

Sheltered but Unsettled: Understanding the Lived Experiences of Homeless Adult Men in Temporary Tent Shelters in Durban, South Africa

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Abstract

Homelessness continues to be a pressing global health concern, intensifying vulnerability and health risks among people experiencing the phenomenon. Through in-depth storytelling sessions with ten homeless adult men, this qualitative study explored the lived experiences of homeless men residing in temporary tent shelters in Durban, South Africa. Thematic analysis revealed rich, personal accounts of the men's experiences. Findings revealed a complex situation of resilience and vulnerability, with five key themes emerging: supportive brotherhood, increased health risks, difficulties with shelter maintenance, compromised privacy, and theft of personal belongings. This study highlights the urgent need for targeted interventions addressing shelter conditions, health services, and security measures in temporary homeless shelters. Interested stakeholders need to prioritise creating dignified, safe, and supportive environments that holistically address the needs of individuals experiencing homelessness.

Keywords: homelessness; temporary shelters; brotherhood; compromised privacy; health risk



Southern African Journal of Social Work and Social Development

Volume 37 | Number 3 | 2025 | #17985 | 20 pages

<https://doi.org/10.25159/2708-9355/17985>

ISSN 2708-9355 (Online), ISSN 2520-0097 (Print)

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Introduction

The problem of homelessness is a health concern that continues to grow globally (Helleputte et al. 2025; Tsai and Lampros 2025). The United Nations defines homelessness as the absence of stable and secure housing (UN 2019). It remains a persistent issue affecting millions (Donovan and Shinseki 2013; Mathole and Ross 2024). In Africa, particularly in South Africa, homelessness presents a complex challenge that transcends socioeconomic boundaries (Mostert and Greeff 2022). The multifaceted causes of homelessness encompass structural and individual factors (Martins 2015; King 2018; Peterie et al. 2020; Mostert and Greeff 2022; Zyed et al. 2024). In Africa, cultural and societal norms further amplify these issues, exacerbating stigma and discrimination against homeless individuals (Jensen 2018). For men, traditional masculinity norms can hinder help-seeking behaviour, thereby worsening men's vulnerability to homelessness (Ratele 2017). Temporary shelters provide critical refuge but often struggle to address the holistic needs of homeless people, especially in resource-constrained settings (Amorim-Maia et al. 2023). Shedding light on the relationship between these factors is critical in developing context-specific interventions tailored to the unique experiences of the homeless people in Africa and ensuring equitable access to their support services.

This study aimed to explore the lived experiences of homeless adult men residing in temporary tent shelters in Durban, South Africa. The study aimed to inform the development of targeted interventions designed to improve shelter conditions, health services, and security measures within temporary shelters, ultimately contributing to the mitigation of homelessness in South Africa.

Structural Causes of Homelessness

Unemployment is one of the structural causes of homelessness, particularly during economic declines (Cross et al. 2010; Calvo 2018). For men, in particular, joblessness has far-reaching consequences, intensifying psychological distress and emotional vulnerability. These effects can lead to housing instability, ultimately leading to homelessness. Societal expectations of masculinity, emphasising strength, ability to provide, and employment (Willott and Griffin 1997), intensify the impact of unemployment on men. Long-term joblessness can disempower and emasculate, undermining traditional masculine norms. This erosion of masculine identity can contribute to feelings of shame, anxiety, and decreased self-esteem, increasing the likelihood of homelessness.

The other structural and fundamental cause of homelessness, rooted in inequalities, is poverty (Bonn 1981; Shinn 2010; Johnsen and Watts 2014). Neoliberal capitalism and patriarchal systems specifically intersect with racism and classism, perpetuating economic disparities (Harvey 2005; Collins 2019). This intersectionality increases poverty's severity, rendering individuals and households increasingly susceptible to

homelessness (Metraux et al. 2023). A positive correlation exists between poverty intensity and homelessness prevalence, with escalating poverty levels increasing vulnerability to homelessness (Metraux et al. 2023). Consequently, homelessness becomes rooted and prevalent, highlighting the need for structural interventions to address the underlying causes of poverty.

