

Epidemiological and sociodemographic profile of the population in street situation in the metropolitan region of Porto Alegre

Abstract

The article's purpose was to understand the sociodemographic and epidemiological profile of the homeless population of Canoas, a metropolitan region of Porto Alegre, in Brazil. To accomplish this homeless population census from Canoas, the information contained in the records of all users registered at Consultório Rua (Street Clinic) was used from the beginning of activities in December 2014 until July 2016. Totalizing that, 347 people were collected in the months of June, July and August 2016. 84.4% are men, 55.9% self-described as white. Most 64.1% have incomplete primary education, with recycling as the main occupation in 20.6% of cases. 36.1% reported being on the street due to the use of some psychoactive substance, being 62.0% alcohol users. 69.1% make daily consumption of psychoactive substance, 23.6% have some STIs, considering 14.6% carriers of the HIV virus. Get to know their specificities and needs according to the location in which they are inserted, will make it possible to create means, through public policies, to recover their sense of belonging, and provide their rights guaranteed by law, treating them with dignity.

Keywords: homeless persons, health profile, social conditions, health equity

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Introduction

A Street is a passage space, used to move from one point to another, but some people make that space their home. For many reasons, individuals transform public spaces into the place they find their needs for survival, both in terms of material aspects, emotional aspects and relationship aspects.

Those who learn to live on the streets and from the streets are referred to as homeless people. This is a consolidated term in Brazil, which expresses the situation of a person that lives on the streets. It is not only the lack of a home, as other countries tend to classify.² According to the Decree 7.053, it is defined as homeless population the heterogeneous population group that has extreme poverty in common, broken or weakened family ties and the lack of regular conventional home. For that reason, they use public areas and degraded areas as a space to live and survive, temporarily or permanently, as well as public shelters for temporary overnights or as temporary home.³

Homeless people represent a challenge to the implementation of health policies that can handle the complexity of their situation. They are individuals who, in addition to the psychosocial issues that generate physical and emotional suffering, are more exposed to disease risks, such as climatic variations, unhealthy living and food conditions, sleep restriction, among others.² Considering the unfavorable health conditions of the homeless population and seeking to reduce health inequities, the Ministry of Health established the Technical Committee for Health of the Homeless Population, through Ordinance No. 3,305/09. It has, among its competences, to propose actions that aim to guarantee access to health care and to collaborate with the elaboration, monitoring and evaluation of programmatic actions of the Ministry of Health aimed for this population.⁴

As a possibility to attend the demands of this heterogeneous group, the clinic appears on the street, as a gateway to other health

care services. Its itinerant team is part of the Primary Care Network, develops psychosocial actions, prioritizing that assistance and are performed in the territory. Guided by the fundamentals and guidelines established by the National Primary Care Policy, it works in partnership with the basic health units and the Psychosocial Care Centers.²

The present article focused on outlining the sociodemographic and epidemiological profile of the homeless population registered at the Clinic on the street of Canoas/RS. Based on its results, it is possible to characterize this population according to the local particularity of the territory in which they find themselves and to problematize it among workers and managers, so then it is possible to guide the development of interventions for the prevention, promotion and recovery of health.

Methodology

Canoas is part of the metropolitan region of Porto Alegre/RS and has an estimated population of 342,634 thousand / inhabitants, calculated in 2016. Canoas' area comprises 131.096Km².⁵ It has a clinic team on the street, modality II (composed of 6 professionals, in which 3 of them are nurses, psychologists, social workers and occupational therapists),⁶ including a nurse, a psychologist, a social worker, a nursing technician and two harm reducers. To accomplish this homeless population census from Canoas, the information contained in the records of all users registered at Consultório Rua (Street Clinic) was used from the beginning of activities in December 2014 until July 2016. Totalizing that, 347 people were collected in the months of June, July and August 2016.

Through the information in the users' records and medical records, it was possible to build a database that allowed tracing the sociodemographic and epidemiological profile of the homeless population from Canoas.

After building the database in Excel 2016, the information was categorized and organized into charts; the variables were described according to absolute and relative frequency.

The research project was authorized by the Municipal Nucleus of Education in Collective Health (NUMESC) from Canoas city and by the Ethics and Research Committee of the Lutheran University of Brazil from Canoas city by technical advice No. 1,553,413.

