The Socio-Economic Analysis of Homeless People in West Bengal—A Case Study

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Abstract: Generally, Homelessness is viewed as a consequence of speedy urbanisation process with the limited housing amenities in the urban areas. But it is intertwined with multidimensional matters which are ingrained in the socio-economic and political framework of the rural areas and little towns. Rural urban development inequality, rural-urban migration, poverty and housing scarcity have intensified the obstacle of pavement dwelling in urban localities. According to the Census of India (2011), West Bengal grips the 7th position amidst all the states of India with 134040 homeless people. The development discrepancy between Kolkata and other parts of the state has caused a definite district-base spatial distributional pattern of homeless people along with the paramount concentration in Kolkata city. The study tries to delve into the spatio-temporal distribution of homeless people and it also attempts to determine the influential factors of the phenomenon in an appropriate frame with the help of data and information. Bi-variate correlation, Sphere man's Rank Correlation Coefficient and Student t test have been applied for the investigation. The findings recommend that the less developed states and the districts encompassed the Kolkata play as a foundation region that has led the impoverished community towards the city which forced them to live on the walkway of the city.

Keywords: Homeless Population, Pavement Dwelling, Poverty, Rural-Urban Migration, Shelter lessness, Spatiotemporal distribution, Urbanisation, West Bengal.

1. INTRODUCTION

Homelessness is a situation having no home or permanent abode or when people live in the open sky, parks, in streets, railway stations, bus stands, road sides, in Hume pipes, mad naps, pavements, (Census of India, 1991; DuPont, 1998) or in simple, houselessness refers to the lack of house or shelter. Therefore, houseless population refers the people who don't live in a house or live in the informal places, not meant for human habitation.

As far as the problem of the houselessness is concerned, it is as old as the first permanent human settlement on the surface of the earth. Since the time immemorial People have been wandering gregariously on this planet. Previously he used to live in the unadulterated lap in the form of caves, bunkers, shrubs, forest etc., which was neat, clean and pleasurable environment. Unfortunately millions of people do not have house to live in the present, so they spend their night on the pavements in open sky, play-ground, parks, railway stations, bus stands, religious places and some of them get accessibility in the tainted spaces like slums (Obudho, &Mhlanya, 1988) and squatters settlements (Ferenchick, & Marshall, 1992) wherein they don't get pure air to inhale. In fact, millions of people are born on the footpaths in the contemporary world. They spend their whole lives on the pavements and ultimately passed away from this world with a dream of house in their eyes. All this has been the consequent outcome of the exponential growth of the population, heavy influx of rural migrants in urban areas, unplanned or unorganized growth of urbanization and lopsided development of the governmental policies. Etc.

There is not one specific reason which can be identified as the sole cause of houselessness; it is typically a combination of external (lack of available employment, inadequacy, supply of low income housing, family conflict, etc.) and internal forces (mental & physical health, addiction of harmful or illegal substances etc.) which leads to social and financial

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vulnerability (Argeriou, Mccarty, &Mulvey,1995). Thus, provenance of houselessness runs the spectrum of the loss of jobs, business closings, low level of education & skills, family violence, mental illness, fire in or condemnation of apartments and lack of affordable housing long term poverty, etc.

2. LITERATURE REVIEW AND SCOPE OF RESEARCH

In the past decade, the homelessness in the world has been traced out as one of the serious problems by policymakers, social scientists and the general citizenry. Instead of this recognition, the scholarly literature over homelessness remains limited in terms of quantity and quality. The literature consists almost entirely of univariate account of samples of homeless persons in diverse communities, case studies of homeless individuals or families and speculative essay on how changes in employment opportunities, housing markets, and mental health services have transformed the size and character of the homeless people. Systematic empirical studies of these are almost absent and other issues regarding the individual features and experiences augment the likelihood of becoming homeless and the conditions enhancing individual's chances for exiting homelessness.

Boyer, Robertson, and Ropers (1984) presented testament pertaining to the homeless in Los Angeles to a 1984 Congressional Committee exploring the federal responses to the homeless crisis. Their report proposed that the health effects of homelessness are reflected in increased morbidity and mortality. Homeless persons were found to be more dangerous to infection, hypothermia, trauma and skin lesions. They have lack of social support or social connections due to a variety of circumstances.

