

## Special Article – Depression in Women

# Depression in Homeless Women in Central Brazil: Cross-Sectional Study

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## Abstract

**Background:** Although the homeless population in Brazil is mostly male, women are emerging and neglected

**Objectives:** To estimate the prevalence of depressive symptoms in homeless women in a Brazilian capital.

**Methods:** Cross-sectional study conducted with a significant sample of 28 homeless women out of 50 homeless women. Depressive symptomatology was assessed using the Beck Depression Inventory. Cronbach's alpha coefficient for BDI was 0.84.

**Results:** Expressive index was found for moderate to severe depressive symptoms, corresponding to 64.3%. Still suicidal ideation and history of psychological/psychiatric treatment was estimated in 60.7% and 50% of women, respectively.

**Discussion/Conclusion:** Homeless women experience particularities related to living conditions and gender. The high prevalence of moderate-severe depressive symptoms in this segment highlights the need for greater attention to mental health of this population group and the establishment of effective public policies that meet this demand.

**Keywords:** Depression; Homeless women; Mental health

## Abbreviations

BDI: Beck Depression Inventory; SPSS: Statistical Package of Social Science

## Introduction

The homeless population is marked by the suppression of rights and the breaking of multidimensional bonds, and is highly susceptible to developing mental disorders [1-4].

In Brazil, the Federal Constitution [5] ensures health as a right of all and a duty of the state. However, in practice, such a prerogative has not been sufficient to meet the needs of the homeless population, in particular the mental health demands of the female population [6].

It is known that being a homeless woman can result in greater social vulnerability, caused by both living conditions and gender issues<sup>7</sup>. Although minimally represented in relation to males, which does not seem to have changed significantly over time [8-10], the specificities experienced by women make relevant the development of research that promotes scientific evidence favorable to the formulation of effective public policies for women, who have the street as their place of residence.

There is a scarcity of publications addressing the issue, however, appropriate public policies, supported by research results of social reality, can reduce the risk condition of women living in homelessness. The operationalization of studies with people without fixed addresses is complex and is recognized as a deadlock for large-scale investigations. Thus, municipal management is fundamental in

the implementation of public policies directed to this population [11].

The relevance of studies related to depressive symptoms is that they directly affect the overall functioning of the individual, and cause significant damage to life. Such symptoms may manifest in a variety of ways, such as depressed mood, crying spells, loss of appetite, sleep disturbance, loss of libido, fatigue, low self-esteem, self-devaluation, negative vision of the future, and even more severe forms, as suicidal desires [12].

The relationship between depressive symptoms and women who have a permanent residence is already well established in the scientific literature. Studies show that being female is a risk factor for the development of depressive symptoms [13-16], however, to our knowledge, studies have not been conducted towards homeless women, even though the prevalence of depressive symptoms in homeless men for almost a decade [17].

Addressing homeless women means considering a minority in another minority. Thus, attention should be focused on the particularities of the homeless population as well as those related to gender. Greater knowledge of the population under study is a sine qua non for the formulation of an effective model of comprehensive health care.

Thus, this study, unpublished and relevant to the social context, aims to estimate the prevalence of moderate/severe depressive symptoms in the female population living on the streets of a capital of central Brazil.

## Methods

Descriptive cross-sectional study, conducted from July to August 2017, in a capital of the Midwest region of Brazil, considered an important migratory point, since it connects the Northeast and South of Brazil. The target population of this study were 28 homeless women who used the Homely Citizen’s House and Specialized Reference Center for Homeless People, both from the public sphere and linked to the Municipal Secretariat of Social Assistance.

Data from the only National Survey on Homeless Population, released in 2008, by the Ministry of Social Development (MDS), indicate that Goiânia had only 88 homeless women between 14 and 69 years old<sup>18</sup>. Thus, our sample was considered representative. Inclusion criteria were: being considered homeless and making use of the services provided by the target study institutions at the time of data collection. The following exclusion criteria were established: being 18 years old, over, and under 80 years old and showing lack of understanding regarding the questions that make up the instruments. Moderate to severe depressive symptomatology was considered outcome variable.

Data collection was done through face-to-face interviews, after approval of the project by an Ethics Committee (Protocol 045/2013 - Addendum 01). In order to avoid interference or interruption during the application of the instruments, as well as the preservation of participants and guaranteeing confidentiality regarding the information provided, they were interviewed in private places, in the facilities of the institutions chosen for the study, in days and alternating shifts to ensure opportunity for participation by all individuals who were in attendance at the study institutions. Initially, the women were informed of the study objectives and signed the Informed Consent Form.

