

Social support for homeless people: Interface with health, human rights and subjective dimension

Apoio social para pessoas em situação de rua: Interface com saúde, direitos humanos e dimensão subjetiva

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Background

The street situation is understood as a contemporary phenomenon, characterized by the weakening of family ties, feelings of loneliness, isolation and lack of social belonging (Lima, & Moreira, 2009). However, new relationships are constituted on the streets (Cunha et al., 2017), so that social support networks of solidarity exist (Galvani, 2008). The discussions on social support and its relations with the health, human rights and subjective dimensions in the lives of homeless people are relevant in view of the growth of this population in all cities of Brazil and the world with the COVID-19 pandemic.

Aims

The objective of this research was to analyze the social support of homeless people in Fortaleza (Ceará/Brazil), from the health, human rights and subjective dimensions.

Method & procedures

This is a quantitative research, carried out with homeless people in the center of the city of Fortaleza. We used a convenience sampling, adopting as inclusion criteria people who lived on the streets for at least six months. The final sample consisted of 236 participants. The instrument consisted of a questionnaire that evaluated different dimensions of poverty and street situation, totaling 109 items. In addition to general data about the participants, the questionnaire has items referring to the dimensions of Work/Income, Health, Education, Human Rights, and Subjective. The collection occurred from September to November 2019. Descriptive and mean comparison analyses were performed using Student's t-test, Analysis of Variance, and Bonferroni's post-hoc test, as well as Pearson's correlation analysis.

Results & discussion

Most participants responded that in difficult situations they are never supported by any sources of support mentioned in the questionnaire. The highest means were related to the search for support in God ($M=2.74$; $SD=0.66$), in the Pop Center ($M=1.84$; $SD=1.04$) and with friends on the street ($M=1.36$; $SD=1.06$). The lowest means referred to the Psychosocial Care Centers (CAPS) ($M= 0.74$; $SD=1.10$), National Movement of the Street Population ($M=0.57$; $SD=0.96$) and Therapeutic Communities ($M=0.55$; $SD=0.86$). Moura Jr., Ximenes and Sarriera (2013) point out about the deprivations and discriminations that go through the lives of homeless, brought about by the stigma around their identity. They also point to the difficulties of the homeless in the formal network of institutions and weaknesses in the implementation of effective public policies. In the health dimension, people who consider treatment as adequate showed a greater tendency to seek services, such as the Health Center and CAPS, which may be related to the condition of drug abuse. On the other hand, Student's t-test also showed that participants who do not have a document obtained a lower average in the search for the Health Post as a source of social support, demonstrating that the lack of this record is a barrier to access to primary care, as well as a clear violation of human rights. From a human rights perspective, institutional support is fundamental for the survival of the participants, as most reported getting food (44.2%), doing their physiological needs (51.9%) and bathing (75.1%) in institutions that serve the homeless. About violence, the numbers show intense vulnerability of the participants. In this aspect, 87.3% said they had suffered at least one kind of violence, 50.7% reported having been a victim of police violence and for 48.4%, the aggressor was another homeless. In addition, a total of 55.3% of the participants said they had already suffered some form of discrimination in public service. These results are in line with the findings of Sicari and Zanela (2019), who found two ways in which society establishes relations with homeless people: one is characterized by violence and discrimination; the other, by charity and support. In the subjective dimension, 75.7% of the participants

claimed to have suffered humiliation for their street situation condition, while 76.7% claimed to feel ashamed. Both violence and feelings of humiliation and shame are results of discriminatory practices, making people feel inferior and avoid frequenting certain spaces, including public services (Moura Jr. et al., 2013). The sources of social support most sought by the homeless people were God, Centro Pop and Friends on the street and those less sought were CAPS, the National Movement of the Street Population (MNPR) and Therapeutic Communities. The processes of humiliation and shame were experienced and had repercussions on the health, human rights and subjective dimensions.

Conclusion

The analysis of health, human rights and subjective dimensions of the homeless people of Fortaleza and their interrelationships portrays a complex and multidimensional view of life on the streets. The difficulties to access health services result from some problems such as the lack of documents by the homeless people and the training of health professionals to deal with this population, favoring social discrimination. The human rights dimension is based on the idea that the homeless people should be considered as a subject of rights, however, they are invisible and have their rights denied and violated on a daily basis. In the subjective dimension we found processes of humiliation and shame that are experienced in the family environment, on the street, in the public policies equipment and in society in general. The homeless people suffer high discrimination and are not considered as subjects of rights, which reveals the neglect of the State in the proposition of public policies. It is believed that from the discussions pointed out in this study it is possible to give visibility to the problems experienced by the homeless people and the social support networks, both for government agencies and for the academic world.

Keywords: homeless people, human rights, social support

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