FOOD SHORTAGE AND FOOD POISONING PROBLEMS FACED BY HOMELESS PERSONS IN BAKU CITY

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1. Introduction and description of the topic

The concept of homelessness

As stated in the 1989 statement of the UN Center for Human Rights, access to a safe and affordable food supply is one of the basic human rights. This right is clearly stated in the International Covenant on Economic, Social and Cultural Rights and in more than 120 international legal instruments. But unfortunately, this right is not available to many people around the world. We can include homeless people in this large group of people.

Homelessness can be defined as not regularly spending the night in an adequate accommodation, supervised public or private shelter, or sleeping in spaces that are not intended for people to sleep. It is possible to encounter different approaches in the laws of different countries and in the analyzes of sociologists regarding the issue of shelter mentioned here, as well as whether the cases of spending the night in hostels and different houses are considered homelessness.

Based on how long they have lived in this situation, it is possible to divide **homeless people** into the following groups: **chronical** - a state of homelessness that lasts for more than one year, regardless of how many times they have been homeless before; **episodical** - a state of homelessness lasting less than a year and becoming homeless twice or more in a lifetime; **transitional** - a state of homelessness lasting less than a year and no prior homelessness. (3, p. 8)

Some statistics about homeless people

Determining the homeless population is extremely difficult for many reasons. According to the US Department of Housing and Urban Development (HUD), approximately 553,000 people in the United States experience homelessness. (15, p. 1) The number of homeless people in the European Union (EU) is estimated to be at least 700,000. According to recent statistics, there are 30,000-36,000 homeless people in Poland, more than 140,000 in France, more than 130,000 in Canada, and up to 100,000 in Turkey. (10, p. 5) In Azerbaijan, it is impossible to find a preliminary statistical calculation of any state body in this regard. However, if we evaluate the figures given above in relation to the population of those countries, we see that on average 0.1-0.3% of the total population is homeless. In order to imagine the scale of the problem, if we apply this percentage range to Azerbaijan, it can be assumed that more than 10,000 homeless people live in the country. According to human rights defender Arzu Abdullayeva, this figure for Azerbaijan is more than 50,000. (1)

According to the results of studies conducted in different countries, the average age of homeless people is between 37 and 43. (8, p. 1) Moreover, compared to people who have a home, the homeless population has a higher risk of death. The reason for this is that homeless people suffer more from a number of diseases, such as mental disorders, lung infections, gastrointestinal

diseases, and dental and skin diseases, compared to the population living in permanent housing. According to official UK statistics, the average age of death for homeless people is 44 for men and 42 for women. (19) These numbers can be considered a high risk of homeless people nearing the age of 40 being carriers of diseases that lead to premature death and develop rapidly.

In fact, many studies regarding homeless people have found that unnatural causes of death (traffic accidents, poisoning, high fever, suffocation, falls, injuries) account for a larger share of deaths than natural causes. In Yağan's study, which was conducted by dissecting the bodies of 127 homeless people who died in Ankara between 1997 and 2006, it was shown that 55.11% of the deaths were unnatural, and 67.71% were due to poor general hygiene. As unnatural causes of death, traffic accidents (14.17%), alcohol poisoning (7.87%), and multi-organ failure due to nutritional problems (5.51%) were more common in this study. (20, p. 5)

Food security for homeless people

All of this demonstrates how important access to safe and healthy food is for homeless people. Looking at this issue more broadly, homelessness and the difficulty of accessing safe food are both realities created by the problem of poverty.

Safe food can be considered *"food obtained without uncertainty about the amount and type of food required for a healthy lifestyle or without the need to use socially unacceptable methods to obtain food."* (13, p. 71-77) When we conceptualize food security in this way, we can include hunger, inability to consume recommended amounts of quality foods, and food poisoning.

