






The context of homeless people who live with ostomies

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ABSTRACT

Objective: To understand the context experienced by homeless people, with ostomies, in a municipality in southern Brazil. **Method:** A qualitative ethnographic study, whose sample consisted of four individuals. Data collection took place from May to June 2022. Participant observation, field diary, data from medical records, and interviews were used. **Results:** Regarding the participants' profile, the majority are young adults, male, and drug users. All participants had children and received government assistance. The average duration of living with an ostomy was two years and the primary reason was gunshot wounds. The aim was to understand the characteristics and health conditions of these individuals, viewed within the context of the Brazilian healthcare system and the way services are organized to provide care. **Conclusion:** It was found that in addition to the vulnerability of being homeless, their life context leads to social and mental consequences, and the invisibility of these individuals within society and the healthcare network is remarkable.


DESCRIPTORS: Enterostomal therapy. Ill-housed persons. Social vulnerability. Public health. Ostomy.

O contexto de pessoas em situação de rua que vivem com estomias

RESUMO


Objetivo: Conhecer o contexto vivenciado por pessoas em situação de rua com estomias em um município do Sul do Brasil. **Método:** Estudo qualitativo etnográfico, cuja amostra foi constituída por quatro pessoas e cuja coleta de dados ocorreu de maio a junho de 2022, por meio de observação participante, diário de campo, dados de prontuários e entrevistas. **Resultados:** Em relação ao perfil dos participantes, a maioria deles é adultos jovens, do sexo masculino e usuários de drogas. Todos os participantes possuíam filhos e recebiam auxílio do governo. A média de tempo com estomia é de dois anos, e o motivo principal foi ferimento por arma de fogo. Buscou-se conhecer e entender as características e as condições de saúde dessas pessoas, visualizadas a partir do contexto do sistema de saúde brasileiro e na forma como os serviços se organizam para atendimentos. **Conclusão:** Constatou-se que, além da situação de vulnerabilidade por estarem na rua, o contexto de vida dessas pessoas acarreta consequências sociais e mentais, e é marcante sua invisibilidade na sociedade e na rede de atenção à saúde.

DESCRIPTORES: Estomaterapia. Pessoas em situação de rua. Vulnerabilidade social. Saúde pública. Estomia.

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El contexto de las personas callejeras que viven con estomías

RESUMEN

Objetivo: Comprender el contexto vivido por personas sin hogar, con estomías, en un municipio del sur de Brasil. **Método:** Se realizó un estudio etnográfico cualitativo, cuya muestra estuvo conformada por cuatro personas, la recolección de datos se realizó de mayo a junio de 2022. Se utilizó observación participante, diario de campo, datos de historias clínicas y entrevistas. **Resultados:** En relación al perfil de los participantes, la mayoría eran adultos jóvenes, hombres y usuarios de drogas. Todos los participantes tenían hijos y recibían asistencia del gobierno. El tiempo promedio de vida con una estomía fue de dos años y el motivo principal fueron las heridas por arma de fuego. Buscamos conocer y comprender las características y condiciones de salud de esas personas, desde el contexto del sistema de salud brasileño y la forma como se organizan los servicios de atención. **Conclusión:** Se encontró que, además de la vulnerabilidad de estar en la calle, su contexto de vida tiene consecuencias sociales y mentales, siendo notable la invisibilidad de esas personas en la sociedad y en la red de atención de salud.

DESCRIPTORES: Estomaterapia. Personas en situación de calle. Vulnerabilidad social. Salud pública. Estomía.

INTRODUCTION

The possibility of a stoma can occur in anyone, at any stage of the life cycle, regardless of education, social class, religion or ethnicity, since the reasons for its realization are diverse. Ostomy affects not only the way in which the person eliminates feces or urine, but causes physical changes in the body, self-esteem and body image, and the care necessary to be performed by these individuals is challenging¹.

Adequate care, provided by the health team to the person with stoma, will help in adapting to their new condition of life, as well as intensify the bond with family and professionals, impacting the rehabilitation process, strengthening their self-esteem and promoting self-care. For this to occur, it is essential that health professionals are able to guide the person with ostomy².

In Brazil there is no data on the number of individuals living with stoma. The *International Ostomy Association* (IOA) projects the existence of 1 person with ostomy every 1,000 inhabitants in developed countries, and in Brazil, in 2018, more than 207 thousand people with elimination stomy were estimated³.

In parallel to this issue, in recent years the population of individuals residing in the streets has increased, and the reasons for this situation are diverse. Among them are unemployment, poverty, family disagreements, drug dependence, etc., not only limited to the spaces of large urban centers⁴.

