



Resilient Health Systems for Street Youth

2REST

**RESPONSIBILITIES FOR RESILIENCE EMBEDDED IN STREET TEMPORALITIES:
MAPPING STREET YOUTH LIVED RESILIENCES
THROUGH ANALYSIS OF SECONDARY DATA**

Key points

- This brief highlights **Risks and Resources** around physical and mental **health resilience** from **data collected with street youth** in three African cities.
- **Institutional risks** to **health resilience** were predominantly about inadequate services including sexual and reproductive health and mental health services.
- **Additional barriers to access** were **lack of trust** in health care providers, **discrimination** at point of treatment, and **financial barriers**, e.g. fees.
- **Limited personal assets** such as food, shelter and clean water increased **health risks** as did hazardous work such as sex work, and substance use.
- **Resources** that support street youth to live healthy resilient lives are chiefly relational: from **peers, friends, family and street elders**, plus individual resources.
- Assessment of combined multisystemic resilience factors identifies **support from the state and civil society to be absent or inadequate**. 2REST recommendations seek to address this.

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Introduction

About *Growing up on the Streets* and 2REST

2REST analysed secondary data from the project [*Growing up on the Streets*](#) using a **multisystemic resilience framework**. This framework of **risks** and **resources** goes beyond individual resilience to show how multiple systems can be involved in helping young people in their daily lives.

[*Growing up on the Streets*](#) was a participatory longitudinal research project conducted with 229 street youth in Accra, Ghana, Bukavu, DRC, and Harare, Zimbabwe between 2012 and 2020. The quotes and data here are from **street youth research assistants** in the three cities who observed their peers and reported what life was like on the streets.

This brief summarises the analysis of risks and resources relating to health resilience, mapping street youth resources and making recommendations for multisystemic system support to contribute to the resilience of street and youth.

- For more information see [*Growing up on the Streets*](#) briefing on [*Health and Wellbeing*](#) of street youth.
- Check out the [*story map made with street youth in Accra*](#) with a chapter on their health and wellbeing.



What is 'multisystemic' resilience?

Personal factors are important to resilience, such as biological and psychological resources of good physical and mental health, intelligence, and determination. 2REST recognises that other factors are also key, applying this to the lives of street and youth:

- **Social factors:** e.g. trusted adults, enabling peers, street families, family networks.
- **Institutional factors:** e.g. street work services, markets, or medical clinics.
- **Physical environment factors:** e.g. adequate shelter, safe food, safe spaces.

This re-conceptualisation combines factors and is termed **multisystemic resilience** (Ungar and Theron, 2020).

The right to health for street youth

"Every individual shall have the right to enjoy the best attainable state of physical and mental health."

(OAU 1981: 5, Article 16; UNOHCHR, 1966: 14, Article 12).

The right to health is interpreted broadly and places obligations on states to provide "timely and appropriate health care", and address "underlying determinants of health, such as safe and potable **water** and adequate **sanitation**, an adequate supply of **safe food, nutrition** and **housing**, **healthy** occupational and environmental **conditions**, and health-related **education** and information, including on sexual and reproductive health." (UNGC14 para 11). **UN General Comment 21** addresses states' specific obligations for street youth to receive appropriate **free health education** and **services** tailored to their needs, that is "**accessible, free, confidential, non-judgmental, non-discriminatory**" and respectful of their **autonomy** (UNGC21: 18-19).



Risks to health – 1

Lowlights around health resilience

- **Limited access to healthcare impacts resilience:** financial, attitudinal, and institutional barriers affect healthcare access. Experience of **negative attitudes** of healthcare workers can lead to distrust and reliance on poor peer advice, worsening outcomes.
 - In Bukavu, street youth explained that they were unable to access healthcare because of **the need to pay** for it. Abdou complained he had “no money to have access to treatment.” And later that he did “not have strength to work in order to get money to go to hospital.” Estelle reported on a peer who though pregnant: “does not go to the hospital because of the lack of money.”
 - In Accra, even when some street youth had **health insurance**, they were unable to access all the care needed. Papa reported on Salome’s distress when her baby was effectively held to ransom in hospital until she paid her **medical bills** after a complicated birth, meaning she was unable to breastfeed and bond with her baby. This was not an isolated occurrence.
- **Risky sexual relationships and prevention practices:** Goodwill, a street researcher in Harare observed that young women are forced to walk the streets for sex work and rotate around street ‘bases’ having **sexual relationships** with concurrent partners to survive. This puts both their and their partner’s health at risk, and early pregnancy is a risk for young women. Lack of access to sexual reproductive health services left young women relying on traditional remedies and superstition.
- **Hazardous informal work:** Taurai in Harare said that when “things get very difficult” young men carrying luggage that “would normally require a car, in the end the luggage carriers would die. I saw one of the luggage carriers dead, it was after carrying a heavy load that he just sat down, and he never got up.”

