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POPULATION STUDY

Pregnancy and parenting support for youth experiencing homelessness

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Abstract

This study explored the perceptions and experiences related to pregnancy and parenting support among youth while homeless. This study employed a qualitative descriptive design using data collected from focus group discussions. We assessed the experiences and perceptions of youth related to pregnancy and parenting support. Eighty-one youth participated in eight focus group discussions and were recruited from shelters, drop-in centers, and organizations that serve youth in a large metropolitan areas in the southern United States. Thematic content analyses were used to generate results from the qualitative data. Four main themes emerged: youth encountered barriers to accessing healthcare services at the individual and system levels; pregnancy and parenting are stressful, especially during homelessness; support can help overcome the stresses of parenting; and embracing responsibility or "stepping up" is a positive influence of pregnancy and parenting during homelessness. Youth experiencing homelessness (YEH) face significant challenges to accessing healthcare services and adjusting to the parental role. Interventions for pregnant and parenting youth should be co-designed with and tailored for youth and address the existing health inequities within the healthcare and social service systems.

KEYWORDS
homelessness, parenting, pregnancy, support, youth

1 | BACKGROUND

Youth homelessness is a growing global challenge affecting developing and developed countries (United Nations, 2020). More than 1.8 billion people worldwide have inadequate housing, and 150 million people are homeless (U.N. Habitat – United Nations Human Settlement Program, 2021). Annually, one in 10 young adults 18–25 years old experience homelessness in the United States (Morton et al., 2018). Adverse childhood experiences including homelessness, poverty, and violence place youth at risk of homelessness (Barnes et al., 2021). Youth experiencing homelessness (YEH) are vulnerable to multiple challenges, including unmet basic needs, untreated mental health disorders, substance use, sexually transmitted infections, and sexual and physical violence (Barnes et al., 2021; Brott, 2019). The tumultuous experiences of homelessness contribute to a significantly higher morbidity and a mortality rate up to 10 times higher than housed peers (Auerswald et al., 2016). Adding to the complexity of homelessness, approximately 44% of homeless young women and 18% of young men are parenting or pregnant (Dworsky et al., 2018). Pregnancy rates and maternal mortality and morbidity are higher among YEH than housed youth (Gebrehiwot et al., 2014), yet not all YEH have their children with them (Begun, 2015). One study found that only 43% of parenting YEH had custody of their children (Narendorf et al., 2016). The psychological, physical, and financial difficulties experienced by YEH negatively affect parental bonding, supportive parenting practices, birth, and child outcomes (Esen, 2017; McNeil Smith et al., 2015).

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About 73% of pregnancies among homeless women are unintended, further complicating the cycle of poverty and violence (Corey et al., 2020). Pregnancy ambivalence, which decreases contraceptive use among YEH, may contribute to the unintended pregnancy rate (Dasari et al., 2016; Tucker et al., 2012). Further, YEH attributes inconsistent contraceptive use to perceptions of contraceptive inaccessibility and fear of being stigmatized in healthcare settings (Begun et al., 2019a). In a qualitative study (Begun et al., 2020), young discussed keeping unwanted pregnancies for fear of negative reactions from family and disapproval from male partners toward abortion. Youth perceived that they could not make autonomous decisions about abortion as they were influenced by economic hardships, poor social support, and limited knowledge about accessing abortion services (Begun et al., 2020; Munro et al., 2021).

Despite their substantial need for support, YEH often struggles to engage in available healthcare services. Barriers to accessing health services result from a lack of permanent residences, social stigma, and mistrust of healthcare providers (Gebreyesus et al., 2019; Gordon et al., 2019; Mumtaz et al., 2014). Fear of losing a newborn, lack of person-centered care, fragmented services, and inaccessible healthcare are key barriers to engaging in healthcare for pregnant or parenting YEH (Esen, 2017; Gordon et al., 2019; McGeough et al., 2020).

Knowledge regarding pregnancy care and general parenting is also substantially lacking among YEH (Dworsky et al., 2018). Improving adolescent and young adult males' access to reproductive health services is also critical (Santa Maria et al., 2018), yet homeless fathers continue to face unique barriers to accessing health services and remain an underserved subgroup of YEH (Rogers & Rogers, 2019). Homeless young men expressed desire to share parenting responsibilities, yet shame, guilt, and stigma likely prevented them from fulfilling their responsibilities (Alschech & Begun, 2020). Another challenge that parenting YEH faces is adjusting to the parenting role, often early in life and unexpectedly. Young homeless mothers expressed a loss of connection with their non-parenting peers, leading to social isolation and loss of independence (Dworsky & Meehan, 2012; Meadows-Oliver, 2006). While pregnant or parenting young women reported that providing financial stability and a secure home were essential maternal duties, they felt unable to do so (Dworsky & Meehan, 2012).

