Teenage mother, Kassanda-Uganda
Image credit: Research Team

Policy Brief

December 2024

Recommendations to enhance adolescent health and economic resilience in artisanal and small-scale mining in Uganda

Introduction

The artisanal and small-scale mining (ASM) sector in Uganda employs 40,000 women (1). A significant portion of these is adolescent girls and young women (AGYW) age 10-24 years. ASM communities experience socio-economic instability and limited access to basic services, which affects AGYW in particular.

Problem and Context

Contrary to the sustainable development goal vision to leave no one behind, AGYW in ASM are rarely targeted for interventions to address their dire situation. AGYW experience multiple socio-economic and health vulnerabilities that affect their wellbeing and resilience during crises. Driven by poverty and social challenges, AGYW in ASM not only work but involuntarily or voluntarily engage in activities that compromise their health. Studies elsewhere report risky sexual behaviors, high rates of sexually transmitted infections, and teen pregnancy AGYW in ASM communities (2, 3). Our team sought to assess the economic and health impacts, as well as the resilience of adolescent girls in unplanned mining communities and coping mechanisms during the COVID-19 pandemic to support their resilience and ability to cope during recovery and in similar future crises.

Our Approach

We used a mixed-methods study design with AGYW that involved data collection, prioritizing needs and designing an intervention. The study was conducted in Eastern (Busia and Namayingo districts) and Central (Kassanda and Mubende districts) regions of Uganda. Methods of data collection included a survey of 810 AGYW; 25 key informant interviews (KI) with national and community level policymakers, leaders, and government-affiliated individuals; 10 in-depth interviews with AGYW; eight focus group discussions with AGYW, and five participatory multi stakeholder workshops.

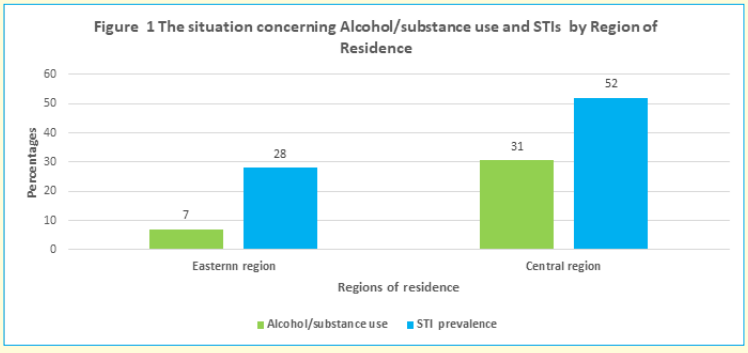
Key Findings

Through the study, we learned that the health and economic vulnerability of AGYW increased due to the COVID-19 pandemic and is yet to stabilize.

Sexual and Reproductive Health

- AGYW continue to engage in risky sexual behaviors to get opportunities to work or in exchange for cash or gold ore.
- 22% of all AGYW, and 28% among those who had ever had sex, had more than one sexual partner in the past year.
- Alcohol/substance use by AGYW was 19%, much higher in Central Uganda at 31%. All the 12 (2%) substance users were from central Uganda.
- 40% of all AGYW reported having a self-reported sexually transmitted infection (STI).
- The most socially and economically vulnerable are at a higher risk of poor SRH outcomes:

Key risk factors for multiple sexual partnerships and STIs are working during the lockdown and engaging in transactional sex. Additional factors for multiple sexual partnerships are being previously married, unfair and low earnings, working directly in the mines, and experiencing sexual violence.



- Although modern contraceptives use was commendably high at 69%, there are adherence and safety concerns. Family planning counselling services were deficient
- Owing to limited access to proper information, some AGYW mentioned use of a herbal drug (Chinese tablet) that was reported to be harmful.

Occupational health

- Occupational health is a significant concern. The AGYW that are engaged in processing work are exposed to health conditions associated with mercury poisoning, inhalation of dust, and communities experience environmental pollution and degradation.
- Nearly all (97%) of AGYW engage in gold ore processing using mercury without protective gear exposing them and sometimes children to health risks – 28% reported mercury related effects. A young woman who has worked in ore processing for a long time reported:

"I feel numb and very cold most of the time. I have sores on my legs that won't heal so I have suspended work in processing ...

"Some of the women who work in the mines have given birth to babies that appear mentally retarded. They do not respond well like normal babies when engaged. They behave like they are in another world" (Young woman, Central region).

Recommendations

Health challenges in ASM communities are intersectoral in nature, requiring strengthening of existing stakeholder collaboration, including NGOs in the design services that target these vulnerable adolescent populations. Based on our findings from AGYW and stakeholder deliberations, we make the following policy and practice recommendations to the Ministry of Health:

- Make ASM workers a high-risk population category regarding STIs and HIV
- Response to the situation requires both preventive and curative interventions targeting ASM AGYW and men
- Awareness raising messages should emphasize behavioral change with respect to, abstinence from transactional sex, opting for viable alternative sources of income, prevention of sexual violence, safer sex, and promotion of committed relationships
- There should be consistent provision of good quality youth-friendly services at health facilities
- Improve the quality of family planning services by availing education and adequate counselling services
- Facilitate mobile SRH services in hard-to-reach areas
- Enforce occupational safety regulations despite the informal nature of ASM
- Conduct health education on risks of using mercury in ASM

Way forward

- Prioritize mining communities in the delivery of adolescent friendly sexual and reproductive health services at both health facility and community levels. This would serve as one of the ways of strengthening and expanding the existing adolescent health programs, as stipulated in the National Adolescent Health for Uganda
- Revitalise and strengthen the multi sectoral approach that effectively engages key stakeholders, including mining host communities, sectoral ministries such as gender labour and social development, and energy and mineral resources and non-government stakeholders in interventions to improve the health of AGYW in ASM

Acknowledgements

This project was funded by IDRC, CIHR and SSHRC under the Women Rise research programme (project no. 110012-001), and was conducted in partnership with MGLSD with support of resource persons from the ministries of Health and Energy, and Mineral Resources.

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