

**SCHOOL OF PUBLIC HEALTH**

**COLLEGE OF HEALTH SCIENCES**

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**COPING STRATEGIES UTILIZED BY HOMELESS ADOLESCENTS IN THE  
CENTRAL BUSINESS DISTRICT OF THE ACCRA METROPOLITAN AREA**

**BY**

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AWARD OF MASTER OF PUBLIC HEALTH DEGREE.**

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**DECLARATION**

I, Edith Akosua Dampsey declare that apart from references to other works that I have duly acknowledged, this report is a product of my own original work conducted under the supervision of Dr. Kwabena Opoku – Mensah. I further declare that no part or whole of this dissertation has ever been submitted for the award of any academic credit at this University or any University elsewhere.

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Date

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Date

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## **DEDICATION**

I dedicate this research work to my entire family, especially my Husband, Mr. Victor Ameyibor and my mother, Mrs. Doris Anderson for their encouragement and support.

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I thank the Almighty God for his grace, favor and giving me the strength to complete this research work. My appreciation also goes to my academic supervisor, Dr Kwabena Opoku-Mensah for his guidance throughout this study. This work would not have been successful without his supervision.

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## ABSTRACT

**Background:** Homelessness is a problem that is encountered globally. Adolescents who are homeless are very vulnerable. They face various problems and adopt various strategies to cope with the many adversities they encounter. Therefore, there is the need to identify the coping strategies that homeless adolescents within the Central Business District of the Accra metropolitan area adopt, since poor coping strategies can be detrimental to their physical and psychological health.

**Objective:** The aim of the study was to identify the challenges these homeless adolescents face, explore coping strategies they employ to adapt to the risks of living on the streets and explore the perceived consequences of the choices they make to their health and wellbeing.

**Methods:** The study was a qualitative research which sought to gain an understanding of coping methods used by adolescents who are homeless to cope with the difficulties they experience. Purposive and snowball sampling procedure was employed to select study participants. In-depth interview guide and focus group discussion guide was used to conduct the interviews and discussions. One Focus group discussion and fourteen individual in-depth interviews were also conducted. Thematic analysis was adopted to analyze information gathered from the field. The findings of this research was presented in the form of narratives.

**Results:** Eighteen Homeless adolescents participated in the study. The results of the study revealed that homeless adolescents experienced various challenges which included; difficulty securing safe accommodation and poor infrastructure, stigmatization, threat of physical and sexual assault and economic hardships. The strategies they adopted to cope with the various challenges they encountered include; relying on personal attributes they possessed, hope and optimism, engaging in sexual relationships, social support from peers, substance use and spirituality. With regards to their perceptions on the consequences of their choices on their

health, some participants were ignorant of the negative health consequences of their coping mechanisms on their health and others also believed that their coping styles would lead to improvement in their physical and emotional health.

**Conclusion:** The study established that homeless adolescents experience various challenges that can affect their physical and mental health. The coping strategies they adopted to help them cope with their challenges included some problem-focused and emotion-focused coping strategies. Problem-focused coping enabled them to have a positive outlook in life, improved their mental health and made them make efforts to improve their lives whiles emotion-focused coping such as substance use and having unprotected sex put them at risk of physical and psychological problems.

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## **LIST OF ABBREVIATIONS**

- CSF** - Consortium for street children
- UNICEF** - United Nations Children Fund
- AMA** - Accra Metropolitan Assembly
- HIV** - Human Immunodeficiency Virus
- AIDS** - Acquired Immune Deficiency Syndrome
- CBD** - Central Business District
- CAS** - Catholic Action for Street children
- CMB** - Cocoa Marketing Board
- FGD** - Focused- Group Discussion
- IDI** - In-Depth Interview

## DEFINITION OF TERMS

**Homelessness:** Lacking a fixed, regular, and adequate night-time residence or having a Primary night-time residence that is temporary or not designed to ordinarily be used as a regular sleeping accommodation.

**Adolescents:** An individual aged between the ages of 10 – 19years.

**Coping:** Coping strategies are cognitive and behavioral responses used to regulate Challenges or lessen psychological stress linked with experiencing Unfavorable situations.

**Problem-focused Coping:** In problem- focused coping, the individual actively tries to resolve the situation and comes up with various approaches to solve the problem or change the challenging situation.

**Emotion-focused Coping:** Efforts are made to reduce the emotional distress by using strategies that would enable him/her to not deal directly with the situation.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the study

Homelessness is a problem that is encountered globally. Homelessness represents a global public health challenge (Fowler, Hovmand, Marcal, & Das, 2019). Adolescents who are homeless are very vulnerable. There are millions of homeless adolescents globally (United Nations Children's Fund (UNICEF), 2015). It is estimated that, 1.5% of the population of the world do not have shelter (Fowler et al., 2019). In Sydney Australia, there is an increasing growth of homeless people in the city (O'Donnell, 2018). Annually, 2.5 million adolescents experience homelessness in the United States of America (Tyler, Schmitz, & Ray, 2018) and a study in Kenya revealed that, out of a total of 1419 homeless individuals, 398 were adolescents aged 13-18 years (Braitstein et al., 2018). About 250,000 children and adolescents in South Africa are homeless (Lyon, 2009). The number of homeless children in Accra are increasing rapidly (Department of Social Welfare, Ricerca e Cooperazione, Catholic Action for Street Children, 2011).

Prevalence of adolescents' homelessness per annum was 4.3%, for 13 to 17year-olds in the United States of America (Morton et al., 2018). Lack of income and inability to afford appropriate housing are some reasons for being homeless (The National Law Center on Homelessness & Poverty, 2014). Discrimination is also another reason for homelessness (Nooe & Patterson, 2010).

Homeless adolescents experience physical, psychological or sexual abuse, family conflicts, financial difficulties, mental health problems and substance abuse problems(Piche,

Kaylegian, Smith, & Hunter, 2018). Homeless adolescents are forced into commercial sex, pornography and various types of sexual exploitation(Eisler, 2018). In a study conducted in Paris, One third of homeless people had mental health disorders, were alcohol-dependent, drug users (Laporte et al., 2018) and in Kenya, HIV/AIDS, assault and accidents were the causes of death among homeless adolescents and they also engaged in substance use(Embleton, Ayuku, Makori, Kamanda, & Braitstein, 2018). Malaria, fever, cold rash, infections and headache are some health problems they face(Oppong Asante, Meyer-Weitz, & Petersen, 2016) and they also experience suicidal ideation, prostitution, physical assault and are robbed (Oppong Asante, Meyer-weitz, & Petersen, 2015). Some also experience scarcity of food, poor health and engage in risky health behaviors (Hernandez et al., 2019). Cognitive impairment is also reported among them and linked to substance misuse and mental health issues (Duffy, 2019).

In Ghana, Substance use was high among homeless adolescents and they were involved in risky sexual behaviors (Oppong Asante, 2016). Stress accompanied with homelessness leads to poor coping strategies which can present with psychological stress and depression (Dashora, Erdem, & Slesnick, 2011).

Coping involves strategies people use to reduce stress and change stressful situations (Lazarus and Folkman, 1984). Adapting to stress is essential to adolescent development and their coping response have consequences on their mental health(Brown, Begun, Bender, Ferguson, & Thompson, 2015) . Lack of resources may bring forth various forms of coping and a notable predisposition for poor health and wellbeing in homeless adolescents (Grant et al., 2003).

It is important to recognize the vulnerabilities and risks encountered by homeless adolescents and explore how they cope with challenges. Not much information is available about the way homeless adolescents cope with their challenges on an everyday basis. It is crucial to focus attention on another aspect of the homeless adolescent's experience that is rarely acknowledged, their coping mechanisms.

### **1.2 Statement of the Problem**

In a good and well-functioning society, children in general and adolescents in particular are brought up in stable home environments where their needs would be catered for by parents/guardians who are of good financial standing. However, unexpected situations arise which thrust adolescents into becoming homeless. Adolescent homelessness is caused by multiple factors including physical and sexual abuse, parental neglect and substance abuse issues (Sinutko, 2018). Adolescents who are homeless require a good, permanent and safe housing since it constitutes a basic need for them. Provision of a good social support system enables them to make good decisions concerning their health and improve their mental health and decision making abilities.

However, these adolescents who become homeless are mostly left to their fate in fending for themselves. Homeless adolescents encounter various challenges on the streets and in urban areas such as Accra, they work as head porters, sales workers, commercial sex workers and these expose them to great risks including physical abuse and contracting sexually transmitted infections (Oduro, 2012). Homeless adolescents are deprived of basic necessities, lack affordable housing, social support, financial stability and are abused (Aratani, 2009). Additionally, they are also involved in poor sexual behaviors as a means of survival (Oduro, 2012). Abuse of substances, various sexual partners and exchanging sex for survival are

behaviors homeless adolescents are involved in (Oppong Asante, Meyer-Weitz, & Petersen, 2014).

Homeless adolescents use these poor coping strategies to cope with these challenges and when these fail they engage in self harm behaviors (Edidin, Ganim, Hunter, & Karnik, 2012). Irrespective of the fact that substance use is an unacceptable way of coping both illegally and socially, it provides a means of escape for them (Hills, Meyer-Weitz, & Asante, 2016). They also sometimes use violence as a coping strategy to sail through their environment (Forchuk et al., 2013).

Coping is significant in the development of an adolescent and has an influence on their future development of mental health problems (Brown et al., 2015). It is essential to recognize poor and ineffective coping responses before they become rooted. It is crucial to identify the various coping styles used by homeless adolescents on the streets of Accra, Ghana. This is important because, it forms the baseline in any intervention program designed for them and also helps in developing a better understanding of their unique situations.

### **1.3 Research Questions**

1. What are the challenges experienced by homeless adolescents?
2. What coping strategies do these adolescents adopt or adapt to enable them face these challenges?
3. What are the perceived consequences of the choices they make on their health and wellbeing?

## **1.4 Objectives of the Study**

### **1.4.1 General Objective**

The main objective of this research was to describe the challenges homeless adolescents face, describe coping strategies employed by homeless adolescents to adapt to the risks of living on the streets and to assess the effects of these coping strategies on the health of homeless adolescents.

### **1.4.2 Specific Objectives**

1. To describe the challenges experienced by these homeless adolescents.
2. To explore coping strategies these adolescents adopt or adapt to enable them face these challenges.
3. To assess the perceived consequences of the choices they make on their health and wellbeing?

## **1.5 Significance of the Study**

Because of their vulnerability, homeless adolescents are exposed to a lot of adverse challenges and understanding the way they live and survive is important. Because they are vulnerable, they face various terrible adversities and knowledge of how they cope will lead to a better understanding of how to help them improve upon their lives and relocate from the streets.

