# Coping, Sexuality and Social Integration of Slum Youth Engaged in Drugs and Exiting Prostitution in Emergency Situations in Kampala City

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## Abstract

**Background:** Children and youth who have been pushed out of homes and now fending for themselves in prostitution face a lot of adversities and a myriad of problems. Coping for such population getting out of drug use and exiting prostitution, is highly interrupted by the concurring factors associated with homelessness, stigma, drugs, alcohol and violence. The study aimed to investigate the influences of motivation amongst the street and slum youth in their coping behaviors-stress-in emergency situation such as Covid 19 and how they survived.

**Methods:** The study was based on the cross-sectional survey conducted in September 2020. The sample sizes consisted of 583 service-seeking youth, 10 - 24 years of age, living in the slums or on the streets of Kampala, Uganda, who were participating in activities of Uganda Youth Development Link (UYDEL) drop-in center for disadvantaged youth.

**Findings:** It was revealed that as much as the participants did not receive support to cope with the situations and many resorted to negative coping involving transactional unprotected and survival sex, alcohol and substance abuse and survival crime. The 15 - 17-year age group was more at a heightened risk of being sexually exploited. Violence, stigma and other negative childhood experiences in communities where children grow up result into a cycle of victimisation and increases stress which consequently may induce suicide thoughts among young adults.

In order to reduce such vulnerability street and slum youth should be absorbed in employment sector (63%), provide food and vocational skills. This will enable them to positively cope and reduce risks that makes them prone to suicide, transactional sex, alcohol and drug use. There also need for a policy and programme actions that require first that address the need to help young people become multiskilled to improve income and employment opportunities; develop skills to deal with suicide ideation and involve parents.

**Implications of the Study:** Coping amongst this group was underdeveloped and the lock down period brought about negative feelings such as hopelessness and disappointment due to lack of basic needs like food, shelter and medication for vulnerable young girls and their families or children. Peers were regularly consulted while seeking support. Many times, they suggested transactional sex, drug use and survival sex as a way to escape the multitudes of problems. Sexual violence and abuse were noted to be very high and less youth were arrested during that period.

***Keywords:*** *Coping; sexuality and Social integration*

## Introduction

Children and youth who have been pushed out homes and now fending themselves face a lot of adversities and a myriad of problems including psychosocial distress, suicidality [1], violence [2], alcohol use and problem drinking [3], stigmatized for belonging to a particular group considered deviant [4], sometimes leading to stress. Some of the unique vulnerabilities of youth in the slums are related to living

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in absolute poverty without adequate access to clean water, electricity, and sanitation, and also exposure to high levels of crime including violent victimizations [5]. A previous study documented a 30.6% prevalence of suicidal ideation among youth living in the slums of Kampala and rural communities in Uganda. [6] observes that youth living in the slums or on the streets may be at an even higher risk for both suicidal behaviors and ideation, which may be exacerbated by their dire environmental conditions. While there may be unique risk factors for suicidal behaviors and death among youth in sub-Saharan Africa, there are likely also similarities to those of adolescents in other regions of the world. Previous research shows that being homeless, substance use, adverse childhood experiences, and HIV/AIDS and sexually transmitted infections (STIs) are important risk factors for suicidality among youth [1].

## Coping in Covid 19 emergency situations and exiting sexual exploitation

Coping refers to "cognitive and behavioral efforts to master, reduce, or tolerate the internal and/or external demands that are created by the stressful transaction" [7]. Coping for such population getting out of drug use and exiting prostitution, is highly interrupted by the concurring factors associated with homelessness, stigma, drugs, alcohol and violence.

The high association with prostitution, alcohol, HIV/AIDS and violence slum and street youth face increased risk [6,8] as noted in the study that adversity of slum life has strained young people coping mechanisms to become socially and economically independent, often living on their own, but increasingly also as heads of households in the absence of adults, especially fathers [8]. Covid 19 has made the situation worse as these young people were locked down and had no access to employment. Many of their informal enterprises closed or collapsed. Increased stress had been one of the major confrontations, the street and slum youth have had to deal with in their urban environment with a lot of social toxins. Making decisions and developing tangible goals to deal with the harm, threats, challenges associated with stress had not been easy due to the changes in their deserted communities from time to time in the areas and amongst the slum youth [9].