According to the National Policy for the Street Population (PNPSR), this sphere is defined as heterogeneous and involves common characteristics, such as extreme poverty, suspended or fragile family bonds and absence of established conventional residence, it is necessary to use public places and deteriorated areas as housing, which can be temporary or permanent and be in night care units.

The *Consultório na Rua* (CnaR) follows the foundations and guidelines defined in the National Policy of Primary Care (PNAB), thus, it acts in the face of the various problems and the specific health needs of the individuals in street situations, including the duty to perform active search and care for users of alcohol, *crack* and other drugs⁵.

Because it is in a street situation and exposed to different conditions, this population becomes more susceptible to health complications, evidencing a great social vulnerability. With difficulty accessing the health system and social support, it needs a differentiated treatment. Due to age, physical decline, mental disorders as a result of exposure to risks and aggressive components, individuals in this condition are extremely susceptible to symptomatic infections, hospitalizations and fatalities. The probability of mortality of homeless people aged less than 65 years remains between five and ten times higher than that of the general population⁶.

The literature on the street population and ostomy care does not respond to the specificities of the care provided to these individuals in their entirety, regarding the care of people outside this group with stomies. The national literature is

scarce, and only one dissertation is found that analyzed the experiences of the homeless people linked to a rehabilitation center in the Northeast of Brazil⁷.

In this sense, the choice of ethnography, as a qualitative research strategy, aims to deepen the understanding of the theme, question or problem from the perspective of an individual, and the research problem must be linked to the reasons that drive the individual to perform an action or adopt a specific thought, believing in something, among other subjective analyzes that can only be explored through interaction with the participants⁸.

Thus, this work sought to understand the specificities of the homeless population (PSR), contributing to the study of this group and to the improvement of the care practices of these “invisible people”, both in the eyes of people and reports of public health agencies. The objective, therefore, was to know the context experienced by the PSR with stomies in the municipality of Porto Alegre (RS). It was sought to identify the participants observed regarding age, sex, schooling, color, family bond, income, origin and link with some health service; to know the reasons and type of ostomy they presented; to describe the types of health care performed with these people in the reference center for people with ostomy; and to observe how they relate in the day to day with the space in which they live, with their peers and with the health team.

METHOD

This is a qualitative ethnographic research, in which ethnography is in its broadest sense, carried out from May 2021 to June 2022, conducted by stomatherapist nurses, nursing academics and university professors. The sample consisted of individuals in street situations who had stoma with active registration at the Stomatherapy Reference Center of Porto Alegre (RS) or with inactive registration due to abandonment.

The environment where the study was conducted was the city of Porto Alegre, capital of the state of RS, whose population was estimated at 1,924,530 inhabitants, according to the Brazilian Institute of Geography and Statistics (IBGE) in 2021. Porto Alegre has two places of reference for the care of people in street situations: one located in the center of the city, linked to the Santa Marta Health Center, connected to the Municipal Health Department of the City of Porto Alegre (SMS/POA), and another in the northern region of the city, associated with the Conceição Hospital Group, which is a network formed by four federal public hospitals, an Emergency Care Unit (UPA), 12 Basic Health Units (UBS) of the Community Health Service, three Psychosocial Care Centers (CAPS) and one school, all linked to the Ministry of Health.

The reference sites provide services to address the population on the street, to verify adherence to treatments and dressings and to assess health conditions. They are composed of medical and nursing care, whose cases are discussed together with the Primary Care teams, producing an intersectoral work with the Foundation for Social Assistance and Citizenship (FASC)⁹.

The SMS/POA reference center was chosen for the search of the participants, inserted in the central region of the city, because it is a place where the PSR that have stoma are concentrated, according to the service registration and confirmed by the teams of the CnaR of the city. This reference center has about 650 patients registered for receiving materials for ostomy care, serving a connected population living in the central, eastern and southern regions of the city. It has a stomatherapist nurse, a proctologist doctor, a nutritionist, a psychologist, three nursing technicians and two administrative staff and operates from Monday to Friday, from 8h to 12h a.m. and from 01h to 03:30 min p.m..

The users, when searching for the material for their care in the reference unit in stomatherapy of SMS/POA, were approached by one of the researchers, who explained about the research, and asked if they would like to participate in the study. When they accepted, they were invited to an individual conversation to better explain the proposal and sign the Informed Free Consent Form (TCLE). Care for research ethics requires actions that maintain the safety, right and dignity of the participant involved. In this study it was ensured that the participants had mental conditions to accept their participation and that their anonymity was maintained. To do so, it was chosen to use nicknames, chosen by the researchers, to identify them.

