

Awareness of Homeless Youth regarding Personal Hygiene in Fayoum Governorate

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Abstract

Background: Homeless youth suffer from a strangely great number of stressful life events in their lives, greatly during their conversion to homelessness. The homeless youth have enormous health inequities causing a higher incidence of several medical health diseases and risks. **The aim of this study:** Awareness of homeless youth regarding personal hygiene in Fayoum Governorate. **Study Design:** A cross-sectional informative research strategy was used to achieve the goal of this study. **Setting:** The study was performed at a social care shelter in fayoum governorate. **Subjects:** A Convenience sample consisted of 60 homeless youth. **Tool:** Organized Interviewing Questionnaire: Advanced by the researcher after revising the relevant research works Survey to collect the data and consists of 4th part, **Part I:** Demographic characteristics of street youth, **part II:** Homeless youth knowledge regarding personal and menstrual hygiene, **part III:** Homeless youth attitude regarding personal hygiene. **Part IV:** Homeless youth self-reported practice regarding personal and menstrual hygiene. **Results:** Revealed that, 50% aged between 12 and 15 years. 76.9% of female participants had poor knowledge regarding menstrual hygiene. 66.7% of participants had a negative attitude. 80.0% of participants reported unsatisfactory practices. **Conclusion:** The present study proved that, there were statistically important positive correlations between the overall knowledge, overall attitude and whole reported practice scores toward personal hygiene. **Recommendation:** Applying health education programs regarding personal hygiene among homeless youth in Fayoum Governorate. **Keywords:** Awareness, Homelessness, Personal Hygiene, Youth.

Introduction:

There is no universally limited acceptable definition of homelessness through the world, vary between agencies. Homelessness means lacking housing, comprising an individual whose main habitation during the night is a communal or remote institution such as a shelter that offers short-term living housings and an individual live in a temporary home or being incapable to sustain their housing condition and compulsory to remain with a group of peers (**Colburn & Aldern, 2022**).

Homelessness means to live in environments that fall below society standards and values. This meaning differentiates among major homelessness (inhospitable factual homelessness), lesser homelessness (inhabiting in numerous shapes of short-lived housing including peers, relatives, alternative lodging and communal homes) and tertiary homelessness (livelihood in a hotel or lodging house on a long term basis) (**Johnson et al., 2020**).

Youth is the period of lifespan between childhood and youth or maturity. Its meanings of a certain age range are diverse, as youth is not definite chronologically as a phase that can be connected to exact age varieties. The English terms of youth, teenage, and young people are exchanged through worldwide, often meaning the same thing. Youth involves early years and the period of life, which is neither childhood nor adulthood, but slightly anywhere in between. The span also occasionally

runs from the ages of 14 to 21 (**Gunter & Holford, 2023**).

Personal hygiene means the exercises and measures that avoid the spread of contagious illnesses and preserve the bodily, intellectual and emotional health of people. It consists of a variety of regular practices, containing hand wash, showering, dental care, and hair hygiene, nail brushing and wearing sanitary dresses. By following to correct personal hygiene habits, we can keep others and ourselves from infections, confirming harmless and well surroundings for everybody (**Sims et al., 2022**).

Community health nurses go in to the profession to improve the health of homeless youth. This is fundamental to the core of nursing. “Nursing includes the advertising of health, inhibition of infection, and maintenance of physically diseased persons, psychologically ill, and incapacitated persons of all ages, in all health caution and other public institutions (**Demarco & Healey, 2023**). Through assessment of homeless youth awareness regarding personal hygiene, designing a health teaching program to recover their information, attitude and practice, implementing teaching programs and evaluating its effectiveness to induce the change can prevent many actual or potential health problems among this vulnerable group (**Arabbadvi, Khoshnood, Foroughameri, & Mazallahi, 2023**).

