Homelessness Factors and Psychological Wellbeing Concerns in Nigerian Cities

E N Ekhaese¹, I K Evbuoma², G A Adejuwon³ and J A Odukoya⁴

¹ Department of Architecture, School of Environmental Studies, Covenant University, Ota, Ogun, Nigeria, noel.ekhaese@covenantuniversity.edu.ng
² Department of Psychology, College of leadership Development Studies, Covenant University, Nigeria, kikelomo.evbuoma@covenantuniversity.edu.ng
³ Department of Psychology, Faculty of the Social Sciences, University of Ibadan, Ibadan, Oyo State, Nigeria. gaadejuwon@gmail.com
⁴ Department of Psychology, School of Human Development Studies, Covenant University, Ota, Ogun, Nigeria, adedayo.odukoya@covenantuniversity.edu.ng

Abstract
Homelessness is a social, psychological, environmental, economical, family, and individual condition that describes the homeless. The object of this paper is identify the homelessness factors and its psychological wellbeing concerns on the urban residents in Nigeria. The study employed qualitative method using observation schedule, photographs, tables, charts and interview guide to collect data among homeless people in cities across the six geopolitical zones of Nigerian. Findings indicate that homelessness are in categories, and are characterized by factors such as psychological, anthropological, ecological, economic, cultural, sociological and religious. The psychological wellbeing implications of homelessness among the homeless population in Nigerian urban cities were highlighted. The result of study showed that homelessness factors in Nigerian cities can predict the severe health and psychological wellbeing consequences of urban residents. It was concluded that the concerns of homelessness on the psychological wellbeing and general health of the homeless in Nigerian cities require urgent attention.

Keywords: Homelessness, homelessness factor, Socioeconomic, Psychological wellbeing, health concerns and Nigerian Cities

1. Introduction
Man most consistent behaviour over the years is humans build shelters refer to as ‘home’ [1]. Homes offer protection from elements, health threats and offer basic facilities for a safe eating, sleeping place, keep personal belongings, nurture a family, and be part of a neighbourhood [2]. Home is a plain human need, hitherto Human Growth reported that half of the world's population is homeless. Homelessness is a global challenge. Sadly, accurate statistics on homelessness is difficult to ascertain because the definitions of homelessness vary [3-4]. In Nigeria an estimated 24.4 million people are homeless (Global Homelessness Statistics, 2016. Homelessness is often an effect of complex social and economic problems [5]. Homelessness is triggered by multidimensional factors, like – in-affordable housing, housing speculation and land in-availability, tribal conflict, rapid un-planned urbanisation and privatization of civic services [6]. Homelessness is linked to landlessness and there is an increasing tendency to criminalise the homeless or increase violence towards them. The consequence of these is
usually psychological trauma and general health/wellbeing issues [7]. It against this backdrop that the study is examine effect of homelessness factors on the psychological wellbeing concerns of residents’ in Nigerian cities. Several steps were employed which include to identify the factors responsible for homelessness in Nigeria cities and to ascertain the consequences of this homeless factors on the occupants wellbeing.

2. Literature Review

According to Ravenhill, [8] an attempt to conceptual homelessness would require discussion on concept of home and several definitions of ‘homelessness’. Conceptualising homelessness is a continuum [9]. This may present a gestalt of home conditions that can be classified as homelessness and its sundry typologies used in many countries [10-11]. However, the meaning of homelessness may change periodically and amid places [12-13]. Extensive conceptualisations of homelessness are used globally, associated to legislation and policy legacies [14-15] As Potts, [16] defines ‘homelessness’ as a political action. This definition espoused regulates the comprehension of issues, response procedure, and measure effectiveness of programmes, rules and reactions applied to discourse homelessness [17]. For example, life-style justifications of homelessness may affect policy approaches [18]. Classifications of homeless people into several categories distinctions between ‘worthless’ and ‘justifiable’ homeless people [19]. Broader meanings of homelessness are both suitable for policy and argumentative. Homelessness take account of people living in ‘intolerable housing conditions’ [20] that consist of congested, insecure or poor accommodation, those forced into uncontrolled allocation, or those exposed to noise pollution or invasion, including those without permanent or adequate dwellings [21] perceives homelessness as a highly vague and imperceptible occurrence, that is at an extreme of accommodation need/experience. The United Nations has decided on some least conditions for persons to qualify as being homeless [22]. The meaning refugee is slightly linked to the meaning of homelessness, because many refugees are homeless [23]. Marginalisation is a key factor of homelessness concept [24]. UNDESA, [25] describe a homeless household as shelter less households, with few possessions, sleeping in streets, in entrances, on docks, in alternative space on a random basis. Homelessness is an acute problem in Nigeria [26]. U.S. Department of Housing and Urban Development (2013) reported that by 2030, above 3.3 billion of world population will decide to live in urban centres.

