Homeless Older People Living Conditions and Their Coping Strategies: The Case of Kobo Town, North Wollo Zone, Amhara Regional State

By

Getachew Gebeyaw Tadesse

A Thesis Submitted to Addis Ababa University School of Social Work in Partial Fulfillment of the Requirement for the Degree of Masters of Arts in Social Work.

Addis Ababa University, School of Social Work

Addis Ababa, Ethiopia

June, 2017

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This is to certify that the thesis prepared by Getachew Gebeyaw entitled: *Homeless Older People Living Conditions and their Coping Strategies The Case of Kobo Town* and submitted in partial fulfillment of the requirements for the degree of masters of Social Work compile with the regulation of the University and meet the accepted standards with respect to quality and originality.

Approved by the Examining Committee:

External Examiner ——————————Signature ——————— Date———————

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Chair of the Department or Graduate Studies Program Coordinator

Acknowledgments

I would like to express my deepest gratitude to Addis Ababa University for allowing me this master's scholarship opportunity which benefited me immensely. I would like to extend my heartfelt gratitude to my advisor Dr. Messay Gebremariam for his incredible constructive comments, corrections and suggestions to my study to materialize and its successful completion. I am grateful to Dr. Ashenafi Hagos who supported and motivated me to work on this area. His material and moral support were so valuable to me. I would further like to thank Dr.Elias Cheboud and Dr. Abebe Teklu (Ethiopian-Canadian Professors of Social Work at University of Victoria and Fraser Valley University, British Columbia, Canada) for their memorial scholarship financial assistance.

I would like to thank my father Gebeyaw Tadesse, my mother Woynitu Belay, my Uncle Dejen Tadesse and my relatives Abeba Demle and Abebe Haile, what seemed to be impossible was attained in large part because of your support. Mr Mengestu Dargie Thank you so much. Following this, I am grateful to my friends, Dejen Abrham, Menur Hassen, Addis Kebede, Moges Jemere, Alemu Belay and Abera Alemu, who helped me to ease the facilitation of data collection and their moral support throughout the paper work. And I recognize my classmates Bekele, Taye, Ruhama and Gatwech Koak Nuyon, who played a pivotal role from the very inception research idea to the completion of the study. Thank you so much for your effort. Furthermore, I would like to thank experts from Labour and Social Affair Office and all participants of the study for their cooperation during data collection.

Abstract

The problem of homelessness is more desasterious when it happened on older people because they are susceptible to social, economic, health and psychological problems. Previous litratur in Ethiopia on older people were not give emphasis on older people homelessness. And homelessness on older people was hardly conducted in Ethiopia as compared to the western countries. Therefore, the overall aim of the study was describing the living conditions of homeless older people and their coping strategies. This qualitative descriptive case study addressed the main reasons behind homelessness of older people, challenges, and coping strategies. For this effort, single case study and cross-sectional research with purposive sampling methods were employed. Fourteen participants; ten homeless older people and four key informants have participated. Additionally, thematic analysis was used to analyze the data that has been collected in the field through in-depth interview, Key informant interview, observation, and document review data collection methods. The findings of the study indicate that the intersection of multiple reasons such as unavailability of low-cost house rent, health problem, poverty, lack of social support, lack of legal protection, ageing, divorce, and death of close relatives have contributed to the homelessness of older people. As a result, homeless older people have been facing multiple challenges such as mobility problem, health problem, economic problems, and lack of employment, social exclusion and psychological problems. To cope up with these challenges, homeless older people employed different strategies such as begging, holy water, creating the social network among the homeless, drying leftover food for future use, using river water for hygiene and sanitation, and living around the churches. The findings call attention to the need of practical access to services responses to curb the problems of homeless older people. ***Key Words:*** *Homeless, Homelessness, Older Person, Living Conditions*

List of Acronyms and Abbreviations

CARDO: Centre for Architectural Research and Development Overseas

COH: Canadian Observatory on Homelessness

FDRE: Federal Democratic Republic of Ethiopia

GOs: Governmental Organizations

IIP: In-Depth Interview Participant

KI: Key Informant

MIPAA: Madrid International Plan of Action on Ageing

MoH: Ministry of Health

MoLSA: Ministry of Labour and Social Affairs

NCH: National Coalition for the Homeless

NGOs: Non-Governmental Organizations

SSI: Supplemental Security Income

UN: United Nation

UNCHS: United Nation Center for Human Settlement (Habitat)

UNHRP: United Nation Housing Right Program

USAID: United States Agency for International Development

Chapter One: Introduction

1.1. Background of the Study

The current number of older persons in the world is 901 million aged 60 and above. This number is projected to grow by 56% from 901 million to 1.4 billion between 2015 and 2030 and by 2050 the global population of older persons is projected to be more than double its size in 2015, reaching around 2.1 billion (UN, 2015). Although population ageing is widely recognized, internationally often overlook vulnerable older people who are homeless those who live in the places which are not intended for human habitation (Barken, Grenier, Budd, Sussman, Rothwell & Bourgeois, 2015). As a result of population ageing, urban dwellers of older people in developing countries are more likely to live in slum conditions characterized by inadequate water and sanitation, housing, durable housing material and basic services because of economic and problems as well as policy related gaps (UN, 2011).

Homelessness is a growing social problem in various urban centers around the world (Hwang, Kirst, Chiu, Tolomiczenko, Kiss, Cowan, & Levinson, 2009). Developing countries neither have a clear definition of homelessness nor do they have reliable data on the number of homeless people (Centre for Architectural Research and Development Overseas, 2003). The problem of homelessness sustains the invisibility of older people and translates into the lack of targeted services to meet their needs (Barkern, et al, 2015).

In the recent history, older people are at a greater risk of homelessness because of the the alarming rate of older population and for housing are becoming unaffordable. The cost of necessities like health care is rising and getting an affordable house is becoming so difficult. As a result, older people are being exposed to the risk of poverty and homelessness (Goldberg, Lang

& Barrington, 2016). Older people are affected by chronic and late life homelessness. However, late life homelessness is more prevalent than chronic homelessness (throughout life) (Goldberg, Lang & Barrington, 2016). It is because of unavailability of low-cost house rent, a death of a close relative, relationship breakdown and disputes with other tenants and neighbors, physical and mental health problems, alcohol abuse and gambling problems (Crane, 2005; Levinson & Ross, 2007).

The needs of homeless older people were not addressed due to lack of research knowledge which is hindering policy makers and practitioners to work on the issue with the exceptions of few directives (Barken, Grenier, Sussman, Rothwel, Bourgeois-Guerin & Lavoie, 2016). Homeless individuals of all ages are more likely to experience medical problems. However, older homeless persons more often have a serious chronic illness like cognitive impairment, alcohol, drug dependence and live in unsafe conditions (Gonyea, Mills-Dick, & Bachman, 2010).

Homelessness in old age is particularly harmful, as people's physical health problem in the face of terrible living conditions and poor nutrition are likely to be weak (Marianti & Butterfull, 2013). Poverty makes the pathway back to get permanent housing for most older people due to lack of safety net income, pension and rely primarily on very limited benefits from social security or other supplemental security income that hardly promote their economic empowerment (Gonyea, Mills-Dick, & Bachman, 2010). Since older people have no contact with the mainstream housing, health, and social services, they are vulnerable to unmet needs as compared to other age groups (Crane, 2001).

Help Age International (2010) noted that majority of homeless older people in Addis Ababa are not getting adequate access to food, water, and sanitation and they tried to cope with these

problems through begging. In addition, Avery (2014) stated that homeless older people experience barriers to employment because of social, societal and health problems. On the other hand, homelessness exposed older people to miss out on important life events, familial interactions, disconnection from their grandchildren and positive feeling towards life (Reynolds, Isaak, DeBoer, Medved, Distasio, Katz, & Sareen, 2016). Furthermore, Avery (2014) substantiated that homeless older people lack strong relationship ties with their family members and friends more often than not.

The existing literature indicates that older people are exposed to homelessness due to different reasons and they are facing different problems on the street because of their homelessness. In addition, the previous studies stipulated in detail the issue of older people homelessness in the western context. Literatures that specifically focus on homeless older people in Ethiopia are extremely scarce and the researchers overlooked it. Therefore, the overall aim of the present study attempted to describe the living conditions of homeless older people and their coping strategies in Kobo Town: North Wollo Zone, Amhara Regional State. The situation of homelessness is observable in the study area because there are many older people are migrated from rural to urban area that has been exposed to homelessness. However, this problem was not investigated by researchers to provide information for the concerned stakeholder's inorde to prevent and control older people homelessness in the study area.

1.2. Statement of the Problem

Previous studies have been conducted in western countries and some in Ethiopia regarding the reasons, associated problems and coping strategies of homelessness on the different age group of people. Among these studies: Shinn, Gottlieb, Wett, Cohen, Ellis and Bahl (2007)

studied on predictors of homelessness among older people in New York and reported that disability, economic problem, human and social capital problems and stressful life events are predictors to homelessness. In addition, Rizvi and Kunik (2013) conducted a study on the prevalence of homeless older people and factors causing their homelessness, they revealed the reasons that lead to homelessness are the lack of social support, lack of employment opportunity and mental health problem. Furthermore, Crane, et al (2005) noted that the causes of homelessness for older people are rent arrears, a death of close relatives, relationship breakdown, dispute with other tenants, physical and mental health problems, alcohol abuse and gambling problems are the most antecedent factors.

Wright (2005) conducted on homelessness and politics of social exclusion in Florida and demonstrated that homeless people suffer from substance abuse, physical and mental illness, familial and social estrangement, extreme poverty and legal problems. Similarly, Ahmed, Angel, Mrtell and Keenan (2016) studied on the impacts of homelessness and incarceration on women's health and noted that gender sensitive housing and health program can reduce addiction, recidivism and poor health among these homeless populations. Strong and Morris (2004) conducted on the impact of homelessness on the health of families justified that preventive approach is an urgent need to alleviate homelessness and its attendant family health problems.

In addition, according to Amato and MacDonald (2011) study on examining risk factors for homeless men indicated that the risk factors for homeless men are the prevalence of alcohol and drug use. Lee and Greif's (2008) study on homelessness and hunger elaborated that the problem of hunger is not uniformly experienced by the members of all homeless populations. Herrmann and Stergiopolulos (2003) study on older people and homelessness showed that the existence of high prevalence of psychiatric disorder and cognitive impairment among the homeless elders.

Wright, Tompkins, Oldhama and Key (2004) studied on homelessness and health and illustrated that primary clinicians are seeking to offer health care service for the homeless people and they have an opportunity to be part of rapidly developing a sphere of health care practice. Hecht and Coyle (2001) compared older and younger people emergency shelter seekers in Bakersfield, California and revealed that there is a significant difference among older and younger clients on access to income, duration of homelessness experience, the pattern of substance abuse and alcohol usage. The finding of the study on the hidden and emerging space of rural homelessness by Cloke and Widdowfield (2000) shows that there are a variety of factors that come together to reduce the visibility of homelessness in the rural area. Johnson's (1999) study on the working and non-working women's onset of homelessness within the context of their lives, the finding show that the onset of homelessness was different for the working and nonworking women.

In the context of Ethiopia, Ashenafi Hagos (2006) conducted an exploratory study on homelessness in Addis Ababa and identified that the causes of homelessness are rural-urban migration, early childhood experience, and unemployment, and as to his study preferable living place for homeless people are around hospitals, churches and at the sides of rivers. The finding added that the main challenges of homeless people are the shortage of food, health problems, lack of security, and prsesence of discrimination and stigma. Mushir Ali (2012) conducted a study on socio-economic analysis on the homeless population in urban areas of northern Ethiopia and noted that homelessness is a result of internal and international migration, and homeless populations are either illiterate or poor in education. Similarly, Mushir Ali (2014) conducted a study on the status of the homeless population in urban Ethiopia by taking the case of Amhara Regional State and confirmed that 80% of homeless participants were illiterate and they

performed different economic activities such as daily labouring, working at restaurant, serving as hotel workers, housemaids, catching fish and pity trades.

Furthermore, Fekadu, et al (2014) conducted a study on the burden of mental disorder and unmet needs among street homeless people in Addis Ababa, confirmed that psychoses, mental and other behavioral disorder affect most people who are street homeless. Mulualem Merga, Kirubel Anteab, Mezinew Sentayehu and Hinsermu Bayu (2015) conducted a study on challenges in decision-making among homeless pregnant teens in Addis Ababa; the finding confirmed that homeless pregnant teens face many challenges not to decide the fate of their pregnancy due to different traumatic factors which led them to pregnancy.

Apparently, one can see few studies have been conducted in Ethiopia about older people homelessness, even though the prevalence of homelessness in general and older people homelessness, in particular, is becoming one of the major social problems. In addition, homelessness studies in Ethiopia were more emphasized on the other segment of the population by overlooking older people homelessness. However, those studies do not completely show the challenges of homeless older people with the specific focus on the reasons for homelessness, homelessness as a key problem and its associated challenges as well as their coping strategies. As far as the researcher's knowledge is concerned, the reasons for homelessness, challenges in relation to homelessness and coping strategies of older people were hardly studied in Ethiopia.

Additionally, the survey which was conducted by Help Age International (2013) confirmed that 11.3 % older people in Amhara region are homeless and live on the street, around the churches and mosques. However, the finding did not come up with the issue of reasons, challenges and coping strategies of homeless older people in the region. This has triggered an

interest for the researcher to discover why they are homeless and what challenges they face including their coping strategies. The other rational is the document found in Labour and Social Affairs Office of the Town showed that there are one hundred and six homeless older people counted and registered in 2015 G.C as absolute homeless who are living on the street and around different churches. However, the document did not disclose any evidence about the issue of the current study that has been undertaken. Therefore, the main purpose of this study is describing the living conditions of homeless older people and their coping strategies.

1.3. Objective of the Study

1.3.1. General Objective

The general objective of the study is to describe living conditions of homeless older people and their coping strategies in the case of Kobo Town: North Wollo Zone, Amhara Regional State.

1.3.2. Specific Objectives

- To describe the reasons of older people homelessness in Kobo Town.
- To describe the challenges homeless older people face in relation to their homelessness in Kobo Town.
- To identify the coping strategies being utilized by homeless older people for their challenges in Kobo Town.

1.4. Research Questions

- What are the reasons for older people homelessness in Kobo Town?
- What are the challenges and coping strategies of homeless older people in Kobo Town?

1.5. Rationale for the Study

Initially, the researcher assessed different kinds of literature regarding homelessness in general and older people homelessness in particular. In the process of assessment, the researcher confirmed that homeless older people are one of the most vulnerable groups in the world that call for special attention from different sectors such as government bodies, international communities, non-governmental organizations, professional associations and communities themselves. Using the initial assessment on the pre-existing literatures in relation to homeless older people, the researcher conducted informal observation in the study area and had contact with the target group including authoritative bodies to learn about the problem in the area and confirmed that the issue is potential for the current study and the problem of homelessness on older people was observable.

In addition, the researcher was interested to conduct research on the living condition of homeless older people and their coping strategies for four reasons. The first one is that the majority of literature refers to western experiences which are different from the context of Ethiopia and this creates an opportunity for the researcher to identify the existence of research gap on homeless older people living conditions and their coping strategies in Ethiopia. The other reason for choosing this research issue goes to the good impression that the researcher has developed towards research on homeless older people to fill the existing gaps.

Second, conducting a research on older people vulnerability which can be a potential source of information for making policy and program is expected from social workers to maintain the wellbeing and dignity of older people. According to Milne, et al (2014), social workers are

concerned with maintaining and enhancing the quality of life and wellbeing of older people with promoting independence autonomy and dignity by using different potential means.

Last but not least; the researcher developed an intrinsic interest to conduct a study on the issue of homeless older people, which is a global phenomenon due to the alarming rate of older population. Thus, it is assumed that undertaking research on the issues of older people homelessness in Ethiopia seems timely to understand their reasons for homelessness and challenges and thereby develop potential intervention strategies at the policy level as well as other community practice level.

1.6. Scope of the Study

Scopes are characteristics that delimit and define the boundaries of the study or defining the study control. In delimitation of the study, the researcher should explicitly state participants to enroll in the study, the geographic region covered and the profession or the organization involved (Simon, 2011). Therefore, the researcher delimited the scope of the study in terms of geographical coverage, study participants and focusing issue.

In terms of geographical scope, the study was conducted in Amhara Regional State: North Wollo Zone specifically on selected homeless older people at Kobo Town Kebele 02. Kebele is the smallest administrative unit of Ethiopia. The rational that the study was confined in Kebele 02 is due to the nature of the study design employed which demand the smallest geographical coverage and the presence of the high number of participants in the area which was confirmed by the researcher observation. In terms of participants, street homeless older man and woman who experienced homelessness at least for a year and above were participated. In terms of focusing

issue, this study was confined to describe reasons for older people to homelessness, challenges, and their coping strategies.

1.7. Significance of the Study

The work of this study will add value for homeless older people, policy makers, program designers, program implementers, and researchers. Therefore, the finding of the study is expected to contribute the following: (1) the recommendation of this particular study will an input for the study area concerned stakeholders to prevent the root causes of older people homelessness and its adverse effect (2) The researcher is hopeful that the finding of this study will give an insight for responsible stakeholders to give special attention to solve the existing and future challenges of homeless older people in the study area (3) the finding of the study will help to suggest ideas for designing programs to control the factor that exposed older people to homelessness and solve their challenges in Ethiopia. (4) The finding of the study will be potential to inform policy makers to formulate policy pertinent to older people in Ethiopia. (5) The finding of the study will helpful in academics to educate professionals regarding homeless older people. (6) The study will serve social workers and other social issue practioners to understand the problem of homeless older people in order to intervene such problems.

Hence, the researcher will submit the document to MoLSA to use as a substantial reference to design programs for homeless older people. Finally, this study will used as one of the baselines for other researchers in Ethiopia who aim to deal more with the issue of older people homelessness and it will fill the existing knowledge gaps regarding homeless older people.

1.8. Definition of Terms

Coping Strategy: is the survival mechanism which is being utilized by homeless older people to solve or minimize their problems. The concept of this definition is shared with the definition of Butterfull, E. & Marianti, R. (2013) which is coping strategies refers to the set of assets and relationships that allow people to Protect them from a 'bad end' or to recover from a crisis.

Homeless Person: a person who aged sixty-one and above who are unable to access a permanent residence and live in around the mosque, on the street, churches and under bridges which are not intended for human habitation and experienced homelessness at least a year and above. However, this definition is deviating from the definition of United Nations Centre for Human Settlements (2006) which noted that homeless people are every individual who are unable to access a personal, permanent, adequate dwelling or to maintain such a dwelling due to financial constraints and other social barriers. Therefore, the definition of homeless person according to this study focuses on older people who experienced homelessness more than a year not every individual.

Homelessness: is the absence of a personal, permanent, adequate residence living on the street, around mosque, churches which cannot be intended for permanent human habitation. This definition was utilized for this particular thesis. However, this definition is contradict with the definition of United Nations Centre for Human Settlements (2006) which seen homelessness as it is a condition of detachment from society characterized by the absence or attenuation of the affiliative bonds that link settled persons to a network of interconnected social structures. This is because the definition seen homelessness only related to social network detachement.

Living conditions: represent the homeless older people's aspect of life in economic, social, psychological, health, and access to basic services, and their challenges.

Older Person: is a person whose age is sixty-one and above. For this particular study, the researcher used this definition. This is because the researcher's need to conduct the study on older people who have experienced homelessness at least a year. This definition is deviating from definition of UN and MoLSA. This is because according to the UN definition older persons are those people whose age is 60 years and over the definition has gained acceptance in Ethiopian context as it coincides with the country's official retirement age (MoLSA, 1998).

1.9. Limitation of the Study

Limitations are useful to other potential researchers choosing to conduct similar studies and it provides a useful bridge in recommending further studies, and it helps reader's judgment to which extent the findings could or cannot be generalized to other peoples or situations (Creswell, 2012).

Even though the study will substantiate lessons for knowledge gaps regarding homeless older people in Ethiopia, the study will have its own limitations which are beyond the study control. Limitations are potential weaknesses in the study and are out of the researcher control (Simon, 2011). Among the limitations: first, since the sample was not drawn using statistically random sampling, the finding of the study will not generalize all homeless older people in Ethiopia as well as in the study area. Simon (2011) stated that if the researcher use opposed to random sampling, the result of the study cannot be generally applied to a larger population. Second, since the study focussed on homeless older people who live on the street, around churches and mosques, the finding of the study does not represent other types of homeless older people such

as: homeless older people living with relatives, doubling-up with neighbors and friends, who live in institutions and other means of homeless people habitations.

In addition, due to cross-sectional nature of the study, it will not have long term possibility issues raised in the study area, because the data was collected and analyzed at a point in time rather than long-term collection and interpretation. In line with this, Simon (2011) stated that time is the major factor that determines the limitation of one study. In spite of these limitations, the finding of the study will be helpful for filling knowledge gaps and that will be potential to creating awareness to different stakeholders to provide services for homeless older people from GOs and NGOs.

