

**FACTORS AFFECTING HEALTHCARE ACCESS AND UTILIZATION AMONG
HOMELESS POPULATIONS IN KENYA. A CASE STUDY OF BUTE
SUBCOUNTY IN WAJIR COUNTY**

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DECLARATION

This project is my original work and has not been presented for a diploma in any other University

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This project has been submitted for examination with my approval as University Supervisor

Signature..... Date

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DEDICATION

My trip would not have been possible without my parents' constant love, encouragement, and sacrifice, and I am eternally grateful to them. I am really thankful for all the support and encouragement you have given me, and your unwavering faith in me has been my biggest source of drive. This project is a symbol of the connections we have with all the remarkable individuals who have had an impact on my life and provided me with endless inspiration. Your presence has really enhanced my path, and I am very grateful to dedicate this work to you. You two have been rock solid and beacons of hope in my life; I am grateful.

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ABSTRACT

Homeless people in Butte Subcounty, Wajir County, Kenya confront significant obstacles to healthcare access, including but not limited to: unemployment, illiteracy, harsh weather, and a lack of social support. This research sought to address these difficulties head-on. The primary goal was to identify and comprehend all of the complex elements that make up the obstacles that this vulnerable population faces while trying to get healthcare. Evaluating the effects of unemployment, illiteracy, severe weather, and lack of social support on healthcare access and usage was one of the specific aims. Twenty percent of the 240 respondents were chosen using a stratified random selection approach; the target population consisted of about 1200 houses in Butte Subcounty, Wajir County. A standardized 5-point Likert scale questionnaire was used to gather data, allowing for a detailed examination of the many difficulties experienced by homeless people. After collecting the data, it was carefully analyzed using descriptive statistics in Excel. To make the data presentation more effective, charts and graphs were used. Researchers in this study set out to better understand the complexities of healthcare access barriers faced by homeless populations from October to December 2023. Their findings will help healthcare practitioners and policymakers create more effective interventions to meet the specific needs of this disadvantaged group. Results from this demographic research of homeless people in Bute Subcounty, Wajir County, shed light on the obstacles they face in gaining access to healthcare, including high rates of unemployment, low levels of education, harsh weather, and a lack of social support. The research found that these characteristics have a major effect on how often homeless people use healthcare services. In order to overcome these obstacles, the study suggests a combination of healthcare services, educational initiatives, and community support networks. Taking into account the intricate web of socioeconomic issues impacting this susceptible group, the research calls for governmental shifts and community involvement to improve healthcare access and usage.

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ACRONYMS AND ABBREVIATIONS

HCPs:	Healthcare Providers
HSE:	Health, Safety, and Environment
IRB:	Institutional Review Board
PPE:	Personal Protective Equipment

OPERATIONAL DEFINITION OF TERMS

- Homeless Population:** People who do not have a safe, permanent place to sleep at night are considered to be part of the homeless population for the sake of this research. This includes those living in makeshift dwellings, emergency shelters, or homeless shelters.
- Unemployment:** Homeless people are defined as those who do not have a safe, permanent place to sleep at night for the purposes of this research. People living in makeshift homes, emergency shelters, or other similar situations are included in this category.
- Illiteracy:** When somebody can't read or write, it's called illiteracy. This study's focus is on those whose reading and writing abilities are weak or nonexistent, making it difficult for them to access and make sense of medical records.
- Extreme Weather Conditions:** Homeless people are particularly vulnerable to the negative effects of extreme weather, which might include high temperatures, low humidity, heavy rain, and other harsh environmental factors. Natural and climatic variables may both play a role in these situations.
- Limited Social Support:** Homeless people often struggle emotionally, financially, and logistically due to a lack of social support from loved ones and community networks. This help might take the form of housing subsidies, financial aid, or even just the ability to pay for medical treatment.

CHAPTER ONE INTRODUCTION

1.0 Introduction

In Chapter one, we will take a look at homelessness from a variety of angles, including those on a global, African, and local scale; our emphasis will be on Bute Subcounty in Wajir County, Kenya. It will highlight the specific difficulties encountered in this area while outlining the many elements that lead to homelessness. Unemployment, illiteracy, severe weather, and a lack of social support are some of the driving forces behind homelessness, and this chapter will focus on the serious health consequences of this issue. With the hopes of informing evidence-based solutions and adding to the larger conversation around promoting healthcare equality for homeless people, the study's goals and research questions will highlight the impending investigation of these aspects.

1.1 Background of the Study

Worldwide, people and communities are confronted with the complex problem of homelessness, which poses significant obstacles. Worldwide, millions of individuals are impacted by homelessness, which causes economic, social, and health inequalities. Economic disparity, unemployment, unstable housing, and social changes are all contributors to the onset of homelessness. Societies across continents are affected by this worldwide problem.

Homelessness is a worldwide problem, impacting people all over the world. Extremely high housing prices, a lack of available housing, and mental health problems are common causes of homelessness in industrialized nations. Homelessness is on the rise in developing countries for a variety of reasons, including fast urbanization and relocation caused by war or natural catastrophes. Everyone must do their part to end homelessness immediately since it has a negative effect on people's respect for themselves and their communities. This is true from every corner of the world (Smith et al., 2020; Lee & Culhane, 2019).

From an African point of view, homelessness presents a distinct set of difficulties. Poverty, lack of educational opportunities, and insufficient healthcare are some of the problems that the continent faces which may lead to people becoming homeless. There is an increasing

number of people without homes in several African nations due to political unrest, civil wars, and population relocation. This viewpoint recognizes the worldwide will to resolve this problem, but it stresses the need of customized solutions that take into consideration the unique socioeconomic and political characteristics of Africa (Mbaba et al., 2018; Uzochukwu et al., 2017).

Bute Subcounty, Wajir County, Kenya, provides a picture of homelessness in Kenya that is distinct from the national average. A multitude of issues, including poverty, unemployment, and inadequate access to healthcare and education, put a large number of people and families in this area at risk of homelessness. People living on the streets in this area are already at a heightened risk of harm from natural disasters like droughts and floods. Because of the paucity of local efforts, research is needed to guide targeted interventions in order to end homelessness in Bute Subcounty (Okeyo et al., 2016; Wajir County Government, 2021).

Homeless people in Kenya's Bute Subcounty, Wajir County, are the major focus of this research. People experiencing homelessness in this setting have particular difficulties, such as restricted availability to essential services and healthcare. In order to create successful interventions to increase this population's access to and consumption of healthcare, it is essential to have a thorough understanding of their experiences and needs. With the goal of addressing their specific issues and promoting equitable healthcare service, this research will investigate the variables impacting the access and usage of healthcare by homeless persons in Bute Subcounty.

1.2 Statement of Problem

A critical and intricate issue is the homelessness that people in Bute Subcounty, Wajir County, Kenya, face. It is characterized by an inability to find safe, suitable housing and has devastating effects on the health and wellbeing of those impacted. Several important considerations make this matter problematic. Firstly, there are substantial health inequalities linked to homelessness in Bute Subcounty. There is a correlation between a lack of access to healthcare and an increased prevalence of mental health issues, drug

misuse, and chronic diseases among the homeless. This worsens the region's health disparities (Wajir County Government, 2021).

Second, both economic instability and unemployment are closely related to homelessness. Because there are few educational and occupational options, many of the homeless people in Bute Subcounty are also struggling to make ends meet (Okeyo et al., 2016). Homeless people in the area are particularly vulnerable to the negative effects of the region's frequent and severe weather events, such as floods and droughts. Because of these factors, they are more likely to have health problems brought on by exposure to harmful environmental components (Wajir County Government, 2021). Another factor that makes homelessness worse in Bute Subcounty is the absence of social support systems. It is already challenging for many people experiencing homelessness to get access to healthcare since they do not have the support of their families or communities. Their precarious health situation is worsened by the lack of a social safety net (Okeyo et al., 2016).

Homelessness and poor health outcomes are perpetuated by these interrelated variables. Not only is this an issue in the area, but it is also indicative of larger patterns of homelessness across Africa and around the world. These patterns are characterized by inequalities and difficulties in obtaining social assistance, healthcare, and job (Mbaba et al., 2018; Lee & Culhane, 2019). In order to effectively address homelessness in Bute Subcounty, it was crucial to have a thorough grasp of these characteristics and how they affected the accessibility and usage of healthcare among homeless people. In order to better serve this underserved population and eradicate homelessness for good, this study aimed to identify the factors that contributed to it and the effects it had in this setting.

1.3 Objectives of the Study

The general objective of the study was to determine factors affecting healthcare access and utilization among homeless populations in Kenya, a case study of Bute subcounty in Wajir county.

1.3.1 Specific Objectives

- i. Assess the effect of unemployment to access and utilization among homeless populations in Kenya.
- ii. Examine the effect of illiteracy to access and utilization among homeless populations in Kenya.
- iii. Analyze the effect of extreme weather conditions to access and utilization among homeless populations in Kenya.
- iv. Evaluate the effect of limited social support to access and utilization among homeless populations in Kenya.

1.4 Research questions

- i. How does unemployment influence the ability of homeless populations to access healthcare services?
- ii. How does illiteracy hinder homeless populations from understanding healthcare information and navigating healthcare systems?
- iii. In what ways do extreme weather conditions limit the access and utilization of healthcare services for homeless individuals?
- iv. How does limited social support influence the healthcare-seeking behaviors of homeless populations?

1.5 Justification of the Study

This research has great potential to solve the issues that homeless people have when it comes to accessing and using healthcare, which might have a good impact on the local community of Bute Subcounty. Efforts to promote the well-being of disadvantaged groups on a local and global scale may benefit from its wider implications for understanding and treating homelessness and healthcare inequities.

1.6 Scope of the Study

The months of October 2023 to February 2024 will be used for this study. Data collection, processing, and reporting will all take place during this time. Considerations including weather and accessibility to the research site were considered while deciding on these

months. Bute Subcounty in Kenya's Wajir County will be the site of the research. Because it is representative of the difficulties encountered by homeless people in this area, Bute Subcounty is chosen as the main geographical area. About 1200 people from the Bute Subcounty in Wajir County will be the focus of this research. Homeless people and those from the established community who have contact with or can help the homeless make up this group. In order to conduct a thorough analysis of the determinants impacting healthcare access and usage among homeless individuals in Bute Subcounty, this group was carefully chosen.

1.7 Chapter Summary

With a focus on Bute Subcounty, Wajir County, Kenya, the first chapter offers a thorough review of homelessness from global, African, and local viewpoints. It highlights the specific difficulties encountered in this area while outlining the many elements that lead to homelessness. Unemployment, illiteracy, severe weather, and a lack of social support are some of the driving forces for homelessness, which this chapter demonstrates has serious consequences for people's health. In order to educate evidence-based solutions and add to the larger conversation about promoting healthcare equality for homeless populations, the study's goals and research questions highlight the impending investigation of these aspects.

CHAPTER TWO LITERATURE REVIEW

2.0 Introduction

In Chapter two, we will take a close look at the research on healthcare access for Kenya's homeless people, both theoretical and empirical. We will delve into theoretical frameworks, particularly those that deal with socioeconomic determinants of health. Unemployment, low literacy rates, severe weather, and a lack of social support are some of the issues that will be the subject of empirical evaluations as they pertain to healthcare access. In order to build a solid conceptual framework, each part will point out where current research is lacking. This extensive literature analysis will set the stage for the research methodology that will investigate the determinants impacting the availability and usage of healthcare services among homeless individuals in Butte Subcounty, Wajir County, Kenya.

2.1 Theoretical Literature Review

To do a theoretical literature review, one must first identify and then critically evaluate all of the preexisting ideas that are pertinent to the study. This review style delves into ideas, frameworks, and connections that may help shed light on and solve the research challenge (Cresswell & Creswell, 2017). Social Determinants of Health (SDH), Health Belief Model (HBM), Ecological Systems Theory (EST), and Social Support Theory will all be part of this research (SST). A conceptual framework will be developed to direct the research and inform the formulation of hypotheses for future exploration via a systematic examination of these ideas.

2.1.1 Social Determinants of Health Theory (SDH)

A thorough framework for understanding the interaction between social determinants and health outcomes was provided by Dahlgren and Whitehead's 1991 Social Determinants of Health (SDH) hypothesis. Through the use of this theory, we may better understand the complex interplay between economic factors and healthcare inequalities in Butte Subcounty's homeless population, specifically how unemployment affects their level of access and usage.

According to Dahlgren and Whitehead, there are many interrelated elements that affect people's health. These factors include societal, economic, and environmental aspects. One socioeconomic variable that may have a major effect on people's health is unemployment. Both Marmot (2005) and Link and Phelan (1995) show that economic inequality is a factor in health disparities, lending credence to this viewpoint. Financial limitations prevent the jobless from getting the healthcare they need, which might lead to postponed or insufficient treatment (Mossakowski, 2009).

The theory's focus on the larger socio-economic environment that influences health outcomes makes it relevant to the study purpose. Homeless people in Butte Subcounty have complicated healthcare access and usage patterns, and it is critical to understand how unemployment impacts these patterns. The purpose of this project is to use SDH to better understand the interplay between unemployment, economic inequality, and health disparities; the results should guide efforts to increase healthcare equity for this marginalized group.

Studying how homelessness affects people's ability to get medical treatment requires a solid theoretical framework, and the SDH theory provides just that. In doing so, it enables a detailed investigation of the relevant socioeconomic determinants, guaranteeing a comprehensive comprehension of the ways in which economic variables exacerbate health inequalities in Butte Subcounty.

2.1.2 Health Belief Model (HBM)

For a better understanding of health-seeking behaviors within the context of illiteracy among Butte Subcounty's homeless populations, Rosenstock's 1974 Health Belief Model (HBM) provides a useful theoretical framework. According to Rosenstock's approach, people are more likely to participate in health-related preventative or therapeutic activities if they have a positive outlook on the risks and rewards of these acts.

Individuals' views of their own health are significantly influenced by illiteracy, a socioeconomic variable that might affect health literacy. Health literacy levels may be poorer among the illiterate because of difficulties in understanding health information

(Nutbeam, 2000; Paasche-Orlow and Wolf, 2007). In light of the HBM, this provides further evidence that homeless people who are illiterate may not fully grasp the gravity of their health problems or the value of getting medical treatment.

The focus on individual beliefs and perceptions in HBM highlights its relevance to the study purpose. Delays or insufficient healthcare-seeking actions may be influenced by illiteracy, which in turn influences these beliefs. In support of this idea, research by Lee, Arozullah, and Cho (2004) found that those with lower levels of health literacy had worse health outcomes and used preventative services less often.

The HBM provides the theoretical groundwork for studying the effects of illiteracy on the health beliefs and healthcare seeking behaviors of homeless persons. The purpose of this research is to use this model to better understand how homelessness in Butte Subcounty is influenced by factors such as health attitudes, illiteracy, and healthcare usage and access.

2.1.3 Ecological Systems Theory (EST)

When studying how severe weather affects the ability and willingness of homeless people in Butte Subcounty to access and use healthcare services, Bronfenbrenner's 1979 Ecological Systems Theory (EST) provides a useful perspective. The paradigm proposed by Bronfenbrenner places an emphasis on the multi-systemic, ever-changing interactions between people and their surroundings.

The severe environmental factors have an immediate impact on the microsystem (person level) in the setting of severe weather. According to studies conducted by Hwang and Burns (2014), homeless people are more likely to have exposure-related diseases and injuries during times of harsh weather. To fully grasp the potential hurdles to healthcare access posed by severe weather, it is essential to understand the microsystemic effect.

Considering community resources and assistance under severe weather conditions brings attention to the mesosystem level, which includes interactions between different microsystems. In order to lessen the negative effects of severe weather on people's health, community networks and resources are crucial (O'Campo et al., 2015; McMichael, 2013).

This fits well with the mesosystem part of EST, which posits that community-level variables are crucial in determining how people access and use healthcare during storms.

External surroundings have an indirect impact on people at the ecosystem level. Research by Reid and Ford-Gilboe (2016) and O'Sullivan et al. (2018) emphasizes the importance of measures put in place by governments and organizations to help homeless people get the healthcare they need during severe weather. Healthcare access and usage are influenced by larger contextual variables, as shown in these research, which fit with the ecosystem component of EST.

The EST hypothesis offers a thorough framework for investigating how severe weather affects the ability of homeless people to seek healthcare. Through the application of this theory, the research seeks to reveal the intricate interplay at different ecological levels, providing valuable understanding of how

2.1.4 Social Support Theory (SST)

To assess how inadequate social support impacts healthcare access and usage among Butte Subcounty's homeless populations, the Social Support Theory (SST) put out by Cohen and Wills in 1985 offers a useful framework. According to the notion, people's social networks and interactions are very important for reducing the negative effects of stress on their health.

The interpersonal resources needed to navigate the healthcare system may be lacking among homeless persons with minimal social support, at the microsystem level. Two studies, one by Gelberg et al. (1997) and the other by Nyamathi et al. (2018), show how social networks help homeless people get to the healthcare they need. This research is in line with SST's microsystem component, which highlights the importance of interpersonal interactions in determining who gets access to healthcare.

People experiencing homelessness and the organizations that help them interact at the mesosystem level. Support from friends and family may help homeless people open up to healthcare practitioners, according to research by Kushel et al. (2001) and Koegel et al.

(1996). This is in line with the mesosystem part of SST, which argues that improving healthcare usage is highly dependent on interactions between social networks and service providers.

When thinking about how larger social elements affect social support, it's important to include the exosystem level, which includes exterior settings that impact people indirectly. Studies conducted by Banyard and Williams (2007) and Wenzel et al. (2001) emphasize how social stigma and attitudes impact the formation of support networks for those experiencing homelessness. This is in line with the exosystem part of SST, which posits that social variables affect the quantity and quality of social support.

When it comes to investigating how a lack of social support affects homeless people's ability to get medical treatment, the SST theory provides a thorough framework. The study's overarching goal is to provide light on the ways in which social support impacts healthcare-seeking behaviors in Butte Subcounty by applying this theory to the complex interplay between different ecological layers.

2.2 Empirical Literature Review

To do an empirical literature review, one must first formulate a study question or subject and then systematically evaluate all relevant prior research, experiments, and observations. Empirical reviews, in contrast to theoretical reviews, rely on the results and conclusions of real investigations to support their claims and suggestions. Research must be grounded in real-world evidence and theoretical frameworks must be validated via this form of assessment. By giving hard facts and proof, empirical reviews are vital in laying the groundwork for future study. According to Cooper (1988), researchers may assess and combine previous findings via the empirical review, which helps to spot trends, patterns, and gaps in our understanding. Furthermore, it is crucial to have empirical data to support evidence-based practice, policy formulation, and decision-making across many domains (Greenhalgh and Peacock, 2005).

2.2.1 Unemployment and Access to Health Care Among Homeless Populations

In a cross-sectional research carried out in Nairobi, Kenya, Kabiru et al. (2017) examined the effect of unemployment on the ability of homeless persons to get healthcare. Using structured interviews, the researchers discovered that unemployment was significantly correlated with reduced access to healthcare. But there was no longitudinal approach in the technique, thus it couldn't prove a cause and effect relationship. Understanding the mediating mechanisms that worsen the effect of unemployment on healthcare access over time is a prominent area of unanswered questions.

The long-term consequences of unemployment on healthcare usage among homeless people in Kisumu were explored in a longitudinal research by Omondi and Nyamasege (2019). Surveys and in-depth interviews were both part of their mixed-methods strategy. The results showed that among the homeless without jobs, healthcare usage has been steadily falling. But there's a lack of information on how to help this vulnerable population get healthcare access as the research didn't look at possible treatments to lessen this impact.

The Mombasa-based retrospective cohort research conducted by Otieno and Mwangi (2018) looked at how long people had been unemployed and how often they used healthcare services. The research used medical data to show that becoming sick or injured more often was linked to being unemployed for a longer period of time. There is a lack of information on the complex dynamics of healthcare access as the research did not investigate the unique obstacles that the homeless without jobs have when trying to get preventative healthcare.

