

(Survivig) living on the streets in times of the Covid-19 pandemic

(Sobre) viver nas ruas em tempos de pandemia por Covid-19

(Sobre) vivir en la calle en tiempos de la pandemia del Covid-19

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Abstract

Objective: To understand the repercussions and ways of coping with Covid-19 in the daily lives of the homeless population. **Method:** Qualitative study, carried out in a capital of the Northeast of Brazil, from May to July 2021. Thirty-one people who are part of the homeless population participated through an interview. Data processing took place using the IRaMuTeQ 0.7 alpha 2 software, resulting in analyses: similarity, word cloud and dendrogram. Thematic analysis was used, according to Bardin. **Results:** From the discourse of the homeless population with Covid-19, it was observed in relation to health care: provision of aid in the pandemic period; fear of becoming ill by Covid-19 and acquisition of barrier measures; needs faced during the pandemic and implementation of hygiene measures. Living on the streets increased its vulnerability during the pandemic period, although in our study it was observed that health care gained potential through the availability of the office on the street, with its humanization of assistance and welcoming care. **Conclusion:** The impacts of Covid-19 on the ways of coping with HLP occurred in socio-emotional aspects, in the provision of prevention measures and social support.

Descriptors: Ill-Housed Persons; Health Personnel; COVID-19.

Whats is already known on this?

People living on the streets are at greater risk of Covid-19 infection when compared to the general population, as they are more vulnerable in their daily lives.

What this study adds?

The impacts of Covid-19 on the homeless population can be mitigated by providing health, humanization and social support measures in the context of the pandemic.



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Resumo

Objetivo: Compreender as repercussões e formas de enfrentamento da Covid-19 no dia a dia da população que vive em situação de rua. **Método:** Estudo qualitativo, realizado em uma capital do Nordeste Brasileiro, de maio a julho de 2021. Participaram 31 pessoas que fazem parte da população que vive em situação de rua, através de uma entrevista. O processamento dos dados ocorreu através do software IRaMuTeQ 0.7 alpha 2, originando a análises: similitude, nuvem de palavras e dendrograma. Utilizou-se a análise temática, segundo Bardin. **Resultados:** Do discurso da população em situação de rua com Covid-19, observou-se em relação ao cuidado à saúde: fornecimento de auxílio no período pandêmico; medo de adoecer por Covid-19 e aquisição de medidas de barreira; necessidades enfrentadas durante a pandemia e implementação de medidas de higiene. O viver em situação de rua aumentou sua vulnerabilidade no período pandêmico, embora em nosso estudo tenha se observado que o cuidado em saúde tenha ganhado potencialidade através da disponibilidade do consultório na rua, com sua humanização da assistência e atendimento acolhedor. **Conclusão:** Os impactos da Covid-19 acerca das formas de enfrentamento da PSR se deram nos aspectos socioemocionais, na disponibilização de medidas de prevenção e de apoio social.

Descritores: Pessoas Mal Alojadas; Pessoal de Saúde; COVID-19.

Resumen

Objetivo: Comprender las repercusiones y formas de afrontar el Covid-19 en el cotidiano de las personas que viven en la calle. **Método:** Estudio cualitativo, realizado en una capital del Nordeste brasileño, de mayo a julio de 2021. Participaron 31 personas que forman parte de la población sin hogar, a través de una entrevista. El procesamiento de los datos se realizó mediante el software IRaMuTeQ 0.7 alpha 2, resultando en los análisis: similitud, nube de palabras y dendrograma. Según Bardin, se utilizó el análisis temático. **Resultados:** A partir del discurso de la población en situación de calle con Covid-19, se observó en relación a la atención de salud: prestación de asistencia durante el período pandémico; miedo a enfermar de Covid-19 y adquisición de medidas de barrera; necesidades enfrentadas durante la pandemia e implementación de medidas de higiene. Vivir en la calle aumentó su vulnerabilidad durante el período pandémico, aunque en nuestro estudio se observó que la atención a la salud ganó potencialidad a través de la disponibilidad de la oficina en la calle, con su humanización de la asistencia y el cuidado acogedor. **Conclusión:** Los impactos del Covid-19 en las formas de enfrentamiento de la PVC (Persona que Vive en la Calle) se produjeron en aspectos socioemocionales, en la disponibilidad de medidas de prevención y apoyo social.