Death amongst street young people was due to several preventable factors:

- **Drowning:** In Bukavu, a street newcomer drowned due to lack of swimming skills, three more youth died when chased into the lake for alleged stealing.
- **Disease and lack of access to health care:** In Accra, Papa was deeply affected when his nephew died in his arms from cholera.
- **Abortion complications:** Many young women had street abortions due to lack of access to sexual reproductive health services, leading to several deaths.
- **Poisoning:** In Harare, a group of boys died after ingesting poison deliberately placed on waste food in the bins.

Impact: Death affected the emotional wellbeing of peers, as they experienced grief but also fear.

Risks to health – 2

Lowlights around health resilience

- **Substance use:** Smoking **marijuana** (known as wee, hemp, mbanje in the three cities) was common, along with home-brewed **alcohol**, **cigarettes**, glue (in Harare and Bukavu), and prescription medicines (Accra and Harare). In Accra **substance use was gendered**, with boys smoking more than girls, though girls used drugs (**cocaine** was also used in Accra) as a coping strategy when engaging in **sex work**. In Harare and Bukavu, young people used a range of substances, with boys sharing drugs recreationally as a form of peer support. However, in Bukavu Nicaise complained that his group were “fighting all the time because of the **glue** that we have started to take,” and Estelle said her group “fight among themselves when they are drunk” and even “injure one another with knives.”
- **Lack of safe drinking water, sanitation and hygiene facilities (WASH):** Inadequate sanitation, and lack of access to **clean drinking water** caused illnesses including cholera. Young people had to rely on rivers, lakes, and in Accra, the ocean, for drinking, washing, and defecation. In Harare, young men **avoided bathing** due to a lack of WASH facilities, as to access water they had to travel (taking time away from their livelihood activities) to unsafe areas around the Mukuvisi river.

Other health risks faced by street and youth that affect resilience:

- **Mental health:** grief, trauma, suicidal tendencies, stress, substance use, untreated chronic illnesses exacerbated by superstitions, psychological resilience impacted by chronic poverty.
- **Lack of shelter:** rain, cold, mosquitoes and flies and diseases: malaria, colds, flu, pneumonia. Lack of sleep leads to injury and substance use. (See **2REST’s Basic Needs Policy Brief**).
- **Lack of food:** eating discarded food, unhygienic street restaurant practices, malnutrition.



Health Resources – 1

Adopted by street youth across systems

- **Physiological resources:** physically, young people say that their **immune systems** strengthen over time. If well and able to work they can save, pay for healthcare, medicines, and food. When engaging in risky sexual practices, they protect themselves through **condom use**.
- **Psychological resources:** young people engage in **health-promoting behaviours** and self-care strategies, practice **faith** and prayer, develop resilience through perseverance, but use substances to cope with street risks. Papa loves football, but he says that “where I am there is no park” so “sometimes I train without ball, is like jogging” and he also does “arm press” or push-ups.
- **Peer support:** peers **share food, support each other** when in hospital or prison, pay for treatments or transportation, and provide **emotional care**. Papa says that when “there is a police case that is the time your friend becomes very important” as he will “buy food for you”.
- **Communities, family and partner support:** these groups offer information, **advice**, money, food, emotional support, and **help** during illness, or bereavement, or break-ups.
- **Formal social resources:** NGOs provide **WASH facilities** (Harare), health services (Bukavu), and aid pregnant girls and women in accessing healthcare (Accra). This support is not uniformly acted upon or accepted, often due to lack of trust:
 - In Harare, the project manager reported that frequent “**raids**” by “social welfare and police” delayed training aimed at educating street youth about the dangers of drugs.”
 - In Accra and Bukavu, the project worked with an NGO to gain access for participants to a health insurance scheme. In Accra, **superstition** acted to prevent some participants using this opportunity, with Papa stating: “National Health Insurance, I have not taken a step to register because I know I will not fall sick any time. Maybe when I go to do it, that is when I will fall sick, you see.”



Health Resources – 2

Health Resources adopted by street and youth across multiple systems

- **Institutional resources:** free or subsidized health services, e.g. sexual reproductive health services, family planning and mobile clinics.
- **Built environment resources:** recreational spaces, safe shelters, sanitation facilities.
- **Access to cultural traditions** helped young people lean towards their cultural practises when **navigating health complications**, burials, and marriages in Accra.
 - In Harare, youth more often severed ties with their families and communities – thus they had less generational transfer of cultural beliefs and traditions.
- **Blue and green spaces:** for **keeping clean, swimming, relaxation, stress relief**. Sunshine provides warmth, drying clothes, mood elevation, and boosting immune systems.

