

## “The Invisibles”: approaching the health of people who work and live on the streets

“Los invisibles”: acercamiento a la salud de las personas que trabajan y viven en situación de calle

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### ABSTRACT

This research emphasizes the importance of carrying out a more in-depth study of the homeless population, including those who live and/or work on the streets, but also those who do not have access to comprehensive social protection or public policies designed specifically for them. The health of these people must be approached with a thorough analysis of the complex context in which they find themselves and the multiple factors to which they are exposed; this situation is characterized by their vulnerability to both preventable and communicable diseases, as they struggle day after day to subsist. Currently, public policies related to health care for homeless people do not exist. In fact, the Paraguayan State lacks specific policies in this regard. The sectoral policies implemented by local and municipal governments are insufficient to properly address the needs of this vulnerable population. It is essential for the governing body to promote the development of more effective policies, coordinated among social action-oriented agencies in order to guarantee health care for these excluded people in Paraguay.

**Keywords:** homeless, public policies, health, inequality, inequality, vulnerability.

### RESUMEN

Esta investigación enfatiza la importancia de llevar a cabo un estudio más profunda sobre la población en situación de calle, incluyendo aquellos que viven y/o trabajan en las calles, pero también los que no tienen acceso a protección social integral o políticas públicas diseñadas específicamente para ellos. La salud de estas personas debe ser abordada con un análisis exhaustivo del complejo contexto en el que se encuentran y de los múltiples factores a los cuales están

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expuestos; esta situación está caracterizada por su vulnerabilidad frente a enfermedades prevenibles como transmisibles, mientras luchan día tras día por subsistir. En la actualidad, las políticas públicas relacionadas a la asistencia de salud de las personas en situación de calle no existen. De hecho, el Estado paraguayo carece de políticas específicas al respecto. Las políticas sectoriales implementadas por los gobiernos locales y municipales resultan insuficientes para abordar correctamente las medidas de esta población vulnerable. Es fundamental que se desde el organismo rector promuevan el desarrollo de políticas más efectivas, coordinadas entre los organismos orientados a la acción social con el fin de garantizar la asistencia de salud de estas personas excluidas en Paraguay.

**Palabras clave:** personas en situación de calle, políticas públicas, salud, desigualdad, vulnerabilidad.

## INTRODUCTION

Every day, those of us who walk along the main avenues and streets of Paraguay's main cities observe unnoticed the presence of people who work, live and sometimes spend the night in some of its corners, as if their lives were passing completely outside the rest of society.

Living or surviving on the street should be considered as a delicate problem, because it encompasses various spheres, social, health, economic and education of people, called "phenomenon of material deprivation, related to processes of exclusion, social disengagement and vulnerability" (Toro, 2014).

One of the most common characteristics of homeless people may refer to those who cannot access or maintain adequate housing, adapted to their personal situation, permanent and providing a stable framework for coexistence, whether for economic reasons or other social barriers, presenting personal difficulties to develop an autonomous life (Ramos, 2017).

When we talk about people in a street situation, we refer to a temporary or permanent situation, a more or less conjunctural condition and not a specific behavior of a person. Therefore, it is important to understand that these people are not on the street because they want to be, but because of various circumstances (Grandón et al., 2018).

In fact, this social phenomenon of people in this condition affects millions around the world and a few hundred of them within Paraguay (Cattebeke-

Lacovich, 2023); this can be clearly observed in our cities where these live in precarious situations characterized by the lack of basic services, which should be guaranteed by the State (Zavattiero, 2022). In this complex and even stigmatized context for them, there are several terms used to define them as a group, but none adequately represents their unique individual reality (Hernandez Pedreno, 2008).

It is important to discuss that social health includes the well-being that human beings have in terms of their relationship with others, it implies the ability to adapt and self-manage for their evolution within society, as well as the ability to establish relationships with people and institutions that function for their growth and development within different social groups (Universidad de Sonora, 2024).

This study aims to examine an approximation of the social health conditions of people living on the streets (hereinafter referred to as PSC), relating poverty and its multidimensional impact, the understanding of the situation, the search for assistance, pointing out the difficulties of access to basic health services.

It is necessary to point out that in addition to the PSC in these areas of the country live a large number of children who come from families with economic difficulties, forced to work and live in this situation. According to reports from the National Institute of Statistics (Instituto Nacional de Estadística, 2024), progress has been observed in the reduction of multidimensional poverty.

