


Women experiencing homelessness in Dire Dawa city: Coping mechanisms and suggestions to stakeholder, 2021

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Abstract

Background: In Ethiopia, the number of homeless girls and women is increasing, and the government has yet to devise a strategy to address the issue of teenage homelessness. They are influenced by numerous dimensions of health, including physical health, mental health, and social isolation. At all stages of homelessness, the stakeholders and homeless people must work together to address the issue. As a result, this study will be helpful to generate relevant data that may guide policymakers in designing solutions for this underserved group of people.

Objectives: To explore coping mechanisms and suggestions to stakeholders among women experiencing homelessness in Dire Dawa city, eastern Ethiopia, 2021.

Design: A community-based phenomenological qualitative study was conducted at Dire Dawa city.

Methods: Data were collected from women experiencing homelessness and key informants through focus group discussion and in-depth interviews using a semi-structured tool. A total of 31 women experiencing homelessness (13 in-depth interviews and 3 focus group discussion with 6 participants in each) and 2 key informants participated in this study. Data were analyzed thematically using computer-assisted qualitative data analysis software Atlas.ti 7. The thematic analysis follows six steps: familiarization, coding, generating themes, reviewing themes, naming themes, and writing up.

Results: Two major themes were driven: coping mechanisms and suggestions to stakeholders. There are three subthemes under the coping mechanism (begging, survival sex, and child prostitution) while there are a total of seven subthemes under suggestions to stakeholders (integration and collaboration, special attention to children, family education, shelter and job, schooling, sexual education, and addiction rehabilitation).

Conclusion: Child prostitution and survival sex are a very common coping mechanism which is practiced by women experiencing homelessness. Changing society's mindset and paying special attention to children is critical. Furthermore, the government and various stakeholders should work together to develop a rehabilitation program for street children who have been exposed to substance use.

Keywords

coping mechanism, Dire Dawa, qualitative research, suggestion, women's health

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Introduction

Many people imagine homeless people as a very homogeneous population made up mostly of alcoholics and substance issues. However, this does not reflect the present makeup of the street population. Women, young adults, families, and children are now among the homeless.

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Homelessness has been linked to structural causes including unemployment, poverty, war and political chaos, natural catastrophes, and forced eviction, as well as personal factors like mental illnesses, substance addiction, domestic violence, and family conflict.^{1,2}

Despite the fact that the number of homeless girls and women in Ethiopia are rapidly growing, the government has failed to establish a strategy to address the issue. Because they are the most poor and neglected population, they are impacted by many aspects of health, including physical health, mental health, social isolation, and behavior. The acceptability of street women and teenagers in society is exceedingly low. Discrimination, neglect, and abuse they face on a daily basis have a negative influence on their overall health. All of this leads to the street women's and adolescent overall well-being deteriorating.^{3,4}

Literature showed that women experiencing homelessness use a variety of survival methods to deal with the issues of living and/or working on the street, particularly in obtaining basic requirements like food, clothes, and shelter. These strategies include begging, thievery, selling sex, chewing khat, and consuming alcohol. In the face of stress, hunger, and bad weather, they use it as a coping technique. Similarly, to ease their hunger, cold, and psychological pain, street children concocted and consumed alcoholic concoctions. Selling sex has also been mentioned as a main source of revenue for female street children.^{4,5}

The most common suggestion offered by women experiencing homelessness in the Amara region was the provision of inexpensive and straightforward access to housing and employment opportunities via the collaboration of different sectors. Women experiencing homelessness also suggested improving access to basic healthcare services. Training for shelter employees on the complexity of the aging process, as well as instruction on how to access social service choices, was among the suggestions. The government, stakeholders, and homeless persons must work together to solve the issue at all phases of homelessness by finding local resources to meet the needs of women experiencing homelessness.^{3,6}

Researchers have previously attempted to study the sexual and reproductive health (SRH) circumstances of street children in general, and women living on the streets in particular. Women experiencing homelessness have a greater risk of reproductive health-related traumas, such as unintended pregnancy, miscarriage, and abortion, than non-homeless women. They were faced with a lack of food, clean water, and reproductive healthcare services, all of which are critical for women.^{7,8}

Despite the fact that some studies have been undertaken on the coping strategies of women experiencing homelessness in various areas of the world, the coping mechanism and their suggestions for dealing with their situation are neglected and poorly addressed in the research field. Even the minimal research that is accessible does not offer an accurate picture of the situation on the ground. As a result,

the objective of this study was to learn more about homeless women's coping methods and their suggestion to stakeholders in order to create useful data that stakeholders might use to build acceptable solutions for this neglected group of individuals.

