CHARACTERIZATION OF SOCIAL CONDITIONS OF HOMELESS WOMEN IN THE MUNICIPALITY OF MARINGÁ-PR

CARACTERIZAÇÃO DAS CONDIÇÕES SOCIAIS DE MULHERES EM SITUAÇÃO DE RUA NO MUNICÍPIO DE MARINGÁ-PR

Vinicius Gregório Plastina da Silva[1]
Academic of Medical School
PIBIC/CNPQ scholarship holder – UniCesumar
University Cesumar (UniCesumar) – Maringá, Paraná, Brazil
E-mail: vinicius.gregorio2@hotmail.com

Letícia Hikari Koshita
Academic of Medical School
PIBIC/ICETI scholarship holder – UniCesumar
University Cesumar (UniCesumar) – Maringá, Paraná, Brazil
E-mail: leticiakoshita4@gmail.com

Fernanda Hoffmann Marques
Master in Health Promotion and PhD student in the Postgraduate Program in Health Promotion at the University (UniCesumar)
University Cesumar (UniCesumar) – Maringá, Paraná, Brazil
E-mail: fernandahoffmannmarques@gmail.com

Tânia Maria Gomes da Silva
PhD in History. Professor of the Postgraduate Program in Health Promotion (PPGPS) at the University Cesumar (UniCesumar). Researcher at Instituto Cesumar de Ciência, Tecnologia e Inovação – ICETI
University Cesumar (UniCesumar) – Maringá, Paraná, Brazil
E-mail: tania.gomes@unicesumar.edu.br

---

[1] Corresponding Author: vinicius.gregorio2@hotmail.com.

ABSTRACT: In this article, we seek to characterize the sociodemographic profile and the use of medication and abusive drugs by homeless women. This is a cross-sectional study with a quantitative approach, which investigates the medical records of 87 women in this condition, collected at the *Consultório na Rua* (CnR) service, of the Municipal Health Department of Maringá-PR, in June 2021 to June 2022. According to the analyses, women were taking medication for chronic conditions and using antiretroviral therapy (ART). Furthermore, some used anxiolytic, antidepressant and antipsychotic medication. Regarding the use of psychoactive substances, a large proportion were consumers; some with a single consumption pattern, and more than half with polydrug use. Thus, the challenges faced by homeless women require specific approaches and more sensitive health policies, aiming to guarantee adequate access to the medicines and care necessary to improve their quality of life.

Keywords: Drugs of abuse; Women's Health; Continuos use medication.

RESUMO: Neste artigo, busca-se caracterizar o perfil sociodemográfico e o uso de medicamentos e drogas abusivas por mulheres em situação de rua. Trata-se de um estudo seccional, do tipo transversal e de abordagem quantitativa, que investiga prontuários de 87 mulheres nessa condição, coletados no serviço do Consultório na Rua (CnR), da Secretaria Municipal de Saúde de Maringá-PR, de junho de 2021 a junho de 2022. De acordo as análises, as mulheres faziam uso de medicação para condições crônicas e uso da Terapia Antirretroviral (TARV). Ainda, algumas usavam medicação ansiolítica, antidepressiva e antipsicótica. Quanto à utilização de substâncias psicoativas, grande parcela era consumidora; algumas com padrão de consumo único, e mais da metade com poliuso de drogas. Assim, os desafios enfrentados por mulheres em situação de rua exigem abordagens específicas e políticas de saúde mais sensíveis, visando garantir o acesso adequado aos medicamentos e cuidados necessários para melhoraria da qualidade de vida.

Palavras-chave: Drogas de abuso; saúde da mulher; medicamentos de uso contínuo.

1. INTRODUCTION

Homelessness is a reality in different countries and cultures. This is a global human rights crisis involving individuals in conditions of extreme poverty, characterized by abandonment, despair, low self-esteem and denial of dignity. Taken together, such situations have serious consequences for health and quality of life (Un, 2015).

In Brazil, the estimate is that there are around 281 thousand individuals living homeless (Instituto de Pesquisa Econômica Aplicada, 2022). Although this is a significant contingent, it was only in 2023 that a draft bill was approved in Brazil (PL N.º 4,498/2020) aiming to integrate these people into census research carried out by the Brazilian Institute of Geography and Statistics (IBGE) (Agência Senado, 2023). This procedure aims to provide more accurate knowledge of the diversity of the Brazilian population, unequivocally having a profound impact on public health, education and many other policies (Pimenta, 2019).