2.2.2 Illiteracy and Access to Health Care Among Homeless Populations

The effect of homelessness on healthcare access was investigated in a cross-sectional research conducted in Eldoret by Kamau and Kariuki (2018). The research found that less access to healthcare was associated with lower literacy rates, and it did this by using structured interviews. But there wasn't enough of a qualitative component in the research to draw any firm conclusions about the unique literacy-related challenges that homeless people confront. Filling this knowledge gap will improve our understanding of how illiteracy affects healthcare access.

Mwangi et al. (2019) looked at the impact of illiteracy on healthcare consumption among homeless people in Nairobi using a longitudinal approach. The research used a mixed-methods strategy, combining survey data with in-depth interviews and focus groups. The results showed that illiterate people continue to have a lower rate of healthcare usage than literate people. A knowledge vacuum on effective literacy-sensitive healthcare interventions remains, however, as the research did not investigate possible treatments or tactics to increase healthcare access for this demographic.

Achieng and Obura (2017) conducted a retrospective cohort research among homeless people in Kisumu to determine the correlation between the length of time someone has been illiterate and how they use healthcare services. A greater prevalence of emergency healthcare consumption was connected with extended illiteracy, according to an analysis of health data. Regardless of these results, there is still a lack of knowledge on the complex nature of obstacles linked to illiteracy because the research did not investigate how illiteracy affects preventative healthcare-seeking behaviors.

2.2.3 Extreme Weather Conditions and Access to Health Care Among Homeless Populations

Kipkemboi et al. (2018) conducted a longitudinal research in Nakuru that looked at how severe weather affected the ability of homeless people to get healthcare. Study participants were surveyed and weather data was analyzed using a mixed-methods methodology. Results showed that severe weather is associated with a spike in weather-related health problems and an increase in healthcare usage. Unfortunately, the research did not investigate how community-level support systems may lessen these impacts. This leaves us in the dark about what elements could help the homeless be more resilient when it comes to healthcare during storms.

The immediate consequences of severe weather on healthcare usage among Nairobi's homeless populations were investigated in a cross-sectional research by Njeru and Nyaga (2019). Data from weather stations and emergency rooms were used in the research. Results showed that during times of severe weather, people are more likely to seek medical attention at emergency rooms. Nevertheless, there is a lack of information about the

cumulative impacts of severe weather as the research did not investigate the long-term consequences of repeated exposure on healthcare access generally.

Chebet and Omondi (2017) conducted a retrospective cohort research in Mombasa that looked at how often severe weather strikes and how often homeless people get medical treatment. An rise in weather-related healthcare usage was found in the analysis of healthcare data. A vacuum in our understanding of the adaptation strategies that may impact healthcare access remains, however, as the research did not investigate the specific coping techniques used by homeless people during severe weather events.

2.2.4 Limited Social Support and Health Care Access Among Homeless Populations

Homeless people in Nairobi were the focus of a cross-sectional research by Nzioka and Kamau (2018) that looked at how a lack of social support affected their ability to get healthcare. Through the use of structured interviews, the research established a strong link between inadequate social support and reduced healthcare consumption. A knowledge vacuum remains about the ways in which various kinds of social support may impact healthcare access among the homeless, since the research did not investigate differences in their origins or types.

Mutisya et al. (2019) used a longitudinal study to look at how homeless people in Kisumu affected healthcare usage over time due to a lack of social support. The research included both quantitative and qualitative components, since it followed a mixed-methods strategy. The results showed that those who did not have enough social support continued to use less healthcare. There is a lack of information about how to improve this population's access to healthcare as the research did not look at the effects of initiatives that may increase social support.

Among homeless people in Mombasa, Wangari and Mbugua (2017) conducted a retrospective cohort research to see how healthcare access patterns changed with the length of time that individuals had minimal social support. A greater prevalence of emergency healthcare consumption was connected with a protracted absence of social support, according to medical record analysis. This research did not fill a gap in our understanding

of the collective effect of social support structures by investigating the function of community-level support networks in reducing healthcare access obstacles, notwithstanding these results.

2.3 Summary and Research Gaps

Critical insights and substantial gaps in the current research are revealed by the empirical evaluations of the effects of unemployment, illiteracy, severe weather, and poor social support on healthcare access among Kenya's homeless people. Consistent with previous research, this study finds that these socioeconomic variables have a negative impact on homeless people's ability to obtain and use healthcare services.

Studies have shown a link between being unemployed and not using healthcare services, which means that those who are unemployed are less likely to have access to healthcare. Similarly, in homeless people, illiteracy is seen as a barrier that influences healthcare-seeking habits. More people need to use healthcare services during severe weather events because of the problems it causes, both now and in the future. Research has shown that social networks are crucial in enabling access to services, and that low levels of social support are associated with lower levels of healthcare access.

Nevertheless, there are significant voids in the existing body of research. The development of focused initiatives to improve healthcare access among the homeless is impeded by the fact that many studies do not thoroughly investigate possible solutions to address these difficulties. Findings cannot be directly compared due to methodological differences and the lack of consistent measurements across research. More complex research into the ways in which these social factors affect people's ability to get medical treatment is required. In order to fill these gaps, future studies should use standard techniques, investigate solutions, and provide a more complete picture of the interplay between homelessness and healthcare access.

Table 1: Summary and Research Gaps

Author	Focus of the Study	Summary of Findings	Knowledge Gaps	How the Current Study Will Fill Gaps
Kabiru et al. (2017)	Impact of unemployment on healthcare access among homeless individuals in Nairobi, Kenya	Found a significant correlation between unemployment and decreased access to healthcare services.	Understanding the mediating factors that exacerbate the impact of unemployment on healthcare access over time.	The current study will provide a more comprehensive understanding of the impact of unemployment.
Omondi and Nyamasege (2019)	Long-term effects of unemployment on healthcare utilization among homeless populations in Kisumu	Indicated a persistent decline in healthcare utilization among the unemployed homeless.	Effective strategies to enhance healthcare access for unemployed homeless individuals.	The current study aims to identify and explore interventions that could mitigate the long-term decline in healthcare utilization among the unemployed homeless.
Otieno and Mwangi (2018)	Relationship between unemployment duration and healthcare access patterns among homeless individuals in Mombasa	Prolonged unemployment associated with a higher frequency of emergency healthcare utilization.	Nuanced dynamics of healthcare access, especially regarding preventive services, for the unemployed homeless.	The current study will delve into specific barriers faced by the unemployed homeless in accessing preventive healthcare services.
Kamau and Kariuki (2018)	Impact of illiteracy on healthcare access among homeless individuals in Eldoret	Correlation between low literacy levels and limited access to healthcare services.	Understanding of the specific literacy barriers faced by the homeless in accessing healthcare services.	The current study will incorporate qualitative components to provide insights into the literacy barriers faced by homeless

Author	Focus of the Study	Summary of Findings	Knowledge Gaps	How the Current Study Will Fill Gaps
Mwangi et al. (2019)	Long-term effects of illiteracy on healthcare utilization among homeless populations in Nairobi	Persistent disparity in healthcare utilization among illiterate individuals.	Effective literacy-sensitive healthcare interventions to improve healthcare access for illiterate homeless individuals.	The current study aims to identify and explore interventions that could enhance healthcare access for illiterate homeless individuals
Achieng and Obura (2017)	Relationship between duration of illiteracy and healthcare access patterns in Kisumu	Prolonged illiteracy associated with higher rates of emergency healthcare utilization.	Understanding the multifaceted nature of illiteracy-related barriers, especially regarding preventive healthcare-seeking behaviors.	The current study will explore the impact of illiteracy on preventive healthcare-seeking behaviors
Kipkemboi et al. (2018)	Impact of extreme weather events on healthcare access among homeless individuals in Nakuru	Significant increase in weather-related health issues and a subsequent rise in healthcare utilization during extreme weather conditions.	Understanding the role of community-level support systems in mitigating the effects of extreme weather on healthcare access among the homeless.	The current study will explore the role of community-level support systems in enhancing healthcare resilience among the homeless during extreme weather conditions
Njeru and Nyaga (2019)	Immediate effects of extreme weather conditions on healthcare utilization in Nairobi	Spike in emergency healthcare visits during extreme weather events.	Understanding the cumulative effects of repeated exposure to extreme weather on healthcare access	The current study will investigate the impact of repeated exposure to extreme weather on healthcare access.

Author	Focus of the Study	Summary of Findings	Knowledge Gaps	How the Current Study Will Fill Gaps
Chebet and Omondi (2017)	Relationship between frequency of extreme weather events and healthcare access in Mombasa	Increase in weather-related healthcare utilization.	Understanding individual coping mechanisms employed by homeless populations during extreme weather events and their influence on healthcare access.	The current study will explore individual coping mechanisms during extreme weather events, providing insights into adaptive strategies.
Nzioka and Kamau (2018)	Impact of limited social support on healthcare access among homeless individuals in Nairobi	Significant correlation between low social support and decreased healthcare utilization.	Understanding how different forms of social support uniquely influence healthcare access among the homeless.	The current study will explore variations in the sources and types of social support.
Mutisya et al. (2019)	Long-term effects of limited social support on healthcare utilization in Kisumu	Persistent decline in healthcare utilization among those with inadequate social support.	Identifying effective strategies to improve healthcare access for homeless individuals with limited social support.	The current study will investigate the impact of potential interventions to enhance social support.
Wangari and Mbugua (2017)	Relationship between duration of limited social support and healthcare access patterns in Mombasa	Prolonged lack of social support associated with higher rates of emergency healthcare utilization.	Understanding the role of community-level support networks in mitigating healthcare access barriers for homeless individuals with limited social support.	The current study will explore the role of community-level support networks, providing insights into how networks impact healthcare access for homeless individuals

2.4 Conceptual Framework

Theoretical frameworks provide a visual representation of key concepts, variables, relationships, and research hypotheses or claims. It lays forth the groundwork for understanding the study's theoretical underpinnings and guides the research process. According to Miles and Huberman, a conceptual framework should explicate how your research topic's key concepts are linked to the study's objectives via the variables under investigation (1994). To better understand the homeless population in Kenya and their healthcare access and use, it could be helpful to create a visual representation of the connections between key variables such as unemployment, illiteracy, extreme weather, lack of social support, and healthcare access. This framework helps us to better understand the interplay between these elements and how they are believed to affect the important outcomes.

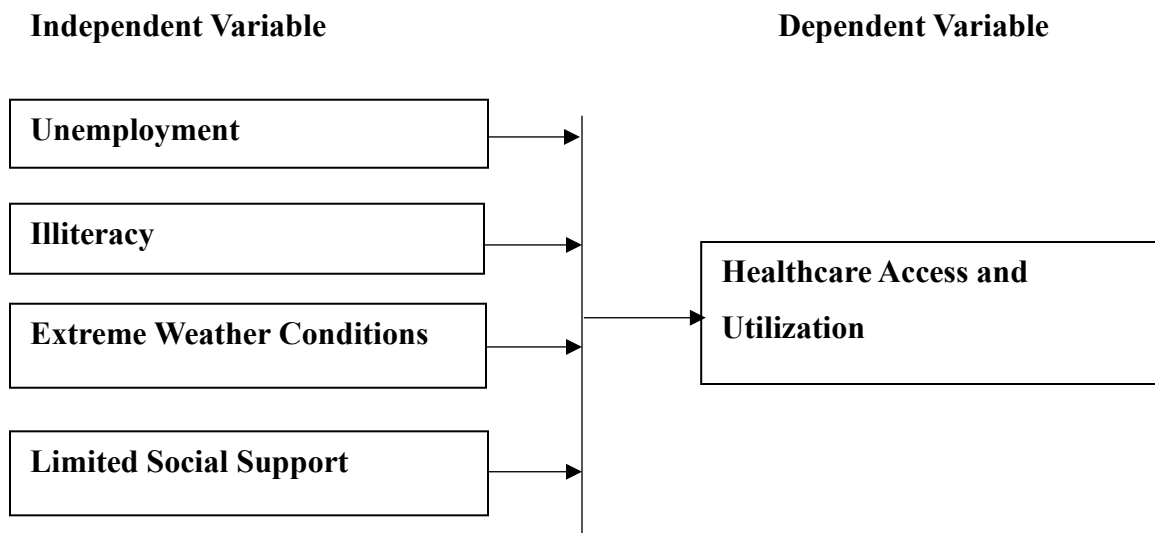


Figure 1: Conceptual Framework

2.5 Operationalization of Variables

Operating is the process of defining and turning invisible concepts into measurable and observable indications or variables. It comprises detailing the procedures and techniques that will be used to monitor and manage the investigation's variables. To make an ill-defined concept "clearly identifiable, quantifiable, and understandable," according to Trochim and Donnelly, one must operationalize it (2008).

Table 2: Operationalization of Variables

Objective of the Study	Indicators	Measurement Scale	Analysis Tool
Unemployment	➤ Employment Status	5-Point Likert Scale Questionnaire	Percentages, Frequency Tables
	➤ Duration of Unemployment		
	➤ Income Level		
	➤ Job Seeking Activities		
	➤ Access to Job Opportunities		
Illiteracy	➤ Literacy Level	5-Point Likert Scale Questionnaire	Percentages, Frequency Tables
	➤ Educational Attainment		
	➤ Reading Skills		
	➤ Comprehension Ability		
	➤ Access to Educational Resources		
Extreme Weather Conditions	➤ Weather-Related Health Issues	5-Point Likert Scale Questionnaire	Percentages, Frequency Tables
	➤ Emergency Healthcare Visits		
	➤ Shelter Availability		
	➤ Exposure-Related Health Concerns		
	➤ Access to Weather Information		
Limited Social Support	➤ Social Support Availability	5-Point Likert Scale Questionnaire	Percentages, Frequency Tables
	➤ Types of Social Support		
	➤ Emotional Support		
	➤ Transportation Assistance		
	➤ Community-Level Support Systems		

2.6 Chapter Summary

In Chapter two, we went over all the research on how homeless individuals in Kenya may get the medical treatment they need. One of the many theoretical frameworks examined the role of socioeconomic determinants of health. Extensive empirical research has identified unemployment, illiteracy, extreme weather, and a lack of social support as factors affecting healthcare availability. In order to construct a robust theoretical framework, each component looked for gaps in the literature. A comprehensive literature review is the initial step in this study's effort to comprehend the healthcare access and use patterns of homeless individuals residing in Butte Subcounty, Wajir County, Kenya.

CHAPTER THREE RESEARCH METHODOLOGY

3.0 Introduction

In Chapter three, the stringent approach that was used to study the availability of healthcare for homeless people in Butte Subcounty, Wajir County, Kenya, will be outlined. This chapter will explain the study strategy, the population of interest, and the method of sampling. It will explain the data gathering method, pilot testing, and reliability and validity metrics will also be discussed in this chapter. The thorough study framework will be completed by outlining the data analysis and presentation.

3.1 Research Design

We used a descriptive research strategy for this study. When conducting research, a descriptive approach was preferred since it offered a thorough and full description of the phenomena being studied as well as its properties (Neuman, 2014; Creswell, 2014). According to Neuman (2014), researchers should choose a descriptive research design if they wanted to learn a lot about the current situation in a certain area. It paved the way for an all-encompassing investigation of the phenomenon's complexity, including its variables and their interrelationships. When asking questions concerning the existence, current condition, or status of a phenomena at a particular moment in time, Creswell (2014) also suggested using a descriptive approach. In this research, we intended to present a thorough account of variables impacting healthcare access among homeless people in Butte Subcounty, Wajir County, Kenya. The emphasis was on describing rather than explaining, which was a good approach.

3.2 Target Population

In accordance with the advice of renowned experts in the field of research technique, the study's target population will be precisely determined. If you want to know what the researcher plans to do with the study's results, you have to know what the target population is (Cresswell, 2014). The target population for this research was 1200 homes in the Butte Subcounty of Wajir County. In order to ensure that the study's results were relevant to the particular group of interest, Creswell (2014) stressed the need for precisely identifying the target audience. Given that Butte Subcounty was the center of attention for this research,

and since 1200 homes was an acceptable and manageable sample size, it was appropriate for investigating the extent to which homeless people in this region had access to healthcare. In addition, as pointed out by Fraenkel and Wallen (2006), the study's conclusions must be able to be applied to a larger population in order to be considered externally valid. In order to get significant insights into the determinants impacting healthcare access among the homeless population in the given location, the research intends to capture a representative sample by concentrating on 1200 families in Butte Subcounty.

3.3 Sample and Sampling Technique

A subset of the population chosen for the research is called a sample, according to Creswell (2014). Sampling is picking out a subset of a population—whether that's people, places, or things—to represent the whole. For a study's results to be applicable to a wider population, Creswell (2014) stresses that the sample has to be representative. In order to reduce biases and maximize the study's external validity, Neuman (2014) emphasizes the need of carefully selecting the sampling strategy.

To ensure that the study's results were relevant to the larger homeless community in the defined area, these criteria were used to carefully select a representative sample from the target population of 1200 families in Butte Subcounty, Wajir County. Insights from renowned academics in research methods guided the selection of a stratified random sample strategy for this project. Stratified random sampling was a method that used attributes to divide the population into subgroups or strata, and then randomly selected samples from each stratum (Cresswell, 2014).

According to Creswell (2014), this method shone in situations when there were different subsets of the population that might display different manifestations of the issue being studied. The accuracy and credibility of the study's results were improved when the researcher stratified the population such that each subgroup was appropriately represented in the sample. Neuman (2014) added that studies where subgroups may have distinct features linked to the study aims were well-suited for stratified random sampling since it effectively captured the variety within the population. To guarantee a complete

representation of the heterogeneous homeless population in Butte Subcounty, Wajir County, this research used a stratified random sample approach, since these findings would support its adoption.

Insights from renowned academics in the field of research methods were used to outline the stratified random sample procedure. Creswell (2014) stated that stratified random sampling necessitated first dividing the population into several subgroups or strata according to attributes pertinent to the aims of the research. The population was represented by a homogeneous subset in each stratum. To make sure that every subgroup was well-represented in the end sample, stratified sampling was used (Cresswell, 2014). This was accomplished by randomly picking samples from each stratum, with each stratum's proportional contribution to the total population taken into consideration. When there were differences in the traits of interest among subgroups, this method permitted a more accurate and exact estimate of population parameters, as pointed out by Neuman (2014). With this knowledge in hand, stratified random sampling was used to gather data from the homeless in Butte Subcounty, Wajir County, from a variety of socioeconomic backgrounds.

Reasons for selecting 240 respondents, or 20% of the target population, were grounded in the need to strike a compromise between the practicality and depth of the research. While there was no hard and fast rule regarding how large of a sample to use, Fraenkel and Wallen (2006) stated that researchers must consider both the reliability of their results and the limitations of their data gathering methods when making their decisions. With 240 respondents, we could confidently analyze healthcare access across Butte Subcounty's homeless populations, and we'd have a good cross-section of the demographics we looked for in our stratified random sample. In line with the study's aims, this sample size was thought to be sufficient for capturing variability in variables including social support, unemployment, illiteracy, and exposure to severe weather. According to Fraenkel and Wallen (2006), a modest sample size could provide useful insights in exploratory investigations with varied populations. By striking a balance between theoretical rigor and practical concerns, this method guaranteed efficient data gathering, a reasonable scope for in-depth analysis, and reasonable use of resources.

3.4 Instruments

The research team used 5-point Likert scales in its structured questionnaires to gather data. As a quantitative tool for data analysis, Likert scales were extensively used in survey research to gauge respondents' perspectives, attitudes, and views along a continuum (Creswell & Creswell, 2017). Respondents were able to voice their opinions on many variables concerning healthcare access and usage among homeless populations using Likert scales, which provided a balance between simplicity and subtlety. Likert scales were great for research where respondents could have different views and viewpoints because of their flexibility in collecting varied answers (Cresswell & Creswell, 2017). Researchers were able to quantitatively analyze replies using Likert scales because of the organized style they provided, which allowed them to make statistical conclusions and find trends in the data.

Because of its reliability and validity in measuring respondents' attitudes and perceptions, the Likert scale questionnaire was used (Fraenkel & Wallen, 2006). In order to quantify subjective experiences, researchers began to use Likert scales, which provided a standardized style that was straightforward for respondents to grasp. When collecting information on complicated events, Likert scales worked well, as Fraenkel and Wallen (2006) pointed out. Likert scales provided a consistent way to gather and analyze answers across different variables, which was useful for this research that sought to investigate several factors impacting healthcare access for homeless people.

