



“This Research Is Cool”: Engaging Youth Experiencing Homelessness in Research on Reproductive and Sexual Health

Stephanie Begun, Ariel Weber, Joshua Spring, Simran R. A. Arora, Cressida Frey & Alicia Fortin

To cite this article: Stephanie Begun, Ariel Weber, Joshua Spring, Simran R. A. Arora, Cressida Frey & Alicia Fortin (2020) “This Research Is Cool”: Engaging Youth Experiencing Homelessness in Research on Reproductive and Sexual Health, *Social Work in Public Health*, 35:5, 271-281, DOI: [10.1080/19371918.2020.1791296](https://doi.org/10.1080/19371918.2020.1791296)

To link to this article: <https://doi.org/10.1080/19371918.2020.1791296>



Published online: 07 Jul 2020.



Submit your article to this journal [↗](#)



Article views: 435



View related articles [↗](#)



View Crossmark data [↗](#)



Citing articles: 1 View citing articles [↗](#)



“This Research Is Cool”: Engaging Youth Experiencing Homelessness in Research on Reproductive and Sexual Health

Stephanie Begun, Ariel Weber, Joshua Spring, Simran R. A. Arora, Cressida Frey, and Alicia Fortin

Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Ontario, Canada

ABSTRACT

Youth experiencing homelessness face myriad barriers and inequities regarding their reproductive and sexual health and rights. Moreover, homeless youth are often characterized as “disaffiliated” and depicted as difficult to engage in research. This study qualitatively explored homeless youths’ attitudes, beliefs, and needs regarding reproductive and sexual health, and sought their perspectives on being involved in research on such topics, which are often thought of as “taboo” or sensitive. Youth were enthusiastic about openly discussing such issues, which they deemed as highly relevant to their daily lives. Youth identified that how they were engaged in such research, and having opportunities for longer-term contributions to such efforts, were both important and exciting to them. Future social work and public health research efforts should seek to further disrupt narratives of homeless youth as “disaffiliated” and difficult to engage, and in doing so, develop more creative, participatory, and youth-led opportunities for including this group in reproductive and sexual health research.

KEYWORDS

Reproductive health; sexual health; homeless youth

Background literature

In the United States, the broadest federal definition of youth homelessness includes any “individual who is less than 21 years of age, for whom it is not possible to live in a safe environment with a relative, and who has no other safe alternative living arrangement” (42 U.S.C. § 5732). Approximately 3.5 million young people, or one in ten individuals between the ages of 18 and 25, experience homelessness in the U.S. each year (Morton et al., 2018; Morton, Dworsky, & Samuels, 2017). One consequence of the erosion of the welfare state through neoliberal restructuring (Webb & Gazsco, 2017), the proportion of youth experiencing homelessness is growing in urban areas across North America (Gaetz, O’Grady, Kidd, & Schwan, 2016). Youth homelessness is a violation of basic human rights and reflects systemic failings that deny young people access to sufficient housing, food, justice, education, health care, meaningful employment, and freedom of expression at a critical time of physical, social, cognitive, and emotional development (Canadian Observatory of Homelessness, 2017).

The majority of homeless youth have left unsafe home environments characterized by familial discord and hostility (Gaetz et al., 2016; Webb & Gazsco, 2017), physical and sexual abuse (Coates & McKenzie-Mohr, 2010; Tyler & Schmitz, 2018), negative involvement with child protection services (Gaetz et al., 2016; Webb & Gazsco, 2017), and/or disownment from families of origin based on sexual orientation, gender identity, and gender expression (Abramovich, 2012; Rosario, Schrimshaw, & Hunter, 2012). In comparison to their housed counterparts, homeless youth are at higher risk of attempting suicide (Gaetz et al., 2016; Kidd, Gaetz, & O’Grady, 2017; Moskowitz, Stein, & Lightfoot, 2013), experiencing physical and sexual victimization (Gaetz et al., 2016;

Heerde, Scholes-Balog, & Hemphill, 2015) and misusing substances (Hadland et al., 2011). Such life experiences have been shown to exacerbate preexisting trauma and may contribute to higher rates of depression and mental health challenges (Bao, Whitbeck, & Hoyt, 2000). Considering the many complexities and hurts that most homeless youth have endured, it is perhaps unsurprising that this group is often characterized as “disaffiliated” from formal systems. Concurrently, this population is often portrayed as difficult to engage in programs and services, also in part due to their reluctance to trust service providers, researchers, and adults in general (Coates & McKenzie-Mohr, 2010; Schneir et al., 2007). Further, retaining homeless youth in programs, services, and research is also often challenging because of the transient nature of their daily lives while precariously housed (Arnold & Rotheram-Borus, 2009; Coates & McKenzie-Mohr, 2010).

