Lonely, Harassed And Abandoned In Society: The Lived Experiences of Iranian Homeless Youth

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Abstract

Introduction: Homelessness is increasing among young adults in large cities. According to the United Nations, there are more than one billion absolute or relative homeless people in the world. This study was conducted to explain the lived experiences of homeless youth in southeastern Iran.

Materials and Methods: This study was conducted with a conventional qualitative content analysis in Kerman, southeastern Iran, in 2020. The participant was young homeless adults aged 18-29 years, who were using homeless shelters provided by municipality, sleeping in parks or on streets. Data were collected through 13 in-depth and semi-structured interviews and three focus group discussions. Data were analyzed by Granheim and Lundman's qualitative content analysis.

Results: The main category of "lonely, annoyed and abandoned in society" and three subcategories of Aversion to society, comprehensive harassment and lack of comprehensive support were extracted. The experiences of young homeless adults showed that they escaped from community due to addiction, feeling like a burden to others and social isolation, and not only have they been left without support in society, but they have also suffered from all kinds of physical and psychological harassments.

Conclusion: The lived experiences of homeless people show that in addition to appropriate facilities and living conditions, they require respect, reduced social stigma, discrimination, and favorable conditions for return to life. Therefore, authorities should identify and settle their problems and needs.

Introduction

Homelessness has become a social problem due to the growing population and lack of welfare facilities in many countries of the world (1, 2). Homelessness is an unpleasant experience in large cities and predisposes to discrimination, rejection and many hardships for people (3). Marginalization and homelessness are associated with social rejection, and living in a cardboard box is the worst consequence of rejection among the homeless (4). Poverty and homelessness are on the rise in cities where marginalization is growing exponentially, and practical measures have been taken rarely to tackle homelessness in the world. Incomplete studies on the cycle of homelessness, incorrect understanding of the cause of homelessness, ignorance of the housing issue, lack of recognition of homelessness, lack of resources, and lack of legal enforcement are factors that make combating against homelessness unsuccessful (5)

United Nations Human Settlement Program reports that there are more than one billion homeless people in the world (6). There are no accurate statistics on this population in Iran due to lack of large-scale survey, lack of a single organization to organize the homeless and the parallel work of governmental and non governmental(NGO) agencies (7). According to the report of Tehran Municipality in 2015, 20,000 homeless people were using the shelters provided by the municipality. This information indicates that homelessness is growing in Tehran. Homeless shelters also included overnight accommodation, social and health services and keeping them away from the city, but there were few rehabilitation services (3).

The United Nations defines homelessness as “absolute and relative homelessness.” Absolute homelessness refers to people living on the street, vehicles and abandoned buildings that are uninhabitable. Relative homelessness refers to people living in spaces that do not meet the basic health and safety standards, including protection against the elements, access to safe water, personal safety, and appropriate price (1).

Family conflict is the biggest problem facing young people, which has led to their homelessness. In addition, physical abuse, emotional and sexual harassment are often considered as the reasons for their homelessness(8, 9). substance abuse (SA), mental health problems, family breakdown and housing are other reasons for this problem(10). Most homeless people enter the cycle of SA. Recent research shows that alcohol and SA is the best predictor of homelessness, and 50–80% of the homeless population are substance abusers (11). Numerous factors also contribute to the persistence of homelessness, including a set of individual, economic, social environmental and family factors(3). Research has also shown that an increase in the family relationship and financial and emotional support reduces the length of homelessness and employment is an important factor in shortening the period of homelessness(3).

Most homeless people have numerous health problems, including malnutrition, anemia, infectious and respiratory diseases, mental illness, diarrhea, oral and dental diseases, and reproductive system infections(12–14). The incidence of asthma, tuberculosis, influenza, pneumonia, hepatitis, lice and scabies is also increasing among young homeless adults. The rate of tuberculosis among the homeless is 20 times higher than that of the general population(8, 13). The rate of sexual abuse has also been 35% (13). The US National Homelessness Survey showed that 30–60 percent of young homeless women experienced an unwanted pregnancy. These people had to choose sex for food, money or clothes because of limited income and livelihood, and they often did not use contraceptives (10).

