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Culture, Health & Sexuality

An International Journal for Research, Intervention and Care

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/tchs20

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To cite this article: Olivia N. Kachingwe, Danielle R. Phillips, Michelle Jasczynski, Emily Hillig, Rebecca Chavez, Jacqueline Tellei & Elizabeth M. Aparicio (2023) 'I told him I'm gonna get it': intimate partner birth control communication among homeless young women, Culture, Health & Sexuality, 25:2, 159-175, DOI: 10.1080/13691058.2021.2025431

To link to this article: https://doi.org/10.1080/13691058.2021.2025431

Published online: 12 Jan 2022.

CULTURE, HEALTH & SEXUALITY
2023, VOL. 25, NO. 2, 159–175
https://doi.org/10.1080/13691058.2021.2025431

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'I told him I'm gonna get it': intimate partner birth control communication among homeless young women

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ABSTRACT

Homeless youth have disproportionately high rates of unintended pregnancy and STIs. Enhancing communication between sexual partners can improve sexual health outcomes, yet little is known about this topic among homeless youth; therefore, this study aimed to examine how homeless youth communicate with their partners about birth control. In-depth semi-structured interviews regarding intimate partner birth control communication were conducted with 10 homeless young women aged 14–22 years following their completion of a comprehensive sexual health program (*Wahine Talk*). We transcribed the interviews verbatim and used a structured, inductive analytic approach to identify themes. Analysis identified three themes: Getting the Conversation Started, Conversation Content, and Impact of Conversation. Birth control conversations were prompted by programme participation, birth control side effects, and family members' interest in homeless youth becoming pregnant. Barriers to communication included fear and mistimed conversations (e.g. during the initiation of sex). Homeless young people shared simultaneous desires to delay pregnancy and concerns about side effects of birth control use. Discussions about birth control with their partners may demonstrably improve homeless youth's intimate relationships and family planning efforts. Providers can support homeless young women by helping them plan conversation timing and addressing fear, including the risk of violence.

ARTICLE HISTORY
Received 22 July 2021
Accepted 31 December 2021

KEYWORDS
Homelessness; adolescence; birth control; sexual health communication; adolescent pregnancy; thematic analysis

Introduction

In the USA, homelessness among youth remains a substantial public health problem. As of 2017, an estimated total of 4.1 million young people between the ages of 13 and 25 experienced some form of homelessness in the prior year, with prevalence rates being higher among young people of colour, sexual and gender minorities, and youth who are parenting (Morton et al. 2018). When compared to all other states, in

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2019 Hawai'i had the second highest rate of people experiencing homelessness (45 people per 10,000 persons, compared to a national average of 17 people per 10,000 persons), and was one of five states in which more than 50% of all people experiencing homelessness were unsheltered (Henry et al. 2019). Although unaccompanied homeless youth under 25 years old are more likely to be unsheltered compared to all people experiencing homelessness, this is particularly true in Hawai'i: in 2019, 67.1% of unaccompanied homeless youth in Hawai'i were unsheltered compared to the national average of 50% (Henry et al. 2019).

Pregnancy among homeless youth

Homeless youth, both sheltered and unsheltered, face many challenges, including disproportionately high rates of pregnancy. National and local studies estimate that anywhere from 30–60% of homeless young women aged 18–25 years are currently pregnant or already mothers (Cauce et al. 2005; Crawford et al. 2011; Dworsky and Horwitz 2018; Haley et al. 2002; Winetrobe et al. 2013). Among homeless youth, factors associated with an interest in becoming pregnant or getting someone else pregnant now or within the next year include being homeless for long periods of time (Tucker et al. 2012), being in a serious relationship or having many family members within one's social networks (Tucker et al. 2012), and the receipt of money or other forms of instrumental support from a serious partner (Begun et al. 2020). Furthermore, among women, being homeless for long periods of time has been shown to increase one's risk of becoming pregnant (Halcón and Lifson 2004; Milburn et al. 2006; Slesnick et al. 2006; Thompson et al. 2008).