Previous studies regarding homeless people have analyzed caloric intake, vitamin and mineral deficiencies, body mass, cholesterol levels, and health problems related to nutrition. These studies provide us with a valuable degree of clinical accuracy, but their use of resource- and time-consuming methods (eg, the use of blood samples, anthropometric measurements, and detailed food diaries) makes this method impractical for large-scale projects. Therefore, such studies are alternatively based on self-reports of homeless individuals. Here, homeless people's daily energy intake and daily fat, carbohydrate, and protein intake are revealed by having them recall what they ate over the last day or two. In order to evaluate the food of the homeless people living in the shelter in this way, the menu of the shelters is evaluated according to the same approach.

When preparing the survey questions, it should be taken into account that the quality of the food consumed is important in addition to the quantity in the nutrition of homeless persons. According to Gelberg's study, one-fifth of these people take their food from garbage cans or receive it as alms. (3, p. 4) Ensuring food security is also important in addressing the homeless person's concerns about where their next meal will come from and preventing them from turning to sources that may result in their being stigmatized. Although the use of free food programs is among the most common strategies for obtaining food, feelings of shame or embarrassment

prevent some homeless people from using it frequently. On the other hand, Black emphasizes the point that collecting food waste due to hunger can even be seen as a shameful or unpleasant act for those who are socially and economically isolated, such as the poor or the homeless. (16, pp. 141-150)

Homeless people face barriers to healthy eating due to a lack of income, meal preparation, and storage facilities (kitchens). Many homeless people do not have close family members or other social support systems that can provide them with food and shelter. Having certain demographic statuses can act as a coping resource for homeless people. For example, the presence of any source of income is a factor that reduces the risk of hunger for the homeless. As a result of experience, more advanced strategies for self-sufficiency can be established, and since older people have access to more social security (benefits, pensions, etc.), the age factor can be evaluated here as a separate effective demographic factor. Urban living is another potential resource due to the concentration of shelters and public catering facilities in urban centers. The study also confirms that more than 80% of homeless people live in urban centers. Although conceptualizing it as a resource or a barrier is debatable, gender is also a noteworthy factor. So, some studies have concluded that homeless men are more hungry, eat poorer quality food, and resort to more extreme means to obtain food than homeless women. (3, p. 5)

On average, homeless people eat only two meals a day. Their approach to nutrition is the "casual eating" approach. That is, these individuals are usually not picky because they try to take advantage of every opportunity they get with food, and as a result, they are far from ensuring a healthy diet. Also, since there is not a wide variety of places where they can get food, they face the risk of not being able to take in the necessary nutrients by always eating the same foods. It should also be taken into account that the repeated use of the same oil several times in places where the cheapest cooking products are made can cause health problems and even poisoning after a while for homeless people who use it as a constant source of food.

Low fruit and vegetable intake (FVI) compared to figures in nutrition expert guidelines and the dietary intake of the rest of the population as a whole among homeless people are one of the main dietary factors contributing to their poor relative health. Fruits can be taken in both natural and processed forms (eg, dried or juiced). This is one of the issues that is often overlooked by organizations that provide food assistance to homeless people.

According to Evans and Dauler's study, only 28% of homeless people ate vegetables every day, and 60% rarely had access to fruit, salad, fruit juice, or whole grains. (17, pp. 3-5) According to a statement from the British Ministry of Health, sugar intake was higher among homeless people there than in the general population as a result of eating cheap biscuits.

Numerous studies show that most homeless people have caloric intake well below recommended levels and often have inadequate intakes of calcium, folate, iron, magnesium, or zinc. Such low-calorie diets are often high in saturated fat, cholesterol, and sodium, and insufficient in basic

nutrients, contributing to adverse lipid profiles. It is also important to note that diets that exceed the daily recommended amount of sodium and saturated fat are considered to be one of the causes of cardiovascular disease. (14, p. 188)

There are also differences of opinion on how to apply the daily recommended amount to the diet of people living on the street. However, it should be taken into account that physical activity probably increases energy demand due to the rigors of street life (walking, lack of sleep, exposure to extreme high and low temperatures, etc.). Similarly, excessive consumption of tobacco and alcohol, which is often observed in homeless men, impairs the absorption of many micronutrients and increases the need for antioxidants. Therefore, intake of vitamins and minerals, especially vitamin C, zinc, B vitamins, calcium, and vitamin D should be increased in case of alcohol and tobacco consumption among the homeless.

