

**UNIVERSITY OF GHANA**

**DEPARTMENT OF SOCIOLOGY**

**LIFE ON THE STREET:**

**A STUDY OF THE COPING AND SURVIVAL  
STRATEGIES OF HOMELESS PEOPLE IN TEMA COMMUNITY ONE**

**BY  
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## DECLARATION

I, Opare Barbara hereby declare that this dissertation entitled “Life on the Street: A Study of the Coping and Survival Strategies of Homeless People in Tema Community One” except for references to other people’s work which have been accordingly accredited, this thesis is the outcome of my own research work carried out and submitted to the Department of Sociology, under the supervision of Dr. Kofi Ohene-Konadu and Dr. Alhassan Sulemana Anamzoya

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## DEDICATION

To the Lord all Mighty for giving me strength and breathe of life throughout this journey

(Psalms 118)

This research work is also dedicated to all the people who are living on the street, those that are obligated each day to rise above the dares of street living to make a life for themselves and others who depend on them.



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## ABSTRACT

Homelessness is a global challenge that many countries are battling with because of its numerous challenges. Many cities around the world are filled with migrants who go there in search of better living conditions. However, many of them end up disappointed, a situation that compels them to be on the streets in order to make a living.

This study investigated the coping and survival strategies of homeless people in Tema Community One, a city in the Greater Accra region of Ghana. The objectives of the study were to examine the causes of homelessness, the challenges encountered by homeless people, the survival and coping strategies of homeless people and to identify the social and economic welfare systems used by homeless people. The study found that financial problems, poverty, unemployment, peer pressure and the perceived better living conditions in the cities were the major reasons of homelessness in this part of Ghana. The study also revealed that although some respondents were pulled to the city to secure employment, there is the challenge of securing employment for the homeless as many of them lack the required skills to secure better jobs, stigmatization, poor health and sanitation problems. According to respondents, they are able to cope and survive on the streets by engaging in activities like truck pushing, sales of sachet water, handkerchiefs, toffees and panhandling. And social networks were useful to the homeless as they derived a sense of compassion, encouragement, security and job allocation from it. As found by this study, there is no welfare system for homeless people in Tema. However, some philanthropists, individuals and Faith based organization come occasionally to assist them.

The Mixed Method design was the main research method used for the study. In all 100 questionnaires were administered to respondents supplemented by Focus Group Discussions, In-Depth Interviews, Face to Face Interviews and Observations.

## LIST OF ABBREVIATIONS

AMA	Accra Metropolitan Assembly
CAS	Catholic Action for Street Children
COHRE	Center On Housing Right and Evictions
DFID	Department of International Development
GPRS	Ghana Poverty Reduction Strategy
GLSS	Ghana Living Standard Survey
GPHC	Ghana Population And Housing Census
GSS	Ghana Statistical Service
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
LMIC	Low and Middle Income Countries
LEAP	Livelihood Empowerment Against Poverty
NCFH	National Center On Family Homelessness
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
UNICEF	United Nations International Emergency Fund
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the Study

Homelessness is a social, political and growing phenomenal concern for both developed and developing countries worldwide that affects the country's poorer population. (Springer, 2000; UN Habitat, 2000).

According to Abraham Maslow's (1954) hierarchy of needs, shelter is identified as one of the first basic needs of every human being to thrive and survive, therefore homelessness depicts a deprivation of any human's basic rights (Kenrick et al,2010) .

In present day societies, having a roof over one's head is a pathway through which one can connect to society and our expeditious environment at large. The act of being housed displays some form of social status, being affiliated to a community and an avenue for friends and family to gather and has an unswerving influence on the extent by which one may experience social inclusion or exclusion in society (Chisolm, 2001). Homelessness therefore aggravates the manifestations of social exclusion of people in society (Edgar et al., 2002).As such society regards street squatters as scar on the mind of society not deserved of protection, care and love (Quarshie, 2011).Their very visible presence on the street corners, car parks, under bridges, markets and lorry stations is seen as an alarming menace to society (Okpukpara & Odurukwe, 2003).

The discourse on the definition of homelessness is challenging due to its variability and dynamism (Minnery & Greenhalgh, 2007). However, Karabanow (2004) defines Homelessness as an individual's lack of residence. Subsequently, a person who lacks a permanent housing and living on the street and in shelters is homeless (Duffield et al., 2007).

Homelessness is therefore the act of living in unprecedented spaces on the streets and secluded areas at a time due to precarious conditions and lack of a home.

Ghana's population is estimated at 27.4 million with the majority living in the Greater Accra, Ashanti, Eastern and Western region (GLSS, 2015) and over 10,000 people being homeless and an estimated 30,000 children living on the street (UNICEF, 2005). While in South Africa an estimated 200,000 people out of the nation's population of 53.5 million are street homeless (Rule-Groenewald et al., 2015).

The nature of homelessness is much urban as such the displacement mostly of the rural families and communities' ties where the elderly provided for individuals, taught individuals morals, ethics, understanding of traditions, gave punishment and rewards and the formal system of social protection to help keep individuals off the street is lost (Salm & Falola, 2002). The Urban public spaces are avenues that provides physical assets that is used by the poor homeless to sustain their everyday lives (Asiedu & Agyei-Mensah, 2008; Yankson, 2000; ILO, 2002).

It is to put forward that, street life has become a means of existence to many and the struggle for a better life keeps them aloft on the streets. By explanation, the need for survival is ostensibly pushing people out of their roots into eating foods poor in quality, sleeping at places undignified and doing jobs regarded often at times as debilitating. More to this, it has become common nowadays to find people of different genders, ethnicity and ages on the street for some range of reasons. Subsequently, most people stay on the streets as though it were their homes. They have nowhere to call their homes except corners they call "ghettos". The general perception of the public is that homeless people are criminals, deviants and accountable for their present predicaments however being homeless does not necessarily mean the individual is a criminal, as diverse factors contributes to homelessness such as poverty, family violence, sexual abuse, unemployment, lack

of affordable housing, rapid urbanization in the cities which has fuelled the rural-urban migration and left a lot of job seekers homeless (Fitzpatrick, 2000; Firdion & Marpsat, 2007) .

This is believed so because according to Bahns (2005) about half of the world population lives in majority of the cities and the number of people living in metropolitan areas has risen increasingly by around 1 million every year. This explains the fact that, there is always going to be an influx of people into cities in search for better lives.

It is unfortunate that most people have become vulnerable to hazards of the weather and anger of people. It is often found that, most of these people are children and the youth who have become tenants on the street and whose tenancy are as a result of other factors such as social unrest, family and societal brutalities and economic problems. In Ghana, life on the streets dispossesses them of basic human needs and health facilities (Orme & Seipel 2007). The exposure of people to the street is further made worse by the lack of education on sexually transmitted diseases (STDs) like Human Immune Virus (HIV) and other sexual and reproductive health imparted within the school framework in Ghana (Awusabo-Asare, 2006) with few activities directed at the homeless youth. These people often are orphans who have no meaningful family to fend for their moral, economic, spiritual wellbeing due to the breakdown of the extended family system, which according to Indyer (2005) constituted an entity for social unity hitherto. All these reasons denote a chain of synergism which according to Awaitey (2014) disallows them of food, clothing, shelter, and health which constitute the primary necessities of life.

According to United Nations Population Division (2003) reports, the urban population is estimated to grow at 1.8 per cent per annum, while a total population rate is projected to be 1 per cent annually. This invariably is projected to result in an urban population of 5 billion, or 61 per cent, by 2030. However, the rural population is predictable to decrease from 3.3 to 3.2 billion between

2003 and 2030. Summarily, the reports manifests that, as years go by there is going to be a migration of people into the urban communities in which case any decrease in rural population goes to increase the urban population. Following from the foregoing, it can be construed that, more and more people are bound to migrate to the city from the rural communities in search for jobs mostly that are non-existent. Though the definite number of street dwellers will be complicated to measure, however, the statistics almost would run into millions across the Tema metropolis, but it is to be known that, the numbers are still increasing as the global population grows and urbanization continues (Panter-Brick,2002; Reale,2008).The foregoing aligns therefore with what Asante (2015) believes that, the rural life not only induce people to hunt for employment in urban communities but rather influence children and youth to migrate to the more developed urban cities and towns with the intentions of having better employment opportunities and way of life.

## **1.2 Statement of the Problem**

One billion individuals need some form of housing. Out of this number, 100 million do not have any form of housing (UNICEF, 2002). Some 1.3 million Canadians experienced homelessness in 2008 and 2013(Gaetz, 2013). There were about 1,905 homeless people in Madrid in 2016. Of this number, an estimated 1,141 of them were sleeping either in care centres or public shelters (Panadero & Vázquez, 2016). Also 75% of street youth in Tanzania confirmed that they lived in the streets due to the death of their parents (Swahn et al., 2012). Whiles the “Operation Restore Order” by President Mugabe of Zimbabwe left about 2.4 million homeless in that country (Tibaijuka, 2005).

Tema is noted for its industrial works and well demarcated residential areas. Many people from various regions in the country throng the metropolis to seek a livelihood though they often have

no families there. Thus, the population of the community keeps increasing with diverse reasons accounting for that. The major reasons are as a result of poverty, drugs, family pressures, death, sheer desire to migrate and the natural increase among the population of the inhabitants through the metropolis and ending up homeless on the street. From the perspective of McAdam-Crisp, Aptekar & Kironyo (2005) this constitutes a negative consequence of urbanization leading to the swelling of cities with children and the youth, departing from their families prematurely to live and work on the streets. Notwithstanding, the cause of the massive proliferation of people into the metropolis, this influx causes growth in population, thereby placing great stress on the resources available and great challenges to city authorities regarding management.

As a result of street life more and more pregnancies and untimed children born are increasing. It is for this reason UNICEF (2012) reported that globally, more than one billion children were growing up on urban streets as a result of homelessness. Some of which according to Ochieng (2012) are involved in petty trading, manual labour, and garbage collection among others. While this phenomenon is very conspicuous, it is complicated to study and it is similarly challenging to tell the number of homeless street dwellers including children. This is as a result of the fact that, their lifestyles compound the problem of taking their statistics due to the itinerant nature of being homeless. Interventions therefore for street and homeless people have not been adequate over the years because of lack of societal concerns. As a result of poor statistics and incomplete consideration about their welfare and mental health status of these exposed clusters, little to no research has been done on the life of the street person and the study of homeless people in Tema. Various studies have considered homeless people including young adults in Ghana and their economic, social life and cultural causes of homelessness, their engagement in risky sexual behaviours and the commonness of STI (Anarfi, 1997; Boakye-Boaten, 2008; Kumoji, 2002;

Oduro, 2012; Orme & Seipel, 2007; Quarshie, 2011), yet little knowledge about the life, coping and survival strategies of the homeless people in Tema Community One has been done.

Moreover, studies have not adequately investigated the welfare of these street populations of the so called “exposed ghetto” dwellers. Their moral, economic and social networks have also not specifically and sufficiently received attention. As to how street people adjust to precarious conditions, explore opportunities and improve their lives is still not empirically established hence the imperative nature of this study to explore and study the life of people on the street: the study of homeless people in Tema to determine the specific cause, problems and coping and survival strategies of street and homeless people.

### **1.3 Objectives of the Study**

The main objective sought to study life on the street: the coping and survival strategies of homeless people in Tema Community One. The study was carried out using the following research objective

1. To examine the causes of homelessness.
2. To identify the challenges encountered by homeless people.
3. To outline the coping and survival strategies of homeless people.
4. To identify the social and economic welfare systems used by homeless people.

### **1.4 Research Question**

The following research questions guided the study

1. What are the causes of homelessness?
2. What are the problems encountered by homeless people?
3. What are the survivals or coping strategies of homeless people?
4. What are some of the social and economic welfare systems used by homeless people?

### 1.5 Significance of the Study

The study is of enormous relevance because livelihood on the streets has become a concern not only for the community but the country and a worldwide concern.

The need to be concerned about people living on the street cannot be underrated. More and more people are on the streets for various economic, social and political reasons with its attendant negative effects Zeah (2012) for instance postulating on people's livelihoods on the streets observed that significant attention is given to urban employment as a result of concern shown to vulnerable street dwellers in developing countries. People living on the streets tend to resort to crude, informal ways and economic approaches just to make ends meet. It is all because the influx of people into the urban communities which often has inadequate infrastructure and social services to host them (Hossain, 2005). Thus, scarcity in cities has been as a result of great stress of population on facilities in these cities and towns. Deducing from the discussion it will not be out of order to study and discover the very causes of the massive and desire of rural folks to drift to cities that result in most of them becoming homeless in the cities.

The findings of this study will add and improve the body of literature regarding people on the street in Ghana and the world at large. It is imperative to understand from the standpoint of the people on the streets so as to know how they live and cope with economic and social challenges. Getting relevant information on how street men, women and children cope and survive under open conditions on the streets will be of immense essence to the social welfare department in the nations. To have to adjust to harsh and stringent circumstances on the street everyday will take a determined and hard-pressed personality, hence knowing why they endure will go a long way to raise national concern for the situations. Thus, the study will be of significance to unravel the knowledge behind the resilience of homeless street dwellers.

The outcome of the study will add up to the ways possible enough to reduce poverty by suggesting appropriate ways and alternative livelihoods approaches from the respondents' views, as suggestions and solutions were solicited. Having knowledge in this direction undeniably is helpful to build adequate methodologies and interventions for better livelihoods and social security programs for street dwellers. Findings of this study also endeavours to facilitate in the advancement of a policy framework for people living on the streets and at the same time cutting the growing rural-urban migration epidemic.

More importantly, findings of the study are deemed to make reserved but imperative contributions to the government because such will be:

1. Helpful in dealing and addressing very well the very reasons that influence people to forsake their roots and settle in places without families.
2. Significant to bridge the development gap between urban and rural communities through sound rural development strategies and effective urban government.
3. Relevant to make available information for government agencies responsible to plan and make by and large attempt to devise and execute migration policy to control population swellings in cities and towns

### **1.6 Delimitation of the Study**

The study was undertaken under four main objectives and research questions. These sets of objectives and questions were relevant enough to explain the topic of the study.

The study was mainly limited to Tema Community One and its environs. Tema is noted for its industrial activities for which reason people always desire to influx the area. The Community,

moreover, is well-known for its metropolitan nature. More people from various regions have come to settle there without having appropriate livelihood.

### 1.7 Ethical Considerations

Ethical consideration is of essence and cannot be taken for granted considering how critical and sensitive the study is. For this reason, the study was undertaken in close collaboration and dialogue with research respondents.

Ethical endorsement for this study was sought for from my department. The fieldwork was undertaken in Tema which is known for its industrial activities in Ghana. Participation in the study was made liberal and voluntary. By this, participants were respectfully made aware of their right to either involve themselves or withdraw from the study at any point without restrictions.

To ensure that the respondents believed the study, every question was asked with confidence considering respondents respect as integral part of the study. To ensure the uprightness of the study, the researcher ensured to explain to all participants the rationale behind the interview and the research.

To maintain respondents' confidentiality, the researcher assured the participants that all given data would be treated with forethought and their personal identity would be kept unspecified, unless they themselves agreed to divulge their identity. However, the researcher prepared an informed consent for the participants before participation.

### 1.8 Definition of Concepts

**Poverty** - The deprivation of economic resource such as food, shelter and clothing needed for one's physical well-being,

**Children ‘Of’ the street** – these are children who engage in economic activities, sleep and live on the street daily without returning home.

**Coping Strategies** – the ability to employ mechanism to meet ones needs, live and survive the challenges and conditions of life.

**Migrant** - a person who moves from one place to another in search of work or better living conditions

### **1.9 Organization of the Study**

The research would be made up of five (5) chapters. The first chapter highlights on the background information to the study, statement of the problem, research objectives, and research questions, significance of the study, delimitation and limitation of the study. The second chapter reviews the related literature and conceptual framework to the study. Chapter three describes the study area and the methodology with more emphasis on the research design, population, sample techniques, procedures, validation and research instruments that would be used to collect data and the ethical consideration the researcher employed in soliciting for responses. The fourth chapter presents data and deliberates on the findings of the study. Chapter five considered the summary, conclusion with some recommendation

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Concept of Homelessness

The United Nations estimated globally that over one billion individuals require housing worldwide, while 100 million of those people are homeless without housing (UNICEF, 2002). By 2013, about 200,000 Canadians were reported each year by the State of Homelessness in Canada to have gone through a state of homelessness and a sundry of about 1.3 million having experienced homelessness in the latter five years (Gaetz, 2013).

In 2014, Madrid the capital city of Spain had about 1905 number of homeless people while an estimated 1141 of them were sleeping either in care centres or public shelters and 764 disbursed their sleeping place in inappropriate places and nights on highways (Panadero & Vázquez, 2016). People going through a state of homelessness display what society would term as activities intended to be hidden or private in the open, this which is perceived as not as ordinary (Parsell, 2008).

They are observed as deviants because they withdraw from society's norms, foraging through garbage, begging for alms and sleeping outside in the open. Nevertheless, this cannot be a benchmark for their identification as it reports only the undesirable side deprived of considering the assets of homelessness (Boydell et al., 2000).

There are a lot of misconstructions that the homeless population is poised of a homogenous set with related needs and characteristics. This misconception, habitually learnt from the most visibly homeless, overlooks the point that individuals may well become homeless, and continues so, for a diversity of reasons (Wasserman & Clair, 2011)

Homelessness entails dislodgement, frequent movement and keeping very small belongings to facilitate mobility and also to avoid them from being noticed (Dyb, 2006; Johannessen, 2008).

## 2.2 Definition of Homelessness

The consensus on the definition of homeless is dynamic and there is no construed standard definition given to homelessness. It is obvious then that in the definition of homelessness, a common component that runs through scholarly works is the issue of housing situation that is linking homelessness to 'houselessness' (Springer, 2000).

Amore (2013) defines homelessness as living in sternly inadequate housing as a result of privation of access to adequate housing.

The European Federation of National Associations Working with the Homeless (FEANTSA) expounded a typology of homelessness called ETHOS. In their definition, a home exists in three "domains" in that having a home constitutes having a modest dwelling (space), sufficient enough to meet the needs of the individual and his or her family and by which they can maintain some form of exclusive possession (physical domain) that is the ability to maintain privacy and delight in some social relations (social domain) whiles having security and (legal domain) that is legal title to occupation (Edgar et al., 2004).

The term 'homeless' simply means not having a 'home'. A 'home' is defined as a socially constructed concept that is affiliated to family that is having some parental, marital and ancestral homes that constitutes some form of warmth, comfort, stability, security, privacy and identity (Olufemi, 2002). Shelter is seen as the physical abode where a person lives but however has no social or significant association to the environments they find themselves (Smith & Ravenhill, 2007). Conversely, an individual regardless of the unconventionality can possibly feel at home on

the streets because of their integration into the social condition and affiliation to their milieu and this however can affect their rehabilitation and resettlement situation.

However, the term home is ideologically construed and can't be used as a yardstick to define the lack of home as homelessness (Olufemi, 2002).

### **2.2.1 Defining Homelessness Internationally**

There are many factors that contribute to the definition of homelessness as such different countries define homelessness differently. The definition of homelessness mostly pertains to one's culture and understanding of things. Althusser (1974) attest that humans in a society understand and behave around the ideologies they have adopted in society. This study will examine some countries view of homelessness, but this is not a general representation of the homelessness globally but will broaden the understanding of homelessness according to the ideologies centred on constructed from their cultures.

In understanding the characteristics and rates of homelessness, the cross-national policy analysis used can explain how the meaning of homelessness can be construed in that social policy and social-cultural beliefs and practices including socially been excluded or included is needed (Shinn, 2007).

Some countries that were looked at are Japan, United Kingdom and China. In China, homelessness is viewed when one is without residential permit called 'mangliu 'or 'blinding floating' and the beggars called 'Jiaohauzi'. Many homeless people in China are marginalized and socially excluded to the extent that some lose their citizenship. Subsequently, owners of houses in China give accommodation to people who dwell on the street and are facing social exclusion from society in

a bid to make profits. A homeless status in China denies you the access to vote, the ability to use social services and they are legally alienated because they are homeless (Speak & Tipple, 2006).

However, in the United Kingdom (U.K), people who sleep rough (sleeping in the open) are called homeless. Homelessness in the United Kingdom is seen as a socio-political concern since the 1960's, even before the United State grounded homelessness as such in 1970's (Okomoto, 2007).

The general public views 'rough sleepers' as homeless in the United Kingdom (Toro, 2007).

Shinn (2007) further explains that the fluidity and dynamics of the meaning of homelessness in European countries and the United Kingdom is centred on people who are deprived of a house, with insufficient house and those with unsubstantiated ties to housing. The Federal State believes homelessness is a statutory responsibility as such provision of housing is made to people eligible to receive assistance from government. Thus, a homeless status must be acquired unintentionally excluding those who don't turn up to service and those with priority needs. The subjective sub-categorization of evaluations of the people who fall in the position of needy, marginalizes and stigmatizes the homeless, thus prioritization of the need prevents the homeless from accessing agencies for help for fear of been prioritized (Minery & Greenhalgh, 2007).

Homelessness in Japan was seen only after World War II, when government assisted those deprived of housing. Homelessness openly appeared in the 2000's before being handled as a nationwide epidemic. In Japan, the supportive family and friends system displaces homelessness in the haze of good diplomacies. Homelessness thus is a private issue, policies implemented serves and support them well as such homelessness is categorized based on one's psychological or physical health which displaces them from working. There is stigmatization and bigotry against some people because assistance is rendered to the homeless (Okomoto, 2007).

