

# Male Sexual Partners of Adolescent Girls and Young Women in Haiti: Sexual Risk Behavior, HIV Service Use and Partner Violence

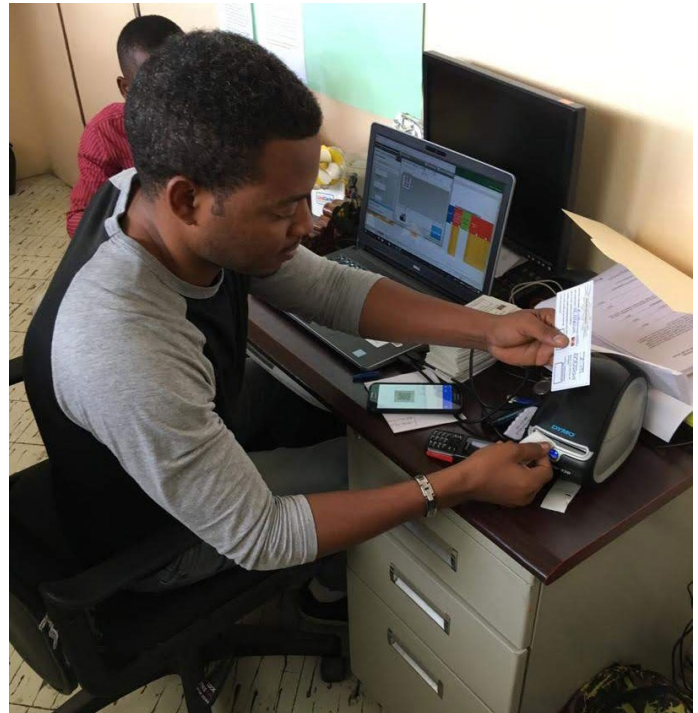
This study sought to provide information from the perspective of male sexual partners of adolescent girls and young women (AGYW) in Haiti, to inform HIV programming there for men. It examined sexual risk behavior, use of HIV testing and treatment services, and the dynamics of sexual relationships, including intimate partner violence. MEASURE Evaluation—funded by the United States Agency for International Development (USAID) and the United States President’s Emergency Plan for AIDS Relief—conducted the study in partnership with the Ministry of Public Health and Population (MSPP), at USAID’s request and as one component of PEPFAR’s DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) project. Understanding factors that contribute to HIV risk and service use among male sexual partners of AGYW supports USAID’s goal of controlling the epidemic in Haiti and globally.

A cross-sectional social and behavioral survey was administered to 500 male partners of AGYW<sup>1</sup> in the Delmas area of Port-au-Prince and to 300 male partners in St. Marc in February–March 2019. Respondents were recruited using respondent-driven sampling (RDS). Results were analyzed using frequency and bivariate calculations that were adjusted using population sampling weights constructed in RDS Analyst.

**Sexual risk behavior:** Male sexual partners of AGYW report high sexual risk but HIV services do not reach enough of them.

- Only 39 percent of the respondents in Port-au-Prince (PaP) and 44 percent in St. Marc had participated in an HIV educational activity.
- Thirty-nine percent of the respondents, both in PaP and St. Marc, reported engaging in concurrent sexual partnerships.
- In PaP 36 percent, and in St. Marc 19 percent, reported having a sexual partner five years younger than they in the past year. (36% PaP; 19% St. Marc).
- A higher-risk subset of men reported having had multiple partnerships with AGYW five years younger and

<sup>1</sup> Study eligibility: 18 years of age or older; AGYW sexual partner in past 12 months; lived, worked, and/or studied in study site for at least three months; provided informed consent. Ethics approval obtained from National Bioethics Board and Tulane University’s Biomedical institutional review board.



Mackenson Michel, coupon manager for the Port-au-Prince field site. Photo: Ralph Stevens Jeudi. Both Mr. Jeudi and Mr. Michel are with the Pentagone Consulting Group.

concurrent partnerships (20% PaP; 13% St. Marc). This higher-risk subset was *no more likely* to report using condoms than other men. In PaP (but not St. Marc), they were more likely to have tested for HIV but not on a regular basis.