However, in the streets of Paraguay this

perception does not match with what is observed, especially when we talk about extreme poverty; being children and women who experience this phenomenon more visibly (Cattebeke-Laconich, 2023).

The institutions in charge of social protection in the country do not have a precise estimate of how many people work or live in street conditions (Cattebeke-Laconich, 2023), thus highlighting the lack of attention to this vulnerable and ignored population (Hernandez Pedreno, 2008).

Poverty is a very complex phenomenon that goes beyond a simple economic condition. This situation involves a series of deprivations that exclude people from access to basic services such as health, education, decent employment and adequate housing (Instituto Nacional de Estadística, 2024), as well as from the exercise of fundamental rights. These deficiencies undermine the ability of individuals, both men and women, to actively integrate into the political (González et al., 2023) and socioeconomic life of the country (Hernández, 2008).

In 2016, the Paraguayan State reported significant progress in the Social Development Index, through the implementation of various public actions aimed at promoting the welfare of its citizens (Zavattiero, 2022), recognizing its role as guarantor of the human rights of its population, the State has promoted public policies for social protection and promotion at the national level, mostly targeted policies but without effective impact (González H et al., 2023).

It should be noted that the official measurement of poverty in Paraguay is still mainly based on monetary income; on the other hand, the State recognizes the multidimensionality of this phenomenon within the population, and to address these complexities, comprehensive intervention strategies and multisectoral social policies have been designed, with a special focus on rural areas and indigenous communities, with the aim of improving comprehensive social development and reducing poverty, strengthening the human capital of the Paraguayan population (UTGS, 2022).

Despite these advances, it is important to highlight the absence of a regulatory framework or a specific social protection law for people living and working on the streets in Paraguay (Cattebeke-Laconich, 2023). Although there are social programs implemented by the State, serving a certain part of the population within the standards of beneficiary subject, many of them require fixed residence to access the benefits of these programs, which excludes a significant part of the PSC. These people often depend on temporary assistance provided by religious organizations or some foundation and NGOs, such as shelter and night protection centers during cold seasons (Hernandez Pedreno, 2008).

The extreme social vulnerability of this sector of the population and the heterogeneity of its components, where sometimes one can observe entire families, single men and women, women with children, boys, girls and adolescents, the elderly, etc.-(Correa & Zapata, 2007), where this population requires specific public policies that allow first meeting the most immediate needs in order to achieve in the long term the real overcoming of the problem.

This phenomenon reflects the deep social and economic inequalities present in Paraguayan society, and highlights the urgent need for more inclusive and coordinated policies to address social exclusion and ensure equitable access to fundamental rights for all citizens (Ortiz, 2016). This situation demonstrates how deep social and economic inequalities are manifested within Paraguayan society and their reflection in the streets.

#### **AN APPROACH TO THOSE WHO LIVE AND WORK ON THE STREET**

The situation of the PSC represents one of the most visible forms of social exclusion. This condition affects a significant number of individuals and groups facing extreme conditions of poverty, marginalization and abandonment by the State (Correa & Zapata, 2007). However, studies on this problem in Paraguay are scarce, and their realization is hindered by the invisibility of these people.

In this process of giving visibility to this population, in 2016, the Municipality of Asunción carried out the program “Asunción Includes you”, coordinated by the General Directorate of the Social Area. The main objective of this program was to tour the main traffic light intersections of the city to identify and collect information on people working in street situations. In addition, these people were informed about the regulations affecting them and offered access to social programs in areas such as health, education, and job training.

The “Asunción Includes you” program integrated different programs and projects of various directorates of the Social Area as part of the internal articulation of the Municipality. It also coordinated actions with public institutions and non-governmental entities for a comprehensive and inter-institutional implementation. Through this program, it was possible to quantify the homeless population in the main intersections of the city, with a total of 320 people censused to access the benefits offered, in the period from 2016 to 2017 (Municipality of Asunción, 2016).

However, due to institutional conjunctural changes and internal political divisions in the municipality, the program practically disappeared, as the assumption of a new Mayor meant that several programs of the previous one could continue. Despite its short duration, “Asunción Includes you” provided valuable information on homeless people and offered some temporary benefits.

In the daily observation of every Paraguayan, homeless people in Paraguay are usually found at the traffic light intersections of the most important avenues of each city. However, the individual realities of these people are diverse and marked by a wide range of experiences, in some cases very positive and in others negative. It is essential that public policies address this complexity in a comprehensive manner and provide effective solutions to address social exclusion and ensure equal access to fundamental rights for all citizens, regardless of their housing situation.

