Risk-Taking Behaviors among Youth Socializing in Target Venues of Carrefour, Haiti

Adaptation of the Priorities for Local AIDS Control Efforts (PLACE) Methodology

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Executive Summary

What is the PLACE method?

Because resources for HIV prevention programs are extremely limited, there is an urgent need to focus interventions where they are most cost effective. To prevent new infections in a cost-effective way, AIDS prevention programs should focus on areas likely to have a higher incidence of infection. The Priorities for Local AIDS Control Efforts (PLACE) method is a monitoring tool to identify areas likely to have a higher incidence of infection.

Within these areas, PLACE identifies specific venues where AIDS prevention programs should be focused to reach those most at risk of acquiring and transmitting HIV, provides indicators that monitor HIV/AIDS prevention program coverage, and identifies gaps in prevention programs. In previous studies that used the PLACE methodology, the study results effectively mobilized local populations to make progress in addressing gaps in prevention programs.

What PLACE Strategy was used in Carrefour, Haiti?

Young people between the ages of 15-24 are at particular risk of HIV and are often a key target group found at venues identified by the PLACE method. To better understand HIV prevention programming needs of young people in Port-au-Prince, Haiti, this project modified the standard PLACE approach to emphasize specifically locations where youth congregate.

In collaboration with *Fondation pour la Santé Reproductrice et l'Education Familiale* (FOSREF), the primary provider of youth reproductive health services in Haiti, the MEASURE Evaluation project modified the standard PLACE tools. A steering committee composed of representatives from key stakeholders in Haiti decided to implement PLACE in Bizoton and Thor, two neighborhoods within Carrefour (part of the Port-au-Prince metropolitan area). These neighborhoods were selected because the group felt that young people at risk of HIV and unintended pregnancies congregate at venues in these areas.

The results of this PLACE assessment will be used as the basis for local HIV/AIDS strategic plans and to guide prevention programming decisions with a focus on youth. In particular, given that FOSREF is the primary provider of youth reproductive health services, the information from PLACE will help them determine whether they need to modify their current approach to better meet the reproductive health needs of high-risk youth. Without the PLACE assessment, FOSREF and other local stakeholders would not have the necessary information to target and locate high-risk youth – information crucial for steering their prevention efforts.

The Focus on Youth Reproductive Health

PLACE describes the population socializing at venues known to be places where people meet new sexual partners. This is a critical group to reach with HIV prevention programs. For this study, the focus was on locations where youth meet sexual partners to permit a better understanding of youth risk-taking. In addition, this study determined youth access to reproductive health services to determine if youth socializing in these high-risk venues have unmet reproductive health needs and to identify strategies to address these needs.

Why was Carrefour selected for a PLACE study?

Carrefour was selected as the focus area in Port-au-Prince, Haiti because it is known for its many fixed points of prostitution, including brothels, “maisons de passe”, night Clubs, bar-restaurants and cabarets. Carrefour is also recognized as an area where a large number of women engage in informal/occasional prostitution as a result of economic need. Clients are mainly lower to middle class Haitians, including truck and taxi drivers.

Where do people meet new sexual partners in Carrefour?

Nearly 500 (494) community informants were interviewed to identify venues where youth meet sexual partners. Approximately 1686 venues were identified. Of those, 257 were unique and in Carrefour. All venues reported by community informants were eligible for a site visit. Overall, a total of 153 venues reported by community informants were found and visited and have non-missing information. Of the 153 venues, 9% were bars and taverns, but many other types of venues were visited including educational sites, truck and taxi stops, hotels, and private or isolated locations. One-hundred and nine of these venues were in Bizoton and Thor.

A number of people interviewed while socializing at venues reported having met a new sexual partner at the site.

At the sampled venues, a total of 876 eligible persons consented to be interviewed in the first round of data collection. In the second round of data collection, 504 youth (ages 15-24) consented to participate. Two rounds of data collection were used to obtain data from a standard PLACE approach (round 1) and to obtain greater depth on youth sexual risk-taking (round 2). Over 40% of female and male youth in round 1 reported that they believed that people meet sexual partners at the site. Approximately 24% of the male youth, 33% of male adults, 15% of female youth, and 28% of female adults reported having met a partner at the venue of the interview.

The rate of sexual partnerships was high, particularly among male venue patrons.

The rate of new sexual partnerships reported by sexually experienced male youth and adult males socializing at the venues was very high. Approximately 61% of male youth, 58% of adult males, and 31% of both female youth and adult females interviewed reported having had a new partner in the past year; 46% of both male youth and male adults, 25% of female youth, and 33% of female adults reported having had a new partner in the past four weeks. While three-quarters of sexually active female youth report only one sexual partner in the last year, they are at risk of HIV if their partner has other partners. Given the high percentage of male youth and adult males who have multiple partners, many of the female youth are also at risk of HIV and sexually transmitted infections from their partners.

Condom use was inconsistent among those who had two or more partners in the past year or a new sexual partner in the past four weeks.

Overall, nearly 70% of people socializing at venues had ever used a condom. Among those persons who had more than two partners in the past year or a new sexual partner in the past four weeks, only 58% of both male youth and male adults, 82% of female youth and 67% of female adults had used a condom at last sex.

High STI symptoms found among persons socializing in venues

Overall, 32% of sexually experienced male youth and 53% of female youth reported experiencing symptoms of an STI in the last 4 weeks. The proportion with symptoms was comparable among the older age groups.

Reproductive health characteristics are indicative of risks of unintended pregnancy and violence among youth surveyed

The overwhelming majority of youth surveyed (round 2) had ever used family planning (condoms was the main family planning method reported). Condom use at last sex was high; however, condom use at first sex was lower. A quarter of sexually experienced women reported that their first sexual experience was not desired, and a third reported that they were persuaded, tricked or forced into having sex for the first time. Twelve percent of male and female youth had ever been forced to have sex. Nearly a quarter of male and female youth had ever gotten someone pregnant (males) or been pregnant (females).

Program implications

To obtain input on the application of the study findings from stakeholders who undertake youth HIV and reproductive health programming in Haiti, a workshop was organized in Port-au-Prince on June 6, 2007. A total of 39 people attended the workshop from 16 organizations. The workshop objectives were to: 1) present the PLACE methodology; 2) present the results of the PLACE study in Carrefour; and 3) determine how the data could be used to inform programs and how the methodology could be applied in other sites or for other target groups.

Workshop participants recognized the value of the PLACE methodology and appreciated its introduction in Haiti. Participants discussed the possibility of undertaking additional PLACE studies to identify informal sex workers in high-risk locations such as along the border with Dominican Republic and in certain port cities. The workshop also uncovered a number of recommendations for future youth programming. Some of these recommendations were to change existing programs and others were to adopt new strategies for youth HIV and unintended pregnancy prevention.

In particular, this study identified different types of sites such as schools, public commercial areas, and transport locations where youth find sexual partners. The stakeholders had a lively discussion of ways to modify existing strategies and to undertake new strategies to target youth in these sites. For example, there was a general sense that there is a need for multiple strategies and messages at educational sites. Participants felt that youth in school-based settings need to be exposed to programs that promote all of the prevention messages including abstinence, partner reduction, and condom use. Undertaking programs both within the schools and in the vicinity of the schools at the end of the school day were considered relevant strategies to target youth at school-based sites.

In addition, participants agreed that prevention programs at public sites and bars need to target all youth, including sexually experienced and inexperienced youth, recognizing that all categories are at-risk or potentially at-risk. These programs should be comprehensive site-based activities that include condom distribution and referrals to a health center for VCT, STI testing and treatment, and other reproductive health services. For example, based on information obtained in the PLACE study of the busy times at these sites, peer educators could visit the sites at these times to undertake education, counseling, and referrals.

In separate discussions with the Ministry of Public Health and Population, USAID, and stakeholders, strategic areas for consideration were identified as well. Partners acknowledged that there has been a decline in HIV prevalence in Haiti; however, this decline should not change/slow down rigorous prevention efforts. In particular, youth are considered a population at high risk of HIV and unintended pregnancies especially given recent studies that demonstrate low condom use. Partners felt the need to focus on prevention efforts for youth to avoid future sharp increases in prevalence in this group. Following the dissemination workshop, the Ministry of Health, USAID, and partners had a preliminary meeting on June 20, 2007 to review available data sources, including the PLACE data, and prevention programs to consider next steps for strengthening the current national strategy for youth. From this meeting, a sub-committee was created to coordinate a larger workshop that will take place in mid-July. The objectives of the July workshop are to determine appropriate youth services in underserved areas, identify geographical gaps in youth interventions, and determine intervention strategies for very high risk youth. This information will be used to modify the national strategy for youth programming in Haiti.

