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SOCIODEMOGRAPHIC PROFILE OF WOMEN IN STREET SITUATION AND VULNERABILITY FOR THE USE OF PSYCHOACTIVE SUBSTANCES

PERFIL SOCIODEMOGRÁFICO DE MULHERES EM SITUAÇÃO DE RUA E A VULNERABILIDADE PARA O USO DE SUBSTÂNCIAS PSICOATIVAS

PERFIL SOCIODEMOGRAFICO DE MUJERES QUE VIVEN EN LA CALLE Y LA VULNERABILIDAD PARA EL USO DE SUBSTANCIAS PSICOACTIVAS

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ABSTRACT

Objective: to characterize the profile of women with a life trajectory in the streets, housed in a transient public residence. **Method:** cross - sectional, interpretative study, in the case study modality, with quantitative approach, composed by documentary analysis of 191 women, besides the analysis of interviews with 38 of them. **Results:** there was a prevalence of women 31 to 50 years old, single mothers, 18.3% without family ties. Over 60% were illiterate or did not complete elementary school. Of these, 40.2% used drugs, had family problems (62.7%) and economic problems (34.8%). Conflicts in the home were triggered by abusive use of alcohol (40.3%), disagreements (37.6%) and mental suffering (19.7%). **Conclusion:** this reality deserves attention by public policies with the planning of actions in different sectors of society that accommodate the demands of this part of the population. **Descriptors:** Social Vulnerability; Women's Health; Nursing.

RESUMO

Objetivo: caracterizar o perfil de mulheres com trajetória de vida nas ruas, acolhidas em uma residência transitória pública. **Método:** estudo transversal, interpretativo, na modalidade estudo de caso, de abordagem quantiquantitativa, composto por análise documental de 191 mulheres, além da análise de entrevistas realizadas com 38 delas. **Resultados:** houve a prevalência de mulheres 31 a 50 anos, mães solteiras, sendo 18,3% sem vínculo familiar. Mais de 60% eram analfabetas ou não completaram o ensino fundamental. Delas, 40,2% faziam uso de drogas, tinham problemas familiares (62,7%) e de questões econômicas (34,8%). Os conflitos no lar foram desencadeados pelo uso abusivo de álcool (40,3%), desavenças (37,6%) e sofrimento mental (19,7%). **Conclusão:** esta realidade merece a atenção por parte das políticas públicas com o planejamento de ações em diferentes setores da sociedade que acolham as demandas dessa parcela da população. **Descritores:** Vulnerabilidade Social; Saúde da Mulher; Enfermagem.

RESUMEN

Objetivo: caracterizar el perfil de las mujeres con la trayectoria de vida de la calle, aceptado en una residencia temporal pública. **Método:** estudio transversal interpretativo, en la modalidad estudio de caso, compuesto por análisis documental de 191 mujeres más allá del análisis de las entrevistas realizadas a 38 de ellas. **Resultados:** hubo un predominio de las mujeres 31-50 años de edad, madres solteras, y el 18,3%, sin lazos familiares. Más del 60% eran analfabetas o no completó la escuela primaria. 40,2% de ellas hacen uso de drogas, tenían problemas familiares (62,7%) y los problemas económicos (34,8%). Los conflictos en el hogar han sido provocados por el abuso de alcohol (40,3%), el desacuerdo (37,6%) y el sufrimiento mental (19,7%). **Conclusión:** esta realidad merece la atención de las políticas públicas con la planificación de acciones en distintos sectores de la sociedad que se adaptan a las demandas de este segmento de la población. **Descriptores:** Vulnerabilidad Social; Salud de las Mujeres; Enfermería.

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INTRODUCTION

The current context of Western society, based on technology, globalization, consumption and productivity, has contributed to a configuration of inequality and exclusion and an increasingly fragile social state. The existence of people living in a street situation is a phenomenon common to the very populous cities around the planet and also in Brazil.

This condition, rather than an individual situation, expresses a structural problem of society, especially large metropolises. The so-called street people - PSR, who are so renowned because they inhabit the streets, make up a problem related to the way society structures itself, in the way that man creates the city and the city, in turn, is constituting men.¹

The RSP progressively fulfills the process that Castel² calls the process of disaffiliation, or the weakening of sociability supports. This process is established as a consequence of the crisis around the labor relations and the high unemployment rate and would define a movement that would take the subject of a pole of social inclusion, with housing, health and work, to a situation of losses of rights and progressive breakdowns of social networks.