One of our interests in the study was to examine how street and slum youth were coping, what styles and process they adopted and how their emotions were attached to this unprecedented situation. This is critical for such a vulnerable population as well as social work practitioners as we have not had a national emergency locking down the whole country twice in 2020 and 2021 for such along time of this magnitude as Covid 19 did. This was a time where there was a limited access to safety nets, financial support, intelligence and skills. Social work profession always has had to intervene for the marginalized and disadvantaged youth and many of the youth made distress calls seeking help from the NGOs.

Many reports have been awash with details about stressors and some have blamed the young people. Few reports have enumerated how young people were coping and their motivation for positive and negative energies/coping. It was important to draw lessons out of these responses from the street youths so as to improve future interventions. [9] noted that "when understanding coping and stress; problem-focused coping refers to an individual's effort to deal with the sources of their stress, such as planful problem solving, positive reappraisal, and instrumental support seeking; while emotion-focused coping refers to efforts to manage one's emotional state and maintain moderate levels of arousal, such as escapism, self-control, and emotional support seeking". To deal with the stress of a given situation, slum youth may develop adaptive approaches to match the situation. The positive ones must be enhanced and negative one discouraged. Coping amongst this population is highly challenged as they exit prostitution and give up drugs. Sometimes this is the only option for the youth to earn money and a few feel they are in control of their lives. Many youths may try several times to give up until they eventually do so. We need to interrogate what causes them to relapse. Youth living in the slums face many additional adversities that impact their health and contribute to their overall vulnerability to violence, such as food scarcity, poverty, homelessness and abuse and neglect [6]. In explaining their motivation and what was driving the street youth and slum youth to adopt certain behaviors, two important theories in the literature were identified, that is the Process theories (expectancy, equity, and goal-setting theories, focus on the steps and decision processes that individuals go through to put effort into their work (that is, the how) and the Content theories- focus on identifying the factors that motivate individuals to put effort into their work (that is, the what) [7].

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### Private and public responses

Interventions to assist slum youth exit prostitution, drug abuse and deviant behaviors has been largely provided by NGOs with limited government support. Covid 19 disrupted the rehabilitation and recovery process for both private and public institutions for such a population as many wanted the girls to completely exit and there was limited support to meet their needs. Failure to find adequate assistance when attempting to leave from sex work was shown to considerably increase the odds of adult victimization, indicating adult victims' lack of social capital creates barriers to their escape, even when they have the will to try [5].

### Social integration, exiting prostitution and drug abuse

Exiting sex work - prostitution is not easy and full recovery require a lot of time and energy and a whole transformation [10]. It can also be costly to the actors as it may have a revolving door effect in terms relapse and effects reoccurring. There are needs and barriers to face such as stigma, unsupportive family and communities, drug addiction, poverty, lack of jobs, limited support interpersonal care and life skills to relate with then family, church and other resources. Wilson B., *et al.* [11] discussed the various approaches and interventions for rehabilitating survivors from prostitution. He enumerates those that are preventive to avert entry and re-entry; harm reduction and protection; support for alternatives to exist; services in reintegration and healing from the trauma after being commercially sexually exploited [11]. Such programs as observed by Wilson B., *et al.* [11] need to be considerate of NGO staff capacity to deliver, resources available, understanding of the context of rehabilitation and exiting. Recovery and resilience interventions must be cognizant of individual survivor readiness to change, the community where she will settle, child mother and other barriers. Staff must seek out help of current and previous peer mentors and factorizing in individualize personal goals and plans to change easy source of money, habits and environment. Many of the such needs will be captured in the case management reports following a careful screening and subsequently be useful when promoting resilience and social reintegration.