In light of the above, it is important to highlight the need for comprehensive and sustained long-term public policies to address the situation of the WCPs. These policies should go beyond

simple palliative programs and focus on structural solutions that address the underlying causes of social exclusion, such as homelessness, unemployment, lack of access to health and education services, and discrimination (Boy, 2011).

On the other hand, it can be mentioned that an effective strategy could be the inclusion of the creation of affordable social housing programs and social support to help CSWs find and maintain stable housing (Muñoz, 2010). In addition, it is critical to provide opportunities for decent employment and job training, as well as access to mental health and addiction services for those who require them.

It is also important to involve various key actors, including local governments, community organizations, NGOs, the private sector and civil society, in the planning, implementation and monitoring of these policies (Paiva, 2023). Collaboration among different actors can help ensure a more effective and coordinated response to the needs of homeless people (Bufarini, 2020). It is essential to provide a comprehensive approach to stigmatization and discrimination against CSW, promoting empathy, understanding and respect for their dignity and human rights.

Have we ever stopped to reflect on what life on the street is like and what it feels like to live and work in that environment? Although for many it may seem a distant concept, for numerous people it is a clear reality, exacerbated by the economic and unemployment crisis affecting the country. Whether by personal choice or due to adverse socioeconomic and/or family circumstances, living on the street can become an exhausting experience, especially when it becomes the main source of income for one's own and/or family's livelihood.

Today in the world, it is possible to visualize through the diversification of the media that, in many cities of the world, the presence of CSPs is an undeniable reality, all this as a result of the unequal development that characterizes these countries. These people are forced to survive in the streets and other public spaces due to the lack of adequate housing. This situation stems from a

combination of social factors and determinants, such as poverty, scarcity of job opportunities, lack of access to health care, and mental health and addiction problems, which have become more visible in recent times.

Life on the streets represents a considerable challenge for these people that goes beyond living and working. LHWs face poor hygiene, exposure to peer violence, street harassment, lack of privacy and, above all, insecurity, in addition to the extreme weather that is so characteristic of Paraguay's climate. Some of these people suffer from various medical conditions, including mental illnesses such as depression and anxiety from living and working on the street, and some of these can lead to addictions, further exacerbating their vulnerability.

It is crucial to note that most people who end up on the street have not chosen this lifestyle. In many cases, they are forced to leave their homes due to extreme poverty, domestic violence, loss of employment or other mental health problems. In addition, because of their gender identity, sexual orientation, ethnicity or religion, many people have been marginalized by society.

Life on the street can be traumatic and in other cases very painful. It is essential that society shows compassion and empathy towards the situation of these people, and works to facilitate their exit from the street and find a safer and more stable life (Reina et al., 2024). In doing so, we are not only helping these people individually, but we are also building a more equitable and just society for all. In Paraguay, the solidarity and empathy towards these people reflect the tendency of society to respond to this problem, an identifying characteristic of Paraguayans (Caputo et al., n.d.).

This paper attempts to present the perspective and experiences of a person living on the street, in order to facilitate the understanding of the feelings and challenges faced by those who live and/or work in this situation. To achieve this objective, it examines some of the fundamental needs for survival and how these people cope with daily uncertainty.

In addition, other relevant questions arise that accompany this study, such as: Do they receive adequate protection from the State in terms of medical care through the Public Health system? What are the most prevalent diseases among people living on the street? It is essential to address these aspects, since comprehensive health care is a constitutional right in Paraguay, and understanding these realities contributes to a more complete understanding of the situation of people living on the street.

## **METHODOLOGICAL PERSPECTIVE**

The fieldwork consisted of a previous reconnaissance of the area with the observation technique, and the interviews were chosen probabilistically, that is, all street workers over 18 years of age who have remained in the study period and who declared that they were working and/or living on the street were approached. According to the inclusion criteria, that for the study they had to be of legal age and be willing to collaborate voluntarily, 2 CSW were identified as study subjects, who live in one of the busiest sectors of the country's capital, an area with the highest traffic of vehicles, i.e. the main avenues of Asunción-Paraguay, favorable places for working in the street (Avenidas Mcal. López and J. Kubitcheck).