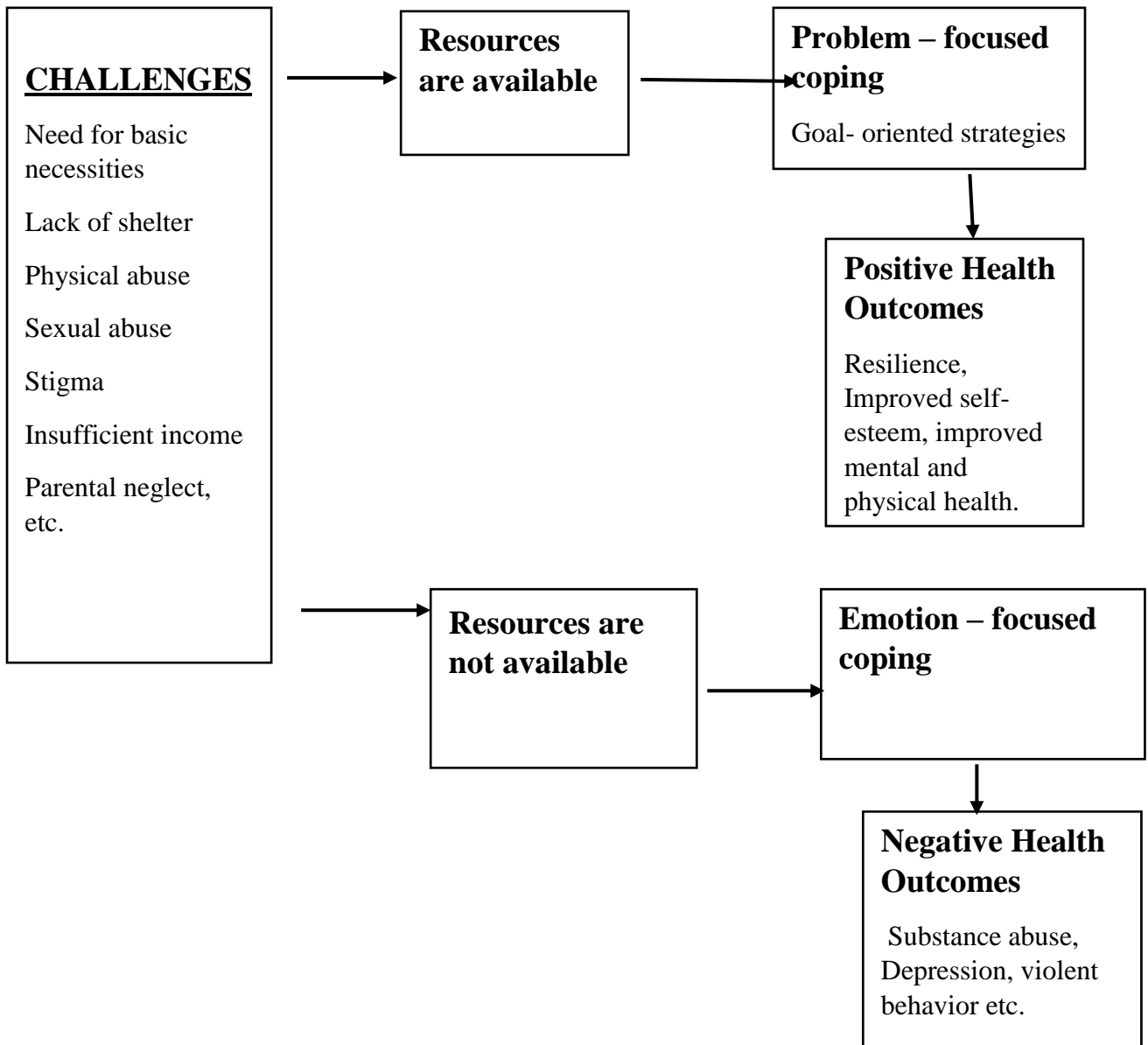
Adolescents coping strategies would in the end provide information and a deeper understanding for people who assist them to make positive changes concerning their lives. Additionally, gaining insight about the challenges they encounter and their coping response

can enable professionals to design effective interventions to manage their crisis and adopt positive behaviors .Ultimately, this would lead to improved changes in their living conditions.

The finding from this research would provide beneficial evidence for policy makers. This would inform decision making with regards to interventions and policies related to this vulnerable group. Those who provide direct services for homeless adolescents such as social workers may incorporate strategies that would center on improving positive coping strategies and provide homeless adolescents optimism for the future. Adolescents who are homeless would benefit from working with people who understand the challenges they face and their coping styles which enable them cope in a challenging environment. The findings from this research may provide beneficial evidence for policy makers and service providers which would inform appropriate interventions and policies which are tailored to meet the peculiar needs of this vulnerable group of individuals.

### 1.6 Conceptual Framework

This conceptual framework highlights the interaction between the challenges faced by homeless adolescents in their environment and how they appraise their experiences. It also demonstrates the importance of these processes in their coping response and their outcome.



**Figure: 1 Conceptual Framework (Adapted From Lazarus and Folkman, 1984)**

Homeless adolescents face many challenges on an everyday basis in the unpleasant environment in which they live. Some challenges they face include a need for basic necessities, appropriate shelter, sexual abuse, physical abuse, stigma, parental neglect, insufficient income, discrimination to mention a few. Primary appraisal of the challenge determines whether the challenge poses as a threat or not.

Secondary appraisal involves the individual's ability to evaluate if they possess the resources to address the challenges. Secondary appraisal determines the coping strategies which would be adopted by homeless adolescents to cope with the various challenges. Within secondary appraisal, the individual makes an assessment of available resources he/she possesses or are available to him/her which can help to resolve the challenge. Some resources include personal traits such as having a sense of determination, good self-esteem, safe accommodation, financial stability, good social support system, etc. These resources can influence the decision making abilities these homeless adolescents encounter. If adolescents believe they do not have the ability to respond to the challenge, it is probable that they would turn to emotional-focused coping. Some forms of emotional focused coping responses are wishful thinking (thoughts of changing what they are experiencing), distancing, forgetfulness, substance use, suppression of feelings, self-harm, suicidal ideation, violent behavior and engaging in survival sex. If homeless adolescent have the resources to enable them address the challenge, they develop problem-focused coping.

Problem –focused coping strategies enable individuals to come up with various approaches to solve problems or change challenging situations. Some forms of problem focused response include use of social support, restraint, resilience, hope and optimism and engaging in meaningful activities. These positive coping strategies could lead to improved health and

general wellbeing of the adolescent for the benefit of society. This adopted framework is therefore suitable to guide this proposed study to unearth challenges homeless adolescents face in Accra and how they sail through these challenges.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This research would critically explore coping strategies utilized by homeless adolescents in the CBD of the Accra metropolitan area. The literature reviewed provides analysis of related studies on coping strategies utilized by homeless adolescents. Further, this section of the study will review relevant literature under the following themes:

- ✓ Homeless Adolescents
- ✓ Challenges Experienced by Homeless Adolescents
- ✓ Coping Strategies
- ✓ Empirical Review / Related Studies
- ✓ Coping Strategies Utilized by Homeless Adolescents
- ✓ Support needs of homeless adolescents
- ✓ The transactional theory of stress

#### 2.1 Homeless adolescents

Adolescents who are homeless is an incident that is occurring more regularly on a daily basis (Ringwalt, Greene, Robertson, & McPheeters, 1998). They are found on the fringes or boundaries of society and isolate themselves to avoid being victimized by others (O'Sullivan & Lussier-Duynstee, 2006).

The definition of homelessness is given as,

“Lacking a fixed, regular, and adequate night-time residence or having a primary night-time residence that is temporary or not designed to ordinarily be used as a regular sleeping accommodation” (“McKinney-Vento Act,” 2006).

Adolescence is a time of significant physical, mental, social development; sense of identity is formed, need for independence, autonomy, relationship with family and friends are transformed. Development of new cognitive abilities and interacting socio-economic factors have an influence on their thoughts, behavior and feelings (Oliveira & Burke, 2009).

Adolescents mostly leave home due to family pressures, physical abuse, conflict in the family, abuse of substances at home and issues of conduct disorder (Rew, 2008). When they feel they are not secured at home, they leave and find an alternate place to call home (Swahn et al., 2018). Also, when they do not feel safe within social institutions, they avoid these institutions because of lack of trust for adults, lack of privacy and individual space within these institutions (Auerswald & Adams, 2018). Homeless adolescents are susceptible for mental health problems, physical and substance abuse (Santa Maria, Narendorf, & Cross, 2018) and often attempt suicide (Cauce et al., 2008). To enable them cater for themselves, they seek money from family and friends, commercial sex, sale of drugs and sex for survival i.e. exchanging sex for shelter and other basic necessities (Kidd, 2003).

A study conducted in Kampala, Uganda among homeless adolescents found out that they abused alcohol and were often involved in violence (Swahn et al., 2018). Female homeless adolescents also experience sexual abuse which leads to various health complications (Haldenby, Berman, & Forchuck, 2007). They experience trauma which is associated with

poor family functioning which has been linked to high risk sexual behaviors and substance abuse (Milburn et al., 2019). Homeless adolescents who have poor accommodation, lack support and health care is inaccessible to them end up being taken advantage of sexually (Tyler, Olson, & Ray, 2019) and experience elevated levels of stress which can lead to mood disorders like depression (Alleyne-Green, Kulick, & DeLoach McCutcheon, 2019). Homeless adolescents assume this state as early as between the ages of 7 – 11 years and experience prior family neglect and conflicts (Vázquez, Suarez, Berríos, & Panadero, 2019; Beharry, 2012). Despite the fact that homeless adolescents experience lower functioning intellectually related to physical, sexual and substance abuse, they lack cognitive assessments by professionals (Parks, Stevens, & Spence, 2007).

In a study in Canada, unprotected sex and substance abuse was prevalent among homeless adolescents (Cheng et al., 2016). Studies in Vancouver, Canada revealed that homeless adolescents are vulnerable and this vulnerability leads them to abuse substances (Hoy et al., 2016) and they also experience physical and emotional abuse which are indications for suicidal attempts (Hadland et al., 2015).

## **2.2 Challenges Experienced by Homeless Adolescents.**

Homeless adolescents face unique and life changing challenges. Having no stable place of accommodation has a significant influence on their health and wellbeing (Haldenby, et al., 2007). The emotional and behavioral problems these adolescents face can be attributed to being victims of physical assault and rape (Cauce et al., 2008). They also experience stigmatization which affects their mental health and having suicidal thoughts (Rohde, Noell, Ochs, & Seeley, 2001).

Homeless adolescents also suffer acute and chronic respiratory conditions (Haldenby et al., 2007). They also have other health problems such as seizure disorder, diabetes, fungal and bacterial infections, sexually transmitted infections, lack of immunizations (Solorio et al., 2006) and have other concerns including inadequate shelter, lack of food and social isolation (O'Sullivan & Lussier-Duynstee, 2006). Homeless adolescents are predisposed to violence, stigmatization, behavior problems (Muir-Cochrane et al., 2006) and increased substance abuse (Zhang, Schonberg, Syme, & Auerswald, 2019). History of trauma was significantly linked to mental illness (Kim, Ford, Howard, & Bradford, 2010). Homeless adolescent mothers report mental health issues (Vostanis, Grattan, & Cumella, 2011). The physical conditions afflicting them is as a result of poor personal hygiene, poor nutrition, poor shelter which can lead to depression, substance abuse and sexually transmitted infections (Kelly & Caputo, 2007) and engaging in bad and high-risk behaviors (Barker & McArthur, 2014).

Kidd (2007), in a study identified that homeless adolescents experience various mental health challenges which include post-traumatic stress disorder, depressive symptoms, conduct disorders and psychotic symptoms. Adolescents who are homeless are susceptible to committing suicide therefore there is the need to use strategies or interventions focused on social determinants of health e.g. Stable housing (Barnes, Gilbertson, & Chatterjee, 2018). Experiences faced such as victimization put them at an increased risk of getting depressive symptoms (Whitbeck, Hoyt, & Bao, 2000).

### **2.3 Coping Strategies**

Coping strategies are cognitive and behavioral responses used to regulate challenges or lessen psychological stress linked with experiencing unfavorable situations (Lazarus & Folkman, 1984). Coping response are expressed as problem-focused coping and emotion-focused

coping (Lazarus & Folkman, 1984). When people undergo stressful or challenging situations, they use coping responses to manage the stressor. Problem-focused and emotion-focused coping propounded by Lazarus and Folkman are usually used in coping response (Carver C.S, 1997).

In problem- focused coping, the individual actively tries to resolve the situation e.g. acceptance (learning to live with the situation), planning (coming up with strategies to face the challenge), religion ( finding comfort in spiritual beliefs ),seeking social support and coping actively(concentrating on changing the situation ) (Carver, Scheier, & Weintraub, 1989).

With emotion-focused coping, efforts are made to reduce the emotional distress the stressor caused by using strategies that would enable him to not deal directly with the situation. Examples are venting ( expressing negative feelings), self-blame ( blaming self for things that have happened), humor (making fun about the experience ), denial (believing that the situation is not real ) using substances ,behavioral disengagement (giving up attempt to cope ) and distancing (Eisengart et al., 2009).

Problem- focused coping enables people to be empowered through the discovery of new things and emotion- focused coping can disrupt rational decision making. If the individual feels he can only endure the situation, emotion focused coping dominates (Carver et al., 1989).

Emotion- focused coping turns maladaptive when an individual uses it for a long time and does not change to problem- focused coping and it leads to negative health outcomes (Penley,

Tomaka, & Wiebe, 2002) .In a meta –analytic review conducted by(Penley et al., 2002) they discovered that avoidant coping methods was linked to negative physical and psychological outcomes. In another study conducted by Dimiceli, Steinhardt, & Smith ( 2010), when emotion –focused coping is used over a long period, it may become detrimental to health.

