

# Utilisation of sexual and reproductive health services among street children and young adults in Kampala, Uganda: does migration matter?

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Bwambale et al. BMC Health Services Research (2021) 21:169  
https://doi.org/10.1186/s12913-021-06173-1

BMC Health Services Research

## RESEARCH ARTICLE

## Open Access

### Utilisation of sexual and reproductive health services among street children and young adults in Kampala, Uganda: does migration matter?



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#### Abstract

**Background:** While the nexus of migration and health outcomes is well acknowledged, the effect of rural–urban migration on the use of sexual and reproductive health (SRH) services has received less attention. We assessed the effect of rural–urban migration on the use of SRH services, while controlling for confounding, and whether there is a difference in the use of SRH services among migrant and non-migrant street children and young adults.

**Methods:** Data were collected from 513 street children and young adults aged 12–24 years, using venue-based time-space sampling (VBTS). We performed multivariate logistic regression analysis using Stata 16.0 to identify factors associated with SRH services use, with rural–urban migration status as the main predictor. Participants were further classified as new migrants ( $\leq 2$  years of stay in city), established migrants ( $> 2$  years of stay in city) or non-migrants (lifelong native street children) with no rural–urban migration history.

**Results:** Overall, 18.13% of the street children and young adults had used contraception/family planning, 58.67% had tested for human immunodeficiency virus (HIV) and knew their status and 34.70% had been screened for sexually transmitted infections (STIs). Non-migrants were 2.70 times more likely to use SRH services (HIV testing, STI screening and family planning) compared to the migrants (aOR = 2.70, 95% CI 1.23–5.97). Other factors associated with SRH services use among street children and young adults include age (aOR = 4.70, 95% CI 2.87–7.68), schooling status (aOR = 0.33, 95% CI 0.15–0.76), knowledge of place of care (aOR = 2.71, 95% CI 1.64–4.46) and access to SRH information (aOR = 3.23, 95% CI 2.00–5.24).

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**Year of Publication:** 2021

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