Descriptor: Personas con Mala Vivienda; Personal de Salud; COVID-19.

INTRODUCTION

Since the emergence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in 2019, more than 509 million people worldwide have had the infection confirmed and more than 6 million have died from the disease.⁽¹⁾ In addition, this virus significantly affected Latin America, particularly Brazil, presenting one of the highest rates of active transmission among the main affected countries.⁽²⁾

Despite the decreased risk of transmission as a consequence of the emergence of vaccines, Covid-19 continues to pose a threat to public health, particularly for the most vulnerable populations.⁽³⁻⁴⁾ In this sense, it is noted that homeless people (HLP) are at greater risk of infection when compared to the general population, since they may be at high risk of outbreaks, due to the overcrowding of shelters as well as the greater exposure in environments and hygiene inputs that are often shared between them.⁽⁵⁻⁶⁾

In addition to factors such as lack of safe housing, inadequate access to nutrition and health care, as well as difficulties in following social distancing guidelines and hygiene measures, this population has presented multiple comorbidities, such as drug addiction, sexually transmitted infections and other diseases, some of them associated with the worsening of the clinical picture due to infection, thus increasing the risk of fatal outcomes.⁽⁷⁻⁹⁾

Another relevant aspect is that the pandemic has created a parallel mental health crisis that disproportionately affects low-income individuals.⁽¹⁰⁾ An increase in rates of self-harm, depression and anxiety was observed among PSR during this period, often associated feelings of isolation, loneliness and lack of social support.⁽¹¹⁾ This is fueled by greater difficulty in accessing mental health services, thus increasing the risk of psychological problems and chemical dependency.⁽⁷⁾

Thus, in view of Covid-19 as a new public health problem that in our country and worldwide is associated with conditions of vulnerability related to HLP, it is even more pertinent to evaluate the measures to prevent this disease, as well as the provision of support and assistance in this period, in view of the needs faced by this population, thus showing the relevance of the research.

In this sense, this study aims to understand the repercussions and ways of coping with Covid-19 in the daily lives of the Homeless Population (HLP).

METHODS

Qualitative study, produced from May to July 2021, with HLP, in a capital of Northeast Brazil. The research site was chosen because it is an urban center where a Street Clinic (SC) has been implemented and because of its growing increase in HLP during the pandemic. Initially, a visit was made with the SC

professionals to present the details of the research, and the next visit was essential for the development of the research, as these professionals were available to present the places where a greater concentration of this population could be found in this center.

The sample included PSR people over the age of 18, who were able to understand the content of the research and answer the questions, in addition to reporting the diagnosis or having presented symptoms consistent with Covid-19.

Thus, the final sample of this study was composed of 31 PSR, who both generated a satisfactory set of content for interpretation and previously met the pre-established inclusion criteria. The number of participants presented limitations, during the fieldwork, presenting theoretical saturation of the data.⁽¹²⁾ Participants were recruited personally by the main researcher on site, and were captured in accordance with the PSR who was present at the center. urban area of the capital studied during the research collection period.

For data collection, a semi-structured interview guide was used consisting of objective and subjective questions, formulated based on the objectives of the present study. This script contained questions about the socioeconomic and health data of HLP, information on attitudes, strategies to combat the COVID-19 pandemic of HLP and the daily life of HLP during the pandemic. As a way of improving the conduct of the interviews, when starting to apply the instrument to the participants, a pilot test was carried out that did not make up the sample, making the themes and aspects to be discussed during the interview and discussed with the supervisor clearer and more precise. of the study.

