

# Do Healthcare Services also Include Homeless People? A View on Indian Healthcare Services

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**Abstract:** *The number of people who are homeless in India is around 1.77 million based on 2011 census (Gopalrao Swaminath, 2019). Delhi, a city of more than 16 million people, has 46,724 homeless people among the most of any Indian city (Chandran, 2018). How a homeless people obtain healthcare service? With thousands of people are in homelessness they are more vulnerable to certain diseases and have greater difficulty in getting health care. The present study intended to explore, what are the barriers to health care services specifically faced by homeless people? And what are the discrepancies faced by homeless people in accessing healthcare? The primary problem that homeless people have with health care is access, both economical and physical. Only about 10% of the poorest, one-fifth of Indians in rural (10.2%) and Urban India (9.8%) had any sort of private or government health insurance, show data from India's largest national survey on social consumption (Yadavar, 2019). The present study also explores, what are the health insurances available for homeless people/poor/vulnerable people? The study used qualitative meta-analysis of existing literature. The study will discuss with Maslow's hierarchy of need to throw light on the importance on the basic need of human.*

**Key Words:** *homelessness, health care services for vulnerable/indigenous people, discrepancies faced by homeless people in accessing health care, health insurance for homeless people.*

## 1. INTRODUCTION:

*One of the greatest diseases is to be nobody to anybody*

*- Mother Teresa*

### *Have you ever thought how a homeless pregnant woman begging at traffic signals obtain health care?*

On a sunny day I was on my way to college. The traffic was heavy and halts at the signal. My eyes saw a woman shuffles between vehicles. Her face was covered with grime; the shirt she wore wasn't fit enough and she untied her button because she is pregnant. She taps on each vehicle and she was literally begging. Then the signal was open and all back to routine. I was thinking, during the pregnancy or any kind of health issues nevertheless the class, creed, economic status, every person should get proper health care. Social workers, Doctors, Nurse, many people must have crossed the begging pregnant woman. Does anybody come forward to give her primary health care and if yes, why is she still begging?

In the continuation of the above subjective understanding, this article carries a qualitative meta-analysis of existing literature National and International studies and newspaper articles. To find answers for the following research question, the researcher searched articles with specific key words: *homelessness, health care services for vulnerable/indigenous people, discrepancies faced by homeless people in accessing health care, health insurance for homeless people*. These key words helped researcher to come up with 22 national, international and newspaper articles, which describes in detail about the health sector across the world and also about the available health insurance policies. With the knowledge gained though this literature the researcher compiled the following research questions.

## 2. RESEARCH QUESTIONS:

1. What are the barriers to health care services specifically faced by homeless people?
2. What are the discrepancies faced by homeless people in accessing healthcare and how it can be improved?
3. What are the health insurance available for homeless people/poor/vulnerable people?

## 3. BARRIERS FACED BY HOMELESS PEOPLE IN ACCESSING HEALTH CARE:

Homelessness, defined as house-less-ness (Census, 2011) is a state in which persons live in place other than a house with a roof. Homeless person in India end up living on the streets, in jails, in beggar homes or incarcerated in mental hospitals life-long. The number of people who are homeless in India is around 1.77 million based on 2011

census (Gopalrao Swaminath, 2019). Delhi, a city of more than 16 million people, has 46,724 homeless people among the most of any Indian city (Chandran, 2018). On any one night in England, over 4700 people are estimated to be sleeping rough on our streets. (Health Watch, 2018) With thousands of people at risk of homelessness they are more vulnerable to certain diseases and have greater difficulty in obtaining health care. They found it harder to get professional healthcare.

In a nation where there are more number of hospitals, physicians and advanced health care technology, millions of Indians still have difficulty in obtaining health care. Problems to access health care affects the poor, members of minority groups and indigent people in obtaining health care (Press, 1988) Homeless people often face obstacles and barriers in receiving health care services. The Primary problem that homeless people have with health care is access, both economical and physical. The health care issues faced by homeless people require attention. “Every society has an responsibility to feed the hunger, clothe the naked, shelter the homeless, care the sick, help the helpless and finally protect their rights” (Gopalrao Swaminath, 2019)

International evidence indicates that homeless people experience poorer physical and psychological state compared to general population and therefore the significance of homelessness for health issues is acknowledged by the World Medical Association, WMA (Fernando Fajardo-Bullón, 2019). Homeless people’s risk of dying prematurely is three to four times that of general population. Poor health is usually related to homelessness especially long term homelessness and acute or street homelessness. Prolonged outdoor exposure combined with substance use and street culture impact negatively on health and life expectancy (Fernando Fajardo-Bullón, 2019)

A survey by Health watch suggests that the homeless people in England face when trying to seek health care support are, difficulty in accessing services, difficulty registering with GP services and Difficulty getting holistic support (Health Watch, 2018) The main purposes of the “Comprehensive National Homelessness Strategy 2015-2020” program developed by Spanish government aims to prevent homelessness, as well as to reduce the number of persons living on the street and foster an overall reduction in the Spanish homeless population (Fernando Fajardo-Bullón, 2019). Homelessness also contributes to the burden of acute and chronic illnesses, disrupts continuity of health care and quality of interactions with health care providers (Organization, 2012). Research has shown that poor housing quality is associated with morbidity related to infections and chronic diseases, injuries, poor nutrition, asthma and mental disorders (Krieger & Higgins, 2002).