1.10. Organization of the Study

The thesis is organized into six chapters. The first chapter demonstrates about the background of the study, statement of the problem, the objective of the study, general objective and specific objectives of the study, rationale, scope and significance of the study, and definition of terms. Following this, the second chapter assert about literature review pertinent to the scope and context of the study. The third chapter presents the methods of the study which was employed by the researcher for undertaking the study. The fourth chapter depicts about the findings which were identified to address the objective of the study by using the methods which were employed. The fifth chapter states about the discussion which aimed to discuss the finding of the study with the pre-existing literature. The sixth chapter demonstrated about conclusions, social work implication, and recommendations which are forwarded by the researcher considering the finding of the study.

Chapter Two

2. Literature Review

2.1. Introduction

The following literature are mainly undertaken on the research articles, books, national and international published journals, national and international legal documents pertinent to older people and consistent with the area of the study. The review was made to support the study through identification of the problem and helpful to comparing the similar and contradicting findings of this particular study. Relevant literature which are research findings and legal instruments that paid special attention for the population under study are enclosed.

2.2. General Overview of Homelessness

Homelessness is one of the social problems in many developed and developing countries that affects people of all ages, although much research and service provision have concentrated on young adults (Crane, Byrne, Fu, Lipmann, Mirabelli, Rota-Bartelink, Ryan, Shea, Watt, & Warnes, 2005). And it is one of the most severe manifestations of the denial of housing rights. Although lack of affordable housing is an overarching cause, other contributing factors may include domestic violence, chemical dependency, societal discrimination, mental illness, etc. though, regardless of these contributing factors, housing remains under international law an entitlement of all and states have the obligations to fulfill that entitlement for everyone (UNHRP, 2002). Homelessness is a complex issue which is difficult to curtail or resolve (Crane, 2001).

Homelessness is not a particular problem that affects people, but many different kinds of the problem involving much different kind of people and those different people are being homeless because of different reasons. Among the homeless men, women, children and the whole families,

victims of domestic violence and male abandonment, young, middle-aged and older peoples are some of the affected people of homelessness. People who are homeless are strictly economic reasons and others also due to drug and drink too much (Wright, 2005).

Homelessness describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect means and the ability to acquire it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual or household's financial problem, mental, cognitive, behavioral or physical problems and discrimination with homeless people shows generally negative, unpleasant, stressful and distressing leaving situation (UNCHS, 2000 & COH, 2012).

Homelessness describes a range of housing and shelter circumstances with people being without any shelter at the end and being insecurely housed. Individuals/families absolutely homeless and who are living on the street or who live in the place not intended for human habitation is called unsheltered (COH, 2012). They called as primary homeless people (Chamberlain, 2014).

2.3. Ageing and Homelessness

Older people homelessness is not an easily defined concept, not only do differing views exist about the breadth of the definition of homelessness, but there is also debate about what should be the lower age limit used to define older people homelessness. Despite their growing numbers, homeless older peoples remain largely invisible in society and there has been a pervasive lack of public focus on older people homelessness (Gonyea, Mills-Dick & Bachman, 2010). However, a few studies have focused on homeless older people and have found that many people's become homeless for the first time in later life, raising questions about why this happens, there was no

appropriate support to meet the needs of older people delivered and there are no mechanisms insured to prevent homelessness (Crane, et al, 2005).

As people age, they experience a number of transitions in their lives. They may retire, change residence, loose a spouse, become a caregiver, homelessness and develop a health problem or disability. These transitions especially when they occur around the same time, may impact on their well-being and prevent them from being contributing members of the society (Denton & Kusch, 2006).

2.4. Chronic Homelessness

Chronic homelessness shows older people are homeless throughout their life and continue this pattern as they age (Goldberg, Lang & Barrington, 2016). The reasons of homelessness among older women's are more crises driven than those of men, whereas older men are more vulnerable to being chronically homeless than older women that suggest to the necessity of designing age difference as well as gender difference services to integrate them stable living situations (Hecht & Coyle, 2001). Healing Hands (2008) noted that chronically homeless older peoples are survivors of long-term and multiple episodes of homelessness have been long years. As a result, chronically some older people shelters are intolerable and others do not have friends or family willingness and able to take them. Those older people have serious mental illness or substance dependence that may have contributed to the loss of their housing. Individual risk factors accumulated over the life time, as well as systemic and programmatic factors may prolong homelessness into old age.

2.5. Late Life Homelessness

Late life homelessness means peoples become homeless for the first time in old age. Different sources revealed that late life homelessness is increasingly common in older people. In the current time, older peoples are at greater risk of homelessness than the past history. When the population is ageing older peoples are exposed to poverty. At the same time, housing is becoming more unaffordable and the costs of necessities like health care are rising, leaving older peoples at risk of poverty and homelessness (Goldberg, Lang & Barrington, 2016).

2.6. Reasons of Older People Homelessness

The study conducted by Isaak, DeBoer, Medved, Distasio, Katz and Sareen, (2016) confirmed that the reasons for homelessness among older peoples are varied greatly. Most of older people are homeless beginning their intermittent homelessness, beginning their teenage years. While other older people homelessness shows that patterns of homelessness began in middle to old age. Furthermore, the finding revealed that the causes of homelessness among older peoples are related to the individual, relational, structural or the combination of all these factors. Loss of important relationships, the experience of difficult relationships, involvement in foster care, economic instability; employment challenge and housing inequality are also the most predictors of homelessness on older peoples. According to Krivo and Elliott (1991) lack of low-cost housing, high poverty rate, poor economic conditions, and community mental health care are most common cause of homelessness.

2.6.1. Unavailability of Low-Cost House Rent

The main causes of homelessness in older people depicted by Crane (2005) show that two-third of homeless subjects had never faced homelessness before they are old. Antecedent causes were the accommodation was sold or needed repair, unavailability of low-cost house rent.

According to Goldberg, Lang and Barrington (2016) found that the inability to afford to house is increasing the risk of homelessness for many older people. Older peoples face a high housing cost burden and this high cost burden exposes older people to the risk of homelessness. However, the risk is high among the lowest income older people as compared to those who have high-income older people. Furthermore, some older people become homeless after being evicted for rent arrears and others leave their accommodation because they cannot afford to rent (Roberts & Diaz, 2007, Pannel & Palmer, 2004).

2.6.2. Relationship Breakdown and Death of Close Relatives

Crane (2005) stated that death of a close relative, relationship breakdown and disputes with other tenants and neighbors are causes of homelessness on older people. McDonald (2004) substantiated that the cause of homelessness in later life are eviction, loss of a spouse and loss of income have been commonly justified. However, patterns of homelessness tend to be different for older men and women. Women are more likely to stem from family crises like marital breakdown and widowhood, whereas with men it is often due to work related challenges like loss of employment. Women are also more likely to become homeless in their mid-fifties, which is at an older age compared to men. Older homeless women require greater attention for the following reasons: many older women live below the low-income cut-offs, which places them at risk for homelessness and older women live longer than men and are more likely to live alone, making them more vulnerable to becoming homeless. Older women also have different health needs than men and therefore require special services (McDonald, 2004).

Some older people abandon accommodation after the death of a spouse. This can be due to distress and depression and difficulty coping with household tasks, such as paying the house rent

(Diaz & Roberts, 2007). To substantiate this idea Limann, Mirabelli and Bartelink (2004) reported that a combination of the breakdown in their relationship and depression affected the ability to maintain their accommodation. On the other hand, heavy drinking is associated with relationship breakdown which can lead older people to homelessness (Diaz & Roberts, 2007). The death of spouses had a direct impact on older people's ability to maintain their housing (Limann, Mirabelli & Bartelink, 2004). Although the reasons for homelessness in later life are more complex, the most common reasons are bereavement or relationship breakdown. Sometimes relationship breakdown linked with unemployment and mental illness (Pannel & Palmer, 2004). However, many single people have stayed living in the family into middle age and they likely to become homeless when lost support from family (Pannel & Palmer, 2004).

2.6.3. Physical and Mental Health Problem

Physical and mental health problems, alcohol abuse and gambling are the factors for older people homelessness (Crane, 2005). Similarly, Levinson and Ross (2007) confirmed that physical health problem is the most determinant factor that leads older peoples to homelessness. In addition, Crane, et al (2005) revealed that physical and mental health problem is contributed for older people's homelessness. The finding added that the welfare safetynet was exposed older people's untreated health problem or unable to manage everyday tasks after their main career died. Not only older people's health problem but also health care cost is one of the contributory factors for older people's homelessness (Goldberg, Lang & Barrington, 2016).

According to Diaz and Roberts (2007), reported that due to physical and mental health problems, some older people stop working because of its ill health and subsequently experiences financial problems that lead homelessness. This is because their health problem hiders them to

participate in income generating activities. For others, their ill health leads to family and marital problems as well as relationship breakdown. Physical health problem and disability can lead older people to isolation, loneliness and mental health problems and these factors exposed individuals to homelessness in later life (Pannel & Palmer, 2004).

2.6.4. Low Income

According to Levinson and Ross (2007) extremely low income is the main reasons that lead older peoples to become homelessness. Older homeless persons are likely to come from poor or near impoverished backgrounds and to spend their lives in similar economic status. The finding confirmed by NCH (2009) increased homelessness among older persons is largely the result of poverty and the decline of affordable housing.

The study conducted by Crane, et al (2005), confirmed that financial problem of older peoples contributed to becoming homeless, as a result of paying rent precipitate homelessness. However, financial problem is not only lead older people to homelessness but it exposed them relationship problem and breakdown. There are many associated pitfalls of financial difficulties with the end of the job, rent increases, or problems with related to social security and housing subsidy payments. Older people's poor money management skills lead them to financial difficulties, rent arrears and homelessness. Goldberg, Lang, and Barrington (2016), justified that older peoples are increasingly at risk of homelessness when their economic security is threatened. Moreover, Lipmann, Mirabelli, and Bartelink (2004), many older people face severe financial problems if there is an adverse change in circumstances, such as a gambling or rental increases. The financial problem of homeless older people was related to income deficiencies caused trough the end of their employment.

2.6.5. Lack of Social Support

Lack of social supports exposed older people to homelessness. Because, older people have fewer intimate ties with diverse family members and other peers (Levinson & Ross, 2007). According to Shinn, Gottlieb, Wett, Bahl, Cohen and Ellis, (2007) justified that human capital, social capital and life events are the most important than disability and economic capital in predicting homelessness. As a result, homeless older people are faced multiple cascading risks including job and housing loss. In addition, homeless older people's lack social supports or wear out their welcome with relatives and friends before becoming homeless (Shinn, Gottlieb, Wett, Bahl, Cohen & Ellis (2007). According to Pannel and Palmer (2004), Limited support network from family or close friends is means of older people homelessness in later life.

2.7. National and International Legal Instruments Pertinent to Older People

Currently, Ethiopia designed the Second National Plan of Action for Older Persons to ensure their dignity and well-being. According to the plan, older peoples in Ethiopia have faced ageing related health problems, lack of nutrition, homelessness, lack of familial and community care, lack of social pension, social security problem, education, and training problem, lacks employment opportunity. In order to solve the aforementioned problems, the action plan incorporated different potential objectives which will work starting from 2016-2026. Among the objectives, housing and living environment for older people is one of the pillars that planned to solve housing and associated problems.

The major activities stated in the first and the second Action Plan towards housing and living environment are: (1) assisting older persons to live in their localities as much as possible (2) Facilitating the construction of homes free of charge for voluntary families assisting lonely older

persons within their premise (3) enable older persons who want to live in their previous area of residence to get houses with priority and at lower price (4) Integrate older persons who want to return to areas of their residence by extending the necessary support (5) Repair houses of poor older persons and make them suitable for movement (6) Device ways to enable older people possess house of their own (7) Promote the construction of neighborhood house for older persons left alone due to divorce or bereavement (MoLSA, 2016).

Even though last ten years National Plan of Action for Older Persons implementation were contributed many for older person, but there were many challenges that hindering the full implementation to ensure the expected needs of older peoples. This is because of the hierarchical linkage problems in terms of information and work cooperation with the regional government (MoLSA, 2016).

The other potential legal instrument pertinent to older people is Madrid International Plan of Action on Ageing 2002, adopted at the first World Assembly on Ageing in Vienna. This plan of action incorporated different issues to justify the wellbeing of older people in developed and developing countries. In the plan of action, one of the main issues which demand attention from different countries is the issue housing and the living environment.

Actions which were proposed by the plan to be employed for ensuring the favorable environment and housing need of older persons are: promoting the development of age-integrated communities, coordinate multi-sectarian efforts to support the continued integration of older persons with their families and communities, encouraging investment in local infrastructures, such as transportation, health, sanitation and security, designed to support multi-generational communities, introduce policies and support initiative that ease access of older

persons to good service, promote equitable allocation of public housing for older persons, link affordable housing with social support services to ensure the integration of living arrangement, long-term care and opportunities for social interactions, encourage age-friendly and accessible housing design and ensure easy access to public building and spaces, provide older persons, their families and caregivers with timely and effectively information and advice on housing options available to them (UN, 2002).

2.8. Challenges of Homeless Older People

The combination of age and homelessness would constitute a double jeopardy wherein homelessness exacerbate the challenges of old age and vice versa (Sussman, Grenier, Barken, Bourgeois-Guérin & Rothwell, 2016). Homelessness in old age is particularly disastrous as compared to other age groups of the people, as people's physical health problem in the face of terrible living conditions and poor nutrition are likely to be weak. Moreover, it exacerbates further difficulties, such as crime and violence, morbidity, poor access to health and social service and the combination of these problems limit high life expectancy of older peoples (Marianti & Butterfull, 2013).

Even though homelessness affects all segment of the population, older peoples are more vulnerable sub-population. With related to ageing, older peoples faced many challenges because of homelessness, and older people are often mentally and physically frail. They are more liable to victimized in the shelter and live on the street. Beyond the health problems, homeless older people are also challenged with related to basic needs for food, shelters, and safety. In addition, homelessness also deprived older people's physical, mental and spiritual health (Kunik, Rizvi & Ng,s, 2013).

2.8.1. Accessibility Challenge and Difficulty Performing Activities of Daily Living

According to Goldberg, Lang and Barrington (2016), and Brown, Thomas, Culter and Hinderlie (2013) studies frequent falls, loss of strength and mobility and other common conditions of ageing that impact mobility on older peoples is more difficult to manage on the street and in shelters, because homeless older people are unable to modify their physical environment to match their physical limitations and adaptive equipment such as walkers and glass may be broken, stolen or lost.

Furthermore, features of the shelters, as well as sleeping places, may increase the risk of fall and injury. The distance between services such as food and social services are a challenge for who have limited mobility. The other challenge that encounters homeless older peoples on the street is waiting in long line for food and other services, and more likely to experiences difficulty in daily activities, such as dressing and bathing. According to Sussman, et al, (2016), bodily realities and mobility problems made homeless older people difficul to survive because of inadequacies' of the existing services and their exhaustion an impact on their perceptions and energy that would be required to exit homelessness.

2. 8. 2. Homelessness and Health Problems of Older People

The main barriers to having a good health among the homeless are the lack of the accessible, adequate, safe and affordable housing that associated with access to get employment, community support, personal health care and access to health care. In addition, homelessness cause to be lack health care access and homeless people are unable to obtain medical treatment because of their financial problem. Moreover, the health problem of homeless like that of the general population is influenced by multiple variables which are age, gender and socio-economic status

(Chenier, 1999). Challenges associated with sleeping outdoors can be a health strain for older peoples and for people who already have chronic health problems or disabilities (Goldberg, Lang & Barrington, 2016).

Although homeless individuals of all ages are more likely to experience medical problems as compared to the same-aged housed counterparts, older homeless persons more often have serious chronic illnesses; conditions that in some cases, may have been untreated or only sporadically treated over the years (Gonyea, Mills-Dick & Bachman, 2010). According to McDonald (2004), mental illness among the older homeless persons tends to be higher for woman than man and the rate increases with age. The common health problem of homeless older people includes schizophrenia, bipolar disorder, depression, anxiety, and dementia (McDonald, 2004).

In addition, homelessness can affect the physical health problem of older peoples, particularly who sleep in rough and street living. This problem is exacerbated by the lack of treatment and the lifestyle of homelessness (Crane, 2001). Demoralization and hopelessness exposed homeless older peoples to a heavy drinking and clinical depression. As a result, older people are affected by the physical and mental health problem (Crane, 2001). As compared to the other age groups, homeless older people have faced many unmet needs yet no contact with the mainstream housing, health and social services (Crane, 2001). Despite access to health care for homeless older people can protect against the negative health effect of homelessness (Joyce & Limbos, 2009) Access to health care is more difficult for homeless people who live on the street and lack accessing to shelter (Lussier-Duynstee & O'Sullivan, 2006).

2.8.3. Homelessness and Economic Problem of Older people

Constant poverty situation hindering older peoples to get safe and permanent housing, and most homeless older people lack safety net of income, pensions, or saving and rely primary on very limited supplemental security income (SSI) (Gonyea, Mills-Dick & Bachman, 2010). According to UN (2011), older people often face discrimination in hiring, promotion, and access to job-related training. Employer's negative perception about older workers abilities and productivity affected the decision about hiring and retention. In addition, among the older women's and the oldest old in particular tends to be poorer than the other age groups. Moreover, Age-related stereotype and high level of unemployment continue to undermine older persons to access to the labour market. Work discrimination exposed older people to the lack of health service access and housing related problems.

According to Help Age International (2010) research on vulnerabilities and living conditions of older peoples in Addis Ababa reported that majority of homeless older people are not access to food properly, access to water and sanitation. As a result, they participated in begging to fulfill basic needs. The finding added that homeless older peoples are slept in churches, mosques and around the street. Furthermore, the study confirmed that majority of vulnerable older peoples are not getting education and training. Finally, the finding shows that half percent of the participants did not get family support.

Parpouchi, Moniruzzaman, Russolillo and Somers (2016) stated that the prevalence of food insecurity and food insufficiency is high among homeless older people. However, homeless older peoples who have high experience and knowledge can secure an adequate quality and quantity food relative to their younger counterparts. On the other hand, MacDonald (2004) stated that

chronic homeless older people have more difficulties than the newly homeless in meeting their basic needs such as food, clothes, and place to wash. On the other hand, older homeless women's face more difficulty in finding enough to eat than older men, but the reverse is true to finding shelters and place to wash as well as the bathroom.

The study of ageing and homelessness in Canadian identified that older peoples are challenged to sort out homelessness problem. Among the factors that impacted this challenge are chronic nature of homelessness, lack of treatment from their mental health problem, alcohol and substance abuse, housing instability, economic instability, problematic relationships and difficulty that obtaining employment (Reynolds, et al, 2016).

2.8.3.1. Challenges of Homeless Older People Access to Employment

"Being homeless older adult is an experience that offers barriers to employment that uniquely from those of homeless adolescent or young adult" (Avery, 2014, p.184). And the major barriers that hinder homeless older peoples to get employment opportunities are health, social and societal barrier. Apart from decreased mobility and increased fragility, homeless older people's experience a breadth of additional health concerns. Poor nutrition and sleep deprivation are characteristic of a homeless lifestyle, can contribute to the development and worsening of the state of many chronic illnesses on older people's (Avery, 2014).

Moreover, there are many acute physical health issues that homeless older people are highly susceptible to many of which prove to be extremely limiting to get job opportunities (Avery, 2014). Apart from the physical health, the mental health problem is one factor that hinders homeless older peoples to get employment opportunities (Avery, 2014). Therefore, this indicated that all those life events jointly affect the wellbeing of homeless older peoples and exacerbated to

lack of employment opportunities. MacDonald (2004) elaborated that most older people's experiencing ageism when they trying to find work, older people's employment, income and social assistance needs and homeless older peoples are impacted by health status, barriers and structural inadequacies as well as unavailability of appropriate employment.

Social problems are factors that exacerbate homeless elders like stressful life event, lack of social support, exploitation, and victimization. According to Avery (2014), lack of social support is a crucial resource to have access to employment. Homeless older people,s lack social relationship with friends, families and other community members, lack of relationship also exacerbated the lack of employment. Being employed provides another important source of social support, especially for older peoples who may lack friends or family in their community. Exploitation and victimization are other social barriers that happen on homeless older peoples. Some employers, contrary to what one would expect, are highly motivated to hire older workers. Unfortunately, this desire does not always occur for the right reasons, for example, hiring older workers under the presumption that they are not as motivated to make as much money as younger workers so that they can maintain various supplemental incomes. Exploitation and abuse are serious concerns for the general older population. In terms of the labour market older workers are not offering adequate wages based on actual levels of productivity (Avery, 2014).

Age discrimination in the workplace has become more prevalent in recent years and perhaps the most restrictive barrier for older workers looking for employment. Discriminatory practices such as unwillingness to hire older workers, not providing older workers with equal training opportunities or terminating the employment of older workers without justifiable cause, can make keeping a job next to impossible for older workers. The central driving force behind age discrimination is stereotype and stigma associated with the older population (Avery, 2014).

