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Homeless Adolescent Parents: HIV Risk, Family Structure and Individual Problem Behaviors

Natasha Slesnick, Ph.D. *, Suzanne Bartle-Haring, Ph.D., Tatiana Glebova, Ph.D., and Aaron C. Glade, Ph.D.

Department of Human Development and Family Science, The Ohio State University, Columbus, Ohio

Abstract

This study examined differences between homeless teenage fathers and mothers compared with nonparents. Overall, parents reported significantly more lifetime runaway episodes, more people growing up in their home, and reported higher lifetime HIV risk behaviors than did nonparents. Findings highlight the need for targeted prevention and intervention efforts for this subgroup of homeless youth.

Keywords

Homeless; Adolescents; Teenage parents; Substance use; HIV risk

Rates of teen sex are similar across all economic groups, however, 83% of teens who give birth come from poor or low-income families [1]. As a subset of the economically disadvantaged, homeless teens report much higher lifetime pregnancy rates than nonhomeless teens with rates ranging from 40% to 50% among street-living youth [2–4] and 33% among shelter-residing youth [2].

This study explored the high risk behaviors, familial and psychological variables that may differentiate homeless adolescent fathers and mothers from homeless adolescents who have not conceived a child. Whereas prior studies have focused primarily on mothers, this study includes an examination of homeless fathers. An understanding of the psychological and social correlates of parenthood in this population can assist in the development of specific prevention and intervention efforts. Such intervention is important given that research has noted some negative long-term outcomes for teenage fathers and mothers, and their children [5]. These negative outcomes are likely intensified by housing instability and stressors associated with homelessness.

Methods

Participants

Referrals to the project were obtained through a drop-in center for homeless youth in Albuquerque, New Mexico, and institutional review board approval was received through the University of New Mexico. Youth were recruited as part of a larger clinical trial with the inclusion criteria that youth (1) were between the ages of 14 and 20 years, (2) had been living in the area for at least three months, with plans to remain for at least six months, (3) met DSM-

*Address correspondence to: Dr. Natasha Slesnick, Department of Human Development and Family Science, The Ohio State University, 135 Campbell Hall, 1787 Neil Avenue, Columbus, OH 43210. E-mail address: slesnick.5@osu.edu.

IV criteria for Alcohol or other Psychoactive Substance Use Disorders, and (4) met criteria for homelessness. Within this sample ($n = 201$), 153 (76%) participants reported not having or expecting children and 48 (24%) either had children or were expecting (23 males, 25 females). Please see Table 1 for a summary of demographic characteristics. As noted in the table, parents were significantly older than nonparents ($F [1,23] = 6.5, p < .05$).

Procedure

Upon review and signing of the consent form, the assessment battery was administered to the youth by the research assistant (RA). Youth were offered a care package at the completion of their assessment.

Materials

Shaffer's CDISC [6] is a computerized instrument consisting of 263 items measuring the criteria for DSM-IV diagnoses. The CDISC was administered to youth by the RA and was used to determine formal eligibility for the project.

A Demographic Questionnaire assessing a set of core variables used to characterize and compare samples was administered by the examiner. Characteristics of the family including family composition, educational status of parents, and history of physical and sexual abuse were obtained from the demographic questionnaire.

HIV Risk Behaviors

The Health Risk Questionnaire was administered and incorporated items from the Health Risk Survey [7] and the Homeless Youth Questionnaire [8]. This 55-item questionnaire provides two subscale scores, human immunodeficiency virus (HIV) knowledge (range 0–17) and HIV risk (range 0–7). Lifetime risk as well as risk within the past three months was assessed. Internal reliabilities for this sample were $\alpha = .57$ for the HIV knowledge subscale and $\alpha = .73$ for the HIV risk subscale.

The Condom Attitude Scale-Adolescent Version [9] (CAS-A) includes 23 true/false questions that measure attitudes regarding condom use. Lower scores reflect more positive attitudes, whereas higher scores reflect more negative attitudes. In this sample, internal reliability was $\alpha = .77$.

Adolescent Problem Behaviors

The Form 90, developed for the National Institute on Alcohol Abuse and Alcoholism (NIAAA)-funded Project MATCH [10] is a semi-structured interview assessing quantity and frequency of drug and alcohol use. In this sample, alphas for different drug classes ranged from .55 to .94. Percent days of alcohol and drug use was used as the dependent measure ($\alpha = .73$).