Youth experiencing homelessness also face many barriers and inequities pertaining to their reproductive and sexual health and rights. In a U.S. Midwest-based study, 70% of homeless youth engaging in sexual activities had experienced pregnancy during their adolescence (Crawford, Trotter, Hartshorn, & Whitbeck, 2011). Additional research indicates that between 30%-60% of young women become pregnant while unstably housed (Cauce, Stewart, Whitbeck, Paradise, & Hoyt, 2005; Dworsky, Morton, & Samuels, 2018; Halcón & Lifson, 2004; Winetrobe et al., 2013). Compared to young pregnant women with stable housing, homeless pregnant young women are less likely to receive prenatal and general reproductive health care (Baggett, O’Connell, Singer, & Rigotti, 2010; Thompson, Bender, Lewis, & Watkins, 2008). As a result, their children are more likely to be born at low birth weights, at preterm delivery, with neurological or physical complications (Chapman, Tarter, Kirisci, & Cornelius, 2007; Little et al., 2005), and suffer acute and chronic health problems (Oliveira & Goldberg, 2002). Of additional concern, fear of losing custody of their children and stigmatizing attitudes from health care and social service providers are cited as the most salient factors preventing homeless young women from accessing the care that may help mitigate these complications (Smid, Bourgois, & Auerswald, 2010).

Although much less frequently the focus of research efforts, 22% to 43% of young men experiencing homelessness indicate being involved in pregnancies (Wagner, Carlin, Cauce, & Tenner, 2001; Winetrobe et al., 2013). These numbers are thought to be higher than that of male youth and young adults from the general population. However, a scarcity of research exists regarding teen and young adult fatherhood, more broadly. This lack of knowledge stems, in part, from birth certificates for children born to young mothers often containing little information on birth fathers. The notable paucity of research on young men’s pregnancy involvement and parenting experiences thus limits most discussions of such topics to the outcomes and experiences of young women (Alschech & Begun, *in press*). As such, research on pregnancy involvement and parenting experiences among males, both from the general population and also among homeless youth, is needed to further develop reproductive and sexual health prevention and education.

High rates of unplanned, although not necessarily “unwelcome” pregnancies (Begun, 2017; Begun, Frey, Combs, & Torrie, 2019; Cauce et al., 2005; Tucker et al., 2012), are perhaps unsurprising given overall low rates of contraception use among homeless youth (Begun, Combs, Torrie, & Bender, 2019). Research has indicated that over 40% of sexually active homeless young women used no form of contraception in the past 12 months (Arangua, Andersen, & Gelberg, 2005), and 40%-70% of homeless youth (all genders) reported recent engagement in condomless sex (Begun, 2017; Haley, Roy, Leclerc, Boudreau, & Boivin, 2004; Tucker et al., 2012). In addition, youth experiencing homelessness have described unmet needs for and inequities and barriers in accessing abortion services (Begun, Combs, Schwan, Torrie, & Bender, 2019). Furthermore, many homeless youths’ sexual activities are influenced by pervasive conditions of community violence, sexual coercion and victimization, gender-based power imbalances, and survival sex (Haley et al., 2004; Warf et al., 2013). Homeless youth, consequently, have significantly higher rates of sexually transmitted infections (STIs), including HIV, compared to youth with stable housing (Beech, Myers, Beech, & Kernick, 2003). Taken together, prevention strategies, service delivery innovations, and reproductive and sexual health education, specifically tailored to homeless youths’ contextualized needs, are urgently needed.

Despite these multifaceted challenges, youth experiencing homelessness possess extraordinary resourcefulness, ingenuity, and uniquely creative capacities for surviving stressful, complex, and often unsafe social conditions (Bender, Thompson, McManus, Lantry, & Flynn, 2007). Forming meaningful social connections through traits such as empathy, resilience, self-efficacy, and optimism, enables youth to access resources and solve problems (Bender et al., 2007; Kidd, 2003). Research has consistently depicted social capital as a powerful protective factor in mitigating mental and physical health challenges, risky behaviors, loneliness, and suicidal ideation among youth experiencing homelessness (Begun, 2017; Begun, Bender, Brown, Barman-Adhikari, & Ferguson, 2018; Kidd & Shahar, 2008). For homeless youth, social capital is not simply an affiliation to services or programs, but rather, is constituted by an authentic alliance with, a sense of belonging to, and the desire and ability to contribute to spaces, relationships, and communities (Oliver & Cheff, 2014).

Accordingly, Social Capital Theory (Bourdieu, 1986; Lin, 1999; Putnam, 2000) provides a useful theoretical lens through which the current study may be conceptualized. Social capital is borne out of individuals' and groups' meaningful social interactions and relationships (Bourdieu, 1986; Lin, 1999; Putnam, 2000), and has been described as the capacity for an individual to obtain resources and other benefits by way of being a member of a given social network (Portes, 1998; Warschauer, 2004). Here, social capital, in comparison to how economic "capital" is typically characterized (e.g., wages, property), is instead represented through needed and accurate information, helpful resources, and emotional support that are obtained specifically via homeless youths' social ties to others. Youths' sense of community within physical spaces such as shelters and drop-in services, their access to medically accurate and non-judgmental reproductive and sexual health information from trusted sources, and their links to others for emotional supports in navigating the complexities of these important health topics, are of vital importance to homeless youths' overall well-being. As such, tenets of social capital guide the current study, which seeks to qualitatively explore homeless youths' attitudes, beliefs, and needs pertaining to reproductive and sexual health, particularly with regard to their perspectives on being involved in research efforts and connected to resources pertaining to such topics. Furthering this area of scholarship may help to identify important ways by which public health and social work research efforts may more effectively engage this group of young people in reproductive and sexual health information-seeking, prevention, and service provision efforts.