The study used an observational and descriptive design with a qualitative approach, in which an observation guide and an interview guide were applied, using ethnographic research techniques. The interviews were coded and analyzed for their representation.

The interviews were elaborated with a guide of open-ended questions, appropriate to each situation. These interviews were conducted at this traffic light intersection during the work breaks of the study subjects, for a period of 3 weeks at the end of 2022 and beginning of 2023. In addition, observations were made at different times of the day for 2 weeks, starting in the morning (06:00 to 12:00 hours) and then during lunchtime (12:30 to 18:00 hours). The observations consisted of a demographic characterization of the avenues, which allowed us to identify recurrent hygiene practices of and among people working on the



street, during the sale of their products or other income-generating activities.

Prior to the interviews, participants were informed of the objective of the study and informed consent was obtained. Their identities were protected and, at their request, the collection of additional information was avoided in order to preserve established relationships. Given that there was a great deal of informality within the formality necessary to achieve the proposed objectives, these measures were taken. Time and access limitations reduced the scope of the empirical ethnographic work.

During the data collection process, analyses were carried out to identify various factors that affect the daily lives of people who work and live on the street. These include the affected people's own diagnosis and prognosis, their knowledge of the available forms of care, their experience in using these forms of care, and their evaluation of the results obtained. The following are the findings of the observation and interview process, which present the experiences and experiences of two interviewees, each with a different life story and a different perspective on life on the street.

In order to illustrate some of the findings of the study, the various information gathered in the observations and interviews was considered. As for the observation, a coding scheme was used for the dimensions that consisted of the following: the street, prison, care-seeking, difficulties and recovery. The results presented below are intended to respond to the objective of the study.

#### **WHO THEY ARE AND HOW THEY LIVE ON "THE STREET": FIRST-PERSON EXPERIENCES AS RESULTS OF FIELDWORK**

The avenues that cross the cities of the Central Department are populated by people who live or work on the streets. At the traffic light intersections of the capital and the main cities of Central, it is common to observe the large number of street vendors. Among them are women with their children, as well as men, young people and teenagers, even a number of elderly people. Occasionally, a considerable population of children and young people can also be observed performing activities in search of generating

income on the street. These individuals, with their diverse histories and experiences of everyday life, make the approach to the work of people in this situation somewhat complex.

The groups of people who occupy the traffic light crossings on Paraguay's avenues face a difficult and precarious situation, marked by great inequality and exclusion from social protection systems. This reality is due to the unfavorable economic and social conditions in which they live, as well as to structural issues that hinder the full exercise of their rights. These groups are diverse and heterogeneous, and depend on informal trade for subsistence and even become involved in the micro-trafficking of illegal drugs as a means of survival.

According to the results of the study, it is evident that the health of HCWs is extremely precarious and they are exposed to various risk factors, such as climate and genetic predisposition, among others. These people face extreme environmental conditions, such as cold, rain, intense heat and air pollution, which can have a significant impact on their health while living and/or working on the streets. The lack of adequate housing, potable water and adequate sanitation increases their vulnerability to infectious and respiratory diseases, as well as chronic non-communicable diseases and mental health problems (ECLAC, 2002).

The health itineraries of the study participants are explored in several dimensions, including their experience in the street, jail (interviewee 1), care-seeking, hardship and recovery (in the case of both interviewees).

The dimension of -The Street-, is examined from two perspectives: that of the subjects, that is, the people who experience life on the street on a daily basis, and ours, that of the external observers who are only witnesses to their actions, without fully understanding their experiences or difficulties, their feelings or frustrations.

In this dimension, the guided observation was carried out in the busy avenues F. S. Mariscal López and Juscelino Kubitschek in the Bernardino Caballero neighborhood in Asunción,

this intersection offers a unique window to understand the complexity of life on the street. Strategically located and frequented by vehicles and pedestrians all the time, the intersection of these avenues are propitious places where various informal and precarious subsistence activities such as street work converge.

This scenario is presented as an environment of social and economic interactions, where street vendors, window cleaners and other actors working in the street carry out their daily work activities. The tree-lined central promenade of Kubitscheck Avenue provides a degree of relief from the sweltering Paraguayan heat, making it a favorable location for vendors in that area, who manage their time and space independently.

This strategic location presupposes a remarkable diversity of vendors and products. From the sale of fresh fruits and homemade sweets to products such as coffee, soaps and ornamental plants and more, each one contributes to the economic dynamics of the place. The presence of street performers and jugglers adds a touch of entertainment to the atmosphere at certain times of the day.