Men are the majority among people living homeless, but their number is expanding. The aggravating factor is that women present specific vulnerabilities due to traditional gender norms that tend to think of them as subjects of private space (Ribas, Richter, Marques, Bernuci & Silva, 2022). This is a stereotype that contributes to many people feeling out of place and, consequently, embarrassed in seeking out government institutions for attention and care, including in the health sector (Esmeraldo & Ximenes, 2022; Cobo, Cruz & Dick, 2021).

Compared to other people, the homeless population has a higher prevalence of comorbidities and chronic diseases throughout their lives, with a significant rate of mental illness, such as schizophrenia and bipolar disorder (Pedrosa, 2020).

Additionally, studies have highlighted that people who are homeless are more prone to risky behaviors, such as the consumption of psychoactive substances (Eshtehardi et al., 2021; Ferreira, Rozendo & Melo, 2016; Cortizo & Santos, 2015), used as a source of pleasure, escape from reality or socializing element (Rosa, 2018).

In 2011, aiming to guarantee the right to health of the Homeless Population (PSR), the Brazilian government established the *Consultório na Rua* (Clinic on the Street - CnR). This is a type of primary health care service, included within the scope of the Family Health Strategy, offered by the Unified Health System (SUS) (Portaria n.º 122, 2012). The CnR's distinctive feature is that it has elements of intersectorality and social participation, with an integral focus on the physical and mental health of this population (Hallais & Barros, 2015).

In Maringá, the CnR was created in 2011. The team is composed by doctors, nurses, psychologists, social workers, Nursing technicians and drivers. The service is provided in places where these people circulate the most, such as squares and shelters. The actions are aimed at improving health conditions through the formation of a support and reception network, aiming to minimize the numerous difficulties faced by this population.

Among these difficulties is the use of medicines, notably those with a controlled prescription, as there are no adequate storage facilities for them, and also the consumption of illicit drugs, especially alcohol and crack, which are low cost (Hino, Almeida, Monroe, Bertolozzi, Taminato, Fornari & Rosa, 2022). The greater use of illicit psychoactive substances is seen among men, but the number of female users is significant and, in addition, is growing practically throughout the world (Ribas et al., 2022). This fact highlights the importance of studies on the use of medicines and illicit drugs by the homeless population, especially because when carried out they tend to have a perspective that disregards gender differences, thus subsidizing asexual public policies. This article aims to fill this investigative gap.

Therefore, the article presents the results of a study that investigated the use of medicines and drugs of abuse by homeless women in Maringá-PR, characterizing the health conditions of this population.

2. METHODOLOGY

This is a cross-sectional study with a quantitative approach. The data contained in the medical records of 87 women aged 18 or over, attended by the CnR in Maringá-PR, were evaluated, selected with the help of professionals in this sector. The data refers to the period from June 2021 to June 2022. The information was digitized and subsequently analyzed using descriptive statistics, including measures of central tendency and frequency measures.

This study respected the ethical standards established by Resolutions No. 466/2012 and No. 510/2016 of the National Health Council, being approved by the UniCesumar Research Ethics Committee (REC) under opinion report number 5,361,488/ 2022.

3. RESULTS

According to Table 1, the average age of women living homeless was 36.47 years (SD 9.94), median 36 years and mode 43 years. The range of age variation was 44 years, with a minimum of 18 months of age and a maximum of 62 years of age. Age was categorized into age groups, as shown in Table 1.

It is observed that 28.7% of women were aged between 34 and 41; 24.1% were between 26 and 33 years old; 18.4% between 42 and 49 years old; 16.1% of them between 18 and 25 years old; 10.3% were between 50 and 58 years old; and 2.3% of women were between 59 and 62 years old.

Regarding race/ethnicity, it was observed that the majority were white women (42.5%) followed by browns (28.7%); black (13.8%); one indigenous woman (1.1%) was observed; and in 13.8% of cases, this aspect was not reported.

About the time women were homeless, 2.6% of the sample did not provide information about the period they were homeless. 26.4% of women reported having been homeless for up to a month. Regarding having lived homeless for more than a month to a year, the total was 6.9%. 35.6% mentioned having spent two to ten years homeless. And finally, those who said they had been homeless for more than ten years totaled 18.4%.

