

IMPROVE REPRODUCTIVE HEALTH SERVICES FOR HOMELESS WOMEN





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Homelessness remains a serious challenge throughout the United States, an outcome of extreme poverty, the continued need for more affordable housing, and the lack of opportunity and services for those experiencing various disabilities.¹ Estimates show that between 2.3 and 3.5 million people are likely to experience homelessness each year, including 1.35 million children.² Recent reports show that nearly 1.6 million people used emergency shelter or transitional housing programs between October 2007 and September 2008.³ Although women comprise only 36% of the adult sheltered homeless population, they represent 81% of the adults who become homeless with children.⁴ Homeless women are often quite literally living at the margins of their communities; it is not surprising that reproductive, sexual, and maternal health concerns are prevalent among homeless women. As urban communities strive to address homelessness, they must recognize and incorporate reproductive, sexual, and maternal health issues.

HOMELESSNESS IN URBAN AREAS

While not exclusively an urban challenge, homelessness is often centralized in urban areas. In 2008, more than two-thirds of homeless people who were sheltered lived in the center of urban areas.⁵ African Americans are disproportionately represented in the homeless population. African Americans comprised 41.7% of the sheltered homeless population in 2008, but made up only 12.4% of the overall U.S. population in 2007. This may be partly explained by the disproportionate representation of African Americans in urban areas.⁶

Poverty and lack of affordable housing are primary causes of homelessness. Paying fair market rent is unaffordable for many low-income workers, and subsidized housing is difficult to obtain.⁷ The lack of affordable housing has been reported as a cause of both hunger and homelessness; in a recent survey of the mayors in twenty-five major U.S. cities, 77%

reported that more affordable housing would be most helpful in addressing a hunger problem, and 72% reported that a lack of affordable housing is one of the three main causes of family homelessness.⁸ A recent increase in the number of people who are homeless suggests that the current economic downturn might be another cause. In the same recent survey of mayors, 83% of them report an increase in homelessness in their cities over the past year.⁹ Twelve of the cities reported an increase in homelessness due to foreclosures, citing the loss of housing for tenants who rented in buildings that became foreclosed.¹⁰

Apart from the lack of affordable housing and unemployment, domestic violence is often cited as a cause of homelessness. Twenty-eight percent of city mayors in 2008 listed domestic violence as a cause of family homelessness.¹¹ In another study, domestic violence was the second most cited cause of homelessness for families.¹²

HEALTH CONCERNS FOR HOMELESS WOMEN IN THE UNITED STATES

Homeless women experience multiple barriers to contraceptive use. Some barriers include perceptions of side effects and potential health risks, a partner's opposition to contraceptive methods, and cost.¹³ Lack of choice and agency regarding the context of contraception, sexual partners, and location where sex takes place also affect homeless women's reproductive health.¹⁴ Although homeless women are in need of reproductive health care, fewer than half of family planning agencies report regularly providing programs tailored to homeless women.¹⁵

One study that compared homeless families and housed families on public assistance in New York City determined that a higher percentage of homeless women were pregnant or had recently given birth; 35% of the homeless women were pregnant and 26% had given birth in the past year, whereas 6% of the housed women were pregnant and 11% had given birth in the past year. The study suggests that pregnancy might be a risk factor for homelessness.¹⁶ Stress, lack of prenatal care, and poor nutrition often lead to a higher risk for pregnancy complications among homeless women.¹⁷ Lack

of regular health care for homeless mothers can lead to other serious health problems. Studies have shown that mothers who are homeless were more likely to be hospitalized and more likely to visit the emergency room than mothers who were not homeless.¹⁸

Homeless women also experience high rates of human immunodeficiency virus (HIV) and sexually transmitted infections (STIs). Extreme poverty, inconsistent housing,

HOMELESS YOUTH

Previous estimates concluded that in 1999, around 1,682,900 youth had a runaway or a “throwaway” episodeⁱⁱ; around two-thirds of these episodes were experienced by youth ages 15–17.²² LGBTQ (gay, lesbian, bisexual, transgender, queer and questioning) adolescents are more likely to leave home, experience victimization and substance abuse, and have higher numbers of sexual partners than their heterosexual homeless peers.²³