The most important experiences of homeless people reported: rejection, trauma, social isolation, lack of educational-welfare infrastructure, negative capitals and social indifference(11). Also the results of one qualitative study showed that sleeping in cardboard boxes depended on macro, structural and individual factors. The social conditions of these people should be changed and people sleeping in cardboard boxes can be effective in changing this condition(6). The health care of homeless and vulnerable people did not meet international standards of patient care (15).

Homelessness is an unpleasant and growing experience that involves more young adults every day. Limited studies are available in this regard due to the neglect of the problems of this group. Therefore, we decided to explain their experiences to better recognize and control this social damage and plan for their rehabilitations. The aim of this study was to explain the lived experiences of young homeless adults aged 18–29 years in Kerman.

Materials And Methods

Study type and setting

This study was conducted in Kerman, a city in southeastern Iran with a population of 820,000. Individual interviews were done in a space away from other people in the park or inside the car of the main researcher. The focus group discussion also took place in a quiet room where participants could feel free and we could record their voices. We discussed with men at a comprehensive health center near their gathering place. A room at the Women's Behavioral Diseases Counseling Center was selected to discuss with women.

Sampling, participants and data collection

This purposeful study was performed on young absolute homeless adults aged 18-29 years, who were sleeping in homeless shelters, parks and streets from July 2019 to November 2020. Inclusion criteria included young adults living in one of the main squares of Kerman, or homeless shelters. In the present study, most of the participants were male, single and had primary education. Most of the participants in the study (N=5) had been homeless for less than a year. Table 1 shows the demographic characteristics of the participants. The study was done at nights when charities were distributing food among the homeless people in the squares. After acquisition of informed consent and provision of material rewards, this study was conducted by semi-structured interviews with the homeless to examine the experiences of these people by themselves. Exclusion criteria were the dissatisfaction of these people to participate in the interview.

Thirteen in-depth and semi-structured interviews and three focus group discussions were used as the main methods of data collection. Such interviews are suitable for qualitative research due to their depth and flexibility. At the beginning of each interview, the characteristics of each sample, including age, sex, marital status and education were recorded. The author conducted and recorded all interviews. Each interview lasted an average of 25 minutes. The interview guide consisted of several key questions based on which the participants shared their experiences. According to the answers received, additional questions were asked to find out the different parts of the subject. Some guide questions are as follows: would you please describe your experiences of homelessness and the problems you faced? Would you like to return home? (If yes, how authorities can help you?), please explain more? What do you mean? Why and how? Can you give an example? Then three focus group discussions were used with the same people, who participated in the individual interviews. The samples were also divided into two groups of four men and one group of five women. Two group discussions were used with a group of homeless men and one with a group of homeless women. The criterion for ending the group discussion was saturation of information and presentation of repetitive content. Each session lasted 45-60 minutes. These interviews were also recorded with the full consent of the participants. The co-researcher asked questions during the interviews, and the observer (co-researcher) took notes to better clarify the material and prevent the loss of nonverbal information. Participants freely expressed their views during these sessions.

Data analysis

Data were analyzed by Granheim and Landmann conventional qualitative content analysis(16). The author completely transcribed the recorded interviews and repeatedly read the data obtained from the

interviews to get a general perception. Qualitative content analysis is based on the unit of analysis. According to Granheim and Lundman, the unit of analysis is interviews that are large enough to be considered as a whole but small enough to be a relevant meaning unit during the analysis process. In our study, each interview was considered a unit of analysis. After determination of unit of analysis, the text was divided into meaning units. Each meaning unit consists of words, sentences, or paragraphs containing aspects related to each other through their content and context. In the next step, we condensed the meaning units, while still preserving the core. The condensed meaning units were then labeled with a code and sub-categories were created. The next step was to create categories that are the core feature of qualitative content analysis. A category is a group of codes that are similar in a manifest level.

Trustworthiness

Trustworthiness was confirmed based on the criteria proposed by Goba and Lincoln (1981) (17). These criteria were as follows: credibility (acceptability) was achieved by allocating enough time to collect data and conduct interviews in a quiet and comfortable environment and increase diversity in the selection of participants. Dependability (reliability) was done by limited literature review to prevent bias during the research. Confirmability was done by recording and reporting all stages of the research to make it possible for others to follow up and audit the trial if needed. Maximum variability in sample collection was considered to achieve transferability as much as possible.