2.9. Social Relationship Problem of Homeless Older People

Older homeless persons lack the diverse family ties that characterize their age peers in the general population (Levinson & Ross, 2007). People who are homeless are sometimes lacking positive relationship with others who might have provided them the social safetynet to prevent homelessness. Indeed, some scholars consider social isolation or disaffiliation is a defining characteristic of homelessness (Reiss & Sprecher, 2009).

Previous studies showed that some currently homeless people have an impoverished social relationship with friends or relatives who might be able to help them. Lack of positive relationship with significant others and presence of negative relationship can contribute to homelessness, in turn, it can disrupt people social tie with others (Reiss & Sprecher, 2009). Older peoples believe that social relationships are as central to filling their lives with meaning, but homelessness exposed them to be missing out on important life events, familial interactions, disconnection from their grandchildren and positive feeling towards life (Reynolds, et al, 2016).

The study of ageing and homelessness in Canada shows that homeless older peoples have the feeling of shame associated with being homeless which leads weakened familial ties. The study added that older people's feeling of shame in relation to losing of skills in several important areas including self-care, cooking, and skills related to employment. Finally, homeless older people's feeling of shame is associated with asking for help from service providers, friends and their family members (Reynolds, et al, 2016). The study conducted by Avery (2014) stated that older homeless adults lack strong relationship ties with their family members and friends more often than not.

In addition, being cut off from one's family can occur for a variety of reasons that can potentially increase the negative consequences associated with homelessness, including chronic substance abuse, behavioral problems, or mental health issues, not having strong family connections (Avery, 2014). Similarly, the study conducted by Crane (2001) confirmed that many older people are isolated and either lack of family or have no contact with relatives for many years because of their homelessness. As compared to younger homeless, older homeless are more isolated from the general community as well as friends and relatives (McDonald, 2004).

Social isolation is common on homeless older peoples. The majority of homeless older peoples are separated from their relatives and they have no friends. Some of homeless older peoples have no family contact more than twenty years and they do not know about whether their parents or siblings are living (Crane, 2001). In addition, many homeless older people's social relationship is estranged while they become homeless. On the other hand, the study confirmed that some homeless older peoples have been raised in orphanage center and they never had a close family. Especially, older women who sleep in rough tends to be particularly distressful, alone and alienated (Crane, 2001). Furthermore, Hamid (1997) confirmed that homelessness can lead older peoples not only physically frail but also make them socially isolated. And experiences of isolation, segregation, and social exclusion are worsening by the limited social relationship of older people (Sussman, Grenier, Barken, Bourgeois-Guerin, & Rothwell, 2016).

2.10. Psychological Problems of Homeless Older People

Stress is one of the major psychological problems which affect homeless people because of their loneliness (Sanders & Brown, 2015). In addition, loneliness making homeless people withdraws further from another member of the community (Sanders & Brown, 2015). And

loneliness describes the experience of being unable to attain a relationship with others built on trust, mutual benefit and support (Sanders & Brown, 2015). Mental health disorder and cognitive impairment are very common among homeless older people (Marjolaine & Joyce, 2009). Experiencing homelessness in later life including shame, anxiety, and worry are exacerbated by ageing and social exclusion (Sussman, et al, 2016). Chronic and newly homeless older people have possible or probable depression (McDonald, 2004).

Older people also stressed the shame and stigma of being homeless in old age and societal perception and response could worsen how older people felt about themselves. Older people felt stigmatized, sensed that others were judging them and older people'ss ashamed of their situations (Sussman, Grenier, Barken, Bourgeois-Guerin, & Rothwell, 2016).

2.11. Coping Strategies

Help Age International (2010) conducted on vulnerabilities and living condition of older people in Addis Ababa, among the participants the destitute or homeless older peoples were the targets of the study. The finding confirmed that older people's face problems with related to health, food, shelter, clothes, unemployment/lack of income generating activities and lack of care and support centers. However, older peoples use their own coping mechanisms to minimize their challenges with related to food through, eating less preferred food, skipping meals, eating fewer meals per a day, eating food not normally eaten. Furthermore, to cope up the increasing of food price, older peoples were buying the cheaper food item, substantiating with the poorer food item and begging.

Older peoples are exposed to health problem because of ageing, poverty, malnutrition and poor health care access. Mechanisms they used to cope with their problems are using traditional

medicine and holy water and accessing government free health care services. The finding also reported that older people are living on the street, church or make shelter shift to cope up their shelter problems. Regarding the clothes problem older peoples cope up through keeping old clothes, asking support from relatives, community, and NGOs. Finally, older people are using begging as a potential source of their income. the finding confirmed by Randall and Brown (2006) indicated that homeless people are use begging as a potential means of coping strategy but they spent their money on drug and other unnecessary things on the street.

2.12. Summary of Literature Review

The existing literature shows that the problem of homelessness is observed in the world which exacerbates older people living conditions. Various reasons lead older people to homelessness in later life including the death of parents or close relatives, marital breakdown, lack of income, related to housing and cost of house rent, health problem and other associated factors. In general, structural, social, societal and individual factors are the most determinant factors that exposed older people to homelessness in later life.

Moreover, these literatures indicate the combination of factors exposed older people to different social, health, psychological and economic challenges that affect their wellbeing by excluding them from different social and economic participation with the general community. The reviewed literature reported that vulnerable street homeless older people are susceptible to the problem of health, food, water, clothes and performing other daily activities because of their homelessness. Homeless older people are not only challenged in relation with getting their basic needs but also they are susceptible to isolation from their relatives, friends and significant members of the community. In addition, homeless older people are challenged with related to the opportunity of employment due to social, societal and health barriers which are hindering them

from engaging in income generating activities. However, even though it is not sufficient enough, homeless older people have used different mechanisms to cope their challenges on the street.

In general, the available literature indicates that the existence of knowledge gaps on the issue of street homeless older people in Ethiopia. A plethora of the reviewed literature was conducted in the western context which shows that older people are homeless in later life due to different reasons and they are susceptible to different structural social, health, economic and psychological problems. Therefore, studies in western context were conducted by using quantitative (positivism) approach to identify the reasons and challenges of homeless older people. And the contexts of Ethiopia and westerns have a high disparity in economic, social, and other factors. As a result, the aim of the current study was to describe homeless older people living conditions and their coping strategies by using constructivist paradigm.

Chapter Three

3. Research Methods

This chapter describes the methodological contents which were employed to carry out the study. Accordingly, the study paradigm used as a guiding framework throughout the study, research design, sampling technique, sample size, unit of analysis, description of the study area, procedure of data collection that the researcher applied to collect prolific evidence, inclusion criteria and participants of the study which was potential source of information for the study, methods and tools of data collection, sources of data, method of data analysis that the researcher used to report the study, quality assurance, ethical considerations, limitation of the study, and challenges of the study.

3.1. Research Paradigm

Research design in qualitative study brings philosophical paradigms that help the researcher in deciding to investigate the issue and brings the own set of beliefs on the study (Creswell, 2007). Therefore, there are different paradigms which show the view of the world in different dimensions either subjectively or objectively (constructivism or positivism). Those philosophical outlooks are potential to determine the design of a particular study. In this study, the constructivist paradigm was used as a guiding framework to understand the view of the world including the researcher's philosophical stance regarding the phenomenon of the study.

According to Creswell (2003, 2007, & 2009), constructivist philosophical stance can give room to look the complexity of views and meanings towards certain things or objectives. This perspective can influence the type of questions used for the study to allow participants constructing their own meaning about the phenomenon through communication and

interpretation because social constructive perspective recommended that the guiding question for the study should be more of open-ended and broad.

Individuals can develop own subjective meanings about the situation they are experiencing and live in this world and then the goal of the study relies on the participants' view of the situations (Creswell, 2009). In addition, qualitative researchers understand and explore the social world through own perspectives of participants and the construction of reality that offered by them (Ritchie & Lewis, 2003). Qualitative research perspective believes that knowledge is constructed through interaction and communication with the perception and interpretations of the individual (Vanderstop & Johnston, 2009).

Therefore, considering the nature of social constructive perspective, the researcher draws the following points that influenced this particular study. (1) The researcher to listen carefully what participants said about their life situations regarding their living condition and coping strategies. (2) The researcher prepared lead questions to initiate participants for discussion and construction of their own meaning about the situation and experience they had. (3) Allow participants to express their feelings and understanding of their leaving situation. (4) As much as possible the researcher relied on what the participants express towards their constructed meaning of things that they observed in their living condition. Finally, data collection process was flexible to allow participant's freely expressing anything came to their mind during the interview.

3.2. Research Design

This descriptive study begins with well-defined research participants as well as a phenomenon which were described qualitatively. Krueger and Neuman (2006) stated that descriptive studies presents a picture of the specific detail about a social setting as well as

relationships and describe the situation accurately. Creswell (2007) noted that researchers cannot decide qualitative design without selecting the broad assumption central to a qualitative inquiry or a perspective that consistent with it. Meaning, the researcher should decide first the research paradigm as a guiding framework which is consistent with qualitative research.

The nature of research problem determines the type of research design that the researchers employ (Creswell, 2009). Taking this into consideration, the researcher described the reasons for homelessness for older people, challenges related to their homelessness and their coping strategies through qualitative research design. With this intention, the study was investigated by using cross-sectional study design, because the researcher was collecting and analyzing the data at one point in time. In line with this, Creswell (2012) point out that cross-sectional design is applied when the researchers need to collects data at one point in time.

In fact, qualitative research has its own features which lead researchers to choose as a guiding framework for a particular study. (1) It studies the constructed meaning of people's live of the real world situation. (2) It has the ability to represent the perspective of the participants. (3) It has the ability to capturing the perspective of the participant that represents the meaning of the real live events. (4) It covers contextualization of the social conditions and everyday experiences of the people life that could be indicators of the real world event. Finally, the conclusion of the qualitative research is derived from data triangulation (Yin, 2011). Additionally, qualitative research is an approach used to describing and understanding the meaning that individuals ascribed to social problems (Creswell, 2014). As a result, the researcher chooses qualitative research approach as a proper design to fit the researcher intent to describe homeless older people living conditions and their coping strategies by relying on the

participant's perspective about real life events that they experienced allied with their homelessness.

Accordingly, among the five types of qualitative research approach (ethnography, phenomenology, case study, narrative research and grounded theory) the researcher used qualitative case study design. According to Creswell (2007), there are three types of case study such as single case study, multiple case studies, and intrinsic case study. Hence, among these three case studies, the researcher used a single case study to investigate deeply the issue of the study undertaken. Darke, Shanks, and Broadbent (1998) stated that single case study allows researchers to investigate phenomena to provide rich description and understanding.

Creswell (2007) stated that "case study research involves the study of an issue explored through one or more cases within a bounded system" (p.73). Meaning, a case study is not used in a particular research without a bounded setting or context. Additionally, Zainal (2007) stated that case study method allows the researcher to closely investigate the study within a specific context and in most cases; case study method chooses a small geographical area as well as a limited number of individuals as the participant of the study. Furthermore, it allows studying a contemporary real-life phenomenon through detailed contextual analysis about a limited number of conditions and their relationships.

Therefore, the researcher has limited participants and area of the study by focusing on the street homeless older people who are aged 61 and above with at least a year and above experience of homelessness. And the study was bounded in the context of Kobo Town Kebele 02 to describe the phenomenon undertaken. As a result, the participants of the study were homeless older people who are living around the churches, mosques as well as on the street by the time of

data collection in Kebele 02. The reasons why the researcher prioritizes Kebele 02 was due to the fact that homeless older people are highly observed around the churches, and on the street as compared to other parts of the town. On the other hand, the nature of case study design influences the researcher to conduct a study in a bounded context and a small number of participants. To strengthen this idea, VanWynsberghe and Khan (2007) confirmed that case study should be contextually presented through creating the reader's sense of being there by providing detailed and contextualized analysis through the particular context.

3.3. Sampling Technique

According to Krueger and Neuman (2006), the primary purpose of sampling in qualitative research is to collect specific cases, events, or actions that can clarify and deepen understanding of the complex social phenomenon. In order to investigate this particular study issue, the researcher used a purposive sampling which is one of non-probability sampling technique to select potential participants. Before data collection process begins, the researcher set pre-specified inclusion criteria which lead to use purposive sampling to draw participants for in-depth investigation. Walliman (2006) noted that "purposive sampling is applicable in a situation where the researcher selects what he/she thinks is a 'typical' sample based on specialist knowledge or selection criteria in the study sites" (p.79). Hence, the criteria that used may be demographic characteristics, circumstances, experiences, attitudes and any kind of phenomenon (Ritchie & Lewsie, 2003).

Krueger and Neuman (2006) stated that when the researcher use to apply purposive sampling, the following three situations can be considered; first, to select the unique cases that are especially informative, second, to select members of a difficult to reach specialized

population, third, when a researcher wants to identify a particular types of cases for in-depth investigation. Therefore, considering the aforementioned preconditions the researcher applied purposive sampling method for the in-depth investigation to describe the issue undertaken.

3.4. Participants of the Study and Inclusion Criteria

Setting inclusion criteria in a research to identify who is participating in or potential to fit the study objective and who are not principally important in the qualitative researches (Baxter & Jack, 2008). Participants of the study were homeless older people who live in Kobo Town. Accordingly, the eligibility criteria for homeless older people participated in the study was (1) aged 61 and above (2) homeless older person who live on the street at least a year and above, meaning, the intention of the researcher is if an older person who has been homeless for a year may experience different air conditions and experiences that best fit to bring prolific data about the objective of the study and understanding of the phenomenon (3) who is able to listen and speak Amharic properly (4) who is willing to participate in the study.

In addition, the inclusion criteria which were used for key informants of older people association representatives are: an elder person who (1) is aged 60 and above (2) was working in the association more than six months (3) who can speak and listen Amharic properly (4) who is willing to participate. Finally, the eligibility criteria which were used to compliment the data from Labour and Social Affair experts are: The person who (1) has been working in the office more than six months (2) willing to participate.

3.5. Sample Size

In a qualitative study, the sample size is determined on the basis of theoretical data saturation which the point in data collection when new data no longer bring additional insights to the

research objectives (Mack, Woodsong, Macqueen, Guest & Namey, 2005). Likewise, Suri (2011) stated that "Data saturation associated with the stage when the further collection of evidence provides a little in terms of further insights, perspectives or information in a qualitative research" (p.72). In addition, Rtchie and Lewise (2009) noted that in qualitative research, sampling continues until theoretical saturation is reached and no new analytical insights are forthcoming.

As a result, from the unit of analysis ten homeless older people whose age are 61 and above were participated in the in-depth interview until the required main points are saturated. However, in terms of key informants, the researcher incorporated two participants' which are experts from the Labour and Social Affairs Office to get additional insight in relation to the living condition of homeless older people in the town. In addition, the researcher also selected two key informants from older people association representatives of the town. In general, fourteen participants have participated in the study. Convenient place and time for the interview was arranged based on the participants' interest and preference around the churches for in-depth interview participants and for key informants in their office.

3.6. Unit of Analysis

Baxter and Jack (2008) stated that in order to determine the unit of analysis and the research case for a particular study, the researcher should asked himself the following questions: do I want to analyze the individual?, do I want to analyze the program?, do I want to analyze the process? And do I want to analyze the difference between the programs? Bhattacherjee (2012) substantiate that unit of analysis means individuals, groups, organizations, countries, technologies and objects which are the target of the investigation. In addition, Creswell (2007)

noted that the units of analysis for case study type of research are an event, program, an activity, an individual and more than one individual. Therefore, since the researcher investigated a single case study which is the living conditions of homeless older people and their coping strategies, the unit of analysis for the study was individual homeless older people aged 61 and above, and who have a year and above experience of homelessness.

3.7. Description of the Study Area

The study was conducted among homeless older people of Kobo Town. Kobo is a town found under the Administrative Zone of North Wollo, Amhara National Regional State. This town has a longitude and latitude of 12°09′N 39°38′E with an elevation of 1468 meters above sea level. It is the administrative center of Kobo Woreda. Kobo is located in the Northeast corner of the Northern Wollo Zone, bordered on the south by the Logia River which separates it from Habru and Guba Lafto on the west by Gidan, on the north by Tigray Region and on the east by the Afar Region. The area is located along the main road connecting Aksum to Addis Ababa highway. The area is 570 Km far from Addis Ababa (North direction) and 189 Km from South of Mekele (Wikipedia, 2016).

Rain-fed agricultural practices, although to a lesser extent supplemented by small-scale modern irrigation, trade, civil service and handy craft are the major source of income for the majority of the population of the town. In addition, according to the 2006 census in the Town, the number of total population in the town is estimated to be 40,605. The dominant religion followed in the town is Orthodox 83%, Muslim 16.84 and 0.16 % Catholic and Protestant (Kobo Town Administration, Finance and Economic Development Office, 2017).

Recently, the area has been classified into two districts. Raya Kobo district, consisting of the rural Kebeles found on the outskirts of Kobo Town and the second district is Kobo Woreda, (town) consisting of only the four urban Kebeles. The presence of homeless older people was observed in the town, which lives in different corner parts of the town and around churches, mosques as well as on the street. Therefore, the study was conducted in Kobo Town Kebele 02. During the time of data collection, homeless older people who live around the churches and on the street have participated until the required evidence saturated.

3.8. Procedure of Data Collection

Kothari (2004) stated that "The task of data collection process begins after a research problem has been defined and research design chalked out" (p. 95). Hence, after the proposal got approved as per the schedule of School of Social Work, letter of cooperation was arranged. After that, the researcher had given the co-operation letter to the Woreda Labour and Social Affairs Office in need of cooperation from them to collect the data on the target group. After the support letter submitted for Labour and Social Affair Office, the researcher arranged an initial discussion with Labour and Social Affair Office concerned experts to have a clue about the current problem situation of homeless older people in the town. This initial communication helped the researcher to refine the interview guide and getting consent for collaboration throughout data collection in the field. After the discussion, the researcher arranged three days observation and making an initial interview with three homeless older people to refine the protocol used to collect the actual data.

The purpose of the researcher to conduct preliminary observation for three days was: (1) to observe places frequented by homeless older people and accessible for data collection (2) to have

a preliminary interview with three homeless older people that could help to refine the interview guide before the actual data collection process started. In relation with this, Martin and Nelson, (2013) and Yin (2014) stated that it is advisable to conduct one pilot case first to test the guide and to make revisions to further interview for the study (3) to observe the daily activities that homeless older people performing (4) to understand the observed challenges of homeless older people facing in the town. Hence, during observation, the researcher was learning many things about the living conditions of homeless older people in the town before the actual in-depth interview was conducted. Aligned with the observed reality and preliminary interview with three homeless older people, the researcher refines the interview guide to collect the actual data.

Accordingly, before the actual interview started, the researcher introduced all the necessary information regarding the aim of the study and the right of the participants during and after the interview. Additionally, the interview was guided by the six steps which are adopted from Ritche and Lewise (2009) such as; Arrival, introducing the research, beginning the interview, during the interview, ending the interview and after the interview.

Therefore, during the in-depth interview, the researcher interviewed one homeless older person per a day. The reason why the researcher makes interview with one homeless older person per a day was for the sake of making familiarizing the data through repeatedly listening to the recorded audio documents to understand concepts which were generated from the interview and write the audio recorded data into text form and transcribing it. It was helpful for the researcher to make member checking and generated initial codes to assure credibility of the collected data. As a result, the researcher arranged a program with each participant to make a clarification about the collected data and checked its credibility. During the member checking,

the researcher was repeatedly visiting those homeless older people in-depth interview participants to generate fruitful evidence about the issue undertaken.

Finally, after having all the aforementioned data collection procedures, the researcher arranged interview program with key informants from Labour and Social Affair Office experts and representatives of older people association in the town. The reason for making this interview with those experts was, the researcher needs their perspective regarding homeless older people living condition in the town in line with their observation and experience as a responsible stakeholder. At the end of the data collection procedure, the researcher thanked all stakeholders who helped the researcher throughout data collection process and terminated properly. Having such procedures the researcher collectd the needed data pertinent to the objective of the study.

3.9. Data Collection Methods

Data collection was made with three group of participants; homeless older people aged sixty-one and above, experts of Labour and Social Affair Office and older people association representatives. Creswell (2007) stated that once the researcher defined the research problem, the next task is identifying data collection methods and tools. Creswell conceptualized that "data collection as a series of interrelated activities aimed at gathering good information to answer the designed research questions adequately" (p.118). In this research work, data collection and data analysis were undertaken simultaneously. Accordingly, Yin (2003) stated that there are six types of data collection methods used to investigate cases study research. These include; observation, participant observation, in-depth interview, document review, physical artifacts and archival records.

Therefore, among those means of case study data collections, the researcher employed three of data collection methods such as in-depth interview, observation, document review. In addition to the three means of case study data collection, the researcher employed key informant interview in order to generate the data from special populations who have the knowledge about the target group of the study. The researcher employed these multiple sources of data collection methods because they were significant to obtaine quality data by using triangulation. According to Yin (2003), one of the nature of case study research type is the ability to use multiple sources of data that are helpful to generate prolific evidence that shows the value of a particular research finding.