According to Table 1 on marital status, 50.6% of women declared themselves single, or without stable partners; 34.5% identified themselves as married and/or in stable relationships; and in 14.9% of the medical records, the information was incomplete.

In regard to education, according to Table 1, it is noted that 73.6% of women studied up to elementary school (up to nine years); and 26.4% of them attended basic education for a longer period compared to the others (more than 9 years).

Table 1 - Frequency distribution of sociodemographic variables and time living homeless of women who were seen at the *Consultório na Rua*

Variables	n (%)
Age (years)	
18 to 25	14 (16.1)
26 to 33	21 (24.1)
34 to 41	25 (28.7)
42 to 49	16 (18.4)
50 to 58	9 (10.3)
59 to 62	2 (2.3)
Race/Ethnicity	
White	42.5
Brown	28.7
Black	13.8
Indigenous	1.1
Unknown	13.8
Time Living Homeless	
Unknown	11 (12.6)
Up to 1 month	23 (26.4)
>1 month to 1 year	6 (6.9)
2 to 10 years	31 (35.6)
> 10 years	16 (18.4)
Marital Status	
Stable union	30 (34.5)
Single / No partner	44 (50.6)
No information	13 (14.9)
Education	
Up to 9 years	64 (73.6)
More than 9 years	23 (26.4)

Source: The authors (2023).

n: Absolute Frequency**; %:** Relative Frequency.

Regarding the consumption of psychoactive substances, it can be seen, in Table 2, that 20.7% were not users of drugs of abuse; and 79.3% were consumers of these substances; 18.4% had a common drug consumption pattern; and 60.9% had a pattern of polydrug use.

Table 2 - Pattern of drug use

Pattern of drug use	Non-users	18 (20.7)
	Single drug	16 (18.4)
	Polydrug use	53 (60.9)

Source: The authors (2023).

Regarding health conditions, in Table 3, it can be seen that 10.3% of the sample self-reported as healthy, or denied morbidities; 9.2% indicated physical changes in their health status; 41.4% reported mental disorders; 39.1% reported both disorders (physical and mental).

Table 3 - Participants' health condition

Health condition	Healthy/Denies	9 (10.3)
	Physical condition	8 (9.2)
	Mental condition	36 (41.4)
	Physical and mental condition	34 (39,1)

Source: The authors (2023).

In regard to the use of medication by homeless women, according to Table 4, it appears that 11.5% of them used medication for chronic conditions, such as diabetes *mellitus* and systemic arterial hypertension; 4.6% used antiretroviral therapy (ART); 14.9% were users of anxiolytic medication; 12.6% antidepressant; and 17.2% were taking antipsychotic medication.

Table 4 - Medicine consumption pattern

HAS and DM medication	No	77 (88.5)
	Yes	10 (11.5)
ART medication	No	83 (95)
	Yes	4 (4.6)
Anxiolytics	No	74 (85.1)
	Yes	13 (14.9)
Antidepressant medication	No	76 (87.4)
	Yes	11 (12.6)
Antipsychotic medication	No	72 (82.8)
	Yes	15 (17.2)

Source: The authors (2023).

About the number of consultations, presented in Table 6, there is an average of 3.39 consultations (SD 3.8); median of 2 consultations; and mode of 1 consultation.

The data was categorized and distributed as follows: 81.6% had between 1 and 5 consultations; 11.5% carried out 6 to 10 consultations; 5.7% carried out between 11 and 15 consultations; and 1.1% had 16 to 21 consultations.

Table 6 - Number of consultations from participants

Number of consultations	1 to 5	71 (81.6)
	6 to 10	10 (11.5)
	11 to 15	5 (5.7)
	16 to 21	1 (1.1)

Source: The authors (2023).

Finally, according to Table 7 on the fact that women suffered some type of disability, it was observed that 89.6% did not have physical or mental disabilities; 4.6% had intellectual/cognitive disabilities; 3.4% had physical disabilities; and 2.3%, visual impairment.

Quadro 7 – Number of women with a disability

Suffer from a disability	No	78 (89.6)
	Mental	4 (4.6)
	Physical	3 (3.4)
	Visual	2 (2.3)

Source: The authors (2023).

4.   DISCUSSION

Analysis of CnR medical records showed that the service was sought by 42.5% of white women and 13.8% of black women (black and brown). The result is consistent with research involving homeless people in Maringá, which found that 60% declared themselves white; although the proportion of those who recognized themselves as brown showed growth in relation to surveys carried out in previous years (Observatório das Metrópoles, 2017).