Methods

Phenomenological approaches are deemed appropriate for qualitatively exploring themes that are not well understood and to seek deeper meaning about an experience that a group of individuals shares (Padgett, 2011). The broader "phenomenon" examined through this project was experiencing homelessness specifically as a young person while grappling with barriers and choices regarding reproductive and sexual health while accessing shelter-based services. Results highlighted in the current study focus more narrowly on youths' interests in participating in research, learning about, and engaging in discussions on these substantive topics.

Criterion sampling, an approach that has shown success in studies in which all respondents experience the phenomenon being studied (Saldaña, 2013), was used to identify youth residing at an overnight youth-serving shelter in Denver, Colorado. Most youth served by this host organization are under age 21; per the agency's preference, only youth ages 18 and older were invited to participate. Youth of all genders were invited to participate in an effort to collect the most diverse perspectives, attitudes, and experiences among youth as were available. Data collection occurred in 2016.

Youth were approached in the shelter milieu by the study's Principal Investigator (PI), a social work researcher, and were asked if they would like to participate after being given an overview of the study's purpose. Respondents were required to provide written informed consent. All youth who were informed about the study elected to engage in a research interview, resulting in a 100% recruitment rate. Youth were notified that study participation was voluntary and could be discontinued with no penalty at any time. Study details were approved by the PI's university-based Institutional Review

Board. Permission to audio-record interviews was requested and obtained from all participants. After youth consented to study participation, respondents were engaged in individual interviews, lasting 45–60 minutes, and facilitated in a private office in the shelter by the study PI. Respondents received a 25 USD gift card to a general retailer or local food vendor.

A semi-structured interview guide was developed to explore youths' attitudes and experiences regarding pregnancy, family planning, youths' needs for information and social supports, and other topics of reproductive and sexual health. Youths' insights dictated the flow of the interviews, but the semi-structured guide offered a framework for asking study participants consistent questions. At the close of each interview, youth were asked the open-ended question, "Do you have any other questions for me about any of the things we've talked about today?" After youth provided their concluding thoughts, they were asked to complete a brief, voluntary survey to aid in describing the sample. Participants provided answers to sociodemographic questions, and were asked if they had ever been in foster care, how long they had been experiencing homelessness, and how many cities they had lived in since leaving their home of origin. Sampling concluded after thematic saturation was achieved. Youths' responses to questions appeared to be increasingly consistent as the sample size surpassed approximately 25 interviews. Data collection was concluded at 30 interviews after giving all eligible youth residing at the shelter during that timeframe the opportunity to participate.

Data analysis

Transcript data were analyzed using Microsoft Word. The first step in analyses entailed line-by-line open coding to initially examine data (Saldaña, 2013). Then, preliminary codes and emerging themes were reevaluated, and a final round of "focused coding" was conducted, whereby the most salient themes were identified and organized (Saldaña, 2013). In addition to the PI serving as a coder, a team of social work Masters students engaged in coding to increase rigor and reduce bias in analyses. Coders independently engaged in initial coding, and then convened to compare codes generated and applied to transcripts, discuss the appropriateness of the coding structure developed, resolve discrepancies, and establish consensus in analyses.

Results

Sociodemographic characteristics

As shown on Table 1, there was gender diversity in the sample, with 53.3% ($n = 16$) of respondents identifying as women, 33.3% ($n = 10$) as men, and 13.3% ($n = 4$) as transgender, gender non-conforming, or gender-fluid. Of the four participants who indicated transgender, gender non-conforming or gender-fluid identities, two voluntarily wrote "trans woman," one wrote "trans man," and one wrote "genderqueer" as supplemental descriptors. The sample was also diverse regarding racial identity and sexual orientation; 56.7% ($n = 17$) of the respondents identified as youth of color, and 40% ($n = 12$) identified with sexual orientations other than straight/heterosexual. On average, respondents were 19.1 ($SD = 0.8$) years old and had experienced homelessness for an average of 8.9 ($SD = 9.0$) months. Youth had lived in an average of 2.5 ($SD = 2.0$) cities since leaving home. Nine youth (30%) had been in foster care, and four respondents (13.3%) indicated that they were currently pregnant, information that they voluntarily disclosed, unprompted, within their respective interviews.

At the end of each qualitative interview, youth were asked the open-ended question, "Do you have any other questions for me about any of the things we've talked about today?" Responses to this question yielded unexpected but poignant findings across the sample. Two broad themes emerged, represented by the following quotations: (a) "This research is cool"; and (b) "I actually have more options in my life than I realized."

Table 1. Sample characteristics of homeless youth in Denver, Colorado (N = 30).