Results

After a year and a half of operation, the Consultório Rua (Street Clinic) registered 347 people. These population was made up mostly of men (87%) declared white (49%), with low schooling, only 11% report having completed elementary school and 9% high school. Those born in Canoas represent 16%, born in nearby cities such as the Capital, Porto Alegre, and other cities in the metropolitan region 30% and in other cities in Rio Grande do Sul 31%. Regarding the current activities they perform to obtain income, recycling predominates with 15%, the activities that represent the group “others”, are those that do not have 1% of the sample, such as trafficking, sex workers, sidewalks cleaners, vigilant, artist, pamphlet, elderly caregiver, among others. More than half of the individuals did not report their occupation (59%) (Table 1).

Table 1 Sociodemographic data

Variables	Number	%
Sex		
Female	46	13
Male	301	87
Skin color		
White	170	49
Yellow	3	1
Brown	81	23
Black	62	18
Did not declare	31	9
Age		
18-29	77	22
30-39	122	35
40-49	85	25
50-59	44	13
60 or more	14	4
uninformed	4	1
Place of birth		
Canoas	56	16
Capital and Metropolitan Region	105	30
Another cities in RS	107	31
Another states	26	8
uninformed	53	15
Schooling		
Illiterate	10	3
Incomplete Fundamental	199	57
Complete Elementary	37	11
Incomplete Medium	27	8
High School	33	9
Incomplete higher	3	1
Graduated	2	0,7
Literate at home	1	0,3
Uninformed	34	10
Occupation		

Table 2 shows how much time they have lived on the street, the reason why they are in this situation and where their family members live. Individuals who have lived on the streets for less than 1 year represent 33%, and those with more than a decade on the street, 21%. The main reasons reported are the use of some psychoactive substance (SPA), such as alcohol and other drugs (27%), and family conflicts (18%). Reasons such as prejudice caused by sexuality, leaving the shelter and / or prison, grew up on the street, expelled by traffic, loss of the house by fire or flood, represent the variable “Others”. The largest portion of the population in situation has family members in the municipality of Canoas (33%) and only 7% have no link with any of their family members.

Table 2 Reasons for the situation of the street and locality where the relatives live

Variables	Number	%
Time on the streets		
Up to 1 year	115	33
1 to 5 years	75	22
5 to 10 years	46	13
More than 10 years	72	21
Do not know	7	2
Did not inform	31	9
Reason to live on the streets		
Use of SPA	110	27
Family Conflict	73	18
Unemployment	35	9
Death of Parents or Spouses	30	7
Separation / Love Disappointment	26	7
Others	60	15
Uninformed	66	17
Where the relatives live		
Canoas	129	33
Capital and Metropolitan Region	90	23
Other Cities in RS	44	12
Another state	28	7
Another country	2	1
Street Situation	8	2
Contactless	28	7
Uninformed	58	15

Regarding the use of psychoactive substances, shown in Table 3, the drug of choice is alcohol with 26%, followed by tobacco with 25% and crack with 19%. Only 2% did not report any use and 4% did not report it. If possible, the same person uses more than one substance.

Table 3 Records about the use of alcohol and other drugs

Variables	Number	%
Use of psychoactive substances		
Alcohol	205	26
Tobacco	196	25
Marijuana	107	13
Crack	147	19
Cocaine	63	8
Loló	28	3
Uninformed	29	4
	15	2

Health data are shown in Table 4, STDs are the diseases that most affect this population, with 18%, with HIV predominating in 50% of cases. Oral health represents the second most common problem, with 16%. Chronic non-communicable diseases such as cardiovascular diseases, diabetes, cancer and chronic respiratory diseases represent 12%. Only 10% do not report any type of health problem. We can cite hemorrhoids, hernias, memory loss, urinary tract infection, gastritis and anemia as some examples of the conditions classified in the “Other” category.