The country's increasingly unstable economic model has produced subjugates - personally and socially, with a difficult perspective of social transposition. In addition, the social policies adopted by the different governments had the option of implementing actions of a clearly focalist nature, reflecting the tendency to confront social problems with isolated actions. The consequence is that such policies have not brought about effective results in the population's living conditions.³

According to the National Social Assistance Policy (PNAS), there are people who suffer from the most diverse socioeconomic situations that induce the violation of their rights, which can generate other phenomena, such as the situation of life on the streets. These situations are exacerbated precisely in the plots of the population where there are higher rates of unemployment and low income among adults and other variables of social exclusion.⁴

A survey conducted in 2007, in 71 Brazilian municipalities, in order to know the profile of people living in the streets, revealed that there were 31,922 individuals in this situation, with the majority of this population being male.⁵

According to the research, men and women are taken to living in a street situation, due to conditions such as: use of psychoactive substances (35.5%); Unemployment (29.8%) and disagreements with parents and siblings (29.1%). Among the participants in the 2007 National Survey on the Situation of the Street, 71.3% cited at least one of the three reasons that were highlighted in the study, which may be related to each other or to be a consequence of the other.⁵

In the year 2014, in Belo Horizonte, 1,827 people lived in a street situation, 13.2% of them, were women.⁶ Despite being a smaller contingent, street women experience greater adversity in different ways, Vulnerability to alcohol and other drug use.

Vulnerability to multiple health risk factors is associated with the unfavorable condition of life of this population. One of the predominant preoccupations with the street population is the health risks, given the precarious conditions of life and the habits and customs experienced by it. The use of psychoactive substances and unsafe sexual practices are common to this group and expose them to violence and sexually transmitted diseases, among other conditions.⁷

The relationship between street dwellers and alcoholism. The use of alcohol and other drugs leads to greater susceptibility to diseases and difficulties for labor engagement, among other health problems. Faced with this dynamic, as a consequence or the two concomitant phenomena, it is probable that the aspect of dependence on psychoactive substances promotes the maintenance of the people in the street, making it impossible to leave the street, for a better living condition.⁸

The woman in a street situation experiences social vulnerability in two respects: due to the condition of street life and gender. A study carried out in 112 Brazilian cities, of varying sizes, including all the capitals in which the profile of *crack* users and the like in scenes of use in Brazil was drawn, indicated that women in the street are inserted in contexts of greater vulnerability; Have low schooling; History of sexual violence; Concomitant and intense use of psychoactive substances; Infrequent use of condoms; Exchange of sex for money and / or drugs, among other elements of individual and social vulnerability.⁹

The importance of this study is to be relevant to the Brazilian social context, given the social inequalities and the absence of public health policies that are effectively

configured to reduce the risk of women living in the street.

From the scientific point of view, there is a shortage of publications that address the life of street women. Thus, the study is extremely relevant, as it aimed to:

- To characterize the profile of women with a life trajectory in the streets, housed in a transitional public residence;
- To know the main reasons that led the women to the path of life on the streets.

MÉTHOD

Cross - sectional, interpretative study, in the case study modality, with quantitative approach. The research scenario was a transitional shelter for women in a street situation, located in the city of Belo Horizonte (MG), Brazil.

The service was implemented in 2000 by a religious entity, and is financed by the Municipal Department of Social Assistance of Belo Horizonte, with which they have an agreement since 2005. At the time of data collection, the house housed 50 women for the permanence of six Months, and can be extended for an indefinite period, with a proposal to reinsert them in society, through: referral to formal or informal work; professional courses; regulation of personal documentation, among others.

During the twelve-year documentary survey, it was found that the women's stay in the house increased, causing the number of residents to be reduced, since the service that was supposed to be for temporary stay became a long-term residence.

The study was composed of two stages: a documentary search in cadastral registers of 191 women, characterizing their profile, in the period from 2000 to 2012, And another one conducted through interviews, attended by thirty-eight women who were in the house at the time of collecting qualitative data, between March and June of 2013.

The inclusion criteria were: to be older than 18 years; Reside in the support house; Physical and cognitive ability to respond to study questions and voluntary consent for participation.

The research obtained the Opinion no. 153/09, in the Committee of Ethics in Research (COEP) of the Federal University of Minas Gerais (UFMG). All the participants signed the Informed Consent Term (TCLE),

after presenting the objectives of the study, guarantee of anonymity and exemption of risks.