Characteristic	n (%)	
Gender		
Man/Male	10	(33.3)
Transgender or Gender-Non-Conforming (e.g., Gender queer, Trans Man, Trans Woman)	4	(13.3)
Woman/Female	16	(53.3)
Race/ethnicity		
American Indian or Alaska Native	1	(3.3)
Black	6	(20.0)
Latino/a	3	(10.0)
Multi-racial	6	(20.0)
Native Hawaiian or Pacific Islander	1	(3.3)
White	13	(43.3)
Sexual Orientation		
Bisexual	2	(6.7)
Gay	2	(6.7)
Lesbian	2	(6.7)
Pansexual	4	(13.3)
Queer	1	(3.3)
Questioning	1	(3.3)
Straight	18	(60.0)
Foster Care History (yes)	9	(30.0)
	M	SD
Age (years)	19.1	0.8
Time Homeless (months)	8.9	9.0
Transience (number of cities lived in since leaving home)	2.5	2.0

“This research is cool”

A majority of youth responded to the open-ended question by immediately expressing how much they valued contributing to research by discussing, sharing their perspectives, and thinking more about reproductive and sexual health issues. Most youth, and across the full array of identities regarding gender, race, and sexual orientation represented in the sample, indicated that such topics are of great importance to them. As one young man commented, “I think this is really good work. It’s really smart too. You can help a lot of people doing research about this . . . I’m so glad I could be in this interview today. It feels so important, you know?” Similarly, this belief was captured by a young woman, who said,

These topics don’t bother me at all to talk about, maybe because they make me think of biology and so that’s a fun thing for me to talk and think about. But I think you’ve been really kind, like even how you sat and listened and how you asked questions, even your words were, I don’t know how to say it. It was just cool. This research is cool.

Respondents also seemed to recognize that reproductive and sexual health research is tangibly relevant to their daily lives. A young man illustrated this sentiment, saying, “I think even if people maybe don’t think they need this stuff, they do. Because there are so many problems here with all of the things we’ve been talking about.” More specific perspectives emerged as sub-themes in this regard, captured by the following quotations: (a) “We definitely need more information”; and (b) “I’d really like to read the things you find.”

“We definitely need more information”

Respondents of all identities and backgrounds in the sample expressed that research is needed in this area also because of their perceived knowledge deficits regarding reproductive and sexual health. Despite youths’ descriptions of their dearth of information and resources, they expressed keen interests in actively wanting to learn more about reproductive and sexual health. One young man shared,

I think it would be a good idea to do some educating on this sort of stuff here [at the shelter]. Especially with all of the problems and issues that happen here, and all of the bad stuff that could further happen. I think it would be good to have a training or a group that could talk more openly about this.

Other youth echoed his idea for trainings or groups specifically focused on reproductive and sexual health education. Some participants further emphasized that offerings of group-based learning and other trainings should be thoughtfully designed and delivered in ways that are non-judgmental and non-stigmatizing. As one young man summarized,

We definitely need more information, whether or not everyone knows that they need it right now. But it would be cool to have this kind of training, in like a safe setting with someone legit teaching about it. And not shaming. I think that sort of thing would be dope and people would probably really jump on that.

In addition to a non-shaming approach, youth identified that learning with and from facilitators who share comprehensive, medically accurate reproductive and sexual health information is of crucial importance to them. As a young woman indicated,

Some of this stuff we talked about can be really sad. And some scary shit too. So I think it would be cool if we could just kick it as a group, you know? Like what if we had a group that came together to talk about stuff that people think they know about but don't, or a place you could learn about stuff with at least one person in the room who actually does know the answers to these things so people stop telling people things that aren't true and then they end up thinking that's actually correct health facts when it's totally not. So there could be a topic each time, maybe that helps as an icebreaker, but led by the person, like you. [laughs] Then we could use that as a way to intro but then go into a bunch of other topics we're curious about, too. I would definitely go to something like that. But I think mostly because the way you made this easy to talk about makes me want to talk and learn more since there's probably stuff I don't know, even though I like this stuff.

"I'd really like to read the things you find"

Several youth were notably excited about participating in the research project and process itself, asking if they could also contribute to analyzing the project findings, as well as read published manuscripts and reports that result from this work. One young woman captured this perspective, saying, "I'd really like to read the things you find. Do you need help, like in sorting through all the stuff you find in your research? That would be fun to do, actually." Another young woman, who indicated in the interview that she had previously been pregnant and had given birth, responded enthusiastically, commenting,

You forgot to ask me if you want any help taking over the world with your research! [Laughs] This is badass. I would love to pitch in to help if there's anything else you want to know about or if there's stuff we can do to help you educate more people about these things. It's really important. Some sad shit happens before, during, and after pregnancy, especially for homeless people, so I just want to say that it's cool that you're trying to be part of a solution. I mean, I almost killed myself because of this stuff. We need people like you making a difference. That's rad.

"I actually have more options in my life than i realized"

Regarding the second broad theme that emerged from the data, many respondents further expressed a sense of empowerment that they attributed to being included in the research project. A pansexual-identified young man shared,

It's inspiring that smart people like you are trying to create new ways with people like me and other homeless youth to be healthy. And that you are doing so by asking us what we actually think and that you genuinely care about making our lives better. You have no idea how alienating it can be to be in my shoes and it's good to know not everyone has given up on us.

This youth indicated feeling valued by the fact that research was being done with his specific input, suggesting that other people cared about his well-being. Other youth suggested that their participation in the qualitative interview itself resulted in new and useful insights within themselves. A young woman said, who disclosed that she had recently become pregnant, "Talking to you has been really nice because it makes me think about how I actually have more options in my life than I realized." Two further sub-themes emerged here, summarized by youths' quotes: (a) "You talk to us as human beings"; and (b) "We're sort of forgotten."