According to United Nations [27] report, the number of world cities with homeless people might increase by 1.7 billion. Literature has shown that substantial progress has been achieved in categorising homelessness [28]. European Typology on Homelessness and Housing Exclusion (ETHOS) like many other bodies concern, have adopted and develop a working Observatory on Homelessness for elaborating logic basis to advancing the conceptual framework for a holistic definition and categorization of homelessness [29]. According UNESC, [30], it took years to attain a discerned typologies and a conclusive conceptual framework. Edgar, Doherty, & Meert, [31] mention four general groups: rooflessness, houselessness, living in insecure space and living in inadequate place. They further presented ‘three domains that establishes a homelessness. This include - Physical domain; social domain and legal domain. However, seven theoretical types of homelessness have been identified [32-34]

Wessells, [35], claimed that there is an increasing tendency to criminalise the homeless or increase violence towards them. The consequence of homelessness is usually psychological trauma and general health/well-being issues [36]. Armour & Ross [37]. Homeless folks are five times more likely to be involved-as pedestrians in vehicle accident, suffer cardiovascular, respiratory, arthritic, gastrointestinal, and skin disorders than the general populace [38-40]. Globally, 26 percent of the homeless have grave mental health problems compared to percentage in general population [41-43]. Hence homelessness poses a threat to psychological wellbeing. Psychological wellbeing is a core focused process of attributing value to quality of life and active experience mostly recognized as a scientific construct. [44-45].

According to Relations Theory, individuals might be understood by their relationships with selves, other
people, objects and values [46]. Research on psychological wellbeing, and homelessness is key because it consider several variables includes meaning, money, social support, stressful life events, health practices, depression, Sense of Coherence’s (SOC’s), responsibility, thoughts and actions, personality, childhood factors, love and age [47-49]. There is a robust link between wellbeing and meaning in life [50-51].

3. Study Methodology

This study covered the six geopolitical zones of Nigeria (South [South, West, East,] & North [Central, West and East]). The study is in phases, phase one cover south-south (Warri, Port Harcourt, & Benin, in Delta, River, & Edo state respectively), south-west (Lagos) and North-central (Abuja). However, an observation guide, semi-structured interview guide and focused group discussions was used to collect data. Key informant amongst Nigeria household interviewed were homeless single; female-headed households; couples with children; and experts in health, well-being and psychosocial analyst. In the use observation guide, documentary analysis and interviews, a total of 1266 hours of observation was completed for the study. 240hours (i.e. 8hours per day spread into morning, afternoon and night for 30days) was completed in each city – Lagos, Abuja, Port Harcourt, Benin and Warri. The authors employed 4 research assistants per city for 30 days for the exercise except for Lagos and Benin which the authors covered. Questions raise in the interview guide includes: How long have you been living here? Do you mind telling us why you are here? What is the situation and has it always been like this? Have you lived anywhere before now? Are you married? If yes, where are they and how have you been surviving? What are the kind of challenges and threats you face here both from government, area boys, armed robbers and buglers? Are you constantly harassed here? How do you perform domestic shores since there no basic amenities like water, electricity? How long do you think you can stay here? Is any organisation/NGO/churches coming around to help? How often do you and the children fall ill? When you are sick, how do you get medical attention? How often do people die here amongst you? How do you handle noise, air and other pollutions? Are you sometimes dissatisfied with life or pleased the way you are? Do you feel life is meaningless or you sometimes feel life is beautiful? What make you tense, relax, worry, happy or sad? Do you feel Backache, Trouble sleeping, Headache, Loss of appetite, Dizziness, General body pain, Feeling of confusion, Palpitation – abnormal heartbeat and Tiredness or fatigue? What are the commonest type of health issues, you experience here? Are there case of mental illnesses?

