

ROOF OF STARS: LIFE STORY AND SITUATION OF THE HOMELESS POPULATION IN THE COVID-19 PANDEMIC



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Natalhia Catossi Rosa¹, Alfredo Ribeiro Filho², Adriana Paula Jordão Isabella³, Paulo Celso Pardi⁴, Antônio de Olival Fernandes⁵, Cristina Braga⁶, Neylor Rodrigo Oliveira Aragão⁷, Christian Douradinho⁸, Márcio Fernandes da Cunha⁹, Fabrício Vieira Cavalcante¹⁰, Eduardo Filoni¹¹, Nayara de Fátima Mazini Ferrari¹², Dayene Gatto Altoe¹³ and Jackeline Lourenço Aristides¹⁴.

ABSTRACT

To People in Street Situations is the result of a historical, social process that, with the arrival of capitalism and urbanization, ended up being made invisible, carrying many stigmas and suffering. Public policies have been slow to embrace this public and, even so, it is still very

¹ Specialist in Mental Health by the Municipal Health Authority of Apucarana-PR.

Email: natalhiacatossi@gmail.com

² Master in Pharmacy Uniban

Nove de Julho University

Email: arfmm@uol.com.br

³ Dr. in Biophotonics

Nove de Julho University (UNINOVE)

Email: apji@uninove.br

⁴ Dr. in Sciences (Morphology) from the Federal University of São Paulo (UNIFESP) –

Eniac University Center of Excellence

Email: drpaulopardi@gmail.com

⁵ Master in Health Sciences from the Faculty of Medical Sciences of Santa Casa de São Paulo (FCMSCSP)

Municipal Maternity School Hospital Doutor Mário de Moraes Altenfelder Silva, Faculdade Auden Educacional - FAED

Email: aofernandes@prefeitura.sp.gov.br

⁶ Dr. in Health Sciences from the Institute of Medical Assistance to the State Public Servant of S. Paulo (IAMSPE)

Universidade Nove de Julho, Institute of Medical Assistance to the State Public Servant of S. Paulo

E-mail: cris.br@terra.com.br

⁷ Specialist in Stomatherapy at Escola Bahiana de Medicina e Saúde Pública

Brazilian Company of Hospital Services (EBSERH)

Email: wilde_br@yahoo.com.br

⁸ Master in Medical Sciences Focus on Gerontology from the Faculty of Medicine of the University of São Paulo (FMUSP)

Nove de Julho University

Email: c.douradinho@uni9.pro.br

⁹ Master of Science in Health Sciences

Cruzeiro do Sul University

E-mail: marciofdc@terra.com.br

¹⁰ Master in Collective Health (Epidemiology)

University of Brasília (UnB)

E-mail: fabricioocavalcante@gmail.com

¹¹ Doctor of Science

Cruzeiro do Sul University

Email: edufiloni@hotmail.com.br

¹² Master in Health Education – Faculty of Medicine of Marília (FAMEMA)

Email: nayara.mazini@gmail.com

¹³ Master in Psychology (UEM), Institution: Centro de Atenção Psicossocial de Apucarana PR), Armando Da Silva, 24 apt 1204

Rebouças Garden

Jandaia do Sul

E-mail: dayagatto@hotmail.com

¹⁴ PhD in Educational Sciences

E-mail: jackeline.aristides@gmail.com

much in need of assistance. This work brings voice to an individual reporting her experience on the street and the difficulties encountered in her daily life. In this way, it aims to bring a little about the life of a Homeless Person and health accessibility through life history. A field research was carried out, with a qualitative approach in which semi-structured interviews and narrative Life History were used as a methodological tool. As a result, weaknesses were observed in the care both in the social sphere and in health, as the health-disease process depends on several determinants. We conclude that it is necessary and urgent to look at people in an integral way, strengthening spaces for struggle such as Councils and Health, Popular Forums and encouraging participation in the National Movement of People in Street Situations.

Keywords: Homeless Population. Right to Health. Social exclusion. COVID-19 pandemic.

