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Health and social aspects of homelessness



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ABSTRACT

The aim of this overview study is to highlight the issue of homelessness in connection with selected health and social aspects. We deal with psychological and physical health, homelessness and substance abuse (alcohol, drugs). Existing studies point to the fact that, among the homeless, there is a higher psychiatric morbidity than among the general population. The situation is identical regarding physical health. Substance abuse is also more common among the homeless than among the general population. In this study, we used the current academic articles listed in Scopus and PubMed to start with. We searched for them entering the keywords “homeless” and “health”. In 2015, Scopus published 6670 articles on this topic. In PubMed, we found 1780 scientific articles, regarding the keywords, published in the last 5 years. In connection with this topic, we also drew from the current academic bibliography available on the Czech market and from the website of the Ministry of Labour and Social Affairs of the Czech Republic.

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Introduction

This overview study was based on the analysis of data we gained from the academic articles published in the databases, from the bibliography available on the Czech market and from

the website of the Ministry of Labour and Social Affairs of the Czech Republic. The selection criteria were identified by keywords. We used SCOPUS and PubMed databases, entering the keywords “homeless” and “health”. In 2015, SCOPUS contained 6670 articles on this topic. In the last 5 years, PubMed published 1780 scientific articles containing the keywords.

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Homelessness

Homelessness can be understood as a social fall into the margins of society. It is not a sudden change caused by a single event, but it is the result of a long-term accumulation of various negative factors [1]. Generally, the internationally accepted definition of homelessness is by FEANTSA [2]: “Homelessness is the lack of one's own permanent and adequate housing. The homeless are people who are unable to obtain their own permanent and adequate housing, or are not able to maintain such housing due to lack of funds or other social barriers.” The definition includes both overt and hidden potential homelessness. FEANTSA (European Federation of National Organisations working with the Homeless, Fédération Européenne Associations Nationales Travaillant avec les Sans Abri) is the best known and the most important institution that operates in the area of homelessness at the European level. Its seat is in Brussels. Its work is supported by the European Commission. It was founded in 1989. It focuses on the prevention and elimination of homelessness, and it issues theoretical studies about the causes of homelessness and its effects on society.

Current findings indicate that the fall into homelessness almost never has a single cause and the reasons for the emergence of homelessness are individual, they vary in time and in the beginning are often difficult to identify.

Physical health of the homeless

In their studies, Pfeil and Howe [3] Rew et al. [4], Rotheram-Borus et al. [5] and Yoder et al. [6], focused on the negative impact of homelessness on the health of homeless people. Regarding especially chronic diseases among the homeless, Daly [7] sees the cause of health problems in poverty or in their existence without a permanent and safe residence. In addition, Bassler [8] sees the reasons for the emergence of chronic diseases among the homeless as their unhealthy lifestyle. This fact is confirmed by Moczygamba et al. [9], who carried out a qualitative research among the homeless, which examined the incidence of hypertension among homeless people related to unhealthy lifestyle. Therapeutic lifestyle changes are quite demanding for the homeless. On the contrary, the study showed that patients who are homeless have a greater number of susceptible risk factors of hypertension, especially poor eating habits, lack of exercise, excessive alcohol intake and smoking. Likewise, Gambatese et al. [10] and Riley et al. [11] saw the negative impact of the effects of alcohol, tobacco and drug use regarding mortality among homeless people. According to their studies, these harmful substances can contribute to the most frequent causes of death of the homeless, such as cancer, cardiovascular disease, liver cirrhosis and HIV infection.

In the years 2003–2008, Baggett et al. [12] undertook research that dealt with the influence of tobacco, alcohol and addictive substances on morbidity and mortality in homeless adults. Their next study examined the causes of death among 28,033 people living in Boston. The findings did not show a clear influence of “homelessness” on the mortality rate when compared to the rest of the population, but more than half of the causes of death were due to harmful

substances. The research of Woodhall-Melnik et al. [13] found that homeless people with an unhealthy lifestyle are also at risk of overweight and obesity, which are associated with a higher risk of ill health and mortality among numerous homeless people. This is confirmed by the results of a study conducted in Toronto. In addition, it was shown that the food provided to the homeless by charity organizations is nutritionally unbalanced, with a lack of fruit, vegetables and dairy products. According to Tse and Tarasuk [14] and Ledoux et al. [15], this contributes to overweight and obesity in the homeless.

A greater incidence of health barriers, disabilities, higher mortality and morbidity in the homeless (than in the general population) are also due to poorer access of the homeless to health services [16].

In Melbourne, Australia, in 1995–1996, Kermod et al. [17] used their study to gather information about the health condition of a studied sample group of homeless people. The research results showed that apart from the 44% of individuals with a mental illness and 28% who were drug addicts, there were also 72% of homeless people who had health problems such as bronchitis, bronchial asthma and gastroenteritis. In contrast, another Australian cohort study of Babidge et al. [18] studied 708 deaths among the homeless people in the heart of Sydney over 10 years. The research revealed that the deaths of these 83 men and women (i.e. 12%) occurred four times more frequently than among the people of the general population. The causes of death among the homeless were not only related to a poor diet, excessive alcohol consumption or suicide, but also to the occurrence of cardiovascular diseases.

Quite a big problem of homelessness is a significant positivity of the hepatitis C. In order to reduce the increasing morbidity and mortality in high-risk individuals from the homeless population in the United States, Norton et al. [19] assessed the approach to the screening of undiagnosed hepatitis C virus (HCV) and the knowledge of the homeless of HCV. The results of the research pointed to the fact that 90% of surveyed people wanted to continue being tested for HCV. The knowledge of HCV was not initially very favourable, yet the educational intervention focused on informing homeless people in this area has significantly improved.

In addition to the aforementioned health problems among the homeless, we cannot ignore the increasing number of people with HIV. In this context, Figueroa et al. [20] point to the research focused on the prevalence of HIV among homeless gay men living in Jamaica. In the studied group of homeless people, an HIV prevalence of 20% was found. The study highlights the importance of social vulnerability regarding the incidence of the HIV epidemic. Existing programmes to support young homeless people are important because of lowering social vulnerability and also because of the focus on reducing HIV transmission. Kelly et al. [21] introduce their analysis of socio-demographic, structural and behavioural factors associated with the infection with the positive herpes simplex virus – 2 (HSV 2). The analysis was conducted in 2010 during seven months among promiscuous homeless women. Their age was 49 years on average, and 88% were detected to have HSV 2. Only 17% were informed of the infection. 114 out of 213 women were HIV positive and 99 women were HIV negative.

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