Data on race/ethnicity were self-declared and followed the options established by IBGE: white, black, yellow, brown or indigenous. From this perspective, limiting race identification to only the white and black options creates a bias in which many people are influenced to deny their racial identification, moving away from their ethnic-racial belonging.

Marital status is also another important factor to be analyzed. A study involving homeless women in the city of Belo Horizonte (MG), Brazil showed that 57.6% were single (Villa, 2017). In Maringá the result found was: that 50.6% of women were single/alone and 34.5% lived in a stable union.

Living on the streets imposes a variety of violence, which is more significant in the case of women. Therefore, it is not uncommon to search for a partner as a form of protection and support, in addition to emotional issues that cannot be ignored (Ribas et al.,

2022; Sousa, Campos, J. F. de Oliveira, J. A. de Oliveira & Silva, 2017; Oliveira, 2007). This is the perpetuation of a patriarchal culture that sees men as protectors and women as fragile. However, as in all relationships based on inequality of power, there is a risk that homeless women will suffer violence from the same companions from whom they seek protection (Oliveira, 2007).

Regarding the time living homeless, it was observed that the majority of women have been living on the streets for at least two years; 54% of them have been living on the streets for between 2 and 10 years. The situation is particularly indicative of vulnerability when it is known that the longer a person lives homeless, the more they lose autonomy, the ability to change their life cycle and regain their identity (Villa, 2017).

Violence has very negative effects on women's lives, whether causing various physical and psychological illnesses, or generating retaliatory behaviors, in the search for self-defense, which are equally harmful (Barbosa, 2022). Unfortunately, these conditions make it more difficult for primary health care strategies to reach this population group, even compromising the doctor-patient bond (Barbosa, 2022).

About education, 73.6% of women completed elementary school, showing a higher level of education than what was presented in the study by Emanuella 2020, where the sociodemographic profile of homeless women in Salvador-BA was investigated. The study demonstrated that 57.1% of the participants had not completed elementary school, where the author relates low education with a possible increase in exposure to situations that generate social vulnerability.

A study by Silva, Fernandes, Tamais, Costa & Melo (2021) analyzed that the relationship between the use of drugs of abuse and socioeconomic and cultural factors is evidenced by low education (≤9 years).

Regarding the consumption of psychoactive substances, 20.7% of participants did not consume drugs that lead to chemical dependence, whether legal or illicit, accounting for 79.3% of women who used them. In a study carried out by FP da Silva, Frazão, RA da Silva, Inácio, Oliveira, Vasconcelos & Lima (2021), approximately 64% of homeless women used drugs of abuse, such as alcohol and other substances. The results pointed out by the authors are in line with this analysis, since only the smallest proportion of women did not use these drugs.

Furthermore, in the present research, among users of a single drug, tobacco consumption stands out, for 4.6% of women; 1.1% alcoholic beverage; 12.6% of crack/cocaine users, with no marijuana users identified in this consumption pattern. In female users with a polydrug use pattern, the following associations of two substances were investigated: 4.6% of tobacco and alcohol users; 12.6% tobacco and crack/cocaine users; 18.4% of alcohol and crack/cocaine users. In the pattern of polydrug use of three substances, it was found that 12.6% were female users of tobacco, alcohol and crack/cocaine; 3.4% used alcohol, marijuana and crack/cocaine; 3.4% used tobacco, alcohol and marijuana; and, finally, 4.6% of women were users of all substances (tobacco, alcohol, marijuana and crack/cocaine).

In the study carried out by Leão, Boska, Silva, Claro, M A F de Oliveira, M S R de Oliveira (2019), in decreasing order of prevalence, the drugs of abuse most used by homeless women were alcohol (67%); crack (72.4%); marijuana (49.6%); cocaine (48.8%); and tobacco (48.8%). Therefore, the pattern of drug use in the present study corroborates the results found by Leão et al. (2019).

According to Duke & Searby (2019), homeless women have more mental health problems compared to those who are not in this condition. Furthermore, according to the authors, this female population with mental health problems has been growing in this scenario, thus being more prone to disorders due to the use of alcohol and other drugs.

