

INHABITANTS OF THE STREET IN COLOMBIA, SOME ELEMENTS OF YOUR HEALTH

Eustorgio Amed Salazar^{1*}, Yaneth P. Romero Álvarez², Jhon J. Feria Díaz³

¹Faculty of Health Sciences, Universidad de Sucre, Colombia.

²Faculty of Economic and Administrative Sciences, Universidad de Sucre, Colombia.

³Faculty of Engineering, Universidad de Sucre, Colombia.

Eustorgio Amed Salazar , Yaneth P. Romero Álvarez , Jhon J. Feria Díaz ,
Inhabitants Of The Street In Colombia, Some Elements Of Your Health ,
Palarch's Journal Of Archaeology Of Egypt/Egyptology 18(8), 3470-3476. ISSN
1567-214x.

**Keywords: Homeless Persons, Health Services, Health Services Needs and
Demand, Medically Underserved Area, Medical Indigency.**

ABSTRACT

OBJECTIVE: Describing the situation of some elements of health in street dwellers in Colombia. **METHODOLOGY:** descriptive, cross-sectional study, using the database of the 2020 street dwellers census (DANE). **RESULTS:** one out of every five people claims to have some health problem, being dental discomfort, respiratory problems, abdominal pain, and injuries caused by third parties; the most common chronic diseases are high blood pressure and diabetes. **CONCLUSIONS:** about the health problems referred by the participants, dental conditions are the most relevant and this may have some kind of consequence in the appearance of other diseases such as cardio-metabolic diseases in which there is a really low percentage of treatment.

1. INTRODUCTION

The street inhabitants are those people "who make the street their place of residence, where they satisfy all their needs, (Barrios, Góngora and Suárez, 2006) either permanently or temporarily (Law 1641 of 2013), that is to say, develop all the dimensions of their life in

public space (activities of their intimate and social life "(MSPS, 2017). (« MINSALUD COLOMBIA », nd).

This condition, along with homelessness, is increasing in Colombia due to problems such as displacement, unemployment, drug addiction, and the state inability to formulate social policies that respond to this reality (Otálvaro&Arango, 2009) having clearly defined that homelessness it is a matter of economic policies, while livability on the street is a social matter (Gomez, 2015).

In a precise way through this indirect intervention of state exploration in the framework of this important social context and its action on these people health, understood as the interaction result of various factors - biological, lifestyle, health, and environment network- that is, by conceiving the phenomenon as multi-determined in this population (Castillo, 2017) and focusing on specific health problems of these human beings, the present approach is carried out in some health elements referred to by this human group in Colombia.

The perception that the participants have about the presence of health problems is explored, the health problems that these suffer or manifest are also investigated, in the same way, the diagnosis and treatment of those diseases suffered, as well as the main reasons for continue living on the street.

2. METHODOLOGY

A descriptive, cross-sectional study was carried out under the quantitative approach, based on data from the census of street dwellers - CHC 2020 provided for the National Statistics Department of Colombia (DANE, 2020). This study describes some health referred to elements by the participants.

A database was obtained, with 5043 registered people, which was downloaded from the DANE web site, prior to the processing of the information, it was cleaned and organized and finally, a number of 4174 participants remained in accordance with the quality of the data, for all this the statistical package IBM SPSS version 23 was used.

The present study is considered without risk, it is justified that there was no direct contact with the unit of analysis due to the source of information. However, the confidentiality principle will be respected and guaranteed in the information processed with the fact view that the microdata is anonymized, in accordance with Resolution 008430 of 1993 and the considerations of the World Declaration of Helsinki amended at the 64th General Assembly in Fortaleza, Brazil.

3. RESULTS

According to the information obtained from the studied street dwellers in Colombia and after processing the database, the results of the study are presented below.

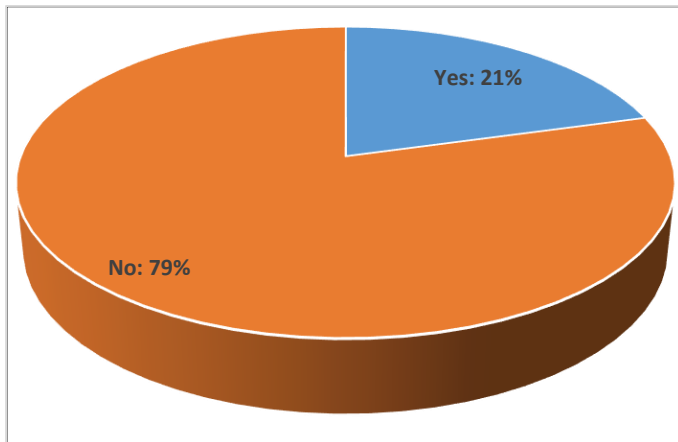


Figure 1. Health problems perception

The vast majority (79%) of the participants perceive that they do not have any health problems, however, at least 1 in 5 of these people (21%) state that in the last month they have had some difficulty in their health, which it is not a minor situation in terms of affection to this human group.

