

Problems Faced by Homeless Individuals During the COVID-19 Second Lockdown in India: A Cross-Sectional Study

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Abstract: ***Background:** During the second COVID-19 lockdown, mobility restrictions severely affected homeless individuals, who lacked shelter, income, food security, and access to healthcare. **Objective:** To assess the challenges faced by homeless people during the strict lockdown and the effectiveness of support systems available to them. **Methods:** A cross-sectional questionnaire-based study was conducted among 40 homeless individuals during the second lockdown. Convenience sampling was used. **Results:** Most participants were from the local area (29/40). Shelter was mainly provided by the community (25/40), while only 3 received government support. Nineteen participants had untreated health issues, and 27 were addicted to alcohol or tobacco. Food security was largely dependent on community volunteers (35/40). Only one individual reported satisfaction with government services. **Conclusion:** Homeless people experienced significant hardship, with minimal governmental aid and heavy reliance on community support. Stronger public health interventions are urgently required.*

Keywords: Homelessness, COVID-19, lockdown, public health, India, quarantine, community support

1. Introduction

The COVID-19 pandemic caused unprecedented socioeconomic disruption in India, especially during the second wave and its associated lockdowns. While stay-at-home orders protected most of the population, they disproportionately affected homeless individuals who had no permanent shelter, no steady income, and limited access to healthcare. Homeless populations already experience poor nutrition, addiction, chronic illness, and inadequate access to healthcare. Lockdown measures further restricted their ability to access food, medical care, and welfare schemes.

2. Materials and Methods

- 1) Study Design: Descriptive cross-sectional study.
- 2) Study Period: During the second COVID-19 lockdown.
- 3) Study Setting: Public areas including:
 - Under bridges
 - Closed bus stands
 - Roadside shops
 - Tea stalls
 - Footpaths
- 4) Sample Size: 40 homeless individuals.
- 5) Sampling Method: Convenience sampling.
- 6) Inclusion Criteria:
 - Homeless individuals in the study area
 - Age ≥ 18 years
 - Verbal consent
- 7) Exclusion Criteria:
 - Minors
 - Those unable to respond

- 8) Ethics: Verbal consent obtained; no identifying details collected.

- 9) Data Collection Tool: Structured questionnaire assessing demographics, shelter, food access, health, addiction, sanitation, government/community support, and COVID symptoms.

3. Results

- 1) Demographics:
 - 29 locals
 - 7 travelers
 - 3 from other districts
 - 1 from Uttar Pradesh
- 2) Shelter:
 - 25 community-provided spaces
 - 12 under bridges/shelters
 - 3 government/police tents
- 3) Health Status:
 - 19 untreated conditions
 - 10 received free local treatment
 - 7 NGO-supported
 - 1 TB case
 - 1 knee ulcer
- 4) Food Access:
 - 35 depended on community volunteers
 - 5 received irregular NGO/corporator aid
- 5) Extreme Weather Management:
 - 19 stayed in closed shops/tea stalls
 - 16 in community shelters
 - 4 under bridges
 - 1 at petrol pump shade

6) Sanitation Access:

- 19 community support
- 11 petrol pumps/hospitals
- 10 women undisclosed

7) Addiction:

- 27 alcohol/tobacco users
- 10 hesitant but addicted
- 3 non-addicted women

8) COVID-19 Symptoms & Precautions:

- 35 no symptoms but no precautions
- 5 refused data

9) Government Support:

- 34 no help
- 5 unsure
- 1 satisfied

4. Discussion

Homeless individuals faced severe hardship during the second lockdown. Community volunteers were the primary support system, with minimal governmental aid. Lack of sanitation, addiction withdrawal, food insecurity, and untreated illnesses increased vulnerability. COVID preventive behavior was extremely poor. Barriers included

documentation issues, lack of awareness, mobility restrictions, and system gaps. Strengthened coordination between government and NGOs is required.

5. Conclusion

Homeless individuals suffered significant neglect during the second COVID-19 lockdown, with inadequate access to food, shelter, healthcare, and sanitation. Strengthened outreach systems, mobile health units, and simplified welfare access are essential.

Funding: None

Conflict of Interest: None

Ethical Approval: Verbal consent obtained; no identifiers collected.

References

- [1] Government of India. COVID-19 Lockdown Guidelines, 2020–2021.
- [2] WHO. COVID-19 Pandemic Reports.
- [3] Ministry of Housing & Urban Affairs. Homelessness and Urban Poverty Data.

Appendix

Proof of Presentation

Presented at:

- 1) AEGIS Medical Conference – Gandhi Medical College



2) OSMECON 2021 – Osmania Medical College



AIMS

TO,
Respected SPM Department HOD sir,
Ayaan Institute of Medical Sciences,
Moinabad

SUBJECT: - Permission for Ethics clearance
SIR

As I am conducting research from the Department of Community medicine, please permit me for the same

Thank you!



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ETHICS PERMISSION LETTER

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