The Youth Self-Report (YSR) of the parent-reported Child Behavior Checklist [11] (CBCL) includes 113 questions regarding children's behavior across a wide range of problem areas. The delinquency subscale score was used as a dependent measure in the current study and showed an internal reliability of $\alpha = .70$ in the current sample.

Depressive symptoms were assessed using the Beck Depression Inventory [12] (BDI-II). The BDI-II is a 21-item self-report instrument for measuring depressive symptoms in adults and adolescents aged 13 years and above. In the current sample, $\alpha = .91$ for the total depression score.

The adolescent version of the Coping Inventory for Stressful Situations [13] (CISS) consists of 48 items to be rated on a 1- (not at all) to 5- (very much) point Likert-type scale. The three factor analytically derived subscales were included as dependent measures: (1) task-oriented coping, (2) emotion-oriented coping, (3) avoidance-oriented coping. In the current sample, reliabilities were .92, .89; and .85, respectively.

Results

Three 2 (gender) $\times$ 2 (parent status) $\times$ 2 (ethnicity: Hispanic or other) multivariate analyses of variance (MANOVAs) with age as a covariate were performed to test for differences on any of the three sets of variables hypothesized to vary for parents and nonparents. No differences were found between Hispanic participants and other participants. There were several significant results. For sexual risk, the multivariate test suggested a significant main effect for age (Wilks Lambda = .83; $F[6,182] = 5.9$; $p < .01$) gender, (Wilks Lambda = .87; $F[6,182] = 4.5$; $p < .01$), and a significant interaction effect between gender and parent status (Wilks Lambda = .90; $F[6,182] = 3.2$; $p < .01$). In examining the observed power of the MANOVAs, the sample size was adequate for the analyses with power for the significant effects ranging from .92 to .99. In the univariate tests for the interaction effect, HIV knowledge, and HIV risk in the past three months contributed to the multivariate interaction effect. Figures 1 and 2 graphically depict these interaction effects. For family structure, there was a significant main effect for age (Wilks Lambda = .89; $F[5,189] = 4.58$; $p < .001$) and parent status (Wilks Lambda = .91; $F[5,189] = 3.7$; $p < .01$). The means, standard deviations and significant interaction and main effects are presented in Table 2.

Figure 1 shows that females who are mothers or expecting have more HIV-related knowledge than the other groups and certainly more knowledge than males who are fathers. The Scheffe procedure suggested that females who are mothers or expecting had significantly higher HIV risk in the past three months compared with the three other groups (Figure 2).

Categorical Analyses

Categorical variables were examined by gender and parenting status using chi-square analyses. Variables tested were: history of sexual and physical abuse, ever used intravenous (IV) drugs, ever arrested, ever ward of the state, and ever attempted suicide. No abuse differences between parents and nonparents were found. However, more females than males reported sexual abuse: $\chi^2(1) = 20.4$, $p < .05$ (57% vs. 26%, respectively) and physical abuse $\chi^2(1) = 3.76$, $p < .05$ (52% vs. 39%, respectively). IV drug use differed by parent status and gender. More fathers than nonfathers reported IV drug use: $\chi^2(1) = 4.66$, $p < .05$ (43% vs. 21%, respectively), and more males reported more IV drug use than females: $\chi^2(1) = 4.38$, $p < .05$ (25% vs. 11%, respectively). Parents (83%) and nonparents (76%) did not differ in having ever been arrested, but more males than females reported being arrested: $\chi^2(1) = 10.8$, $p < .001$ (86% vs. 66%, respectively). Although no differences among mothers and fathers were found, more mothers (28%) reported being a ward of the state compared with nonmothers (9.6%): $\chi^2(1) = 4.71$, $p < .05$. No differences among parent status or gender were found for ever attempting suicide.

Discussion

In summary, several differences were found between parents and nonparents in which parents 1) came from larger households, 2) were older, 3) reported more runaway episodes, and 4) engaged in more high-risk sexual and drug behaviors. Additionally, more mothers reported having been a ward of the state than nonmothers. There were several differences between fathers and mothers. Fathers engaged in more IV drug use than did nonfathers and women. Mothers engaged in more overall HIV risk behaviors, even with age controlled, and had higher HIV knowledge than nonparents and fathers. These findings further highlight the need to

include behavioral practice or other intervention approaches (substance abuse treatment, multisystemic stabilization efforts) for reducing risk behaviors among this population. Considering that research suggests children of homeless mothers are more likely to be removed from their mother's custody than children of nonhomeless teen mothers [4], the need to evaluate stabilization efforts for this adolescent group is paramount. Such effort might reduce the long-term family, individual and societal costs associated with homelessness.