Findings

Interviews with young homeless adults in the first phase resulted in the extraction of 264 codes. The codes were reduced to 157 after several meetings and discussions with the research team. These codes were classified into 14 primary categories, 3 secondary categories and one main category (Table 2).

Lonely, harassed and abandoned in society

According to the experiences of young homeless adults, they have escaped from community due to SA and addiction, feeling like a burden to others and social isolation, and not only have they been left without support in society, but have also suffered from all kinds of physical and psychological harassments. The main category extracted from their experiences was "lonely, annoyed and abandoned in society." The main category consists of three secondary categories of Aversion to society, comprehensive harassment and lack of comprehensive support.

Aversion to society

This secondary category includes feeling like a burden to others and social isolation. The majority of homeless people suffered from Aversion to society due to poor appearance, poor health, SA and addiction, unemployment and tensions they had with their families and friends. Sometimes they blame themselves or others for the unhealthy conditions of their lives. Feeling like a burden to family and community, they always try to live alone and away from community. These people leave their homes due

to easily access to narcotic drugs and keep themselves away from any pressure and discomfort. A 30-year-old woman, who lost her parents and was living with her sister's family described her experience of feeling like a burden to others as follows:

"My sister's husband kept shouting at my sister and complaint about the presence of me at his house, so I left the house." (Participant No.3)

"I do not want my family to see me in such condition, I have seven brothers. I used to support them but now all of them are better than me." (Participant No.11)

All homeless people rejected by their families have such a feeling, and they are sometimes unaware of their families for years and no one pays attention to them. These people are also isolated due to loss of self-confidence and social trust. Participant No.4 was an isolated man, who described his life as follows:

"I have peace of mind here because I have nothing to do with anyone and I am alone. When I was living with my siblings in the parental house, we always struggled with each other."

A man, who has been homeless for three years, stated his experience as follows:

"I have been rejected because of addiction, I have a family, but I am ashamed of my behavior and my family would not like to see me."

Comprehensive harassment

This category includes five primary subcategories of social harassment, physical abuse, sexual harassment, psychological harassment and financial harassment.

Social harassment: One of the problems of homeless people is their messy appearance and poor health. In addition, other people always disrespect and neglect them because they have to behave immorally to earn a living. They are always stigmatized and discriminated by the society.

"The staff working in this center sometimes show disrespectful behaviors, which make us upset and anxious." (Participant No.4).

"We are addicted, so if somebody lost something, we would be blamed for them and nobody would believe us." (Another participant in the second group discussion).

Physical abuse: Homeless people have always been affected by various forms of harassment and problems due to lack of permanent shelter, lack of money and living on the streets. These problems include victim of street fights, car accidents, and various illnesses. In addition, these people cannot withstand these injuries due to lack of proper nutrition and severe addiction to various substances and poor physical condition.

"A group of people consume alcohol at nights and annoy the unfortunate addicts, and the police do not pay attention to us." (Participant No.9).

Sexual harassment: Sexual security was used to refer to women, but now it includes both women and men. Everyone in society, whether men or women, children or adults, is afraid of sexual harassment. Sexual harassment is common among women that has caused fear and insecurity among them. This group of people, especially women, are the most defenseless and have realized many problems. One female participant, who was abused sexually, described her experiences as follows:

"When we are sleeping in parks, the drunk boys annoy us, and we can do nothing, we are threatened to be stabbed by them, so we have to let them do whatever they want and rape us." (Participant No.12).

Psychological harassment: Homeless people have experienced hardships and problems such as family rejection, vagrancy, and all kinds of street harassment throughout their lives. These factors have made them very psychologically vulnerable and the existing anxiety and stress have deprived them of peace of mind.

"I am affected by the earthquake in Bam and lost my family. I am homeless, I was taken to Beheshti hospital because of my illness, and I need to sleep well." (Participant No. 8)

Financial harassment: lack of financial security and loss of all property is another problem facing homeless people living on streets. Their friends or people like them often grab their belongings.