The interviews were carried out, being referenced after their speeches by the coding (U) of "user" followed by the number that represents the order in which each interview was carried out. They were carried out in person, lasting an average of eighteen minutes for each participant, being recorded in audio on the cell phone device and later transcribed in full by the researcher.

The main researcher took into account the necessary biosafety measures, using a hat, N95 mask, face shield, apron and closed shoes, as a way to avoid possible contagion.

The collected data went through a process of extraction, encoding and grouping in a single corpus of text file processed by the software IRaMuTeQ (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*) 0.7 alpha 2, which is free and open source, using descending hierarchical classification, similarity analysis and word cloud methods.

This served as a basis to assist the analysis and allow revealing the thematic categories of the research, following the steps of the thematic analysis of the interviews that involved pre-analysis, exploration of the material, data processing, inference and interpretation, following the model proposed by Bardin.⁽¹³⁾

This research was approved by the Research Ethics Committee with opinion number 4,787,355 and CAAE number 42997021.7.0000.5576 on Plataforma Brasil. In the preparation and execution of the study, the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ) were used, through a checklist made available by the EQUATOR network (<https://www.equator-network.org/>).

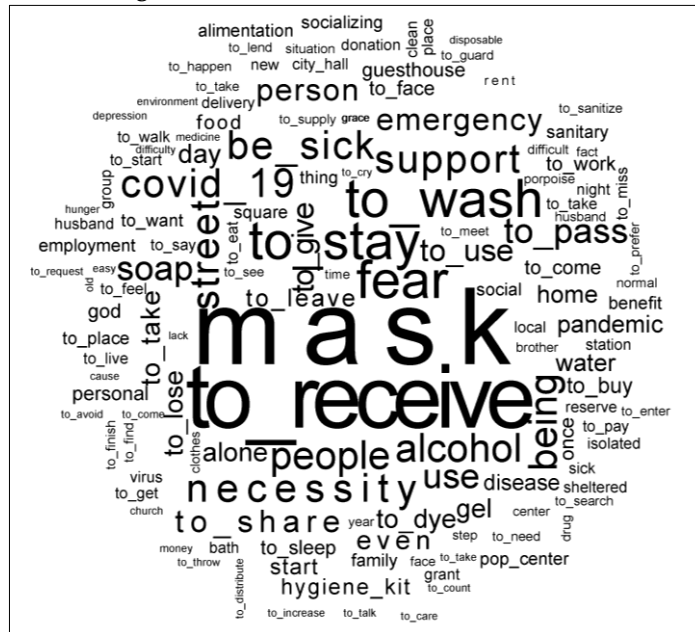
RESULTS

The participants were in the range of 18 to 60 years; among them 19.3% female, 77.4% male and 3.2% transsexual; 41.9% single, 16.1% married, 6.4% widowed, 6.4% divorced, 16.1% common-law marriage; 16.1% white, 3.2% yellow, 58% brown, 16.1% black, 6.4% indigenous; 35.4% with complete high school, 12.9% incomplete high school, 6.4% complete elementary school, 41.9% incomplete elementary school and 3.2% without education; 77.4% have some belief or religion, of these 3.2% were Spiritist, 25.8% Catholic, 35.4% Evangelical and 3.2% Protestant.

Regarding the processing carried out using IRaMuTeQ, it was found that the textual corpus was composed of 31 texts, partitioned into 120 text segments, whose utilization was 75.83%. 3880 occurrences were also identified, of which 834 were different words and 459 (11.83%) were hapaxes, that is, words that appeared only once.

Immediately after processing, it was possible to extract the following analyses, presented respectively in figures 1, 2 and 3, which are fundamental to characterize the main categories of this work. In the center of Figure 1, it is possible to observe the prevalence of the words "mask", "receive", "fear", it can be deduced that they were present at various times and with great relevance. There were larger ramifications where the words of importance to the speeches "need", "aid" and "covid-19" appear.

