The Socioeconomic status of street homeless in Tehran

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A B S T R A C T

Background: In recent years, homelessness has been recognized as a growing urban social problem in various countries throughout the world. Objective: The aim of this study was examining the Tehran street homeless persons’ socio-economic status.

Results: Results showed that 75% of homeless persons had substance abuse and highest frequencies of the taken drugs were Methamphetamine (53%), kerak (different from crack, is a stimulus substance which is extracted from Heroin. It is the newest and cheapest drug in Iranian addicts) (47%), and Methadone (13%). Also, the most important reasons for homelessness were: family disputes, addiction, spouse losing and unemployment, respectively. In addition, the most important mentioned needs were: economical needs, sexual needs, and emotional needs. Conclusion: respectively. In addition, the most important mentioned needs were: economical needs, sexual needs, and emotional needs. Considering life skills training, increasing insurance coverage, the building of hothouses in different areas of the city and their decentralization, paying attention to mental and physical health problems, and the rehabilitation of their addiction can be recommended for reducing this problem.

INTRODUCTION

Much attention has been given to the homelessness issue in many countries since the late 1980s. The concept of homeless is a vague and problematic one [1]. Homeless refers to an individual who does not have any home, suffers low economic status and social sheltering, and lives on streets or other inappropriate residence like under bridges, automobiles, and in ruins [2]. Sociologists believe that social problem especially homelessness and beggary are not individual or abstract phenomena; instead, they are social phenomena rooted in society. From the sociologists’ viewpoint, the chasm between different groups of society leads to the appearance of some maladies in the form of crime and social problems in the society [3]. In addition, becoming homeless is not commonly due to a single risk factor but is more often the result of several compounding issues and concerns, both structural and personal [4]. Structural factors such as poverty, unemployment, social exclusion, and a lack of affordable housing and social housing are widely recognized to be instrumental in creating and maintaining conditions of homelessness and housing risk [4-6]. Alongside these structural concerns, personal issues such as physical and mental illness, financial and legal problems, loss of employment, domestic violence, incarceration, alcohol and substance misuse, and a wide range of personal risk factors at various stages of the life course, such as disruptive childhood experiences, life trauma, separation and divorce, aging and retirement, have been identified as impacting significantly homelessness [7-9]. The homeless people, in different societies, are generally considered as one of the most vulnerable and marginalized groups of city life. They are disadvantaged and enjoy little ability for leading a normal life [10]. The specific conditions dominant over their life has waned all the possible opportunities for their involvement in social life and has put them out of social networks. Homelessness is viewed as a relatively new phenomenon in large cities of Iran. With the start of modernism in Iran followed by the increasing rate of movement to the large cities and the increase of financial gaps in the megacities of Iran, such phenomena as suburbia, ghetto, and slum dwelling have come into existence. Now, homelessness with its current form and extension, especially in Tehran, is considered as a new social issue. It might be due to the fact that the issue has not yet been taken seriously by the academia and has remained limited just to news media. Homelessness is a modern phenomenon in Iran and its appearance and spread in large cities especially Tehran have been strongly felt in recent years. With the death

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of a couple of the homeless people in 2003 at the cold weather of the winter on Tehran’s streets, homelessness was addressed as a real social problem [11]. With regard to the significance of social pathologies and its growing process in large cities by far Tehran, commenting on this area requires a holistic view containing different levels of prevention, care, and support. Although it seems that it has been done a lot in this regard, the uncertainty about the relevant organizations and systems’ responsibilities and the insufficiency of rules and laws are still observed [12]. Furthermore, treating of social problems not only prevents the increase of them but also it will be more cost-effective. Since a few studies have been carried out on the subject on homelessness in Iran, this study aims at clarifying its hiding angles, determining the socio-economic needs of this group, and then suggesting some solutions for reduction of the problem. In the meanwhile, this study can be an appropriate initiation for the following sociological and pathological studies in this scope.

