

# Who told you to grow old and live on the streets?\*

QUEM MANDOU FICAR VELHO E MORAR NA RUA?

¿QUIEN TE DIJO QUE ENVEJECIERAS Y TE FUERAS A VIVIR A LA CALLE?

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## ABSTRACT

This qualitative case study is part of another study: *Aging, health and work*. The objective of this excerpt was to identify the meaning of aging on the streets for the elderly living on the street. The subjects' statements were analyzed under the light of the following themes: history of aging and history of life on the streets. It was understood that the streets are usually a hostile environment for the elderly. It does not guarantee the basic life conditions, affecting the mental health of people who are forced to live on the streets, particularly the elderly. The street does not offer any way out and, together with the life conditions of the elderly living on the streets leads to the gradual loss of self-esteem, significantly affecting self-care. In addition to these issues, we found that compromised functional capacity puts the life/survival of the elderly living on the streets at risk.

## KEY WORDS

Aged.  
Homeless persons.  
Aging.  
Poverty.  
Public health

## RESUMO

Esta pesquisa é um estudo de caso qualitativo, e integra o estudo *Envelhecimento, saúde e trabalho*. Esse recorte teve por objetivo conhecer o significado do envelhecimento na rua para um idoso em situação de rua. A narrativa foi trabalhada à luz dos eixos temáticos: história do envelhecimento e história de vida na rua. Depreendemos que a rua quase sempre é um ambiente hostil para o idoso. Não garante condições básicas de vida, interferindo na saúde mental das pessoas que nela são obrigadas a viver, particularmente o idoso. A rua, por não mostrar possibilidades de saída, aliada às condições de vida do idoso em situação de rua leva a um processo gradual da perda da autoestima, interferindo sobremaneira no autocuidado. Acrescido a essas questões, constatamos que o comprometimento da capacidade funcional coloca em risco a sobre/vida do idoso em situação de rua.

## DESCRIPTORIOS

Idoso.  
Sem-teto.  
Envelhecimento.  
Pobreza.  
Saúde pública.

## RESUMEN

Esta investigación es un estudio de caso cualitativo; integra el estudio *Envejecimiento, salud y trabajo*. El presente recorte tuvo por objetivo conocer el significado del envejecimiento en la calle para un anciano en situación de carencia de hogar. La narrativa fue trabajada a la luz de los ejes temáticos: historia del envejecimiento e historia de la vida en la calle. Se infiere que la calle es, casi siempre, un ambiente hostil para el anciano. No garantiza condiciones básicas de vida, perjudicando la salud mental de las personas que son obligadas a vivir en tales condiciones, en particular el anciano. La calle, por no mostrar posibilidades de salida, sumando a esto las condiciones de vida del anciano en situación de calle, induce a un proceso gradual de pérdida de la autoestima, que interfiere radicalmente en el autocuidado. Incrementando dichas cuestiones, se constató que el compromiso de la capacidad funcional coloca al anciano en situación de calle en riesgo de supervivencia.

## DESCRIPTORIOS

Anciano.  
Personas sin hogar.  
Envejecimiento.  
Pobreza.  
Salud pública.

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## INTRODUCTION

When we understand the condition of elderly people, we cannot satisfy ourselves with demanding a more generous *old-age policy*, increases pensions, healthy housing, and organized leisure. The entire system is at stake, and demands can only be radical: a change of life<sup>(1)</sup>.

Brazil is no longer a country of young people, in a context marked by profound social inequality, which shows a clear human division between a very poor majority and a very rich minority, belonging to different worlds distinguished by bad income distribution.

The worsening of this situation can be observed in the scenario of street and/or public places in large urban centers, in which doubly excluded people are increasingly frequent – because they are poor and because they are old<sup>(2)</sup>.

The image of the Brazilian elderly – victim of the context of social and economic suffering – can be described as a discriminated and inactive human being, living in precarious conditions and in a situation marked by a loss of *status*, of the prestige and functional relations deriving from work<sup>(3)</sup>.