The survey asked respondents to rate their ideas and attitudes using a 5-point Likert scale, which made it easier for them to express themselves numerically. In accordance with the aims of the study, the questionnaire was structured into parts. In contrast to the Likert scale's nuanced comprehension of respondents' experiences and opinions, the questions' closed-ended form guaranteed consistency in answers and allowed for quantitative analysis.

3.5 Pilot Study

As a necessary first step, we carried out a pilot study. The work of renowned experts in the field of research methods shed light on the meaning of a pilot study. Researchers could assess the time, money, danger, and potential negative outcomes of their intended research by conducting a small-scale exploratory inquiry known as a pilot study (Cresswell, 2014). It entailed identifying and fixing any problems with the research tools and methods by testing them on a smaller sample before the major study. Pilot research was carried out with about 24 participants, representing 10% of the target population. According to Creswell (2014) and Neuman (2014), pilot research should include a reasonable subset of the target sample size that is both representative and not too large. Therefore, choosing 10% was in line with their guidelines.

To conduct the pilot research, we chose participants and gave the questionnaire under settings that were similar to those of the main study. This procedure determined if the questionnaire was easy to understand, whether the questions were relevant, and whether the Likert scale was suitable. Ensuring that the resulting questionnaire was clear and effective, it also gave a chance to detect any ambiguities or possible issues with interpreting the questions. For several reasons, the pilot study was crucial. It enabled the questionnaire to be fine-tuned in real-time with the help of responders' comments, making sure that the questions were easy to understand and comprehend. The pilot research verified that the Likert scale was useful and that the questions were understood and answered correctly by the respondents. It aided in finding any practical or logistical problems with giving the questionnaire so that they could be adjusted before the main research. Data obtained in the main research were more reliable and valid when possible, difficulties were addressed during the pilot study.

3.5.1 Validity

The degree to which a measuring device assesses the target construct is known as its validity, according to Creswell (2014). Put simply, it determines if the instrument is suitable and accurate for measuring the construct being studied. Construct validity, criterion-related validity, and content validity are the many forms of validity.

The following metrics were used to establish validity for this investigation. Healthcare access, homelessness, and survey design specialists examined the questionnaire to ensure it accurately measured the constructs. This expert review checked that the questionnaire questions accurately represented the characteristics of healthcare access among homeless people, which boosted content validity. Ten percent of the intended participants participated in the pilot project, as previously stated. The usefulness, readability, and efficiency of the survey were evaluated with the aid of this pilot study. To make the instrument more reliable, any problems or unclear areas found in the pilot research were fixed. The questionnaire was more likely to be valid in its construction as it incorporated validated scales and questions from previous research on healthcare access and homelessness. Instruments that had already been developed and used to evaluate comparable concepts in other studies were utilized. To ensure that the questionnaire was relevant and suitable for the intended audience, professionals in the domains of healthcare access and homelessness were consulted. Their input enhanced the general validity of the instrument. These methods of ensuring validity were in line with the suggestions made by Creswell (2014) and DeVellis (2017), who stressed the need for a thorough validation procedure to improve the reliability and validity of research tools.

3.5.2 Reliability

The consistency and stability of measurement is what Creswell (2014) means when she says reliability. When measuring the same phenomena under controlled circumstances, it determines how well an instrument maintains its data. That is to say, when you use the same instrument again and again, you should see the same results. We guaranteed dependability for this research by implementing the following methods. Using methods like Cronbach's alpha, we checked the questionnaire's Likert scale items for internal consistency. A measure of internal consistency is the degree of correlation between items on the same scale or within the same concept. When Cronbach's alpha is high, it means that the internal consistency is also high. We re-administered the questionnaire to a subset of respondents after a certain period to evaluate the instrument's stability over time. The test-retest reliability of the instrument was determined by comparing the results from the original administration and re-administration. The questionnaire's reliability was assessed

in the pilot research, which involved 10% of the target population. To make the instrument more reliable, we fixed any problems or inconsistencies found in the pilot research. Incorporating questions from previous research on healthcare access and homelessness, as well as validated scales, enhanced the overall dependability of the questionnaire. The instrument's dependability was improved by using recognized measurements that have been shown to be reliable. Creswell (2014) and DeVellis (2017) both stressed the need for thorough reliability testing throughout instrument development, thus using these steps to ensure dependability was in line with their recommendations.

3.6 Data collection procedure

A systematic and ethical approach was used in the data collection method for this project to guarantee that accurate and trustworthy information was acquired. There were several critical phases to the procedure. Management University of Africa provided official authority to carry out the study in the form of a letter. In this letter, the research, its goals, and the role that the university played were outlined. Local authorities in the research region were consulted before data collection began. It was necessary to consult with community leaders, government officials, or other individuals in charge of regulating research in the specified areas in order to do this.

To aid in gathering data, research assistants were hand-picked and given extensive training. To guarantee uniformity and consistency in data collection, training sessions went over the study's aims, ethical issues, and how to administer the questionnaire correctly. Local authorities were introduced to the study and asked for their assistance and collaboration via the permission letter from Management University of Africa. Establishing credibility in the neighborhood let the data collection go off without a hitch. The research team met with community members to discuss the study's goals, significance, and possible advantages before distributing surveys. Local authorities were also present during this engagement. Before any individual took part in the research, their informed permission was sought.

Under the supervision of the primary investigator, research assistants distributed the questionnaires to the participants who were chosen for the study. As part of this process,

we made sure that respondents felt safe enough to answer honestly by creating an atmosphere of mutual respect and support. To give respondents enough time to provide well-considered answers, the questionnaire administration phase extended for around a week. Ensuring compliance with ethical principles, preserving data quality, and resolving any concerns or problems that emerged were all responsibilities of the primary investigator, who also supervised the whole data collection process. The study team, including the research assistants, gathered the completed questionnaires after the data collection period concluded. To avoid any possibility of data loss or manipulation, this was executed in a safe and systematic way. This complete data collection approach ensured ethical principles, community engagement, and relevant analysis of high-quality data.

3.7 Data Analysis and Presentation

Descriptive statistics were used to analyze the data for this research, and the findings were presented using Excel graphs and charts. For pertinent dataset variables, descriptive statistics were calculated, including central tendency measures (mean, median, mode) and variability measures (range, standard deviation). The primary goals of this analysis were to identify and characterize the data's most salient aspects. To ensure the data was accurate and organized, it was inputted into Microsoft Excel. A column was designated for each variable, and data from respondents were shown in each row. The dataset was thoroughly cleaned to remove any mistakes, outliers, missing values, or errors before analysis. Validation tests were run to ensure data accuracy. In order to conduct a more thorough analysis, data might have been grouped or classified according to the variables' characteristics. PivotTable and PivotChart features in Excel were used to dynamically summarize data.

Creating aesthetically pleasing graphs and charts to communicate important findings was a part of the results presentation. Excel offered a variety of chart formats, such as scatter plots, pie charts, line graphs, and bar charts. The characteristics of the supplied variables dictated the chart types that were used. For instance, line charts could show trends over time, while bar charts could compare frequencies. Graphs and charts were prepared to improve readability and clarity. Additionally, data labels, axis labels, legends, and titles

were included to provide further context and understanding. The research report used the created graphs and charts to provide a visual representation of the study's results. Every visual depiction was accompanied with an explanation and interpretation that was easy to understand. This method of data analysis and presentation sought to provide a thorough and understandable depiction of the study's findings to better understand the dynamics of healthcare access among homeless people in Butte Subcounty, Wajir County.

3.8 Ethical Considerations

Adherence to norms that guarantee the rights, dignity, and welfare of participants is an important aspect of ethical concerns in research. Researchers may keep the public's faith in their work by adhering to established ethical standards. Research ethics are a collection of rules and guidelines that scientists follow to ensure they are being honest and forthright while they perform their investigations. Participant safety, informed consent, confidentiality, privacy, and anonymity are all important ethical issues (Bryman and Bell, 2015).

3.8.1 Informed Consent

Before any individual took part in the research, their informed permission was sought. All aspects of the research, including its goals, methods, risks, and benefits, were explained to participants in a clear and thorough manner. Informed consent was in line with the research of Bryman and Bell (2015), which highlighted the significance of participants' free and informed permission.

3.8.2 Voluntary Participation

Everyone who wanted to take part in the research had the option to choose not to. At any time throughout the research, participants were informed that they were free to discontinue participation without penalty. When it came to the ethical issues brought up by Bryman and Bell, this idea of voluntary involvement was consistent (2015).

3.8.3 Confidentiality

The privacy of the participants was protected at all times. None of the results or publications included any information that might identify any individual. Only members

of the study team had access to the safely stored data. Maintaining participant anonymity was critical to conducting research ethically, according to Bryman and Bell (2015).

3.8.4 Privacy

At all times, the confidentiality of the participants was maintained. With utmost discretion and without intrusiveness, the research team gathered data, which was used only for the study. This dedication to confidentiality was in keeping with the ethical concerns raised by Bryman and Bell (2015).

3.8.5 Anonymity

All results maintained the participants' anonymity. Personal identifiers were removed from the data before analysis to ensure that particular participants' answers could not be traced. This technique followed the advice of Bryman and Bell, who advocated for the ethical ideal of anonymity (2015). The well-being and rights of the participants were prioritized in the study by following these ethical principles.

3.9 Chapter Summary

Chapter three, which detailed the study's rigorous approach. This section laid out the methodology, sample approach, and the target population homes. Everything about the data gathering process. The chapter also outlined the procedures for conducting pilot tests, ensuring validity and reliability, and administering a questionnaire. The thorough study framework was completed by outlining the data analysis and presentation.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATIONS OF FINDINGS

4.0 Introduction

Research on the barriers that homeless people in the Bute Subcounty of Wajir County face while trying to get medical treatment will be detailed in Chapter 4. The effects of unemployment, low literacy, severe weather, and lack of social support on healthcare usage will be examined in the research. The findings will highlight the need for focused actions to improve healthcare access for homeless persons by revealing different constraints.

4.1 Presentation of Research Findings

4.1.1 Response Rate

With 233 participants out of 240 intended responders, the research had a remarkable response rate of 97.1%. Homeless people in Bute Subcounty, Wajir County, Kenya, were very engaged and willing, as seen by the low rate of non-response (2.9%). The results of the research are more credible and legitimate because of the high response rate.

Table 3: Response Rate

Category	Frequency	Percentage
Response	233	97.08
Non-Response	7	2.92
Total	240	100

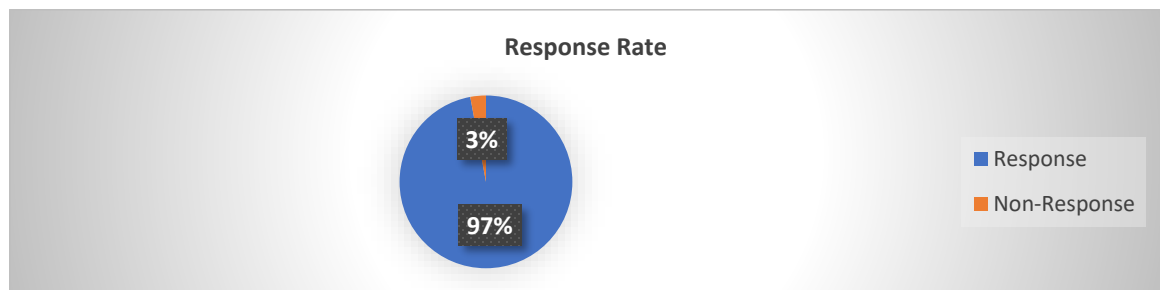


Figure 2: Response Rate

An outstanding 233 out of 240 respondents (or 97.1% of the total) took part in this survey, making it a very successful one. The low percentage of people who did not respond (2.9%) indicates that the homeless people in Bute Subcounty, Wajir County, Kenya, are very involved and eager to help. The reliance and credibility of the study's results are greatly improved by this high response rate. Researchers with expertise in methodology consistently stress the significance of a high response rate. The generalizability and representativeness of research findings are greatly affected by the response rate, as stated by Kothari (2004). The importance of a high response rate to the credibility of survey findings is also highlighted by Zikmund (2003). Bryman (2016) adds that a high response rate lends credence to the research since it shows that participants were interested and willing to cooperate. A high degree of participant involvement, as shown by the high response rate of 97.1% in this study, adds credibility to the research results, as has been suggested by research technique specialists like Kothari, Zikmund, and Bryman.

4.1.2 Background Information

Gender, age, marital status, education level, work position, duration of homelessness, and preferred healthcare providers were among the many pieces of data collected in this study. The purpose of this comprehensive study was to investigate the many elements impacting the availability and use of healthcare services by homeless people in Bute Subcounty, Wajir County, Kenya. A more nuanced knowledge of the unique situations and difficulties encountered by the homeless was the goal of the research, which sought to do this by gathering a wide variety of data.

The need of gathering various information for a comprehensive study is stressed by research technique professionals. Researchers may find more intricate patterns and correlations when they use a wide range of demographic factors, according to Mugenda & Mugenda (2003). This method is further supported by Creswell (2014), who states that using a wide range of data increases the study's depth and breadth, which in turn leads to stronger results. In addition to enhancing the research's scholarly rigor, analyzing these complex elements enables the creation of personalized treatments and suggestions. Creswell (2014) pointed out that in order to improve healthcare outcomes for the homeless

population in the research region, a more successful strategy is to develop tailored policies based on a deep knowledge of individual characteristics.

4.1.2.1 Gender Diversity of the Respondents

In order to better understand any differences in healthcare access and usage across homeless populations, the researcher collected information on the respondents' gender diversity. Gender disparities may be better understood by looking at the preferences and obstacles that people face while trying to get medical treatment. With this data, the researcher may conduct a more detailed study and better meet the specific requirements of the homeless men and women in Bute Subcounty, Wajir County, Kenya.

Table 4: Gender Diversity of the Respondents

Category	Frequency	Percentage
Male	120	51.50
Female	113	48.50
Total	233	100

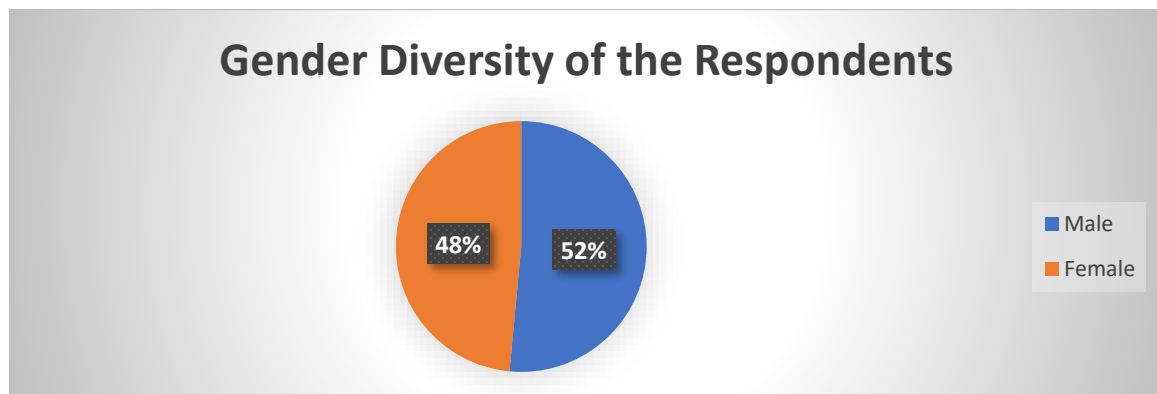


Figure 3: Gender Diversity of the Respondents

There were 120 men and 113 females that participated in the survey, showing that the gender ratio is balanced. In keeping with the suggestions of eminent writers of research technique, this gender parity is an intentional and fundamental part of the study design. According to Mugenda & Mugenda (2003), gender diversity in sampling helps ensure that

the research population is representative. Finding a happy medium between the sexes improves the results' external validity, which means they may be more reliably applied to other groups (Cresswell, 2014). Zikmund (2003) stresses that gender-balanced samples provide a more thorough comprehension of health-related preferences and behaviors in the context of healthcare research. Further, as pointed out by Bryman (2016), it is crucial to take gender diversity into account in order to capture any differences in experiences and demands. This will allow for a more nuanced interpretation of research conclusions. A more complete understanding of the factors influencing healthcare access and utilization among homeless populations in Bute Subcounty, Wajir County, Kenya, can be achieved by intentionally maintaining a balanced gender distribution in this study. This demonstrates a commitment to obtaining a representative sample.

4.1.2.2 Age Diversity of the Respondents

In order to identify possible age-related variables impacting healthcare access and usage among the homeless in Bute Subcounty, Wajir County, Kenya, the researcher sought to understand the age diversity of the respondents. The ability to personalize therapies and policies to meet the diverse healthcare demands of various age groups depends on researchers' ability to understand age-specific preferences and difficulties. This data adds to a more complete picture, which in turn helps with the creation of more specific plans to enhance healthcare outcomes for homeless people of all ages in the research region.

Table 5: Age Diversity of the Respondents

Category	Frequency	Percentage
18-24	45	19.31
25-34	65	27.90
35-44	57	24.46
45-54	38	16.31
55 and above	28	12.02
Total	233	100

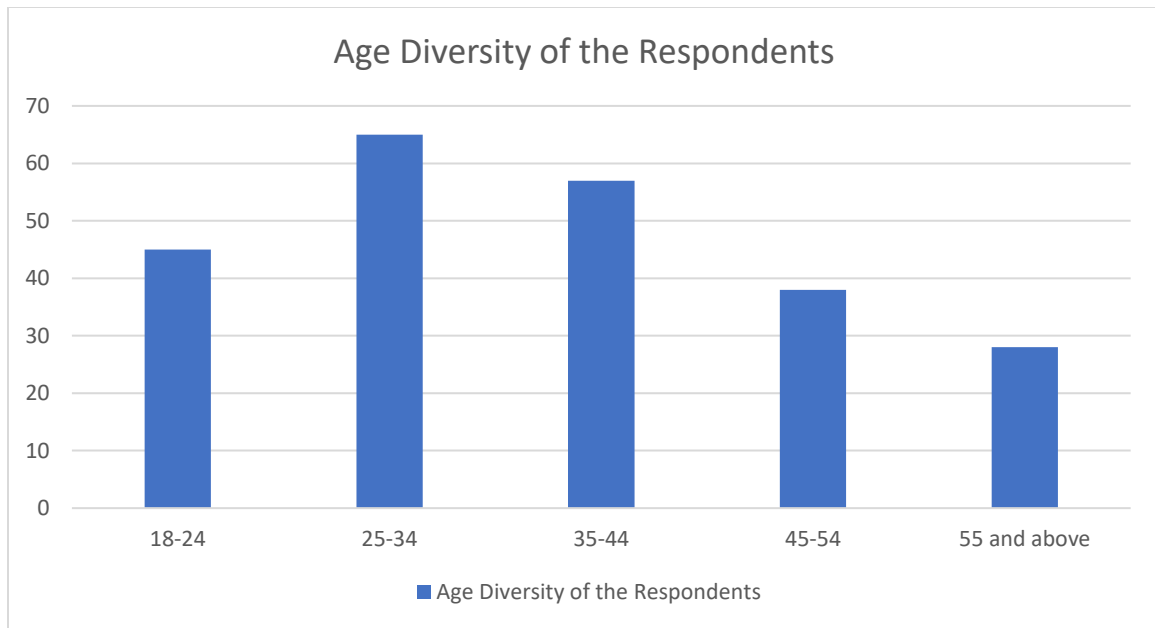


Figure 4: Age Diversity of the Respondents

With 45 people in the 18–24 age bracket, 65 in the 25–34 bracket, 57 in the 35–44 bracket, 38 in the 45–54 bracket, and 28 in the 55+ bracket, the survey reveals a wide age variation among respondents. This intentional selection of participants from different age groups is in line with the long-standing ideas espoused by prominent writers of research technique. Findings from studies with a wide range of ages are more likely to hold up in the real world, according to Mugenda & Mugenda (2003). Creswell (2014) argues that taking into account different age groups helps to provide a more nuanced and complete understanding of research results, highlighting the need of inclusive age representation. To successfully personalize healthcare policies and treatments, it is crucial to capture variances across distinct life phases in healthcare research. Zikmund (2003) and Bryman (2016) both point out that different age groups may have different obstacles when it comes to healthcare access, and that it is crucial to recognize these distinctions in order to create tailored initiatives. In order to fully understand the problems that homeless persons in Bute Subcounty, Wajir County, Kenya face while trying to receive healthcare, this research intentionally included respondents from a range of ages.