Significance of the study:

Homelessness is related with negative outcomes among adolescents comprising deprived poor emotional and

bodily wellbeing, huge risky health actions, poor intellectual and educational capacities, alternative occasion stays and hospitalizations .Also, associated with discrimination, stigma, substance abuse, drug use disorders, mental health issues, early pregnancy, early deaths and violence (**Grattan et al., 2022**).

Homeless youth experience significant difficulties in achieving and continuing a well regime. Homeless youth experience negative health impacts with the incidence of intellectual health problems, alcohol and drug abuse, addiction, and infectious illnesses greater than in the overall people. Opioid poisoning, heart dysfunction, contagious illnesses and outward sources of health problems, such as crashes, often lead to the greater degree of death among

Aim of study:

The aim of this study was to evaluate alertness of homeless youth regarding personal hygiene through the following objectives:

- 1- Assessing knowledge of homeless youth regarding personal and menstrual hygiene.
- 2- Appraising attitude of homeless youth regarding personal and menstrual hygiene.
- 3- Assessing practices of homeless youth regarding personal and menstrual hygiene.

Subjects and Methods:

I. Technical Item:

Research design:

A cross-sectional expressive study plan was consumed.

homeless residents (**South, Rodgers, Wright, Whitehead, & Sowden, 2022**). Destabilized immune systems occurred among all persons suffering street livelihood, especially amongst homeless youth (**Anthonj, Poague, Fleming, & Stanglow, 2024**).

Community health nurses have a unique role in providing care and supporting homeless youth. All-inclusive nursing valuations must join the full series of health and societal maintenance necessities, and devices of care should imitate involvements and cares needed. Also Nurses must provide the essential psychological cares through therapy and emotionally based therapy approaches particularly for this cluster (**Kopanitsa et al., 2019**).

Setting:

The study work was carried out at Social care shelter in Fayoum Governorate that provide educational, social, promotion, recreational, living and health services for both sex of homeless children up to 21 years old. The government and donation fund the shelter. Its building consists of two floors: The upper floor includes two sections boys and girls sections, which consist of 8 rooms (isolation room, study room, bed room, dressing room, restaurant, TV room, WC room and library). The lower section includes kitchen, laundry room, social specialist office, health care room, accounts and manager room.

Type of Sample: Convenience sample used in the study.

Tool for data collection:

Structured Questionnaire advanced by the researcher contained four parts:

Part I - Demographic characteristics of homeless youth: this part composed of (9) closed – end questions such as gender, age, newest level of schooling, periods staying at the streets, residence, communication with relatives or families, number of family members, causes of destitution and person is being responsible for providing care for homeless youth.

Part II – Homeless youth knowledge regarding personal hygiene: this part divided into two categories as the following:

- This part constructed to (8) closed – end questions involved street adolescents information concerning personal hygiene like personal hygiene worth, importance, kinds, Components, Basic equipment, factors negatively impact personal hygiene, negative effects of poor personal hygiene and correct methods of personal hygiene.

Scoring system for homeless youth knowledge regarding personal hygiene

Related to homeless youth knowledge regarding personal hygiene Its questions were noted into Yes with 2 score and No with 0 score `The total grades were ranged from 0 – 16 and categorized as the next recording: poor grade = less than 50% (less than 8 score), fair grade= 50-70 % (8 -11 score) and good grade = more than 70% (> 11 score).

B- This part included (14) closed – end questions involved with street youth

knowledge concerning menstrual hygiene like: definition of Menstruation, The normal age for menarche, Duration of regular menses, premenstrual syndrome, ways of relieving pain, Physiology of menstruation, sources of information, menstrual product, frequency of changing pad, ways of disinfecting and disposing the soiled pads, dangers of poor menstrual hygiene, importance and correct ways of caring the sensitive area.

Scoring system for homeless youth knowledge regarding menstrual hygiene

It included questions connected to Menstrual sanitation information of homeless female adolescents: its queries were verified into Yes, correct answer with grade 2, incorrect answer and do not distinguish with grade 0 and the total grade was accumulated and categorized as the subsequent: lowly = fewer than 50%, average = 50-70 % and well = greater than 70%.