Sociodemographic data regarding age, education, self-reported color, income, sexual choice, marital status and length of residence on the street, as well as psychological/psychiatric treatment and suicidal ideation were collected. Sequentially, the Beck Depression Inventory (BDI) was applied, which allows the measurement of depressive symptoms. The instrument was validated in Brazil with the following classification: zero to 11 points - minimal depressive symptomatology; 12 to 19 points - mild depressive symptomatology; 20 to 35 points - moderate and 36 to 63 points severe<sup>12</sup>. In the present study the result of Cronbach’s alpha coefficient for BDI was 0.84, suggesting good internal reliability.

Data were collected by the researcher responsible and three research assistants duly qualified to address vulnerable and stigmatized social groups, as well as to apply the instruments used. Data were analyzed using the Statistical Package of Social Science (SPSS) software, version 24. Initially, descriptive analysis of all variables was performed. Qualitative variables were presented as absolute and relative frequency. Quantitative variables were presented as mean, standard deviation (SD), median, interquartile range (IQI), minimum and maximum.

## Results

We had 8 women who did not meet the inclusion criteria in the survey. The average age of the participants was 35.2 years (SD = 8.8

**Table 1:** Distribution of homeless women according to sociodemographic variables, substance use, psychological / psychiatric treatment and suicidal ideation, Brazil 2017.

Variables	N	%
<b>Age (years)</b>		
20 - 29	5	17,8
30 – 39	15	53,6
40 – 49	7	25,0
≥ 50	1	3,6
<b>Schooling (years)</b>		
<4	18	64,3
5 - 8	3	10,7
9 -10	6	21,4
>10	1	3,6
<b>Marital status</b>		
Married	14	50,0
No married	14	50,0
<b>Skin color</b>		
White	7	25,0
Black/ Mixed-race	21	75,0
<b>Sexual orientation</b>		
Heterosexual	26	92,9
Gay/Bisexual	2	7,1
<b>Street dwelling time (years)</b>		
≤3 anos	20	71,5
4 - 7	3	10,7
8 - 11	1	3,6
12 - 15	2	7,1
>15	2	7,1
<b>Family income (minimum wage)</b>		
No income	16	55,6
<150,00	3	11,1
>150,00 a 500,00	4	14,8
>500 a 1000	4	14,8
>1000	1	3,7
<b>History of psychological / psychiatric treatment</b>		
No	14	50,0
Yes	14	50,0
<b>Suicidal ideation</b>		
No	11	39,3
Yes	17	60,7

and the median equal to 34 years (extremes of 21 and 64 years).

Low education was predominant, showing that 64.3% had up to eight years of formal schooling. Most (55.6%) had no income and had been homeless for up to three years (71.5%). Regarding self-reported color, 75% were classified as black (black plus brown). Of all women, 92.9% reported being heterosexual, half (50%) reported having

**Table 2:** Descriptive analysis of depressive symptom scores (BDI) in the homeless adult female population, Brazil, 2017.

	Mean	DP	Median	IIQ	Min-Max
BDI	25,25	12,22	22,5	9-28	0-45

DP: Standard deviation; IIQ: Interquartile range

**Table 3:** Absolute and relative frequency of depressive symptoms in homeless adult female population, Brazil, 2017.

Depressive symptomatology	Absolute frequency (n)	Relative Frequency (%)
Minimum	4	14,3
Light	6	21,4
Moderate	13	46,4
Serious	5	17,9
<b>Total</b>	<b>28</b>	<b>100</b>

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received psychological/psychiatric treatment, and 60.7% had suicidal ideation at some point (Table 1).

Descriptive analysis of the BDI score indicated that the average was 25.25, with a standard deviation of 12.22 (Table 2).

More than half 64.3% of the study population had moderate to severe depressive symptoms, drawing attention to the index (Table 3).

Moderate and severe intensity levels indicate a more intense symptoms and interfere more significantly in the subject's functioning, demanding more immediate intervention.

## Discussion

The aim of this study was to estimate the prevalence of depressive symptoms in homeless women in a capital of the Midwest region of Brazil. Country with continental dimensions, and marked by the flow of people between different geographical regions in search of employment and new life opportunities. This research was based on the conviction that this theme may support government managers and health and social care professionals in the assertive design of strategies that meet the real needs of this group of women, who live in an exclusionary and mostly male environment, being vulnerable. adverse health events, in particular mental health.

