

## Common Conceptions and Acceptance of Homeless People: A Questionnaire Study of the Citizens of Sapporo, Japan

Kaori Ohta,<sup>1,2</sup> Gen Kobashi,<sup>1</sup> Hideto Yamada,<sup>2</sup> Hisanori Minakami,<sup>2</sup> and Yasuma Fukuchi,<sup>3</sup>

1 Department of Health for Senior Citizens, Hokkaido University

2 Department of Obstetrics and Gynecology, Graduate School of Medicine, Hokkaido University

3 Division of Health and Sports Science, Graduate School of Education, Hokkaido University

Correspondence to: Gen Kobashi, MD, PhD. Email: genkoba@med.hokudai.ac.jp

**Objective:** To study public awareness and conceptions about homeless people.

**Methods:** A questionnaire was sent to citizens of Sapporo by mail. Four hundred seventy-two of 1,450 residents randomly selected (response rate, 32.1%) replied a self-administered questionnaire.

**Results:** One of the survey questions asked respondents to list common ailments that they assumed would afflict homeless people to a greater degree than the general public. Their responses were as follows: diarrhea (331, 70.1%), common cold (312, 66.1%), dysentery (281, 59.5%), and alcoholism (235, 49.8%). In contrast, respondents were asked to note diseases that they assumed would be less likely to affect the homeless, and their responses were as follows: hypercholesteremia (216, 45.8%), diabetes mellitus (210, 44.5%), and drug addiction (157, 33.3%). Respondents tended to agree with the following statements: "Homeless people destroy the scenery of the city" (328, 69.5%); "Homeless people stink" (325, 68.9%); and "Homeless people should improve their present situation by themselves" (321, 68.0%). They tended to disagree with the following statements: "People become homeless primarily because of health problems" (370, 78.4%); "Homeless people are involved in the trafficking of narcotic drugs and stimulants" (337, 71.4%); and "Homeless people are frightening" (287, 60.8%).

**Conclusion:** The present results suggest that there are significant differences between the citizens' conceptions about the homeless and the reality of the homeless in Sapporo. Follow-up studies in other cities and actions to educate the general public would be necessary to establish measures for dealing with the problem of the homeless in Japan.

**Key words:** homeless people , conception , acceptance , questionnaire

### Introduction

In Japan, the number of homeless people has been increasing since 1998 because of the poor economy and accompanying high unemployment. The Japanese government passed a special law to support the homeless in August 2002.<sup>1)</sup> The Japanese government reported that there were 25,296 homeless people in Japan in 2003,<sup>2)</sup> which was an increase of about 1,200 from the number reported in 2001.

Previous studies have focused on tuberculosis,<sup>3-6)</sup> dysentery (reported by a Japanese local paper), lifestyle-related diseases,<sup>7-12)</sup> alcoholism,<sup>13,14)</sup> psychiatric disorders,<sup>15,16)</sup> drug dependence,<sup>17,18)</sup> and

HIV<sup>6)</sup> in homeless people in Japan as well as in the United States. Compromises will be required to deal with the two primary problems regarding the homeless. One problem deals with the general support of homeless people on such issues as housing, health, and employment, all of which will prevent high-risk groups from becoming homeless. These preventive programs may be implemented by the government and/or non-governmental organizations.<sup>19)</sup> The other challenge posed by the homeless involves the appearance or cosmetic aspect of a city and the idea that the homeless are potential sources of infectious diseases.<sup>20)</sup>

However, in Japan, little research has been

undertaken to determine the general conceptions held about homeless people. Therefore, for the present study, a general survey was used among the residents of Sapporo.

### Subjects and methods

A group of 1,472 residents from 20-69 years of age was randomly selected from every electoral district. The electoral list (total of 151,573 registrants) was from a specific ward of Sapporo, in which many homeless people gather in a central park and downtown area. The residents received the self-administered questionnaire by mail. The survey included questions about (1) status (sex, age, number of household members, occupation, length of time as Sapporo residents), (2) conceptions regarding the health of homeless people, and (3) thoughts and images about homeless people. The health conceptions were determined by answers to the following question: "Do you think homeless people are more susceptible to specific diseases than the general public?"

### Results

#### 1. Status of respondents

Answers were obtained from 472 of 1,472 residents (response rate, 32.1%), consisting of 188 males (39.8%), 279 females (59.1%), and 5 who did not respond to the item about sex (1.1%). The mean age was  $46.7 \pm 14.1$  years old (Mean  $\pm$  SD). The most frequent number of household members living together was 2 among both males (56, 11.9%) and females (86, 18.2%); 3 was the second most frequent number for males (44, 9.3%) and females (62, 13.1%). Occupations were distributed as follows: for males, "employee of a company" (88, 18.6%); "public employee" (22, 4.7%); "unemployed" (17, 3.6%); "construction" (11, 2.3%); for females, "housewife" (127, 26.9%); "employee of a company" (56, 11.9%); "unemployed" (19, 4.0%); and "public employee" (12, 2.5%). A total of 329 respondents (69.3%) had lived in Sapporo for more than 10 years.