Like many social problems, homelessness is not a new phenomenon, but a recently rediscovered one. Social concern for vagabonds and vagrants have been recorded ever since the Middle Ages; each change in economic order created new groups of outcasts and attached new meaning to them (Bremner, 1972; de Schweinitz, 1975; Rodgers, 1969). Social and economic dislocations in later part of 20th century have swelled the ranks of people without homes. The combination of deinstitutionalization has left a huge number of people without shelter. As a group, homeless people are getting more diverse. The median age of homeless people today is 34 years, while in past decades the median age of the skid-row population was some 20 years older (Rossi, Fisher, & Willis, 1986). History gives us idea that homelessness amplifies during periods of social disorganization like wars, depressions and periods of technological change.

Bassuck, Rubin, and Lauriat (1984) reported in their study that the vast majority of the homeless people in a Boston shelter, were suffered from psychiatric problems.

A Baltimore study by Fischer, Shapiro, Breakey, Anthony, and Kramer (1986) foregrounded that the homeless people exhibit higher prevalence rates in every Diagnostic and Statistical Manual of Mental Disorders (3rd ed.; DSM-III; American Psychiatric Association, 1980) diagnostic category than those with homes.

Similarly, Lipton, Sabini, and Katz (1983) said that homeless persons are found in the Bellevue Hospital Emergency Room in New York City. It also concluded that 91% had took treatment of mental illness.

The emergence of homelessness as a significant social problem has been resulted as an expanding network of service provisions which stressed on shelters and food pantries. The findings indicate that women and men feel homelessness differently. Women are more likely to become homeless because of expulsion and domestic violence while men are more likely to become homeless as a result of unemployment alcohol abuse and so on.

During the winter of 1983-84, the federal Department of Housing and Urban Development estimated that 250,000 to 350,000 people were homeless. In 1983 the National Coalition for the Homeless conjectured that 2.5 million people were homeless (K. Hopper and J. Hamberg, the Making of America's Homeless: From Skid Row to New Poor, 1945-1984). Official estimates for New York City that around 36,000 and more people use public shelters (E. Baxter and K. Hopper, "The New Mendicancy: Homeless in New York City," American Journal of Orthopsychiatry, 52, July 1982).

Jagannathan and halder (1988) examined the occupational patterns and mobility of the pavement dwellers in Calcutta. Their study brings to the fore the steady inflow of rural poor from eastern India and their destinations for work.

Argeriou et al., (1995) delineated that the composition, size and needs of homeless, the duration of homelessness and dwelling places were the elements of an operational definition of homelessness. The homelessness can be quantified and

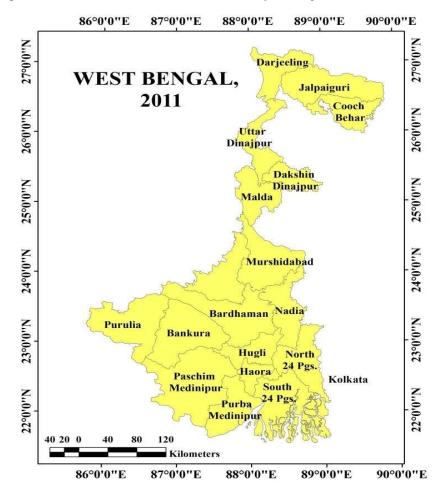
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differentiated along meaningful dimensions, such as severity that have ramification for programming and policy formulation.

Meda (2009) reviewed the role of urban planning in ensuring the provision of enough affordable housing through the method of inclusionary housing which is known as inclusionary zoning, and pigeonholes its potential as a tool in the prevention and solution of homelessness. Inclusionary housing proposed that a given share of new housing has to be affordable to low and moderate income families.