Given these vulnerabilities, this research reflects on old age on the streets, where the affective relation between members of the family core is tenuous, connected with informal work and integration in a support network among the people living on the streets. The goal is to introduce this theme on the academic agenda, with a view to finding support to understand the street culture through knowledge production and, perhaps, to contribute to the formulation of public policies that can not only relieve the misery, but mainly redefine accesses and opportunities, strengthening the difference between charity and justice in compliance with legislation for this population segment.

Nurses need to be made aware of the particularities of people living on the streets, as the interpersonal act of care delivery demands knowledge and respect for the individuality of being<sup>(4)</sup>.

Ageing is a natural and gradual phenomenon that ranges from the womb to the tomb and is hence understood as the life process, i.e. we get old because we live, often unconsciously. Thus, the ageing process contains but is not exhausted in the old-age phase. Quality of life and, consequently, quality of ageing are related to people's view of the world and the society they are inserted in, as well as to each being's *lifestyle*<sup>(5)</sup>.

Old age, in turn, is not that easy to define. It is a biological, psychological and social phenomenon. It is not a static fact; it is the result and prolonging of the ageing process, which is by itself irreversible<sup>(1)</sup>.

Hence, ageing is not just a biological phenomenon, but mainly expresses the confluence of socially constructed factors, which grants a distinguished status to people who get old<sup>(6)</sup>. The act of ageing, in turn, implies constant changes, and knowing how to deal with the losses, seeking new acquisitions during the entire ageing process is what makes it healthy. Ageing will be increasingly satisfactory the more powerful the individual is to assimilate instead of renounce to physical, psychological and social changes, adapting without too much suffering to the new social roles (s)he will perform in the course of life.

The broader context of elderly people living on the streets is missing, especially in the city under analysis, due to the absence of sociodemographic data and research about the social phenomenon of elderly people living on the streets. The gap in literature is mainly due to Health professionals, because they do not consider the doubly excluding theme relevant. This phenomenon deserves further research because it entails important problems like demographic transition on the streets, social reinsertion difficulties, structural unemployment, social deconstruction and the objectification of people mediated by the neoliberal society, which takes the form of the social lumpenproletariat.

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## OBJECTIVE

To get to know the meaning of ageing on the streets for an elderly man living in this situation.

## METHOD

This qualitative case study was constructed in a dialogical and relational perspective. It is part of the research *Old age, health and work: a study of elderly people at a community center for orientation and research involving aged people in São Paulo city*, coordinated by one of the authors.

The Case Study method allows researchers to apprehend the study phenomenon based on the intense exploration of one single case in the context of their reality. This type of qualitative research examines one or few objects in depth and exhaustively, with a view to a detailed analysis<sup>(7-8)</sup>.

The study was carried out at a social equipment called community center for the aged. The place is maintained by a social entity, under the supervision of technicians from the São Paulo Municipal Government Secretary for Assistance and Social Development and destined at elderly people living in the service's coverage area. The elderly visit the unit spontaneously to participate in the social reinsertion activities offered and integration is achieved through bonding with professionals and other users. It is a public service open to the elderly population.

For this paper, one elderly man was selected from the six interviewees in the original research who agreed to participate in the research after being informed about its objectives, method and result dissemination and after signing the free and informed consent term.

The subject was selected because he has attended the community center for at least one year and lives on the streets. At the time of the interview, he was 65 years old. He was born in São Paulo, is divorced and has two children.

He studied until the eighth year of primary education, was a professional driver, started drinking during adolescence and became an addict, losing family bonds and working in the informal job market due to his history of alcoholism. He had been living on the streets for eight years, sleeping at a shelter.

Data were collected in 2005 through interviews, using a script with semistructured questions. The guiding questions were the history of ageing and old age, the job history, the life history and living on the streets.

The interview was recorded and transcribed by the researchers, guaranteeing secrecy and anonymity as agreed upon with the interviewee. The transcribed material was returned to the narrator to assess its contents and add or remove statements, but the interviewee did not give any kind of suggestion.

The interview took place in a private room at the community center to guarantee privacy.

The research project was approved by the Research Ethics Committee at *Universidade Federal de São Paulo*. Ethical procedures inherent in this kind of research and strict surveillance of the interview technique usage conditions and its adequacy for the study were present in all research phases. The participant was guaranteed the right to withdraw his consent at any time, without interference in the care he received at the service and without any kind of compensation for his participation.