Figure 2. Word cloud. Natal, RN, Brazil, 2022.

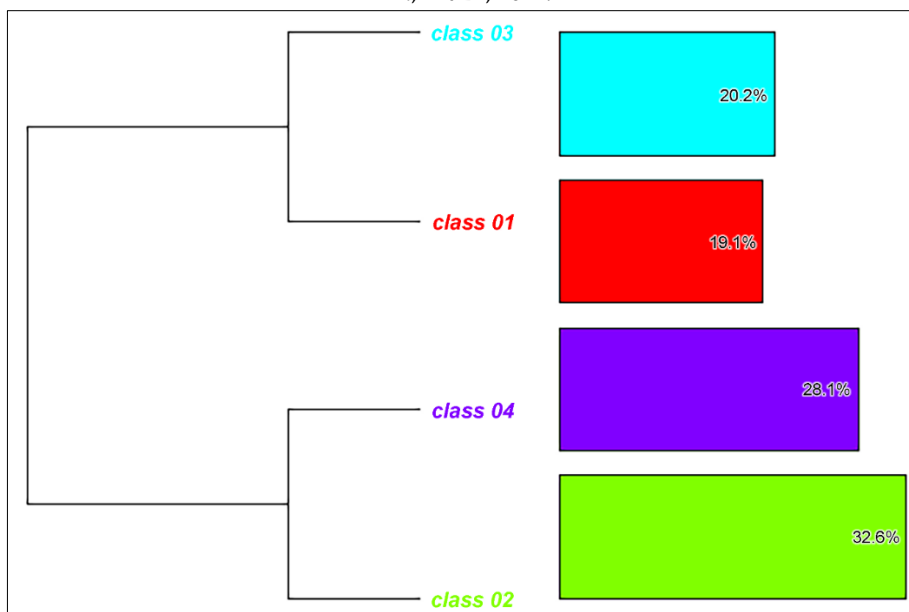


Source: Extracted from IRaMuTeQ analyses.

Four interrelated and divergent semantic classes were extracted by Descending Hierarchical Classification using the Reinert Method (Figure 3).

We showed that in class 1 there is a prevalence of terms related to receiving assistance. In class 2, terms related to alternatives to the demands of the PSR are observed. In class 3 they present terms related to the acquisition of barrier measures and implementation of hygiene measures. In class 4, terms related to the fear of becoming ill from Covid-19 appear. In these categories, statements were obtained that reflect the experience of HP in terms of socio-emotional aspects, as well as the acquisition and care related to barrier measures.

Figure 3. Descending Hierarchical Classification Dendrogram, organized based on the IRaMuTeQ software. Natal, RN, Brazil, 2022.



Source: Extracted from IRaMuTeQ analyses.

According to IRaMuTeQ analyses, two categories were established, the first called “Reality on the streets during the pandemic” which branched into subcategories: “Needs experienced by PSR” (class 1)

and “Alternatives to the demands of PSR” (class 2). The second category called “Dealing with Covid-19”, gave rise to the subcategories: “Fear of falling ill from Covid-19” (class 4) and “Acquisition of barrier measures and implementation of hygiene measures” (class 3).

The reality on the streets during the pandemic

Needs experienced by HLP

The street had new people due to unemployment that settled in the pandemic period. Consequently, the difficulty in obtaining financial support and guaranteeing housing was a reflection of the country's economic situation, where state and national decrees imposed that businesses close their doors as a way to reduce the movement of people. Others cited needs related to lack of food.

I faced difficulty, right, for the means of survival, because things "closed", right. A more striking need is the difficulty of money, right, to buy, pay rent, food, these things [...] Before the pandemic I paid rent, after the pandemic I lost my job due to the pandemic and now I can no longer pay rent. (U2)

I went through it out of necessity, more on the food part, because at the beginning it was more suffocating; then I visited the host house; I got food here, food there, a group here another group there; I would tell the other person when I would arrive and say “look so and so, there is food in that corner” and that way we could get food [...] but in the beginning it was more painful. (U14)

Alternatives to PSR demands

Of the benefits cited by participants, the provision of financial assistance by the Federal Government emerged as an alternative. However, due to the lack of access to official documents, such as the General Registry (RG) and Individual Taxpayer Registry (CPF), the social benefit was only provided through such documents, which generated fear of losing other benefits.