Ethnography, as a method of scientific research, brings in itself a potential to unveil attitudes, interests, beliefs and values from the perspective of the subjects involved in the process — both those who research and those surveyed⁸. In addition, it was used, for data collection, field research, which is an investigation focused on observation, through which

the information was obtained from the natural environment and in the reality in which they occurred. The search for the participants for the observation occurred in the neighborhoods near the center, where there is a concentration of PSR, in addition to in places where food is provided for them and in the community, near the center of the city, arguing people who might know the individuals of this group. Contact was made with CnaR professionals to find out if there was any user with ostomy in attendance by the teams.

The dialogue for a more detailed approach with the participants took place through interviews conducted at the reference center's office and at the headquarters of the Non-Governmental Organization (NGO) of a community, where one of the participants remained most of his or her time. The interviews were conducted by the researcher and accompanied by the research assistant and based on a structured script with open and closed questions. The searches for complementary data were performed using the medical records and the computerized system of registration of patients with ostomy (SMS/POA).

The study was approved by the Research Ethics Committee of SMS/POA, CAAE: 45171021.2.0000.5338, under the opinion number 4.676.428.

RESULTS

The profile of the study participants includes data such as age, gender, color, level of education, origin, time living in the street, reason for being in the street, time with stoma, reason for making stoma, use of alcohol or drugs, family bond, presence of comorbidities, religion or belief, if he or she has any income or benefit, his or her marital status and number of children. All this provides a comprehensive view of the diversity in the sample, which is represented in Chart 1. Fictitious names were used to characterize each of the participants in order not to expose their identity.

Chart 1. Profile of participants related to age, sex, level of education, color, origin, reason for stoma, life time on the street, drug use, family bond and presence of comorbidities. Porto Alegre(RS), Brazil, 2023.

Participants (nickname)	Téo	Guto	Davi	Nina
Age range	47 years	37 years	40 years	39 years
Sex	Male	Male	Male	Female
Color	Black	White	White	Black
Education	Full high school	Illiterate	Incomplete elementary school	Incomplete elementary school
Origin	Porto Alegre (RS)	Torres (RS)	Porto Alegre (RS)	Porto Alegre (RS)
Time on the street	24 years	15 years	8 months	1 year*
Reason to be on the street	Freedom	Family disagreement	Family disagreement	Drugs
Time with stomy	2 years	3 years	1 year	4 years
Reason for ostomy	Trauma by firearm	Trauma by white weapon	Intestinal obstruction	Trauma by firearm
Type of ostomy	Colostomy	Colostomy	Ileostomy	Colostomy
Use of alcohol/drugs	Stopped 1 month ago	Yes	Yes	Yes
Family bond	Yes	No	No	No
Comorbidities	No	Yes/AIDS	No	No
Religion/belief	Believer	None	Church	God
Income	Emergency aid	<i>Bolsa família</i>	<i>Bolsa família</i>	<i>Bolsa família</i>
Marital status	Separated	Single	Separated	Single
Number of children	3	1	1	1

Source: Authors, 2023.

*Nina, in the interview, reported that she has been on the street for a year, but the people in the community she attends said she has been on the street for about four or five years.

The initial number of participants was eight, but one of them had to be excluded from the sample because he or she was unable to sign the TCLE. Of the seven approached, two did not attend to conduct the interview and one could not wait to talk. Thus, it followed with four participants. All of them, when they finished the interview, signed the TCLE.

The mean age of the participants was 41 years, three of them male, half white and the other half declared black. As for the origin, the majority were from the capital, with a maximum time of 24 years in street situations. Regarding the time with ostomy, the mean was two and a half years, and in most cases it was caused by trauma. As for the reason they were submitted to surgery that resulted in ostomy, two responded that they suffered an accident by firearm, one accident by white weapon and another presented an intestinal obstruction.

Regarding the use of drugs, all the participants reported using some kind of narcotics, such as “loló”, *crack* and marijuana, and Téo reported being without drugs for a month and two days at the time of the interview.

During the data collection, it was observed that the participants did not want to be found, because they set the meeting with day, time and place predefined, and the place was not where they used to stay, but exclusive to find the researchers. One of them said he or she was not always in the same place, so it would be difficult to find him or her on the street. This question shows that this population usually changes their location within the city, as well as city or state.