INTRODUCTION

At CAPS AD it is common to live with homeless people, who have come to this situation for various reasons, whether due to the breakdown of family ties, abusive use of alcohol and other drugs, lack of opportunity in the labor market, among other reasons, which have led these people to situations of extreme vulnerability, being stigmatized before a capitalist society, that only cares about those who produce. Unfortunately, there was no census on the homeless population until 2019 because only those who had a fixed residence were able to enter the census, according to a program aired by HBO, entitled "eviction" presented by Gregório where a survey by IPEA (Institute of Applied Economic Research) is presented showing that in Brazil there is no official data on homeless people, making it even more difficult to create public policies, necessary to deconstruct this invisibility in the face of this population (Hungaro *et al*, 2020): (Dos Santos *et al*, 2021).

According to Honorato and Oliveira (2020), homeless people under the age of 65 have all-cause mortality 5 to 10 times higher than that of the general population. COVID-19 infection may have a certain influence on this disparity. Another factor that we must take into account is that with the pandemic, the economic scenario has changed a lot, and has brought a large number of unemployment, increasing the number of homeless people, bringing a great challenge to public policies (Dos Santos *et al*, 2021); (Da Silva; Tourinho, 2022).

The large number of homeless people in Brazil is the result of the worsening of social issues such as the rapid urbanization that occurred in the twentieth century, social inequality, the formation of large urban centers, unemployment and poverty. It is also interesting to note, according to Corrêa (2018), that the high rates of inequality in Brazil come from a historical process of a country built through colonization based on exploitation. In this context, many people are being excluded from their social rights such as: work, education, leisure, security, housing and health, thus making these people invisible to society.

This issue is not something of the present, PSR (Homeless Person) comes from a historical process with the emergence of pre-industrial societies in Europe, with the beginning of capitalism there was a rural exodus and not everyone was absorbed by industry. Historically, the homeless population has always had the stereotype of begging, indigence and vagrancy, and over time nothing has changed and from time to time social hygiene still happens, further expelling this population into invisibility (Saraiva *et al*, 2015).

According to Castro *et al.* (2018) the fuse of the crisis of the capitalist system occurred between 1980 and 1990, affecting all developed capitalist countries that were part of the socialist bloc and those of the Third World, today called developing countries, including Brazil. Neoliberalism manifested itself as an alternative to overcome the crisis and the introduction of this doctrine was the possible factor that made the phenomenon of the homeless population worsen. With the arrival of neoliberalism, the Washington Consensus was signed, which made salary cuts, especially for civil servants, layoffs, and other measures that directly harmed the low-income population. The result of this implementation was drastic for the capitalist world, especially for Latin America, resulting in social maladjustment.

According to the National Secretariat of Social Assistance, PSR are characterized by being a heterogeneous group that has poverty in common, composed of different realities that use the street as a home for multiple factors such as: mental illness, unemployment, interrupted or fragile family ties, abusive use of alcohol and other drugs, among others. (Brazil, 2008).

Certainly, one of the major problems that makes it impossible for this population to have their rights is invisibility, thus making accessibility to health something far from reality.

The concept of accessibility is something complex according to Rodrigues *et al* (2011), and is associated with nutrition, education, housing, purchasing power, living conditions, professionals properly prepared and paid for care, and goes beyond the geographical dimension involving economic aspects, a qualified technical staff and the accessibility of the user to seek health services.

The objective of this research was to describe the difficulties homeless individuals have in accessing health services, whether they are Basic Health Units (UBS), Emergency Care Units (UPA), Emergency Room of Affiliated Hospitals, General Hospitals, Psychosocial Care Centers (CAPS) and NATTA (Counseling and Testing Center).

METHODOLOGY

It is a field study, with a descriptive qualitative approach using native language, with the interview being the tool chosen for data collection, the interviewee was given the name of a flower to preserve his identity. The study was conducted in 2020, during the COVID-19 Pandemic.

For the appreciation of the discourses, discourse analysis was used, which, according to Nascimento (2007), implies interpreting the subjects speaking, having the production of meanings as an integral part of their social activities. In this way, the discursive subject must always be considered as a social being, apprehended in a collective space, therefore, a subject not grounded in an individuality, but a subject that exists in a social and ideological space, at a given moment in history and not in another.