Problem-focused coping has been linked with improved mental health (Lazarus & Folkman, 1984).Emotion-focused coping is associated with mood disorders which can lead to depression and later on lead to suicidal ideation It is important that individuals are helped to recognize poor coping strategies to enable them change maladaptive behaviors (Chou, Ko, Hsiao, Cheng & Yen, 2017). Positive coping strategies enable people learn from various challenges due to stressful situations which could result in problems with their mental health (Chou et al., 2017).

#### **2.4 Empirical Review/ Related Studies**

This section would review various studies on the topic and their findings. This would help relate the findings of this study to what is already known in the area and draw a proper conclusion at the end of this study.

A study conducted by Kidd (2003) on the coping styles among homeless youth revealed that, when they experience bad days they used the following strategies to cope with their problems. This included spending time with friends, using substances such as marijuana and alcohol. They further explained that using substances was a way to cope with the stressors they faced. Other coping strategies involved isolating themselves to think, engaging in hobbies such as drawing and writing, use humor or think positively and sleeping.

Kolar, Erickson and Stewart ( 2012) conducted a study among homeless adolescents and found out that personal strengths, hope, optimism, self -esteem, confidence, spirituality, insight were some strategies used to overcome challenges. Also, support from family, friends, engaging in activities which are meaningful and socialize with friends were some strategies used. The study also highlighted the importance of recognizing and supporting good coping methods among people who are homeless.

Gonzales , Tein Yun, Sandler and Friedman ( 2001) conducted a study to examine how homeless youth use emotion and problem focused coping. Emotion- focused coping involved strategies that would reduce anxiety by pretending the problem doesn't exist whiles problem-focused coping involves taking initiatives to eliminate the stressor. Their study revealed that, homeless youth often used emotion-focused coping which contributes to poor health, substance use and depression. They also recommended the importance of using problem-focused coping strategies.

In a qualitative study conducted among homeless youth by Lindsey, Kurtz, Jarvis, Williams and Nackerud (2000), they identified that problem- focused coping used by some homeless youth contributed to development of good mental health. Their coping mechanism originated from personal resources such as personal strengths, independence and determination. Spirituality was also identified as an important coping strategy. Lindsey et al. (2000) also recommended that professionals working with homeless youth should harness their personal strengths.

Another study in Albuquerque, New Mexico by Dashora, Erdem and Slesnick (2011), their findings revealed that those who used problem-coping strategies were involved in less

delinquent behaviors, had fewer symptoms of depression and anxiety, less alcohol use and practiced behaviors that would not make them susceptible to contracting sexually transmitted infections while those who used emotion-focused coping strategies had increased anxiety, depression and were involved in delinquent behaviors.

Another study also highlighted the importance of personal strengths as a coping method and support good coping methods among homeless people who experience complex challenges (Paul, Corneau, Boozary, & Stergiopoulos, 2018). Another study conducted in Poland examined how homeless individuals deal with stressful situations and their findings revealed that they mostly used emotion –focused coping such as alcohol use which are not effective (Opalach et al., 2016).

Another study conducted in New York and Toronto explored coping strategies used by youth who are homeless upon suicidal ideas. They mostly used emotion-focused coping methods. Increased risk of suicide was linked with emotion-focused coping methods such as withdrawing from society and substance abuse (Kidd & Carroll, 2007). From a study in United States of America, Some coping strategies homeless adolescents use to survive include personal strength, skills, competencies, spirituality and support from peers (Bender, Thompson, McManus, Lantry & Flynn, 2007).

#### **2.4 Coping Strategies Utilized by Homeless adolescents**

In order to survive, many homeless adolescents get involved in activities that makes them susceptible to get sexually transmitted infections. They are coerced into “survival sex” where money, shelter and other necessities are traded for sex (Barker & McArthur, 2014). A study conducted in the United States of America among homeless adolescents revealed that using

substances is a way to cope with trauma and the various challenges experienced (Rew, 2008) and it was highly unlikely that they would report survival sex behaviors and substance use (Milburn et al., 2019) .

Another study in the United States of America also revealed that Selling of drugs as a means of survival was seen as the best option available and a very lucrative business for homeless adolescents (Zhang et al., 2019). Alcohol and substance abuse was attributed to situations that led to them being homeless (Vázquez et al., 2019). Substance abuse is usually a way of reducing the stress they face on a daily basis (Boivin, Roy, Haley & Galbaud du Fort, 2005) .

A research carried out in Canada among homeless youth revealed that they engage in positive forms of coping strategies such as seeking support from some service providers, self-worth affirmation, not paying attention to negative views and demanding respect from others (Stewart, Reutter, Letourneau, Makwarimba & Hungler, 2010). Self-identity, a sense of belongingness, good social support has a positive impact on how individuals cope with challenges (McKimmie, Butler, Chan, Rogers & Jimmieson, 2019).

Homeless adolescents have psychological and physical problems due to the risky behaviors they are engaged yet, they don't perceive or care because they do them for survival (Kelly & Caputo, 2007). Problem-focused coping such as seeking for support was linked with high levels of wellbeing (Leipold, Munz & Michéle-Malkowsky, 2019). Homeless adolescents undergoing stress often use emotion- focused coping which has been linked to depressive symptoms and substance use (Gonzales et al., 2001).

## **2.5 Support needs of homeless adolescents**

It is important that homeless adolescents receive social support because they go through various health challenges (Solorio, Milburn, Andersen, Trifskin & Rodríguez, 2006). Lack of social support create problems for them (LaCoursiere Zuccherro, 2012). When social support is provided, mental health is improved (Votta & Manion, 2004). When formal social institutions do not meet the needs of homeless adolescents, they form social bonds which are ineffective (LaCoursiere Zuccherro, 2012).

Adolescents who are homeless are prone to use coping strategies that dissociate them from challenging situations (Saha, Huebner, Hills, Malone & Valois, 2014). Some barriers which prevent them from assessing healthcare include concentration on searching for basic necessities, denial of problems, financial constraints, stigmatization, ignorance about the healthcare services available and lack of confidentiality and lack of respect from health personnel (Cumella & Bellerby, 2000).

Homeless adolescents who get support from formal institutions improve their mental health (Alleyne-Green et al., 2019). Social support is one of the coping methods that may be chosen during secondary appraisal (McKimmie et al., 2019). Most homeless adolescents also use unorthodox medicines to treat their various health problems (Breuner, Barry & Kemper, 1998).

## **2.6 Transactional theory of stress and coping**

The stress and coping theory by Lazarus and Folkman (1984) explains the response homeless adolescents elicit when confronted with stressful situations. They further explained that Stress is regarded as an interaction between a person and his/her environment. According to their

theory, and individuals' appraisal of a challenging situation is as a result of how individual factors interact with the environment. Homeless adolescents facing various challenges in their environment appraise whether these challenges have a significant influence on their wellbeing.

The theory emphasize two concepts; *appraisal* and *coping*. Appraisal focuses on how the individual gives importance to what is happening for their wellbeing while coping focuses on an individual's effort in thoughts and action to manage the challenge. Primary appraisal is the individuals' decision on whether the stressor is a threat or challenge. When stress is appraised as a challenge, it gives room for personal development. When a stressor is appraised to be a threat, it is mostly linked with harm (Folkman & Lazarus, 1988). Secondary appraisal is concerned with how an individual perceives what can be done to change the situation and the resources available. It also takes into account which coping strategies are available. And individual who faces various stressors would use various coping responses options.

The theory highlights two coping strategies that homeless adolescents can adopt to manage their challenges i.e. problem and emotion focused coping responses. Individual beliefs, social support, social skills, personal skills can enhance their coping response. In Problem-focused coping, efforts are made to solve the problem.

The theory asserts that homeless adolescents encounter challenges and they rely on cognitive appraisal to overcome. Their ability to understand and identify resources available to them determines their coping response. When homeless adolescents consider the challenges and

identify them as threatening and do not possess the resources to overcome them, they develop emotional-focused coping. Their perception of challenges determines if they would be able to handle these challenge or be overcome by it. According to the transactional model, appraisal is subjective, highly personal and depends on their ability to cope with the challenge, after considering the resources available to them. An individual who experiences stress may choose from a wide range of coping responses. The person uses coping as a behavior to help mitigate the demands of the stressor and to help reduce the negative effects of the stressor.

This theory shows that the nature of stress as interpreted by homeless adolescents constantly changes because of their repeated interactions with their environment. Furthermore, it highlights the role of primary appraisal and secondary appraisal in their coping response.

## **2.7 Summary**

From the current study, homeless adolescents face challenges such as difficulty securing safe accommodation and poor infrastructure, stigmatization and Economic hardships. The coping strategies mostly used by homeless adolescents include social support from peers, personal attributes such as self-reliance, hope and optimism, engaging in sexual relationships, substance use and spirituality. Most of the female participants relied on social support from their peers. In respect to the perceived consequences of their choices on their health, some were ignorant of the negative health consequences and others believed in an improvement in their physical and emotional health.

The challenges identified are consistent with the reviewed literature which also had similar findings. The challenges they face make them very vulnerable and leads them to abusing substances. Substance abuse is seen as an alternative to help improve their financial status

and enable them fit in with their peers. Substance abuse was mostly done by male participants. Also being victimized and stigmatized sometimes leads to feelings of sadness which can lead to mental health problems such as depression. The coping strategies identified from the current study are similar to coping strategies from the literature reviewed. From the current study and the literature reviewed, it can be concluded that homeless adolescents face similar challenges and use coping strategies that are based on personal, emotional and social resources they believe are available to them.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1 Introduction

This section presents the methods that were used to carry out the study. It discusses the study area, study design, study population, eligibility criteria, selection of respondents, and method of data collection, data analysis, how trustworthiness was ensured and ethical considerations. A detailed description of the study design used and the selection of respondents are provided.

#### 3.2 Study Area

The study was conducted in the Greater Accra region, specifically the Central Business District (CBD) of the Accra Metropolitan Area. The Accra Metropolis constitute approximately 16 % of the population (Ghana Statistical Service, 2012). People commute to Accra for various socio- economic reasons. The CBD is located within the Ashiedu- keteke sub-district. It shares boundaries with the Ablekuma central sub-district to the north, Ablekuma south sub-district on the west and the Osu-Klottey on the east sub district and the gulf of guinea on the south (Accra Metropolitan Assembly, 2014).

The CBD is the focus of various major commercial activities within Accra. Some economic and social activities carried out include; education, banking, light industrial activities and education. Thousands of people convene there and carry out administrative, industrial and commercial activities.

The study was carried out on adolescents who are homeless at Accra within the CBD. The area houses majority of homeless children and adolescents. (Department of Social Welfare,

Ricerca e Cooperazione, Catholic Action for Street Children, 2011). Accra was chosen as the study site for this study because of its cosmopolitan nature since homeless adolescents with various economic, social and cultural backgrounds can be found there.

Homeless adolescents are engaged in work such as being porters, street vendors, sales workers and commercial sex workers. Financial hardships, unstable family, violence at home, family breakdown, financial opportunities are some reasons for their state of homelessness.