### Vocational skills training (VST)

There has been a surge in the recent past on the increase and expansion of vocational skills training (VST) globally and Uganda in particular since early 2010s. It is progressively considered a possible alternative for young people to access skills, employment and money to help improve their situations. Vocational skills training (VST), also referred to as technical training, has been broadly defined, to include formal classroom training with an extensive curriculum, a specific trade, an apprenticeship model, or can be delivered in an informal setting. Studies done in past have demonstrated that VST combined with HIV/AIDS education lowered sexual risk behaviour [12]. The theories that support vocational skills can make people exit prostitution, drug abuse reduce their vulnerability and consolidate resilience. VT is largely upheld as a panacea in dealing with vulnerability and improving livelihood coping amongst these vulnerable people and improves their confidence and self-esteem. Young people in the slums surviving through prostitution from a feminist theory perspective view prostitution as exploitative and harmful because of patriarchal conditions and the social legal context where it transpires. Radical feminism opposes prostitution on the ground that it degrades women and furthers the power of politics of male gender. Drug users form part of big group that is un-employed, unskilled and limited survival opportunities that urgently need transformation. The study aimed to investigate the influences of motivation amongst the street and slum youth in their coping behaviors-stress-in emergency situation such as Covid 19 and how they fared and as such we adopted the Process theory [13,14].

## Methods and Study Design

The current study is based on the cross-sectional survey conducted in September 2020. The study aimed to investigate the influences of motivation amongst the street and slum youth in their coping behaviours-stress-performance, adaptation and map risk behaviours in which youth in Uganda.

### The sample sizes

The sample size consisted of 583 service-seeking youth, 10-24 years of age, living in the slums or on the streets of Kampala, Uganda, who were participating in Uganda Youth Development Link (UYDEL) drop-in center for disadvantaged youth. Study participants were recruited at the UYDEL safe spaces and the surrounding neighborhoods through local leaders, and each respondent was interviewed by a UYDEL social worker.

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## Data collection

This study adapted a standardized questionnaire (HEADSS tool) developed by https://depts.washington.edu/dbpeds/ Screening%20 Tools/HEADSS.pdf. The survey included questions on age, gender, education, parental status, nature of family, trauma, depression, victimization, suicide, online child sexual exploitation, trafficking, livelihood and economic survival, alcohol and substance use, coping process and what they were doing. The study eexplored the impact of COVID 19 on this population. While most of the original items of HEADSS tool were maintained, the tool was modified with UYDEL social workers to suit the urban study context and later approved by the Senior management for administration.

Overall, 583 youth participants (ages 10 - 24) completed surveys which were submitted in Kobo toolkit. All participants provided verbal consent to participate in the study. This is because youth who "cater for their own livelihood" are considered emancipated in Uganda and are able to provide their own consent for the survey without parental consent. Participation was limited to youth ages 10 - 24 present in-person on the day of the field visit and those in the communities who were willing to walk into the safe spaces. There were no other exclusion criteria. The study was conducted as part of the programming process of following up of beneficiaries and therefore the team did not seek formal approval for conducting the study but the protocol was reviewed and approved by the UYDEL senior management.

### Data was collected by a team of well-trained social workers

These social workers received training on research ethics to ensure that the study complied with the principles of 'do no harm' to young people participating in the study. Additional training on how to seek consent, confidentiality of information, and privacy of information was done. The survey tools were pretested in Mukono municipality, located about 20 miles from Kampala. All questions were clarified and made clear.

### Quality control, data management and analysis

The questionnaire was uploaded on handheld tablets using the Kobo Collect toolbox. Quality checks were inbuilt in Kobo Collect toolbox to ensure consistency during data collection. Social workers together with their supervisors crosschecked for errors in the data daily while still in the field. After the data collection exercise which took three weeks in the month September 2020, data was downloaded from the server and exported into Stata for further analysis. In stata quantitative analysis involved the following: a) Data exploration and management to identify missing data, label variables, re-coding, rename, etc.