Téo, when asked where he could be found on the street, said he had no way to say why he walked a lot, that the best would be to go to the hostel where he was, and said the best time. David, usually, was wearing dirty clothes, bag collecting leaking, requested material, went to the users’ bathroom in the reference center and changed the bag and clothes. When he did not have clean clothes, he asked the researchers to obtain them through CnaR.

The aggressive behavior of some may represent that they wanted to be seen, to be attended, to be heard. David was generally aggressive and argued, but during the research, he began to change his behavior, and when he changed, apologized, claiming that drug use was responsible for his way of acting.

Nina said the village was dangerous, and due to this, she used drugs, keeping herself alert overnight. In addition, during the interview, she expressed tiredness and sleep, reporting not having rested the night before.

Téo and Guto did not show drug use, and every time they were observed, they expressed peace of mind, although they reported, in the interview, that they used these substances.

The participants of the research and the researchers, in the course of the contact, demonstrated safety and comfort in the meetings, developing a bond. The contact occurred in a quiet way and with good interaction.

During the observation period, two participants (Nina and Davi) were no longer found in the health service or in the places where they used to be. Later, it was known that they were collected from the prison system. Guto, in turn, no longer sought the service to receive material, nor was he found in the streets, as Téo said he would change city.

To get to know the participants better, it was sought to deepen the conversations. Thus, it was known that Téo has two living children: one lives in Uruguay and the other resides in the interior of Rio Grande do Sul; another son died in a fight. When he divorced, he went to the street, but said he still keeps in touch with his children. Guto reported that he had a son and that he lives in Tubarão (SC).

According to his speech, his son’s mother was “*cabaret woman*” and from her “*he caught AIDS*” (SIC): “*I have never seen them again. She wants to get me in jail because I don’t pay the alimony.*” Whereas David said he has a son of the former wife and has not been in contact with him since he went to the street. Nina stated that she has a son, who lives in the community where she stays, and that she has contact with him almost every day. Everyone said they had no companions currently.

As for the life of people with stoma, when asking how they performed self-care, the following was heard:

“I do not use a bag. When it leaves, it leaves, then I change clothes.” (Nina)

“To change the bag in the public bathroom, it is ugly, everyone looks, I’m embarrassed. I change on the street, I have a little bottle. It’s been three months since I haven’t taken a bath, just with a piece of cloth.” (Guto)

"I change on the street, in the bathroom. Generally, on the street." (Davi)

"I do the care with the bag. When I am on the street, I use a gas station bathroom, which has a large bathroom. I prefer to change the bag at the Ipiranga gas station." (Téo)

In addition to observing, he asked himself about the day-to-day life of Téo, Davi, Guto, and Nina.

"I stay in the hostel. I wake up at 6 o'clock a.m., I drink coffee and go out to get help from people, to get collaboration. I live on collaboration, I face the problems. I stay on the street until 03 o'clock p.m., I go back to the hostel, have coffee, bath, watch TV and, at 11 o'clock p.m., it's time to sleep. There are people who stay all day in the hostel, I go out to the street. If you don't face reality, you do not let go of the drug." (Téo)

"Normal. I wake up and look for something, I unload truck at the Fair there of Redenção, but I make strength, they look that I have a bag and do not want to help me anymore. I can't get around too much, I have discomfort in the body, the hernia bothers a lot. I will try to get service, but I start and have to do a lot of strength, then the gut goes out more. If I can't get my bag out, I'll starve. Using a bag, no one wants to help me." (Guto)

"I wake up, I gather my things, the blankets (when I have. Now, they are all dirty). I take the cardboard, get it together and go to a market or gas station, I ask for bread or biscuit, I ask someone to buy for me. I stay all day on the street." (Davi)

In the conversations, several pieces of information were said. In many of them, it was sought to know a little more. One of the subjects covered in one of them was the use of the hostel.

"Hostel, I can't. You have a password. When I arrive, they say that there is no more vacancy. I stand there in front of emergency room of the hospital." (Guto)

"I do not go because they want to take the guy out at five in the morning to send them out." (Davi)

"I like the hostel. I can sleep, eat, bathe." (Téo)

"I do not go." (Nina)

DISCUSSION

Through the narratives presented earlier, it is observed how much a stoma brings changes to a person's life. It can cause damage to the quality of life, with changes in behavioral patterns, because the individual needs to learn new ways of caring, with many changes in lifestyle. The user with stomy seeks a better quality of well-being and autonomy to return to his or her daily and leisure activities¹⁰.