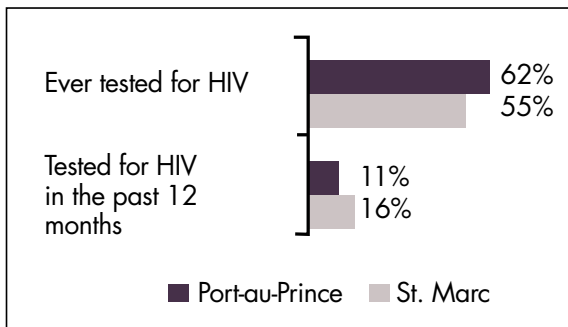
- Even though most men reported condom use at last sex, *few* had a condom at the time of the interview (30% PaP; 16% St. Marc). Furthermore, the most common ways men accessed condoms were at drop-in centers and from male friends, which suggests that access to condoms is an issue.
- Men who talked to their sexual partner about condom use and who thought most of their friends used condoms were more likely to use condoms, too.

**HIV testing:** The level of HIV testing is low given the high-risk sexual behavior that the men reported.

- Only 62 percent of men in PaP and 55 percent of men in St. Marc had ever tested for HIV.

- Few had tested for HIV in the past year (11% PaP and 16% St. Marc).
- The likelihood of having tested for HIV was higher among men with more education and among men who reported riskier sexual behavior (concurrent partnerships, age discordance, and having paid for sex in the past year).
- Men identified their sexual partners as people who could influence them to test for HIV. Furthermore, the likelihood of having tested for HIV was higher for men who had talked to their partner about it, those who thought most of their male friends had tested, and those who knew someone with HIV.

**HIV testing uptake**



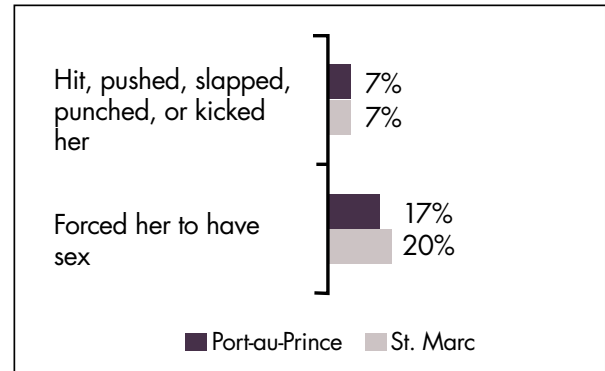
**HIV Treatment among Positives**

- Thirty men self-reported that they were HIV-positive (29 in PaP; 1 in St. Marc).
- Treatment adherence was low, with only 14 out of 27 men on antiretroviral therapy (ART) taking all doses in the past four days.
- Sexual risk behavior was high. All reported having a sexual partner five years younger than they; 19 out of the 30 reported concurrent sexual partnerships; and 12 out of the 30 reported that they did not use a condom the last time they had sex with their AGYW partner.
- HIV-positive men expressed concern to survey staff about other people finding out about their status. Disclosure of status was low, with only 11 out of 30 having told anyone—most often a male friend—about their status. Only three had discussed their HIV-positive status with a sexual partner.

**Gender-based violence:** Men reported perpetrating emotional and physical violence, and perceived themselves to have more

power in their relationships with AGYW. The study found an association between lower levels of relationship equity and multiple and concurrent sexual partnerships.

**Intimate partner violence: physical**



- The most common form of emotional violence reported by men was trying to control what their sexual partner does (73% PaP; 65% St. Marc).
- Seven percent reported that they had hit, pushed, slapped, punched, or kicked their most recent AGYW partner in the past year.
- Almost one in five had forced their most recent AGYW partner to have sex in the past year (17% PaP; 20% St. Marc).
- Overall, men perceived themselves to have more power in their relationships with their most recent AGYW sexual partner (66% PaP; 72% St. Marc). Men who reported such inequity in their relationships with AGYW were also more likely to report engaging in concurrent sexual relationships.

**Conclusions**

Increasing the reach of HIV education, condom distribution, and HIV testing programs among male sexual partners of AGYW is important. Programs should seek to improve communication skills with sexual partners, because talking to a sexual partner about behavior increases a man’s likelihood both of using condoms and pursuing HIV testing. Programs should also emphasize peer norms in messaging, because men who think their peers adopt less-risky sexual behavior are more likely to do so, too. More data are needed on ART adherence and sexual risk behavior among HIV-positive men. Interventions are needed to discourage the intimate partner violence perpetrated on AGYW that is common among men with concurrent sexual partners.