I don't receive emergency aid, because I only have a registration, I don't have an identity, so I missed out on registering. (U16)

No, I don't receive any help, because I don't have a CPF, I don't have one anymore [...] I lost it when I came to the streets, so I still have to get it. (U19)

I didn't receive emergency aid, because I'm retired. Even if I had the right, I wouldn't go after it, because I'm afraid of losing. (U20)

Other alternatives to face the difficulties on the street were the support provided by shelters, where some of the interviewees had access to food, hygiene and rest.

There is food at the host house every now and then, right? Baths are also available at all times for those who like them, to clean and sanitize themselves [...]. (U3)

After visiting the social inn I didn't feel like I was in need, I had somewhere to sleep, clean myself and eat, but before that I didn't eat for three days [...]. (U8)

Dealing with Covid-19

Fear of getting sick from Covid-19

The fear of getting sick from Covid-19 was mentioned in the statements. This fear was generated in the face of the news, since the number of deaths was large. In addition, the fear of contracting the disease and health complications was a factor that generated astonishment. There was also the impression that the use of illicit drugs would mitigate the development of the disease in the body.

I was afraid of getting sick from Covid-19 [...] People only measure the distance when it is a bank, when it is a store, but when it is in the life of the poor, no one sees the life of the poor, the bus is always full, so I was afraid of getting sick. (U2)

I was very scared because there were a lot of people here in the warehouse, where I “was” sleeping. I wore a mask the entire time; I took off my mask just to smoke, but I stayed

away from people, I was alone. I was afraid of getting sick and dying, because I saw a lot of people getting sick and dying. (U3)

“Well”, from what I’ve already “seen”, you know, from what I said at the beginning, people were all “let go”, they died and I’ve seen a lot of deaths on television, people afraid of being hospitalized, afraid of being intubated, you know? [...] which is putting a pipe in your “gut”, you’re crazy [...] God forbid, I’m afraid. (U6)

I wasn't afraid of getting sick at the beginning, but now I am, right? Because the chemistry of the drug is stronger. Those who use crack don't get it, they don't get it [...] because if they did, I would have already gotten it, because there are a lot of drug users, close to each other, very close to each other, the pipe is in each other's mouth. (U22)

Aid for living with Covid-19

Participants reported that they received support to purchase food and hygiene supplies, in addition to the practices used to clean their masks.

I received it in the bursts, right? from Praça do Ferreira, where food is provided, then the denied person takes a mask and alcohol. (U3)

I often receive a mask, alcohol gel, from city hall equipment I receive [...] (U7)

I always received alcohol and a mask, through people in the churches, Shalom Catholic Community or evangelical churches, then we kept receiving them. (U9)

I've already [...] received a mask from the host house, from the POP center, from the people who pass by delivering food, there was no shortage... it's just a matter of having a mask left over, what I'm doing is giving it. When I don't have alcohol, others can fix it for me. (U11)

To sanitize cloth masks, I wash them with soap. I wash it every two days. I use them and change them, I use them half the day and I wash them every night at the guesthouse, now I wash them less to make them last longer. (U4)

I have a collection, whenever I use it I wash it, then I use the other one that is clean, then I use alcohol gel. (U7)

In the morning I get the password for the shelter, there's somewhere to wash it, so I wash my mask with the soap and water they give me, I don't use bleach, I just use soap and water. (U9)

I go somewhere where I can wash it and then use it, like at the shelter. (U15)

DISCUSSION

The Covid-19 pandemic caused a great global malaise, generating new inequities and accentuating situations of social, financial and health vulnerability. The Brazilian government, as a way to partially mitigate the damages of the pandemic, created the benefit, called emergency aid, which undoubtedly had an important contribution to the financial maintenance of people in high social fragility, which includes the HLP. Despite this, it was observed that this aid was not created considering the peculiarities of this population, since they live with scarce aid and face the danger of the streets.