In addition to affecting the quality of life and social functioning, food insecurity for the homeless (which includes, in addition to food, access to clean water and low alcohol use), is linked to higher rates of malnutrition, heart disease, hypertension, diabetes, and depression, as well as worse health outcomes in a number of diseases. In 1994, Bines studied the health status of homeless people living alone and found that chronic chest diseases, injuries, skin ulcers, other skin diseases, digestive problems, and frequent headaches were three times more common in people who spent the night on the streets than in the general population. (4, p. 7) In studies related to the investigation of mental health problems of homeless people, it was revealed that its ratio to the health status of the general population is greater than its ratio to other diseases.

The problem of food poisoning for homeless people

The second aspect of our study, which examines the dietary patterns of the homeless and is an element of food safety, is related to food poisoning. Food poisoning refers to digestive discomfort caused by the ingestion of pathogenic microorganisms through food or drink. (9) Among the factors that cause this, we can point to the introduction of chemicals, natural food toxins, metals, pesticides, detergents, plastics, parasites, bacteria, mold, or yeast into the body. Microorganisms, especially bacteria, are the main causes of many foodborne diseases. Mostly, mild and short-term illnesses increase and can be fatal, especially in the summer months. Symptoms of food poisoning can appear between 30 minutes and 72 hours after eating. In addition, complaints related to the digestive system, such as diarrhea, nausea, vomiting, severe abdominal pain, and sometimes a sharp rise in body temperature can be observed as a result of poisoning.

The homeless are perhaps the most vulnerable population at risk for food poisoning. As a justification for our opinion, we can point out that this disease leads to more serious complications, especially in people with a weak immune system, that homeless people are at a higher risk of eating unsanitary food, and that there is a risk of poisoning as a result of consuming dangerous amounts of alcohol.

Aspects of coping behaviors of homeless people can also affect food insecurity, with some behaviors contributing to worse outcomes. For example, alcohol consumption, which is high among the homeless, is also a source of calories that can replace the consumption of healthier foods. The most likely mechanism of the inverse relationship is that food insecurity harms health, which reduces productivity and economic opportunities, or in other words, increases the likelihood of homelessness.

Alcohol addiction of homeless people

The Alcohol Use Disorders Identification Test (AUDIT), a 10-item screening tool developed by the World Health Organization (WHO), has been used in several studies to determine the level of alcohol consumption among the homeless. The current hazardous level drinking AUDIT score is set as 8 points. Different studies have found this number to be higher among the homeless. For example, in a 2004 survey in the United States, 36% of homeless individuals were found to be drinking at dangerous levels, which implies addiction and serious health risks. (7, p. 5)

In another study conducted in France in 2002, 87 volunteers agreed to participate, 88.5% of whom were male and 11.5% female. This gender ratio is close to the gender ratio of the homeless in Paris (79% male and 16% female) in official statistics. In the study, 84% of volunteers reported drinking regularly. This study found that homeless women in Paris consumed 167 grams of alcohol per day, and men consumed 175 grams per day. In Australia, in 1988, the indicators determined by Darnton-Hill and Ash were the result of 89% of the homeless drinking regularly and an average daily consumption of 231 grams of alcohol. These levels of alcohol consumption, compared to the rest of the population (the French population consumes an average of 40 grams of alcohol per day), prove that homeless people have a serious problem of alcohol dependence. (17, p. 4)

Such high levels of alcohol consumption, some of the consequences of which we mentioned above, cause problems for homeless people in several ways. We can show examples such as reducing the employment opportunities of homeless people, causing health problems by replacing healthy foods with carbohydrates and alcohol-derived nutrients in energy intake, causing homeless people to have accidents while intoxicated, deaths from alcohol poisoning, stigmatization of people against homeless people, resulting in their social isolation from environments, etc. In addition to poor diet and excessive alcohol consumption, drug addiction is the third major factor that puts homeless people at health risk.