Methods

Study setting and design

A qualitative phenomenology study design was conducted in Dire Dawa city from 13 August 2021 to 21 September 2021. Dire Dawa is one of the two chartered cities in Ethiopia that lies in the eastern part of the nation, on the Dechatu River. There are 24 urban kebeles and 28 rural peasants associations under the chartered city. "Kebele" is the smallest administrative unit of a certain town in Ethiopia: neighborhood or a localized and delimited group of people. It is part of a district.

Study population and sampling procedure

All women experiencing homelessness who are living on the street of Dire Dawa city were the source population. In addition, key informants from relevant organizations/stakeholder were included as a source population. For this study, relevant stakeholders include government organizations (regional health bureau, labor and social affairs agency) and non-governmental organizations (NGOs; positive action for development) that are responsible body for a problem or community under this study.

A total of 31 women experiencing homelessness (13 in-depth interview (IDI) and 3 focus group discussion (FGD) with 6 participants in each) and 2 key informants participated in this study, and they are included based on information of data saturation. A non-probability purposive sampling method was used to select women experiencing homelessness and key informants from female affairs office and social worker from office of positive action for development.

Street women who have resided on the street of Dire Dawa city for a minimum of 6 months and above were included under the study. The exclusion criteria of study participants were (a) mentally ill women and (b) women who are under 18 years of age. Participants were selected by the researcher through the assistance of social workers. Those mentally ill women were excluded with the assistance of social worker from office of positive action for development who works with the homeless youth and adolescent in a various aspect of health and social services.

Data collection tool and procedures

Data were collected by the primary investigator through FGDs and IDIs. Both FGDs and IDI were conducted using a semi-structured interview tool aided by a voice recorder and key-note keeping. Participants were interviewed once,

and the interviews lasted about 1 h. FGD was carried out with six participants that last about 1 h.

A semi-structured interview guide with open-ended questions was used. A mix of predetermined questions and unplanned questions with prompt was used for in-depth exploration of the problem. Open-ended questions which can answer our research questions were developed and validated by ethical and institutional review board of Dire Dawa University. The face-to-face interview and FGD took place in the women's shelter, as well as at the office of an organization named "positive action for development" and the PAD office property. Since women living on the street frequently spend their time begging for money and food to survive, study participants were paid an appropriate compensation amount of fee for their time. As a result, the money was paid to cover their lunch expenses during the interview and discussion.

Data processing and analysis

Data were analyzed thematically using computer-assisted qualitative data analysis software Atlas.ti 7.⁹ The thematic analysis was followed by six steps: familiarization, coding, generating themes, reviewing themes, defining and naming themes, and writing up.¹⁰ The first step was familiarization; getting thorough overview of all the data we collected before we start analyzing individual items. Data were transcribed by replaying the tape-recorded interview from IDIs and FGDs. Next coding of the data was performed. We look over the codes we have created, identify patterns among them, and themes were generated. The generated themes were reviewed to assure the accuracy and representations of the data. Defining and naming of themes were performed, and then finally, the write up of analyzed data was conducted.

Investigator, method, and data triangulation were maintained to ensure the credibility of the data. Multiple researchers are involved to collect and analyze the data as well as the data are collected from several sources to answer the research question. The data were collected through both IDI and FGD from multiple sources including key informants. The data were established by the correct interpretation of study participant's original views. Persistent observation and prolonged engagement was maintained with the study participants. Dependability was ensured as the interpretation and recommendation of the study are supported by the data from the participants. The entire research steps are described from proposal to execution/report level through audit trail.