## **2.2 TYPES OF HOMELESSNESS**

A typology is used as a classification system through which a set of decision rules are used to differentiate relatively homogeneous groups called subtypes (Jahiel & Babor, 2011). Homelessness has a dynamic nature and the study will look at the three types of homelessness which are Chronic homelessness, Episodic homelessness and Situational/Transitional homelessness (Culhane & Metraux, 2008; Echenberg & Jensen, 2008)

### **2.2.1 Situational or Transitional Homelessness**

In this type of homelessness, a person becomes homeless for a short period in their life due to certain catastrophic situations such as the inability to afford housing, lack of income, utility exhaustion, and loss of a family's breadwinner, unemployment, abuse and separation. They spend short time being homeless before moving to or transiting into permanent housing and they exit their homelessness status with little or no intervention (Echenberg & Jensen, 2008; Culhane & Metraux, 2008).

### **2.2.2 Chronic Homelessness**

These are people who live on the street for a longer epoch of time and have little or no resources available at their disposal to improve their condition. These individuals are often writhed by mental health issues and drug addiction (Culhane & Metraux, 2008). They are unable to change their situation unless support is given by others. Often than not, older and injured people who are homeless also fall in this category, however it is not common to find someone who is homeless the entire life out of his or own voluntary basis as such it is the least found among the three types of homelessness (Kuhn & Culhane, 1998).

### **2.2.3 Episodical Homelessness**

These are people who experience frequent and recurring incidents of homelessness throughout their life. They are more liable to have intricate challenges involving mental health, addictions, violence and health and are often unemployed for a long period of time. Thus, they have high frequency in and out of shelters and short duration there. Episodically homelessness can be attributed to someone who has experienced three or more years in homelessness and is presently homeless (Kuhn & Culhane, 1998; Culhane & Metraux, 2008).

### **2.3 GENDER DIFFERENCE IN HOMELESSNESS**

Gender is very reflective in the homelessness phenomenon as there is a differentiation between how men and women experiences and copes with their homelessness situation and this may contribute not only to their pathways into homelessness but also as a means out of it. However, women are more vulnerable in the state of homelessness than men (National Coalition for the Homeless, 2009).

In the homeless subculture, a larger percentage of hidden or invisible homeless are more homeless women and who may even have children in their care (Scott, 2007). Women often do not turn to be rough sleepers than men. Homelessness among men are most often than not visible, as they are found sleeping rough on streets in the open or in shelters as compared to women's homelessness which is concealed from the view of public (Novac,2001). Homeless men are more often the largest number amongst the homeless population and are not sheltered unlike the women (Henry et al., 2015).

Homeless women are more likely to experience violence, sexual and physical abuse as compared to their fellow homeless men, they turn to sleep in areas and locations that prone them to rape by

and attacks. Their vulnerability, drug usage and mental illness affect the individual's capability negatively to be cautious and self-aware to elude precarious situations (Wenzel, Koegel & Gelberg, 2000). Furthermore, homeless women in order to survive are more likely to be engaged in sex crimes involving the commercial interchange of sex for food and shelter than homeless men (Meanwell, 2012). Those who engage in prostitution are at more risk of infection by HIV or AIDS through perilous sexual behaviours, drug use and injections (Weber, et al., 2002).

Another distinction of homeless women from homeless men is that of their reproductive health. Women especially go through difficult reproductive health issues such as monthly menstruation periods and having to clean up, being pregnant, giving birth and caring for a baby on the streets unlike men (National Coalition of Homelessness, 2008)

## **2.4 CAUSES OF HOMELESSNESS**

The issue of homelessness affects both the social, political and economic phase of a country and to find solutions to curb the rising phenomenon in a country the roots of the problem must be dealt with or investigated before policies can be drawn to address and implemented towards solving the homeless issue. Homelessness is influenced by both structural and individualistic factors which explains the relevance of the phenomenon (Anderson & Christian, 2003). These factors interplay together to cause homelessness (Pleace, 2000).

### **2.4.1 Individualistic or Psychological factors**

Although the issue of homelessness is a societal one, certain aspects of relations and an individual's dynamics can contribute to the likelihood of an individual becoming homeless. Individual factors consist of the vulnerability to perilous aspects to homelessness such as mental, cognitive and health

challenges, substance abuse, family and domestic violence, abuse, traumatic events, personal crisis and those running away from parental homes at a young age (Carton et al., 2005).

#### **2.4.2 Mental and Health Challenges**

Mental health is a life challenge that can happen to anyone and can be episodic, relatively long, and temporal and this can be a pathway to homelessness (Shortt et al., 2006). According to researchers like Hwang (2001) and Frankish et al (2000), mental illness is a pathway to homelessness and can also escalate with continued homelessness.

Mental health may include depression, anxiety, paranoiac, hallucinations, schizophrenia, bipolar, disorders and these may lead to homelessness because of limited contact with family, lack of social support and network, poor planning, alcoholism, drug abuse, repeated hospitality, cultural difference in views of the mentally ill, poor acceptable treatment and the poor acceptance of mentally challenged state by people (National Coalition for the homeless, 2009).

Forson et al. (2005) indicated that mentally ill persons are unable to form and maintain any relationship of stability as they are often misinterpreted causing people around them to react often intentionally and pushing away family, friends and caregivers thereby leaving them in a state of homelessness. Also, it disrupts their ability to partake in daily life activities such as caring for themselves, maintaining and managing a home which will push them to stay on the streets (National Institution for Mental Health, 2009). They may redraw from society and take refuge on the streets and become homeless (Folsom & Jeste, 2002) .

Furthermore, their illness may prevent them from obtaining or maintaining employment and residential status thereby pushing them to the streets. They are more likely to experience suicidal

ideation and attempted suicide than the general population (Votta et al., 2004; Malindi & Theron, 2013). In short, it can be said that mentally challenged persons with lack of social-economic benefits and family support are the ones at risk of homelessness and may be pushed by their situation to live on the street (Stefanick & Tsemberis, 2007; Johnson et al., 2005).

### **2.4.3 Substance Use or Abuse**

Although there is a misconception by the general public that homeless people are drunks and drug addicts as such society's negative perception prevents them from assisting the homeless as they are viewed as the cause of their own circumstances. However, many studies show's that there is a linkage between substance abuse as a predicator and it as an effect of homelessness.

According to Neale (2001), people take drugs for various reasons for some it is for pleasure and others to cope with or escape the oppressive harsh conditions they face on the streets.

Substance abuse contributes to the issue of homelessness as drug use mars friendship through addictive orders, and these addictions may cause them to lose their jobs, family conflicts and housing which eventually leads them to into homelessness (Didenko & Pankratz ,2007) .

Fisher & Roget (2009) also reports that substance abuse occurs often simultaneously with mental health illness. Those with mental illness without treatment turn to the street for drugs and self – medication and end up homeless on the streets. The dependence on drugs addiction and substance abuse exhausts people's financial reserves in order to keep pace with the habit. The depletion of one's economic, social resources and refusal to seek help for substance addictions and use thereby pushes them to the street where they become homeless as they cannot support themselves anymore (Bessant et al., 2002)

Substance abuse and alcohol usage by individuals distort their thinking capabilities and have negative outcomes leading to homelessness and its prevalence is dependent on the geographical location, age, gender, social networks as well as duration of homelessness.

Subsequently, majority of the homeless youth and the homeless have higher substance use than their housed individuals (Zerger, Strehlow & Gundlapalli, 2008; Embleton, Mwangi, Vreeman, Ayuku & Braitstein, 2013). There is also 60% prevalence rate of alcohol abuse by men amongst the homeless population than the general population and also the cause of higher morbidity rate among homeless Japanese men (Hwang, 2001).

Embleton et al. (2013) reports that the use of injecting drugs and other substances are utilized by homeless youth from developed countries, but these are not commonly used by homeless adolescents from low- and middle-income countries (LMIC). Whereas in Canada and United States there is a range of 70%-90% dominance rate of substance use (Zerger et al., 2008; Nyamathi et al., 2010). Subsequently Hwang (2001) reports that cocaine (specifically crack) and marijuana dominates the illegal drugs most often utilized by the Canadian homeless population however the LMIC have a 14%-15% generally lower prevalence of drug use (Embleton et al., 2013). The intravenous injections of these drugs and sharing of syringe by the homeless however poses a health threat to them and a leading cause of HIV and Hepatitis C.

Age however also plays a dominant role in the substance use by the homeless people whereas the older homeless individuals result to excessive drinking of alcohol, the homeless youth and young adult are more likely to use hard drugs such as cocaine and heroin (Didenko & Pankratz, 2007). Also, more males may result to alcohol and drugs such as marijuana, cocaine and inhalants (example, glue) as compared to the homeless females (Habtamu & Adamu, 2013; Hathazi,

Lankenau, Sanders & Bloom, 2009). This individualistic factor of substance abuse pushes people to become homeless on the street.

#### **2.4.4 Broken and Abusive Relationships**

Broken and Abusive Relationships are individualistic factors that push people to the streets thereby rendering them homeless. The pathway into homelessness, maybe as a result of various types of interpersonal relations. When an important relation is broken or ends such as divorce or death, these contributes to the downward spiral that pulls people into homelessness especially when one's economic security and well-being is threaten especially when one is dependent on that lost partner. Some women are often prone to homelessness and poverty after divorce as they lose almost 40% of their economic security (Taylor-Butts, 2007; Boakye –Boaten, 2008).

Ward & Seager (2010) confirms this in a study of homeless street children in South Africa that many of these children were pushed to the street and became homeless with the loss of either a parent. Also 75% of street youth in Tanzania confirmed that they lived in the streets due to the death of their parents (Swahn et al., 2012). These broken relationship thereby pushed these children to the street for survival rendering them homeless.

Other researchers such as Novac (2006) and Tutty et al., (2008) indicated in their studies that homelessness for women is caused by abusive relationships that reduces their resources, socially excludes them and prone them to a state of an economic vulnerability which eventually pushes them into a state of homelessness.

Mihorean (2005) indicated that women more than men are likely to be abused. Subsequently, abusive relationships have the tendencies of generating homicide and suicide ideation and for these victims in order to escape these physical harm, psychological depression and anxiety they take

refuge on the streets as a safe haven thereby being pushed into a state of homelessness especially when the dependent has no economic backings for themselves (Brennan, 2011a; Taylor-Butts & Porter, 2011).

When an individual is abused at the very domain that holds their life, they become susceptible to be pushed by individualistic factors to move to the street where they can find solace thus abuse opens the doors of vulnerability which leads people into homelessness.

#### **2.4.5 Family violence and Sexual Abuse**

Many people have experienced family violence or sexual abuse propelling them to escape and to live on the street. Subsequently, 47% of homeless female studied cited sexual and physical abuse as the reason for leaving home (Toro et al., 2007). Ferguson, 2009 as cited by Asante 2015 eludes that drug usage by parents compounded family violence resulting in physical and sexual abuse forcing the young to leave home at an early age to dwell on the streets.

McCreay (2002) reports in his study of Vancouver street youth of prevalent family disruption and childhood abuse contributed to their homelessness. Also, they cited that constant chaos and conflict at home forced them to the street as the home did not provide them any source of connectedness or support. Aside young youth who leave home due to violence and abuse are women fleeing from domestic violence with nowhere to go may end up homeless due to poor credit, unemployment, lack of housing and social support systems (Bray, 2010).

There is no single pathway to homelessness and for woman and children, it is often family violence and sexual abuse that pushes them to the street to become homeless and also resulted in a lot of homicides (Chamberlain & Mackenzie, 2003; Humphrey, 2007).

Mouros & Makai (2004) indicated that, income influences the options for accommodation as such women and children who are deprived of an independent income become affected by family violence. When there is no independent income that influences one's choices of accommodation, women and children affected by family violence and sexual abuse will become susceptible to homelessness.

When sexual abuse and violence against women and children escalates and intensifies to a point where they fear for their lives and children, this forces them to leave home and pushes them to the street where they think they will be safe (Johnson Gronndak & Coult, 2008). They become homeless not because they have nowhere to stay but because their homes or houses become unsafe for them (Chamberlain & Mackenzie, 2003).

Moreover, Chung et al (2000) indicates that family violence and sexual abuse against women and children at home violates their safety, security, identity, isolates and excludes them socially from the labor market that can make them generate financial resources independently as such they are pushed to the street for refuge.

## **2.5 Structural Factors**

Structural factors comprises of the social and economic structures that influences the rise of homelessness and the creation of risk stages for these group of people. This includes shortage of housing or housing affordability, labour market and poor welfare systems (Edgar et al., 2004). Others include poverty, political issues and evictions and unemployment.

The social structural cause is the belief that, homelessness is the result of a wide variety of complex social system dislocations that renders large numbers of people at risk of losing their shelter (Wright, 2000). This point-of-view argues that decisions made by both the government and the

market economy results in a situation in which some people are simply not able to succeed. The poverty rate associated with homelessness is not the result of indolence or mischief, but a symptom of structural deficiencies in a capitalist economy, abetted by the neglect of the State (Hopper, 2003). In other words, homelessness happens to certain people and there is very little they can personally do about it.

The three social-structural causes most often discussed as contributing factors of homelessness are structural changes in housing availability, mental health policy, welfare provisions and the economy (Lee, Jones & Lewis, 1990). This information is important to consider when analysing homelessness. If a locality does not have enough low-income housing units, and this leads to homelessness, then it is appropriate to create more low-income housing units as other factors of homelessness are irrelevant. However, if personal choices are at the root of the issue, then cities and countries do not have to waste time building more low-income housing because it will not solve the problem. Homelessness is a result of both individual situations and a lack of affordable housing (among other things) and these should be considered during the creation of policy.

### **2.5.1 Poverty**

Poverty has become a mainstream cause in the study of homelessness. Poverty and Homelessness are inextricable. People without the means to meet their basic needs and are improvised are more likely to become homeless.

Akindola (2009) defines poverty as the deprivation of economic resources that are requisites for the needs of food, shelter and clothing needed for one's physical well-being.

Homelessness is also caused by poverty which is determined by macro-level structural factors such as welfare systems, lack of affordable housing and labour markets which forces people to be pulled to the street and to become homeless (Stephen & Fitzpatrick, 2007).

Subsequently homelessness and inadequate housing are manifestations of poverty. The scarcity of resources to gain access to sufficient housing is often the prime reason why episodes of homelessness are experienced by people (Lee et al., 2010). Furthermore, when there is poverty there is the lack of income and its sufficiency and this inequality in income gap may result in people becoming homeless (Aryeetey et al., 2009).

According to Awumbila & Ardayfio-Schandorf (2008) poverty is a reason why there is wide migration to urban centers for greener pastures, but these migrants end up homeless on the streets. This is as a result from poor building and inadequate infrastructure affordability, chronic unemployment and outbreak of crimes (McCatty, 2004). Poor people live at the edge of not having adequate sheltering and basic needs and are more likely to be pulled to the street for survival and end up homeless (Tutty et al., 2008). These factors mentioned above arises as a result of poverty and pulls people to the street to become homeless.

### **2.5.2 Natural Disasters**

Natural Disasters are inevitable, gradually becoming more frequent, costly and menacing worldwide. These may include earthquakes, landslides, floods, famine, volcanic eruption, tsunamis. Many natural disasters have left millions dead and majority homeless with loss of their properties. The global economic rate associated with natural disasters has enlarged 14-fold since the 1950s (Guha-Sapir et al., 2004). The deadliest hurricane in the United State Hurricane

Katrina in 2005 left over 400,000 homeless when floods hit New Orleans with more than 1000 fatalities (Pastor et al., 2006; FEMA 2005). In economic challenged places and developing countries natural disasters have diverse effect as the over populated areas are left homeless, an example is the 2004 Indonesian earthquake that displaced millions of people.

For the homeless poor who occupy and sleeps in urban spaces are more at risk after disasters as their numbers increases, they became more vulnerable and prone to any chronic outbreak of diseases, the vulnerable, aged and injured are more likely to become homeless. After disasters occurs, attempts made to curb the issue of inadequate housing for victims is the problem of these top-down approaches which they accentuate on more of what can be done for the victims rather than what needs to be done by them (Satterthwaite et al., 2010), nevertheless any real operative disaster risk reduction mediation is not unbiased to what a local government ensures but also what it reassures and ropes others to do (Hardoy et al., 2010).

### **2.5.3 Urbanization**

Urbanization of cities has propounded the issue of homelessness as half of the world's population live in cities in urban centres (Bahns, 2005). Urbanization is defined as the movement of people from the rural areas to the metropolitan areas with population growth paralleling to urban migration (United Nation, 2008).

In developing countries, the issue of insufficient housing is evidential as the rapid urbanization poses as an economic threat to the poor and low-income earners and their welfare. Africa is estimated by the United Nations to have the highest rate of urbanization with an average of annual growth 4.0per cent (Huchzermeyer & Karam, 2006). And a 6% growth in urban population yearly

in African countries including Ghana (Accra), Nigeria (Lagos) and Kenya (Nairobi) as asserted by Bahns (2005) and Dao (2002)

According to Agesa & Kim (2001), the prevalence of rural-urban migration has propelled the rapid population growth in the urban centres of many developing countries. The manifestation of rural urban migration is caused by structural factors that push people to the street of urban centres and makes them homeless as a result of economic disparities and rural- urban inequalities in wealth and other opportunities (Ajaro & Onokola, 2013). Furthermore, Aryeetey at al. (2009) opines that despite sustained economic growth and poverty reduction over the last decade, spatial disparities prevails in the socio-economic development of the rural and urban areas in Ghana.

In addition, Todorov & Smith (2009) asserts from the Lewis theory that due to economic disparities income is found in the hands of a small amount of people with the majority left in poverty because early stages of growth has limited employment opportunities as a result of inadequate skilled labor with wages and productivity high for a few people as development is clustered in the modern industrial sector.

The major test of the millennium for states worldwide and especially the south is urban poverty due to the relentless economic recessions experienced over the years by these countries (Majale, 2000). This crisis often contributes to the increased number of the poor population in the urban regions (Mattingly & Durand-Lasserve, 2004) which results in the case of homelessness.

Numerous studies conducted by scholars including Aryeetey at al. (2009), Ashar (2003), Ajaero & Mozie (2011) and Mattingly & Durand-Lasserve (2004) has shown that inadequate incomes, lack of gainful and secured employment, lack of variety of services and poverty in the rural areas are structural factors that pulls people out of the rural areas to urban centres in search of livelihood

strategies by soliciting for alms, cobbling up menial jobs such as shoe shining, panhandling, and rubbish collecting due to their homeless state and inability to secure formal employment.

According to McCatty (2004) crime, poor infrastructure, poor amenities such as sewage systems and drinking water are results from excessive urbanization. Consequently, majority of migrants who arrive in urban areas lack formal education and are unskilled thereby not having the right requisite for employment and at times without any asset to develop some form of business, become vulnerable and end up living on the streets (Awumbila & Ardayfio, 2008) and are prone to many health issues such as depression, rape, malaria, suicide ideation and many others (Issifu, 2015).

However, with this rapid population growth and urbanization, there has been little done to increase housing units and improve the insufficient urban infrastructures to augment the rapid population growth. This has led to people becoming homeless as they are deprived of basic needs such as shelter, food and even education for their children (Ajala, 2005; Jiboye, 2009; Omoniyi, 2010)

#### **2.5.4 Political Issues and Evictions**

Homelessness is a sign of inadequate delivery of housing costs and this is attributed to the political dimensions of a State. When the political institutions of the State are unresponsive to the prerequisites of the most susceptible individuals in the country, people are left without affordable homes and are pulled to the street to become homeless (Majale, 2002). Thus when the social and political policies does not address and intervene effectively in addressing the issues of homelessness as a national problem, governments incapacity to achieve and maintain social justice policy and the insufficient supply of dwindling and low income housing especially in urban areas for the destitute and the poor these propounds the rise of homelessness (Tipple & Speak, 2004). Also, the removal of such people from unauthorized spaces, lands and evictions without relocation,

resettlement and compensations for political or economic reasons displaces the individuals and increase their state of homelessness (ibid). For example in Ghana, an eviction by the Accra Metropolitan Assembly (AMA) on 21st January, 2011 on structures by railway lines in Accra could have rendered millions homeless without resettlement or compensation as such the evacuation was halted by some International Organizations (Habitat International Coalition, 2011) this contradicted the initiative of the then incumbent government. Subsequently, Zimbabwe also saw a case of 700,000 displaced citizenry in the President Mugabe's initiative of Zimbabwe's 'Operation Murambatsviria' or 'Operation Restore Order', which left 2.4 million homeless in the clean up the cities move (Tibajjuka, 2005).

Politics influences the state of homelessness when the citizens are prevented to speak and vote on social policies that addresses such pertaining issues. This is seen in India and Bangladesh through the Vote Banking where pavement dwellers and the homeless are inhibited to vote because they have no identification cards and residential permit (Callahan, 2000). Subsequently, politicians pay lip service of providing alternative housing for their votes, manoeuvre their ways by the removal of the 'official' slums status from the homeless giving them the right to vote and after obtaining their votes, does nothing to address the homeless issues (AAA, 2001). Furthermore, homelessness arises when there is a manipulation of official enumerations that provides information used for development of policies and interventions is manipulated to suit the incumbent governments political needs in the allocation of resources (Bollen, 2004).

Also, the Governments addressing of homelessness in the developing world to gain foreign aid and support instead of tackling the pertaining issues causing homelessness in their country leaves the phenomenon of homelessness to escalate (Toro, 2007; Tipple & Speak, 2004).

### 2.5.5 Unemployment

Homelessness is a result of lack of gainful employment and this income inequality is far from being improvised (Ajaero & Onokala, 2013). Various studies acknowledge the nexus amid employment and homelessness with joblessness being at a high rate amongst homeless individuals although there is no clear report as to the fact that unemployment is a source or result of homelessness (Chamberlain & Mackenzie, 2008; Flatau et al., 2009; Grace et al., 2006; Steen et al., 2012).

However, employment is a significant constituent of welfare economically and sustainability and a deprivation or poor salaries places housing out of the reach of the many poor who may end up homeless on the street (Molly, 2002; FEANSTA, 2007).