“You talk to us as human beings”

Many youth explicitly expressed feeling comfortable and respected by the way in which the interviewer engaged with them. One young woman said, who also disclosed that she was currently pregnant,

I think you're really legit. It was nice to be able to talk about this stuff. Even just some of my life experiences. I mean, I know it wasn't counseling and you're trying to think about new ways of doing things, but it was like, kind of felt good to talk about these things today, you know what I mean? Like it was just cool to talk and be listened to in a way that was like not weird or whatever.

Most participants did not more granularly label what it was about the interviewer's engagement that was different compared to ways by which they were typically accustomed to participating in research. However, one young man described the interviewer's approach more specifically, simply saying, “You talk to us as human beings.” Here, the use of a non-judgmental, non-stigmatizing, and conversational approach distinctly resonated with this youth.

“We're sort of forgotten”

Feelings of empowerment in this interview setting were also often discussed by youth as being in opposition to their frequent experiences of marginalizing treatment in so many aspects of their daily lives. One genderqueer youth shared,

I realized when I was talking here that I'm so forgotten now, especially as a homeless person, that people don't even really ask me what I think or feel about some of these important things, like the questions you asked today. And that really hurts.

This response overtly highlighted youths' experiences of homelessness as directly contributing to their feelings of marginalization and being forgotten. This perspective was shared by a young man, who said,

I think you could be really helpful to us by bringing these topics and like information and how to figure out these things, especially like insurance and how to find things you need to be healthy and make better decisions, because we're sort of forgotten. I think a lot of my future is really bright and hopeful but I admit that I just don't know about so many things that are sort of obvious to people who have more money or who haven't had life challenges that I have, so I say bless you for trying to be a positive help in our lives. It really means a lot even if no one really would tell you that.

Finally, while not a broader theme that emerged from the data, it is noteworthy that four interviews ended slightly early, right before youth were asked the final question, “*Do you have any other questions for me about any of the things we've talked about today?*” Across the sample, it was evident that youth had quite busy schedules; in the cases of these interview “interruptions,” some youth had to depart for planned meetings with case managers, and others to classes/school, jobs, or job interviews for which they needed to leave.

Discussion

The current study sought to qualitatively explore homeless youths' perspectives and needs pertaining to reproductive and sexual health. More specifically, their feelings about engaging in discussions about and their involvement in research efforts regarding these topics were explored. This paper highlights the encouraging and hopeful results that were revealed when youth were asked the simple, yet revealing open-ended, interview-concluding question, “*Do you have any other questions for me about any of the things we talked about today?*”

Engaging in discussion and research on such topics can be challenging. For many – including young people accessing services in homeless shelter settings – reproductive and sexual health matters may be considered difficult to discuss (Ensign, 2004). Such subject matter can also be triggering and has the potential to make people feel as though they should share “socially desirable” answers rather than their true opinions and experiences, particularly out of fear being judged or stigmatized.

Furthermore, the widely-held perception of youth experiencing homelessness as being a difficult population to engage in formal services and research, in tandem with the notion of their distrust of adults and other “authority” figures (Coates & McKenzie-Mohr, 2010; Schneir et al., 2007), creates a view that participants would be overall unwilling to speak openly about these topics in a study such as this.

However, results from the current study suggest that such impressions may be misguided and incomplete. Youth who participated in the study were not only enthusiastic about sharing their opinions, insights, and experiences in transparent and forthcoming manners, but these youth also expressed eager interest in participating in such research efforts long after the interviews were completed. Such keenness serves to underline and remind us of homeless youths’ exceptional resilience, drive, altruism, and self-efficacy. Rather than reinforcing the consistent negative stereotypes plaguing homeless youth as “disaffiliated,” or “difficult to engage”, it is these narratives, instead, that should be emphasized in finding alternative ways of developing research studies and prevention efforts with this group. Such efforts should more actively engage youth in the planning and scheduling of learning activities in acknowledgment of their busy schedules and many competing demands, while facilitating meaningful opportunities for their contributions to decision-making in the creation and delivery of such resources. Moreover, youth could be included as co-facilitators of learning exercises, perhaps providing opportunities for participating as peer leaders, mentors, and educators. Moreover, the current study showed that youth experiencing homelessness are not only often interested in engaging in research on topics that they believe are relevant and important to their daily lives and futures, but further, they indicate *wanting* to be an active part of research activities such as analyses, knowledge translation, and knowledge mobilization. Researchers may consider this earlier in the research process by engaging youth in the design and planning of research activities so their insights and decision-making are at the center of all research conceptualization, execution, and dissemination.

Interviewing with a social work lens

While it is possible that respondents in this sample were more naturally open and engaged compared to other groups of youth experiencing homelessness, interview facilitation style and specific strategies may have contributed to establishing a “climate” that was conducive to youth feeling comfortable in sharing more about their views and experiences than is often expected in such research. The interviewer’s final open-ended question provided insight on ways to begin countering extant narratives of the challenges of engaging this population in research. By closing the interview with an open-ended question which then allowed youth to ask any questions they had and/or to take the conversation in new directions as they desired, youth were given opportunities to ask for helpful resources, further clarification, and also were able to drive the conversation into other areas that they believed to be most important or helpful. This simple addition of a final, open-ended question is something that is nearly effortless to include in any research study, and which may yield a range of quite important and unexpected findings; in addition, by failing to ask such questions, some of the most insightful findings and perspectives from youth are likely to be altogether missed.