#### 2. Conceptions regarding the health of homeless people

Afflictions that the respondents believed the homeless were more susceptible to than the general public included diarrhea (331, 70.1%), the common cold (312,

66.1%), dysentery (281, 59.5%), and alcoholism (235, 49.8%). In contrast, they believed that the homeless were less likely to be afflicted with hypercholesteremia (216, 45.8%), diabetes mellitus (210, 44.5%), and drug addiction (157, 33.3%) than the general public (Table 1).

#### 3. Thoughts and images about the homeless

Respondents tended to agree with the following statements: "Homeless people destroy the scenery of the city" (328, 69.5%); "Homeless people stink" (325, 68.9%); and "Homeless people should improve their present situation by themselves" (321, 68.0%). They tended to disagree with the following statements: "People become homeless primarily because of health problems" (370, 78.4%); "Homeless people are involved in the trafficking of narcotic drugs and stimulants" (337, 71.4%); and "Homeless people are frightening" (287, 60.8%) (Table 2).

### Discussion

The government reported that 88 people were homeless in Sapporo in 2003,<sup>2)</sup> which was an increase of 20 over the number reported in 2001. Sapporo is located in Hokkaido, the northern-most prefecture, which receives a large annual snowfall. The mean temperature is less than zero degrees centigrade from December to March (according to reports in local newspapers). As a result, the number of homeless in Sapporo is much lower than that reported in other metropolitan areas, such as Tokyo and Osaka, even though Sapporo has a population of approximately 1.8 million and is the fifth-largest city in Japan. Because of the unique circumstances in Sapporo, less has been done than in other cities to solve the problems related to homelessness. In an effort to assist the homeless and to learn more about their circumstances, health exams, consultation, and boiled rice have been made available periodically since December 1999 to the homeless in a park near Sapporo station.<sup>7)</sup>

In December 2000, 49 homeless people who attended the event were interviewed so that more could be learned about their lives.<sup>21)</sup> Furthermore, medical examinations were provided as a part of a tuberculosis detection program being conducted by the Sapporo City

Health Center and private regional hospitals.

Throughout the world, few studies have been conducted to learn about the conceptions and reality of homeless people. In one such study 240, people from Erie County, PA, were interviewed by telephone.<sup>22)</sup> The present study is not only the first to examine the attitudes of residents about homeless people in Japan, but also one of the very few such studies in the world. Fortunately, the study was completed before the new Japanese law in support of the homeless took effect.<sup>1)</sup>

The problem of infectious diseases among homeless people is very serious, particularly in big cities in the main island in Japan, where 5,000-9,000 homeless people live. For example, some cases of tuberculosis in Tokyo<sup>3)</sup> and in Nagoya<sup>4)</sup> and one case of dysentery in Osaka (reported by a Japanese local newspaper) have been documented. Likewise, it was also reported in San Francisco in 1994 that the prevalence of tuberculosis among the homeless was 32%.<sup>6)</sup>

Regarding lifestyle-related diseases, the prevalence of hypertension and diabetes mellitus among homeless people was reported to be 15% and 4%, respectively, in Shibuya, Tokyo in 1997,<sup>23)</sup> and 13% and 10%, respectively, in our previous study in Sapporo in 2000.<sup>7)</sup> The health check-up for homeless people in Sapporo conducted in the course of our study also revealed that the number of homeless people who suffered from diabetes and needed urgent hospitalization was higher than we had expected. In the United States, the prevalence of hypertension in homeless people has been reported to be 14-25%.<sup>8-11)</sup> It has been noted that homeless people usually eat meals that are insufficient in nutrition and high in salt, saturated fatty acids, and cholesterol.<sup>24)</sup> Furthermore, homeless people suffering from diabetes mellitus are particularly susceptible to a worsening of their condition due to their inability to have a healthy diet.<sup>25)</sup>

The present results showed that the conceptions of residents were fairly consistent with the real situation of Japanese homeless people regarding infectious diseases such as tuberculosis and dysentery but not consistent with the real situation of the homeless

regarding lifestyle-related diseases such as diabetes mellitus. There are two possible reasons for this: one possibility is that the residents were not aware of the real situation of homeless people concerning, for example, unsatisfactory diet, insufficient sleep, and severe mental stress.<sup>7)</sup> The other possibility is that the residents did not know that the lifestyle of homeless people involves risk factors for lifestyle-related diseases, which are sometimes mistakenly thought to be diseases of the wealthy.

On the other hand, the present results suggested that the residents did not sympathize with homeless people on the whole, although the Japanese government classifies homeless people as being (1) people who have become unemployed against their will, (2) people who need medical treatment or welfare support, and (3) people who refuse to become integrated into the society.<sup>19)</sup> Furthermore, the fact that 71.4% of the residents disagreed the statement that "homeless people are involved in the traffic king of narcotic drugs and stimulants" suggests that the residents in Sapporo do not believe that the homeless problem is as critical as residents in other cities in Japan do. Actually, there have been few reports of the use of narcotic drugs and stimulants by homeless people in Japan, although there have been many reports of drug dependence<sup>17,18)</sup> and HIV infection by drug injection<sup>6)</sup> among homeless people in countries other than Japan.