According to Wright-Howie (2003), unemployment is a structural proponent that pulls people to the street making them end up as homeless. When people are unemployed for a longer period, it contributes to their inability to have sufficient and sustainable salary to provide for their basic needs such as accommodation, they are hence pulled to the street and become homeless (Morris & Cooper, 2005).

Furthermore, Awubila & Ardayfio-Schandorf (2008) added that unemployment is a result of lack of education and skill to gain and secure meaningful employment and as such these may pull people to the street and render them homeless. Thus, majority of homeless people found on the street are young youth who are unskilled and not well educated (Anarfi et al., 2003).

Unemployment is also a result of the worsening of the economy and thus acmes to the various causes and reasons homelessness continues to persist and grow (National Coalition for the Homeless, 2009b).

### 2.5.6 Lack of Affordable Housing

Housing provides protection and safety for people and the inability to afford it due to lack of affordable housing is gradually rising and may badly escalate in the future and will lead people into homelessness (Wright, Donley & Gotham, 2008; Joint Centre for Housing Studies of Harvard University, 2007). Homelessness is caused by the tenure of high housing deficits which increases the demands for housing supply, and this puts pressure on the few housings supplied which is unable to meet the housing needs of people thereby rendering people homeless (Brux, 2008).

According to other researchers such as Lee, Price-Spratlen & Kana (2003) and Quigley et al. (2001), lack of affordable housing contributes to the high rate of homelessness in the urban centres. The inability to pay rents or afford housing due to the high cost of housing pulls people to take shelter on the street.

Moreover, according to GLSS (2005), in Ghana only 43% of the population owns a house and one out of ten Ghanaians had access to secure housing. This postulates that there is housing insecurity and tenure conditions with possible evictions amongst a lot of Ghanaians which can render them homelessness (NDPC, 2006). When people are unable to afford accommodation there is a tendency for them to be pulled to the street where they become homeless.

However according to other studies by Casey (2001), Chamberlain & MacKenzie (2002) and Norris et al. (2005) homeless is simply not just a lack of shelter. This is supported by studies by Kemp et al. (2001) who observed that the provision of affordable housing is not an adequate solution to prevent homeless because the homeless faces a lot of social problems as such when even provided with full housing that will affect their tenancy, it will be difficult for them to maintain it as well. Subsequently, Avramov, M. (2002) stated that homelessness is more than a

housing issue as countries such as Denmark, Sweden and Finland have been able to tackle this social epidemic successfully.

## **2.6 CHALLENGES ENCOUNTERED BY HOMELESS PEOPLE**

The effects of homelessness are the challenges a person who is homeless must go through living on the streets, these comprises of unemployment, substance abuse, discrimination, stigmatization, health issues and difficulties in accessing health care services, criminalization, social exclusion and lose of rights.

Homeless people face many challenges being homeless from not having the basic needs of every human being such as shelter, food, water, clothing, health and many others. Aside not having a roof over their heads or a proper home to dwell, these challenges are enforced by structural and individual factors that pulls and pushes them into these challenges in their state of homelessness. Homeless people must face and cope with day-to-day issues of maintaining themselves daily. They report fear and anxiety concerning a range of disparate matters all of which are intensified by feelings of loneliness and seclusion (Rokach, 2005) and substance abuse in different situations (Zerger et al.,2009), their inability to obtain jobs(unemployment), health issues and difficulties in accessing health care, stigmatization and discrimination are some of the challenges they face.

### **2.6.1 Unemployment**

Although unemployment does not necessarily result in people becoming homeless (May, 2000).

It is statistically akin to the upsurge in homelessness and it is one of the prominent causes of homelessness presently (National Alliance to End Homelessness, 2009). Those who are in the state of homelessness are often more than not unemployed or engaged in less menial work that cannot

provide sufficiently for all their basic needs as such the unemployment situation poses a challenge to the homeless population (Wright-Howie, 2003).

According to Chamberlain & Mckenzie (2003), unemployment is a structural disadvantage to homeless people and the lack of resources and adequate income prevents the homelessness from attaining proper housing and providing for their basic needs and living their lives in peril of communicable diseases, hunger, insecurities and even death.

Subsequently, Mundell (2003) indicated that homeless people go through a lot of difficulties in finding jobs that are temporal and does not remunerate an active salary. Finding a job requires time and money which they lack and even retaining work is problematic as most of them are unable to communicate and meet the requirements of prospective employers and job links.

Furthermore, Molly (2002) indicated that employment provides a pathway for socialization and support networks preventing isolation as such many unemployed homeless people are marginalized and socially excluded, also often jobs obtained are allocated around places where housing is highly priced for them to afford placing them in a continuum of homelessness.

Speak & Tripple (2006) in their study stated that when homeless people are employed, the jobs obtained are menial with very low wages that can help them to exit their homeless state and also the perception of the media, politicians and the public that homeless people are indolent and unemployable are however contradictory as they are often unable to obtain jobs because of their state of homelessness. When they do, they are given small remunerations, placed in precarious conditions, with unequal hours of work and are discriminated on the times to work (Kerr & Dole, 2005).

In addition, Baron (2008) also indicated that the state of unemployment amongst the homeless population can produce precarious effects on society, it pulls the homeless youth into partaking in criminal activities in order to survive street life.

### **2.6.2 Health Issues and Difficulty in Accessing Health Care**

Although the homeless population have different health issues requirements, they are likely to suffer both chronic and acute health problems (Books, 2004) and they face extensive varieties of problems relating to health matters which is often dominant by alcohol and drug abuse, psychological and physical health issues. Common amongst health issues are depression, bipolar, anxiety, joint pains, chest pains, dental problems. The difficulties encountered by the homeless in accessing health care is as a result of the geographical location of health service, mental health, timely access, low esteem, stigma and discrimination, fear, denial and chaotic life circumstance.

According to the World Health Organization (WHO, 2008) health is ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. This definition eludes that a deprivation of housing which is a promoter of health and not just a basic human right and a hygienic environment can affect one’s health condition.

Homeless people are basically suffering to provide shelter and food for themselves as such they neglect their health needs, subsequently they are faced with health issues ranging from physical problems comprising commonly of chest, joint pains and body pains, ulcers, hypothermia and dehydration. They also have mental health problems ranging from depression, anxiety, psychotic illness and are more vulnerable and dominant in alcohol and substance abuse compounded with high mortality rate (Patient and Client Council, 2015; Fazel et al., 2008).

Indulgence and dependency on substance and drug abuse with a dangerous non-fatal overdose is twice higher amongst opiate chronic homeless people as compared to those that are housed. Subsequently, there is high risk of morbidity rate, illicit drug usage and alcohol dependency among homeless people (Fischer et al. 2004; Slegers, 2000).

Furthermore, Xu et al. (2009) states that people with low salaries and disadvantage groups have limits to the possibility of accessing, purchasing medicine and receiving health care services. The homeless are at a disadvantage with many financial constraints and are unable to fund for their healthcare as income will influence their ability to access health care services.

Geographical location of health services also makes it difficult for the homeless to access health services and care especially when they must travel long miles and there is a need for transportation, which they can barely afford (Hatton et al., 2001; Darbyshire et al., 2006). Homeless people with mental illness who are reluctant to admit their illness depicts that they will not go for any medical assistance. Furthermore, certain health service providers do not attend to homeless people and when service is rendered by the mental health professionals, input is low, care and treatment is also insufficient and inappropriate (Meadows et al., 2002; Griffiths., 2002)

Thus the social exclusion characteristics of homeless people makes them experience a lot of obstacles when it comes to accessing simple basic physical and health care needs (Hodgetts et al., 2007)

### **2.6.3 Discrimination and Stigmatization**

Homeless people experience more discrimination, stigmatization and discrimination in different situations comprising of gaining employment, shelter, education and even accessing health care and these attributes to their poor health (NCH, 2004; Lynch & Stagoll, 2002). Homeless people

are perceived as not fully human, struggling and in need of care and empathy (Harris & Fiske, 2006; Kidd, 2004). This discriminatory perception faced by homeless people is legitimately accepted by both the homeless individuals and the overall public (Fiske et al., 2002). As such homeless people are seen as responsible for their lack of suitable housing as housing status is observed to be to some extent controlled by the individual (Parsell & Parsell, 2012). These discrimination does not only affect their well-being negatively but also they receive high level of stigmatization from society especially with those experiencing mental health issues and drug addictions as compared to the general public (Barry et al., 2014). Studies also shows the negative consequences of stigmatization of the homeless attributed to their feeling of guilt, self-blame, loneliness and having suicidal thoughts (Kidd, 2007).

However, discrimination of the homeless does not just serve for a negative purpose as research shows that often the experience of discrimination by some newly street youths influences them to leave the street to evade such actions and return back home to attend school and also avoid any confrontation with the police (Fisher et al., 2000; Thompson, Pollio & Bitner, 2000).

Philippot et al. (2007) indicated that, groups that are often excluded and stigmatized everywhere are prone to grow into homelessness. Around the world, the minority racial or indigenous rank and experience of psychological illness are two characteristics that stand out. In Japan the ethnic minorities discriminated against are those that are plunged outside the highest social classes such as the Ainu's, Koreans, Okinawans and groups comprising of the Eta and Hinin leading to them being segregated in deprived inhabited and suburban areas, henceforth ostensibly intensifying their risk of homelessness (Okamoto, 2007). The Aboriginal and Torres Straits Island people of Australia (Homelessness Task Force, 2008) whiles France subsequently have Africans and foreigners from overseas being at high risk of homelessness than others (Firdion & Marpsat, 2007).

Even amongst the homeless population, sexual orientation or gender identity becomes an issue as studies shows that lesbians, gays, bisexuals and transgender individuals (LGBT), face high stigmatization and discrimination and are at risk of becoming homeless (Toolis & Hammack, 2015). They stand a high risk or have experienced some sort of homelessness especially the youth who may run away from home due to family rejection, avoidance, discrimination, sexual abuse and aging out of foster care (Yu, 2010; Cray et al., 2013; Grant et al., 2011). Subsequently, the adult transgender also has an increased risk level of homelessness as they are faced with housing and workplace discrimination and economic insecurity leading to most losing their jobs, not being employed and experiencing homelessness because of their gender non-conformity (Grant et al., 2011).

#### **2.6.4 Criminalization, Social Exclusion and Lose of Rights**

Most studies often associate homeless people to criminals and deviants subsequently instead of the provision of housing for the homeless people they are criminalizes.

NCH (2004) reports of the violation of the homeless people's basic human rights through the criminalization of homeless people by the establishment of illegitimate laws, discriminatory enforcement and a merger of discriminatory regulations in the United States. These laws threaten the homeless as they are ticketed, arrested and fined for sitting, sleeping or eating in public spaces. People facing homelessness are trying to survive the streets but must endure this criminal punishment which makes it difficult for them to get employed or receive any housing support with a criminal record. Ordinances are also made to prevent the feeding of large groups of the homeless in public spaces (ACLU, 2008; Tolman, Danziger, & Rosen, 2001).

Criminalization of the homeless is a temporary intervention and does not however solve the issue of homelessness as the arrested homeless still returns to the streets after incarceration over a short period with no accommodation or housing to return to, but burden with court fees they won't be able to pay. Subsequently, these criminal convictions of minor crimes may serve as a barrier that deters the homeless from gaining employment, housing and public benefits while worsening the exit of homelessness. Also the endless cycling of arrest of homeless people just to have them return to the street again does not solve the homeless epidemic but rather utilizes the taxpayer's money in enforcing these policies instead of the provision of housing for the homeless to keep them off the street (NLCHP, 2014).

## **2.7 COPING AND SURVIVAL STRATEGIES AMONGST HOMELESS PEOPLE**

People experiencing homelessness adopt many strategies to enable them cope with their new status in life and to survive the life on the streets. Some of these coping and survival strategies may stem from conventional to non-conventional methods and may result in illegal activities. The homeless thus adopt a lot of coping strategies stemming from their livelihood strategies, social network, resilience and survival strategies.

The means by which an individual interact with a perceived stressful situation is defined as coping by Traditional coping theories (Banyard, 1995; Billings & Moos, 1981; Folkman & Lazarus, 1980; Pearlin & Schooler, 1978). The theories deduce that coping involves stages comprising of evaluating the situation, probing the situation and deciding on what coping options are available and acting upon these assessments.

### 2.7.1 Coping and Stressor

The nexus between stress and coping with the distressing experience of living on the street is relationally based. Lazarus and Folkman (1984) in their cognitive theory of stress and coping opines that it is based on the relationship between the individuals and the environment that may pose as an endangerment to his well-being due to the inability to control or exceeding his or her resources.

The theory emphasizes that a person's coping relationship is interactive, contextual and iterative in within the milieu they live as such the stressor is often identified as the main object or quality. It thus shows that a resilient frame of mind may exist further in the socially constructed mind of the homeless individual than the observer's objective world. The theory is a process-oriented framework that permits the mutability in which the individual and the milieu they find themselves to persistently and dynamically affect one another to cope with the experiencing of stresses and strains.

In examining how the homeless cope in their perilous environment, the appraisals of experiences denote profound effects on how the said experiences are comprehended and overcome especially those that are traumatic in nature. Primary and Secondary appraisals are the two cognitive appraisals (Folkman, 1984). A person will weigh a perceived stressor and its relationship to the individual's well-being in primary appraisals while a person will contemplate their options and resources in a secondary appraisal (Vickberg et al., 2000). The appraisal process allows an individual to judge the state of affairs (stressor or strain) whether it will challenge or either harm them or thus allow them to consider options.

As the homeless living on the street experiences daily perilous challenges, they adapt coping skills that are adaptable to human beings to control their feelings and manage the problem causing the

stress. Subsequently a problem-focused coping will occur when there is a solution for it while an emotion-focused coping will be as a result of no solution to it (Lazarus, 1993). The homeless employ meaning from their experiences that results in their development and life circumstance for survival on the street that won't inhibit their lives.

Lindsey et al. (2000) reports in their study that homeless youth attest to their ability to study from difficult experiences and be accountable for their actions and thus differentiating between good and bad influences was significant in their coping with street life in regard to transitioning into adulthood. Suicidal ideation studies among homeless adults in examining problem –focused and avoidant coping mechanisms used stem from the optimistic feeling for a better future which was a negative predictor of the increase in suicide attempts (Kidd & Carroll, 2007).

### **2.7.2 Coping through Livelihood strategies**

Livelihood strategies encompass activities that enable people to obtain their basic necessities of life such as food, cloths, shelter and water. Work becomes the basis for acquiring sustainability in a market economy to obtain basic human needs, prosperity and stability in our society (UNHCR, 2014).

Homeless people in order to cope and survive the street adapt a combination of activities in their livelihood strategies to obtain this goal and to build their world (Eldis, 2012; Beall, 2012). Most often migration is a key source for the homeless as it is not seasonal or permanent as such their constant mobility to spaces that will serve their best interest to gain a livelihood with the urban centre being a lucrative venture. The homeless although often unemployed will engage in several menial jobs and activities stemming from panhandling, hawking, street vending, shop assisting and many more in order to survive. The divestiture for income and assets forces them to be

constantly juggling and struggling in unstable jobs (Narayan et al., 2000). This shows that the poor and vulnerable homeless do not just go through street life but responds to the social and economic changes poised to them by taking decisions and choices based on their economic, social and cultural circumstances through their livelihood strategies to cope and survive the streets (Rakodi, 2002).

The homeless may engage in livelihood strategies that may be illegal or criminal in order to survive. Oduro (2012) reports that in Ghana, female homeless youth formed sexual relationships with the older street boys for protection; fear of forced sex and for the provision of their basic needs. On the other hand about 25% of homeless girls in Egypt had sold sex in return for money to men in order to make ends meet on the streets (Suliman & Nada, 2010). The homeless especially young adult may carry weapons and engage in illegal strategies to make money and for the lack of economic resources will engage in the selling drugs, prostitution, theft and other activities for survival although they are outside conventional norms (Lippman et al., 2001).

### **2.7.3 Social Network**

Homeless people are perceived to lack positive reciprocal relationships thereby escalating their pathway into street life due to lack of support from families and friends. Their lack of exchange and possession, neighbourhoods, family and friends are destabilizing for both adult and children (Cowan, 2007).

Social networking represents an important dimension of human life that focus on life. Society is created to connect people through other means including the social way of life. It can be understood that, the social way of life makes people live in unison and are dependent on one another because no one is self-sufficient in life. The human ecosystem of life brings about social interactions that

in turn brings about relationships that culminate into fellow feelings, marriages and other forms of co-operations.

People build social networks through friends, school, church and work besides the direct family. Building and having people around to socialize with set the human networks as platform that offers people the opportunity to seek help from in times of need. People through social networks can have colleagues to talk to, gather learning experiences, as well as the opportunity to negotiate social rules and to validate their views of the world and of themselves (Broffenbrenner, 1979; Godde & Engfer, 1994). This enhances homeless people's ability to live on streets because they harness the power of social networking. Also, social networking denotes the social relationships that afford street dwellers the ability to draw support and hope (Bolwijn, 1996).

Winter (2000) defined Bourdieu's social capital as the collective of the actual or potential resources which is linked to the control of a resilient network of more or less established relationships of common acquaintance and recognition for membership in a group. Therefore, social network relationships bring people and places together using their social capital to constitute a platform such that individuals or groups can interact and build ties that satisfy the daily requirements of life (Wassermann & Faust, 1993).

However, in order to cope and survive the streets the homeless adopt wide connections especially the young adults and children. They utilize their social capital through social networking in order to survive street life. The social links that people have, gives them acquaintances for life. The homeless youth and street children adapt a social network that plays an important role in their survival of the streets. In the absence of family relations, dependency on friendship provides a sense of connectedness and intimacy in their milieu (Mizen & Ofou, 2010; Nalkur, 2009).

Friendship formation is reciprocal for emotional support, assistance during sickness and challenges encountered when living on the street. It also provided a sense of security, Stephenson (2001) reports in a study of homeless groups in Addis Ababa stated that they created a complex social subculture with extensive networks for the exchange of food, money as well as emotional support for each other. The older boys were leader's while the newcomers gave the services and this attributed solidarity to the group. In addition, reciprocal and supportive friendship served to deter the youth from criminal activities engaged in by other street people (Seipel & Orme, 2007).

Subsequently association with a delinquent group will result in negative attributes, violence and confrontation by the police. The gathering of homeless young adults in the use of substance abuse such as drinking of alcohol, smoking marijuana and the sniffing of glue although may increase psychology problems and prone them to risky behaviours, it serves as a coping mechanism as well an effective means to deal with the problems of street life. Aside this, the gathering to participate in such unconventional activities serves as a means of recreation for the homeless (Kidd, 2003).

Hudson et al. (2010) indicated in their study that the homeless youth reported that supportive peers contributed to their survival on the street and helped to bridge the barrier to accessing health care and homeless adults respectively enabling their long stay on the streets.

Granvoetter as cited by Busse (2001) reports that social networking between the homeless youth and street children helped them to secure menial jobs to do. The word of mouth becomes an effective advertising tool in finding something to do in order to make ends meet.

The nature of a social network involves of the very people and relationship that define the people to give fulfilment to individual's basic psychosocial needs. And this is what enables street dwellers to have fulfilment in life and hope to bounce back in life.

Deducing from the discussion, it can be put forward that, social networks are of essence because they give social support, self-esteem, identity and perceptions of control.

#### **2.7.4 Resilience and Survival**

Homeless people are exposed to extreme adverse conditions living on the street, resilience exclusively shows the positive mechanism used in maintaining positive adjustment to life's adversities (Boyden & Mann, 2005). Resilience shows the different adversities that homeless people living on the street are exposed to and the measures they adapt to survive in these difficult circumstances of street living for their physical and mental well-being.

Ungar (2008) expounds that resilience is the ability of a person faced with significant adversity to traverse their ways through it and sustain their well-being by psychological, cultural, social and physical resources. Resilience may be fostered through three components that are personal resources, social and interpersonal relationships and socio-cultural factors.

In coping with the adversity of street life, homeless people utilize their personal resources through their strength and assets ranging from traits such as perseverance towards attaining goals and sense of independence.

The homeless who survive these perilous conditions of the street exhibit unusual strength and resilience while living on the street, these strength in the face of adversity helps to protect, ushers them to live a healthier life and helps them to survive. A study on homeless females who have been abused and neglected showed resilience in the phase of employment, criminal activity, substance abuse and homelessness (McGloin & Widom, 2001).

Life on the street maybe a deprivation of the immediate social body such as the family as such most homeless people especially the youth and children in order to cope and survive in the skiving

of the family by adopting a sense of independency. And also using unconventional methods such as humour as a coping mechanism (Carr, 2004). Friends on the street tease each other, have good laughs which diverts the stressor of the problems of street life they encountered away. Another method is appearing in torn and unclean clothes and the telling of lies to gain empathy and to seek assistance from the people (Kidd, 2003; Malindi & Theron, 2010).

Asante (2015) reports that, the homeless in their perilous conditions aspire for a better future, thus Tanzanian street youth spoke immensely about their future, they thus persevered goals that enhances their coping mechanism. Ungar (2011) indicated that street youth resilience is also contributed by the availability of community-based services; strong culture values and strong believe in God. Services obtained from peers gave support, provided monetary assistance and advice and offered the street youth the opportunity to develop as an individual, values and to be socially accepted. These embodied community-based association provided access to counselling and therapy to the homeless to enable them to develop their personal and technical skills. (Malindi & Theron, 2010).

Orme & Siepel (2007) eludes that religion inspired the hope for a better future to the homeless thus in Ghana, adherence to societal rules and overcoming the problems encountered on the streets was as a reliance and believe in God for a brighter future. On the other hand, culture and values also fostered resilience in the homeless people, it provided a sense of collectiveness for the homeless in the act of sharing done by homeless youth in Mexico and South Africa (Ungar et al., 2007). Also, resilience is exhibited in the practice of Ubuntu (kindness towards all) by the homeless South African in their knowledge of their culture (Theron et al., 2013). Resilience and the very essence it contribute to in enhancing survival are essential to the homeless in the face of adversity and precious conditions of living on the street.