The research observed a low proportion of women using anxiolytic, antidepressant or antipsychotic medicines, contrasting with previous studies. These show that this discrepancy can be attributed to the lack of continuity in treatment and medical care, possibly masking a greater demand for these medications (Duke Searby, 2019). In the United States, non-adherence to medication treatment is a significant cause of ineffectiveness in psychiatric treatment, affecting almost half of patients with chronic illnesses (Eshtehard et al., 2021). This challenge is particularly relevant for homeless individuals, who face difficulties in storing medicines (Hino et al., 2022). These issues highlight the importance of interventions that address barriers to adherence to psychiatric treatment, especially for marginalized populations.

According to Eshtehard et al. (2021), medicine non-adherence rates range from 22% to 49%, resulting in significant side effects, which further expands the practical challenges faced by homeless people. Furthermore, it is important to highlight that lack of adherence to psychiatric medicines, including antidepressants and anxiolytics, is associated with a greater risk of disease worsening, suicide attempts and the need for hospitalization, resulting in an increase in premature morbidity and mortality (Semahegn, Torpey, Manu, Assefa, Tesfaye & Ankomah, 2020).

Among the 87 women who had their medical records analyzed, 10 were HIV positive, but only 4 were being treated with antiretroviral medicines. This scenario reflects the worrying trend identified by Fernandez, Lopez, Ibarra, Sheehan, Ladner & Trepka (2022), which states that the increase in HIV/AIDS infection rates among low-income individuals is worsened by the lack of access to health services, negatively impacting the prognosis of the disease.

Adherence to antiretroviral treatment (ART) is influenced by socioeconomic factors, such as education and income, with populations in vulnerable situations facing additional challenges, such as poor nutrition, difficulty in performing personal hygiene, exposure to unhealthy environments and other factors that contribute for lower adherence to treatment, increasing the risk of physical and mental complications (Park, Stockman, Thrift, Nicole & Smith, 2021).

Considering chronic diseases and their treatment, the data found in the present study report that only 10 women (11.5%) use medications for systemic arterial hypertension (SAH) and diabetes *mellitus* (DM). Although this is a relatively low amount, it

may be associated with a failure in the Unified Health System and the patient's difficulty in continuing with treatment. Hypertension and diabetes are prevalent diseases in the general population and underdiagnosed in the homeless population group. In the United States, it is estimated that 27% of this group have hypertension and 8% DM. In the Brazilian population, approximately one third and one sixth of patients with diabetes and hypertension, respectively, are unaware of their diagnosis and, when associating these numbers with living on the streets, where there is less accessibility and access to primary health care, the percentage tends to rise (Bernstein, 2015).

5. FINAL CONSIDERATIONS

Knowing the socioeconomic profile of homeless women based on data from CnR medical records in Maringá-PR made it possible to identify the challenges they experience in their daily lives, notably in the face of medication treatment for the illnesses that most affect them, such as psychiatric illnesses and HIV, as well as the use of drugs of abuse.

In this sense, the importance of interdisciplinary studies that present a broad and longitudinal approach to the concrete problems faced by this population in everyday life is reinforced, as exemplified by the difficulty that people living on the streets face in obtaining and keeping medications.

Therefore, identifying the sociodemographic factors that contribute to non-adherence to treatment and prevalence of diseases can help to develop care and support strategies aimed at this population on the margins of society, making it possible and fundamental to create public policies and effective targeted actions to the specific needs of this population group.

REFERENCES

Agência Senado (2023). CDH aprova incluir população em situação de rua no censo do IBGE. *Brasília, DF: Ministério Público*. Recuperado de: https://www12.senado.leg.br/noticias/materias/2023/06/14/cdh-aprova-incluir-populacao-em-situacao-de-rua-no-censo-do-ibge#:~:text=A%20Comiss%C3%A3o%20de%20Direitos%20Humanos

Assembleia Geral da Organização das Nações Unidas (2015). *Declaração Universal dos Direitos Humanos da ONU* (A/HRC/31/54), Nova Iorque.

Barbosa, N. G., Hasimoto, T. M., Michelon, T. M., Mendes, L. M. C., Santos, G. G. D., Monteiro, J. C. D. S., & Gomes-Sponholz, F. A. (2022). Attention to Women's Sexual and Reproductive Health at the Street Outreach Office. *International journal of environmental research and public health*, 19(17), 10885. https://doi.org/10.3390/ijerph191710885

Bernstein, R. S., Meurer, L. N., Plumb, E. J., & Jackson, J. L. (2015). Diabetes and hypertension prevalence in homeless adults in the United States: a systematic review and meta-analysis. *American journal of public health*, 105(2), e46–e60. https://doi.org/10.2105/AJPH.2014.302330

Cobo, B., Cruz, C., & Dick, P. C. (2021). Desigualdades de gênero e raciais no acesso e uso dos serviços de atenção primária à saúde no Brasil. *Ciência & Saúde Coletiva*, 26(9), 4021 - 4032. https://doi.org/10.1590/1413-81232021269.05732021

Cortizo, R. M., & Santoro, A. (2019). População em situação de rua no Brasil: o que os dados revelam. *Brasília, DF: Ministério de Cidadania*.