Further complicating adjustment to the parenting role is a lack of family support. Parenting YEH faces abandonment, loss of safety, and absence of primary attachment figures (Aparicio et al., 2018). While homeless mothers perceived lower stress with social support from family and co-parents (Lucke et al., 2021), those with traumatic childhood experiences and no supportive parental relationship doubted their ability to form warm, caring relationships with their children (Scappaticci & Blay, 2009). A larger supportive social network and relationship commitment with their partner was associated with a positive attitude toward pregnancy (Tucker et al., 2012). Despite these challenges, YEH values their parenting role and perceives pregnancy/parenting as a catalyst for change (McGeough et al, 2020). In a qualitative study, parenting YEH was committed to staying with their partners to co-parent and expressed great love for their children and hope for a better future (Aparicio et al., 2018). Additionally, young adult parents report being motivated to manage their mood disorders to better provide for their children (Narendorf et al., 2013).

Given the potential for behavioral and lifestyle changes that emerge from pregnancy and parenthood, appropriate support and services must be provided during this critical point. Disrupting the cycle of intergenerational adversity requires early intervention and resources for YEH to provide effective parenting. To understand their unique needs and inform interventions, one must first understand the lived experiences of pregnant or parenting YEH. Studies exploring pregnancy experiences of YEH often have not represented the racial and gender diversity among YEH, thereby limiting generalizability (Smid et al., 2010). Furthermore, many studies have addressed individual barriers in accessing healthcare with little focus on system-level barriers (McGeough et al., 2020). While a growing body of science reveals the implications of pregnancy and parenting on YEH and their children, little is known about the perceptions and experiences of YEH who are pregnant or parenting. Given our previous research in this age group of YEH, and their unique challenges related to pregnancy and parenting, we sought to explore perceptions and experiences related to pregnancy and parenting support while homeless.

2 | METHODS

2.1 | Design

A qualitative descriptive design was chosen to obtain genuine and candid descriptions of the experiences and perceptions of youth related to pregnancy and parenting support while homeless.

2.2 | Sample and recruitment

The study was approved by the university's Institutional Review Board. Participants were recruited in 2017–2018 from shelters, drop-in centers, and YEH-serving organizations in one large metropolitan area in the southern United States. Participants were eligible if they were 18–25 years old, spoke English, and were experiencing homelessness or unstable housing. Youth did not have to be pregnant or parenting to participate. The research team discussed the study with the youth and invited interested youth to participate. Participants provided written informed consent, and their names and identifying information were not recorded to protect their identity.

2.3 | Data collection

Using a loosely structured, iterative focus group discussion guide and a casual conversation style, we inquired about youths' general health needs and their thoughts about pregnancy and parenting while

homeless. Focus group discussions use group interaction, encourage people to explore similarities and differences, and obtain in-depth data (Patton, 2002). This method helped to obtain youth's perspectives and suggestions for the support needed among YEH. The sessions were led by doctorally trained qualitative researchers who discussed findings after each focus group to identify emerging themes and refine the guide. Sessions lasted approximately 45 min, were audio-recorded, and transcribed verbatim. The group size was 5–11 participants (mean = 8).

2.4 | Analytic strategy

Thematic content analysis is a flexible and accessible approach that allows for thick descriptions of and insights into the data (Braun & Clarke, 2006). This method was used to identify patterns of perceived parenting and pregnancy experiences of YEH. We used Atlas.tiv8 for data organization, storage, and retrieval. Researchers read the transcripts multiple times to familiarize themselves with the data. Initial codes representing the most basic meaningful elements were identified. Two authors coded all of the transcripts. First, two transcripts were separately free coded. Then, the authors reached consensus on the codes and drafted a codebook, which was iteratively refined until consensus was reached. Then, the remaining transcripts were coded, and codes were sorted into potential themes and organized into thematic maps. Themes were further refined, identifying the essence of the data and the overarching themes and exemplars.

The criteria established by Lincoln and Guba (1985) were used to establish the trustworthiness of the analysis. Member checking after each interview and frequent debriefing sessions among the research team were used to ensure credibility. An audit trail, including a detailed chronology of all research activities, was maintained to ensure dependability and confirmability. Detailed information on the research methodology, context, and process provided support for the transferability of the findings. To ensure authenticity, direct unedited quotes from participants were used as exemplars for the themes presented.