## **2.8 HOMELESSNESS IN GHANA**

The concept of homelessness in Ghana is a somewhat a new phenomenon. Homelessness is divergent to the culture of Ghana as there is no word in the language for homeliness (DFID, 2017). A criterion based on the standard of accommodation that implies that individuals who habituate in roofed structures are not homeless is accepted and used by the Ghana Statistical Service (GSS). Subjects pertaining to structural quality or suitability are not measured and the varied homelessness nature is disregarded (Tipple & Speak, 2009).

Homeless in Ghana stems more from housing deficits compounded with other factors such as changes in the Ghanaian family system, poverty, rural-urban migration, rapid population growth and urbanization, lack of housing due to consistent change of government.

### **2.8.1 Changes in the Ghanaian Family**

The issue of homelessness was not visible in Ghana until the present urbanization of the cities led to people migrating to the big cities in search for job opportunities. In Ghana, the home and family are used interchangeably, the breakdown of the extended family as a result of migration, urbanization, nucleation of families and modern capitalist system has brought changes to the Ghanaian family system (Kroboe, 2000) and ethnic violence has given rise to the homeless phenomenon. It is a common sight to find two household families leaving under one roof however due to the above factors, there is a breakdown of social relations and a manifestation of high living cost for extended family due to the economic demands (Assimeng, 1999). However the nature of homelessness is much urban as such mostly the displacement of the rural families and communities ties where the elderly provided for individuals, taught individuals morals, ethics, understanding of traditions, gave punishment and rewards and the formal system of social protection to help keep

individuals off the street is lost (Salm & Falola, 2002). The Urban public spaces are avenues that provide physical assets that are used by the poor homeless to sustain their everyday lives. (Asiedu & Agyei-Mensah, 2008; Brown, 2006; Yankson, 2000; ILO, 2002). The young youth migrate into the big cities and are unable to even take care of the elderly. The youth are at the leniency of this homeless phenomenon as they take abode on streets in big cities. Most often than not homeless people are relegated and perceived as ‘beggars’ or ‘mentally ill’ however just a rare amount of homeless people, engross themselves in the deed of soliciting for charities. They on the other hand engaged in some menial task and jobs to earn their daily income in Ghana (Speak & Tipple, 2006).

### **2.8.2 Housing Deficits**

Housing deficits in Ghana continues to be a socio-economic challenge in Ghana. This is as a result of the inability of governments to develop proper housing schemes over the years to provide affordable housing units for its citizens (Mahama & Antwi, 2006). A change in government always manifest the halting of housing projects in Ghana causing a lack of its continuity, which could have provided housing for millions of families (Ghana web, 2012)

The Government of Ghana’s pursue of housing programme through the Private, Public Partnerships (PPP) in 2005 to construct millions of affordable housing across the nation (Bank of Ghana, 2007) was halted with the change of government in 2009 and was left to deteriorate, whiles these houses could have provided accommodation for millions of families, the homeless (Ghana web, 2012) and compounding to the lack of affordable housing and leaving the less unfortunate citizenry to the peril of homelessness.

Also housing policies initiated to provide housing units that failed to provide housing for those susceptible to the risk of homeless have not upgraded housing conditions either. The Tema

Development Corporation and State Housing Corporation were established after independence to provide 10700 and 1052 affordable housing units for the citizenry. Failure of public housing policies and projects is a result of corruption in the allocation of housing units in Ghana. These housing units that are however publicly provided, are expensive for the lower income earner. Subsequently, state housing provision is subjected to political affiliation and manipulations causing its undue halting of such programmes (Konadu–Agyemang, 2001; Bomah, 2010).

**Table 1: Estimated Housing Stock and Deficit in Ghana**

<b>YEAR</b>	<b>DEFICIT</b>	<b>DELIVERY</b>	<b>%DELIVERY</b>	<b>NEED</b>
1980	250,000	70000	22%	13000
1998	30,000	30,000	25%	140000
2000	700000	25000-3000	21%	199000
2008	100,000	37000	22%	15000
2010	120000	199000	23%	300000

**Source:** Kwofie et al (2011).

This shows the increase demand in housing from 2000 with just 21% for 199000 people while a drastic delivery of 23% housing provided for 300000 people in 2010.

### 2.8.3 Poverty

When the Ghanaian economy was faced with crisis in the 1980's, the Economic Recovery and Adjustment Programme was implemented which saw large workers of formal sectors being laid off (Asiedu & Agyei-Mensah, 2008) this increased the poverty levels from 5.2% in 1998/1999 to 11.8% in 2006 in the Greater Accra region (GSS, 2007). The issue of poverty propounded the

epidemic of homelessness in Ghana as limited economic opportunities caused people to move to more urbanized areas in Accra and Kumasi (Owusu 2005, as cited in Yeboah, 2008) in search of jobs that are non-existence hence ending up homeless in the urban cities.

#### **2.8.4 The Issue of Rural and Urban Migration (Urbanization)**

Ghana has over the past few decades been experiencing a very rapid spate of urbanization. This rapid spate of urbanization is however not different from that of other sub-Saharan African countries. The number of Ghana's urban population (i.e. the number living in towns and cities) has increased from 9% in 1931 to 31.3% in 1984 and 43.8% in 2000 (Yankson, 2006). The internal immigration recorded in Ghana by 2005 was 3,300,000 (Anarfi & Kwankye, 2010). Urbanization in Ghana is mainly focused in Accra, Tema, Tamale, Kumasi, Sekondi-Takoradi and Cape Coast. A prominent feature of Ghana's urbanization is the fast-growing suburban areas around the cities of Accra, Tema and Kumasi. In the case of Accra, areas such as Kasoa and Madina can easily be cited. These towns confronted with a rapid spate of urbanization are experiencing a rapid increase in their populations with people migrating from the rural areas to settle in urban centres (Yankson, 2006).

This in my view indicates that, we may not only be confronted with a rapid spate of urbanization but of suburbanization and this resultant in the homelessness of migrants that the city housing and facilities cannot hold.

The prime urban centres in Ghana are mostly characterized by challenges like filth, hunger, sprawling slums, poverty, overcrowding etc. as were characterized by earlier European urban centres. This puts undue strain on authorities who oversee to the management these urban centres. These challenges are compounded by the lack of employment especially in the formal sector,

thereby making the urban population more vulnerable and with a higher propensity to being careless about their environment. This is because their prime instinct is that of survival, and so they concentrate first and foremost on such survival needs as food and clothing.

### **2.8.5 The North-South dichotomy**

Development in Ghana is skewed towards the south and so is urbanization. Cities in the south, such as Accra, Kumasi, Tema and Sekondi-Takoradi are more urbanized (in terms of culture and other urban attributes) than other cities and towns in the north (Tamale, Bolgatanga, Wa, Navrongo and Bawku) that still have their rural markings.

Many analysts have shown that, being in the Northern or Southern Ghana makes a lot of difference in the socio-economic development of a district with the aftermath of controlled effects of ecological conditions, urbanization pattern, proximity to the national capital and highways. The Northern districts itself impacts negatively on its socio-economic development. There are many causes to the North-South disparity while some attributes it to decades of policy abandonment and others to systematic discrimination stemming back to the colonial era (e.g. Phebih-Agyekum 2006; Akologo & van Klinken 2008). Phebih-Agyekum (2006) indicated that, people from the Northern origins are in the disadvantaged position in the hierarchy of all things Ghanaian. Communal conflicts are also a contributing factor to this disparity resulting from ethnic and religious differences, chieftaincy, land disputes and partisan politics in certain districts in the North (example Yendi, Tamale and Bawku) which are predominant to this problem. These had led to little or no development up north causing a lot of Northners to migrate to the south for income equality, employment and greener pastures (Issifu, 2004; Awubila & Ardayfio-Schandorf, 2008; Aryeetey et al., 2009). All these factors mentioned above are structural and individualistic factors

that pulls and push people to abandon and leave their homes to live on the street and to become homeless in the urban centers.

### **2.8.6 Conclusion**

In summary, literature review especially shows the epidemic of homelessness has attracted the attention from researchers and both local and international organizations worldwide. Large body of literature has been generated on this subject however reviewed Ghanaian literature especially is limited to the causes and problems of homelessness with not much attention given to how the homeless individual copes and survives street life. Therefore, the study seeks to fill some gaps in literature by exploring the various strategies utilized by the homeless in surviving life on the streets in order to add to the body of literature on homelessness. Studies exhibited the vulnerabilities of homeless people and street children in Ghana since 1992. However, homelessness cannot be looked at without the aspect of their vulnerability but a cursory look beyond their vulnerable status the study sought to highlight the strategies and strength the homeless utilizes to enhance them to survive street life. Their economic, welfare, social networks and as well as their morals are also explored. This study will fill the identified gaps in literature and add up to the body of literature on homelessness.

In conclusion, homelessness is worldwide however the nature of homelessness in Ghana and Africa is quite different from the developed world looking at the definition of homelessness from the western world, the circumstances and their situation cannot be a yardstick for defining them. The coping and survival strategies of the homeless is not only dependent on an activity of their livelihood strategies but also their social network which plays an essential role in their lives on the street. These networks no matter how trivial they are, serves a purposeful role in the aspect for

companionship, security, support and many others. These coping and survival strategies enables the homelessness to withstand the precarious realities of street life and explore the many opportunities available to enable them survive life on the streets.

## **2.9 Theoretical Framework**

The study seeks to make defined the theoretical framework of the thesis. According to Silverman (2005) theory explains the outline for the thesis constituting the background with which trends of the study are described. In another way, concepts denote modelled viewpoints that form the foundation of defining a bigger idea, that best suit a research problem of a study (Silverman, 2005). For these reasons a theoretical framework relevant to investigate life on the street, study of homeless people in Tema is considered necessary. However, human ways of life are adopted as basis to structure and build a theoretical framework to answer the research questions. The thesis undertaken adopted following the structural analysis of the factors that 'push' and 'pull' as the theoretical framework (Kaime-Atterbog, 1996); system theories and empowerment.

Structural analysis and system theories consider the identification of causes, survival strategy and society ideas to the extent of the study. Aside the study problems, this study is also set to concentrate on the relevant recommendations to check homelessness and giving life to victims. Therefore, appropriate ways of curbing homelessness used in this study is based on the ideas of Karen Healy (2005). Thus, problem solving ways of empowerment approach has been used to explain how the concerned stakeholders working on the street dweller revived to life.

### **2.9.1 Structural Analysis of 'Push' and 'Pull' Factors**

Various factors push and pull people to and from the streets. From the standpoint of Kaime-Atterbog (2012) poverty in the urban represents is a primary and structural factor influential

enough as a push factor to attract people to the streets (Ayuku, 2004; Birch, 2000; Suda, 1997). The author explains the multiplicity of factors that drag people from their spheres. These varied factors have common characteristics and synergistic, but operationally known to be 'push' and 'pull' factors (Ali et al, 2004; Plummer et al, 2007; Mercer 2009).

The “Push” factors fundamentally are internally and economically inclined as the name suggest. These factors drive people from their homes to be outside. The push factors are “tone setting” factors that creates the tone to release people from their domains to be hooked by pull factors. In other words, when the factors that hold the homes and lives of people together are shaken, they become susceptible to be tossed and drawn by external factors. The push factors therefore are factors which open doors for people to become vulnerable in life such that, people find the street life more attractive than being in the home. These factors have direct inclination to poverty, the economy and the family. These factors can be Individualistic/Psychological Factors (substance abuse, health challenges, domestic violence, abuse, traumatic events, personal crisis and independence), Mental and Health Challenges (Abandonment of Family Relation due illness, Mental illnesses, Depression, Trauma), Natural Disasters (Earthquakes, landslides, floods, famine, volcanic, eruption and tsunamis), Political Issues and Evictions (Evictions without resettlement).

Related factors aside the above such as orphan hood, domestic violence, lack of parental guidance, large family size, and family disintegration play roles. These factors disintegrate the “root” of most families and make people particularly children restless and hopeless in life and hence resort to street life. As long as factors like these among others are in perpetuation, people are bound to leave their homes to dwell on the streets because these binding factors are broken.

'Pull' factors are external in nature that draws people with broken internal and economic lives to the streets. These factors are “enticers”, the very influencing tendencies that attract people from homes to dwell on the streets. Always street dwellers find circumstances outside their homes enticing enough to influence their thought patterns to move them and find the streets a haven. People pressured by pull factors find the streets better than being in their homes. Whereas they are pushed out other factors also pull them through to belong to another way of life. These factors though unlimited but include substance use or abuse, unemployment, urbanization and structural factors. Other related factors like freedom, search for job, finding luxurious life, desire for independence, adventurism, and peer pressure also leads to homelessness.

People from various regions and ethnicity dwell in the communities in Tema. The way of life in Tema is considered attractive to host people because of the industrial nature of the Metropolis.

Thus, the pull and push factors are the reasons people leave their various domains to become homeless in the urban centers of Tema Community One.

The conceptual framework below explains the incidence of homelessness in context of street life at Tema Community One and its environs.

**Figure 1: Conceptual Framework**

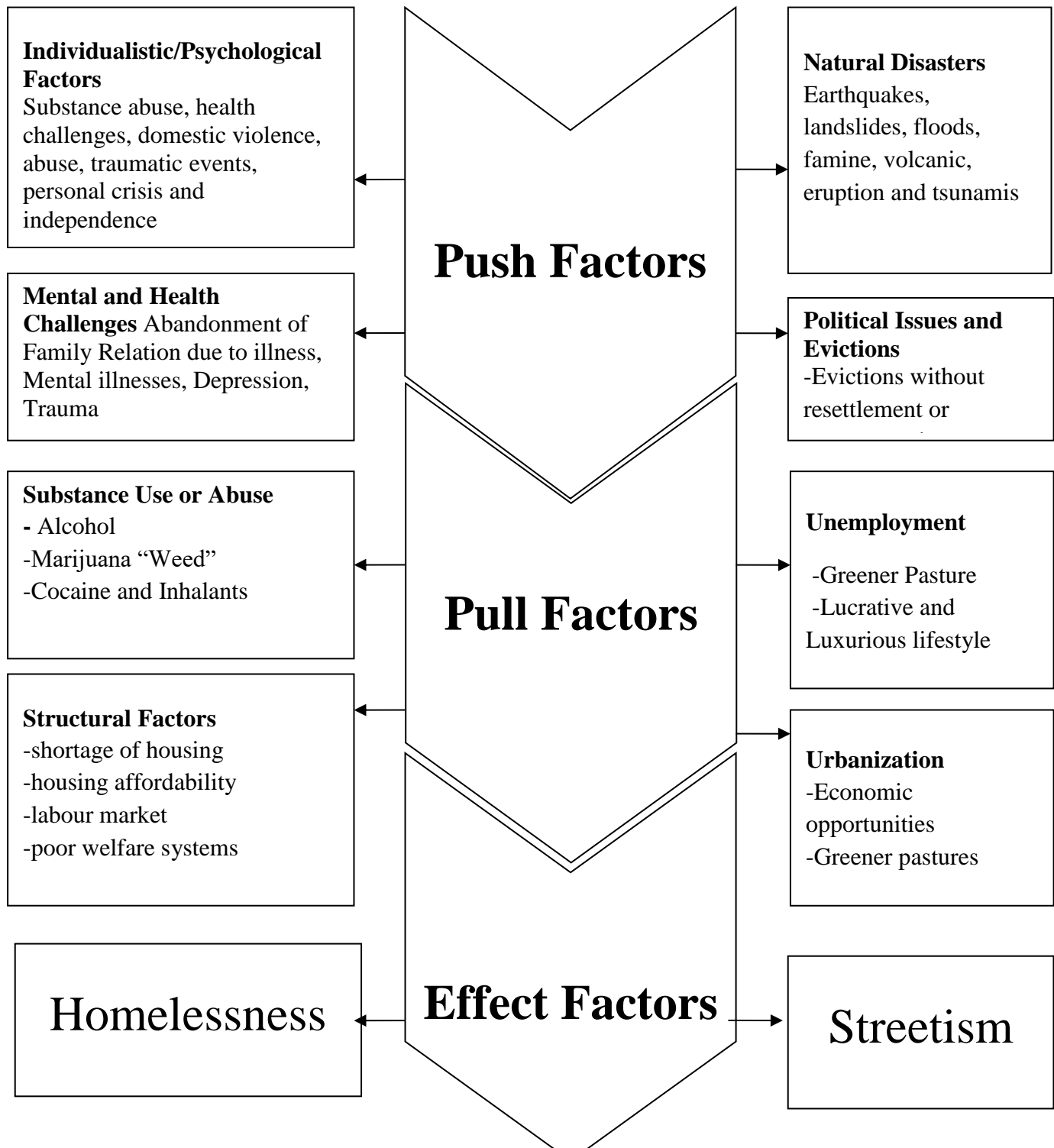


Figure: 1. Conceptual Framework (adopted from Kaime-Atterbog, 1996)

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 INTRODUCTION**

Research methodology denotes the very road map that represents the schedule for a researcher to complete the goals in the journey of research. The chapter considered the procedures used to gather data for the study. The following parts describe the research methodology that was used in this study to accomplish the aims of the research. This included the research design, population of the study, sample size, sampling technique, data collection technique, data collection procedure, data analysis and ethical consideration.

#### **3.2 Research Approach Design**

The study adopted the mixed method study which combines both quantitative and qualitative study in a study. The mixed method approach was used in the study so that the weakness of one method is strengthened by the other and to give a better understanding of data collected than each method on its own for the research (Creswell, 2009).

The reason for using Mixed Methods is because it allows the researcher to integrate data from both qualitative and quantitative data in a single study than using either method which relies on a single approach. Again, using mixed methods allows the strength of one method (qualitative) to be added to the strength of the other method that is, quantitative (Wisdom, 2013). Mixed methods also allow researchers to explore diverse perspectives and uncover relationships that exist between the intricate layers of questions. Using data from one method may not be enough and requires that another method is used to explore further.

Different research studies on homelessness and living on the street have demonstrated the need for the adoption of both qualitative (Boakye Boateng, 2008; Mizen & Kusi, 2010; Orme & Seipel, 2007) and quantitative (Adeyemi & Oluwaseun, 2012; Apt Van Ham et al., 1992). Therefore, to best undertake this study in relation to the research questions in the best possible way, the researcher used both the qualitative and quantitative research designs.

The study involved personal discussions, conversation and interaction with the respondents as such the qualitative method was utilized. The qualitative approach gives a very subjective knowledge of understanding to a research and the quantitative allows for numerical summary and comparison of data.

The study used the multi method design in triangulation making use of the concurrent triangulation. This involved using different methodologies at the same time to collect and analyse data to explore the same issue or occurrence with the aim of gaining and increasing the credibility and validity of a study (Hussein, 2009). As such the researcher collected both qualitative and quantitative data at the same time and both were analysed together.

### **3.3 Population of the Study**

Population constitutes the entirety of elements under study. Such elements according to Cardwell (2004) should share a given set of characteristics about which the researcher wishes to draw conclusions. The study population was the large number of people who were older than six years and living on the streets excluding children of 5 years because they are dependent homeless people.

### 3.3.1 Target Population

The study was done in Tema Community One and its environs and the target population for the study were people who have found the streets of Tema as their dwelling place. These people living on the streets represent those who have nowhere to call their home in Tema and with no provision of food, shelter, care and other protections except sleeping rough on the streets. Thus, these people have made the streets their sole territory to govern and be where their lives are lived independently without the control of others.

### 3.4 Sample Size

Sample is understood as having an ample selection of elements of a population used as study. It is also used as an example of how the entire population looks like.

**Table 1A: Determining the sample size for quantitative respondents**

<b>AREA</b>	<b>NUMBER</b>
Kaysens and NB Pharmacy	23
Market Area	29
Casino	15
Public Toilet and Barclays	18
Padmore School	19
TDC Area	22
Twedeasi School	13
Mame Sekunde and Environs	21
<b>Total</b>	<b>160</b>

Source: Fieldwork, 2018

Data for the study was specifically collected from eight areas in Tema Community One, as can be seen from Table 1A. In all, a list of 160 homeless people was obtained by this researcher.

Using a formula for determining the sample size for a known population by Morgan & Krejcie (1970) [Appendix 2], the corresponding sampling size for a population of 160 is 113.

Subsequently, 113 questionnaires were administered to the sampled respondents. Some respondents agreed to fill the questionnaires and return theirs days later but 13 of them failed to return their questionnaire. All attempts to reach them proved futile. The researcher was therefore compelled to use 100 respondents for the study. From the 100 respondents left, 15 were selected for in-depth interviews and 24 were used for the focus groups discussion. That is, 6 homeless individuals per group from the four selected target areas.

### **3.5 Sampling Technique**

Sampling techniques employed were convenience, purposive and snowball. According to Teddlie & Yu (2007) convenience sampling denotes a course of action that involves selecting adequate samples that are easily available. Convenience sample was used because homeless people are not stationary but mostly mobile and can exist their homeless state at any given time as such this sampling method was applied to collect data from available and willing respondents who were present at the time of data collection.

The purposive sampling technique was also employed to sample the respondents to avoid selecting respondents who failed to fit the study conditions. According to Brink (1996), purposive sampling constitutes the choosing of respondents who have the characteristics relevant for the situation under consideration.

Snowball sampling is a technique used where by a researcher is led to by respondents to other respondents that meet the criteria of study at hand. These respondents may present opportunities for a broader web of contact and study (Atkinson & Flint, 2004). The researcher was led by respondents of interest to the study to other respondents for the study.

### **3.6 Data Collection Technique**

The study used the face-to-face interviews, questionnaires, in-depth interview, focus group discussion and non-participant observation approach to collect the data.

