reasons for not doing postpartum pregnancy prevention

- wanted to get pregnant again
- currently pregnant
- tubes tied/blocked
- didn't want to use birth control
- didn't like birth control side effects
- currently abstinent
- partner didn't want birth control
- can't pay for birth control

PRAMS (continued)

Other Demographic Factors

- Maternal age categories
- Maternal race/ethnicity
- Insurance
- Maternal education
- Marital status
- Timing-based pregnancy intention



Data Triangulation

- Compare results to initial quantitative findings from PRAMS
- Determine key themes, implications from interviews

Measures

- Semi-Structured Interview Guide:
 - Reproductive Decision-Making Framework
 - Key findings from PRAMS

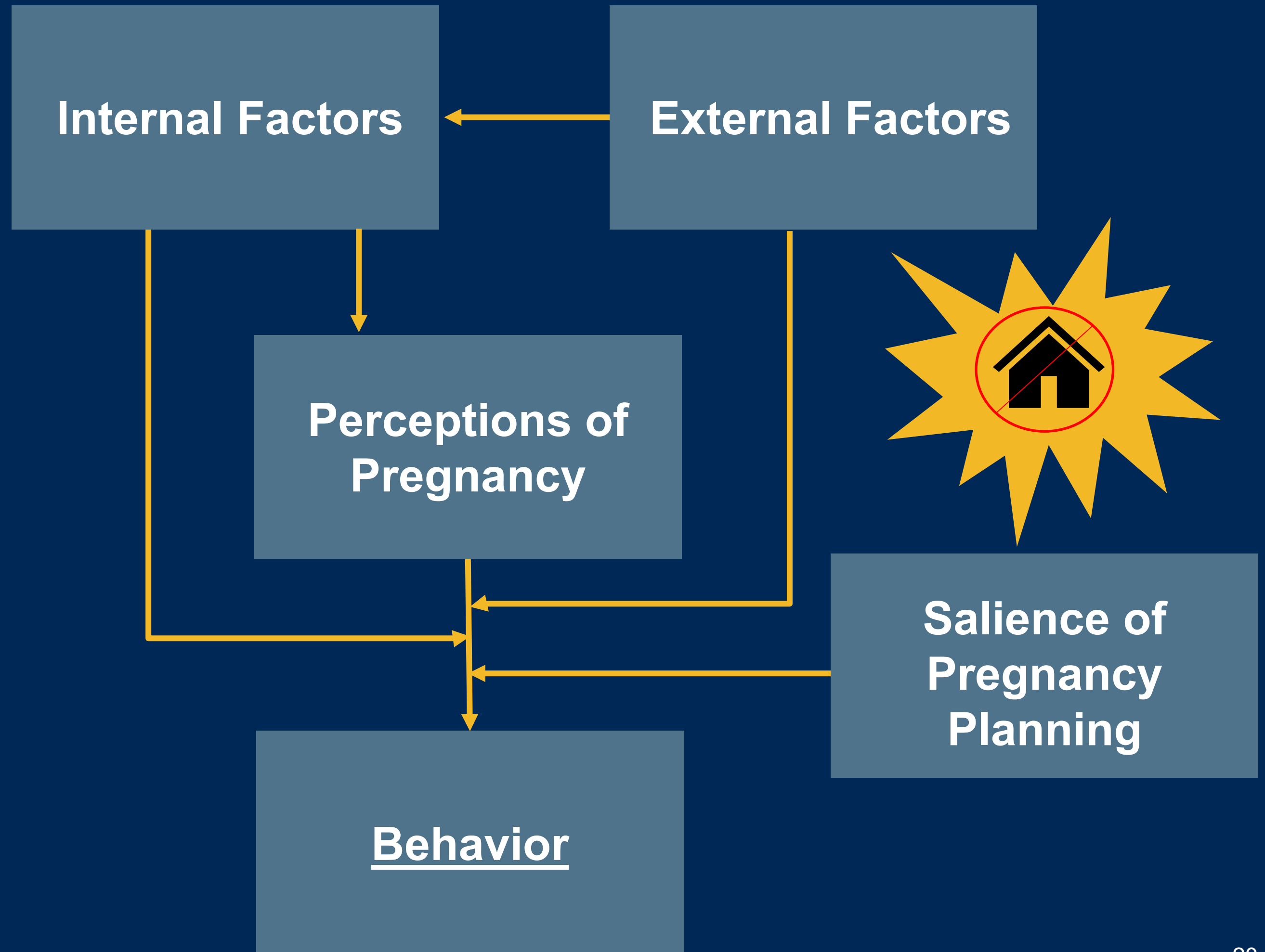


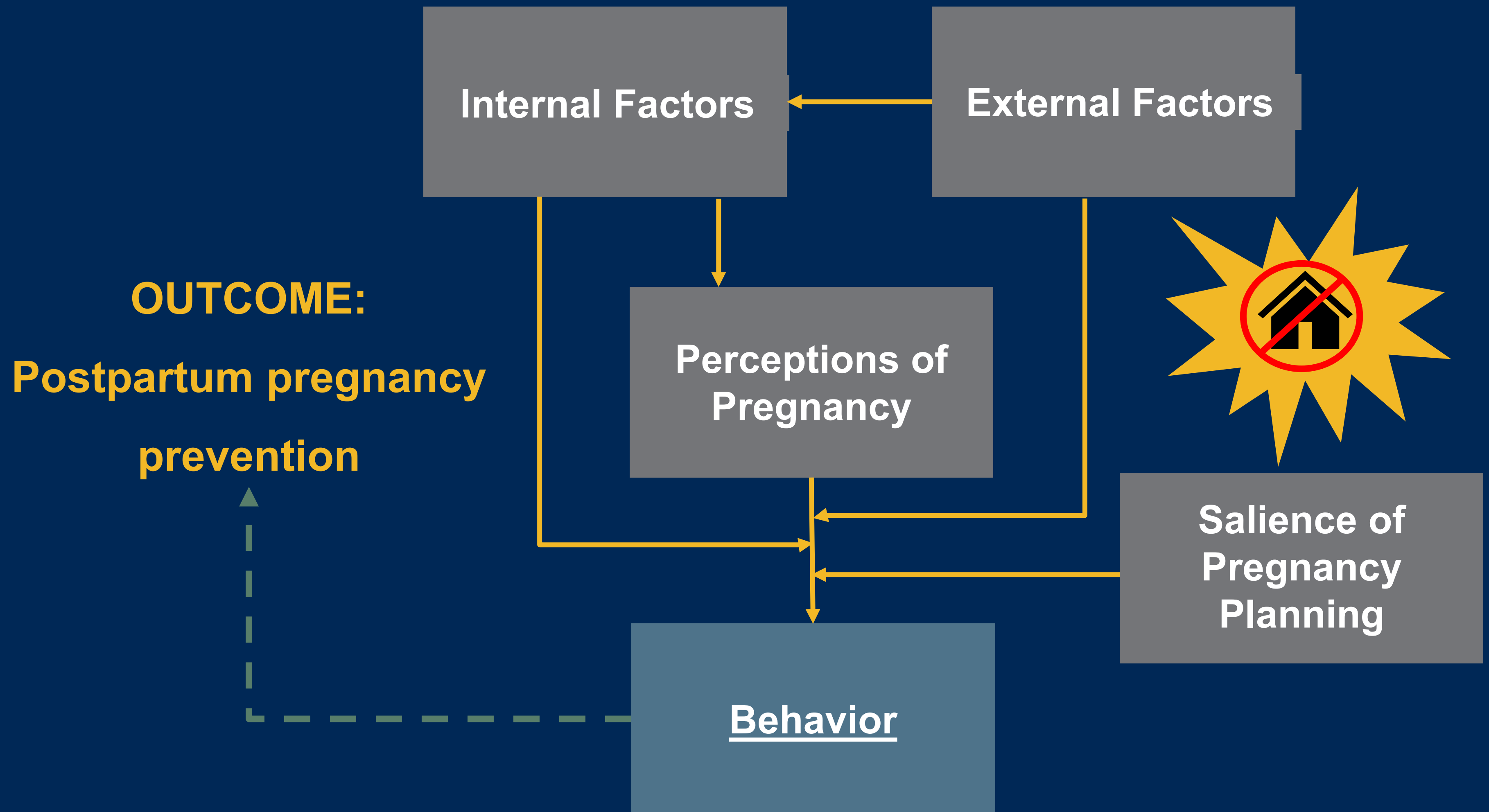
Total Women Recently Pregnant and Homeless Interviewed:

12

**Adapted
Reproductive
Decision-
Making
Conceptual
Framework**

(Aiken et al., 2018)





OUTCOMES

Behavior: Postpartum pregnancy prevention

[PRAMS] Women who experienced perinatal housing instability had...

