

Formal and informal institutions and their role in shaping vulnerability to HIV for young people (15-24 years) working in social venues in Uganda: - A sequential multi-methods study

by: Susan BABIRYE (May 2024)

Promoters:

1. **Prof. Souheila Abbeddou**, Department of Public Health and Primary Healthcare, Faculty of Medicine and Health Sciences, Ghent University, Belgium
2. **Prof. Kristien Michelsen**, Institute of Family and Sexuality Studies, Department of Neurosciences, Faculty of Medicine, Leuven University, Belgium
3. **Assoc. Prof. Freddie Ssengooba**, Department of Health Policy Planning and Management, School of Public Health, College of Health Sciences, Makerere University Uganda

Members of the jury

Prof. Dr. Olivier Degomme, Ghent University
 Prof. Dr. Ines Keygnaert, Ghent University
 Dr. Anneke Newman, Ghent University
 Prof. Ronan Van Rossem, Ghent University
 Prof. Emelien Lauwerier, Open University
 Dr. Patricia Ndagga, Makerere University



The high burden of HIV among young people (15-24 years), particularly those working at social venues.

Worldwide, young people continue to be disproportionately affected by HIV (Stover et al., 2016). The situation is particularly appalling for young people (15-24 years) working in social venues such as bars, lodges, etc. The vulnerability of workers in these venues stems from the nature and dynamics of their work lifestyle in which both known and hypothesized "risk factors" converge. Whereas several studies in sub-Saharan Africa and elsewhere have been conducted among venue workers (Ford, Wirawan, & Fajans, 1998; Jackson, Highcrest, & Coates, 1992), the focus of these studies has been mainly on the individual sexual behaviors. Understanding the institutions of the venues and how they shape the risk and vulnerability of HIV among the young workers in social places could inform HIV prevention efforts.

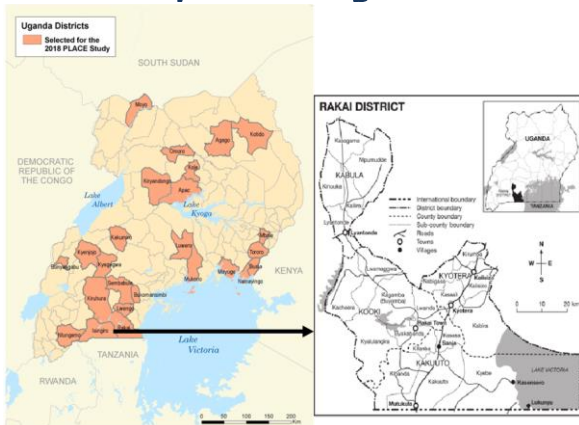
Research aim

To generate empirical evidence on HIV among a unique and overlooked subpopulation (venue workers) with heightened vulnerability to HIV.

