

HSRC RESEARCH OUTPUTS

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Homelessness and Health in Cape Town: Formative Research

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Homelessness & Health

- This part of the study focused on the **absolute homeless** – i.e. people who **sleep in the open**, one or more nights per week, plus those making use of **shelters specifically for the homeless**
- We used **Key Informant Interviews** and **Focus Groups with homeless adults and children/adolescents**

Health Status (1)

- Poverty related conditions (e.g. TB, malnutrition)
- Injuries (e.g. car accidents, stabbings, gunshot wounds)
- Chronic illnesses (such as diabetes, asthma, hypertension and epilepsy)
- Cases of mental and physical disabilities among homeless people were less common (in focus group participants)
- Hypothermia

Health Status (2)

- Hygiene-related illnesses include skin parasites (e.g. scabies and lice), 'foot rot' (a fungal infection associated with humid conditions) and tooth decay (dental caries)
- Sexually transmitted infections (STI) and HIV/AIDS were reportedly common, but it was difficult to quantify them
- Prevalence of alcohol and drug abuse were reported to be very high

Illness and homelessness (1)

- Illness was not normally the main reason for leaving home
- However, there were numerous accounts where illness had apparently been a **contributory factor** for people becoming homeless:

Illness and homelessness (2)

“...My grandmother had a stroke and it was my responsibility to look after her... I left home”.

“...my friend moved out of their house because of her child – they did not want her as she was disabled...other children were laughing at her”

“...my friend ran away from home because she was HIV positive...nobody liked her...she ended up living here on the street with us”

“My mother had liver cancer and I could not handle it”.

Access to health services

- Most reported being well treated at health centres, clinics and day hospitals
- People in **shelters** were **accompanied** to health centres, which appeared to facilitate good treatment.
- People **living on the street** sometimes had to endure long delays (when **unaccompanied**) before being attended to:
“They [nurses] treat us differently because we are homeless...”
- Some reported verbal abuse, such as being told they were “smelly”, by health staff.

Recommendations

The **lifestyle** of the homeless exposes them to many health problems, but many of these are **preventable with basic public health interventions**.

A good start would be to...

- encourage and *facilitate* basic hygiene practices
e.g. provide toilets, showers and laundry facilities;
- undertake more systematic health promotion;
e.g. identifying untreated conditions; *appropriate* drug/alcohol rehabilitation programmes.

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My Life

One Love

**And the Men, Women and Children of Cape
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experiences with us.**