"We are not secure when we are sleeping in the park at night. When we wake up in the morning, we will see that our friends have grabbed all our property." (Participant No.12).

Lack of comprehensive support

This secondary category contains seven classes of lack of family support, lack of shelter, unemployment, insufficient access to food, insufficient access to health facilities, lack of medical support and insufficient charitable support.

Lack of family support: homeless people are unwilling to return home because of lack of emotional family support and family problems. Most of the homeless people preferred to live on the streets because of the lack of daily worries, loneliness and no family disputes and conflicts.

A 29-year-old woman described her experience as follows:

"When my parents died, my uncle kicked me out of the parental house; my siblings are married and have nothing to do with me." (Participant No.12)

"I had to leave my house because nobody paid attention to me." (Participant No.2)

Lack of shelter, unemployment and inadequate food: Adequate shelter, job and adequate access to food are among the basic needs of these people. The majority of the participants have no shelter and have to live on the streets. Annoying noises such as the sound of vehicles and night fights also discomfort them. They have more problems in finding a place to sleep especially in the cold season, so that they are more willing to use homeless shelters. They also believe that sleeping in the parks has made the city look unattractive. A 30-year-old man participating in the first group discussion described his experience as follows:

“Homeless shelters have been closed and we do not know what to do during rainfall, now we need a place to sleep, they used to give us a bed, we used to consume drugs there and took a shower. Some of these homeless shelters have been closed or relocated due to complaints of neighbors, which have made it difficult for us to access them.”

The majority of these people also considered unemployment as the main cause of their addiction and homelessness and many of them wished to find a suitable job. The experience of the interviewee No. 7 is as follows:

“If addicted people quitted addiction, they would return to it because they are unemployed”

“I wish I was working in a production workshop.” (A female participant No.1)

These people are unable to find suitable jobs due to their messy appearance, addiction, distrust of employers, so they become waste pickers and beggars to earn a living.

“I am begging because I am poor, and all my income is through begging and salvaging reusable materials, and the government does not help me.” (Participant No.8)

The majority of the homeless used their money for narcotic drugs and paid the least attention to their nutrition. They always tried to meet their nutritional needs by salvaging reusable or recyclable materials and preparing junk, harmful food and snacks. As a result, they suffered from malnutrition and digestive problems. Non-governmental organizations sometimes prepare food for these people, the quality of which should be checked, and if possible, they should be prepared purposefully and according to nutritional standards.

“I collected the reusable materials and sold them for 10 tomans, I saved 10 tomans and did not buy anything to eat and waited until they brought us dinner.” (Participant No.10)

Inadequate access to health facilities and lack of medical support were other experiences of the young homeless adults. These people have realized the poor level of health facilities due to the lack of permanent shelter and living on the streets. One of the main shortcomings of these people was inaccessibility to a suitable place for bathing, sanitary services and detergents. The experience of one of the male participants in the first group discussion is as follows:

“A man used to come and cut our hairs for free. He has not visited us for a long time. Women need at least 20000 tomans for threading. Prostitution or smuggling are the things we do to meet our needs.”

Homeless women had more challenges in accessing health services such as sanitary pads. They had to use inappropriate methods and tools due to economic problems and lack of support of the authorities. The experience of a 30-year-old woman is as follows:

“I do not have enough money to spend for sanitary pads every month. I wash napkins and use them as pads or I sometimes use tissue papers.” (Participant No.10)

One of the problems of these people in the field of medical facilities was lack of money and the high cost of medical services, so they preferred self-medication.

“Sometimes we get sick, but God helps us because we do not have anybody. Our pain gets better quickly and we do not visit the doctor, and our illness will be treated with herbal medicines or those prepared from a pharmacy.” (Participant No.13)

Inadequate charitable donations: Most homeless people depend on charitable donations to provide items such as daily food, seasonal clothing, health supplies and free medical care. The lack of this support has made it difficult for them to meet their needs.

“Someone brought me some clothes yesterday; I took a shower and put them on.” (A 30-year-old woman). (Participant No. 3)

“Once every 5-6 days, they come from the camp and give us little equipment.” (Participant No.2).