Table 4 Epidemiological records

Variables	Number	%
Health problems		
Oral Health	72	16
STDs	83	18
Chronic Non-Communicable Diseases	57	12
Tuberculosis	13	3
Infestations and Dermatitis	13	3
Mental health	25	5
Use of SPA	7	2
Foot and / or knee problems	11	2
Did not inform	54	12
Does not refer	49	10
Others	75	16
Sexually transmitted diseases		
HIV	47	51
Syphilis	27	29
Hepatitis B or C	19	20

Discussion

The definition of a homeless population is complex, being a heterogeneous group characterized by the way they relate to the street and their broken or weakened family ties. To really get to know it, it is necessary to recognize according to the local reality, and that is the objective of the study. Knowing the homeless population of Canoas, through their local specificities, makes it possible to problematize between managers and professionals, not only in health, but in the inter sectoral policies, so then integrated actions of promotion, prevention and health rehabilitation can be implemented. Caring about minimizing the injuries and their consequences, looking for social inclusion and the rescue of citizenship for homeless person.

The sociodemographic profile of the population studied is similar to the one from last census of the population living on Rua do Brasil,⁷ and other research carried out in other cities such as Porto Alegre,⁸ Rio de Janeiro,⁹ Belo Horizonte¹⁰ and Medellin¹¹ in which the male gender predominates, with percentage above 80%. Women are a minority on streets; we can relate this to the fact that women are more susceptible to aggression, especially sexual. In a study made in Toronto, it reveals 43.3% of women suffered sexual violence, to the detriment of 14.1% of men.¹² The predominance of white skin color differs from the national census,⁷ but confirms the proportionality of the race / color found in Canoas, in which 85% declared themselves white.^{13,14}

Homeless population is young, with a percentage between 30-49 age group. This is a result that goes against other Brazilian studies, but diverges from international studies, such as the ones in European cities, in which the European population is older compared to Brazil.

Despite being considered people who move frequently, 16% of the registered population is from the city of Canoas and 30% from cities close to the municipality. A similar situation occurs in Belo Horizonte 10, this shows that a considerable part of the homeless population originates from the same place they are located, or nearby, and is not the result of displacements or migration from the countryside to the city. Staying in the same city or in the region nearby may be due to the fact that their family members live in the locality, as in Canoas, most of the respondents have family members in the city of Canoas or in Porto Alegre and the metropolitan region. Despite having weakened bonds with their loved ones, they remain, in a way, close to them.

The low level of education is found in several studies on the homeless population,^{8,9,10,15} most people do not have complete elementary school. Low schooling minimizes employment opportunities, as stated by Pochmann¹⁶ who links low schooling with low occupational quality, with informal employment predominating. In order to obtain income, the activities performed are developed on the street, predominantly recycling work; this is due to the easiness of finding material and places for sale. Similar results have been found in other Brazilian studies, this result differs from the social imaginary, in which people on the street are beggars and survive on the charity of society, situations that happen in other countries.

In Canoas, 33% have been living less than 1 year on the streets, data that diverges from other studies carried out in urban centers, which show the predominance of time exceeding one year of experience, in contrast, a large portion, 21%, has lived more than 10 years on the street. Thus, as shown by the comparison of studies developed in Porto Alegre, comparing the 2016 data with previous surveys, it is possible to observe the chronicity of the street situation, with an increase in the percentages of time in time bands of more than 10 years of street.⁸ The aging of the street population streets an unsettling problem. After more than a decade of living the complexities and singularities of the street, some consequences have emerged, both for the health of the individual and his own perception of a human being. They suffer from prejudice and stigmas, treated as “vagabonds”, “strayers”, leading many people to ignore their existence, they can be seen as non-citizens. Society produces a veil of invisibility over the homeless population and it is necessary to rescue the feeling of belonging to somewhere from the homeless people and make them be recognized as citizens of rights, from this it will be possible, through public policies, to reduce social exclusion. In addition, the data exposes the non-compliance with the National Policy of the Homeless Population, in which one of the objectives is to ensure simplified and safe access to services and programs that integrate public policies on health, education, social security, social assistance, access to a home, security, culture, sport, recreation, work and income.³

Given the complexity of the homeless population, for some reason their previous social ties suffered ruptures,¹⁷ and it is necessary to understand how this human being’s trajectory and his entire process of exclusion occurred. The main reason alleged for going to the streets was the use of alcohol and other drugs, followed by family conflicts. According a study about the dynamics of family relationships and drug use, these two reasons are interconnected. In family relationships of the researched subjects, the feelings of lack of love and abandonment

are clear, resulting in weakened emotional bonds, and having no instruments to deal with sadness, incomprehension and frustrations, they use substances to feel an anesthetic and amnesic refuge capable of relieving difficulties experienced, as well as alcohol and other drugs.¹⁸ Alcohol and tobacco represent the studied population drugs of choice, when asked about the type of substance they are using / have used, a high number, more than one type, answered being alcohol and tobacco, followed by the use of crack and marijuana. Data similar to other studies, showing that the most accessible product tend to be the most consumed. This explains the low percentage of drugs with higher costs, such as cocaine.