## Findings

### Sample size and sociodemographic features of study participants

A total of 583 adolescents and young people took part in the quantitative component of the study (Kampala city and Luwero town District) of which 90% were females and 10% males. Majority (42%) of the respondents were of age category 18 - 20 years of age. Majority (52%) were educated up to primary level. Most study participants (48%) came from monogamous families and (39%) from polygamous families. It was noted that 59% were not living together with their families at the time of the interview. Of these, 17% said they lived alone and (34%) with their spouses/boyfriends. 21% had ever been forced out of the home and 29% said they had children. Parenting status showed a mixture of monogamy and polygamy which presents different child upbringing styles. The homes appeared to be economically struggling as many of the young people had dropped out of school at primary level (52%). The study established that another 59% participants had left home to live with other peers. Most of the new places of stay were either in bars and exploitation where their safety and health are not guaranteed.

### More information on the socio demographic variables is captured in table 1 (Appendices)

**Sexual activities:** Of the 583 study participants, 73% engaged in sexual activities dominated by the age group 15 - 17 years accounting to 60%. Interestingly those between 10 - 14 years (110) 19% were also active indicating early sexual debut and involvement. 30% reported to have experienced forced sex. 59% at 15 - 17 years followed by 23% of 10 - 14 years. Mainly by the boyfriends 39%, clients and strangers 34% as well as relatives and guardians 16% and employers 11%. Largely 71% never reported the abuse.

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| Social Demographic characteristics (N = 583) | Percentage |
|---|---|
| **Age** | |
| (10 - 14) years | 6% |
| (15 - 17) years | 30% |
| (18 - 20) years | 42% |
| (21 - 24) years | 22% |
| **Gender** | |
| Female | 90% |
| Male | 10% |
| **Level of Education attained before enrolment** | |
| Primary | 52% |
| O level | 43% |
| Tertiary/A Level | 5% |
| **Parental status** | |
| Both parent living | 59% |
| Single parent | 15% |
| Orphans | 26% |
| **Nature of family** | |
| Polygamous | 39% |
| Monogamous | 48% |
| Others | 13% |
| **Do you live together with your parents** | |
| Yes | 41% |
| No | 59% |
| (NO) of the 59% (17 leave alone and 34 % with their spouses/boyfriends) | |
| Have you ever been forced out of home (yes) | 21% |
| Have children (Yes) | 29% |

*Table 1*

### Transactional sex (Prostitution)

Of the study participants, 46% engaged in transactional sex before Covid 19 lock down; of these 31% continued even during the pandemic. These were introduced by mainly friends (62%) and by themselves (30%). Transactional sex took more place mainly in lodges and hotel (66%) and brothels (23%). A few, 11% did it from home. The slum youth engaging in survival sex and having peers involved in the sex trade were statistically significant risk factors (69%) for children to engage in prostitution having between (1 - 5) sexual partners accounted for 87%. Many Girls who are involved in transactional sex are harassed by the clients sexually, physically abused, not given pay, and others are forced by their pimps to offer sex to clients without consent or refusing to use safer sex practices. A large number of the sexual abuses were not reported during this period which accounted for 71% and many of these victims were left traumatized and depressed. This partly may account for high numbers presenting high suicide ideation.

