

“We only have access as a favor, don’t we?” The perception of homeless population on the human rights to water and sanitation

“A gente tem acesso de favores, né?”. A percepção de pessoas em situação de rua sobre os direitos humanos à água e ao esgotamento sanitário

“Nos pueden hacer favores, ¿no?”. La percepción de personas en situación de marginación (sin techo) sobre los derechos humanos al agua y al saneamiento público

Priscila Neves-Silva ¹
Giselle Isabele Martins ¹
Léo Heller ¹

doi: 10.1590/0102-311X00024017

Abstract

The human rights to water and sanitation (HRWS) state that all human beings have the right to safe access to water and sanitation in a non-discriminatory manner. However, vulnerable populations frequently have these rights violated, which impacts their health and quality of life, exacerbating social exclusion as in the case of homeless people. In Belo Horizonte, Minas Gerais State, Brazil, 1,827 people were living on the streets in 2013. This study presents the evaluation of the conditions and perceptions of this population on their rights to water and sanitation access. It has been observed that access to both water and sanitation is precarious and that the normative content, as well as the human rights principles, are highly violated. In conclusion, we observed that this group suffers violations of HRWS and that these are associated with the violation of other rights such as the right to the city, dwelling and health. Such violations have negative impacts on the economic and social life of this group, increasing discrimination and exclusion. This study draws attention to the importance of encouraging the social participation of this group in the decision-making processes of water and sanitation management within the framework of HRWS, in its capacity to be a tool for social transformation, generating empowerment, promoting health, dignity and citizenship.

Human Rights; Homeless Persons; Water; Sewage

Correspondence

P. Neves-Silva
Rua Pirapetinga 122, apto. 401, Belo Horizonte, MG
30220-150, Brasil.
priscila.neves@cpqrr.fiocruz.br

¹ Instituto René Rachou, Fundação Oswaldo Cruz,
Belo Horizonte, Brasil.



Introduction

In 2002, the UN Committee on Economic, Social and Cultural Rights drew up *General Comment n. 15* on the human right to water ¹. According to this Committee, the right to water is part of the right to a quality of life and is closely related to the right to health, food and decent dwelling, as provided for in the International Treaty on Economic, Social and Cultural Rights ¹. The comment also states that access to sanitation is essential to attain the right to water. Thus, in July 2010, by *Resolution A/RES/64/292* ², the General Assembly of the United Nations recognized access to water and sanitation as a human right. The resolution recognizes the right to safe and clean drinking water and sanitation as an essential human right to the full enjoyment of life and human rights ².

In the same year, the Human Rights Council ratified and clarified such understanding, confirming that the resolution was legally binding. Since then, countries must progressively guarantee this right, including mandatory recognition in national legal systems and respecting the principles of human rights, such as non-discrimination and equity, information and transparency, accountability and social participation. Therefore, the State has an obligation to respect, protect and enforce this right, not necessarily implying that it should be the service provider, but the State must monitor and regulate providers and ensure that the right is not violated ^{1,3}.

In 2015, with the aim to provide greater visibility to sanitation, which still has a large world deficit (approximately 1 billion people defecate in open air) ⁴, a resolution was adopted by separating the two rights, though recognizing their integration.

According to *General Comment n. 15* ¹, access to water must comply with requirements, such as availability, quality/safety, acceptability, and physical and financial accessibility. Hence, the water must be available in sufficient quantity for personal and domestic use; must be safe and of high quality, and not pose any risk to health; must present acceptable color, smell, and taste, preventing the individual from seeking unsafe alternative sources; and should be accessible. Individuals' special needs of should be considered and the path taken for collection must not present risks of attack, whether from animals or from people. In addition, it should be available for an affordable price for the population. The price paid by the individual to access water must not jeopardize the acquisition of other essential goods, such as food, dwelling and health care ¹.

Sanitation service must be available, safe, physically and financially accessible, hygienic, culturally and socially acceptable and capable of ensuring privacy and human dignity ⁵. According to Heller ⁶, in addition to the individual issue, proper access to sanitation has an important public health dimension since it prevents the contamination of the environment.