Summary of PLACE Indicators

Table S.1. Summary of Key PLACE Indicators from Round 1 Data Collection

Number of Community Informants Interviewed	**492**			
Total Number of Venues Reported by Community	**303**			
Number of Venues Eligible for Venue Verification	**257**			
Number of Venues where Venue Representative Interviewed	**153**			
Number of Venues in Bizoton and Thor (PPA)	**109**			
Of these, % of venues:				
that are bars, taverns or nightclubs	9.2			
that are educational sites	11.8			
where youth meet sexual partners	64.2			
where sex workers solicit	31.5			
where couples who meet onsite have sex	31.5			
where any AIDS prevention had occurred at the venue	33.9			
where condoms were not available in the past 4 weeks	67.0			
where manager willing to have AIDS prevention at venue	91.7			
Number of Venues Where Patrons Interviewed	**37**			
	Full sample		**Youth Sample (15-24)**	
Characteristics of Venue Patrons	**Male**	**Female**	**Male**	**Female**
Number of venue patrons interviewed at venues	472	404	286	307
Mean age of patrons	24.5	21.7	19.6	19.2
Percentage of Patrons Who:				
Are aged 15-24	60.6	76.0	100.0	100.0
Are unemployed	62.7	76.5	82.9	87.6
Are currently a student	71.4	79.5	93.0	89.9
Do not live in the PPA	38.1	36.4	36.4	36.5
Visit the venue daily	45.3	47.0	46.5	44.6
Have injected drugs in the past 12 months	12.9	8.2	11.9	7.5
Gave or exchanged money for sex in the past 4 weeks	13.3	8.7	11.5	6.5
Had a new sexual partner in the past 4 weeks	40.3	19.3	36.0	15.0
Had a new sexual partner in the past 12 months	52.1	21.3	48.3	18.2
Had more than one sexual partner in the past 12 months	49.6	12.9	45.8	10.1
Had sex with a man in the past 12 months (men only)	0.6	--	0.7	--
Had a sex partner 10 years older in past year	3.6	10.1	4.2	8.5
Had a sex partner 10 years younger in past year	12.1	2.0	0.0	0.7
Used a condom at last sex	39.6	30.4	38.5	30.0
Had a symptom of an STI in the past 4 weeks	25.8	39.1	25.5	34.5
Have ever been tested for HIV	30.5	33.9	22.4	28.0
Are interested in being tested for HIV	71.6	73.0	66.1	74.3
Rate of Sexual Partnerships				
High: 1+ new partners or 2+ partners past 4 weeks	34.6	12.7	30.8	9.5
Moderate: 1+ new or 2+ partners past 12 months	21.9	7.0	21.4	5.8
Low: Not sexually active or 1 sexual partner in the past 12 months	30.2	46.6	26.1	43.4
None: Not sexually experienced	13.4	33.7	21.7	41.4

Table S.2. Summary of Key PLACE Indicators for Sexually Experienced Youth (ages 15-24) and Adults (ages 25+) from Round 1 Data Collection

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24		Sexually Experienced Adults 25+	
	Male	Female	Male	Female
Number of patrons interviewed	225	182	186	97
Mean age	20.02	19.96	32.19	29.63
Percentage of Patrons Who:				
Are unemployed	81.8	82.4	31.7	41.2
Are currently a student	92.4	85.7	59.7	52.6
Do not live in the PPA	35.6	36.3	40.9	36.1
Visit the venue daily	44.0	44.5	43.5	54.6
Have injected drugs in the past 12 months	12.0	9.9	14.5	10.3
Gave or exchanged money for sex in the past 4 weeks	14.7	11.0	16.1	15.5
Had a new sexual partner in the past 4 weeks	45.8	25.3	46.8	33.0
Had a new sexual partner in the past 12 months	61.3	30.8	58.0	30.9
Had more than one sexual partner in the past 12 months	58.2	17.1	55.3	21.6
Had sex with a man in the past 12 months (men only)	0.9	--	0.5	--
Had a sex partner 10 years older in past year	5.3	14.3	2.7	15.5
Had a sex partner 10 years younger in past year	0.0	1.1	30.6	6.2
Used a condom at last sex	48.9	50.5	41.4	32.0
Had a symptom of an STI in the past 4 weeks	32.0	53.3	26.3	53.6
Have ever been tested for HIV	24.9	41.2	43.0	52.6
Are interested in being tested for HIV	67.1	79.7	80.1	69.1
Rate of Sexual Partnerships				
High: 1+ new partners or 2+ partners past 4 weeks	37.8	16.2	40.6	25.3
Moderate: 1+ new or 2+ partners past 12 months	27.3	9.8	22.8	12.1
Low: Not sexually active or 1 partner in the past 12	33.3	74.0	36.7	62.7
Problems in Area as Perceived by Patrons (big problem)				
Unemployment	97.3	96.2	97.3	96.9
Violence	97.3	98.4	95.2	96.9
Access to health care	96.9	96.2	95.7	95.9
AIDS	96.9	9734	96.8	97.9
Alcohol abuse	73.8	77.5	69.4	73.2
Lack of education	96.4	98.4	95.7	97.9
Getting food to eat	98.7	98.9	98.4	97.9
Injection drug abuse	91.1	92.9	83.9	98.7

Table S.3. Summary of Key PLACE Reproductive Health Indicators for Sexually Experienced Youth from Round 2 Data Collection

Characteristics of Venue Patrons	Sexually experienced youth 15-24 (n=376)	
	Male (n=217) %	Female (n=159) %
Mean age	20.06	19.82
Percentage of Sexually Experienced Youth Age 15-24 Who:		
Have ever used clinical services	58.5	62.3
Ever used family planning to prevent/delay pregnancy	92.6	86.2
Used family planning at first sex	50.7	42.1
Used condoms at first sex (of those who used anything)	85.5	74.6
Used family planning at last sex	75.6	67.3
Used condoms at last sex (of those who used anything)	89.6	72.9
Ever been pregnant/gotten someone pregnant (including current)	22.5	23.3
First sex not desired or really not desired	6.5	24.7
First sex persuaded, tricked, forced, or raped	16.3	32.5
Ever had sex when didn't want to because someone used their authority	4.2	8.2
Ever physically forced to have sex	12.4	12.6

1 Step 1: PLACE Strategy

1.1 Background: HIV Epidemic in Haiti

In 2006, it was estimated that between 120,000 to 290,000 people were currently living with HIV/AIDS in Haiti. Haiti's HIV epidemic is the largest in the Caribbean region, with HIV prevalence estimated from surveillance data of pregnant women to be 5.6% in 2003. Population-based estimates of HIV prevalence from the 2005/2006 Demographic and Health Survey estimate the prevalence of HIV to be 2.2%, with 2.3% for women aged 15 to 49 and 2.0% for men aged 15 to 49 (Cayemittes et al., 2007).

In Port-au-Prince, nearly 50% of new HIV infections are among youth aged 15-24. The mean HIV prevalence for youth is 1.0% (1.5% for women and 0.6% for men). About 180,000 Haitians aged 15 and older are living with HIV. During 2006 it was estimated that 16,000 people died because of HIV/AIDS (UNAID/WHO, 2006). Since 1997, AIDS has been the leading cause of death at the national level. The Haitian epidemic could spread further, given that 60% of the population is under 24 and condom use is low, despite widespread knowledge about condoms.

***General background and demographic information about Haiti**:*

Haiti is one of the least developed countries in the world and is the poorest in the Western hemisphere. The population of Haiti is currently estimated to be 8.4 million (UNFPA, 2006). About 19% of the population is between 15-24 years of age, while only about 5% are over 64 (Cayemittes et al., 2001). There are about 1.8 million women of childbearing age in Haiti (USAID/PHNI, 2003). The country is primarily rural, with 62% of the population residing in rural areas (Cayemittes et al., 2007). The proportion of children and adolescents is especially large in rural areas (60% of the rural population is younger than 24), where high fertility has resulted in a very young population. Due to rural-urban migration, however, the rate of population growth in urban areas is three times faster than that in rural areas. This rapid urban growth has resulted in the development of shantytowns around many urban areas, particularly that of Port-au-Prince (Cayemittes et al., 2007).

