Original Article

Access to food and food quality: perception of the homeless population

Acesso e qualidade da alimentação: percepção da população em situação de rua

Acceso y calidad de la alimentación: percepción de personas en situación de calle

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Abstract

Objective: To understand the perception of access to food and food quality for the street population.

Methods: This qualitative descriptive study was performed in a Reference Center for the Homeless Population in the south-central region of Belo Horizonte (MG). A semi-structured script was used to conduct interviews with 18 participants. Data collection occurred between December 2020 and January 2021. The thematic analysis of the material, as proposed by Bardin, made it possible to elaborate three empirical categories.

Results: The public interviewed was male, with a mean age of 43 years, and a mean time on the streets of 44.6 months. Access to food came from donations, meals at government institutions, and acquisition when income was available. Difficulties were reported regarding the quantity and quality of food, acquisition of meals on weekends, feelings of fear and anguish in the face of hunger, lack of food, and social stigma, which were aggravated by COVID-19.

Conclusion: As in this scenario of social inequalities the access to food is not guaranteed, implementing public policies of social protection is necessary to guarantee basic rights.

Resumo

Objetivo: Compreender a percepção do acesso e da qualidade da alimentação para a população em situação de rua.

Métodos: Estudo descritivo qualitativo, realizado em um Centro de Referência da População de Rua na região centro-sul de Belo Horizonte (MG). Utilizou-se roteiro semiestruturado para a realização das entrevistas de 18 participantes. A coleta de dados ocorreu entre dezembro de 2020 e janeiro de 2021. A análise temática do material, proposta por Bardin, possibilitou a elaboração de três categorias empíricas.

Resultados: O público entrevistado era masculino, com idade média de 43 anos e tempo médio de situação de rua de 44,6 meses. O acesso à alimentação foi proveniente das doações de alimentos, refeições em instituições governamentais e aquisições ao dispor de renda. Foram relatadas dificuldades quanto à quantidade e qualidade dos alimentos, à aquisição das refeições nos fins de semana, aos sentimentos de medo e angústia perante a fome, à falta do alimento e pelo estigma social, agravados pela COVID-19.

Conclusão: Diante do cenário de iniquidades sociais, o direito ao acesso à alimentação não é garantido, sendo necessária a implementação de políticas públicas de proteção social que garantam os direitos básicos.

Resumen

Objetivo: Comprender la percepción del acceso y de la calidad de la alimentación según personas en situación de calle.

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Conflicts of interest: The authors have nothing to declare.

Métodos: Estudio descriptivo cualitativo, realizado en un Centro de Referencia de Personas de la Calle en la región centro-sur de Belo Horizonte (Minas Gerais). Se utilizó un guion semiestructurado para realizar entrevistas a 18 participantes. La recopilación de datos se realizó entre diciembre de 2020 y enero de 2021. El análisis temático del material, propuesto por Bardin, permitió la elaboración de tres categorías empíricas.

Resultados: El público entrevistado era masculino, de 43 años de edad promedio y tiempo promedio de situación de calle de 44,6 meses. El acceso a la alimentación fue proveniente de donaciones de alimentos, comidas en instituciones gubernamentales y adquisiciones al disponer de ingresos. Las personas relataron dificultades con relación a la cantidad y calidad de los alimentos, a la adquisición de comida los fines de semana, a los sentimientos de miedo y angustia ante el hambre, a la falta de alimentos y al estigma social, agravados por el COVID-19.

Conclusión: Ante el escenario de iniquidades sociales, el derecho al acceso a la alimentación no está garantizado, por lo cual es necesario implementar políticas públicas de protección social que garanticen los derechos básicos.