Result

As Table 1 show, from the qualitative data, two major themes were driven: coping mechanisms and suggestions to stakeholders. There are three subthemes under the coping

Table 1. Generated major themes and subthemes from qualitative data.

Major themes	Subthemes
1. Coping mechanism	1.1. Begging 1.2. Survival sex 1.3. Child prostitution
2. Suggestion to stakeholders	2.1. Integration and collaboration 2.2. Special attention to children 2.3. Family education 2.4. Shelter and job opportunities 2.5. Schooling 2.6. Sexual education 2.7. Addiction rehabilitation

Table 2. Socio-demographic characteristics of homeless women at Dire Dawa city, eastern Ethiopia, 2021.

Characteristics	IDI (n) = 13	FGD (n) = 18
Age (years)		
18–28	8	12
29–30	3	4
31–40	2	2
Education		
Non-formal educated	11	11
Primary and below	2	7
Street life duration (years)		
1–5	6	7
6–10	3	6
11–15	4	5

IDI: in-depth interview; FGD: focus group discussion; n: total number of participant.

mechanisms while there are a total of seven subthemes were driven from suggestions to stakeholders (Table 1).

As shown in Table 2, a total of 31 women experiencing homelessness (13 IDI and 3 FGD with 6 participants in each) and 2 key informants participated in this study (Table 2).

Coping mechanisms

Begging. According to the findings of this study, street children use several coping techniques. Begging and having sex with strangers are the most stated sources of income for street girls, women, and children. They beg at traffic signals, on the road, at cafés, and in hotels for food or money.

I do not have anyone to help me. I started begging for money to buy food but, that was not enough especially after I gave birth to my baby. One day, I saw some girl who came from rural area who started working as a prostitute. When I asked her what she was doing; she told me that she have sex with men for money. I decided to start working like her . . . (Women from IDI)

The focus group discussant also shared the same story as follows:

Life on the street is tough. The only way i earn income is through begging. I had to wake up early morning at 5 am to be the first to collect food leftovers from restaurants from the trash bins before anyone else takes it. Even at that time, I might not make it on time. So I have to beg on the street, public areas and taxi stops as the leftovers will be finished. Often, I don't get enough to buy one meal for a day, but it is better than selling my body for sex. I prefer to keep my dignity and beg to get money than sell my body. (FGD discussant)

Survival sex. Another coping method of women experiencing homelessness is participating in a sexual connection with someone since it is the only option for a woman living on the street to be safe, even if they do not desire the relationship:

My sexual activity was not good after I get raped the first time I went out to the street. When I saw a man, I saw them like a devil. Even when I beg for some money or food on the street to survive, I only goes to female . . . I was worried of another rape. So, I just met some guy who lived on the street, and I was with him for almost a year. But I do not have any emotional feeling and I do not even feel anything when we had sex. The only reason I was with him was to protect myself from another men. (IDI participant)

A similar finding was obtained from FGD about how difficult it is to live on the street without any protection, and the only protection they have is to engage in some sexual activity even if they do not want to:

Do you think I will open my leg for any men? I get here on my will? No, most of the sex here are forced and are for money. For example, my first sexual act was rape. Most women on the street will have sex with street men to seek physical protection from any possible danger or attack while we live on the roads. They provide shield and protection and in return we offer ourselves for sex in exchange. (FGD discussant)

Similarly, one of the FGD participants narrated her story as follows:

Having unwanted sex with a stranger is the only way to overcome my problem. They pay me some useless coins for having sex with me. Sometimes, I might not get paid even after he had an intercourse with me. (A 19-year-old FGD discussant)

Child prostitution. It is found that street girls practice commercial sex; they practice sex for money, food and other material. Children prostitution is the main source of income for the member of family/guardian. As discussant reveal, their elders and other street women force them to do sex for money:

There is a lady named Ms. X who used to give me perfume and cosmetics to look good and makes me work at night as a sex worker for drivers. I always inhale drug to forget and resist my pain. . . . and she takes all of my money I brought after having sex with so many car drivers. (FGD discussant)

Another participant from IDI also shared the same story:

I started prostitution 6 years back. I am now 21. I was only 15 years old when my father left our home and my mom could not support me and my sister financially. I had to go out and find source of income to support my mom . . . I learned the easiest and quickest way to earn money was thorough prostitution. A security guard at a hotel used to call me whenever cross country drivers want to have sex. That is how I survived till now to meet my basic needs. It is a vicious circle . . . It will not change your life but this is the coping mechanism to at least get money for food. (Women from IDI)

The above story is also supported by a narration from one of the key informants:

The group leader, mostly a woman expects the young girls in the group to work in sex and bring back money to the group. The Leading Lady called madam gives them small beauty products like perfume & Lotions as a reward in exchange for sex money. (Key informant)

Suggestions from the participants

Integration and collaboration. This study reveals there is a lack of care for street children and women. Because the street population is less favorable for all services, including SRH and social services, all services, including SRH and social services, are less advantageous. The participants agreed that governmental organizations and NGOs must work together to solve the difficulties and provide comprehensive support. At the aforesaid issue, one of the key informants suggests the following:

It needs integrated work. Health sector, Women affairs, Social worker, Job Creation agencies & Legal should work together. Now all this organizations are working separately. If we work together, we can address the issues. So, the responsible body should provide training on reproductive health issue and awareness creation programs. The first work must be, on how to prevent people from joining street life. Work on the society mindset, social & Economic problems . . . (Key informant from IDI)

Special attention to children. The striking finding of this study is that most of the children are exposed to unprotected sexual intercourse, rape, and substance abuse. Hence, a strong suggestion is forwarded from women experiencing homelessness regarding a special focus for homeless girls who are under 18 years of age is needed:

All responsible body should be worried for the children who are on the street. Not for adult women as they already lived their lives. Rather, we should be worried, when we see the children on the street as they are exposed to cigarette, khat and underage sexual relationship. So, the government should collect those children and provide them with basic needs like food, education and shelter. (Women from IDI)

The above story is also supported by other FGD discussant:

The government should focus especially on children who are under 18. Because they are exposed to lots of trouble here. . . . I do not know where to start . . . she replied in sorrow. They have sex with everyone on the street; with drunken men, with truck driver. They get raped by anus. They have oral sex. So those children should be collected and they should be given a shelter or for adoption . . . I don't know. (FGD discussant)

A key informant from the female affairs office also stated that female children who live on the street require special attention and care since they are not mature enough and lack understanding of diverse views:

. . . Girls who don't even have a breast, so young . . . works as sex workers. It is disturbing for conscious to see these kids along on the side of road for the same business we do. These kids don't have any awareness and do unsafe sex without condom; they do it on the side of the roads. Once these kids inhale this drug, they don't know themselves. (IDI from key informant)

Family education. The participants recommended that family planning education for the family and family union building programs might be one of the approaches to avoid young street women and children from joining the street life as a consequence of economic pressure and a dysfunctional family:

Most of the time, it is economic pressure. Most of the street kids have parents, but mostly single parents, or relatives and don't have financial capability. Then they go to streets. I also suggest if the government work on family bond strengthening. Also, based on their financial condition, families plan on how many children they should have. (Key informant)

Shelter and job opportunities. On top of this, participants suggest that the government should provide shelter for homeless and equip them with necessary trainings and provide job opportunity:

I recommend the Government to give us shelter where we all street people live and to give us training and get a job to change our life. I suggest the government to organize the children in groups; create job, have free meals and raise awareness about danger of substance abuse. I recommend, if they take these young kids and take them to boarding school and make them a good citizen. (Women from IDI)

Moreover, the participants suggest that female adolescent and youth are the most vulnerable, risk taker and exposed to substances abuse. Also this group is at high risk to unplanned pregnancy, sexually transmitted disease (STD), and full of unprotected sexual activities. So, the government and concerned NGOs should also work on it:

The government should focus especially on children under 18 because they are exposed to lots of trouble here. . . . I do not know where to start . . . They have sex with everyone on the street . . . with drunken men . . . with truck driver. They get raped by anus. They have oral sex. So those children should be collected and give them shelter or adoption; . . . I don't know. (FGD discussant)