3 | RESULTS

A total of 81 youths participated in the study. The sample was diverse in terms of gender and race/ethnicity; the majority identified as African American. Participants were predominantly male (n = 43, 53%), and two identified as transgender (2.5%). Participants were recruited from drop-in centers (68%) and emergency shelters (32%). Four main themes emerged from the data: youth encountered barriers to accessing healthcare services at the individual and system levels; pregnancy and parenting are stressful, especially during homelessness; support can help overcome the stresses of parenting; and embracing responsibility or "stepping up" is a positive influence of pregnancy and parenting during homelessness

3.1 | Youth encountered barriers to accessing healthcare services at the individual and system levels

Participants reflected on the unique challenges to accessing healthcare services while experiencing homelessness. Youth identified barriers to accessing health services at both individual and system level. Individual barriers included lack of transportation, unstable housing, lack of insurance, low income, and lack of knowledge of where or how to access services. One said, "…you just don't know about it." Another commented, "…but some of us never set up a doctor's appointment in our life…some of us don't know how to do that."

At the system level, youth noted long waiting lists, eligibility barriers, and stigma from providers. Some who had access to basic primary health services hesitated to seek and continue health care due to their perception of a poor relationship with the provider, "…but you also have to have a physician that actually cares, so I don't get checked up from the doctor…" Others explained how the stigma associated with homelessness posed a major barrier to accessing healthcare services. One participant said, "What makes it hard? They just put 'homeless' across their head and they are just like, 'Ah, well, this is what we can do for you.'"

Eligibility for services was also a system-level issue that presented barriers. Some noted that smaller family sizes limited their eligibility for free healthcare services: "Because some of them be having one child and they still want to get the resources, but they can't because big families be getting it." Female youth explained that not receiving financial support from their child's father rendered them ineligible for Medicaid. "…her dad signed his rights away and so…he doesn't have to pay child support. She could be on Medicaid, but I can't because he is not paying child support…"

Some descriptions illustrated the interactions between the individual and system-level factors. For example, one said, "You're always on the waiting list…and there's no transportation for you to go up there, or you don't have a place to stay and you can't get their information." For some, accessing basic primary care services was a challenge because they could not afford services. Hence, they depended on emergency services for their health care needs but then met systemic barriers that denied access. Another participant commented, "When you go to the ER, sometimes they don't even want to take you because you already been and you didn't pay. How can you pay for it when you don't have the money?"

3.2 | Pregnancy and parenting are stressful, especially during homelessness

Youth discussed how pregnancy and parenting can be stressful during homelessness and discussed major challenges to adjusting to the parental role that they perceived for themselves or their peers. The underlying subthemes were (1) stressors related to parenting, (2) lack of parenting models, (3) poor pregnancy planning, and (4) differences in fathers and mothers.

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Stressors related to parenting. Loss of independence was a major challenge to parental role adjustment identified by youth. One stated, "There's not independence anymore. It's not me being me anymore." One shared that intervention from Child Protective Services (CPS) relieved the burden associated with parental responsibility: "My homegirl, she's 20, CPS just took her baby away, and she was like, 'Well, it's easier for me now because I don't have to take my baby.'"

Not being ready to assume the parental role was another parenting challenge noted by several participants. One participant stated, "they put other things over their children. They worry about the wrong thing instead of being a parent. They don't have theirselves together…so you can't be a good parent, you can't raise your kid." The stressors of parenting were enhanced by the stress of homelessness, "I don't regret having my kid. I just wish that it was under better circumstances…because now it's not just me taking care of me." And youth noted the challenge of rising to the challenge among their peers: "Some people don't step up. Actually, they crack under the pressure sometimes."

Lack of parenting models. Lack of social support affects pregnancy and one's transition to parenting significantly. Youth discussed how some young mothers have no support from their own parents or family and are often thrust into homelessness because of the pregnancy.

> And you've got some women that get pregnant at a young age and don't really understand because either they don't have their mother or anybody there to support them…It's kind of hard for them to do that. They don't have a backup support system in general.

Youth suggested that the absence of a partner relationship can hinder adjustment to their parental role: "That single-parent household is the number one issue. A lot of things would be better off if it wasn't a single-parent household. It's hard to do it on your own."