According to a World Health Organization (WHO)/United Nations Children's Fund (UNICEF) report ⁴, vulnerable population groups are the most affected by the lack of accessibility to these services. Several authors point out that the vulnerability situation a social group faces is built by the exposure to multiple factors, either social, economic, political or cultural ^{7,8,9}. Thus, vulnerable people have few resources to face the adversities of daily life presented to them, suffering discrimination and having their rights violated. The population living on the streets (homeless) is inserted within this context.

In Belo Horizonte, Minas Gerais State, Brazil, data from the *Third Census on the Homeless Population and Migrants*, carried out in 2013, showed that there are 1,827 homeless people in the municipality ¹⁰. It is observed that few studies assess the access to water and sanitation for the homeless. In this sense, this study describes the evaluation, in the light of the normative content of the human rights to water and sanitation (HRWS) and the principles of human rights, on the access to these services by the homeless, in a dialog with the consequent formulation of public policies in the sector.

Methodology

This is a qualitative research with the street population from the city of Belo Horizonte. Individual and group interviews were used to collect data. These interviews, conducted between May and July 2016, followed a semi-structured guide, drawn up from the researchers' experience and literature review, and contained general questions about life on the streets, questions about the normative

content of HRWS (availability, quality and safety, physical and financial accessibility and acceptability), and issues that addressed some of the principles of human rights (discrimination, information/transparency and social participation). The research was supported by the *Pastoral de Rua* of Belo Horizonte. Pastoral de Rua is an organization linked to the Catholic Church that acts to promote the dignity of the homeless population and that has been operating in Belo Horizonte since 1987.

Initially, a pilot interview was conducted to evaluate the guide. After the necessary changes, the researchers (P.N.-S. and G.I.M.) went to the field. On their first day, a participant observation was conducted in the Raul Soares Square. This square was chosen because of the high number of homeless people who pass or live there and the presence of a water fountain. During the two-day participant observation, the researchers evaluated how the homeless used the fountain located in the square as well as the routine of the people living there.

After the participant observation, the researchers searched for people who made themselves available to answer the questions. Thus, the selection of participants was made by the criterion of accessibility. The approaches in the street took place in the center-south region of the municipality (Raul Soares Square, Santa Teresa Overpass, Bus Station Square, Helena Grecco Overpass and streets in the city center), where there is the largest number of homeless people¹⁰. The approaches were made by presenting the researchers and the objectives of the research. Some of the people approached were suspicious and did not want to participate or were drunk and/or drugged, so it was not possible to interview them.

Men and women living on the street over the age of 18 participated in the survey. Twelve people were individually interviewed including five women, and the interviews were conducted on the street or in the premises of *Pastoral de Rua*.

To carry out the group interview, a contact was initially made with *Pastoral*, which promptly received the researchers and reported not being aware of any other research that had approached the access to water and sanitation for the homeless. A meeting with the homeless people took place in the headquarters of the Pastoral weekly, and the researchers participated in these meetings over a 2-month period and presented the research to the group, who were very interested. Thus, the group interview was made at the headquarters of the pastoral and had 12 participants, including 4 women.

The 24 participants in the study were aged between 20 and 55 years, and their time on the streets ranged from 15 days to 30 years. The factors that led them to the streets were: unemployment, familiar relationship problems, abandonment of the partner (only women) and use of alcohol and drugs. These factors, in many cases, are associated, and it is not always possible to separate them. The main sources of income were Brazilian Income Transfer Program, the sale of recyclable products, informal sporadic jobs, and donations.

The saturation sampling technique¹¹, in which the absence of new themes and repetition of content in the interviews are indicative that the main ideas have already been raised, was used to define the number of interviewees. The interviews were recorded, transcribed and analyzed using the content analysis technique, through which the information collected was systematized in thematic categories¹². After analysis, and based on the theoretical reference of the HRWS, the following general thematic categories were identified: normative contents of HRWS and principle of human rights.

The data obtained is confidential and the anonymity of the participants has been guaranteed, so their names will not be revealed in any situation. Participants were identified with the abbreviation PSR (homeless person) followed by the serial number they were interviewed, and the letter M or W to determine the participant's sex. Those who participated in the group interview were identified as EG/PSR followed by the participation order number and the sex letter. The participants were informed about the project and invited to participate voluntarily by signing the Informed Consent Form. They were certified that they could leave the study at any time.