A research suggests that compared with housed individuals, homeless people experience higher prevalence and incidence of medical and psychiatric morbidity and mortality (Seena Fazel, 2015). Homelessness, poverty and mental ill-health are recursively related phenomena explained by both social causation and social drift (Lakshmi Narasimhan, 2019). People experiencing social and economic adversities have higher prevalence of and risks for mental Unhealthiness. Homeless people with mental disease have few alternatives besides continuing on the streets or institutionalization in psychological state facilities or beggars homes (Gopikumar, 2014). The NMHS (National Mental Health Survey) estimates the number of HPMI (Homeless persons with mental illness) in some states to be as high as “15,000” and its varied across districts, cities/ states (Gopalrao Swaminath, 2019). A study suggested that the experiences of health care services among the homeless and vulnerably housed don’t meet the standards of universally accessible patient- centered care (MacKenzie, 2019). Much literature supports the ongoing impact of gender, ethnicity, indigeneity and history on access to care (Kang, Lessard, Heston, & Nordmaken, 2017).

### **3. HEALTH DISPARITIES AMONG HOMELESS:**

Literature suggest that the health care system is either inaccessible to or fails to meet the need of certain groups. In recent years, poverty, inequality, social exclusion have increased in India. Often while providing health care for homeless people there are violations of the fundamental rights such as confidentiality, privacy, safety, right to practice religion, health and the right not to suffer from inhuman treatment. The role of the society and the responsibility of the state are often diluted, and homeless people suffer indignities due to shrinking of obligations by the society (Gopalrao Swaminath, 2019).

Disparities widen as homeless individuals struggle to satisfy basic needs such as adequate food. A variety of health disparities experienced by homeless people, whether living in shelter, on the street, or couches surfing, homeless people exhibit high rates of disease and disability, multiple chronic conditions including severe and persistent mental illness, substance abuse and depression (Stafford & Wood, 2017). Homeless people in rural background have reported negative encounters with health care professionals (Kiser & Hulton, 2018). Another study suggests that health disparities in the rural region have been identified such as lack of accessible resources, low paying and limited jobs, lack of public transportation, low health literacy, language barriers, lack of health care insurance and geographic challenges in the more remote parts of rural communities (Association, 2019) The disparities among homeless people can be improved when everyone gets equal Universal Health insurance. Also permanent supportive housing, mobile health outreach programs are the policy helps to reduce disparities for homeless populations.

A study suggests that within a system of universal health insurance, homeless people still meet barriers to obtaining health care (Stephen W. Hwang, 2010). Many homeless are not members of a health insurance scheme and there are from different countries of their dependence upon hospitals, nurses and social workers for health care (Wright & Tompkins, 2005). The poor are routinely forced to dip into their savings borrow, delay treatment or receive poor quality care (Yadavar, 2019). Only about 10% of the poorest one-fifth of Indians in rural (10.2%) and Urban India (9.8%) had any sort of private or government health insurance, show data from India's largest national survey on social consumption (Yadavar, 2019). In 2011-12, out-of-pocket health expenses drove 55 million Indians into poverty. Some 38 million Indians were impoverished by expenditure on medicines alone (Salve, 2018)

The PMJAY health insurance coverage of Rs. 5 lakh to 100 million 'poor and vulnerable' families identified by the socio-economic caste census (SECC) of 2011 (Yadavar, Ayushman Bharat working to Identify those left out , 2019). So far 6.4 million patients had been paid for by PMJAY, website said. The finding shows that this is a big leap towards Universal Health Coverage. Further, those in rural India have limited access to healthcare services such as doctors and hospitals; they are less likely to buy health insurance (Yadavar, 90% Of India's Poorest Have No Health Insurance, 2019). The average medical expenditure per hospitalization in a private hospital (Rs 31,845) is seven times that of a government hospital (Rs 4,452), report by the National Statistical Office (Times, 2019). The poor are less likely to avail of hospitalization because of lack of money. Our government is working of Universal Health Coverage for vulnerable community but the reach should still improve, because of lack of outreach in communication.

#### 4. CONCLUSION:

To conclude the above discussions, Maslow's hierarchy of needs is usually portrayed within the shape of a pyramid with the most important, most fundamental need at the bottom and therefore need for self-actualization and transcendence at the top. The theory is that individual most elementary needs must be met before they become motivated to achieve higher level needs. According to Maslow's hierarchy, physiological needs are considered as internal motivation. The basic need like food, water, health, sleep, clothes. If a human is struggling to meet their physiological needs, then they are unlikely to intrinsically pursue the further needs. Similarly when we talk about homeless people/poor/beggars, their main priority is to have food for the day and any place to rest. Hence care for their own health will be least priority to them. Since getting food itself is a huge challenge for them, they will not be very much concerned on the kind of hygiene or nutrition seen with the food consumed. So its utmost needed to look for health care aspects to the homeless people.

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