3.9.1. Observation

Observation is a qualitative technique of data collection in which the researcher takes field notes on the behaviors and activities of individuals at the study site. The researcher employed observation as a source of data collection technique to observe the living conditions of homeless older people. During observation, the researcher took notes about the living conditions of homeless older people and their coping strategies in the study site as well as by the time of interview. Related with this, Yin (2003) stated that observation might be made through a field visit including those occasions during which other evidence like from interview. The researcher observed the physical characteristics of the study area, where homeless older people are sleeping, the physical environment, whether it is accessible or not for mobility to homeless older people in the town. This is because the physical environment and sleeping places are potential to understand the challenges and living conditions of homeless older people in the town. In addition, during the in-depth interview, the researcher observed the observed behaviors and activities of homeless older people.

Therefore, the researcher obtained different observable behaviors of homeless older people towards their living conditions and coping mechanism which can substantiate the data obtained from an interview. Yin (2003) stated that "Observational evidence is often useful in providing information additional about the topic being studied" (p.93). Additionally, the researcher took photos of different areas in the field which was helpful to review again the missed concepts and observational data. Jupp and Sapsford (2006) noted that the advantage of observation data collection method for a particular study are (1) it provide information about the physical environment and about human behavior can be recorded directly by the researcher without having to rely on the retrospective account of others; (2) the researcher may be able to see what the participants of the study cannot; (3) the data obtained from observation can be a useful check on and supplements to information obtained from other sources.

Considering those advantages, the researcher employed observation data collection technique as a potential source of data in order to triangulate the evidence with an in-depth interview, key informant interview, and document review data. Finally, in order to generate observational data, the researcher prepared observation checklist. The observation cheek list was prepared consisted with the research objectives and associated points such as: the sleeping place of older people, social contact among homeless older people, observed health conditions of the homeless older people, income generating activities of homeless older people, water and sanitation sources of homeless older people, sources of food, observable coping strategies being utilized by homeless older people. In addition, the observation cheek list was prepared as best to fit for cross-checking with other sources of evidence.

3.9.2. In-depth Interview

In addition to observation, the researcher employed in-depth interview to generate potential data from study participants. According to Ritchie and Lewise (2003) in-depth interview has different features which show the relevance of the technique for a particular study in qualitative research. These features are: an in-depth interview is intended to structure with flexibility, it is interactive in nature, it uses in ranges of probes and the interview is generative of new knowledge that likely to be created at some stages, it is always conducted by face to face interaction. In addition, an interview is a form of qualitative research that takes place in the face to face contact with participants and the researcher which involves unstructured and generally open-ended questions to elicit views and opinions from the participants (Creswell, 2003).

Taking into account the aforementioned features, the researcher prepared semi-structured interview guide as best to fit the objectives of the study (see appendix IV). However, the researcher used probing during the interview in order to get detailed information from the participant about the issue undertaken. According to Corbetta (2003), when conducting a semi-structured interview, the interviewer makes reference or an outline of the topic to be covered during the conversation. However, within each topic, the interviewer was free to conduct the conversation by asking clarification if the answer is not clear to prompt the respondent to elucidate further.

Ritchie and Lewise (2003), stated that during an interview, mental and intellectual abilities of interviewer could influence the quality of the data generated from participants. So, the expected qualities of the interviewer during the in-depth interview are the ability to listen, clear and logical mind, good memory, showing interest and respect, ability to create a good rapport, efficient and

carefully prepared interview guide. Therefore, the researcher had given special emphasis about the above-mentioned qualities to spawn ample evidence during the in-depth interview as well as key informant interview.

Accordingly, during the in-depth interview, the researcher employed six stages such as arrival, introducing the study, beginning the interview, during the interview, ending the interview and after the interview. These stages were relevant for the researcher by the time of the in-depth interview with each participant and having more flexible nature of the interaction. These six stages are helpful for the researcher to produce potential in-depth interview data that helps to arrive a comprehensive and accurate finding (Ritchie & Lewise, 2003). In addition, the interview checklist was translated in to English language in order to make the in-depth interview in Amharic. This is because the community of the town is Amharic speaker. Finally, during the interview the maximum minutes for interview was 43 minutes and the minimum was 27 minutes.

3.9.3. Key Informant Interview

The other technique of data collection used for this particular study was Key informant interview with the town older people association representatives and Labour and Social Affairs Office experts. The key informant technique is a qualitative research data collection method which has been used extensively and successfully and it is an expert source of information (Marshal, 1996). The researcher employed interview of key informants to elicit a vivid picture of the participants' perspective on the topic of the study, because United States Agency for International Development (USAID) (1996) tersely indicated that key informant interviews are qualitative, interviews of some selected people for their first-hand knowledge about a topic of interest.

Key informant interviewees were recruited due to their unique viewpoints regarding the study undertaken, status in a culture or organization and knowledge of issue being studied (Law, Stewart, Letts, Pollock, Bosch & Westmorland, 1998). Therefore, the researcher incorporated key informants to substantiate the data through preparing interview guide to get prolific evidence towards homeless older people in the town.

3.9.4. Document Review

Documents can provide other specific details of data to substantiate much information from other different sources which are related to a particular study and when researchers doing case studies, documents can play an unequivocal role in any data collection (Yin, 2003). These may be public documents such as; newspaper, minutes of the meeting, official reports or private documents such as personal journals and diaries, letters, emails (Creswell, 2003, p.189). In addition, documents are in particular notes, case reports, contracts, drafts, diaries, statistics, annual reports, judgments and letters or expert opinions (Filck, 2009).

Therefore, in this study, the researcher reviewed different written documents which have been recorded about homeless older people in the study area Labour and Social Affairs Office, Social Protection Policy, National Plan of Action on Older persons, different reports which were reported by the Ministry of Labour and Social Affairs. During the document review, the researcher paid special attention whether the issues of homeless older people were incorporated or not in each document. The data obtained from the document review was used to triangulate with the collected data from interview and observation in order to understand its practical implementation of the proposed services in the document for homeless older people.

3.10. Data Collection Instruments

In order to collect adequate data pertinent to the objective of the study from the in-depth interview, key informant interview, and observation, different instruments that facilitate the data collection process were employed. Besides this, an instrument which helps the researcher to rehearse regarding what have been said by potential research participants and what the researcher observed. Therefore, instruments which were used for this particular study are interview guide questions, observation checklist. And audio recorder, notebook, pen to take field notes and photo camera were used as a tool for facilitating the data collection. According to Creswell (2012), in qualitative research, researchers collect data to learn from the participants in the study through protocols, such as observation checklists and interview guide protocols in which the researcher record notes about the behavior of participants. These observation checklist and interview guide was prepared based on the reviwed litratures.

3.11. Method of Data Analysis

"the process of data collection, data analysis, and report writing are not distinct steps in the process, often interrelated and go on simultaneously" (Creswell 2007, p,150). For that reason, the data analysis of this research was started from the first day of data collection with the various activities that can provide the collected data more essence to the study. In addition, the collected data from indepth interview was transcribed daily in order to have member checking while the researcher was in the study site.

Lacey and Luff (2009) confirmed that "There is no one right way to analyze qualitative data and there are several approaches available, however, much qualitative analysis falls under the general heading of thematic analysis" (p.9). According to Kreguer and Neuman (2006),

qualitative data are analyzed in terms of text, written words, phrases that are describing or representing people interpretations about events in social life. Bhattacherjee (2012) also affirmed that different from quantitative analysis, which is statistically driven and independent of the researcher, qualitative analysis largely dependent on the investigator's analytic and integrative skills as well as personal knowledge of the particular social context where the data is collected.

Therefore, the researcher employed thematic analysis to identify patterns in line with the research questions which shows the interpretation of homeless older people about the investigated issue. Braun and Clarke (2006), stated that thematic analysis captures something important about the data in relation to the research question and it represents the level of patterned response or meaning within the data set and they further stated it is a method used for analyzing, identifying and reporting patterns of the data. Ritchie and Lewise (2003) substantiated that thematic analysis is used to classify and organize the data based on the key themes, concepts and emergent categories which can show the result of the finding in a thematic form. Therefore, while applying thematic analysis the researcher was guided by the following six steps which are adopted from Braun and Clarke (2006). Especially, these six steps were applied on the data that has been collected from the in-depth interview and key informant interview.

Step One: Familiarization of the Data

Familiarization with the collected data was applied through three potential activities. These include; (1) Repeatedly listing the audio recorded raw data (2) Transcribing the Amharic recorded data into English language and reading repeatedly (3) translating the transcribed data into the Amharic language. During this phase, the researcher has highlighted ideas which could be potential for making meanings, concepts and developing initial codes. In addition, this phase

helped the researcher to immerse the entire concept of the collected data from the in-depth interview as well as other data collection methods. Especially, during transcription of the Amharic data into English, the researcher consumed more time which was potential to immerse the patterns, concepts and meanings of the study findings and it was an excellent way for familiarizing with the collected data.

Step Two: Generating Initial Codes

Following familiarization with the data and having an initial understanding of ideas about the collected data, generating initial code was applied. In this phase, the researcher produced initial codes from the familiarized data which are potential to produce codes and themes. The identified initial codes were the most basic segment of the raw data which assessed in a meaningful way regarding the living condition of homeless older people and their coping strategies. Additionally, Coding was generated through data driven which was collected from the study. Yin (2011) stated that "The purpose of trying to code these items is to begin moving methodically to a slightly higher conceptual level" (p.187). In doing so, the researcher used different colors to highlight patterns, meanings, and concepts of the findings. The researcher used different colors of pens and pencils to highlight the observation data and the notes taken from the interview. Thus, the researcher collected all similar color highlighted patterns in one main (pillar) code and made them ready for themes. Finally, through similar highlighted colors the researcher organized intended codes for developing themes.

Step Three: Searching for Themes

Following all initially coded and collected data, searching for themes was employed. During the initial codes, the researcher found many concepts, meanings, and patterns across the data set.

However, in this phase, the researcher focused on sorting different codes into potential themes and making meaning for the study. The researcher focused on how different codes combine in order to form overreaching themes. Some initial codes of the collected data formed themes where others formed sub-themes. In addition, the researcher found many themes which do not belong to anywhere, but the researcher created new themes which are potential findings of the study. Finally, the researcher ended this phase with a collection of candidate themes and sub-themes.

Step Four: Reviewing Themes

In this phase, the researcher focused on the refinement of the candidate themes which are identified in phase three. During the refinement phase, the researcher identified themes with no enough data to support them or themes may collapse each other. Therefore, the researcher identified those themes to breakdown and making separate themes. At the end of this phase, the researcher made a good idea of what the difference themes and how those themes fit together and the overall data obtained from the participants were clearly articulated.

Step Five: Defining and Naming Themes

The researcher begins by defining and naming themes after all themes satisfactorily presented in line with the data generated from the participants. In this phase, the researcher defines and further refines themes which present for analysis and the researcher identified the real meaning of each theme. During this phase, the researcher identified aspects of the data that each themes capture and the aspects of the data were cross-checked with the collected data in order to organize into coherent and internally consistent description.

Step Six: Producing the Report

After the entire themes workout, the researcher wrote the final analysis and report. During report writing, the researcher gave due attention for making coherence, logical, non-repetitive and interesting description of the themes regarding the general study issue and cross-case themes. Finally, the researcher focused on the essence of different themes in the finding of the study.

3.12. Quality Assurance

To maximize the quality of the study, the researcher employed different mechanisms. First, the researcher employed appropriate methods of data collections which are consistent with the research type and research perspective. Second, develop potential data collection protocols which bring the required data about the objective of the study. Likewise, Ritchie and Lewise (2003) stated that rigor in a research more to do with choosing the right data collection tools. Third, the potential of the researcher towards building a good rapport with the participants has its own influence to collect relevant data (Ritchie & Lewise, 2003). Therefore, the researcher has built a good rapport with the study participants such as homeless older people and key informants in order to obtain potential data regarding the objective of the study. Fourth, the researcher prepared consent form with a detailed description of the study that shows the willingness of participants. Finally, the researcher analyzed the collected data properly in line with the proposed six procedures of thematic analysis.

The other means that the researcher assured the quality of the study is triangulation. Triangulation used as a strategy for improving the quality of qualitative study by extending the approach to the issue under study (Flick, 2009). Triangulation helps the researcher to reduce bias

and cross-examines the trustworthy of the participant's response (Anney, 2014). According to Flick, (2009) the concept of triangulation in qualitative study is use different sort of data collection method in a particular study. Therefore, the researcher employed in-depth interview, observation, key informant interview and document review to triangulate the data. Anney (2014) substantiated that one of the main triangulation technique in qualitative research is that uses different sources of data for the particular study. Likewise, Stiles (1993) stated that triangulation means seeking information from multiple data sources for a particular study.

These different data collection methods helped to address different levels of the study issue and it gives a chance to cross-check the collected data. Accordingly, the data which were collected through in-depth interview was cross-checked by observation and document review. In addition, the observed data was cross-checked with the in-depth interview and document review data. Similarly, all the finding of the study was also triangulated during analysis by using these data collection methods to maintain the accuracy and clarity of the findings. Therefore, triangulation focuses on using different sources of information that can be potential to help both to improve the clarity or accuracy of the study finding (Ritchie & Lewise, 2003).

Furthermore, the researcher employed member checking to eliminate the researcher bias during analysis and interpretation of the result. Anney (2014) stated that the purpose of doing member checking is to eliminate researcher bias when analyzing and interpreting the results. Member checking was made by the time of data collection through making the audio recorded data into text form to be evaluated by the informants about the text which is organized by the researcher to make a change if participants are unhappy with it. The reason for the researcher made member checking by the time of data collection was, homeless older people have no permanent resident that the researcher accessed them for member cheking anytime.

Finally, qualitative data quality assurance principles stated by Bhattacherjee (2012) were also used. These are: dependability, transferability, credibility and confirmability of the study findings. Shenton (2004) justified each principle in the following manner; in addressing credibility, the researcher attempt to demonstrate that a true picture of the phenomenon under scrutiny is being presented. To allow transferability, the researcher provided sufficient detail of the context of field work for a reader to be able to decide whether the prevailing environment is similar to another situation and the finding can justifiable by applied into the other setting. To meet the dependability, the researcher should at least strive to enable future investigators to repeat the study.

3.13. Ethical Consideration

Researchers should not manipulate their data collection, analysis, and interpretation procedures in the way that contradict with ethical principles and advances their own personal agenda (Bhattacherjee, 2012). Therefore, before the actual data collection started, the researcher collected letter of cooperation from School of Social Work that shows the researcher legality to conduct the study in Kobo town. Letter of cooperation was presented for Kobo Town Labour and Social Affairs Office to get consent for collecting the data from the target group of the study. After the cooperation letter approved by the concerned body in the town, the researcher collected the required data from the target participants guided by other potential ethical principles.

Additionally, the researcher developed informed consent which was signed by the participants before they take part in the study (appendex I). Before participants signed the consent form, the researcher justified about the aim of the study, the issue of confidentiality, the relevance of their participation, eligibility to participate, the right to skip questions during the

interview and the right to withdrawal from the interview. All those informations were clearly stipulated for participants for the sake of getting heartfelt willingness to participate in the study and to ensure the ethical principles of the study. Related with this, Bhattacherjee (2012) stated that researchers have an obligation to provide information about the study to potential participants before the actual data collection started to help them decide to participate or not.

According to Kreuger and Neuman (2006), and Bhattacherjee (2012) participation in the study should be voluntarily. They added that getting informed consent from the participant is not enough to protect them from any harm rather participants should know clearly about what they are being to participate. The other ethical standards which the researcher should give attention during and after data collection are: anonymity, privacy, and confidentiality (Kreuger & Neuman, 2006). Therefore, to assure the anonymity of the participants the researcher employed assigned codes which represented the idea of participants.

According to Bhattacherjee (2012), researchers or readers of the final research report cannot identify a given response with a specific respondent. So, the anonymity of information was strongly maintained by the researcher in the whole process of investigation. In terms of confidentiality, information's that was collected from participants were attached with assigned codes rather than attached with the original name of the participants and also it will keep in secret. Bhattacherjee (2012) stated that in which the researcher can identify the response of the person, but promise not to disclose that person's identity in any public forum, report or paper.

Being guided by all the above ethical principles, the researcher collected the required data so as to meet the objective of the study. These ethical principles were potential to maintain the right of participants and successfully terminate the data collection process. Finally, after the data

analysis process completed, the researcher discarded the entire original recorded raw data which were collected from the study participants.

1.14. Challenges of the Study

While conducting this study, the researcher faced different challenges during the data collection process. The first challenge was related to accessing in-depth interview participants. Initially, homeless older people did not volunteer to take part in the study even they did not allow the researcher to build rapport with them in order to convince them about the purpose of the study assuming that the researcher was a delegate from the government office and homeless older people were hesitant to provide data thinking that the study was politically motivated and personal agenda. This is because when homeless older people demand support from the town administration, no one hears their voices to take an action and address their needs.

The researcher got incredible support from both Labour and Social Affair Office and religious fathers. After that, homeless older people were convinced by the above-mentioned institutions to collaborate with the researcher. Hence, these homeless older people were given consent to participate in the study after deeply discussing with religious focal persons. Following this, the second challenge was some of the participants were emotionally disturbed and tried to crying when they talk about their current living conditions. As a result, the researcher quit the interview with many homeless older people.

The third challenge was, the main target group of the study was absolute homeless older people who used to live on the street. However, during the interview with older people who live around the churches, they preferred approach the researcher as absolute homeless but when the researcher tried to interview them in detail regarding their living condition as absolute homeless,

they disclosed that they have their own home but they show up in churches for begging to cover their expenses. This is because there are older people who show up around the churches and on the street for the sake of begging rather than to living. This situation made the researcher quit interviewing some participants. The combination of all these pressing challenges led re-scheduling the time of data collection and forced not completing the data collection process as per the researcher's schedule.

Beside all these challenges, the researcher obtained different experiences which were the most important for research investigation. The lessons that the researcher gained from the field are; how to approaching the research participants and how to develop raport, how to follow qualitative research data collection procedures, how to critically observe the needed data pertinent to the objective of the study.

Chapter Four

4. Data Presentation

4.1. Introduction

This chapter presents the findings of the study which were collected through in-depth interviews, key informant interviews, document reviews and observation. In-depth interviewees of the study were homeless older people who have been homeless for a year and above. Key informant interviewees include representatives from older people association and experts from Labour and Social Affairs Office. Fourteen participants, ten in-depth interview participants, and four key informants have participated in the study. From these participants, three of them were females while the remaining eleven were males. For detail socio-demographic information of participants, see the attached appendix V, table one and two.

Based on the emerged codes and categories of the data, the findings of the study were interpreted in the three research objectives with different themes and sub-themes. The first part of the chapter presents the findings of the study related to the reasons for older people homelessness. The second part focuses on the challenges that older people have been facing because of their homelessness. The third part of the chapter presents potential coping strategies which were employed by homeless older people. The researcher used assigned codes for the participants instead of their real name while presenting the finding of the study to ensure just confidentiality. IIP with assigned numbers are used for homeless older people who participated in the in-depth interviews and KI with assigned numbers are used for key informants.

4.2. Reasons for Older People Homelessness

The findings indicate that there is no one single reason for older people homelessness. Older people have exposed to homelessness due to different reasons which are risk factors that affect the wellbeings of older people on the street, around the churches as well as different places which are not intended for human habitation. Hence, the main reasons for older people's homelessness are presented under the eight major categories. These are; unavailability of low-cost house rent, divorce, the death of close relatives, health problem, poverty, lack of social support, lack of legal protection and ageing.

4.2.1. Unavailability of Low-Cost House Rent

The finding indicates that unavailability of low-cost house rent was one of the factors for older people homelessness. An in-depth interview with the participants confirmed that they are not able to pay the house rent due to their economic problem and that the amount of money paid for house rent has been too high. Not only in-depth interview participants but also the data gathered from key informants showed that unavailability of affordable houses in the town was among the factors affecting the older people. Homeless older people who participated in the study have no regular means of generating income that enable them to pay the expected high cost of house rent. IIP-4, 68 years old man who is homeless for the last three years stated as follows:

> People are running to renting their house with high cost rather than to serve us through minimizing the cost, and the money I am getting from begging is not sufficient enough to support my living. Due to unavailability of low-cost house rent, I therefore, became homeless.

To substantiate the above idea concerning the effect of high cost of house rent for the current homelessness of older people, IIP-5, 65 years old man who is homeless for the last two years explained that:

> The inability to pay house rent exposed me to live here (around the church). When I came to Kobo in the first time, I tried to rent a house. As life goes on, the cost of living became expensive. Hence, I decided to stay around the church.

Furthermore, the findings generated from IIP-1 and IIP-7 indicates that the communities of the town rent out their houses in high price, which is not affordable to homeless older people. Among homeless older people who participated in the in-depth interview confirmed that they tried to rent in a house with minimum cost but they did not get as per their expectation. As a result, they have been living along the sides of streets and they used to live around churches as the last option. Even though unavailability of low cost house rent is one of the reasons for older people homelessness, divorce also another contributory reason for homelessness.