Thus, as evidenced in the national scenario through the discourses of this research. A study pointed out that social distancing and the fear or even panic of society in the face of contact with the population intensified the economic and financial problems for a large number of people, further reinforcing the most vulnerable.⁽¹⁴⁾ Another study pointed out that the evictions of people from their homes plus unemployment linked to the risk of contagion to Covid-19 at the community level, since they began to live in crowded urban spaces on the street.⁽⁹⁾

Research developed in this sense shows that new shelters, even if restricted to the pandemic period, were established as part of the response to the disease and reported that the HLP were temporarily housed

in reused hotels and that until then they were deactivated in some cities, such as the population described in this study.⁽¹⁵⁾

Corroborating the above in the discourses of the HLP studied, two international studies reported shelters that used incentives to absorb this population in shelters and social inns, which offered free meals, cigarettes, television and religious or spiritual events as a way to keep them inside these spaces during the pandemic in an attempt to reduce exposure to SARS-CoV-2.⁽¹⁶⁾

In some cases, they indicated that HLP had access to shower, bathrooms or laundry facilities, all provided by organizations or shelters.⁽¹⁵⁾ In some studies, access to showers and hygiene products was reported to be improved for HLP during the pandemic, corroborating the present research.⁽¹⁷⁻¹⁸⁾

However, the difficult access to hygiene was exacerbated by the pandemic, transforming one of the barriers found, such as reduced access to showers, bathrooms, laundry and other personal hygiene products and services, diverging from those mentioned in this study.⁽¹⁹⁾

This major public social assistance policy presented serious errors in its conformation and execution, since it conditions the receipt of aid to a registration made through digital platforms and that required documents such as CPF and proof of residence, determinations that do not match the reality of people living on the streets, thus generating, within this policy, a process of social segregation.⁽²⁰⁾

Above all, it constitutes an extremely arbitrary situation, since PSR should be a priority audience in assistance policies. Furthermore, social isolation, which led to a smaller flow of people on the streets, caused the loss of their main source of income, informal work, as well as a reduction in the number of donations, which compromised the source of income for this population and left her even more unable to have her needs met.⁽²¹⁾

The situation of inequality is reinforced when observing that people with high purchasing power were able to register on the platform and have the benefit approved, while part of the PSR did not even have access to registration or had information about the requirements to receive the aid, as demonstrated by some participants who mention having the resource suspended by the government, even when other groups continued to receive it.⁽²²⁾

It is also worth highlighting the issue of inaccessibility to information experienced by this group, mainly associated with the fact that HP does not have technological devices, such as computers and smartphones, which, according to other research already carried out in this regard⁽²³⁾, this situation increases the difficulty for this population to obtain information about their rights, for example, the interviewee who reported not having requested assistance because he was retired and did not know whether or not he could benefit.

Regarding the fear of becoming ill from Covid-19, it is evident among those interviewed in the study, even though they demonstrate through their speeches that the fear essentially comes from crowds, which is understandable considering the environment in which they live. The uncertain outcome of the disease and a possible progression to death can increase feelings of fear, anguish and psychological discomfort.⁽²⁴⁾ Another factor associated with fear is related to the consequences and sequelae that can be left by Covid-19, harming, permanently, the life of the affected subject. Fear, despite everything, is an element that contributes to the adoption of preventive measures, preventing the further spread of the disease.⁽²⁵⁾

Another relevant factor is the availability of protective equipment, as presented in the speeches of participants who reported having received barrier measures, such as masks and alcohol gel, through donations from churches, non-governmental organizations and “overflows”, as they call street donations.

