

Health and wellbeing of people living on the streets in South Africa

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AIM

As part of a wider multidisciplinary study of homelessness in South Africa, this research aimed to explore the health and wellbeing of homeless adults and children, their access to and utilisation of health services, and selected health risk behaviours.

METHODS

Definition of homelessness

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

METHODS

1. Qualitative research

Key informant interviews (24) and focus groups (12) with homeless people, both **on the streets and staying in shelters**, in Cape Town and Johannesburg.

2. Quantitative research

Questionnaire survey (305 children, 942 adults) for people living **on the streets** of Johannesburg, Pretoria, and 13 smaller towns.

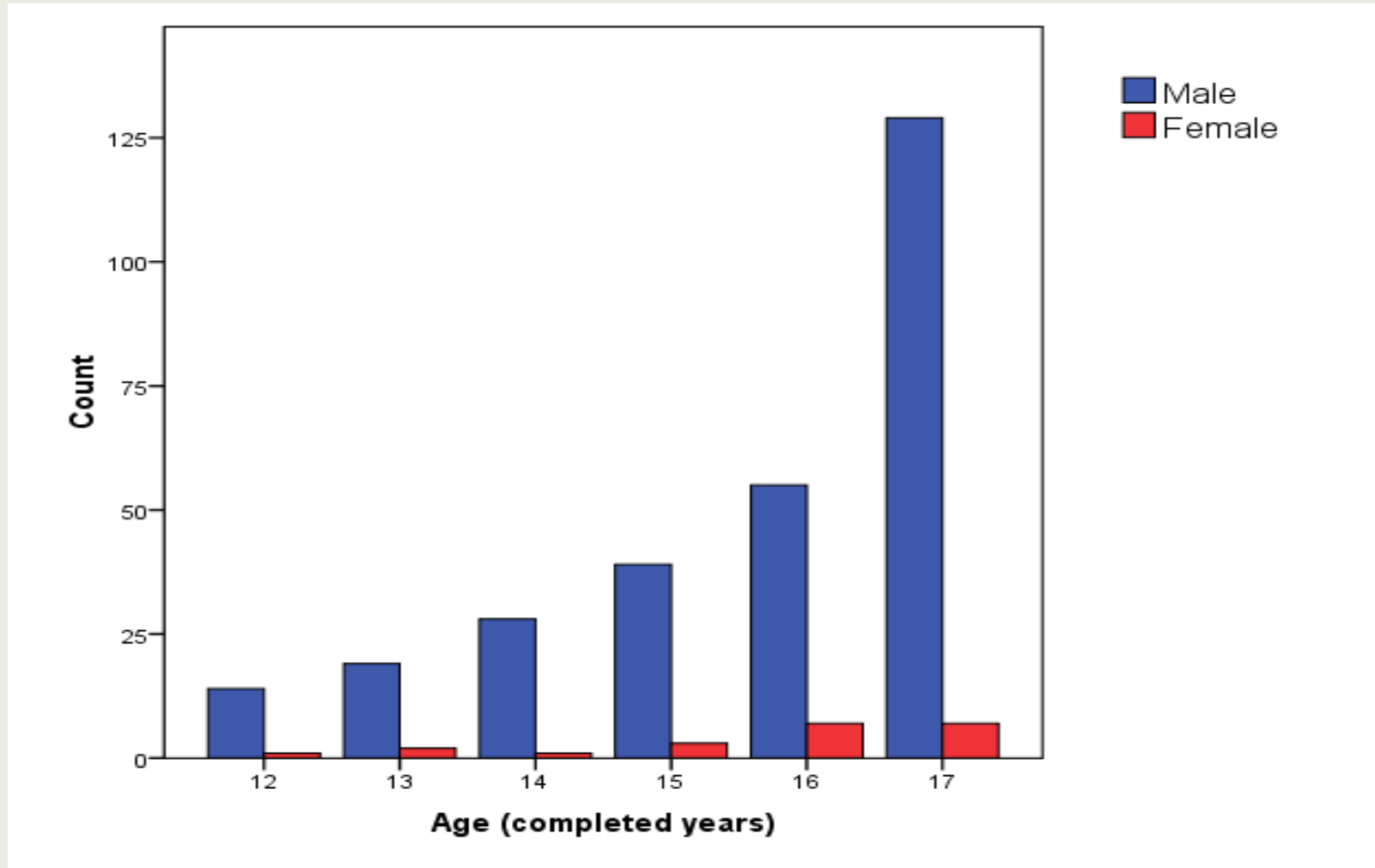
Ethical approval was obtained from the HSRC Research Ethics Committee. Informed consent, or assent for minors, was obtained from all respondents.