4.2.2. Divorce

The finding indicates that divorce is one of the causative factors for older people homelessness. Participants of in-depth interview revealed that their divorce/separation with their husbands or wives lead them to homelessness. Marriage relationship was an asset for their survival to live in a safe and comfortable home by using different potential mechanisms together with husband and wife. In addition, before their separation from their husbands/wives, they were sharing many social and economic activities with their neighbors' friends, and children in the community and living either in rented or in private home. However, they are not able to rent home alone as well as build own home after the breakdown of their relationship. IIP-8, 68 years

old homeless woman explained about the impact of divorce on homelessness in the following manner.

> I was married to four husbands at different times, but I am divorced with all of them. When I got divorced with the fourth husband he took all the property that we accumulated together. Thus, I was not able to construct my own home as well as rent a house and then I decided to came here (Kobo town) to live around the churches. However, before the divorce with my husband, I had a stable living condition in my home.

Furthermore, when explaining how divorce was a means for his current homelessness and exposed him to live around the churches and on the street, IIP-10, 85 years old man who is homeless for the last two years stated that:

> I have been living in different towns of Oromia Regional State for many years with my wife and children; during that time, I had a private home and I was living properly. Unexpectedly, I got divorced with my wife two years ago due to different reasons. My wife gave me a portion of money from the home. But the money I got from her was not sufficient for building a private home. As a result, I become homeless and began to live on the street. If I had not been divorced from my wife…the problem of homelessness would not have affected me.

The finding identified from IIP-6, IIP-7, IIP-8 and IIP-10 indicates that their divorce leads them to economic problems which were the main risk factor for homelessness. Economic status remains stronger for the couples who were in a marriage relationship. This helps the couple to support themselves financially and for other life concerns but things easily fell apart as the relationship broke down between the couples. As the result of divorce, the inabilities for the

older people to support themselves became an issue and this also automatically leads them to the problem of homelessness. On the other hand, the data obtained from the participant indicated that death of close relatives were the reason for older people homelessness.

4.2.3. Death of Close Relatives

It was also found that the death of close relatives is another factor for older people's homelessness. Participants from an in-depth interview disclosed that the death of close relatives, biological parents, husband or wife, and other kin members highly attributed to older people's homelessness. The data obtained from among the in-depth interviewees shows that being widowed and widower become one of the determinant factors for homelessness. In addition, the finding emphasized that the death of the parents, wife, and husband at particular household are the most dominant factors that cause for family disorganization which predicts older people homelessness. IIP-3, 85 years old woman explained that:

> My husband died seven years ago. Before he died, we had stable living conditions with our children because he was providing for our consumption and housing needs. But after he died, I could not afford to pay the house rent and construct my own home. As a result, I become homeless and started living on the street and around different churches for the last four years.

Furthermore, IIP-5, 65 years old man who is homeless for the last two years has stated his idea of how he has been exposed to homelessness following the death of his wife in the following manner.

> My wife died three years ago while we were living in our own home. After she passed away, I started quarreling with my children because they were demanding to inherit some properties that we had accumulated. As a result, they sold my

> home and took their portion from the home. Consequently, I was not able to save myself from being homeless.

Similarly, IIP-9, 70 years old homeless man who experienced homelessness for the last three years explained that:

> When I was living with my wife and children, I was able to generate some income. I also did a lot for my family and we had a private home for living together. But currently, I lost all these things due to the death of my wife.

Among the in-depth interviewee, there are older people who were extremely affected by the death of close relatives, which lead them to the current misery living conditions on the street. Before the homeless older people's relatives died they were living together in their own home as well as with their relatives through supporting each other. But after the close relative's died, they became absolutely homeless and started living around the churches and on the street due to lack of support from the relatives. The data obtained from IIP-6, IIP-7, and IIP-8 indicated that the parent's death mainly exposed them to homelessness. Because in relation to their parents' death, they lost all supports that they were getting therefrom. IIP-8, 68 years old homeless woman clearly explained that:

> I lost significant people which could support me, four of my children died out of five, and all my sisters and brothers died, my mother and my father also died long years ago. So, how could I cope with homelessness? It was good for me when my children were alive but after their death I become homeless. Consequently, I have been living on the street and churches for the last five years through begging.

4.2.4. Health Problem

*"*Everything is nothing without good health condition"; as directly narrated by IIP-7. Health problem is another reason for older people homelessness. The finding indicates that older people are exposed to homelessness after they become old due to age-related health problems. Thus, the data obtained from in-depth interviewees indicate that their health problem lead them to poverty which is risk factor for homelessness. Health problems of older people hindering from renting a house and have their own private home through making money. Especially, age-related health problem has more exacerbated the possibility of older people homelessness because of their physical strength deterioration, the decline of the social network, the decline of work participation and other associated factors.

4.2.4.1. Physical Disability

In fact, physical impairment is the determinant factor that exposed people to the problem of homelessness in all age group of people. Therefore, the finding of this study, obtained from IIP-6 and IIP-7 indicates that their physical impairment was one of the factors that lead them to the problem of homelessness. This is because physical disabilities hinder people from generating income for constructing their own home and make older people unable to pay the cost of house rent. As to IIP-6 and IIP-7 elucidation, their physical disability was not associated with their age but it was a long term problem that was hindering them from performing any activity to fulfill their own basic needs. However, there are homeless older people who have no observed disability but their physical strength does not allow them to be functional to participate in income generating activities for their living, even it hinders them to move place to place for begging. IIP-6, 62 years old man who is homeless for the last five years explicate about the effect of the physical impairment on his current homelessness in the following manner:

> Before my parents died I was living with them for many years. But after they died I become homeless, because I am not able to construct a home for myself and make money for house rent as a result of my disability. If I were not a disable person, I would construct my own home or might have able to rent a house for myself. However, God creates everything for reason.

4.2.5. Poverty

Even though older people were exposed to homelessness due to different social problems, economic problems also have the larger share for the reason to be homeless. During the in-depth interview, participants revealed that lack of money for house rent and to have their own home exposed them to the problem of homelessness. Homeless older people were displaced from different rural areas in which their income depended on agriculture. However, their children and other family members took their farmlands without their consent and thes becomes an additional factor for poverty. After they have lost their farmlands, older people decided to displace from different rural area to Kobo town for begging and living in different places which are not intended for human habitation.

In addition, homeless older people who have their own farm lands are not getting sufficient amount of harvest that could avoid the homelessness. This is because the size of their farm land is minimal and they harvest once a year during the summer season which is not sufficient for sustaining their life. If there is no rain in the summer season they do not have options to get water for agricultural production. The combination of all these factors made older people become poor and disempowered to cope with the risk of homelessness. IIP-10, 70 years old man who is homeless for the last two years revealed in the following manner about the impact of poverty on his current homelessness.

> Before three years, I was working as a guard in different organizations with a minimum payment. But that payment was not enough for having a private home while I have no farm lands which could be an input for having my own home or renting a house to prevent myself from homelessness. For this reason, I become poor and exposed to the current problem of homelessness.

4.2.6. Lack of Social Support

In relation to social support, there are two types of challenges which were exposed older people to the problem of homelessness. These include: (1) Older people who do not have their own biological children and relatives who can provide care and support for them. (2) Older people who lack social supports from own biological children, relatives and significant member of the community. Therefore, lack of social support is one of the reasons that lead older people to homelessness. Older people become homeless because they do not have their own biological children, and relatives who can support them when they are not able to make money to fulfill their own basic needs. In line with this, IIP-2, 71 years old woman who experienced homelessness for the last three years stated that:

> I have no children, nor do I have extended families that could support me financially and morally. Before I become old, I was doing many things to save myself from homelessness, because I was able to generate income through selling woods and washing clothes, but now I am not able to do that. In addition to this, I have no relatives which I could live double-up with them and I have no parents who could assist me from homelessness.

On the other hand, the finding of the study indicates that older people are homeless due to lack of support from their own biological children, friends, extended families, and neighbors as well as from the government. IIP-3, 85 years old woman stated that:

> I have five children, and I was able to generate income to bring them up until they become grown-up children. As a result, these children have now grown and they could not even support me or could pay back what I did to them. I sent a religious leader and other negotiators to discuss with them concerning my living in order to stay with them or to assist me in renting a small house for me to live but they declined. Due to such circumstances, I ended up near the church and become a homeless person as you (the researcher) could observe –'**Mewoled Quanqua New.'**

The statement ***'Mewoled Quanqua New'*** is the proverb used by the community which indicates that being a kinship is valueless unless people are supporting each other. To substantiate the above idea IIP-6, 62 years old physically handicapped man who experienced homelessness for the last five years stated that:

> I am an older person with a disability. This is double jeopardy for me that exposed me to live on the street. However, my disability and being an older person is not the only matter for my homelessness but also the lack of support from my brothers and sisters make me homeless. Oh... to your surprise, my brother and sisters are not interested in paying money for a single month house rent for me.

There are homeless older people who came from different parts of northern Wollo and Tigray Regional State to Kobo town because they lacked support from their children, neighbors, extended families and others. In addition, the data generated from the in-depth interviewees indicates that the community members of the former residence of homeless older people were not supported older people to protect them from the risk of homelessness. In relation to this, IIP-5, 65 years old homeless man explained as follows:

> If the general community of my birth place were supportive, I might not become homeless and came to Kobo town, but I did not get any necessary support from them. As a result, I become homeless and prefer to migrate here (Kobo) for begging and living around the church.

4.2.7. Lack of Legal Protection

Legal protection that enables older people to live with freedom, receive support from the community and institutional services, and receive special services and having a dignified life are among the main concerns of National Plan of Action on Older Persons in Ethiopia (1998). However, the finding of this study confirmed that one of the reasons that lead older people to homelessness was the lack of legal protection from the concerned bodies such as the *Kebele* and town administration and other legal protection providers. Older people become homeless because their home and properties have been taken by biological children, families and other community members. When family members took the property of older people forcefully, older people were not able to sue the person who took their property because they lacked legal support from the town as well as from respective *Kebeles* of the older people's former residence.

The data obtained from KI-1 indicates that older people lack legal support from the town administration which exposed them to the problem of homelessness. Sometimes when people become old, biological children or extended family members took the property without their consent. As a result, older people become absolutely homeless and affected by different economic, social, psychological and health problems on the street. IIP-4, 68 years old homeless man stated that:

> For many years, I was living on the border of Sudan. My wife's relative or my in-laws sold my house three years before I came to Kobo. When I heard that my house was sold, I tried to sue the person who sold my house. However, justice and special legal support to return my house were not initiated by the town administration. As a result, I stopped to follow the legal procedures against the people who sold my house to return my home due to financial and health problem. Forthwith, I become homeless. During that time, if the town administration had supported me legally to protect my right, I might not have become a homeless person now and affected by adverse problems on the street.

In addition, IIP-7, 75 years old physically handicapped man who lacks legal support from the town administration stated that:

> Eleven years back I quarreled with one of my neighbor in my birthplace. During that time my enemy burnt all the property I have accumulated including my home. All my cattle were killed by him. During that time I did not get legal support from the government to compensate all the property I lost. Thus, I become homeless

> and I have been living on the street and different churches for the last eleven years in Kobo town.

As the finding of the study indicated that the law of Ethiopia is not excluded from its formulation regarding older people because the constitution and the action plan as well as social protection policy incorporated about how to ensure the rights of older people. However, there is lack of effective implementation as per the constitution and legal frameworks' of the country.

4.2.8. Ageing

"I was always praying by saying ***'Erjena Bechaken Na'*** (ageing, come alone). However, ageing came with different problems which disgrace me and lost my dignity that I had before I become old." as directly narrated by IIP-10. The reason of older people that they were praying by saying 'ageing, come alone,' is, when people become aged they are susceptible to social, psychological, economic and health problems. As a result, they prefer to die without facing such ageing related challenges.

The finding shows that ageing is the sources of many problems such as disability, visual problem, poverty, mobility problem, social problems, different health problems and other age-associated risk factors. Hence, the integration of these problems exposed older people to the problem of homelessness. In-depth interviewees confirmed that when they get old the ability to generate income for survival becomes diminished and they become susceptible to different health problems which hinder them to maintain their wellbeing and dignity.

In addition, older people were living in their own private home as well as through renting before they become old. However, related with ageing, their physical strength has deteriorated which hinders them to perform any activity for making money. Gradual declining of economic

status and social network with the different significant members of the community due to ageing were the main risk factors for older people homelessness.

In general, among all such reasons for older people homelessness, poverity is the most determinant factor that esposes older people's to the problem of homelessness because it was the source of all social, economical, and health problems.

4.3. Challenges of Homeless Older People

*"*Nothing like home, it is known for any one that we the homeless are living in a crisis" as stated by IIP-2, 71 years old woman. In addition, "At this age, homelessness means it is like '*be enkert lay joro degf",* (mumps over goiter)" as it has been defined by IIP-10. This indicates that homelessness and ageing is a double jeopardy that exposes older people to multiple challenges on the street. Older people suffer from social, economic, health and psychological problems because of their homelessness. Based on the emerged codes and categories of the data, challenges of homeless older people are presented as six major themes with sub-themes. These are: (1) mobility problem, (2) health problems, (3) economic challenges such as food, water for hygiene and sanitation, medication cost and clothes, (4) access to employment, (5) social exclusion such as social relationship problem with their children, friends, former neighbors and extended families, (6) psychological problems such as loneliness, depression and self-stigma.

4.3.1. Mobility Problem

The finding indicates that homeless older people are suffering from challenges in relation to doing different daily activities, which are potential for their survival. They have faced difficulties to move from place to place for the sake of begging food in the community for daily consumption.

Homeless older people, who have participated in an in-depth interview, confirmed that the main activities they are performing for their own daily life are: (1) searching ceremonies such as *teskar* and *ametat* or *mut amet* (the ceremony prepared among orthodox religion believers which are a commutations for the deceased), baptism, wedding and others for the sake of begging for food, (2) fetching water through begging for drinking, (3) going to the river for hygiene and sanitation, (4) begging money by circulating in different churches of the town. However, homeless older people suffer from many challenges to performing all the above-mentioned activities as a result of their worsening physical strength. Especially, these problems have been more exacerbated on physically handicapped homeless older people.

Observation result indicates that there are homeless older people who have a physical disability, suffering to easily access food, water, clothes, and other needs through begging as well as participating in different income generating activities. Not only physically handicapped but also there are homeless older people who are not easily going in different places of the town for begging because of age-related health factors. In connection with this issue, IIP-7, 75 years old physical handicapped man who experienced homelessness for the last eleven years explained that:

> One of my hands and my leg is not functional; I could not walk further beyond the church to search for a food. The incapability of walking beyond the church results to inaccessibility of different opportunities and resulted in eating one meal per a day. However, I have been also gaining food through the help of my homeless friends who are capable of walking beyond the church and congregation of this church also give some food to me especially on Sunday. I would like to say God

> bless them (his homeless friends and people who attended a congregation program on Sunday).

4.3.2. Health Problem

Homelessness increases the risks of developing health problem on the older people because of the environment where they are living, feeding style, lack of access to health treatment and other associated factors. In addition, health problem on homeless older people is severe because of their inability to cope with the challenges on the street and other places which are not intended for human habitation. The observation data shows that homeless older people are sleeping on around the churches which made them susciptble to health problems and the sleeping material they used are also might exposed them to health problem.

Hence, homeless older people who participated in an in-depth interview revealed that they were adversely affected by health problems due to poor nutrition, the place where they are sleeping, ageing and other unsatisfied health services. The data obtained from an observation indicates that low sanitation of their shelters or sleeping place might expose them to different health problems. Food poison and sleeping place related risk factors are among the two main reasons, which affected homeless older people health wellbeing. Food poison that occurs as result of leftover foods, which lead homeless older people to suffer from an excessive gastric problem and lack of shelter, as well as proper sleeping materials, also have been identified as the cause of homeless older people health problem. IIP-9, 70 years old man explained in detail about the effect of homelessness on his health condition in the following manner.

> It is visible that living on the street could expose someone to different health problems as result of improper living conditions. My tenure on the street as a

> homeless person for the last three years made me depressed. I am depressed because the community, former neighbors, friends isolated me and this resulted in my health deterioration. Moreover, I never ate food with better quality because I have been just collecting leftover foods from the community, different congregations, and weddings. The leftover foods also exposed me to the gastric health problem and I experienced stomach pain. All these problems indicate that I have been affected by the gastric problem and lastly triggered me to experience regular vomiting. I also suspected that I had a food poison because the leftover foods that I had been collecting were not safe at all. Meanwhile, the fact that I have been sleeping close to the garbage around the church also exposed me to have usual influenza and continuous eye infection. Above all, even though my living condition is miserable I thank God for taking care of me for this long.

In addition, homeless older people are exposed to harmful weather conditions exposure during the summer season. This is because they do not have any options, which can help them to refrain from the weather condition. As a result, in-depth interviewees disclosed that they were affected by malaria, influenza and other associated health problems. IIP-6, 62 years old man who experienced homelessness for the last five years explained that:

> As you (researcher) can observe from the place that I am living now, this place is not safe or secure simply because it is just located at the road sides and near the church. To mention a few, I felt sick twice this month due to poor sanitation of this place and the foods. This place seems to be better now because it is still dry season now. You cannot imagine how it used to be when it becomes a rainy

> season, it used to be very cold and I have been suffering from asthma due to cold weather especially during the summer season.

Furthermore, the data obtained from IIP-6 and IIP-8 indicates that even though ageing becomes one of the causal variables to the deterioration of homeless older people health conditions, homelessness exacerbated the problem as a result of the bad living condition on the street. In general, the entire in-depth interview participants revealed that they have been suffering from depression, the deep-rooted feeling of isolation, lack of water for hygiene and sanitation, lack of cost-free health treatment and lack of affordable food which are the most triggering factors for the health problem.

4.3.3. Economic Problem

It is not surprising that homeless older people are facing many economic challenges such as lack of affordable food, water for hygiene and sanitation, medication cost and access to clothes. Because among the reasons identified from the findings which exposed older people to the problem of homelessness, economic problem has been identified as the leading factor. Therefore, the finding of the study confirmed that homeless older people who participated in the in-depth interview are facing the following challenges because of economic problems.

4.3.3.1. Access to Food

Food is one of the basic human needs that must be fulfilled for survival. However, homeless older people have been challenged due to lack of food security. An in-depth interview data indicates that homeless older people never make enough money through begging to survive or to afford for daily food consumption. In addition, homeless older people who are suffering from the gastric health problem have been predicted to suffer due to poor sanitation and exposure to

leftover food on the street. IIP-4, 68 years old man who is homeless for the last two years stated the problem of food security in the following manner:

> Begging is the only source for me to survive. Another source to make a living is that I have been also attending ceremonies like teskar, wedding, baptism and other social events in the community. Another source of food for me is that the congregations in the churches especially on every Sunday donate some coins to me. Through collecting the coins from the congregation, I was able to buy bread for me to survive. My feeding schedule is determined by the amount of money I have collected. Sometimes, I slept without food if I did not collect enough money through begging and if there are no ceremonies in the community as well as congregations in the churches. Not only these factors but also if other homeless beggars arrived before me to collect the leftover food from the congregation and the ceremonies in the town, I did not collect enough leftover food.

The most challenges that homeless older people experienced as a result of lack of access to food are; (1) skipping meals many times; (2) eating fewer meals per a day; (3) eating less quality food; (4) eating minimum amount of food per a meal; (5) eating bread through buying without tea and (6) eating dried leftover food. Occasionally, some individuals in the town bring foods for homeless older people around the church to feed them. However, their supports were not regular basis and such an unexpected assistance could not be termed as potential assistance instead it is possible to put this type of assistance under the probability. IIP-1, 75 years old homeless man explained that:

> Frankly speaking, we, homeless older people who are living around the church never have a chance to eat three times per a day. There is some occasion where I can eat my breakfast and there is no doubt that I will miss my lunch or dinner.

The problem related to food security is more acute on homeless older persons with the disability because their physical disability is severe which hinders them from movement to go for the sake of begging. If they fail to go for begging, the option for them is very little to get food unless otherwise, their homeless friends give them some foods. In addition, in-depth interview data shows that homeless older people have been challenged during the fasting time because the amount of food they were getting through begging becomes insufficient.

4.3.3.2. Access to Water for Hygiene and Sanitation

Homeless older people were not affected by the problem of water to drink because the communities of the town have been voluntarily serving them. However, homeless older people have been challenging to access water for hygiene and sanitation. Although the finding shows the availability of water within the community for drinking, an in-depth interview participant claimed that they have the shortage of water to wash their clothes and to take a shower.

As a result, the homeless older people are compelled to get water for hygiene and sanitation from the river, which is very far from their living area (Kobo Town). Homeless older people were facing challenges to wash their clothes and body in the river because their physical strength is not strong enough to go far from the town for the purpose of hygiene and sanitation. To elaborate the problem related to access of water for hygiene and sanitation IIP-6, 62 years old handicapped man who is homeless for the last five years explained it in the following manner.