4. Findings & Results

According to Edgar, & Sedgwick, [52], homelessness can be explained under operational category, living situation and with definition. For the purpose of the study, the researcher discuss homelessness specifically to suit the Nigerian context. From the authors’ field study and observation homelessness in Nigerian are classified under operational categories, living situation and definitions of homelessness, as shown in table 1. Based on conceptual thoughtfulness, eight different operational groupings and seventeen living conditions can be described from conceptual classes.

| Operational Categories | Living Situation                  | Definition                                                                 |
|------------------------|-----------------------------------|---------------------------------------------------------------------------|
| 1. Society living       | 1. Open space.                    | Living in street or open spaces without accommodation that can’t be described as a living billets |
| awkward                | 2. Under bridge (i.e. “Olurunfunmi”), Uncompleted abandoned building. | Folks with no home of usual abode who move often amid several types of lodging |
|                        | 3. Overnight accommodations.      | The length of stay is limited                                              |
| 2. Persons in emergency shelter | 4. Momentary space. |                                                                         |
|                        | 6. Interim support space.         |                                                                         |
|   |   |   |
|---|---|---|
| 1. | Homeless i.e. IDPs camps | 2. | Women’s accommodation or refuges shelter. |
| 3. | Persons living in establishments (e.g. church, mosque etc.) | 4. | Stay extended than necessary owing to absence of accommodation |
| 5. | Public living in non-conventional homes owing to absence housing. | 6. | Where the space is used because of absence of housing and it is not the persons normal place of abode |
| 7. | Homeless living momentarily with families and friends | 8. | Where the space is used due to absence of housing and is not person’s usual home. |
| 9. | Having a shelter but not a home | 10. | This is a psychological category where the man or the children is homeless because the available physical and legal domain is not conducive to be called home due to ‘psychological noise’ in the house. In Nigeria, it is almost forbidding to file for divorce, so families endure marriage instead of enjoy it. More-often-than-not, it is difficult for the “receiving party” to return to the house after work, instead keep late nights to avoid quarrel. And the children because of constant fight and abuse by the parents are reluctant to go back to the house from school. In the end there is house, but it is not a home therefore they can be categorised as homeless (Groves, 2001). |
| 11. | Illegal occupation of land | 12. | The accommodation is due to lack of housing, poverty and deprivation e.g. Makoko dwellers, Bakassi peninsula, Boko haram victim, Benue flood victims etc. |
| 13. | Owner occupied or rented house not peaceable for habitation | 14. | The preponderance of Nigerian households interviewed were headed by single female heads who were either pregnant or at present having one/more children. The main factors responsible for homelessness in this group are - relatives no longer able/willing to accommodate, family quarrels owing to pregnancy/overcrowding and relationship collapses (i.e. domestic violence). Other households were couples with offspring. Findings revealed that in later group, homelessness was as result of landlords forceful eviction, Bakassi peninsula saga, recently ethno-religious violence (Boko Haram and Fulani headsmen), and force majeure (flood). These situations have created pockets of internally displaced persons (IDPs) and make-shift camps all across Nigeria cities. Other studies show varied causal trails that might result in homelessness [53]. The factors responsible for homelessness can be classified into: structural, social, psychological, individual, environmental, economic, political, ethnic and family. These factors may be further separated into two general groups - Structural factors and Personality’s vulnerability Factors such as physical/mental ailment, debility, substance abuse, job loss or domestic |

Source: Authors Fieldwork, 2015
violence [54]. However, this paper considers the following factors as typical to Nigeria situation: forceful eviction, Inability to Afford Accommodation, Poverty Especially Rural Poverty, Marital Breakdown/Bereavement, and Lack of Material Resources. Each is discussed in sequence.

