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HEALTH AND SAFETY NEEDS OF HOMELESS PEOPLE IN IBADAN METROPOLIS, OYO STATE, NIGERIA

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Abstract

Homelessness or street life is becoming a serious emerging social and community safety problem in Ibadan. Notably, women and children remain an important population within this group and should be considered important data source by researchers in the continuous quest to find sustainable solutions to this problem. This study examined the health and safety needs of internally displaced persons in Ibadan, Oyo State, using the phenomenological research method. Respondents were sampled around major areas in Ibadan where these groups are found. Those willing to participate in the study were interviewed in any of the four major languages (English/pidgin, Hausa, Yoruba and Igbo). Forty-Three respondents comprising 14 women, 16 children and 13 youths were interviewed. The generated data were transcribed and analysed using thematic content analysis. Themes derived from the analysis of generated data showed that poverty and conflicts were major causes of internal displacement in the study area. Food and shelter were the most commonly cited health needs of the respondents. The safety needs among the respondents were health care, protection from sexual harassment, rape, physical and verbal abuse. It is concluded that paying special attention to this group will go a long way in reducing community health and safety issues. A fund for the care, well-being and resettlement of the internally displaced persons through public-private partnership among other policy-based recommendations were made.

Keywords: Homelessness, Health and safety needs, Displacement, Street living.

Introduction

Homelessness is one of the most notable social problems encountered by different nations of the world. Homelessness therefore acts as one of the strongest markers of underdevelopment aside poverty with its markers of inadequate education, inadequate nutrition, and poor or total absence of medical care. Homeless adults and

children flock central areas in almost all urban cities (Shinn et al., 2010; Akinluyi & Adedokun, 2014; Embleton, Lee, Gunn, Ayuku & Braitstein, 2016). This situation demonstrates the paradox of horrible poverty in the midst of modern urban development and affluence. Unfortunately, the visibility of the plight of the homeless notwithstanding;

concerted efforts are yet to be made by concerned authorities to address the plight in both the developed (Shinn, 2010; Embleton et al., 2016) and developing world (Obeng-Odoom, 2011; Fekadu et al., 2014; Akinluyi & Adedokun, 2014). This situation which was strange and viewed as episodic and situational to the Nigerian culture is becoming chronic with women and children accounting for about 34% of the overall homeless population in Nigeria.

For the purpose of this study, a homeless person is any person that makes a living and lives on the street and is highly mobile like a modern day nomad. Women and children constitute a significant proportion of homeless persons and cursory observations reveal that they are usually involved in begging, hawking, prostitution, and sometimes, even theft, as a means of survival. The reality is that millions of children around Nigeria live in the street and only few people, organisations and governmental agencies are doing something about it. Many visible and invisible factors are associated with homelessness. Some of the main factors are: family breakdown, poverty, conflict, natural and man-made disasters, physical and sexual abuse, exploitation by adults, rapid urbanisation and overcrowding etc. which in fact force them to spend their life on to street (Embleton et al., 2016).

This phenomenon is directly linked to rapid industrialisation and urbanisation with the concomitant breakdown of extended family ties. For instance, harsh or neglectful treatment of children by their families could be due to parental depression, anger, anxiety and frustration at life circumstances (Cumber & Tsoka-Gwegweni, 2016). Edewor

(2014) reported that many children come from structurally disadvantaged homes where poor living conditions result in many difficulties which force them to street life. Again, parent's loss through death or abandonment and/or family conflict or shortage of housing may force children onto the streets. In many cases the move to street life by women and children is an adaptive response to stress, severe oppression and violence experienced especially by women (Embleton et al., 2016). Indeed Albert (2017) stressed that violence occurs throughout the life cycle of a woman and manifests physically, psychologically and structurally to include such objectionable human experiences as forced marriage, humiliating widowhood rites, sexual violence, domestic violence and exploitation.

Once on the street, women and children are most especially harmed by harsh physical conditions, violence and harassment, labour exploitation, absorption into criminal networks and denial of their right to receive an education that will equip them to achieve a better life (UNICEF, 2018). A lot of the homeless women and children engage in hazardous work on the street that compromise their safety. While some may be lucky to get engaged in legitimate work, others may choose or are initiated into illegal activities including engaging in crime and theft, commercial sex or drug trade or becoming drawn into organised begging (UNICEF, 2002). They are often among the most stigmatised urban dwellers and they constantly face abuse from other persons and harassment from the police (Cumber & Tsoka-Gwegweni, 2016). They are often arrested for crimes or simply for vagrancy, and can be

trapped for long months in the slow moving bureaucracy of the justice system, detained in conditions that violate their basic rights (UNICEF, 2002). According to the Human Right Watch (2017), homeless children face extortion, theft, severe beatings, mutilation, sexual abuse and even death. While in police custody, they may be forced to pay bribes in order to be released. The girls may be coerced into providing sexual services to police officers in exchange for release, or may be raped.

