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Study of the behaviour of street dwellers in relation to architecture

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ABSTRACT

Homelessness is a massive problem in India. Homeless people aren't ready to earn face several issues like lack of a secure and appropriate home, lack of hygiene and sanitation, kids additionally live on the streets as a result of poverty, state, alcoholic families, death of parents or they additionally try and collect garbage just in case of seeking cash to shop for food. Homelessness describes the condition of individuals while not a regular day and secure housing inside every style of economic setup within the world notably in urban areas. They carry their few controls with them, sleeping on the streets, near doorways or on piers or in another house, on an additional or less random basis person is outlined into three classes based on the sort of accommodations a publicly supervised or in private operated shelter designed to offer temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill) or a public or personal place not designed for, or unremarkably used as a regular sleeping accommodation for groups of people. With a population of over 1 billion people, India is the second most populated nation in the world. The homeless live and die on the streets. This paper aims to identify the relation between homeless people's age and behaviour, revealing useful behavioural markers and policies.

Keywords— *Homeless, Street Feature, Street Environment, Wellbeing, Affected Factors, Behaviour*

1. OBJECTIVE

Designers usually are after to form buildings that are new, useful and enticing; they promise that a brand-new atmosphere can amend behaviours and attitudes. So, it's necessary to review and specialize in the behavioural facet of homeless people towards design. The intended behaviours might relate to directive individuals for strategic reasons, or providing a specific expertise, or for health and safety reasons, however they're usually cantered on influencing social interaction. Keeping in mind the study of economic conditions of the street dwellers and the way they react and behave in urban streets.

2. INTRODUCTION

The most vulnerable sections experiencing homelessness are the ladies, kids and aged, as an outcome of death of male adult earning members and generally because of force. Most of the homeless don't seem to be beggars however several of them are engaged as casual wage labourers, rickshaw-pullers, construction labourers, shoe-shiners, rag-pickers and as domestic[1].

Map indicates the population of homeless individuals in several cities of India as per 2011 census: Delhi has the highest rate of homelessness in the country. The city has 150,000-200,000 homeless people. Mumbai, where more than 160,000 people are homeless including Navi Mumbai has the second highest rate of homelessness among India's 640 districts. Kolkata ranks fourth with more than 130,000 homeless people. Ahmedabad, Bangalore rank fifth, and sixth, respectively, in homelessness rate.[10]

The homeless who settle in public spaces by definition change the urban landscape. Such space is the result of a negotiation between social actors, and also the homeless "invade" public space and become stakeholders in it. Another example of "sustaining habitat" is the space of the central railway station of the many cities in India. For the homeless, a railway station isn't essentially an area

connected to move rather, it's an area where they pay for their daily life, using services like waiting rooms. Railway stations are one of their space which they consider as there private space to live in. To survive, the homeless make use of all the resources that public urban houses must supply.[2] The railway station could be a place wherever they're able to wash up, identify a shelter spotand sleep in relative safety.

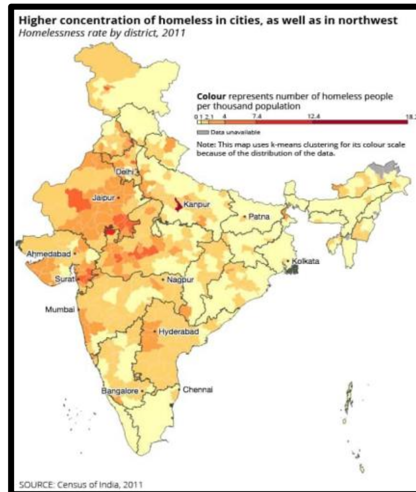
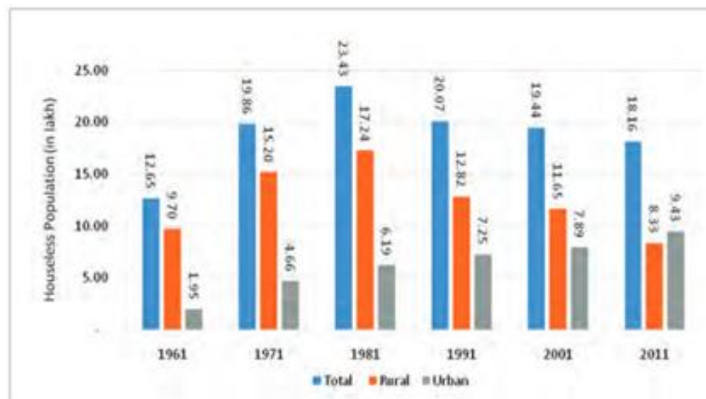


