



# **Homelessness and Health in Cape Town: Formative Research**

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**Social Aspects of HIV/AIDS and Health  
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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.



# **Acknowledgments**

**This study would not have been possible  
without the generous assistance of:**

**The Haven Group**

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**City of Cape Town, Dept. of Social Development**

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# Introduction

- Background
- Defining homelessness
- Aims and objectives
- Methods
- Results
  - Relationships between illness and homelessness
  - Access to health services
  - HIV/AIDS and risky behaviour
  - Safety and security
  - Disability
- Conclusions and recommendations

# **Background**

- **Homeless living in front of the HSRC building in Pretoria.**
- **Concerns about hygiene and security from Gauteng Health Dept**
- **Action due to environmental health risks required.**
- **Shelter erected in partnership with Metro**
- **Department of Social Development commissioned a national study**

- **Aims:**

**The homelessness phenomenon itself and its causes.**

**The means and strategies needed to address it.**

# **Aims and objectives for the Health study**

- To explore the health characteristics of homeless adults and children in a typical South African city.
- To assess health service accessibility for the homeless.

# Definition of the homeless

- Homelessness includes a continuum, ranging from people who **may be at risk** of becoming homeless to those who currently have **absolutely no shelter** of their own and live and sleep ‘on the streets’
- This study focused on the **absolute homeless** – people who **sleep in the open**, one or more nights per week, plus those making use of **shelters specifically** for the homeless

# Methods of research

- Review of several unpublished reports for background information on the homeless population of Cape Town.

Most of the information was relatively out of date or lacked specific information regarding health matters.

Several of the reports contained gross assumptions regarding high levels of alcoholism and substance abuse with little substantiation.

- **Key informant interviews and Focus Groups** with various categories of **homeless adults** **children**

# Methods

	Key informants	Focus groups
Municipal Officials	4	
Shelter staff (Executive, Managers, Fieldworkers)	8	
Homeless support groups (feeding, training)	3	
Adults living in shelters (male and female separately)		2
Adults living on the street (male and female separately)		2
Children/Youth living on the street (boys and girls separately)		2
Children/Youth living in shelters (boys and girls separately)		2



# Methods

## Demographic profile of Focus Group participants

	Females			Males		
	Mean age	Age range	Mean yrs on street	Mean age	Age Range	Mean yrs on street
Adults living in shelter	30	18-41	16	52	33-73	7
Adults living on street	39	21-52	8	41	24-60	n.a.
Children/ Youth in shelter	15	12-17	n.a.	14	11-18	5
Children/ Youth on street	17	15-20	n.a.	17	15-19	6

n.a. = information not available

# Results - Health

- Poverty related conditions (e.g. TB, malnutrition)
- Injuries (e.g. car accidents, stabbing or gunshots wounds)
- Chronic illnesses (such as diabetes, asthma, hypertension and epilepsy)
- Cases of mental and physical disabilities among homeless people were less common
- Hypothermia (during winter and rainy seasons)

# Results - Health

- 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)
- STIs and HIV/AIDS were reportedly common, but it has been difficult to quantify them
- Prevalence of alcohol and drug abuse were reported to be very high

# What the people had to say

*“...we get reports of injuries every week. Recently, there have been reports of a boy who fell from the bridge, three cases of skull fractures and one report of a stab wound....” Shelter Manager*

*“...we go [to] night clubs every night... I drink to have fun....”, A street girl aged 16.*

*“...I drink to keep myself warm at night....”, A 67 year old homeless man.*

# What the people had to say

*“...most of these children [referring to a group of about 18 boys] sniff glue and thinners... Glue affects their concentration...this way they have less chances of doing well at schools. Thinners, too, damages their brains...moreover it is flammable. As a result most of them have burns, and one boy died recently, due to burns from thinners....” . A fieldworker.*

# Results - Illness and homelessness

- 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:

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

# Results - Illness and homelessness

*“...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”.*

# **Results - Access to health services**

- Most homeless people reported being well treated at health centres, clinics and day hospitals
- Homeless people in shelters were **accompanied** to health centres, which appeared to facilitate good treatment.
- People living on the street (when **unaccompanied**) reported having to endure long delays before being attended to



# Results - Access to health services

- Some of the street adolescents said:

*“We are not treated well at hospitals”*

*“They [nurses] treat us differently because we are homeless...”*

*“They made me wait for a long time without attending to me...”*

*I slept on the floor the whole night...I got treated at around 4 a.m....”*

- Some reported verbal abuse, such as being told they were “smelly”, by health staff.

## **Results HIV/AIDS and risk behaviour**

- Most of the homeless people interviewed appear to have multiple sexual partners

*“...men are very unreliable.... Today they are with you and tomorrow they are with another woman, leaving you alone....”, mentioned a 42 year old woman.*

*“...me, my friend, I am a player. A lot of girls like me...I change girls. They even fight for me”, reported an 18 year old boy.*

*“...me, I'm HIV positive and I have a different woman every night...” boasted another man.*

## **Results HIV/AIDS and risk behaviour**

- High rate of pregnancy reported among the girls
- Rape is reportedly high, especially among younger boys and girls

*“...if you do not have a boyfriend, you are everybody’s girlfriend, because nobody will protect you. But if you have a boyfriend, he stands for you....”* Recounted a **16 year old girl.**

# Results - Disability

- **Mental disability**

The image of a 'typical' street person being mentally disabled was not supported by the study

We encountered some cases of mild mental disability, such as epilepsy and depressive disorders

However there was *selection bias* when recruiting focus groups members (unresponsive or inebriated participants were excluded)

- **Physical disability**

Highly vulnerable to car accidents, especially when they are under the influence of alcohol or drugs

Injuries from stab wounds are very common

# **Recommendations**

- Encourage and facilitate basic hygiene practices
- Increase access to showers and laundry facilities
- Undertake more systematic health promotion
- A lasting impression when talking to homeless people is that they are vulnerable people who are often fearful of what the world has in store for them. Their lifestyle exposes them to many health problems but most of these are preventable with basic public health interventions.

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