It should be noted that the urban population in Haiti tends to be disproportionately female. This may be attributed, in part, to the fact that women tend to migrate from the countryside to urban areas, while men tend to migrate overseas (Cayemittes et al., 2001). Although Haiti's economy was traditionally agriculture-based, in the course of the last two decades, it has shifted towards a market economy with a heavy emphasis upon the informal sector. Due to this emphasis, it is difficult to accurately gauge the state of the country's economy. It is estimated that 70% of the population lives below the poverty line (Cayemittes et al., 2007). As of 2000, more than one-third of the adult population was unemployed (Cayemittes et al., 2007). The 2005/06 Haiti Demographic and Health Survey (Cayemittes et al., 2007) revealed that 58% of women and 36% of men interviewed were not working. Current estimates show that 23% of women and 18% of men have never been to school (Cayemittes et al., 2007). Economic insecurity has forced women to initiate sexual activity earlier and to depend on sexual relationships for financial support, contributing to the spread of HIV (Fitzgerald et al., 2000; Hempstone et al., 2004).

Sexually transmitted infections (STIs):

Current estimates place STI prevalence of adults aged 15-49 in Haiti at 9% for women and 3% for men (Cayemittes et al., 2007), based on self-reported symptoms in the last 12 months. Among this age group, 99% of women and men know about HIV/AIDS. When asked about prevention methods, 84% of women and 92% of men know that the condom is one of the prevention methods against HIV (Cayemittes et al., 2007). The Demographic and Health Survey from 2000 revealed that a lower percentage of women (50%) and men (71%) knew that condoms were an effective means to prevent HIV (Cayemittes et al., 2001). Among female respondents in 2005/06 who had heard of STIs/HIV, 83% were able to name a sign of such an infection in women (Cayemittes et al., 2007). Eighty-eight percent were able to name a sign of STI in men. Of male respondents who had heard of STIs, 90% were able to name at least one sign of STI in men, and 87% were able to name a sign in women (Cayemittes et al., 2007).

To date, STI care-seeking behavior has been little studied; however, it is thought to be dominated by self-medication (with antibiotics, which are readily available without a prescription) and treatment by traditional healers (Desormeaux et al., 1996). STI/HIV services in Haiti tend to be integrated with primary health care rather than family planning services.

Recent reports from the Haitian government indicate that less than half of the healthcare sites in the country provide STI-related services. An added problem for individuals seeking STI services includes the cost of medications for treating STIs. Moreover, there is poor quality of care at sites that do provide services. Frequently cited quality–of-care issues include both a lack of provider competence in the syndromic management and treatment of STI, and problems with access to treatment supplies (IHE, 2002).

1.2 The PLACE Protocol: Objectives

Methods for monitoring and evaluating AIDS prevention are urgently needed. Because resources for interventions are limited, there is an urgent need to focus interventions where they are most cost-effective. Epidemiological theory indicates new partnerships play a crucial role in the HIV epidemic. Therefore, identifying locations where new partnerships occur can be useful for HIV prevention programming. The lack of rapid, reliable and valid field methods for identifying locations with high rates of new sexual partnership formation has been a barrier to the identification of these locations and the development of interventions in these locations.

The Priorities for Local AIDS Control Efforts (PLACE) method is a monitoring tool that can be used to identify high-risk areas (priority prevention areas – PPAs) and the specific venues within these areas where AIDS prevention programs should be focused. Population-based sero-surveys to identify areas empirically with high HIV incidence are rarely conducted due to cost, feasibility, loss-to-follow-up, and ethical concerns.

The PLACE approach acknowledges that contextual factors are often associated with areas where HIV incidence is high. These include:

- poverty and unemployment;
- lack of health care services;
- alcohol consumption;
- high population mobility;
- urbanization and rapid growth; and
- high male-to-female ratio.

Consequently, the first step in the PLACE method is to use available epidemiological and contextual information to identify areas likely to have a higher incidence of HIV infection. Subsequent steps use rapid field methods to identify and describe venues within these areas where people with many new sexual partners can be reached for prevention interventions. Characteristics of people socializing at venues are also obtained. Finally, the information is used to inform interventions in the area. Table 1.2.1 illustrates the methodology in five steps.

The method focuses on places where new sexual partnerships are formed because the pattern of new partnerships in a community shapes its HIV epidemic. A place-based approach has programmatic advantages. Approaches based on risk-group status, such as being a trucker or sex worker, can be stigmatizing and are often inadequate in generalized epidemics. Clinic-based approaches miss most people with high rates of new sexual partner acquisition.

This method was developed at the University of North Carolina at Chapel Hill and pilot-tested in 1999 in Cape Town in collaboration with the University of Cape Town. USAID has supported development of the method through the MEASURE Evaluation project.

Table 1.2.1. The Five Steps of the PLACE Protocol

Step	Objective
1	To identify priority prevention areas (PPAs)
2	To identify venues where people meet new sexual partners
3	To visit, map, and characterize venues in each priority prevention area
4	To describe the characteristics of people socializing at venues
5	To use findings to inform interventions

For this application of the PLACE methodology, which is specific to identifying locations where high-risk youth congregate, steps 1 and 2 were modified somewhat to determine 1) a PPA where there are large numbers of youth (15-24) and 2) to identify venues where *young people* meet sexual partners. Because the focus was on determining prevention strategies for youth, this changed emphasis was relevant. In addition, in the examination of youth at these venues (step 4), we characterized behaviors in terms of risks of HIV but also other youth reproductive health risks, including unintended pregnancy and abortion. Two rounds of data were collected in step 4. First, a standard PLACE study was implemented, surveying people of all ages socializing in the venues (round 1 data). Second, about two months after the first round of data collection, we returned to the same sites and surveyed just youth (ages 15-24) in the sites, obtaining greater depth on reproductive health risks and experiences around first sex and recent sexual activity (round 2 data). In the analyses that follow, we use round 1 data to present the standard PLACE indicators and results and then include round 2 data to

demonstrate greater depth on reproductive health outcomes. In the appendix, all round 2 data are presented and available.

1.3 Ethical Review and Approval

The PLACE protocol was reviewed and approved in Haiti by the Ministry of Health Ethics Review Board.

1.4 Identification, Selection, and Description of Carrefour as the Priority Prevention Site.

The site of this study is Carrefour, which is one of the most densely populated areas in Haiti and the third-largest city in the country. Carrefour is located in the Ouest department; 12.7% of the population of the Ouest department lives in Carrefour. The city of Carrefour is adjacent and is part of the Port-au-Prince metropolitan area. The main economic activities found in Carrefour include small home-based businesses, shops, beauty salons, women and men with informal commerce in the streets, taxi drivers, etc. Carrefour is divided into approximately 15 communes. Carrefour stretches from the end of Boulevard Harry Truman to the starting point of Gressier commune and includes the Carrefour Road/Boulevard. In 2003, it was estimated that the population of urban Carrefour was more than 365,000 people Atlas Censitaire 2003 (Institut Haïtien de Statistique et d'Informatique, 2003).

Carrefour was selected as the focus area in Haiti because it is known for its many fixed points of prostitution, which include brothels, "maisons de passe", bar-restaurants, and cabarets. Carrefour is also recognized as an area where a large number of women engage in informal/occasional prostitution as a result of economic need. Clients are mainly lower and middle class Haitians, including truck drivers, taxi drivers, and sailors.

Previous work in Port-au-Prince that focused on young people visiting youth centers and reproductive health facilities indicated youth visiting these facilities were sexually experienced and many had been previously pregnant. What was unclear from the facility-based study was whether the highest-risk youth, those who engage in informal sex work or have multiple, informal partnerships, use these facility-based services. Therefore, this study chose a priority location, where it is expected that there will be large numbers of young people at risk of HIV and unintended pregnancies.

Because of the size of Carrefour, two communes within Carrefour – Bizoton and Thor – were selected as the specific priority prevention area. These two communes are along the main road and extend to the coast.