The documentary data were collected in the records of the institution, by means of a form, in order to know the profile of these dwellers. All the tokens that were repeated were separated, since in some cases the same woman had several entrances to the house. Also, the registrations of six children, children of some of the residents, were discarded since, until 2010, women were allowed to stay with their children, but, after that period, they were sent to another modality of municipal shelter.

The collection of qualitative data was carried out using semi-structured interviews, the instrument of which was elaborated by the authors, with questions about the motive that led them to the streets and the way they arrived at the shelter; Host in the house; Contact with family members and use of psychoactive substances, among others.

The participants' statements were transcribed and systematically organized. Dialectical hermeneutics was used for the qualitative analysis.¹⁰ The speeches of the participants were coded and will be presented under the name of flowers. The quantitative results were tabulated electronically and will be presented descriptively.

RESULTS

Documentary data on 191 women will be presented, according to the percentages of socio-demographic data, family, health status, length of stay on the street and use of psychoactive substances.

Population in street situation in Belo Horizonte

Evaluating the total population living in a street situation in Belo Horizonte, in 2014, it was possible to observe that more than 86.8% belonged to the male sex, according to Table 1.⁶

Table 1. Resident population living in street situation, by sex. Belo Horizonte, MG, Brazil, 2014 (n = 1827).

Variable	n	%
Sex		
Female	241	13.2
Male	1586	86.8

The male population living on the street has always been numerically larger than female. In different studies and methodological approaches this fact is proven and justified in different ways and based on theories that support the permanence of the man in the street in different situations, which can be the Stay on the street, be on the street and be on the street. The fact that women are the minority can be explained by the cultural difference in relation to the female environment, that of the protected home, domestic and family, in contrast to the male environment, that is the public space, the street, where man seeks survival, which, in a way, makes the street environment the extension of its social environment.¹¹

This study focused on the female universe and the street life experience shared by

thirty-eight women. The return to safe domestic space was a present desire among these women and the reasons for the exit of this space will be presented in the data analysis qualitative aspects of the study.

• Profile of the study population

The total population of the study was of 191 women who passed through the host house, being the largest percentage of natural women in the State of Minas Gerais (71.2%). Among the study participants, 45% belonged to the age group from 31 to 50 years; 57.6% were single; 61.3% had children and 64% were considered illiterate or had only elementary education incomplete.

It should be noted that, in all variables analyzed, an important percentage of unregistered information was verified, as can be seen in Table 2.

Table 2. Sociodemographic profile of the women housed in the household, according to the variables - age group, marital status, children, naturalness and schooling. Belo Horizonte (MG), Brazil, (n = 191).

Variable	n	%
Age Group		
18 to 20	24	12.6
21-30	30	15.7
31 to 40	39	20.4
41-50	50	26.2
51-60	21	11
Greater than 60	6	3.1
No registry	21	11
marital status		
Single	110	57.6
Married	11	5.8
Separated	1	0.5
Divorced	4	2.1
Others	9	4.7
No registry	56	29.3
Have son		
Yes	117	61.3
No	39	20.4
No registry	35	18.3
Naturalness		
Minas Gerais	136	71.2
Other states	25	13.1
No registry	30	15.7
Education		
Illiterate	23	12
Fundamental	99	51.8
Incomplete		
Complete	8	4.2
Fundamental		
Incomplete high	4	2.1
school		
Full High School	3	1.6
No registry	54	28.3

As for the period when women remained on the streets, it was found that 34% of them were in that condition for 60 months or more.

As observed in Table 2, the non-recording of this variable was also impressive, representing

more than 25.7% of the data analyzed in Table 3.

Table 3. Time that resides in the street. Belo Horizonte (MG), Brazil, (n = 191).

Variable	n	%
Time that lives on the street (months)		
Up to 6	17	8.9
7 to 12	10	5.2
12 to 24	20	10.5
24 to 36	12	6.3
36-48	5	2.6
48 to 60	13	6.8
60 to 120	35	18.3
More Than 120	30	15.7
No registry	49	25.7

Regarding the presence of family references in the life of the women who participated in the study, it was observed that for 18.3% of them they did not have anyone from the biological family. It should be noted that this number may be even higher, since 26% of the data collected did not contain records of this nature, as can be seen in Table 4.