RESULTS

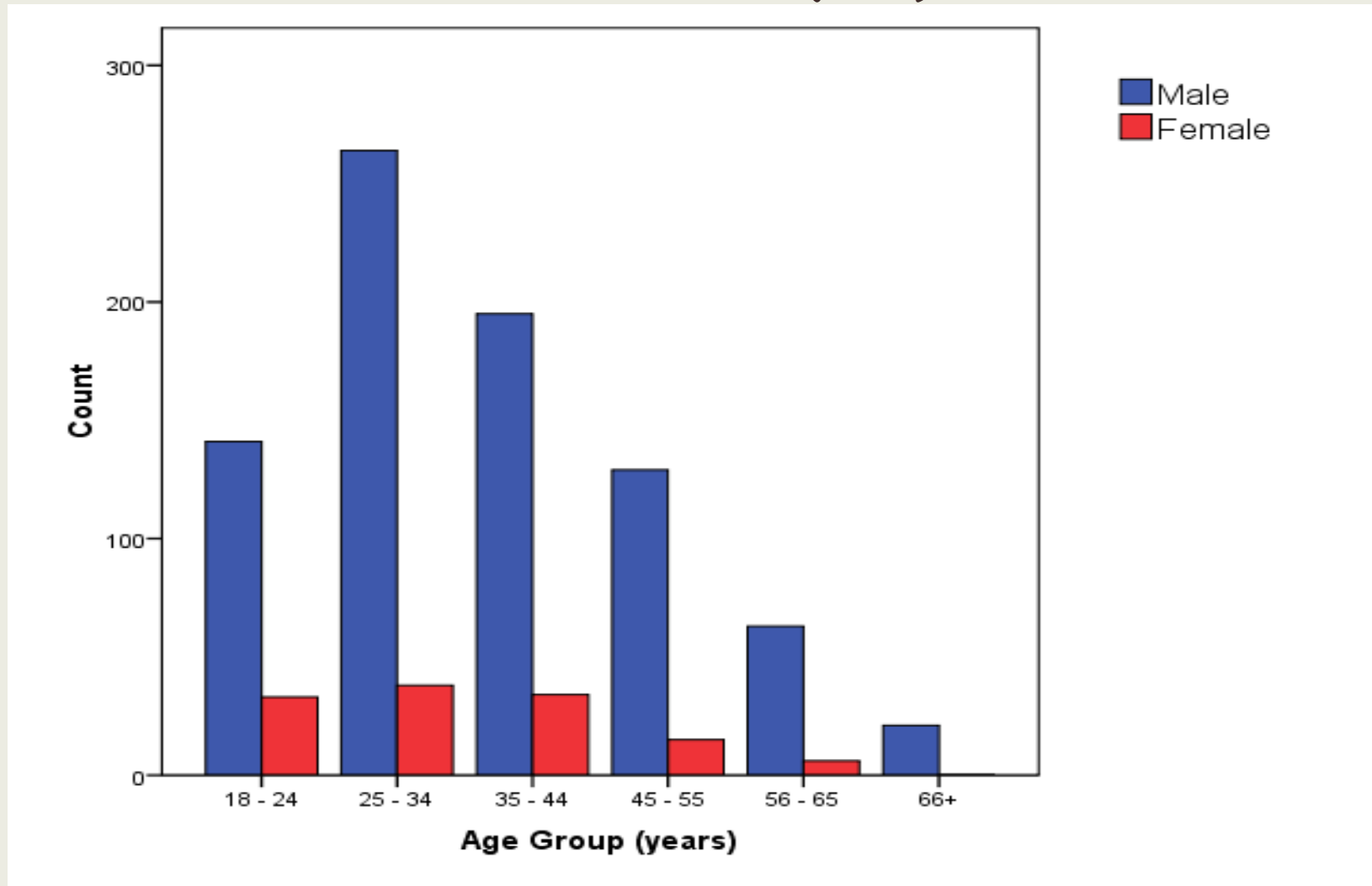
Usual sleeping place

	Count	Percent
Street	703	56.4
Park/Bush	201	16.1
Shelter	110	8.8
Vacant building	60	4.8
Station (train/bus/taxi)	55	4.4
Friends, connections	35	2.8
Under bridge	19	1.5
Car park	6	0.5
Toilet	6	0.5
Other (open space, shower, dump site, etc.)	52	3.2
Total	1247	100.0