MATERIALS AND METHODS

The present study is cross-sectional and descriptive. All the homeless individuals of Shoosh Street in Tehran constitute the population of the study. Since the research was conducted with the deep interview technique and qualitatively, its coverage through all parts of Tehran was not feasible. Therefore, “the Shoosh Street in Tehran and neighborhood” was selected as the study population because it is regarded as one of the riskiest parts of Tehran among social pathologies specialists and the experts in organizing homeless individuals of Tehran. On the other hand, the number of homeless people in Tehran has not been investigated to date. But their main location is in downtown. Thus, homeless persons on this street largely represent of homeless throughout the city. Using convenience and purposeful sampling, interviewing went on up to the saturation level in a way that there were no new responses after twenty interviews. Instead of focusing on outliers and quantitative data, the present study was aimed at looking through the life experience of the homeless individuals and detecting the process of homelessness from the data obtained from the biographical interviews through a qualitative survey. The researcher is an experienced social worker having experience of dealing with the homeless individuals. The researcher explained the aims and topic of the research to the interviewees and assured them of keeping their names and information anonymous. The needs and socio-economic checklist was the instrument used in conducting this research whose face validity was verified by four faculty members of social services and social welfare in the University of Social Welfare and Rehabilitation Sciences. The results obtained from descriptive statistics and data extracted from the interviews was reported.

Results:

Twenty homeless individuals of Tehran streets constituted the participants of the study. They were predominantly male (80%), with an average age of 41 years. None of them were under 18 years But 10 percent of them were elder (More than 65 years). Findings showed that most of them were respectively unmarried (40%), divorced (25%), separated (15%), deceased spouse (10%), and married (10%). Only were 25% of them from Tehran by birth and the rest were from other cities (immigrants). Furthermore, their average household size was nine. The results are indicative of the fact that they were workers (40%), skillful workers (25%), jobless (10%), drivers (10%), homemakers (10%), and employees (5%) before homelessness. It is indicated that the frequency of their jobs after homelessness while being interviewed is scavenger (25%), worker (25%), prostitution (20%), peddler (15%), jobless (10%), and skillful worker (5%), respectively. The percentage of joblessness has not undergone any change before and after homelessness; however, the changes have occurred more in terms of job quality. The daily work hours of the employed persons fluctuates from 4 to 18 hours. For males, it is 9.15 hours on the average but no fixed number was mentioned for females. The average daily income of the study population was 12575 Tomans (3100 Tomans is equivalent to one dollar). The males’ income was a little bit more than females, i.e. 13375 Tomans for males and 9125 Tomans for females. On the other hand, the daily average expense of the participants of this study was 10550 Tomans wherein males’ and females’ were reported 10675 and 10000 Tomans, respectively. With regard to the quality of these individuals’ relationship with their families, it was revealed that 30% of them have completely disconnected themselves from their family, 20% of them were in average contact with their family, and only 10% of them have kept their relationship at an appropriate level. Table 1 shows the quality of relationship with family among the male and female homeless people of Tehran streets.
Among the male homeless individuals, 10% of them use the friends’ house, guesthouse, or other
abodes alternatively. However, 10% of them are unaware of the existence of the hot houses. This is more
frequently found among those being less experienced in homelessness and those suffering mental disorders. The
percentage of those who turn to places other than hot houses and streets in emergency situations is only 25%
whereas the remaining 75% did not report any other places than hot houses and streets. The females did not use
the hot houses. In other words, hot houses had not been predicted for them. 75% of the females expressed the
others’ houses as their residence place at nights. Streets, guesthouses, and parks are respectively other residence
places for them based on the order of frequency. These places are used alternatively by them when they cannot
find an appropriate place for sleeping. Another communicative problem of the homeless individuals is in
connection with their own in-group communications. Their in-group problems are classified into six categories,
namely, other homeless individuals’ intrusion, property theft, violence, bullying, assault, and physical fight and
conflict. Table 2 indicates the male and female homeless individuals’ in-group problems of Tehran streets.