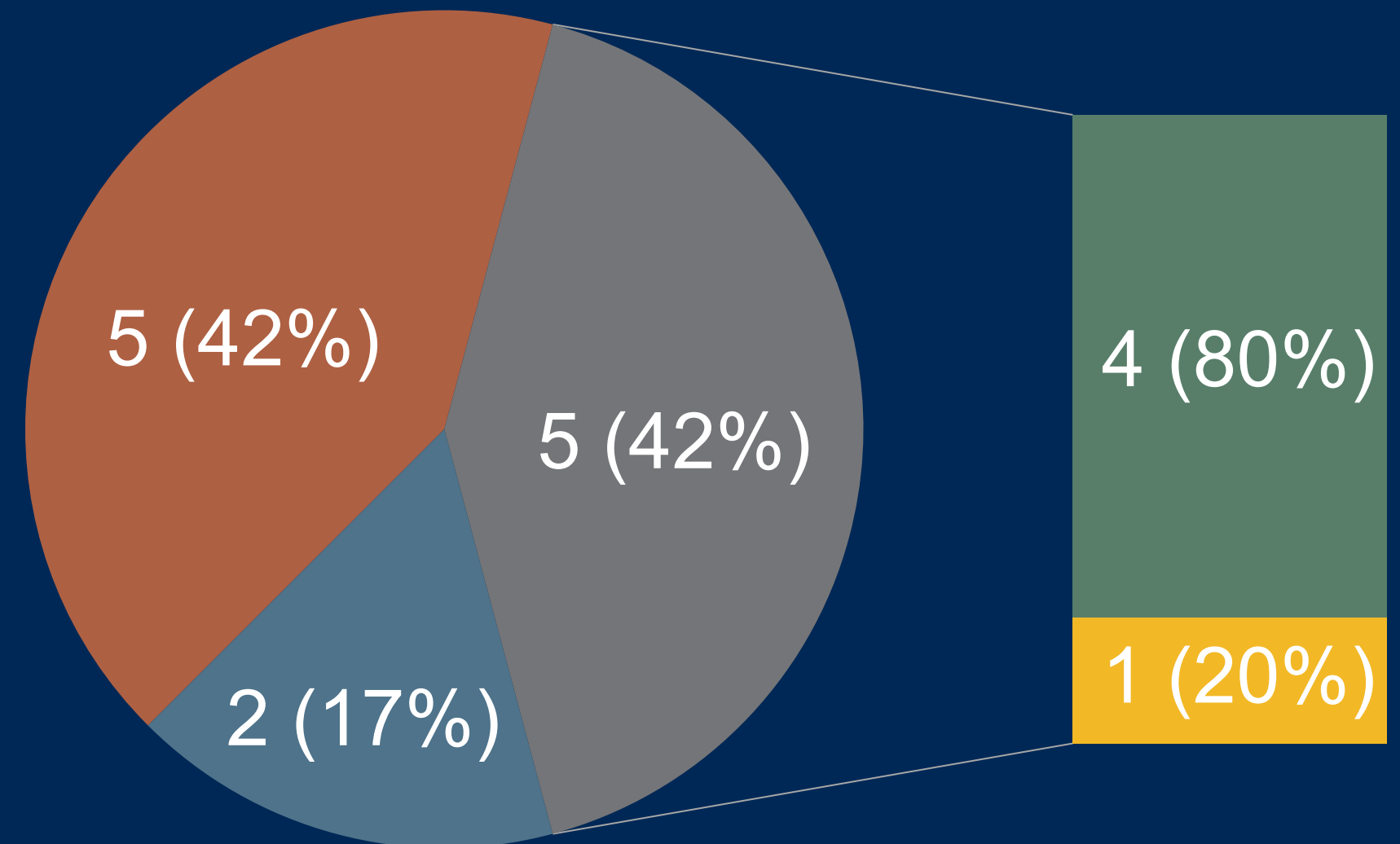
Among 12 interview participants...