Although some homeless youth have an interest in becoming pregnant, many pregnancies are unintended (Begun 2015). Reasons for unintended pregnancies include an increased likelihood of substance use prior to or during sexual intercourse, and unprotected sexual intercourse (Begun 2015), with homeless young women being more likely to engage in condomless sex and less likely to engage in sexual intercourse under the influence when compared to their homeless young men counterparts (Barman-Adhikari et al. 2017; Halcón and Lifson 2004; Slesnick and Kang 2008). It is estimated that 11% of homeless youth have engaged in survival sex in the past six months, with rates much higher among sexual and gender minority homeless youth (Marshall et al. 2010). Many young people who engage in survival sex either never or inconsistently use condoms which in turn increases the likelihood of unintended pregnancy and other negative sexual health outcomes such as HIV and sexually transmitted infections (STIs) (Gangamma et al. 2008; Solorio et al. 2008; Warf et al. 2013).

Whether a pregnancy is intended or not, once pregnant, many homeless youth decide to carry the baby to full term. For these young women, pregnancy is viewed as a catalyst for making positive improvements in their lives and a means through which to access healthcare and social services that would otherwise be unattainable (Begun et al. 2020; Begun 2015; Begun et al. 2019; Cauce et al. 2005; Haley et al. 2004; Smid, Bourgois, and Auerswald 2010; Tucker et al. 2012). For some homeless youth, the decision to move forward with a pregnancy is also influenced by interpersonal relationships. Some young people view pregnancy as an opportunity to develop or renew ties

with existing family members (Begun et al. 2019), or build a family of their own with the intention of creating parent-child bonds they themselves lacked (Alschech and Begun 2020; Begun et al. 2019; Tucker et al. 2012). Once pregnant, homeless youth face myriad challenges, including distrust of medical providers, fear of being reported to child protective services after giving birth or prosecuted for substance use during pregnancy, and attending prenatal visits alone while their partners protect their belongings on the street (Smid, Bourgois, and Auerswald 2010; Miranda, Dixon, and Reyes 2015).

Sexual health communication

Using any form of birth control lowers the risk of unintended pregnancy, and condoms specifically can also reduce the risk of contracting STIs (Francis and Gold 2017; Williams and Fortenberry 2013). Accessing and selecting birth control for homeless young women, however, can present challenges, including the fear of needles, the management of side effects associated with birth control use, and the accessibility of trauma-informed clinical care (Kachingwe et al. 2019). Although numerous studies have noted a positive association between intimate partner sexual health communication and condom use among homeless youth and general population youth (Widman et al. 2014; Kennedy et al. 2015), this relationship is not universally supported by the current literature. Intimate partner sexual health communication among homeless youth sometimes has the opposite effect, and has been associated with the increased likelihood of sex without a condom (Barman-Adhikari et al. 2017; Kennedy et al. 2012), and has been found to precede unprotected sex when assessed qualitatively (Kennedy et al. 2015). Coercion by an intimate male partner to become pregnant has also been positively associated with unintended pregnancy (Miller et al. 2010). Mixed findings in the literature suggest that we must seek to more clearly understand the content of the conversations homeless youth have about birth control with their partners, including how homeless youth communicate about forms of birth control beyond condoms which has not yet been studied, in addition to the facilitators and barriers of having these conversations.

Current study

Though prior research indicates intimate partner sexual health communication affects condom use among homeless young women, there is a clear gap and lack of nuance in our current understanding of these conversations for not only condoms, but birth control more broadly. Furthermore, it is unclear whether or not intimate partner sexual health communication can be used as a protective factor to lower the rate of unintended pregnancy among homeless youth. As such, this study seeks to understand how homeless young women who participated in a comprehensive sexual and reproductive health programme discuss birth control with their intimate partners, and the perceived impact of these conversations on their overall sexual and reproductive health and relationship dynamics. The study was guided by the research question: how do homeless young women who participated in a comprehensive sexual and reproductive health programme discuss birth control with their sexual partners?

