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The Association between Social Norms Regarding Pregnancy and Pregnancy Attitudes among Youth Experiencing Homelessness



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Disclosure Statement

- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Pregnancy among Homeless Youth

- Homeless youth pregnancy rates are at least **5 times higher** than those of their housed counterparts¹⁻⁵
- **30% to 60%** of female homeless youth indicate past or current pregnancies^{1,6-12}
- **20% to 45%** of young homeless males report known pregnancy involvement¹¹⁻¹²

Pregnancy among Homeless Youth

- Homeless young women are less likely than housed women to receive prenatal care¹³
- Pregnancies that occur while homeless are more likely to result in increased birth complications and adverse maternal-child health outcomes¹⁴⁻¹⁷
- Pregnancy and having children while homeless are associated with longer homelessness duration, increased mental health challenges, and long-term poverty¹⁸⁻²¹

Pro-Pregnancy Attitudes among Homeless Youth

- Past studies have shown that 20% to 30% of homeless youth agreed that they actively would like to become pregnant or involved in a pregnancy within the next year^{12,22-25}
- An additional 20% to 30% reported indifference or ambivalence regarding pregnancy^{12,22-25}
- Active desire to become pregnant and pregnancy ambivalence are similarly predictive of becoming pregnant within one year^{23,24}

Why do Some Homeless Youth Endorse Pro-Pregnancy Attitudes?

- Conduits toward [accessing health care](#) and [other social services](#) that they often lack^{5-6,9,25}
- Motivating factors for [positive life changes](#), such as [reducing substance use](#)²¹
- Bonds in lieu of [relationship voids/feelings of abandonment](#)^{12,25-26}
- [Reconnections](#) to complex/fractured relationships (with family, serious partners, etc.)^{9,25-26}

Homeless Youths' Pregnancy Attitudes: Where is the Research?

- Vastly under-studied, despite known adverse outcomes (health, economic, parenting)
- Extant prevention efforts have failed to consider that homeless youth likely do not form pregnancy attitudes solely at the individual-level (or in isolation)
- Most pregnancy research has focused on young women, but has not often included perspectives of young men and/or vulnerable groups of youth with the consistently highest pregnancy rates (e.g., homeless youth, foster youth, LGBTQ2S youth)

The Importance of Social Networks and Perceived Social Norms

- **Social networks**: Individuals or groups of individuals who share connections and interactions with each other in some way(s)²⁷⁻²⁹
- Social networks affect behavior through several means, including **social norms**³⁰⁻³¹
 - **Social norms**: Perceptions regarding what behaviors are prevalent or are considered common/acceptable within a given group³²
 - Can be **collective** or **perceived**
 - Perceived norms (typically most accurate predictors of behaviors) can be **descriptive** or **injunctive**

The Role of the Referent Group

Youths' networks are heterogeneous, and contradictory messages (and norms) are often perceived as being sent by different network member types



Primary Research Question

- Are perceived social norms regarding pregnancy, held by youths' specific referent-group members (e.g., family members, home peers, street peers, service providers, serious partners), associated with youths' endorsements of pro-pregnancy attitudes?

Methods

- 4 waves of cross-sectional data were collected from homeless youth ($N = 1,046$), ages 14 to 25, in Los Angeles [2011-2013] - [MH R01 903336](#); Principal Investigator: Rice; University of Southern California
- Study consisted of 2 parts: [social network interview](#) (social network mapping; youth named members of their social networks) and a [computerized self-administered survey](#)
- [Name generator and network data](#): Participants provided information for up to [50 people](#) with whom they interact

Measures

DV: Pro-pregnancy attitudes (anti-pregnancy vs. pro-pregnancy)

IVs: (dichotomous; logistic regression):

- ✓ Gender (male vs. female)
- ✓ Race/Ethnicity (non-White vs. White)
- ✓ Age (in years)
- ✓ Current School Enrollment (no vs. yes)
- ✓ High School Graduate (no vs. yes)
- ✓ Current Employment (no vs. yes)
- ✓ Time Spent Homeless (in years)
- ✓ Transience/Traveler Status (no vs. yes)
- ✓ Alcohol/Drug Use Prior to Sex, Last Sexual Encounter (no vs. yes)
- ✓ Sexual Abuse History (no vs. yes)
- ✓ Foster Care History (no vs. yes)
- ✓ Ever Pregnant/Involved in a Pregnancy (no vs. yes)
- ✓ **Descriptive Norms:** Youths' Perceptions of Peers (Home-based, Street-based) Ever Pregnant (continuous proportion)
- ✓ **Injunctive Norms:** Youths' Perceptions of Specific Referent-Group Members (respectively) Objecting vs. Encouraging Pregnancy (more encouraging vs. more objecting)