Although the scientific literature has already pointed to a close relationship between poverty and mental health [2-4,17] and a higher risk of developing depressive symptoms, as well as depression in females [13-18], this study innovates by investigating specifically, the level of depressive symptoms in the homeless female population of a capital city located in the central region of a developing country.

It was found that in the homeless women of the present study, moderate to severe depressive symptoms prevailed, corresponding to more than half of the studied population 64.3%. This rate is much higher than the estimated 25.53% in the general population [19]. This finding cannot be neglected, since moderate and severe intensity levels require more attention and indicate a more intense symptoms, thus interfering more significantly in the subject's functioning.

This index was close to that found in women from other equally vulnerable segments, such as incarcerated women [20,21], drug users

[16]. The average score also approached that of women victims of domestic violence [22].

The only study conducted in homeless men estimated a prevalence of moderate to severe symptomatology of 29.4% [17], which is much lower than the rate of the present investigation, confirming the vulnerability and urgent need for investments in public policies aimed at these women who live together. with the iniquities of the street world. The process of social exclusion to which they are subjected, through a macho society masked by the perception of hegemonic masculinity, may contribute to the high prevalence identified in this study. This scenario is aggravated by the fact that the majority of the analyzed population has no income (55.6%), being subjected to the demands of the male population.

Reduced educational level has also been pointed out by scholars as a risk factor for mental illness. Studies [14,16,23-25] show a close relationship between lower educational level and higher level of depressive symptoms. A plausible explanation is that people with higher education have better positions in the labor market, have higher family income and more satisfactory living conditions, aspects that, in most cases, act as a protective factor for preserving the mental health of the worker. Individual [26]. The low level of schooling was predominant in the women of the present study, since most reported having incomplete elementary school. Such a reality makes it harder to get off the streets.

It is noteworthy that these women, even being on the street, have the right to quality education, a prerogative of the Brazilian Federal Constitution<sup>5</sup>. Moreover, studies show that they have the desire for educational policies [27]. However, this does not really detract from the ineffectiveness of institutions supporting this population group. It is hoped that this finding arouses the attention of the public authorities to the schooling aspect and its contribution to the maintenance of the street situation, so that actions are taken to alleviate the problem.

Most (50.1%) of the investigated reported being married or maintaining a stable union, a controversial fact considering that the very definition of homeless in Brazil is anchored in the fragility of family ties. Most probably because some women, because of their vulnerability, associate with one or more men to ensure safety and protection [28].

In addition to the significant number of homeless women suffering from moderate-severe depressive symptoms (64.3%), this article draws attention to the fact that 60.7% also manifested suicidal ideation. Suicidal behavior is a serious public health problem. Among the main factors associated with suicide are: previous suicide attempts, depression, alcohol/drug abuse/dependence, lack of social support, suicidal intent, stressful events, poverty, unemployment and low educational level [29]. Thus, for the majority of the population of the present study, the risk of suicide is considered high.

Another relevant fact is that half of the study sample has a history of psychological / psychiatric treatment. This reality reinforces the need to pay attention to aspects related to mental health in this population group. It is believed that the support institutions for these women, such as those of the present investigation, could elaborate strategies related to mental health, however, the format of the current policies and services aimed at attending this population segment

present important gaps, in particular concerning the inclusion of this type of care, the strengthening of the protagonism and emancipation of these homeless women.

The data reveal a fragile subgroup, with several coexisting factors that contribute to the onset of the studied symptoms, and risk of psychosocial/psychiatric impairment requiring greater attention from public health authorities. Knowledge of the peculiarities of homeless women does not change the reality they experience, however, supports the formulation of more effective public policies and more consistent with the demands of this portion of the population. Appropriate public policies, backed by social reality research results, can reduce the risk status of these women.

Limitations of this study include data collection being limited to a single municipality, and the prevalence may be under or overestimated and may not represent the entire PSR. In addition, it was not possible to establish cause and effect relationships. However, they do not detract from the findings of this study. The high prevalence of moderate-severe depressive symptoms and the high rate of suicidal ideation in homeless women in the study sample suggests the need for greater attention to mental health in this population group. Further research with representative samples of women living in other social and geographic contexts is desired.

## Conclusion

Expressive index was found for moderate to severe depressive symptoms, corresponding to 64.3%; rate far higher than the general female population. To our knowledge, this study is the first to present depression data in women homeless helping fill the gap knowledge and encourage more specific health policies in mental illnesses for this population, which in most cases is outside the public health services and presents social and individual vulnerabilities.

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