Duke, A., R. N., & Searby, A., PhD, RN (2019). Mental Ill Health in Homeless Women: A Review. *Issues in mental health nursing*, 40(7), 605 - 612. https://doi.org/10.1080/01612840.2019.1565875

Eshtehardi, S. S., Taylor, A. A., Chen, T. A., de Dios, M. A., Correa-Fernández, V., Kendzor, D. E., Businelle, M. S., & Reitzel, L. R. (2021). Sociodemographic Determinants of Nonadherence to Depression and Anxiety Medication among Individuals Experiencing Homelessness. *International journal of environmental research and public health*, *18*(15), 7958. https://doi.org/10.3390/ijerph18157958

Esmeraldo, A. F. L., & Ximenes, V. M. (2022). Mulheres em Situação de Rua: Implicações Psicossociais de Estigmas e Preconceitos. *Psicologia: Ciência e Profissão*, 42, e235503. https://doi.org/10.1590/1982-3703003235503

Fernandez, S. B., Lopez, C., Ibarra, C., Sheehan, D. M., Ladner, R. A., & Trepka, M. J. (2022). Examining Barriers to Medication Adherence and Retention in Care among Women Living with HIV in the Face of Homelessness and Unstable Housing. *International journal of environmental research and public health*, *19*(18), 11484. https://doi.org/10.3390/ijerph191811484

Ferreira, C. P. da S., Rozendo, C. A., & Melo, G. B. de (2016). Consultório na Rua em uma capital do Nordeste brasileiro: o olhar de pessoas em situação de vulnerabilidade social. *Cadernos De Saúde Pública*, 32(8), e00070515. https://doi.org/10.1590/0102-311X00070515

Hallais, J. A. da S., & Barros, N. F. de (2015). Consultório na Rua: visibilidades, invisibilidades e hipervisibilidade. *Cadernos de Saúde Pública*, 31(7), 1497 - 1504. https://doi.org/10.1590/0102-311X00143114

Hathazi, D., Lankenau, S. E., Sanders, B., & Jackson Bloom, J. (2009). Pregnancy and sexual health among homeless young injection drug users. *Journal of adolescence*, 32(2), 339 - 355. https://doi.org/10.1016/j.adolescence.2008.02.001

Hino, P., Almeida, I. B. de, Monroe, A. A., Bertolozzi, M. R., Taminato, M., Fornari, L. F., Rosa, A. da S. Percepção de pessoas em situação de rua sobre o tratamento da tuberculose. (2022). *Medicina (Ribeirão Preto)*, 55(4), e-191161. https://doi.org/10.11606/issn.2176-7262.rmrp.2022.191161

Instituto de Pesquisa Econômica Aplicada (dezembro, 2022). *População em situação de rua supera 281,4 mil pessoas no Brasil*. Brasília, IPEA. Recuperado de: https://www.ipea.gov.br/portal/categorias/45-todas-as-noticias/noticias/13457-populacao-em-situacao-de-rua-supera-281-4-mil-pessoas-no-brasil

Johnson, L., Lewer, D., Aldridge, R. W., Hayward, A. C., & Story, A. (2020). Protocol for a systematic review of treatment adherence for HIV, hepatitis C and tuberculosis among homeless populations. *Systematic reviews*, *9*(1), 211. https://doi.org/10.1186/s13643-020-01470-y

Leão, N. M. F., Boska, G. D. A., Silva, J. C. D. M. C., Claro, H. G., Oliveira, M. A. F. D., & Oliveira, M. S. R. D. (2020). Perfil de mulheres acolhidas em leitos de um Centro de Atenção Psicossocial Álcool e Drogas. *Enfermagem em foco*, 11(1), 63-68.