Research consistently reports that the scarcity of affordable housing options constitutes a critical factor in the prevalence of homelessness. Unemployment, among other factors, heightens the number of individuals unable to secure housing, exacerbating this issue (Martin 2015; King 2018). Building on this notion, Cronley (2010) mentions that homelessness can be understood as a social construct primarily resulting from the shortage of affordable housing. This perspective highlights the role of structural factors, rather than individual failures, in perpetuating homelessness. Lack of affordable housing is a critical factor contributing to homelessness. Addressing this issue requires a comprehensive understanding of the complex relationships between housing affordability, income inequality, and policy factors.

Individual Circumstances Causing Homelessness

While structural factors provide the context for homelessness, individual circumstances also play a role. Substance abuse can lead to adverse physical, psychological, and social consequences (Compton and Yu-Ping 2017). Substance abuse is acknowledged as a psychiatric illness characterised by dependence, tolerance, and compulsive use despite negative outcomes. The relationship between excessive substance use and homelessness is complex, with ongoing debates surrounding causality. While some studies suggest that substance abuse is a primary cause of homelessness (Fountain and Howes 2002), others argue that homelessness precedes substance abuse (Auerswald and Eyre 2002). The former perspective suggests that escalating substance abuse leads to financial depletion, relationship deterioration, and, ultimately, homelessness. On the contrary, some studies indicate that for some individuals, substance use is a coping mechanism adopted during homelessness and often facilitated by socialisation within the homeless subculture (Auerswald and Eyre 2002). Substance use can mitigate and mask the daily struggles and uncertainty faced by homeless populations (Neale 2021). Johnson and Chamberlain (2008) caution against oversimplifying the issue; they acknowledge that substance abuse is prevalent among homeless populations, but it is not a primary cause of homelessness.

Mental health illnesses are the other significant contributor to homelessness, with affected individuals representing one of the two largest groups among the global homeless population (Shinn 2010). The relationship between mental health and homelessness is bi-directional, with each factor influencing the other. Inadequate housing has the potential to trigger or worsen mental health issues, while mental health problems can impair an individual's capacity to secure and maintain stable housing,

creating a vicious cycle (Padgett 2020). Addressing these links requires comprehensive strategies combining mental health support and housing solutions.

While domestic violence is often associated with female victims, men also experience significant abuse, leading to housing instability. Research indicates that domestic violence is one of the primary pathways to homelessness for many individuals (Zhao 2022). Upon fleeing abusive households, survivors frequently confront housing insecurity, suggesting domestic violence can directly cause initial homelessness. Previous studies suggest a gender disparity in domestic violence-induced homelessness, with women disproportionately affected (Channugam et al. 2015; Bretherton 2017; Reeve 2018). However, this disparity stresses the need for targeted research on male victims, exploring how domestic violence uniquely impacts their housing stability.

The Demographics of Homelessness

South Africa reports between 100 000 and 200 000 people experiencing homelessness (Stonehouse et al. 2023). The people experiencing homelessness are characterised by a significant over-representation of men (Toro 2007; Kim et al. 2010), with shelters emulating this male-dominated demographic. Empirical evidence suggests that men experience prolonged durations of homelessness compared to women (Ford and Kim 2006), rendering them more vulnerable to adverse outcomes, including heightened risk of injuries, illnesses, and mortality (Heerde et al. 2023). In many African contexts, traditional masculine norms emphasise men's roles as primary breadwinners, perpetuating harmful gender stereotypes. The intersection of poverty and unemployment can precipitate feelings of shame, inadequacy, and emasculation among men, potentially triggering a downward spiral into homelessness (Moyer et al. 2016). This phenomenon highlights the intricate relationships between socioeconomic factors, cultural expectations, and homelessness among men.

The Advent of Temporary Shelters in Durban

In response to the COVID-19 pandemic, the eThekweni Municipality in South Africa implemented emergency measures to mitigate the spread of the virus among homeless individuals. Eight temporary tent shelters administered uniformly were established, providing accommodation, sanitation facilities, and food for approximately 1,500 homeless people during the lockdown (The Smart City Journal 2023). These shelters, managed by the municipality, have been continued beyond the pandemic, integrating them into the city's homelessness mitigation strategy (The Smart City Journal 2023). Additionally, organisations like the BHRC provide complementary services to support this population in conjunction with the municipality's efforts.