Schooling. The participants mentioned that the government should think about the importance of school for women experiencing homelessness as they are vulnerable for many dangers:

The government should provide boarding school for them to teach them moral values and to become useful citizens to the community. I wish if my child can go to school and become a lawyer who will fight for those street people that don't have any voice. (Women from IDI)

Another discussant from FGD also supports the above suggestion. It is presented as follows:

I wish Government can for once look at us and keep us safe. I wish they give us shelter to start school. I want to go to school. When I see girls like my age go to school on the street, I get so jealous. I want to learn and become a lawyer to protect girls like me to get legal protection. (FGD discussant)

Sexual education. The participants have concern on educational program. There is lack of education to women and children on how to manage sexual relationships and related issues. Hence, they lack proper guidance on how to manage their sex life and on usage of condom, so they suggest the following:

Awareness creation on sex related issues, on contraception, consequence of unsafe sex, AIDS and abortion should be given to all street women; Especially the young kids between the age of 13–18. (FGD discussant)

The narration on how sexual education can impact their life style is presented as follows:

Oh . . . No body puts an effort to educate us on how to protect ourselves from diseases. Especially the young ones don't have any idea on safe abortion, the transmission methods of AIDS. We are isolated from the community and no body treats us as a part of the society to teach us on how we can protect ourselves from diseases and unwanted pregnancy in proper way. The most common learning's we get on the streets

are thorough experience sharing who went to same situation. As a result, we are vulnerable to sexual related issues like unwanted pregnancy. (Women from IDI)

The above story is also supported by one of the key informants:

. . . Also teaching them on sexual health as well. Female sex workers and street girls are almost the same. All Street girls are sex workers and sex workers are street girls. It is two sides of one coin. So, awareness creation and sex education are very important for their survival in Dire Dawa city. (IDI from Key informant)

Addiction rehabilitation. The major cause for women experiencing homelessness which leads them for so many troubles and danger while they live on the street is their exposure for an addiction of different substance such as alcohol, “khat,” and smoking. The finding revealed that rehabilitation from substance use for women experiencing homelessness is one of the basic necessities and solutions for their problem to be solved.

The suggestion of one of the key informants presented as follows:

As an administration, having a rehabilitation center is essential. When we give them training on the challenges for street women, what we see is that we need a recover and rehabilitation center for our work to be fruitful. They need to be isolated from addiction and start to see themselves free from any influence. (IDI from key informant)

Discussion

This study provided a chance to explore the past and present life experiences of women experiencing homelessness regarding their survival strategy and suggestion for stakeholders. The finding of this study indicates that unwanted sexual relationship or survival sex is the most mentioned coping mechanism among women living on the street. This gives an insight to stakeholder, either governmental organization or NGOs to support the women youth and adolescent on the street. This insight gives access on what happens on street life and the various survival methods utilized. Stakeholders can use it to create an alternative source of income to eliminate their dependencies on street sex. It sheds light on strategic data input for policymakers to advocate and solve the problems of vulnerable street women.

Youth experiencing homelessness reported that they or someone they knew were involved with survival sex—engaging in sexual intercourse and child prostitution in exchange for food, money, or protection. Such experiences were also identified in previous studies. Driven by poverty and the desire for protection from street gangs and unwanted attacks, many women and girls find themselves using sex as a commodity in exchange for protection,

goods, services, money, accommodation, or other necessities. Such “transactional sex” involves sexual relationships, often with street gang leaders. It reflects men’s superior economic, physical protection position on the street and access to resources. Women’s difficulties in meeting basic needs among the most dangerous living environment require them to form symbiotic relationships one that offers protection for them.^{11–13}

Another literature showed that diversifying activities, going away, and social support are among coping mechanism of street women. Traveling overnight, going to another shelter to be with others, or getting away within the shelter to be alone are all the ways of their getting away. Drinking alcohol and substance abuse starting at a young age as a tool for coping from their problems and hardships on the street were also explored. Women experiencing homelessness also mentioned about more positive coping strategies, such as going to church, taking medication, and assuring themselves things would get better offer them a temporary sense of diversion. They also involve in participating in their different hobbies to kill time and they find it as their hiding spot from their harsh reality as it offers them temporary sense of diversion. In contrary, this study revealed child prostitution, survival sex, and begging as coping mechanism to earn them an income to purchase foods. This discrepancy may be due to the poverty level of the study area and the society perception of street women hinders them from accessing basic needs. The culture of the study area to earn money encourages women on the street to earn money only through sex, prostitution, and begging. Hence, they are left with alternatives of selling their body for sex or begging.^{14,15}