Experiences in organizing food assistance for homeless people

We can divide the social subjects working for the healthy and safe food of the homeless into three parts, such as the **state**, **charities**, and **specific individuals**. Charities typically serve the homeless in the form of religious organizations and other nonprofit agencies. In the United States, where statistics are more detailed, in the early 1980s, shelter funding figures showed that

the government paid less than one-third of what supported food services for the homeless and just over one-third of direct food assistance. Over the following decades, this proportion has steadily increased, and now local, state, and federal governments provide two-thirds of this cash and food assistance for the homeless. (6, p. 17)

We can continue to look at the forms of the organization of aid, just by evaluating the case of the United States. Nongovernmental food programs operating here include food banks, food pantries, and shelters run by nonprofit organizations and religious institutions. Food banks are intermediary institutions that accept food donations but do not directly distribute them to homeless people. Donations collected in food banks are distributed to food pantries (places that provide food packages for emergency use), free food distribution points called "Soup Kitchens" and shelters. In addition to funding shelters, the second method used by the state to solve the problem of hunger for homeless people is the "food stamps" system. Low-income applicants are given vouchers that they can use to buy sustainable food. Homeless rights advocates argue that homeless people have problems with collecting documents, especially the lack of ID, and that the state's social assistance system should take such cases into account.

The representative of the state wing of assistance to homeless adults in Azerbaijan is the Shelter and Social Rehabilitation Institution of the Social Services Agency for people from vulnerable population groups. But according to statistics as of December 2020, it serves a total of 71 people, and not all of them are homeless. As a representative of the charity wing of helping people of this category in Azerbaijan, we can point to the homeless shelter, which was created by Mother Teresa of Calcutta Sisters of Mercy (congregation of nuns in the Catholic Church) in Baku and has been operating since May 2006. The Orthodox Church of Michael the Archangel provides daily hot meals to the homeless. However, the Caucasian Muslims Office does not deal with regular and stationary assistance to the homeless. (1)

As we mentioned above, the third type of assistance to homeless people is individual initiatives. Again, if we analyze the US example, we will see that many cities have laws that prohibit individuals and groups from serving food to homeless people in public. Examples of these include Las Vegas, Dallas, Wilmington, Orlando, etc. For example, in Dallas, a person caught sharing food with a homeless person in parks can be fined up to $2,000 or jailed for a term of up to six months. (18, p. 9) They try to explain these prohibitions with different reasons. For example, we can mention justifications such as "such behavior encourages homeless people to remain homeless and not go to a shelter", "assistance should be mediated by registered charities", "these people could get food by applying for government social assistance, but they don't", "tourists do not want to meet these people in city centers", and so on. Although these cities have taken steps to keep homeless people out of downtown areas, many cities lack adequate services, shelters, and affordable rental housing to meet their needs. (18, p. 10) One of the sharpest forms of neoliberal policy against the homeless can be seen in Hungary. Here, spending the night on

the street is considered a violation of the law, and fines and even administrative detention are provided for this behavior. (11)

Another example of providing food assistance to homeless people through an individual or group initiative is the Food Not Bombs (FNB) community initiative, which holds outdoor picnics around the world where they distribute free food in public spaces. In many Western countries, this initiative is criticized by local entrepreneurs and organizations that organize social assistance for homeless people. The organizers of the picnics note that these picnics are not only for the homeless but are events where everyone who wants to come and share food or taste food. No monetary donations are accepted here, and the only condition for participation is that the food brought must be vegan or vegetarian. (12, p. 228-229)

From a sociological analysis of the deviant and delinquent behaviors that hunger forces people to do, we can note that lack of access to safe food and hunger expose especially young homeless people to behavioral risks such as begging, shoplifting, eating at restaurants but running away without paying, or selling drugs to earn food money. Several studies have even revealed the fact that sometimes homeless people intentionally break the law and end up in administrative detention for eating or opting to spend the night in alcohol detoxification facilities. Sue Booz notes that there is a significant correlation between food theft and previous homelessness, suggesting that food theft is an adaptive behavior developed in response to homelessness. (5, p. 212-218) Another behavior that comes before us as an alternative to such deviant behavior and law violations in homeless people is to become a part of the shadow economy for low income.