Introduction

The Organic Law on Food and Nutritional Security represented the potential access of the population to food in general regularly and healthily and the decrease in food and nutritional insecurity rates.[1] In Brazil, food and nutritional insecurity concern the non-guarantee of adequate food, being related to social and income issues.[1] The country has disproportionate concentrations of food and nutrition insecurity in different regions, and this is a reflection of social inequality.[2]

The highest prevalence of food and nutrition insecurity is reported by the public in a situation of poverty and vulnerability, who are more susceptible to compromised health, justifying the context of social vulnerability as a determinant of food insecurity.[2] The evaluation of the behavior of food and nutrition insecurity in Brazil showed higher prevalence in the North and Northeast regions, with emphasis on the States of Maranhão and Piauí. In the Midwest, South, and Southeast regions, the States of Goiás and Mato Grosso do Sul had high prevalences of food and nutrition insecurity and the States of Santa Catarina and Rio Grande do Sul had the lowest ones.[3]

A study conducted in San Diego (USA) aimed to analyze the association between food insecurity and housing instability and identified a significant association of food insecurity among homeless people, as well as a higher prevalence among black-skinned people, women, and people with a low level of education.[4] A scoping review suggests a possible association between mental health conditions and food insecurity in homeless adults.[5]

The homeless population faces violation of human rights, which is characterized by a lack of housing and access to public goods and services, precarious conditions of life and health, and discrimination and exposure to violent situations.[6] Access to safe and quality food is not a reality in the lives of people who make the street their place of home and sustenance.[7] The homeless population is deprived of the power to choose their food and the place where they have their meals, still unknowing the origin, hygiene, preparation, transport, and storage of their food.[7]

Although aspects of social vulnerability are recognized as determinants of food insecurity, little is known about the food problem of the homeless population. The low visibility and limited knowledge about the food reality of this population are considered, reflecting the need for a better understanding. The question is then the following: What is the perception of homeless people about their access to food and the quality of their food? Therefore, the objective of this study was to understand the perception of the homeless population about their access to food and the quality of their food.

Methods

This was a qualitative study,[8] conducted with basis on the Consolidated Criteria for Reporting Qualitative Research (COREQ).[9] The study scenario was the Reference Center for the Homeless Population (Centro POP) located in the central region of Belo Horizonte (MG), which has 4,667 registered homeless people. This region concentrates the largest number of homeless people in the city and the service serves an average of 200 people per day.

The study was performed with 18 service users who met the inclusion criteria: be over 18 years old, be homeless for at least 6 months, have the central-southern region as a priority living space, and attend the service for at least one month. We chose to consider the one month of use of the service due to the high turnover of users. Users of republics and those undergoing health treatment of any kind were excluded, as these people could have different ways of purchasing their food, not representative of the majority of people living on the streets.

A semi-structured script was prepared and applied through interviews, based on the following guiding question: "Tell me about your food and ways to get your food". Before starting data collection, pilot interviews were performed with three volunteers who did not participate in the study to adapt the instrument to the interviewed public. Data collection occurred from December 2020 to January 2021, respecting the health guidelines to prevent the 2019 coronavirus disease (COVID-19).

The main researcher made an individual invitation to potential participants who attended the service at the time of collection, being also responsible for conducting the interviews. The interviews were recorded, had an average duration of 30 min, and occurred at the Reference Center of Homeless Population, in a reserved place, during its operation period without however interfering with the service's activities.

The material obtained in the interviews was explored in three phases, using the content analysis proposed by Bardin.[10] In the first phase or pre-analysis of the material, the transcription and subsequent floating reading of the interviews were performed, until impregnation by the material content, seeking to apprehend the main ideas and their general meanings.

In the exploration phase, meaning units were selected by reducing the text to meaningful words and expressions related to the purpose of the study. The analysis was concluded by categorizing the meaning units according to the degree of proximity, allowing them to express meanings, interpretations, and elaborations.[11] In each interview, the anonymity of identity and information provided by the participants was assured using codes (E1, E2, E3…) in place of names.

The study complied with the National Health Council (Resolution 466/2012) and was approved by the Research Ethics Committee of the Federal University of Minas Gerais (Opinion 4,350,161; Certificate of Presentation of Ethical Appreciation: 36874520.2. 0000.5149).