Methods

This study used qualitative interview data collected as part of a larger project evaluating the feasibility and impact of *Wahine Talk*, a comprehensive, multilevel sexual and reproductive health programme designed for young women experiencing homelessness (Aparicio et al. 2018; Aparicio et al. 2019; Aparicio et al. 2021). The *Wahine Talk* programme was developed and delivered by the Youth Outreach (YO!) Program at Waikiki Health, a federally qualified health centre, over a 20-week implementation period. The main components of *Wahine Talk* include basic needs services, peer mentoring, sexual health education groups, and sexual healthcare (Aparicio et al. 2018). The interviews were conducted as part of a post-test assessment, following participants' completion of *Wahine Talk*.

Sample

Study participants were ten self-identified homeless young women aged 14–22 ($M = 18$) years who had recently completed *Wahine Talk* and participated in a post-test one-on-one semi-structured interview assessing the feasibility and impact of the programme. All participants had previously had sex and were aged 12–17 ($M = 14$) years at first sex. Six participants had previously been pregnant, with two reporting a prior miscarriage, three reporting a prior abortion, and four having had at least one live birth. Two participants reported using any form of birth control prior to *Wahine Talk*; both participants also reported that their birth control of choice was condoms. Following *Wahine Talk*, six participants reported using any form of birth control with one using Depo-Provera, four using long-acting reversible contraception (LARC) and one using both LARC and condoms. Additional demographic information is provided in Table 1.

Data collection

All interviews were conducted at YO! and were facilitated by research team members who had not participated in the delivery of *Wahine Talk*. Participants received $20 for their participation in the semi-structured interview. The interviews lasted 29 min on average. Interview questions regarding partner-to-partner birth control communication included, for example, have you discussed birth control use with the last person you had consensual sex with and are close to, how did your discussion about birth control with this sexual partner go, and what impact did this conversation have on your overall sexual health? All procedures were approved by the University of Hawai'i and Texas A&M University's Institutional Review Boards prior to beginning data collection. Interviews were transcribed by members of the research team and transcripts were reviewed for accuracy prior to analysis.

Setting

YO! is located in the Waikiki neighbourhood of Honolulu, Hawai'i, which is primarily known as the hub for Hawai'i's tourism industry; likewise, Waikiki has also become a place where people who are experiencing homelessness camp (Nagourney 2016;

Table 1. Sample characteristics.

Variable	*n*	% of sample	M (*SD*)	Range
Age	10		18.1 (*2.28*)	14-22 years
Race and Ethnicity (categorical)				
Hispanic/Latina	0	0%		
Black/African American	0	0%		
Native Hawaiian and Other Pacific Islander	7	70%		
Mixed Race/Ethnicity	3	30%		
Race and Ethnicity (all)				
Native Hawaiian	7	70%		
Samoan	3	30%		
Tongan	2	20%		
Micronesian	2	20%		
Other Pacific Islander	0	0%		
Chinese	1	10%		
Japanese	3	30%		
Korean	1	10%		
Filipino	1	10%		
Other Asian	0	0%		
White/Caucasian	1	10%		
Hispanic	0	0%		
Black/African American	0	0%		
Sexual orientation				
Bisexual	2	20%		
Heterosexual	8	80%		
Age at first sex	10	100%	14.1 (1.79)	12-17 years
Prior pregnancy	6	60%		1-3 pregnancies
Prior miscarriage	2	20%		1-2 miscarriages
Prior abortion	3	30%		1 abortion
Prior live birth	4	40%		1-2 births
Children living with participant	4	40%		1-2 children
Children living with someone else	0	0%		
Prior birth control use	2	20%		
Birth Family				
Size of birth family			7.8 (2.12)	6-11 people
Years of school birth mother completed			11.38 (2.36)	8-16 years
Years of school birth father completed			11.75 (3.30)	8-16 years
Hanai Family				
Has a *hanai* family	6	60%		
Age joined *hanai* family			8.66 (5.39)	1-15 years
Size of *hanai* family			5 (1)	4-6 people
Years of school *hanai* mother completed			11.8 (.45)	11-12 years
Years of school *hanai* father completed			12.25 (.5)	12-13 years
Adopted Family				
Was adopted	2	20%		
Age adopted			1(0)	1 year
Size of adopted family			9 (4.95)	6-13 people
Years of school adopted mother completed			12 (0)	12
Years of school adopted father completed			15 (4.24)	12-18
Foster Care				
History of foster care	4	40%		
Age entered foster care			9.5 (7.23)	1-16 years
Currently has a resource family		0%		