Because of all these cases we have highlighted, we assume that these people do not have regular sources of income, so their main sources of food are cheap and low-quality food. This causes those people to eat expired, unsanitary food. As a result of what has been said, we have decided to investigate this issue, assuming that homeless people in Baku cannot meet their daily caloric needs and experience cases of food poisoning.

2. Study design

By inspecting parks, undergrounds and overpasses, and abandoned buildings in Binagadi, Yasamal, Sabail, Nasimi, Narimanov, Khatai, Nizami, and Sabunchu districts of Baku, it has been planned to detect homeless people in those areas by a completely random sampling method and offer them participation in the survey. As the type of survey, it was decided to conduct a questionnaire survey containing both open, closed, and semi-closed questions and consisting of 30 questions. Furthermore, it has been planned to send an information request to the Shelter and Social Rehabilitation Institution under the Social Services Agency, and also to send a letter to the homeless people in that shelter to conduct the survey. The obtained data will be analyzed using SPSS software.

Methods:

1. After identifying the passageways, abandoned buildings, and parks where street people take shelter to spend the cold nights, conducting questionnaire surveys with these people.

2. Interviews with homeless people placed in the Shelter and Social Rehabilitation Institution for people from vulnerable population groups and homeless people living in the homeless shelter named after Mother Teresa under the Catholic Church.

3. Expert survey with doctors of the medical institution where the medical examination of the persons placed in the Shelter and Social Rehabilitation Institution for persons from vulnerable population groups.

Our hypotheses:

1. Carbohydrates are the main part of the food of these people, and they are deficient in terms of protein and vitamins.

2. As only cheap and poor quality food is available to these people, it causes them to experience food poisoning.

3. Homeless people living on the streets do not benefit from medical services when they experience food poisoning.

3. Obtained data

From April 15 to 25, 2022, from 11:00 p.m. to 4:00 a.m. every day, parks, undergrounds and overpasses, abandoned buildings in Binagadi, Yasamal, Sabail, Nasimi, Narimanov, Khatai, Nizami, and Sabunchu districts of Baku, and recreational areas around residential areas were visited by two researchers and a total of 116 sites were examined. Abandoned and under-construction buildings are difficult to inspect during those hours, so their number among the investigated places is small. A survey was conducted with 26 respondents in the visited locations. Moreover, 11 homeless people who were offered the survey refused to participate in the survey. 12 of the homeless people who participated in the survey were found in Sabail district, 5 in Nizami district, 3 in Yasamal district, 3 in Nasimi district, 2 in Narimanov district, and 1 in Binagadi district. 24 of these persons were men and 2 were women.

Descriptive Statistics

	Number	Minimum	Maximum	Average	Standard Deviation
Age	26	15	70	38.69	12.033
Height	24	158	190	172.92	7.518
Weight	23	56	101	67.17	9.801

The average age of the respondents in this study is 38.69, which is within the 37-43 average age range found in studies regarding homeless people around the world, which we mentioned in the introduction, and in this respect, it is similar to other studies. Taking into account that 92% of the respondents belong to the male gender, when we compare these demographic data in the study with the average statistics of the male population in Azerbaijan, we see that the average height among the respondents, which is 172.9 cm, is similar to the average height of men in the population of Azerbaijan, which is 171.4 cm. However, while the average weight of men in the population of Azerbaijan is 72.5 kg, the average weight of our respondents was 67.17 kg. (2)

6 of the respondents are under 30 years old, 16 are between 31-45 years old, and 4 are over 45 years old.