This research was approved by the Ethics Research Committee of the René Rachou Research Center, Oswaldo Cruz Foundation (protocol CAAE 49209515.0.0000.50.91), according to the guidelines of *Resolution n. 466/2012* from Brazilian National Health Council.

Results and discussion

HRWS normative content

“Something that upsets us, homeless people, is to hear people talking about bathroom and water when it is something we only have access as a favor, don't we? Yes!” (EG/PSRH 5).

In the city of Belo Horizonte, the street population does not have appropriate access to water and sanitation. Access to these services is still treated as welfarism and charity, and not as a right, preventing people from requiring access to these services as right holders, placing the State in a position of obligation to guarantee it ¹. The non-recognition of the right places of this population is an increasingly vulnerable situation. Because rights are interdependent and indivisible, the violation of one affects others by generating iniquities and harm to health.

Through the participants' reports, it can be seen that the normative contents of both the right to water and sanitation are not generally respected. According to them, access to drinking water is achieved through donations in bars and restaurants and at the gas station. While for bathing and washing their clothes, they use the water spouts and fountains located in different squares around the city. Some bathe in the Pampulha Lake or under the overpasses, or even fill bottles with water they get from donation and bathe in places where they feel more protected.

“To take a shower... Right there at Palácio das Artes [theater of the city], last night I was passing by and there was a young man bathing there, in that cold weather, but he was there washing his head, in that water in Palácio das Artes... In that fountain. I told you, the pool of the homeless is that one. If you go to the Raul Soares square there is a fountain, like here in the Station Square... That's where they take a shower. When they the fountain is played in front of the Station Square, that water jet... That's a party. There is where they wash clothes, where they bathe...” (PSRH 8).

“There is where we do it, in spouts that we make under the overpass, with water that falls from it, then we take a shower, wash clothes” (PSRH 12).

The lack of proper access to water translates into the consumption of low-quality drinking water, bathing and washing of belongings. People often do not know if the water is safe, and, in some cases, it has an unacceptable color and odor.

“And there's that pond there at Olegário Maciel where they bathe, wash clothes. I went there early today to wash my clothes. (...) I think this water is contaminated because everyone, many people bathe in it, wash clothes. Many people wash clothes there, then...” (PSRH 1).

“They smell bad and look dirty” (PSRM 4).

As pointed out by several studies ^{13,14}, limiting access to safe and good water increases the susceptibility of people to various diseases. Uddin et al. ¹⁵ conducted a survey with homeless people in Dhaka, Bangladesh, and found that inadequate access to water and sanitation increases people's probability of developing diseases, such as diarrhea, typhoid, stomach pain, and skin diseases. These situations reflect the relationship between human rights and health, emphasizing the need for public policies capable of creating healthy environments, respecting principles, such as participation and non-discrimination, and combating inequities in health.

“Oh yes! Yes, ringworm [mycosis], scab, and... lice, right? Because we try to take a shower, look for a spout and it's closed because Copasa [water company], excuse my language, is evil and interdicts the spout, then you have to go on for fifteen, twenty days without bathing. Then when you get to have a shower, you've already got ringworm” (PSRH 5).

Social institutions, such as shelters and the Reference Center for the Street Population (POP Center) offer bathing, but in general the homeless people do not feel comfortable attending these spaces.

“The POP Center, this one is a mess. Everyone complains about the POP Center. Clogged bathroom, no doors... This thing with a line of man bathing... It's embarrassing. It has no doors” (PSRH 8).

“They wait until 1:00 p.m. to open [POP Center], then there is a crowd, as we call it, people, crowds, to take a shower, to change clothes... From 1:00 p.m. to 5:00 p.m. is little time... Four hours to serve a lot of people there... That's why it is always crowded” (PSRH 12).

POP center runs from 1:00 p.m. to 5:00 p.m. and was built to attend 80 people. Currently, the municipality has 1,827 homeless people, showing the inability of the place to supply the demand. Other institutions, in addition to having poor facilities, are also unable to accommodate all the home-

less. In addition, many individuals take advantage of space to wash clothes during the bath, which is prohibited in some institutions, causing fights and conflicts. This way, the violation of the HRWS, to which they are subjected, also damages the interpersonal relationship and their relationship with public institutions, which should support and minimize situations of marginalization and vulnerability.