It is interesting to observe how salespeople organize and collaborate with each other, creating a sense of community and solidarity in the midst of adversity. This environment of familiarity among the groups of vendors and their strategies to maximize sales reflect a pragmatic adaptation to the changing conditions of the environment.

Product sales are conditioned by the flow of traffic during peak hours, which determines the vendors' workload and economic performance. Some choose to leave early, depending on the flow of sales, while others stay until late in the afternoon to take advantage of the best possible sales opportunities.

In addition to the economic dimension, it is important to consider the personal context of the individuals, as evidenced by the first interviewee's account of his experience in prison that led him to move to this dimension, the street. This aspect adds an additional layer of complexity to life on the street, revealing the multiple facets of marginality

and survival in a hostile and exclusionary urban environment.

Taken together, this detailed observation provides a panoramic view of daily life on the street, highlighting both its challenges and its forms of resilience and adaptation. It is crucial to understand this reality from a holistic perspective to inform the development of more effective policies and programs that address the needs of people on the street.

Given this situation, along with being in a street situation and coming out of prison to end up living and working on the street, the experience of the first interlocutor is presented; he is one of the vendors and at other times jugglers at the intersection of Avenidas Mcal. López and J. Kubitschek Avenues, Negro (this name was assigned to him under his acceptance, this, because of his situation that implies greater confidentiality with respect to his history and serological condition), young man of 25 years old referred by himself, native of the city of Chore, San Pedro; of normal physique, neat and clean; Negro, is one of the many people that are found in the traffic light crossing of this zone. With respect to the interview conducted informally to generate bonding and trust, the purpose of the study is explained to him, as well as the implications of his acceptance and participation in it.

Negro, makes reference to the vulnerabilities that people in street situations are exposed to, starting from the principle of respect and the valuing of each word, Negro states the following: When asked about whether he suffered from any condition, disease or situation that implies the care of his health he himself answers,

"before being on the street, I was in jail, I spent almost two years in the Tacumbú prison for aggravated robbery and for that I was arrested and went to jail, but now I'm out, and went to the hospital". But what happened to you is why you went to the hospital, "everyone knows that Tacumbú is an ugly prison and everything is overcrowded, there I caught tuberculosis and another disease that I don't want to say because people talk without knowing. [... ]".

The street situation not only exposes Negro and others in his situation to physical health risks, but also to social marginalization and the temptation to resort to crime as a means of subsistence within this context. The lack of access to adequate health services and decent job opportunities contributes to perpetuating this cycle of vulnerability and exclusion of this population.

The search for medical care emerges as another crucial dimension in the experience of those in street situations, as reflected in Negro's testimony. This search that is deeply affected by the lack of access to basic freedoms and rights that characterize the established social order, in a context where opportunities are scarce and marginality is prevalent, those who do not comply with the law face an even greater deprivation of rights, exacerbating their vulnerability (Buzzi&Sy, 2020).

To this, Negro refers again to his state of health and the conditions in which he was exposed to in his daily life and the responses he obtained during this process. Negro recounts the difficulties he faced when trying to access adequate medical care to address his health problems after his release from prison. In an environment where options were few and limited, coupled with the stigmatization that is common for people with HIV, PLHIV are at a disadvantage in receiving the care they need. This situation exposes them to greater health risks and leaves them in a position of extreme vulnerability to any type of illegal act.

Seeking medical care, identified as the third dimension in this study, emerges as a critical aspect that reflects the complex interaction between the lack of access to health services and the deprivation of rights in the context of WSWs (Menéndez, 1994). This dimension is deeply affected by the restriction of the freedoms of this population. In this sense, Negro, again mentions his state of health, the circumstances in which his daily life develops and the responses he received during this process of seeking care.