Table 1.4.1. Description of Carrefour

Carrefour	**Characteristics**	
Population (estimate, n=392,986)	N	%
Male resident population		
<15	39,271	10.0
15-24	45,490	11.6
25-39	44,868	11.4
40-49	16,434	4.2
50+	12,781	3.3
Total	181,734	46.2
Female resident population		
<15	43,920	11.2
15-24	57,337	14.6
25-39	50,670	12.9
40-49	18,768	4.8
50+	20,413	5.2
Total	211,252	53.8
Residents in Bizoton	31,943	
Males	14,920	47%
Females	17,023	53%
Residents in Thor	182,366	
Males	83,058	46%
Females	99,308	54%
Other Socio-Demographic Characteristics		
Percentage of persons living with <$1 per day		70%
Percentage of women 15-49 with secondary or higher education		37.5%
HIV and STI Prevalence (from Jan-Dec 2006)		
HIV prevalence among antenatal care (ANC) patients 15-49 in Carrefour	2936 HIV+ pregnant women	3.41%
HIV prevalence among commercial sex workers in area		5.7%
AIDS Prevention Programs		
Number of nongovernmental organizations working in area	6 (see list below***)	
Number of community-based organizations working in area	N/A	
Testing, Counseling, ART Programs		
Number of voluntary counseling and testing (VCT) centers in area	10	
Number of public venues where a person can get treatment for STI	1 public hospital; 24 private clinics 1 private health center with beds 3 semipublic health centers with beds	
Number of pregnant women screened in prevention of mother-to-child transmission (PMTCT) program	7,791	

*** List of NGOs working in the area: FOSREF, World Relief, AED, FHI, Food for the Poor, HCP

Table 1.4.2. Perceived Problems in Bizoton and Thor According to Patrons at Venues among youth (ages 15-24) and adults (ages 25+)

Characteristics of Venue Patrons	Youth (15-24)		Adults 25+	
	Male	Female	Male	Female
Number of patrons interviewed	286	307	186	97
Problems in Area as Perceived by Population (big problem)				
Unemployment	96.2	96.4	97.3	96.9
Violence	97.2	97.7	95.2	96.9
Access to health care	96.5	96.1	95.7	95.9
AIDS	96.2	97.4	96.8	97.9
Alcohol abuse	76.6	80.1	69.4	73.2
Lack of education	96.2	97.7	95.7	97.9
Getting food to eat	98.3	98.4	98.4	97.9
Injection drug abuse	92.3	94.1	83.9	98.7

Table 1.4.2 gives another perspective on the PPA. These data were obtained from people socializing at venues in the PPA in the first round of data collection. The table is included here because it is a useful way to describe some the perceptions of the people in the PPA. Reports from youth and adult participants at the venues demonstrate that both women and men perceive most of the issues raised as big problems in Bizoton and Thor. More than 95% of youth and adults report that unemployment, violence, access to health care, AIDS, lack of education, and getting food to eat are big problems. The proportion reporting injection drug use and alcohol abuse as big problems was lower. Given the volatility of Carrefour, these findings are not surprising in terms of unemployment, violence, education, and difficulty getting food to eat.

1.5 Training and Instrument Adaptation

The study undertaken in Carrefour (Bizoton and Thor) had two main adaptations. The first was to identify locations where youth meet sexual partners. This is a modification to the usual PLACE methodology that generally determines where people of any age meet new sexual partners. Our emphasis on youth meant that we were seeking sites where youth in particular go to meet sexual partners, no matter the age of the partners. The second modification was to obtain a greater depth of information not only on HIV risk, but also on other reproductive health issues relevant to youth. To do this, two phases of quantitative data collection were undertaken. In the first phase the standard information from a PLACE study was collected from persons visiting the sites, with some over-sampling of persons in the youth age ranges. In the second phase, the project interviewers returned to the identified venues and interviewed only youth at these sites, using a modified youth questionnaire that obtained greater depth on youth risk-taking.

The questionnaires for both phases were translated into Creole and administered in Creole. Interviewers were trained for each phase of data collection, corresponding to the multiple data collection forms. Training lasted one day for step two (Form A & B), two days for step three (Form C), three days for Form D round 1, and one day for Form D round 2. Training was done in French and Creole to ensure that the interviewers were able to ask the questions appropriately in Creole. Role-playing and practice sessions were undertaken to ensure a comfort level of the project interviewers.

Interviewer selection was guided by interviewing experience, the sensitivity of the study questions on sexuality, fluency in reading and speaking Creole, flexibility regarding working

hours, and ability to communicate well with a wide range of respondents. Interviewers were selected by FOSREF and trained and supervised by the management team at FOSREF. Interviewers were also trained in ethics and were required to sign confidentiality pledges, ensuring that the information they obtained would remain confidential.

2 Step 2: Where Do People Go to Meet New Sexual Partners? Findings from Community Informant Interviews

2.1 Methods to Identify Venues

A sexual network venue is defined as a place or event in a PPA where people with high rates of partner acquisition meet to form new sexual partnerships. A venue could be a bar, a brothel, an all-night party, a marketplace, a taxi stop, or places that sell beer or alcohol. New partnerships are an important focus for two reasons. First, individuals with high rates of new partner acquisition are more likely to transmit HIV infection. Second, individuals with newly acquired infections are more infectious. Identification of all venues in a PPA, not just traditional "hot spots" is encouraged. Along with well-selected monitoring and evaluation indicators, a map of these venues can help program planners focus intervention efforts where the opportunity for HIV transmission is likely to be greatest.

Community-informant interviewing is the primary method used to identify all venues where residents of the PPA meet new sexual partners. Community-informant interviews are a rapid method for obtaining sensitive data not otherwise available. They are especially useful for obtaining data, such as a list of venues that can be verified by other sources. By developing a list of venues from many community informants, the bias from any individual informant is reduced. In addition, self-presentation bias is minimized by not asking about an individual's own sexual behavior.

Community informants were defined as men and women knowledgeable about the movement and behavior of young people in the area. A total of 494 community informants were asked and were willing to identify locations where youth go to meet new sexual partners. These community informants identified 1686 sites where youth go to meet new sexual partners.

- Community informants were selected based on observations from Carrefour prior to data collection and based on instructions in the PLACE manual that recommends identifying people with varying linkages to the PPA. The types of community informants were classified into 10 categories and the number of individuals to be interviewed in each category was pre-determined. The number varied if the type of person was difficult to identify on the ground, indicating that this type of person may not have relevant information on locations where youth go to meet new sexual partners.
- Interviewers approached community informants based on the pre-determined list of types of people to interview. The interviewers were asked to identify the occupation of the respondent before asking the relevant questions. This helped to ensure including the appropriate number of community informants of each type.

2.2 Community Informant Fieldwork

Table 2.2.1. Community Informant Fieldwork

Carrefour, Haiti PLACE Assessment, 2006	
Dates of fieldwork	10/30/06 – 11/6/06
Number of interviewers	12
Number of individuals approached as community informants	504
Percentage of eligible community informants approached for an interview who were not willing to be interviewed	2.0%
Number community informants who accepted gave information	494
Number of venues reported	1686

A total of 494 community informants identified 1686 venues (257 unique venues) during seven days of fieldwork. Of the venues reported, 257 existed and were in the PPA. These venues were considered eligible for venue verification. The interviewers found that community informants were generally willing to answer questions; only 2% of eligible community informants declined to be interviewed. For the community informants, we have information on the type of informant, age, and gender (see Table 2.3.1). Because of some missing data, the total sample sizes presented in the table below are smaller than the full sample.