### MAP OF ACCRA METROPOLIS

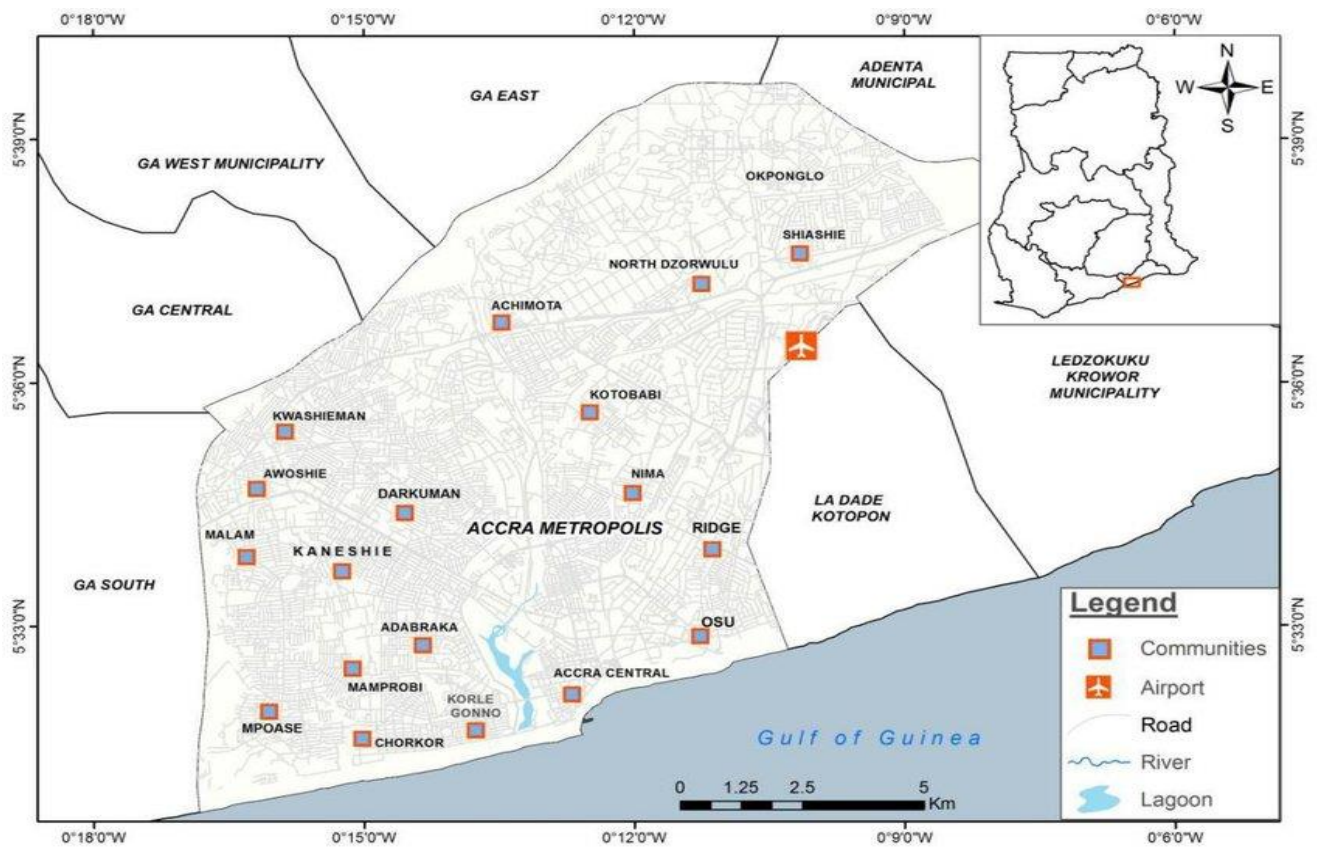


Figure: 2 Map of Accra Metropolis

(Source: Accra Metropolitan Assembly)

### **3.3 Study Design**

A qualitative, exploratory design was followed using the phenomenological approach to explore and gain a deeper understanding of the coping methods utilized by adolescents who are homeless to cope with their adverse circumstances. The richness and depth gained from a qualitative approach provides a unique appreciation of the reality of the experience.

Phenomenological approach involves the description of experiences of individuals and groups about a specific phenomenon as described by participants in a research (Creswell, 2014). The phenomenological method was chosen in order to describe the coping strategies utilized by homeless adolescents in the Central Business District of the Accra Metropolitan Area. It gives an opportunity for homeless adolescents to share their experiences without any bias from the researcher. Phenomenology provide an opportunity for systematic and in-depth evaluation of participants' response.

Finally, the use of this research design enabled the establishment of relationship of trust with the participants. Trust guarantees the provision of responses that are factual and true.

### **3.4 Study Population**

The study population included homeless adolescents aged 10-19years living within the Central Business District of the Accra Metropolitan Area. This population was difficult to quantify because the homeless adolescents of the Central Business District of the Accra Metropolitan Area are largely scattered in the district. Eighteen homeless adolescents participated in the study which included ten females and eight males.

### **3.5 The Eligibility Criteria**

#### **3.5.1 Inclusion Criteria:**

1. Self -identity as being a homeless adolescent ( i.e. live alone or with a group of other adolescents on the street and have no stable place of residence for at least six months,
2. be able to give consent to participate in the study.
3. be between the ages of 10 – 19years.

#### **3.5.2 Exclusion Criteria**

Being homeless in Accra for less than six months is the main exclusive criterion.

### **3.6 Selection of Respondents**

Purposive sampling technique was used to select participants for the study because it provides information- rich cases related to the phenomenon. Purposive sampling was employed to choose homeless adolescents from different backgrounds in order to have a fair representation of the target population. Furthermore, the participants were also recruited using snowballing procedure to select those who fit the inclusion criteria.

Primarily, the researcher scouted around the Central Business District for about three days to get acquainted with the environment. The researcher contacted an official of one of the lorry stations at Tema station and he was informed about the objective of the research. He introduced the researcher to one female homeless adolescent. She was also given a detailed information regarding the study after which she gave her consent to participate in the study. The first contact homeless adolescent was used to recruit other respondents to participate in the study. Through the participants from Tema station, the researcher was introduced to other homeless adolescents at Tudu and the Arts center.

The researcher made an attempt to include approximately equal numbers of males and females to ensure equal gender distribution to reflect the characteristics of this population. Also, an attempt was made to obtain a sample that reflected the full age range as per the inclusion criteria to eliminate any bias towards a particular age. The selection process was done in a way that all the major tribes were represented- thus ensuring maximum sample variation.

According to Creswell (2014), in a phenomenological study, a sufficient sample size in a qualitative study should be between five to twenty five. The researcher was guided by this until data saturation was achieved.

### **3.7 Data collection tools**

An interview guide was used to collect information from the participants. The interview guide was developed in line with the objectives of the study. Using the interview guide enabled the researcher to collect in-depth data from the respondents.

### **3.8 Method of Data Collection**

The data gathering technique for this study was mainly semi-structured interview format with homeless adolescents in the CBD of the Accra Metropolitan Area. The type of interview this study employed to gather the qualitative data was in –depth interviews and focused group discussions. Focus Group Discussion (FGD) was used because it provides an opportunity for participants to share similar experiences and gather diverse opinions on a common phenomenon. It also enables a large amount of information to be collected within a limited amount of time. The FGD was used to collect data regarding the challenges these homeless adolescents encounter and the coping strategies they adopted. In-Depth Interviews (IDI) were

conducted after the FGD and it enabled the researcher to get more detailed, personal experiences and reasons for the coping strategies they adopted and the consequences on their health which were not expressed earlier during the FGD. Eighteen homeless adolescents participated in the study. In-depth interview guide and focus group discussion guide was used to conduct the interviews and discussions. The FGD collected mainly information regarding the challenges these homeless adolescents encounter and some coping strategies they adopted to cope. The FGD also enabled the researcher to identify and select participants for the IDIs especially those who were hesitant to talk during the group session. Also, the IDIs enabled the researcher to establish a good interpersonal relationship with the participants so they were able to express freely their reasons for choosing various coping methods and the perceived consequences on their health.

One focus group discussion was organized first which consisted mainly of participants from Tema station. The FGD consisted of eight participants, six males and two females. Fourteen IDIs were organized to get more detailed information. This included four participants from Tema station who originally participated in the FGD. The other ten participants were recruited from Tema station, Tudu and the Arts center. By the end of the fourteenth IDI, data saturation had been achieved, so the interviews were discontinued.

The interview was conducted in a way that respected their privacy. The researcher established rapport with the homeless adolescents for several weeks before the actual interviews were conducted. A large part of the interaction with these homeless adolescents involved trying to build rapport and reduce any mistrust and unwillingness to share relevant information especially in the context of personal experiences. Gaining their trust was important to gain truthful and authentic information from the participants. This is important because, some of

the information can be embarrassing. The goals and methods of the research were framed in terms of advocacy and the need to generate material that could help people who intend to work with them. My position was to act as an intermediary to let people out there to know the issues and challenges they faced.

The FGD lasted for about 45 minutes while the IDIs lasted for about 20-30 minutes. The researcher conducted all the interviews by herself and was accompanied by an interpreter. The introductory questions focused on participants' socio-demographic characteristics such as age, educational level, occupation, ethnicity etc. Participants talked about challenges they faced, shared stories about coping mechanisms they used and the perceived consequences of some of their choices in respect to their health.

Open-ended questioning was used to encourage participants to bring their stories forward. This enabled a full description of their experiences. Probing and clarification were used to enable participants illustrate their answers with additional stories and to provide evidence for particular conclusions they drew.

The FGD was carried out at the participants' preferred place devoid of noise or disturbance. The IDIs were conducted at a convenient time for the participants and privacy was ensured. All interviews were audio-recorded with permission from the participants and also notes taken on key points and manners including body language. Field notes were used to enhance the quality of the data. Notes were taken throughout the study which included dates, time, place of observation, sensory impressions, specific words, specific facts and summaries of conversations.

Finally, at the conclusion of the interview participants were given the opportunity to share any additional information they might have by asking the question, “Is there anything else you would like to add?”

### **3.9 Data Analysis**

Data was analyzed using the six step thematic analyses proposed by Braun and Clarke (2006). Generally, this process involves coding the data into categories and themes by analyzing repeating patterns that exist in the data.

#### **STEP 1: Familiarization with the data**

First, in order to fully understand the information provided by the participants, the researcher transcribed the data herself and because the interviews were conducted in the local language, the researcher first translated the audio taped interview into English. Repeated active reading of the data was done, initial notes were made and listening to the audio-recorded data to note any initial analytic observations was adequately done.

#### **STEP 2: Generating initial Codes**

This was the first systematic part of the data analysis. The deductive approach was used in generating the codes. The initial coding was done with reference to information that existed from literature. Based on the literature, data was gathered concerning the research objectives. Coding was done systematically by going through every data. This involved identifying and generating labels for important features of the data of relevance using the research questions as guideline for analysis. It was used in the analytic process, to capture both semantic and latent reading of the data. Semantic codes captured obvious or surface meaning from the person’s perspective, latent codes captured ideas that are underlying-implicit meaning. Latent

codes are explained by cultural and social context, personal assumptions that makes what people say to make sense. Every data item was coded and collated.

### **STEP 3: Generating themes**

A theme is a coherent and meaningful pattern in the data in line with the research questions. Generating themes identified similarities and differences in the data. This was done through the deconstruction of themes by the researcher based on the research objectives and the emerging issues from the data. The researcher ended this phase by collating all the coded data relevant to each theme and sub- theme.

### **STEP 4: Reviewing potential themes**

All themes that are relevant in relation to both the coded extracts and the complete data set was reviewed to check whether the themes tell a convincing and compelling story about the data. It involved refinement of identified themes to look out for internal consistency. The quotes under each theme were reviewed for coherence. The themes were reviewed to make sure they make sense and if they answer the research questions. The nature of each individual theme and their relationships with other themes was established for analysis.

### **STEP 5. Defining and naming themes**

This phase involved determining the narrative structure of each theme and how the themes relate to each other. This allows you to establish the ‘essence’ of each theme and thereby supports the generation of appropriate names. It was important not to try and get a theme to do too much, or to be too diverse and complex. At this point, appropriate names for each theme was chosen which was used in the final analysis. Names for themes were concise and immediately gives the reader a sense of what the theme is about. Themes were restructured and revisited to ensure the analyzed data was focused and detailed.

## **STEP 6: Produce a report**

Significant statements was clustered into themes. This was used to describe the coping strategies participants used to cope with their challenging situations. The data was presented in narrative text based on the identified themes. Quotes from some of the interviews was used to support contextual issues that was presented.

### **3.10 Trustworthiness**

It was important to provide an interpretation that was trustworthy and true to each participants' unique story. To ensure this, it was important to understand the details of events for all the participants in their personal context to ensure authenticity. The accuracy of the participants' perception was maintained.

- Member checking was conducted for some participants to verify their core story.
- A detailed description of data collection techniques used in the study was given.
- Multiple methods of data collection was used i.e. FGD and IDI.
- Two independent coders were contracted to cross-validate the emergent themes. Constant engagements with the audio interview was done to ensure the transcriptions were done properly.
- Some of the statements made by the participants were paraphrased during the interview to ensure the interpretations of participant answers were confirmed.