“Here we have the shelter Tia Branca, which has more than four hundred people, that is, people live there like in an ant hill. Not to mention the bedbugs, the rats, the cockroaches, which are too many in there” (PSRH 8).

“There is a lot of fighting in the POP Center. You’re doing your laundry, all of a sudden people start fighting and you’re involved. Gosh!” (PSRH 7).

When they have the money, they pay to take showers in places such as the Bus Station. However, the price charged is expensive, considering their poor income, restricting access and disrespecting the normative content on financial accessibility.

“...a bath at the Bus Station used to cost 6.50, now it’s 8.00 Reais. It has increased, and, in my case, I can’t afford to pay it” (PSRH 11).

As reported, the lack of doors in the restrooms of the support institutions’ and the bathing in public roads cause embarrassment and insecurity, not complying with the social and cultural norms, as foreseen by the HRWS ¹. In addition, the lack of appropriate places to bathe and wash clothes also interferes in the privacy and dignity of the street people, who see themselves without the right to shower and wear clean clothing. The lack of shower and the impossibility of washing clothes further exclude these people from the city economic, social and cultural life.

“As my mate said the other day: you enter the bathroom with fifteen men inside, then you look to one side, to the other and ask yourself: what do I do now?” (EG/PSRH 3).

“These words are very sad: you can’t. You can’t do this, do that... One day I got angry because I went to wash, I was desperate with my dirty pants, I had already soaked my pants in the bag, and I asked: ‘What do I do with the pants?, I need them tomorrow.’ But then when I got to the water fountain I was so desperate that I stuck it into the water fountain, ‘I’ll rinse them right here.’ Then a boy arrived and said ‘you can’t do this!’ Then I agreed with him: ‘I know I can’t, but I need it.’ I was in utter despair!” (EG/PSRM 12).

“First, you have to have a good heart and a strong stomach. She asked me ‘but why a strong stomach?’ I laughed: ‘why?’ ‘Do you want me to say it?’ Because of when I get dirty, stinking over a week, two weeks without bath...” (PSRH 12).

The lack of privacy is worse for women who are exposed to embarrassment and subjected to violence. Studies indicate that the lack of adequate sanitation implies fear, psychological stress and reduction of women’s self-esteem, since they are not able to maintain self-respect and social reputation ^{16,17,18,19,20,21}.

“When I lived under the overpass I had everyone watching me, passing by. I took a shower with my panties and bra on... There was a spout there, we would take our clothes off. I used to get naked” (PSRM 10).

“It’s because we were embarrassed, right. I had no privacy to take a shower. So, what could we do?” (EG/PSRM 4).

Access to toilets is virtually nonexistent. In the city center, only the Municipal Park has free toilets. People who live far from the park, or even at night when the park is closed, urinate and defecate in the open air, whether on overpasses, behind newsagent’s shops, near trees, or even where they sleep. In the Bus Station, as previously reported, there are charges for using the toilets. In this context, the normative content of HRWS is also not assured when it comes to sanitation.

“Newsagent’s shop, trees, overpasses, many outdoor places, you just lower your head. You are suffering so much that you do not care for anything else and just drop your pants anywhere at any time, many times you do it and then a bus passes by” (PSRH 12).

“...there is the bus station but you have to pay, it is not always that a street dude has fifty cents to pay for the toilet” (EG/PSRH7).

These observations coincide with Walters’s study ²² on street people in Dehli, India. This research found that many individuals defecate and urinate in the open air, near where they sleep. To wash clothes and take a bath they have to walk 2km to a spout. It is thus verified that this social group has the HRWS violated, affecting, among other things, their health and dignity. According to Walters ²², they live on the fringes of society and the income they get is not enough to buy food and water, and although they are invisible, they have many aspects of their private lives wide open. Lack of privacy particularly affects children and women, leaving them exposed to violence and harassment.

"I used to stay in the shed lying down, it was full of mice, shit, dirt, everything" (PSRM 10).

"And there are people who sleep next to it. So, you sleep there, breathing it, during the day there are flies and they eat nearby, next to that mess [feces]. So, people do all their needs there and that makes it damn bad" (EG/PSRH7).