Study Area

West Bengal is considered as the unit of study. The state (21°30'N to 27°14'N, 86°30'E to 89°53'E) is an eastern state of India along with a geographical area of 88,752 sq. km. It provides accommodation to around 91.3 million (rural 68.11% and urban 31.89%) people with a population density of 1029/ sq. km (Census, 2011). It is the 14th largest state in terms of population. The state has 19 districts which is branched into three administrative regions (2011). The capital of the West Bengal is Kolkata (the third largest city of India). Bangladesh and Assam locate in the east; Bihar, Jharkhand, and Odisha states on the west; Nepal, Bhutan and Sikkim on the north and the Bay of Bengal in the south



Homelessness in West Bengal: A District Level Scenario

West Bengal, with 134040 houseless people (above the national average of 52148), includes 7.78 % of the nation's total homeless population. 68.52 % homeless population are males while, 31.48% are females in the state. Kolkata, the smallest district and the largest urban centre of the state has recorded the highest number of pavement dwellers. The city has sheltered about 12.250 houseless households with a total houseless population of 69798 in 2011. It contains 52.07% of the state's total followed by North 24 Parganas (6.81%), Uttar Dinajpur District.

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3. RESEARCH OBJECTIVES

Every study /research has some specific aim and objectives. The present study has articulated some of the objectives which help to reach the major aim of this study. However, the objectives are as follows:

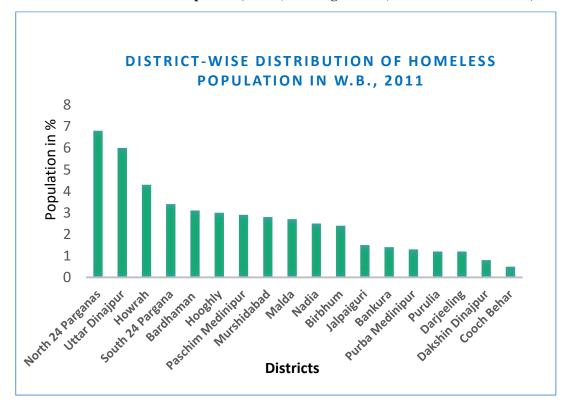
- To identify size of the family and demographic characteristics of homeless population in West Bengal.
- To analyse about the socio-economic attributes of the homeless population which determine the characteristics of their social and economic life.
- To trace the socio-economic causes that force the people to become shelter less and problems faced by them.

4. RESEARCH METHODOLOGY

The present study would be based on primary source of data and the data will be collected through field survey in the form of direct questionnaire to the respondents by using well-structured questionnaire in the study area. A sample survey will be conducted in various parts of the study area to analyse the socio-economic characteristics of the houseless population, causes of being houseless and problems faced by the houseless population. The random sampling technique will also be adopted for the collection of the data during the survey. The surveys will cover 10-12 percent households of the houseless population in the different parts of the study area.

For this, the age, sex, religion, caste-category, marital status, migratory status, literacy & educational status, occupational status, income, & expenditure, household amenities & assets, bad habits, & diseases, causes & duration of houselessness, etc. would be considered and their insinuations would be attempted to be planned. The major areas of this analysis would be to highlight the causes and problems faced by houseless population and their implication to overcome all these problems. After undertaken of primary survey the tallying, processing, scrutinizing and editing of the data would be considered for the preparation of tables. On the ground of processed and tabulated data, the bar diagrams, multiple bar diagrams, sub-divided bar diagrams, line graphs, poly line graphs, pie charts and various maps will be arranged for the easy representation of the data. The maps have to be prepared by using GIS-Arc-view programme.

District-wise Distribution of Homeless Population, 2011 (excluding Kolkata) Source: Census of India, 2011

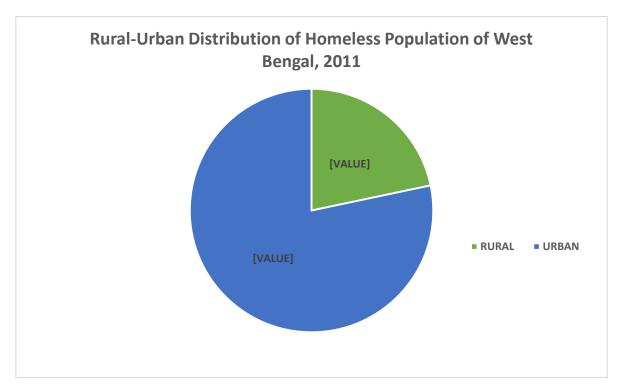


Source: Census of India, 2011 Compiled by Author

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Distribution of Rural and Urban Homelessness