Note: Hanai family = Informal family

Barney 2017). The City of Honolulu's current policy is to arrest and remove people experiencing homelessness from tourist zones (Schaefers, 2019; Yuan et al., 2018), and efforts to prevent and reduce homelessness have historically focused on the needs of adults, which compounds the issue of criminalising homeless youth in Honolulu (City and County of Honolulu, n.d.; HONU – Homeless Outreach and Navigation for

Unsheltered Persons Summary Presentation, 2019). The services YO! provides to homeless youth are much needed and are a critical component of addressing homelessness in a way that includes youth's needs.

Data analysis

We used a five-step inductive thematic analysis process outlined by Braun and Clarke (2006), starting with familiarising ourselves with the data. Team members listened to audio recordings of each interview while following along with the written transcripts. Subsequently, the first author generated initial codes across the entire data set, using the participants' exact words (i.e. *in vivo* coding) whenever possible allowing for the participants' voice to be centred. These codes were shared and discussed with the entire research team prior to beginning step three. Next, the first author assessed the relationship between initial codes, identifying themes and subthemes. Then, the first author reviewed the themes and subthemes by returning to the transcripts to ensure that each theme was sufficiently supported across the entire data set and that data coded under each theme were clearly related. The research team then finalised the themes and subthemes by reviewing the 'essence' of each theme and renaming some for clarity. Analysis was completed using NVivo 12 (QSR International Pty Ltd 2018).

To ensure the quality and trustworthiness of findings, triangulation of data across participants was completed in step four above, and all research team members began the analytic process by writing a reflexive statement, coupled by reflexive journaling throughout their project involvement. Reflexivity allows researchers to acknowledge how their identities, past experiences and values intersect with the primary research question and data interpretation so as to avoid making preconceptions (Krefting 1991). All the members of the research team were female and self-identified as African American, Asian American, Pacific Islander, White, and/or multi-racial. Though having no personal experience with homelessness, research team members had substantial professional experience relevant to this study including social work, past experience delivering sexual health programming to young adults, and work with people experiencing homelessness.

Results

Thematic analysis produced three themes characterising how homeless youth discuss birth control with their intimate partners. Young people shared (1) the context in which these conversations took place; (2) the content discussed and non-verbally expressed during these conversations; and (3) the subsequent impact of these conversations on their overall sexual and reproductive health and intimate partner relationship dynamics. Themes and subthemes are summarised in Table 2.

Table 2. Summary of themes and subthemes.

Getting the conversation started	Conversation content	Impact of the conversation
Facilitators of communication	Delaying pregnancy	Future communication
Barriers to communication	Side effects of birth control use	Family planning self-reflection
Timing of birth control conversations	Elicited emotions	Intimate partners' response

Getting the conversation started

Homeless youth described the context in which discussion about birth control with their partners occurred. For many participants, there were specific events or people who either prompted birth control to become a topic of conversation or made it more difficult to bring up. Participants also discussed whether the conversation took place before or after they were already on birth control and reasons why that may have been.

Facilitators of communication

Homeless youth shared the ways in which their participation in *Wahine Talk* facilitated discussing birth control with their partners. One participant shared how YO!'s medical provider gave her a 'whole paper about birth controls', which prompted the conversation with her partner once brought home. Another participant shared that she 'learned a lot from [the *Wahine Talk*] group. And then I told him [i.e. her partner], like, I'm gonna get it [i.e. birth control]'. Homeless young people's relationships with other family members also proved important. One participant shared that her partner's sister had initiated the conversation, 'She was like, "um, are you on birth control?" And I said, "yeah I'm on the Depo shot," and she was like, "I want you and my brother to have kids; you guys would make cute kids" and I was like "what the fuck."' Both her partner's sister and the sister's sister-in-law expressed their interest in the participant having children, but at different times, which this participant to discuss birth control with her partner. To her, their comments were not offensive, but simply unexpected and thus, 'fucking weird'. Lastly, the physical changes that can occur as a result of birth control use also prompted homeless youth to discuss birth control with their partners. As one participant explained, her partner saw a 'scar' on her arm from the Nexplanon insertion and asked her 'who the hell beat you up; what is that?' After telling him to feel it, 'he was freaking out "cause he thought my vein popped."' This initial shock prompted a subsequent discussion about birth control during which her partner was supportive of her choice.