> Easily accessing water for hygiene and sanitation is not possible for me. When I want to wash my clothes and body I went to Hormat River (the river located five kilometers south of Kobo town) in the morning and came back to the town afternoon at least around 4 o'clock. The river is far from the town which is difficult to access it daily. Especially for me, it is challenging because of my disability and age-related health problems. However, drinking water is not an issue for me because I am accessing this easily from one of the volunteers, an individual who allows me to fetch regularly in his home.

4.3.3.3. Medication Cost

Homeless older people are facing critical challenges to get medical access due to their inability to make money for their medication cost. The finding of the study indicates that there is no access to cost free health care services in the town which could benefit the homeless older people. When homeless older people demand health treatment in the clinics, the town administration did not allow them to get free health care support as well as to get service with a minimum cost. In fact, the data obtained from all key informants, in-depth interviws and observation indicate that homeless older people are in a risky health condition because of the situation they have faced on the street. This problem is more exacerbated when they lack medication cost for their health problem treatment. In relation to challenges for accessing medication cost, IIP-5, 68 years old man explained in the following manner.

> Once upon a time I went to the health center for eye infection treatment, and experts ask me 30 birr for eye drop, but during that time I was not able to pay that amount. Thus, I decided to return back to my area because I had nothing on my

> hand to buy that eye drop. To tell you the truth, I am regularly facing health problem due to my living condition here on the street. I would be happy if the town administration allows me to get free health check-up when I get sick.

In addition, the data obtained from KI-3 indicates that there is no possibility that homeless older people are getting free access to health treatment because of the town administrations' unwillingness. KI-3 explained the problem of medication cost for homeless older people in the following manner.

> I have been working for the last three years as a head of older people association in the town. I tried many possibilities for homeless older people to make them get health treatment for free. However, the town administrators never paid attention for the association's demand concerning the homeless older people. Rather they said, **'Yterejinet Menfes adrobachihual'** (older people assume themselves as they are deserved poor). This is the most determinant factor for providing access to free health treatment and other services for homeless older people in the town. This also discourages us (the association members) to do more for the homeless older people in the town. It is not surprising that we assume ourselves as deserved poor because we are living in the place where everything is inaccessible for older people.

On the other hand, homeless older people have tried to save money for their health problems but it is not sufficient enough to fulfill their food consumption let alone the cost of their medication. In-depth interview participants except IIP-3 revealed that they were saving money for their medication cost through eating less preferred foods, skipping meals, eating fewer meals

per a day. However, all these mechanisms that homeless older people employed to save money for medication cost are in turn the most risky factors for their health problems. IIP-9, 70 years old man who experienced homelessness for the last three years narrated in the following manner.

> I was sick two times in the last three months. When I went for medication, I paid 85 birr for the first time and 120 birr for the second time, which made me, feel better. This is the result of saving by minimizing my daily food consumption. But if I did not have money during that time, I might have died.

4.3.3.4. Clothes

The finding of this particular study shows that homeless older people who participated in the study have the problem of accessing clothes. Homeless older people do not have permanent incomes to buy clothes when they need but they have been getting second-hand clothes from the community through begging. In addition, the finding showed that when somebody dies in the town their relatives provide his/her clothes to the homeless older people who are living on the street. The data obtained from key informants indicates that the community of the town is helpful because they have been providing second-hand clothes to homeless older people who are living on the street. Furthermore, IIP-8, 68 years old homeless woman stated that "I have been receiving clothes from the community through begging in line with their willingness because I do not have any incomes which could be sufficient for buying it".

4.3.4. Access to Employment

The finding of the study showed that there are two groups of homeless older people in relation to the issue of access to employment challenges: (1) Homeless older people who demand employment opportunity to generate income to fulfill their own basic needs, but they are not

getting the opportunity because of discrimination from employers and lack of attention from the town as well as the *Kebele* administration to arrange employment opportunities. (2) Homeless older people who do not demand employment opportunity because of their health problem.

In relation to the first group of homeless older people, the finding indicates that they demand work opportunity to fulfill their own basic needs by themselves. If they get access to employment opportunity in line with their physical ability they could generate income for their daily consumption and house rent. In-depth interview participants such as IIP-1, IIP-3, IIP-9, and IIP-10 preferred to participating in income-generating activities rather than sitting on different corners of the town for begging. However, they are discriminated from employment opportunities because of employers' negative attitude towards older people.

According to data obtained from KI-2, homeless older people who are living on the street are stigmatized to get work opportunities because of the employer's attitude towards older people and lack of specific employment access for homeless older people in the town. IIP-10, an old man who experienced homelessness for the last two years and who experienced discrimination because of his age explained in the following manner.

> I am always eager to work as a daily laborer to make money but I was discriminated by the employers because of my age. Employers said that I am not productive as compared to the youth because I am aged. They also think that I am not that much stronger. When I was searching for daily labour being with youth at Segno Gebeya (the place of gathering daily labours), employers were recruiting only the youth. The discrimination from employment opportunities due to my ages is not only impeding me from making money but also it makes me depressed

> because I know myself how much I had contributed for myself and my families' living before I become aged and homeless.

In addition, the data obtained from KI-1 showed that there were twenty-nine older peoples who were organized to generate income through the selling of sand and stone. However, homeless older people who participated in the in-depth interview revealed that they did not benefit from such income generating activities because of their homelessness and lack of getting priority for them. This indicates that even though the town administration tried to create job opportunity for older people, homeless older people are not part and parcel of the opportunity.

The finding indicates homeless older people used to have employment opportunities before they become homeless. However, the data obtained from IIP-5 indicates that not only ages but also homelessness by itself have its own influence on employment opportunities. It has been realized that their homelessness makes them un-trusted or discriminated by the employers and this result to lack of opportunities for them to work. The combination of employer's attitude towards older people and lack of possibilities arranged for homeless older people work opportunity in the town are hindering them to resign from the problem of homelessness through renting a house as well as using others potential mechanisms. IIP-3, 85 years old woman who experienced homelessness for the last four years explained that:

> Before I become homeless I participated in different handicraft works to make money for myself. But after I become homeless and started to stay on the street, I did not get that opportunity because of the town or the Kebele administrators that give priority to older people who are living in the community and counted as the member of the Kebele with the identification card.

On the other hand, the finding showed that there are homeless older people who do not demand to participate in any income generating activities because of their health problems. This group of homeless older people, for example, IIP-4, IIP-6, IIP-7 and IIP-8 wants to have a direct support from the governmental, non-governmental organizations and other concerned individuals. Even though they demand to have their own income to fulfill basic needs of survival, health problem hindering them from making money through participating in different employment activities. IIP-4, 68 years old homeless man who experienced homelessness for the last three years explained that "Homelessness and health problem are not a distinct issue because homelessness exposed me to health problems and in turn, health problems hinder my access to employment to escape out of homelessness". Additionally, IIP-6, 62 years old homeless man explained that:

> I never tried to get a job and I will not demand to have a job as well. This is because my disability hinders me from working functionally and I believe that people may discriminate me because of my disability. Rather I would be happy if the government arranged direct support so that I would go out of the cycle of misery that I am facing currently because of homelessness.

4.3.5. Social Exclusion

Concerning homeless older peoples' social network, the finding indicates that they have no contact with the housed group of people because of their homelessness. In relation to their homelessness, older people lack social care and support from the significant member of the community. Based on the emerged codes and categories from the data, there are four types of social relationship problems with their children, friends, former neighbors and extended families.

4.3.5.1. Social Relationship Problem with Children

Homeless older people have been lacking a social relationship with their biological children because of their homelessness. The finding showed that majority of (IIP-1, IIP-2, IIP-4, IIP-5, IIP-6, IIP-7, IIP-8 and IIP-10) homeless older people came from different parts of Amhara Regional State and IIP-3 and IIP-9 from Tigray Regional State which is geographically far from their current living place (Kobo Town). This also creates the possibility to distancing their social network with their children. However, geographical distance is not the only matter of being socially excluded with their children; rather lack of interest from their children is the most determinant factor for blocking social contact between themselves. The data obtained from KI-1 indicates that Labour and Social Affair Office of the town have tried to reintegrate with their children, but the children of homeless older people did not volunteer to provide care and support for their parents. IIP-3, 85 years old woman explained in the following manner, about the problem of social relationship with her children after she becomes the homeless.

> Emm... (Nodding)... Incredible, when an individual throws his/her mother as garbage. After I become homeless my children would not like to see me and when I went to their home they never show me smiling face, because after I become homeless they considered me as a beggar whom they do not know. However, before I become homeless we had a close relationship with a mother and children. I am always crying because of their approach for me. Ohh...I do not want to talk more about my children because they embarrassed me, and after I become poor they treat me badly.

Additionally, IIP-4, 68 years old homeless man who experienced homelessness for the last three years explained about the effect of homelessness on social relationship with children in the following manner.

> Before I become homeless, I was able to pay for my house rent and was staying with my children. They used to have regular contact with me and they were very happy children. After I become homeless, our social relationship started to decline. For instance, I did not see my children for the last three years. It is not my desire not to see them but they just distanced themselves away from me because I am aged and homeless with no resources.

4.3.5.2. Social Relationship Problem with Friends

"If you have money you will have friends because your economic status determines your social network within the community" says IIP-10. Homelessness affects social relationships with all groups of people because it creates the possibility of isolation from the member of the community and triggered for being out of social activities. Hence, the finding indicates that homeless older people are excluded from social relationship with their housed friends because of their homelessness. Older people have a close social relationship with many individuals before they become homeless and poor. However, after they become poor and homeless, all their former friends isolated them and it becomes an extra factor for older people challenges. In line with this, IIP-9, 70 years old who is homeless for the last three years and experienced social relationship problem with his friends because of the homelessness explained the following:

> If you have your own home, there is the possibility to have best friends because you can eat and drink together in your home. This also strengthens the social

> relationship with your friends and it creates togetherness in different issues. However, as a result of homelessness, I lost all such type of relationships with my housed friends and currently, nobody ever tries to invite me in order to have friendships with them.

The data generated from IIP-3 indicates that older people lacked to have the social network with former friends and they are not able creating a new friendship with different housed individuals because of their homelessness. In addition, before older people become homeless they were having a strong social network with different individuals as a friend with sharing many life concerns. Furthermore, the data obtained from IIP-6 substantiated that homelessness has not only exposed them to lack of food, water, dignity, medical treatment, and clothes but it also makes them isolated from their friends who were sharing different life concerns. As a result, homeless older people have created social relationship among themselves to minimize such feeling of isolation or rejection.

4.3.5.3. Social Relationship Problem with Neighbors

When older people used to live in a private home as well as a rented house, they have positive and close social contact with their neighbors through participating in different social activities. But after they become homeless, their participation to join either group becomes very low. Thus, the isolation from other social activities has occurred because homeless older people are no more active due to the situation they had on the street and lack of attention from the concerned individuals and groups in the community. The data obtained from homeless older people indicates that before they become homeless they have been participating in *idir*, *equip*, *mahibers* (local social networking institutions in Ethiopia that bring community members

together and providing backing support during the time of crises) and other social activities with their neighbors.

However, homeless older people do not participate in all these social activities with their neighbors because homelessness socially distanced them from the housed member of the community. Even though before they become homeless these older people had a strong social bond with their neighbors, it does not serve them to save from the problem of homelessness due to lack of attention from their neighbors. IIP-5, 65 years old homeless man explained the impacts of homelessness on his social relationship with his neighbors in the following manner.

> I used to have a good social relationship with my neighbors before I become homeless. As I become homeless, all those people who used to be my neighbors have distanced themselves from me. I missed all my former neighbors and my village, but there are no opportunities to get out of such miserable life on the street and around the churches of Kobo Town. Nobody tried to get me out of such problem of homelessness and nobody from my former neighbors tried to know where I am living. I would rather die than live a life without a home and having social contact with the significant member of the community.-**'Sew ya le sew menor aychelem, le sew medhanitu sew new',** (Man cannot live without a man).

4.3.5.4. Social Relationship Problem with Extended Families

Homeless older people came from different rural areas which are far from Kobo town. And their extended families are living in the origin of the homeless older people. As a result, the social network between homeless older people and extended families are declined. The data generated from in-depth interview indicated except IIP-3 and IIP-9, homeless older people

migrated from different parts of Amhara Regional State that resulted lack of social contact with their extended families. In addition, the document review data indicates that the birth places of homeless older people who are living on the street and around different churches are outside Kobo town which exacerbated their social relationship problems with extended families.

In relation to this, the data obtained from KI-1 indicates that lack of interest from extended families to provide care and support for homeless older people has also been a hindering factor for re-integrating them within their birthplace. This also creates the lack of interest, for example, IIP-5, to re-integrating with their relatives and neighbors in their birth place; rather they prefer to live on the street through begging unless the government arranges possibilities to provide care and support.

Furthermore, the data obtained from IIP-4 indicates that after they become homeless, they migrated to Kobo to live around the churches and on the street which creates possibilities for blocking their social network with extended families. Not only homelessness by itself but also extended families negligence to have social contact with them is another determinant factor for the current social exclusion of homeless older people. IIP-7, 75 years old man who experienced homelessness for the last eleven years and experienced social exclusion with extended families explained that:

> My extended families are living in Arbet (remote area located on some 15 kilometers west of Kobo Town) and currently I have no social contact with them. After I become absolute homeless I decided to distance myself from them through living here in Kobo due to their negligence towards me. I tried to have social contact with them, but they were not interested in supporting me economically,

> socially as well as doubling-up me in their home. However, before I become homeless and living with them, we used to have positive social contact and togetherness. But now I am living in the difficult situation because I have lost all these relationships. I wish to die soon rather than to live alone without my families.

Therefore, in relation to social relationship problem, homeless older people have lacked the chance to have a social bond with the housed group of the community. And homeless older people believe that social network with the community through participating in different social activities is the most important need that should be ensured for everyone. However, due to lack of social relationship with their family members, children, friends, and neighbors, homeless older people have been facing different problems and they lacked social care and support.

4.3.6. Psychological Problem

4. 3.6.1. Loneliness and Depression

The finding of the study indicates that homeless older people have been at risk of social isolation due to lack of social contact with their children, families, friends and other significant members of the community. This is the result of homelessness that leads homeless older people for feeling loneliness. Due to lack of social network with the housed member of the community and relatives, they feel a great deal of loneliness. Especially, homeless older people who are isolated from own biological children because of their homelessness revealed that they have been facing the deep-rooted feeling of loneliness except for IIP-2 and IIP-6. That has been never happenning before older people become homeless rather after older people become homeless,

their children become not interested in giving affection for their mother or father as a child. IIP-7, 65 years old man who experienced loneliness and depression because of his homelessness explained this as follows.

> The deep feeling of isolation due to my children's negligence to support and treat me has affected me. I never play and chat with them like I had before. My friends and neighbors whom I know before I become homeless never say to me good morning and good afternoon. All these things make me disappointed and feel loneliness because I believe that I am rejected due to my homelessness. Surprisingly, all this rejection never happened in my life before I become homeless.

On the other hand, the finding indicates that homeless older people are affected by depression because of the problem they are facing on the street as a result of homelessness. Associated with their homelessness, there are many factors which considered as a causative factor to their depressions such as lack of affordable basic needs, regular health problems, and lack of social contact with their friends, children and other significant housed community members. In general, the finding showed that loneliness and depression are daily experiences of homeless older people who participated in the study.

4.3.6.2. Self-Stigma

The finding indicates that public stigma towards homeless older people is the determinant factor for the homeless older people self-stigma. The stigma that homeless older people experiencing influenced their psychological wellbeing because they internalize that

stigmatization which diminished their self-esteem and hopes for social functioning as well as distrust others which are indicators of the development of psychological trauma on themselves.

"For me, being housed is proud. However, homelessness is shameful"; as it has been narrated by IIP-5. Homeless older people are stigmatized because of their homelessness and being they are living in the places which are not intended for habitation. The finding showed that homeless older people are discriminated from access to employment because of their age and they lack to actively participate in social activities because of their homelessness. This also led them to the feeling of shame and self-stigmatization because their living standard today on the street and before they become homeless is different. Such disparity created the feeling of shame on homeless older people and exposed them to self-stigma.

In addition, the stigma from their friends, children, extended families and former neighbors has affected older people to find the solution for their problem because they considered themselves as useless and they have a feeling of hopelessness. Among the participants (IIP-1) from homeless older people, do not want to create a social relationship with the housed member of the community, seeking income-generating activities from the employer and seeking social support from relatives due to the perception that they develop as they are not respected as the housed group of people. Therefore, the finding shows that the misconception that homeless older people developed about themselves and other groups of the community hinders them from finding solutions for the problem they are facing on the street because of homelessness. IIP-1, 75 years old homeless man who experienced homelessness for the last three years stated that:

> My interest to get support from my friends, children and extended families is diminished. Because they considered me as I always seeking help from them, this

> leads me to anger and hopelessness which hinder me from seeking solutions for my challenges which I am facing due to my homelessness. When I saw my friends and former neighbors, I feel shame for myself because of my living condition now and before I become old is not similar, currently I lost all things what I have before I become old and homeless. I never think of asking a food to eat for a single day from whom I know before I became homeless because I felt shame, rather I prefer to beg from whom I did not know and who do not know me.

Finally, among the challenges of homeless older people, economic problems were challenged because these challenges were the besic needs which should fullfil for survival. And economic problem have been more affected older people in the town. Homeless older people were employed coping strategies to minimize their challenges.

4.4. Coping Strategies Being Employed by Homeless Older People

Even though homeless older people have been facing different challenges on the street and around the churches they in place different potential coping strategies to minimize these challenges. The finding showed that there are six coping strategies being employed by homeless older people. These are; begging, holy water, creating the social network among homeless older people, using the river for hygiene and sanitation, preferring to live around the churches and drying leftover food for future use.

4.4.1. Begging

Among the coping strategies that homeless older people employed, begging is the major potential source used to minimize their challenges. Throughout the in-depth interviews and key informant interview, participants revealed that begging is the final option that homeless older

people employed because of their health problem that hinders them from fulfilling their own basic needs through participating in employment. As to the findings of the study, homeless older people beg for different things such as (1) food, (2) water for drinking, (3) clothes, (4) birr for medication cost and to buying bread, (5) sometimes they beg sleeping materials, (6) *tela* (local drink).

In addition, the observation data indicates that older people are sitting on the street, around the churches and different corner of the town in order to beg. According to the participant IIP-3, when there are ceremonies in the town, homeless older people are going together to get food and to drinking *tela*. *"*Even though life on the street is miserable, begging saves my life because all the food I eat, the clothes that I wear, water that I drink are getting through begging" as narrated by IIP-1, 75 years old homeless man. Furthermore, homeless older people who participated in the study revealed that the money they are getting through begging is not used for only a daily consumption of food rather they use for medication cost. IIP-6, 62 years old homeless man who experienced homelessness for the last five years stated that*:*

> When I was living around the churches for the last five years, I was frequently feeling sick but I covered the cost of medication by myself through begging money on the street. However, I am not saying I am able to cover my medication cost regularly.

4.4.2. Holy Water

It is evident that homeless older people are affected by different health problems because of their homelessness, got and other related factors. The finding indicates that homeless older people have been regularly using holy water for their health treatment. When the homeless older

people getting sick, they prefer to use holy water because they believe that holy water could treat them well. On the other hand, homeless older people stated that they used holy water when they are not able to pay the medication cost of modern medicine. Even homeless older people were going to different churches outside Kobo town for the sake of getting holy water for their health problem treatment.

According to in-depth interview data, the participants stated that holy water has been used, as a means of curing their health problem because of their strong spiritual belief. In relation with holy water, homeless older people employed *'Fel Woha'* (naturally hot water) as a health problem treatment method. When *'fel woha'* is not located around the churches, homeless older people did not consider it as a holy water. However, they consider it as a holy water, when the *'fel woha'* is located around elsewhere churches and they use it as blessed by God. IIP-9, 70 years old man who experienced homelessness for the last three years and who regularly use holy water as a health problem treatment mechanism explained in the following manner.

> It is not easy to get money to buy the medication for myself. Instead, I have been using holy water as means to treating my sickness. Holy water is the water purely blessed by God. I thanked God for the precious gift because I am always cured when I use holy water for my health problems.

4.4.3. Creating Social Network among Homeless Older People

The finding indicates that homeless older people have created a social network between themselves especially among homeless older people who are living around the churches. The data obtained from observation showed that homeless older people are sitting and chatting together about different issues around the churches in the town. In addition, in-depth interview

participants confirmed that they are discussing different issues together and when there are different ceremonies in the town they also went together to beg food. Furthermore, social network among homeless older people serves them to minimize their feeling of isolation and loneliness as well as depression. Sometimes homeless older people have been helping each other with food and water. IIP-4, 68 years old homeless man who has been living on the street for the last three years explained that:

> Usually, we the homeless older people chat together about our life and other issues. Most of the time, after coming from searching food, we come together as homeless older people and have time to talk about our lived experiences. Especially, we homeless older people who prefer to live around the churches had such like togetherness. This also immensely helps me to minimize my feeling of isolation and get out myself from depression which I have been experiencing daily.