#### **3.6.1 Face-to-Face Interview**

In the course of administering the questionnaires, the researcher discovered that some of the respondents could not read or write as such the respondents were engaged in a face-to-face interview by translating the questionnaire from English to the preferred language of understanding of the respondent.

In situations where the researcher could not understand the local language of the respondents an interpreter was used to interpret the language of the respondents for better understanding and vice versa. Also, the face-to-face interview was used by the researcher as it created an atmosphere where the respondents were relaxed and answered questions verbally to clear any misapprehensions that may arise in the questionnaire received.

#### **3.6.2 Questionnaire**

The study used mixed method as a key research method which combined both qualitative and quantitative data in a single research hence the use of closed ended and open-ended questionnaires. Questionnaires were used to collect the quantitative data for the study. In all 113 questionnaires were distributed to respondents. This 113 was arrived at using a formula called Krecjie & Morgan (1970) as indicated in appendix 2.

The reason for using questionnaire was because of its practicality in data collection. Again, the use of questionnaire is flexible, economical and can cover a wide range of respondent in a short period

(Macky & Gass, 2005). Most of the questionnaires were closed ended with a few open-ended questions. Again, using closed ended questionnaire inclined the respondents to be on the subject matter and make choices objectively. Also, the open-ended questions gave the respondents the opportunity to express themselves and also give room for different variables from the respondents, for the respondents to have their own choice of answers and it also allowed the researcher to ask for follow-up questions to clarify their answers given.

### **3.6.3 In-depth Interviews**

According to Creswell (2003) an interview denotes an oral approach of demanding answers from an individual or a selected group.

It was used to obtain information that the questionnaires could not capture. This gave the researcher the opportunity to gather further answers using probing questions to obtain inter-subjective knowledge from respondent discursively. It was used to provide more comprehensive data from the respondents.

The interviews were conducted personally and on a face-to-face basis and facilitated by the researcher. Also, the interview process was purposely interacted directly with the homeless street dwellers and their world views, the intricacies of their individual perceptions and experiences on street life was obtained and a study into their terminologies and judgements of living on the streets (Patton, 2002) was obtained.

### **3.6.4 Focus Group Discussion**

A Focus Group Discussion (FGDs) comprising of 24 respondents was conducted with six (6) respondents each (homeless street dwellers). Each was conducted in four different target areas for the study (Site 21: Kaysens/Nana Boakye & Sons Pharmacy area, Market Area/Kwasiaa Ejuasu

the Casino/Public Toilet area and Padmore Primary and TDC area) using age, sex, education and disability for the grouping. The Focus Group respondents were people aged 10 and above. The first Focus Group Discussion was conducted at Site 22(Casino/Public Toilet area) comprising of some handicapped blind men and a blind woman. The other focus group was conducted with 6 Kumbungu males between the ages of 16 to 24 at Site 21(Kaysens/Nana Boakye & Sons Pharmacy area) and 6 Frahfrah males from the Market area (Kwasiaa Ejuasu), who have had some form of higher level of education and the other six from the Padmore Primary School and TDC area. However, the FGD for the female group could not be conducted because they were mostly invisible and hard to locate as at the time of data collection and those located slept individually at different locations.

The Focus Group Discussion was conducted with the researcher as the moderator and was assisted by two other people who took notes and recorded what the respondents were saying and their nonverbal cues. The discussion involved open-ended questions to allow participants the opportunity to engage freely in the discussion. The Focus Group Discussion was conducted to find out about the issues pertaining to the reasons for being on the street, problems they encountered on the street such as health and sanitation issues, their coping and survival strategies of living on the streets as a group rather than their individual selves as carried in the In-depth interviews and their various characteristics that are contributing factors that influence their stay on the street.

### **3.6.5 Non- participant observation**

Non-Participant observation is a research technique in which a researcher does not participate actively in the lives and activities of the research host or community but watches from afar every activity they engage in.

This technique was adopted by the researcher to get a vivid picture of how the homeless street dwellers go about their daily activities. This gave the researcher a first-hand experience through observation and conversation with them, this helped the researcher to comprehend the context in which the homeless experience their lives and what goes into their daily activities. This was done by being there early before dawn breaks in the morning and being present from late night around 8pm to 12:30pm for a couple of weeks during the study, watching the places they slept at, what they slept on such as torn out carton boxes and on the floor. However, some of the respondents for qualitative aspect of research were also observed in the afternoon to ascertain the activities they engaged in for their livelihoods during the day. Notepads were used to take notes and recorders to record conversations for later transcription.

Through observations and conversations, the respondents divulged information about their encountered experiences pertaining to their lives on the street.

Furthermore, from observations and conversation with the respondents it was seen that the homeless people living on the street were very nice people and not aggressive, recalcitrant and criminals as other studies and platforms addresses them to be due to their state and circumstances of living on the streets. Sharing my own experience of homelessness with the respondent made them feel at ease with the researcher and the assistants and as such, data collection was collected easily although they are very mobile people. The researcher observed their activities as well as their behavior whiles gaining insight and broader understanding for this new trend of lifestyle of street living in Tema.

### **3.6.6 Data Collection Procedure**

The entire Tema area where people notably live on the streets were surveyed and noted to be Tema Community One station and environs. The field data collection was done with the help of two male assistants because most of the data collected was done at night. Adequate time was spent to locate their place of sleeping and rising just to ensure that people living there could be gathered for the study when due.

Knowing that, these are prominent hub for streets dwellers, time was arranged each day to visit these places. The respondents were drawn from these areas because the right target people needed for the study were found there. In each target area, 25 respondents were gathered making up the sampled population of 100. The researcher sampled some from the market square, bus terminals, school parks and depilating structures in these four located areas. The nature of the study was such that most respondents were on the streets at night and busy in the morning. In this way most of the respondents were gathered in the evenings where they were grouped around popular joints and their sleeping areas.

Every encounter with the respondents was marked with regular explanation simply to create rapport and relief them of any thought of security tension as though they were being investigated. The essence of the study was patiently explained to the respondents to enthrall their attention and responses. Adequate time and concern were dedicated to every respondent in the study to both answer and ask questions because it was found that they were hard to get and be engaged.

### **3.7 Data Analysis**

The study used both the quantitative and qualitative approach for data analysis. Thematic analysis was used to analyse qualitative data collected using interview guides, observations and focus group

discussions. The interview data was both recorded and written and just to cross check to include missing points that were not captured. Doing this also ensured consistency and validation of responses gathered. The recorded versions of the responses were transcribed, edited and coded for analysis. Translations were made from Twi and other languages (Frafrah, Dagbani, Dagari, Ga, Hausa) to English for those who could only express themselves in the local language. To avoid bias and human sentiments, the analysis was done based on the exactness of the context and content of the study.

The study also adopted a descriptive method in the analysis of the data that were obtained from the survey. Descriptive statistics involving the use of frequency tables and cross-tabulations was used to report the characteristics of the respondents as well as to establish relationships between the variables under study for interpretation. As according to Mugenda & Mugenda (2003) their use helps to summarize large quantities of data whilst making the report reader friendly.

Also, the Chi-square test was employed in the analysis of quantitative data. Chi-square test was used to equate or compare observed data with anticipated data according to specific hypothesis (Mann, 1995). In addition, Creswell (2012) eludes that Chi-square can be used when data has been measured on a nominal scale. As such some variables were tested using the bivariate crosstabs using chi-square to test for the relationships between some variables.

### **3.8 Ethical Consideration**

Ethical issues are of essence in a study of this nature because it involves human dignity, character, image, sentiments and courtesies among others. Therefore, the following ethical considerations were observed.

### **3.8.1 Informed consent**

Informed consent defines the procedure adopted to crave the indulgence of persons participating in the study. In the light of this, the respondents forming the sample were talked to just to seek their permission. This attention seeking was done on a one-on-one interactive basis. This permitted the researcher to give detailed meaning and reason for the study and why their participation was needed. For this reason, the questionnaires had a consent note informing respondents of what was expected of them and their need to participate. The main purpose of informed consent was that the participant will be able to make an informed decision as to whether they will participate in the evaluation or not.

Before every interaction the respondents were informed of what the findings will be used for. To avoid any anxiety, they were also made aware of the academic nature of the study and its uses afterwards.

### **3.8.2 Voluntary participation**

Getting the attention of the respondents wilfully defines the respondents' voluntary participation. To elicit this, the researcher explained the objective of the study, the permitted time to answer every question as they seemed bothering to the respondents. Also, to permit their full co-operation, the researcher did nothing in any way to forcefully influence the decision of the respondents by asking any leading questions or through any act of pretence to sabotage their ideas.

The researcher observed that, it was imperative that the respondents were respected and be free from compulsion. For this reason, the researcher ensured that the answers of the study came from the respondent's own opinions and thus free from the influence of others.

To every respondent, it was therefore made known to them that it was their right to either refuse a study of this nature or not at any time. With this notice, no pressure or anything whatsoever forceful was placed on them.

### **3.8.3 Confidentiality**

Confidentiality in this study meant that any information linked to their identity will be kept secret and not made open to or accessed by anyone but the researcher. This moral value was followed by ensuring not to ask and record their names, ethnicity or religion. Any such identifying information was excluded from both the questionnaire and interviews.

Also, given that the people were always shy to answers sensitive issues, it was very significant to consider how questions were constructed to ensure that their identities were hidden even though names were not used.

Moreover, data and information collected from the participants were treated as private and confidential.

### **3.9 Study Area**

Tema is Ghana's most leading seaport area which exports cocoa, timber and other natural minerals and resources and had developed from a fishing village into several industrial centres such as Ghana Textile Print (GTP), Nestle Ghana, Tema Oil Refinery, Crocodile Machete, Ghacem Limited, Niche Cocoa industry, Pioneer Food Cannery, Unilever, Tema Steel Works and Tema Ports and Harbour. Tema has also won for itself the name "The Harbour City" or "Meridian City" thereby attracting both the skilled and unskilled labours as well. The location of these industries and harbour in Tema has attracted people with different socio-economic backgrounds into the area.

Many of the people particularly the unskilled ones who find themselves in Tema however end up being on the street due to their inability to secure employment for themselves and are rendered homeless. This is more the reason that Tema was specifically selected for this study.

The following constitutes the demographic characteristics of Tema, the study area. Facts were gathered from the Ghana Statistical Service (2012) carved from 2010 Population and Housing Census.

### **3.9.1 Household Size, Composition and structure**

Tema Metropolis has a household population of 285,139 with a total number of 70,797 households (Ghana Statistical Service, 2012). The average household size in the Metropolis is 4.1 persons per household. Children constitute the largest proportion of the household composition accounting for 34.1 percent. Spouses form about 10.6 percent while other relatives constitute 11.2 percent. Nuclear (head, spouse(s), children) constitute 22.4 percent of the total number of households in the Metropolis and this is followed by Extended households (head, spouse(s), children and head's relative) (19.4%).

### **3.9.2 Literacy and Education**

Tema has several educational institutions both private and public schools in all the communities comprising of primary, secondary, vocational and technical schools such as Creator School, Republic Road, Deks JHS& SHS, Tema Parents Association School, Datus, Complex, Tema Secondary School, Tema International School, Chemu Secondary School, Tema Technical& Vocational School. Also, there is the Data Link University, Tema Methodist University and GIMPA. Of the population 11 years and above, 91.1 percent are literate, and 8.9 percent are non-literate. The proportion of literate males is higher (94.8 %) than that of females (87.8%). About

five out of ten people (48.8%) indicated they could speak and write both English and Ghanaian languages. Of the population aged 3 years and above (272,880) in the Metropolis, 8.5 percent has never attended school, 33.8 percent are currently attending, and 57.7 percent have attended in the past.

### **3.9.3 Economic activity status**

About 72.0 percent of the populations aged 15 years and older are economically active while 28.0 per cent are economically not active. Of the economically active population, 90.4 percent are employed while 9.6 percent are unemployed. For those who are economically not active, a larger percentage of them are students (50.2%) and 20.2 percent perform household duties. Again, about 53.5 percent of the unemployed are seeking work for the first and available for work.

### **3.9.4 Employment Status and Sector**

Of the employed population 15 years and older 42.4 percent are employees, while 40.8 percent are self-employed without employees. About 7.0 percent are self-employed with employees and 3.2 percent are apprentices. The private informal sector is the largest employer in the Metropolis, employing 65.4 percent of the population followed by the private formal with 23.6 percent.

Of the employed population, about 31.5 percent are engaged as service and sales workers, 20.2 percent in craft and related trade and 10.4 percent in Elementary occupations. About 22.5 percent are engaged as managers, professionals, and technicians.

Of the population 12 years and above, 76.5 percent have mobile phones. Men who own mobile phones constitute 80.0 percent as compared to 73.4 percent of females. About 26.1 percent of the population 12 years and older use internet facilities in the Metropolis. Also, about 26.5 percent of households in the Metropolis have desktop/laptop computers.

### **3.9.5 Housing**

Tema has well laid infrastructure and residential areas officially demarcated into communities numbering from community 1 to 26. Housing was built by the Tema Municipal Assembly (TMA) to provide residency for workers that worked in the Harbors and Industries. The communities have well laid pavements and accessible roads. The housing stock of Tema Metropolis is 40,956 representing 8.6 percent of the total number of houses in the Greater Accra Region. The average number of persons per house is 7.1.

Almost a third (31.2%) of all dwelling units in the Metropolis are compound houses; 20.2 percent are separate houses and 25.4 percent are semi-detached houses. About 48.2 percent of the dwelling units in the Metropolis are owned by members of the household; 33.6 percent are owned by private individuals; 8.1 percent are owned by a relative who is not a member of the household and only 5.2 percent are owned by public or government. About 1.3 percent of the dwelling units are owned through mortgage schemes.

### **3.9.6 Room occupancy**

Single room constitutes the highest percentage (53.8%) of sleeping rooms occupied by households in housing units in the Metropolis. About 11.5 percent of households with 10 or more members occupy single rooms.

The three main sources of lighting in dwelling units in the Metropolis are electricity (86.7%), kerosene lamp (5.3%) and flashlight/torch (4.4%). The main source of fuel for cooking for most households in the Metropolis is gas (51.7%). The four main sources of water in the Metropolis are pipe borne water, public standpipe and Tanker supply. About 49.4 percent of household's drink water from pipe-borne inside dwelling.

Most households (53.1%) in the Metropolis use the water closet as places for convenient. Also, about 30.8 percent of households use public toilet (WC, KVIP, Pit and Pan). About two fifth of households (40.5%) in the Metropolis have bathrooms for exclusive use of members while another 25.6 percent use shared separate bathroom in the same house.

### **3.9.7 Health**

Tema has both public and private health facilities that are spread across the entire Metropolis and their classification by type of facility is based on their functions and the range of services they provide with the Tema General Hospital being the main government hospital, Tema Poly Clinic, Manhean Health Centre, Tema Port Health Services, Tema Metropolitan Assembly Maternity and Children's Hospital, U-Compound Community-based Health Planning and Service Compound.

The total number of health facilities in the public sector is 46 (54.2 %), is higher than that of private health facilities 16 (38.9%). This means that in terms of accessibility to health facilities in the Metropolis, the public sector has a wider coverage in the provision of healthcare. There are over 60 allied health facilities and many health care providers established in the various communities comprising of pharmacies, chemical shops, laboratories, homeopathic centres and traditional birth attendants operating in the metropolis.

The Tema Metropolitan Mutual Health Insurance Scheme was established in March 2004 as an intervention in the health sector. The purpose of the scheme is to provide a pool of resources to reduce the monetary stress on health acquisition. The scheme provides out-patient, in-patient, oral health, eye care, maternity care and emergency service for both residents of Tema, Ashiaman and Kpone respectively.

## CHAPTER FOUR

### PRESENTATION AND DATA ANALYSIS

#### 4.1 Introduction

The study purposely sought to determine life on the street: the coping and survival strategies of homeless people in Tema. The study was guided with specific objectives thus to examine the causes of homelessness, identify the problems encountered by homeless people, outline the survival or coping strategies of homeless people and make some recommendations for its intervention.

The analysis of the study however was done using the data collected in relation to the objectives.

The discussions and findings established were done on the outcome of the study.

#### 4.2 Demographic Characteristics of Respondents

The demographic features of the respondents as presented in Table 2 were assessed to know their age, gender, marital status and level of education. The study investigated the demographic characteristics of 100 respondents.

As indicated in Table 2 it can be read that, 9(9%) respondents had ages below 12 years, while 36(36%) respondents were found between the age ranges of 12-20 years. Also, 45(45%) respondents were found in the 21-29 age category whereas 10(10%) respondents were recorded to be 30 and above years of age. From the analysis of the data, it can be noted that, 45(45%) respondents denoting most of the respondents had ages between 21 and 29.

**Table 2: Frequency percentage of respondents' demographic characteristics**

<b>Characteristics</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Age</b>		
Below 12	9	9
12-20	36	36
21-29	45	45
Above 30	10	10
<b>Total</b>	<b>100</b>	<b>100</b>
<b>Gender</b>		
Male	56	56
Female	44	44
<b>Total</b>	<b>100</b>	<b>100</b>
<b>Marital Status</b>		
Married	16	16
Divorced	10	10
Single	72	72
Widowed	2	2
<b>Total</b>	<b>100</b>	<b>100</b>
<b>Level of education</b>		
No education	7	7
Primary/JHS	63	63
SHS/V	19	19
Tertiary	11	11
<b>Total</b>	<b>100</b>	<b>100</b>
<b>Do you have Children</b>		
Yes	27	31.0
No	60	69.0
<b>Total</b>	<b>87</b>	<b>100</b>
<b>Place of origin</b>		
Northern	39	41.4
Upper West	17	18.1
Upper East	20	21.3
Greater Accra	4	4.3
Eastern	8	8.5
Central	6	6.4
<b>Total</b>	<b>94</b>	<b>100</b>

Source: Field Work, 2018

This age bracket can be understood as predominantly youthful age group where people found in this category have strength and vigor to work. Having therefore such people dwelling outside on the street ostensibly means a waste and abuse of their youthful strength.

It can be understood that this age category is more likely to be pulled by external factors like peers, autonomy, drinking and substance abuse and end up homeless on the streets. This is deduced as such because Didenko & Pankratz (2007) observed that age contributes a major factor in the use of hard drugs by the youth who are homeless whereas the older homeless individuals result to excessive drinking of alcohol. The urban centers thus become an avenue especially the cities for these youthful migrants, the opportunities for them to acquire some form of vocational training, education and employment (Barlett, 2011; Boakye-Yiadom & McKay, 2007).

#### **4.2.1 Gender of Respondents**

The study (Table 2) shows that, 56(56%) respondents were males while the females amounted to 44(44%) respondents. This outcome is an obvious indication that, homelessness is more common among the males than their female counterparts (Novac, 2001). Thus, most homeless subculture has a higher percentage of women being invisible and hidden than men (Scott, 2007).

#### **4.2.2 Marital Status**

As regards the marital status, 16 (16%) of the respondents were married while 10(10%) were divorcees but 72(72%) respondents were single and 2(2%) respondents widowed. This suggests that married couples or having a partner will propel them to seek some form of shelter and exit their homeless status as compared to their fellow single homeless colleagues who are the majority in number living on the street on the street (Shinn et al., 1998; Culhane, 2004a).

#### 4.2.3 Educational Level of Respondents

Also pertaining to the level of education, 63(63%) respondents had up to primary/JHS levels in education while 19(19%) respondents had SHS/Vocational education and 11(11%) respondents had completed Tertiary education. The study also showed that 7% of respondents had no formal education.

With the question pertaining to whether the respondents had children, 31.0% attested having children while 69.0% respondents denoting the majority had no children. However, 13 respondents did not give an answer to this question as such their missing variables for this section.

It was observed that regarding the origin of respondents from Table 2 that 41.4% of them hailed from the Northern region, 21.3% from the Upper East and 18.1% from Upper West and the other percentages from the other regions while the least 4.3% came from Accra. Also, there were missing variables for this section as 6 of the respondents were not forth coming with their place of origin. This study suggests that most of the streets in Tema Community One, have become a hub for these homeless migrants with majority coming from the Northern parts of Ghana, Upper East and Upper West respectively. Respondents from these regions especially the North are pushed from their sphere of domain to the live on the streets of Tema due to poverty and political issues such as ethnic and chieftaincy disputes and religious differences (Phebih-Agyekum,2006). This supports studies by Awumbila & Ardayfio-Schandorf (2008) and Konadu-Agyeman (2000) that most migration from the North to the south is due to the economic disparities and lack of infrastructure in Ghana which maybe as a result of poverty as such migrants become vulnerable upon arrival in the city as many of them are unskilled and have no formal education upon arrival.

This influences the higher numbers of northerners being homeless on the street of Tema as compared to those homeless people from the other regions.

However, some respondents declined to answer questions pertaining to their place of origin during data collection resulting to the missing variables in the data above.

**Table 3: Profile of qualitative respondents**

<b>Name</b>	<b>Age</b>	<b>Educational level</b>	<b>Marital status</b>
Darkurah	19	Primary	Single
Yirilabua	23	No education	Single
Tuorong	20	JSS	Single
Naliba	18	JSS	Single
Zulai	24	No education	Cohabitation
Amina	22	Secondary	Singe
Afia	10	Primary	Single
Sowah	18	JSS	Married
Akwasi	40	JSS	Married
Kwame	27	No education	Cohabitation
Ekua(blind)	48	Elementary	Married
Agya. A(blind)	74	No education	Widowed
Kofi	13	Primary	Single
Nii	21	Primary	Single
Yoofii	16	Primary	Single

**Source: Field work, 2018**

Names used for the qualitative data are pseudonyms. They don't represent the actual names of respondents. This is to ensure the confidentiality of respondents. The profile generally shows that, most of the respondents are not married and have lower educational backgrounds. They were selected out of the 100 sampled respondents during survey data collection because the researcher thought they were of relevance to the study. According to Kiten & Kate (2007) researcher can select respondents who they think can provide them with the information needed for the study.