Data analysis was done in the reference framework of Social Sciences according to Becker<sup>(10)</sup>, with the detailed analysis of an individual case that explains the dynamics of life and ageing on the streets. The adopted method starts with the anchoring of the contents that emerged so as to determine the thematic axes.

The analysis involved three phases. In the first, the interview was read carefully and critically. The researchers wrote down their first impressions and determined the following thematic axes: history of ageing and history of life on the streets. In the second, based on central ideas that emerged in the thematic axes, two empirical categories were constructed: the meaning of ageing/old age and the meaning of ageing on the streets. In the third phase, in view of the study object, the researchers attempted to understand and interpret the empirical material in the light of the dialogue with the selected theoretical concepts<sup>(9)</sup>.

## RESULTS AND DISCUSSION

### *The meaning of ageing/old age*

In theory, ageing is a process in which old age represents the final phase of life, preceding death. Although concepts permit this distinction, in common sense, ageing and old age are treated as synonyms.

For the sake of analysis, the researchers were more concerned with the interpretation of the meaning(s) the elderly attributed to his ageing process than with conceptual distinctions.

We don't feel that we're getting old, but we notice, I feel tired when I climb the stairs in the subway, I feel tired, something I didn't feel before. I don't run, if I run, I feel my heart jumping out of my mouth, I wasn't like that, I feel I'm getting decayed, I'm not the same anymore.

It is in bodily pain that old age is perceived, which makes us think that ageing is silent – it is only perceived by functional losses and/or vicissitudes of the body that become part of life as one gets older.

The decline in functional capacity generally leads elderly people to limitations and gradually to the total loss of their ability to perform their daily activities independently<sup>(3,11-12)</sup>.

This is a source of concern when working with elderly people living on the streets, as they depend on physical health to survive. These are supports, as the commitment of the elderly's functional capacity can put life at risk.

Ageing is feeling that life is ending for the human being, it's ending [...]. We really feel that we are ageing, there are some words I don't even like to say, we feel that our body gets older.

For the human being, the ageing process is loaded with symbols, values incorporated into the world of mentalities such as greater degree of dependence, greater chance of illness, abandonment and solitude, loss of physical capacity.

For the interviewed elderly, the act of ageing implies the approximation of human finitude – in this sense, at the same time as he appoints negative aspects, he highlights the positive nature of human development, reflecting on the perspective of the mystic/spiritual.

There is a good side, it's nature: we are born, we were a baby, then a boy, girl and here we are grown-up men and women, then we soon get into old age, it's God's thing, a divine thing, I think it's good.

In the dialogue about the negative and positive aspects of ageing, he strengthens the idea of positivity – now in the social dimension – when he reports that, because of being old, he starts to be considered differently: with respect.

[...] I feel that people who are ageing get more respect, when I get onto a bus there's a young girl, a boy, 'please sit here', I feel a lot of respect in this sense. The subway too,

when we're in the subway, a well-dressed girl and boy, *please sit here*, we even feel kind of embarrassed, ashamed, then I don't sit down, relax, please travel at ease.

It should be reflected on whether the passengers' concern on public transportation with the elderly results from legislation or social legitimacy. In other words – are we concerned with the elderly because the law tells us to or are we aware of the importance of this act?

### **The meaning of ageing on the street**

According to the interviewee, ageing on the street had different meanings, resulting from the representations constructed throughout his existence, as reported next.

Many people really let things go, I think they already got accustomed there [on the street], they do not attempt to move forward, they surrender and get old there. Things move on, soon they get ill, then they're cast into a hospital and treated any way, then they're cast onto the streets ageing, so old age for people on the streets is very sad.

Living on the street always presupposes precarious living conditions, discrimination, low self-esteem and abandonment of society in general and former family bonds. For the elderly living on the streets, some of the basic institutions in society, such as private property, family, job market, cease to provide common strategies for survival. The life trajectory of these people always reveals a sequence of facts and personal failures and lack of institutional support<sup>(13-15)</sup>.

The few existing data about the street population appoint an increase in the number of elderly living on the streets. In this respect, two possibilities remain unanswered: People on the street are ageing without finding alternatives to revert their situation; or the set of urgent vulnerabilities in the elderly population has advanced the *living-on-the-street process*<sup>(16)</sup>.