Part III - Homeless youth attitude regarding personal hygiene: this part composed of (13) closed – end questions such as: if There is difference between personal and general hygiene requirement, importance of washing hands with soap, using of tooth, importance of brushing teeth correctly and genital care, if towel is a personal hygiene instruments, harm effect of nail biting and poor personal hygiene, proper cough technique, changing clothes periodically, hygiene tools are not appropriate to share, following up the dentist and ophthalmologist.

Scoring system for attitude

A three – point likert scale was allocated to all questions (agree, neutral, disagree) hinted from one to three, as: (agree = 3, Neutral = 2, disagree = 1) with 39 total score that summed up and divided into two categories as the following:

- **Negative attitude < 60%**
- **Positive attitude ≥ 60%**

Part IV: Homeless youth personal hygienic self-reported practices: this part divided into two categories as the following:

A- This part consisted of (18) closed – end questions concerned with homeless youth personal hygienic practice (self – reported) such as: washing hands regularly, timing, materials, washing face regularly, performing correct technique, washing face regularly, having special towel, teeth brushing timing and correctly, doing gurgling, visiting dentist, showering number and its location, genital care, menstrual hygiene, care of foot, nail, ear, eye and hair, changing underwear, laundry frequency and methods, wound cleaning and avoiding sharing personal tools.

Scoring system for homeless youth self-reported practices

Related to homeless youth Self-Reported Practices regarding Personal hygiene: its questions were logged into Yes or right response with 2 score and No or improper response with 0 score and the total scores were collected and categorized as the next: Unsatisfactory = lower than 50% (17 or less) and satisfactory= equal or greater than 50% (≥ 17).

B: - This portion constructed of (10) closed – end questions concerned with homeless girls' self-reported practices regarding menstrual hygiene such as: type of absorbents used, Pad\ cloth changing timings, reusing the cloth, methods of disposal of soiled pads, performing menstrual hygiene, frequency of perineal care, shaving pubic hair, changing under wear periodically and practices for relieving pain and menstrual cramps.

Scoring system for Menstrual Hygienic Self-Reported Practices:

It included questions related to Menstrual hygienic Practices (self-reported practices) of homeless female adolescents: its inquiries were coded into Yes, right reply with score 2, No and wrong reply with score 0 and the full grades was extended from 0 – 20 and organized as the following: unsatisfactory= less than 50% and satisfactory= equal or more than 50%.

Validity:

The data collection tools were reviewed by a panel of three experts community health nursing field to test the face and content validity. Each of the experts was asked to examine tools for content coverage, relevance, understanding, comprehensiveness, wording, length, format and overall appearance. Modification was done based on the comments.

Reliability:

Tool	Number of items	Cronbach's α	95 % CI	
			Upper	Lower
Knowledge about Personal Hygiene	8	0.822	0.755	0.892
Menstrual-hygiene knowledge	14	0.806	0.725	0.879
Attitude toward Personal Hygiene	13	0.797	0.713	0.873
Personal-hygiene practices	18	0.889	0.848	0.923
Menstrual-hygiene practices	10	0.852	0.772	0.923
All items	63	0.923	0.898	0.956

Ethical consideration:

An official permission to conduct the proposed study was obtained from the Systematic Investigation Ethics Board Nursing Faculty, Helwan University before starting the study. The researcher clarified the objective of the study to the nurses included in the study to gain their confidence and trust. As well, the study environment motivates productive learning and the nurses announced their approval to participate.

II. Operational Item:**Pilot Study:**

Trial study work was carried out on 10% from the research sample (6 homeless youth) and was excluded from the total sample to test the applicability, precision and the effectiveness of the instruments. There were no great modifications created after the trial study. The pilot displayed very elevated levels of consistency.