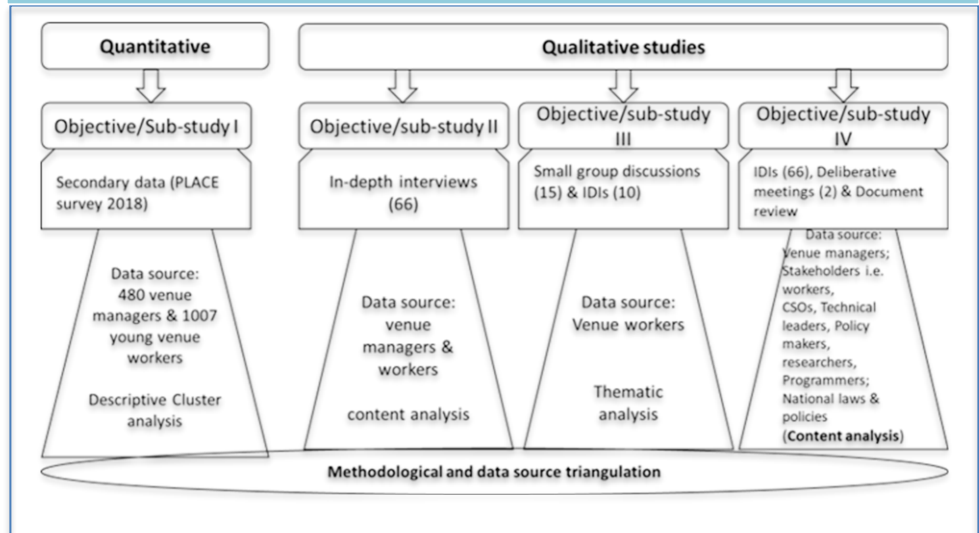
Specific objectives

- 1 To profile social venues in Uganda and the young people who work in such places (sub-study I).
- 2 To explore the formal and informal institutions of social venues and their influence on HIV risk and vulnerability of young people working at social venues (sub-study II).
- 3 To determine how young people working at social venues navigate workplace rules and procedures that expose them to HIV risk and vulnerability (sub-study III).
- 4 To explore compliance gaps of the formal and informal institutions of social venues with the existing laws and opportunities for reducing youth vulnerability to HIV in social venue (sub-study IV).

Study area: Uganda



Methodological representation of the four sub-studies under this PhD study



Key findings

1 A cluster analysis revealed four HIV risk-based clusters of venues. Workers who belonged to cluster 1 (alcohol-serving sex work venues with a provision of on-site sex) had a 0.15 increase in HIV vulnerability compared with those in alcohol-serving venues without sex work or a provision of on-site sex (cluster 3) (coefficient: 0.15, 95% CI: 0.030 to 0.287).

2 We found that informal institutions at the venues were both officially and socially created, communicated, and sanctioned. The most common institutions operated through; selective hiring, rigid reporting structures, and informal job contracting procedures, meager salaries, varying and delayed payments as well as attractive benefits and bonuses from customers. These institutions created risk exposure opportunities for the workers.

3 We found two main categories of coping strategies used by the workers to navigate the risk venue environment: acceptance of sexual risks and keeping safe. Acceptance of risks such as transactional sex was the most used strategy, hence highlighting negative coping.

4 There was minimal adherence to national regulations relating to workplace safety and health by venues. Most rules/procedures at the venues contradicted the principles of workplace safety and health set out in the national regulations.

Key take aways

Venue workers are a vulnerable subgroup that should be prioritized.

From this doctoral study, the workers have been profiled as a vulnerable sub population based on their restricted socio-educational backgrounds. Therefore, programmers and policy makers should target them with HIV programs and policies.

Targeting high-risk venues.

Social venues are not homogenous and identifying them by the standard categorization or typologies could mask high-risk venues by grouping together venues who have very different risk profiles.

Alcohol-serving venues, with sex work, and provisions of sex-on-premises are high risk venues for HIV and should be prioritized for venue-based HIV interventions.

Structural factors at the venues influence HIV vulnerability.

There were several intersecting structural factors operating at multiple levels of the venue reported under this doctoral study which underpin vulnerability to HIV for venue workers.

Development of laws and policies on venue worker safety and health in Uganda.

From the review of the existing regulations in Uganda it was noted that there was barely any law explicit to the safety and health of workers at the venues. This gap in policy highlights the urgent need for policy makers to enact and enforce laws that promote and protect venue workers' safety and health at the venues in Uganda.

Siezing existing opportunities for reducing workers' vulnerability to HIV at the venues.

From this PhD work, several opportunities are highlighted including training of venue managers as custodians of information on workplace safety and health, the willingness of venue managers to host HIV prevention services, broadening venue licensing requirements to include HIV prevention measures, etc.

Contact:

Susan Babirye, Department of Public Health and Primary Care, Faculty of Medicine and Health Sciences, Ghent University, Ghent Belgium. Tel: +256 752 210002, babiryes2004@gmail.com