2.3 Characteristics of Community Informants

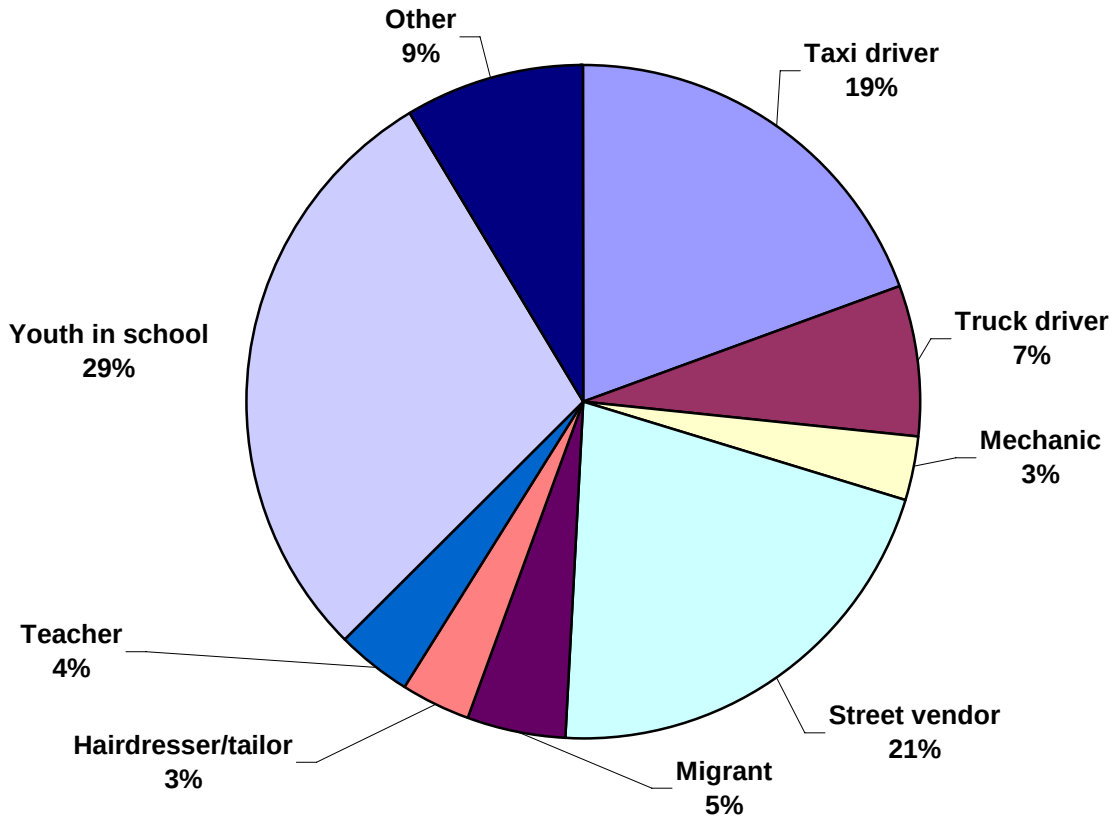
Table 2.3.1 Characteristics of Community Informants

Bizoton and Thor, Carrefour, PLACE Assessment, 2007		
Type of Community Informants	**N=492**	**%**
Taxi driver	82	16.7
Truck driver	31	6.3
Mechanic/petrol station attendant	13	2.6
Hotel or tourism worker/manager	6	1.2
Bar, tavern, or club worker/ manager	12	2.4
Security guard	10	2.0
Mobile hawker/street vender	89	18.1
Migrant worker/migrant	20	4.1
Hairdresser, barber, tailor	14	2.9
CBO/ NGO Staff	2	0.4
Teacher	15	3.1
Police/military officer	7	1.4
Health care worker	9	1.8
Church worker	2	0.4
Health facility patient	6	1.2
Sex worker	5	1.0
Youth in school	121	24.6
Youth out of school	11	2.2
Other	37	7.5
Gender of Community Informants	**N=464**	**%**
Male	336	72.4
Female	128	27.6

Bizoton and Thor, Carrefour, PLACE Assessment, 2007		
Age of Community Informants	**N=494**	**%**
<20	115	23.3
20-24	115	23.3
25-29	105	21.3
30-34	66	13.4
35-39	42	8.5
40+	51	10.3
Mean age	27.03 years (SD:8.90)	

Many different types of community informants were interviewed, including taxi drivers, truck drivers, street vendors, teachers, migrant workers, and in-school youth. Street vendors and in-school youth were the most common type of community informants. Figure 2.3.1 presents the types of community informants, with an "other" category that includes the least common types of informants. Over half of the community informants were younger than 25 and 72% were men (Table 2.3.1).

Figure 2.3.1. Types of Community Informants in Carrefour PLACE Assessment



3 Step 3: What Are the Characteristics of Venues Where People Meet New Sexual Partners?

3.1 Methods

At the end of each day of data collection for step 2, the field supervisors systematically verified each questionnaire. After collecting the list of venues from community informants in step 2, the names of the locations were reviewed to determine which were unique locations and which were the same locations with a different names or addresses. Data were entered and cleaned to eliminate duplicate locations. A total of 303 unique venues were identified. Of these, 257 were in the Port-au-Prince metropolitan area. In step 3, an attempt was made to locate all venues in Port-au-Prince reported by community informants.

In this phase of the fieldwork, interviewers visited each reported venue to verify its existence and location and to interview a person knowledgeable about the venue (such as a bar manager or owner or someone who worked in the vicinity of an outdoor venue) to obtain characteristics of the venue important for AIDS prevention. Where someone was not available for interview on the first visit, an appointment was requested for a second visit. Verbal consent for an anonymous interview was obtained for each completed interview. Respondents were asked about the following:

- name of the venue and number of years in operation
- types of activities occurring in the venue
- estimated number of clients at peak times
- estimates of daily amount of alcohol consumed and different cadres of staff
- patron characteristics, including residence, employment status, age, and gender
- whether people meet new and previous sexual partners at the venue
- extent of AIDS/STI prevention activities on-site including condoms and posters
- willingness to sell condoms.

In addition, a global positioning system (GPS) point was taken at each site to permit mapping of sites identified and selected for study.

3.2 Venue Verification Fieldwork

Table 3.2.1. Summary of Venue Verification Fieldwork

Bizoton and Thor, Carrefour, Haiti – PLACE Study	
Number of Days of Venue Verification	5 days
Number of unique venues reported...	303
In Port-au-Prince metropolitan area	257
Number verified	155
Number closed temporarily	19
Number closed permanently	14
Number that did not exist/not identified	47
Number of duplicates	22
Number verified in Bizoton and Thor (PPA)	**109**

Of the 303 unique venues reported by community informants, 46 that were outside of the Port-au-Prince metropolitan area were not eligible for verification. Visits to 257 eligible venues were accomplished in five days by a team of 12 interviewers. Someone knowledgeable about the venue was identified and interviewed by the interviewer. Of the 257 eligible venues, 155 were successfully located and an interview completed (153 with non-missing information on characteristics of site as reflected in tables below). Of those verified, there were 109 that were in the target PPA (within the communes of Bizoton and Thor).

Two maps from this study are shown below in Figure 3.2.1 and Figure 3.2.2. These maps demonstrate that the sites found tend to cluster along the main roads in Carrefour.

Figure 3.2.1. Map of Types of Venues in Bizoton and Thor, Carrefour, Haiti (n=109)