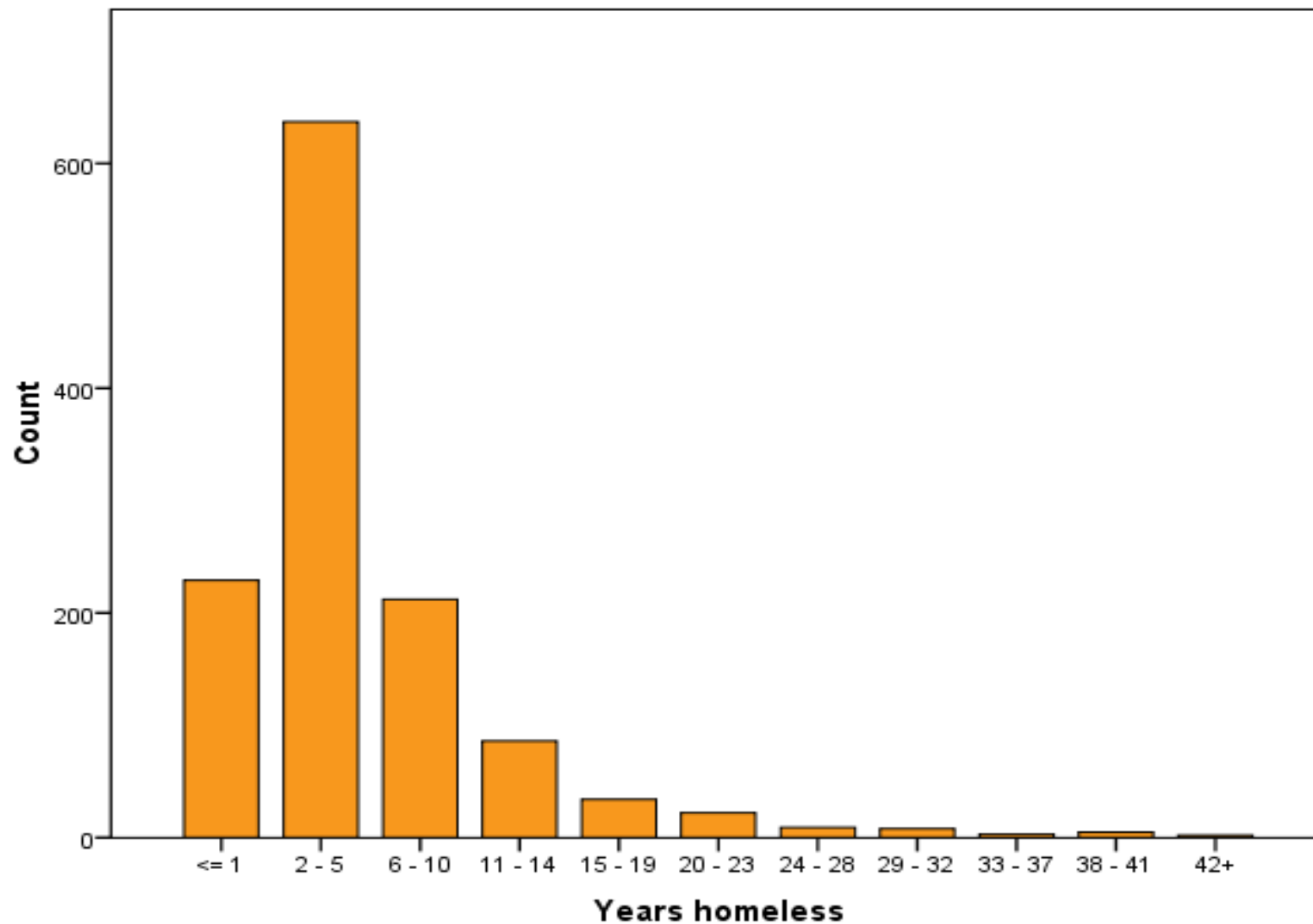
Age and Sex ratio Children 12-17



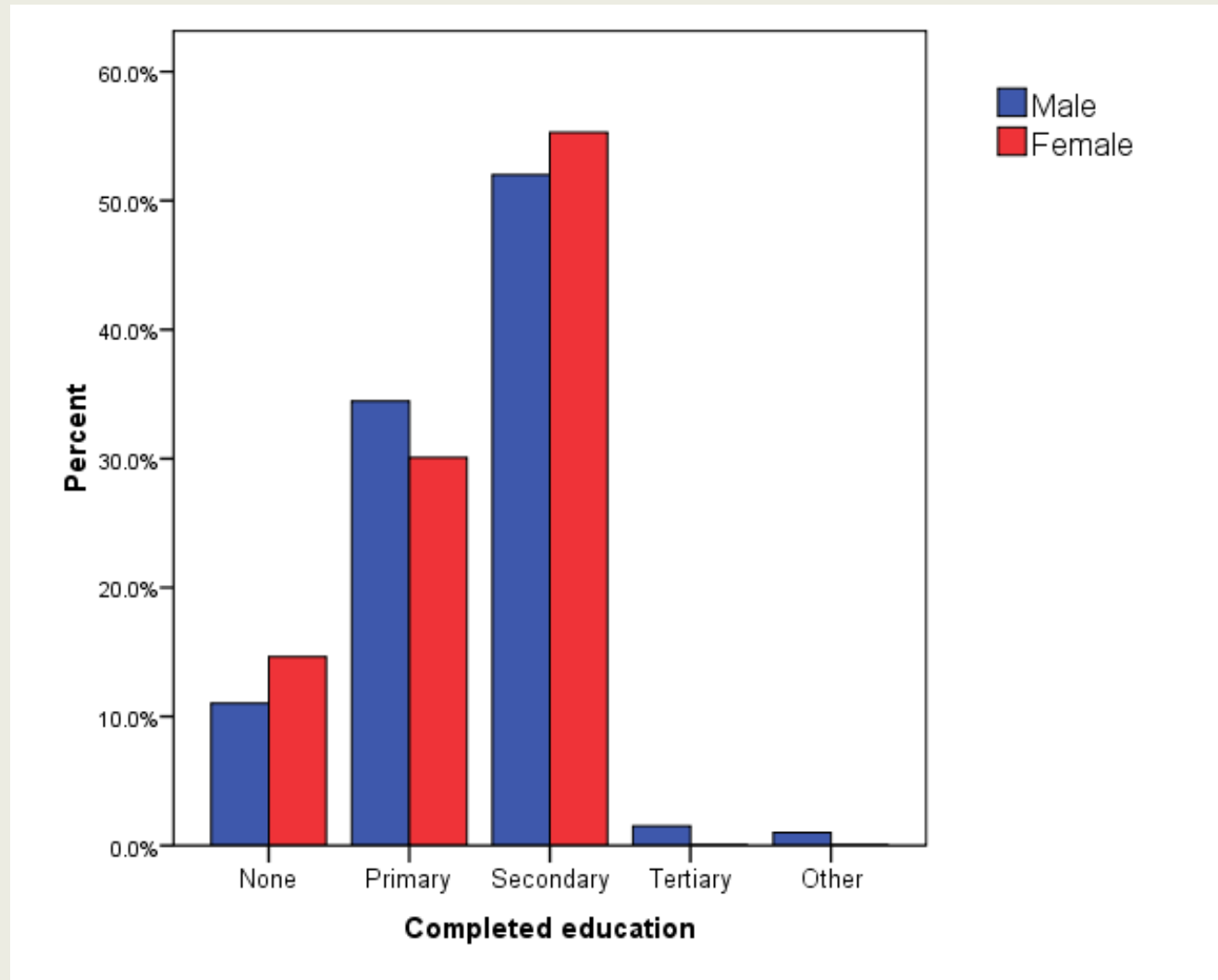
Age and Sex ratio Adults (>18)



Duration of homelessness



Education - Adults (>18)



Education - Children (<18)