Barriers to communication

Some homeless youth chose not to discuss birth control with their partners. These participants described well-reasoned practical and emotional barriers. As one participant shared, she knew her partner did not want her to use birth control, so there was no need for a conversation, whereas another participant discussed how, despite wanting to talk to her partner about birth control, 'it's something that scares [her]' and that she 'feels like [is] weird to talk about it with him'. With embarrassment, another participant described her inability to discuss condom use with her partner when initiating sexual intercourse, sharing, 'hormones take over [our] minds and bodies. We don't really think before we talk or do'. This same participant also described competing internal messages when beginning to engage in sexual intercourse: 'we talk, but it's just like - when we're like that - we just pretend we can't hear anything in our head saying "don't do it." It's like a big voice overlapping saying "yes, do it!"'

Timing of birth control conversations

When describing their experience discussing birth control with their partners, homeless youth indicated whether the conversation took place before or after they started using birth control. Three of the participants who had discussed birth control with their partner did so after they were already on birth control. One participant shared that she was not with her current partner when she got a Nexplanon (hormonal implant) inserted; however, her current partner helped her take the bandages off once she got it removed. So, although it was not until after getting the Nexplanon implant removed that she discussed birth control with her partner, her partner already knew she had been on birth control when the conversation itself occurred. Similarly, another participant shared that although the conversation took place after she was on birth control, '[my partner] is smart. He knew it, [I] just wanted to show him and that's when [we] started talking'. The homeless youth who discussed birth control with their partners before they got on birth control expressed generally being open with their partner and feeling it was important to discuss matters beforehand 'because, like, [we] wanted another kid. But we just wanted to be stable enough to have one'.

Conversation content

Participants shared with their partners a desire to delay pregnancy, along with their reasoning as to why they felt it was the best decision for themselves and their partners' wellbeing. Homeless youth also shared with their partners the side effects that they experienced as a result of birth control use. In some cases, participants expressed contentment, indifference or dissatisfaction during the conversation in response to their partners' general reactions to discussing this topic.

Delaying pregnancy

Many participants reported saying to their partners that although they would like to have children in the future, they were not currently ready to do so due to their lack of stable housing and financial insecurity. As one participant shared, 'we talked about [birth control], like, "oh, I'm going to get it" and "it's so that we don't have any more kids 'cause two is a lot to handle."' Another participant 'came to an agreement [with my partner] that yeah, we're not stable, and we will have a kid when we are stable. We're already struggling'. Not all participants' partners were in agreement. One participant shared that her partner questioned her choice, highlighting that '[we've] been doing it for, like, four years now this year, and [you] still never got pregnant, so, like, if [you] never get pregnant this long, why do you need it anyways?' This same participant rationalised her decision to get on birth control by explaining to her partner that she would like to be safe when drunk because 'like, oh God. I don't know what I do'. So even though they had managed not to get pregnant for four years, she wanted added protection. Delaying pregnancy was even prioritised by one homeless youth who chose not to discuss birth control with her partner. When asked what she thinks they would have talked about (hypothetically), she responded 'babies', further highlighting how important it is to homeless youth that they discuss family planning with their partner as part of birth control conversations.