4.1 Forceful Eviction

Research revealed that homelessness in Lagos may well be the rippling consequence of forceful evictions. It is estimated that several million of Nigerians are been compulsorily evicted from their homes in different parts of Nigeria. Such evictions usually target marginalised persons [55]). Social and Economic Rights Action Centre, SERAC reported, that about 12,000 folks have been effectively evicted in Ogunbiyi village in Ikeja, publicly-owned apartment buildings and Ebutte Metta area all in Lagos. According to unemployed Tajudeen Bello, 51 “we have lived seventeen years with wife and children under Marina Bridge, Lagos; we sleep on carton bed under Marina flyover”. In 2000 approximately 1.5million were forcibly evicted from Rainbow Town & Agip Waterside Community, Port Harcourt by Rivers State government. In Abuja, over 800,000 persons were displaced due to forceful evictions in Galadimawo, Chika, Alieta and Lugbe. Finding revealed that homeless Nigerians feel disenchanted and are like aliens in their motherland.

**Figure 1a:** Forceful eviction @ Ijora-badia, Lagos, Nigeria  
Source: premium times - NAN

**Figure 1b:** Forceful eviction, Port Harcourt  
Source: Author’s fieldwork, 2016

**Figure 1c:** Forceful eviction Abuja, Nigeria  
Source: Author’s fieldwork, 2016

4.2 Inability to Afford Accommodation

Nigeria has no low-cost housing schemes. The poor cannot afford rent in any low-cost housing estate[56]. Most homeless people earn about N15, 000 monthly that is $40, which cannot promise proper feeding and a room apartment accommodation in Nigerian cities. Compassionate Outreach (an NGO) in Lagos conducted a survey underneath the bridges; its findings disclosed that in all 52 growing areas of Lagos over a million (1,000,000) Nigerians live under the bridge. These homeless folks living in popular restaurants and fast food joins, open spaces and underneath the bridges engage in petty trading for survive like - Okada riders, touting ‘agbero’ area boy’, piffling, prostitution ‘ashawo’ and just about whatever to survive. We interviewed Ekuedi Emofe, a roadside mechanic and he said “Homeless Nigerians in cities like Warrir, and Asaba in Nigeria are incapable of securing accommodation owing to oil companies in Delta state; landlords require rents that resemble fantastic salaries earned in the oil companies. As at 2005, people pay as much as a million naira for a two room apartment in Delta State”.
4.3 Poverty, Especially Rural Poverty

Rural poverty in Nigeria has compelled huge statistics of persons to pursue employment in cities [57-58]. Whilst poverty alleviation strategy might address the migration, this trend may not stop. Often a single fellow moves to an urban centre to work and send money back home to the household. For the man, he prefers to be homelessness rather spending money on accommodation. For others in same category, they favour cheap/free temporary accommodation in city. Babatunde Ola, 69, father of three who lives under Eko bridge said “Just come here at night, you will see over 500 persons sleeping here and before 5:00am they are gone for their hustle”.

4.4 Marital Breakdown or Bereavement

One of the key cause of homelessness is loss of a spouse or marital breakdown, for women and children [60-61]. At the demise of a man, cultural insolences mean that both children and their mother, might be flung out of their homes by spouse relations. This pushes women to the streets, and erstwhile
into prostitution. Homeless females and children are habitually victims of family collapse or are absconding family violence [62]. For instance 30-year old Patricia Caleb with ten year old son Matthew said “We live underneath the Oshodi Bridge, visible to offensive and tough marijuana smoke due to eviction after my husband death”.

Figure 4a: Displace wife after husband demise  
Figure 4b: Displaced mother and child  
Source: Author’s fieldwork, 2016

5.5 Absence of Quantifiable Incomes

According to Agbiboa, [63], lack of material incomes is a reason for homelessness. This often leads to notion that poverty within unexpected crunch leads to home violence, well-being concern or drug abuse that thrusts families to live on the street [64-69]. Aina Orosun, 70, told us that “he was 17 when life started under the Ojuelegba Bridge. And “I had and trained all my four children while living in a spoilt bus under the bridge.”

