

Rural-Urban Migration and Sexual and Reproductive Health Choices among Street Adolescents and Youth in Uganda

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Scientific and Social Impact

This thesis sought to delve into the nexus of rural-urban migration with sexual and reproductive choices and behaviour and explore associated factors among street adolescents and youth aged 12-24 years in Kampala, Uganda. It draws attention to the demographic and behavioural drivers of intra-urban mobility of street youth and expands on prior knowledge on understanding the pathways that drive them into risky sexual behaviour. It is hoped that the studies in this thesis will be useful resources for researchers, students, and practitioners with an interest in migration health. The evidence generated could guide the design of effective policies and programmes to improve access to and utilisation of SRH services among street adolescents and youth and, ultimately, contribute to their improved SRH outcomes and well-being.

Scientific impact

By drawing on the findings of the studies in this thesis, this research made three important scientific contributions. First, it exposed the SRH risks associated with the rural-urban migration process among street adolescents and youth. Second, it contributed a new perspective to the current understanding of risks associated with intra-urban mobility among street adolescents and youth, acknowledging the negative effects of intra-urban mobility on the behaviour of the street youth. Third, it exposed the potential effects of rural-urban migration on, and social determinants of, SRH services utilisation as well as childbearing decision-making and contraceptive perspectives among street youth. Our results add to the ongoing scientific discourse on the nexus between rural-urban migration and SRH choices and offer empirical support for the hypothesis that future studies be sensitive to inter-personal and environmental context factors.

Despite the new knowledge on the nexus of migration with SRH choices drawn from the studies in thesis, a few areas for further research are recommended. First, research to identify contextual factors that shape the urban integration process and its impact on street youth's SRH outcomes is needed. Second, improved understanding of how rural-urban migration and intra-urban mobility of street youth impacts on the urban health system and how SRH programmes need to adapt to human mobility is needed. Third, in-depth investigation into the socio-economic and environmental drivers of street youth's intra-urban mobility, rural-urban and external support networks (including support by peers and sex work networks) is recommended. Future research on these topics is important in

facilitating adaptation of the urban healthcare system to be more responsive to the SRH needs of the mobile street adolescents and youth.

Social impact

Overall, two broad outcomes of the studies in this thesis emerged: First, the research provides new perspectives that may contribute to the shaping of rural-urban migration and intra-urban mobility narratives regarding SRH behaviour and services for vulnerable populations, especially the street and homeless youth, within an urban setting of Kampala. Second, the research findings could be useful in the production of technical briefs targeting policymakers and policy implementers to respond to structural barriers to SRH services utilisation among marginalised street children and youth while acknowledging the benefits of youth migration in urban growth and development. This was partly achieved through the dissemination of findings at conference presentations and publications in internationally peer-reviewed journals.

Because of the methodological aspects, this research led to the development of a migration module that consists of questions to measure rural-urban migration dynamics, which could be adopted for future surveys. This research showed that the incorporation of the stakeholder approach during the design and implementation of the study increased understanding of the SRH problems experienced by street adolescents and youth and increased the collaboration with local NGO providers of health and social services for street youth. The initial dissemination of the study findings during the 8th African population conference in Entebbe, Uganda in 2018 and sharing of an abridged study report with KCCA's directorate of Public Health Services and environment helped to ensure greater appreciation of the SRH service delivery gaps and the impact of rural-urban migration process on urban street youth's SRH choices among expert decision-makers, migration researchers and policymakers.

Understanding the nexus of the rural-urban migration and social determinants of street youth's SRH choices can provide invaluable insights for policy reforms and practice. Our findings showed that the migration process had potential impact in driving street youth's sexual behaviour, especially sex work and multiple sexual partnerships among rural-urban migrants. The thesis argues that policy debates regarding sex work should focus not so much on whether street adolescents and youth should 'choose' to or not enter this profession but instead focus on the need to ameliorate their living and working conditions by regulating sex work

and providing alternative livelihoods. The question researchers and policymakers should be asking is, what works for the street adolescents and youth?

The association of sex work with intra-urban mobility of street adolescents and youth should be a concern for the government, KCCA and other policy influencers. Policies and legislations to regulate sex work and sexual exploitation among street girls and boys are essential. The enforcement of existing laws and policies on sexual abuse and sending clear messages to the culprits that these abuses are intolerable and will attract punishment should be strengthened. Intra-urban mobility motivated by the search for a daily income and sex work has implications for the need to curb the high rate of youth unemployment and poverty in both urban and rural areas from where street youth migrate. The passing of the Kampala Child Protection Ordinance 2019 – which criminalises child loitering and stops them from engaging in petty businesses in city spaces may not stop intra-urban mobility and therefore needs to be re-examined. Forceful evictions of street adolescents and youth from the streets or stopping rural-urban youth migration without addressing the push factors especially rural poverty, is unlikely to offer a lasting solution to the inequalities in SRH care among street youth.

Inadequate access to and use of SRH services among street youth suggests the need for effective coordination of all service providers in implementing SRH programmes. Effective coordination will support the optimisation of synergies across the SRH and HIV interventions delivered by different service providers. The discrepancy between availability and access to SRH services among the vulnerable street youth, especially the migrant street youth, presents another policy-practice gap that needs attention. It appears that street youth's inability to access SRH services was largely due to their perceived poor social status, healthcare provider attitude and inability to afford healthcare costs. To ensure equitable access to SRH services within the city spaces, interventions to improve their SRH services access should be non-discriminatory and provided in the best interest of the street children and youth at all costs.

Interventions to improve access to SRH services and reduce sexual behaviour should be framed within the confines of the human rights-based approach and ensure meaningful participation of the street adolescents and youth in the planning and implementation of interventions. This not only facilitates ownership of the interventions, but also ensures that the street youth's voices are heard and considered in policy reforms and practice. Lack of personal physical safety coupled with poor living conditions was found to be deterrent to access to SRH services and also increased street youth's vulnerability to risky sexual behaviour. This finding

calls for the need for KCCA to enact legislative changes and policy reforms on urban housing by ensuring the provision of alternative housing support and decent shelter options for the street youth, especially the homeless youth. This could potentially help reduce risky sexual practices and improve their well-being. Policy reforms and implementation should pay particular attention to the drivers of risky sexual behaviour and the social determinants of SRH choices and intentions, which were found to operate mainly at the interpersonal and community levels. Also, a positive attitude by policymakers and implementers towards street adolescents and youth as a vulnerable group that needs to attention should be prioritised in policy reforms.

To reduce the sexual risks associated with the migration process, structural and community-led interventions, including policy support to facilitate safe and humane rural-urban migration, are critical in improving universal access to SRH services and social protection of street adolescents and youth. In particular, KCCA, government and local NGOs should strengthen interventions to protect street children and youth from sex work and sexual exploitation through the enforcement of the Children Act. The current study denotes a discrepancy between availability and access to SRH services among the vulnerable street youth within the city spaces, especially those with a rural-urban migration experience. Street children who had repeat migrations between the city and districts of origin had limited access to SRH services compared to non-migrant street youth. To ensure equitable access to SRH services and increase the safety of street children and youth within the city spaces, interventions to improve their SRH services access and well-being should be non-discriminatory and provided in the best interest of the street children and youth.

This research showed that some migrant street adolescents and youth experienced substantial sexual risks especially sexual abuse during migration and upon early integration into the city. The main perpetrators of sexual abuse are known – these included the transporters, private security guards and the sham landlords who shelter them. The perpetrators should be punished according to the law. Youth migration and mobility are critical for their economic survival. Evidence has shown that youth often migrate onto the streets on their initiative due to the unsatisfactory living conditions at home (Bhukuth & Ballet, 2015) Therefore, a deeper understanding of street youths' migration and its impact on their SRH choices should be expanded among policymakers and implementers, bearing in mind both the benefits and challenges of migration. This can be achieved through increased awareness and conscientiousness of the stakeholders on the nexus of migration and SRH. Migration can lead to greater exposure to health risks but it

can also be linked to improved health, especially for those seeking safety from harm (International Organisation for Migration (IOM), 2020).

The limited access to SRH services especially among migrant street youth was attributed to barriers such as healthcare providers' negative attitudes to street youth, inadequate SRH information and non-availability of SRH services within the urban spaces. To address these gaps, KCCA and other service provider organisations should strengthen the implementation of tailored HIV and SRH programmes for street youth. To enhance better comprehension and adoption of the behavioural messages by street youth, interventions should be delivered in the appropriate local languages. SRH programmes, especially HIV testing and family planning, should mainly target migrant street children and youth in the early years after they arrive in Kampala. Conversely, street youth especially the non-migrants should be sensitised about healthy SRH choices such as condom use and family planning adoption. Strengthening the delivery of integrated SRH community outreach and mobile clinic services (both moonlight and day-care) within spaces where street youth live, work or transit would improve access to and utilisation of SRH services.

To ensure sustainability and achieve a greater impact of the proposed interventions, a multi-stakeholder approach, mutual partnerships and coordination of service delivery should be prioritised. All sectors that interact with vulnerable street children and youth and migration should work to promote interventions to improve physical safety, reduce sexual risks and improve access to SRH services for young people along the mobility continuum. At the health systems level, training packages for in-service healthcare providers should emphasise the human rights-based approach and generate more demand through facility-street youth-friendly services. At the metropolitan level, KCCA is responsible for developing policies and plans to improve the health and well-being of urban populations. KCCA should engage closely with relevant government ministries, especially the Ministry of Health (MOH) and Gender, Labour and Social Development (MGLSD) and MOH as well as the district local governments and private sector entities to provide work opportunities to street youth. The involvement of key partners such as relevant United Nations (UN) agencies and academia is critical in providing technical support and generating evidence to inform policy reforms and implementation. Lastly, in line with the recommendations of the 2017 World Economic Forum Future Global Council on Migration, assessing the city' level of urban health equity could guide plans to develop street youth-responsive SRH programmes.