The consequences of street living especially children and young people have been documented to be deleterious to the health and well-being as well as development of the society. Idemudia (2009) in a study targeted at prison inmates in Nigeria; reported that the largest proportion of inmates had street life history. This is not unexpected because these children and youth are exposed to harsh conditions that make them resort to any means of survival, including crimes. Again, the street provides a platform for brooding criminals since street people have little or no check as regards who they relate to and where they go to. Their basic necessity is to satisfy their immediate need for food and the least minimum standard of self-care.

Parker-Radford (2015) documented the health needs of street individuals include general physical health, mental health, long-term conditions, substance use, sexual health and housing need. Accordingly, homelessness can have a critical impact on health. The general health of homeless people is adversely affected since they may be sleeping on the streets or poor-quality temporary accommodation like uncompleted building or parked vehicles.

Again, they are at increased risk of a range of health conditions including poor mental health, drug and alcohol-related conditions, tuberculosis, HIV, hepatitis B and C, influenza, oral cancer and type 2 diabetes (National Health Care for the Homeless Council, 2011). They are also at greater risk of developing co-occurring conditions. Difficult environmental conditions can also lead to poorly managed long-term conditions. Severe mental health conditions, substance addiction, trauma and social isolation can compound these health risks.

Homeless people are more likely to die young, with an average age of death of 47 years old for men and 43 years old for women. This compares with a general life expectancy of 74 for men and 80 for women in England (Crisis, 2012). The average age of death of homeless people due to drugs is 34. Though this is similar to that of the general population, the chance of a homeless person dying from drugs is 20 times higher (Crisis, 2012). Some 80% of homeless people report a mental health issue: 45% have a diagnosed mental health condition (compared with 25% of the general population), while 41% report a long-term health condition (28% in the general population) (Homeless Link, 2014). Available evidence shows that the prevalence of TB is at least 34 times greater in homeless people than the general population and that of hepatitis C infection is nearly 50 times greater (Beijer, 2012).

Previous studies have attempted surveying characteristics of street children, youth and adults. Edewor (2014) sampled 447 homeless children and youths in three purposively selected parts of Lagos metropolis. The descriptive

survey research design was employed in the study in which quantitative data were generated using questionnaire. The results showed that majority of the respondents were males and they had low level of education and were from poor and large families most of which were polygamous. Parental neglect, discontent at home, marital instability in family of orientation, poverty, constant communal clashes and peer influence were the major causes of being on the street. They slept under bridges, at the beach, in motor parks and vehicles, in market places, and in uncompleted buildings. Their survival strategies include engaging in some income-yielding activities such as carrying load, being bus conductors, packing refuse, buying and selling, engaging in commercial sex and begging. Substance abuse and engaging in risky sexual behaviour were also reported to be common. They faced the problem of insecurity, police harassment and all forms of exploitation and maltreatment from social miscreants (area boys). They were also predisposed to a number of hazards including sexual abuse, molestation and other physical health hazards.

In an Ethiopian based study Fekadu et al., (2014) carried out a cross-sectional survey among adult street people in which quantitative data were generated. A high level of health needs was reported especially mental health needs as suicidal ideation were high among the respondents.

Although previous research efforts have provided insights regarding street life, they are however deficient because they are isolated and based on quantitative descriptive survey. A better approach that is based on the lived experience of the

affected, using qualitative research will provide greater insight and knowledge regarding the problem and this is what this research has done. This study therefore investigated causes as well as health and safety needs of street women, children and youth based on their experience on the street rather than the perception of the researcher or that of the policy makers. This knowledge is critical to designing responsive efforts that will be impactful in tackling the public health and social challenge imposed by street living.