In addition, according to the reports of the coordinators of the institution, it was not possible to contact with most of these references, and most of the attempts made indicated that the family member changed his

residence, without leaving an address or any other reference to be contacted .

It was found that 40.2% of the women used drugs and 67% had some disease, and these numbers were also underestimated due to the absence of representative records of this variable, presented in Table 4.

Table 4. Profile of women, according to family reference, report of drug use and have some disease. Belo Horizonte (MG), Brazil, (n = 191).

Variable	n	%
Have family reference		
Yes	106	55.5
No	35	18.3
No registry	50	26.2
Make use of drugs		
Yes	77	40.3
No	38	19.9
No registry	76	39.8
Have some disease		
Yes	128	67
No	24	12.6
No registry	39	20.4

Among the 128 women with diseases, 58% (74) had a "mental problem", without specifying the pathology.

Most women reported sexual activity within 30 days prior to the search with a fixed partner. A significant proportion of women reported receiving money or drugs in exchange for sex in the 30 days prior to the survey. More than 70% of the women reported having had sex with partners who had not used the male condom, nor did they use it in at least one vaginal, oral or anal intercourse. The proportion of women who reported ever having suffered sexual violence was six times higher than that reported by men.

In relation to work, the records showed that these women lived from small activities in the informal market, predominantly the occupations of cleaning, domestic and recyclable waste. Other occupations cited were: kitchen helper, prostitute, street vendor, ambulant, servant, car account taker, pamphlet, kitchen assistant. One occupation as a manicure and another as a teacher were mentioned.

• **Reasons that led women to live on the streets**

The reasons for leaving home were for 62.7% family problems, while for 34.8%, economic issues and one of the women

claimed only the desire to do so, without providing further justification. The factors that triggered the conflicts in the home were: abusive use of alcohol (40.3%), disagreements (37.6%) and mental suffering (19.7%).

When answering about the reason why they went to live on the street, one can see a certain desolation, a sadness of those who once had their social and physical space and now lives in a situation of fragility and social vulnerability. Some had husbands, homes, children, but they lost everything, and, at that moment, they realized they were lost in life.

What I wanted most was to come back, to have my house again, to review my children. They must be great now [...] (Rosa)

Transitional housing, despite its importance in the rescue of life and offering the necessary, considering practical issues such as security and food, does not create conditions for women to constitute new projects.

I went to the street slowly: I started to leave the house and not return, until I never came back. I lived on the streets and now I live here, made trash in a warehouse, and I still thank God, because I have a roof and food [...]. (Camellia)

Several reports expressed disagreements, fights and aggressions in the family, which culminated with the exit of the house for the street.

I started fighting with my father when I started smoking marijuana, it became a hell of a thing and the worse it got, the more I smoked, until I had to leave. (Dahlia)

The experience of mental suffering was another reason for the abandonment of the house, because it was found that, in general, the family did not offer support for the care, so much to the woman, who in moments of crisis, left the family, despite being or Not assisted.

The change from a small town to a large urban center was due to the hope of improving living conditions, according to the statement.

I changed thinking that things would improve and I ended up making my life worse. If he could, he would go back. (Chrysanthemum)

They were without prospects of transformation and future, they were discouraged, but they believed that better days could happen, according to the divine will.

Now it is to let God solve everything. For me now it is only He [...] E7. *I just know that today I'm alive, tomorrow I do not know anything, it's going to be what God wants [...]* (Rosa)

The street becomes a space conducive to the use of alcohol and other drugs. Living in this context makes people more vulnerable to the use of psychoactive substances, which in turn becomes a strong ally to Dealing with the issues of street life, as two women expressed in their lines.

When I left home, I did not think twice. And I ended up sinking into the drink. If you want to know, the drink was my companion [...] (Orchid)

When you are in the under the effect of the drug gives to get well, you can forget the problems, life. (Lily)

The women had broken family ties and reported this situation with regret, especially, when reporting to their children. When they described the loss of contact with the children, they did it by crying, expressing pain that in many cases, drink and other psychoactive substances attenuated.

And when I think about my children [...] I have two children, that's no good, I'll go out and get whatever comes out, I'll drink it, there's no way. (Rose)

• How did street women live

Regarding health issues, it was found that most of the women were ill, 58.0% were experiencing mental suffering and 13.1% were carrying the HIV virus. However, 29% reported no other health condition.