Table 1: The quality of relationship with family among the homeless

<table>
<thead>
<tr>
<th>Relationship with family</th>
<th>Females percentage</th>
<th>Males percentage</th>
<th>Total percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No relationship</td>
<td>25</td>
<td>31.5</td>
<td>30</td>
<td>6</td>
</tr>
<tr>
<td>Weak</td>
<td>25</td>
<td>43.75</td>
<td>40</td>
<td>8</td>
</tr>
<tr>
<td>Fair</td>
<td>50</td>
<td>12.5</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>Good</td>
<td></td>
<td>12.5</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>20</td>
</tr>
</tbody>
</table>

In terms of overnight residence of the homeless individuals, it was shown that 50% of them turned to the
hot houses of municipality of Tehran for rest at night. Due to the appropriateness of the weather conditions for
spending nights outdoors, these individuals are less interested in making use of the hot houses in warm seasons
of the year. Among the male homeless individuals, 10% of them use the friends’ house, guesthouse, or other
abodes alternatively. However, 10% of them are unaware of the existence of the hot houses. This is more
frequently found among those being less experienced in homelessness and those suffering mental disorders. The
percentage of those who turn to places other than hot houses and streets in emergency situations is only 25%
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namely, other homeless individuals’ intrusion, property theft, violence, bullying, assault, and physical fight and
conflict. Table 2 indicates the male and female homeless individuals’ in-group problems of Tehran streets.

Table 2: The homeless individuals’ in-group problems

<table>
<thead>
<tr>
<th>Problems with other homeless individuals</th>
<th>Females percentage</th>
<th>Males percentage</th>
<th>Total percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Others’ intrusion</td>
<td>100</td>
<td>50</td>
<td>60</td>
<td>12</td>
</tr>
<tr>
<td>Property theft</td>
<td>50</td>
<td>43</td>
<td>45</td>
<td>9</td>
</tr>
<tr>
<td>Violence</td>
<td>50</td>
<td>7</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Bullying</td>
<td>50</td>
<td>10</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Assault</td>
<td>25</td>
<td>5</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Conflict</td>
<td></td>
<td>25</td>
<td>20</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: since some of the participants referred to more than one case, the total percentage is more than one hundred.

In terms of smoking, it was also revealed that 95% of all the homeless individuals smoke cigarettes. This is
prevailing among all the females and 94% of the males. The findings revealed that 75% of the study population
was addicted to drugs and that held true equally in both genders. Among all the homeless individuals, 53% were
addicted to Methamphetamine (crystal), 43% to Krack, 13% to methadone, 6% to opium, 6% to opium sap, and
6% to Naas (is a narcotic plant which is extracted from tobacco leaves. This plant is used by Chewing and very
common in the Middle East, particularly in Afghanistan). Table 3 shows type of substances used by the male
and female homeless people.

Table 3: The type of substance used by the homeless people

<table>
<thead>
<tr>
<th>The type of substance used</th>
<th>Females percentage</th>
<th>Males percentage</th>
<th>Total percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine</td>
<td>100</td>
<td>42</td>
<td>55</td>
<td>8</td>
</tr>
<tr>
<td>Kerak</td>
<td>33</td>
<td>51</td>
<td>47</td>
<td>7</td>
</tr>
<tr>
<td>Opium</td>
<td>33</td>
<td>8</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
<td>8</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>Opium sap</td>
<td></td>
<td>8</td>
<td>6</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: since some of the participants referred to more than one case, the total percentage is more than one hundred.

One quarter (25%) of the total persons on drug abuse are addicted to more than one (i.e., two) drugs
simultaneously. Crystal has been more frequently taken among the females so that all the addicted females take
it. One third of them takes crystal and crack simultaneously. Surprisingly, two third of them spend more than
half of their income on drugs while one third of the females spend just half of their income on drugs. Among
males, 58% of them spend about two third of their income on drugs. 25% of them assign half of their
income to drugs and 17% of them assign less than one third of their income on drugs. 70% of them have the
experience of quitting substance use but they could not overcome it permanently. In addition, having a look at
diseases and disabilities, one can find that about 85% of these homeless individuals suffer different sorts of
discomforts, chronic diseases, and disabilities including spinal cord pains, orthopedic problems, mutilations,
internal and visceral diseases like epilepsy and renal ones, prostate troubles, sinusitis, infections caused by crack, HIV virus, hepatitis, oral and dental diseases, and mental disorders. The frequency of various diseases is more prevalent in females except one case, i.e. infections caused by crack. Table 4 shows the distribution of diseases and disabilities among the male and female homeless individuals in Tehran.