Field work:

- Before conducting the study, authorization was gotten from managers of the health care shelter.
- At the start, the researcher announced her- self and describes the goal of study to homeless youth to increase their sureness and confidence to prove them to contribute in the research then the oral agreement was gotten from them.
- Real study effort was passed out in the time from December 2023 years up to June 2024 years.
- The investigator gathered information throughout the two day per week (Sunday and Wednesday), visiting from 3 pm-6 pm. The questionnaires were disseminated on homeless youth and finished by the investigator calculation.
- All research sample complete questionnaire page by themselves excluding illiterate homeless youth by researcher The researcher assess about (2-3) homeless youth in a day to fulfill survey form, spent 30 minutes with each one to fulfill the survey form.

Administrative item:

After description of the study goal and purposes, an informed consent was gained from the Dean of college of Nursing, Helwan University of higher education and manager of social care shelter in Fayoum Governorate ordering

for collaboration and agreement to perform the research work.

IV. Statistical analysis:

Upon conclusion of data gathering, data was calculated and evaluated using statistical Bundle for the Societal Discipline (SPSS), version 24 for examination. The P value was set at 0.05. Descriptive statistics analyses as numbers, ratio, mean \pm standard deviation (\pm SD), were used to illustrate the grades. Suitable inferential statistics such as —F|| test or —t|| test was used as well. Chai-square test (χ^2) was taken for appraisal between qualitative variables. Spear mean association measures the strong point and the track of association between two graded variables. Regression analysis was hand-me-down after measuring for normal distribution, familiarity, and homoscedasticity and examination of variance for the complete regression models were finished.

Significance of results:

- When $P > 0.05$, it is statistically insignificant difference.
- When $P < 0.05$, it is statistically significant difference.

Results:

Table (1): shows that, the demographic data of the study group ($n=60$) revealed a predominantly young population, with 50% aged between 12 and 15 years. The group consisted of 56.7% males and 43.3% females. Educationally, 48.3% could not read and write, while 10% had secondary education. 38.3% have lived

at the shelter for 3-5 years, and 68.3% came from urban areas. Family presence was almost evenly split, with 53.3% having a present relationship with family. A significant 81.7% came from families with five or more members. Common reasons for homelessness included family poverty (76.7%), death of a parent (38.3%), and divorce (26.7%). Maltreatment and drug abuse are less reported but still notable. 75% take personal responsibility for their care
Table (2): illustrates that, 80.0% of participants scored poorly. while those with good knowledge scores were 6.7%. The fair score category was 13.3%.

Table (3): shows that, 76.9% of female participants had poor knowledge regarding menstrual hygiene, while 7.7% of those participants had good knowledge.

Table (4): clarifies that, 66.7% of participants had a negative attitude, while those with an indifferent attitude were 25.0% and participants with a positive attitude surged were 8.3%. The
Table (5): illustrates that, 80.0% of participants reported unsatisfactory practices and those with satisfactory practices was 20.0%.

Table (6): displays that, 84.6% of participants had unsatisfactory Menstrual Hygienic Self-Reported Practices scores. Conversely, satisfactory knowledge scores were 15.4%.

Table 1: Frequency Distribution of Homeless Youth Demographic Data (n=60)

Items		Study Group (n=60)	
		N	%
Age	Mean \pm SD	15.21 \pm 3.68	
	Range	12 – 20	
	12 : < 15	30	50.0
	≥ 15 : < 17	19	31.7
	≥ 17	11	18.3
sex	Male	34	56.7
	Female	26	43.3
Level of Education	Not read and write	29	48.3
	Read and write	14	23.3
	Basic Education	11	18.3
	Secondary education	6	10.0
Years living at the shelter	< 1 year	8	13.3
	1-2 years	20	33.3
	3-5 years	23	38.3
	+ 5 years	9	15.0
Residence	Rural	19	31.7
	Urban	41	68.3
Relation with family	Present	32	53.3
	Not Present	28	46.7
No. Family members	3 members	4	6.7
	4-5 members	7	11.7
	≥ 5 member	49	81.7
Reasons of homelessness	Death of parent	23	38.3
	Divorce	16	26.7
	Family poverty	46	76.7
	Peer pressure	15	25.0
	Maltreatment (physical abuse)	14	23.3
	Maltreatment (sexual abuse)	2	3.3
Who is being responsible of your care	Drug abuse	4	6.7
	I	45	75.0
	person responsible for taking care of the home	12	20.0
	family member	3	5.0