"Then, in this case, as I said, I looked to one side, to the other, I saw that no one was coming, I used that opportunity to pee and poop. I was sleeping like this in a certain place, I used to walk around, I would not pee or poop where I was sleeping so I would not get that smell, right? But it was close. I was afraid to go far, late at night. Fear of violence, especially violence against women" (PSRM 9).

"The human being loses so much dignity that they do not care about it anymore. They are the same as garbage, the of them have become partners" (PSRH 12).

Thus, the quality and safety of the places used for defecation, and even for menstrual hygiene, are compromised. The tissues used for cleansing on menstruation days are often washed in the same source where many take a shower. Once again, it is observed the lack of privacy and dignity of the person, affecting, among other things, health and personal security.

"What do I do [when she is menstruating]? I pick up a piece of cloth, I wrap it up, put it in a bag and go inside [in the square fountain] to wash it" (PSRM 4).

Thus, the lack of proper access to water and sanitation interferes in the hygiene, opens up to the emergence of several diseases and harms the life of homeless people in all aspects contributing to their exclusion of society.

In addition to being unhygienic, these people cannot perform simple tasks such as washing their hands after urinating or defecating because of the lack of access to water. According to Bain et al. 14, the simple act of washing hands with soap substantially reduces the prevalence of diseases such as diarrhea. Along with this, because of the extreme poverty they are in, these individuals often do not get medical care, increasing the vulnerability and violating their right to health.

"When you feel sick and go to the hospital, not everyone like to assist those who are dirty. You have to arrive there clean to be assisted, if you get there dirty, they look down on you" (EG/PSRH 7).

"When a homeless person gets sick, they go to the hospital, but in the hospital, they do not accept who is dirty, then you have to hunt down a place to take a shower, but where are you going to take a shower? At the Bus Station, if you don't have money you don't take it. In the spout in Horto, the time you'd take to get there and back, you could lose your appointment. In the Station Square, if you bathe in the water fountain, which is returnable, you will get a skin disease. If you bathe in some other place until you return to the hospital, the doctor will say that your file has already been canceled. Then you stay sick. That's it" (EG/PSRH 3).

In addition to the lack of accessibility, the homeless face daily situations of discrimination and violence, mainly by the public power. According to them, they suffer physical and verbal violence favoring, even more, their exclusion. This violence, practiced by the State, shows the lack of interest in welcoming and integrating these people into society. They lose the right to be subjects, they are associated with garbage, something that can be discarded, that has no purpose, as a dirty thing that smells bad and nobody wants to approach. Social neglect contributes to marginalizing them, which excludes them from family life, work and the condition of being human.

"They usually say 'these dogs come from other cities to pollute ours, this kind of people do not deserve a chance in our city. These beggars come from their city to get dirty here, we have to put this trash out.' So, this lowers your self-esteem, you end up like many out there, you end up falling into drugs, alcohol... But the people who still have a little hope try to fight it" (PSRH 5).

"Because the people living on the streets suffer discrimination. While there is a police force that could support people... The belongings that they are given to sleep on the street, blankets... They arrive and take everything... So that is the type of violence. Early in the morning, police arrive, even the 'car from the city hall, supported by the police, taking their belongings" (PSRH 8).

The reach of the HRWS for the street population, according to Walters 22, goes beyond technical issues. It requires an understanding of how the vulnerability of this population was created and maintained. According to the same author, the lack of access to these services and public policies that cover the needs of this population reflects the indifference and apathy with which the State, the main responsible for ensuring the rights, handles this group, leaving them exposed to structural and social inequities.

Human rights principles

“A homeless person does not enter Palácio das Artes [theater of the city]... They go to the Municipal Park because the Municipal Park, let's say... is a public space. If they are dirty they do not go to Palácio das Artes, if they are dirty they do not enter the Central Market. I mean, the street is to sit down, enjoy freedom and there are many people who are deprived of it, of this right to freedom” (PSRH 8).

“If you ask for something in a bar you have to pay for it and if you do not pay, the guy will not let you use it. Do you know why? Because everyone has prejudice against the person who lives on the streets. No one wants to help the homeless... they want to harm them” (EG/PSRH 2).

“Then a stinking homeless person enters a bar or restaurant to ask for a glass of water? How come? It is outrageous!” (EG/PSRH 3).