Figure 5a: Homeless living in passing shelter  
Figure 5b: Fleeting shelter under the bridge  
Source: www.gettyimage.com  
Source: Author’s fieldwork, 2016

5.6 Interpretation of Results

The result of the findings from the stacked column graph, compared the different operation categories of homelessness in Nigeria and show how each living situations changes over time. The authors identified seventeen (17) living situations under eight (8) operation categories as shown in the graph, chart and screen plot. The orange or blue columns show the living situations and grey horizontal lines represent the definitions. In the stacked column below, category 1- has three living situations, category 2-one living situation, category 3-three living situations, category 4-one living situation, categories 5-three living situations, category 6-one living situation, category 7-one psychological living situation and category 8-four living situations. The Nigeria identified living situations from the result mainly is structural and heavily induced by individual vulnerability. For instance operation categories 7 and 8 is caused by psychological and socio-political factors, so the wellbeeing and health concerns the homeless Nigerians in this categories usually suffer from post-traumatic stress disorder (PTSD) according the one of the experts interviewed. This is torturous, unnecessary and can be avoided. While the other categories 1-6 is largely due to inability of Nigeria government-past and present to plan for rapid urbanisation, population explosion and socio-economic
growth of nation. All of these living situation can be reduced by good leadership, proper budgeting and planning.

Figure 6a: Stacked column on Typology of Homelessness

The line chart with marker form figure 6d showed a linear upward trend in homelessness over time since the 60s. The rate of homelessness has been on the rise with increase in Nigeria population. The story has not improve despite successive government effort rather new operational categories are emerging like categories 7 and 8 - having a shelter but not a home and people living in insecure accommodations (i.e. IDPs camps, open air, illegal occupations of land due to Bakassi peninsula saga, Boko haram/Fulani herdsmen saga, Benue flood victim and Makoko forceful evictions) all these are very recent occurrence that could have been prevented. The result of interviews, observations and focused group discussions as depicted by the line chart below has categorised the living situation in a linear progressive order with an upward increasing trend of homeless Nigeria populates. This further validate the results of the findings the rate of homelessness in Nigeria in on the upsurge. A single homes definition covers both categories 7 & 8 as represented by the chart, making the five (5) living situation under this categories synonymous to Nigeria and may be global south.
5. Discussions

Discussion on the results revealed that some wealthy Nigerians outlay copious money to renovate their homes, purchase bullet-proof cars, politicians/government officials looting government treasury and stacking them in septic tanks, pits in homes while millions of Nigerians live under bridges. Persons forced by whatever conditions to be homeless become psychological weaklings (PTSD). Since these people live in dirty surroundings, they become prone to diseases. In Nigeria the collapse of family unit & economic hardship, dislocates women and puts children in tough psychological wellbeing condition. From our findings, homelessness is a part of public health and its health consequences are profound. Therefore, the observed overcrowding, cold living conditions and damp, poor nutrition, lack of immunization, and poor access to health care services and other health/psychological wellbeing impacts of homelessness in Nigeria cities results to - infectious diseases, mental health glitches, disability, physical disorders, and premature death. Result from the interview showed that on the average people sleeping on the street lived-up-to between forty-five and forty-nine. Data disclosed that Nigerians most vulnerable to infectious diseases like - AIDS (acquired immunodeficiency syndrome) are predominantly the homeless population involved in prostitution and drug abuse. According to some of the respondents, our living conditions make us more susceptible to suffering and hardship. The study revealed that body pain, terminal disease, organ infections are six times more frequent with homeless people than the general Nigerian population. It was observed that Alcohol abuse and dependency is common amongst the homeless and statistic indicated that one-third of homeless people had feelings of worthlessness, and had contemplated suicide previously. The investigation revealed that most people who cannot afford accommodation in Nigeria’s cities like Lagos, Abuja and port-Harcourt lives under bridges in endless terror of wild animals, armed robbers’ bout and survive by any means necessary. The outcome is usually health/wellbeing fears. According to Mr. Edward Mouka, a 56 years old man, haven lived underneath the Marina Bridge (known as Olorunfunmi) since 1994, told us that “In Olorunfunmi we constantly live in persistent dread of wild animals and attack by armed robbers and my son faces many insults from his mates owing to where we live”. Based on these result of investigation presented, we have reasons to believe that the increase in...
homelessness has led to increase health and psychological wellbeing issues like mood swings, disturbed sleep, depression, increased rates of obesity, developmental delays, anemia, injuries, infections, PTSD and other health complications amongst the homeless.