Table 4: The distribution of diseases and disabilities among the homeless

<table>
<thead>
<tr>
<th>Disease/Disability type</th>
<th>Females percentage</th>
<th>Females number</th>
<th>Males percentage</th>
<th>Males number</th>
<th>Total percentage</th>
<th>Total number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visceral</td>
<td>75</td>
<td>3</td>
<td>43</td>
<td>7</td>
<td>50</td>
<td>10</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>25</td>
<td>1</td>
<td>13</td>
<td>2</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Infections caused by crack</td>
<td>75</td>
<td>3</td>
<td>32</td>
<td>5</td>
<td>40</td>
<td>8</td>
</tr>
<tr>
<td>Sinusitis</td>
<td>75</td>
<td>3</td>
<td>32</td>
<td>5</td>
<td>40</td>
<td>8</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>25</td>
<td>1</td>
<td>18</td>
<td>3</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>HIV</td>
<td>25</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>25</td>
<td>1</td>
<td>13</td>
<td>2</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Oral and dental diseases</td>
<td>50</td>
<td>2</td>
<td>25</td>
<td>4</td>
<td>30</td>
<td>6</td>
</tr>
</tbody>
</table>

Note. Due to suffering more than one disease on the part of some participants, the total percentage is more than one hundred.

The findings related to hepatitis and HIV should be used more cautiously because it is what has been mentioned by the participants. Thus, there is the possibility of participants’ ignorance about and/or deliberate concealment of their disease.

In response to the most important problem of themselves, 62.5% of the homeless individuals directly mentioned financial needs, or referred to the needs with some traces of economic aspects. In the second order were mentioned family raising (12.5%), sexual needs (12.5%), need to talk (6.25%), and need to a right person to talk (6.25%). 50% of females, however, mentioned economic needs as the most important one. The next ones are the need to a secure place for living (25%) and the need to family and emotional partner (25%) as the most important needs of the females.

From among the other problems of the homeless people are the following list: Being away from family, the cost of living, vagrancy, the loss of a shelter for living, hunger and inability to provide adequate food, addiction and making money for drugs, low income, law entanglements, car accidents and its repercussion, joblessness, the inability to communicate with others, being mistreated by people, being engaged in unclean and unhealthy occupations like scavenging, inaccessibility to temporary marriage, loneliness, sexual and mental disorders, being ostracized by family and society, property theft, family poverty, not being in regular touch with their family and children, the cold weather, physical and medical problems, the long distance of nightly accommodation centers (the hothouses of municipality) from their workplace and living place, and not having identity card (the majority of them have lost their identity card in a way; therefore, they cannot use guesthouses even if they can afford it).

Discussion:

According to the findings, although the young and elderly are also observed in the target group, the middle aged ones constitute the main population. The mean age of the participants, i.e. 41 is approximately the middle age. Thought the existence of potential fertility, high physical strength, and strength of youth at this age, they get distance from the common levels of the society, get hurt, and turn to homelessness. The crisis of this period is called middle age crisis. One might feel meaningless, purposeless, and futile through it, although it is likely to be something else on the surface [13]. Unfortunately, the middle-aged homeless people under study do not enjoy the conditions of fertility and come down with this crisis with futility. The findings in Netherlands also showed that average age of homeless individuals was 42 years [14]. It seems that the creation of sustainable jobs is one of the best ways of the homeless people’s empowerment considering their average age and the ability of most of them to be employed. Making some workshops and or centers for job creation with the supervision and cooperation of governmental systems and the social workers of welfare organizations can help the homeless people return to the practical context of society and improve social levels.

In terms of literacy, the study participants were in low levels and no individual was found with academic studies. 15% of them were illiterate, 20% had passed primary education, 40% were educated at the level of secondary school and 25% at the level of high school. These findings were in line with other findings [12]. The female participants had higher levels of literacy with compared to the males. The literacy level of the homeless people in the mentioned street is suggestive of their low social status. It seems that individuals with lower educational level are more susceptible to the pathology of homelessness. Including and considering the literacy level and the special conditions of this target group can contribute to the experts and social workers in planning and developing an assistance plan for their rehabilitation. Thus, social workers should give credit to this group in their planning and programming based on their level of education.