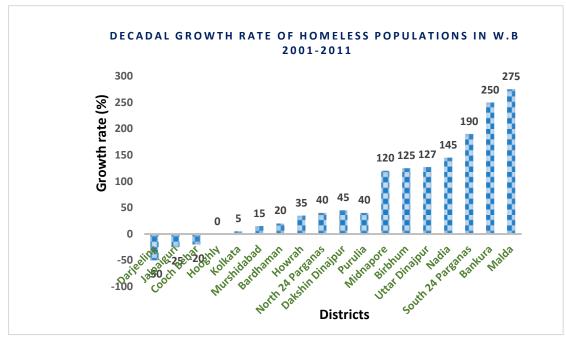
Homeless people have been spread unequally over the state with maximum gathering in the urban areas as compared to its rural areas. Around 21.69% shelter less population are observed in the rustic part of the state, while 78.31% of them have live in the footpaths of the huge towns (Figure 8). In case of rural homelessness, South 24 Parganas demonstrates the highest concentration followed by North 24 Parganas, Murshidabad, Bankura, Paschim Medinipur, Birbhum and Bardhaman with temperate concentration (Figure 9). In case of urban homelessness, the state's capital has reached to the highest level (Z-Score value 4.09). North 24 Parganas and Uttar Dinajpur have achieved moderate concentration, while rest of the districts attain a little concentration of urban homeless people.



Data Source: Census of India, 2011- Compiled by Author

District-Wise Decadal Growth Rate of Homelessness, 2001-2011

The state has observed a modest rate of increase (21.26%) in homeless population during 2001-2011. The rural homelessness reflects a comparatively smaller rate of increase of 15.59%, whereas the urban homelessness has escalated up to 47.38% during the same period. Four districts, namely Darjeeling (-54.46%), Jalpaiguri (-27.04%), Cooch Behar (19.35%) and Hugli (-1.83%) have conveyed negative growth in homeless population during 2001 to 2011. Apart from these four districts, all other districts showcase a positive growth rate. Malda (273.79%) shows the highest growth in homeless population followed by Bankura (259.81), South 24 Parganas (192.10%), Nadia (152.09%), Uttar Dinajpur (133.67%) and Birbhum (129.32%) (Figure 11). Darjeeling has come across highest undesirable growth rate both in rural and urban homelessness (-53.96% and -54.9% respectively), whereas, Bankura has achieved highest positive growth (270.37%) in rural homelessness and Malda demonstrates highest growth rate in urban homelessness (1940%). Serious poverty and failure of Govt. housing policy seems to be the main causes behind this immense growth in rural homelessness in Bankura. On the other hand, high proliferation of urban homeless people in Malda District is the result of the enormous urbanisation (129.07%) progress in urban population in 2001-20111) begun by the incoming of rural displaced people from the river-bank erosion affected areas. The capital city Kolkata demonstrates 3.14% rise in urban homelessness.



Source: Census of India,2011.Compiled by Author

5. DISCUSSION

The causal factors of homelessness have been widely perusal and evaluated by scholars of different disciplines (Bhattacharya, 2012). Most of the previous studies have advocated the difficulties of establishing any linear relationships between one specific factor and homelessness due to the multifaceted and complex character of the phenomenon where several overlapping risk factors influence the phenomenon. In reality, the correlation between each factor and homelessness is typically intricate and can be understood only in the context of people's life histories (Somerville, 2013). The significance of the elements has changed drastically with the changing space, time as well as socio-economic and political perspectives of the society. Historically, the study of homelessness in the western world shows a typical switch in its approach over time. Gown (2010) has identified three principal and popular historical types of explanation of homelessness as:

Sin Talk: (prevailed until the 1960s) the homeless people were liable for their condition. They are compelled to live in a shabby environment due to their personal indiscretion like addiction to drug and alcohol, general unruliness and irresponsibility, etc.

- System Talk: (during the 1960s to 1980s) the dilemma of homelessness was ascribed to the structural factors such as lack of jobs, income and affordable housing.
- Sick Talk: (from the 1980s to the present day) Homelessness is associated with individual pathological issues (like mental health problems, disabilities and so on).