6. Conclusion
The study has shown that Homelessness is a complex delinquent and a construct. Homelessness factors can be either diverse and multifaceted, or structural and induced by individual vulnerability. The study has shown that the cause of homelessness in Nigeria is rapid urbanisation and socio-economic development. This has heightened the deficiency of residential units, resulting in congestion, extraordinary rental, and emergence of purlieu and squatter settlements. Our finding showed that so long as government and private estate developers keep building homes for the rich, homelessness will keep increasing. However, the paper describes the robust relationship between well-being and homelessness. The homeless are exposed to psychosocial torture leading to health and psychological well-being concerns. Therefore the upsurge in homelessness in Nigeria currently has a strong correlation with the increase of health issues amongst the homeless. Hence, to reduce homelessness is to reduce psychological wellbeing and sickness in Nigeria. Consequently more effort must be introduced to improve earning power of Nigerians, create institutions to strengthen family values, ensure women protection and provide defensive effects of low-income housing subsidies, and other social welfare aids for the homeless. Governments at all levels must urgently address homelessness through the provision of land and adequate funding schemes to building homes for the deprived and homeless.

7. Reference
[1] Abramovich, A. 2016. Preventing, reducing and ending LGBTQ2S youth homelessness: The need for targeted strategies. Social Inclusion, 4(4).
[2] Adler, A. 2013. The practice and theory of individual psychology (Vol. 133). Routledge.
[3] Agbiboa, D. E. 2013. No retreat, no surrender: Understanding the religious terrorism of Boko Haram in Nigeria.
[4] Akinluyi, M. L., & Adedokun, A. 2014. Urbanization, Environment and Homelessness in the Developing world: The Sustainable Housing Development. Mediterranean Journal of Social Sciences, 5(2), 261.
[5] Akinola, B. 2012. Authority stealing: how greedy politicians and corporate executives loot the world’s most populous black nation. AuthorHouse.
[6] American Psychiatric Association. 2006. American Psychiatric Association Practice Guidelines for the treatment of psychiatric disorders: compendium 2006. American Psychiatric Pub.
[7] Amore, K., Baker, M., and Howden-Chapman, P., 2011, "The ETHOS Definition and Classification of Homelessness: An Analysis". The European Journal of Homelessness, Volume 5.2, FEANTSA, Retrieved 2012
[8] Armour, C., & Ross, J. 2017. The health and well-being of military drone operators and intelligence analysts: A systematic review. Military Psychology, 29(2), 83.
[9] Balbo, M. 2014. Beyond the city of developing countries. The new urban order of the ‘emerging city’. Planning Theory, 13(3), 269-287.
[10] Baptista, I., Benjaminsen, L., Busch-Geertsema, V., Pleace, N., & Striano, M. 2016. Asylum Seekers, Refugees and Homelessness.
[11] Belanger, Y. D. Weasel Head, G., 2013. Urban Aboriginal Homelessness and Migration in Southern Alberta.
[12] Belanger, Y. D., Awosoga, O., & Head, G. W. 2013. Homelessness, urban Aboriginal people, and the need for a national enumeration. Aboriginal policy studies, 2(2).
[13] Bhalla, A. S., & Lapeyre, F. 2016. Poverty and exclusion in a global world. Springer.
[14] Black, J. 2016. The world in the twentieth century. Routledge.
[15] Bradshaw, J. 2016. The Wellbeing of Children in the UK. Policy Press.
[16] Bruhn, J. G. 2011. Fragmented Ties: The Poor and the Homeless. In The Sociology of Community Connections (pp. 85-109). Springer Netherlands.
[17] Busch-Geertsema, V., 2012, Defining and Measuring Homelessness, Homelessness Research in Europe, GISS, Germany