When calculating the Body-Mass Indexes based on the data obtained from the respondents who provided information about all three of their age, height, and weight, 4 persons have a body-mass index above the normal limit, 1 person has a body-mass index below the norm, 13 persons are closer to underweight within the normal limit, and 5 persons have a body-mass index closer to overweight within the normal range. However, one of the questions asked later in the questionnaire was whether these people had lost weight after becoming homeless. According to the answers to the question, 16 (64%) of the homeless people lost weight after becoming homeless, and 9 (34%) said they did not experience weight loss.

Education level

	Number	Percent
Incomplete Secondary	8	30.8
Secondary	12	46.2
Vocational	1	3.8
High	5	19.2

14 (53.8%) of the respondents were single, 8 (30.8%) were divorced, 3 (11.5%) were married, and 1 (3.8%) was a widow. All respondents who indicated that they were single also indicated that they did not have children. Of the 12 homeless people, 4 have one child, 4 have two children, 3 have three children, and 1 has no children.

4 respondents did not answer the question about how long they had been homeless, and five of those who answered said it was between 1 week and 2 months, five - between 3 months and 2 years, six - between 2 years and 10 years, and six – more than 10 years.

To the question about where they spent the night other than on the street in the last month, 3 of the respondents said they spent the night at their relative's house, 3 - a one-night house, 6 - a hostel, and 8 - another place not mentioned in the options, and 6 respondents spent the night only on the street during the last month.

In the multiple-choice question about the sources of income of homeless people in Baku, 17 homeless people chose the answer "I work" (in most of the answers given, working means collecting various things from trash cans and selling them), 6 people said that they were begging, 3 people said they received help from their relatives and acquaintances, and 3 people chose the answer “There is no source of income”.

Looking at the answers to the question about the existence of an identity card, only three of these 26 people (11.5%) said that they had and carried an identity card, 11 people (42.3%) said they had but did not carry an identity card, and 12 people (46.2%) said they did not have an identity card. we see that he does not have a license.

Each of the 26 people who took part in the survey stated that they did not receive any form of social assistance from state bodies. Only one of them mentioned that he had previously been placed in the Shelter and Social Rehabilitation Institution of the Social Services Agency for people from vulnerable groups, and one refused the offer in this regard. Another 24 respondents stated that they did not receive any offer in this regard. However, it should also be emphasized that these respondents, most of whom are around 40 years old, said during the conversation that they imagined that being placed in a shelter is something suitable for people with mental and health disabilities.

11 of these 26 people stated that there is no permanent problem in their health. Among the listed diseases, asthma (two people), leg problems (two people), liver problems (two people), back pain, kidney pain, tuberculosis, rheumatism, tooth decay, bone curvature, permanent cough, psychological disorder, and neurosis were recorded in other answers given.

In each of the questions regarding the use of cigarettes, drugs, and alcohol, one respondent left these questions unanswered. 19 of the other 25 respondents stated that they smoke, 14 drink alcoholic beverages, and 4 use drugs. 8 out of 14 homeless people who drink alcoholic beverages said that they do it every day, 3 said that they drink alcohol several times a week, and 3 said that they use alcoholic beverages several times a month.

1 of the respondents mentioned that they usually eat once a day, 13 usually eat twice a day, and 9 eat three times a day. 3 respondents said that they do not have a clear answer to this question. 3 of these homeless people stated that clean, drinking water is not available to them, 21 stated that they had no problems with finding drinking water, and two people left this question unanswered. Also, 7 of them said that they were worried about being hungry at the beginning of each day, while 19 of them said that they had no such worries.