Statistically lower odds*

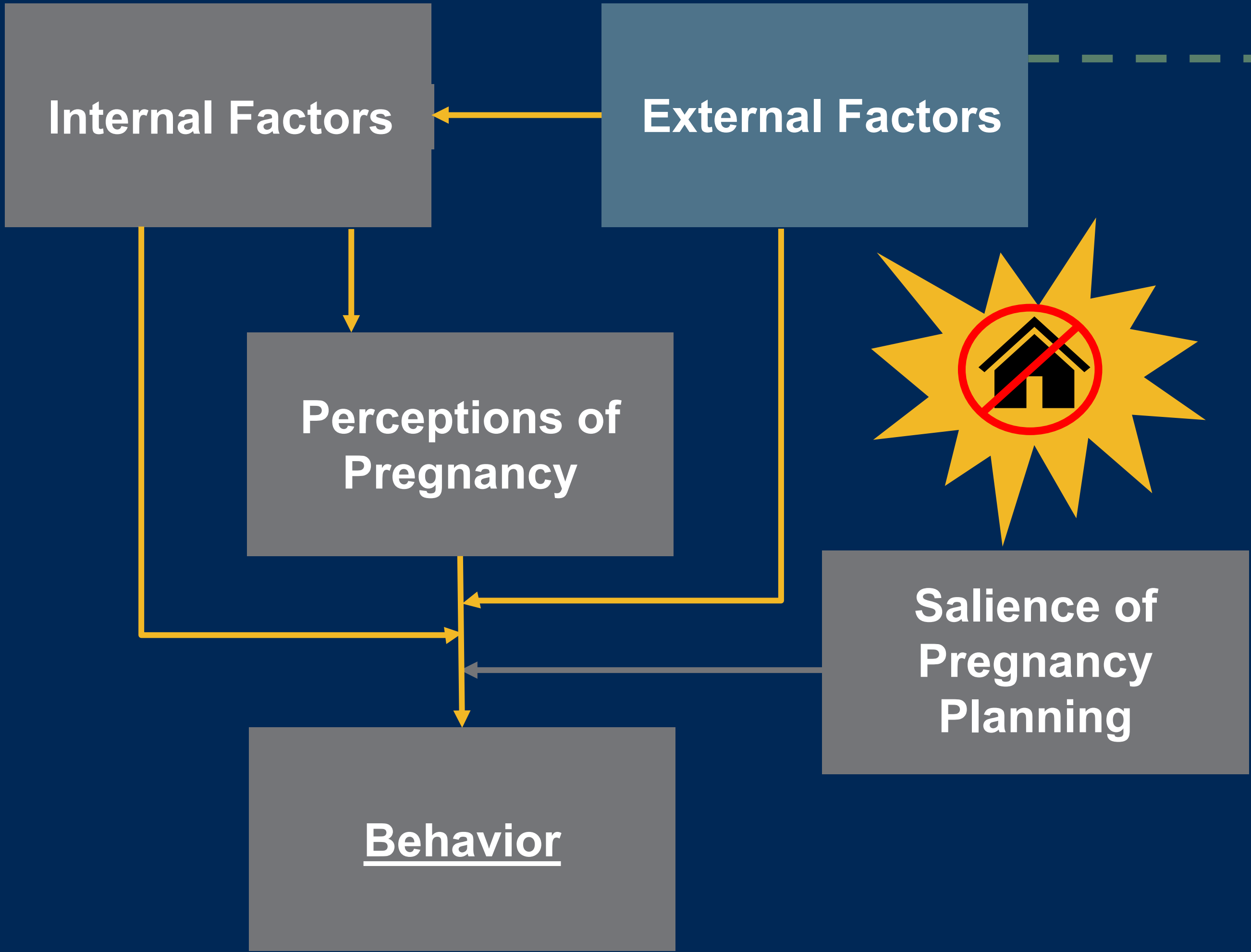
of reporting doing any behavior postpartum to prevent pregnancy (e.g., contraception, abstinence, etc.)

* Significant values indicated by $p < .05$

...compared to women who did not experience perinatal housing instability.



- Tubal ligation
- Abstinence
- Contraception: long-acting, reversible contraception
- Contraception: short-acting (i.e., pills)



- Social, cultural, economic environment
- Inability to pay for birth control
- Current partner did not want birth control

External Factors

Social, cultural, economic environment

[PRAMS] Women who experienced perinatal housing instability had...



Statistically lower odds* of

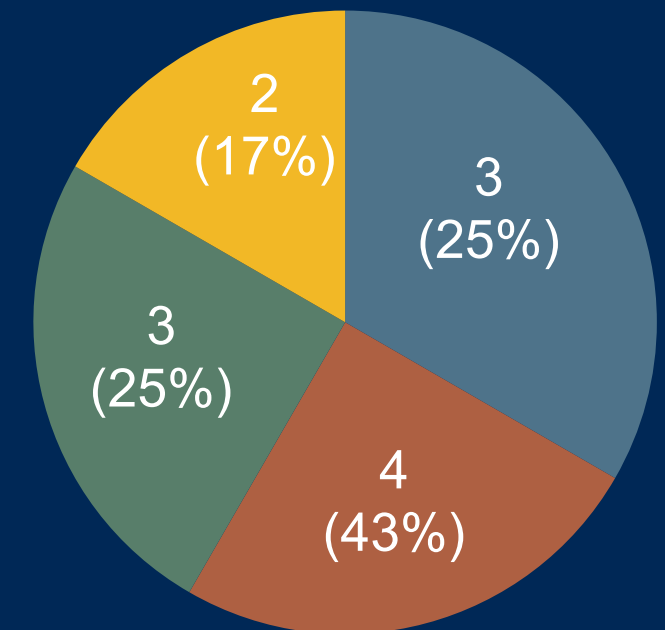
- Having higher maternal education
- Having insurance coverage

* Significant values indicated by $p < .05$

...compared to women who did not experience perinatal housing instability.