Results

The 18 participants were male, with a mean age of 43 (min.-max.: 22-60) years and a mean time on the streets of 44.6 months. Most respondents reported receiving government benefits (83.33%) and having a monthly source of income (38.89%) doing informal jobs such as recycling and street vending. The absence of family ties was reported by 66.66% of participants. The analysis of the interviews made it possible to organize the empirical categories: (1) access to food and food quality and the impact of the COVID-19 pandemic and (2) the use of alcohol and other drugs as a hindrance to acquiring food.

Access to food and food quality and the impact of the COVID-19 pandemic

Public services such as the Popular Restaurant and services for the homeless population were the main means of access to food. Such services have restricted operation on days and times of the week. They sometimes do not meet the high demand of the population, so there were reports of dissatisfaction with the quality and quantity of meals and the difficulty of access on weekends. Donations were identified as important to ensure food. The absence or decrease in the volume of donations interfered with the food consumption of the homeless population and led to situations of disagreements, fights, and violence.

> *At the end of the week, most residents really depend on donations, because even the popular (restaurant) gives the packed lunch, but in small quantities. It's only 300 lunchboxes, and only lunch. If the person does not get it at the popular (restaurant), he should get a donation, something. (E2)*

As there are a lot of people, it ends up concentrating many people in the few places where there are donations; even people from the favelas also go down where they have. Then you end up having a fight; there are people wanting to get two, three (lunchboxes). (E11)

Informal work, especially related to recycling and peddling, was mentioned as a source of income by some participants. Having a source of income ensured the possibility of buying food in case of absence or decrease' in donations and when having a meal at a popular restaurant or other service was impossible. It was highlighted that the purchase of processed and ultra-processed foods was frequent among the public.

When I can't go to a popular restaurant or Centro POP [Reference Center for the Street Population] I just eat lunch and wait for dinner. When I have money, I go to a snack bar and buy something. (E15)

I buy yogurt, chocolate... I like chocolate (laughs). Usually sweets, salty, everything we want to eat, but usually can't. You have that desire in your head and, when some money arrives, the first thing you do is go there and buy it. (E11)

When buying food was possible, it was reported preference for non-perishable foods that did not require prior preparation or cleaning as it is necessary to consume fruits and vegetables. The participants mentioned the absence of fruits, vegetables, and greens in the donations, and access to these foods was restricted to the popular restaurant. In addition, the amount of food purchased per day is insufficient, with reports of famines, which were aggravated by the COVID-19 pandemic.

It's hard to eat fruits and vegetables when you're on the street because there's nowhere to wash them and they don't sustain! If I buy an apple and eat it, half an hour passes and I'm hungry again and I have to look for something else to eat. I prefer to take the apple money and buy a bun... The only time I eat fruit is when I have lunch at the popular restaurant. (E 16)

I don't think the food is enough, you see. By the way, these lunch boxes from the restaurant have little food; in the morning coffee, it is very little too. Not enough, not in donations either. (E15)

The impact of the COVID-19 pandemic had repercussions on society, especially on vulnerable populations. Despite the opening of popular restaurants after the start of the pandemic, the number of meals distributed on weekends did not meet the population's demand, being reported as insufficient. The importance of food donations in times of a pandemic was highlighted because many commercial establishments were closed; however, the participants reported a decrease in the number and quality of donations, with repetition of offered foods and restrictions in variety.

Access to food for homeless people was less difficult. Today, with the issue of the pandemic, getting food has become more complicated. Donations come, but in smaller numbers in my opinion, because there are donors, for example, who are at risk and don't come, and they really have this fear of the disease that caused people to panic. (E1)

Here at the viaduct, there was usually feijoada, stroganoff, and tasty things, but then, after this pandemic, a great part of those people who were older in age stopped coming, and now, it's just macaroni, macaroni, macaroni... (E11)

The use of alcohol and other drugs as a hindrance to acquiring food

Being on the streets and facing difficulty or impossibility in accessing food, having food needs partially met, and experiencing processes of exclusion and vulnerability were mentioned as triggers for the use of alcohol and other drugs, as a way to escape from the context and protection against the adverse life context. For the study participants, the sporadic use of these substances sometimes causes dependence and compromises the possibility of acquiring food.