A semi-structured interview was carried out with the support of guiding questions and with only one homeless subject interviewed, since the study was carried out during the pandemic, with the authors taking care to put the study subject on display, the participant was offered the ICF (Informed Consent Form) which was signed and after approval under CAAE n°: 26717819.2.0000.5216, the interview was conducted.

Narrative researchers collect stories of individuals, which may arise from information reported to the researcher, a story that is constructed jointly between the researcher and the participant(s), and a story made to be represented, thus conveying a message or a question. Thus, it is noted that there is a strong collaborative characteristic in narrative research, since the story emerges through the interaction and dialogue between the researcher and the participant (Riessman, 2008).

Narrative stories are gathered from various forms of data collection, such as through interviews, which can build the main data source, and also through observations, documents, images, and other qualitative data sources. In addition, they speak of individuals' individual experiences and the images they have of themselves. (Riessman, 2008)

During the interview, the interviewee was advised that if there was any emotional discomfort on the part of the interviewee, psychosocial support would be offered, which was not necessary.

The interruption of the interview by the participant could occur at any time, without causing harm to the person, which did not happen.

As an indirect benefit, the visibility of the theme can be highlighted, and consequently the improvement in health accessibility.

RESULT AND DISCUSSION

CHAPTER I – FINDING A STORY

"I write like someone who sends love letters"

Lead Author:

"Wednesday 01/07/2020 first day of the month, a cold morning, the main author starts the walk to the Pop Center, and along the way listening to music and reports: "From the bottom of my heart, from the deepest corner within me, oh, to the decomposing world, I write as someone who sends love letters... ' I reflect in the lyrics of the song, the world in decomposition, which is a reality for what we are experiencing, a pandemic where the world of several people is decomposing. "Google Maps was used to reach the destination for the first time."

There are many uncertainties when we go into the unknown, I wonder how I will be received, if there will be any resistance to wanting to talk to me. The day is so cold and I think of the fact that so many people have the roof of stars, the same "roof" that rains, and the serene gently wets everything and everyone who spends the night in the open, this is just one example because there are several difficulties. Sleeping in the open, or under overpasses, bridges, walkways, awnings of shops, in short, these "roofs" that were built for another purpose and become in a way a protection, when they are not blocked and making it impossible for these people to sleep in these places.

And in the morning and the main author goes to the PSR (Homeless Population) looking for the POP Center Specialized Reference Center for Homeless Population where homeless people can bathe and perform personal hygiene, which is an extremely important service, better known within the social area.

According to Resende and Mendonça (2019), Public Policies for the PSR are scarce, with the Federal Constitution of 1988 establishing the equality of all before the law and the guarantee of social rights. Thirty years after its publication, a large percentage of the Brazilian population does not access, without a struggle, a large part of the rights provided for in the Law. Without access to elementary and basic rights to a dignified life, the homeless population suffers from the absence of public policies and social neglect.

This population group began to count on legislation that guaranteed them social assistance only in 2005, with Law 11.258, which provides for the creation, in the social assistance system, of specific programs for people living on the streets. In 2009, Decree No. 7,053 of December 23, 2009 was instituted, which instituted the National Policy for the Homeless Population and its Intersectoral Committee for Follow-up and Monitoring (Brasil, 2009).

Art. 7 The objectives of the National Policy for the Homeless Population are:

XII – to implement specialized reference centers for the care of the homeless population, within the scope of the special social protection of the Unified Social Assistance System; (Brazil, 2009).

The Specialized Reference Center for the Homeless Population represents a reference unit of the Special Social Protection of Medium Complexity, of a state-owned public nature, with a considerable role in achieving the purposes of the National Policy for the Homeless Population. The actions carried out by the POP Center and the Specialized Service for Homeless People should be constituted by the other actions of the social assistance policy, the rights defense agencies and other public policies - health, education, social security, work and income, housing, culture, sports, leisure and food and nutritional security in order to compose a set of public actions for the promotion of rights, that can lead to more effective impacts in strengthening the autonomy and potential of this population, with the objective of creating new life trajectories (Brasil, 2011).

It is important to recognize the incompleteness of institutional action and the interdependence between policies to ensure comprehensive care for homeless people, in addition to the guarantees of social assistance. Thus, the need for networking is pointed out, which presupposes an integrated action, through offers that, when articulated, can lead to more effective responses, in view of the complexity of the situations of risks and violations of rights experienced by the PRS (Brasil, 2011).