A 'new orthodoxy' (May, 2000; Pleace, 2000) has been transpired at the beginning in the 1980s (Brandon et al. 1980) in which homelessness is explicated in terms of a specific amalgamation of individual vulnerabilities and structural factors. 'Structural' factors build up the environment within which homelessness occurs, and 'individual' factors conclude the likelihood of becoming homeless in those conditions (Fitzpatrick et al. 2000; Pleace, 2000).

Causes of Rural Homelessness

Though homelessness is a collective concern both in rural and urban areas (Morrow, 2010). The rural homelessness almost remain overlooked in policy debates and in the study of the academicians due to typical secret nature accompanied with the migrating trend of rural poor towards the urban centres (UNCHS, 2000). The rural homelessness remains obscure as the rural poor often cope up with the pitiable condition through provisional improvised arrangements (Wardhaugh, 2012; Sattar, 2014).

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Dupont (2000) have stated that the interdependence of rural and urban homelessness as rural poverty pushes male members of the families to migrate to urban areas for searching job or income. Consequently, the rural homelessness has been reduced and the occurrence of homelessness in urban areas has amplified its size. The migrated persons send money to their family living in the native village in poor and uncertain circumstances. Poverty, unemployment and landlessness are the principal economic concerns of rural homelessness (UNCHS, 2000)

Disasters, whether it is natural or human-made, are other serious factors of rural homelessness (UNCHS, 2000). For example, in 2009, 21782 rural houses were fully destroyed, and 44849 houses were destructed partially in 24 Parganas (North and South) by cyclone Ayla (Situational Report, 2009). Around more than 700,000 people of Malda and Murshidabad districts have been evacuated due to bank erosion of the river Ganga up to 2005. Such gigantic dislocation by natural calamities escalate the quantity of rural homeless people. It has been conjectured that annually, around 30 million people are influenced and 2.34 million houses are vanished by disasters (Chauhan, 2009). Natural calamities like cyclones, floods and river bank erosion, mostly apparent in some districts like South 24 Parganas, Malda and Murshidabad have not only shattered the domicile of the rural poor but also impacted their means of livelihood. Physical loss of land propelled them to leave their habitat of the descendants as pledge of continuing the life system is quashed and rush to the nearby urban areas (especially towards Kolkata) in destined condition because in this situation, begging in the streets is significant to these groups rather than being ravenous for long days.

Displacement by any developmental activity poses the question of the immensity of homelessness in rural areas (Tripathi, 2017). A Reference Note of the Lok Sabha (2013) has stated that around 6.9 million people have been evacuated in West Bengal during 1947-2004 due to many development activities like mining operations, construction of dams, industries and transport routes. Fernandes et al. (2006) has informed that mining activities have moved nearly 418061 people during 1960-2000in West Bengal. 11800 people are displaced by the establishment of Durgapur Steel Plant (Government of India, 1985) and 93,900 persons have been dislocated by the construction of Maithan and Panchet dam in West Bengal and Jharkhand (Government of India, 1985). Such important displacement events have augmented the number of rural homeless people, who generally move towards the nearby urban centres and has extended the volume of urban homelessness.

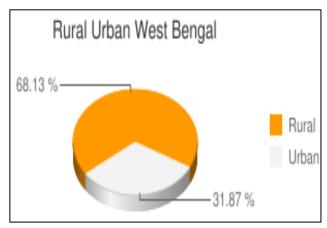
Table 4: Calculation of Spearman's Rank Correlation Coefficient										
District	HDI Value,	Rank	Homeless	Rank	Difference of					
	2011	Population, 2011			Rank (d)					
Malda	0.44	1	3323	10	9	81				
Purulia	0.45	2	1587 4		2	4				
Murshidabad	0.46	3	3460	11	8	64				
Birbhum	0.47	4	2917	8	4	16				
Dakshin Dinajpur	0.51	5	868	2	3	9				
Bankura	0.52	6.5	1925	7	1.5	2.25				
Cooch Behar	0.52	6.5	700	1	5.5	30.25				
Jalpaiguri	0.53	8.5	1,924	6	2.5	6.25				
Uttar Dinajpur	0.53	8.5	8251	17	8.5	72.25				
Nadia	0.57	10.5	2957	9	1.5	2.25				
PaschimMidnapur	0.57	10.5	3768	12	1.5	2.25				
South 24 Parganas	0.6	12	5436	15	3	9				
PurbaMedinipur	0.62	13	1720	5	8	64				
Hugli	0.63	14	3969	13	1	1				
Bardhaman	0.64	15	5057	14	1	1				
Darjeeling	0.65	16	1559	3	13	269				
North 24 Parganas	0.66	17	9122	18	1	1				
Haora	0.68	18	5699	16	2	4				
Kolkata	0.78	19	69798	19	0	0				
		638.5								