The researched literature described that this situation has mutilatory consequences, with physical and psychological changes for the individual living with a collection bag attached to his or her abdominal wall, which impacts his or her self-esteem and quality of life related to health¹¹. It is worth mentioning that the physical body is represented by the only propriety available and indispensable for the PSR. It is through it that survival takes place in the streets¹².

All participants had temporary intestinal elimination stoma, and stoma preparation surgeries were carried out as an emergency. Guto reported having Acquired Immunodeficiency Syndrome (AIDS), but that did not follow treatment, and all the others reported not having follow-up in the hospital institution where the surgery was performed, this makes it difficult to reconstruct the intestinal transit that would give them a chance that the use of collecting equipment is

no longer necessary. For the reconstruction of intestinal transit, it is necessary a new surgical procedure, elective, at the hospital level, and that the patient has the attendance scheduled by RegulaSUS through the reference UBS. It was not observed in this group a flow of planning to resume his or her life from the follow-up services, but only regarding the delivery of material.

The most common clinical problems in this population are mental health, smoking, tuberculosis and AIDS, which was found in the observed group. Generally, people living on the street do not have a link with their respective UBS and are not visible to this service network¹³.

The difficulties related to access and full care in health services were found due to the instabilities of care flows and the fragility of the professional-user bond. Access to health services must follow the principle of universality, with equity, in order to obtain integrality at all levels of care, proposing the cure of diseases, prevention and promotion of health. This flow was not observed in the observations made. The user's autonomy and the effectiveness of health care are factors that depend on the link with the health system. In this way, continuously capturing the street population is necessary.

About why they were on the street, participants reported drug use, family disagreements and the opportunity to have freedom. People in this situation exist in several countries of the world, and there are several factors that contribute to this, such as the fragility or the breakdown of labor relationships, the rupture of the family bond and with the community, the loss of family support and their social identity, the conditions of survival are precarious.

This population is faced with various ways of facing subsistence and housing, as well as overcoming stigmas, because they are excluded from society due to expulsion, uprooting and deprivation, being part of the landscape of large urban centers. It is then up to social care professionals and health care professionals to care for these people within their universe¹⁴.

The vulnerability that affects them results in a tendency to risk and the unpredictability of life, with a high prevalence of chronic diseases¹⁵. Valle et al. said that homeless people do not access health services to monitor their health, because they have other priorities, such as finding places to sleep and getting food, leaving their health aside¹⁵.

The CnaR units were created to pay full attention to the health of the PSR and their activities are carried out by developing shared and integrated actions among the entire care network, but very closely with the UBSs, ensuring access to health to these people¹⁶.

The multidisciplinary team must have a different look to be able to visualize the PSR as a citizen who holds rights, without making judgments about the choices made by it throughout life. In addition, it is essential characteristics and duties of the CnaR to understand that there is a history before going to the streets, which should be considered in the planning and development of care actions⁵.

The professionals who work in the Primary Care Network (RAB) witness life as it is, and the literature reinforces that people with stomy face many difficulties when seeking care. However, as the population's lack of knowledge in the use of their rights is still great, it is up to health professionals and associations of people with stomies to assist these individuals and disseminate their rights involving the broad information of existing reference services¹⁷.

The PSRs are registered in the reference service and receive the necessary material for the care of their stoma. They seek the material and rarely request the nurse's evaluation. During this study, very intense moments were experienced between the researcher/research assistants, the nursing team and people with ostomy.

PSRs hardly seek the service for changing the collector equipment with a regular frequency. However, it was observed that the people in this situation who attended to perform the procedure often appeared with an alcoholic drink odor in the early morning, some of them expressed shame and others arrived demanding, aggressively, that the consultation was carried out.

According to the conditions of the person with ostomy, a combination of how they prefer to receive the material monthly, if they are able to carry everything, if they prefer to leave stored in the street office or if they need to attend the service once a week to remove the material. Since they sleep on the streets, many end up losing everything they have, and often claim they have been stolen. So, to avoid the "loss" of this material, so that they do not run out of it, it is talked individually with each of them to check the best way to receive the said material.

The participants were always well dressed and in clean clothes. Nina, at the end of the interview, asked if she could kiss the researcher. Nina was more needy, when compared to the other participants, she needed more attention and affection.

The researchers' walk to find people with ostomy who resided on the street was quiet. To circulate in the community where the NGO was, initially there was fear, because it was a region of intense drug sales. The greatest fear was not about the residents or the people who were circulating there, but about the police arriving and that there was a direct confrontation, with exchange of shots. The fear of assault attempts was also present, so the team only carried a cell phone and a document. However, during the whole period of the research there was no higher alert situation.