[18] Buss, D. 2015. Evolutionary psychology: The new science of the mind. Psychology Press.
[19] Buunk, B. P., Gibbons, F. X., & Buunk, A. (Eds.). 2013. Health, coping, and well-being: Perspectives from social comparison theory. Psychology Press.
[20] Carr, A. 2011. Positive psychology: The science of happiness and human strengths. Routledge.
[21] Daly, G. 2013. Homeless: Policies, strategies and lives on the streets. Routledge.
[22] Dear, M. J., & Wolch, J. R. 2014. Landscapes of despair: From deinstitutionalization to homelessness, Princeton University Press.
[23] Devereux, M., & Littlefield, D. 2017. A literature review on the privatisation of public space.
[24] Donaldson, S. I., & Ko, I. 2010. Positive organizational psychology, behavior, and scholarship: A review of the emerging literature and evidence base. The Journal of Positive Psychology, 5(3), 177-191.
[25] Earnshaw, V. A., Bogart, L. M., Dovidio, J. F., & Williams, D. R. 2013. Stigma and racial/ethnic HIV disparities: moving toward resilience. American Psychologist, 68(4), 225.
[26] Edgar, B., Doherty, J., & Meert, H. 2004. Immigration and homelessness in Europe. The policy Press, Bristol.
[27] Edgar, A., & Sedgwick, P. (Eds.). 2007. Cultural theory: The key concepts. Routledge.
[28] Fazel, S., Geddes, J. R., & Kushel, M. 2014. The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. The Lancet, 384(9953), 1529-1540.
[29] Formerly Director, B. S. B. (Ed.) 2016. Mental Health, Racism and Sexism. Taylor & Francis.
[30] Ghosh, S., Samanta, A., & Mukherjee, S. 2012. Patterns of alcohol consumption among male adults at a slum in Kolkata, India. Journal of Health, Population and Nutrition, 73-81.
[31] Global Homelessness Statistics 2016 https://www.homelessworldcup.org/homelessness-statistics/
[32] Green, A. 2013. Intergenerational family stories: Private, parochial, pathological? Journal of Family History, 38(4), 387-402.
[33] Harpham, T. 2013. Urban health systems. The Urban Transformation: Health, Shelter and Climate Change, 42.
[34] Heider, F. 2013. The psychology of interpersonal relations. Psychology Press.
[35] Helfrich, C. A., Peters, C. Y., & Chan, D. V. 2011. Trauma symptoms of individuals with mental illness at risk for homelessness participating in a life skills intervention. Occupational therapy international, 18(3), 115-123.
[36] Hughes, A. 2016. Poor, homeless, and underserved populations. Legal and Ethical Aspects of Care, 8, 5.
[37] Joan S., 2013 "Methodological problems of sampling young homeless people in four European societies with different levels of service provision and definitions of homelessness", Housing, Care and Support, Vol 16 (2), pp.64 – 75
[38] Jung, C. G. 2014. Psychological types. Routledge.
[39] Knotsch, C., Akalehiwyot, M., & Okalik-Syed, M. 2010. Housing as a Determinant of Health 2010 Annotated Bibliography.
[40] Lebrun-Harris, L. A., Baggett, T. P., Jenkins, D. M., Sripipatana, A., Sharma, R., Hayashi, A. S., & Ngo-Metzger, Q. 2013. Health status and health care experiences among homeless patients in federally supported health centers: findings from the 2009 patient survey. Health services research, 48(3), 992-1017.
[41] MacKenzie, D. 2018. Some Reflections on the Policy History of Youth Homelessness in Australia. Cityscape, 20(3), 147-156.
[42] Majiri Oghene, B., 2014, Homelessness in Nigeria, the Growing scourge Nigerians in America, Nigeria Matters, Amnesty International
[43] Marr, M. D. 2014. Promises and pretenses of declining street homelessness in the United States and Japan. Human Security, Changing States and Global Responses: Institutions and Practices, 135.

[44] Naidoo, J., & Wills, J. 2016. Foundations for health promotion. Elsevier Health Sciences.

[45] National Research Council, 2009. Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. National Academies Press.