Figure 1

Alternative necessary areas within the everyday life of the homeless are temple entrances where they will ask for cash, fruit and vegetable markets or search for close garbage cans wherever they may get something to eat, They will look for card-playing outlets or bars where they can heat themselves up for a moment against the cold. Thus, what the homeless do in public urban space is build up a survival circuit and temporal points that are set in several elements of the cities of India. Universal Declaration of Human Rights acknowledges the right to housing as half of the right to an adequate normal of living. Article11 of the International Covenant on Economic Social and Cultural Rights (ICESCR) additionally guarantees the right to housing as half of the right to an adequate standard of living.

3. CONDITION OF INDIA



Source: Based on data from Census of India for the respective population censuses.

Figure 2 Houseless population in India 1961-2011

The amount of houseless population declined throughout 1991 until 2011, however this fall was lower throughout 2001 and 2011 (Figure 1). In 1981, the range of houseless population has shown a rising trend. Between 2001 and 2011 the share of urban houseless population has redoubled in urban areas whereas it's declined, although marginally, in rural areas. From the state-wise distribution of the houseless population, it is found that typically the larger states (Uttar Pradesh, Maharashtra, Rajasthan, Andhra Pradesh) have larger range of houseless population compared to alternative states. The states that have registered a big increase in houseless population embrace Uttar Pradesh, Rajasthan province and metropolis[10].

In India, of the 32% of the population that board in urban areas, 26 % live below official poverty level and 40% don't have proper housing. In Delhi, the majority of the homeless population comprises migrants who move to the town in search of jobs and higher opportunities.[9] Most of them are unskilled in order that they ought to settle for jobs with low remuneration. This results in their inability to pay higher rents, thus having no alternative choice however to measure on streets or in slums. Most of the homeless and also the homeless of this city are rick-shaw-pullers, casual labourers, construction staff, factory staff, vendors, domestic servants or beggars, primarily set within the outer boundary of the town wherever the living conditions are unsatisfactory.

4. METHOD

Adult homeless individuals represent an underprivileged social class, they have restricted access or are even excluded from medical and social public services. The foremost fragile classes of society are a part of the excluded ones. Divorce, financial gain shortcoming, higher costs in property, falling living standards (impoverishment) and also the uncertainty of employment are usually invoked reasons for loss of home. This explicative dimension isn't neutral as a result of it guides public policies. Living within the

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streets seems to be a dysfunctional method that modifies the way to relate to health: social desirability norms, perception of pain and medical emergencies is altered, aside from terribly severe cases. Identifying a series of aspects associated with behaviour (variables) often encountered in homeless individuals. The thought of variables were: self-image, spirit, way of concerning the longer term, group affiliation, alcohol consumption, resort to alternative social services, developed complaints, motivation for modification, tendency towards dissembling. Results show that participants aged 20-35 assign responsibility to others and that they are a lot more social than participants aged 36-50. Younger participants are a lot more conflictive and older participants have a higher tendency towards dissimulation and alcohol consumption.
Group A consists of participants aged 20-35 years old,
Group B consists of participants aged 36-50 years old,
Group C consists of participants aged 51-65 years old.

Table 1: Significant differences between age groups

Comparison	Variables
Groups A-B Groups B-C Groups A-C	Responsibility assignment Group affiliation Alcohol consumption Assignment of fault Group affiliation Declared relational difficulties Tendency towards dissimulation.