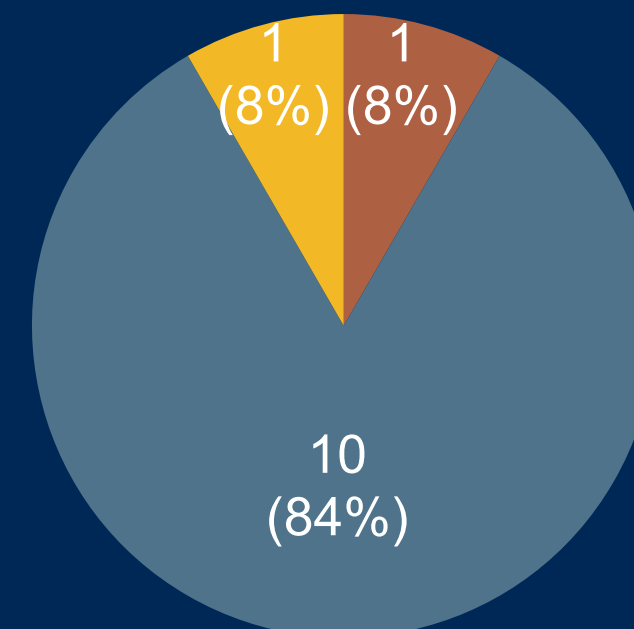
Maternal Education

- Less than High School Degree
- High School Degree or GED
- Some college/2-year degree
- 4-year degree or more



Maternal Insurance Status

- Private insurance
- Public insurance
- No insurance



External Factors

Ability to pay for birth control

[PRAMS] Women who experienced perinatal housing instability had...



Statistically higher odds*

of reporting inability to pay for birth control as a reason for not engaging in postpartum pregnancy prevention behavior

** Significant values indicated by $p < .05$*

...compared to women who did not experience perinatal housing instability.

Key Interview Themes

- While covered on Medicaid, it was still confusing to figure out what Medicaid will cover.
- Birth control out-of-pocket costs were expensive.

“That's probably a lot of why I have my 2 so close together. Just not being able to afford like, uh, the birth control pills and not knowing really anything other than that for birth control, and then not being able to afford condoms or something too.”



Relevant Quotes

External Factors

Partner did not want to use birth control

[PRAMS] Women who experienced perinatal housing instability had...



Statistically higher odds*

of reporting having a partner that dislikes birth control as a reason for not engaging in postpartum pregnancy prevention behavior

** Significant values indicated by $p < .05$*

...compared to women who did not experience perinatal housing instability.

Key Interview Themes

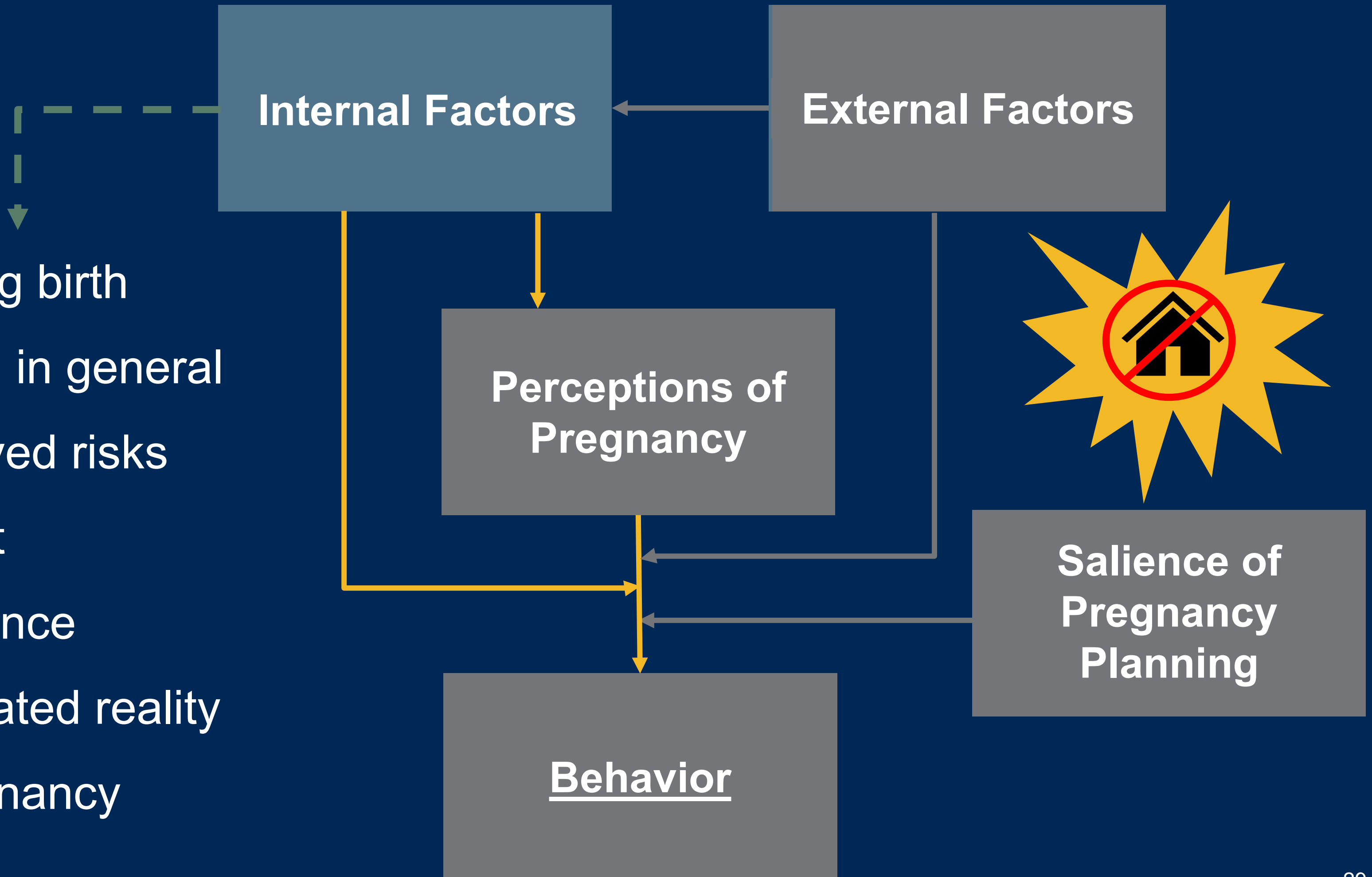
- Shouldn't be with partner if they don't let you decide
- Partner didn't like when I used contraception since they couldn't conceive
- Mood changes may make partner dislike birth control
- Partner hated condoms