[46] Ojuri, O. O., & Bankole, O. T. 2013. Groundwater vulnerability assessment and validation for a fast growing city in Africa: a case study of Lagos, Nigeria. Journal of Environmental protection, 4(05), 454.

[47] Osuchukwu, N. P., & Nebolise, L. N. 2015. The Underserved Communities: Overview of Information Services in the Riverrine Areas of Anambra State, Nigeria. AFRREV IJAH: An International Journal of Arts and Humanities, 4(3), 264-279.

[48] Padgett, D. K., Stanhope, V., Henwood, B. F., & Stefancic, A. 2011. Substance use outcomes among homeless clients with serious mental illness: comparing housing first with treatment first programs. Community mental health journal, 47(2), 227-232.

[49] Pless, N. 2013. Evaluating homelessness services and strategies: A Review. Brussels: FEANTSA.

[50] Potts, A. 2016. Semantic annotation. Triangulating Methodological Approaches in Corpus Linguistic Research, 57.

[51] Quicke, S. P., & Green, C. 2016. Indigenous Fringe Dwelling in Geraldton, Western Australia: A Colonial Legacy. Indigenous Homelessness: Perspectives from Canada, Australia, and New Zealand.

[52] Ravenhill, M. 2016. The culture of homelessness. Routledge.

[53] Russell, B. G. 2013. Silent Sisters: An Ethnography of Homeless Women. Routledge.

[54] Ryff, C. D., & Singer, B. H. 2013. Know thyself and become what you are: A eudaimonic approach to psychological well-being. In The exploration of happiness (pp. 97-116). Springer Netherlands.

[55] Seligman, M. E., & Csikszentmihalyi, M. 2014. Positive psychology: An introduction (pp. 279-298). Springer Netherlands.

[56] Singh, A. P., & JhA, A. K. 2015. Adolescent Health Education in India: Demographic Travails, Contextual Influences and Emerging Health Concerns. Indian Educational, 53(1).

[57] Sinha, D. 2011. Concept of psychological well-being: Western and Indian perspectives. National Institute of Mental Health and Neurosciences Journal, 8, I-II.

[58] Somerville, P. 2013. Understanding homelessness. Housing, theory and society, 30(4), 384-415.

[59] Spriggs, H. F. 2013. An analysis of North Carolina homeless shelter policies: potential for fracturing the integrity of help-seeking homeless families. The University of North Carolina at Greensboro.

[60] Thompson, S. J., Bender, K., Windsor, L., Cook, M. S., & Williams, T. 2010. Homeless youth: Characteristics, contributing factors, and service options. Journal of Human Behavior in the Social Environment, 20(2), 193-217.

[61] Tibbalds, F. (Ed.). 2012. Making people-friendly towns: Improving the public environment in towns and cities. Taylor & Francis.

[62] Topp, L., Iversen, J., Baldry, E., Maher, L., & Collaboration of Australian NSPs. 2013. Housing instability among people who inject drugs: results from the Australian needle and syringe program survey. Journal of Urban Health, 90(4), 699-716.

[63] UNDESA, 2004, "United Nations Demographic Yearbook review: National reporting of household characteristics, living arrangements and homeless households: Implications for international recommendations", United Nations, Department of Economic and Social Affairs, Statistics Division, Demographic and Social Statistics Branch

[64] UNESC, 2009, United Nations, "Enumeration of Homeless People", Economic Commission for Europe Conference of European Statisticians, Group of Experts on Population and Housing Censuses, Twelfth Meeting, Geneva, 28–30 October 2009

[65] United Nations, UN-HABITAT, 2008 "State of the World’s Cities Report 2008/2009", ISBN 978-92-1-132010-7

[66] United Nations, "UN-HABITAT, 2010 unveils State of the World’s Cities report", London

[67] US Census Bureau 2013 Income, Poverty, and Health Insurance Coverage in the United States 2012
[68] U.S. Department of Housing and Urban Development 2013 The 2013 Point-in-Time Estimates of Homelessness: Volume I of the 2013 Annual Homelessness Assessment Report.
[69] Wessells, M. G. 2016. Community Psychology. Wiley Online Library