I have been at a shelter for about eight years, eight years at the shelter [...]. When living at the shelter you have to watch everything, if you leave behind, let's say a box of matches, you look the other way and, before you notice it, it's gone.

If you wash some clothes, you have to keep an eye on them, keep watching, get like a crocodile hatching an egg. Life at the shelter is not good, you only live there so as not to sleep on the street.

[...] You just go there to sleep, take a shower, shave, wash your clothes. And, at some shelters you have to leave in the morning at five-thirty. Mine is at six o'clock. And you leave and walk around the streets all day.

The elderly population living on the street has no privacy whatsoever. This factor interferes in the quality of their survival, as our society expects body care to occur in the private world. Even when at shelters, they share the same space with tens of other people. On the street, they invent ways of fleeing from the looks of passers-by, which is not always possible. At shelters, the rules separate users per gender, imply-

ing the division of families, set times for hygiene, meals, arrival and departure, in sum, they discipline the bodies – so that some people decide not to use shelters<sup>(14)</sup>.

[...] shelter is bad, we live the cause we're really obliged, we're obliged to live at the shelter [...]. Because we get a lot of diseases at the shelter, even, where I am now I have caught scabies twice so far, I've been there for a year and six months and now, they came to change the blanket less than a month ago, so I used the blanket for a year, five months and some days, they collected that one, I don't even know what they did with it, the sheet, the sheet they change once per month or two months, for example, I, let's suppose that I leave today, then another person comes to take the place at the shelter, take my place, with the sheet and blanket, if I have a disease on my body he catches it, shelter is bad in that sense.

Living with fear is a constant in these people's lives, physical and psychic violence can arrive at any time and from anywhere, either from young scoffers, organized crime and/or drugs factions, public and private security guards. Discrimination is another form of violence and happens at different levels. Social invisibility is one of them<sup>(15)</sup>.

[...] we start to hear those talks: I'm gonna hit that guy, I'm gonna kill that guy, I'm gonna get some pot to smoke, just wrong talk, so the shelter is confusing in that sense. I think it's an impediment to go to church – many people go, but to go the way they do it's better not to go, come back from church, smoke a cigarette at the shelter, go and play domino, plays cards and then discuss, because game leads to discussion.

Daily reality on the street makes people seek ways to survive. While on the streets, they depend on other people or institutions to guarantee places for grooming, food and material for basic survival. Elderly people living on the streets totally or partially lose their power to choose. This directly influences their ability for self-care and, in a way, limits the way they will maintain and enjoy their health. As a hostile environment that does not guarantee basic living conditions, the street interferes in the mental health of people who are obliged to live there. A gradual process of loss of self-esteem occurs, mainly interfering in self-care.

It was a decision for my life [to stop drinking], a decision because, at my age, living at a shelter, I think my old age is gonna be really bad. So I took a decision in my life, I said if I stop drinking I'm gonna have a very calm old age, so I stopped drinking by myself, I didn't take any medicine or anything, I stopped by myself, and it has been four years now since I stopped drinking and I hope that, from now on, I will never put alcohol in my mouth again [...] I intend to go to church, the Assemblies of God and lead a calm life [...]. A calm life means having a family, a partner, although I have a wife, but I'm divorced; think better, take her advice, that is, a calm life - not doing wrong things anymore, which I did when I drank, I really want to have a calm life.

The hope to (re)conquer his family makes him project strategies to get off the streets – leave alcohol behind, retire: *come back like a man*. Religion is an important factor in this personal restructuring process.

My life is a lot of suffering. But from here on I think I'm not suffering, I haven't put alcohol in my mouth for four years and I ask God every day: 'Lord, don't let me get back to my vice, change my thoughts, my being.' I think about getting in contact with my children again, I'll manage to retire, then, at the end of the month when an electricity bill arrives I'll have money to pay; but now, if I go home now, if a bill arrives I can't say anything [...]. I want to go back like a man, not half a man, go back like a man with responsibility. [...] If I'm sincere in church, He will give me a partner [...] My mind is very strong, I don't want to know about it anymore, to say it in clear Portuguese, about laziness.