Discussion

This study was conducted to explain the experiences of homeless people. The analysis of the interviews showed that the young homeless adults suffered from a wide range of problems and the relevant organizations always ignored them. Lonely, annoyed and abandoned in society was defined as the lived experience of homeless youth. This category includes three subcategories of Aversion to society, comprehensive harassment and lack of comprehensive support.

According to the participants, Aversion to society, feeling like a burden to others and social isolation are among the lived experiences of homeless people. These people considered their existence as a burden to those around them because family and society neglected them. Existing evidence shows that addiction, physical and mental disabilities and no adaptation to environment are among the factors facilitating homelessness and pave the way for Aversion to society(18). In addition, the rate of Aversion to society is very high in homeless people, especially in substance-dependent homeless women(19). Other studies consider social isolation, rejection and social indifference as lived experiences of homeless people(11). Return of the homeless people to their homes can be facilitated by reducing stigma and discrimination, increasing sense of respect and social support. In addition, social facilities such as job that connect them

to society should be provided to make them sociable. Homeless people have realized many problems due to different lifestyles from the public, including various dimensions of insecurity and various social, sexual, physical, psychological and financial harassments. They often face difficulties for their survival, and sometimes they have to endure conditions beyond their human dignity and undermine their self-esteem. The results of studies show a decrease in life expectancy and early death of homeless women with feelings of failure and inferiority, lack of hope to return to normal conditions and the desire to die (20). Use of HIV prevention methods reduces stigmatization and disrespect, and in turn, promotes self-confidence(21). The incidence of physical harassment and the high rate of trauma in these people have always been discussed. Findings of studies also show that substance abuse, sexually transmitted infections, childhood traumas, and gender are significantly associated with sexual assault among women and different types of injury and victimization in men(11, 22, 23). Evidence also showed a high prevalence of drug abuse and a different gender status among young people with a history of sexual abuse. Early sexual abuse affected street drug abuse through getaway behavior(22, 24). This group of people experienced a high level of psychological harassment. O'Brien et al. obtained similar results when examining mental health outcomes among homeless youth. They believed that homeless youth had poorer mental health outcomes than their peers living in a shelter (25). Loss of property and belongings while sleeping or using drugs is another dimension of insecurity that a similar study was not found to compare it.

Family and community inattention and lack of support was another experience of homeless people. Most of them became homeless due to family tensions caused by addiction, financial problems and incompatibility of family members. These people cannot defend their social rights due to their inability to communicate properly. The negligence of the relevant authorities or the insults and ridicule of those around them have refrained them from using and receiving social services such as health services. The results of the studies also showed a significant difference between the homeless and non-homeless people in emotional support. Homeless people receive less emotional support than non-homeless ones(1, 26). Homeless people do not refer to health centers due to inappropriate behavior of some personnel. Their different sleeping and waking hours from service hours are another reason for not using services. This finding confirms the results of previous studies, which found that homeless people had poorer health status than the general population(15, 27, 28). Lack of insurance and expensive services and limited services for this group are the reasons why they do not refer to receive medical services. The results also show that homeless people face significant barriers such as perceived structural (limited clinics, limited hours of activity, prioritized health conditions, and long waiting times) and social barriers (discrimination perceived by indifferent professionals, executives and society) that impede their access to health care services (8, 23, 29). Homeless people have always perceived many problems and experiences and have become part of today's society. The irresponsibility of governmental organizations and institutions has made charitable institutions important. These institutions can play an important role in improving the living conditions of the homeless, but these people experienced many limitations due to the lack of charitable donations. No similar study was found in this regard.

The homeless people have problems in accessing common basic needs such as shelter, proper jobs and adequate food. It is important to have a good place to sleep in all seasons of the year, find a job and a source of income to access food resources. However, this finding contradicted the results of Fathi et al. regarding the need of homeless youth for a suitable place to sleep. They described the preservation of a distinct identity, and the inefficiency of homeless shelters as the main reasons why homeless people were not using homeless shelters in Tehran (30). This finding was consistent with the results of other studies. Shelter is important in preventing death and illness on the street, motivating them to return to the community, increasing life expectancy and social participation among clients(2). The role of adequate shelter is very important in preventing homelessness, but financial support and employment are important factors in shortening the period of homelessness (1, 3, 6, 24). However, limitations in this area have made homeless people to become waste pickers and beggars. They also find their food by salvaging reusable materials, which causes malnutrition and various diseases. Studies have shown that the purchase rate of less healthy food was higher than that of healthy food. Homelessness, regardless of nutrient density, reduced the likelihood of purchasing most nutritional food (31).