In each conversation with the participants it was discovered a life story of their own, in which each of them made a choice. It was often understood that this was the only option they had. In these circumstances, it is asked whether they are more fragile or stronger people, since they need to survive with all the adversities they find on the way.

During the interviews, the participants were at ease. They told their stories, and they perceived their joy in having someone listening to their lives. They felt important, and thus there was a greater interaction. They began to greet the researchers, to ask for help and information about the exchange of the collecting bag; they asked about the possibility of doing surgery, which showed that they wanted to dialogue.

Intense experiences with more meaningful dialogs about the lives of participants, including also experiencing, in a way, their routines and the shock of dealing with the experience of those who live on the streets, were questions that approached the study of Prado et al.¹⁸, because they have shown that people with stomy suffer stigmatization in the face of the challenges of living in the street, in a hostile and vulnerable environment, where, sometimes, these invisible ones are not usually heard in health services. Thus, the individual assumes a posture and behavior according to the place where he or she is located and the way he or she is treated by health professionals.

In Rio Grande do Sul, the State Government is responsible for the acquisition of collecting and adjuvant equipment for all people with disposal stomy registered in the system. There is a computerized program, called Management of Users with Disabilities (GUD), through which the municipalities register all people with stomies with identification data, SUS card, address, International Classification of Disease (ICD) that led to the stomy and the necessary materials. The State Health Secretariat (SES) checks the requested items, makes the purchase and sends them to the municipalities, according to the registration in GUD¹⁹. Porto Alegre has three reference centers for the care of people with stomies.

When asked about food, the participants reported that they eat biscuits, bread and donation foods or eat at the hostel. Guto declared feeding only once a day and Nina said she feeds on donations. In the city where the research was conducted, there are places that offer food to people who live on the streets, with defined times and quantities, such as the Specialized Reference Center for the Street Situation Population (POP Center), NGOs and voluntary and philanthropic services. However, the diet offered by voluntary services and NGOs has a standardization and does not aim to meet the specific demands of individuals with different clinical situations, because all of them ingest the same diet. This was another situation observed in this study.

With regard to PSR, especially those with a stoma, they have a more complicated clinical situation to be treated, because they end up eating inadequate food, often taken out of the trash or damaged. However, it is this type of food that they have access, gaining or finding through the streets. This diet can affect the odor and consistency of the stool, making it difficult for intestinal transit, as well as accelerating it, slowing it down or causing flatulence.

In fact, on the street there is no special diet for people with intestinal stoma. However, what can occur are some dietary restrictions due to the disease that caused the need to perform a stoma or even specific diets in the postoperative period. However, this group, in addition to living with a stoma, also suffers from nutritional deficiency, feels hungry and eats when they have opportunity. Thus, the necessary cares for stoma and its diet end up not being the priority for this population.

Having the basic needs received is one of the impediments for people living on the streets. Everyone must have access to clean water and quality food for a healthy life. PNPSR considers the requirement for PSR to have access to food, being included as a social right in Constitutional Amendment number 64/2016⁹.

For some participants, having the collecting bag seemed not to make difference. One of them reported that he or she had difficulty living with it, that he or she could not do anything and that people were disgusted by him or her, did not give him or her a job, and expressed that it would be better to be dead. The idea of death was often reported by these individuals. Mental disorders become aggravating and common to this population, being justified due to the lack of access to health services, effective public policies, lack of support for family bonds and the feeling of not belonging to the world²⁰.

During one of the interviews, it was noticed that Nina was lucid, with good hygiene conditions and showed that she did not use any kind of drugs that morning, however, she said that uses various types of substances throughout the night to stay awake for the protection of her son's house. Chemical dependence is a growing fact in the PSR, and the reasons for use are distinct: escape from reality, escape from hunger, bad night sleep, escape from violence suffered, relationships with relatives or, properly, from pain²¹.

The study by Håkanson and Öhlen informed the obstacles that chemical dependents face when trying to access health services. In one of the reports described, there was a case of a health professional who refused to perform the care and to give medications when discovering that the patient used drugs, leaving him or her with pain. When living on the streets, the person understands that he or she is labeled and thus assumes a behavior and a posture given the scenario in which he or she is introduced²².

The proposals for public actions for this group of people should reinforce the construction of self-image and identity in a positive way, raising self-esteem and critical awareness of their condition so that they can claim their rights and build new life projects, in which the person must be the protagonist of his or her own life, his or her health and existence, with new trajectories that help the exit of the streets²³.