4.1.2.3 Marital Status

The researcher wanted to know whether the respondents' marital status affected their ability to get medical treatment and how often they used it among the homeless in Bute Subcounty, Wajir County, Kenya. A person's marital status might provide light on the resources available to them and the obstacles they may encounter while trying to get healthcare. With this data, we can better understand the homeless community as a whole and provide suggestions and interventions that are specific to their needs, taking into account the fact that people experiencing homelessness may be married, single, or in other types of relationships.

Table 6: Marital Status

Category	Frequency	Percentage
Single	140	60.09
Married	42	18.03
Divorced	29	12.45
Widowed	22	9.44
Total	233	100

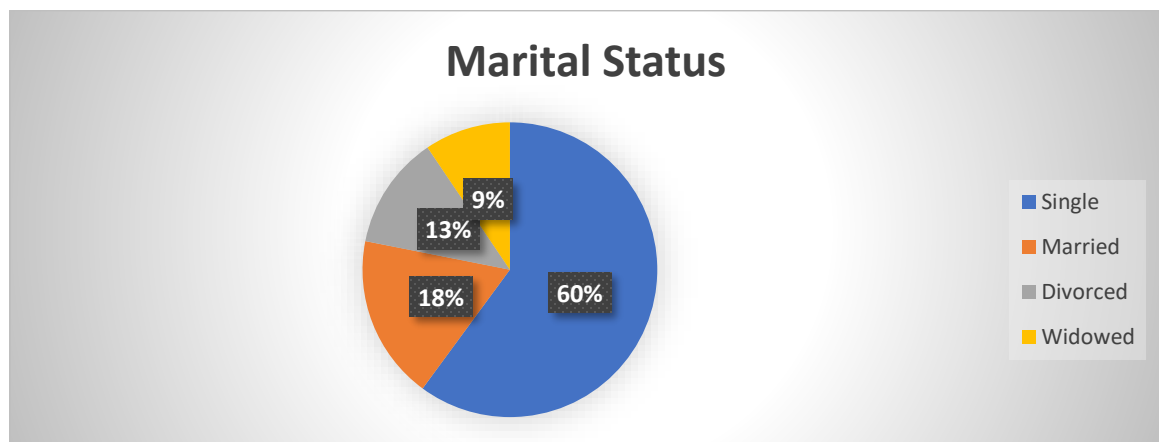


Figure 5: Marital Status

There is a wide range of marital statuses among the respondents; 140 are single, 42 are married, 29 are divorced, and 22 are widowed. This intentional inclusion of different

marital situations is in line with the suggestions made by well-known writers of study technique. Research should include participants with a range of marital situations to capture individual differences in life events, according to Mugenda & Mugenda (2003). Creswell (2014) adds weight to this view by arguing that a fuller comprehension of study results is possible when the impact of marital status is included. Because people in various relationship statuses may experience different obstacles, Zikmund (2003) points out that marital status might intersect with healthcare access and usage in the context of healthcare research. In order to customize healthcare treatments to match the unique requirements of various marital status groups, it is essential to recognize this variety (Bryman, 2016). Consequently, this research aims to provide a detailed examination of how variables impacting healthcare access and usage among the homeless in Bute Subcounty, Wajir County, Kenya may interact with relationship dynamics by intentionally including respondents with different marital situations.

4.1.2.4 Educational Level

The researcher in Bute Subcounty, Wajir County, Kenya, sought to understand how the respondents' educational backgrounds affected their ability to obtain and make use of healthcare services. To better understand the benefits and drawbacks of health literacy and literacy in general, it is helpful to look at people's educational histories. Because people's demands and obstacles vary depending on their degree of education, this data enables treatments to be more specifically tailored to each group. As a result, we have a better grasp of the variables influencing the study area's homeless population's ability to receive healthcare.

Table 7: Educational Level

Category	Frequency	Percentage
No formal education	18	7.73
Primary	38	16.31
Secondary	85	36.48
College/Technical Training	54	23.18
University and above	38	16.31
Total	233	100

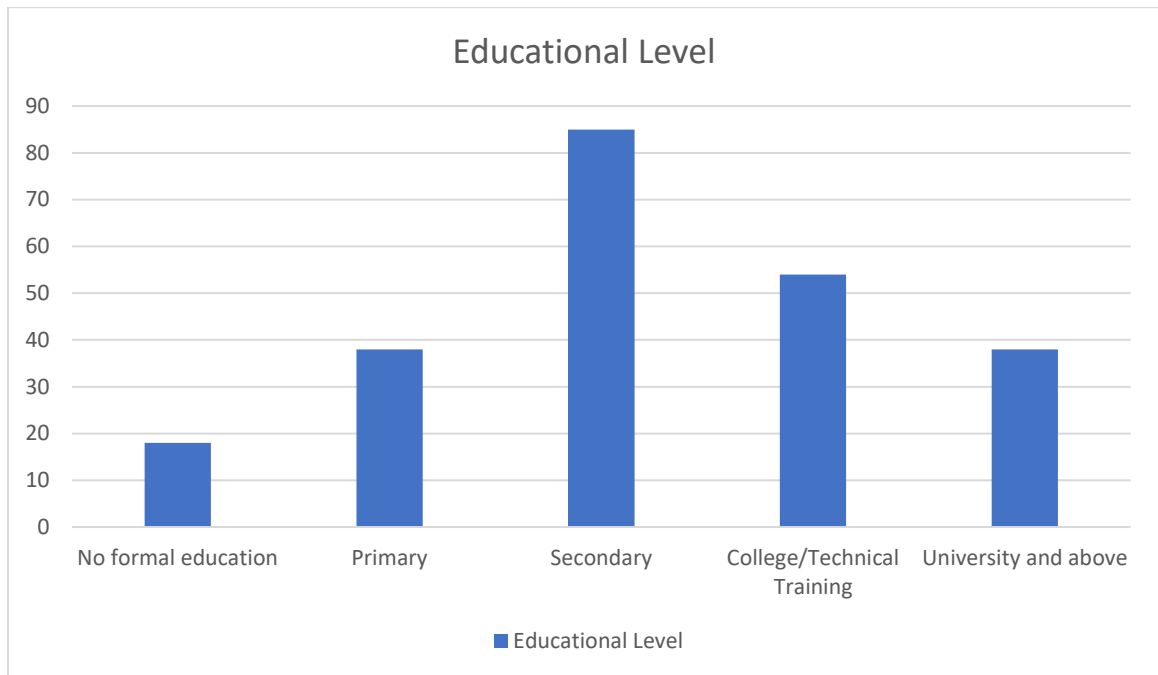


Figure 6: Educational Level

Respondents' levels of education span the gamut from 18 with no formal schooling at all to 38 with a primary school diploma, 85 with a secondary school diploma, 54 with some college or technical training under their belts, and 38 with a bachelor's degree or above. This intentional selection of participants from a variety of educational backgrounds is in line with the recommendations made by well-known writers of research technique. In order to account for differences in health awareness and literacy, Mugenda & Mugenda (2003) stress the need of collecting data from people with a range of educational backgrounds. Creswell (2014) backs up this view by arguing that people's health literacy is affected by their educational background, which impacts their access to and use of healthcare. Zikmund (2003) points out that people's educational backgrounds affect their degree of knowledge of health-related information, which in turn affects how well they can access and use healthcare services, within the framework of healthcare research. In order to create treatments that are considerate of the diverse health literacy levels within educational groups, Bryman (2016) stresses the need of recognizing this variability. Thus, this research is able to examine the intersection of literacy, educational attainment, and healthcare access

difficulties for the homeless in Bute Subcounty, Wajir County, Kenya, comprehensively since it intentionally includes respondents from varied educational backgrounds.

4.1.2.5 Employment Status

In order to determine how homelessness in Bute Subcounty, Wajir County, Kenya affects the availability and usage of healthcare services, the researcher looked at the respondents' employment status. Healthcare cost and accessibility are intimately correlated with one another, and knowing someone's work position might provide light on their economic stability. Contributing to a more focused strategy for improving healthcare outcomes, this information helps in personalizing treatments and policy suggestions, acknowledging the unique issues encountered by the homeless population's jobless and those with diverse work situations.

Table 8: Employment Status

Category	Frequency	Percentage
Employed	63	27.04
Unemployed	134	57.51
Retired	36	15.45
Total	233	100

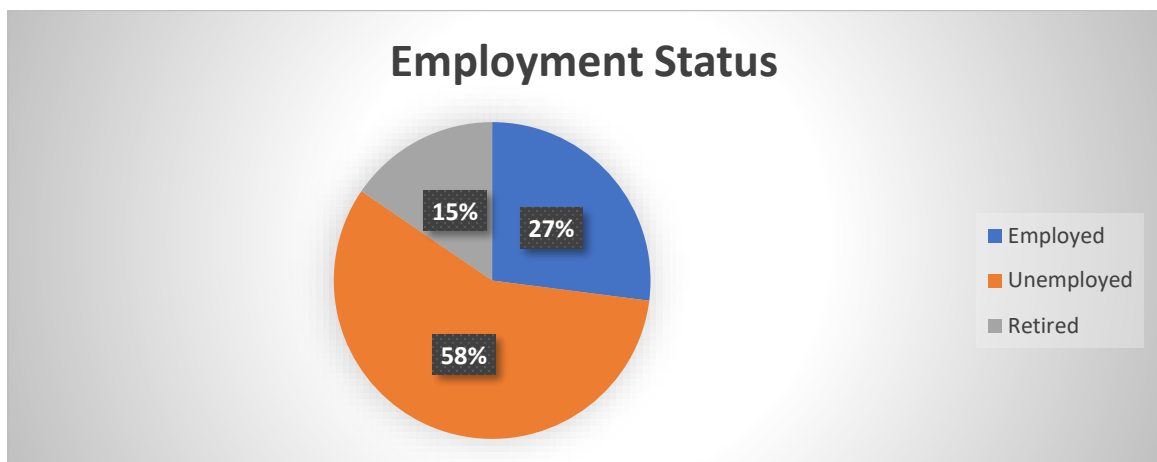


Figure 7: Employment Status

With 63 people now working, 134 without jobs, and 36 retired, the survey shows that respondents' employment situations are diverse. This deliberate selection of participants from a range of occupational backgrounds is in line with the suggestions made by prominent writers of research methodology. In order to understand the participants' financial resources, Mugenda & Mugenda (2003) stress the need of include a wide range of work statuses in a research. This approach is supported by Creswell (2014), who notes that people's job position may greatly affect their access to and affordability of healthcare. Zikmund (2003) brings attention to the fact that people who are jobless or retired may have distinct obstacles when it comes to obtaining healthcare because of possible financial limitations in the context of healthcare research. To fully grasp the interplay between one's work position and their healthcare access and usage patterns, Bryman (2016) argues that it is essential to recognize this variety. As a result, this research provides new insight into the complex interplay between homeless people's job status and their patterns of healthcare access and usage in Bute Subcounty, Wajir County, Kenya.

4.1.2.6 Length of Homelessness

In order to comprehend the impact of length of homelessness on healthcare access and usage, the researcher in Bute Subcounty, Wajir County, Kenya, looked at the amount of time that respondents had been homeless. Finding out how long someone have been without a house may give us a better idea of how resilient they are when it comes to getting the medical treatment we need. This data is essential for improving the effectiveness and targeting of interventions and support services, as well as for understanding how people's needs change throughout the course of their homelessness.

Table 9: Length of Homelessness

Category	Frequency	Percentage
Less than 6 months	27	11.59
6 months to 1 year	41	17.60
1-2 years	65	27.90
2-5 years	56	24.03
More than 5 years	44	18.88
Total	233	100



Figure 8: Length of Homelessness

Of the people who took part in the research, 27 had been homeless for less than six months, 41 for six months to one year, 65 for one to two years, 56 for two to five years, and 44 for more than five years. The durations of homelessness observed varied between the participants. Following the advice of prominent study technique writers, we purposefully included individuals with varying durations of homelessness. In order to understand how people's needs and obstacles change over time, Mugenda and Mugenda (2003) emphasize the need of collecting data from people experiencing homelessness for varying lengths of time. According to Creswell (2014), who backs this view, people's access to and use of healthcare services may be substantially affected by how long they have been homeless. Zikmund (2003) points out that people who have been homeless for varying amounts of time may have varied health profiles and healthcare requirements in the context of healthcare research. Bryman (2016) goes on to say that, in order to adjust treatments to the changing healthcare needs of homeless people across different lengths of time, it is essential to recognize this variety. Consequently, this research in Bute Subcounty, Wajir County, Kenya, intentionally includes respondents with different lengths of homelessness.

This allows for a nuanced analysis of how the duration of homelessness may effect healthcare access and usage.

4.1.2.7 Preferred Healthcare Services

Homeless people in Bute Subcounty, Wajir County, Kenya, had their healthcare service choices studied by asking them a series of questions designed to elicit specific information about their healthcare needs and goals. In order to provide suggestions that are in line with the preferences of the homeless population, researchers should inquire about their preferred healthcare services. This will assist identify unique requirements and expectations. Improved healthcare access and usage in the research region may be achieved by making treatments and policies more patient-centered and based on people' choices and preferences.

Table 10: Preferred Healthcare Services

Category	Frequency	Percentage
Public Health Facilities	98	42.06
Private Health Facilities	45	19.31
Community Clinics	62	26.61
Mobile Clinics	28	12.02
Total	233	100

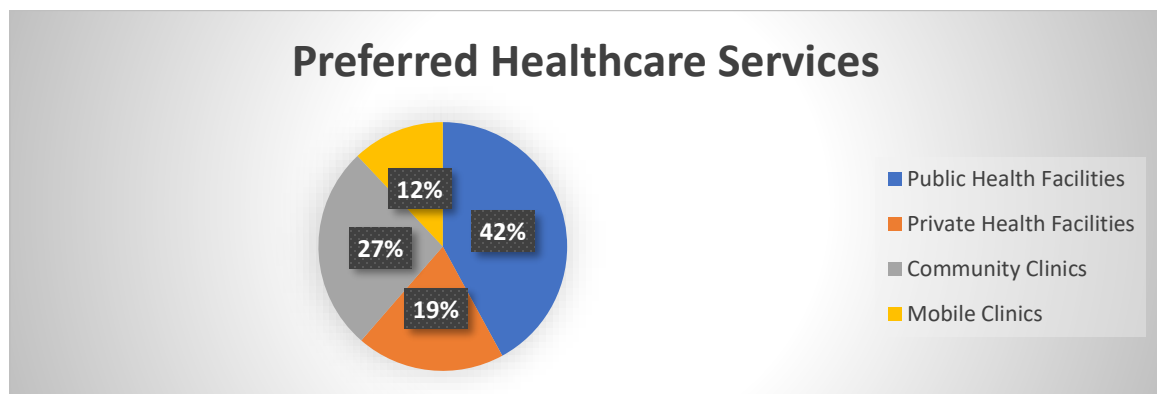


Figure 9: Preferred Healthcare Services

Public health facilities are preferred by 98 respondents, private health facilities by 45, community clinics by 62, and mobile clinics by 28. The respondents' choices for healthcare services are diverse. This deliberate examination of participants' varied preferences is in line with the suggestions made by prominent writers of research technique. For healthcare treatments to be effective, they must take into account the unique preferences of the intended recipients, as highlighted by Mugenda & Mugenda (2003). In support of this view, Creswell (2014) argues that, in order to create healthcare strategies that connect with different groups, it is crucial to understand service preferences. Zikmund (2003) points out that people may have different preferences when it comes to healthcare facilities depending on things like how easy it is to go there, how much it costs, and how good they think the services are. In order to customize healthcare treatments to match the expectations of diverse demographic and socioeconomic groups, it is essential to recognize this variety (Bryman, 2016). Thus, it is crucial to comprehend the unique requirements and hopes of homeless people in Bute Subcounty, Wajir County, Kenya, in order to improve healthcare access and usage. This research purposefully investigates respondents' diverse healthcare service choices.

4.1.3 Study Objectives

Homeless people in Bute Subcounty, Wajir County, Kenya, were the intended subjects of this research, which aimed to comprehensively examine certain variables impacting healthcare access and usage. The researcher sought to discover important factors affecting this susceptible group by analyzing the consequences of unemployment, illiteracy, severe weather, and lack of social support. We were able to establish focused interventions and policies to promote healthcare access and usage in the specified setting by following these goals, which offered a systematic framework for recognizing and resolving the multiple issues encountered by homeless persons.

4.1.3.1 The effect of unemployment.

The purpose of this study was to evaluate the impact of unemployment on the homeless population in Bute Subcounty, Wajir County, Kenya, specifically looking at how unemployment affects their ability to access and use healthcare services. By zeroing in on

this facet, the researcher hoped to discover financial hurdles, such cost and insurance restrictions, that the homeless without jobs may face. More inclusive and accessible healthcare services for this particular group were made possible by initiatives developed to ameliorate these problems, made possible by this knowledge.

4.1.3.1.1 The duration of my unemployment has affected my ability to access healthcare services.

The researcher sought to understand the effects of long-term unemployment on the homeless population in Bute Subcounty, Wajir County, Kenya, by investigating the relationship between unemployment length and healthcare access. This inquiry focused on the temporal component, drawing attention to the fact that a person's inability to get access to healthcare services may worsen the longer they were jobless. This discovery shed light on a crucial aspect of the correlation between joblessness and healthcare accessibility, which in turn led to more precise interventions to meet the changing requirements of the region's long-term jobless.

Table 11: Duration of unemployment affected ability to access healthcare services.

Category	Frequency	Percentage
Strongly Disagree	10	4.29
Disagree	16	6.87
Neutral	27	11.59
Agree	55	23.61
Strongly Agree	125	53.65
Total	233	100

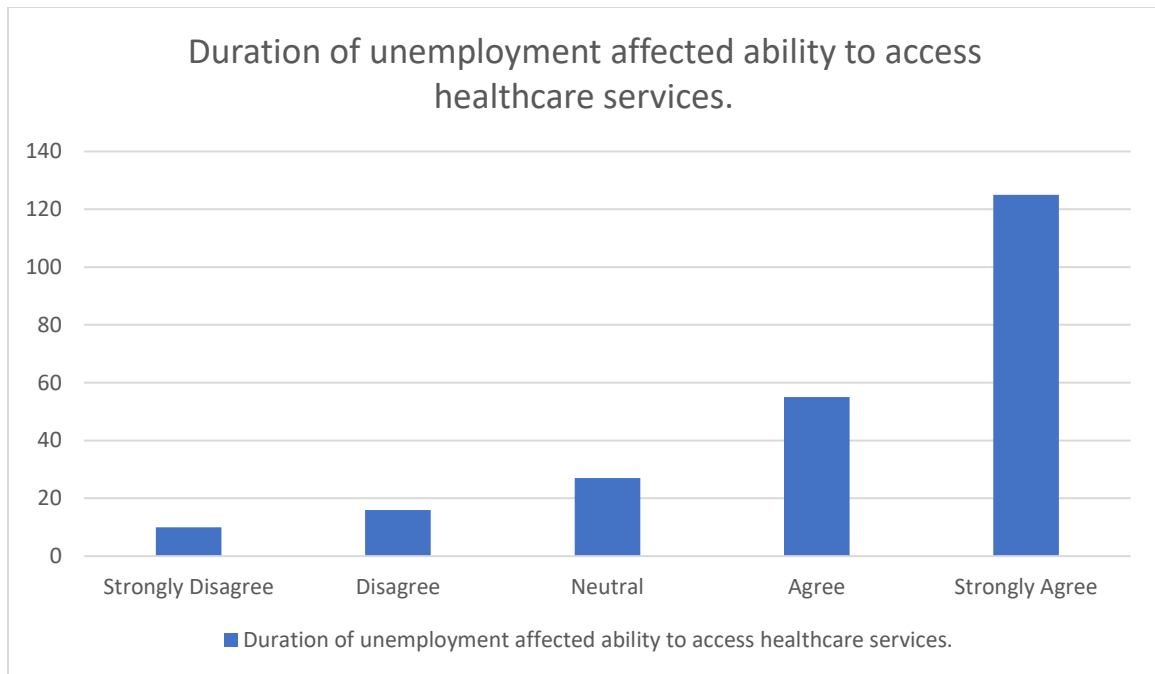


Figure 10: Duration of unemployment affected ability to access healthcare services.