Lucio, C. (2021). Saúde realiza mais de mil atendimentos por meio do Consultório na Rua. *Maringá: Diretoria de Comunicação.* http://www.maringa.pr.gov.br/site/noticias/2021/04/09/saude-realiza-mais-de-mil-atendimentos-por-meio-do-consultorio-na-rua/37377

Observatório das Metrópoles (2017). Pessoas em situação de rua em Maringá-PR: desconstruindo a invisibilidade. *Maringá, Universidade Estadual de Maringá.* https://www.observatoriodasmetropoles.net.br/resultados-da-pesquisa-sobre-populacao-em-situacao-de-rua-em-maringa/

Oliveira, J. F. de, & Paiva, M. S. (2007). Vulnerabilidade de mulheres usuárias de drogas ao HIV/AIDS em uma perspectiva de gênero. *Escola Anna Nery*, 11(4), 625–631. https://doi.org/10.1590/S1414-81452007000400011

Park, E., Stockman, J. K., Thrift, B., Nicole, A., & Smith, L. R. (2020). Structural Barriers to Women's Sustained Engagement in HIV Care in Southern California. *AIDS and behavior*, 24(10), 2966–2974. https://doi.org/10.1007/s10461-020-02847-9

Pedrosa, A. L., Bitencourt, L., Fróes, A. C. F., Cazumbá, M. L. B., Campos, R. G. B., de Brito, S. B. C. S., & Simões E Silva, A. C. (2020). Emotional, Behavioral, and Psychological Impact of the COVID-19 Pandemic. *Frontiers in psychology*, *11*, 566212. https://doi.org/10.3389/fpsyg.2020.566212

Pimenta, M. de M. (2019). Pessoas em situação de rua em Porto Alegre: Processos de estigmatização e invisibilidade social. Civitas - *Revista De Ciências Sociais*, 19(1), 82 - 104. https://doi.org/10.15448/1984-7289.2019.1.30905

Portaria n.º 122, de 25 de janeiro de 2011. *Define as diretrizes de organização e funcionamento das Equipes de Consultório na Rua*. Brasília, DF, p. 46 - 47. DF. Recuperado de: <https://bvsms.saude.gov.br/bvs/saudelegis/gm/2012/prt0122_25_01_2012.html>.

Ribas, P. G. de L., Richter, T. T., Marques, F. H., Bernuci, M. P., Silva, T. M. G. (2022). Perfil sociodemográfico de usuárias de substâncias psicoativas em um município do Sul do Brasil. *Saúde e Pesquisa*, 15 (4), 1-12. https://doi.org/10.17765/2176-9206.2022v15n4.e11151

Rosa, A. D. S., & Santana, C. L. A. D. (2018). Street Clinic as good practice in Collective Health. *Revista Brasileira de Enfermagem*, 71, 465-466.

Semahegn, A., Torpey, K., Manu, A., Assefa, N., Tesfaye, G., & Ankomah, A. (2018). Psychotropic medication non-adherence and associated factors among adult patients with major psychiatric disorders: a protocol for a systematic review. *Systematic reviews*, *7*(1), 10. https://doi.org/10.1186/s13643-018-0676-y

Silva, F. P. da, Silva Frazão, I. da, Silva, R. A. da, Inácio, A. S., Oliveira, H. J. P. de, Vasconcelos, S. C., & Costa Lima, M. D. da (2021). Saúde mental de pessoas em situação de rua: comportamentos e vulnerabilidades no contexto urbano. *Revista Saúde-UNG-Ser*, 15(3/4), 30-41.

Silva, F. T. R. da, Fernandes, C. A. M., Tamais, M. L. B., Costa, A. B., & Melo, S. C. C. S. de (2020). Prevalence and factors associated with the use of drugs of abuse by pregnant women. *Revista Brasileira de Saúde Materno Infantil*, 20(4), 1101–1107. https://doi.org/10.1590/1806-93042020000400010

Sousa, M. R., Campos, L. C. M., Oliveira, J. F. de, Oliveira, J. A. de, Silva, D. de O. (2017). Mulheres em situação de rua: práticas de cuidados em saúde. In *Anais V Enlaçando...* Campina Grande: Realize Editora.

Villa, E. A., dos Santos Reinaldo, A. M., Pereira, M. O., de Paula Neves, N. A., & Viana, S. M. N. (2017). Perfil sociodemográfico de mulheres em situação de rua e a vulnerabilidade para o uso de uso de substâncias psicoativas. *Revista de Enfermagem UFPE online*, 11(5), p. 2122–2131.