4.4.4. Use the River Water for Hygiene and Sanitation

One of the coping strategies that homeless older people employed for their hygiene and sanitation problem is using the river. In-depth interview data with homeless older people indicates that they employed the river for their hygiene and sanitation because they are not accessing easily water for washing their clothes and body. Even though older people are suffering many challenges to accessing the river daily because of its distance from the town, they considered it as a potential means of coping strategy for their problem. Homeless older people who participated in the in-depth interview have no another option to employ for their hygiene and sanitation problem except the river. As a result, they travel a long distance to access the river water for hygiene and sanitation problems.

4.4.5. Living around the Churches

Homeless older people who participated in the in-depth interview have preferred to live surrounding the churches as a coping mechanism rather than living in other places which are not intended for human habitation. They made this choice to stay around the churches due to the fact that it is a safe place for them compared to sleeping on the street and veranda. In addition, homeless older people revealed that when they are sleeping and living around the churches, people provide an incentive for them continuously while they came for praying and congregation. Beside this, in the day time, homeless older people participated in begging in the different corner of the town and in the community but at nighttime, they organized around the churches to sleep and contact their homeless colleagues.

Observation data indicates that high numbers of homeless older people sleep around different churches in the town. And the document review data from Labour and Social Affairs Office of Kobo town indicates that there is a high concentration of homeless older people in different churches because of their preference. This indicated that living around the churches is used as a better coping strategy for the homeless as compared to the other sleeping places interms of safety, getting food and coins, social contact among the homeless, accessing holy water. In addition, homeless older people are easily getting religious teachings that could be potential for them to be patient and it might serve them that they should accept the situation they face on the street by saying ‘God create everything for reasons’. This helps them to minimize their depression and loneliness.

4.4.6. Drying Leftover Food for Future Use

Sometimes, when older people beg food, they collected high amount of leftover food which is beyond daily use. As a result, homeless older people have been storing food through drying the

food in the sunlight. The name of the dried food is called '*Koshero',* which is kept by the homeless older people for future use. The researcher's observation data indicates that there are pieces of dried leftover foods that homeless older people are storing in a sack or smaller bags for future use. Therefore, homeless older people use dried leftover food as a potential coping strategy for their hunger or food problem. In addition to this, homeless older people revealed that during the fasting time they have the difficulty of getting enough amount of leftover foods trough begging. But, they use their dried leftover foods as a coping mechanism for the daily consumption.

Chapter Five

Discussion

This chapter discussed the major findings which are presented under the data presentation part with the pre-existing empirical findings. Even though there is no enough works of literature found in Ethiopia context regarding homeless older people, pre-existing literature which was conducted in Western context are employed to discuss the findings of this particular study. Eight main reasons are identified from the findings which lead older people to the problem of homelessness. Therefore, the first part discussed the reasons for older people homelessness which was identified from the study. The second part discussed the challenges that older people faced because of their homelessness. Finally, the discussion part ends with presenting the coping strategies being employed by homeless older people.

5.1. Reasons for Older People Homelessness

Unavailability of low-cost house rent is among the reasons for older people homelessness as identified from the findings. Older people were not able to afford money to the high cost of house rent in the town. Since their means of income is begging, it is not sufficient enough to cover their cost of house rent beside their daily food consumption. In line with this, Pannel and Palmer (2004), and Diaz and Roberts (2007) showed that older people face a high-cost housing burden and this high-cost burden exposes more seniors to the risk of homelessness. This implies that there is a lack of effective implementation of the National Plan of Action for Older Persons and other international conventions in which Ethiopia signed to ensure the rights and well-being of older people.

Divorce is confirmed in the study as the reason for older people homelessness. The data indicates that homeless older people used to share different economic, social and other life concerns together when they were in a marriage relationship that was potential for them to be housed. However, associated with their divorce, the economic and social status of older people is declining which was an additional risk factor for homelessness. On the other hand, the death of close relatives is also found to as another factor for older people homelessness. This data indicate that older people homelessness relates with family disintegration and instability, and the result of social problems.

In relation to this finding, Pannel and Palmer (2004) noted that many single people have stayed living in the family into middle age and likely to become homeless when they lost support from family because of their death. In addition, Crane (2005) noted as the death of a close relative, relationship breakdown, and disputes with other tenants and neighbors are causes of homelessness on older people. McDonald (2004), and Diaz and Roberts (2007) stated that eviction, loss of a spouse, and loss of income have been commonly justified as reasons for homelessness in older age. Furthermore, see … (Limann, Mirabelli & Bartelink, 2004) findings.

Health problem is one of the reasons identified from the finding which exposes older people to homelessness. Ages related health problems hindering homeless older people to be active workers to make money to fulfill their own basic needs. In addition, the data obtained from IIP-6 and IIP-7 indicates that their physical disability is among the reasons for their homelessness.

Likewise, Levinson and Ross (2007) noted that physical health problem is the most determinant factor that leads older people to homelessness. Diaz and Roberts (2007) also reported that due to physical and mental health problems, older people stop working and

subsequently experiences a financial problem that leads them to homelessness. For extra pre-existing empirical findings identical with the finding of this study in relation to how health problems can be the reason of older people's homelessness (see… Goldberg, Lang & Barrington, 2016., Crane, et al, 2005., & Pannel & Palmer, 2004).

Older people are exposed to homelessness because of poverty. In relation with ageing, older people do not getting employment opportunities from the government or the member of the community to maximize their income in order to handle poverty. When older people get old, they lack the ability to participate in different potential incomes generating activities, which get out themselves from the problem of homelessness. In addition, the finding of the study indicates that all homeless older participants migrated from different agrarian societies in which their sources of income are determined by agriculture but their agricultural products had not been sufficient enough to fulfill basic needs since they used rain feed agriculture practices with a limited hectare of land and harvest once a year.

Consistent with this finding, Levinson and Ross (2007) confirmed that extremely low income is the main reasons that lead older adults to be affected by the problem of homelessness. In addition, the finding of National Coalition for the Homeless in Canada (2009), Goldberg, Lang and Barrington (2016), and Lipmann, Mirabelli, and Bartelink (2000) commonly agreed that financial problem is the most contributing factor for older people's homelessness. On the other hand, Crane, et al (2005) noted that financial problem of older adults has not only exposed them to the problem of homelessness, but also it led them to relationship problem and breakdown, and in turn relationship breakdown can also exposes pepple to the problem of homelessness.

Lack of social support from their parents, children, friends, neighbors, and other significant members of the community including the government are among the reasons for older people homelessness. This implies that since older people do not have accumulated economic capital, the only guarantee for their care and support is significant members of the community; while they lost such supports from such group of the community they cannot manage homelessness. Especially biological children are an asset for older people. Similar to this finding, Shinn, Gottlieb, Wett, Bahl, Cohen, and Ellis, (2007) noted that human capital, social capital, and life events are the most important determinant factors than disability and economic capital in predicting older people's homelessness. They added that homeless older adults lack social supports from their relatives and friends before becoming homeless. In addition, Levinson and Ross (2007) confirmed that older people have fewer intimate ties with diverse family members and other peers, which could be potential to save them to becoming homeless.

The finding showed that ageing is also another factor for older people homelessness because they are affected by the problem of homelessness after they become old. Thus, ageing is the source of economic, social and health problems which contribute to older people homelessness. Similarly, findings of Goldberg, Lang, and Barrington, (2016) showed that ageing exposed into poverty. At the same time, housing is becoming more unaffordable and the costs of necessities like health care are raising which leav older adults at risk of poverty and homelessness. As a result, late life homelessness (after individual become old) is more evident than chronic (throughout life) homelessness. Crane (2005) added that many people have become homeless for the first time in later life (old age). In general, all the reasons identified from the finding indicated that there is a lack of policies and strategies that used to preventing older people

homelessness. As a result, protecting older people from homelessness and associated challenges is not being managed properly.

5.2. Challenges of Homeless Older People

Homeless older people are facing social, economic, health and psychological challenges because of homelessness. By the same token, Sussman, Grenier, Barken, Bourgeois-Guérin and Rothwell, (2016) noted that the combination of age and homelessness would constitute a double jeopardy wherein homelessness exacerbate the challenges of old age and vice versa. Marianti and Butterfull's, (2013) findings added that homelessness in old age is particularly disastrous as compared to other age groups of people. This shows that unresolved older people homelessness has multiple implications in leading to different problems as a result of lack of age-specific service provisions and different stakeholder's participation to ensure their well-beings.

Mobility problem is one of the challenges for homeless older people as identified from the finding. Homeless older people has been challenged to perform daily activities such as searching ceremonies to get food and drinking tela (local drink), fetch water through begging for drinking, went to the river for hygiene and sanitation, begging money through circulating in different churches. This shows that ageing reduced the function of the body muscle to perform daily activities. And it indicated that mobility problem hindering older people's to participate in different means of survival. This finding is supported by other findings as well. Sussman, et al, (2016) noted that bodily realities and mobility problems made homeless older people difficult to survive because of inadequacies of the existing services and their exhaustion impact on their perceptions and energy that would be required to exit homelessness. Goldberg, Lang, and Barrington (2016) and Brown, Thomas, Culter, and Hinderlie (2013) similarly noted that

frequent falls, loss of strength and mobility, and other common conditions of ageing that impact mobility in older adults are more difficult to manage on the street and in shelters.

The health problem was the other factor identified from the study that older people are facing because of their homelessness. Homelessness increases the risks of developing health problems on older people because of the environment where they are living, feeding style, and lack of access to health treatment. Especially, homeless older people health problem was more exacerbated when they lack access to medication cost or access to free health treatment. Correspondingly, Chenier (1999) confirmed that the main barriers to having a good health among homeless older people are the lack of accessible, adequate, safe and affordable housing that associated with access to get employment, community support and health care access. This indicated that homeless older people are not benefited from the right to health services. And it shows that being housed has contribution to be healthy.

In addition, Limbos and Joyce (2009) noted that access to health care for homeless older people could protect against the negative health effect of homelessness. However, access to health care is more difficult for homeless older people who live on the street and who lack accessing shelter (Lussier-Duynstee & O'Sullivan, 2006). For the extra-findings, (see… Crane, 2001, McDonald, 2004, and Gonyea, Mills-Dick & Bachman, 2010).

The finding shows that homeless older people have been facing many economic problems such as food insecurity, medication cost, access to clothes, and access to water for hygiene and sanitation. In like manner, Help Age International (2010) found out that homeless older people in Addis Ababa have no access to food properly, water and sanitation. In addition, Parpouchi, Moniruzzaman, Russolillo and Somers (2016) noted that the prevalence of food insecurity and

food insufficiency is high among homeless older people. However, homeless older people have high experience and knowledge to secure an adequate quality and quantity food relative to their younger counterparts. Furthermore, MacDonald (2004) stated that chronic homeless older people have more difficulties than the newly homeless in meeting their basic needs such as food, clothing, and place to wash.

Homeless older people are challenged to access employment opportunities because of health problems and discrimination from employers. Homeless older people do not get interested in having a job to fulfill their own basic needs because of health problems which has been hindering them to participate in work. On the other hand, the finding showed that homeless older people who demand job opportunity were not benefited due to employers' negative attitude towards them and lack of possibilities sated in the town targeted for homeless older people. Therefore, unresolved discrimination and negative attitude towards homeless older people imply that there is the lack of training and awareness creation program delivered for the employer. By the same token, Avery (2014) stated that being an older adult with homelessness is an experience that offers barriers to employment different from those of a homeless adolescent or young adult.

Similarly, MacDonald (2004) noted that older adults experiencing ageism when they tried to find work, employment, income and social assistance needs. Homeless older adults are impacted by health status, barriers and structural inadequacies as well as unavailability of appropriate employment opportunities. On the other hand, Avery (2014) stated that homelessness and health problem is not the only matters that hinder older people employment opportunity but the lack of social relationship with friends, families and other members of the community also exacerbated the lack of employment opportunity.

The finding indicates that homeless older people have been facing the lack of social relationships with their children, friends, former neighbors and extended families due to their homelessness and low economic status. Social exclusion more exacerbated on homeless older people due to lack of interest from these groups of people. This social exclusion hindered older people from getting out from homelessness through accessing support from such significant members of the community. It implies that the role of friends, children, neighbors and extended families for homeless older people had found very critical to get out them from homelessness. And homelessness plays a critical role for isolation.

In like manner, Reiss and Sprecher (2009) confirmed that lack of positive social relationship with significant others and presence of negative relationship can contribute to homelessness and in turn, it can disrupt people social tie with others. In addition, the study conducted by Reynolds, et al (2016) noted that older people believe that social relationship is important to filling lives with meaning, but homelessness exposed them to be missing out important life events, familial interactions, disconnection from grandchildren and positive feeling towards life. Moreover, the finding of this study agreed with the study conducted by Crane (2001) that showed many older people are isolated and either lack to have connection to family or has no contact with relatives for many years because of homelessness. For further findings, see… the study of Reiss and Stretcher, 2009., Avery, 2014., Hamid, 1997, and Sussman, Grenier, Barken, Bourgeois-Guerin, and Rothwell, 2016 which have been conducted in different contexts of western countries and these findings agreed with this study's finding pertinent to homeless older people social exclusion.

Homeless older people are affected by depression, loneliness, and self-stigma. Especially, homeless older people who are isolated from their own biological children revealed that they are

in a great deal of depression and feeling of loneliness. In addition, homeless older people are affected by the feeling of shame because of their homelessness and unable to fulfill their own basic needs. The stigma from other members of the community and feeling of stigmatized and shamed by homeless older people are the risk factors which are hindering to find a solution to get out them from the problem of homelessness. Therefore, homelessness is one of the causes of the psychological problem for older people.

Identically, the study conducted by Sussman, Grenier, Barken, Bourgeois-Guerin and Rothwell (2016) showed that older people have stressed the shame and stigma because of being homeless in old age and societal perception and response could worsen how older people felt about themselves. Homeless older people felt stigmatized, sensed that others are judging them negatively and older people are ashamed of their situation. Similarly, McDonald (2004) noted that chronic and newly homeless older people have possible or probable depression because of the situation they had.

Furthermore, Sanders and Brown (2015) noted that loneliness describes the experience of being unable to attain a relationship with others, built on trust, mutual benefit and support because of their homelessness. Last but not least, the finding of this study agreed with the inquiry of Reynolds, et.al, (2016). Because ageing and homelessness in Canada show that homeless older adults have a feeling of shame associated with being homeless which lead to weakened familial ties. Homeless “older adults” have feeling of shame in relation to loss of their skills and asking for help from service providers, friends, and their family members. Finally, all the findings related to the challenges of homeless older people shows that the denial of older people right to live with freedom, getting support from the community and institutional services, and

receive special services and having a dignified life. In addition, it indicated that there is a lack of attention from the town administration to solve the challenges of homeless older people.

5.3. Coping Strategies Being Employed by Homeless Older People

Homeless older people employed different coping strategies which could potential to minimize their challenges on the street. The finding of the study confirmed that begging took a larger part that homeless older people employed to address their challenges. They beg different services such as water, food, clothes and other needs which are essential for human survival. In relation to this, Help Age International (2010) study showed that homeless older people used begging as a potential source of their income to survive. In addition, the finding of this study showed that the money they get from begging is important for them because they do not have another option to have food and medication cost. In contrast, Randall and Brown (2006) finding showed that nearly all the hard drug use among street homeless people occurred and their money raised from begging was spent on drugs.

There is no government sponsored health treatment in the town. As a result, when homeless older people got sick they cover their medication cost through the money they saved from the begging. This indicated that homeless older people are not passive in reacting to of the challenges rather they tried to solve their problems actively based on what they have. If they do not have money for medication cost they prefer to employ holy water as a coping strategy. Similarly, the finding of Help Age International (2010) in Addis Ababa indicates that homeless older people used traditional medicine and holy water for their health problems. However, Help Age International finding is contradicted with the finding's of this study on the issue of government free health care services.

Chapter Six

6. Conclusion, Implication, and Recommendations

This chapter presents three major parts. The first section presents the conclusion which is drawn from the findings pertinent to the three research objectives. The second section depicts about Social Work implications which are drawn from the findings of the study. The third part presents recommendation based on the findings of the study which offered considerations to solve the problems of homeless older people.

6.1. Conclusion

This qualitative descriptive case study was conducted with a major objective of describing living conditions and their coping strategies of homeless older people. Accordingly, three specific research objectives were addressed. These include: the primary reasons of older people that lead them to homelessness, challenges and coping strategies of homeless older people. Participants of the study were homeless older people who are living on the street and who have at least a year and above experiences of homelessness, key informants from Labour and Social Affairs Office and older people's association representatives have participated. In addition, document review, and observation were used as the methods of data collection. Observation checklist and in-depth interview guides were used to collect the data.

The finding of the study showed that there is no singled out reason rather many reasons combined together which exposed older people to the problem of homelessness. Unavailability of low-cost house rent is one of the reasons for older people homelessness. This indicated that older people are not benefiting from access to incomes which could be potential to save them from homelessness. Because if they get employment opportunities, they can pay the expected

amount of house rent and they would able to save money for future use. The other reason for older people homelessness was divorce. When older people are in relationship/married, they were living in the private home or rent from other owners. However, after divorce, their economic status declines that exposed them to the problem of homelessness. This shows that divorce has an impact on the economic status of older people and it also predicts homelessness. Therefore, minimizing the divorce rate could minimize older people's homelessness.

In addition, the death of parents, wife, husband, and other significant members of families were the main reasons for older people homelessness. This indicated that such members of the communities are an asset for older people to be housed through supporting each other in economic, social, psychological and health related situations. Older people are affected by poverty which is one of the reasons for homelessness. This is because older people lacked to get employment opportunities due to health problems and are discriminated by employers.

Health problems including physical disability were exacerbating the problem of the homeless older people homelessness. Especially, disability inclusive work opportunities which could bring an effort for solving the housing problem of physically handicapped homeless older people is not ensured in the town. Lack of social support from biological children and relatives are the factors for older people homelessness. Moreover, older people who do not have relatives and biological children lacked social supports which could be relevant for protecting them from homelessness. On the other hand, when older people properties were taken forcefully by their immediate families, they are not able to sue due to health and economic capacity problems. Therefore, it was noticed that homeless older people lack legal support from the town administration or their former residence. Beside all these reasons, ageing was found out to be the most determinant factor for older people's homelessness. Finally, the primary reasons for older people

homelessness are related with social, structural, and economic problems. The combination of such different reasons of older people homelessness exposed to different catastrophic challenges.

Findings show that homeless older people faced mobility problem to access daily needs due to the health problems and weakening of their physical strength. On the other hand, homeless older people faced health problems due to inaccessibility of free health treatment, bad living or sleeping places, and food poison related problems. Economic problems such as lack of access to food, access to water for hygiene and sanitation, medication cost and lack of affordable clothes were also identified from the finding.

Older people were excluded from social relationship with the housed group of people such as biological children, friends, extended families and former neighbors because of their homelessness. Moreover, psychological problems such as loneliness, depression, and self-stigma are still part of the finding that homeless older people have been facing because of homelessness. However, all these problems that older people have been facing never witnessed before they become homeless rather the problem had been exacerbated after they become homeless and the decline of their economic status.

Despite the multiple challenges, homeless older people were using different mechanisms to deal with their challenges. These include; begging, holy water, creating the social network among homeless older people, uses the river water for their hygiene and sanitation problem, preferring to live around the churches than on the street and drying leftover food for future use. Homeless older people are active to solve their challenges rather than passively expecting every life matters from others. However, these coping strategies are not potential to get out older people from homelessness and fully accessed the daily needs of survival.

6.2. Social Work Implications

There are three Social Work implications which were identified from the study which could promote considerations from concerned bodies to develop potential and holistic intervention strategies pertinent to the findings of the study. The main findings of Social Work implication are the implication for policy and program, education, and future research.

6.2.1. Implication for Policy and Program

The ultimate purpose of social policy is improving the well-being of citizens through forwarding ways to design programs and strategies. Therefore, this study advocate for the development of new policies and amendments to the existing policies in order to intervene problems and empowering homeless older people in the study area as well as in other parts of Ethiopia. The first implication of this study is associated with designing specific 'policy pertinent to Ethiopian homeless older people'. Even though Ethiopia has its own Plan of Action on Older Persons and Social Protection Policy for vulnerable groups, it is not functionally implemented to bring fundamental change to the problems of homeless older people who are living on the street and protecting older people from becoming homeless.

Hence, besides the action plan, the finding of the study indicates that Ethiopia demand to have a policy spesfically on homeless population to ensure the right and wellbeing of homeless older people. Moreover, internationally signed conventions should be published and easily accessed for the community to create awareness about the right of older people in general and vulnerable older people in particular for the sake of addressing the needed services.

The second policy implication is associated with Ethiopian Social Protection Policy. This is because it gives no space for homeless older people especially for absolute homeless older

people who are living on the street. Hence, it might be potential if the policy gives much emphasis for homeless older people, through designing further strategies to handle the problem of homelessness in Ethiopia.