“If they're not married, I wouldn't list my partner's decision. But if they're married, then yes, I would sit down and have a talk with my partner, and we're just going to have to come to an understanding because I know of a lot of women that, that like went behind their partners backs. Gotten on birth control. I know some women that have actually went and got their tubes tied behind their partner's back because their partner was basically not being fair.”



Relevant Quotes

- Disliking birth control, in general
- Perceived risks
- Current abstinence
- Anticipated reality of pregnancy



Internal Factors

Disliking birth control in general

[PRAMS] Women who experienced perinatal housing instability had...

Statistically lower odds*

of reporting not liking birth control, in general

** Significant values indicated by $p < .05$*

...compared to women who did not experience perinatal housing instability.

Key Interview Themes

- Some women see birth control as just another thing to do
- Don't like birth control because of hormones
- Allergic to birth control
- Heard some women could not find any birth control and side effects weren't worth being on birth control

“I could see how [birth control]'s not explained as a benefit for the mom to certain women to where they'd want to. It just sounds like another to do list that I really don't have time for and I really don't have to do, blah, blah, blah. But if it's really explained in a way that benefits her in a different way, I think people would take it more seriously. But I think ignorance to how it could actually benefit them and not just be another no-no.”



Relevant Quotes

Internal Factors

Perceived risk of becoming pregnant

“If I don't take care of myself and continue to use the precautions that we're currently using, I know that I'll be pregnant within the next month.”

“I mean, if it doesn't happen within the next year, it's probably not happening again because you know, the older I'm getting, the more declined my physical health is, so um, yeah. I don't, I don't foresee it but, knock on wood...”

Key Interview Themes

- I am at high risk because...
 - Currently not on birth control
 - Got pregnant easily before/fertile
- I am at low risk because...
 - Abstinent/celebrate
 - Was difficult to get pregnant
 - Older age

Internal Factors

Current abstinence

[PRAMS] Women who experienced perinatal housing instability had...



Statistically higher odds*


of reporting abstinence as a postpartum pregnancy prevention behavior

** Significant values indicated by $p < .05$*

...compared to women who did not experience perinatal housing instability.

Key Interview Themes

- If you don't want to get pregnant, don't have sex
- Even when abstinent, you should be on birth control
- Would also need birth control if in a relationship, but not in a relationship

A light blue silhouette of a pregnant woman is positioned on the left side of the image. She is facing right, with her hands resting on her hips. The background is a dark blue gradient.

“Some people would say [they’re abstinent]. And then sometimes, they’ll feel peer-pressured from their partner or their significant other, and they wanna please that person. It sometimes leads to unwanted pregnancies because they think, “This is my word. I’m going to keep that.” But sometimes, you feel peer pressure and you fall for it. You fall to it, so I feel like either way, if you’re gonna be abstinent or not, you should still take birth control.”

