

Relational Factors & HIV Testing Practices: Kampala, Uganda

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Relational Factors and HIV Testing Practices: Qualitative Insights from Urban Refugee Youth in Kampala, Uganda

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Abstract

Despite the global phenomenon of refugee urbanization, little is known of relational contexts that shape HIV testing among urban refugee youth. We explored perspectives, experiences, and preferences for social support in HIV testing among refugee youth aged 16–24 in Kampala, Uganda. We conducted five focus groups with refugee youth ($n=44$) and five in-depth key informant interviews. Participant narratives signaled relational contexts shaping HIV testing included informal sources (intimate partners and family members) and formal sources (peer educators and professionals). There was heterogeneity in perspectives based on relationship dynamics. While some felt empowered to test with partners, others feared negative relationship consequences. Participant narratives reflected kinship ties that could facilitate testing with family, while others feared coercion and judgment. Peer support was widely accepted. Professional support was key for HIV testing as well as conflict-related trauma. Findings emphasize bonding and bridging social capital as salient components of enabling HIV testing environments.

Keywords Refugees · Youth · Uganda · HIV testing · Social support

Introduction

There were 82.4 million forcibly displaced persons at the end of 2020 [1], and 70% live in urban regions [2]. With 1.4 million refugees, Uganda is the fourth largest refugee hosting nation in the world and the largest in Sub-Saharan Africa [1]. More than 90,000 of Uganda's forcibly displaced persons live in the capital city of Kampala, and of these, one-quarter are youth aged 15–24 [3]. Most of Kampala's refugees live in slums [4–6], environments characterized by poverty, precarious housing, overcrowding, violence, and elevated HIV and sexually transmitted infections (STI) prevalence [7–14]. Forcibly displaced persons may have elevated HIV exposure due to the convergence of social and structural drivers of HIV, including sexual and gender-based violence (SGBV), poverty, and constrained access to sexual and reproductive health (SRH) services [15–18]. Yet systematic reviews note how the needs of refugee youth have been overlooked in SRH programs, as have the needs of urban refugees [15–18]. There is a dearth of HIV testing programs tailored for urban refugee youth.

Notable gaps in HIV testing—a key entry point to HIV prevention and cure cascades [19]—exist for urban refugee

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