**Table 4: Frequency percentage of the causes of homelessness**

<b>Question</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Have you any family in Tema?</b>		
Yes	6	6
No	94	94
<b>Total</b>	<b>100</b>	<b>100</b>
<b>Why do you stay on the street?</b>		
Financial reasons	57	57
Lack of Accommodation	18	18
Family Conflict	15	15
Others	10	10
<b>Total</b>	<b>100</b>	<b>100</b>
<b>For how long have you been on the street?</b>		
Less than a year	8	8.6
1-2	20	21.5
2-4years	35	37.6
Above4 years	30	32.3
<b>Total</b>	<b>93</b>	<b>100</b>
<b>What do you think keeps you on the street?</b>		
Friends	22	22
Alcohol and drugs	10	10
Work	40	40
Others	28	28
<b>Total</b>	<b>100</b>	<b>100</b>

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**Source: Fieldwork (2017)**

From Table 4, it can be inferred that 6(6%) of respondents have family ties in Tema but 94(94%) respondents representing the majority have no family in Tema. This shows that majority of the homeless people on the street of Tema are migrants from other parts of the country without many family ties and support system in Tema. Thus, due to the industrious nature of the Tema metropolis, it is extremely proliferated with migrants who have come there without any families there.

The observation from the study therefore shows that, the homeless on the streets of Tema Community One are undeniably migrants. Current migration flow shows that although previously females migrate to join their partners and the men in search of jobs. Now migrants have become autonomous and they decide to move to urban centers despite not having family members at the destination area. (Adepoju, 2004; Wiredu, 2004; Whitehead et al., 2007). Responding to why she came to live in Tema, Amina responded that though she had no family there, she took the risk to find herself on the street:

Amina said:

My friends came back to the north and they had a lot of money and were wearing nice clothes and they bought a lot of things for their families and I also wanted to be like them, so I followed them here even though I have no relatives here.

Naliba also added:

My family can't take care of me and all my siblings back home in Wa. But here, I make a lot of money which wouldn't be the case if I were back home but now, I send money to my mother and my siblings.

This kind of migration suggests that, these homeless people are pulled to the street by both the pull and push factors as indicated by the framework used for the study. As Bashi (2007) suggests that, people only migrate to places for reasons like the desire for freedom, poverty, hunger, family violence and other pressing factors do direct people to migrate to the streets (Gracey, 2002; McCreery, 2001; Panter-Brick, 2002).

#### **4.2.4 Examining the causes of Homelessness**

Homelessness is influenced by both individual and structural factors that are divergent in the social, economic and political areas of a country. These pull and push factors cause people to leave their homes and to settle on the streets stemming from financial reasons; lack of job opportunities,

lack of accommodation; affordable housing, evictions, natural disasters and family conflicts; escaping violence, custody issues, lack of family support system. To affirm this, it is estimated that 250-310 million people through migration travelled in search for a better life from the rural to urban areas as settlers in the period spanning from 2005 and 2015 (UNFPA, 2007). By this estimation, Bell (2008) disclosed that, the young ones especially the youth among the homeless people are pulled to move to the urban areas either for the sheer desire to be independent, money, employment, adventure, conflicts and many other reasons. The implication is that, although the elderly will travel often, it is the energetic young ones with enough strength to work and fill generational gaps that are pulled to the streets in search for jobs that are non-existent. They end up staying on the streets without shelter, food and better clothing making them poor, restless and homeless.

Under this heading, the study of the data focuses on determining the causes of homelessness as the first research objective of the study.

Supporting that people move to the street for various reasons such as economic, social or political is affirmed in an interview this researcher had with Darkurah and Yiriba.

**Yirilabua:** My friends who came back from the city are now big boys and successful, they had phones and nice attires and will take us out for a nice time. I followed them back to the city so I can make some of the good money they had.

**Darkurah:** My father has many wives and children, he doesn't take care of my mum, myself and my three little sisters as I couldn't find a job there I decided to come to the city, work and send money home because often the land is even dry and you can't plant much until the raining seasons.

These responses indicated that these respondents are homeless because of an inextricable play of both structural and individualistic factors which pushes them out of their domain and pulls them to the streets to become homeless.

#### **4.2.5 Reasons respondents' stay on the street**

This question sought to unravel the very causes that drive people to settle on the streets of Tema Community One. It is to investigate the reasons why people travel to the urban communities. It can be read from Table 4, 57(57%) respondents attributed their reason for staying on the street to finances while 18(18%) respondents stay on the street because they have no place to stay. From the views of 15(15%) respondents, family conflict is what drove them from home to the street while 10(10%) respondents attributed it to other factors like desire for independence, drugs, boredom, and adventurism. Deducing from the analysis it can be surmised that, the need for money, which is finances, represents a major factor that drives most people to the streets of Tema. This major drive among other factors constitutes structural factors involving the social and economic factors that cause homelessness and is made a major challenge by the lack of housing or housing affordability, labor market and poor welfare systems (Edgar et al, 2004). Moreover, it is undisputable that, money carries a potent power that influences people to migrate to where they hope to acquire it. This also confirms the study by Cross and Seager (2010) which emphasized unemployment as a prime stressor of poor households and a cause for social exclusion in their four-years study of street homelessness. It can be conjectured that financial challenges constitute a prime reason why people have filled the streets and are homeless in Tema Community One.

#### **4.2.6 Respondents' length of stay on the street**

This question essentially helped to understand the length of years that people have lived on the streets. This invariably defines the kind of life lived by the homeless people amid harsh weather conditions, diseases, fear, enduring anger from people and hunger among other reasons.

It can be read from Table 4 that 8.6(8.6%) respondents have lived less than one year on the streets while 27.5(27.5%) respondents have lived 1 up to 2 years on the streets of Tema. But 32.3(32.3%) respondents have had 2-4 years experiences on the street while 37.6(37.6%) respondents also have lived 4 years and above on the streets. Based on the analysis, it can be put out that, most people have suffered homelessness in various periods. Respectively, it can be realized that, 37.6% and 32.3% respondents have lived 2-4 years and above 4 years respectively.

Living these long years on the streets to an extent defines the possible stress endured by homeless people all in the name of making a livelihood. This supports studies by Culhane & Metraux, (2008) that people who live on the street above 3-4 years experiences chronic homelessness where individuals have little resource to improve their conditions, may develop mental health issues, and drift into alcohol or drug use to cope with the street life. It can be suggested however that, these people who have lived these long years on the street have been homeless for financial reasons. To assess this, a 74year old blind man Agya Atta, who could hardly remember much, in an interview recounted his years on the street:

I had a son who died and after some years my wife also died,  
I had no one to carter for me because of my blind condition.  
So, I came here before the NDC government came into power  
in 2009.

This respondent accounts of being on the street for more than the past eight (8) years as a result of lack of supportive relations attest to him experiencing chronic homelessness. And the exhibition of signs of schizophrenia and depression by him showed during the data collection. This may also stem from family conflict where no one wants an aged and blind man to be their responsibility as such pushing him to the street.

Having to live homeless years on the street shows how resilient these people are. Resilient people have the tenacity to adjust and adapt to conditions that are seemingly harsh and difficult. Resilience according to Boyden & Cooper (2007) is the continuance of normal functioning notwithstanding the emotional disturbances a person encounter. By being on the street for such years makes it clear that they are capable of adjusting to adversities and adapting definitely when exposed to risk. After all, staying on the street is nothing less than risk. Boyden & Mann (2005) affirms this by adding that, people on the street face risk by circumstances that increase their possibility of susceptibility to adverse happenings. The homeless on the streets face risk by enduring and adjusting to the negative situations on the streets every day.

#### **4.2.7 What keeps respondents always on the street**

This question was asked as a confirmation to assess the consistency of why people dwell on the streets. Just as street dwellers have reasons to be there, what keeps them there is of essence. It can be read that 22(22%) respondents are kept on the streets because of friends but 10(10%) respondents are influenced by alcohol and drugs while 40(40%) respondent dwell on streets for work (business) sake. Other reasons like relationships and marriage account for 28(28%). From the outcome of the responses, it can be learnt that, though various factors push and pull people to the street, work (business) is the most significant basis by which people are kept to the streets.

It is typical of people to leave their home for better lives. In explanation to this, the outcome of the study shows that, the pursuit for business and for that matter money, remains a key reason that render people homeless always. As regards the reasons why people dwell on the streets it was observed that financial issues were primarily the reason why the street of Tema Comm.One, is getting flooded with street dwellers. This confirms studies by Oppong Asante & Meyer-Weitz

(2015) that people migrate to urban centers in search of jobs and greener pastures and end up homeless.

**Table 5: Association between reasons on the street and demographic characteristics**

	Education		Sex		Marital status		Age	
	Basic N (%)	Secondary & tertiary N (%)	Male N (%)	Female N (%)	Married N (%)	Unmarried N (%)	Below 21 N (%)	21 + N (%)
Finances	41(62.1)	0(0.0)	40(71.41)	1(2.3)	0(0.0)	41(59.4)	34(75.6)	7(12.7)
Homeless	20(30.3)	9 (26.5)	11(19.6)	18(40.9)	18(58.1)	11(15.9)	11(24.4)	18(32.7)
Family conflict & other reasons	5 (7.6)	25 (73.5)	5 (8.9)	25 (56.8)	13 (41.9)	17 (24.6)	0 (0.0)	30 (54.5)
<b>X<sup>2</sup>(df)</b>	<b>53.77(2) **</b>		<b>51.42(2) **</b>		<b>33.64(2) **</b>		<b>48.96(2) **</b>	

Source:

\*\*P<0.05

Table 5 critically shows that most of the respondents with their educational background at the basic level cited financial reasons for being on the streets. In addition, this category of respondents agreed more to lack of accommodation as a reason for their homelessness as compared to their counterparts who had at least secondary education (26.5%). However, most of the respondents (73.5%) with at least second cycle education accepted family conflict and other reasons such as peer pressure as the reasons they were on the street than those with basic education. This is better explained by suggesting that family conflict, poverty and the desire to change their economic states constitutes key reasons why homelessness abounds.

With regards to sex as an independent variable, most males (71.4%) agreed to finances as reasons for being on the street than females (2.3%). Nevertheless, the test result also showed that most

females, agreed more to accommodation (40.9%) and family conflict (56.8%) as reasons for being on the streets respectively when compared to males.

When marital status was considered for the test, the respondents who were married also agreed more to lack of accommodation (58.1%) and family conflict (41.9%) respectively as their reasons for being on the streets than those that were unmarried. On the other hand, more of the unmarried respondents (59.4%) agreed to finances as a reason than the married respondents. Finally, more of the respondents who were 21 years and above also chose family conflict (54.5%) and lack of accommodation (32.7%) as a reason for their stay on the streets than those below 21years. Meanwhile, only 12.7% of them cited financial reasons for being there.

#### **4.3 Challenges Encountered by Homeless People**

For a person to dwell on the street other than home is bound to face challenges. Homeless people believably encounter more challenges than they can possibly describe. Therefore, for people to have dwelt on the street for year(s) suggests they have experienced untold challenges. This is supported by a study by Nada & Suliman (2010) that indicated that problems encountered by the homeless were key test of the individual's ability to cope with street life because 93% of homeless street dwellers saw this brutal lifestyle was as normal in their day-to-day living.

Unquestionably, people do face a range of social, economic and political issues. These problems from different studies consists of violence, rape and sexual harassments, alcohol and drugs abuse, theft, stigmatization, unemployment, health issues and difficulties in accessing health care service and prevalent fighting among homeless people.

**Table 6: Challenges street dwellers face**

<b>Statement</b>	<b>Frequency</b>	<b>Percentage(%)</b>
<b>Do you face any challenge on the street?</b>		
Yes	93	93
No	7	7
<b>Total</b>	<b>100</b>	<b>100</b>
<b>How do people see you on the street?</b>		
<b>Needy</b>	48	48
Homeless	22	22
Useless	28	28
Others	2	2
<b>Total</b>	<b>100</b>	<b>100</b>
<b>How do people relate to you?</b>		
Well(good)	37	37
Not so well(good)	30	30
With disdain	22	22
Bad	7	7
Very bad	4	4
<b>Total</b>	<b>100</b>	<b>100</b>

**Source: Field work, 2017**

#### **4.3.1 Challenges on the streets**

From the Table 6, it can be read that 93(93%) respondents designating the majority answered yes to the fact that they face challenges on the streets but 7(7%) denoting the minority answered in the negative to indicate that they encounter no problems on the street. Both responses showed that, majority of the homeless street dwellers face problems because 93(93%) respondents who dwell on the streets face problems daily. To the extent that a great percentage of individuals face challenges dwelling on the street explicates the seriousness of the homelessness phenomenon. In trying to find out whether these homeless people face any challenges on the street, as majority of the percentage attest to having some issues to contend with by living on the street in Tema, Amina said:

I put up rubber shelter in the sheds to keep me warm and avoid the rain from beating me up during the rainy seasons. Sometimes I collect empty boxes and make a house-like structure to sleep in especially when it is cold. I always transfer my money to mobile account to avoid it from being stolen.

Akwasi also said:

Sometimes I beg people for money because if the spot I sleep at is not secured, I will have to move to another place....I sometimes drink small (alcohol) because when the weather is cold and hard to bear, the alcohol helps me to forget my problems.

Another person also had to drink alcohol in order to forget the day's problems and when the weather is cold, alcohol worked as a panacea. It is therefore obvious that street dwellers face challenges on the streets of Tema. This supports studies by Didenko & Pankratz (2007) that indicated that some homeless people especially the older ones use alcohol and substance abuse as a means to cope with the harsh conditions of sleeping in the open on the street.

These statements typically reflect the agonies and apprehensions of homeless people indicating the adverse conditions that homeless people dwelling on the street must contend with to survive by having to improvise shelter in order to have security. This also goes to confirm studies by Wright et al. (2008) that lack of affordable housing leads to homelessness. Thus the respondents had to improvise card boards and rubbers to make shelter for themselves at night.

#### **4.3.2 Respondents perception of how they are viewed**

People have varied perceptions about homeless people. The fact that people dwell on the streets homelessly undeniably gives a cause for concern because it gives people words to say and thought to perceive. Being on the streets has been perceived diversely by others and this is represented in Table 6. As regards what homeless people go through, Table 6, shows the various responses in relation to how people perceive homeless people. It can be read that 48(48%) respondents were

perceived as needy persons while 22(22%) respondents were seen as homeless. However, it can be read that 28(28%) respondents are regarded as useless beings and 2(2%) respondent represented other reasons factoring from receiving insults, being criminalized and stigmatized. This confirms studies by researchers such as Harris & Fiske (2006) and Kidd (2004) that homeless people are perceived as not fully human, struggling, in need of care and empathy and looked down upon in society.

To the extent that 48% of street dwellers are regarded as needy and 28% also as useless means that they are least regarded in the society. But from the standpoint of Miller & Keys (2001), homeless people also have a sense of self-worth and they are seen when respected and treated humanely. This manifests when others show concerns for the homeless people and provide them the needed services, respect and regard them as human beings with dignity. This is because when individuals are made to feel good about themselves, they are more motivated to become self-sufficient, exit homelessness and contribute to others in society.

#### **4.3.3 Respondents' view of how others relate with them**

As part of the problems that the homeless encounter, the need to determine how people relate to them has become relevant to assess the challenges they face daily living on the streets. Thus, Table 6 shows the outcome of the responses to this question. It can be read that 37(37%) respondents opined that people treat them well (good), whereas 30(30%) respondents said they are not treated so well. In another response, 22(22%) respondents also said they are treated with disdain while 7(7%) respondents said that they were viewed as bad people and 4(4%) respondents very bad. The results of the analysis showed that, although the homeless face some

challenges on the streets in Tema Community One, they do receive some level of recognition and care from the people in the society.

**Table 7: Association between respondent demographic characteristics and the challenges they face**

	Education		Sex		Marital status		Age	
	Basic N (%)	Secondary & tertiary N (%)	Male N (%)	Female N (%)	Married N (%)	Unmarried N (%)	Below 21 N (%)	21 + N (%)
Unemployment	39(60.0)	0(0.0)	39(70.9)	0(0.0)	0(0.0)	39(57.4)	39(88.6)	0(0)
Stigmatization	26(40.0)	8(23.5)	16(29.1)	18(40.9)	17(54.8)	17(25.0)	5(11.4)	29(52.7)
Theft	0 (0.0)	26 (76.5)	0 (0.0)	26 (59.1)	14 (45.2)	17 (17.6)	0 (0.0)	26 (47.3)
<b>X<sup>2</sup>(df)</b>	<b>71.87(2) **</b>		<b>64.69(2) **</b>		<b>29.44(2) **</b>		<b>81.73(2) **</b>	

Source: **Fields Work, 2018**

\*\*P&lt;0.05

A chi square test of independence was conducted to establish whether or not there is a relationship between respondent's demographic characteristics and the challenges they face on the street. Table 7 displays the chi square test of independence results of respondent's demographic characteristics and their challenges they face on the street. From Table 7, there was a significant relationship between all the demographic characteristics (education, sex, marital status and age) and these challenges. This means that demographic characteristics of respondents have effects on the challenges faced by homeless people. Females for instance stood a higher risk such as rape and sexual harassment than their male counterparts.

Taking a critical look at Table 7, it is observed that more of the respondents with basic education than secondary and tertiary levels of education viewed unemployment (40%) and stigmatization (60%) as challenges they faced on the street. However, majority of those with secondary and tertiary education viewed theft as the challenge on the street.

Considering sex in the test, most of the females viewed stigmatization (40.9%) and theft (59.1) as challenges on the streets than their male counterparts, who viewed unemployment (70.9) as a challenge. Meanwhile, the married respondents viewed stigmatization and theft as challenges than the unmarried respondents.

This study supports Wenzel et al. (2000) studies that, homeless women are more prone to experience violence and abuse on the street due to their vulnerability as compared to the homeless men. Subsequently unemployment will push more men to end up on the streets than their fellow women (Henry et al., 2015).

**Table 8: Survival or coping strategies of homeless people**

<b>Statement</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>What do you do for a living?</b>		
Truck pushing (wheelbarrows)	42	42
Street vending	12	12
Shop help	14	14
Shoe shine	6	6
Alms begging	10	10
Other	16	16
<b>Total</b>	<b>100</b>	<b>100</b>
<b>Where do you sleep at night?</b>		
Verandas	42	42
Market places	26	26
Lorry stations	18	18
Dilapidated dwellings (kiosks, underbridges, parks etc.)	12	12
Others	2	2
<b>Total</b>	<b>100</b>	<b>100</b>
<b>How do you feed yourself every day?</b>		
I hardly get food to eat	9	9
I beg on the street for food	12	12
I follow friends for food	7	7
Buy food	67	67
Others	5	5
<b>Total</b>	<b>100</b>	<b>100</b>
<b>Are you in any group?</b>		
Yes	63	63
No	37	37
<b>Total</b>	<b>100</b>	<b>100</b>
<b>What kind of support do you get?</b>		
Encouragement	24	24
Financial support	15	15
Job opportunities	36	36
Companionship	22	22
Others	3	3
<b>Total</b>	<b>100</b>	<b>100</b>

**Source: Field Work, 2018**

#### 4.4 Survival or Coping Strategies of Homeless People

Every human has a right to life and to live it. The need to live contributes to the ability to survive life which has led to people adopting many coping strategies to survive life which may result in some people ending up as homeless. This tendency has caused a lot of people to desert their families, religion, education, homes and other relations just to make a living.

People have become homeless on the streets amid various challenges. Whiles on the streets and in the face of challenges like hunger, sicknesses, poverty, hopelessness, illiteracy, harassments people tend to fight back with approaches that can best bring them relief whether permanent or temporal. Most people achieve this diversely through both legal and illegal ways. Whiles some resort to hard works in approved ways others also adopt unapproved means like cheating, stealing, prostitution, duping among others to make a living. On the streets, people adopt various ways possible through accumulation to survive which Harper, Marcus & Moore (2003) defines as the approach to which people gather relevant skills, knowledge, expertise, experience and social networks to enhance their lives. Homeless people at this time learn adaptable and resilient mannerisms to have independence and rights for themselves to fit into the system. To this extent Chambers and Conway (1991) clarified survival or coping strategies as consisting of the people's potentials, assets and activities that enhance their livelihoods. Thus, the following questions below are discussed to determine how homeless people survive or cope on the streets.

What homeless people do for a living describes the very activities they undertake to survive. These activities can consist of industrious activities (like buying, selling and petty trading), investment strategies (apprenticeship and craftsmanship) and reproductive choices (marriages relationships and networks). Adopting any of these strategies by and large constitutes a self-motivated course

such that people can undertake to make living worthwhile. Therefore, adopting any of these strategies that affect the homeless capability to make life achievable is a major persuasion on the choice of livelihood strategies they can adopt and practice (Eldis, 2012).