Cachaça is the most frequent drug. Because it's not even their fault! Like that, whoever is in this situation is a lot of suffering, you know? There is abandonment in the family, humiliation in the street, and oppressors, then the person uses these vices to ease, to forget the suffering, you know?

Then, you end up getting addicted and forgetting everything, as well as food. (E3)

Yes, yes, they do not feed every day. The clothes, hygiene kits they get, everything they get they trade or sell to buy drugs or alcohol. (E11)

The interviewees reported shame, embarrassment, and yearning to ask for help from others, identifying the social stigma by recognizing the disrespect for basic rights, by the privations, absences, and violence faced daily. Fear of rejection and prejudice triggered feelings of sadness, insecurity, and even depressive symptoms.

I've never asked anyone for money, then I get hungry because I can't ask, I don't have the courage to do that. Both because they won't give it to me because they think I'm going to use that money to get high or something, or they won't have it to give, right? Then I get hungry. (E3)

So, I don't like it because it's a feeling of failure! I don't have the ability to get food, to support myself, it's complicated. It's a feeling of incapacity, of tremendous frustration, you get depressed. That's why people turn to alcohol and drugs, that's why. People judge you too much. (E11)

The reports of the homeless population in the face of social stigma, violence, and the use of alcohol and other drugs seemed to provoke a cycle that was difficult to resolve. Being on the streets and living with exclusion, adversity, and deprivation of the most basic needs boosted the use of substances that removed feelings of fear, isolation, and hunger, even if momentarily. In turn, the interviewees reported that being under the influence of alcohol and other drugs made it difficult to acquire food due to the difficulty of approaching potential food donors. The negative, fearful, and exclusion views of the society in individuals who are homeless is aggravated when they were under the influence of alcohol and drugs. In addition, the participants added that the difficulty in accessing food was due to the impotence of caring for their health and food, especially for those facing addiction.

Discussion

The qualitative approach used in this investigation allowed shedding light on an underexplored topic; however, the use of a single scenario and the number of participants were recognized as limitations of this methodology, making it difficult to extrapolate the findings to other realities. Furthermore, the discussion about education, race, and gender in access to food by the homeless population, which is considered important, was not addressed in this study.

The popular restaurant, snacks at reception services, and donations were the main sources of access to food for the homeless population. Purchase is possible when these individuals have financial resources. Difficulties in acquiring food, impairment of choice, lack of knowledge of origin, insufficient quantity, and low variety and nutritional value (aspects accentuated on weekends) were observed. Feelings of fear and anguish in the face of hunger and social stigma, which have been exacerbated by the COVID-19 pandemic, also exist.

Accepting donations consists of receiving food without knowing its origin, content, and storage conditions and without being able to choose the desired quality and quantity.[12] In this study, donations were referred to as necessary to assure the attendance of the basic human needs of the street population, although the number sometimes was not enough to meet the demand. Disputes and violence to access donations were mentioned.

The social representations of self-care for the homeless population primarily involve food and good living on the streets.[13] In the present study, some participants considered the difficulty in accessing food as a potential for situations of violence due

to disputes over food. These situations show the extreme poverty and vulnerability of this social group. Vulnerability can be understood in its three dimensions[14] and revealed by the absence of individual resources of material or emotional nature, support networks and social support, and the absence of programmatic services and services for the protection of basic human rights (e.g., health, food, and income).