This year, Resolution No. 40 of October 13, 2020 was published in the Official Gazette of the Union, which provides for: The guidelines for the promotion, protection and defense of the human rights of homeless people, according to the National Policy for the Homeless Population. In chapter 1, it reinforces the network work that must take place to provide comprehensive care, and not leave the subject only in Care, everyone must be held accountable, RAPS, UBS, UPA, among other services (Brazil, 2020).

Art. 10 - The inter-institutional network must establish work processes aimed at the articulation of its actions, such as case studies and flows of exchange of information and referrals, to guarantee full protection.

In chapter VII, human rights and health, they further emphasize the importance of intersectoral work.

VII - Ensure intersectoral action between SUS and SUAS services, so that they share information and act together in a synergistic way, in order to improve services with a view to overcoming homelessness (Brasil, 2020).

In the main author's experience at CAPS AD, which is part of the RAPS (Psychosocial Care Center for Alcohol and Drugs (CAPS AD) is a point of care of the Psychosocial Care Network (RAPS), it was observed how crucial this articulation is, there is no successful care unilaterally, and CAPS AD as a specific health service for psychosocial care of alcohol and drugs, it must carry out joint actions with assistance to reach health and attention to people who (over)live on the street, because health needs to go to the user, wherever he lives, an example of this is the street approach, which must be carried out in a way that takes care, and not as sanitizing actions, which is very present, And "care" ends up being a smokescreen for these actions. The street approach helps to create a bond with the subject, being the most important pillar of care, making services available, and respecting the subject's autonomy.

CHAPTER II - FAITH AS SUPPORT

"Upon arrival, the main author was directed to the Social Worker and invited to meet the accessors. He introduces me, and right away I start talking to João who accepts to participate in my research, I start by explaining what it is about and we read the consent form together, at the moment breakfast arrives and we pause the interview. More people arrive for the coffee and an employee of the place makes some requests, as a form of prayer and gratitude, some report their wishes such as health, being able to see the family, others in silence make their supplications".

We live in a country where faith, religiosity and spirituality play a very important role, spiritual and religious values help people to cope with major events in life, such as: birth, pain, suffering, among others. And this moment in the lives of these people is very remarkable, as they go through several situations of extreme vulnerability, and seeking support in a superior being regardless of beliefs, feeds the hopes and strength they need to continue the days, finding a meaning for them, which is something very particular to each one (Monteiro, 2007); (De Oliveira, 2016).

Spirituality differs from the concept of religion. Spirituality is something very personal, a unique feeling for each being, giving meaning to life, capable of making you endure feelings of guilt, anger, sadness, anxiety. Religion, on the other hand, is an expression of spirituality. Religiosity and spirituality are related, but not synonymous. Spirituality is about the transcendent, with definite questions about the meaning and purpose of life, and with

the conviction that there is more to life than what can be seen or fully understood (Murakan; Campos, 2012).

Religion is represented by a set of beliefs about the origin of the cosmos, the meaning of life, death, suffering and the beyond; rites and ceremonies, follow a doctrine, which use religious symbols; an ethical system, with laws, rules of conduct and prohibitions; and finally, a community of believers, with different types of leaders and priests, who are more or less certified of the beliefs and who follow the principles of that religion (Murakan; Campos, 2012).

According to Castro *et al* (2018), religiosity is the belief, trust in something or a being that cannot be seen physically, although it has a power beyond the finitude of the soul, enabling the extinction or mitigation of suffering. Many PSR believe or start to believe in a God, in gods or some higher power, or religion, because "there is in religious faith, the explanation of the events in their lives, because the knowledge of the human about their vulnerability to suffering, death and finally, their finitude, makes many of them have the strength to endure the circumstances, by the belief in something better in the future.

However, despite the fact that the homeless situation provides the immersion of these people in segregationist conditions, of invisibility and dehumanization; the protection of religiosity and the construction of a meaning of life that can prevail in the form of instigating support and overcoming. Such a conception, frequent in the homeless situation, in view of the incisive exposure to suffering and religious influence, becomes essential, as it enables the potentiation of the displacement of the homeless towards freedom, growth, and the conquest of rights; since the latter does not accept to be a mere spectator of its own misery and exclusion. (Castro *et.al*, 2018).