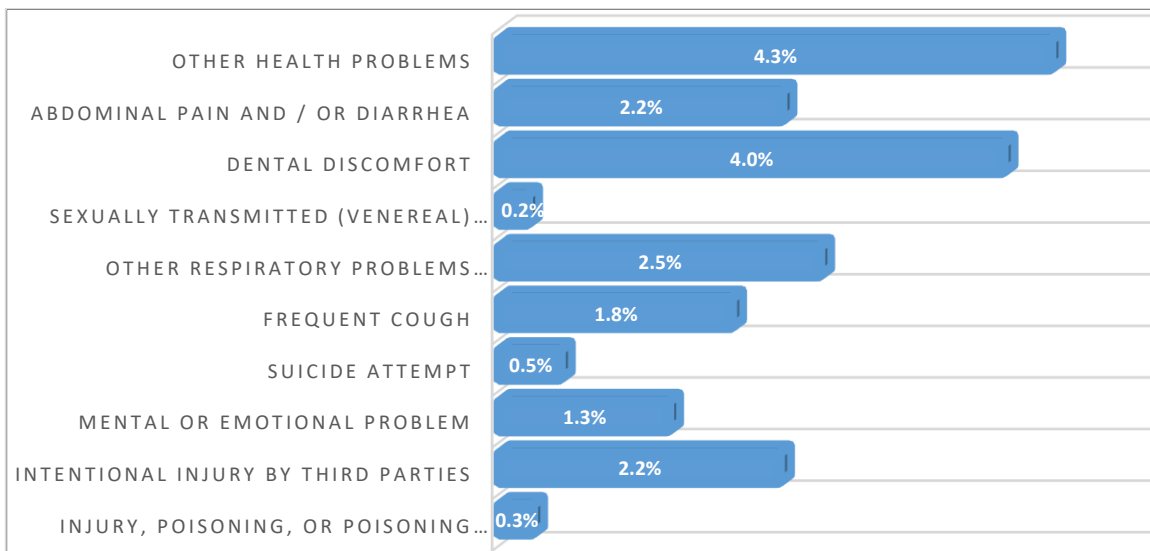


Figure 2. Referred health problems

Among the health problems presented by people who have had these manifestations in their body, it was found that dental discomfort has one of the most important prevalence (4.0%), followed by respiratory problems (2.5%) and both abdominal pain (2.2%) and injuries caused by other people (2.2%).

Table 1. Diagnosis and treatment of diseases

Diseases	Diagnosed with any disease		Treatment received according to disease	
	Frequency	%	Frequency	%

High Bloodpressure	Yes	209	4,1	106	51%
	Not	3965	78,6	103	49%
	Total	4174	82,8	209	100,0
Diabetes	Yes	111	2,2	38	34%
	Not	4063	80,6	73	66%
	Total	4174	82,8	111	100,0
Cancer	Yes	24	0,5	9	38%
	Not	4150	82,3	15	63%
	Total	4174	82,8	24	100,0
Tuberculosis	Yes	58	1,2	45	78%
	Not	4116	81,6	13	22%
	Total	4174	82,8	58	100,0
VIH - SIDA	Yes	23	0,5	14	61%
	Not	4151	82,3	9	39%
	Total	4174	82,8	23	100,0

Source: Elaboration based on data from the 2020 Street Inhabitants Census. DANE

The inquiry about diagnosed chronic diseases or conditions that they might be experiencing, it was found that arterial hypertension (HT) is the one with the highest presence (4.1%) among the diseases found in the population, followed by diabetes (2.2%) and, on the contrary, diseases with such complex negative prognoses as Cancer (0.5%) and HIV / AIDS present the lowest results (0.5%), it is striking that despite the trend of these diseases mentioned, the treatment received is relatively low: HBP at least half (51%) and diabetes just over a third of the people diagnosed (34%).

However, and despite having such a low diagnosis percentage compared to other diseases, it was found that most people diagnosed with Tuberculosis (78%) and HIV / AIDS (61%) have received treatment for their disease.