Several reports have shown that the principle of non-discrimination/equity is violated when it comes to homeless people. They do not gain access to sanitation facilities, which results in discrimination in access. Moreover, the principles of information/transparency and social participation also do not apply to this population group, who feel excluded and are not seen as a subject holding rights, as the following statements show:

“There is no disclosure, when there is, it is only among the great social classes. For us living on the streets, the invisible ones, we do not have this access. We are the untouchable ones, unfortunately, right? Society sees us and runs: ‘Look, over there, run! It’s full of bugs.’ So, we do not have this... this information passed by the government” (PSRH 12).

“Look, the government never calls and will ever call the homeless to discuss the water issue. For them we are the cancer of society, so they will not do it” (PSRH 5).

In 2015, the Secretariat of State for Human Rights, Social Participation and Citizenship created the Intersectoral Committee for Monitoring the State Policy for the Homeless Population in the state of Minas Gerais (Poprua-MG Committee). This Committee, for the first time, opened space for the participation of the homeless to listen to their demands, encouraging the dialogue for the construction of alternatives that allow them to leave the streets. But even so, some still feel voiceless:

“You have no one to turn to when this happens because if you go to the public defenders... Ah! You a homeless person, what voice do you have? So, you’re looking for a lawyer, but what’s your address? (...) The City Hall agents are going to the places where we sleep and collecting our blankets, documents” (PSRH 5).

“I am nothing (...) I have no right to anything” (EG/PSRH 5).

The principle of social participation allows the insertion of the homeless into the discussions on improving access to water and sanitation, which can promote the empowerment of this social group, resulting in a change in their reality and building a participatory water management practice. Discussing the need for improved access to water and sanitation for, and with, the street population, is to assist in the construction of a more democratic urban space in which the needs of everyone are met ^{23,24}.

According to Linton ²³, the HRWS should be understood as a common issue for everyone. When appropriated by social movements and built on a democratic and equitable basis, the HRWS can be a mechanism for rethinking the structures of the contemporary world, breaking with the current organization of the sanitation management system, which produces iniquities. It is believed that, when collectively appropriated, the HRWS can be an instrument of social transformation, generating empowerment, promoting health, dignity and citizenship. This way, social participation in the management process is strengthened by bringing to the community the decision on the management of a public good that limited and essential to life.

In addition to the principles of discrimination/equity and social participation, the principle of responsibility is also not being considered for HRWS. The various reports from the participants described in this text demonstrate that the State still does not take responsibility for this population’s access to these services, which is based on charity, and the few public places that exist in the city do not supply the demand. In this circumstance, the homeless feel even more discriminated.

“I’ve seen the military picking up someone and beating him a lot, just because he was pissing on a tree, the policeman passed by, saw him and said ‘hey, this is not a toilet!’” (PSRH 7).

Therefore, as if the absence of the State and the lack of policies capable of guaranteeing the rights of this population were not enough, they also suffer from discrimination, violence and criminaliza-

tion on the part of society and public servants, such as municipal and military police, which broads their situation of vulnerability.

Final considerations

It is observed that the homeless population suffers different types of violations of the HRWS, as well as other rights, such as the right to the city, dwelling and health. The violation of these rights has negative impacts on the economic and social life of this population group, increasing their discrimination and exclusion. Thus, it is important to promote the recognition of access to water and sanitation as a right, by the State.

The main need of this group is to heal the dwelling issue. However, the lack of access to water and sanitation services in the streets affects the population of the municipality as a whole, which would require assuming it as an issue to be widely discussed by society, regarding the quality of life in cities. Moreover, since the rights are interdependent and inseparable, there is no denying that the violation of the right to dwelling implies violation of other rights.

The vulnerability framework points out that not only individual but also contextual and programmatic issues influence the vulnerability of an individual or social group. In this context, actions based on human rights would be more effective in eliminating the conditions that increase and perpetuate this situation since they would have to embrace social determinants, such as education, dwelling and access to health services. Furthermore, in view of human rights principles, such as participation, social discrimination and accountability, marginalized social groups would be encouraged to participate in the design and implementation of these policies, and the State could be held accountable for the guarantee of rights.