Literature consistently showed that shoe polishing, carrying baggage, selling lottery tickets, and selling baked potatoes are among the coping mechanisms of homeless women. This finding is not comparable to the findings of this study as begging, survival sex, and child prostitution are typical coping mechanisms among homeless women. Demographic, cultural, and socio-economic factors might have caused the difference in the outcome of the above finding. The acceptance rate of women experiencing homelessness to do formal street works is low and does not provide them enough money for food alone. So, they rely on begging and sexual activities to support themselves.¹⁶

This study also explores the suggestion of participant for different responsible bodies in order to have a solution for their future life. Since female adolescent and children are the most vulnerable, risk-taker, STD, and exposed to substances abuse. Also this group is at high risk to and full of unprotected sexual activities. So, the government and concerned NGOs should work on providing them a shelter, education, and job opportunities. Moreover, they recommend that it is essential to educate adolescents and youths about family planning, risk of pregnancy, and sexually transmitted infection (STI)/HIV. As other literatures support this finding; the expectation of women experiencing

homelessness is having their own space, being independent, and living like anyone else; family, work, education, and housing.^{3,6,8}

Another qualitative narrative done in Ethiopia also supports the aforementioned finding regarding the suggestion of women experiencing homelessness to tackle their problem. It has been determined that the most important requirements of women experiencing homelessness and adolescents are suggested as security, food, housing, medical treatment, education, and clothes. Women experiencing homelessness sleep on the streets and verandas claimed their major difficulties are cold and exposure, hunger, and being abused and having their blankets and money taken by older people and boys. Basic needs are one of the major concerns and suggestion mentioned in the study.²

Limitation of the study

The study's conclusions cannot be applied to rural populations outside of Dire Dawa, and the study's generalizability may be limited because it concentrated on a single regional area (urban). The characteristics of interviewer such as bias and assumptions are not reported in this study. Another limitation of the study is that the most of women experiencing homelessness have substance issues as well as they do not have the patience to attend the entire interview time with full attention. This hampered their capacity to tell their life narrative in detail throughout the IDI. Future researchers should conduct interventional projects in the study area regarding the suggestion of women experiencing homelessness to tackle their problems.

Conclusion

Child prostitution and survival sex are a very common coping mechanism which is practiced by women experiencing homelessness in Dire Dawa city. They often involved in transactional sexual intercourse in order to make a living. Participants and key informants agreed that intervention that focuses on changing society's mindset and paying special attention to children in terms of sex education and awareness building is critical. Other services such as providing shelter for the homeless, as well as providing them with required training and work opportunities, are also recommended. Furthermore, the government and various stakeholders should work together to develop a rehabilitation program for street children who have been exposed to substance use.

Declarations

Ethics approval and consent to participate

Ethical clearance was obtained from the institutional ethical review board of Dire Dawa University with Ref no. DDU/RAD/300/57/2021. An official letter of permission was sent to

female affair office before data collection. Participants were informed about the purpose, benefit, risk, confidentiality of the information, and the voluntary nature of participation in the study. Data were collected after informed oral consent was obtained from each participant that their data will be included in publications. The consent form was prepared in a written form. Then, it was signed by the participant after it has been explained verbally by the researcher. Since most of homeless peoples in Ethiopia are unable to read and write, the written consent form was explained verbally to them to take their consent. Confidentiality of the information given and privacy of the interviewee were highly secured throughout the data collection and the research process.

Consent for publication

Not applicable.

Author contribution(s)

Daniel Tadesse Assegid: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Software; Writing – original draft; Writing – review & editing.

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Competing interests

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Availability of data and materials

The data are available from the authors upon request.

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Supplemental material

Supplemental material for this article is available online.

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