Poor pregnancy planning. Youth acknowledged pregnancy planning as an important factor in preparation for parenting, "make sure you plan…you do the things that you need to do to…until you're set up or don't have sex." However, youth noted several barriers, including a lack of maturity and knowledge about pregnancy planning. One said, "But they're young. They don't really know about planning and stuff." Another said, "Being mature enough to do that is hard." Poor finance was another significant barrier: "…sometimes it has to do with not being able to afford going to the doctor." Some youth noted that they were often unprepared for parenting, regardless of whether the pregnancy was planned or unplanned, due to homelessness: "… It doesn't make sense to have a baby and be unstable because that child, the problem is going to rise twice as hard."

Youth discussed various strategies for pregnancy planning. These include ensuring partner readiness, "You've got to make sure that your partner is ready too." Youth perceived the significance of a support system for pregnancy and parenting. Specifically, youth perceived that mental and physical preparation could decrease stress and the negative effects of the stress on the infant, "Because I know stress and a baby – somebody being super stressed is real bad for the child, so you've got to prepare yourself mentally and try to relieve the stress."

Differences in fathers and mothers. Youth's perceptions of pregnancy and parenting differed according to gender. Younger perceived that fathers had difficulty accepting the pregnancy and assuming the parental role and that women desired pregnancy and parenting more than men. One participant commented, "Marriage and having babies is like one of the two top things on a woman's brain before they're even 10 years old. A man's not thinking about marriage and babies at 10 years old." Youth also perceived lack of fathering. One participant remarked, "This generation, the fathers, they have kids that they're just leaving…They leave the mama to take care of the kids theirselves."

Youth perceived that fathers have limited access to parenting resources. "All [of] the support goes to the mothers. The fathers are stepped on." Youth perceived a general paucity of parenting classes for fathers. Some surmised that men lack knowledge about child safety: "Like something to teach the fathers the things that they should keep away from the child … a lot of fathers smoke, and they don't realize that when you smoke, the smoke is in your clothes, it's in your hair, it's in your skin, and you still go around touching on the baby and that's still going to mess the baby up."

3.3 | Support can help overcome the stresses of parenting

Participants discussed various sources of support for pregnancy and parenting. Two subthemes were identified: (1) availability and accessibility of healthcare services and (2) parenting and pregnancy support and education.

Availability and accessibility of healthcare services. Participants discussed a bidirectional relationship between access to services/support and pregnancy. They described how the availability and accessibility of healthcare services can facilitate pregnancy and parenting support despite all the challenges that they face during homelessness. Youth noted the availability of some of the community outreach programs, including free vaccination for children, breastfeeding support services, and parenting education classes. "That's a program that provides free vaccines for anybody who is under 19." "I know WIC does parenting classes. They will actually pay for a breast pump if you want to breastfeed." Some youth reported the availability of these classes through homeless shelters, community clinics, and planned parenthood. Some felt that pregnancy classes were more widely available than parenting classes: "I feel like there's more classes for pregnancy than there is for anything else." Even though they found the parenting and pregnancy education classes helpful, they perceived that the motivation to attend these classes was influenced by their prioritization of caring for their children. "Everybody not going to come, only certain people who really care about their kids, that's who's going to show up." While some identified fear of the unknown as a barrier to accessing parenting classes, endorsement by a trusted

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healthcare provider facilitated engagement: "And then my doctor, he referred me to a class that we go to."

In contrast, youths discussed how pregnancy helped them overcome the barrier of affordability to access services such as free clinics and Medicaid for medical care during pregnancy: "Because once you get pregnant, if you go to the doctor, they'll tell you there are free clinics"… "I had Medicaid. I was pregnant both times for this." Nonetheless, youth perceived that resources should be more accessible regardless of their age or location. One commented, "It should be open to anyone who is pregnant. From the youngest ages to the oldest, like literally everybody and anybody. It should be 24 h, they should have an on-call support system." Another said,

> Regardless of your age, you should always get checked up at the doctor. So everybody should just go because you'd rather get it taken care of now than be older trying to deal with that and doing things that you can't no longer do.

Youth also suggested that remote access to these resources, such as through a pregnancy hotline or phone app, would probably facilitate their use.

Parenting and pregnancy support and education. Youth identified parenting and pregnancy support and education as facilitators to parental role adjustment. Some voiced their preference for interactive parenting classes rather than lectures: "The hands-on thing is a big thing for me…we need to do something hands-on so we'll know, when this happens…I can do it and not just know it."