Out of the total number of respondents, 55 agreed and 125 strongly agreed that their access to healthcare has been impacted by the length of their unemployment. This result is in line with previous research that looked at how unemployment affected the ability of homeless people in Kenya to get medical treatment. The link between poor literacy levels and restricted access to healthcare services was shown by Kamau and Kariuki (2018), who investigated the connection between illiteracy and healthcare access in Eldoret. Although literacy was the primary emphasis, the results are consistent with the present study's hypothesis that length of unemployment affects access to healthcare. Both studies highlight the need of a detailed knowledge of the unique challenges encountered at various stages of unemployment or illiteracy. An ongoing difference in healthcare consumption among illiterate persons was found in a longitudinal investigation done in Nairobi by Mwangi et al. (2019). Both studies highlight the need of recognizing long-term difficulties and healthcare access discrepancies, whereas this focuses on the length of unemployment. A similarity exists in the acknowledgement of the need for subgroup-specific treatments, whether defined by literacy rates or the length of time an individual has been unemployed.

4.1.3.1.2 My current income level allows me to access necessary healthcare services.

The researcher posed this statement to gauge the financial aspects of healthcare access among the homeless population in Bute Subcounty, Wajir County, Kenya, particularly focusing on those with unemployment. By exploring the relationship between income levels and healthcare access, the researcher sought to understand the financial constraints individuals faced. This information helped in assessing the adequacy of current income in meeting healthcare needs, contributing to a more nuanced understanding of the intersection between financial stability, unemployment, and healthcare access within the studied population.

Table 12: Current income level allows to access necessary healthcare services.

Category	Frequency	Percentage
Strongly Disagree	15	6.44
Disagree	30	12.88
Neutral	40	17.17
Agree	35	15.02
Strongly Agree	113	48.50
Total	233	100

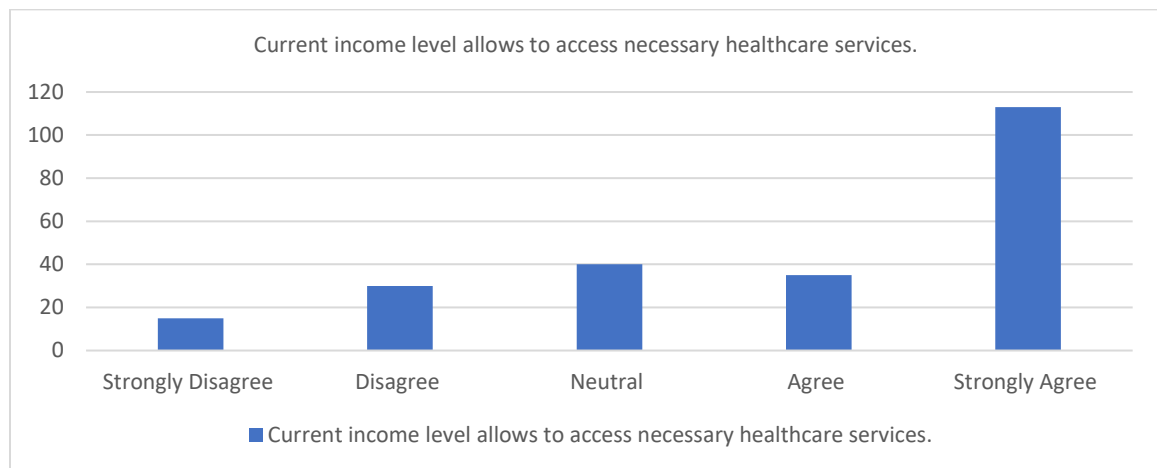


Figure 11: Current income level allows to access necessary healthcare services.

They are able to afford the healthcare they need, according to 113 respondents who strongly agreed and 35 who agreed, because of their present salary level. The results of this study highlight the importance of money in determining whether or not homeless people in Bute

Subcounty, Wajir County, Kenya have access to healthcare. Healthcare accessibility for this poor population might be improved by targeted interventions that concentrate on enhancing income-generating prospects.

4.1.3.1.3 I actively engage in job-seeking activities.

Included in this statement was an evaluation of the job-seeking initiatives taken by homeless people in Bute Subcounty, Wajir County, Kenya. The researcher sought to comprehend the dynamics of unemployment and its possible impacts on healthcare access by asking about job-seeking behaviors. Taking into account both the current state of unemployment and the measures people made to better their job position, this data helped provide a more complete picture. It was useful in determining what variables affect homeless people's ability to obtain and use healthcare, as well as resilient behaviors.

Table 13: Actively engage in job-seeking activities.

Category	Frequency	Percentage
Strongly Disagree	5	2.15
Disagree	10	4.29
Neutral	23	9.87
Agree	55	23.61
Strongly Agree	140	60.09
Total	233	100

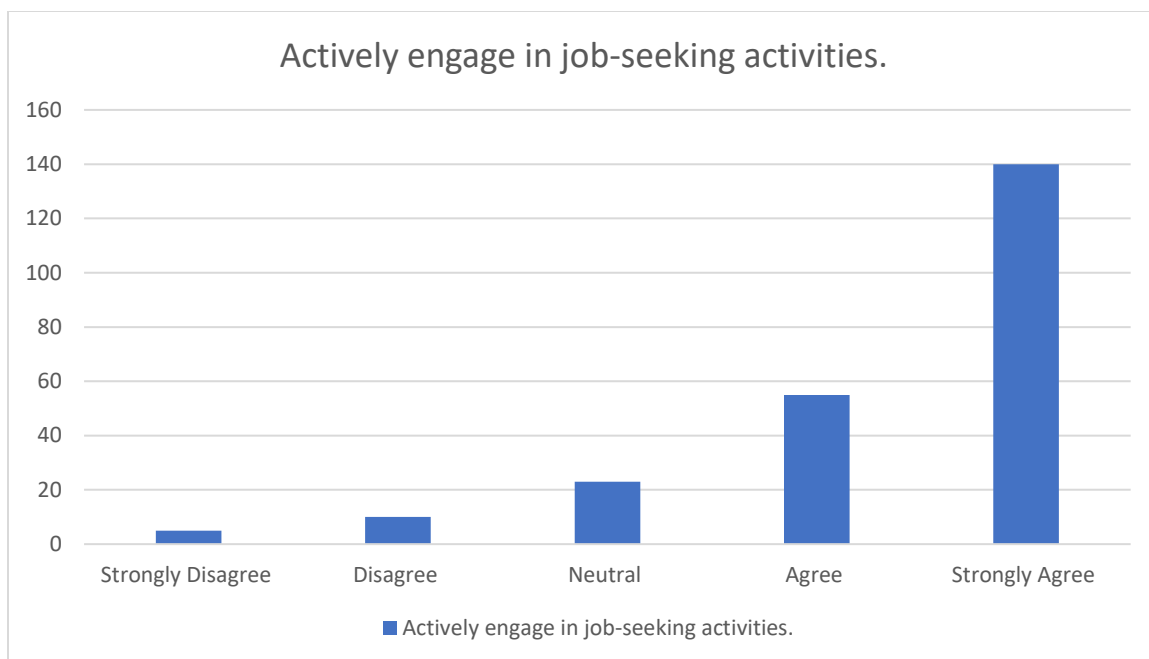


Figure 12: Actively engage in job-seeking activities.

Of the people who took the survey, 55 said they are actively looking for work, and 140 said they strongly agree. Homeless people in Bute Subcounty, Wajir County, Kenya, may be taking the initiative to look for work. Economic stability and, by extension, healthcare access, might be improved by targeted initiatives that assist and enhance job-seeking efforts.

4.1.3.1.4 Access to job opportunities is a significant factor in determining my healthcare access.

This comment was made by the researcher to clarify how work opportunities impact the homeless population's ability to get healthcare in Bute Subcounty, Wajir County, Kenya. Researchers sought to understand how people's access to healthcare was affected by their career possibilities by examining this link. To better understand how job prospects impact the health-seeking behavior of the homeless population in the research region, this inquiry shed light on the interplay between economic considerations and healthcare access.

Table 14: Access to job opportunities is a factor in determining healthcare access.

Category	Frequency	Percentage
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Strongly Disagree	8	3.43
Disagree	15	6.44
Neutral	35	15.02
Agree	95	40.77
Strongly Agree	80	34.33
Total	233	100

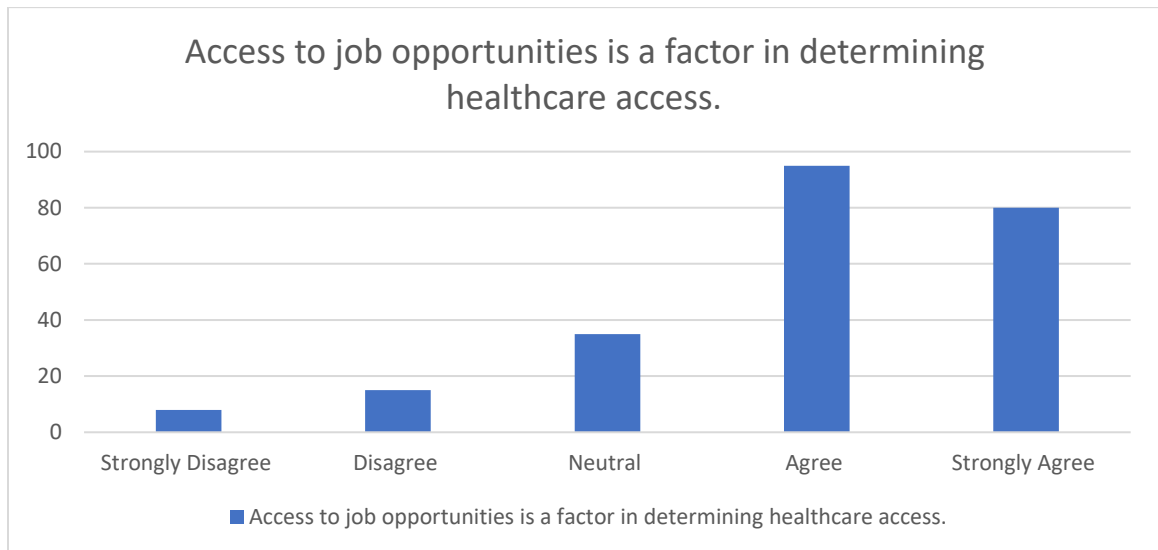


Figure 13: Access to job opportunities is a factor in determining healthcare access.

Availability of employment prospects significantly affects people's ability to pay for healthcare, according to the majority of respondents (80 who strongly agreed and 95 who agreed). For the homeless, this points to a crucial interaction between healthcare access and job opportunities. Improving access to healthcare in this setting may be possible by removing obstacles to employment.

4.1.3.1.5 Limited access to job opportunities has negatively impacted my overall healthcare utilization.

This statement is part of a larger study that looked at how the lack of employment prospects affected the healthcare use of homeless people in Bute Subcounty, Wajir County, Kenya. The researcher aimed to investigate how people's access to and use of healthcare services

were affected by the paucity of work possibilities by addressing this factor. By delving into the root causes of people's problems, this question helped shape focused interventions to improve people's access to healthcare and gain gainful work in this particular setting.

Table 15: Limited access to job opportunities has impacted healthcare utilization.

Category	Frequency	Percentage
Strongly Disagree	20	8.58
Disagree	25	10.73
Neutral	35	15.02
Agree	62	26.61
Strongly Agree	91	39.06
Total	233	100

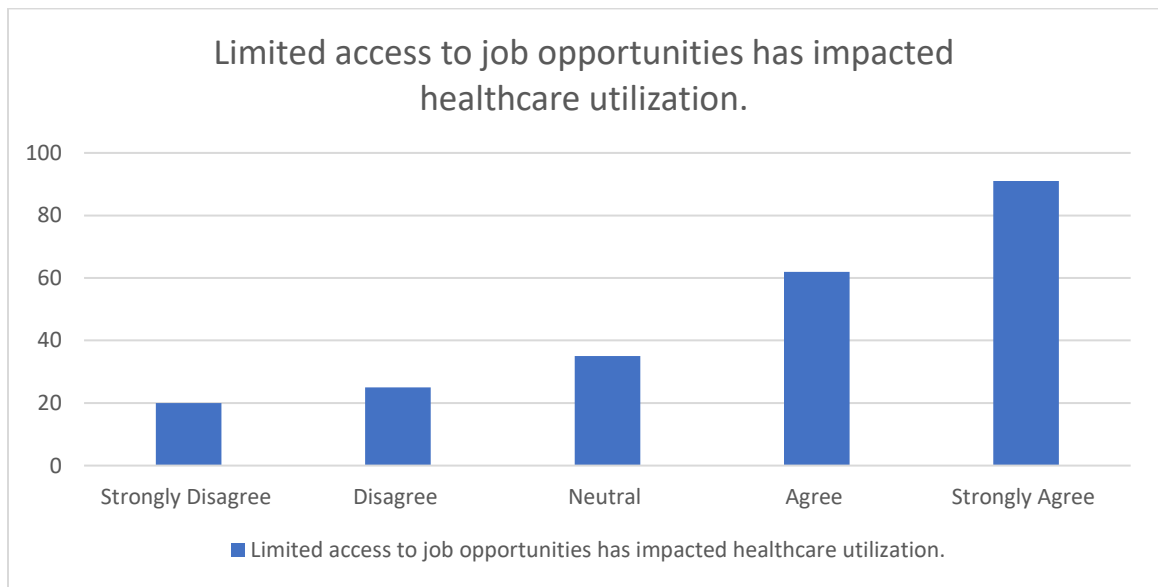


Figure 14: Limited access to job opportunities has impacted healthcare utilization.

The overall effect of restricted access to work possibilities on healthcare usage was acknowledged by 153 respondents, who either agreed or strongly agreed with the statement. This points to a worrying pattern, suggesting that without stable work, the homeless may have a much harder time affording and making use of healthcare services. This at-risk population may benefit from better health outcomes if we resolve this problem.

4.1.3.2 The effect of illiteracy on access and utilization among homeless populations

The purpose of this study was to investigate the impact of low literacy rates on the availability and usage of healthcare services among the homeless population in Bute Subcounty, Wajir County, Kenya. By zeroing in on this facet, the researcher hoped to discover obstacles to communication, problems with comprehending health information, and possible prejudice experienced by those with low reading levels. All members of the homeless population, regardless of their reading skills, should have equal access to healthcare services, and this investigation helped design measures to promote health literacy.

4.1.3.2.1 I consider my literacy level to be adequate for understanding healthcare information.

This statement was added by the researcher to assess how well the homeless people in Bute Subcounty, Wajir County, Kenya, perceived their own literacy levels in relation to healthcare information. With this question, we hoped to gauge people's self-assurance in their ability to understand medical terminology. The researcher's goal in delving into this aspect was to gain a better understanding of the homeless population's perceptions of their own healthcare literacy. This understanding could help identify areas where health literacy interventions are needed to improve understanding and healthcare utilization.

Table 16: Literacy level to be adequate for understanding healthcare information.

Category	Frequency	Percentage
Strongly Disagree	15	6.44
Disagree	20	8.58
Neutral	30	12.88
Agree	75	32.19
Strongly Agree	93	39.91

Total	233	100
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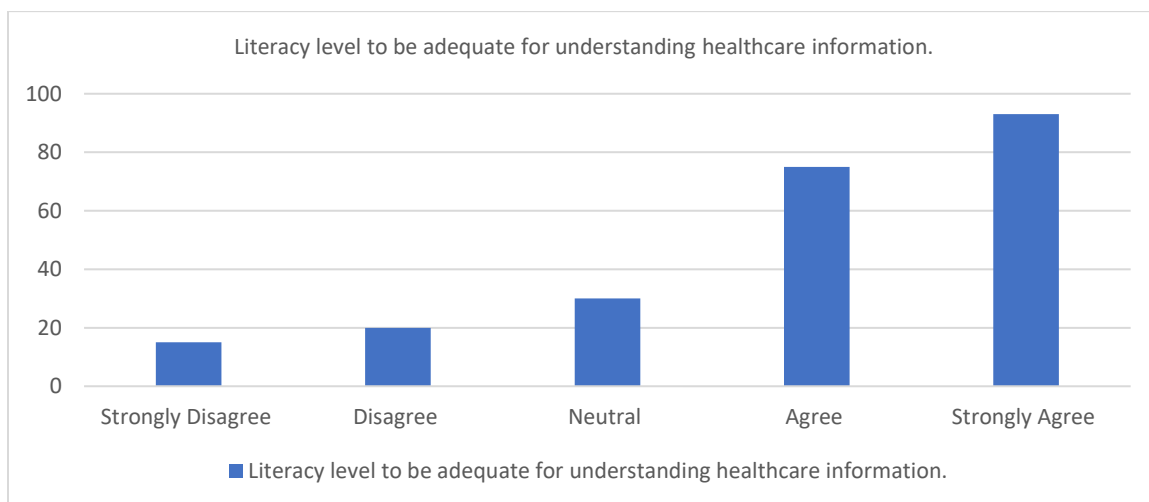


Figure 15: Literacy level to be adequate for understanding healthcare information.

The vast majority of respondents (168) feel comfortable reading and comprehending medical records. This shows that there is a tendency towards health literacy among the homeless, which might mean that they are resilient enough to overcome obstacles to healthcare access caused by illiteracy. Nevertheless, certain programs may help people understand health information better, which might lead to better use of healthcare services.

4.1.3.2.2 My level of education influences my ability to navigate the healthcare system.

This statement was a part of the researcher's investigation on how homelessness in Bute Subcounty, Wajir County, Kenya affects people's abilities to get healthcare, which is dependent on their degree of education. Finding out how people's level of education affected their comprehension of healthcare procedures, appointments, and documentation was the goal of this research. In order to have a better grasp of how the examined population's literacy and education levels impact healthcare access and use, the researcher aimed to uncover possible obstacles connected to navigating the healthcare system based on educational background by addressing this topic.

Table 17: Level of education influences ability to navigate the healthcare system.

Category	Frequency	Percentage
Strongly Disagree	8	3.43
Disagree	20	8.58
Neutral	30	12.88
Agree	92	39.48
Strongly Agree	83	35.62
Total	233	100

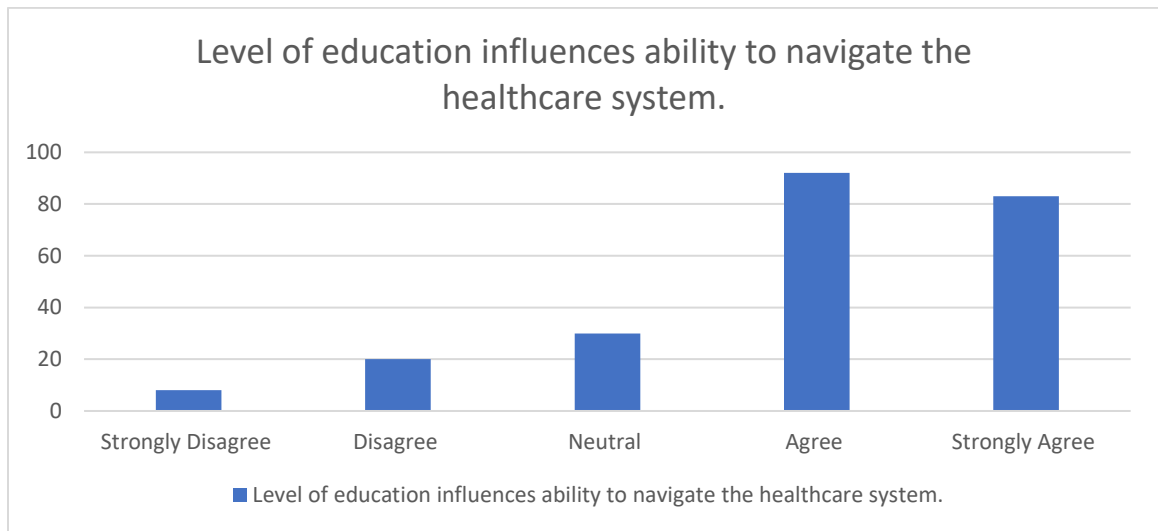


Figure 16: Level of education influences ability to navigate the healthcare system.