Analytic Plan

Analyses conducted using SAS (9.4) and SPSS (23.0) and progressed in two stages:

1. **Bivariate logistic** regression to determine statistically significant (unadjusted associations) between independent/dependent variable(s)
2. Any independent variable significantly associated with the outcome variable at a threshold of $p < .05$ was retained in a subsequent **multivariate logistic regression** model assessing adjusted associations between independent/dependent variable(s)
3. **Gender** retained as a control variable regardless of bivariate significance (due to “gendered” nature of pregnancy)

Results: Descriptive

- ✓ **Gender:** 72.7% male; 27.3% female
- ✓ **Race:** 60.8% non-White; 39.2% White
- ✓ **Mean Age:** 21.4 years ($SD = 2.2$)
- ✓ **Mean Homelessness Duration:** 2.9 years ($SD = 3.2$)
- ✓ **Current School Enrollment:** 86.8% no; 13.2% yes
- ✓ **High School Graduate:** 31.9% no; 68.1% yes
- ✓ **Current Employment:** 87.6% no; 12.4% yes
- ✓ **Transience/Traveler Status:** 63.1% no; 36.9% yes
- ✓ **Alcohol/Drug Use Prior to Sex:** 60.5% no; 39.5% yes
- ✓ **Sexual Abuse History:** 87.1% no; 12.9% yes
- ✓ **Foster Care History:** 68.3% no; 31.7% yes
- ✓ **Pregnancy/Involvement History:** 58.6% no; 41.4% yes

40% of sample indicated ambivalent or positive attitudes regarding pregnancy

Results

	95% CI			95% CI		
	Unadjusted OR			Adjusted OR		
Demographics						
Gender	1.02	0.61	1.72	0.75	0.42	1.35
Race	0.51 **	0.32	0.81	0.66	0.39	1.11
Age	0.96	0.86	1.07			
Education Level	0.83	0.49	1.42			
Current School Attendance	2.91 **	1.32	6.40	2.33	0.98	5.56
Current Employment	1.43	0.73	2.82			
Time Homeless	1.00	0.93	1.07			
Transience/Traveler Status	0.56 *	0.35	0.90	0.73	0.42	1.26
Alcohol/Drug Use Prior to Sex	0.76	0.47	1.24			
Sexual Abuse History	1.40	0.79	2.49			
Foster Care History	1.31	0.80	2.15			
Prior Pregnancy/Involvement	1.50	0.42	1.07			
Social Norms						
Descriptive Norms: Peers from Home Ever Pregnant	0.44	0.11	1.78			
Descriptive Norms: Street Peers Ever Pregnant	6.02	0.88	41.02			
Injunctive Norms Regarding Pregnancy (Home Peers)	1.45	0.60	3.53			
Injunctive Norms Regarding Pregnancy (Street Peers)	0.43 **	0.27	0.70	0.49 **	0.30	0.81
Injunctive Norms Regarding Pregnancy (Family)	1.04	0.29	3.76			
Injunctive Norms Regarding Pregnancy (Serious Partner)	0.24 **	0.10	0.59	0.26 **	0.10	0.68
Pseudo Rsquare	0.14					
2Log Likelihood	369.52					

Note: Pregnancy norms questions added in later wave of study; $n = 304$ for this model

Note: Bivariate tests were not conducted for staff-related network members because of the sparse nature of cell sizes

* $p < .05$
 ** $p < .01$
 *** $p < .001$

Limitations

- Cross-sectional design (limits causal conclusions)
- Self-reports and social desirability (sensitive topics)
- Study included only service-seeking youth, and from large urban area with relatively more resources and options for service provision
- Some network data variables based entirely on youths' perceptions (independent confirmation of norms needed)
- Important aspects and nuances of identity are “lost” in logistic regression

Discussion & Study Implications

- Sexual and reproductive health interventions are needed that more closely respond to the unique, socially contextualized life situations of youth experiencing homelessness (e.g., positive/ambivalent pregnancy attitude endorsements, resource-deprivation, youths' complex social networks and needs for social capital)
- Social network members are immensely influential and should be included in intervention and prevention services (especially in serious partner dyads receiving intervention together; peer educators/navigators)
- Peer-based and dyadic (intimate partner) social norms warrant more investigation as intervention constructs for unwanted pregnancy prevention
- Intervention/education efforts should not be limited to only homeless young women (include males, avoid the “gender binary,” include LGBTQ2S youth who are often overlooked regarding pregnancy risk)

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