The results obtained by comparing the info belonging to (group A) and also the ones belonging to group B show that there are statistically important differences in responsibility assignment and group affiliation variables. Thus, the persons aged 20-35 years old (group A) are a lot tempted to carry those around them (especially relatives and/or public authorities) accountable for their current social scenario, no matter the amount within which they all over up within the streets. A lot of arguments on this matter are brought up by the very fact that a lot of the participants haven't possessed a private house till this age. Most of them return from former orphanages or from current care centres, from conflictive or broken families, they have been raised by grandparents or alternative relatives, removed from their families or own parents.

Homeless youth sometimes think about themselves as victims of unfavourable events or circumstances and determine the supply of responsibility somewhere within the outside, within the close social atmosphere. The persons from group B (36-50 years old) are rather willing to contemplate that a part of the responsibility for his or her social “cast away” belongs to them.The adults are additionally willing to collaborate, to be concerned in comes of social reinsertions, to “fix” somehow the mistakes from the past. supported the principle that the others are “responsible” for his or her situation, homeless youth believe, in line with their logic, that the answer for his or her crisis scenario lies with alternative persons’ liability and responsibility (usually social staff from nongovernmental organizations or native public authorities).When it involves group affiliation criterion that youth are a lot friendly. Most of them think that they need friends or company to tackle the situation. Several of them show themselves at the daycare centre solely in a very group. For these participants, group affiliation is also a survival strategy. Additionally, we have a tendency to justify this reality by means of their life experience, as a result of this, youth sometimes belong to the “children of the street” class.

The comparison between group B & group C stinks about changing the statistics of alcohol consumption, which seems to be higher in homeless persons aged over 50. Participants from group B (36-51 years old) have the tendency to cover and deny this behaviour. Despite it being obvious, they will not once admit. Participants aged 20-35 years old often state that they are the troublesome persons within the relationships with those around them who usually have relative conflicts. Once asked regarding it, such an individual will recall several things within which he or she selected violence to resolve a misunderstanding. Moreover, their method of act (voice tone, language) is much more aggressive than the one amongst older homeless individuals. Frequently, participants from group A don't take responsibility for themselves, as they assume they're not “guilty”, and generate major crises within the day-care centre. The tendency towards deception could be a behavioral indicator of homeless people that is often disclosed to people over 50 years old, independent of the years spent on the streets. They are extremely vulnerable to the supply of incomplete , false or distorted information on their situation. This behavioral variable is very important in older participants due to the sturdy feeling of embarrassment and shame they experience given their current social condition as against their status from the past.

5. DISCUSSION

Older people live a lot of dramatical life of an individual without a shelter or a social identity. The image of themselves from the past and recollections of what that they had are entirely different from the present condition of living. Therefore, they feel the requirement to flee and to cover by forgetting, concealing or distorting some relevant information regarding their identity and their past. There are several cases within which these people merely refuse to supply story details regarding themselves. They limit themselves to requesting material support and that they don't reveal who they truly are. Most homeless youth come back from social environments with profound affectional and economical shortcomings (orphanages, care centres, conflictive and/or broken families, prison). Therefore, it's easier for them to just accept reality as it is. For homeless people, over 50 years of age, it's vital to stay for the maximum amount as they will be under the “shadow” of their past, whereas youth living within the streets take advantage of their social condition, generally exaggerating it, so as to be supported and to stimulate social responsibility of those around them (social workers, authorities). Over time, they develop a real “mentality of a power-assisted person” becoming addicted to social assistance services. Participants from A (20-35 years old)assign responsibility for his or her social condition to those around them (especially relatives and public authorities)and they are more sociable than participants from B (36-50 years old). These statements are out there when comparing them with the participants in group C (51-65 years old). Moreover, youth seem to be more conflictive during a relationship and older homeless individuals have a better tendency towards falsification. There is a single statistically

important difference between group B and group C relating to alcohol consumption, which is higher among participants from group C.