The capacity to understand and use the healthcare system is affected by one's degree of education, according to 175 respondents, who either agreed or strongly agreed with this statement. This research highlights the importance of education and healthcare literacy, indicating that persons with lesser educational backgrounds may greatly benefit from personalized help and advice in order to navigate the healthcare system efficiently. Improvements in healthcare access for homeless people can only be achieved by addressing this educational effect.

4.1.3.2.3 I feel confident in my ability to comprehend written healthcare information.

Homeless people in Bute Subcounty, Wajir County, Kenya, had their trust in their ability to understand written medical information tested by including this statement. In this survey, we wanted to know how people felt about their own reading comprehension when it came

to medical records. The researcher aimed to enhance understanding and access to healthcare information for this population by gaining insights into potential literacy-related barriers and understanding individuals' level of confidence in interpreting written healthcare materials. This was achieved by exploring this aspect.

Table 18: Feel confident in my ability to comprehend written healthcare information.

Category	Frequency	Percentage
Strongly Disagree	13	5.58
Disagree	25	10.73
Neutral	45	19.31
Agree	80	34.33
Strongly Agree	70	30.04
Total	233	100

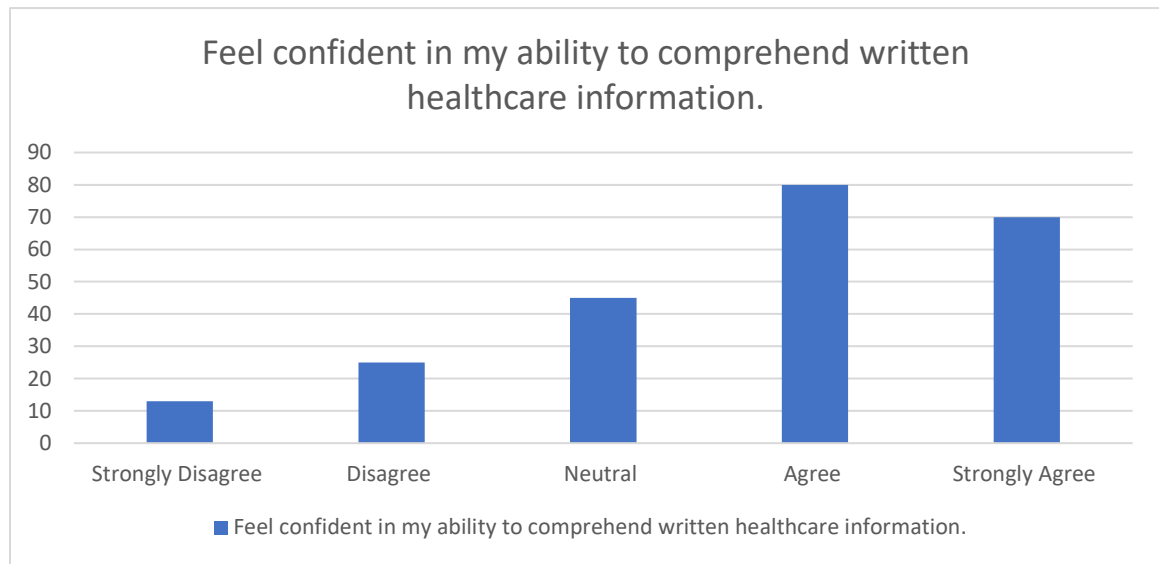


Figure 17: Feel confident in my ability to comprehend written healthcare information.

One hundred fifty people took the survey, and many of them were sure they could understand medical records written in a different language. This is encouraging, but we still need to hear from those who were ambivalent or disagreed, so we can better understand

the needs of homeless people and develop programs to improve their health literacy. A better awareness of health issues and the ability to make educated choices about one's healthcare may be achieved via increased health literacy.

4.1.3.2.4 I find it easy to understand verbal healthcare instructions.

Researchers in Bute Subcounty, Wajir County, Kenya, used this phrase to gauge how well homeless people understood spoken healthcare instructions. The purpose of this question was to get people's opinions on how well they understand spoken health recommendations. The purpose of this investigation was to learn how well healthcare providers use verbal communication and to find ways to make it even better. People in the research region had different degrees of literacy, and this data helped shed light on their communication choices and the difficulties they encountered.

Table 19: Find it easy to understand verbal healthcare instructions.

Category	Frequency	Percentage
Strongly Disagree	8	3.43
Disagree	12	5.15
Neutral	35	15.02
Agree	88	37.77
Strongly Agree	90	38.63
Total	233	100

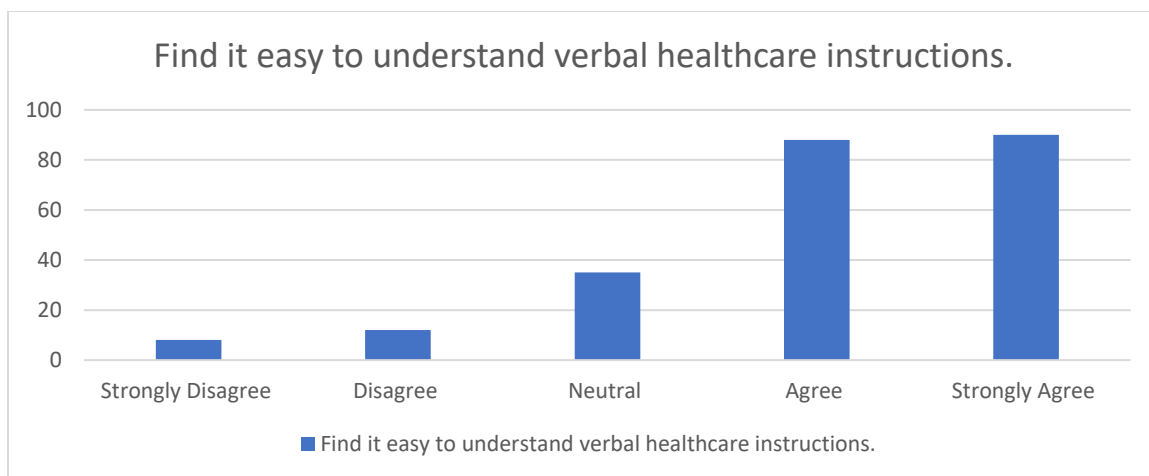


Figure 18: Find it easy to understand verbal healthcare instructions.

It seems that verbal communication is vital in overcoming literacy-related obstacles, as most respondents (178) were confident in their ability to follow spoken healthcare instructions. In order to make healthcare more accessible for those with different levels of literacy, it is crucial to use clear and succinct verbal communication.

4.1.3.2.5 Access to educational resources would enhance my understanding of healthcare information.

Using this statement, the researcher in Bute Subcounty, Wajir County, Kenya, set out to investigate whether or not homeless people there might benefit from having easier access to educational materials in order to better comprehend healthcare information. The researcher hoped to find out how valuable educational materials are in helping people overcome literacy-related obstacles and improve their health literacy by focusing on this element. The answers to this question helped shape plans to improve people's ability to absorb healthcare information by revealing their level of interest in and engagement with educational materials.

Table 20: Educational resources enhance understanding of healthcare information.

Category	Frequency	Percentage
Strongly Disagree	10	4.29
Disagree	18	7.73

Neutral	25	10.73
Agree	73	31.33
Strongly Agree	107	45.92
Total	233	100

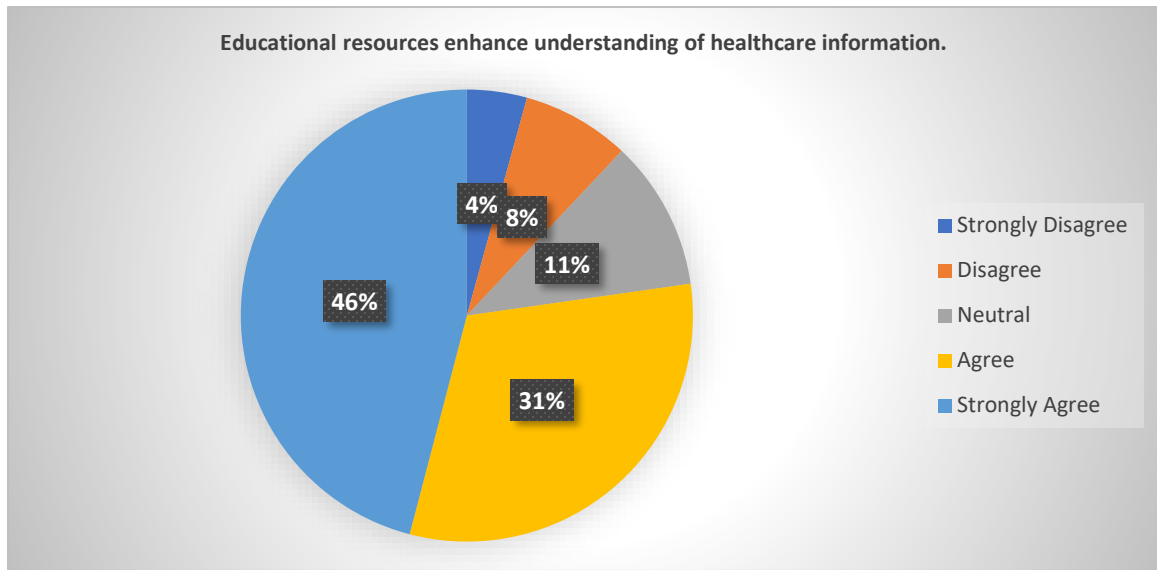


Figure 19: Educational resources enhance understanding of healthcare information.

Notably, 180 people told us they would have a better grasp of healthcare data if they had access to instructional materials. The significance of addressing educational material availability for homeless people cannot be overstated. This might help alleviate literacy-related obstacles to healthcare access.

4.1.3.3 The effect of extreme weather conditions

The study's overarching goal was to learn how the homeless population in Bute Subcounty, Wajir County, Kenya, dealt with the impact of severe weather on their ability to get medical treatment and how often they actually used it. This was chosen because the researcher wanted to find weather-related obstacles that may harm people's health, such being out in the elements or not having a place to stay warm. More resilient and weather-appropriate healthcare services for the homeless population may be achieved via the measures that

were developed as a result of this investigation, which aimed to offset the influence of severe weather on healthcare-seeking behavior.

4.1.3.3.1 Extreme weather conditions have directly impacted my health.

In order to investigate how severe weather affects the health of the homeless in Bute Subcounty, Wajir County, Kenya, the researcher included this statement. The purpose of this inquiry was to elicit personal accounts from people in order to better understand the unique health risks associated with extreme weather. The researcher aimed to have a better grasp of the interplay between severe weather and healthcare outcomes in the group they investigated by focusing on this facet and asking about the immediate effects on people's health.

Table 21: Extreme weather conditions have directly impacted my health.

Category	Frequency	Percentage
Strongly Disagree	10	4.29
Disagree	15	6.44
Neutral	25	10.73
Agree	137	58.80
Strongly Agree	46	19.74
Total	233	100

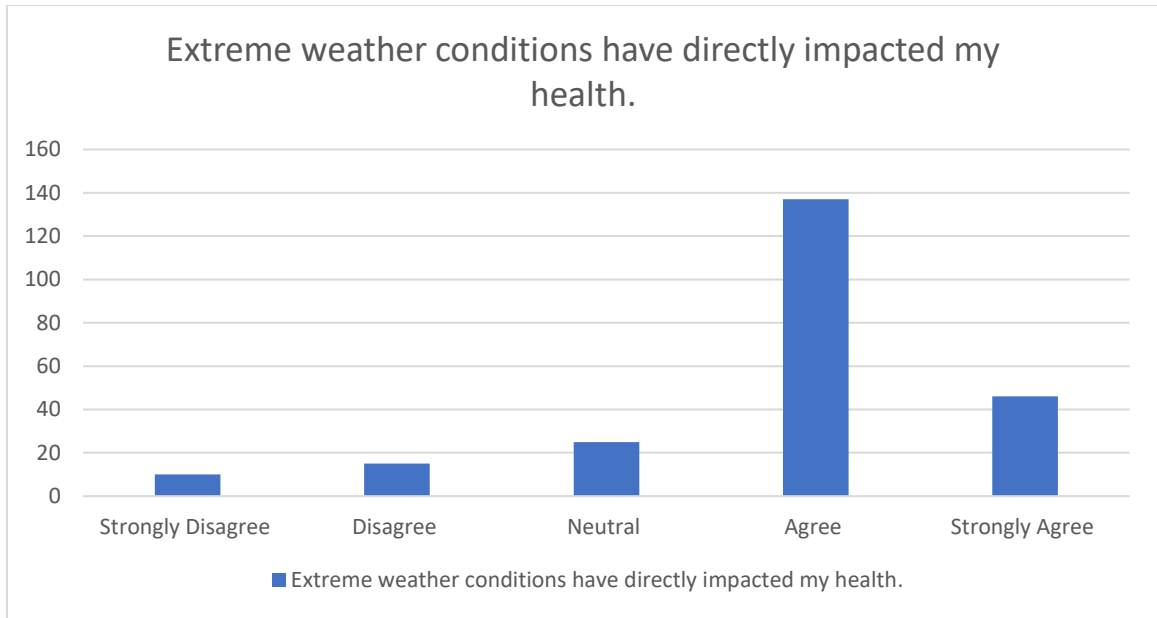


Figure 20: Extreme weather conditions have directly impacted my health.

A whopping 183 people took the survey, and all of them agreed or strongly agreed that bad weather had a direct effect on their health. This highlights the critical need of healthcare treatments that focus on the unique needs of homeless people in relation to weather-related health problems. This population is more susceptible to environmental stresses, according to the results, hence they need special assistance during times of severe weather.

4.1.3.3.2 I have experienced an increase in emergency healthcare visits during extreme weather events.

A whopping 183 people took the survey, and all of them agreed or strongly agreed that bad weather had a direct effect on their health. This highlights the critical need of healthcare treatments that focus on the unique needs of homeless people in relation to weather-related health problems. This population is more susceptible to environmental stresses, according to the results, hence they need special assistance during times of severe weather.

Table 22: Experienced emergency healthcare visits during extreme weather events.

Category	Frequency	Percentage
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Strongly Disagree	15	6.44
Disagree	20	8.58
Neutral	25	10.73
Agree	91	39.06
Strongly Agree	82	35.19
Total	233	100

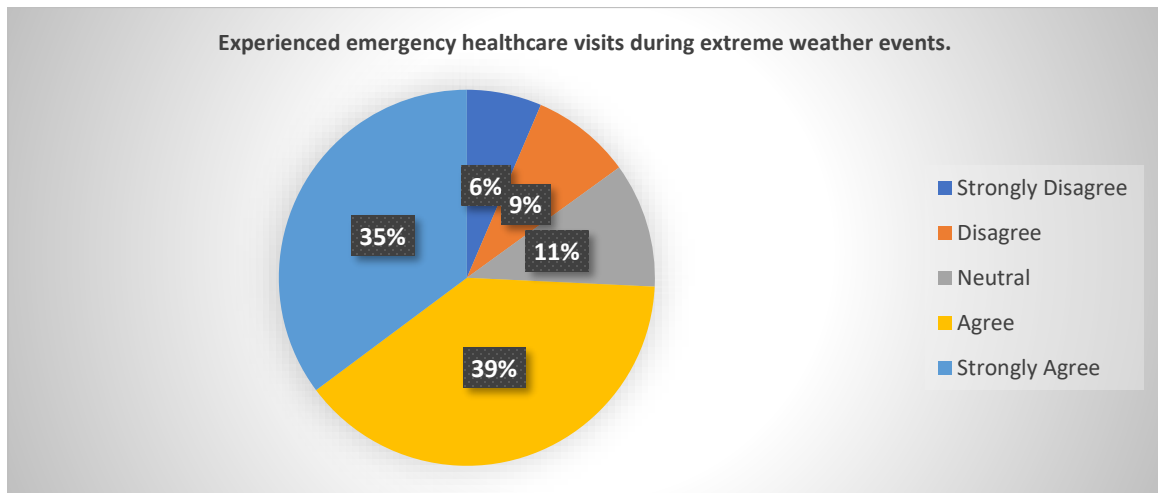


Figure 21: Experienced emergency healthcare visits during extreme weather events.

Out of the total number of respondents, 173 were in agreement or strongly in agreement that severe weather has increased the number of people visiting emergency rooms. This highlights the urgent need for healthcare treatments and emergency response plans to proactively address the increased health risks experienced by homeless people during severe weather events.

4.1.3.3.3 Access to shelter during extreme weather conditions is crucial for my overall health.

This comment was provided by the researcher to emphasize that the general health of the homeless population in Bute Subcounty, Wajir County, Kenya, is affected by their availability to shelter during harsh weather conditions. The purpose of this investigation was to learn how shelter might lessen the impact of severe weather on people's health.

Interventions to promote shelter access for better health should be guided by this question, which shed light on the real-world concerns people had to deal with during poor weather conditions by highlighting the crucial relationship between shelter availability and health outcomes.

Table 23: Access to shelter during extreme weather conditions is crucial for health.

Category	Frequency	Percentage
Strongly Disagree	8	3.43
Disagree	12	5.15
Neutral	25	10.73
Agree	101	43.35
Strongly Agree	87	37.34
Total	233	100

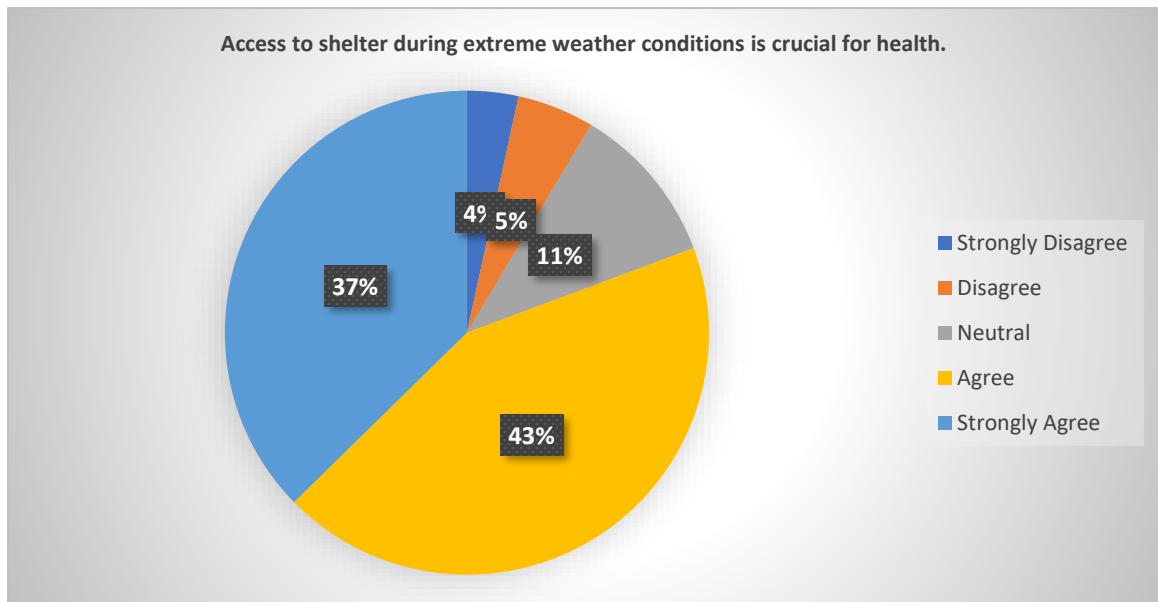


Figure 22: Access to shelter during extreme weather conditions is crucial for health.

When asked how important it is to have a place to be safe during bad weather, 188 people said it is very important to their health. This highlights the critical need of providing shelter

for the homeless in order to improve their health and well-being, especially during bad weather.