Results from the current study also reinforce that taking great care in seeking to create a comfortable, judgment-free interview climate is of crucial importance, particularly in engaging marginalized youth in research on subject matter that can often feel sensitive, private, or “taboo” in nature. Many of the youth who participated in the study overtly stated their appreciation for the interviewer’s approach, and specifically for being “really kind” and for taking sufficient time to authentically listen to and appreciate both their challenging experiences as well as their inspirational strengths. Although such assumptions should perhaps be a “baseline” criterion for engaging in research with *any* population or group, that the interviewer was especially intentional about creating a comfortable research climate, through active listening, empathy, and non-judgment, was not lost on youth in the sample. As such, this trusting and non-judgmental space ultimately facilitated fruitful – and sometimes surprisingly honest – dialogue. Moreover, this dialogic interview approach also

provided an exchange of important information on sexual and reproductive health information, resources, and rights, which was made evident by one respondent who voiced, at the end of the interview, that they realized they had more options than they previously realized.

Numerous youth indicated active interests in further engaging in the process of analyzing the data and disseminating findings that would result from their interviews. This finding in itself demonstrates that the approach utilized by the researcher created a forum for youth to participate, feel heard and understood, and believe that they were contributing to something meaningful. Altering the ways by which marginalized young people are engaged through research (e.g., youth-led participatory action research approaches) to not only have their opinions and voices truly heard and valued, but also in *leading* the research process itself, speaks to a larger discussion about youths' needs for social capital. Fostering well-being among youth experiencing homelessness may be greatly aided through prevention and intervention strategies that not only engage youth in learning about reproductive and sexual health (i.e., informational social capital) but also through activities that encourage social connectedness, dialogic learning, and peer-led mentoring (i.e., emotional social capital). Future prevention and intervention efforts should focus on strategies that engage youth experiencing homelessness in the contexts of their diverse social networks and broader ecological contexts, rather than solely at levels of individualized learning and support-seeking (Begun, 2017).

Limitations and implications for future research

Certain limitations should be considered when interpreting these results. The sample was comprised of service-seeking youth only, preventing transferability to youth most disconnected from or reticent to engage with services. Although more difficult, future research in this area should also attempt to involve homeless youth who are not linked to shelters, drop-in centers, or other formal service providers. Such research should thus include youth who live in geographic regions in which services are either quite limited or altogether unavailable (e.g., rural areas, or smaller communities that do not have as many service provider options in comparison to the study's urban and more service-rich context).

Finally, this group of youth was especially enthusiastic about enrolling in the study because of their personal interests in topics of pregnancy, family planning, and sexual health. It is therefore possible that this study highlights perspectives of some youth who may be the very easiest to engage in research, prevention, and outreach efforts regarding such topics. Future research should seek to unearth creative strategies for involving *all* youth experiencing homelessness, including ones who are less engaged with the topics presented, as youths' reproductive and sexual health outcomes and experiences will indeed benefit from the inclusion of a broader diversity of youth who both contribute to, and of critical importance, *co-lead* participatory research efforts in these areas.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by the Society of Family Planning Research Fund [Small Research Grant].

References

42 U.S.C. § 5732.

Abramovich, A. (2012). No safe place to go: LGBTQ youth homelessness in Canada: Reviewing the literature. *Canadian Journal of Family and Youth, 4*(14), 29–51.