Table 2: Frequency Distribution of homeless youth Personal hygiene knowledge score (n=60)

Total knowledge	Study Group (Pre) (n=60)		Test value	P-value
	N	%		
Poor Score	48	80.0	64.861	<0.001**
Fair Score	8	13.3		
Good Score	4	6.7		

Table 3: Frequency Distribution of homeless youth Menstrual hygiene knowledge Score (n=26)

Total knowledge	Female (Pre) (n=26)		X ²	P-value
	N	%		
Poor Score	20	76.9	27.938	<0.001**
Fair Score	4	15.4		
Good Score	2	7.7		

Table 4: Frequency Distribution of homeless youth Attitude toward Personal Hygiene Score (n=60)

Total attitude	Study Group (n=60)		X ²	P-value
	N	%		
Negative	40	66.7	60.222	<0.001**
Indifference	15	25.0		
Positive	5	8.3		

Table 5: Frequency Distribution of Personal hygiene self-reported practices Score of Homeless Youth (n=60)

Total practice	Study Group (Pre) (n=60)		X ²	P-value
	N	%		
Unsatisfactory	48	80.0	56.601	<0.001**
Satisfactory	12	20.0		

Table 6: Frequency Distribution of Menstrual Hygienic Self-Reported Practices Score of the Homeless Female participants (n=26)

Total practice	Female (Pre) (n=26)		X ²	P-value
	N	%		
Unsatisfactory	22	84.6	24.968	<0.001**
Satisfactory	4	15.4		

Discussion:

Homelessness refers to the condition of lacking stable, safe, and adequate housing. It encompasses individuals who live on the streets, in shelters, in temporary accommodations, or in places not intended for human habitation. Youth is a transitional stage of life between childhood and adulthood, typically characterized by ages ranging from 15 to 24 years, as defined by the United Nations. This period marked by physical, emotional, and psychological development, as well as increasing independence and responsibility (Sleet & Francescutti, 2021).

As regarding the homeless youth knowledge about personal hygiene, the present study indicated that, personal hygiene knowledge scores showed an improvement following the program as, the majority of the homeless youth had a poor knowledge about personal hygiene pre the program, while, more than two third of them had a

good knowledge about personal hygiene post the program.

The present study findings were in the similar track with the research study by **Folayan, Obiyan, & Olaleye, (2020)** who accompanied the study in India and studied "Association between water, sanitation, general hygiene and oral hygiene practices of street-involved young people in Southwest Nigeria". Further, who illustrated that, greater than half of the considered young people had poor knowledge about personal hygiene, but, lower than one third of them had a good information about personal hygiene.

From the researcher point of view, this result might due to that near to half of the studied homeless youth are illiterate, while minorities of them have secondary education. In addition, the initial poor knowledge may stem from lack of prioritization of personal hygiene due to their challenging living conditions. The significant increase in post-program knowledge reflects the

value of providing structured, accessible, and context-specific educational content.

Regarding homeless youth information concerning menstrual hygiene, the present research study results were displayed that, the female participants' awareness regarding menstrual hygiene showed more than three quarter of participants had poor knowledge regarding menstrual hygiene.