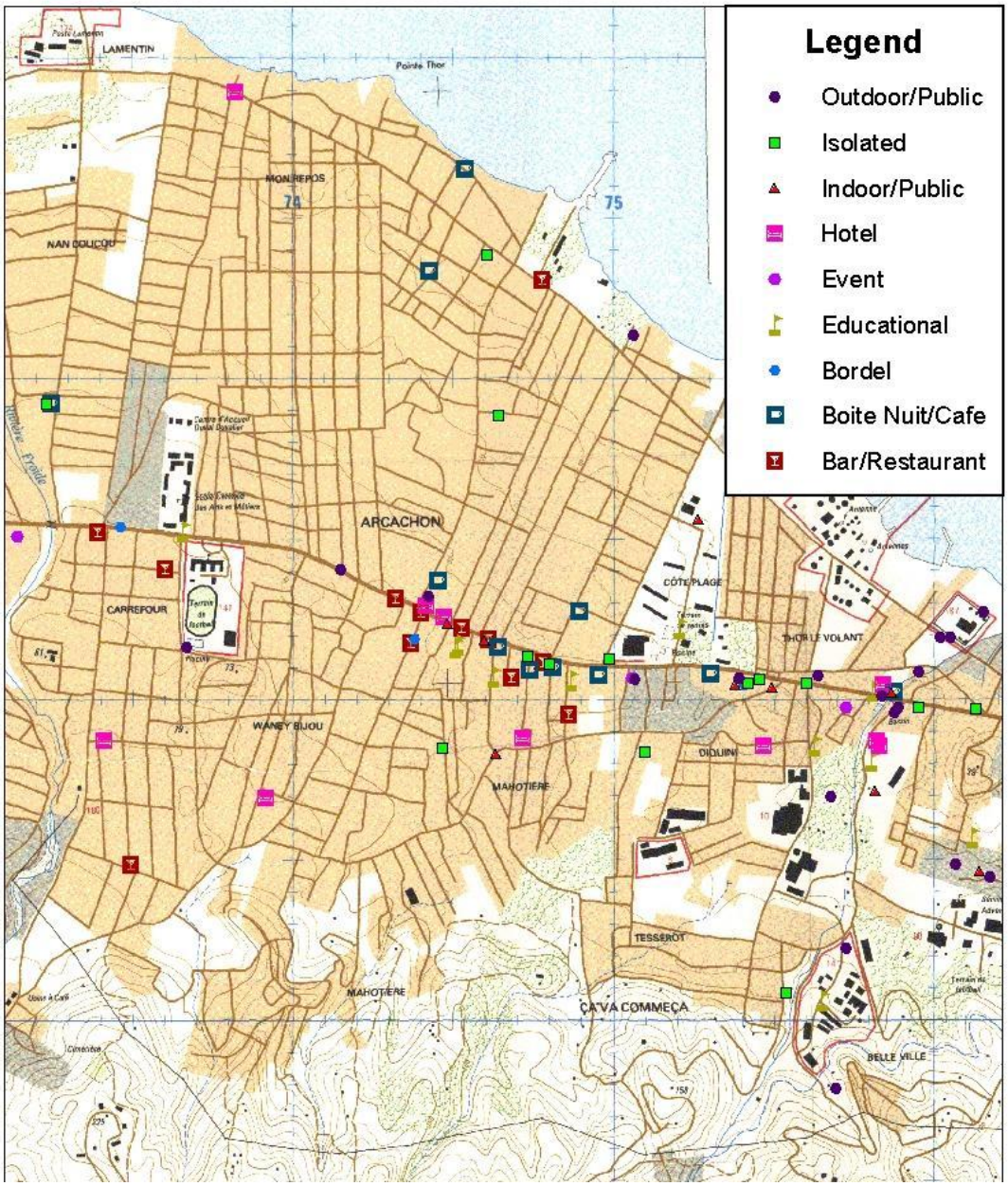


Figure 3.2.2. Map of Locations of Venues in Bizoton and Thor, Carrefour, Haiti (n=109)

3.3 Types of Venues

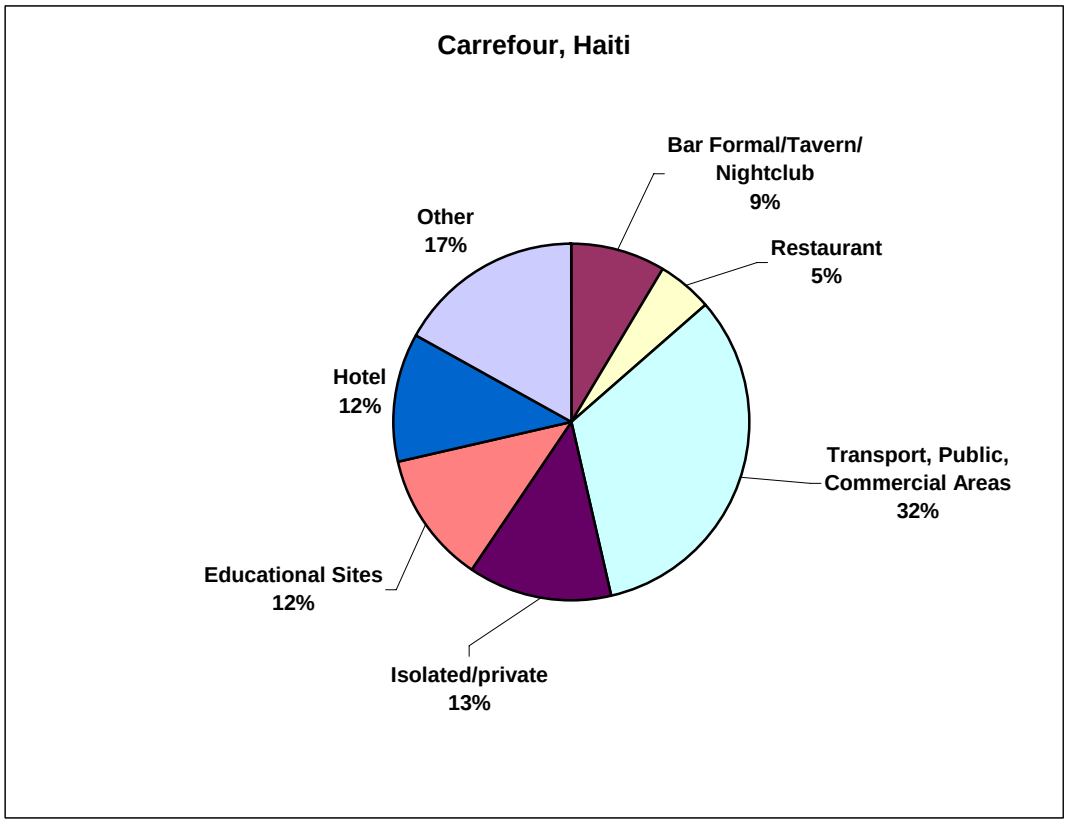
Table 3.3.1. Types of Venues Verified

Interviews with a Venue Representative Carrefour, Haiti, PLACE Assessment, December, 2006	Venues in Port-au-Prince		Venues in PPA (Bizoton & Thor)	
Type of Venue	**N=153**	**%**	**N=109**	**%**
Eating/Drinking/Dancing/Sleeping Places				
Informal Bar or Home Brew	1	0.7	0	0
Formal Bar or Tavern	6	3.9	4	3.7
Night Club	6	3.9	6	5.5
Discotheque	11	7.2	9	8.3
Brothel	5	3.3	4	3.7
Hotel, Bed and Breakfast, Hostel	14	9.2	7	6.4
Lodging/chamber de passage	4	2.6	4	3.7
Restaurant	8	5.2	6	5.5
Other Eating/Drinking/Sleeping	4	2.6	3	2.8
Transportation, Public, Commercial Areas				
Truck Stop	1	0.7	0	0
Beach	5	3.3	2	1.8
Street or Street Corner	6	3.9	4	3.7
Parks	13	8.5	9	8.3
Church/Temple/Mosque	6	3.9	5	4.6
School/University/other educational	18	11.8	13	11.8
Sports Venue	3	2.0	3	2.8
Store	4	2.6	3	2.8
Boutique	3	2.0	2	1.8
Other Transportation, Public, or Commercial	9	5.9	5	4.6
Hidden, Private, or Abandoned Areas				
Private Dwelling	5	3.3	4	3.7
Abandoned Yard, Field, “Bush”	2	1.3	1	0.9
Other Hidden, Private, or Abandoned Areas	13	8.5	10	9.2
Events				
Events (sport, concert, etc.)	6	3.9	5	4.6

Number of Community Informants Reporting Venue	Frequency	%
1	81	52.6
2-9	47	30.5
10-14	5	3.3
15-19	5	3.3
20+	16	10.4
Total	154	100.0

Many different types of venues were visited (see Figure 3.3.1). The most common types of venues visited were transport and public commercial areas and schools. These were common sites in this study that focused on locations where youth socialize. About half of the venues were reported by only one informant. Another 30% were reported by two to nine respondents and 10% were reported by more than 20 respondents.

Figure 3.3.1. Type of Venue for All Verified Sites in Carrefour (n=153).



3.4 Activities that Occur at Venues and Other Characteristics of Venues

Table 3.4.1. Characteristics of Found and Verified Venues

Interviews with a Venue Representative	All Verified Venues in Metropolitan Area (n=153)	Venues Verified in Bizoton and Thor (n=109)
Activities On-site*	**%**	**%**
Beer, alcohol bought and consumed	73.2	72.5
TV viewing	37.9	36.7
VCR or CD video viewing	27.5	26.6
Dancing	26.3	26.9
Exotic or go-go dancing	32.7	30.2
Concert	32.9	28.4
Women use drugs	17.0	11.9
Men use drugs	17.7	11.9
Sexual Partnerships Formed at Site*		
Male youth meet new sexual partners at site	60.1	64.2
Female youth meet new sexual partners at site	59.5	62.4
Someone on-site facilitates partnerships	20.3	19.3
Female sex workers solicit customers	32.2	31.5
Partners who meet at venue have sex on-site	33.6	31.5
Female staff meet new sexual partners at site	54.3	57.8
Male staff meet new sexual partners at site	54.0	57.8

Interviews with a Venue Representative	All Verified Venues in Metropolitan Area (n=153)	Venues Verified in Bizoton and Thor (n=109)
AIDS Prevention Activities at the Venue*		
Ever had any AIDS prevention activities	30.3	33.9
Educational talk on HIV/AIDS	30.5	33.3
Established peer health education program	28.5	30.6
Condom promotion	20.7	24.3
HIV/AIDS video shown	17.8	20.2
HIV/AIDS radio program broadcast	10.6	10.2
AIDS posters or leaflets	20.5	21.3

*Percents reported are those reporting affirmatively. Some respondents also said that they did not know for these questions

Characteristics of venues were obtained from a venue representative. Beer and alcohol consumption was common at the venues. Music was available at about a third of the venues and a third had access to exotic dancing. About a third to a quarter of venues had television or video screenings.