Regarding purchasing power and food choice, respondents who claimed to have income reported purchasing processed or ultra-processed foods. It is important to mention that the choice for processed foods is related to the lack of insurance of being able to choose other forms of food, as fresh foods require prior cleaning, which is generally impossible for those who are on the street. Most of the interviewees stated that they do not consume fruits, vegetables, and legumes regularly due to the difficulty of hygiene, preparation, and storage. These items are not common in donations due to their high perishability, and their main source of access was the popular restaurant, which fell short of demand.

A study carried out in popular restaurants in Belo Horizonte found a higher prevalence of food and nutrition insecurity among users in vulnerable situations.[15] An analysis carried out in Canada on the needs and barriers in Primary Health Care among homeless people identified the difficulty that shelter users experience when trying to have a nutritionally balanced diet. Shelter users recognize that food insecurity can lead to malnutrition and worsening health status.[16]

Food insecurity leads to a weakening of the body, damage to physical and mental development, and an increase in the likelihood of illness.[17] Food and nutrition insecurity is a reality for the street population as the provision of meals and regular access to them is uncertain. Feelings of concern and distress about food, including experiencing hunger, have been exacerbated by the pandemic.[7]

Food security has been further compromised by the pandemic, especially in vulnerable populations.[18,19] Respondents perceived that access to food was hampered by social isolation measures and the blocking of commercial activities. The pandemic also impacted the volume and quality of donations, as the decrease in purchasing power affected the mobilizations carried out by civil society.

The consumption of alcohol and other drugs is a way of facing hunger and the situations experienced by those who are homeless as an escape mechanism.[20] A multicentric study carried out in six Brazilian capitals pointed out that homeless people had a significant rate of abuse in the consumption of alcohol and other drugs, in addition to presenting psychiatric problems and depressive symptoms.[21]

The abusive consumption of alcohol and other drugs can cause changes in habits or even negligence in food,[22] due to the impotence to face a problem of a social nature. Studies point out that malnutrition is present among alcohol and drug users, who show anthropometric, nutritional, vitamin, and antioxidant deficits and alterations in biochemical tests.[23,24]

The image of the homeless population associated with drug use, crime, and violence increases their social invisibility and stigma.[25] Social stigma is defined by Goffman as the recognition of differences and devaluation of individuals relative to other members of society.[26] The social stigma causes loss of self-esteem and social isolation, interferes with this population's access to the social, rehabilitation, and care services offered, aggravating their living conditions. According to the study participants, the pejorative look of society disables them in the food search, for fear of rejection and embarrassment.

The social representations of stigma and prejudice in the homeless population go beyond the physical space and materialize in social relations in various areas (including health services), in addition to promoting the internalization and reproduction of prejudices by the public itself. Knowledge and dialogue on topics considered taboo, such as the use of alcohol and other drugs, violence, and psychic suffering, are a possibility to establish a bond and break down barriers in the care of the population in street situations.[27]

Qualification and training of professionals from different sectors are recommended with a focus on humanization, ethics of care, and understanding of vulnerability,[28] especially given the economic, political, and social crises in the country, which tend to increase inequalities and the number of people in a vulnerable situation.

Conclusion

Difficulties in accessing food, lack of knowledge of its origin, low nutritional value, insufficient quantity, and use of processed foods were observed in the homeless population and aggravated by the pandemic. Social stigma, violence, and use of alcohol and other drugs generate a cycle of suffering that impairs the capacity of the homeless persons to take care of their health, reflected in their inability to overcome the difficulties relative to the acquisition of food. The homeless population remains uncovered although there are social protection measures and those implemented with the COVID-19 pandemic. This public should be looked at in a more particular way, considering its extreme vulnerability and the lack of structuring public policies, including health, housing, employment, income, and the weakening of social policies in Brazil in the last years.

Collaborations

Cerda CMP, Martins e Soares G, Pinheiro AKB, Lacthim SAF, Dias ALF, Arcencio RA e Freitas GL contributed to study design, data analysis and interpretation, manuscript writing, critical review of intellectual content, and approval of the final version to be published.

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