These were done to enhance validity and reliability of the findings.

### **3.11 Quality Control**

- The tape recorder was played over to ensure correctness of the recording.
- The correct explanation was given of the terms in the Focus Group Discussion and In-Depth Interview guides.

- Probing of responses was done when needed.
- The recorded interviews were translated verbatim.
- Non-verbal cues were closely observed and noted during the interviews and discussions.

### **3.12 Ethical Consideration**

Ethical clearance was obtained from the Ghana Health Service Ethics Review Committee (GHC-ERC). Participants were given sufficient information about the study and told that participation was entirely voluntary. They were informed about the option to discontinue their participation without any adverse consequence. Participants were assured that this work does not expose them to any harm and was strictly confidential. There was minimal risk and discomfort to the study participants. However, the benefits of the research findings when harnessed and implemented would benefit participants and all homeless adolescents. Strict privacy and confidentiality was adhered to. Written informed consent forms was given to participants to sign, however, the consent form was interpreted in the local language (Twi and Dagbani) and read to participants who cannot read or write. When verbal consent was given, they were made to thumbprint in the presence of a witness. The participants were urged to contact the ethical review committee administrator of the Ghana health service ethics review committee if they felt their rights have been infringed upon.

Before the researcher conducted each interview, the following was done:

1. Thanked homeless adolescents for making the time and willing to be part of the study.
2. Respected homeless adolescents with regard to their rights.
3. Explained that the interview was semi-structured and that questions were controlled by the data given by the respondents.
4. Sought their concern to tape record the interview.

5. After the interview, the researcher played back the recorded information to guarantee voice clarity (Talbot, 1995).

### **3.12.1 Data Storage/ Data Protection**

Strict data management was adhered to. This was done to increase trustworthiness, maintain organization for analysis and ensure confidentiality. Data files were password protected. Hard copy and electronic data were stored in a locked file cabinet and access was limited to only the researcher and the supervisor of the study. Informed consent forms, transcripts, field notes were kept under lock and key. Documents contained only the code names of participants. When the audio files were no longer needed for analysis, they were deleted. All data would be destroyed three years after completion of the study.

### **3.12.2 Conflict of Interest**

There is no conflict of interest on the part of the researcher. The data was purposely used for academics. In further studies, if there is a need for the data, it would be used.

### **3.12.3 Funding**

The researcher funded this proposed research on her own.

### **3.12.4 Consent**

Informed consent forms were provided. Participants were educated about the study so that they could make an informed decision. Consent was given freely without coercion and was based on a clear understanding of what the research entailed. Seeking consent was a process that involved a reciprocal relationship which involved building trust and respect. A thorough description of the procedure, risks, benefits, privacy and confidentiality was provided. It was explained to participants that, they had the right to refuse to participate at any point of the data collection process. Therefore, they were free at any point in time to skip, pause or stop

any questions they were not comfortable answering. Each participant received a copy of their consent forms and were urged to call the principal investigator or the Ghana health service ethics review committee representative if they felt their rights have been infringed upon.

### **3.12.5 Risks and Benefits**

This study posed minimal risk or psychological discomfort since they had to recount bad or painful experiences. The principal investigator being a psychiatric nurse conducted the interviews in a sensitive manner, taking into account their feelings, was empathetic and reassuring. They were informed that the services of a clinical psychologist would be provided freely for them at the Accra Psychiatric Hospital to help address their psychological problems and they were encouraged to use the services of the clinical psychologist. It was explained to the participants that, there were no direct benefit to them but the findings from this study may provide valuable evidence for practitioners and policy makers on the adverse situations they encounter. This may inform interventions and policies which when they are implemented may help address the challenges homeless adolescents face.

### **3.12.6 Reimbursement**

Participants were not provided any incentive to take part in the research and they also did not have to pay anything to take part in the study. However, they were refreshed with soft drinks, water and pastries at the end of the interview session for their time spent. This was not made known to them prior to conducting the interview.

### **3.13 Dissemination of findings**

The findings from this research would be shared with the School of Public Health, the Department of Social Welfare, Ghana Health Service, the Mental Health Authority and Ethics Review Committee.

## CHAPTER FOUR

### RESULTS

#### 4.0 Introduction

This section presents the results of the focus group discussions and in-depth interviews. The results are presented in four sections: socio-demographic characteristics of participants, challenges homeless adolescents face, coping strategies they adopt and the perceived consequences of the choices they make in respect to their health.

#### 4.1 Socio-demographic characteristics of study participants

The descriptive statistics in Table 4.1 indicates that 10 of the participants are females and 8 are males. Among the participants, one was a 12 years old, one was 15 years old, one was 16 years old, two were 17 year olds, seven were 18 year olds and six were 19 year olds. The participants engaged in various occupations. Four were driver's mates, one was a hairdresser's apprentice, four were head porters, one was a shop attendant, two were traders, one sold recharge cards, four sold water and one was a washing bay attendant. Thirteen lived at Tema station, three lived at the arts center and two lived at Tudu. The remaining socio-demographic characteristics can be found in Table 4.1.

**Table 4.1 Socio-demographic Characteristics of Study Participants**

<b>Characteristics</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Age</b>		
12	1	5.6
15	1	5.6
16	1	5.6
17	2	11.1
18	7	38.9
19	6	33.3
<b>Sex</b>		
Male	8	44.4
Female	10	55.6
<b>Religion</b>		
Christian	7	38.9
Islam	10	55.6
Other	1	5.6
<b>Level of Education</b>		
Basic	10	55.6
Secondary	2	11.1
No Formal Education	6	33.3
<b>Ethnicity</b>		
Akan	5	27.8
Dagomba	3	16.7
Ewe	1	5.6
Fante	1	5.6
Frafra	1	5.6
Ga	2	11.1
Kokomba	2	11.1
Mamprusi	3	16.7
<b>Occupation</b>		
Driver's Mate	4	22.2
Hair dresser apprentice	1	5.6
Head Porter	4	22.2
Shop attendant	1	5.6
Trader	2	11.1
Trader( Recharge Cards)	1	5.6
Water Seller	4	22.2
Washing Base attendant	1	5.6
<b>Place of residence</b>		
Art Center	3	13.7
Tema Station	13	72.2
Tudu	2	11.1

## 4.2 Challenges faced by homeless adolescents

The study participants were asked during the focused group discussion and in-depth interviews to share some of the challenges they encountered due to their state of homelessness. In the following sections, the categories that arose from the analysis are presented.

### 4.2.1 Difficulty securing safe accommodation and poor infrastructure

From the interviews conducted, both female and male participants expressed that they were not comfortable with their living accommodations but they experienced financial challenges when they made efforts to secure decent accommodations. They stated that the cost of renting was high which a major challenge to them. Some further stated that, they used to have proper accommodation but lost it due to inability to make payments on rent. Others also described their living spaces and explained how they carried out their activities of daily living. The following quotes from participants illustrate their varied responses to describe their challenges:

*Rent in Accra is very expensive and most landlords charge two years advance. Even if you want to rent a kiosk, the cheapest you would get is fifty cedis for a month. I can't afford that so I would prefer to stay here at Tema station where they won't take any rent from me. (FGD with an 18 year old male Driver's mate at Tema station)*

*We don't have a good place to bath. We bath at a small area where we sleep. We also keep our belongings with a guy who has a wooden structure, which is where we charge our phones. We wash and dry our things on the pavement. Our children play on the pavement. We sleep in an open space. A woman sells there during the day and at night she allows us to sleep there. We arrange the place to sleep but we have to wake up early before she comes. When it rains we still stay here, we don't have an option. Mosquitoes worry us but what can we do. Some of us have mosquito nets which they use but not all of us, but at least we manage. (IDI with an 18 year old female Hair dresser's apprentice at Tema station)*

*I once tried to secure accommodation around Osu because my friend told me about an available place but when I went there the place was not good at all. It was very small and the place was dirty but the landlord wanted to charge me more than the place was worth. So I didn't rent the place .I tried a couple of places but I was unsuccessful, so I stopped and came back here. (FGD with a 19 year old male washing base attendant at Arts center)*

*I sleep on a small mat on the pavement. I cover myself well against mosquitoes. I am working hard to save so that I can at least rent some of the small stores at the station. They are not too safe but at least they are much better than the pavement. The pavement is not too safe. It is too open, at least if I had a place which was enclosed I would prefer it. (IDI with a 15 year old female Head porter at Tema station)*

*One problem I have is that we don't have a good place to sleep .The enclosed places are few. Most people sleep along the pavement .When it is evening and you come here, you will see a lot of people who have laid their mat on the pavements to sleep. Young people and adults .It is very sad but we don't have an option because they have to survive. Having a place to sleep is better than not having at all. (IDI with a 19 year old female water seller at Tema station)*

#### **4.2.2 Stigmatization**

Most homeless adolescents encounter discriminatory behaviors and stereotypical behaviors from the public. These result in them being vulnerable to physical and verbal abuse. Most of the participants indicated that they were falsely accused of stealing and are often called derogative names by the public. This behavior from some members of the public made them feel hurt and sad. They associated this behavior from the public to the fact that they were homeless. Their views are expressed in the narrative below:

*Some people do not respect us because we leave on the streets. Sometimes the way they talk to us like calling us "hey, hey," not even girl. Because if you don't know me at least call me "Awura". Some also think we don't have money and a place to live so they can talk to us anyhow. Like at the shop I work at. When customers come to my madam's shop, they don't talk well to me but they treat the other workers well. But we all came from somewhere it is because of certain circumstances that we find ourselves here .it can happen to anyone. (IDI with an 18 year old female shop attendant at Tudu)*

*Sometimes people accuse us falsely. One day, I carried a load for a woman from okaishie to tema station. She was walking slowly so I walked fast ahead because the load was heavy. I waited for her at the station for a long time but*

*she didn't come so I decided to go back. On my way back, I met her and she immediately started screaming that I had stolen her things. People gathered around and they also started accusing me with some saying, this is how kaya people behave. It took some friends of mine before I could explain myself. I felt sad and humiliated but my friends encouraged me to forget about it. (IDI with an 18 year old female head porter at Tema station)*

*My master took me to his house some time ago but I left because of the way the wife was treating me. She thought because I used to live on the street I was bad. I decided to come back here because nobody would look down on me. (IDI with a 19 year old male Driver's mate at Tema station)*

#### **4.2.3 Threat of physical and sexual assault**

Female Participants also shared stories of inappropriate sexual advances experienced in their various areas from males who work at the area and other homeless boys. They explained that even though they sometimes complain, the males do not pay heed and still do it. They also expressed potential physical assault on them by boys around their sleeping area. This often makes them worried and afraid for their lives.

*There are a lot of fights which happen around here .Some people will take your things without permission and when you try to collect it back, they would rather start insulting you and by the time you realize it has turned into a fight. Everybody wants to prove that they are not weak, so they will fight to prove that they are also somebody. (IDI with an 18 year old male Trader (Recharge cards) Arts center,)*

*Where we sleep is not safe at all. Sometimes we are afraid especially when our watchman doesn't come. The place is open so anybody can walk in and worry us. Sometimes the older ones tell us stories about how people stand on them with knives and rob them am yet to experience it, but it makes me afraid sometimes especially when you suddenly wake up at midnight and can't go back to sleep. (IDI with an 18 year old female Head porter at Tema station)*

*I sleep in front of a shop at Tudu and sometimes the boys around would always be saying they are interested in you. Even if you say you don't like it they would still be worrying you and some try to touch you but when you say you will shout, they stop. (IDI with a 19 year old female Shop attendant at Tudu)*

#### 4.2.4 Economic hardships

Most participants shared experiences which reflected economic hardships especially in providing basic necessities. They make very little money and this is used to cater for all their needs. One participant who had a baby to care for expressed that, she is always extremely worried and sad when she is unable to provide for her baby. Participants also expressed that if they could save enough money, they would rent proper accommodation, go back to school and would be able to take care of their younger siblings.