In this same sense, for the PSR, religion comes in as an escape valve, offering hope, emotional satisfaction and comfort. It is "the sigh of the oppressed creature."

Through this analysis, it can be observed that spirituality and religion play a fundamental role in people's lives, on the other hand, it is important to question the imposition of religion or prayers within public services, as it is something particular to each one. It is very important to respect this uniqueness, and in this case it was something spontaneous, however, this line is very thin and it is not difficult to assume that everyone has the same belief. Thus, the state and religion cannot be confused (Monteiro, 2007).

CHAPTER III – THE ART OF LISTENING TO A STORY

"After breakfast, a reserved and quiet room was requested to continue the interview, Lírio is a little shy, but friendly. In the beginning, he says that he was born in São Paulo, and that he completed high school, was born in São Paulo, came to Paraná at the age of 8 and returned there at the age of 14. There is no fixed city to stay in, the mother's family is from São Paulo and the father's in Maringá, he has almost no contact with them, he said he stays more on the street, and that he has children in Maringá. He says that he doesn't care so as not to worry them, he no longer feels the bond with the family, he loses love, he doesn't like to remember his family, and that it moves him. She started to stay on the street at the age of 14, the situation in Maringá was not easy and she fled to São Paulo, stayed at her grandmother's house and started working, after a while she got married, separated, and went back to being on the street. He lives from one city to another, sometimes at home, sometimes on the street, he stayed in the hostel in Apucarana at the time he worked for 4 months, he received a job offer, however, as he does not have a place to stay, he denied the job".

Many went back and forth in Lírio's life and the family bond over time became fragile and he ended up distancing himself from his family, and prefers not to talk much about it so as not to get emotional. With the bond weakened, it is difficult to return home, and unemployed people cannot afford a place to stay. And as the city lacks a place to stay, such as hostels, shelters, which can be a momentary option until it stabilizes, it ends up denying the job opportunity.

According to Arruda (2015), the way in which the current family is socially constituted was influenced by the bourgeois family model, in which the individuals of the family are instigated, fed, and guided by the issue of work, since childhood they are directed to schools, with the intention of training and preparation for the job market. People are valued when they work due to consumption, a result of capitalist society, where people are valued for what they have, those who could not perform their role at the height ended up becoming insignificant and inappropriate for both society and the family group.

There are several pretexts for breaking the family bond, covering the socio-affective relationships of the homeless person, who is excluded from society, where only those who produce are valued and there are no other characteristics to be valued that refer to the development of life, so the individual enters into a self-destructive behavior as people who have no value (Arruda *et al*, 2015).

According to Honório, (2016) it is considered that the homeless population is defined as a heterogeneous population group that presents extreme poverty, fragile or broken family ties and the lack of habitual established housing, presenting themselves in a state of social vulnerability due to the conditions in which they live and distant from the main means for their subsistence, therefore, excluded from society.

Social exclusion goes hand in hand with social vulnerability, that is, men, women and children are in a state of extreme poverty, also showing signs of malnutrition, precarious housing conditions, little access to education, health, basic sanitation, nor the possibility of employment and income, making them citizens at social risk, being below the poverty line (Honório, 2016).

From this perspective, Alcantara *et al* (2015), adults who have a history of social exclusion on the streets, there are several factors, and one of them is the absence of housing, another factor that should be highlighted is the trajectories of vulnerability and weakening of family ties, and the world of work. According to a survey by the Ministry of Social Development – MDS (2009), the elementary reasons that led people to the street were: alcoholism and/or drug problems (35.5%); unemployment (29.8%) and family conflicts (29.1%), with a total of 71.3% of respondents having some of these factors as causes. The homeless population in the Brazilian reality, for the most part, is made up of single men of productive age who live in the transience of the street space, in their daily activities in search of survival.