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| Sexual Exploitation (Prostitution) | Percentage |
|---|---|
| **Have you ever had sex?** | 73% |
| **How old were you when you first had sex?** | |
| (10 - 14) years | 19% |
| (15 - 17) years | 60% |
| (18 - 20) years | 18% |
| (21 - 24) years | 3% |
| **Have you ever been forced to have sex?** | |
| Yes | 30% |
| **If yes, At what age** | |
| (10 - 14) years | 23% |
| (15 - 17) years | 59% |
| (18 - 20) years | 14% |
| (21 - 24) years | 4% |
| **By who** | |
| Friend/boyfriend | 39% |
| Client/stranger | 34% |
| Relative/guardian | 16% |
| Employer/Workmate | 11% |
| **Did you report the abuse** | |
| No | 71% |
| Yes | 29% |
| **Have you engaged in Transactional sex activities before COVID? (Yes)** | 46% |
| **Have you engaged in Transactional sex during and COVID-19 (Yes)** | 31% |
| **Who introduced you to transactional sex?** | |
| Friend | 62% |
| Self | 30% |
| Others | 8% |
| **How many sexual partners do you have?** | |
| (1 - 5) partners | 87% |
| 6 and above partners | 13% |
| **What are the seasons you have many boyfriends?** | |
| Weekends/public holidays | 51% |
| Festive seasons | 23% |
| Other days | 26% |
| **Were there other girls in this kind of work? Peers (YES)** | 87% |
| **Where do sexual exploitation acts take place?** | |
| Lodge/hotel | 66% |
| Brothel | 23% |
| In my home | 11% |
| **Have you ever been arrested? (YES)** | 8% |
| **If Yes, Why?** | |

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| | |
|---|---|
| Chaos | 33% |
| Curfew time | 33% |
| Accused/other cases | 34% |
| **For how long did you stay at the police station?** | |
| Less than a week | 74% |
| More than a week but less than a year | 26% |
| **Have you ever tested for HIV/AIDS? (Yes)** | 86% |
| **Do you have children? (Yes)** | 29% |
| **Age at first birth** | |
| (10 - 14) years | 7% |
| (15 - 17) years | 47% |
| (18 - 20) years | 39% |
| (21 - 24) years | 7% |

*Table 2:* Table adapted from victimization, suicide and coping among vulnerable slum youth in uganda during covid 19 crisis by Rogers Kasirye and Barbara Nakijoba.

### HIV knowledge and teenage pregnancy

Majority (86%) had ever tested for HIV and knew their serostatus. 29% participants had children and majority (47%) became parents during the age category of 15 - 17 years. This is similar to data reported by UNFPA on their Adolescents and Youth Dashboard - Uganda that captured 33% children had given birth before the age of 18 years. Majority (47%) had children between the age of 15 - 17 years.

### Drugs, alcohol and substance use

Covid 19 presented a very challenging time and this population was affected by use of alcohol and drugs. The study noted that 81% of the study participants used alcohol followed by tobacco, cocaine and marijuana. Girls were likely to use alcohol compared to any other drugs and the girls started between the ages of 15 - 17 years who were 61% followed by the 18 - 20 years who were 17%. Interestingly from the study, 15% of the vulnerable young people started drinking as early as 10 - 14 years. Early drinking affects brain growth and drinking leads to other risky behavioral patterns like transactional sex. Most of these respondents were introduced to alcohol by friends which accounted for 58% while others by sexual partners or boyfriends and friends promote the culture of using drugs which is a social behavioral change.

| Drugs, Alcohol and Substance Use | Percentage |
|---|---|
| **Have you ever used alcohol? (Yes)** | 43% |
| **How old were you when you first took alcohol?** | |
| (10 - 14) years | 15% |
| (15 - 17) years | 61% |
| (18 - 20) years | 17% |
| (21 - 24) years | 7% |
| **Who introduced you to alcohol?** | |
| Friends | 58% |
| Boyfriend/girlfriend | 20% |
| Others | 22% |
| **Have you ever used any of the following (Yes)** | |
| Alcohol (472) | 81% |
| Tobacco (58) | 10% |
| Marijuana (41) | 7% |
| Cocaine (6) | 1% |
| Khat (6) | 1% |