Prior to the COVID-19 pandemic, street homeless individuals in Durban sought shelter in diverse locations, including informal shelters, such as abandoned buildings, cardboard boxes, or improvised tents. Public green spaces, like parks and gardens, also

served as temporary shelters, particularly during nighttime hours. Furthermore, many individuals resorted to sleeping in exposed locations, including street corners, sidewalks, and under bridges, as well as at transportation hubs such as bus and taxi ranks and train stations. Notably, despite the availability of temporary tent shelters, many homeless individuals in Durban continue to seek accommodation in these informal and exposed locations, highlighting the ongoing need for adequate and accessible shelter options in the city.

Despite the prevalence of homelessness in South Africa, there is a dearth of research examining the lived experiences of homeless individuals in shelter settings. Specifically, the utilisation of temporary tent structures as homeless shelters in Durban raises concerns regarding their adequacy in addressing the needs of the homeless.

Methods

Study Design

We employed a convenience, non-random, in-depth qualitative design to explore the lived experiences of adult men experiencing homelessness, living in temporary shelters and accessing services at Bellhaven Harm Reduction Centre (BHRC). A narrative inquiry approach was utilised, leveraging storytelling for data collection and analysis methods. This allowed participants to share their experiences and perspectives through personal narratives, providing rich, contextual insights into their lives.

Study Setting

This study was conducted at BHRC, which serves as a sanctuary for vulnerable and homeless individuals in Durban (Moodley and Marks 2023). BHRC addresses the complex needs of individuals struggling with substance abuse and homelessness, providing comprehensive harm reduction services. The centre's holistic approach encompasses Opioid Substitution Therapy (OST), HIV/AIDS counselling, testing and treatment, Tuberculosis (TB) screening and treatment, Psychosocial support services, shower facilities for homeless individuals and referrals to hospitals. By delivering these essential services, BHRC promotes health, dignity, and human rights among marginalised and vulnerable populations.

Participant Profiles

The study participants were homeless adult men residing in temporary tent shelters provided by the eThekweni Municipality. The sample consisted of ten males aged 20 to 65 years. Six participants had a diagnosed opioid use disorder and were enrolled in the Opioid Substitution Therapy (OST) programme at BHRC. The remaining four were accessing HIV/AIDS counselling, TB treatment, and psychosocial support at BHRC. None of the participants reported being married, although many reported having children. Notably, nearly all participants had completed their high school education.

The decision to focus exclusively on male participants in this study was motivated by convenience. Demographically, the homeless male population receiving services at BHRC constituted the largest group, rendering them a significant focus area worthy of in-depth examination. By concentrating on this subgroup, we aimed to contribute meaningfully to the existing literature on homelessness, which has historically prioritised the experiences of adult males. From a methodological standpoint, convenience sampling was employed to facilitate data collection. Homeless adult males were more readily accessible to researchers. This sampling strategy enabled us to gather rich, contextual data while minimising the challenges associated with recruiting and retaining participants.

Sample

This study utilised a convenient sampling approach. We were assisted by peer supporters who encouraged their peers to participate in the current study. Participants were recruited from two temporary tent shelters, Block AK and Jewish temporary shelters, respectively. Participants were recruited through a poster advertisement placed on the notice board at BHRC. The poster invited clients to share their life stories with the researcher over coffee. At the time of the study, the primary researcher was engaged in daily volunteer work at the BHRC. This facilitated easy access to participants. Interested clients approached the researcher directly, and following informed consent, they shared their stories and experiences through in-depth interviews. Semi-structured storytelling sessions were conducted with ten individuals, providing rich, contextual insights into their experiences. Theoretical saturation was achieved after ten interviews, as no new themes or codes emerged from the narratives (Saunders et al. 2018). This sample size enabled an in-depth exploration of participants' lived experiences, minimising data redundancy.

Research Instruments

Data collection was guided by an "interview guide" comprising open-ended questions and prompts tailored to explore participants' life stories through in-depth one-on-one storytelling sessions. Participants were individually asked to narrate their stories of how they ended up at the temporary shelter. Follow-up questions for clarity in the stories told included asking participants about their experiences at their respective shelters. This qualitative approach facilitated the gathering of rich, personal narratives, providing valuable insights into participants' lived experiences. Storytelling sessions were conducted in a semi-structured format, allowing participants to share their experiences and perspectives in a flexible and open-ended manner. This approach enabled the collection of contextual, experiential data that illustrated the complexities of homelessness and substance abuse.