CHAPTER IV - PROCESS OF LIVING AND FALLING ILL

"Lírio reports that he wants to lead a "normal" life, feeling a little lost because he has nowhere to go, he reported that he drinks from time to time, he feels that it harms his health, he also said that he has high blood pressure. He has lunch and coffee at the POP center, sometimes receives food from restaurants, and takes medicine from time to time, he did not know how to inform blood pressure values, he took captopril and then changed, he no longer takes it, because he is on the street. And, also as he uses alcohol, and is afraid of mixing and doing harm, he has the SUS card. He commented that he stayed at the house of mercy and that since Friday he has been on the street, before that he had rented a small room in Maringá, because he was working there, until he lost his job as a welder. He accessed health services to take the Covid-19 test to be able to enter the house of mercy, testing negative. In Maringá she also took the test, because she felt sick with a headache, sore throat, coughing, as she had no phone to pass, she informed her of her ex-mother-in-law, however, she could not find out the result. Another time he accessed the health service was at the UPA in Apucarana because he felt unwell, fever, headache, he reported that he was well attended, he only commented on the delay in care".

At the time of this study, the homeless population (PSR) had a high rate of vulnerability, physical and emotional exposure, and since health is not just the absence of disease, several factors should be taken into account when discussing this subject, and this issue should not be naturalized. All of this, as can be seen, comes from economic and social factors, and it is often attributed that the PSR is necessarily composed of drug users, and this may be just a symptom of this life full of stones along the way.

Hypertension, diabetes mellitus and chronic obstructive pulmonary disease, among others, are common problems to occur in the homeless population. It is the result of lifestyle habits, with a high prevalence of smoking, inadequate diet, among others, and may present at a more premature age than in the general population. The control of these problems can be very difficult, due to the absence of shelters, the impossibility of selecting their own diet and difficulties in storing and taking medicines at certain times (Vragas; Macerata, 2018).

In Lírio's speech, we can observe this difficulty in taking care of the problem of hypertension and alcoholism in the aspect of health, due to the conditions in which it is, and what would be the responsibility of the health services in this matter? In the final considerations, we weave some possibilities for comprehensive and problem-solving care.

FINAL CONSIDERATIONS

The present study is related to Lírio's life story, portraying the lives of countless people who go through the same situations: cold, heat, difficulty of drinking water, access to health, and the lack of instability to get a steady job, to be able to structure their life. As much as the Specialized Reference Center for the Homeless Population (POP Center) welcomes these people, it is still not enough to meet all the demand presented by them, and as a mental health nurse I observe how these people need comprehensive care, actions that contemplate the biopsychosocial being. The roof of stars is unfortunately the only place where this vulnerable population has to live, some still with dreams, others with despair because the pandemic spread and left thousands dead, without the slightest chance of dignified care. Lírio's silent cry can show us the fragility of the homeless population and that public policies are essential to minimize the damage to the physical and mental health of these individuals.

In addition to these actions, it is very important to participate and encourage these people in the health council, where they can gain more visibility (because they are invisible to society) and fight for their rights, and popular forums that are democratic environments that give voices, and listen to people's needs, are great alternatives, as well as encouraging participation in the National Movement of Homeless People for the defense of rights, The authors suggest that more studies be done on this topic, as unfortunately it is still a topic that is little addressed.