The third implication is associated to Ethiopian Health Policy. The finding indicates that homeless older people have been facing serious health problems due to lack of free health treatment, bad living environment, and economic problems. Therefore, it implies that the need for Ethiopian Health Policy to give much emphasis to integrate the issue of homeless older people medical service provision for free. In addition, Ministry of Health in general and the Amhara Regional State Health Bureau, in particular, should design specific strategies in the way to address a better health treatment for homeless older people. The strategies should design in the way how to provide services starting from the federal to the regional level and it should be designed as holistic service provision.

The fourth policy implication is associated with Ethiopia Women Policy. Ethiopian women's policy should incorporate all aspects of homeless older women's who are living on the street. Woman segment of older people was part of the challenges because of their homelessness. Therefore, Ministry of Women and Children Affairs have a duty to handle this responsibility to integrate the social, economic, psychological and health issues of homeless older women's in Ethiopia for the sake of making them be productive member of the community.

The fifth policy implication is associated with Ethiopian Education and Training Policy. Due to the gap in the policy towards addressing education and training for homeless older people, they are not aware of their rights. In addition, Ethiopian Education and Training Policy objective stated that to provide education that can produce citizens who stand for democratic unity, liberty,

equality, dignity and justice, and who are endowed with moral value. Therefore, Ministry of Education should practically apply this objective to solve the problem of homeless older people in Ethiopia through producing educated professionals which will work on different social issues of homeless older people. Furthermore, Ministry of Education should incorporate possibilities in the policy to provide training for homeless older people, homeless older people's children, relatives, and different concerned bodies associated with the right of older people in general and homeless older people in particular.

6.2.2. Implication for Future Research

As far as the researcher's knowledge is concerned, the finding of the study and the pre-existing literature indicates that there is the lack of researches pertinent to homeless older people in Ethiopia. As a result, the finding of this study has implication for future researches which might be conducted for the purpose of developing intervention strategies and academic requirement be it longitudinal or cross-sectional. Further researches should be carried out to address the risk factors which expose older people to homelessness in Ethiopia and investigating the situation of homeless older people more in-depth. In addition, the finding of this study will serve as a baseline for future researchers to deal more about the issue of homelessness in general and older people homelessness in particular.

Older people are exposed to homelessness due to different reasons and they were suffering many challenges because of their homelessness. As a result, investigating the issue deeply is needed in different parts of the country to develop holistic intervention strategies about homeless older people. Furthermore, future researchers are needed to influence policy makers to make specific policy for homeless older people and to provide care and support, and recover them from

the problem of homelessness for the purpose of ensuring their wellbeing and dignity. Moreover, since this study is descriptive cross-sectional, further investigation is needed to confirm the finding with a large representative sample size that could be generalizable finding in Ethiopia as well as in Kobo Town. Therefore, out of the finding, the researcher identified the following research points to be addressed by future researchers.

(1) The perception of homeless older people's relatives about why they are not interested in providing care and support for homeless older people. (2) Clinical study on the health status of homeless older people. (3) The correlation between homelessness and psychological wellbeing of older people. (4) Comparative study on homeless older man and woman in order to understand the extent of the challenge between them including knowing different reasons of homelessness between man and woman. (5) Ethiopian policy analysis to identify the gaps in each policy pertinent to homeless older people. (6) Older people as an asset: the attitude of the community towards the contribution of older people for community development. (7) An exploratory study the level of understanding among stakeholders on the right of homeless older people to get care and support from the government and its implementation. (8) Does specific policy is needed pertinent to homeless older people in Ethiopia?

6.2.3. Implication for Education

Currently, School of Social Work at Addis Ababa University is delivering Social Work Practice with Older Adults and department of Sociology is delivering ageing courses to educate professionals who will work and advocate on behalf of older people in Ethiopia. Using this practice as an experience, the finding of this study implies that it would be better other professions integrate the issue of 'working with the homeless' course and it is better if School of

Social Work adds the course ‘Social Work practice with the homeless’ to bring fundamental change in Ethiopia. At this time educations related to older people are needed due to the alarming rate of their numbers. With related to the projection of the numbers, the extent of homelessness on older people could increase which demand attention from the concerned bodies for education to curbing the problem. Therefore, to put this in action, the role of School of Social Work is higher to enforce to integrating the issue of homeless older people in all concerned professions to maintain the wellbeing of homeless older people and empowering them to be the productive member of the community.

In addition, the finding can be used as an input for preventing the violation of homeless older people right and promoting advocacy on behalf of homeless older people to awareness raising in the community. This can be helpful to implement the right of homeless older people and promoting their wellbeing through effectively implementing the Plan of Action on Older Persons in Ethiopia. The finding also implies that Social Work Education should apply the issue of homeless older people as one of the field practice to understand the living conditions of homeless older people on the street.

Furthermore, the finding of this study will be used as a means of awareness creation on homeless older people’s children, neighbors, friends, and relatives through workshops, symposyms, and other means of awareness creation programs. Due to different reasons, older people are exposed to homelessness and they suffer many challenges because of their homelessness. So, to reduce this problem the finding of this study will be used as a baseline for awareness creation programs in the community through workshops, symposiums, brochures and other Social Medias.

6.3. Recommendations

Based on the findings of the study, the researcher draws the following recommendations which are offered for considerations by the government, policy makers, program designers, older people care and support providers, non-governmental organizations, community-based service organizations, starting from the federal to the Kebele level.

Organize Committee in Edir, Equip and Schools: facilitating and establishing such type of committee concerning homeless older people will be potential to solve problems that older people have been facing as a result of homelessness. Interpersonal communication through such type of group will ensure attitudinal change on the children of homeless older people and the community as well, to serve and empower homeless older people. If the committee can be organize in equip and edir it will not work only for the actual homeless older people but also it will work for protecting the root causes of older people's homelessness. In addition, establishing a committee in the school community from students and teachers which will work for advocacy and lobby for homeless older people in the town would be helpful.

Volunteer Professional Committee should be organized: from Social Workers, Sociologists, Psychologists and other related fields of study professionals should be organized by the Kobo town Labour and Social Affairs Office to advocate and lobby for homeless older people. This professional committee should work on behalf of homeless older people to re-integrate with their former residence as well as linking them with services. In addition, the committee should be organized in the way to provide free counseling service regarding their living situation and directing them to the solutions of their problems.

Facilitating Reintegration Program to their Children and Birth Place: there are homeless older people who have own children but they have been facing different problems because of homelessness and lack of support from their biological children. All in-depth interview participants had migrated from different rural areas to Kobo town. Therefore, the town administration in general and Labour and Social Affair Office, in particular, should facilitate situations to re-integrate them with their children and birth place. Labour and Social Affairs should create a link with the concerned governmental and non-governmental organizations of these homeless older people former residence to integrate with their children and neighbors.

Establishing Institutionalization Program: there are homeless older people who have no children and close relatives to provide care and support for them. Therefore, the town administration should establish an institution to provide care and support for such type of homeless older people.

Specific Service Provision Approach should be designed: short term solution will not resolve what has clearly become a long term problem. Therefore, Ministry of Labour and Social Affair should design an appropriate approach to providing care and support services to ensure the wellbeing and dignity of homeless older people in Kobo town as well as in Ethiopia. The approach should incorporate homeless older people shelter and living environment issue, food provision, psychological treatment issue, income generating activities, free health service.

Health Treatment Without fees should be available: concerned government bodies (House of People Representatives, MoLSA, Ministry of Health, Council of Ministers) should allocate budget for health care provision to homeless older people in Kobo Town. And health facilities in Kobo Town need to give priority for homeless older people as well.

Mobile Health Care Services should be Made Available: health-related concerned stakeholders should arrange professionals who provide on-site health treatment for homeless older people. This method will help to address homeless older people who cannot easily visit the health center due to different reasons. Therefore, health extension program should incorporate such type of exceptional for those homeless older people in Kobo Town.

Community Care Coalitions Program should be strengthened to Work for the Homeless: in the study area, community care coalition is not working to provide care and support for homeless older people. Therefore, the town administration, the town Labour and Social Affairs Office and Ministry of Labour and Social Affairs should design strong community-based service provision for homeless older people in the study area.

Awareness Rising Program is needed in Kobo Town: awareness raising program is needed to change the attitude of the community towards older people. Homeless older people lack many services due to the attitude of the community which hindering them from being productive member of the community. Therefore, the town Labour and Social Affairs Office should make awareness rising programs in line with the national and international legislations which promote the rights of homeless older people in particular and older people in general.

Job Opportunities should be Available: the town administration should arrange employment opportunities for homeless older people considering their ability and preference. Last but not least, the government of Ethiopia should encourage and support NGOs, fundraisers, investors, families, individuals and significant actors who are engaged in homeless older people related activities to bring fundamental change in the community through group effort.

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Appendices

Appendix I

Addis Ababa University, School of Social Work

1. Overall Descriptions of the Study

Study Title: Homeless Older People Living Conditions and Their Coping Strategies the Case of Kobo Town: North Wollo Zone, Amhara Regional State.

1.1. Nature and Purpose of the Study

Dear participant, my name is ***Getachew Gebeyaw Tadese*** who is second year post graduate student in Addis Ababa University School of Social Work. This study is conducted for the partial fulfillment of master's degree of Art in Social Work. The researcher has chosen the issue of this study based on self interest to investigate homeless older people living conditions and their coping strategies in the study area, especially, the reasons that lead older people to homelessness, challenges with related to their homelessness and coping strategies being utilized by homeless older people for their challenges. Primarily, the purpose of conducted this study was for the partial fulfillment of degree of masters of art in social work in Addis Ababa University. However, the result of the study will serve as a baseline for other researchers and policy makers to deal more about homeless older people in Ethiopia.

1.2. Risks and Discomforts

No risks and discomforts that are anticipated from your participation in the study because the researcher will seriously give attention for all ethical principles that could insure the participant's privacy, confidentiality and anonymity. This research will be use only for academic purposes

rather than other political or business purposes that could make benefit for the researcher. I would like to inform you that I can use audio recorder to grasp all the information's that you are willingly to forward and to solve the problem of data missing during transcription of the data. Finally, I would like to assure you that if you feel discomfort during the interview you have the right to withdraw and skip questions that you are not comfortable with.

1.3. Benefits

Participation in this study is voluntarily based. In the study is on a voluntary base. So, being a participant in the study does not signify any direct benefit obtained from the researcher but the researcher is determined to provide free breakfast, lunch or diner for the in-depth interview participants except the key informant. In-depth interview participants may lose some money from begging when they participate in the actual interview. Considering this, the researcher compensates their time by covering the cost of lunch, diner or breakfast for homeless older people.

1.4. In-depth Interview Procedures

A voluntary based participation in the study involves conducting face to face in-depth interview that will take approximately one hour to understand homeless older people living conditions and their coping strategies by using semi-structured interview with mainly probing questions. During the in-depth interview the researcher will use audio recorder to grasp all the descriptions of homeless older people about their living condition. The in-depth interview will be held in Amharic and the collected raw data will be transcribed in to English. The place and time of the interview will be determined by the interest of the participants that makes them to feel comfortable during the interview. The researcher will make an observation in order to see the

participants' feeling, behavior and the practical living conditions. Finally, all those procedures will be applied based on the informed consent of the participant that they offer voluntarily.

1.5. Confidentiality

The report of the study will base on the information that you (participant) give for the researcher and the information will be seriously kept confidential. Only the researcher will see and transcribe the original data gathered from in-depth interview, note taken and observation. After transcription and analysis done, the researcher will discarded all the collected original data. The gathered information in the study will be analyzed for the purpose of report without using any personal information's, such as participants name and address rather the researcher will use assigned code instead of name. The final research document will be submitted to Addis Ababa University School of Social Work and graduate Office of the University. In addition, the document will enhance the study area Labour and Social Affairs Office and MoLSA to create awareness towards homeless older people living conditions in the town. Finally, all these issues will be succeeding based on your written or oral consent on the appendix II consent form to justify your willingness to undertake in the study.

Appendix II

Informed Consent Form

2.1. For the Participant

I am an older person whose age is……. the researcher of this study has informed me about the nature, purpose, risks, procedures and benefits of the study orally to get consent from me to participate in the study. I understand all the above procedures and rights of the participant during the interview and issues of confidentiality after the data collection. If I feel discomfort, I have the right to withdraw during the interview and skip questions, which I am not happy to answer at any time. Taking in to account all the above points, I will offer honest answer for all forwarded questions from the researcher regarding homeless older people living conditions and coping strategies. In addition, I allow being audio recorded, the use of direct quotes while writing the report and I am volunteer for member checking when the researcher needed. Therefore, I, the undersigned older person agree to take part in the study.

Name of participant: _____ Researcher Name: Getachew Gebeyaw Tadese

Signature: _____ Signature ……

Date: _____ Date: ----------

Thank you in advance for your willingness!!

Appendix III

3. Observation Check List

- ✓ What looks like the Sleeping places of homeless older people? Does the surrounding environment expose older people to health problems?
- ✓ What looks like accessibility of the place where homeless older people are living for mobility? What the general physical surrounding living area of homeless older people looks like?
- ✓ From where they do get access to food and water for drink?
- ✓ How does the physical health condition of homeless older people look like?
- ✓ Are there health institutions that cover homeless older people's health need cost?
- ✓ Is there any traditional means of health care being employed by homeless older people?
- ✓ Is there is any means for homeless older people to generate incomes?
- ✓ Are the homeless older people participating in employment opportunity in the town? What types of work they are participating?
- ✓ Their means of cured their health problems, do they use traditional means or modern means of mechanisms?
- ✓ Is there is any place for the homeless older people to access water for hygiene and sanitation?
- ✓ How does the social contact among the homeless older people look like?
- ✓ What are observable coping strategies employing by homeless older people?

Appendix IV

4. Interview Guide

4.1. In-depth Interview

I. Background Information of Homeless Older people

1. Assigned code for interviewee----------

2. Sex----------

3. Age----------

4. Marital status----------

5. Religion----------

6. Educational level----------

7. How many children do you have now? ----------

8. How long did you stay, as homeless? ----------

9. Place of birth----------

10. Place of Living ----------

11. Any disability (probe...Physical, hearing, visual,) ----------

Guides that dictate the living conditions of homeless older people and their coping strategies:

II. Reasons for Homelessness…..

1. When did you become homeless? At old age or before you become old?
2. What are the reasons that lead you to become homeless? (Probe… marital breakdown, health problem, economical problem, death of significant others, lack of social support, if any other please specify...)?

III. Challenges…….

3. May you please tell me your challenges that you believe exist because of your homelessness?
4. Does homelessness hinder older people social relationship (probe, with friends, children's and significant others)?
5. Does homelessness contribute to social isolation in the community? Why the homelessness is considered as means of social isolation? (Probe...children's, friends, peers, neighborhoods)? Do you think that you are isolated because of homelessness? How do you express your feeling of isolation from significant member of the community?
6. Does homelessness have its own effect on your spirituality? (Probe... positive effect that makes you strong on your spirituality, negative effect, how)?
7. What are the economical problems of homeless older people?
8. Does homelessness isolate older people to get job opportunity in the town? (Probe, how it can be a means of lacking job opportunity? Is it because of health problem, social problem and economical problem? Is that because of employer's negligence to employee older people? Or lack of elders interest to be employed)?
9. Does homelessness hinder you to get training regarding income generating activity in the town? How?

10. What are your sources of income? (Probe… are you satisfied by your income by fulfilling your daily needs? how do you fulfill your basic needs? Have you been given employment opportunity in the town?
11. Where do you get your daily food? How many times do you eat per a day? Did you face clothes problem? Where did you get your clotheses need? (Probe... from peers, friends, your own children, through begging, or other means)?
12. Have you ever faced health problem for the last three months? What is the cause of your health problem? (Probe...age related, homelessness)? Do you think that homelessness could be a cause of health problem of older people? How? How do you get health care access?

IV. Coping Strategies….

13. What mechanisms you utilize for your health problem?
14. What are the coping strategies you have been using for your challenges? (Probe... for food, water, sanitation, health, sleeping place, employment...)?
15. What mechanisms you utilize for your social problem (probe...Relationship with your children, friends, peers, feeling of isolation and other psychological problems)?
16. In general, what do you think to be done to solve the challenges of homeless older people in the town (probe…economical, social and health and other challenges that older people face in the town because of their homelessness)?

Thanks for your cooperation!!

4.2. Interview Guide for Labour and Social Affair Bureau Experts

- Assigned code……..
- Sex……...
- Age……..
- Educational level…….
- Organization……
- Position……
- Work experience ……

1. How do you see the existence of homelessness among older people in the town? Are older people mainly affected by this problem? How?
2. What do you think the reasons that lead older people to homelessness?
3. What are the challenges faced by homeless older people due to their homelessness? (Social, societal, health, economical (water, sanitation, food,), psychological, social relationship (with friends, peers, children)?
4. Does homelessness hinder older people to get employment opportunity? What are the reasons that hinder the homeless older people to get job opportunity? (Probe... social barriers, societal barriers or health barriers)?
5. What are the coping strategies of homeless elders used by them to solve or minimize their economical, social, food, water, clothes and health related challenges?
6. Any mechanisms that employed by Labour and Social Affairs Bureau to solve the challenges of homeless older people in the town?
7. What do you think to be done to solve the challenges of homeless older people in the town?

Thanks for your cooperation!!

4.3. Interview Guide for the Association of Older People Representatives

- Assigned code…….
- Sex……...
- Age…….
- Educational level ……
- Organization……
- Position……
- Work experience ……

1. How do you see the existence of homelessness among older people in the town? Does older people are affected by this problem as compared to other age groups?
2. What do you think the reasons that lead older people to homelessness?
3. What are the challenges of older people in relation to their homelessness? (Probe... health, food, water, sanitation, psychological, social, societal)?
4. How do you think homelessness affect the social relationship of older people in the town with their children's, friends and significant others?
5. What are economical problem of homeless older people in the town? Is there any means that are potential to integrate homeless older people in to income generating activities?
6. What are the coping strategies used by homeless older people to solve or to minimize their challenges?
7. Any mechanisms that employed by the association to solve the challenges of homeless older people in the town?
8. What do you think to be done to solve the challenges of homeless older people?

Thanks for your cooperation!!

Appendix V: List of Tables

Table One: Socio-Demographic Information of Homeless Older People Participated in the in-Depth Interviews

Assigned Codes for the participant	Sex	Age	Marital Status	Religion	Educational Level	Number of Children	Place of Birth	Place of Living	Duration of Stay as a Homeless	Observable Disability Type
IIP-1	Male	75	Widower	Orthodox	Illiterate	Five	Dino	Kobo	Three Years	None
IIP-2	Female	71	Widowed	Orthodox	Illiterate	None	Sanka	Kobo	Three Years	None
IIP-3	Female	85	Widowed	Orthodox	Illiterate	Five	Temben (Tigry region)	Kobo	Four Years	None
IIP-4	Male	68	Widower	Orthodox	Illiterate	Two	Sanka	Kobo	Three Years	None
IIP-5	Male	65	Widower	Orthodox	Illiterate	Seven	Gidan	Kobo	Two Years	None
IIP-6	Male	62	Divorced	Orthodox	Illiterate	None	Dino	Kobo	Five Years	Physical Handicapped
IIP-7	Male	75	Divorced	Orthodox	Illiterate	Two	Arbet	Kobo	Eleven Years	Physical Handicapped
IIP-8	Female	68	Divorced	Orthodox	Illiterate	One	Zogamba	Kobo	Five Years	None
IIP-9	Male	70	Widower	Orthodox	Illiterate	Two	Adegudom(Tigry rigion)	Kobo	Three Years	None
IIP-10	Male	85	Divorced	Orthodox	Illiterate	Three	Tekulesh	Kobo	Two Years	None

Source: Researcher filed in in-Depth interview, January, 2017

Table Two: Socio - Demographic Information of Key Informants Participated in the Interviews.

Assigned codes	Sex	Age	Educational Level	Organization	Position	Work Experience
KI-1	Male	37	Degree	Labour and Social Affair Office	Labour and Social Affairs Office Coordinator	Four Years
KI-2	Male	29	Degree	Labour and Social Affair Office	Social Problem Reasons and Solving Mechanisms Officer	Three Years
KI-3	Male	65	Adult education (basic education)	Older People Association (Kobo)	Head of the Association	Three Years
KI-4	Male	71	Adult education (basic education)	Older people Association (Kobo)	V/head of the Association	Five Years

Source: Researcher Filed in Interview, January, 2017

Declaration

I, the undersigned declare that this is my original work and has not been presented for the degree at any other university and all the source of materials used for the study have been duly acknowledge.

Declared by: Getachew Gebeyaw Tadesse

Signature: _____

Place: Addis Ababa University, Ethiopia

Date of Submission:_____

This thesis has been submitted for examination with my approval as a University thesis advisor

Principal Advisor Name: Messay Gebremariam (PhD)

Signature: _____

Date:_____