*Table 3*

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| Drugs, Alcohol and Substance Use | Number of respondents | Total |
|---|:---:|:---:|
| **Number that used drugs** | | |
| Out of Females | 48 | 134 |
| Males | 86 | |
| **Number that used alcohol** | | |
| Females | 90 | |
| Males | 102 | 192 |
| **Number that used cannabis** | | |
| Females | 2 | |
| Males | 19 | 21 |
| **Age range for using drugs/alcohol** | | |
| (12 - 14) years | 13 | |
| (15 - 17) years | 218 | 231 |
| **Number of those that drop out due to drugs** | | |
| Females | 10 | |
| Males | 10 | 20 |
| **Categories of young people that use drugs** | | |
| Slum youths | 101 | 176 |
| Girls in TS | 65 | |
| Street children | 10 | |
| **Activities being conducted** | | |
| Vocational skilling | 110 | |
| Life skills training | 15 | |
| Aerobics and sports sessions | 20 | |
| Behavioral change communication sessions and Individual counselling | 95 | |
| Community awareness | 30 | |
| Family tracing and home visits | 56 | 326 |
| **Types of drugs used** | | |
| Marijuana | 74 | |
| Alcohol | 192 | |
| tobacco | 38 | |
| Kuber | 22 | 326 |
| **Most age affected by drugs** | | |
| 10 - 14 | 13 | |
| 15 - 17 | 218 | |
| 18 - 35 | 95 | 326 |
| **Ever been arrested because of drugs?** | | |
| Yes | 83 | |
| No | 243 | 326 |
| **Most reasons given for drug use** | | |
| Peer pressure/friends | 147 | |
| Parental neglect/family environment | 34 | |
| Unemployment and being idle | 98 | |
| Suppliers | 47 | 326 |

*Table 4*

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### Stress and hopelessness

From the perspective of the study participants, Covid 19 brought about negative feelings which was reflected by 48% who were hopeless and disappointed; 47% were worried and stressed during the lock down period; 33% of the study participants reported to have faced different forms violence and harassment. 19% were sexually abused, 25% were abused through beating and 20% were neglected by their loved ones or caregivers. It was noted that 77% of the study participants were faced with many challenges. Many had shortage of what to eat (56%) and others had financial problems like unemployment. From the data the biggest need of the vulnerable young people was access to the job market and employment which is noted with 63%. Other needs from the study participants was food (19%) and others wanted education or vocational skilling.

| Impact of COVID-19 | Percentage |
|---|---|
| **How do you feel about the situation with COVID-19?** | |
| Disappointed/Hopeless | 48% |
| Worried/Stressed | 47% |
| Others | 5% |
| **Have you faced any form of violence and harassment during COVID-19 lock down? (Yes)** | 33% |
| **If yes, what was the form of violence?** | |
| Sexual abuse | 19% |
| Beating | 25% |
| Neglected | 20% |
| Others | 36% |
| **Have you faced any challenges due to the situation with COVID-19 lock down? (Yes)** | 77% |
| **If yes, what challenges did you face?** | |
| Shortage of what to eat | 56% |
| Not able to work/Financial shortage | 44% |
| **Have you received any kind of support during COVID-19 lock down?** | |
| Yes | 64% |
| No | 36% |
| **What kind of support did you receive?** | |
| Food | 74% |
| Money | 14% |
| Other basic needs/counselling | 12% |
| **Who provided you with this kind of support?** | |
| UYDEL | 71% |
| Relative/friend | 21% |
| Others | 8% |
| **What's your urgent need either during or after the COVID 19 lock down?** | |
| Employment/job | 63% |
| Food | 19% |
| Vocational skills/Education | 13% |
| Others | 5% |

*Table 5*

*Citation:* Rogers Kasirye., *et al.* "Coping, Sexuality and Social Integration of Slum Youth Engaged in Drugs and Exiting Prostitution in Emergency Situations in Kampala City". *EC Psychology and Psychiatry* 10.12 (2021): 03-15.

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### Trauma, depression and victimization

Issues which mainly cause stress among vulnerable young people rotate around money, abuse, violence, stigma and prolonged unending problems. Fifty four percent (54%) respondents had financial problems, abused or disappointed 34% while 12% are stressed due to lack of basic needs and unemployment. 21% of the study participants have ever thought of committing suicide and 29% had ever experienced stigma.