Relevant Quotes

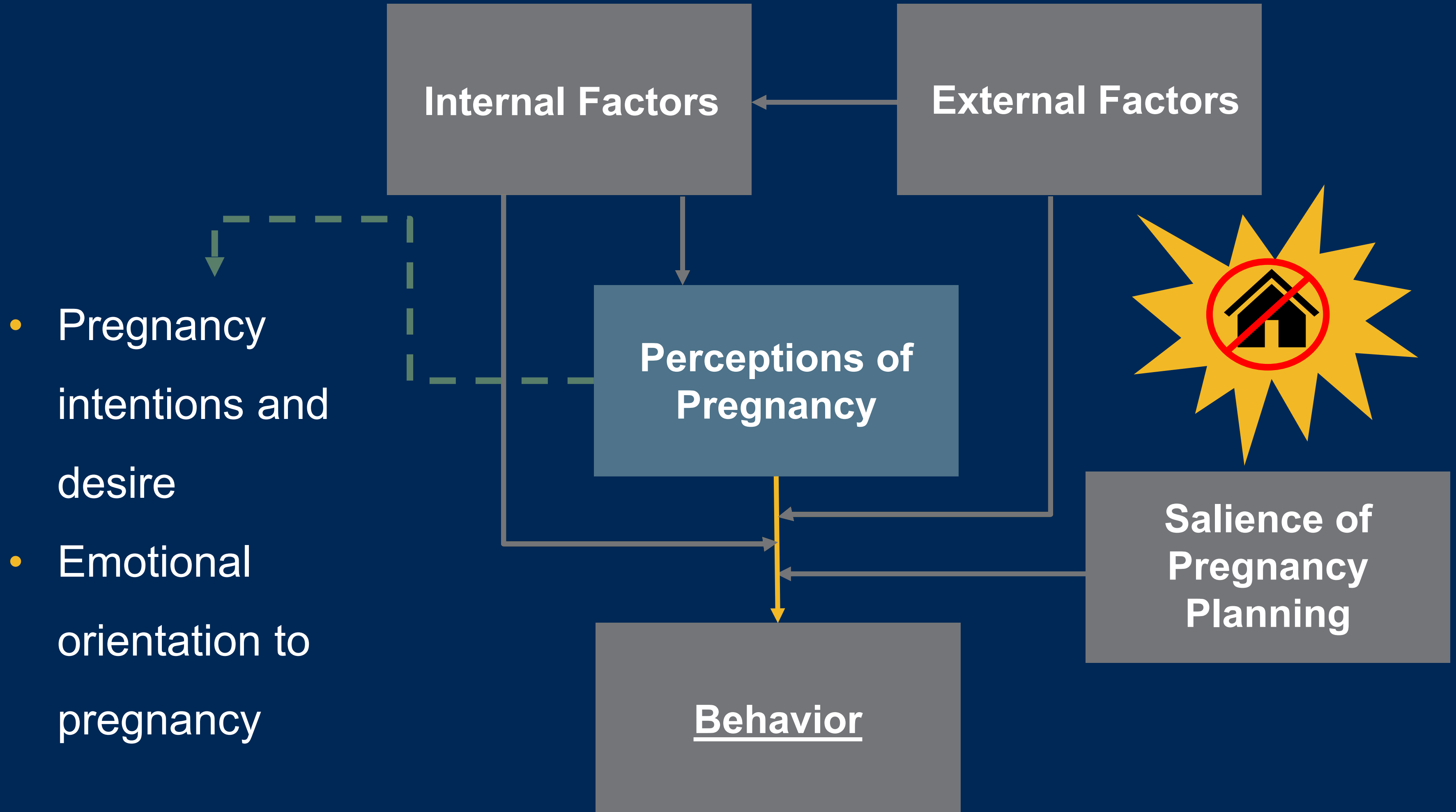
Internal Factors

Anticipated realities of pregnancy

“Yeah, just in the fact that I'm in a place where I'm trying to... better in my life with what I have now, so like adding an addition onto that, and having a whole, you know, another child to take care of, and to put in daycare and to feed and clothe. ...just everything like that. That would just be another major stressor and kind of like a, a bump in the road for that. So, before I make really any kind of decision like that, I'd like to have everything just kind of already established and out of transition.”

Key Interview Themes

- Pregnancy and childrearing when homeless is challenging.
- Important to wait to get pregnant again until after they obtained secure housing



- Pregnancy intentions and desire
- Emotional orientation to pregnancy

Perceptions of Pregnancy

Pregnancy intention and desire

[PRAMS] Women who experienced perinatal housing instability had...

A higher proportion of women

- Wanted their recent child **later**
- **Did not** want their recent child then, or at any time
- **Not sure** about when they wanted their recent child

A lower proportion of women

- Wanted their recent child **at the time** they had them
- Wanted their recent child **sooner**

...compared to women who did not experience perinatal housing instability.

Key Interview Themes

- When people want to get pregnant, it's harder to get pregnant
- Better for children to be closer in age
- Makes sense: if you want kids, you don't go on birth control
- If you want it and can afford it and are healthy with support, go for it

“I would, I would feel the same way like, ‘OK, well I'm not going to get birth control right now because I know in about 3 to six months, I want another baby.’”

“Well, I mean, I feel like if they're ready, and they don't want to take precautions to not become pregnant, then I feel like go ahead ‘cause, like, it's your body. It's your thing.”