The main objective of the study is therefore to provide understanding of health and safety needs of street children, youth and women in Ibadan metropolis with a view to establishing empirical data base line to inform responsive short and long term efforts to addressing the issue of homelessness. Specifically, the study was designed to:

- Examine and document factors disposing women, children and youth to street living in Ibadan metropolis;
- Assess and document health needs of street women, children and youth in Ibadan metropolis
- Assess and document safety needs of street women, children and youth in Ibadan metropolis

The following research questions were raised to guide the study:

1. What are the factors predisposing children, youth and women to street living in Ibadan metropolis?
2. Will there be marked difference in the health and safety needs of street children, women and youth in Ibadan metropolis?

Methodology

The phenomenological research method was adopted in the study because of its appropriateness and suitability to finding answer to the research problem. The research method is based on qualitative data in which a social phenomenon is studied from the reality of the people involved. It is therefore based on the lived experience of respondents. A sample of 43 respondents (14 women, 16 children and 13 youths) were interviewed in all as purposively sampled from different areas in the metropolis where destitution is considered high. Respondents were approached at major Automated Teller Machine (ATM) points, social gatherings (parties) and some major streets in Ibadan. Those who agreed to participate were interviewed with the aid of an interview guide. The interview guide comprised two major sections, the first section was basically aimed at generating data on street living and what led the participants to living in the street. Questions were also asked on survival strategies and general coping efforts. The second section was focused on data relating to health and safety needs and experiences on these areas.

Interview sessions for at least 30 minutes based on major area of investigation as contained in the guide. Recruitment of participants followed a subtle compensation for their time. The reason for subtlety in compensation was so as not to attract others and make participation competitive and sought of transactional. The trained research assistants who conducted the interview were selected based on their ability to communicate in the three major Nigerian languages Igbo, Hausa and Yoruba in

addition to standard and pidgin English. Any prospective participant who was not versed in any of these languages was not allowed to participate in the study. The consent of the participants was sought and for ethical purposes, no picture was taken and names or personal identifying information were not collected. Recording of the conversation was however done with the approval of the participants.

The transcribed recordings were subjected to validation by three experts who cross-checked the audio content against the transcribed version. Necessary corrections were effected after which the transcribed data were subjected to Thematic Content Analysis. In doing this, the transcribed data were studied for common themes across the respondents. Discussion of findings was therefore based on these common themes which represent findings of the study.

Findings and Discussions

Poverty

The findings of the study based on the responses of the participants showed that poverty is the major factor predisposing women, children and youths to street living. Almost all the respondents used different terms to express poverty as their main reason for being on the street and with most of them claiming that some days they may not have a penny to keep for later use. Housing is essential for human existence and the respondents reported that due to their lack of financial ability to securing paid accommodation and the inability of relatives to accommodate them, they resorted to street life might become an option. Apart from housing, the need for food and survival

also predispose people to street living. People who live on the street survive on the street through begging, menial task and involvement in petty crimes.

Man's basic needs are central to existence in itself as there could be no life when basic needs are not met. Therefore, when high level of deprivation makes meeting the needs for food and shelter to be met, desperate steps to surviving becomes imminent. People who cannot meet their needs for food and shelter are therefore prone to eking out living on the street. Uncompleted buildings, motor parks, stationary vehicles and religious centres were reported as the most commonly used shelters. Many of the street dwellers resort to any of these places from where they go about their normal daily activities. The shelter provided by any of these points is however not guaranteed and as such, the dwellers move about with their belongings and locate any other points when driven or harassed from the first. A male respondent with an estimated age of six years, painted his reality thus:

...I follow my mother around and when night comes, we sleep anywhere we see. When I ask my mother why we always sleep outside (especially when it is raining), she tells me she does not have money to rent a house (KII: male; 6 years).

This result of the study that showed that poverty is cause for street living in Ibadan corroborates the findings of previous researchers that have established through research that poverty is a predisposing factor to street life. It supports the separate findings Fekadau et al. (2014) and Akinluyi and Adedokun

(2014) which identified deprivation as a notable cause of street life in developing countries. It also supports the findings of Embleton et al., (2016) that also identified poverty and inability to meet basic needs as part of the factors that cause street living in the developed and developing countries.

Conflict

The result of the study also showed that conflict was also cited as a factor responsible for street living. Various forms of conflict were found to predispose people to street life. Some women respondents reported that they were thrown out of their matrimonial homes and since they have no other place to go to, they resort to making a living from the street. Most of the women respondents were seen with children within the age cohort of 6 months to eight years. A particular woman respondent, who survives on street living alongside with her two male children, reported that her husband abandoned her and the kids after a quarrel. When asked why she did not go to any family member of hers or her husband's, she reported that she is a foreigner and that she did not know any member of her husband's family. Some children also reported that instability in their homes forced their mother out of the house and they had to take up street live for survival. This finding of the study supports the findings of Edewor (2014) which reported marital instability and domestic conflict as factors predisposing children and youths to street living.