Data Collection

Data was collected at BHRC from November 2023 to March 2024. Prior to each participant's respective coffee date, they were given consent letters that outlined the main purpose of the coffee sessions. At the beginning of each session, the researcher revisited the consent letter with the participant to ensure that they understood the invitation. This was followed by the participant signing the consent letters before the session proceeded. The sessions provided a comfortable setting for men to narrate their lived experiences at temporary shelters. Storytelling sessions were conducted in isiZulu and English, with participants choosing their preferred language. Sessions were audio recorded to ensure accurate data capture, and participants provided verbal and written consent prior to recording. No monetary compensation was provided; instead, refreshments were served during each session. This approach facilitated authentic, in-depth narratives, minimising power dynamics and promoting participant comfort.

Data Analysis

Thematic analysis, a systematic and rigorous qualitative data analysis method (Braun and Clarke 2006; Dawadi 2020), was employed to identify and interpret patterns and meanings within the narrative data. All recorded stories that were in isiZulu were translated and transcribed into the English language to facilitate analysis. Through thematic analysis, common themes, topics, and ideas that recurred throughout the narratives were identified, yielding insightful and trustworthy findings. This iterative process involved six stages: familiarisation with data, where transcribed data were carefully read and re-read to ensure immersion and to gain a deeper understanding of the narratives. The next step was the initial coding, which involved generating codes through inductive reasoning, allowing for the identification of preliminary themes and patterns. This was followed by theme identification, which led to patterns and themes emerging through iterative coding and data analysis, refining the initial codes and identifying relationships between these codes. The next step was theme refinement, which involved the refinement of themes. These themes were defined through ongoing analysis, ensuring that they accurately captured the essence of the narratives. The final stage involved labelling and defining final themes to provide a clear and concise representation of the findings.

Ethical Considerations

The study prioritised participants' autonomy, dignity, and well-being. It adhered to rigorous ethical standards, ensuring the protection and dignity of participants. Specific ethical considerations included informed consent. All participants provided verbal and written informed consent, ensuring voluntary participation. Pseudonyms were assigned to maintain participant anonymity and confidentiality. Data collection occurred in a private room at BHRC. Ethical approval was obtained from the Durban University of

Technology Ethics Review Committee (IREC 049/15), aligning with national and international guidelines. Permission was also granted by BHRC management.

Findings

The results of the current study revealed five major themes: supportive brotherhood, increased health risks, challenges in shelter maintenance, compromised privacy, and theft of personal belongings.

Supportive Brotherhood

The study revealed a strong sense of brotherhood cultivated by shared experiences and adversity. Key factors facilitating this solidarity included participation in similar peer support programmes at BHRC, fostering social support networks, and collective engagement in events, programmes, and recreational activities. Shared living environments enabled men to develop meaningful relationships characterised by mutual understanding and empathy, shared coping mechanisms and collective resilience. One participant commented:

This place has become a home for many of us. We are one big family made up of people from different backgrounds. We have brothers and sisters here with the same life experiences. I take all these people here as my family. I personally got to even know about this place because of these brothers that I found at the shelter (tent). We care for each other that much. We take care of each other and advise each other about life.

Bonang, aged 27

Looking out for each other emerged strongly as an indicator of brotherhood among men staying in temporary tent shelters. Adding to what the previous participant reported on, Napo emphasised:

We are all brothers at the tent [temporary shelter] I stay at. For me to be here today, it is because one of the brothers who is also in this programme brought me here so I could join the programme [OST programme] and get help. People may think drug users do not advice each other, but that is not true. We do care for each other.

Napo, aged 24

This brotherhood provided significant emotional support, enhancing the men's mental well-being and mitigating challenges associated with homelessness. The implications of the developed brotherhood among participants revealed that temporary accommodations can serve as effective platforms for social support and community building.

Increased Health Risks

Our study participants reported significant concerns about the increased health risks associated with their temporary tent shelters. Key issues included poor ventilation, hygiene and sanitation conditions in the tents. Moreover, inadequate health screening of residents prior to acceptance into the shelters potentially facilitated the spread of communicable diseases.

There is 20 of us staying in one tent since COVID-19. These tents were provided by the government through the city municipality. The truth is they helped us a lot, but this is not a clean way to live, it is not a healthy environment for human beings to live. If we lived like this when we went out for camping, I would understand, not this tents as our day to day living environment.