Side effects of birth control use

Homeless young people also discussed the possible side effects of birth control use with their partners, particularly side effects that were perceived as negative. One participant shared that 'the only downfall with this [birth control] is [my] mood swings', and jokingly stated that 'every time [I] gets mood swings, [my partner's] like "take it out already"' and she reassures him that she will be fine. Another participant who had yet to discuss birth control with her partner focused on physical changes, explaining that she would tell her partner 'don't judge me if I get fatter'. One participant described a more detailed conversation during which she discussed the differences between different birth control options with her partner, specifically 'how long it lasts; the different effects' and which one she 'thinks would be good enough for [me] to use'. Though the side effects discussed are largely negative, the one participant who experienced mood swings did highlight to her partner that birth control 'is helpful in so many other ways', particularly with her irregular menstrual cycle, which was perceived as a substantial trade-off for the negative side effects experienced.

Elicited emotions

While discussing birth control with their intimate partners, homeless youth experienced a range of emotions which, in some cases, impacted the conversation itself. Some participants were shocked or angry at their partners' responses. As one participant shared: 'I was shocked; I thought he would have been like, um, yeah, you should be on birth control - and stuff like that. I don't want kids right now. But it was the other way around'. Her partner made it clear that he was not entirely against them having children when they discussed her removal of a Nexplanon implant which she had got while with a previous partner. Another participant was disappointed that her partner showed no interest in the conversation and subsequently asked him 'you don't care about my kids? Because this is supposed to prevent me to not get pregnant'. One participant had a very different experience and recalled feeling happy, telling her partner 'I feel happy because I chose a choice that I feel like is a good decision'. Other participants reported feeling no emotions whatsoever, sharing that 'I was just telling him' and 'I really didn't care what he had to say - [the conversation] was really straightforward'. For these participants, the birth control conversation served more as an update to their birth control status as opposed to a conversation in which they were seeking input and counsel.

Impact of conversation

For many participants, discussing birth control with their intimate partner had an impact not only on their sexual and reproductive health, but also on their intimate relationships. Homeless young people shared how discussing birth control in most cases encouraged future conversations with their partners pertaining to their health, and, for some, made them personally reflect on whether or not they made the right decision. Participants also shared that their partners had varying responses to the conversation, both verbal and behavioural.

Future communication

For most participants, discussing birth control with their intimate partner facilitated future conversations either specific to birth control use or pertaining to other sexual and reproductive health topics. One participant described how discussing birth control with her partner gave her confidence, 'like, I can do it again. Like, I can talk to him again'. Another shared that after discussing birth control with her partner she realised, 'I can open up to him about anything because, you know, he always supports me. So, while we have our fights and stuff, he always supports me'. As a result, this participant stated: 'I'm comfortable to bring [birth control] up to him again and I'm sure he'll support me'. For other participants, discussing birth control prompted conversation about HIV testing and participant's HIV status. One homeless young person shared that after discussing birth control, their partner would 'check up on [me], he would ask if [I] had AIDS and stuff like that'. Another participant described how discussing birth control will 'help [us] be practically grown – 'cause if you talk about - it will help [them] think about the future, like, if it's gonna be serious or not'. Though most participants either experienced or foresaw a positive impact of discussing birth control on future conversations with their partners, two participants notably felt otherwise. One shared that she did not think the conversation affected her willingness to have future conversations, and another expressed uncertainty, describing that she 'does [her] own thing' and is primarily 'just trying to focus on settling [her] and [her] son first'.

Family planning self-reflection

For several participants, discussing birth control with their intimate partners made them reflect on their decision to delay pregnancy. As one participant noted, discussing birth control with her partner 'made [her] really think about having a baby. [She] always wanted to rush, but like why would you rush?' Homeless youth whose partners wanted children had divergent experiences, where some felt supported by their partners but others did not. One participant shared how discussing birth control with her partner 'made [me] more confident of – yeah I'm going to get it. Like, he was supportive of it. We came together with a conclusion'. Another participant whose partner was not as supportive of her decision to get on birth control shared that 'when [he] started bringing stuff – I was like, at times – "yeah, I do want kids" and then – there's, at times, when I think to myself "no, but I'm gonna have a hard time because I'm on the streets."' Despite wanting to use birth control and convincing herself that she had made the right decision, this participant realised for the first time while being interviewed that '[she] started losing track of her birth control [i.e. receiving follow-up Depo-Provera shots] after, like, a couple months after talking about [it]'.