REFERENCES

1. Alvarez, A. M. S., Alvarenga, A. T., & Rina, S. C. S. A. (2009). Histórias de vida de moradores de rua, situações de exclusão social e encontros transformadores. *Saúde e Sociedade*, 18(2), 259–272.
2. Brasil. (2020). Available at: https://www.gov.br/mdh/pt-br/aceso-a-informacao/participacao-social/conselho-nacional-de-direitos-humanoscndh/copy_of_Resolucao_40.pdf. Accessed on: July 25, 2024.
3. Brasil. (2009). Available at: https://www.mds.gov.br/webarquivos/publicacao/assistencia_social/Normativas/tipificacao.pdf. Accessed on: July 25, 2024.
4. Brasil, Ministério da Saúde. (2014). *Saúde da população em situação de rua*. Brasília, DF.
5. Brasil. (2008). *Política Nacional para Inclusão Social da População em Situação de Rua*. Brasília, DF.
6. Brasil, Ministério da Saúde. (2012). *Manual sobre o cuidado à saúde junto à população em situação de rua*. Brasília, DF.
7. Brasil. (2020). Resolução Nº 40, de 13 de outubro de 2020. Brasília, DF.
8. Brasil. (2011). *Orientações técnicas: Centro de Referência Especializado para População em Situação de Rua – Centro Pop, SUAS e População em Situação de Rua, Volume 3*. Brasília, DF.
9. Brasil. (2009). Decreto Nº 7.053 de 23 de dezembro de 2009. Brasília, DF.
10. Carneiro, J. N., et al. (2010). A estratégia saúde da família para a equidade de acesso dirigida à população em situação de rua em grandes centros urbanos. *Saúde e Sociedade*, 19, 709–716.
11. Castro, L. Z., Andrade, M. C., & Chernicharro, R. L. (2018). A população em situação de rua e a busca pelo sentido da vida: uma questão de sobrevivência. *Pretextos*, 3(6), 223–235.
12. Corrêa, V. P. (2018). *No olho da rua: desemprego, exclusão social e invisibilidade*. Monografia de Bacharelado em Ciências Sociais, Departamento de Ciências Sociais, Universidade Estadual de Londrina, Londrina.
13. Da Silva, S. A. P., & Tourinho, L. de O. S. (2022). A aporofobia social e o direito à saúde da população de rua no período de pandemia do Covid-19: desafios necropolíticos para a saúde plena e integral. *Revista Brasileira de Educação, Saúde e Bem-estar*, 1(2).

14. De Oliveira, V. T. C., et al. (2016). Espiritualidade, religiosidade e saúde: velhos debates, novas perspectivas. *Interações*, 11(20), 85–97.
15. Dos Santos, M. V., et al. (2021). O perfil das pessoas em situação de rua no Brasil e a importância da sua reinserção na sociedade. *JURIS-Revista da Faculdade de Direito*, 31(1).
16. Honorato, B. E. F., & Oliveira, A. C. S. (2020). População em situação de rua e COVID-19. *Revista de Administração Pública*, 54(4), 1064–1078.
17. Hungaro, A. A., et al. (2020). Pessoas em situação de rua: caracterização e contextualização por pesquisa censitária. *Revista Brasileira de Enfermagem*, 73, e20190236.
18. Monteiro, D. M. R. (2007). Espiritualidade e saúde na sociedade do espetáculo. *O Mundo da Saúde*, 31(2), 202–213.
19. Nascimento, L. P. (2019). Cuidado em saúde à população em situação de rua: reflexões teóricas sobre o dispositivo Consultório na Rua. Tese de Mestrado em Saúde Pública, Escola de Saúde Pública Sérgio Arouca, Fundação Fiocruz, Rio de Janeiro.
20. Nobre, M. T., Moreno, N. S., Amorim, A. K. M. A., & Souza, E. C. (2018). Narrativas de modos de vida na rua: história e percurso. *Psicologia & Sociedade*, 30, 1–10.
21. Paiva, I. K. S., Lira, C. D. G., Justino, J. M. R., Miranda, M. G. O., & Saraiva, A. K. M. (2015). Direito à saúde da população em situação de rua: reflexões sobre a problemática. *Ciência & Saúde Coletiva*, 21(8), 2595–2606.
22. Resende, V. M., & Mendonça, D. G. (2019). População em situação de rua e políticas públicas: representações na Folha de São Paulo. *DELTA*, 35(4), 1–28.
23. Sarto, G. (2017). Religiosidade marginal: um estudo da religião e caridade na vida de moradores de rua de Juiz de Fora. Monografia de Bacharelado Interdisciplinar de Ciências Humanas, Instituto de Ciências Humanas, Universidade Federal de Juiz de Fora, MG.
24. Silva, L., Dias, C. A., Soares, M. M., & Rodrigues, S. M. (2011). Acessibilidade ao serviço de saúde: percepções de usuários e profissionais de saúde. *Revista Cogitare Enfermagem*, 16(4), 654–660.
25. Vargas, E. R., & Macerata, I. (2018). Contribuições das equipes de Consultório na Rua para o cuidado e a gestão da atenção básica. *Revista Panamericana de Salud Pública*, 42, e170.
26. Wijk, L. B. V., & Mângia, E. F. (2017). O cuidado da pessoa em situação de rua pela rede de atenção psicossocial da Sé. *Revista Saúde em Debate*, 41(115), 1130–1142.