6. HEALTHCARE

The expected relationship between homelessness and food insecurity, and also the secondary risks (circumstances, mental and physical health) that always have the consequence of this restricted access to food. While food insecurity is itself a origin of stress which will result in negative mental state outcomes.[5]The health impact of a poor diet are huge and embody being underweight or overweight, dental caries, constipation, lethargy, headache, poor mental state, irritability or anxiety, stomach-aches, poor physical growth and sleep issues. Malnutrition has been reported within the homeless, nevertheless the precise nutritional problems and cases of deficiency diseases .The complicated interaction between nutrient intake, reward mediate behaviour and psychological state has often been unnoticed[4]. Kids of the street" are homeless kids who live and sleep on the streets in urban areas. they're entirely on their own, living with different street kids or homeless adult street individuals. On the other hand, "children on the road" earn their living or beg for money on the street and come back home at midnight. They are extraordinarily prone to sexually transmitted diseases together with HIV/AIDS. An approximate 90% of them are hooked into inhalants like shoe glue and paint thinner, that cause kidney disease, irreversible brain harm and, in some cases, death. Those that request to cut back the flow of youngsters to the streets need to concentrate on policy, particularly on a way to scale back the excessive control and emotional, physical and sexual violence that happens in some households.[6] Economic process and reductions in financial gain impoverishment are going to be useful, however they're going to not be ample to reduce street migration by children. Street kids neglect or treat diseases on their own for as long as they can. This behaviour typically aggravates their health issues. Street kids often attempt self-medication, like applying 'masala' (spices) or 'chuna' (quicklime) to wounds, drinking 'soda' for gastro-intestinal issues, and taking over the counter drugs for all types of infections. Additionally, recourse to addictive substances is seen as an alternative to managing all types of physical, mental and emotional health issues. [7]Health care sought by street children is typically restricted by a variety of things, including the provision of resources, information of health centers; time spent seeking care, travel distance, and faith within the health supplier (clinics and doctors'). (7)A number of street children, like different kids, concern doctors and hospitals. Most street children are unable to access public health services because of improper behaviour of hospital employees.

Category	Frequency	Percentage
Education		
Illiterates	81	54
Non formal	29	19.4
Formal	40	26.7
Religion		
Muslin	142	94.7
Hindu	8	5.3
Occupation		
Beggar	29	19.3
Shopkeeper	55	36.7
Day labour	29	19.3
Others	37	24.7
Parent's Status		
Father		
Alive	83	55.3
Dead	67	44.7
Mother		
Alive	126	84
Dead	24	16
Reason of relation gap with parents		
Not alive	15	25
Live at village	25	41.7
Parent's dislike	5	8.3
Respondent dislike	5	8.3
Others	10	16.7

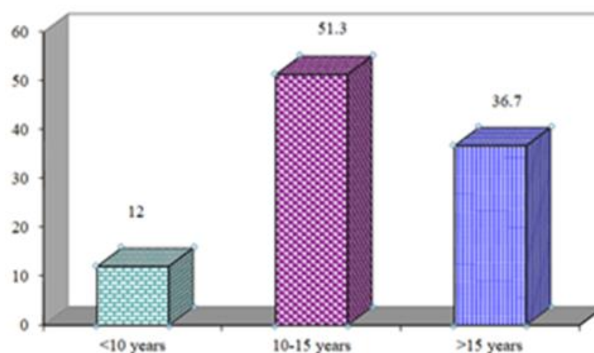

Figure 3 Age distributions of the street children.

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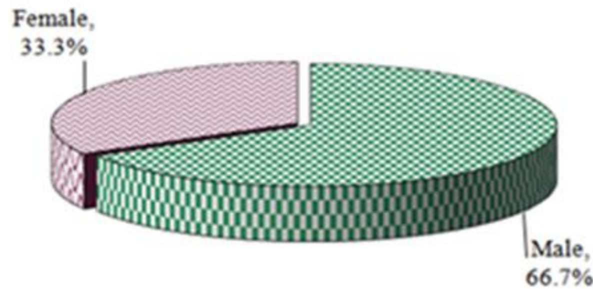

Figure 4 Distribution by street children about smoking practice

Table 3 Health problems suffered by the street children for the last three months

Type of Health Problem	Frequency	Percentage
Fever	79	59.8
Dysentery	75	50.7
Cough(RTI)	63	47
Accident	37	27.3
Skin problems	33	24.2
Others	28	21.2