An international study carried out indicates that the government's inability to provide necessary resources for PSR can worsen and make it difficult to control the pandemic situation, considering that these people live in constant displacement⁽²⁶⁾ as they do not have shelter in a single location, they migrate constantly.

It is known how much more complex PSR is when trying to mitigate exposure through social distancing, due to intimate interactions with friends and family, in crowded shelters or crowds on the street. Therefore, preventing infection can be a challenge for this population, since access to high-quality masks can be limited, in addition to difficult access to running water, which prevents correct hygiene.⁽²⁷⁾

Although they are in social hostels, this population may not be able to isolate themselves from others when exposed to the virus, as they may not have access to barrier measures such as masks and alcohol gel.⁽²⁸⁾ They continue to be high-risk environments for transmissibility of Covid-19, due to crowding

and shared hygiene facilities.⁽⁶⁾ Based on this, it is believed that this was a motivating factor for the greater use of masks and adoption of other preventive measures among the studied population.

Therefore, the measures that were perceived as the most widely proposed to adapt PSR care equipment in some Brazilian cities were the collection and distribution of hygiene and food items, reduction of people capacity and removal of bunk beds, as well as guidance on the disease and prevention methods, including in shelters, as well as screening of people who present symptoms or who are in the risk group for the severity of the disease.⁽²⁹⁾

Therefore, from this perspective, although there is sufficient evidence regarding the effectiveness of preventive and protective measures in relation to reducing the spread of Covid-19, the sustainability of these measures will depend on the main factor, which is the implementation of public social protection policies. These are responsible for guaranteeing vulnerable populations the chance to join them. Even with this population's awareness and desire to incorporate protective habits against Covid-19, the precarious situation resulting from the social inequities in which they live makes this adherence unfeasible.⁽³⁰⁾

Multidisciplinary care with an interdisciplinary focus, in which Nursing stands out, allows the health needs of this population to be attended to and assessed in a comprehensive manner. Multidisciplinary actions strengthen common objectives and impact the experiences of people who need greater health care.⁽³⁰⁾

As limitations for the present study, we can highlight those found to develop research in the field of study. The loss of sample for collection due to the fear that these people had when they knew that to participate in the research they would have to sign a form, even though they explained that it would be completely, given the need to sign, which limited them for fear of being exposed or found.

The scarcity of specific data for PSR with Covid-19, especially statistics, since in order to develop public health interventions these are directed using data that in this case may be underestimated, which only reinforces how highly vulnerable this population is and needs to be prioritized.

It is assumed that the study will bring relevant contributions and collaborate in the design of resolving proposals for public policies relevant to the specificities of care for people living on the streets in the context of Covid-19.

CONCLUSION

The present study covered the discourse on the impacts of Covid-19 and the forms of coping used by the PSR in the face of socio-emotional aspects, provision of prevention and social support measures in the context of the pandemic. This situation ranged from financial assistance and donations from society, to the provision of social inns for rest and shelter homes that provided food and space for the implementation of hygiene measures.

It also presented the repercussions that the pandemic had on the lives of these people, especially those who became homeless at this time, such as inequality in access to health services. Presenting then the need to address "emergency" situations of a public so vulnerable that it requires care from a public health perspective based on equity.

CONTRIBUTIONS

Contributed to the conception or design of the study/research: Xavier, BLQ. Silva, RAR. Contributed to data collection: Xavier, BLQ. Contributed to the analysis and/or interpretation of data: Xavier, BLQ. Oliveira, VR. Teixeira, BR. Silva, RAR. Contributed to article writing or critical review: Xavier, BLQ. Oliveira, VR. Teixeira, BR. Soares, A. Menezes, HF. Amaral, JF. Silva, RAR. Final approval of the version to be published: Xavier, BLQ. Oliveira, VR. Teixeira, BR. Soares, A. A. Menezes, HF. Amaral, JF. Silva, RAR.

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