According to venue representatives, sexual partnerships are frequently formed at these venues. Sex work can be found at a third of venues and sex occurs on-site at a third of the venues. It is not uncommon for female and male staff to meet new sexual partners at the venue. At about a fifth of the venues, it was reported that there is someone on site to facilitate partnerships.

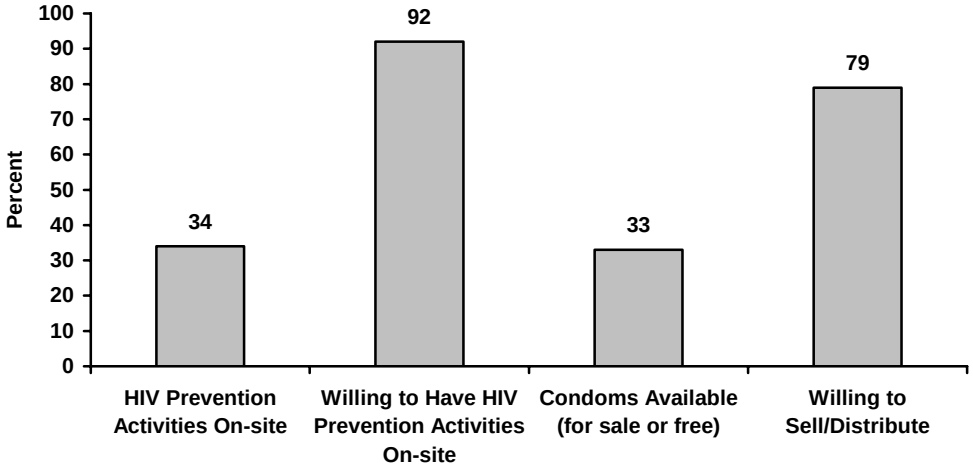
There are gaps in AIDS prevention programs at these venues. Only 30% had ever had any AIDS prevention activities, and most of these activities were educational talks or peer education activities.

Table 3.4.2. Condom Availability at Venues

Interviews with a Venue Representative	All Verified Venues in Metropolitan Area (n=153)	Venues Verified in Bizoton and Thor (n=109)
Condom Sold or Taken Freely from Venues in Past 4 Weeks	**%**	**%**
Condoms sold	22.4	22.9
Condoms taken freely	8.6	7.3
Condoms both sold and taken freely	2.6	2.8
No condoms sold or taken freely	66.5	67.0
Respondent Willing to Have AIDS Prevention Program on Venue	91.4	91.7
Respondent In Favor of Selling or Distributing Condoms at Venue		
Yes sell	9.2	11.0
Yes distribute	68.4	67.9
No	7.2	6.4
Already selling	4.0	4.6
Already distributed free	2.6	3.7
Not possible due to type of site	8.6	6.4

Several questions were asked to assess condom availability at venues. Overall, there is a gap in condom availability at venues. In the past four weeks, condoms were sold at 23% of the venues in Bizoton and Thor. The overwhelming majority of venues had no condoms available (for sale or free). There is a strong willingness to provide condoms at the site, however the preference would be for these to be distributed freely.

Figure 3.4.3. HIV Prevention Activities and Condom Availability On-Site at Venues in Bizoton and Thor (n=109)



4 Step 4: What are the Characteristics of People Who Socialize at Venues where People Meet New Sexual Partners? Findings from Interviews with People Socializing at Venues

4.1 Methods

A. Selecting Venues Where Individuals Socializing Were Interviewed

The final selection of venues could only occur after the community-informant interviews and venue visits were conducted and the resulting list of reported venues was compiled into a sampling frame of venues. Venues were systematically sampled to obtain a sufficiently precise estimate of the proportion of individuals socializing at venues who report meeting a new sexual partner at the location.

Sample selection was made based on the reduced list of venues where 10 or more people regularly socialize. Based on the list of all sites and the number of individuals that frequent the sites, we used a systematic sampling approach to choose 40 clusters where individual interviews would take place. Larger sites (those with 50 or more visitors as reported in step 3) represented two clusters, whereas the smaller sites represented only one cluster. From smaller sites, 24 individuals were interviewed at each site. From larger sites that represented two clusters, 48 individuals were interviewed at each site. A total of 876 interviews with

eligible and consenting individuals socializing at the sites were undertaken in the first round of data collection that was similar to a standard PLACE study. For the first round of data collection, a total of 31 unique sites were included.

In the second round of data collection, we returned to the same sites but only interviewed youth (persons ages 15-24). A total of 504 youth interviews were undertaken in Round 2 to obtain detailed information on youth sexual behaviors and reproductive health service needs. In the second round of data collection, an additional six sites (for a total of 37) were added, given that six of the original sites tended to be lower-risk sites that were selected based on the frequency of people visiting, and not risk-taking behaviors (e.g., school-based sites). In the results presented below, we first present the results from the round 1 data collection (similar to a traditional PLACE assessment) and then provide the results from the round 2 data collection on reproductive health risks among youth.

B. Selecting Individuals at Sampled Venues

Upon arrival at each sampled venue (for both rounds of data collection), interviewers were instructed to select a random sample of persons who were at the site. Based on information obtained in step 3, the supervisors sent interviewers to the sites on days and times when the sites were likely to be most active. This often meant undertaking interviews in the early evening and into the night.

Random selection of participants was meant to follow an approach where interviewers divided the site into an imaginary X and they were meant to approach people on the X to ask for an interview.

- The interviewers were identified by their badges, and they requested consent from patrons prior to each interview. They were all supervised by a field coordinator who had a responsibility to be in touch with them by using a cell phone in case of an emergency. Also, a vehicle was available in the Carrefour area to ensure the field staff transportation (and safety).
- All the interviewers read the consent forms aloud to eligible persons at sites. They informed each individual about details of the study, showing respect and acting responsibly. The interviewer introduced him/herself, explained the confidentiality and read the consent form at the start of the interview.
- At each site, the interviewer had to find a private location either inside or outside the site and request that the interview take place in this location.
- The time of day and the day of week were determined according to the answers collected for form C. Most of the venues were visited during the weekend, except for venues located near schools and health clinics. The most popular sites were usually open during the weekend. Interviews often took place at night in these sites.
- During the field work, the interviewers were put in pairs of one male and one female interviewer. Male interviewers and female interviewers interviewed both male and female patrons.
- At the end of each day, the surveys were verified systematically to make sure that all questions were filled completely and understood correctly. If the field coordinator had any problem with a questionnaire, the interviewer had to report the missing information. Interviewers were also asked to report any problems encountered while working in the venue.

4.2 Fieldwork for Interviews with People Socializing at Venues

Table 4.2.1. Summary of Fieldwork for Interviews with Individuals Socializing at Venues – Round 1 & Round 2

Bizoton and Thor, Port-au-Prince, Haiti, PLACE Assessment, 2006	
	Round 1
Number of Days of Interviews with People Socializing at Venues	17
Number of Venues Where Interviews Conducted	31
Number of Interviews with Socializing Individuals (eligible and consented)	876
	Round 2
Number of Days of Interviews with People Socializing at Venues	15
Number of Venues Where Interviews Conducted	37
Number of Interviews with Socializing Individuals (eligible and consented)	504

Interviewers approached 965 (round 1) and 545 (round 2) individuals socializing at the selected venues in the PPA. Of these, an interview was completed with 876 persons (504 in round 2) who were of the target ages (age 15+ in round 1; ages 15-24 in round 2) and who consented to participate. In round 1, 46% of the sample was female. In round 2, 47% of the sample was female. At the beginning of a set of interviews at a site, the interviewer recorded how many people were at the venue and whether condoms were available at the site. Interviewers were instructed to interview 24 (1 cluster) or 48 (2 clusters) persons at each site (round 1), and 12 (1 cluster) or 24 youth (2 clusters) at each site in round 2. If the interviewers did not find the appropriate number of individuals to interview on the day of the visit, they usually returned the next day or another busy day to ensure that all sites were appropriately represented in the study.