Table 2. The reason why you continue to live on the street

Item	Frequency	%
Psychoactivesubstance use	1876	44,9%
Formyownpleasure	532	12,7%
Thefriendships	43	1,0%
Economicdifficulties	757	18,1%
Lack of employment	353	8,5%
Disease	79	1,9%
Familyconflictsordifficulties	272	6,5%
Has always lived on the street	33	0,8%
Loneliness	70	1,7%
You are doing a process in a reception center	57	1,4%
Other	102	2,4%
Total	4174	100,0

Source: elaboration based on data from the 2020 Street Inhabitants Census. DANE

Undoubtedly the fact of living on the street could aggravate any health condition, however, the participants have some motivations or causes for it; According to what has been stated, the reason they recognize the most for continuing to live on the street despite all the difficulties that this implies is the consumption of psychoactive substances (44.9%) as well as, in a second measure, the economic difficulties they have, which keeps them to remain in such a condition, however, it is striking that one of the most important reasons for staying on the street is "by personal choice" (12.7%).

4. DISCUSSION AND CONCLUSIONS

Although the majority of the participants, in this study, perceive that they do not have health problems and only 1 in 5 expressed feeling such difficulties, it is important to consider the context of priorities and the person's health imaginary, in which caring for the Health is not an imminent concern (Fernández et al., 2014) and that just in situations that put him on the lethality verge could his health be considered at risk; It is also worth highlighting the tendency to live in the present as a psychological aspect that greatly influences the health state, both physically and mentally, the hostile conditions in which they live lead them not to set limits further than day today, because the future is uncertain (Hernández, 2019), and thus the perception of having health problems, or not, is rather the feeling result that daily survival produces.

However, those health problems that if made "visible" in the present study we found that dental discomfort is one of the main ones, it seems that prolonged periods of homelessness are often detrimental to the oral health of patients, as Bruce mentions. B. Wallace, in Canada; a situation that has a lot to do with the administrative and management health system structure for access to health services by those who live on the street. The inability to access preventive and restorative care added to poor hygiene frequently results in the occurrence of cavities and other oral health problems, it is also included among the most common problems of respiratory diseases (Woolley, 2015) such as it happens in Colombia as found in the present results; Now, the subject behavior for abdominal pains does not have the same tendency in the northern country, but is more typical in the Colombian environment and is closely related to oral health (PachoSaavedra&Piñol Jiménez, 2006) and the ingestion of contaminated food (Reyes-Solórzano, 2017).

A special case is related to injuries caused by other people, in which the Colombian results are not similar to those reported in other countries, such as Canada, where the most frequent injuries are non-intensive and are usually the result of falls or bumps from a motorized vehicle, hypothermia or even intoxication due to an overdose of illicit drugs (Woolley, 2015), this difference surely marked by the conditions of violence to which the Colombian street dweller is subjected.

About to homeless people who have been diagnosed, the diseases included in the cardio metabolic diseases category mark the most striking point with high blood pressure and diabetes, a similar situation that happens in Canada where information from a survey Nacional reports affirm that its street dwellers have at least one chronic health condition, such as diabetes and heart disease (St. Michael's Hospital, 2011). Other studies show an important relationship between the food insecurity suffered by people and this type of case of ailments mediated by the social vulnerability situation to which they are subjected (Monroy Torres et al., 2021) (Waitman et al., 2017) (Dinour et al., 2007) and always

keeping in mind the negative effect of diabetes on arterial hypertension with the consequent, chronic and sustained deterioration of health.

Most likely, the best results in access to treatment in the case of HIV / AIDS and Tuberculosis could be related to the notorious symptoms - which could cause an increase in the demand for health care - reflected in the person and its affectation in the day by day, which makes their daily action impossible and reduces the acquiring possibilities income that allows their survival.

The reasons that lead people to live or continue living on the streets turn out to be very similar in Colombia and in the South American context, where adverse economic situations, addictions of different kinds, bad life decisions but above all not having a support network that supports them (Zolezzi, 2013), which generates a "cocktail" that ends up giving certain conformity to stay on the street and come to feel that it is a decision of personal taste and not the sum of all the circumstances already mentioned.

Living on the street is a social eminently urban phenomenon nature, associated with extreme poverty and insufficient access of citizens to the opportunities, rights, and benefits of the city, that is, to the guarantee of basic human needs: health, education, housing, food, security, work, leisure, among other elements that ensure the quality of life (Rocha, 2018).

All of the health problems listed above are difficult to treat even if a person has a permanent home. But for the homeless, these health problems progress rapidly and can lead to premature death, especially considering that homeless people tend to have more health problems than people who have a regular home. What is alarmingly revealing is that chronically homeless people have a life expectancy of 25 to 30 years less than the general population (Bamberger, 2020).