This was expressed in the various narratives:

*It's very difficult sometimes when you don't make enough money and you have to survive because someone is depending on you. Things are difficult when you have to take care of a baby. Sometimes my baby would cry a lot when I don't have enough money to buy food early, I get worried that he would get sick and I won't have enough money. (IDI with a 19 year old female Head porter at Tema station)*

*As for money, it is the main problem ooo. Because if you have money it can solve a lot of problems for you, like you can rent a good place, you can go back to school, you can take good care of your of your siblings. As for money, it can do a lot. (FGD with an 18 year old female water seller at Tema station)*

*You will work and work all day but still, the money is insufficient. it is not easy to hustle for money but by all means you have to get it, lack of money makes living very difficult because without it you can't eat and you have to eat to survive. (IDI with a 19 year old male Driver's mate at Tema station)*

#### 4.3 Coping Strategies

The study sought to explore how participants cope and adapt to the various challenges they encounter. These included personal attributes they possessed, having a sense of hope and optimism, engaging in sexual relationships, social support from peers, substance use and spirituality.

#### 4.3.1 Personal Attributes

Some participants believed that they possessed certain personal attributes that helped them to cope with the challenges they faced. Explored in the interviews were views that enabled them to cope with various challenges which mostly concentrated on beliefs about self. Most participants spoke about the significance of believing and relying on self. A sense of self-worth was embedded in this understanding that made them to be resilient or strong against negative behaviors by others. Some participants indicated that self-reliance helped them to cope with difficult situations. Other participants also communicated messages of strength in the context of things they have learnt by being homeless. They spoke of situations that made them strong. They spoke about how they learned to be self-reliant and independent. They explained these personal attributes in several ways:

*I am very independent. I have been living here for some time I know how people behave. I know who to associate with and who not to play with. I use my money wisely. I know that I don't have help from anywhere so I have to learn how to use my money well. (IDI with a 19 year old male Driver's mate at Tema station)*

*As for me, I am a girl but I am very strong. Nobody can cheat me and everybody around knows this so they don't worry me with stupid things. If you look for my trouble, I will give it to you. People try to take advantage of you here but me I will not allow you to do that to me. (FGD with an 18 year old female water seller at Tema station)*

*I started caring for my siblings when I was back home from the age of around nine years, so I know how to cater for myself with the little I have. I even help to take care of my friend's child when she is busy. I can do a lot of my things on my own. I've lived here for about 3 years, so I've learnt to be strong and not let what people say about me get to me. Not everyone would like me so the ones who like me are the ones I will play with. (FGD with a 16 year old female water seller at Tema station)*

*I know a lot of older people who have lived here longer and are very strong .Nobody worries them .I am also learning to be independent and strong so that I can face any challenges. I don't think about what people say about me, I have to be strong for myself. (IDI with a 19 year old female Shop attendant at Tudu)*

### 4.3.2 Hope and optimism

Other participants also spoke about the need to recognize that although they were facing hardship now, things would get better. This understanding was strengthened by others who had been able to leave and were no longer homeless. A sense of hope about the future and potential for change was expressed.

*I know that what I am going through is temporary and that with time things would get better. I have faced a lot of challenges during primary, Junior High School and Senior High School and I was able to go through so I know this is also temporary. I only need to work hard and save and I would be able to go to the university. (IDI with a 19 year old male Driver's mate at Tema station)*

*I believe that we have to suffer to gain. I know one day I would leave here. I would not stay here forever. That is what motivates me to work hard and save. I want to learn hairdressing, so I am saving "small small" from the water I sell and when I have enough I would go and learn the trade (hairdressing). (IDI with a 19 year old female head porter at Tema station)*

*This situation that I am going through that I don't have a good place to sleep is okay. Because I know one day I would leave here, have enough money, drive my own vehicle, marry and be okay. so I have to be strong now. There are big people now, like Osei Kwame Despite who are big now but started small. No position is permanent, so we will make it God willing. (IDI with an 18 year old male Driver's mate at Tema station)*

### 4.3.3 Engaging in sexual relationships

Some participants expressed that having a relationship with the opposite sex offers some form of emotional support and relieves economic difficulties. They admitted that they were sexually intimate the opposite sex. Some participants implied that, a relationship with the opposite sex reduces negative thoughts. These are highlighted in the narrative below:

*Men around make sexual advances at us. They promise to take care of us and help secure a safe housing for us so that we can give in to them. (IDI with a 17 year old female shop attendant at Tudu)*

*When I came to live here three years ago, I faced a lot of financial challenges so there was this guy who promised to help me .I liked him because he was always buying me things and I became sexually intimate with him. But it ended when I realized that he was lying to me .But since then, there have been other guys I have been involved with. I have feelings so it's nice when someone shows they care for me. (IDI with a 19 year old female head porter at Tema station)*

*Ooh madam [laughs], we are human beings we also have feelings and want someone to care about us. When you are in a relationship, it's nice sometimes. Especially when things are cool. Its makes you happy sometimes and you forget your problems. (IDI with an 18 year old female water seller at Tema station)*

#### **4.3.4 Social support from peers**

Some participants described the support they received from their friends and usually referred to them as their current family. They highlighted friends as being important to their survival. Support from friends was described as a way of overcoming loneliness. Other experiences were also shared about how friends looked out for each other and prevented others from engaging in risky behaviors. Also, social support from friends were offered by making an effort to cheer up another person when they were feeling sad by being reassuring and encouraging. These friends were valuable in teaching them how to handle certain situations and support them. Others also expressed that laughing and joking together makes them forget their problems. Below are some of the narratives:

*My friends and I are very close. We rely on each other a lot. If I have something and someone else needs it I give it out. Nobody is selfish. After work, most of us gather around and share jokes with each other. We have a lot of fun especially on Sundays because most of us don't work on that day so we do a lot together. (IDI with a 19 year old female water seller at Tema station)*

*Because most of us don't have parents here and we are on our own, if you are not careful you will make a lot of bad decisions. So we check each other, some of the boys here are bad. They will lie to you and say they love you because they only want to sleep with you .So the older ones advise us a lot and tell us to be careful of them. (IDI with a 19 year old female Head porter at Tema station)*

*Me I know myself. I did I a lot of stupid things with boys before I came here which led to me quarrelling with my mother. That is why I left home. I wanted to be independent.so sometimes if I'm going too far with the boys here, my*

*friends would tell me to be careful. (IDI with a 19 year old female Shop attendant at Tudu)*

#### **4.3.5 Substance use**

Alcohol and drugs was mostly used by most of the male study participants. They reported that it allowed them to forget unpleasant feelings and made them brave and strong. Influence from peers also made it difficult to resist it as some can be made fun of. Some reported that they took some alcohol or smoked marijuana after a very bad or challenging day. Taking substances was seen as a way to relax and feel relieved after a stressful day. Other participants expressed that they sometimes engaged in selling drugs occasionally to supplement their income and that it was only a means to an end. The narrative below illustrates their use of substances as a coping mechanism:

*The work I do is tiring, I wake up early and sleep late. Tramadol makes me strong and I'm able to work well. If I don't take it I feel tired easily and sometimes sleep whiles working. It is the same as effect I get from smoking marijuana. It is normal to smoke marijuana. A lot of guys here do it. It is not strong like the others like cocaine. I have control over it. (IDI with a 19 year old male washing base attendant at Arts center,)*

*At first I didn't want to do it (smoke marijuana) but people told me it would me active and strong and since I started it has really helped me. I am part of my "boys boys" because some of them are really helpful if you belong to their group. Madam, the job we do makes us tired a lot and when you take some little ganja you are able to sleep well, that's all. You don't worry anyone, you will just "dey" your corner and sleep so that no one will worry you. (IDI with an 18 year old male Driver's mate at Tema station)*

*Smoking marijuana makes me forget so many negative things and makes me sleep well after a tiring day so that I can be active the next day. You will wake up more refreshed. Also, when the money I have to send back to my family at home is not enough, I do a little selling of "weed" (marijuana), so that I can top up and have enough so that I can send to them. (IDI with a 19 year old male Driver's mate at Tema station)*

#### **4.3.6 Spirituality**

Some participants reported some form of spirituality as a method of coping. They said that when they felt down, their faith gave them strength and some meaning to the challenges they faced. Some participants reported that their belief in God was important in their lives and contributed to helping them adapt to their situation. They shared various concepts of their spirituality. For some engaging in prayer was significant regardless of if their prayers were answered immediately or not. Some believed they had experienced direct intervention by God in their lives and it was important to have faith in God.

*I believe that God takes care of me and my baby because my baby doesn't get sick often even though where we are living is not good but he is always strong. God knows I don't have money so he would not let my baby get sick. (IDI with a 19 year old female Head porter at Tema station)*

*I take my prayers seriously, I believe that God when you have faith in God you can accomplish anything because the bible says there is nothing too hard for God. (IDI with an 18 year old female Hair dresser's apprentice at Tema station)*

*A lot of people cannot go through what I am going through but I know that it is God who gives me strength and makes me healthy and alive. I don't go to church but I believe that once I believe in God he would always be with me and help me. (IDI with a 19 year old male Driver's mate at Tema station)*

#### **4.4 Perceived consequences of their choices for their health**

##### **4.4.1 Ignorance of negative health consequences**

The study participants were asked several questions to find out their perceptions on the consequences of the coping strategies they have adopted and the effects on their health. Some female participants have relationships with the opposite sex of which there is sexual intimacy. They acknowledged that they were sexually active and do not use any form of protection against sexually transmitted infections. Also they do not use any form of family planning. Some participants acknowledged that, they occasionally get itching and discharges around their genital area but they use traditional medicines to treat such infections. Some male

participants did not acknowledge the effects of substance use on their health and stated that, they had control on their use of substances. Some participants believe in their ability to stop and overcome the influence of substances once they have affordable housing. Some participants acknowledged that even though they know substance use is bad, it offers them an escape from their present situations and once they do it in moderation, they would be fine. Some participants also expressed an unconcerned attitude about the effects of substance use on their health:

*My boyfriend and I are sexually intimate but we don't usually use any form of contraception. This is because I trust him and I don't believe he is seeing somebody else. (IDI with an 18 year old female water seller at Tema station)*

*Sometimes you don't plan to have sex, so you can't always use condoms. I didn't plan on having a baby, it was accidental. No I don't use any form of family planning. I've heard so many negative things about family planning. Once in a while I get some vaginal discharges but I use local medicine to treat it and I get better because I don't have enough money to go to the hospital. (IDI 19 year old female Head porter at Tema station)*

*When I want to stop I will. I'm only using it because of some personal reasons and when I am able to get to where I want to be I will stop. I don't use it all the time, it doesn't control me so I can stop when I want to. (IDI with a 19 year old male washing base attendant at Arts center)*

#### **4.4.2 Improvement in physical and emotional health**

Study participants also expressed that use of personal attributes, spirituality, hope and optimism contribute to improvement in their physical and mental health. This was expressed in the various narratives. Having a sense of determinism and independence makes them strong to handle negative feelings that others express towards them. Also, being focused on working hard to earn money and achieve their dream keeps them from engaging in bad behaviors. Having faith in God allows them to hope for a better future. Therefore, they try their best to be optimistic and not engage in bad behaviors such as substance abuse. Social support received from friends by engaging in conversations, laughing and playing together

keeps them engaged from negative thoughts and sometimes keep them happy. Without these forms of social support they would feel lonely and would not know what to do.

*I know what I want to do in future. I don't want to live here forever so I am working hard to improve upon my life. So I would not involve myself in anything that would harm me. (IDI with an 18 year old female Water seller at Tema station)*

*I see a lot of people around me doing bad things but for me I know I want to go to the university so I would focus on that and not involve myself in anything bad. (IDI with a 19 year old male Driver's mate at Tema station)*

*The boys here always worry us and if you give in to them they would only use you and leave you. So as for me, I don't allow them to play with me, I rather want to work hard and I know that with determination I will get there someday. I don't want to do anything that would make me get sick so I don't involve myself in anything bad. I just focus more on believing in God to make me strong so I don't think about negative things. (IDI with a 19 year old female Shop attendant at Tudu)*

*When we come together on Sundays and share stories and chat, I believe it helps us. It makes us forget our problems and happy for a while. (IDI with a 16 year old female Head porter at Tema station)*

#### **4.5 Conclusion of Results**

The study participants included both female and male adolescents from diverse backgrounds who were homeless. Most of the participants in the study who shared their experiences were older adolescents consisting of ages seventeen, eighteen and nineteen year olds. They expressed various challenges which they experience on a daily basis. They also expressed the various ways in which they cope with these challenges and the consequences these coping methods can have on their health.