Pregnancy rates for homeless teens are significantly higher than their housed counterparts. Forty-eight percent of youth living on the streets and 33% of youth living in shelters have ever been pregnant, compared with less than 10% of youth living at home.²⁴ The reasons for the higher rates of teen pregnancy are varied but may include higher-risk sexual behavior, previous sexual victimization, and a lack of information or access to contraception. A survey of mothers in New York City homeless shelters suggested that many teen mothers did not have a comprehensive understanding

and higher risk of intravenous drug use can lead to their disproportionate risk for HIV.¹⁹ Additionally, homeless women have limited access to medical care, which makes it more likely that their infections will remain untreated.²⁰ High rates of STIs for homeless women may also be linked to a high number of sexual partners, engagement in survival sexⁱ, and inconsistent condom use. One study found that only 24% of surveyed homeless individuals always used a condom.²¹

of contraception. Half of the teen mothers reported that they did not think that birth control was important and 42% did not know how to use birth control. Additionally, 41% of those surveyed did not realize they were pregnant until their second trimester.²⁵

Sexual victimization is common among homeless teens. In a 2004 study, 35% of homeless youth were found to have been sexually victimized.²⁶ The Department of Health and Human Services found that 21% to 42% of runaway youth were abused before leaving home. That number was significantly higher than the level of sexual abuse reported by youth in the general population, which was between 1% and 3%.²⁷ Sexually abused teens were more likely to engage in survival sex.²⁸ One study determined that 27.5% of the homeless youth living in the street and 9.5% of those living in shelters reported engaging in survival sex.²⁹ Another study found that runaway youth were six to twelve times more likely to experience infection with HIV.³⁰



i *Survival sex* is a term used to describe sexual exchanges that are sold to meet subsistence needs.

ii *“Throwaway” episode* refers to youth who are told to leave by a parent or guardian or are not allowed to return home by a parent or guardian.

RECOMMENDATIONS TO IMPROVE REPRODUCTIVE HEALTH SERVICES FOR HOMELESS WOMEN

Homelessness is clearly an enormous challenge and concern for urban areas, where the largest portion of homeless people in the United States is located. Local advocacy groups, health care providers, and elected and public health officials must continue to work collectively to address this growing crisis and begin to prioritize the unique reproductive health issues facing homeless women and teens.

WE CALL ON LOCAL LEADERS TO IMPROVE REPRODUCTIVE HEALTH SERVICES FOR HOMELESS WOMEN BY:

Targeting reproductive, sexual, and maternal health outreach and education efforts to homeless women and youth. Homeless women and youth have reduced access to health care services and information and are at increased risk for adverse reproductive, sexual, and maternal health outcomes. Homeless women and youth are also often engaging in high-risk sexual activity while being marginalized from the provision of health care services.

- We urge local leaders to create and support programs that utilize mobile medical units to reach women and youth who are homeless.
- We urge local leaders to integrate quality reproductive, sexual, and maternal health care and referrals into shelter services.

Incorporating reproductive health and justice frameworks into local city or county initiatives that work to end homelessness. Many localities have started initiatives to end homelessness.³¹ It is imperative that reproductive, sexual, and maternal health concerns are prioritized within local efforts.

- We urge local leaders to make homeless women's health a priority by employing reproductive health and justice frameworks in their efforts to end homelessness within their communities.

LOCAL EXAMPLES:

- **The County of Los Angeles**, in partnership with local organizations, opened the Center for Community Health Downtown Los Angeles, a health care center that provides integrated care for homeless individuals living on Skid Row. The Center will offer a range of health services, including HIV testing and treatment.

ENDNOTES

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The Urban Initiative for Reproductive Health is a program of the National Institute for Reproductive Health (National Institute).

The National Institute is an innovation institute for state and local organizations working on reproductive health issues. We offer strategic guidance, hands-on support and funding to help state and local leaders remove barriers to health care, win public battles and change public policies. Together, we are helping women in communities across the country gain access to the full range of quality reproductive health care options, the freedom to exercise their reproductive rights and the opportunity to have healthy pregnancies.

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