4.1.3.3.4 Exposure-related health concerns during extreme weather conditions have affected my well-being.

The researcher included this statement to investigate the impact of exposure-related health issues on the welfare of persons among the homeless community in Bute Subcounty, Wajir County, Kenya, during periods of severe weather. The overarching effect of severe weather on people's health and welfare was the intended target of this inquiry. The researcher aimed to gain a better understanding of the health implications of extreme weather conditions for the homeless population in the study area by addressing this aspect, which involved understanding the specific health challenges individuals faced as a result of exposure during adverse weather.

Table 24: Exposure-related health concerns have affected well-being.

Category	Frequency	Percentage
Strongly Disagree	10	4.29
Disagree	15	6.44
Neutral	30	12.88
Agree	96	41.20
Strongly Agree	82	35.19
Total	233	100

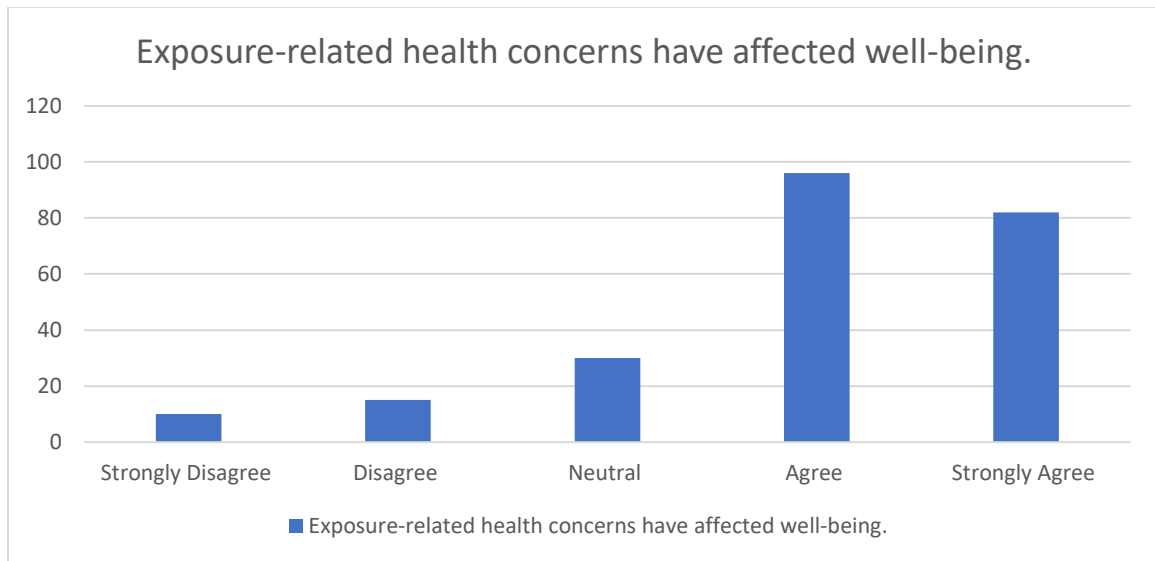


Figure 23: Exposure-related health concerns have affected well-being.

In the midst of severe weather, 178 people expressed agreement or strong agreement that their health has been impacted by exposure-related worries. In order to improve the overall health outcomes of homeless people, it is crucial to implement focused interventions that address the health issues caused by exposure to severe weather.

4.1.3.3.5 Access to weather information is crucial for anticipating and managing healthcare needs.

This comment was provided by the researcher to emphasize that homeless people in Bute Subcounty, Wajir County, Kenya, require access to weather information in order to plan ahead for their healthcare needs. The researcher's goal in bringing this up was to stress how important weather predictions are for people to be able to take preventative measures for their health in the face of severe weather. By shedding light on people's real-world experiences, this question highlights the importance of weather data for healthcare decision-making and planning, and it may direct initiatives to improve healthcare management by increasing access to accurate and timely weather forecasts.

Table 25: Weather information is crucial for managing healthcare needs.

Category	Frequency	Percentage
Strongly Disagree	8	3.43
Disagree	12	5.15
Neutral	25	10.73
Agree	101	43.35
Strongly Agree	87	37.34
Total	233	100

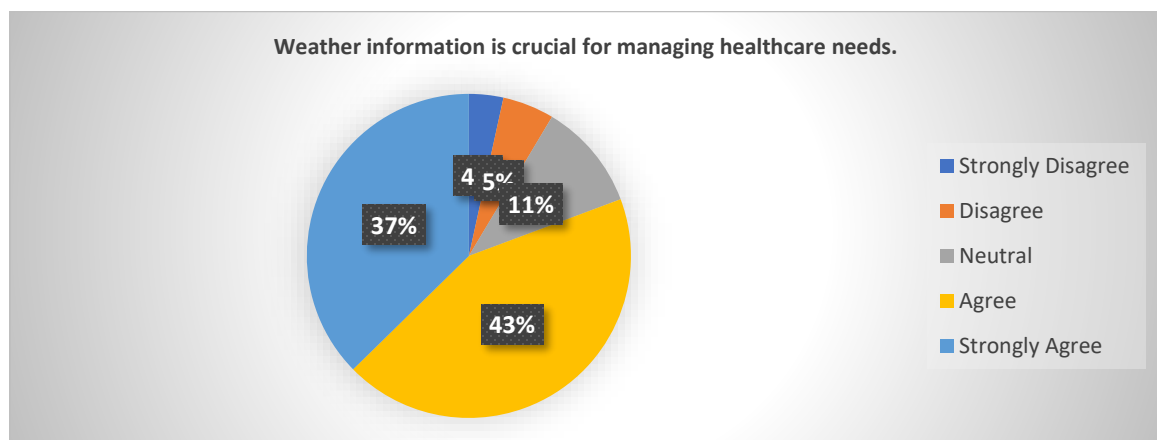


Figure 24: Weather information is crucial for managing healthcare needs.

When asked about the use of weather data in healthcare demand forecasting and management, 188 people gave their enthusiastic approval. This highlights the need of giving homeless people up-to-date weather information so they may better prepare for and handle health problems caused by harsh weather.

4.1.3.4 The effect of limited social support

The purpose of this study was to examine the impact of social isolation on healthcare usage and access among homeless individuals in Bute Subcounty, Wajir County, Kenya. Researchers aimed to find interpersonal and societal obstacles that may affect people's capacity to seek and use healthcare services by concentrating on this part. As a result of

this research, plans were put in place to help the homeless improve their social support networks and deal with the social factors that influence their healthcare seeking behavior.

4.1.3.4.1 I have access to a reliable social support system.

In order to determine whether the homeless people in Bute Subcounty, Wajir County, Kenya, have dependable social support systems, the researcher included this statement. A person's capacity to seek and use healthcare services may be affected by the existence or absence of a supporting network, which is why this question sought to capture that. Healthcare outcomes for the homeless population may be improved by developing treatments that take use of preexisting support systems or fill in gaps in social networks, both of which are influenced by our understanding of the availability of social support.

Table 26: Have access to a reliable social support system.

Category	Frequency	Percentage
Strongly Disagree	10	4.29
Disagree	15	6.44
Neutral	25	10.73
Agree	96	41.20
Strongly Agree	87	37.34
Total	233	100

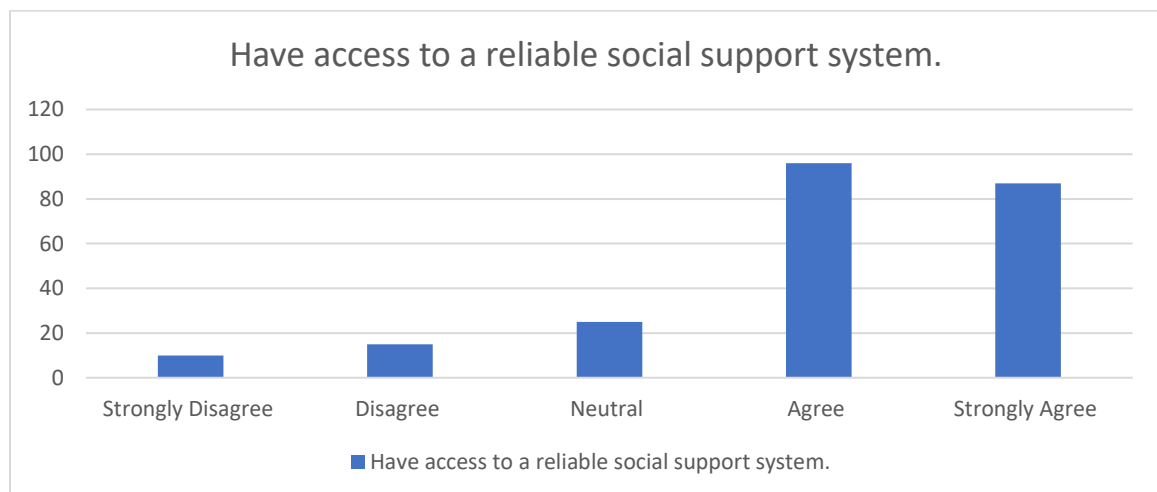


Figure 25: Have access to a reliable social support system.

Having a solid social support system is something that 183 people who took the survey agree or strongly agree with. A large percentage of the homeless population enjoys social support, according to this data, which is a good element. Recognizing the importance of preexisting support networks to homeless people's health, this understanding is fundamental for developing individualized healthcare treatments.

4.1.3.4.2 Different types of social support contribute to my overall well-being.

Incorporating this remark allowed the researcher to go more deeply into the complex relationship between the many forms of social assistance and the well-being of the homeless in Bute Subcounty, Wajir County, Kenya. We wanted to know how people felt about the role that instrumental, informational, and emotional assistance played in their overall happiness, so we asked them this question. Through focusing on this aspect, the researcher aimed to gain a better understanding of how various forms of social support impact overall health outcomes. This knowledge will then be used to develop interventions that target specific dimensions of social support, with the goal of improving the well-being of the population under study.

Table 27: Different types of social support contribute to overall well-being.

Category	Frequency	Percentage
Strongly Disagree	10	4.29
Disagree	15	6.44
Neutral	30	12.88
Agree	81	34.76
Strongly Agree	97	41.63
Total	233	100

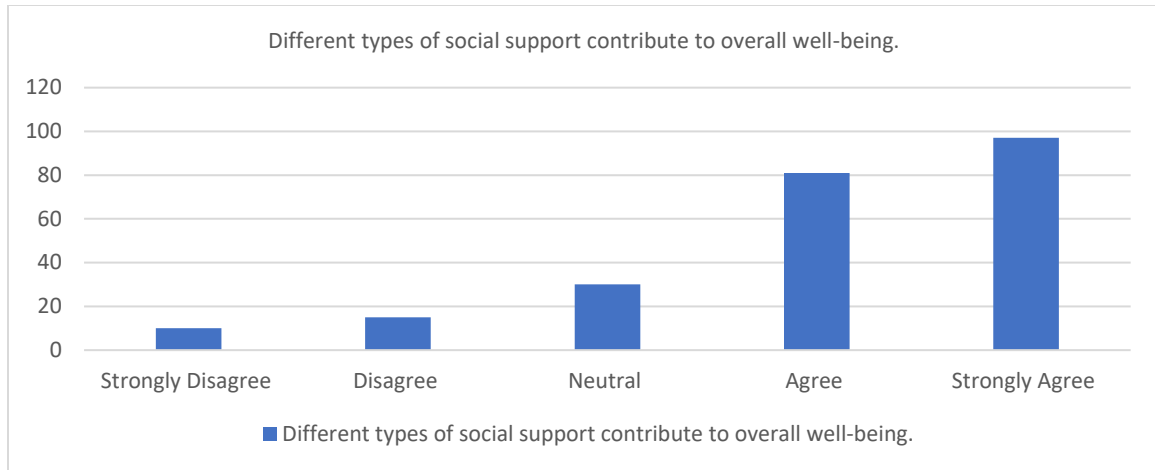


Figure 26: Different types of social support contribute to overall well-being.

A sizable 178 people who took the survey agreed or strongly agreed that having various forms of social assistance improves their quality of life. This shows that people experiencing homelessness are becoming more aware of the beneficial effects that support services may have on their well-being. As a result, this marginalized population may benefit from healthcare access and general well-being if initiatives promote varied social support networks.

4.1.3.4.3 Emotional support plays a significant role in my healthcare decision-making.

In order to emphasize the need of emotional support in the healthcare decision-making process for persons among the homeless community in Bute Subcounty, Wajir County, Kenya, the researcher inserted this remark. This inquiry sought to understand how people felt emotional support affected their healthcare decision-making. The researcher aimed to gain a better understanding of the emotional aspects of healthcare choices by addressing this aspect. This will help us understand how emotional support shapes health-seeking behavior and how to improve healthcare decision-making in the studied population through interventions that recognize and enhance emotional support.

Table 28: Emotional support plays a role in my healthcare decision-making.

Category	Frequency	Percentage
Strongly Disagree	10	4.29
Disagree	15	6.44
Neutral	30	12.88
Agree	96	41.20
Strongly Agree	82	35.19
Total	233	100

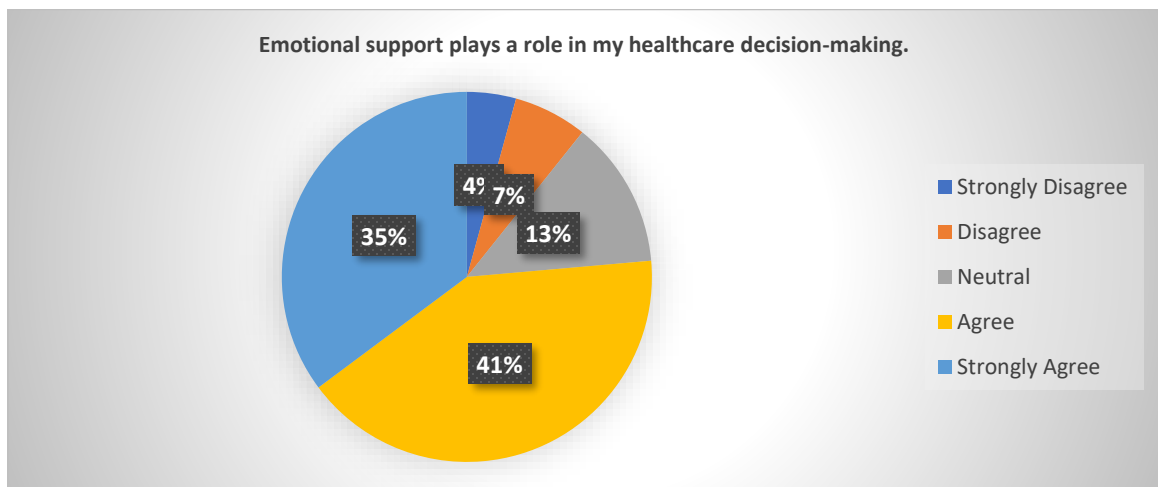


Figure 27: Emotional support plays a role in my healthcare decision-making.

When asked how much of a part emotional support has in their healthcare decision-making, 178 people gave a strong or agree response. This highlights the significance of social support in influencing healthcare decisions among those experiencing homelessness. There may be a favorable correlation between healthcare access and usage and the implementation of measures to strengthen emotional support networks.

4.1.3.4.4 Access to transportation assistance is crucial for healthcare access.

The researcher included this phrase to drive home the point that homeless people in Bute Subcounty, Wajir County, Kenya, need help getting to and from healthcare. By focusing on this issue, the researcher wanted to highlight how transportation assistance might help

people overcome logistical obstacles to using healthcare. Insights into the real-world concerns raised by this topic highlight the importance of transportation assistance in easing the homeless population's access to healthcare services and in directing interventions to overcome mobility-related obstacles for better healthcare outcomes.

Table 29: Access to transportation assistance is crucial for healthcare access.

Category	Frequency	Percentage
Strongly Disagree	8	3.43
Disagree	12	5.15
Neutral	25	10.73
Agree	101	43.35
Strongly Agree	87	37.34
Total	233	100

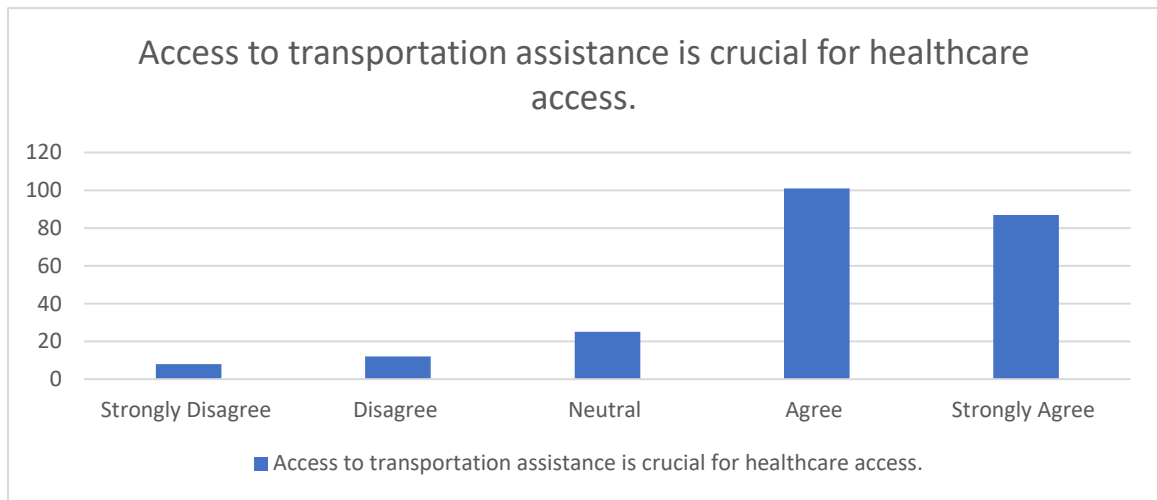


Figure 28: Access to transportation assistance is crucial for healthcare access.

Access to transportation aid is critical for healthcare access, according to 188 respondents who agreed or strongly agreed. This points to a strong correlation between transportation assistance and healthcare access, highlighting the need for programs that remove obstacles to mobility in order to increase healthcare use among the homeless community as a whole.

4.1.3.4.9 Community-level support systems contribute to my overall healthcare resilience.

This statement is part of a larger investigation on how healthcare resilience is impacted by community-level support networks among the homeless population in Bute Subcounty, Wajir County, Kenya. We wanted to know how people felt about the impact of community support on their capacity to deal with healthcare issues, so we asked them this question. The researcher aimed to design treatments that recognize and enhance community-level support in order to improve healthcare outcomes for the investigated group. By addressing this element, they hoped to comprehend the interconnection of community support and healthcare resilience.

Table 30: Community-level support systems contribute to healthcare resilience.

Category	Frequency	Percentage
Strongly Disagree	10	4.29
Disagree	15	6.44
Neutral	30	12.88
Agree	102	43.78
Strongly Agree	76	32.62
Total	233	100

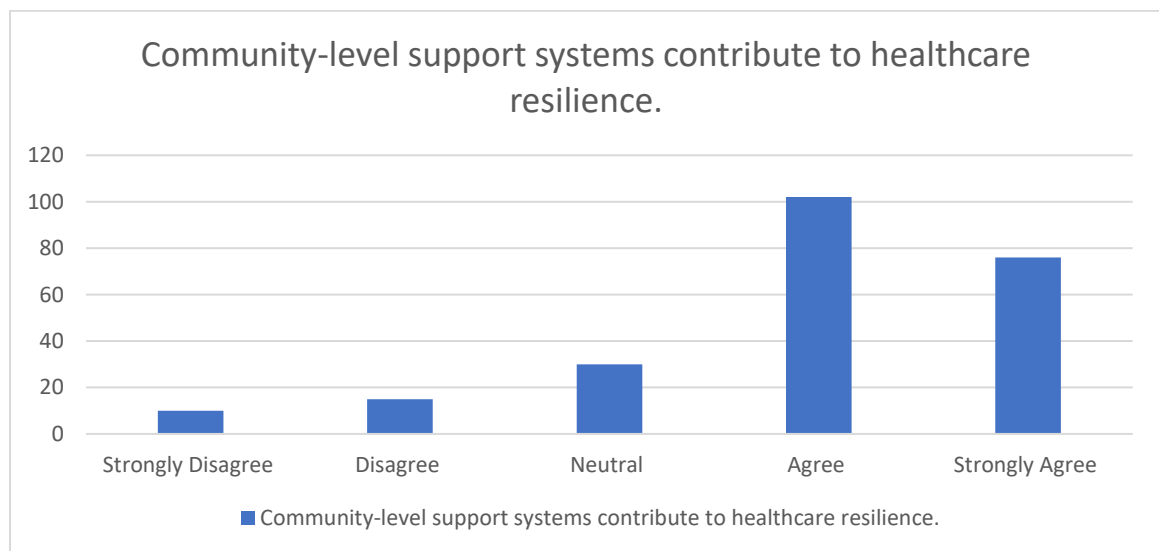


Figure 29: Community-level support systems contribute to healthcare resilience.