Limitations and Conclusions

This study is limited in that the findings are based upon a sample of convenience in an urban southwest city, and the findings may not generalize to street-living youth, and those who are not substance abusing, who live in other parts of the country. The sample size was small, which also limits generalizability and precludes the analysis of other variables potentially associated with parenting, such as ethnicity. The cross-sectional design does not allow conclusions regarding the temporal ordering of events. Because the larger study upon which this article is based was not designed to examine parenting, information on the children of the teenagers was not collected, including custody and parental contact with children. Even so, this study provides a small step toward understanding some characteristics and risk behaviors associated with homeless mothers and fathers. Moreover, the rate of homeless youth with children in this sample (24%) suggests the need for pregnancy and HIV prevention and comprehensive pre- and postnatal services to homeless youth and their children.

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Figure 1.
Interaction between parent status and gender for HIV knowledge.

Figure 2.
Interaction between parent status and gender for HIV risk past three months.

Table 1

Sample characteristics

	Male		Female	
	Parents	Nonparents	Parents	Nonparents
Total (n, %)	23 (11.4%)	91 (45.2%)	25 (12.4%)	62 (30.8%)
Racial characteristics (n, %)				
Anglo	7 (3.5)	46 (22.9)	7 (3.5)	29 (14.4)
Hispanic	8 (4.0)	22 (10.9)	10 (5.0)	21 (10.4)
Native American	5 (2.5)	9 (4.5)	3 (1.5)	2 (1.0)
Asian	0 (0)	0 (0)	0 (0)	2 (1.0)
African American	1 (.5)	2 (1.0)	1 (.5)	1 (.5)
Other	2 (1.0)	12 (6.0)	4 (2.0)	7 (3.5)
Age (M, SD)	19.0 (1.2)	18.4 (1.5)	18.0 (1.6)	16.9 (2.0)
Years of Education (M, SD)	10.3 (1.4)	10.1 (1.9)	9.5 (2.6)	9.6 (1.6)

Table 2
Means and Standard Deviations on sexual risk factor, family structure, and problem behavior variables

	Parent or expecting		Nonparents	
	Male M (SD)	Female M (SD)	Male M (SD)	Female M (SD)
Sexual risk factor variables				
HIV knowledge	12.40 (2.42)	13.50 (1.26)	13.20 (1.35)	12.60 (1.91) ^a
HIV risk lifetime	2.00 (1.19)	2.80 (1.11)	1.69 (1.21)	1.71 (1.41) ^b
HIV risk past 3 months	.63 (.72)	1.76 (1.33)	.73 (.90)	.91 (1.12) ^a
Age at first sex	13.50 (2.50)	13.44 (2.00)	13.38 (3.78)	12.83 (4.48)
Condom attitude	5.72 (3.13)	4.96 (3.66)	4.28 (3.70)	3.21 (2.60)
Lifetime sexual partners	9.68 (2.69)	11.13 (4.10)	7.39 (3.10)	4.22 (2.97)
Family structure variables				
Number or persons in household growing up	5.96 (3.19)	5.84 (2.99)	4.46 (1.52)	4.65 (2.14) ^c
Years raised with biological family members	12.13 (6.15)	12.02 (5.84)	13.58 (4.65)	13.51 (4.78)
Years in foster care or other institutions	1.34 (2.03)	1.46 (2.36)	1.27 (2.01)	1.09 (1.72)
Mother's years of education	8.65 (6.96)	11.12 (4.03)	10.99 (5.08)	11.84 (4.27)
Father's years of education	8.70 (6.35)	6.56 (5.70)	8.64 (6.58)	8.94 (6.41)
Problem behaviors				
Depressive symptoms-BDI	18.86 (10.34)	19.28 (8.04)	16.96 (12.07)	19.40 (10.87)
Task-oriented coping	55.59 (12.77)	49.36 (15.95)	52.77 (13.17)	49.76 (14.02)
Substance use	73.00 (30.03)	61.78 (31.59)	64.54 (32.40)	57.77 (32.95)
Age first homeless	15.05 (4.99)	13.96 (5.10)	12.82 (6.07)	12.95 (6.09)
Delinquency total	9.77 (3.79)	8.92 (3.95)	10.22 (4.11)	10.33 (3.73)
Number of runaway episodes	4.06 (5.53)	6.30 (5.58)	2.89 (3.78)	2.92 (3.20) ^c

^aSignificant interaction effect for gender and parent status $p < .05$.

^bSignificant main effect for gender $p < .05$.

^cSignificant main effect for parent status $p < .05$.