Throughout the research, there was no relationship between attending the hostel and having better hygiene conditions, because all participants performed self-care with the stoma and normally were in clean clothes. However, the one who consumed the most drugs appeared to be more careless, presenting himself or herself with wet, dirty clothes and sometimes arriving at the health service under the effect of narcotics.

Through the experiences of the authors, in the city of Porto Alegre, every time a person requests in the health service to exchange the collecting equipment, either by detachment, extravasation or even if he or she is not using it, the care is carried out, and the hygiene and evaluation of the skin and stoma are done before the placement of a new collecting equipment. Similarly, when a person needs to receive a greater amount of collecting equipment and/or adjuvants for the month, which is evaluated during the nursing consultation, a request is made to SES via GUD, and all necessary material is required.

With the realization of field trips and interviews, there was fear, on the part of the researchers, in the beginning, on how to approach people and what feeling this could cause them. However, it was realized that individuals, being heard and telling their stories, felt they were part of something important. At the same time, it was found that some participants did not want the researchers to see where they were in their daily lives because of issues such as drugs and violence.

The limitations of this study were concentrated in the life routines of the participants and their condition of homeless people due to continuous locomotion, alternating schedules and the difficulty having a determined place to find them, which contributed negatively to the access of researchers to the respondents.

This study was a challenge. Knowing and understanding the characteristics and health conditions of people living in situations of extreme vulnerability, aggravated by stoma, being viewed from the context of the health system and the way services are organized for these services, allowed to expand the knowledge of health care approach.

Studies that address the subject of research, as already mentioned above, are scarce, which makes it difficult to compare the findings of this study with both national and international literature.

CONCLUSION

People in street situations have vulnerabilities precisely because they are on the street. Their life contexts bring numerous social and mental consequences, and the invisibility of these people in society and in the health care network

brings questions about what attention and care are these, but that, theoretically, exist, but that are still invisible or not realized.

Owning a stoma is a matter for any individual, at all stages of life, since physical, social, psychological and financial changes occur. The PSR with ostomy, associated with the context of vulnerability because it is on the street, was the focus of this study.

During the interviews, the participants expressed confidence in the researchers and a link was established between them. However, even though this bond exists, some still showed fear in verbalizing about how they spent most of the day or showing their routine. It was found that caring for stoma is not the priority of these people, because of the situations they experience, such as hunger and vulnerability, among many others described.

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REFERENCES

1. Melo GN, Meireles DS, Araújo CS, Santos MS. Autoimagem de mulheres portadoras de colostomia e os cuidados dermatológicos periestoma: revisão integrativa. *Braz J Health Review* 2021;4(1):991-1001. <https://doi.org/10.34119/bjhrv4n1-087>
2. Bandeira LR, Kolankiewicz ACB, Alievi MF, Trindade LF, Loro MM. Atenção integral fragmentada a pessoa estomizada na rede de atenção à saúde. *Esc Anna Nery* 2020;24(3):e20190297. <https://doi.org/10.1590/2177-9465-EAN-2019-0297>
3. Sirimarc MT, Moraes BHX, Oliveira DRLS, Oliveira AG, Schlinz PAF. Trinta anos do serviço de atenção à saúde da pessoa ostomizada de Juiz de Fora e região. *Rev Col Bras Cir* 2021;48:e20202644. <https://doi.org/10.1590/010.0-6991e-20202644>
4. Sicari AA, Zanella AV. Pessoas em situação de rua no Brasil: revisão sistemática. *Psicol Ciênc Prof* 2018;38(4):662-79. <https://doi.org/10.1590/1982-3703003292017>
5. Vale AR, Vecchia MD. O cuidado à saúde de pessoas em situação de rua: possibilidades e desafios. *Estud Psicol (Natal)* 2019;24(1):42-51. <https://doi.org/10.22491/1678-4669.20190005>
6. Honorato BEF, Oliveira ACS. População em situação de rua e COVID 19. *Rev Adm Pública* 2020;54(4):1064-78. <https://doi.org/10.1590/0034-761220200268>
7. Souza LPS. História de vida de pessoas ostomizadas em situação de rua atendidas pelo Centro de Reabilitação Adulto em município do nordeste brasileiro [dissertação]. Natal: Universidade Federal do Rio Grande do Norte, Escola de Saúde, Programa de Pós-Graduação em Saúde e Sociedade; 2020.
8. Ataídes FB, Oliveira GS, Silva AAF. A etnografia: uma perspectiva metodológica de investigação qualitativa. *Cadernos da Fucamp* 2021;20(48):133-47.
9. Prefeitura de Porto Alegre. Consultório na rua [Internet]. [citado 2023 Mar. 25]. Available at: <https://prefeitura.poa.br/carta-de-servicos/consultorio-na-rua>
10. Ribeiro WA, Fassarella BPA, Neves KC, Oliveira RLA, Cirino HP, Santos JAM. Estomias intestinais: do contexto histórico ao cotidiano do paciente estomizado. *Revista Pró-Universus* 2019;10(2):59-63. <https://doi.org/10.21727/rpu.v10i2.2019>
11. Ferreira EC, Barbosa MH, Sonobe HM, Barichello E. Self-esteem and health-related quality of life in ostomized patients. *Rev Bras Enferm* 2017; 70(2): 271-8. <https://doi.org/10.1590/0034-7167-2016-0161>
12. Carmo LA, Góis JS. Não há mentiras nem verdades aqui: revisão narrativa sobre a população brasileira em situação de rua. *Sanare* 2021;20(2):79-87. <https://doi.org/10.36925/sanare.v20i2.1450>