- Alschech, J., & Begun, S. (in press). Fatherhood among youth experiencing homelessness. *Families in Society*. <https://doi-org.myaccess.library.utoronto.ca/10.1177/1044389419896188>
- Arangua, L., Andersen, R., & Gelberg, L. (2005). The health circumstances of homeless women in the United States. *International Journal of Mental Health, 34*(2), 62–92. doi:10.1080/00207411.2005.11043398
- Arnold, E. M., & Rotheram-Borus, M. J. (2009). Comparisons of prevention programs for homeless youth. *Prevention Science, 10*(1), 76–86. doi:10.1007/s11121-008-0119-4
- Baggett, T. P., O'Connell, J. J., Singer, D. E., & Rigotti, N. A. (2010). The unmet health care needs of homeless adults: A national study. *American Journal of Public Health, 100*(7), 1326–1333. doi:10.2105/AJPH.2009.180109
- Bao, W. N., Whitbeck, L. B., & Hoyt, D. R. (2000). Abuse, support, and depression among homeless and runaway adolescents. *Journal of Health and Social Behavior, 41*(4), 408–420. doi:10.2307/2676294
- Beech, B. M., Myers, L., Beech, D. J., & Kernick, N. S. (2003, January). Human immunodeficiency syndrome and hepatitis B and C infections among homeless adolescents. In *Seminars in pediatric infectious diseases* (Vol. 14, No. 1, pp. 12–19). WB Saunders.
- Begun, S. (2017). A mixed methods examination of pregnancy attitudes and HIV risk behaviors among homeless youth: The role of social network norms and social support. *Electronic Theses and Dissertations: ProQuest*.
- Begun, S., Bender, K. A., Brown, S. M., Barman-Adhikari, A., & Ferguson, K. (2018). Social connectedness, self-efficacy, and mental health outcomes among homeless youth: Prioritizing approaches to service provision in a time of limited agency resources. *Youth & Society, 50*(7), 989–1014. doi:10.1177/0044118X16650459
- Begun, S., Combs, K. M., Schwan, K., Torrie, M., & Bender, K. (2019). “I know they would kill me”: Abortion attitudes and experiences among youth experiencing homelessness. *Youth & Society*. doi:10.1177/0044118X18820661
- Begun, S., Combs, K. M., Torrie, M., & Bender, K. (2019). “It seems kinda like a different language to us”: Homeless youths’ attitudes and experiences pertaining to condoms and contraceptives. *Social Work in Health Care, 58*(3), 237–257. doi:10.1080/00981389.2018.1544961
- Begun, S., Frey, C., Combs, K. M., & Torrie, M. (2019). “I guess it would be a good shock”: A qualitative examination of homeless youths’ diverse pregnancy attitudes. *Children and Youth Services Review, 99*, 87–96. doi:10.1016/j.childyouth.2019.01.029
- Bender, K., Thompson, S. J., McManus, H., Lantry, J., & Flynn, P. M. (2007, February). Capacity for survival: Exploring strengths of homeless street youth. In *Child and youth care forum* (Vol. 36, No. 1, pp. 25–42). Kluwer Academic Publishers-Plenum Publishers.
- Bourdieu, P. (1986). The forms of capital. In *Handbook of theory and research for the sociology of education* (pp. 241–258). Westport, CT: Greenwood.
- Canadian Observatory of Homelessness. (2017). Canadian definition of youth homelessness. *Definitions*. Retrieved from <http://homelesshub.ca/library/definitions>
- Cauce, A. M., Stewart, A., Whitbeck, L. B., Paradise, M., & Hoyt, D. R. (2005). Girls on their own: Homelessness in female adolescents. In D. Bell, S. L. Foster, & E. J. Mash (Eds.), *Handbook of behavioral and emotional problems in girls* (pp. 439–461). New York, NY: Kluwer Academic.
- Chapman, K., Tarter, R. E., Kirisci, L., & Cornelius, M. D. (2007). Childhood neurobehavior disinhibition amplifies risk of substance use disorder: Interaction of parental history and prenatal alcohol exposure. *Journal of Developmental and Behavioral Pediatrics, 28*, 219–224. doi:10.1097/DBP.0b013e3180327907
- Coates, J., & McKenzie-Mohr, S. (2010). Out of the frying pan, into the fire: Trauma in the lives of homeless youth prior to and during homelessness. *Journal of Sociology and Social Welfare, 37*(4), 65–96.
- Crawford, D. M., Trotter, E. C., Hartshorn, K. J. S., & Whitbeck, L. B. (2011). Pregnancy and mental health of young homeless women. *American Journal of Orthopsychiatry, 81*(2), 173. doi:10.1111/j.1939-0025.2011.01086.x
- Dworsky, A., Morton, M. H., & Samuels, G. M. (2018). *Missed opportunities: Pregnant and parenting youth experiencing homelessness in America*. Chicago, IL: Chapin Hall at the University of Chicago.
- Ensign, J. (2004). Quality of health care: The views of homeless youth. *Health Services Research, 39*(4p1), 695–708.
- Gaetz, S., O'Grady, B., Kidd, S., & Schwan, K. (2016). *Without a home: The national youth homelessness survey*. Toronto, Ontario: Canadian Observatory on Homelessness Press.
- Hadland, S. E., Marshall, B. D., Kerr, T., Qi, J., Montaner, J. S., & Wood, E. (2011). Depressive symptoms and patterns of drug use among street youth. *Journal of Adolescent Health, 48*(6), 585–590. doi:10.1016/j.jadohealth.2010.09.009
- Halcón, L. L., & Lifson, A. R. (2004). Prevalence and predictors of sexual risks among homeless youth. *Journal of Youth and Adolescence, 33*(1), 71–80. doi:10.1023/A:1027338514930
- Haley, N., Roy, E., Leclerc, P., Boudreau, J. F., & Boivin, J. F. (2004). Characteristics of adolescent street youth with a history of pregnancy. *Journal of Pediatric and Adolescent Gynecology, 17*(5), 313–320. doi:10.1016/j.jpog.2004.06.006
- Heerde, J., Scholes-Balog, K., & Hemphill, S. (2015). Associations between youth homelessness, sexual offenses, sexual victimization and sexual risk behaviours: A systematic literature review. *Archives of Sexual Behavior, 44*(1), 181–212. doi:10.1007/s10508-014-0375-2
- Kidd, S., & Shahar, G. (2008). Resilience in homeless youth: The key role of self-esteem. *American Journal of Orthopsychiatry, 78*(2), 163–172. doi:10.1037/0002-9432.78.2.163
- Kidd, S. A. (2003). Street youth: Coping and interventions. *Child & Adolescent Social Work Journal, 20*(4), 235–261. doi:10.1023/A:1024552808179