Table 8, therefore illustrates the various responses explaining what street people do for a living. It can be read that 42(42%) respondents push trucks on the streets to survive while 12(12%) respondents also do street vending for a living. Also 14(14%) respondent's help in shops as a coping means for survival and 6(6%) respondents shine shoes whereas 10(10%) respondents beg for alms while 16(16%) engage in other activities such as scavenging, scrap dealing, pan handling, rubbish collecting, dish washers, chop bar helps, janitors, security, packing and off loaders etc. in order to survive. The urban centers thus has become an avenue especially the cities for these youthful migrants, the opportunities for them to acquire some form of vocational training, education and employment (Barlett, 2011; Boakye-Yiadom & McKay, 2007). These activities according to Eldis (2012) are adopted livelihood strategies that people opt for so as to cope and survive life on the streets. In all these coping strategies however, it can be realized that pushing trucks (wheel barrow) is mainly what homeless people on the streets of Tema engage in. This means that, pushing trucks (wheel barrow) is the form of resource generating that they engage in for income for their livelihood along with other street retail business of buying and selling on the streets as means by which they survive. In this studies, the dynamism of this nature of work is mostly done by males than females showing that majority of these homeless people in Tema Community One, who engage in pushing trucks (wheel barrow) often are 42(42%) of men as compared to other studies done in Ghana where there are more female homeless people on the street who engage in head pottering 'kayayei', hawking various items, working as kitchen helps

and cooks in various local food joints ‘chop bars’ and others working as commercial sex workers (Opare, 2003; Oberhauser & Yeboah, 2011). It can be deduced also that the other coping strategies of the people are unskilled means of living. In other words, little knowledge is needed to embark on these strategies to cope and survive on the streets.

On the streets of Tema Community One however, most people have found these defined places as confinement to shelter themselves especially in the nights. Homeless people often adopt unusual strategies to avoid being violated, beaten, robbed, harmed, raped or harassed by sleeping with friends in numbers or groups. Mizen & Ofofu-Kusi (2010) concluded that sleeping close to one another afforded girls in particular the assurance of security.

The means by which street dwellers shelter themselves is shown in Table 8. The outcome describes the places where homeless people sleep at night. It can be read that 42(42%) respondents do sleep on verandas while 26(26%) respondents also take shelter at market places. Again 18(18%) of respondents sleep at lorry stations while 12(12%) in dilapidated dwellings (kiosks, under bridges, etc.) and 2(2%) slept in other places like in cars and school parks. Based on the analysis, it can be observed that, the homeless street dwellers have no better place to sleep. Most of them sleep on verandas in the night. It can therefore be suggested that, there is the high tendency of them getting sick, being attacked and harmed because of their vulnerability. To validate this, Amina responded that;

At night I use big plastic over some tomato carts and boxes to make a shelter for myself and my child to keep us warm and prevent the rain from beating us. Then in the mornings I go to the public bath house sometimes I just bathe in the corner over there with some sachet water.

Naliba said:

I and my friends sleep together to avoid our money from being stolen and being sexual harassed. We also collect leftover food stuff from the market and sell for money.

Zulai also added:

I sleep at the lorry station with my child so that we can be protected by the drivers and mates who park their cars there.

All these responses attest to the various struggles homeless people go through to have a place to sleep at night. This supports studies by Brux (2008), McCathy (2004) and Tutty et al. (2008) that lack of affordable housing and unemployment as a result of poverty pulls people to the street to become homeless and live in precarious conditions.

The mode of survival and coping strategies also involves how street dwellers feed themselves. Based on the responses it was discovered that 9(9%) respondents said they hardly get food to eat whiles 12(12%) also maintained that, they beg on the street for food. According to 7(7%) respondents they follow friends for food, 67(67%) respondents buy food whiles 5(5%) adopt other ways such as scavenging, waiting for left over from local chop bars and food vendors. The study shows that feeding of street dwellers is a major problem because majority of them must buy before feeding. The problem however arises then that, in times when they do not get money how will they survive? This makes street life perilous in Tema. Health issues also poses a critical challenge to deal with as street occupants. It can be inferred that, most homeless are bound to have health challenges as a result of not feeding well and these poor accommodation challenges.

The need for networking is explained by Cohen & Syme, (1985) to be a means for social support, self-esteem, identity and perceptions of control. It therefore suggests that having such association has the probability of linking people to people and places. On this platform is where both informal

and formal means of interactions can ensue for building co-operation for mutual benefit because for Jacobs (1960), networks afford people the opportunity to trust, co-operate and acquire different perceptions of safety.

Therefore, in assessing whether the respondents have groups or networks they are affiliated to or not, it was recorded from Table 8 that, 63(63%) respondents had some forms of networks while 37(37%) had none. Those who had no affiliations the indication therefore is that, 63% of street dwellers are connected to some sort of associations and groups. This also shows that, there is the tendency for them to have links that can give them employments and other reliefs. This supports the study by Asheber (2005) which discovered that the formation of networks is of essence because it amounts to “social capital” for the street occupants to promote benefits from their association with others. In this direction, when asked the kind of support they get from these group, it was found again from Table 8 that, 24(24%) of the respondents said that it gives them encouragement. This study also confirms Spencer & Pahl (2006) studies that, the formation of these groups facilitates networks that build friendships, confidantes and also these groups in return assist, encourages and help each other emotionally. These supportive friendships also prevent the homeless youth from engaging in criminal activities (Seipel & Orme, 2007). Also, 15(15%) of the respondents said it gives them financial support while 36(36%) saw it as a means for job opportunities. Subsequently, 22(22%) of the respondents enjoyed companionship thus confirming other studies that although homeless people may have trust issues with people (Barker, 2012) and be lonely (Rokach, 2005) they utilize these groups and friendships on the streets which in turn reduces their feelings of isolation. Also, according to Stevenson & Neale (2012), this sense of companionship and intimate partnership also helps the homeless drug and alcohol users to curb

their addiction and to exit the street life as it brings them a sense of safety, well-being and self-esteem. Subsequently, 3(3%) of respondent linked it to other reasons like politics and religion.

Furthermore, this supports findings by Moore (2003) that although the push factors such as peer pressure, domestic violence, drug abuse and the pull factors such as unemployment, poor welfare system and housing affordability among others contributes to homelessness, the homeless harness every avenue around them economically through their livelihood strategies such as truck pushing, street vending, begging for alms shop helps etc., socially and morally through where they sleep, where they get food to consume and the formation of group networks on the streets, to utilize as a social capital for links to menial jobs, encouragement, financial support among others in order cope and survive the street life and cope with their present situation of being homeless.

#### **4.5 Health seeking behavior of homeless people**

Health is a complete state of physical, mental and social well –being and not just the absence of ailments (WHO,2008) as such pertaining to the health of the homeless dwelling on the street, the study asked questions to help answer some health challenges they face. Table 9, displays the health seeking behavior of the homeless and their means of coping and surviving such ailments they faced. The survey showed various sicknesses they encountered, their health insurance status, the process they go through when unwell and how they support themselves when they fall sick.

Responding to whether they face any health issues, 92 (92%) responded to having health problems while 8(8%) said they had no health issues. The ailments captured amongst the homeless street dwellers included bodily pains, headaches, malaria, rashes and many others.

Popular ailment amongst the homeless centered on bodily pains which 52(52%) of the respondents voiced out and malaria which 23(23%) attested to. This shows the complex relationship between the homelessness and their ill health, subsequently this could be as a result of sleeping in open spaces at the mercy of mosquitoes, sleeping on bare floors regularly and waking up very early before they are noticed sleeping there, the long constant period of standing and moving around on their feet leading to cellulitis, fungal infections and venous stasis and the vigorous activities some engaged in to make a livelihood on the street (Stratigos & Katsambas, 2003;Hwang, 2002). Other ailments included sexual transmitted diseases amongst the homeless youth as they engage in this behavior without protection and multiple partners (Kayembe et al., 2008; Oduro, 2012; Tadesse et al., 2013). An example is a study in Ethiopia, conducted among 280 street youth which showed that 77% of the sample were sexually active during the time of the study, and their last sexual escapades was without the use of condoms (Solomon, Tesfaye & Erosie, 2002). Another study conducted by Swahn et al. (2012) showed that drugs and alcohol abuse, schizophrenia, suicidal ideation in the slums of Kampala streets where roughly 31% of homeless children found and who had tried killing themselves. Furthermore, from Table 9, 39.4(39.4%) of respondents responded that when they got sick, they self-medicated. These practices the respondents had no problem with as they purchased medication from pharmacies or drugstore outlets and medical dealers who sold these illicit drugs when faced with any health issues. Their reason according to the respondents was as a result of the hospitals being far away, those near were private clinics, expensive and when you managed to go there, you were treated with disdain and stigmatization. Also, money was an issue and they will opt to purchase drugs than go through the long and expensive services of the hospitals for exchange for health care and services.

This supports studies by Hatton et al. (2001) that geographical location of health services also makes it difficult for the homeless to access health services and care especially when they must travel long miles and there is a need for transportation which they can barely afford. This confirms that the homeless are faced with numerous difficulties in accessing health care services (Darbyshire et al., 2006). One respondent responding to these questions:

**Tourong:** Here to the General hospital is far and when you get there too the nurses shout on you like you are not a human being and they will make you buy a card before you see the Doctor after that you buy the medicine but when I feel sick, I can just buy medicine from the drug stores and I will be fine.

Meanwhile, 23.4(23.4%) used the drugstores or pharmacy. About 18.1(18.1%) of the respondents uses traditional herbs and 13.8(13.8%) opt to go to the hospital when sick while 5.3(5.3%) of the respondents use other means such as seeking spiritual help, doing nothing among many others. However, the hospitals were visited for the doctor's advice when the sickness become critical and there was an emergency especially when there is an injury.

Furthermore, when the homeless street dwellers were asked about the status of their health insurance, 83(83%) of the respondents did not have the card because they were not registered. They had no particular reason for not registering although some have knowledge of the scheme, while 17(17%) of the respondent said they were insured yet some of them didn't seem to have a use of it especially living on the street, these responses were predominant among the males .

Yirilabu, upon being asked why he is not registered on the National Health Insurance simply responded that:

I hardly fall sick to require going to the hospital, so I don't and will not need any card for that, so it is not because of anything I don't have the card.

However, Amina emphatically responded that

I registered when I got pregnant for free maternal care so I still use my card and my boy also has one which I use, like I won't be able to take care of him alone when he gets sick, so it helps me a lot.

Moreover, when the respondents fall sick, they got assistance from associations, religious groups among others and majority of 59(59%) respondents got assistance from friends which shows they are dependent on each other especially the youth that dwell on the street homeless. This supports studies by Spencer & Pahl (2006) and Hudson et al. (2000) that the homeless use their social networks to provide them a supportive system and assistance when then they fall sick on the streets. These were responses from the homeless on the street concerning their health issues and behavior towards it.

**Table 9: Health Seeking Behavior of Homeless People**

<b><u>Statement</u></b>	<b><u>Frequency</u></b>	<b><u>Percentage</u></b>
<b>What is the most common sickness experienced?</b>		
Malaria	23	23.9
Headaches	15	15.6
Rashes	4	4.2
Bodily Pains	52	54.2
Others	2	2.1
<b>Total</b>	<b>96</b>	<b>100</b>
<b>What do you do when you get sick?</b>		
Hospital	13	13.8
Drug Store	22	23.4
Traditional herbs	17	18.1
Self-Medication	37	39.4
Other	5	5.3
<b>Total</b>	<b>94</b>	<b>100</b>
<b>Do you have the NHIS insurance card?</b>		
Yes	17	17
No	83	83
<b>Total</b>	<b>100</b>	<b>100</b>
<b>Who supports you when you get sick?</b>		
Association	12	12
Friends	59	59
Religious Groups	7	7
No One	6	6
Other	16	16
<b>Total</b>	<b>100</b>	<b>100</b>

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Source, Fields Work (2018)

#### **4.6 Recommendations for its Intervention**

For the purpose of proffering recommendations as interventions for homelessness, interview was arranged with the respondents. This interview was done to interact with them one-on-one to probe further and know from them personally what caused their being on streets, what was their perspective on the ways to get them off the streets, what they are doing for themselves to get out of the street and their suggestions to others.

#### **4.7 What has caused your being on the street?**

Various responses indicated diverse reasons why people keep to the streets to dwell there. The interview showed that most people have challenging reasons that push and pull them to find the streets as a refuge to dwell. It will therefore not be out of order to put forward that, the streets of Tema has become an “asylum” and a “hub” giving people a habitat.

Various challenges like the search for employment, high rental fees and general lack of accommodation amounted to the reasons why people are on the streets of Tema Community One. However, from most respondents it was learnt that disability constitute a major reason they are on the streets. For one man insinuated that, as a result of his blindness and the death of his wife, his children have rejected him and there was no one fending for him. As a result, he has been forced by this circumstance to be on the street. Another person also said; “I am blind, and I have not been able to secure a job all these years, so I beg for alms on the street”. Treatment meted out to these handicapped people confirms why there is an increase of people with disabilities amongst the homeless population on the streets (National Institute of Mental Health, 2009). Deducing from this, it is likely that, more and more people facing this fate will encounter traumatic experience and end up as homeless people on the streets.

From the experience of others, it was found that pressure and sheer dislike for the face of some people end up pushing such victims to the streets. To confirm this, Kwame intimated by saying that:

They say I am a “kubolor” (hustler) and as such they do not want me around the other children in the house, because I don’t have a job, they always insult me, so I left home and came to stay here.

In the same way another respondent opened up and said that as a result of dislike of the family for his character they have ejected him, and he has sorted solace on the streets. Sowah, also recounted the cause of him being on the streets and said:

My family said they do not want me around. It is all because they say that, I smoke too much, and things get lost in the house when I am around, but I don’t steal these things they accuse me of.

Tourong also described a similar cause:

My parents chased me out of home because I drink and smoke, so I left home so that I can do what I want.

**Kofi:**

As for me, I run away from my village and family because we went for some Church programme and the pastor said I should confess all I have been doing I told them I haven’t done anything but all the time, my family will ask me to confess and when I refused, my uncle beat me up so one day when they left for the farm, I went to the roadside and got a lift, and arrived here in Tema. I am happy here and I have made friends here on the street who treat me better.

Following from the responses above, this affirms studies by Chamberlain & Mackenzie (2003), and Mouros & Makai (2004) that when there is family violence at home this will push people to move to the streets. Also Wright (2000) argued that, the individual proximate causes bring restraints on themselves through substance abuse problems and the inability to maintain relationships. This means as long as people’s own subculture contradicts morals in homes there is the likelihood that, they will be pushed out into the streets. From the responses of the second

respondents it is apparent that, substance abuse and hard drugs constitute a major causative agent of homelessness. This is argued so because studies point out that majority of the homeless youth and the homeless have higher substance use than their housed individuals (Embleton et al., 2013).

An encounter with another respondent showed that, they are on the streets of Tema, Community One because of the disabled and blind people. They assist them to beg for alms. Afia puts it that;

My uncle's blindness brought me here so as to help him beg for money because my parents are poor and cannot send me to school and take care of me at the same time.

**Yuofii** also retorted that;

I assist a blind man on the street to beg for money, we sleep on the verandas and at the end of the day; he pays me something because he brought me from the village.

Based on the responses, it is obvious that poverty has made people to become homeless. These blind people take advantage of their predicament to make other individuals homeless by drawing younger people from the villages to ply on the streets for money on their behalf subjecting them to child labor (ILO, 2002) when they should be schooling and getting an education at that time.

#### **4.8 What do you think should be done to get you out of the street of Tema?**

This question was appropriate so as to determine what the homeless people on the streets of Tema Community One do expect from the community or from others.

Though most respondents interviewed had varied expectations particularly from the government but prominent were employment and accommodation. These two major factors apparently are enough to make one homeless. In search for livelihood and survival, people are forced to leave their homes to find greener pastures. This phenomenon lands people on the streets as beggars and operators of menial and sedentary work because often they move to bigger cities without any apprenticeship skills. These people end up sleeping in obscured places because they either have

no place to rent because they don't have money, or they cannot get a place at all to rent. Housing deficiency is characteristically with urbanization, which does not favor street dwellers because they are the poor and low-income earners. Rural households migrate to cities in search of economic opportunities and greener pastures abandoning their subsistent means of livelihood. It is for this reason Huchzermeyer & Karam (2006) estimated that urbanization in Africa is the highest with an average annual growth of 4.0 per cent. However, Konadu-Agyemang & Noonam, (1994) posit that, industrialization of agriculture has affected the rural labor markets due to its negative weight on small scale farms, thus this has caused migrants to contend with employment and affordable housing in the cities. These people constituted the poor victim who inhabit the street, sleep in open spaces, become pavement dwellers and depends on alms for livelihood while others cobble up menial jobs such as shoe shining, rubbish collecting to make ends meet daily. In affirmation to this, different studies have indicated homelessness in urban areas as a result of the lack of affordable housing which contributes to the high rates of homelessness (Lee, Price-Spratlen, & Kanan, 2003; Quigley, Raphael, & Smolensky, 2001).

#### **4.9 What are you doing by yourself to get out of the streets?**

Asking what the respondents are doing to get themselves out of the streets, it was realized that one group of people were willing to leave the streets hence were working harder to save for the future. This group of people among others complained about the hardship on the streets amid sickness and enduring bad weather and sleeplessness. In view of this, they asserted their willingness to vacate the streets and start a new life of their own.

On the other hand, other respondents were comfortable living on the streets. In dealing with this class of people, dwelling on the streets was all they have embraced because to them they have

nowhere to go again. These were mainly physically challenged (blind) people who saw that living on the streets will afford them the opportunity to beg for more using their disability. Ekuia-Elizabeth in an interview said:

This is where I make money to take care of myself and my family;  
I cannot leave here at this age, what will I do for a living? At least  
I get something small daily here from what people give me.

To this Agya-Atta, added:

I have nowhere else to go so this is my home. In the village no one  
will leave his work or going to the farm and take care of me.

By these responses, it can be inferred that, living on the street has become a home and a source of livelihood for some people (Olufemi, 2000). Based on the foregoing, it is noticeable that, it will take time for people to leave the streets because of unemployment. It is undeniable that, unemployment is analogous to the incessant expansion of homelessness and is one of the prominent causes of homelessness presently (National Alliance to End Homelessness, 2009). This is because those who are homeless are more often unemployed or engaged in a less menial work that cannot provide sufficiently for all their basic needs as such the unemployment situation poses a challenge to the homeless population (Flatau et al.2009 ; Sheen et al.2012).

#### **4.10 What will you suggest to your colleagues on the streets to do?**

A respondent said, “I ask colleagues to work hard and save because sometimes the sun is hot, but you have to work or else you will not eat”. This was what one homeless youth thought was appropriate remark to give to colleagues on the street. Thus, this respondent believed in hard work and savings hence recommended for others to follow so as to get them off the street. This affirms studies by Malinidi & Theron (2010) and Speak & Tipple (2006) that the homeless were not just

lazy people as perceived by society that they would develop some skills, aspirations and work to take care of themselves and their future.

To some respondents, honesty and hard work will get people off the streets. For these reasons a respondent opined that, there is the need to stop “connection moves” (dubious means to enrich oneself overnight) which includes avoiding stealing and selling products which does not belong to them. The need to stay focused as street dwellers was noted as a significant recommendation made by the respondents to their colleagues. This according to them will help people on the street to stay away from compulsive shopping meant just to waste money and resources.

#### **4.11 Social and Economic Welfare systems used by Homeless people**

The final objective of this study was to identify the social and economic welfare systems used by the homeless people.

As found by this study, there is no welfare system for the homeless people in Tema, Community One. However, some philanthropists, Corporate Bodies, Individuals and Faith Based Organization come occasionally to assist them. Some of these assistances are in the form of soup kitchens, provision of clothing's, medical assistance and health talks.

**Yirilabu** disclosed that there are no social and economic welfare systems in place for them.

We don't have any support from anywhere, not from the government or the District Assembly. We provide everything for ourselves. Only some people come here sometimes to give us some items like food. They also teach us to live healthy lifestyles. That is all the assistance we receive apart from our own work that we do here.

**Amina** also described it the following way that there are no welfare systems for them.

Homeless people are regarded as bad people. Because of this, no one wants to help us. We are not bad people too. It is due to hardship from our hometowns that is why some of us have

found ourselves here on the street. We don't get any help from anywhere. No one thinks about us. When they are in their cars passing, they insult us as though we are bad people.

Unlike the advanced countries like the United States, United Kingdom, Netherlands and Canada where there are welfare systems for the less privileged in society (Fitzpatrick, 2005), the homeless people in Tema Community One have none of these services available to them. This also confirms the studies that homeless people endured social exclusion and discrimination (Chisolm, 2001; Harris & Fiske 2006). The Social Welfare Department and the State institutions responsible for caring for the needy in Ghana discharge their responsibilities only at designated areas and not nationwide. This also goes to confirm studies by Tipple & Speak (2004) and Majale (2002) that when the social and political policies of a country are unresponsive to the prerequisites of the most susceptible individuals in a country in addressing and intervening effectively in providing proper welfare systems for the citizens the homelessness phenomenon will propound.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

Ghana like other countries has become well-known to the scar and images of the epidemical rise of people living and being homeless on the streets of towns and cities. The urban centre has become an avenue for people who have found the rural communities avenues to search for greener pastures. Poverty, sicknesses, violence, drugs, search for autonomy, social networks, unemployment among others denote influencing factors affecting people to throng the streets for their livelihoods. Aside the fact that, these challenges in life are pestering and devastating, people still see that enduring these challenges is a fate more than penury and death, hence their homelessness. It proves that, people's willingness to endure the challenges on the streets defines their determination, resilience and mental tenacity to cope and survive in life. Therefore, the study sought to investigate the life on the street; the coping and survival strategies of homeless people in Tema, Community One. Thus, the causes of homelessness, challenges encountered by the homeless people, their coping and survival strategies and the social and economic welfare systems used by the homeless people on the streets.

The study was undertaken in four target areas of Tema Community One and its environs which are Site 21: Kaysens/Nana Boakye & Sons Pharmacy area, Market Area/Kwasiaa Ejuasu, Casino/Public Toilet area and Padmore Primary& TDC areas.

The study used the multi method design of triangulation methodology making use of both convenience, purposive and snowball sampling. Quantitative data was collected using mainly questionnaire survey and the qualitative data was collected using structured interviewed guide,

focus group discussion, face-to-face interviews and non - participant observation .Frequency tables was used to the present data and the chi square test was used to test relationships between variables. The formula for Determining sample size by Krejcie & Morgan (1970) was used to select a sample size of 100 respondents for the study. 15 respondents were purposively selected for the qualitative data.