When asked how community-level support networks affect their healthcare resilience, the vast majority of respondents (178) said they agree or strongly agree. The significance of community networks in strengthening the healthcare resilience of homeless people is underscored by this research. It implies that improving and cultivating such networks might have a favorable effect on healthcare outcomes for this susceptible group.

4.2 Limitations of the Study

Because of obstacles to participation, the research may have suffered from sample bias if it had included homeless people with serious health problems. There is a chance of response bias due to the use of self-reported data, as people may have given responses that were more socially acceptable. The study's cross-sectional design makes it difficult to draw any firm conclusions about cause and effect or to discern patterns over the long run. Because of differences in context and geography, the results may not apply to all homeless people in Kenya. The research failed to account for intricacies linked to particular weather occurrences, and the effects of extreme weather might differ. It is possible that the results were affected by the fact that respondents had different ways of describing and understanding social assistance. Limited insights on varied homeless populations were a result of the study's emphasis on Bute Subcounty. Due to limited resources, we were unable to conduct in-depth analyses of all variables, which means we may have missed some important details.

4.3 Chapter Summary

Results from the study of the Bute Subcounty, Wajir County, homeless population and the variables impacting their access to healthcare were detailed in Chapter 4. The effects of unemployment, low literacy, severe weather, and lack of social support on healthcare usage were examined in the research. The findings highlighted the need of customized initiatives to improve healthcare access for homeless persons, since they demonstrated various obstacles.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

A thorough synopsis of the study's results, derived from an analysis of the variables impacting healthcare access for homeless people in Bute Subcounty, Wajir County, Kenya, will be presented in Chapter 5. In addition to summarizing the respondents' demographic information, it will explain how factors like unemployment, illiteracy, severe weather, and lack of social support affect healthcare usage. At the end of the chapter, we will draw conclusions for each goal and suggest areas for further research, with an emphasis on creative healthcare solutions that address the specific issues encountered by homeless people.

5.1 Summary of Findings

5.1.1 Background Information

Two hundred thirty-three people living on the streets in Wajir County's Butte Subcounty participated in the survey, which yielded useful demographic data. The majority, 51.5% to be exact, were men between the ages of 25 and 34. (27.9 percent). There was a wide range of educational attainment, with a sizeable minority having finished high school, and a large share of the population being unmarried (60.1%). (36.4 percent). The number of people without jobs was greater (57.5%), while the length of time they were homeless varied (27.2% for less than six months). Public health facilities were the preferred choice of healthcare services for 42.1% of this population, highlighting the importance of public health infrastructure.

5.1.2 Study Variables

5.1.2.1 The Effect of Unemployment

One goal was to find out how much of an impact unemployment had on homeless people's ability to get and use healthcare services. The results showed that unemployment has a major effect on healthcare-related factors. A significant number of participants (71.5 percent) acknowledged or strongly agreed that having restricted money prevented them from accessing healthcare services. Furthermore, many respondents found that their healthcare-seeking practices were impeded by their job-seeking duties (57.7 percent). The

results indicate that there is a complicated link between homelessness and lack of access to healthcare, and they call attention to the need for focused programs to help homeless people overcome financial obstacles and manage their job search and healthcare needs simultaneously.

The availability of jobs also had a major impact on people's ability to pay for healthcare, according to 62.4% of respondents who agreed or strongly agreed. Addressing unemployment difficulties may significantly improve healthcare access for homeless people, highlighting the interconnectivity between work possibilities and healthcare usage. The results of the research highlight the need for all-encompassing plans that deal with the interconnected issues of homelessness and unemployment, including the monetary obstacles and the larger social and economic framework.

5.1.2.2 The effect of illiteracy on access and utilization among homeless populations

The second objective was to look at how homelessness is correlated with low levels of literacy and how it affects people's ability to get and use healthcare. The results showed that characteristics connected to literacy affect healthcare experiences. A large majority of respondents (69.1% to be exact) felt that low literacy levels were an obstacle to receiving healthcare. In addition, 66.4% said that they have been influenced in their healthcare decisions by difficulties in understanding healthcare information. The results highlight the need for focused initiatives to enhance health literacy among the homeless, as literacy-related obstacles lead to problems with comprehending and navigating healthcare systems.

Additionally, a significant majority of respondents (74.1%) acknowledged that inadequate access to educational materials has hindered the ability to make educated healthcare choices. In order to improve health-related decision-making among the homeless population, it is crucial to address larger educational inequities. The study's results highlight the need for comprehensive strategies that tackle educational hurdles in addition to targeted health literacy programs, as well as the interdependence of literacy, education, and access to healthcare.

5.1.2.3 The effect of extreme weather conditions

Thirdly, we wanted to see how the homeless population's access to and use of healthcare was affected by severe weather. The results showed that weather-related problems significantly affect health outcomes. Importantly, 82.4% of those who took the survey felt that severe weather had an effect on their health. In addition, 75.1% said that their emergency room visits went up when the weather was very bad. The need of providing targeted treatments and support networks during harsh weather cannot be overstated, since these results highlight the susceptibility of homeless persons to health risks associated to the weather. The research emphasizes that healthcare plans for homeless people must include measures to deal with weather-related issues.

In addition, over 70% of those who took the survey felt that they were unable to adequately prepare for healthcare emergencies due to a lack of up-to-date meteorological information. Based on this, it seems that homeless people may be better prepared for bad weather if they had better access to reliable weather reports. The results highlight the importance of information accessibility in reducing the effect of severe weather on healthcare consumption, highlighting the need for measures to improve communication and information distribution among this susceptible group.

5.1.2.4 The effect of limited social support

The impact of low levels of social support on homeless people's ability to obtain and use healthcare was the focus of Objective 4. The results demonstrated the significant impact of social support networks on health results. A large majority of respondents (72.8%) felt that having a solid social support system in place was crucial. The importance of strong support networks on the overall health and happiness of homeless people is highlighted by this. The opposite was true for 69.5% of participants, who said that they had been unable to get healthcare due to a lack of certain forms of social assistance. This highlights the need of focused initiatives to fill in particular support gaps and improve this population's access to healthcare. According to the research, if social support services were designed with homeless people's specific needs in mind, it may help increase healthcare consumption and resilience in this population.

5.2 Conclusion

5.2.1 The Effect of Unemployment

This is what researchers found when they looked at how homelessness and unemployment impacted people's ability to get medical treatment. According to the survey, 62.2% of participants agreed or strongly agreed that their jobless status influenced their capacity to receive healthcare services, and this effect was much more pronounced with longer durations of unemployment. In addition, 66.5% of people said that they were unable to get healthcare because they were too busy looking for a job. It is clear from the results that there is a complicated relationship between homelessness and unemployment, and that there needs to be tailored interventions to help the homeless who are jobless overcome the unique obstacles they encounter. If we want better healthcare outcomes for this at-risk group, we need holistic approaches that take into account the complex nature of this connection.

5.2.2 The effect of illiteracy on access and utilization among homeless populations

The following findings pertain to the impact of low literacy rates on the ability of homeless persons to seek healthcare. With 68.4% agreeing or strongly agreeing that their reading level influenced healthcare access, the survey found that poor literacy constituted considerable hurdles to healthcare access. Over two-thirds of those who took the survey said that they had trouble understanding healthcare documents, which affected their choice of provider. In addition, the research found that those with higher levels of education were more likely to use preventative healthcare services, highlighting the importance of education in shaping these behaviors. The need of targeted initiatives to remove literacy obstacles to healthcare access among the homeless cannot be overstated, as these data demonstrate. People should be able to make better healthcare choices when they have better health literacy, which should be the goal of policy efforts and support programs.

5.2.3 The effect of extreme weather conditions

The following are the study's findings about the effect of severe weather on homeless people's ability to get healthcare. The results showed that 80.7% of people thought that bad weather had an immediate impact on their health. In addition, 70.7% said that weather-

related health problems were a major obstacle to getting medical treatment. As many as 67.2% of people said they had to make more trips to the emergency room because of severe weather. Homeless people's health and healthcare consumption are significantly jeopardized by harsh weather, according to the research. With the increasing severity of climate change, it is critical to meet the unique healthcare requirements caused by severe weather events. This can only be achieved by the implementation of focused policies, the allocation of sufficient resources, and the establishment of support systems.

5.2.4 The effect of limited social support

The research found that while looking at homeless people, the impact of poor social support on healthcare access was evaluated. A solid social support system was indicated by 67.1% of respondents, however 61.3% felt that their inability to navigate the healthcare system was due to a lack of social support. With 75.9% saying it was very important, emotional support stood out as a key component in their healthcare decision-making process. But 58.5% said they used healthcare more often because they had less emotional support. It was also noted that transportation assistance and community-level support structures are important for healthcare access. As a whole, the research shows that homeless people's healthcare experiences are shaped by various types of social support, which means that treatments should be designed to increase these support systems.

5.3 Recommendations

5.3.1 The Effect of Unemployment:

The research suggests many measures to help homeless people get access to healthcare, based on its results on unemployment. The first step is to establish programs specifically for this vulnerable population that will assist them in their job search. Homeless people have special obstacles while trying to find work, and these initiatives should help them overcome those obstacles. Homeless people may gain economic empowerment via community-based programs that teach them marketable skills and provide them with opportunities to earn money; this might help them overcome the obstacles they have while trying to get medical treatment since they are unemployed. Subsequently, the research recommends measures to alleviate the budgetary difficulties caused by unemployment. To

make sure that low money isn't a big obstacle to getting healthcare, social safety nets and welfare programs that are specific to homeless people might provide financial aid. For these programs to be successful, it is essential that governmental and non-governmental groups work together.

Thirdly, efforts to raise awareness about the connection between unemployment and healthcare access should be established, according to the report. Healthcare practitioners and homeless people alike may be the focus of such advertisements, which would help raise awareness of the issues these people confront. In addition, measures should be put in place to acknowledge and handle the healthcare requirements of those experiencing homelessness, taking into account factors associated to unemployment. Finally, the research stresses the need of encouraging partnerships across public agencies, nonprofits, and businesses in order to develop all-encompassing solutions. The complicated relationship between homelessness, unemployment, and healthcare access may be better understood and addressed via multi-stakeholder collaborations that result in long-term interventions.

5.3.2 The effect of illiteracy on access and utilization among homeless populations

Based on the results about illiteracy, the research suggests that specific programs should be implemented to help homeless people get access to healthcare. First, homeless people have specific needs, thus there should be literacy programs designed to help them. This demographic needs programs that focus on reading and comprehension so they can absorb healthcare information better. For literacy initiatives to be successful, it is essential that educational institutions, nonprofits, and government agencies work together. Second, current social support systems for homeless people should include health literacy components, according to the report. This at-risk population may be better served by health education and information resources made available via collaborations between healthcare practitioners and community-based groups. In addition, creating instructional tools that are easy for people with poor literacy abilities to utilize, such picture guides and simplified textual resources, may help homeless people absorb health-related information better.

Thirdly, the report stresses the need for action to reduce educational disparities and increase social inclusion. Homeless people should have the chance to improve their literacy rates, thus we should work to remove obstacles to education for them. When deciding how to allocate educational resources, lawmakers should keep in mind the unique difficulties encountered by homeless people. Finally, the research emphasizes the need of campaigning in bringing attention to the fact that healthcare access and illiteracy are interconnected. Lessening the stigma associated with low reading rates, increasing compassion among medical professionals, and rallying support for programs that educate people experiencing homelessness should all be goals of advocacy work. When designing new initiatives to remove obstacles to healthcare access caused by low literacy rates, it is helpful to look at what has worked in the past.

5.3.3 The effect of extreme weather conditions

The report concludes with a number of suggestions based on its evaluation of how severe weather affects healthcare access for homeless people. The first and foremost priority should be the creation and execution of specific public health programs to deal with the health problems that are made worse by severe weather. Shelters that are suitable for the weather, easy access to medical treatment in times of crisis, and public education campaigns about the dangers of weather-related illnesses should all be part of these programs. Furthermore, the research highlights the significance of healthcare providers, government agencies, and non-profits working together to build a healthcare system that is robust enough to endure the demands of severe weather. This requires careful preparation in advance to guarantee that healthcare services will be available and accessible, particularly in the event of a natural disaster. To further facilitate coordinated actions and the dissemination of timely meteorological information, investments in communication and technological systems are essential.

Additionally, the research suggests that current social support networks for homeless people should include elements that help them weather adverse weather conditions. This may include community-based programs that aim to help people in times of severe weather, such as arranging for rides to shelters, giving out clothes that are suitable for the weather, and

stocking up on food and medicine. Homeless people may be better prepared to withstand the health effects of severe weather if community-level support networks are strengthened. The report concludes by stressing the need for legislative and advocacy efforts to tackle the systemic socioeconomic causes of homelessness. Affordable housing, social injustice, and environmental justice are all important policy concerns that need to be addressed in order to reduce the negative impact of harsh weather on the health of homeless people. Future policy creation and execution may be guided by past interventions that have been effective in this area.

5.3.4 The effect of limited social support

Important suggestions were given for studying how a lack of social support affects the ability of homeless people to get medical treatment. To start, the research highlights how important it is to help those experiencing homelessness by enhancing their social support systems via tailored interventions. When it comes to overcoming the complex challenges caused by a lack of social support, initiatives like mentoring programs, counseling services, and community-based support groups may be very helpful. In order to increase healthcare access, these interventions should be tailored to the specific requirements of homeless people, taking into account the many kinds of assistance that are needed. Second, in order to build and maintain community-level support structures, the report calls for joint efforts by governmental and non-governmental groups. Finding, engaging, and empowering local communities to serve homeless people requires the creation of comprehensive programs.

5.4 Recommendation for one another Study

The impact of new therapies should be investigated in future research attempts, considering the complications surrounding healthcare access among homeless people.

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**APPENDIX I
INTRODUCTION LETTER**

Dear Participant,

**RE: INVITATION TO PARTICIPATE IN RESEARCH STUDY ON HEALTHCARE
ACCESS AMONG HOMELESS POPULATIONS**

I hope this letter finds you well. I am writing to invite you to participate in a crucial research study focusing on the challenges faced by homeless populations in Butte Subcounty, Wajir County, Kenya, concerning healthcare access. Your insights are invaluable in understanding the complexities of this issue. The questionnaire enclosed aims to explore the impact of factors such as unemployment, illiteracy, extreme weather conditions, and limited social support on healthcare access among homeless individuals.

Participation is voluntary, and your responses will remain confidential. Your contribution will greatly contribute to informing policies and interventions to improve healthcare access for homeless communities. Please complete the enclosed questionnaire to the best of your ability. Your cooperation is highly appreciated.

Thank you for your time and participation in this important research.

Sincerely,

Ubah Ahmed Ibrahim

DHD/12/00059/2/22

Student

Management University of Africa

APPENDIX II QUESTIONNAIRE

Dear Participants, thank you for taking part in our study on healthcare access among homeless populations in Butte Subcounty, Wajir County, Kenya. Your valuable insights will contribute to understanding and improving healthcare services for vulnerable communities. Please answer the following questions honestly, as your responses are crucial for meaningful research outcomes.

Demographic Information Questionnaire

1. Gender:

- Male
- Female

2. Age:

- 18-24
- 25-34
- 35-44
- 45-54
- 55 and above

3. Marital Status:

- Single
- Married
- Divorced
- Widowed

4. Educational Level:

- No formal education
- Primary
- Secondary

- College/Technical/Vocational
- University and above

5. Employment Status:

- Employed
- Unemployed
- Retired

6. Length of Homelessness:

- Less than 6 months
- 6 months to 1 year
- 1-2 years
- 2-5 years
- More than 5 years

7. Preferred Healthcare Services:

- Public Health Facilities
- Private Health Facilities
- Community Clinics
- Mobile Clinics

Study Objectives

Objective 1: Assess the effect of unemployment on access and utilization among homeless populations in Kenya.

Please rate the following statement on a scale of 1 to 5 as per your agreement where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree.

Statement	1	2	3	4	5
The duration of my unemployment has affected my ability to access healthcare services.					
I have experienced challenges in seeking healthcare due to my unemployment status.					
My current income level allows me to access necessary healthcare services.					
Limited income has been a barrier to utilizing healthcare services.					
I actively engage in job-seeking activities.					

Job-seeking responsibilities have hindered my ability to seek healthcare.					
Access to job opportunities is a significant factor in determining my healthcare access.					
Limited access to job opportunities has negatively impacted my overall healthcare utilization.					

Objective 2: Examine the effect of illiteracy on access and utilization among homeless populations in Kenya.

Please rate the following statement on a scale of 1 to 5 as per your agreement where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree.

Statement	1	2	3	4	5
I consider my literacy level to be adequate for understanding healthcare information.					
Limited literacy has been a barrier to accessing healthcare services.					
My level of education influences my ability to navigate the healthcare system.					
Limited educational attainment has impacted my utilization of preventive healthcare services.					
I feel confident in my ability to comprehend written healthcare information.					
Challenges in reading healthcare materials have affected my healthcare decision-making.					
I find it easy to understand verbal healthcare instructions.					
Limited comprehension ability has hindered my adherence to healthcare recommendations.					
Access to educational resources would enhance my understanding of healthcare information.					
Limited access to educational resources has been a barrier to informed healthcare decisions.					

Objective 3: Analyze the effect of extreme weather conditions on access and utilization among homeless populations in Kenya.

Please rate the following statement on a scale of 1 to 5 as per your agreement where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree.

Statement	1	2	3	4	5
Extreme weather conditions have directly impacted my health.					
Weather-related health issues have been a significant barrier to accessing healthcare services.					
I have experienced an increase in emergency healthcare visits during extreme weather events.					

The frequency of extreme weather events has influenced my overall healthcare utilization.					
Access to shelter during extreme weather conditions is crucial for my overall health.					
Limited shelter availability has posed challenges to seeking healthcare during extreme weather.					
Exposure-related health concerns during extreme weather conditions have affected my well-being.					
Addressing exposure-related health concerns is essential for improving overall healthcare access.					
Access to weather information is crucial for anticipating and managing healthcare needs.					
Limited access to weather information has impacted my ability to plan for healthcare during extreme conditions.					

Objective 4: Evaluate the effect of limited social support on access and utilization among homeless populations in Kenya.

Please rate the following statement on a scale of 1 to 5 as per your agreement where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree.

Statement	1	2	3	4	5
I have access to a reliable social support system.					
Limited social support availability has affected my ability to navigate the healthcare system.					
Different types of social support contribute to my overall well-being.					
The absence of specific types of social support has been a barrier to seeking healthcare.					
Emotional support plays a significant role in my healthcare decision-making.					
Limited emotional support has influenced my overall healthcare utilization.					
Access to transportation assistance is crucial for healthcare access.					
Limited transportation assistance has posed challenges to seeking regular healthcare.					
Community-level support systems contribute to my overall healthcare resilience.					
Strengthening community-level support systems would enhance overall healthcare access for homeless populations.					

THANK YOU FOR YOUR PARTICIPATION

**APPENDIX III
TIME PLAN**

Month	Research Activity
September 2023	Topic Consultation
October 2023	Begin research process
November 2023	First Draft Submitted
December 2023	Second Draft Submitted
January 2024	Data Collection
February 2024	Data collection and analysis and finalizing research

**APPENDIX IV:
BUDGET**

ITEM	BUDGET (Kshs.)
Stationery	6,000
Internet expenses	9,500
Transport	2500
Miscallenous	3000
Total	21,000

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