- Kidd, S. A., Gaetz, S., & O'Grady, B. (2017). The 2015 national canadian homeless youth survey: Mental health and addiction findings. *The Canadian Journal of Psychiatry*, 62(7), 493–500. doi:10.1177/0706743717702076
- Lin, N. (1999). Building a network theory of social capital. *Connections*, 22(1), 28–51. Retrieved from <http://www.insna.org/connections.html>
- Little, M., Shah, R., Vermeulen, M. J., Gorman, A., Dzenoletas, D., & Ray, J. G. (2005). Adverse perinatal outcomes associated with homelessness and substance abuse during pregnancy. *Canadian Medical Association Journal*, 173(6), 615–618. doi:10.1503/cmaj.050406
- Morton, M. H., Dworsky, A., Matjasko, J. L., Curry, S. R., Schlueter, D., Chávez, R., & Farrell, A. F. (2018). Prevalence and correlates of youth homelessness in the United States. *Journal of Adolescent Health*, 62(1), 14–21. doi:10.1016/j.jadohealth.2017.10.006
- Morton, M. H., Dworsky, A., & Samuels, G. M. (2017). *Missed opportunities: Youth homelessness in America. National estimates*. Chicago, IL: Chapin Hall at the University of Chicago.
- Moskowitz, A., Stein, J. A., & Lightfoot, M. (2013). The mediating roles of stress and maladaptive behaviors on self-harm and suicide attempts among runaway and homeless youth. *Journal of Youth and Adolescence*, 42(7), 1015–1027. doi:10.1007/s10964-012-9793-4
- Oliveira, N., & Goldberg, J. (2002). The nutrition status of women and children who are homeless. *Nutrition Today*, 37, 70–77. doi:10.1097/00017285-200203000-00007
- Oliver, V., & Cheff, R. (2014). The social network: Homeless young women, social capital, and the health implications of belonging outside the nuclear family. *Youth & Society*, 46(5), 642–662. doi:10.1177/0044118X12448801
- Padgett, D. K. (2011). *Qualitative and mixed methods in public health*. Thousand Oaks, CA: Sage publications.
- Portes, A. (1998). Social capital: Its origins and applications in modern sociology. *Annual Review of Sociology*, 24(1), 1–24. Retrieved from <http://www.annualreviews.org/journal/soc>
- Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. New York, NY: Simon & Schuster.
- Rosario, M., Schrimshaw, E. W., & Hunter, J. (2012). Risk factors for homelessness among lesbian, gay, and bisexual youths: A developmental milestone approach. *Children and Youth Services Review*, 34(1), 186–193. doi:10.1016/j.childyouth.2011.09.016
- Saldaña, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). Thousand Oaks, CA: Sage.
- Schneir, A., Stefanidis, N., Mounier, C., Ballin, D., Gailey, D., Carmichael, H., & Battle, T. (2007). Trauma among homeless youth. *Culture and Trauma Brief*, 2(1), 1–7.
- Smid, M., Bourgois, P., & Auerswald, C. L. (2010). The challenge of pregnancy among homeless youth: Reclaiming a lost opportunity. *Journal of Health Care for the Poor and Underserved*, 21, 140–156. doi:10.1353/hpu.0.0318
- Thompson, S. J., Bender, K. A., Lewis, C. M., & Watkins, R. (2008). Runaway and pregnant: Risk factors associated with pregnancy in a national sample of runaway/homeless female adolescents. *Journal of Adolescent Health*, 43(2), 125–132. doi:10.1016/j.jadohealth.2007.12.015
- Tucker, J. S., Sussell, J., Golinelli, D., Zhou, A., Kennedy, D. P., & Wenzel, S. (2012). Understanding pregnancy-related attitudes and behaviors: A mixed-methods study of homeless youth. *Perspectives on Sexual and Reproductive Health*, 44(4), 252–261. doi:10.1363/4425212
- Tyler, K. A., & Schmitz, R. M. (2018). A comparison of risk factors for various forms of trauma in the lives of lesbian, gay, bisexual and heterosexual homeless youth. *Journal of Trauma & Dissociation*, 19(4), 431–443. doi:10.1080/15299732.2018.1451971
- Wagner, L. S., Carlin, L., Cauce, A. M., & Tenner, A. (2001). A snapshot of homeless youth in Seattle: Their characteristics, behaviors, and beliefs about HIV protective strategies. *Journal of Community Health*, 26(3), 219–232. doi:10.1023/A:1010325329898
- Warf, C. W., Clark, L. F., Desai, M., Rabinovitz, S. J., Agahi, G., Calvo, R., & Hoffman, J. (2013). Coming of age on the streets: Survival sex among homeless young women in Hollywood. *Journal of Adolescence*, 36, 1205–1213. doi:10.1016/j.adolescence.2013.08.013
- Warschauer, M. (2004). *Technology and social inclusion: Rethinking the digital divide*. Cambridge, MA: The MIT Press. Retrieved from <https://mitpress.mit.edu/books/technology-and-social-inclusion>
- Webb, J., & Gazsco, A. (2017). Being homeless and becoming housed: The interplay of fateful moments and social support in neo-liberal context. *Studies in Social Justice*, 11(1), 65–85. doi:10.26522/ssj.v11i1.1398
- Winetrobe, H., Rhoades, H., Barman-Adhikari, A., Cederbaum, J., Rice, E., & Milburn, N. (2013). Pregnancy attitudes, contraceptive service utilization, and other factors associated with Los Angeles homeless youths' use of effective contraception and withdrawal. *Journal of Pediatric and Adolescent Gynecology*, 26, 314–322. doi:10.1016/j.jpag.2013.06.007