The number of males has been four times as many as the number of females. This was in agreement with the other studies such as Elissen et al, [14] that male homeless were predominantly (85%). The question “why
are males more susceptible to homelessness?” needs further studies and research. However, the cultural effects of the society can be referred to as an inevitable factor in approaching this question. The cultural conditions, on the one hand, necessitate families to keep their daughters more at home and, on the other hand, the higher tolerance threshold of the problems due to the more obscenity directed to girls and women’s escape and homelessness rather than boys’ are among the reasons for the increase of male homeless individuals with compared to females. The higher sensitivity of the relevant organizations to females’ homelessness can play some part in this issue since in the removal and organization of the homeless people, males can spend the days in the context of society after staying in hot houses (Bahman and Khavaran hot houses) at nights whereas females must stay at the day care center for a couple of days until their situations are specified.

There has been a significant positive correlation between immigration and homelessness. Seemingly, it is possible to prevent the high number of movements and its harmful repercussions with the improvement of the deprived areas and the creation of job opportunities. High population of Tehran, the possibility of remaining anonymous, the better chance of getting a job, and better urban services have been mentioned as their reasons for selecting Tehran for immigration. With paying more attention to the deprived areas, the prevention of rooted pathologies in the capital city should be made. In addition, 75% of females are those who have somehow lost their husbands such as divorce and death. It seems that females are to a larger extent dependent on their husbands and hold less degree of independence. Therefore, in the case of losing their partners, they are more prone to getting relegated to lower levels and involved in such pathologies because of their fewer abilities in independence and self-sufficiency.

Family breakdown and separation from spouse and/or not marrying are strongly related with this phenomenon. 90% of the homeless people in this study did not have a spouse and/or were not in contact with them. These findings are in agreement with other findings [12]. Results showed that it is possible to put the first prevention phase into practice through strengthening family foundation and relevant and efficient supports from families because the risk of persons’ deviation homelessness would be reduced and the high cost of the second and third phases of rehabilitation would be minimized in this case.

The children of big families are more likely to become homeless due to their low financial ability and as a result living in improper areas of cities and suburbia, as well, inability to support their children. Family planning programs in deprived and vulnerable areas have made a major contribution to the prevention of the spread of this pathology. In spite of their poor social and economic base, poor families tend to have more children based on the culture of poverty. With the implementation of population control programs in the families living in deprived and vulnerable areas, it is possible to put the first phase of prevention into practice for the reduction of homelessness in the society. This will require major policy planning, funding, and huge attention. Other studies are also indicative of the existence of correlation between homelessness and poverty [15]. With regard to the number of individuals the homeless people have under supervision, their income does not sound low; however, these are some special problems which create these conditions and cause homelessness. High rate of drug consumption and financial problems are among the referable problems that considerably affect homelessness.

The other problem can be referred to as the lack of job security. Many homeless people have seasonal and temporary jobs and face challenges in terms of economic stability. The creation of supported jobs with acceptable payments and high level of security can result in the elimination of many challenges ahead of them. A very easy but efficient way in this regard would be the use of assistance groups with the financial support of the government. In doing so, it is required to gather those homeless persons having the same abilities and skills together and to make them empowered and involved in small workshops by means of the supervision of social workers and government and public financial helps. In general, their average expense is 10.55 thousand Tomans which was reported 10.687 thousand and 10 thousand Tomans for males and females, respectively. Their expense is nearly equal to their income but males make few savings. However, there were seen three cases among interviewees who spent their previous savings. The earnings are gained differently for the homeless people so there is the likelihood of not reporting many false and illegal ways like begging.

The biggest part of the homeless people’s expense comes from taking drugs because most of them are addicted to drugs. The researchers conducted in America also overlap with this research in that issue [16]. Other studies, as well, are in the same line with this study regarding the prevalence of cigarette smoking in homeless people [17]. The researchers conducted in countries in the region like Afghanistan and Iraq also indicate that drug taking exists among the homeless people there. However, alcoholism is existing among the homeless people in these countries which are different from Iran [18, 19]. Addiction treatment programs for the homeless people and supporting them after quitting drugs and treatment are among other assistance plans for improving the homeless people’s life quality. Due to the great difference between methadone and other drugs in terms of cost and price, we can also help them and the society very much by encouraging them to turn to Methadone Treatment. In this way, many of their daily needs are met with the deletion of some part of their expense and the management of their expense.