Thus, the HRWS can be appropriated by vulnerable populations to legitimize the struggle not only for access to these services, but also, for human dignity, demanding social and environmental justice. To this end, the normative content of human rights and human rights principles must be the founding objects of public policies and the provision of services. Thus, water is understood as a good and as a social and cultural service, as well as an element intrinsic to the process of production and social reproduction.

Therefore, for the homeless a rights-based approach favoring access to water and sanitation can enable social transformation and facilitate access to other rights by modifying social determinants, stimulating social inclusion, promoting health and reducing the vulnerability situation.

Contributors

P. Neves-Silva contributed with the conception and design, analysis and interpretation of the data, writing of the article and final approval of the version to be published. G. I. Martins contributed with the analysis and interpretation of the data, writing of the article and final approval of the version to be published. L. Heller contributed to the design and design, critical revision of the intellectual content and final approval of the version to be published. The three authors are responsible for all aspects of the work in ensuring the accuracy and integrity of any part of the work.

References

1. Office of the High Commissioner for Human Rights. General comment no. 15: the right to water (Arts. 11 and 12 of the Covenant). Geneva: Office of the High Commissioner for Human Rights, United Nations; 2010.
2. United Nations General Assembly. Human rights obligations related to access to safe drinking water and sanitation. Note by the secretary-general. Geneva: United Nations; 2010. (UN Document A/65/254).
3. Sultana F, Loftus A. The right to water: prospects and possibilities. In: Sultana F, Loftus A, editors. The right to water: politics, governance and social struggles. New York: Earthscan; 2012; p. 1-18.

4. Joint Monitoring Programme for Water Supply and Sanitation. Progress on drinking water and sanitation – 2015 update and MDG assessment. Geneva: WHO Press; 2015.
5. United Nations. Report of the Special Rapporteur on the human right to safe drinking water and sanitation. Geneva: United Nations; 2015.
6. Heller L. The crisis in water supply: how different it can look through the lens of the human right to water? *Cad Saúde Pública* 2015; 31:447-9.
7. Adger WN. Vulnerability. *Glob Environ Change* 2006; (16):268-81.
8. Delor F, Hubert M. Revisiting the concept of “vulnerability”. *Soc Sci Med* 2000; 50:1557-70.
9. Ayres JR, Paiva V, França-Jr I. Conceitos e práticas de prevenção: da história natural da doença ao quadro de vulnerabilidade e direitos humanos. In: Paiva V, Ayres JR, Buchalla CM, editores. Vulnerabilidade e direitos humanos – prevenção e promoção da saúde: da doença à cidadania. Curitiba: Juruá; 2012. p. 71-94.
10. Prefeitura de Belo Horizonte. Terceiro censo da população em situação de rua e migrantes. <http://portalpbh.pbh.gov.br/pbh/ecp/noticia.do?evento=portlet&pAc=not&idConteudo=154144&pIdPlc=&app=salanoticias> (accessed on 01/Sep/2016).
11. Fontanella BJB, Ricas J, Turato ER. Amostragem por saturação em pesquisas qualitativas em saúde: contribuições teóricas. *Cad Saúde Pública* 2008; 24:17-27.
12. Bardin L. *Análise de conteúdo*. São Paulo: Edições 70; 2011.
13. Heller L, Cairncross S. Poverty. In: Bartran J, Baum R, Cochlains PA, Gute DM, Kay D, McFadyen S, et al., editors. *Routledge handbook of water and health*. London/New York: Routledge; 2015. p. 376-86.
14. Bain R, Cronk R, Hossai R, Bonjour S, Onda K, Wright J, et al. Global assessment of exposure to faecal contamination through drinking water based on a systematic review. *Trop Med Int Health* 2014; 19:917-27.
15. Uddin SMN, Walters V, Gaillard JC, Hridi SM, McSherry A. Water, sanitation and hygiene for homeless people. *J Water Health* 2016; 14: 47-51.
16. Campbell OMR, Benova L, Gon G, Afsana K, Cumming O. Getting the basic rights – the role of water, sanitation and hygiene in maternal and reproductive health: a conceptual framework. *Trop Med Int Health* 2015; 20:252-67.
17. Sorenson SB, Morssink C, Campo PA. Safe access to safe water in low income countries: water fetching in current times. *Soc Sci Med* 2011; 72:1522-6.
18. Koolwal G, Walle D. Access to water, women’s work, and child outcomes. *Econ Dev Cult Change* 2013; 61:369-405.
19. Pickering A, Davis J. Freshwater availability and water fetching distance affect child health in sub-Saharan Africa. *Environ Sci Technol* 2012; 46:2391-7.
20. Nauges C, Strand J. Water hauling and girls’ school attendance: some new evidence from Ghana. Washington DC: The World Bank; 2011. (Policy Research Working Paper, 6443).
21. United Nations. Report of the Special Rapporteur on the human right to safe drinking water and sanitation on gender equality on the realization of the human right to water and sanitation. Geneva: United Nations; 2016.
22. Walters V. Urban homelessness and the right to water and sanitation: experiences from India’s cities. *Water Policy* 2014; 16:755-72.
23. Linton J. The human right to what? Water, rights, humans, and the relation things. In: Sultana F, Loftus A, editors. *The right to water: politics, governance and social struggles*. New York: Earthscan; 2012; p. 45-60.
24. Harvey D. The right to the city. *New Left Rev* 2008; 53:23-40.