## CHAPTER FIVE

### DISCUSSION

#### 5.0 Introduction

This section discusses the findings of the study. The results are discussed in relation to the findings of previous studies on the subject under investigation. This was done to identify similarities and differences in findings and to fill gaps in literature.

#### 5.1 Socio-demographic characteristics of the study participants

The study participants were homeless adolescents living in the central business district of the Accra metropolitan area. 13 lived at Tema station, 3 lived at the arts center and 2 lived at Tudu. The highest age was 19 years while the lowest age was 12 years. This was similar to a study in Kenya which revealed that, out of a total of 1419 homeless individuals, 398 were adolescents aged 13-18 years (Braitstein et al., 2018). Also a similar study in the United States of America reported that prevalence of adolescents' homelessness per annum was 4.3%, for 13 to 17-year-olds (Morton et al., 2018).

The number of males in the study were 10 females and 8 males. 10 had basic education and 2 had completed Senior High School but could not further their education due to financial difficulties and 6 had no formal education. This corresponds to a study conducted which reported that lack of finances results in adolescents becoming homeless and unable to further their education (Duffy, 2019). Among the study participants, some of them were porters and shop attendants. In a similar study in Ghana, some homeless adolescents work as porters and sales workers (Oduro, 2012).

## **5.2 Challenges faced by homeless adolescents**

The varied responses from study participants highlighted the various challenges that they faced as a result of their state of homelessness. Some challenges highlighted in the narrative were: difficulty securing safe accommodation and poor infrastructure, stigmatization, threat of physical and sexual assault and economic hardships.

Study participants mentioned difficulty securing safe accommodation and poor infrastructure as one of the challenges they faced. They voiced that high cost of accommodation was a major barrier to accessing appropriate housing. Some study participants acknowledged that their low financial status inhibits them from acquiring good shelter. A similar study reported that homeless adolescents lack affordable housing because they are not financially stable (Aratani, 2009).

The study participants sleeping areas included open spaces and sheds and are often at the mercy of harsh climatic conditions and often are exposed to threats of physical assaults and robbery. A study conducted by Tyler, Olson and Ray (2019), reported that poor accommodation can result in female homeless adolescents to be taken advantage of sexually. Female study participants expressed that they face threats of sexual and physical assault. They acknowledged that others steal from them, they are faced with threats of physical assault and robbery. This threat makes them fear for their lives and always makes them anxious. They also expressed that some boys around touch the females indecently. A study conducted among homeless adolescents revealed that victimization put them at an increased risk of getting depression (Whitbeck, Hoyt, & Bao, 2000).

Another challenge highlighted by homeless adolescents was stigmatization from the public. They cited instances where people use derogatory terms to address them and also disrespect them. A similar study also reported that homeless adolescents experience emotional abuse from the public (Hadland et al., 2015). Some participants reported that they sometimes felt sad when people disrespected them. Studies conducted by Rohde et al. (2001) and Muir-Cochrane et al. (2006) reported that homeless adolescents experience stigmatization which sometimes affects their mental health. Some study participants expressed that they faced various economic hardships. They have low income and do not make enough money to cater for basic necessities. A similar study revealed that, homeless adolescents had low income and could not afford basic necessities (Hernandez et al., 2019).

From the study, the challenges these homeless adolescents experience was similar to those highlighted in the conceptual frame work in Figure1.

### **5.3 Coping strategies utilized by homeless adolescents**

Among the study participants, the various coping strategies were identified as being frequently used to cope with the various challenges they encounter. They were: Personal Attributes, hope and optimism, engaging in sexual relationships, social support from peers, substance use and spirituality. With reference to the conceptual framework in Figure 1, some of the homeless adolescents who participated in the study assessed themselves, appraised the situation and identified certain personal attributes such as having a sense of hope, determination and personal strength as important factors which enabled them to cope with various situations they encountered. Some also believed in their ability to work hard to better their lives. This would lead to improvement in their resilience. Some male participants who engaged in substance abuse expressed that they felt they had no other option since they were not financially capable of meeting all their needs. Some female participants who engaged in sexual relationship with the opposite sex did that mainly because they needed financial

assistance. This is a form of emotion-focused coping strategy which could put them at risk of contracting sexually transmitted infections and having unwanted pregnancies. Spirituality, hope and optimism was viewed as an important aspect which deterred some of the participants from engaging in risky behaviors. This in turn improved their mental and physical health.

For some participants several beliefs about themselves emerged as coping strategies against stressful situations. Most participants spoke about the importance of developing self-worth. Some believed that independence and determination were important in facing challenges. Other participants spoke of the need to think positively about the future. A study by Paul et al. (2018), highlighted the importance of personal strengths as a coping method. Another study in Canada reported that self -worth affirmation, not paying attention to negative views were some forms of positive coping strategies used by homeless adolescents (Stewart et al., 2010).

Substance use which is a form of emotion- focused coping was a coping strategy used among some of the male participants. A study in Ghana reported that substances were frequently abused by homeless adolescents (Oppong Asante et al., 2014; Oppong Asante, 2016). A study conducted in Canada found out that, homeless adolescents are vulnerable because of the circumstances they find themselves in and this leads to them engaging in substance use (Hoy et al., 2016).

Some participants also shared that substance use also afforded them the opportunity to relax and not think about their circumstances. Others were of the view that substance use was a way to get some extra income. A study conducted by Kidd (2003), reported that sale of drugs was merely a means to survive and cater for themselves. Also, another study conducted in

Kampala, Uganda, found out that, homeless adolescents abuse substances as a way to cope with their problems (Swahn et al., 2018). A study in Ghana also identified that, substance use provided a means of escape from their problems (Hills, Meyer-Weitz, & Asante, 2016). A study in the United States of America also revealed that, Selling of drugs as a means of survival was seen as the best option available and a very lucrative business for homeless adolescents (Zhang et al., 2019). Alcohol and substance abuse was attributed to situations that led to them being homeless (Vázquez et al., 2019). A similar study also reported that substance abuse is usually a way of reducing the stress they face on a daily basis (Boivin et al., 2005) .

The study participants also expressed that engaging in sexual relationship with the opposite sex was also a way of coping for them. They expressed that forming intimate relationships with the opposite sex was also a way of finding love and companionship from each other. A study conducted by Grant et al. (2003), explained that lack of resources may lead to homeless adolescents engaging in various forms of coping such as forming intimate relationships with the opposite sex.

Spirituality was also a coping method used by some study participants. Belief and faith in God was also a coping method used by most participants as it offered them hope and gave them a sense of protection. Faith in God also kept them determined and provided assurance that things would get better. In a study conducted by Carver et al.(1989), homeless adolescents often find comfort in spiritual beliefs which is a form of problem-focused coping.

Another method of coping expressed was social support provided by peers. Female study participants expressed that peers helped each other in various ways. Peers taught them how to

handle certain situations, reduce loneliness and prevent them from engaging in risky behaviors. Social support from peers was also identified as a vital coping mechanism which they often relied on to face challenging situations. A similar study identified that good social support has a positive impact on how individuals cope with challenges (McKimmie et al., 2019).

Some problem- focused coping strategies identified among the homeless adolescents was planning i.e. coming up with strategies to face the situation and making efforts to change their situation. From the current study, some participants used various forms of emotion- focused coping strategies. Some other forms of emotion- focused coping mechanism used by them included: using humor, by telling jokes among themselves and making fun about some experiences they encounter and spending time with friends. A study conducted by Kidd (2003), further identified use of humor, spending time with friends and positive thinking as coping strategies used by homeless adolescents. Use of emotion- focused coping is only effective in the short term but when used in the long term can be detrimental to health. According to Chou et al. (2017), use of positive coping strategies improves mental health. A study conducted by Gonzales et al. ( 2001), among homeless adolescents revealed that, they mostly use emotion- focused coping.

Having a sense of hope, being optimistic about the future and faith in God were coping strategies used by some study participants to cope with the challenges they encounter. This finding is similar to a study conducted by Kolar, Erickson and Stewart ( 2012), among homeless adolescents and also found out that personal strengths, hope, optimism, self - esteem, confidence and spirituality were some strategies used to overcome challenges.

A study by Lindsey et al. (2000), identified personal strengths, independence and Spirituality as coping methods used by homeless adolescents. They also recognized that spirituality is an important coping strategy and recommend use of problem -focused coping strategies. A study conducted in the United States of America also reported that among the homeless adolescents, personal strengths, support from peers and spirituality were some coping strategies used (Bender et al., 2007). Another study in Toronto explored the coping strategies used by homeless adolescents and identified that they mostly used emotion- focused coping which when used over a long period of time is not effective (Kidd & Carroll, 2007).

#### **5.4 Perceived consequences of their choices on their health**

In regards to the perceived consequences of their choices on their health, some participants were ignorant of the negative health consequences of their coping mechanisms on their health.

Some participants were ignorant and denied the consequences of their coping methods such as substance use. Denial is a form of emotion- focused coping strategy which prevents them from dealing directly with their situation. Some participants used social support from peers as a coping strategy. A study conducted by Votta and Manion (2004), identified that positive social support improves the mental health of homeless adolescents. In a Meta –analytic review conducted by Penley et al. (2002), they discovered that substance use as a form of coping was linked to negative physical and psychological outcomes.

Others also believed that their coping styles would lead to improvement in their physical and emotional health. They expressed that faith in God and social support from peers kept them focused and prevented them from engaging in bad behaviors. Another study in Albuquerque, New Mexico by Dashora, Erdem and Slesnick (2011), revealed that those who used problem-coping strategies were involved in less delinquent behaviors, had fewer symptoms of

depression and anxiety, less alcohol use and practiced behaviors that would not make them susceptible to contracting sexually transmitted infections. Some study participants expressed that they had control over their use of substances and did not believe that it was harmful to their health. Studies conducted in the United States of America revealed that, it was highly unlikely that homeless adolescents would acknowledge survival sex behaviors and substance use as dangerous to their health (Milburn et al., 2019 ;McKimmie et al., 2019). Homeless adolescents have psychological and physical problems due to the risky behaviors they are engaged yet, they don't perceive or care because they do them for survival (Kelly & Caputo, 2007).

### **5.5 Limitation of the Study**

The problem of trust was encountered among some of the male participants as they held back on some experiences even though they appeared outspoken. A focused group discussion for only males and females could not be conducted because of the following reasons; both groups took a longer time to decide on a suitable location and the required number of people to participate in the focused group discussion was not sufficient. A gender based interview would have been valuable given the complexity of their stories. Another limitation was that, only sixteen out of eighteen participants completed member checks and verified their core story.

The findings from the study emerged from a convenience sample of homeless adolescents who may have different characteristics than those in other geographic locations. Therefore, findings cannot be generalized to other homeless adolescents' population. Thus, further research is needed to corroborate these results with similar homeless adolescents located in other parts of the country.

## CHAPTER SIX

### SUMMARY, CONCLUSIONS AND RECOMMENDATION

#### 6.1 Summary

The study used qualitative methods to explore the challenges homeless adolescents' face, the coping strategies they adopt and the perceived consequences of the choices they make with regards to their health and wellbeing. Focus- group discussions and individual in-depth interviews were conducted to gain insights into their experiences and coping styles.

The results of the study revealed that, homeless adolescents experienced various challenges which included; difficulty securing safe accommodation and poor infrastructure, stigmatization, threat of physical and sexual assault and economic hardships. The strategies they adopted to cope with the various challenges they encountered include; relying on personal attributes they possessed, hope and optimism, engaging in sexual relationships, social support from peers, substance use and spirituality. With regards to their perceptions on the consequences of their choices on their health, some participants were ignorant of the negative health consequences of their coping mechanisms on their health and others also believed that their coping styles would lead to improvement in their physical and emotional health. The challenges these homeless adolescents experienced were derived from the IDIs and FGD. Most of the study participants expressed freely their coping strategies during the IDIs than the FGD. This could be attributed to the fact that they were alone with the researcher and may not have felt comfortable to share some experiences with the other participants. Most male participants shared more experiences on their use of substance as a coping strategy.