The results about employment showed that the number of work hours fluctuates between Zero to sixteen for the homeless people that consist of mere unemployment, non-standard work hours, short term works to long
term employment with high rate of erosion. Therefore, it can be concluded that the work conditions have been inappropriate and undesirable. The instability in working hours of the homeless people is evidently observable; therefore, overt, covert, and false jobs are common among them. Those homeless people who spend a lot of hours (16 hours a day) working are much more vulnerable. This number of working hours is not standard in the least and makes an individual come down with different kinds of pains, mental and physical diseases.

One of the notable problems of this group is keeping in touch with their family. The extent and type of the communication the homeless people make with their family was reported unsuitable. About 70% of the homeless people expressed either no communication or weak communication with their family. There was hardly seen an acceptable communication with family. The majority of homeless people in the study population have family and the majority of these families have the potential of supporting. Mental needs and the need to appropriate communication are considerably observable in homeless people.

In some cases, the conflicts inside the family cause the individual desert the family. As it was stated by one of them “the children always defended their mother, I was also their father, I took pain for them.” Social workers can consider counseling assistance, training in life skills and family treatment for the homeless individual and his/her family based on the individuality of the person so that s/he can be empowered and returned to the common life and society. Many family conflicts reported by the homeless people are not merely rooted in economic aspects and require counseling services and intervention of the social workers.

More than half of the males reported having difficulty communicating with other homeless ones. About 40% of them said their properties are stolen and about 25% reported having fights and conflicts. It occurs while all the females of the study referred to intrusion and molestation while males referred to that lesser (this indicates that either females are more exposed to intrusion in the context of the society or males tend to refer to this issue lesser because of personality matters and/or their higher toleration threshold). This sort of leading the life entails the myriad of risks and low security, high level of stress, and many other troubles and problems for the homeless people. Property theft is one of the most wide-spread problems in the face of the homeless people; the case gets more entangled when the theft is followed by violence, fight, and bullying. This is usually done by other homeless individuals or the bullies. “I was sleeping, somebody put his hands into my pocket, I woke up, and caught his collar, he directed a fist at my eyes, my eyes got swollen as if I got blind.” Other studies are also indicative of the in-group problems among the homeless individuals [20]. Other studies have also referred to the high rate of crimes among homeless populations [16].

The needs of the homeless go beyond shelter and welfare benefits and include issues related to health. Research has shown that poor health is inextricably linked with homelessness [21, 22]. The need to basic hygienic and treatment facilities is strongly noticeable among the study population. The studies done on the homeless people of other countries in the neighborhood like Afghanistan and Iraq also showed that they suffer mental and physical disorders and diseases in these countries, too [18, 19]. Similarly, researches on the homeless population of America are suggestive of extensive hygienic and treatment problems of them by far hepatitis and HIV [19]. Research has shown that even in the cases a homeless person is in the emergency need of overcoming diseases, physical problems, and mental disorders; s/he will delay the medical help requests [23, 24]. Health Insurance can greatly help the betterment of hygienic conditions especially oral and dental health among the homeless people [25]. Hence, by organizing the homelessness in Tehran, the governmental agencies can improve public safety. By this way, it is possible to heighten the individual security of the homeless people and to reduce some illegal acts in the society which might be the natural results of this way of life.

Conclusion:

Homelessness is one of the newfangled but ever increasing pathologies in Iran. Therefore, it requires organized, scientific, and applied planning to fight against its spread and distribution. Planning should be done in different levels. Policy making at the macro level is highly correlated with other societal variables (politics, economics, culture, etc.). With this regard, it is possible to fight against homelessness and many other social problems with appropriate planning at macro levels, efficient policies in curbing the inflation, and job creation. Society as an entity in transition is undergoing cultural chaos and intergenerational conflicts. In the society, it is neither the traditional culture dominant nor the modern one that’s why many role models and actions are challenged. Many newfangled social problems have targeted the family foundations and increased the social problems and difficulties. On the one hand, homelessness like other pathologies is strongly dependent on other social problems like addiction, poverty, crime, escape, divorce, and family separation. Therefore, with comprehensive and systematic planning, all the social issues should be viewed equally in the same line because solving one problem without attention to other problems will not be possible.

REFERENCES