Tom, aged 65

Specifically, participants reported that airborne diseases such as TB, skin rashes and cohabitation with sick individuals led to possible on-site disease spread:

There are TB patients and people with skin problems that we leave with in the tents. Some are on medication from here, but some might not even know that they are sick. You just hear somebody coughing too much and looking sickly in the same tent as you. You cannot do anything about it. TB is airborne and easy to transmit from one person to the other. So, there is a high chance of spreading these diseases around in these shelters. Not only TB, but other diseases that we don't know.

Sello, aged 30

More than half of our participants expressed concerns about health risks at the shelters and reported that there was inadequate health screening of new residents during the admission process. This implies that there is a need for mandatory health screening for residents prior to admission to shelters to prevent disease transmission. This finding further implies that there is a need for improved sanitation and hygiene protocols necessary to mitigate health risks at shelters.

Shelter Maintenance Challenges

Our study revealed significant maintenance issues in the temporary tent shelters stemming from the absence of designated maintenance personnel. Residents with tent-pitching knowledge and experience assumed maintenance responsibilities without compensation. The consequences of a lack of maintenance personnel led to a lack of accountability in maintenance and the elevated risk of tents collapsing. One of the men who took part in the voluntary maintenance of tents mentioned:

There is no one assigned for the maintenance of those tents. Some of the residents in the shelters like me have experience in pitching tents. There are very few of us. We always volunteer to fix them. We get overworked in trying to maintain the tents, and we don't even get paid for this hard work.

Jula, aged 33

The findings highlight a critical need for establishing a formal maintenance framework comprising a dedicated team and an incentivised structure to ensure accountability, motivation, and quality work.

Compromised Privacy

Many of our participants reported significant concerns regarding privacy in shared temporary shelters. Our study findings revealed overcrowding, with an average of 20 men sharing a single tent, eliminating opportunities for solitude due to constant noise disturbances and diverse individual routines.

There is no privacy at our tents. We are too many in one tent. We are 20 men. In some tents there are thirty men. How does one get privacy? There is none.

Nathan, aged 33

Look at me. I am old. I wish I had my own room at least. Even if we were sharing a room as two men it would have been better. Now we are so many in one space. Even if you want to just rest and think, it's not possible. There are always people in your face. But yeah, it's better than nothing.

Tom, aged 65

The reported situation has significant implications for the privacy and well-being of residents in temporary tent shelters. The overcrowding and lack of adequate privacy measures compromise residents' ability to maintain personal boundaries, potentially exacerbating stress, anxiety, and mental health challenges. Furthermore, insufficient privacy may also undermine residents' dignity and sense of autonomy, ultimately hindering their ability to recover from homelessness and reintegrate into society.

Theft of Personal Belongings

Participants reported frequent theft of personal belongings at the shared temporary tent shelters, especially due to a lack of privacy, as individuals' belongings were easily accessible to others. Despite the presence of on-site security personnel, theft persisted because they focused primarily on external intrusion prevention and conflict resolution on site. Internal resident-to-resident theft received inadequate attention:

Theft is one of the challenges in these shelters. Residents in the tents steal from each other a lot. We do have guards on site, but they are focused on the gate to make sure that people from outside do not come in. They also focus on making sure that we do not fight. The safety of our belongings is not on the list of the things they are paying attention to.

Nathan, aged 33

Even if I have money after hustling, I don't want to buy important things. Where will I keep them. The guys will steal them. Maybe if we had lockers that we can lock, it will be different.

Khotso, aged 23

The findings on theft of personal belongings at shared temporary shelters have significant implications for the safety, security, and well-being of residents. The lack of adequate measures to prevent internal theft, combined with the security personnel's focus on external threats and conflict prevention, creates an environment where residents' personal belongings are vulnerable to theft. This leads to losses and erodes trust among residents, thereby undermining their sense of security and dignity. Furthermore, the findings suggest that the absence of secure storage options, such as lockers, exacerbates the problem.

Limitations

While this study offers valuable insights into the lived experiences of adult men residing in temporary shelters in Durban, several limitations should be acknowledged. The small sample size of ten participants may restrict the generalisability and transferability of the findings to other contexts. Additionally, the study's focus on adult men may not capture the experiences of other populations, such as women, children, or families, who may face unique challenges. Furthermore, the study's reliance on self-reported data may be subject to biases and limitations. Despite these limitations, this study makes a meaningful contribution to our understanding of the lived experiences of people experiencing homelessness. Future research should prioritise the following directions: an investigation of the experiences of diverse populations experiencing homelessness and to development of evidence-based interventions to address the complex needs of people experiencing homelessness.