Considering that drug abuse by young people has recently become a problem in Japan,<sup>26)</sup> it seems possible that drug problems among the Japanese homeless people will also become significant in the near future.

In conclusion, the present results suggest that there were some significant differences between the residents' conceptions and the real situation of homeless people in Sapporo, although the results did not necessarily reflect the whole population, since the response rate was not very high. Follow-up studies in other cities and campaigns to enlighten the general population will be necessary in the future in order to establish appropriate countermeasures to address the problem of homelessness in Japan.

Table 1 Residents' awareness of diseases affecting the homeless (n=472).

|                      | More likely to suffer | Almost the same | Less likely to suffer | No answer |
|----------------------|-----------------------|-----------------|-----------------------|-----------|
| Diarrhea             | 331(70.1%)            | 86(18.2%)       | 20(4.2%)              | 35(7.4%)  |
| Common cold          | 312(66.1%)            | 88(18.6%)       | 42(8.9%)              | 30(6.4%)  |
| Dysentery            | 281(59.5%)            | 139(29.4%)      | 16(3.4%)              | 36(7.6%)  |
| Alcoholism           | 235(49.8%)            | 150(31.8%)      | 57(12.1%)             | 30(6.4%)  |
| Tuberculosis         | 233(49.4%)            | 181(38.3%)      | 24(5.1%)              | 34(7.2%)  |
| Lumbago              | 155(32.8%)            | 229(48.5%)      | 53(11.2%)             | 35(7.4%)  |
| Depression           | 151(32.0%)            | 173(36.7%)      | 111(23.5%)            | 37(7.8%)  |
| Schizophrenia        | 114(24.2%)            | 219(46.4%)      | 97(20.6%)             | 42(8.9%)  |
| Hypertension         | 95(20.1%)             | 215(45.6%)      | 123(26.1%)            | 39(8.3%)  |
| Drug intoxication    | 95(20.1%)             | 179(37.9%)      | 157(33.3%)            | 41(8.7%)  |
| Hypercholesterolemia | 67(14.2%)             | 150(31.8%)      | 216(45.8%)            | 39(8.3%)  |
| Diabetes mellitus    | 60(12.7%)             | 162(34.3%)      | 210(44.5%)            | 40(8.5%)  |

The distribution of residents' answers to the question, "Do you think homeless people are more likely to suffer from the following ailments than the general population?" is shown.

Table 2 Thoughts and images about homeless people

|  | Agree      | Disagree   | Neutral    | No answer |
|--|------------|------------|------------|-----------|
| Homeless people destroy the scenery of the city  | 329(69.5%) | 41(8.7%)   | 92(19.5%)  | 11(2.3%)  |
| Homeless people stink  | 325(68.9%) | 39(8.3%)   | 98(20.8%)  | 10(2.1%)  |
| Homeless people should improve their present situation by themselves                     | 321(68.0%) | 26(5.5%)   | 114(24.2%) | 11(2.3%)  |
| Homeless people should be given equal chances of finding employment                      | 308(65.3%) | 34(7.2%)   | 117(24.8%) | 13(2.8%)  |
| It is because of the economic recession that the number of homeless people has increased | 283(60.0%) | 52(11.0%)  | 127(26.9%) | 10(2.1%)  |
| Volunteer activities are necessary to resolve the problem of the homeless                | 222(47.0%) | 79(16.7%)  | 156(33.1%) | 15(3.2%)  |
| It is people's own fault if they become homeless   | 207(43.9%) | 72(15.3%)  | 185(39.2%) | 8(1.7%)   |
| Homeless people should be understood by the general population                           | 195(41.3%) | 76(16.1%)  | 189(39.8%) | 13(2.8%)  |
| If I see a homeless person, I take a detour to avoid walking past him                    | 181(38.3%) | 168(35.6%) | 110(23.3%) | 13(2.8%)  |
| When there are homeless people nearby, I worry about the safety of children              | 176(37.3%) | 122(25.8%) | 160(33.9%) | 14(3.0%)  |
| The livelihood of homeless people should be protected                                    | 140(29.7%) | 123(26.1%) | 196(41.5%) | 13(2.8%)  |
| Many of the homeless people would like to see their situation improve                    | 131(27.8%) | 169(35.8%) | 158(33.5%) | 14(3.0%)  |
| Homeless people cause the spread of infectious diseases                                  | 105(22.2%) | 159(33.7%) | 196(41.5%) | 12(2.5%)  |
| Homeless people enjoy a selfish life   | 78(16.5%)  | 199(42.2%) | 184(39.0%) | 11(2.3%)  |
| Homeless people are frightening  | 64(13.6%)  | 287(60.8%) | 109(23.1%) | 12(2.5%)  |
| Homeless people are involved in the trafficking of narcotic drugs and stimulants         | 16(3.4%)   | 337(71.4%) | 109(23.1%) | 10(2.1%)  |
| People become homeless primarily because of health problems                              | 8(1.7%)    | 370(78.4%) | 63(13.6%)  | 11(2.3%)  |

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