Table 4 Distribution of the respondents by health care received and outcome of treatment

Variables	Frequency	Percentage
Sources of health care received		
Medicine Shop	79	68.1
Homeopathy	39	33.6
Hospital	34	28.4
MBBS Doctor	11	8.6
Private clinic	3	3.4
Others	6	4.3

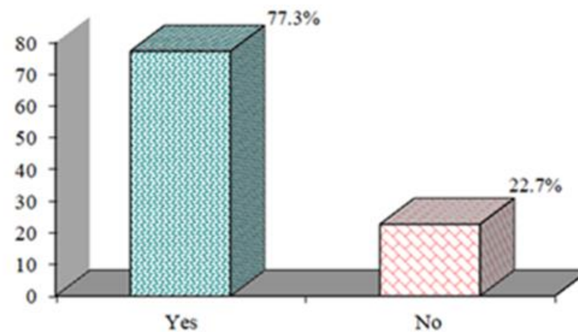

Figure 5 Distribution of the street children by seeking treatment

This was a study on health status and health care seeking behaviors among the street children.

6.1 Gender

Most enumerations of homelessness within the developing world indicate a predominance of men. However, this could not be true all over as enumerations use slender definitions, supported street sleeping or pavement dwelling. By this definition ladies are undercounted. This is often as a result of the cultural context greatly influencing the 'visibility' of female homelessness. In some cultures, women on the streets face raised danger from abuse, kidnapping and trafficking (Pomodoro, 2001). Therefore, they hide or stick with friends and family.

In the developing world homeless plays out on a time, running, broadly, as follows.[3]

(a) 'Rough sleeping', - virtually lying down on the road, below a bridge or in a public place to sleep in the dark - temporary, seasonal short or long term .
(b) Pavement dwelling house, whereby a daily 'pitch' is used over an extended amount of time and a few terribly rudimentary shelters of card, material or plastic is erected – short to medium term
(c) Squatting within the same derelict building on a daily basis – short to medium term.
(d) Living in resignedly poor, usually dangerous, dwelling (inc. boats and different floating platforms), with no security or services and that fails all tests of adequacy – long term or permanent
(e) Living in huts while not having the predictable chance of returning home -long term or permanent, significantly.
(f) The categories above are reticulate, as people flow, or are pushed, from one class to the opposite and back again.

7. GOVERNMENT POLICIES

National Urban Housing and Habitat Policy 2007, which was last revised in 2007, advocates public-private partnership for providing reasonable housing for all and specifically to the urban poor. The policy focuses on multiple stakeholders like personal sector, cooperatives, industrial sector (for labour housing and services) and institutional sector to fulfil the housing needs. It had been estimated that in 2006-07, the housing shortage in India was 24.7 million, of that, 99 % belonged to Economically Weaker Sections(EWS) and Lower financial gain Groups (LIG). The Housing and Urban Development Corporation (HUDCO) had a policy for the homeless known as Night Shelters for Urban Shelterless, applicable to urban areas in 1988 to 1989. It gave 20,000 rupees a year to homeless shelters, 50% paid by the government, 50% paid by loans from HUDCO or sponsors. In 1992, the Ministry of Urban Development renamed it to Shelter and Sanitation Facilities for Footpath Dwellers in Urban Areas.[1][8] Pradhan Mantri Awaas Yojana (PMAY) was launched in June 2015 as a welfare flagship program with an aim to supply cheap housing to urban poor.

Under PMAY, it's planned to make 2 crore homes for urban poor as well as EWS & LIG in urban areas by the year 2022 through a money help of ₹2 trillion (US$30 billion) from the central government.

This Mission has four parts unaltered Slum improvement with personal sector participation mistreatment land as resource b) affordable Housing through Credit coupled grant c) affordable Housing in Partnership with personal and public sector d) Beneficiary-led house construction /enhancement.