Discussion

This study offers insight into the complex lived experiences of adult men residing in temporary tent shelters in Durban, KwaZulu-Natal. Through their narratives, participants revealed a multifaceted reality marked by both positive and negative experiences.

One of the positive experiences of temporary shelter dwellers was the formation of a supportive brotherhood among themselves. Research shows that social support plays a key role in the outcomes of individuals experiencing chronic homelessness (Cummings et al. 2022). The supportive brotherhood that emerged among our participants was a notable positive experience, facilitating enhanced coping mechanisms for homelessness. Participation in shared events, activities, and programmes at BHRC fostered this sense of community, enabling men to navigate the challenges of homelessness better. This finding aligns with existing research that highlights the vital role of social support networks in mitigating the adverse effects of homelessness (Matulic-Domadzi et al. 2020). Moreover, our study highlights the potential of harm reduction centres, such as BHRC, to cultivate supportive environments that promote resilience among individuals experiencing homelessness. Our study further highlights the potential of harm reduction centres to cultivate supportive environments, promoting resilience among individuals experiencing homelessness. Strong social supports relationships may also contribute significantly to increased perceptions of recovery among the homeless (Gasior et al. 2018). It is essential that harm reduction centres and other organisations serving individuals experiencing homelessness prioritise the development of supportive community programmes, acknowledging the crucial role that social support plays in fostering resilience and recovery. Future research should explore the specific mechanisms by which supportive brotherhoods form and sustain people experiencing homelessness.

Individuals experiencing homelessness are extremely exposed to increased health risks due to prolonged outdoor exposure, inadequate access to healthcare, and limited resources (Noor et al. 2025). Our study participants expressed serious concerns regarding the high risk of disease transmission within shelters. Key factors contributing to these concerns included inadequate preventive measures, such as insufficient health screening for new residents and inadequate ventilation, hygiene, and sanitation conditions at the shelters. These findings align with existing research indicating a high prevalence of health issues among individuals experiencing homelessness (Daiski 2007; Gilderbloom et al. 2013; Donley and Wright 2018; Moffa et al. 2019; Stonehouse et al. 2023). The limitations imposed by homelessness, such as restricted access to healthcare and challenges in maintaining healthy lifestyles, intensify vulnerability to illness (Tyminski and Gonzalez 2020). These findings highlight the urgent need for enhanced health measures in shelters, including comprehensive screening and improved hygiene and sanitation facilities. The implications of this study are significant and emphasise the need for immediate improvements to health measures in shelters. To address the health disparities faced by individuals experiencing homelessness, policymakers and service providers must work together to implement comprehensive health screening protocols, improve shelter conditions, and increase access to healthcare services. Future research should focus on developing and evaluating effective interventions to reduce health risks in shelters, as well as exploring the long-term health outcomes of individuals experiencing homelessness in South Africa.

In addition to health risks, participants reported challenges in maintaining satisfactory physical conditions at the shelters, specifically highlighting poor tent maintenance. Research reports that a lack of habitability in temporary shelters compromises the dignity of vulnerable populations (Kim et al. 2021). A lack of designated maintenance personnel was identified as a primary issue, leading some participants to assume maintenance responsibilities without compensation. This informal burden not only perpetuates inequity but also compromises shelter safety, posing health risks to residents. Consistent with previous research (Gilderbloom et al. 2013), our findings emphasise the common problem of sub-standard physical conditions in emergency homeless shelters. These findings highlight the need for policymakers and shelter administrators to prioritise shelter maintenance and address the inequitable burden placed on residents. Future research should explore effective models for resident-led maintenance initiatives, including training programmes and compensation structures. Researchers and policymakers can work together to develop and implement solutions that prioritise the dignity, safety, and well-being of individuals experiencing homelessness.