The interviewees perceived that they were seen with prejudice and stigma and that the community considered them as people of little social value, who chose to live in the street, despite having a home. That they did not value family life, Who were dishonest people, bad-natured, and unoccupied, as the following speech expresses.

Everyone looks at us as a homeless being. So come here and see if you can get out of this situation! Come see how good it is! (Dahlia)

The group seeking support and security, while representing the possibility of better subsistence and sometimes protective conditions, increases the risk of being targeted by police and denouncing residents.

When the men, the policemen come near, there the animal gets, save who can and who can run. (Dahlia)

Physical, verbal and psychological violence is part of the everyday lives of street women. Some of them have become victims of sexual violence.

Often, I had sexual relations with men that I never saw and had to be silent, otherwise I would die. (Daisy).

It is observed that women have few defense resources when they are in this situation and living in the street inflicts

difficult situations and little or no protection, especially, in situations of sexual violence.

DISCUSSION

Living on the street is the only option left by those called by Castel² as "leftovers", who, despite being normal people, are invalid by the conjuncture, as a result of the demands of postmodern society, in which competitiveness, competition and Reduction of opportunities and employment, are determining factors of the current social situation, in which there is no place for all.

Although it is relevant to know the number of people living on the streets, this data is insufficient to understand the characteristics of this population. In this sense, besides the accounting of these people, the great challenge has been the necessary support for the change of this condition.¹ However, we know of the importance of the registers for the formulation of public policies, because it is through them that information is produced for the Statistics that define government goals.³

In this study, the absence of information in the patient's records was verified, which is recurrent in other studies¹²⁻¹³⁻¹⁴, in this case, making it difficult to characterize the sociodemographic profile of the patients, the pattern of use of psychoactive substances, as well as the data Related to the reasons that led them to live in a street situation.

The profile of the women living in the streets interviewed in the study is in agreement with the literature produced in Brazil on the subject. They are migrants from small towns located around a large urban center, young adults in a productive phase, without a partner and with low schooling.^{7,13,15}

According to the survey of *crack* and/or similar users in Brazil, conducted in 112 municipalities and all Brazilian capitals, with 7,381 users of *crack*, showed that most *crack* users and / or similar were young adults, aged average of 30 years, men (78.7%).

Those who are in a street situation no longer consider it so threatening and, because of this, they begin to establish relationships with the people living on the street or, assuming, as a survival strategy, the accomplishment of small tasks with some income. This is the case of car-keepers, cargo carriers, recyclers, among other occupations.¹⁶

In relation to women, the national profile survey of *crack* users and / or similar reported that they were between 18 and 24 years old; self-declared nonwhite; married or living with a partner; Had low schooling and lived in the

street in the last 30 days prior to the survey. They did some kind of illicit work, whether or not related to drug trafficking, as a means of obtaining money or substances, and with prior history of imprisonment because of the practice. These women were expressively engaged in sex work or sex for money.⁹

In the case of women, poverty is due, among other things, to insufficient education, difficult access to school, dependence and lack of economic rights, unequal entry into the labor market, issues related to gender.¹⁷

When the woman's motive to go out on the streets are issues related to family conflicts, they are usually associated with alcoholism or the consumption of other psychoactive substances; Domestic violence and mental illness.¹⁸

The situation of living on the streets causes women to break with social and family ties, but there is a desire to rescue domestic life and family life, especially for those who have children. They aim for a social place, where work, the rescue of citizenship and dignity is possible.

Living on the street generates fear, insecurity, loneliness and anguish. Loneliness is the first feeling that the individual takes when seeing himself in a street situation. The change of physical and known space, depending on the circumstances, modifies the perception of the world of the subject and its identity.⁸ Confronting a new environment, new social norms, which, in some cases, are hostile, can make it difficult to reconstitute a personal and social repertoire. Faced with this situation, an area of physical, psychic and social vulnerability is created.¹⁹

Besides psychopathology, this condition of vulnerability to what is considered normal for society, namely: living in a fixed residence, working formally and forming a family, makes the different target of estrangement and repulsion.

