

Reproductive and Sexual Health Needs of People Experiencing Homelessness: A Qualitative Study

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Introduction

- Housing is a key social determinant of health
- Women and transgender men make up a rapidly growing proportion of people experiencing homelessness (PEH), but little is known about their reproductive and sexual healthcare experiences and needs
- Homelessness is linked with a wide variety of health risks, including unintended pregnancy, pregnancy complications, and lower infant birthweight¹ and low contraceptive usage compared to the gen. population²
- Lack of person-centered research on barriers and facilitators to reproductive and sexual healthcare

Methods

- Semi-structured interviews conducted with participants who met the following inclusion criteria: (1) cisgender female or transgender male identity, (2) age ≥18 years, and (3) current experience of homelessness.**
- Recruitment was facilitated through partnerships with local street medicine programs, shelters, clinician referrals, and direct outreach during street rounds. Interviews were guided by an open-ended guide with questions across the following domains:
 - Perceived key reproductive and sexual health needs and concerns.
 - Perceived barriers accessing contraception, sexual healthcare, pregnancy, and abortion services
 - Personal experiences with reproductive healthcare providers and the impact of homelessness on reproductive decision-making
 - Suggestions for improving reproductive healthcare delivery for PEH

Participants were compensated \$50 for their time.

21 interviews conducted:

Characteristics	N (%) or Mean (Range)
Age (years)	41.5 (21-60)
Gender identity	18 cisgender women (95%) 1 transgender man (5%)
Race/ethnicity	12 White/Caucasian (63%) 6 Black/African American (32%) 1 Hispanic/Latina (1%)
Housing status	10 Shelter (55%) 8 Street (42%) 1 Other (1%)
Average duration of homelessness	1.31 years (2 weeks – 5 years)

2 interviews excluded due to presence of severe mental illness

Deductive coding is forthcoming, utilizing broad codes derived from open coding:



"I told them that I needed my Depo shot. And there was a team of nurses that came. They ordered a shot for me...and they gave it to me right there in my tent."

"It's almost like when you're homeless, you're automatically a drug addict or a prostitute or a criminal."

"When I get my period, it's like hell on Earth... I use wrapped toilet paper. I'll make a sock pad."

Results

Preliminary themes from open coding:

- Stigma** surrounding homelessness and institutional mistrust, in addition to limited transportation and phone access, result in delayed care
- Menstrual hygiene and lack of menstrual products** is a persistent concern
- Vulnerability to sexual assault** while being homeless increases perceived risk of unintended pregnancy and STIs
- Strong awareness of local abortion providers, but cost is a barrier
- High utilization of street medicine services** and shelter-based care in comparison to traditional OB/GYN office based-care
- Varied contraception needs, with some **noting preference for long-acting contraception** due to lower maintenance
 - Depo, IUD
 - Condoms noted to be widely accessible
- Overall desire for compassionate, trauma-informed care
- Need for clearer communication from outreach teams** about available reproductive health services

Conclusions

- Full coding and thematic analysis is forthcoming; recruitment will continue until thematic saturation is accomplished
- Current findings provide a framework to improve the accessibility of reproductive healthcare for PEH
- May inform clinician training, contraception and abortion policy, and low-barrier models of care

References

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- Kennedy S, Grewal M, Roberts EM, Steinauer J, Dehlendorf C. A qualitative study of pregnancy intention and the use of contraception among homeless women with children. *J Health Care Poor Underserved*. 2014 May;25(2):757-70