[... well, you know that it is difficult to eat well there every day if you don't have someone to send you money or bring you provisions, it's complicated there, my friend, sometimes it's

like that, sometimes i don't eat, I started to lose weight, I'm getting skinner, and then I started to have a cough, a lot of dry cough, dry and long that was no longer pleasant, and I went to the health center and they gave me a remedy for the cough, then I didn't get over it with the remedies, I had more cough and I looked thinner, then one day when the graduate of the program was in the lower health center, she told me if I wanted to take the HIV and syphilis test, as I know that I don't do anything even in jail I hesitated to take it but I decided to take it, It was a quick test that the graduate told me that if it didn't come out well she was going to take my blood to send me, there I thought many things, until one Wednesday afternoon the doctors from arrived to attend to those who had AIDS, I went in with them and they told me what was wrong with me and what could happen if I didn't get treated, I got scared because I didn't know where that could come from, and then they asked me what else was wrong with me, if I was in pain, if I was sleeping well and those things, then the doctor told me to cough a little, let's listen to you and then he told me that he was going to ask me for a study for tuberculosis, but he wanted me to start the treatment for AIDS because he told me that I had low immunity, there, I was told by another lawyer who came with the doctor that they come every month and that if I want and agree to do the treatment I can come with them" [...].

Negro's testimony underscores the difficulties faced by people in his condition in trying to obtain the medical care he needs. When referring to the condition and the diagnosis he received while deprived of his freedom, one can question about who takes care of people in street situations in terms of sexual and reproductive health, as well as whether the major campaigns carried out by NGOs have as a subject of intervention the people who work and live in the street, or who are targeted, since it is known that our health system is lacking in terms of the presence of promotion, prevention or care in the street.

In this context and within the dimension of seeking care, the contribution of another interviewee, whom we will call Don Pablo to preserve his confidentiality, is particularly relevant. Don



Pablo is a street vendor who has worked at the intersections of the avenues already mentioned throughout this study, working for several years. Don Pablo is approximately 60 years old and his extensive experience in street work allows him to offer a unique perspective on this reality. During the interview, Don Pablo shared details about his health and the repercussions of the Chikungunya epidemic in Paraguay at the time of the study. This testimony offers a personal and concrete insight into how the health conditions of HCWs can be affected by epidemiological events such as this one. His experience adds a layer of complexity to the understanding of the challenges these individuals face in accessing medical care and receiving appropriate treatment. He adds:

[...] "Right now I'm having a bad time, "because this illness right now makes me feel blue," and thanks to the doctors at the Police Hospital who know me, told me what I should do and what I should take, but I'm young, this illness that we have is not because of the mosquito, but more because of the effects of the vaccines (I understand that he is referring to the covid19 vaccines). Now for example my feet and hands hurt"[...].

The consequences of these tropical and preventable diseases are particularly severe among the socially vulnerable, with an even greater impact on adults. This situation highlights the urgent need for timely and quality medical care for all those affected by this epidemic. Unfortunately, however, the health system is overwhelmed in its capacity to respond to the needs of citizens.

The search for attention and response to health conditions in Paraguay is a challenge faced both at the institutional and direct care levels. The precariousness of health infrastructure and services, combined with the deteriorated situation of many citizens, further complicates access to adequate medical care. Despite the State's efforts to provide accessible health services, the high demand and limited capacity of public health centers and posts mean that many citizens opt to seek care in the private sector or even resort to self-medication at home.

The case of Don Pablo, a street vendor in the area of the Police Hospital illustrates this situation. Although this hospital is primarily intended for the direct beneficiaries of police officers' relatives, Don Pablo was able to find medical care and receive treatment thanks to the intervention of the hospital's doctors. This example highlights the importance of the availability of medical care for those who might otherwise not have access to adequate health services.

Following the dimensions by which the actors involved in this study, reference is made to another important dimension to highlight, those of difficulties at the time of requesting access to an answer about the health condition of the interviewees.

It is well known that public hospitals have limited responses, which include medical care and occasionally medication. At this point, there are two poles in terms of the difficulties presented by each interviewee, Don Pablo makes reference to how he perceives the difficulties for the treatment of his condition,

[Sometimes you can't go to the health center, and it's complicated, especially when you are old and poor, because you have to work and eat and even more so when you have a family and you have nothing more than what you sell every day. I hope that this pain does not leave me so bad because it is more difficult, everything hurts, but I can stand it, another time I went to consult with Dr. Deleon, the traumatologist, because my feet and hands hurt." [...].

Don Pablo highlights a condition of vulnerability that affects the entire older adult population. The difficulties of access to medical care, especially to specialized services for specific diseases, are evident. although the structure of a public health offers some basic services such as consultations and priority care according to urgency and/or emergency and according to age, as well as medication, the increase of acute clinical cases and the growing number of sick people have led to a limitation of the availability of care and medicines.