Completed years of schooling	Age in years						Total
	12	13	14	15	16	17	
No schooling	0	0	0	0	0	4	4
Grade 1	0	0	1	0	0	0	1
Grade 2	1	1	0	0	0	1	3
Grade 3	1	0	3	1	2	3	10
Grade 4	3	0	2	0	3	5	13
Grade 5	6	4	4	6	7	5	32
Grade 6	2	8	4	5	9	11	39
Grade 7	1	2	6	10	11	21	51
Grade 8	1	5	6	10	10	16	48
Grade 9	0	0	3	6	9	21	39
Grade 10	0	0	0	3	7	21	31
Grade 11	0	0	0	1	4	23	28
Grade 12	0	0	0	0	1	4	5
Diploma /certificate	0	0	0	0	0	1	1
Total	15	20	29	42	63	136	305

Reported use of health services

(past 3 months)

Health services	Making use of service		Dissatisfied	
	Child	Adult	Child	Adult
Government hospital/clinic	14.8%	25.3%	6.8%	11.2%
Day hospital	3.3%	9.3%	20%	16.3%
Chemist/Pharmacy Shop	2.0%	5.8%	16.7%	7.4%
Faith healer	-	2.2%	-	0
Traditional healer or herbalist	-	2.9%	-	3.7%
Home based care services/house visit/ treatment at a shelter	-	1.1%	-	10.0%
Dentist/oral hygienist/oral therapist	-	1.3%	-	0
Private Doctor	-	1.4%	-	0

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.

Injury and assault

"...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

Injury and Assault (past 6 months)

	Child	Adult
Percentage of overall sample injured or assaulted	22.0% n=66	22.5% n=211
<i>Breakdown of injuries</i>		
Beaten-up	51.5%	47.4%
Stabbed	24.2%	21.8%
Hit by vehicle while a pedestrian	7.6%	10.9%
Vehicle accident (passenger or driver)		5.7%
Sexually assaulted	7.6%	5.2%
Injured at work		5.7%
Shot	1.5%	3.8%
Other (including undefined injuries and falls)	9.1%	6.2%

Disability - children

	Yes, some difficulty	Yes, a lot of difficulty
Difficulty seeing	9.5%*	3.0%
Difficulty hearing	5.9%	3.0%
Difficulty walking	4.3%	0.7%
Difficulty remembering	5.6%	0
Difficulty with self care	3.6%	1.0%
Difficulty communicating	4.9%	0

* Percentage of total sample

Disability - adults

	Yes, some difficulty	Yes, a lot of difficulty
Difficulty seeing	15.0%	4.3%
Difficulty hearing	9.6%	1.7%
Difficulty walking	10.4%	4.0%
Difficulty remembering	8.4%	1.0%
Difficulty with self care	10.3%	3.5%
Difficulty communicating	6.5%	1.2%

Mental health

	Child	Adult
People reporting symptoms of depression in the last 30 days* - A lot/most/all the time	17%	29%
People reporting a diagnosis of a mental illness	3%	6%

* At any time during the past 30 days have you felt sad, empty or depressed for a period lasting several days?

Substance misuse

"We all sniff glue, daily... Let's be honest..."

"I sniff glue, smoke dagga and cigarette daily. I sometimes take tik**, cocaine and mandrax...."*

18 year-olds in Cape Town

* *Cannabis*

** *Crystal methamphetamine*

Self reported drug use

	Child (<18)	Adult (>=18)
Those who had <i>ever</i> used recreational drugs	121 37.0%	217 23.1%
<i>Current</i> drug use i.e. during the past 3 months (multiple responses possible)	37.0%	21.9%
Dagga	23.3%	18.5%
Solvents (glue, thinners, petrol)	25.9%	3.5%
Mandrax	4.9%	1.5%
Heroin	2.6%	0.8%
Tik	2.6%	1.2%
Ecstasy	2.0%	1.0%
Other	4.6%	1.5%

Potentially hazardous drinking Adults

	Male	Female
Hazardous drinkers (AUDIT* ≥ 10)	25.0%	19.8%
Non hazardous drinkers (AUDIT < 10)	75.0%	80.2%

*WHO Alcohol Use Disorders Identification Test (AUDIT)

Sexual risk behaviour

Transactional sex was common

When girls were asked if they were forced to have boyfriends, typical answers were:

"Yes. You get protection that way."