Intimate partners' response

When discussing birth control, participants' partners had varying reactions, both verbal and action orientated. With respect to verbal responses, several participants shared that their partners were either indifferent, or in agreement with the decision that they made. One participant's partner, in agreement, stated 'it's not the right time to have kids; we are young and we drink and, you know, it wouldn't be good if you were pregnant'. Despite mostly supportive verbal responses, one participant's 'partner was

looking at [me] like, no, I want kids', and another participant's partner questioned the timing of the conversation since they had been together for several years without the participant using birth control or getting pregnant. One homeless youth who had yet to discuss birth control with her partner shared that she would expect her partner to 'explode' and to think she was cheating. Thus, she would be sure to reassure him of her commitment to the monogamous relationship. Partners' initial verbal responses directly impacted the content covered during the birth control discussions and the emotions elicited from homeless youth.

In addition to verbal responses, homeless youth observed a shift in their partners' behaviour. One young woman shared that her partner began 'manning up because he [had] been missing [sex]'. For this participant, it was also important that she discussed with her partner how 'sex is a freaking privilege' as part of the larger birth control conversation, emphasising that 'even though [I] took the birth control, you don't get to try to have your way with me'. She shared how her partner was like 'oh, yay, no baby; we could do it every time' and she in response was like 'no no no, we're not doing that, okay? [I] told him straight up, just because I got the birth control doesn't mean we keep doing it, yeah?' Another participant shared that after discussing birth control with her partner, 'he was more aware of what he did. Even with just like grabbing [my] arm, he was aware of [the implant] "cause it can move."'

Discussion

Findings from this study reveal that many factors impact communication regarding birth control between homeless young women and their partners, including level of fear or empowerment, family members, communication timing, and partners' responses. Participants in this study shared that conversations centre on topics such as delaying pregnancy and the varied physical and emotional effects of different methods of birth control. Young women shared that discussions regarding birth control were not effective when partners attempted to discuss condom use while initiating sex or during 'the heat of the moment'. These findings echo those of Widman and colleagues (2014) who report that among youth in the general population, informal and exploratory forms of communication can be effective at promoting safer sexual health behaviours and condom use.

Study findings revealed the importance of intimate partners' responses during sexual health discussions. Partners' responses impacted the course of the conversation and homeless youth's thoughts about birth control. These conversations emphasised the need for homeless young women's partners to know more about possible birth control side effects, and to be non-judgemental. Vargas, Borus, and Charlton (2017) reported that young men in the general population may struggle to serve as allies to current and future sexual partners when couples make decisions about birth control. Young men often lack basic knowledge about contraceptives (particularly non male-dependent hormonal methods and emergency contraception) which has been associated with decreased partner sexual health communication self-efficacy (Vargas, Borus, and Charlton 2017). Young people would benefit from healthcare providers discussing both female and male birth control options with male youth in detail and encouraging

homeless young women to discuss birth control outcomes with their male partners, who, as seen in the current study, have the potential to strengthen homeless young women's pro-birth control attitudes and beliefs.

Study findings also suggest that homeless youth would benefit from learning how to problem solve and better prepare for communication challenges with their intimate partners to ensure that these conversations do not dissuade intended use. Specifically, it is critical that homeless young women are first aware of the different birth control options available, along with the benefits and possible side effects of each, so that they can develop a well-informed view about how birth control could potentially impact their lives both positively and negatively. Having this awareness could potentially minimise their partners' ability to be persuasive. Beyond this, it is important to provide homeless young women with the confidence, information, and language needed to successfully face resistance or counter arguments raised by their partners. This information should include both scientific knowledge (e.g. differences between birth control options) and possible communication strategies to support homeless young women who choose to discuss birth control with their partners before and after using it. Holistic trauma-informed sexual health programmes, such as *Wahine Talk*, provide guidance and tools (i.e. communication skills, access to birth control, access to healthcare providers) that can support homeless young women and their intimate partner as they navigate difficult conversations and decision-making regarding birth control (Aparicio et al. 2018).