In terms of victimization, 52% of the study participants largely experienced sexual harassment or rape. This was followed by 18% who were physically assaulted and battered, those affected by theft of their properties or personal belongs accounted at 16% and the least were those that lost their parents at 14%.

| Trauma and Depression and Victimisation | Percentage |
|---|---|
| what usually causes stress to you? | |
| Financial problems | 54% |
| When abused/disappointments | 34 |
| Lack of basic needs/Unemployment | 12% |
| **Have you ever thought of committing suicide? (Yes) 125** | 21% |
| **Have you experienced Stigma before? (Yes)** | 29% |
| **What form of victimization have you experienced before?** | |
| Sexual Harassment/Rape | 52% |
| Physical Assault/Battery | 18% |
| Theft | 16% |
| Death of parents | 14% |

*Table 6*

### Negative coping

It was established that there were many negative coping mechanisms amongst these groups manifested in heightened sexual involvement, transactional sex, engagement in multiple sexual partners; use of alcohol and substance abuse; tendency of criminality this may have a bearing on suicide and victimization. More girls were participants in the study because most clients received by UYDEL are mainly girls. Girls are more vulnerable because they drop out of school early and start engagements in early sexual risk behavior.

### Suicidal ideation

Among the youth participants (n = 583), 125 (21.4%) reported having ever had suicidal ideation. While the overall sample was comprised of mostly females (90%), a larger number of females reported suicidal ideation (116) compared to the total sample. A much higher percentage of youth who reported suicidal ideation reported experiencing stress as a result of having financial problems, physical and emotional abuse. In addition to the Covid 19 lockdown period, sexual harassment was one of the triggers for suicide and overall. 52% of the respondents reported victimization in terms of sexual harassment and rape. 73% of the young people interviewed had ever had sex. However, when asked about age of sexual debut 19% had their first sexual encounter between the age of 10 - 14 years. Among the 30% who had ever been forced to have sex, 23% were between the age of (10 - 14 years).

### Discussion and Conclusion

This study may have been limited as it was cross-sectional and used a convenient sample of children being served by UYDEL limiting us to make causal inferences about our conclusion and probably studies in other urban towns would also give us different results. According

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to UYDEL, spirituality, economic empowerment especially vocational training, friends, sports, music, dance and drama, and family support consists of a positive coping mechanism.

Street and urban youth face a myriad of problems and this worsened during Covid 19 lock down. This study examined the coping mechanisms among youth living in Kampala city and other urban towns in Uganda. Our findings shed more light on the unmet need of this vulnerable population. Of the respondents interviewed, victimization in form of sexual harassment (52%), Physical assault (18%) resulted in 21% struggling to heal from this form of harm and experienced suicidal tendencies. The age category 15 - 17 years was more at a heightened risk of engagement in sexual exploitation. Victimization also worsened their situation and a created a fertile ground to normalize the behavior to engage in transactional sex, violence, alcohol use and survival crime. Covid 19 made their lives difficult, and coping was hard as they face many challenges family strain, witnessing violence, no employment and lack of food. Participants as much as tried to seek support to cope this was not forthcoming and many resorted to negative coping involving transactional unprotected and survival sex, alcohol and substance abuse and survival crime.

### Suicide among urban children in Uganda

Data indicates that children never received the necessary and ongoing family conflicts, abuse, violence, lack of family connectedness, and parents' mental health problems can also raise a child's suicide risk. Our findings highlighted causal factors for suicide among children and these are parental factors, alcohol abuse, unemployment, stigma, negative effects of Covid 19, Environment, Childhood abuse/History, Peer Factors/Survival needs. Therefore, violence, abuse, stigma and other negative childhood experiences in communities where children grow up result into a cycle of victimisation and increases stress which later on may induce suicide thoughts among young adults.

### Limited access to services, social support and safety nets

Street youth were victimized and forced into rape, beating and other abuses due to weak position and lack of knowledge where to report compounding suicide and victimization. Social interventions were scarce. This was a time when there is limited family attention, service availability almost all came to a halt as people tried to fend for themselves, escalated poverty and enterprises collapsed in the informal sector and absence of social safety nets and social protection as family members are busy looking to make ends meet in a lock down. There is need to tap into social support from the communities and peers in a positive way rather than the quick negative ways of coping including use of alcohol and transactional.