In the survey, respondents were also asked multiple-choice questions about the sources of their food and which food group is dominant in their diet. According to the answers, among these homeless people, 13 people buy their food from public catering facilities, 11 people try to survive with food residues, 7 people get food assistance from other people, and 1 person benefits

from food assistance from religious organizations. Gelberg's study mentioned in the introduction indicated that one-fifth of homeless people take their food from garbage cans or receive it as alms, but in our study of the homeless in Baku, the figure is rounded to three-fifths. This may also be related to the lack of food aid organization practices and an improved shelter system. In the second question following the question about the sources of their food, two options were allowed to be chosen, and among the two food groups, 19 respondents emphasized that grain products prevail in their diet, 9 - meat products, 5 - dairy products, 3 - legumes, and 3 - vegetables and fruits.

The last five questions of the questionnaire consist of a question block containing questions about food poisoning. Based on the answers given to these questions, 14 of the 26 respondents do not remember ever having food poisoning, 11 say that they rarely have food poisoning, and 1 says that they sometimes have food poisoning. 5 of the respondents who mentioned that they encountered a case of food poisoning indicated that they ate expired food, 5 said that they ate cheap food, and 1 said that they found food in an unsanitary place. During food poisoning, 5 respondents said they experienced vomiting, 3 respondents experienced abdominal pain, and 2 respondents felt faint. In order to recover from food poisoning, 6 respondents said that they took some other food over the food that caused the poisoning, 2 respondents said that they drank clean water, and 1 respondent did not think of doing anything. None of the respondents turned to medical services or pharmacies for help when they encountered this situation. To the question about whether they pay special attention to their nutrition in order to avoid food poisoning, 13 respondents answered that they pay special attention (stay away from expired and unsanitary food), 9 persons said they pay attention as much as possible, and 4 persons said that they do not pay special attention to eating healthy and clean food.

Restrictions:

1. Inability to interpret the study results in a broad framework due to the inability to obtain detailed statistical information from state bodies about homeless people who are forced to live on the street.

2. The possibility of the presence of other diseases unknown to the homeless people who are forced to live on the street. In this case, if they do not feel well, they may not associate it with the food they eat, and thus their answers to the questions may not be adequate to the situation.

3. Conducting the study in the spring months. Due to the fact that the nights are still cold during these months, the possibility of sheltering in parks and alternative places should be taken into account. This limited the range of respondents.

4. Since we do not have the opportunity to use accurate methods such as taking blood samples and taking anthropometric measurements directly, this may affect the degree of accuracy of the results of the study.

4. Conclusion

With the obtained results, two of the three hypotheses set in the study design were fully confirmed, and one was partially confirmed. Carbohydrates are the main part of the food of homeless people in Baku city, confirmed by these statements: 76% of them stated that they use more grain products, and 56% of them said that they use alcoholic beverages. Also, the fact that only three of the respondents mentioned that vegetables and fruits are dominant in their diet as one of the two food groups can be a reason to claim that these people are deficient in vitamin intake. The hypothesis that homeless people who are forced to live on the street do not benefit from medical services in case of food poisoning is confirmed by the fact that none of the respondents chose this option in the relevant survey question. The hypothesis that is partially confirmed by the study is that because only cheap and low-quality food is available to these people, it causes them to experience food poisoning. Although only 46.1% of the respondents mentioned that they had encountered a case of food poisoning, it may be possible to obtain higher results in a more detailed organized follow-up study. It should also be taken into account that there may be people who have started a homeless life in the last two to three months, or people who have experienced food poisoning but did not consider it to be food poisoning. The fact that 5 of the respondents who mentioned that they encountered a case of food poisoning indicated expired food, 5 indicated cheap food, and 1 indicated food found in an unsanitary place as the reason for this gives reason to consider this third hypothesis as true.

In conclusion, we should note that homeless people in Baku face a serious problem of food shortage. Ways of organizing food aid for these people or improving the shelter system should be an active direction in the state's social policy. According to our observation, poor Orthodox and other citizens who live in the nearby area and have difficulty in obtaining food mainly benefit from the food aid organized by Michael the Archangel Orthodox Church. Although this church offers food assistance to quite a large number of people, the number of homeless people among its beneficiaries is very small. As for the shelter for the homeless under the name of Mother Teresa of the Catholic Church, this shelter, unlike the homeless shelter of the Social Services Agency (SSA), provides homeless people with permanent housing, not for 6 months. That is why it seems impossible to get any survey results when people who have been living there for many years, most of whom are elderly, become respondents to surveys as homeless.