In conclusion, the health problems referred for the participants, dental conditions are the most relevant and this may have some kind of consequence in the appearance of other diseases such as cardio metabolic diseases, which, as in the general population, They continue to occupy the first places in the health condition and their treatment is really quite low, most probably due to the demand for care by street dwellers and the administrative and management health system structure for access to health services.

REFERENCES

- Bamberger, J. (2020). 7 Common Health Problems of the Homeless. Mercy Housing. <https://www.mercyhousing.org/2020/08/top-7-health-problems-of-the-homeless/>
- Castillo, L. A. D. (2017). Determinantes sociales del fenómeno de habitabilidad de calle en Bogotá D.C. Una aproximación desde la salud urbana. *Medicina UPB*, 36(1), 51-58. <https://doi.org/10.18566/medupb.v36n1.a07>
- DANE. (2020). Censo Habitantes de la Calle (CHC). <https://www.dane.gov.co/index.php/estadisticas-por-tema/demografia-y-poblacion/censo-habitantes-de-la-calle>
- Dinour, L. M., Bergen, D., & Yeh, M.-C. (2007). The food insecurity-obesity paradox: A review of the literature and the role food stamps may play. *Journal of the American Dietetic Association*, 107(11), 1952-1961. <https://doi.org/10.1016/j.jada.2007.08.006>

Fernández, D. Y. B., Agudelo, L., Castaño, C., Galeano, P., Segura-Cardona, A., & Montoya-Velez, L. (2014). Utilización de los servicios de salud en la población habitante de calle. *CES Salud Pública*, 5(2), 147-153. <https://doi.org/10.21615/3076>

Gomez, C. (2015). The homeless in Colombia: Presentation from a social-preventive outlook. 8, 28-39.

Hernández, J. M. (2019). Los factores que llevan a la situación de calle. <https://repository.ucatolica.edu.co/handle/10983/23906>

MINSALUD COLOMBIA. (s. f.). MINISTERIO DE SALUD Y PROTECCION SOCIAL - Habitantes de calle. <https://www.minsalud.gov.co/proteccionsocial/promocion-social/Paginas/habitantes-en-calle.aspx>

Monroy Torres, R., Castillo-Chávez, A. M., & Ruíz-González, S. (2021). [Food insecurity and its association with obesity and cardiometabolic risks in Mexican women]. *Nutricion Hospitalaria*, 38(2), 388-395. <https://doi.org/10.20960/nh.03389>

Otálvaro, A. F. T., & Arango, M. E. C. (2009). Accesibilidad de la población habitante de calle a los programas de Promoción y Prevención establecidos por la Resolución 412 de 2000. *Revista Investigaciones Andina*, 11(18), 23-35. <https://doi.org/10.33132/01248146.221>

Pacho Saavedra, J. A., & Piñol Jiménez, F. N. (2006). Lesiones bucales relacionadas con las enfermedades digestivas. *Revista Cubana de Estomatología*, 43(3), 0-0.

Reyes-Solórzano, S. J. (2017). Circunspecciones acerca de las enfermedades producidas por alimentos. *Dominio de las Ciencias*, 3(1), 299-310. <https://doi.org/10.23857/dc.v3i1.394>

Rocha, L. F. Z. (2018). Políticas de habitabilidad en calle en Bogotá, Colombia ¿hacia el desarrollo humano integral? *Campos en Ciencias Sociales*, 6(1), 43-72. <https://doi.org/10.15332/s2339-3688.2018.0001.02>

St. Michael's Hospital. (2011). «El 85 por ciento de las personas sin hogar tienen problemas de salud crónicos». (Science-Daily). *Science-Daily*. <https://www.sciencedaily.com/releases/2011/08/110824122906.htm>

Waitman, J., Caeiro, G., Romero Gonzalez, S. A., Ré, D. P., Daghero, A., Gonzalez, C. D., & Umpierrez, G. E. (2017). Social vulnerability and hypoglycemia among patients with diabetes. *Endocrinología, Diabetes Y Nutrición*, 64(2), 92-99. <https://doi.org/10.1016/j.endinu.2016.11.008>

Woolley, E. (2015). ¿Cuáles son los 10 principales problemas de salud que enfrentan las personas sin hogar? | The Homeless Hub. <https://www.homelesshub.ca/blog/what-are-top-10-health-issues-homeless-people-face>

Zolezzi, T. (2013). ¿Por qué llega una persona a vivir en la calle? - LA NACION. La Nación. <https://www.lanacion.com.ar/comunidad/por-que-llega-una-persona-a-vivir-en-la-calle-nid1558833/>