Food and Shelter

The result of the study showed that food and shelter were the most cited needs of the respondents. All the respondents stated that they go out everyday just because they need to survive. Food and shelter make up vital basic need of man without which living is impossible. It was therefore not surprising when food and shelter were found to be the most cited needs of the respondents. Street dwellers depend on daily proceeds for food and this food might not even be adequate for good health. Food is vital for health and well-being. It must not just satiate hunger but must be useful in enhancing vital life processes. The result of the study showed that most respondents eat to satiate hunger rather to maintain health and well-being.

Moreover, the need for food especially can compare these homeless people to scavenging. This is mostly seen in parties where some of them resort to left-over foods. They can go from points to points gathering as much as they can in nylon bags. In some instances, they can also take to petty crimes all in a bid to securing food in order to satiate hunger. This finding of the study is in line with the separate results of Edewor (2014) which listed need for food and shelter as the most commonly cited needs among homeless children and youths in Lagos, Nigeria.

Health Care

The responses of participants also showed that approximately 86% (37/43) reported health care as one of their most pressing needs. Since they do not have enough money to cater for their basic needs including food, they find it difficult

accessing health care. Health care services are important to maintaining health and well-being and when available health services cannot be accessed, negative health seeking behaviour results. The participants reported using locally prepared herbs and patent medicine outlet in catering for their health needs. This practice has serious implications for health and well-being especially in promoting self-medication. A notable cause of concern is the fact that most of the women interviewed are still within the reproductive age. Through exploitation and inducement, they get pregnant on the street and carry pregnancy with minimum level of health care. This is in line with the findings of Biejor (2012) which noted that homeless people reported more health problems than the normal population.

Safety Needs

The responses also showed that participants are exposed to sexual harassment and rape, psychological abuse and physical abuse. Women and children were found to be the mostly victimised as some of these threats are even perpetrated by equally homeless youths. One of the women participants stated that she was made pregnant by a night guard who offered her shelter along her little child where he functions as a night guard. According to her story, while it was not her intention to flirt with him, sex was all she could use to bargain for a shelter without intimidation, physical, psychological and sexual abuse. Homeless people are serially abused physically, psychologically and sexually. This abuse leaves them traumatised thereby having adverse effect on their mental health status. This finding supports the report of

the Human Right Watch (2017) which listed sexual abuse, physical and psychological abuse as major threats facing homeless people.

Educational Needs

A notable proportion of the children interviewed stated that they want to go to school. While some of them dropped out, others have never experienced what schooling looks like. Some of the children respondents who want to go to school stated that their purpose was to become better and respected people in life and help their family. Some also stated that they want to be like other children who they see go to school. It is pertinent to note that the participants understand that education is a tool against poverty and worthlessness. This finding has serious implications for respecting the right to education of every child. It is needful to design an educational programme to reach these unreached children as the number of out-of-school children in Nigeria is alarming. A society that trifles with the educational right to have over ten million out-of-school children, as it is the case in Nigeria, can only be described as a disaster waiting to happen. Educationally unreached children might become willing destructive tools in the hands of people fueling political, ethnic and social strife in the future.

Conclusion and Recommendations

Based on the findings of the study, it is concluded that while conflict and poverty were the main causes of homelessness and street living; food and shelter, health care services, education and

safety needs were the major needs of homeless women, children and youths in Ibadan metropolis. Based on this, there is pressing need to address street life in Ibadan. Homeless children, women and youths have inalienable human rights that must be respected and enforced. Deriving from the above, the following recommendations are put forward:

- A policy on zero tolerance to street life must be championed by concerned NGOs and social researchers. This policy will enable government to tackle destitution and its concomitant treats to community health, peace and security challenges
- A sustainable special intervention programme to resettle street dwellers should be put in place through public-private partnership
- Educational opportunities must be provided to unreached children whether in or out of the street. This is because education remains the only viable tool to human and societal development.
- Short, medium and long term goals must be developed to tackle homelessness and social researchers and educational institutions must provide the needed technical expertise towards realising this goal as nobody deserves to live on the streets.
- The areas where these special groups are found should be properly policed to eliminate the issues of sexual harassment and rape against street women, children and youths.

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