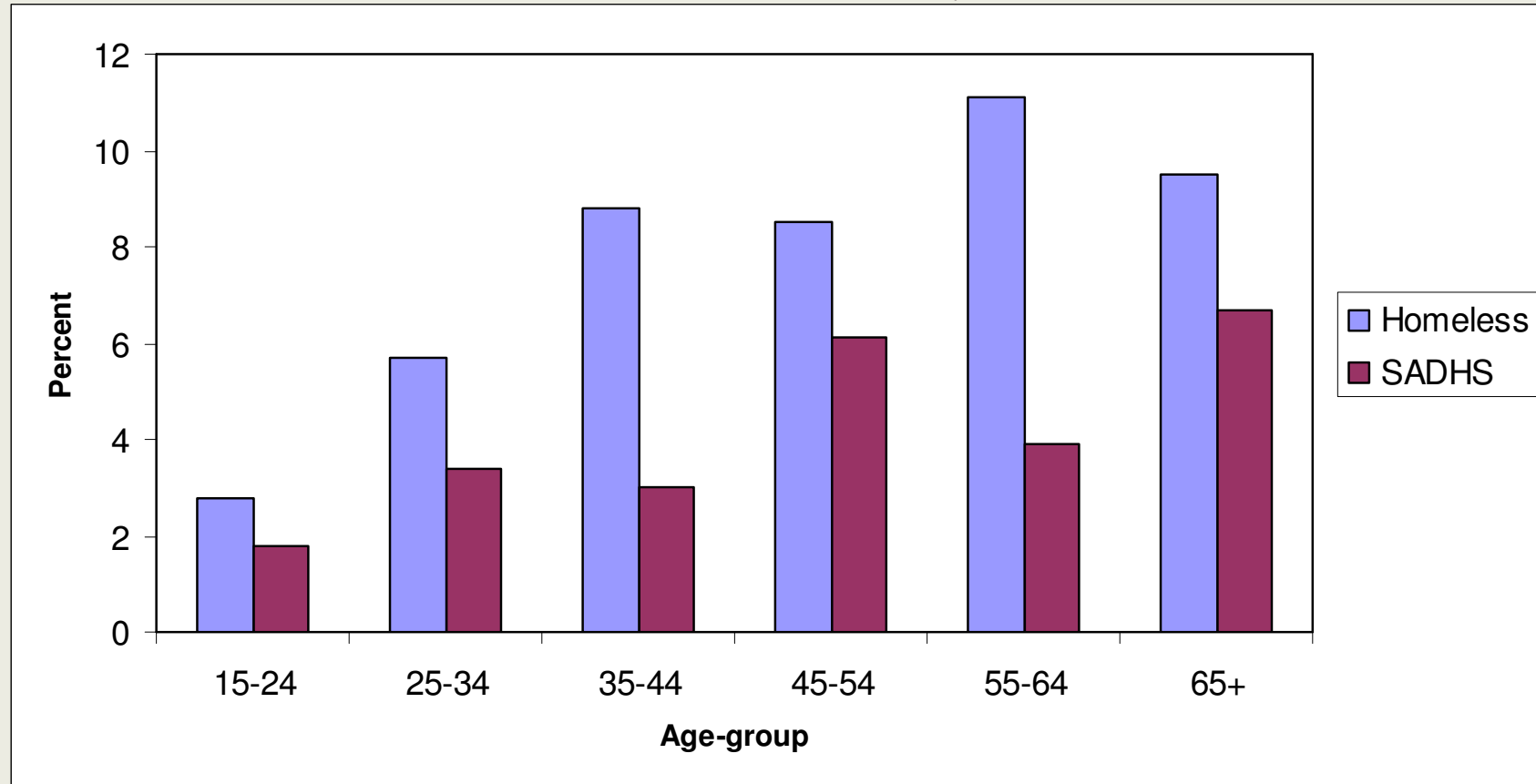
"Yes. Who will look after you? Where will you get money to buy soap, clothes...?"

"It's in your own interest to have another man, sooner."

Reported sexual behaviour

	Child	Adult
Sexual intercourse in the last 3 months	26.0%	56.2%
Used a condom at last sexual intercourse	22.9%	36.7%
Sexually Transmitted Infection (STI) in the last year	5.6%	7.5%

TB prevalence Homeless vs. National Population (males only)



Conclusion

A lasting impression when talking to homeless people is that they are vulnerable yet resourceful people.

Their lifestyle exposes them to many health risks but most of these are preventable with basic public health interventions.

Government health services and NGOs provide reasonable care for common illnesses but mental health problems are probably under-diagnosed.

To prevent children from ending up on the streets we need to address poverty in their communities of origin.