Likewise, in the same dimension we have the

perspective of Negro which refers to the fact that health care was hampered by factors that prevented people from seeking consultation, he refers to the following:

[...] Eh, well, once I behaved badly, I got into a fight with someone in the corridor and they punished me, they sent me to the back ward, to get out of there you have to kick the gates and so on, I couldn't get to my consultation or to the controls, then I did not have time because I was on probation, so for two or three months I did not take my medication (I assume is referring to the antiretroviral and anti bacillary drugs), then I had to take courage to go to "Asimed" to start again, (...), Dr. Insfrán was a very good doctor. ), Dr. Insfrán was very warm but very angry, I was afraid to go and ask him for a consultation because he was going to scold me badly for leaving my remedies like that, I went to try my luck and I found the blonde lawyer and she helped me to consult with him, luckily treated me well and now I follow my treatment normally and well, I still try to arrive on time for the consultations because sometimes I work in construction with my cousins from the rural areas and I miss everything because they don't know anything about me. "[...].

Despite the situation of confinement he had, he was able to voluntarily access again to his controls and medical attention, and more for his serological condition, which normally implies a very continuous follow-up. PRONASIDA and the Institute of Tropical Medicine, both public health institutions, try to respond comprehensively to the safety of their users, so that they can be in a position to enjoy a quality of life, whether inside or outside the prison, access to retroviral treatments in Paraguay is free and continuous. Although this deserves a different approach to analyze the different life histories of persons deprived of liberty and their health condition, Negro's contribution indicates that he was able to access continuity and improvement of his health condition by his own will.

The dimension of recovery addresses a fundamental aspect that varies significantly for each individual. In the context of health, recovery can be understood as the elimination of the pain

or discomfort that afflicted the person. However, it is important to recognize that this concept has different nuances and meanings for each person. For Don Pablo, recovery implies relief from the suffering experienced during the disease process, especially in the case of Chikungunya. The recovery process can be somewhat difficult, and reaching a state where you no longer feel the pain caused by this disease can be seen as an important milestone.

On the other hand, for Negro, recovery of health depends to a large extent on the interest and attention that each individual gives to his or her own well-being. This suggests that recovery involves not only the absence of physical symptoms, but also a personal commitment to the care and promotion of individual health.

The health of CHWs represents a significant concern due to the precarious conditions in which they live, which are often unhealthy and expose these individuals to greater risks of disease and health problems. Compared to the rest of the population, they have a shorter life expectancy and a higher prevalence of chronic and communicable diseases, as well as mental health and substance abuse disorders (Grandon F. et al, 2018).

The main factors contributing to the health problems of CHWs are diverse. These include lack of access to medical care and preventive health services, shortage of nutritious food and clean water, exposure to extreme environmental conditions, poor hygiene, and vulnerability to violence and abuse, as well as consistent use of addictive substance.

From the interviewer's perspective, there is a polarity of experiences among the interviewees, who share the background of living and working on the street, but from different contexts. On the one hand, there is a young man of rural origin, with limited formal education, who has been marginalized by society due to his criminal activities and has experienced the harsh conditions of one of the most difficult prisons, the National Penitentiary of Tacumbú. On the other hand, there is an older adult who continues to struggle to survive from day to day and provide

for his family, despite facing health challenges. Although their experiences are different, both have been shaped by what they have learned and experienced on the streets.

#### **PEOPLE IN STREET SITUATIONS AND INSTITUTIONAL RELATIONS**

In Paraguay, the situation of the WCPs has experienced a worrisome deterioration in recent years, further aggravated by the economic and social crisis resulting from the COVID-19 pandemic (ECLAC, 2021). Throughout history, the authorities have intermittently addressed this problem, without managing to implement comprehensive and sustainable public policies to effectively address this reality. Historically, WSCs have been stigmatized, marginalized and subjected to violence and discrimination, often exploited for political opportunism (Bufarini, 2020). Unfortunately, there is currently no public policy that adequately and comprehensively addresses the needs and demands of this historically vulnerable population.

It is important to highlight as a relevant experience in this area, as was the "Asunción Te Incluye" Program, developed in 2016 in the city of Asunción at the initiative of the Municipality. This program, implemented in collaboration with civil society organizations and the community, had as its main objective the social reintegration of homeless people, promoting their autonomy and guaranteeing their rights. The actions carried out included comprehensive attention to basic needs, promotion of health and well-being, job training and community integration. The program had an interdisciplinary team of professionals who worked in a coordinated manner to provide comprehensive care.