The health of homeless population is multidimensional and complex, due to their singularities; they are a vulnerable group to health problems, violence and climatic variations. It is common that their food is uncertain, and their sexual relations unprotected. Several times, they have restricted access to clean water and adequate places for personal hygiene and physiological needs, and also a difficult access to a place for sleep.¹⁷ The main health problem identified by the data are STDs, which are the most common public health problem in Brazil and worldwide.¹⁹ It is estimated that 0.8% of adults 15-49 years worldwide are living with HIV,²⁰ and in 2014 the estimated HIV prevalence for Brazil was from 0.4% to 0.7% in people from 15 to 49 years. More than half of those surveyed who have an STD have the HIV virus, representing 16.6% of homeless population in Canoas, a similar figure was found in the last Porto Alegre census, 15%.⁸ In studies developed with homeless population and the prevalence of HIV, we found similar results, but not as high as in São Paulo, where the prevalence in the population surveyed is 4.9%, and in Medellin, with 8.2%.¹¹ Existing data demonstrate a higher prevalence of the disease in the most vulnerable population, due to the lack of information, difficulty in accessing contraceptives and neglect of health.

Oral Health represents the second recurrent disease, due to the poor existence of oral hygiene care, poor diet, smoking and use of other substances, and the difficulty of access to an oral health professional team. In a survey developed in the capital with homeless population, when asked if they have a “problem with their teeth”, almost 50% of those surveyed reported that yes, the absence of dental elements being prevalent,⁸ and 1/3 of those surveyed in the Pathway study had toothache. The studied population alleges obstacles to access health services, due to lack of documentation and prejudice from professionals. However, according to Ordinance MS/GM No. 940, of April 28, 2011, the inexistence or absence of the National Health Card does not constitute an impediment to the performance of the requested service in any health establishment, the activities of identification and registration can be made after the attendance.²¹⁻²³

Chronic non-transmissible diseases are considered a serious public health problem, in Brazil they were the cause of approximately 72.3% of deaths. They are multifactorial diseases dependent on several factors, social determinants and conditions, in addition to individual risk factors.²⁴ The main diseases with a worldwide impact are cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, representing 12% of the injuries to the homeless population of Canoas. Tuberculosis was one of the 10 leading causes of death in the world in 2015; the disease was responsible for more deaths than HIV.²⁵ The homeless population is more susceptible to the disease due to exposure to many risks regarding the fact of living on the street, being 48 to 67 times more likely to become ill from tuberculosis when compared to general population. In the present research, it presents

only 3% of the injuries, a lower value comparing to those found in other cities.^{8,10}

Only 10% of the population that was studied did not report any type of injury and there is no register on the medical records about diseases. In addition to being exposed to numerous risk conditions, barriers to access health services, lack of knowledge of their own rights in relation to the use of services, lived experiences of prejudice and discrimination that lead to neglect their own health; they help to understand the high number of individuals with health problems.

Conclusion

The homeless population must be remembered for their city, uniqueness and survival mechanism, which are generally not in accordance with the patterns of society. Having knowledge of such peculiarities makes it possible to understand why the high number of people on the street is affected by health problems. This way, it is possible to work on health promotion, prevention and recovery actions, in addition to permanent education for health professionals to serve this population and strengthen the inter sectorial network, involving the social development secretariat, education secretariat among others, on behalf of this population.

Get to know their specificities and needs according to the location in which they are inserted, will make it possible to create means, through public policies, to recover their sense of belonging, and provide their rights guaranteed by law, treating them with dignity.

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Conflicts of interest

The authors have no conflicts of interest to declare.

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