In order to reduce such vulnerability of street and slum youth, they need to be absorbed in employment sector to get jobs (63%) in order to meet their unmet needs, provide food and vocational skills. This will enable them to positively cope and reduce risks that makes them prone to suicide, transactional sex, alcohol and drugs. There is also need for a policy and formal structure that facilitates young people to become multiskilled to improve income and employment opportunities; develop skills to deal with suicide ideation and involve parents. Efforts should be made to address cultural norms and practices that perpetuate victimization and prosecute offenders. Substance abuse education and life skills should help them increase positive ability to survive with less exploitation in child labor and conventional crimes such as rape, assault, abuse and neglect.

### Implications of the Study

Coping amongst this vulnerable group was underdeveloped and coping mechanisms among this group included non-governmental social assistance such as food rations and short-term skilling. The study revealed a mixture of parental status upbringing, residences, early separation and dropping out of school early; limited access to resources and high levels of unemployment. The lock down period brought about negative feelings such as hopelessness and disappointment due to lack of basic needs like food, shelter and medication for vulnerable young girls and their families or children. Peers are an integral part of the study population and were regularly consulted. The young people engaged in transactional sex, drug use and survival sex as a way to escape the multitudes of problems. Sexual violence and abuse were noted to be very high and less youth were arrested during the covid 19 lock down. All the interviewees reported that they had experienced stress and problem solving was minimal.

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The data revealed that early child abuse, parental instability, individual and peer factors as well as early sexual involvement are highly linked to triggers that create an environment for push and recruitment into prostitution and drug abuse which needs to be urgently addressed. The failure of the family child protection systems in homes and the communities continues to affect the drug survivors' interpersonal functioning, friendships and love, and a potential for a relapse into drugs. These triggers need to be critically reviewed, and interventions geared towards addressing violence and economic instability in homes with policies that can help families manage to cope with their addicted family members with minimal stress.

The social systems need to be revamped with strengthened community sanctions against abuse in homes by parents and care givers. Increase in community awareness about the social norms that support violence and sexual exploitation of children and negative consequences of violence on children should be promoted. There is a need to keep children, encourage child participation, wellbeing and social protection that aim at reducing vulnerability.

Vocational skills training is not associated with behaviour change in many educational programmes but approached as short-term measures to reduce unemployment, thus make young people become productive as they acquire skills and become employable. Vocational skills play an important role in providing practical empowerment to marginalised youth in Uganda.

It was noted that there is likelihood that slum youths exhibit anti-social behaviours (e.g. delinquency) from childhood into adulthood which influence the process of how individuals make decisions and relate to their social environment (Sampson and Laub, 1993). Social capital (or the lack therefore motivates or dissuades antisocial behaviour. For example, stable employment diminishes the attractiveness of theft or financially-motivated crime, whereas chronic unemployment amplifies the appeal of informal and underground occupations. This may be true for many of street youth and makes social integration difficult.

We recommend that in all interventions and in emergency situations there is need to empower young people in terms life skills addressing stress so as to cope well. Life skills are about goal setting, problem solving, support seeking, emotional support and discharge for positive coping are critical. These were found lacking as the resource systems were not functional and with such people considered last in society, it was very difficult. UYDEL decentralized and adopted family-based interventions to help improve and enhance coping among the category who experienced harm in terms of stress, victimization or suicide and was giving them tools to facilitate recovery from harm and this was majorly in terms of economic empowerment and psychosocial support (SAMHSA, 2021).

We observed that there was a lot of negative childhood and adolescent informal social control processes which include poor school performance, early school drop out, and family dysfunction. There was limited care, running away or being forced away from home, homelessness, engaging in survival sex, having family or friends in the sex trade, juvenile detention, childhood abuse, early drug or alcohol use, and placement in foster care (Reid, 2012a).

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