were the least likely to not know how to use a method. Black women were the most likely to report not having anywhere to store methods, believing that contraceptives feel uncomfortable or unnatural, and being concerned about the possible health risks associated with birth control. In contrast, Hispanic women were the most likely to cite not knowing how to use contraceptives or which method to use and having a partner who dislikes contraceptives as big problems deterring them from using birth control; Hispanic women were relatively unlikely, however, to believe that contraceptives felt uncomfortable or unnatural. Women who had not graduated from high school were more likely than those who had to report having a big problem with not having a place to store methods, not knowing how to use contraceptives and having a partner who dislikes contraceptives.

Furthermore, many of the perceived contraceptive deterrents were associated with women’s recent modal living place and their substance abuse and depression histories. Women living in shelters were more likely than those living outdoors to report that not knowing which method to use, side effects, health risks and feeling that contraceptives are uncomfortable or unnatural were problems that deterred them from using birth control; Hispanic women were relatively unlikely, however, to believe that contraceptives felt uncomfortable or unnatural. Women who had not graduated from high school were more likely than those who had to report having a big problem with not having a place to store methods, not knowing how to use contraceptives and having a partner who dislikes contraceptives.

Homeless women who reported having a big problem with deterrents to contraceptive use were often less likely than those who did not to use contraceptives consistently. Among women who reported having a big problem with one of the deterrents studied, 36–69% reported using contraceptives rarely or never; only 11–34% always practiced contraception. In contrast, 35–44% of homeless women who reported no problem with these perceived deterrents used contraceptives all of the time, and 22–34% practiced contraception rarely or never.

In bivariate analyses, various perceived contraceptive deterrents were associated with chronically homeless women’s age, race and ethnicity, and education (Table 3). Homeless women between the ages of 15 and 24 were the most likely to report having a big problem with not knowing which method to use, women aged 35–44 were the most likely to report having a big problem with discomfort, but were the least likely to not know how to use a method. Black women were the most likely to report not having anywhere to store methods, believing that contraceptives feel uncomfortable or unnatural, and being concerned about the possible health risks associated with birth control. In contrast, Hispanic women were the most likely to cite not knowing how to use contraceptives or which method to use and having a partner who dislikes contraceptives as big problems deterring them from using birth control; Hispanic women were relatively unlikely, however, to believe that contraceptives felt uncomfortable or unnatural. Women who had not graduated from high school were more likely than those who had to report having a big problem with not having a place to store methods, not knowing how to use contraceptives and having a partner who dislikes contraceptives.

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