Although it was an innovative and important initiative in this context, "Asunción Te Incluye" represented only a first step in addressing the problem of homeless people in Paraguay. The complexity of this problem demands a broader and more coordinated response from the authorities and society as a whole. Today, significant challenges persist in developing effective public policies to protect and adequately care for this population, always respecting their human rights.

#### **FINAL CONSIDERATIONS**

The problem of homeless people is something that requires time and dedication to address in its comprehensiveness and complexity in the streets of Paraguay. Working with the stories of people whose essential rights have been violated in some way. In order to carry out complex work with this population, it is necessary to delimit specific issues and to understand what and how to address the situations of each one.

The concepts of health care and recovery are crucial in this context from a theoretical-critical approach, as illustrated by the challenge posed by one of the interviewees in discerning between health recovery and release from prison. These questions underline the need for a deeper and more detailed analysis of the reality and context of street life, especially in relation to different age groups involved in daily street work, including the gender perspective.

This study highlights the complexity of a problem that affects a significant number of people in Paraguay. This problem is visualized in the lack of access to decent housing, adequate medical care, and social discrimination are just some of the many factors that contribute to homelessness and permanence in the street.

To effectively address this problematic situation, a comprehensive and coordinated response of integrated actions is required. Therefore, it is crucial that policies and programs targeting CSWs focus on prevention and early intervention, providing comprehensive services that address their basic minimum needs for good personal development.

The importance of working in close collaboration with civil society, including community organizations and people living and working on the street itself. This collaboration and coordination between different levels of government, non-governmental organizations and the private sector are also essential to effectively address this problem, a problem that indirectly affects everyone.

A commitment is needed from the actors involved,

which is a long-term commitment to address the situation of people living on the streets, ensuring that everyone has access to a home, social security and basic services that allow them to live with dignity and autonomy. This implies reducing the social gaps faced by this population and working towards a more just and inclusive society for all Paraguayans.

Finally, it is important to highlight the need for further research in the field of street people; this study suggests the need to keep updated and current information on the sociodemographic and territorial characteristics of people living and/or working on the streets of Paraguay, to be able to deepen other processes that go beyond the approach of their health, but the process of street life they have developed, their general health conditions, social risks, family conditions, the meaning that the CSP confers to their life, knowing the subcultures to which they belong and the values and norms that prevail in the coexistence of the street

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## “Jehecha’ỹva”: toñemoġuahẽ tesãirã umi yvypóra omba’apo ha oikóva tapeháre

### Момбыкы

Ko jehapykuerereka ojesarekovékuri mba'éichapa iporã oñehesa'ỹijo pypukuve umi yvypóra oikóva tapeháre, ojeroikehápe avei umi omba'apóva tapeháre, upéicha avei ndohupyty'iva tekomo'ã ha avei tetãygua ñepytyvõ oñembohekova'erãichagua chupekuéra. Ko'ã yvypóra resãiniko ojejapyhy ha oñehesa'ỹijo pypukuveva'erã ojehechãgui heta mba'épe iñapañuaiha ha heta mba'e ikatúgui ojehu chupekuéra; ko'ã mba'éniko ikatu oiko hesekuéra hekokangyvégui umi mba'asy renondépe ikatúva oñemboyke ha umi mba'asy ovakuaáva avei, ára ha áraniko ha'ekuéra oñepia'ã oikovemihaġuánte. Ko'aġaitéramo tetã ñepytyvõ yvypóra resãirã ñeme'ẽme ha oikovéva tapehárepe ġuarã, ndaipóri. Áġakatu, Paraguay Rekuái ndoguerekói umi ñepytyvõ ko'ã mba'épe ġuarã. Umi tekoguatã ojeiporúva tenda peteĩteĩme ha Tekuái oikuave'ẽva pe tenda ha avei umi tenda ha avano'õha rupi ndahupytypái ojapyhy haġua hekopete ko'ã tavaygua hekokangyvévape. Tekotevéniko pe yvateguivoi omokyre'ỹ ojeguerojera haġua tekoguatã iporãveháicha, oñemba'apóva umi temimoĩmby ojesarekóva avano'õ rembiapo rehe ikatuhaġuáicha ombojerovia pe tesãirã jeguereko ko'ã yvypóra oñemboykéva Paraguay-pe.

**Ñe'ẽteete:** yvypóra oikóva tapeháre, tetã rekoguatã, tesãirã, tekojoja'ỹ, tekokangy.