Limitations

Difficulty in determining the inclusion criteria was among the problems and limitations in this study. They had no birth certificate or national ID card, so we had to accept their self-declaration. It was also difficult to determine the accurate number of homeless people because of differences in the definition of homelessness. In addition, access to these people was difficult due to the uncertainty of their sleeping place and their dispersion. It was difficult to find them and gain their trust for an interview, and they were willing to cooperate only in case of receiving material incentives. Their different waking hours from the general population was another limitation of the study, so we interviewed them in evenings for easier access. The majority of interviews were conducted after 8 pm. There were limited studies conducted on homeless youth, especially limited qualitative and quantitative studies on the needs of homeless people, so we had limitation in comparing the results with similar studies.

Conclusion

Homeless people are one of the most vulnerable groups in society, and youth are very important due to the onset of puberty, the emergence of sexual instincts and the desire for freedom and independence. The results obtained in this qualitative study included lived experiences of homeless people, which show that in addition to the need for facilities and planning to achieve appropriate living conditions, these people should be respected, less stigmatized and discriminated and favorable conditions should be created for their returns to life. It seems that family conflicts are very important to prevent homelessness of young adults. Therefore, policymakers and executives should identify the problems and needs of homeless youth and take action to address them. It can also direct the actions and services that are provided for this group currently or in future and predispose to quantitative studies in the future. Therefore, researchers can examine the different dimensions of each of the identified cases in different age and sex

groups and offer new solutions to solve this social problem. It is suggested that the experiences of homeless people in other populations be examined to further generalize the results in future studies.

Declarations

Ethics approval and consent to participate

Before starting the interview, the aims of the study were explained to the participants. The informed consent of the participants was obtained for their participation and record of the interviews. The participants could also withdraw at any stage of the study. We also promised to keep the information confidential and anonymous and to avoid publishing the audio or text files of the interviewees. Moreover, the study's **protocol was reviewed and approved** by the ethics committee of Kerman University of Medical Sciences (IR.KMU.REC 1398.520). **All methods were carried out in accordance** with relevant guidelines and regulations.

Consent for publication: All authors have approved the manuscript for publication.

Availability of data and materials

The interviews are in Persian. The written interviews are available from the corresponding author (a.iranpour@kmu.ac.ir) on request.

Competing interests

The authors declare that they have no competing interests

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Author's Contributions

AI, MS, FJ, SA: Conception of the study and design, data collection, writing manuscript; HS, MD: Conception of the study and critically revised the manuscript. All authors reviewed and approved the manuscript.

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Declarations.

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Tables

Table 1: Demographic characteristics of the participants

Participants number	Age	Sex	Marital status	Length of living in cardboard box	Education level
1	38	Female	Widow/er	< one year	Uneducated
2	28	Male	Married	One-two years	Uneducated
3	30	Female	Single	> four years	Diploma
4	32	Male	Single	One-two years	Diploma
5	29	Female	Widow/er	< one year	Uneducated
6	30	Male	Married	< one year	Diploma
7	32	Male	Married	> four years	Elementary
8	35	Male	Single	> four years	Uneducated
9	26	Male	Single	Two-four years	Elementary
10	30	Female	Divorced	< one year	Elementary
11	36	Male	Divorced	Two-four years	Elementary
12	29	Female	Divorced	One-two years	Diploma
13	35	Male	Divorced	< one year	Elementary

Table 2: Classification of the homeless youth experiences

Main category	First categories	Second categories
lonely, harassed, and abandoned in society	Aversion to society	Feeling like a burden
		Social isolation
	Comprehensive harassment	Social harassment
		Physical abuse
		Sexual harassment
		Psychological harassment
		Financial harassment
	Lack of comprehensive support	Lack of family support
		Lack of shelter
		Unemployment
		Inadequate access to food
		Inadequate access to health facilities
		Lack of medical supports
		Inadequate charitable supports