The present study findings were in the similar alignment with the research work by **Taylor-Jennifer, (2024)** who directed the study in United States entitled "Homeless Individuals' Understandings of requirements to Personal care and Hygienic Produces and Practices During menstrual period", also, who illustrated that, the majority of homeless individuals' had low knowledge level regarding menstrual hygiene and sanitary products and processes during menstruation. Moreover, the present scientific results were in deal with the research work by **DeMaria, Martinez, & Otten, (2024)** that directed the study in USA and studied "Menstruating while street livelihood: directing entrance to creations, places, and services", also, who mentioned that, the mostly of participants had poor information about menstrual hygiene.

From the researcher point of view, while more than half of participants maintained some relationship with their family, the improvement in knowledge might be related to the reduced familial guidance prior to the program. In addition, the urban background of more than two third of participants could have facilitated access to program materials and resources post-intervention.

Regarding homeless youth attitude toward personal hygiene, the present study findings were reported that, attitudes toward personal hygiene showed significant improvement following the program as, two third of homeless youth had a negative attitude toward personal hygiene pre the program, while, larger than three quartile of them had a confirmed attitude toward personal hygiene post the program.

The present study results were in the similar link with the study by **Mosites, Morris, Self, & Butler, (2021)** who performed the study in United States and studied "Data Sources That Enumerate People Experiencing Homelessness in the United States: Opportunities and Challenges for Epidemiologic Research", and who showed that, most of the homelessness participants had a negative attitude toward personal hygiene

and poor health outcomes. Furthermore, the present study findings were in a harmony with the analysis by **Leibler, Nguyen, León, Gaeta, & Perez, (2019)** who entitled "Homelessness, Personal Hygiene, and MRSA Nasal Colonization among Persons Who Inject Drugs", and who noted that, the majority of the studied participant had a negative attitude toward personal hygiene. According to homeless youth personal hygienic self-reported practices, the present study outcomes were showed that, self-reported practices in personal hygiene were more than three quarter of homeless youth had reported unsatisfactory practices in personal hygiene. The current research results were in similar contract with the investigation by **Anthonj et al., (2024)** who directed the research work in Netherlands entitled "Invisible struggles: WASH insecurity and implications of extreme weather among urban homeless in high-income countries - A systematic scoping review", also, who illustrated that, the mostly of the studied participants had a poor practices in healthy hygiene behaviors due to posture security and sanitation matters, and retrieve to communal services may be high-priced for homeless people.

From the academic investigator judgment, these results might be interrelated to inadequate awareness of proper hygiene routines. By addressing these barriers through education and practical solutions, the program likely fostered a sense of responsibility and capability among participants, enabling them to implement the learned practices in their daily lives.

As regarding homeless youth menstrual hygienic self-reported practices, the current study results were confirmed that, the program had a significant impact on the menstrual hygienic self-reported practices of the female participants as, mostly of female had unsatisfactory self-reported practices regarding menstrual hygienic.

The current study outcomes were in agreement with the study by **Taylor-Jennifer, (2024)** who conducted the study in United States and entitled "Homeless Individuals' Experiences of Access to Personal Hygiene and Sanitary Products and Processes During Menstruation", and who stated that, the majority of homeless individuals' had a negative thoughts and experiences regarding menstruation and menstruation problem solving. Also, suggested

that training program will improve their partial level.

Conclusion

Based on the consequences and outcomes of the current study and research hypothesis, the current research work settled that, there were statistically significant positive correlations among the total knowledge, total attitude and total reported practice scores. The major sector of the homeless youth had a poor knowledge about personal hygiene.

The current study shown that, two thirds of homeless youth had a negative attitude toward personal hygiene. In addition, more than three quarter of homeless youth had reported unsatisfactory practices in personal hygiene.

Recommendations:

Constructed on the results of this research study the next advices are derived and suggested:

1. Applying continuous health education program.in large sample and other setting for generalization.
2. Studding opportunities and challenges facing homeless youth living in shelters.
3. Researches needed for studying shelters efforts regarding infectious diseases control among that vulnerable group.

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