**Vulnerable Female Population: Homeless Women**

Although the past few decades have seen women continue to form a larger portion of the homeless people in the United States, not much has been understood about them in terms of the factors that affect them. These factors include their socio-demographic profiles, health conditions, the use of or access to health services as well as the relationship between their state of being homeless and their social and health factors (Arangua, Andersen & Gelberg, 2005) Homeless women are a highly vulnerable subgroup of the homeless population. Research equally shows that these women are prone to poor health and minimized the use of health services. Further, white women are more likely to experience adverse health and are also unable to access a variety of healthcare needs. The decision to choose homeless women as the preferred group is premised on the fact that female homelessness has been on the rise in the recent past an and it has become increasingly important to consider the effectiveness of health services for women through targeted networks (Arangua et al., 2005). An establishment of networks for the homeless women is essential in the provision of support for mental health and substance treatment as well as primary care in meeting the homeless women’s special needs.

Homelessness is not only a product of poverty but also causes poverty in both social and health inequality. For those experiencing poverty or at risk of it, therefore, homelessness is a common factor (Hetherington & Hamlet 2018). Ideally, with homelessness comes a higher risk of mortality and grave health concerns. As a result, focus towards this vulnerable group is integral to ensuring that health services are evenly received across all populations. Achieving this is only possible through comprehension of statistics and how it impacts on their health, their psychosocial needs, cultural competence affecting the group as well as the methods that can be employed to ensure ethical and cultural competence.

**The Relevant Group Statistics Related to Homeless Women and the Impact They Have on their Health**

Women make a smaller proportion of individuals that are homeless, which is about 28% of the overall population of the homeless which is estimated at 40%. Statistics done in the year 2016 indicate that the homeless female population was at a total of 99, 135 with half of the population being sheltered and the rest unsheltered (Henry et al., 2016). In light of these statistics, there is an underlying concern of the impact it has on the health of these women. In spite of women forming a smaller portion of the homeless population, such a number is still high shows that women’s health has been adversely affected a result of homelessness. It is equally important to note that there is a high likelihood that the figures have significantly gone up, therefore, indicating that there are increased concerns when dealing with women health issues. Essentially, female homelessness presents more health concerns when compared to homeless men such issues regarding their reproductive health. For instance, some these women are pregnant and require prenatal care. Alternatively, there are those that may in need of reproductive health services such as family planning care.

**The Psychosocial Needs of Homeless Women**

The vulnerability of homeless women presents a number of psychosocial needs that are common among these women. An analysis of the psychosocial needs is essential in order to meet the health needs of these women. The psychological interventions that are adopted have to take into account issues of poverty, emotional factors as well as the reduced social support (Wright, Attell & Ruel, 2017). In the case of emotional factors, homeless women are more prone to experience depression, hopelessness, anxiety, low esteem and even tendencies of being suicidal due to their state. However, meeting these psychosocial needs and in a fashion that is timely is often a huge challenge.  These emotional factors tend to be related in a way such that one factor could be a trigger for another. A complete assessment of the possible presence of all the factors is one way of properly meeting the psychosocial needs. For instance, in offering counseling services in order to address the emotional factors, a complete assessment will effectively direct the path that the counseling will take.  As for poverty, being a significant aspect of homelessness means that these homeless women are often unable to access resources that will improve both their quality of life and financial situations. Limited social support, on the other hand, is indicative of an absence of supportive and caring family in which these persons are often in need of.  The nature of homelessness is one that is characterized by separation from family or inability of homeless families to offer support to one another. It is imperative to note that these psychosocial needs cannot be properly met unless the possible or existent barriers are equally addressed.

**Issues Impacting Culturally Competent Care Delivery for the Group**

The issue of cultural competence cannot be overlooked when addressing care delivery among homeless women. Cultural competence refers to those attitudes, skills, and knowledge expected oh healthcare providers when attending to patients that come from different backgrounds. Competence, therefore, demands that there a blend of both conviction and knowledge as well as the ability for action. The need to embrace cultural competence in care delivery among homeless women is to ensure that appropriate care is given and that disparity in such a vulnerable population is reduced. One of the issues that impact culturally competent care during care delivery for homeless people and particularly homeless women is that homelessness is usually a product of various factors as opposed to a single causal factor. Consequently, in appreciating this issue, a healthcare provider is well positioned to understand how these various components affect an individual and how best to address them. Further, the experiences of homeless women are heterogeneous. As such, a healthcare provider ought not to assume that one’s individual’s experience of homelessness is similar to another homeless person.

**The Associated Culturally and Ethically Competent Care Methods the NP will Employ in Caring for the Population.**

In being ethically and culturally competent, a nurse practitioner will have to employ various methods to care for the homeless women. One of the methods will be to treat each homeless person individually without adopting a form of generalization. In doing so, the unique needs of each homeless women will be fully addressed without biasness or elements of inadequacy (Hamilton et al., 2012. Further, in relying on this method, the nurse practitioner will create a conducive environment for the individual to feel at ease around the nurse practitioner. Failure to individualize the care given is likely to raise issues of stereotyping, which may further present more challenges to both the homeless woman and the healthcare provider. As an aspect of being ethical, a health provider has to allow the homeless persons to receive care willfully without being coerced or forced. When consent is given, or an individual is made to understand the nature and importance of the care given, better outcomes are realized.

Further, because homeless women, like other homeless people, come from diverse background cultural underpinnings, these backgrounds are very influential in their attitudes and perceptions of care. Consequently, some may be unwilling to receive care even though it is intended to help them. Some of the methods to ensure that these women accept the care being offered to them is first to respect their cultural influences. For instance, some women may prefer a female nurse practitioner to attend to them, thus, necessitating gender sensitive considerations. Further, research has suggested consideration of a homeless person’s ethnic and racial culture when giving health care, given that persons from minority groups tend to disproportionately homelessness (Guerrero et al., 2018). Therefore, cultural competence is a key requirement in improving the outcomes for substance use and other health needs.

In conclusion, homelessness of women has become a major issue today thereby creating concerns on how best to address the health issues of such a vulnerable population. Such a population presents unique yet sensitive health concerns that require a multidimensional approach. In addressing the various issues, therefore, consideration of all the relevant aspects involved such as ethical and cultural competencies. Consequently, the overall objective is to see that health concerns associated with this population are effectively addressed.

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