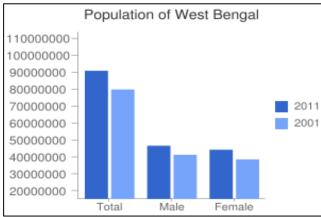
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Table 5: Calculation of Spearman's Rank Correlation Coefficient										
District	Homeless Population, 2001	Rank	HPI Value 2001	Rank	Difference of d2	Likewise				
					Rank (d)					
Bankura	535	1	34.3	6	5	25				
Dakshin Dinajpur	617	2	39	9	7	49				
Koch Bihar	868	3	42.3	14	11	121				
Maldah	889	4	46.1	15	11	121				
Purulia	1126	5	39.6	11	6	36				
Nadia	1173	6	30.7	4	2	4				
Birbhum	1272	7	40.5	12	5	25				
South 24 Parganas	1861	8	41	13	5	25				
Medinipur	2460	9	39.5	10	1	1				
Jalpaiguri	2637	10	36.3	8	2	4				
Murshidabad	2995	11	47.4	16	5	25				
Darjeeling	3431	12	35.8	7	5	25				
Uttar Dinajpur	3531	13	51.2	17	4	16				
Hugli	4043	14	23.9	1	13	269				
Bardhaman	4300	15	31	5	10	100				
Haora	4404	16	30	3	13	269				
North 24 Parganas	6717	17	29.3	2	15	225				
Kolkata	67676	18	17.4	0	0	0				
		Ed^2				1340				

it is fascinating to discern





Data source: Census of India

6. CONCLUSION

Homelessness portrays the most severe demonstration of denial of the human rights to adequate housing. The maximum gathering of poor and homeless human groups is obvious in Kolkata as it extends them the provisions of earning for survival. It has been unravelled in the investigation that the main issues for leaving their roots have been varied, but economic factors are most prevailing. Unequal development in the urban areas and comparatively less development in the source areas have captured the attention of jobless, homeless people to the towns and cities. In addition to this, social isolation or marginalisation and political instability in source areas, the annihilation of habitats and means of livelihood by natural calamities compelled the poor rural folks to the nearby urban areas (especially towards Kolkata). Hence, the city has demonstrated the booming of homeless people while the rural homelessness has noted down a diminishing trend.