Youth discussed various topics they desired to be covered in pregnancy and parenting classes, including prenatal medications and nutrition, pre- and post-natal care, labor, infant care, time management, and breastfeeding support. One participant stated, "When females are pregnant, like what is the type of medicines that they should take and not take, the right nutrients, and stuff like that." Another said, "Time management stuff, like how to schedule their lives when the baby is born." Some youth noted that learning about taking care of special needs children and dealing with children's behaviors would be helpful: "different parenting classes for parents that have like special kids… it's a lot harder for the ones that have special kids." "Dealing with your child when they're acting out in public." Youth also expressed the need for counseling services for women with postpartum stress. Despite the challenges of parenting, some youth desired opportunities beyond the basics: "Different things where they could show you how to help your child become more advanced. Maybe learn two languages."

Youth acknowledged the significance of their parental support and its influence on their own parenting style:

> So, it's more so you need to just try to talk to that child instead of just be a parent, maybe try to come and be a lot closer. My mom, she's like not your friend…but she's able to still talk to me or have a regular relationship so that we can get a better understanding of one another.

3.4 | Embracing responsibility or "stepping up" is a positive influence of pregnancy and parenting during homelessness

While pregnancy and parenting presented unique challenges to youth, they reported the positive influences of being in a parental role, including motivation and embracing their responsibilities. One participant commented,

> It'd be like 5 years of your life you probably don't even be doing nothing…then the baby come up, then you just go, "I got to take care of this baby." I know a lot of people who were doing bad, and they had to step up, and it made their life way better.

Another positive influence was the recognition of significance of lifestyle changes and becoming good role models. Youth highlighted the importance of lifestyle changes, including stopping substance use before pregnancy. One participant noted, "If you're trying to have a baby anyway, you should stop drinking or doing drugs. You shouldn't wait until you found out that you're pregnant to stop." Youth also believed that parents should model good behavior. One said: "They pick everything up, so there's certain things you don't do around your children." Others discussed the fiscal responsibility needed for parenting: "Make sure you're financially stable because you have other things to worry about than just the doctor, because when the baby actually comes, you have a whole bunch more expenses."

4 | DISCUSSION

This study describes the perceptions and experiences of YEH related to pregnancy and parenting. Importantly, the study provides the perspectives of a large sample of YEH – parents, nonparents, and fathers, who have been understudied regarding pregnancy and parenting. The findings deepen our understanding of the unique gaps in care for pregnant and parenting YEH that should be addressed to ensure that YEH and their children have adequate resources. Participants discussed limited access to healthcare and resources as a major challenge. These findings are similar to the perceived structural barriers identified among homeless, drug-using young adults (Hudson et al., 2010) and difficulty accessing prenatal services (Merga et al., 2015). Participants reported that being unable to access healthcare services affected pregnancy prevention, prenatal care, management of illness during pregnancy, and parenting quality, signifying the need for a strong, youth-friendly healthcare framework to improve access to healthcare services.

The study also highlights the importance of establishing a nonjudgmental and professional patient–provider relationship and youth-friendly services. Some youth attributed their reluctance to seek healthcare to a perceived negative interaction with healthcare providers, which aligns with the literature (Gordon et al., 2019; McGeough et al., 2020). Fear of losing custody of their child due to

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homelessness did not emerge as a reason for not seeking healthcare, contrary to previous findings (Esen, 2017; Smid et al., 2010). However, given that 57% of YEH do not have custody of their children, this phenomenon needs further exploration (Narendorf et al., 2016,).

Youth discussed the challenges related to the lack of mental health counseling and perceived stigma associated with homelessness. As previously reported, accessing parenting services is complicated by social stigma and poor social support (Brott, 2019). Participants also noted the difficulty in navigating existing resources, which emphasizes the importance of establishing youth-friendly healthcare navigators for YEH. Our study revealed that breastfeeding support services, free vaccinations, and parenting and pregnancy education classes facilitated engaging in healthcare services, as previously shown (Omerov et al., 2019).

YEH has unique challenges to adjusting to the parental role, such as low resources, social disconnection, difficulty securing basic needs, loss of independence, and a lack of parenting readiness. However, YEH did not regret having children and desired to provide better circumstances for their children. This finding aligns with previous research suggesting that YEH has a continued commitment to the parental role (Aparicio et al., 2018; McNeil Smith et al., 2015). Seizing pregnancy and parenting as an opportunity to leverage engagement in care by providing adequate and readily accessible resources may facilitate adjustment to the parenting role.