Rajiv Awas Yojana (RAY) was an Indian government program that tried to assist slum dwellers gain acceptable housing and address the process by that slums are created and reproduced.[8]

It was introduced by the Indian government's Ministry of Housing and urban poverty Alleviation, that ran from 2013 to 2014.The scheme aimed to create India slum-free by 2022 by providing individuals with shelter or housing, free of cost.[8]

8. CONCLUSION

In this paper the author sorts to demonstrate how homeless people are suffering and their behaviour towards urban areas. Discussions concerning their wellbeing indicate food & shelter as a robust ‘catalyst’ for inclusion with the potential to empower people. It argues that cultural quality and modes of behaviour are embedded within condoned poverty and discriminatory legislation directed towards homeless individuals. Homeless people are considered out of place in urban environments, and instead of housing and welfare, the main target is directed towards moving the problem. Street-sleeping is often a manifestation of abject impoverishment and lack of any support for an individual’s issues. However, it's usually driven by economic wants and needs. significantly, for many, street or rough sleeping is temporary or regular and a part of an economic strategy. Therefore, it is necessary to analyse the requirement to gauge the impact of the shelter environment and provide solutions to homeless families.

9. REFERENCES

[1] Homelessness in India. (2011, October 19). Wikipedia, the free encyclopedia. Retrieved May 9, 2005, from https://en.wikipedia.org/wiki/Homelessness

[2] India. (2020, May 13). Homeless World Cup. https://homelessworldcup.org/portfolio-posts/india/

[3] The State of Homelessness in Developing Countries. (n.d.). Welcome to the United Nations. https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2019/05/SPEAK_Suzanne_Paper.pdf

[4] Food. (2015, May 26). Food. https://www.sbs.com.au/food/article/2020/05/26/devastating-impact-malnutrition-homeless-and-disadvantaged-ch

[5] Kevin M. Fitzpatrick. (n.d.). Homeless and hungry: Food insecurity in the land of plenty. PubMed Central (PMC). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7641484/

[6] Kevin M. Fitzpatrick. (n.d.). Homeless and hungry: Food insecurity in the land of plenty. PubMed Central (PMC). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7641484/

[7] Musaib.kls. (2018, February 20). Government scheme of shelters for homeless. iPleaders. https://blog.ipleaders.in/homeless-india-schemes/

[8] Mitra, R. (2020, March). Over 1.7 million homeless residents across India struggle to fight coronavirus. The New Indian Express. https://www.newindianexpress.com/nation/2020/mar/23/over-17-million-homeless-residents-across-india-struggle-to-fight-coronavirus-2120322.html

[9] Hlrn. (n.d.). HLRN. https://www.hlrn.org.in/homelessness

[10] *(PDF) Homelessness in India*. (2014, April 1). ResearchGate. https://www.researchgate.net/publication/316628224_Homelessness_In_India

[11] An analysis of the socio-economic conditions of homeless population in parts of Kolkata,WestBengal, India. (2013, January ResearchGate. https://www.researchgate.net/publication/281554598_An_Analysis_of_the_Socio-Economic_Conditions_of_Homeless_Population_in_parts_of_KolkataWestBengal_India

[12] Homelessness in architecture and how architects can help. (2016, February 2). RTF | Rethinking The Future. https://www.re-thinkingthefuture.com/designing-for-typologies/a2857-homelessness-in-architecture-and-how-architects-can-help/

[13] Eating behaviour of homeless people aged 35–40 in Warsaw1-s2.0-S0956713520303935-main.pdf

[14] The Impact of Homeless Shelters on Food Access and Choice Among Homeless Families in Minnesota. (n.d.). pdf. https://1-s2.0-S1499404605000333-main.pdf

[15] Psychosocial factors and homelessness. (n.d.). https://www.apa.org. https://www.apa.org/pi/ses/resources/publications/homelessness-factors

[16] Anti-social behaviour among homeless people: Assumptions or reality? (n.d.). SpringerLink. https://link.springer.com/chapter/10.1057/9781137399311_13
[17] Food choice and nutrient intake amongst homeless people. (2013, May 17). Wiley Online Library. https://onlinelibrary.wiley.com/doi/abs/10.1111/jhn.12130
[18] Physical activity and sleep problems in homeless adults. (n.d.). PubMed Central (PMC). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6611579/

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