The stigma that the homeless person carries is sometimes internalized, due to a typification that he absorbs from the social environment. What happens is the naturalization of the life of the people in the street situation. In this way, the street condition is diffused as definitive, immutable, before which the subject feels devoid of his identity and the possibility of autonomy.²⁰

The use of alcohol acts as one of the causes of entry and stay on the street and the weakening of ties and relationships. The main reasons for living in a street situation are in the problems of alcoholism or use of other psychoactive substances, unemployment and family disputes.²¹

According to a survey of *crack* users' profiles, the average number of stones/portions of *crack* and/or similar fractions smoked by women was 23-34 in the capitals. The mean time of use reported by the women was approximately six years. The average number of stones / *crack* and / or similar portions smoked by women was 23 to 34 in the capitals. Most women reported concomitant use of licit drugs (alcohol and tobacco) within 30 days prior to the survey. The report of use of other illicit drugs in the period was also frequent, especially of marijuana and cocaine.⁹ These data are in line with those of this study.

A multiracial study with women conducted in the United States showed that predictors of coping strategies focused on STD/AIDS-related problems included more self-esteem, Greater social support and less drug use, as well as greater knowledge about AIDS, with lower risk sexual behaviors, such as the use of condoms.²²

In the area of health is also observed the neglect with this population. In cases of accidents and emergency situations, the homeless can spend months hospitalized, due to the various interventions that he undergoes, such as polytrauma, but after discharge they are 'discarded' on public roads, with no other follow-up.²³ Even in primary care, this population segment does not have its needs met, either in Brazil²³ as well as in Canada.²⁴

In Brazil, the attention of the Public Power with the PSR is recent and resulted from the social struggles that have occurred in recent years. However, the State's lack of interest in this segment of the population reflects in the society's view of this population, sometimes with compassion, concern and even welfare; Sometimes with repression, prejudice and indifference.

Although the National Social Assistance Policy defines special social protection for PSR, by offering shelter services to individuals, as "services that enable the organization of a new life project, aiming to create conditions to acquire references in Brazilian society, as subjects of law"^{26:37}, what is seen, in practice, is far from what is advocated, showing that public policies in the sector have not reached this population, in a concrete way.

Rodrigues¹ emphasizes the importance of a public policy that regulates the legal life of the PSR, since it expresses that there are cases in which the police tear the documents of these people, showing a disarticulation and inconsistency between public policies.

The problem is that the victim is turned into a monster.¹ Thus, the policies, which are theoretically formulated to include PSR, in practice result in greater exclusion. When documents are torn, the dignity of the person is torn apart and annihilated as a citizen. This fact also points to a greater susceptibility to situations of violence that result in high rates of morbidity and mortality of this population, which requires a more effective action by the government sectors.¹²

CONCLUSION

As the woman starts to live on the street, her condition of vulnerability and risk is greater. The abusive use of psychoactive substances and all forms of violence are the main ones. The study made possible an approximation with the reality of life of these women, their needs and anguishes in the situations experienced in their daily lives.

This reality deserves attention by public policies for the area and points out the need to plan actions in different sectors of society that accommodate the demands of this part of the population, including health, considering the gender issue.

This study brings, in the data of the participants and their speeches, important subsidies for the formulation of public policies, since the case study allows to lean on the object of study, in order to better know its singularities, even more, when Associates qualitative research with quantitative data.

There is a need for other studies of this nature to be reproduced, so that the data expressed here can reverberate in other contexts, which will certainly, reinforce the urgency of new strategies in public policies. What can be said is that these actions cannot be watertight, but problematizing. That they allow street people to reflect on the difficulties and vicissitudes they have experienced and to receive incentives that allow them to identify themselves as citizens of rights and not to maintain them in the passivity and alienation that one day the social desfiliation imposed on them.

It is necessary to think about the previous situation when living on the street and strengthen policies to protect women in relation to situations of vulnerability experienced in the home that caused her to leave the domestic environment. Driven by life situations in which she could not find support and possibilities of necessary management, she went to the street where she considered it to be a place where she would be less vulnerable, a fact that is not confirmed in the reality of living on the

street. In this sense, the authors believe that education and training centers should work together with transitional housing, so that RSPs, especially women, can be reinserted into society and be socially rehabilitated.

To the professionals of health and science in the area, the study contributes, as it causes them to the development of praxis and research with the women in situation of street, that result in the formulation or extension of effective public policies.

The limitations of this study are related to the difficulties of the participants in expressing their ideas and, consequently, impoverished content in their speeches, as can be seen in those presented in the study results. Cadastral data incompletely filled also constituted limitations to it. Because it is a cross-sectional study, limited to women living in a transient dwelling in a single municipality, one cannot generalize the information contained herein to other contexts.

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