To get a job, a temporary job or even to beg, people on the street attempt to stay close to commercial areas where small services are offered (deliver orders, unload trucks, small job, guard cars, guards, among others) and where there is a greater flow of people, guaranteeing *alms*. Another important activity for adult people living on the street is to collect and sell paper, cardboard, cans, with the familiar image of carts pulled by human beings in big cities<sup>(14-15)</sup>. For the elderly, this work is often incompatible with their functional capacity, often affected by chronic diseases like hypertension and diabetes.

The idea of retiring is present in order to have money for basic needs. Elderly people on the streets often face difficulties to get their retirement benefit, although the Unique Social Assistance System (SUAS) and the Statute of the Elderly guarantee the right to social benefits, although many people are unaware of this right to survive.

Old age is what I'm thinking really, thinking ahead. I hope to return to my family, my children like me a lot. My wife doesn't say anything, but by the look in her eyes I can see that she wants me to go back, my grandchildren, my children say that the door is open [...]. I don't go back because I'm not prepared, the family is poor but decent. I want to go to church to convert correctly, then I'll think of getting back and ending my old age at the side of my children and at her side [...] I'm not gonna drink again, no way.

At large urban centers, people living on the streets intermingle with other passers-by and are not always identified. Stigmas emerge when they stop taking care of themselves, assuming characteristics that make them get recognized in crowds and identified as beggars, dressed in rags and smelling bad<sup>(17)</sup>.

There is a lot of difference between being a beggar and living on the street. I live on the street but I don't classify myself as a beggar. I like to shave, I like to wear ironed clothes, I like to walk around in clean clothes, with my haircut, I like to walk around with clean and not dirty clothes [...]. I like to get into a bar or baker's and ask to use the bathroom without them saying no and telling that it's broken. If I get public transport, the lady who is clean sits beside me because I'm clean. Now, if I'm smelling bad, if my hair's long, dirty, nobody will sit next to me. I take the subway and nobody knows who I am, but I live on the streets.

In the street jargon, people who do not take care of themselves are beggars, while the others are people living on the street<sup>(17)</sup>.

[...] not a beggar, he can't enter a bar there's no water, the tap is broken. 'Ah! Can I use the bathroom? Why is it broken?' Because the person's photograph says that he's a beggar. And beggars sleep anywhere, there are beggars whom I see on the streets who open a bag to eat, those are beggars. They carry a bag on their back, those are beggars, but I don't classify myself as a beggar, no. I live on the streets. I like to keep up appearances a bit.

The interpretation of these statements shows that, according to the interviewed elderly, some of the basic institutions in society, such as family, one's own house and the job market ceased to provide common strategies for survival, so that they have to seek other forms to survive. Living on the streets, they depend on other people to guarantee a place for grooming, food and materials for basic survival, hence, their power to choose is lost or decreased. This directly influences their self-care ability and, in a way, limits how they enjoy their health. It should be highlighted that the elderly manages to take a critical stand towards his situation – he adapted passively neither to living on the streets nor to sleeping at the shelter – on the opposite, he reinvents strategies to guarantee his autonomy. More than faith, in the church institution, he seeks a perspective to break with the street and get reintegrated in his family.

## FINAL CONSIDERATIONS

The experience of performing this case study opens up a universe of practical and theoretical inquiries that can contribute to other studies in course at the Study and Research Group on Health, Public and Social Policies at *Universidade Federal de São Paulo*, aimed at understanding the *culture of and on the street*, particularly related to ageing on the streets.

Contact with the interviewed elderly makes the researchers reflect on the situation of ageing/old age on the streets, which is almost always a hostile environment for the elderly. It does not guarantee basic living conditions and interferes in the mental health of people obliged to live there, particularly when elderly. Because it shows no exit possibilities, this leads to a gradual process of loss of self-esteem, mainly interfering in self-care. In addition to these questions, the commitment of elderly people's functional capacity entails a risk for their survival/life when living on the streets.

Thematic research about ageing among people living on the streets is still incipient in Nursing and should be stimulated by introducing Nursing professionals into care delivery for these people.

As Health professionals are present in care delivery on the street, they should have a complex view on the existing reality and study it with a view to adequate interventions.

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