Examples of personal and formal resources from the three cities:

- Papa explains that if his pregnant girlfriend had not had access to health support via an NGO: “I would have been in trouble because I couldn’t have had **money for her to go to hospital**. They say it is expensive to get even the hospital card.”
- Estelle in Bukavu struggled to find food: “I feel bad because one cannot work or walk **without food**. Food is for a person as petrol is for a car.” Nicaise said that with: “some money you can have a cup of tea and bread in the morning. With 200 francs you can have a half measure of porridge and a half piece of bread. In the evening we can buy a half measure of fufufu [starch-based staple food] and meat.”
- Goodwill explains how street boys are: “surviving **picking from the bin...** things are difficult there but I think in the coming days it will be better...”



Conclusion

Resilience is evident amongst street youth as they face significant health challenges, in their ability to engage **peer and community** support and adopt self-care strategies.

Using a **multisystemic resilience perspective** to understand the **risks** street youth face and the **resources** they engage to strengthen their health resilience has highlighted **two key absences**: they lack support from **formal social resources**, such as trusted adults, and **institutional resources**, for example, policies that enable access to healthcare services.

Where services are available, use was limited due to **lack of trust, discrimination** by healthcare workers, **lack of ID and health cards**, and – the biggest factor – **cost** of care. Being charged at point of use is a disincentive for seeking healthcare. Street youth have little income, and often nowhere to store documents such as healthcare cards (even if they have them).

Addressing these health challenges requires a **comprehensive multisystemic approach**: one which combines resources with both state and communities sharing responsibility for young people's health resilience.

Images in this 2REST Policy Brief were taken by street youth for the [Growing up on the Streets](#) Story maps in [Accra](#), [Bukavu](#) and [Harare](#).



Recommendations – 1

2REST recommends **institutional approaches** that **build relationships across multisystemic domains**, working together to **redress the absence of state involvement** in meeting the health needs of street youth. At the same time, **supporting, maintaining, and sustaining the existing personal and social resilience resources** highlighted in this policy brief is vital.

Foster trusting relationships between street youth and healthcare providers.

- Treat street youth with **respect** and **empathy**.
- Be **supportive** and non-judgemental.
- **Listen** to their concerns and **value** their insights about their health and wellbeing.

Health care should be free for street youth, as charges are a barrier to access.

- **Clinics** in areas where street youth live, including sexual reproductive health services, made accessible to them in the immediate to short-term, **removing barriers** such as health care cards and fees.
- Where health cards exist, states should offer a **flexible registration** so that a home address or parental/adult advocate is not required to encourage registration of street youth, and **offer safe storage** of cards within clinics, or via online access e.g. mobile phone app.
- Healthcare practitioners play important roles in supporting street youth. **Training** is needed to **tackle discrimination** and build trust, with an awareness that this reflects wider social norms.



Recommendations – 2

Prevention of health issues among street youth can be achieved by:

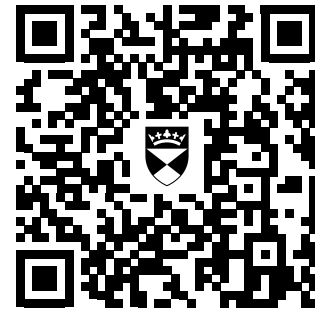
- Improve **WASH facilities** – see *2REST Policy Brief on Meeting Basics Needs*
- Provision of **safe food** supported through state, NGOs and CSOs.

Trusted, accessible sexual reproductive health services should be made available to street youth. Culturally, discussion of sex and sexual health can be sensitive. While respectful of cultural norms, all African states have agreed to comply with the UNCRC which commits them to provide adolescents with access to sexual and reproductive information, prevention and treatment (see UNCRC GC4 para 24). Further, states should:

- **Build trust** with young adults who live on the streets, e.g. through NGOs and CSOs, community or mobile clinics, who assist provision of sexual health education, prevention and treatment. Make use of **community support** and informal networks; peer educators can ensure that peer-to-peer advice is accurate.
- **All solutions should be collaborative**, respecting street youth's agency and the right to be involved in decisions about their lives.

2REST recommendations highlight the necessity of **coordinated comprehensive approaches** across systems to **effectively address the complex challenges faced by street youth**, respecting their **agency** and right to be involved in decisions about their lives, and fostering their long-term wellbeing and survival.

2REST Recommendations inter-link across our Policy Briefs: *Basic Needs, Health, Livelihoods, Violence, and International Policy.*



For 2REST and Growing up on the Streets information and resources please visit: <https://uod.ac.uk/growing-streets>

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Participant names have been changed to protect the identity of street youth across the three cities.