Resumo

Os direitos humanos à água e ao esgotamento sanitário (DHAES) afirmam que todos os seres humanos têm direito ao acesso seguro à água e ao esgotamento sanitário de forma não discriminatória. No entanto, populações vulneráveis têm esses direitos frequentemente violados, repercutindo em sua saúde e qualidade de vida, e agravando a exclusão social, como é o caso das pessoas em situação de rua. Em Belo Horizonte, Minas Gerais, Brasil, existiam 1.827 pessoas nessa condição em 2013. Este artigo apresenta a avaliação das condições e da percepção dessa população sobre o acesso à água e ao esgotamento sanitário e seus direitos nessa área. Observou-se que o acesso, tanto à água quanto ao esgotamento sanitário, é precário e que os conteúdos normativos e os princípios dos direitos humanos são potencialmente violados. Como conclusão, observa-se que esse grupo sofre violações dos DHAES e que estas estão associadas com a violação de outros direitos, como o direito à cidade, à moradia e à saúde. Essas violações têm repercussões negativas na vida econômica e social desse grupo populacional, aumentando a discriminação e a exclusão. O estudo chama a atenção para a importância de estimular a participação social desse grupo nos processos de tomada de decisão sobre a gestão da água e do esgotamento sanitário, no marco dos DHAES, em sua capacidade de ser instrumento de transformação social, gerando empoderamento, promovendo saúde, dignidade e cidadania.

Direitos Humanos; Pessoas em Situação de Rua; Água; Esgotos

Resumen

Los derechos humanos al agua y al saneamiento público señalan que todos los seres humanos tienen derecho al acceso seguro al agua y saneamiento público de forma no discriminatoria. No obstante, a las poblaciones vulnerables se les violan frecuentemente estos derechos, repercutiendo en su salud y calidad de vida, y agravando su exclusión social, como es el caso de las personas en situación de marginación. En Belo Horizonte, Minas Gerais, Brasil, existían 1.827 personas en estas condiciones en 2013. Este artículo presenta la evaluación de las condiciones y la percepción de esta población sobre su acceso al agua y al saneamiento público y sus derechos en este ámbito. Se observó que el acceso tanto al agua, como al saneamiento, es precario y que las regulaciones normativas y estos principios de los Derechos Humanos se violan reiteradamente. Como conclusión, se observa que ese grupo sufre violaciones de los derechos humanos al agua y al saneamiento público y que estas últimas están asociadas con la violación de otros derechos, como el derecho a la ciudad, a la vivienda y a la salud. Estas violaciones tienen repercusiones negativas en la vida económica y social de este grupo poblacional, aumentando su discriminación y exclusión. El estudio llama la atención sobre la importancia de estimular la participación social de este grupo en los procesos de toma de decisión sobre la gestión del agua y saneamiento sanitario, en el marco de los derechos humanos al agua y saneamiento, al tratarse de un instrumento de transformación social, generando empoderamiento, promoviendo salud, dignidad y ciudadanía.

Derechos Humanos; Personas sin Hogar; Agua; Aguas del Alcantarillado

Submitted on 13/Feb/2017
Approved on 17/Jul/2017