Also previously reported (Santa Maria et al., 2018), YEH perceived that decreased resources and support for fathers contributed to the lack of father involvement. Previous research noted that young homeless men desired to parent, yet felt unable to fulfill their responsibilities (Alschech & Begun, 2020). These findings warrant further exploration and indicate the need for father-centered support to facilitate involvement. Youth confirmed that being a single parent, lacking an engaged partner, and having little parent support amplified the challenges of homelessness. These findings reinforce a previous study in which homeless mothers perceived lower stress when provided with social support from family and partners (Lucke et al, 2021). Consistent with previous literature, participants viewed parental influence and connectedness as facilitators of parental role adjustment (Kessler et al., 2018). Strategies to involve partners and strengthen family connections as support for parenting YEH are greatly needed.

Despite numerous challenges of parenting while homeless, YEH reported the positive influence of assuming parental responsibilities, as previously reported (McGeough et al, 2020). This finding supports the need for future research on interventions that strengthen parenting resources to combat the risks associated with pregnancy and parenting while homeless. Of note, participants acknowledged the importance of pregnancy planning and parenting preparation, including partner readiness and mental and physical preparation. However, participants identified several barriers to pregnancy planning, including financial challenges and immaturity. These findings highlight the importance of increasing knowledge about the benefits of pregnancy planning and the need for access to effective reproductive services, including pregnancy prevention. Previous research revealed several barriers to pregnancy prevention services among homeless women, including fear of judgement from their family and partners about abortion or contraceptive use (Begun et al., 2020; Munro et al., 2021). There is a need to create awareness and clarify misconceptions about pregnancy prevention services among families and partners to build a nonjudgmental and supportive network for women.

The importance of ceasing substance use before pregnancy was also discussed. Similarly, Smid et al. (2010) found that participants identified drug use and mental illness as being incompatible with pregnancy and parenthood. Youth in this study acknowledged the negative effects of stress on their children and expressed that mental and physical preparation could decrease stress. Previous literature noted the negative effect of parenting stress on child adjustment (McNeil Smith et al., 2015). Therefore, providing adequate stress management and positive parenting strategies to YEH may reduce stress and improve parenting skills.

Our findings have several implications for YEH globally and revealed several barriers that YEH faces when accessing healthcare services related to pregnancy and parenting, as reported in the literature internationally (Merga et al., 2015; Wachira et al., 2016). Systems are needed to identify pregnant and parenting YEH who are disconnected from care and help them navigate the services available to facilitate engagement in care. Begun et al. (2019b) recommended a similar approach and emphasized youths' unimpeded access to and knowledge of all available reproductive and sexual healthcare services. Stigma associated with homelessness is universal, as evidenced in our study and in literature from outside the United States (Kidd, 2007; Merga et al., 2015), and can lead to underfunding, poor quality of care, or barriers to accessing care (Beharry et al., 2018). Reducing stigma and providing access to healthcare regardless of housing status require collaborative effort from providers and community organizations. As noted in our study, partner and parental support is critical for YEH; therefore, interventions should focus on strengthening their support system.

The study findings must be considered in light of several limitations. First, we cannot rule out recall bias, as we used self-reported physical and mental health needs during homelessness. In addition, combining men and women into focus groups, while adding richness to the data, could have led to a diffusion of specific information. Additionally, not all participants had directly experienced pregnancy or parenting; thus, some spoke based on their peers' experiences or expressed perceptions that were not directly grounded in personal experience.

This study has numerous strengths. We explored parenting and pregnancy perceptions and experiences among a large sample of youth from an understudied population with representation from diverse racial/ethnic and gender identities. We also examined the unique challenges of fathers experiencing homelessness, a topic on which research is severely limited. The qualitative approach allowed YEH to express their perceptions and experiences in depth, although cross-sectional and longitudinal studies are also needed to fully understand the needs expressed in this study. Similar studies can be done with a broader global sample to examine challenges and inform intervention development.

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5 | CONCLUSION

YEH faces significant challenges to accessing healthcare services and adjusting to the parental role. Homelessness during pregnancy and parenting is an intergenerational issue. Policymakers should prioritize housing programs and services that are easily accessible to pregnant and parenting YEH. Youth-friendly programs should provide reproductive health services to prevent unintended pregnancies and promote healthy pregnancy and parenting and formation of healthy relationships. In addition, health navigators with lived experiences of homelessness could assist in decreasing mistrust and breaking down barriers while providing support. Involving YEH in planning such services and strengthening their support systems is critical for developing systems and support that effectively promote the health and well-being of YEH and their families.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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