We believe that, in addition to the shelter of the SSA that unites several different groups of people in difficult living conditions, it is also important to create a separate shelter specifically for the homeless. The fact that the employees of such a shelter periodically inspect the various places where homeless people spend the night and invite them to the shelter, explaining that this shelter is not intended only for the elderly and sick is also a step that should be taken considering the current perceptions of the homeless. Since these homeless people are mobile, it may not be

convenient to provide them with food assistance directly, expanding the scope of providing food several times a day by placing them in shelters is therefore the most effective solution.

5. Reference list

1. Azerbaijan does not have a state system of assistance to homeless adults. http://www.turan.az/ext/news/2017/10/free/Social/az/65999.htm/001

2. What is the average height and weight of men and women in Azerbaijan? https://www.yeniavaz.com/az/news/index/119628/azerbaycanda-kisilerin-ve-qadinlarin-boyu-ve-cekisi-nece-deyisir-maraqli-statistika

3. Barrett A. L, Meredith J. G., (2008), Homelessness and Hunger Journal of Health and Social Behavior, Vol. 49.

4. Bines, W., (1994), The health of the single homeless. Centre for Housing Policy Discussion Paper 9. York Publishing Sendees.

5. Booth S., (2006), Eating rough: food sources and acquisition practices of homeless young people in Adelaide, South Australia. Public Health Nutr.

6. Burt M. R., Cohen B. E., (1989), Who Is Helping the Homeless? Local, State, and Federal Responses. The Urban Institute.

7. Conigliaro J., (2004), The Veterans Aging Cohort Study: Observational Studies of Alcohol Use, Abuse, and Outcomes Among Human Immunodeficiency Virus–Infected Veterans. Alcoholism: Clinical And Experimental Research.

8. Cortese, A. J. (2004), Walls and bridges: Social justice and public policy. New York: Suny Press.

9. Food poisoning - Symptoms and causes. https://www.mayoclinic.org/diseases-conditions/food-poisoning/symptoms-causes/syc-20356230

10. Homeless Population. http://oe.cd/ahd

11. Hungary's homeless ban: When poverty becomes a crime. https://www.dw.com/en/hungarys-homeless-ban-when-poverty-becomes-a-crime/a-45900111

12. Jason A. W., Clair J. M., (2010), At Home on the Street People, Poverty, and a Hidden Culture of Homelessness.

13. Kushel M., Gupta R., Gee L. M., (2016), Housing instability and food insecurity as barriers to health care among low-income Americans. J Gen Intern Med.

14. Levinson D., (2004), Encyclopedia of Homelessness. Volume 1.

15. Lorraine R., Surya C., (2020), Association of Problematic Alcohol Use and Food Insecurity among Homeless Men and Women. Int. J. Environ. Res. Public Health.

16. MacClancy J., Henry J., Macbeth H., (2017), Consuming the inedible: Neglected dimensions of food choice. New York: Berghan Books.

17. Malmauret L., (2002) Dietary intake of homeless people. European Journal of Clinical Nutrition.

18. NLCHP., (2007), Feeding Intolerance. A Report by The National Law Center on Homelessness & Poverty and The National Coalition for the Homeless.

19. ONS., (2018), Deaths of homeless people in England and Wales: 2013 to 2017, Local authority level data. https://www.ons.gov.uk/releases/deathsofhomelesspeopleinenglandandwales2013to2017localauthorityleveldata

20. Yeter A., (2018), Sivil Toplum Kuruluşlarının Evsizlere Yönelik Hizmetlerinin Değerlendirilmesi: İstanbul Örneği (Evaluating the Services of Civil Society Organizations for the Homeless: The Case of Istanbul). Yalova Journal of Social Sciences.

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