13. Laura C, Cruz AD, Salles MM, Perillo RD, Torres LM, Almeida SP. Cuidados primários em saúde na atenção à população em situação de rua. *Revista de Atenção à Saúde* 2021;19(67):234-50. <https://doi.org/10.13037/ras.vol19n67.6691>
14. Donoso MTV, Bastos MAR, Faria CR, Costa AA. Estudo etnográfico sobre pessoas em situação de rua em um grande centro urbano. *REME Rev Min Enferm* 2013;17(4):894-901. <https://doi.org/10.5935/1415-2762.20130065>
15. Valle FAAL, Farah BF, Carneiro Junior N. As vivências na rua que interferem na saúde: perspectiva da população em situação de rua. *Saúde Debate* 2020;44(124):182-92. <https://doi.org/10.1590/0103-1104202012413>
16. Paula HC, Daher DV, Koopmans FF, Faria MGA, Brandão PS, Scoralick GBF. Implementation of the Street Outreach Office in the perspective of health care. *Rev Bras Enferm* 2018;71(suppl 6):3010-5. <https://doi.org/10.1590/0034-7167-2017-0616>
17. Governo do Estado do Espírito Santo. Secretaria de Estado de Saúde. Manual de orientação aos serviços de atenção às pessoas ostomizadas [Internet]. Vitória: SES; 2016 [citado 2023 Mar. 23]. Available at: <https://saude.es.gov.br/Media/sesa/Consulta%20P%C3%BAblica/Manual%20ostomizados%202016%201.pdf>
18. Prado MAR, Gonçalves M, Silva SS, Oliveira OS, Santos KS, Fortuna. Pessoas em situação de rua: aspectos sobre a saúde e experiências com serviços sanitários. *Rev Bras Enferm* 2021;74(1):e20190200. <https://doi.org/10.1590/0034-7167-2019-0200>
19. Rio Grande do Sul. Secretaria de Estado da Saúde. Companhia de Processamento de Dados do Estado do Rio Grande do Sul (PROCERGS). Gerenciamento de usuários com deficiência: números de pessoas cadastradas. Porto Alegre: SES, 2017.
20. van Wijk LB, Mângia EF. Atenção psicossocial e o cuidado em saúde à população em situação de rua: uma revisão integrativa. *Ciênc Saúde Coletiva* 2019;24(9):3357-68. <https://doi.org/10.1590/1413-81232018249.29872017>
21. Spadoni L, Machado Júnior CP, Barroso LHM, Boni AL, Faria MRGV, Souza SMB. Perfil de drogadição e práticas sociais entre moradores de rua. *Psicol Saber Soc* 2017;6(1):113-28. <https://doi.org/10.12957/psi.saber.soc.2017.30670>
22. Håkanson C, Öhlen J. Illness narratives of people who are homeless. *Int J Qual Stud Health Well-being* 2016;11:32924. <https://doi.org/10.3402/qhw.v11.32924>
23. Brasil. Ministério do Desenvolvimento Social e Combate à Fome. Rua: aprendendo a contar – pesquisa nacional sobre a população em situação de rua [Internet]. Brasília: MDS; 2009 [cited 2023 Mar. 27]. Available at: https://www.mds.gov.br/webarquivos/publicacao/assistencia_social/Livros/Rua_aprendendo_a_contar.pdf