Strengths and limitations

This is the first known study to explore how homeless young women discuss birth control with their intimate partners, with findings encompassing communication from initiation to the impact of the discussion. Notably, three participants did not discuss birth control with their partner, allowing this study to explore not only why some homeless young women choose to discuss birth control with their intimate partners, but also what barriers prevent the conversation from happening. For many participants, communication with their partner about birth control or their choice not to have these conversations had occurred in the recent past, reducing possible recall bias. However, by participating in a larger intervention study, participants' experiences and attitudes towards birth control may differ from other homeless young women; thus findings are not readily generalisable to other populations.

Implications for future practice and research

In future work with homeless young women and their partners, healthcare providers should work to educate and empower young women to understand the benefits and options regarding birth control use. In an effort to reduce barriers to communication between partners, providers should not only focus on providing information on birth control options but should work to help individuals identify r personal readiness and willingness to use birth control while also acquiring the skills needed to confront barriers to effective intimate partner birth control communication.

Homeless young women would benefit from providers connecting them to holistic sexual health education programmes, such as *Wahine Talk*, that work to support homeless young women as they have birth control conversations with their partners. The current study revealed that sexual health communication was not solely discussed within the context of *Wahine Talk*, rather, at times, it was brought up by family members who had not participated in Wahine Talk. Future comprehensive sexual health programmes should therefore seek to not only develop communication tools (e.g. pamphlets) aimed at facilitating conversations among homeless youth regarding safer sex practices, but should also support individuals (e.g. family members) beyond the programme who are also facilitating conversations about safer sexual practices. The important role of social support as it pertains to homeless youth's willingness and readiness to discuss birth control should also be explored quantitatively. Prior research has found that homeless youth who communicate electronically with at least one securely housed condom-using peer have a reduced likelihood of engaging in risky sexual behaviours (Rice 2010).

This study highlights the important role of male partners in homeless young women's own family planning decision making and willingness to discuss birth control. Future research should include homeless young women's intimate partners to assess whether their partner's beliefs and readiness to engage in family planning efforts impact birth control communication and the success or failure of conversations regarding birth control access and long-term use. In addition, research should also capture contextual data pertaining to intimate relationships such as relationship length, partners' genders, partners' housing status, perceived levels of commitment and monogamy, and how these attributes impact intimate partner birth control communication among homeless youth. In the current study, some homeless young women chose to discuss birth control with their intimate partners after adopting it, whereas others discussed it with their partners beforehand. Future quantitative research should also be conducted to examine the temporal relationship between birth control communication and birth control adoption, and how this relationship may vary if a partner is opposed to birth control use.

Conclusion

This study sought to understand how homeless young women discussed birth control with their intimate partners and the perceived impact of these conversations on their overall sexual and reproductive health and relationship dynamics. Findings reveal that not all homeless young women choose to discuss birth control with their intimate partners. Among those that do, discussing birth control can lead to young women feeling supported in their decision to use birth control, and future conversations with their partners more generally about their sexual health. This experience, however, is not universal, indicating that in order for intimate partner sexual health communication to serve as a protective factor against unwanted pregnancies, it must occur within the right context and be supported by healthy relationship dynamics. Collaboration among homeless young women, their partners, and service providers is essential when accessing sexual health education and navigating conversations about birth

control options. Service providers should support youth in identifying and addressing potential barriers related to birth control communication, including fear of one's intimate partner and identifying an appropriate time for these conversations to occur. Ongoing efforts should be made to help facilitate conversations aimed at increasing access to and usage of birth control among homeless young women and their partners.

Acknowledgements

We gratefully acknowledge the contribution of study participants, who generously and openly shared their experiences to help improve sexual and reproductive health services for youth experiencing homelessness.

Declaration of competing interests

The authors declare that they have no conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

This work was supported by Grant Number TP2AH000046 from the US Department of Health and Human Services Office of Adolescent Health as part of the Innovative Teen Pregnancy Prevention Programs (iTP_3) project. The contents are solely the responsibility of the authors and do not necessarily represent the views of the US Department of Health and Human Services, the US Office of Population Affairs, or Texas A&M University.

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