Relevant Quotes

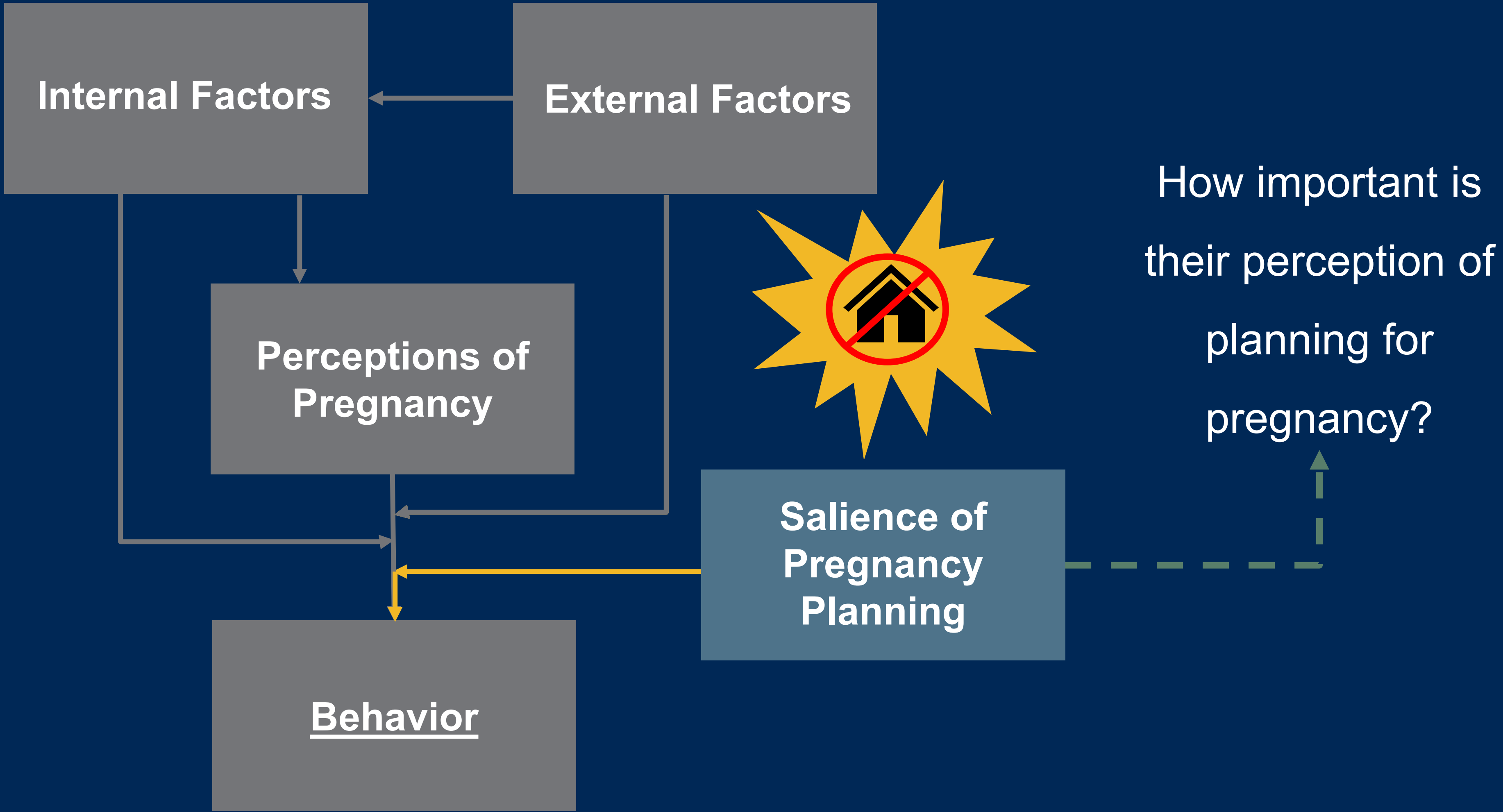
Perceptions of Pregnancy

Emotional orientation to pregnancy

“So, it would really be motivation for us to get our life together, get everything situated, get our budget going, but again, it would be very stressful. I would be happy – I would be, just, I would be very overwhelmed.”

Key Interview Themes

- If pregnant now, there would be mix of emotions:
 - Positive: excited, motivated
 - Negative: scared, overwhelmed, sad, surprised, and stressed



Salience of Pregnancy Planning

How important is planning for pregnancy?

“Basically, if you’re not ready, I just, I wouldn’t [get pregnant]. You need to at least have a plan. You know, if anybody you know in the future or if anybody’s thinking about it, have a plan.”

Key Interview Themes

- Regardless of plan, there is a reason I became pregnant.
- Planning to prevent pregnancy is very important

IMPLICATIONS: What are the Next Steps?

Research

- reproductive best practices – assessed longitudinally
- identifying women experiencing homelessness not connected to organizations

Practice

- having a multi-stage system in place from a hospital, insurance, and outpatient perspective
- advocacy for autonomous reproductive decision-making

Policy

- revisiting housing policy, definitions
- poverty alleviation, education policy to support housing
- increasing access and affordability to reproductive health care

Thank you!

*Any Questions?
Contact Me:*



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