## 6.2 Conclusion

Based on the interpretation of the data, the homeless adolescents who participated in the study experienced various challenges on a daily basis as a result of their state of homelessness. Their poor infrastructure expose them to harsh environmental conditions and can make them susceptible to various physical ailments like respiratory conditions and malaria. The stigma they experience from the public leads to feelings of sadness which can lead to low self-esteem, poor self-worth and result in depression.

They adopt various coping mechanisms to cope with the various challenges they encountered. Some relied on personal attributes such as independence, self-reliance and determination. These attributes can contribute to their reliance and when focused on during intervention programs can improve upon their mental health. Some participants also relied on social support from peers which they believed was essential to their ability to survive. Despite some positive benefits of social support, it can become problematic when they are unable to refuse negative influences because of the close bonds they had formed and refusal can result in ostracized. Some female participants who engaged in sexual relationships for financial support and emotional reasons such as provision of love did not practice safe sex and did not use any form of family planning which can result in they contracting sexually transmitted infections and unwanted pregnancies. One female participant had a child and expressed some financial challenges faced which often results in constant worrying. Inability to provide for her child can lead to problems of anxiety and depression. Some male participants also relied on substance use which can lead to development of mental health problems when dependence and addiction sets in.

Amidst these coping strategies, problem-focused and emotion-focused coping strategies were recognized to be used by the homeless adolescents. Some participants used problem-focused coping i.e. planning, coming up with strategies to face the situation and making efforts to change his situation. Others also used positive social support from peers and believe in God which were also problem-focused approaches. Some participants also used emotion-focused coping. Although some emotion focused –coping is sometimes effective in the short term, it cannot be used in the long-term and there would be the need for them to be taught more effective problem-focused methods.

### **6.3 Recommendations**

This section offers some recommendations on how to promote good coping strategies and improve the lives of homeless adolescents. This recommendations are targeted at the government, Ghana Health service, the department of social welfare and to future researchers.

#### **GOVERNMENT**

- Most female participants engage in sexual relationships to ease financial problems. Therefore vocational training should be provided to ensure that homeless adolescents achieve economic self-sufficiency.

#### **GHANA HEALTH SERVICE**

- Health screening Programs should be organized strictly for homeless children, adolescents and the youth.
- Education on safe sexual practices and family planning should be organized regularly.

## **DEPARTMENT OF SOCIAL WELFARE**

- Professionals who work with homeless adolescents should incorporate strategies such as a utilizing a strengths-based approach. This can assist homeless adolescents in looking towards the future with the belief that they have the power to effect positive changes in their lives and transition out of homelessness.

## **FUTURE RESEARCH**

- Well-funded research should be prioritized and organized among the homeless population which should be centered on interventions and prevention efforts to reduce homelessness. In prevention strategies, professionals should be involved who would provide skilled assessment of each homeless individual situation and coping mechanisms adopted. Research findings should be incorporated into programs for homeless adolescents.
- Future studies which seek to explore the coping strategies among homeless adolescents should employ maximum variation sampling and also measure baseline stress levels.

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## APPENDICES

### APPENDIX A: Focused Group Discussion guide

#### Socio – Demographic Characteristics

The following questions were asked to gather information about the socio-demographic characteristics of study participants.

Participant ID.....

1. Sex. Male [ ] Female [ ]

2. Age. ....Years.....Months

3. Religious Affiliation. Christian [ ] Muslim [ ] Traditional [ ] Other [ ]

4. Level of Education. Primary [ ] Secondary [ ] Tertiary [ ] No formal education [ ]

5. Ethnicity .....

6. Occupation .....

7. Where do you live?

8. How long have you been homeless? .....

#### Introductory Questions

1. Where were you born?

2. How did you end up on the streets?

3. Do you have dependents?

4. Do you go home? If yes, how often.

5. What are your sleeping arrangements?

#### **Challenges They Experience**

6. What are some of the challenges that you have experienced since being homeless?
7. How do you cater for your needs?

#### **Coping Strategies Adopted**

8. How did you overcome these challenges?
9. Are there any groups among you that you belong to that offer either protection, financial or social support?

#### **Perceived Consequences of their choices on their health**

10. What are some of the choices you have made to help you adapt and how did they affect you?
11. With each choice you made, would you have made another choice other than that?
12. Tell me about any health complications that have resulted from the choices you made?

#### **Concluding Question**

13. Is there anything else you would like to share with me today?

**Thank you all for your time and contribution to the discussion**

## **APPENDIX B: Individual In-Depth interview guide**

### **Socio – Demographic Characteristics**

The following questions were asked to gather information about the socio-demographic characteristics of study participants.

Participant ID.....

1. Sex. Male [ ] Female [ ]

2. Age. ....Years.....Months

3. Religious Affiliation. Christian [ ] Muslim [ ] Traditional [ ] Other [ ]

4. Level of Education. Primary [ ] Secondary [ ] Tertiary [ ] No formal education [ ]

5. Ethnicity .....

6. Occupation .....

7. Where do you live?

8. How long have you been homeless? .....

### **Introductory Questions**

1. How did you end up on the streets?
2. Please tell me your story of living on the streets

### **Challenges They Experience**

3. What are some of the challenges that you have experienced since being homeless?

### **Coping Strategies Adopted**

4. How did you overcome these challenges?

5. How do you manage or get by on the streets?
6. Are there any groups among you that you belong to that offer either protection, financial or social support?

**Perceived Consequences of their choices on their health**

7. What are some of the choices you have made to help you adapt and how did they affect you?
8. With each choice you made, would you have made another choice other than that?
9. Tell me about any health complications that have resulted from the choices you made?

**Concluding Question**

10. Is there anything else you would like to share with me today?

**Thank you for your time and contribution to the discussion.**

**APPENDIX C: Participant Information Sheet**

**SCHOOL OF PUBLIC HEALTH**

**COLLEGE OF HEALTH SCIENCES**

**UNIVERSITY OF GHANA**

**TITLE OF STUDY: Coping strategies utilized by homeless adolescents in the central business district of the Accra metropolitan area.**

**Introduction**

My name is Edith Akosua Damptey, a Master of Public Health student from the *University of Ghana*. I am conducting a study among homeless adolescents to explore the coping strategies utilized by them to adapt to their environment. The study would seek to identify challenges experienced by homeless adolescents and to explore the coping strategies that they rely on to enable them adapt to their environment and to also understand the perceived consequences of the choices they make in respect to their health.

**Background and Purpose of Study**

Homelessness is a global public health problem that affects many. Homeless adolescents encounter many challenges and it is important to identify the coping strategies they adopt to cope because poor coping strategies would be detrimental to their health. Therefore, there is the need to identify the various coping styles employed by homeless adolescents on the streets of Accra, Ghana.

## **Nature of Study**

This study is a phenomenological qualitative study involving the use of semi structured interviews to identify challenges experienced by homeless adolescents and to explore the coping strategies that they rely on to enable them adapt to their environment and to also understand the consequences of the choices they make in respect to their health.

This study would last for about 3 months. This study intends to use 12 participants but if data saturation is not achieved, 15-20 participants would be used to achieve data saturation. Homeless adolescents in the Central Business district of the Accra metropolitan area would be involved in the study. Focus group discussions and in -depth interviews would be conducted which would include males and females. The interviews would be audio recorded with permission from the participants.

Some open-ended questions would be asked. The interviews would last for about 30 to 45 minutes. The in-depth interview and focus group discussion would be audio recorded. The audio recordings would be destroyed once they are transcribed

## **Risk**

There is minimal risk and psychological discomfort in participating in this study. The services of a clinical psychologist at the Accra Psychiatric Hospital would be provided freely to address psychological problems participants face.

## **Benefits**

There are no direct benefit to you in this study but you would have provided an in-depth understanding into the coping strategies employed by homeless adolescents which would aid policy implementation in future.

### **Cost**

No cost will be incurred by participating in this study.

### **Compensation**

There is no payment and there are no costs to you for participating in the study.

### **Confidentiality**

This study is anonymous. No one would be able to know how you responded to the questions. The information would only have a study or ID number and not your name. We would not be collecting or retaining any information about your identity. The records of this study would be kept strictly confidential. We would not include any information in any report we may publish that would make it possible to identify you. Soft copies of the research would be password protected. All information would be kept safe and seen only by the researcher.

### **Voluntary Participation and Right to Leave the Research**

It is entirely your decision to grant permission to participate in the study.

If you are not comfortable with participation, you can deny permission and you will not be asked any questions.

### **Dissemination of findings**

The findings from this research would be shared with the School of Public Health, the Department of Social Welfare and the Ghana Health Service, Ethics Review Committee.

### **Funding**

This study is self-funded by the principal investigator.

### **Sharing of participant Information/Data**

This data generated from this study would be owned by researcher and would be shared with the school of public health for academic purposes.

### **Storage of Data**

Data from this study will be stored under lock and key in a cupboard. The data will be stored for a maximum of three years after which it will be destroyed by burning, in case this information will be needed in another study, ethical clearance will be sort again.

### **Provision of Information and Consent for Participants.**

Signed copies of the information sheet and consent forms will be given to participants for their keep.

### **Contacts for Additional Information**

You may ask me any questions about this study now or you may also call or e-mail:

Edith Akosua Dampsey

0268225009

E-mail: [akosuadampsey@gmail.com](mailto:akosuadampsey@gmail.com)

Any information about ethics or participants rights may be obtained from the contact below.

**Hannah Frimpong,**

**GHS-ERC Administrator.**

**Office: +233 302 681109**

**Mobile: 233 (0) 243235225 or 0507041223.**

**Email: [Hannah.Frimpong@ghsmail.org](mailto:Hannah.Frimpong@ghsmail.org)**

**APPENDIX D: Informed Consent Form**

**PARTICIPANTS' STATEMENT**

I acknowledge that I have read the purpose and contents of the Participants' Information Sheet and that all questions have been satisfactorily explained to me in a language I understand (English  /Twi  /, Ga  and Dagbani  ). I fully understand the contents and any potential implications as well as my right to change my mind (i.e. withdraw from the research) even after I have signed this form.

I voluntarily agree to be part of this research.

**Participant Initials:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Participant Signature or Thumbprint:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**INTERPRETER'S STATEMENT**

I interpreted the purpose and contents of the participants' Information Sheet to the afore named participant to the best of my ability in Ga, Dagbani and Twi language to his/her proper understanding.

All questions, appropriate clarifications sort by the participant and answers were also duly interpreted to his/her satisfaction.

**Name of Interpreter** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contact Details:**

**Muniru Adamu**

**P O BOX AM 80**

**Amasaman Accra**

**0243601215**

**STATEMENT OF WITNESS**

I was present when the purpose and contents of the participant information sheet was read and explained satisfactorily to the participant in the language he/she understood (English  /Twi , Ga  and Dagbani ).

I confirm that he/she was given the opportunity to ask questions/seek clarifications and same were duly answered to his/her satisfaction before voluntarily agreeing to be part of the research.

**Name**.....

**Signature**..... **OR Thumbprint:** .....

**Date:** .....

**INVESTIGATORS STATEMENT AND SIGNATURE**

I certify that the participants has been given ample time to read and learn about the study. All questions and clarifications raised by the participant have been addressed.

**Researcher's name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## APPENDIX E: Ethical Clearance

### GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

*In case of reply the number and date of this Letter should be quoted.*



Research & Development Division  
Ghana Health Service  
P. O. Box MB 190  
Accra  
Tel: +233-302-681109  
Fax + 233-302-685424  
Email: [ghserc@gmail.com](mailto:ghserc@gmail.com)  
25<sup>th</sup> May, 2019

MyRef. GHS/RDD/ERC/Admin/App 191198  
Your Ref. No.

Edith Akosua Damptey  
University of Ghana  
School of Public Health  
Legon

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	<b>GHS-ERC: 049/03/19</b>
Project Title	Coping Strategies Utilized by Homeless Adolescents in the Central Business District of the Accra Metropolitan Area
Approval Date	25 <sup>th</sup> May, 2019
Expiry Date	24 <sup>th</sup> May, 2020
GHS-ERC Decision	<b>Approved</b>

#### This approval requires the following from the Principal Investigator

- Submission of yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report **after completion** of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED.....  
DR. CYNTHIA BANNERMAN  
(GHS-ERC CHAIRPERSON)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra