

Factors Associated with Residential Mobility of Street Children in Uganda: Implications for Urban health Policy and programming.

Mobility is a known social determinant of health and healthcare uptake. Street children remain the most fluid population of vulnerable children who are visible and yet live in the periphery of the marginalised in almost every country of the world. Street children often stay in poor living conditions which expose them to many health problems. Teenage pregnancies are quite likely among the street girls. Most health services available in cities are unaffordable and they therefore rarely receive any treatment for their ailments. Their socially marginalised position means that they are excluded from such services. Their mobility across geographical locations is high and may largely depend on the job situations and opportunities for survival. In epidemiologic studies, neighbourhood characteristics are often assigned to individuals based on a single residence even though people frequently move. In Uganda, data on street children residential mobility is lacking and factors that influence their movements within Kampala city are not well understood. Understanding of the mobility of street children is critical for designing appropriate interventions to improve equitable access to healthcare and their wellbeing. This study evaluated both the degree of residential mobility and characteristics associated with mobility among street children in Kampala City, Uganda. In addition, among street children who moved, we evaluated the differences in use of sexual and reproductive services given the ongoing interest in the literature on adolescent reproductive health and internal mobility.

Complete residential and mobility history was obtained for 513 street children aged 12 to 24 years between April and May 2019. During a mapping exercise, we manually located the residences where children stay during night and/or congregate during day time. Residential mobility was defined by the number of places stayed in since migrating to the city and assessed through participant's self-reports, key informant interviews and a mapping exercise preceding the survey. Reproductive health uptake was measured by asking history of HIV testing, using family planning and screening for sexually transmitted diseases in the past 12 months. Subjects who reported having two or more residences since migrating to the city were considered movers. We performed a logistic regression and used Pearson chi square test was used to compare the characteristics of movers and non-movers among the street children.

Overall, two-thirds (66.82%) of children had moved to the city in the last 2 years, 20% in the last 3-5 years and 56% in at least 6 years. More than half (54.35%) had lived in at least two places since migrating to the City. Multivariable analysis indicated residential mobility to be associated with use of reproductive health services, duration of stay, household size and daily incomes earned by street children. These results suggest that urban policies and planning of reproductive health services for street children should take into account patterns of residential mobility.