In certain contexts, temporary shelters for individuals experiencing homelessness are conceptualised as instruments of social control, particularly in efforts to combat drug use (Mandell 2007). This perspective suggests that temporary shelters may serve as mechanisms for regulating and monitoring the behaviour of people experiencing homelessness rather than solely providing humanitarian assistance. Our study findings support this notion, as participants expressed concerns about the lack of privacy in shelters (Daiski 2007), primarily due to overcrowding and the use of tents as accommodation. This issue hindered participants' ability to secure alone time, undermining the importance of personal space in maintaining emotional well-being. These results resonate with the existing research (Gilderbloom et al. 2013; Taylor and Walsh 2018; Moffa et al. 2019), which highlights overcrowding and compromised privacy as inherent challenges in temporary homeless shelters. Ultimately, the absence of privacy in shelters has significant implications for residents' mental health, well-being, and dignity. Future research can focus on developing and evaluating interventions to enhance privacy and autonomy in shelters.

The theft of personal belongings at temporary shelters emerged as a significant concern, creating an environment of fear and compromising residents' sense of safety and trust. This finding is consistent with previous research, which reports that people experiencing homelessness commonly engage in theft (Heerde et al. 2013). The prevalence of theft in shelters not only erodes material security but also has profound psychological and emotional impacts, deterring residents from acquiring vital possessions and exacerbating vulnerability. This phenomenon aligns with existing literature, highlighting the high crime rates characteristic of emergency homeless shelters, which compromise safety within the shelters and surrounding communities (Gilderbloom et al., 2013; Daiski, 2007). The implications of these findings are important and highlight the need for shelter administrators and policymakers to prioritise the development and

implementation of effective strategies to prevent theft and promote safety within shelters. This may involve enhancing security measures, implementing secure storage solutions, and fostering a sense of community and mutual respect among residents. Future research should investigate the effectiveness of different interventions aimed at reducing theft and improving safety in temporary shelters.

Recommendations

A primary recommendation emerging from this study is that the eThekweni Municipality should prioritise phasing out tents as temporary shelters for homeless individuals, as they fail to provide a dignified living environment. Instead, policymakers should focus on addressing the root causes of issues like economic instability by promoting economic empowerment and providing supportive services. To mitigate immediate challenges, we recommend alternative solutions while the municipality explores improved shelter provisions.

Firstly, to address the health concerns at the shelters, a multifaceted approach is necessary. Comprehensive health screening should be implemented for all residents upon admission to identify any underlying health issues. Additionally, regular cleaning and disinfection schedules should be established for shelters to maintain a hygienic environment. Health education and training should also be provided for residents and staff to promote healthy practices and disease prevention.

Moreover, to ensure the maintenance of tent shelters, assigning a dedicated maintenance team with clear responsibilities is crucial. This team should be provided with fair compensation for their labour, and regular maintenance inspections should be conducted to address any issues promptly. As a result, the shelters can be maintained in a safe and habitable condition, which is essential for the well-being of residents.

Similarly, the issue of compromised privacy at tent shelters can be addressed through several measures. To reduce overcrowding, increasing tent capacity or providing alternative accommodations can be explored. Consequently, by implementing these measures, residents can enjoy a more comfortable living environment.

Finally, to combat theft at shelters, implementing privacy-enhancing structures such as lockers and secure storage is necessary. Security efforts should be refocused to include internal theft prevention, and clear policies and procedures should be established for reporting and addressing theft. Ultimately, by taking these measures, residents' personal belongings can be better protected, and a sense of security can be maintained within the shelters.

Conclusion

Homelessness presents a complex and multifaceted challenge, disproportionately affecting all genders. Temporary shelters, intended as a safety net, often fail to provide a supportive environment. Our study shed light on the lived experiences of homeless men in temporary tent shelters, revealing the contradictory nature of resilience and vulnerability. It has been noted that men at the shelters formed a supportive brotherhood, yet concurrently faced increased health risks, shelter maintenance challenges, compromised privacy, and personal belongings theft at these tent shelters. These findings draw attention to the pressing need for targeted interventions prioritising improved shelter conditions, health services, and security measures. Interested stakeholders must prioritise their efforts towards creating dignified, safe, and supportive environments that address the holistic needs of individuals experiencing homelessness. Future research should focus on investigating effective shelter design and homeless shelter management to cater for the well-being of homeless individuals.

Acknowledgements

We thank Bellhaven management, staff and community for their support and permission to conduct this study. We would like to particularly thank Professor Monique Marks for introducing us to the Bellhaven Harm Reduction Centre. We also thank all the study participants at BHRC for making this study possible.

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