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REFERENCES

- [1] Aiken, S.R., 1981. Squatters and squatter settlements in Kuala Lumpur. Geographical Review, 71(2), pp. 158-175.
- [2] Arce, A. A., Tadloch, M., VergareM, J., &Shapiro, S. H. (1983). *A psychiatric* profile of street people admitted to an emergency shelter. Hospital Community Psychiatry3, 4, 812-817.
- [3] Argeriou, M. Mccarty, D. and Mulvey, K., 1995. *Dimensions of homelessness*. Public Health Report (1974), 110 (6), pp. 275-288.
- [4] Atherton, I. and Nicholl s, C.M., 2008. Housing first as a means of addressing multiple needs and homelessness. European Journal of Homeless ness, 2, pp. 289-303
- [5] Bassuk, E. L., & Rosenberg, L. (1988). Why does family homelessness occur? A case-control study. American Journal of Public Health, 78, 783-788.
- [6] Bassuk, E. L., Rubin, L., & Lauriat, A. (1984). *Is homelessness a mental health problem*? American Journal of Psychiatry, 141, 1547-1550.
- [7] Belcher. R., Scholler-Jaquish. &Drummond. (1991). three stages of homelessness: A conceptual model for social workers in health care. Health and Social Work, 16, 87-93.
- [8] Boyer, R., Robertson, M., & Ropers, R. (1984, October). *The homeless inLos Angeles: Demographics, homeless history, general and mental health status, health service utilization*. American Public Health Association, 112th Annual Meeting, Anaheim, CA.
- [9] Burt, M. R., 1991. Causes of growth of homelessness during the 1980s .housing policy debet. pp. 903-936
- [10] Census of India, 1991. Primary census abstract, total population. Series-1, Table A-5. Ministry of Home Affairs, Office of Registrar General . Government of India, New Delhi. PP:64
- [11] De Schweinitz, K.,(1975). England Road to social security. New York: A.S. Barnes & Co.
- [12] DuPont, V., 1998. Mobility patterns of economic strategies of houseless people in old Delhi, paper presented in International Seminar, Delhi Games: Use and control of the urban space: power Games and an actor stratigies, *Delhi:Manohar*, pp.99-124
- [13] Ferenchick, G. S. (1992). *The medical problems of homeless clinic patients: A comparative study*. Journal of General Internal Medicine, 7, 294-297.
- [14] Fisher. J., Shapiro, S., Breakey, R., Anthony. C., & Kramer, M., (1986). *Mental health and social characteristics of the homeless: A survey of mission users*. American Journal of Public Health, 76(5), 519-524.
- [15] Francis. B. (1992). Eight homeless mothers 'tales. Image: Journal f Nursing Scholarship 2, 4, 111-114.
- [16] Hertzberg, E., 1992. The homelessness in United States: conditions, typology and interventions. *International social work*, 35(2), pp. 152.
- [17] Jagannathan, N.V. and Halder, A., 1988. A case study of pavement dwellarsin Calcutta: occupation, mobility and rural urban linkages. Economic and political weekly, 23(49), pp.2602-2605.
- [18] Jahiel, R. (1986, October). *Profile of the homeless*. Conference on homelessness in the U. S. American Public Health Association, Las Vegas, NV.
- [19] Juppenlatz, M, M., (1970). Cities in transformation: the urban squatter problem of the developing world. St. Lucia, Queensland University of Queensland Press, P.5.
- [20] Kathleen, M. M. and Evan, G.G., (1994), *Health Education Populations*, Journal of community Health Nursing, Vol.11, No. 4pp. 229-237, Taylor & Francis, Ltd.
- [21] Kearns, K.C., 1984. Homelessness in Dublin: an Irish urban disorder, American Journal of Economic and Sociology, 43(3), pp.217-233.

International Journal of Social Science and Humanities Research ISSN 2348-3164 (online) Vol. 7, Issue 1, pp: (171-180), Month: January - March 2019, Available at: www.researchpublish.com

- [22] Lincoln, A.K., Plachta, E.S., and Espino, D., 2009.Comming in: an examination of people with co-occurring substance use and serious mental illness exiting chronic homelessness. *American Journal of Orthopsychiatry*, 79 (2), pp.236-243.
- [23] Lipton, R. F., Sabini, A., & Katz, S. E. (1983). *Down and out in the city: The homeless mentally ill.* Hospital Community Psychiatry, 3 4, 817-821.
- [24] Marshall, E. J., & Reed, J. L. (1992). *Psychiatric morbidity in homeless women*. British Journal of Psychiatry, 160, 761-768.
- [25] Meda, J.B., 2009. How urban planning instruments can contribute in the fight against the homelessness: an international overview of inclusionary housing. *European Journal of Houselessness*, 3, pp.155-177.
- [26] Obudho, R.A. &Mhlanya, C.C., 1988.Slum and Squatter settlements in Sub-Sahara Africa: towards a planning strategy. *London: praeger publishers*, pp.71-88.
- [27] Petluck, S. R., Kitchen, C. T., & Lyles, B. (1985). On the streets with no money and no place to go. Journal of Louisiana State Medical Society, 137(10), 26-35.
- [28] Rodgers, B., (1969). The battle against the poverty: From pauperism to human rights. London: Routledge&Kegan Paul.
- [29] Ropers, R. (1984a, October). *Theoretical model for homelessness: From social disaffiliation to "skid row" way of life.* Conference on Homelessness in the U.S., American Public Health Association. Anaheim, CA.
- [30] Ropers, R. (1984b, October). *Typology and profile of the homeless*. Conference on homelessness in the U.S., American Public Health Association, Anaheim, CA.