## **5.2 Summary of Findings**

Homelessness in the urban areas is much a result of migrating to urban communities like Tema. People keep trooping to this city for better life. For the sake of having better life and an enriched future, the need for these migrants to endure pressing circumstances of life has also become inevitable. Varied reasons were noted to be the root cause of pushing people to the streets. By this Bell (2008) posited that, massive drift of people to the urban areas because of pressing factors like the sheer desire to be independent, unemployment, domestic violence, sexual abuse and family conflicts. However, it was also found that people migrate to Tema for various reasons like desire for freedom, poverty, hunger, family conflicts and other pressing factors discussed in the preceding chapters. The understanding therefore is that as people stay without the basic necessities of life, they are compelled to drift to where life is assumed to be of better pasture and without the ability to afford housing end up homeless on the street. The components of the framework adopted from Kaime-Atterbog were seen to have an association with the homelessness phenomenon in Tema, Community One.

### **5.2.1 Factors that causes Homelessness**

The study revealed that homelessness is caused by an intricate play of structural and individualistic factors that pushes and pulls people to become homeless on the streets. The study revealed

financial issues as the major reasons for people becoming homeless. In addition the respondent who participated in the study also revealed family conflict and peer pressure compelled them to move to the street. The findings indicated that educational level did not affect their activities and life on the street although education was supposed to alleviate ones status quo in life but on the street there were limited activities and they all engaged in the same activities. Life on the street required survival skills and ready-to-do attitude towards available work. Age, sex, marital status and education however influenced the reasons for being on the streets and the challenges the homeless faced on the streets. In the study, respondents with most basic education attested to financials reasons for being on the streets while those with at least secondary education cited family conflicts. Also majority of the respondent hailed from the Northern Regions of Ghana as migrants and this may be due to the economic disparities in the country resulting in the north and south dichotomy that is propelling people to move to the south for better lives and ending up homeless.

### **5.2.2 Challenges encountered by homeless people**

The Homeless recounted the challenges they encountered living on the streets. These challenges included unemployment, discrimination, stigmatization, theft, sanitation problems, health issues and difficulties in accessing health care. Evidence from the study showed that the homeless were engaged in a different lifestyle, they slept in the open spaces such as on verandas in front of shops when shops closed, lorry stations, market places, along the roadside and dilapidated buildings. They slept on torn out boxes on the ground, tomato carts and without covering clothes and majority had the mosquito nets put up at night.

The study explored the health seeking behaviour of the homeless people and discovered that they preferred self-medication than visiting the hospital for treatments. They attributed this behaviour to the stigmatization health workers subject them to, the geographical location of hospitals and the high cost involved. Majority did not have the National Health Insurance card and did not care for the need for one. Also they complained about services rendered to them at the hospitals and thus preferred purchasing drugs at pharmacies, local shops and seeking traditional treatments.

High price of sanitation facilities and accessible water were some of the challenges they faced and these contributed to their unhygienic ways of living and exposure to diseases such as malaria and cholera which affect their movement and work they partake in.

The study also observed a different trend of homeless people in Tema quite different from the homeless or street dwellers in other studies. The fast-growing head pottering business in Accra and Madina as indicated by other scholar such as by Awumbilia & Arch Shandorf (2004) and Opare (2003) was not observed in Tema .This popular kayayei (head pottering) syndrome done by most homeless females is however not practised in Tema Community One.

### **5.2.3 Coping and Survival Strategies of Homelessness people**

The study also discovered that the homeless people although living on the street of Tema Community One engaged in some livelihood activities. With the male population being the dominant street dwellers, truck pushing (wheel barrowing) was the main source of income earning or primary business activity engaged in. They engaged in other activities which included the collection of broken and left over food stuffs from the market women, market centers and food delivery trucks they work with and sold them at cheaper prices at nights and on market days. This was observed as an unconventional way of entrepreneurship and business activity which brought

them extra income and support, they also assisted shop owners in unpacking and packing of goods. The metal and scrap picking business was also another lucrative business activity observed among these homeless males, these activities were done by the older males who teamed up with two or more younger ones in search for scraps around the Tema environs which were later sold to their buyers for money. Others engaged in street vending, panhandling, shoe shining, assisting in shops and local chop bars. Furthermore, they transferred their money to the mobile money transfer system to avoid its theft which is also another challenge they face on the streets.

The findings also indicated that the homeless use their social network for security, strong ethnical attachments, identity, for companionship, to have access to food, encouragement, job opportunities, emotional and financial support. And these social networks were formed on the streets and others existed before moving to the streets. Other unconventional skills adopted for coping and survival in the streets is the wearing of torn and dirty clothes, telling of lies to gain empathy and to beg for alms. Another unconventional skills employed was the use of humor, aspirations and substance use (alcohol & cigarette). The respondents used humor in the absence of the family, radios and televisions to entertain and distress themselves from the precarious conditions that comes with living on the streets.

The findings showed that there were no gang activities observed amongst the homeless people in Tema Community One expect great hostility between two male fractions, the Dagomba and Kumbungu male respondents on the streets. The study also saw the exploitation of young children to solicit for money for the blind and handicapped on the streets and thereby ending up homeless.

#### **5.2.4 Welfare systems used by Homeless people**

This study discovered that there are no welfare systems for the homeless people in Tema Community One. However, some Philanthropists, Corporate Bodies, Individuals and Faith Based Organization come in occasionally to assist them. Some of these assistances are in the form of soup kitchens, provision of clothing's, medical assistance and health talks.

All of these factors highlighted above are dimensions of 'poverty, low income and income inequality', 'lack of access to the job market', 'poor educational outcomes', 'poor health and wellbeing' and 'lack of social support networks' these are both structural and individualistic factors that pulls and pushes people whose domain are shaken and are enticed to come dwell on the street and ending up homeless.

#### **5.3 Limitations of the Study**

The study had limitations like any other research study as it probed through the life, coping and survival strategies of homeless people.

The study was unable to use a large sample size due to the time frame and the mobile nature of the homeless people bearing in mind the size of several of sites found in Tema Community One. The researcher was only able to collect data in the night as that was when the homeless people could be located sleeping rough and in the open on the street.

During the pilot survey respondents were not much willing to participate as such convenience and snowball sampling methods of data collection was used. Thus, their unwillingness to participate or avail themselves was due to perceived ideas that the study was for political gains, parochial interest and nothing good will result out of it for them.

Due to this, some sensitive and personal information's that could have helped in determining their financial gains, expenses, sexuality and substance usage could not be given in the interview. Believes in superstition prevented some of them from participating thinking the information was for ritual reasons. Furthermore, language barrier was a significant problem encountered as the homeless migrants spoke different languages especially from the North, an interpreter was employed as respondents were finding it difficult to understand the researcher and vice versa. Though the sample obtained gave an expectation to the study, but much could have been achieved, however, the findings are adequately valid and accurate to be used for decision making and further studies. More so the location in Tema for data collection for the study was only the Community One and Casino environs as such the outcome cannot be fully generalized as the entire reflection of the causes, challenges and survival strategies of homeless people in Tema.

#### **5.4 Implications for Development**

The homeless phenomenon is a challenge to both developing and developed countries and Ghana is no exception. Tema being an industrialized city with good residential housing units yet having people sleeping and dwelling on the streets shows a great social challenge as more people in a search to improve their lives come to reside on its streets in search of non-existing jobs in these factories and industries which a majority have been closed down.

Poverty is seen when people lack basic needs such as shelter, food, clothing and are improvised they end up as homeless. This is evident in the community and the country at large. Thus to the extent that 94(94%) of the respondents sleep on the streets and have no access to basic necessities shows a system of structural deficiency in a capitalist economy abetted by the neglect of the State as well as decisions made by government and the market economy resulting in people becoming

homeless as mentioned in the above literature. It is also evident here that children of school going age are solicited and brought to the city to help the handicapped and blind to beg for alms because their parents and family back in the rural areas do not have the substantial resources to provide them with education and proper welfare.

It is true however that, most people will not dwell on the streets if their conditions were improved or situation cared for. Their continual stay on the streets therefore is evidential of the impoverished state of the nation. Aside the fact that, individual non-governmental organizations are helping to reduce and averts this phenomenon, more is demanded from the corporate societies, the government and parents. If parents and the country care well for their people, the desire to migrate and be street occupants will be reduced to a minimum.

### **5.5 Recommendations**

The study was made possible also by the dependency on secondary data as well, although the study was met with some challenges the experience and findings gained would help in curbing the homelessness epidemic in our society. Considering the findings of the study the following are worth making as recommendations to as homelessness is a detrimental condition, both for the people it affects and general society.

Families and parents must first be encouraged and educated to take up their responsibilities and raise their children to become responsible adults, so they won't drift to dwell on the street. Parents must be educated on the various detriments of street life to deter their wards from embarking on such journeys and even educate them on family planning if it's the large family size that can't be maintained that pushes out people to live on the streets. They must also be encouraged and

educated on the benefits of education so they can ensure their children stay in school, get educated until the appropriate time and age to allow them take off in pursuit of job opportunities.

Government policies and legislature must be tailored towards the provision of housing subsidies in providing permanent low budget housing units serviced to a minimum, to keep costs down and supportive services for the physically and mentally challenged and to rehouse those already chronically homeless people on the street. Thus subsidizing housing costs for exceptionally low-income people has the strongest outcome on reducing homelessness rates as compared to several other interventions in a country where housing deficit is extremely high and this will help solve some of the accommodation problems faced by the homeless, as forcing them to vacate the streets will be impossible unless the root cause of the problem is handled. Furthermore, any Government that comes into power must endeavour to continue with such housing policies and developmental programmes and not to abandon them due their political affiliations.

There must be provision and improvement of accessible water and sanitation facilities. The use of public toilets and bathroom must be subsidized especially for the physically challenged and homeless, this will help especially from the outbreak of diseases such as cholera in preventing the homeless from disposing off human waste in gutters, parks and refuse dumps which is an eye sore to public viewing and also stop any communicable diseases from spreading as a result of these actions.

Development projects must be geared towards other rural communities to bridge the economic disparities within the country that is propelling the high rate of rural–urban migration and causing people to become homeless on the streets in cities through sound and rural development strategies and effective urban managements.

The government should be able to pass better legislature and implement to the latter. These legislature instruments when designed must particularly consider the poor and needy, homeless and physically handicapped and afterwards implemented always.

Also, employment ventures must be created for people in other rural communities specially to have income earning jobs to do, improved access to land and economic improvement to allow them to make a living in the rural areas. Taking also into consideration the fact that, most of the street dwellers have little background in education, indicates that, they can be empowered to start their own life. If they have livelihood empowering enterprises their endeavours will be geared towards moving forward in that direction thereby resisting the temptation of migrating to the urban centres.

Government and Advocacy groups must establish better instituted advocacy teams to educate and train the minds of people on the on economic and social challenges in the cities. This will to some extent, prevent people from intending to migrate to big cities and not be influenced by media, friends and family to travel and have better life in the cities.

The Ministry in charge of Social Welfare must include the homeless people under the social intervention programs specifically cash transfers such as the Livelihood Empowerment Against Poverty (LEAP). As poverty is also a cause of homelessness and majority of these homeless people are the youth, this will go a long way to curb this epidemic as majority will be also engaged in some sort of livelihood activities. Even Private Institutions, NGO'S, Organizations and Microfinance Bodies can give incentives and subsidiary loans to well and hardworking homeless people to improve their livelihood activities and their living conditions.

Subsequently, NGO's, volunteering organization and churches can move in and help to train the homeless people in many endeavours. Pertaining to education, vocational and technical education

can be projected to help educate them acquire certain basic skills that can be used to generate some income, this can be structured during the day, weekends and night in order to give the homeless the flexibility to attend these educational sections. Furthermore, Non-governmental and Corporate Societies must endeavour to establish mechanisms to adopt, train and establish them. Where necessary temporal accommodations, medical services should be provided to help and save lives.

Furthermore, Government, Non-governmental and Other institutions in tackling this homeless phenomenon must collaborate and work together. They must pursue awareness, advocacy and outreach campaigns for the services they offer and the aids the homeless can utilize through their services. Also using appropriate and appealing ways that meets the needs of the homeless by pooling together their resources and expertise whiles engaging them in substantial developmental interventions that will be helpful to meet their needs.

Subsequently, encouraging, positive and welcoming attitudes must be practiced and embraced by both staff of institutions and health workers when addressing homeless people, this will make them feel at ease to approach them for counselling and help. The networks that homeless people use that have been recognized must be utilized to address some of the dares faced by them.

Homeless people must be categorized, and the process worked out together by Stakeholders (institutes/organizations) into various groups such as children, youth, adult, aged, widowed, the mentally and physically challenged and this will help in the identification of their varied needs and the assistance to be given to them respectively.

Furthermore, various drop-in centers must be established nationwide by the collaborations of State Institutions, the Department of Social Welfare, NGO's, Religious Bodies and Volunteers who give

assistance and services to the homeless and this can help the homeless in their daily activities. These drop-in center's must be equipped with both bathing and toilet facilities as well as health and counselling facilities and must be located closer to where hubs of homeless people can be found and them being the main priority for the homeless to have easy access to. Some drop-in centers can make provision for clothes and a hot meal. The facilities must have certain measures in place so the homeless can feel welcome and at ease to approach it. These drop-in centers when properly established and managed, can operate daily and even on holidays to serve those homeless people with more time to spend ample time with counsellors, professionals and educators at the center.

Also, the need to respect humanity is of essence. People on the streets must be given the due respect and attention when appropriate by the general public. The fact that people are homeless, does not make them less humans rather if the society can consider and respect them, the emotional and psychological lives of the homeless will be appeased. As their emotional state are also connected to our deep-rooted social system, cultural values, traditions, rituals, religions and many others.

### **5.6 Suggestion for Future studies**

The study though was limited to a set of objectives could not treat adequately the influence of the family in homeless epidemic. The motivation for this suggestion stems from the facts that all who are on the streets first came from homes and families. After all charity they say begins at home, so then the motivation behind the role of the family and the family system in what they are doing or not doing that affect individuals to leave their families and homes to influx the streets can be studied further.

## 5.7 Conclusion

Homelessness is undeniably a challenge to the country. It is a burden on the life of the homeless migrants in Tema. Pattern of life is not regular and proper for people on the streets. Place to sleep, thus accommodation, food to eat and clothing to wear is what has made them imbalanced in life. They have become an enigma in the face of the general public, least respected and regarded as people from families. Circumstances have riddled them and made them stigmatized. To this extent, most have found the street a territory for themselves without going back to their family because the prevailing challenges cannot welcome them back home again. As a result of this, living on the street has been deemed by many homeless as a fate of life.

The outcome of this study indicates that street life and survival strategies are intricate. Coping and survival for the homeless implies obtaining necessities in life which are clothing, food, shelter, and possibly security against harassments and other forms of abuse. These survival challenges abounding on homeless people in Tema Community One has become the push and pulls factors that compels people to work and live on the streets.

A concern of the social framework of homeless demonstrates that, almost all the people who exodus onto the street does so due to some form of challenges, whether by the individual, family or society at large. They move to the street by these structural and individual factors that pull and push them to the street thereby resulting in their homelessness and their constant search for coping and survival strategies to make life worth living on the streets.

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## APPENDICES

### APPENDIX 1: QUESTIONNAIRE

#### UNIVERSITY OF GHANA

#### QUESTIONNAIRE FOR RESPONDENTS

The researcher is a student of the above-mentioned university and is conducting a study on the study of life on the street: the study of homeless people in Tema Community One. Therefore you are pleaded with to answer to the questions to the best of your ability. You are however not under any duress to provide answers to any question that may seem bothering and confidential. You are permitted however to remain anonymous as far as possible. You are assured that the answers shall be treated confidentially.

#### INSTRUCTIONS

The questionnaire consists of four main parts. Part I consists of questions that seek to examine the causes of homelessness. The Part II also identifies the problems encountered by homeless people. Part III the survival or coping strategies of homeless people. Part IV makes some recommendations for its intervention. Each part is made up of five (5) sub-questions.

You are requested to tick (✓) from the various options provided that best suits your choice.

Thank you.

#### **PART I: Demographic Characteristics**

1. Age : a. below 12 years ( ) b. 12-20 ( ) c. 21-29( ) d. 30-39( ) c. 41-59 ( ) d. 61-69( )

e. Other, (specify)....

2. Gender: a. Male ( ) b. Female ( )

3. Marital Status: a. Married b. Divorced c. Single d. Widowed e. Other, Specify.....

4. Do you have children? a. Yes ( ) b. No ( )

(ii)If yes, where are they? .....

5. What is your place of origin? a. Greater Accra b. Ashanti Region c. Central d. Upper East  
e. Upper West f. Northern g. Brong Ahafo h. Eastern i. Western j. Volta

6. Level of Education?

a. Primary b. JHS c. SHS d. Vocational e. Tertiary

f. None g. Other specify.....

### **PART I: Causes of Homelessness**

1. Have you any family in Tema? a. Yes ( ) b. No ( )

2. Why do you stay on the streets?

a. Financial Reasons ( ) b. I have no place to stay ( ) c. Family Conflicts ( ) d. Others.....

3. For how long have you been on the streets?

a. Less than one year ( ) b. 1-3 years ( ) c. 4-6 years ( ) d. Others .....

4. Do you feel going back home to where you came from? a. Yes ( ) b. No ( )

5. What do you think keeps you always on the street?

a. Friends ( ) b. Alcohol and Drugs ( ) c. Business ( ) d. Others (Specify) .....

### **PART II: Problems Encountered by Homeless People**

1. Do you face any challenges being on the streets? Yes ( ) No ( )

2. What challenge do you face being on the streets?

a. Unemployment ( ) b. Criminalization ( ) c. Theft ( ) d. Others (Specify).....

3. How do people see you on the street? a. Needy ( ) b. Homeless ( ) c. Useless ( ) d. Others....

4. What is the most common persisting ailment you suffer from? a. Malaria b. Headaches c.

Bodily pains

d. Other, specify.....

5. What do you do when you fall sick?

a. Traditional Herbs ( ) b. Hospital ( ) c. Pharmacy ( ) d. Self-Medication ( )

e. Others, (specify).....

6. How do people relate to you? A. Good b. Not so good c. With disdain d. Bad e. Very Bad

**PART III: Survival or Coping Strategies of Homeless People**

1. What do you do for a living?

- a. Push Truck ( ) b. Street Vending ( ) c. Shop Help ( ) d. Shoe Shine
- e. Beg for alms ( ) f. Rubbish Collecting ( ) g. Other, specify.....

2. Where do you sleep at night time?

- a. Verandas ( ) b. Market places ( ) c. Lorry Stations ( ) d. Kiosks ( ) e. Others (Specify) ....

3. How do you feed yourself every day?

- a. I hardly get food to eat ( ) b. I beg on the streets for food ( ) c. I follow friends for food ( )
- d. Others (Specify).....

4. How do you assess life in Tema?

- a. Difficult ( ) b. Manageable ( ) c. Unbearable ( ) d. Others (Specify).....

5. Are you in any group/network? a. Yes b. No

(ii) If yes, what kind of group have you joined?

- a. Friends b. Association c. Church groups d. Occupational e. Township/ethnic

6. What kind of support or contribution do you get from your group which strengthens your stay in the street?

- a. Encouragement b. Financial Support c. Job Opportunities d. Companionship e. Other, (specify).....

7. Do you maintain ties with your family? a. Yes b. No

(ii) If Yes, what kind of support do you get from them?

- a. Financial b. Emotional c. Occupational d. Advice e. Others, (specify).....

8. Who supports you when you are sick? a. Friends b. Association c. No One d. Others, (specify).....

9. What other strategies have you adopted in coping with street life in Tema?

.....  
.....  
.....

**PART IV. Health and health seeking behavior**

1. Do you have any health problems? 1. Yes 2. No
2. What is the most common and persisting ailment you suffer from?
  1. Malaria 2. Headaches 3. Stomachache 4. Rashes 5. Bodily pains 6. Other (specify).....
3. What do you do when you are not well? 1. Hospital 2. Drug store/pharmacy
  3. Traditional herbs 4. Self-medication 5. Other (specify).....
4. a) Do you have health insurance? 1. Yes 2. No
  - b) If no why? 1. Its expensive 2. Don't know where to get it 3. No reason 4. I don't need it 5. Other (specify).....
  - c) If yes has your health insurance been helpful when you are unwell?
5. Do you get any support from anyone when you are sick? 1. Yes 2. No
6. Who supports when you are ill? 1. Friends 2. Association 3. NGO's
  4. Religious group 5. Other (specify).....

**PART V: Recommendations for Its Intervention**

The following questions were asked for interview purposes to help proffer interventions

1. What has caused your being on the streets?
2. What do you think can be done to get you out of the streets?
3. What are you doing yourself to get out off the streets?
4. What would you suggest to your colleagues on the streets to do?

## APPENDIX 2: QUALITATIVE INTERVIEW GUIDE

### **Life on the street: A study of the coping and survival strategies of homeless people in Tema Community One**

#### **Interview Guide for the homeless**

Age.....

Sex.....

- Where do you come from?
- What brought you to the street?
- How many years, months, weeks or days have you been on the streets?
- Do you come from Accra?
- Where do you come from?
- What work do you do on the street?
- How much do you earn from this work?
- Where do you stay/sleep?
- How are you coping on the street?
- What are some of the challenges you face on the street?
- Do you have any intention of going back home?
- Are you married?
- What are you doing by yourself to get out from the streets?

**APPENDIX 3: DETERMING SAMPLE SIZE TABLE BY KREJCIE & MORGAN (1970)**

Table 3.1									
<i>Table for Determining Sample Size of a Known Population</i>									
N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384
<i>Note: N is Population Size; S is Sample Size</i>					<i>Source: Krejcie &amp; Morgan, 1970</i>				