4.3 Socio-demographic Characteristics of People Socializing at Venues

The demographic characteristics of the people socializing at the venues in round 1 and round 2 are presented in Tables 4.3.1 and 4.3.2. To demonstrate the similarity of venue patrons at the two time periods, demographic data from both rounds are presented. For the remaining tables, only the data from round 1 are presented, with the exception of the chapter on reproductive health characteristics, which were only obtained in round 2. All comparable tables with round 2 data are included in the appendices of this report. All round 1 tables are presented separately for the youth sample and for the sample ages 25+. Where relevant, only the sexually experienced youth sample is included.

Table 4.3.1 demonstrates that the youth sample from round 1 is predominately currently in school and unmarried. Conversely, the adult women and men (ages 25+) are more likely to be employed (full-time or part-time) or looking for work. A greater proportion of the older sample is currently married or in union. Data from round 2 are similar in terms of mean age of the sample and the percentage ever married. In round 2, a smaller proportion of female and male youth surveyed is currently in school.

Table 4.3.1. Self-Reported Socio-demographic Characteristics from Round 1 Data Collection

Characteristics of Venue Patrons in Bizoton and Thor	Full sample (n=876)					
	All youth (n=593)				All 25+ (n=283)	
	Male Youth (n=286) %	Female Youth (n=307) %	Male Sexually Exp. Youth (n=225) %	Female Sexually Exp. Youth (n=182) %	Male Sample Age 25+ (n=186) %	Female Sample Age 25+ (n=97) %
Age of Individual Socializing at Venue						
15-19	50.0	59.9	41.8	46.4		
20-24	50.0	40.1	58.2	53.6		
25-29					43.0	67.0
30-34					30.6	17.5
35-39					12.9	7.2
40+					13.4	8.2
Mean	19.55	19.20	20.02	19.96	32.19	29.63
Employment Status						
Employed, full-time	6.3	5.2	6.2	8.8	50.0	33.0
Employed, part-time/occasional	9.4	5.9	11.1	8.2	16.7	20.6
Unemployed, looking	30.1	26.7	31.1	33.0	28.5	28.9
Unemployed, not looking	52.8	60.9	50.7	49.5	3.2	12.4
Missing value	1.4	1.3	0.9	0.5	1.6	5.2
Student Status						
Currently a student	93.0	89.9	92.4	85.7	38.2	46.4
Not currently a student	7.0	8.8	7.6	13.2	59.7	52.6
Missing value	0.0	1.3	0.0	1.1	2.2	1.0
Highest Level of Schooling Completed						
None	0.0	0.3	0.0	0.5	1.6	3.1
Primary school	9.4	9.1	8.9	9.3	9.1	14.4
Secondary school	76.9	77.9	75.6	74.2	52.7	46.4
University/superior	12.6	10.4	14.7	13.7	35.5	34.0
Missing value	1.0	2.3	0.9	2.2	1.1	2.1
Respondent Has Ever Been Married						
Yes	1.3	4.2	3.6	6.6	32.8	36.1
Never married	61.9	57.7	62.2	59.9	41.9	44.3
Missing	35.0	38.1	34.2	33.5	25.3	19.6

Table 4.3.2. Self-Reported Socio-demographic Characteristics from Round 2 Data Collection

Characteristics of Venue Patrons	All youth (15-24)		Sexually experienced youth (15-24)	
	Male (n=267) %	Female (n=237) %	Male (n=217) %	Female (n=159) %
Age of Individual Socializing at Venue				
15-19	49.4	62.0	45.6	51.6
20-24	50.6	38.0	54.4	48.4
Mean	19.76	19.05	20.06	19.82
Student Status				
Currently a student	79.0	77.6	76.5	74.2
Not currently a student	18.0	17.7	20.7	24.5
Missing value	3.0	4.6	2.8	1.3
Highest Level of Schooling Completed				
None	0.0	0.0	0.0	0.0
Primary school	4.9	9.7	5.1	11.3
Secondary school	75.7	74.3	74.2	67.9
University/superior	11.6	10.1	12.9	12.6
Missing value	7.9	5.9	7.8	8.2
Respondent Has Ever Been Married				
Yes	0.8	2.1	0.9	3.1
Never married	98.5	96.2	98.2	96.2
Missing	0.8	1.3	0.9	0.6

4.4 How Frequently Do People Visit Venues?

Many people (~45%) visit the venue every day (see Table 4.4.1), and the overwhelming majority visit once a month or more. This is partially explained by the fact that one of the most common sites visited at the time of interviews was schools and public transport and commercial venues. Only 3% reported that this was their first visit to the venue. Respondents were asked if they had come to the venue to socialize, to drink alcohol, or to meet a new sexual partner. Most of the people reported that they come to the venue to socialize, but 16% of sexually experienced male youth and 8% of sexually experienced female youth report that they come to the venue to meet a sexual partner. Notably, a higher percentage (19%) of men and women ages 25+ report that they come to the venue to meet a sexual partner. Other possible reasons for coming to the venue were not obtained in this study.

Table 4.4.1. Self-Reported Venue Visiting Behavior among Patrons in Bizoton and Thor

Characteristics of Venue Patrons	Full sample (n=876)					
	All youth (n=593)				All 25+ (n=283)	
	Male Youth (n=286) %	Female Youth (n=307) %	Male Sexually Exp. Youth (n=225) %	Female Sexually Exp. Youth (n=182) %	Male Sample Age 25+ (n=186) %	Female Sample Age 25+ (n=97) %
Frequency of Attendance at Venue						
Every day	46.5	44.6	44.0	44.5	43.5	54.6
4-6 times per week	16.4	24.4	15.6	19.2	16.1	15.5
2-3 times per week	14.7	8.1	16.4	9.3	16.1	9.3
One time per week	10.5	9.8	11.1	12.1	12.9	5.2
2-3 times per month	2.4	1.6	2.2	1.1	3.8	5.2
One time per month	3.5	3.6	4.0	4.9	3.2	3.1
Less than one time per month	2.1	4.6	2.7	4.4	2.7	6.2
First time	3.8	2.9	4.0	4.4	1.1	1.0
Missing value	0.0	0.3	0.0	0.0	0.5	0.0
Reason for Coming to Venue						
To socialize	43.4	30.3	46.2	34.6	39.2	43.3
To drink alcohol	14.0	11.7	16.9	18.1	29.6	27.8
To meet a sexual partner	12.9	4.9	15.6	8.2	19.4	18.6

4.5 Participation in HIV/AIDS Prevention Programs

In Carrefour, all youth, sexually experienced youth and adults have a high level of exposure to HIV prevention activities through film, video, television, radio, and posters as shown in Table 4.5.1. These types of programs are important for changing social norms about HIV, increasing acceptability and use of condoms, increasing VCT use, and reducing HIV/AIDS stigma. More than half of participants had also talked to a health worker about HIV/AIDS in the past three months. About half of youth participants had attended an HIV/AIDS education program, compared to only a third of adult participants. Finally, about a third of participants had obtained condoms at the venue in the last three months. These results suggest exposure to HIV/AIDS prevention programs and room for increased activities including condom distribution.

Table 4.5.1. HIV/AIDS Education and Prevention Activities Venue Patrons Exposed To in Past 3 Months

Characteristics of Venue Patrons	Full Sample (n=876)					
	All Youth (n=593)				All 25+ (n=283)	
	Male Youth (n=286) %	Female Youth (n=307) %	Male Sexually Exp. Youth (n=225) %	Female Sexually Exp. Youth (n=182) %	Male Sample Age 25+ (n=186) %	Female Sample Age 25+ (n=97) %
HIV/AIDS Education in Past 3 Months						
Attended an HIV/AIDS educational program/in school	49.4	46.5	55.1	46.7	39.2	34.0
Saw an HIV/AIDS film or video	72.7	72.5	73.8	71.4	72	79.4
Saw an HIV/AIDS program on television	77.3	71.3	76.4	68.7	80.1	79.4
Heard an HIV/AIDS program on radio	80.1	74.5	76.9	75.8	82.3	79.4
Saw an HIV/AIDS prevention poster	85.0	82.4	85.8	80.2	82.8	88.7
Talked about HIV/AIDS with a health worker	53.4	53.2	57.8	56.0	50.0	55.7
Obtained condoms at venue	36.2	32.7	36.9	37.9	37.6	37.1

4.6 Age at First Sex

Table 4.6.1. Ever Had Sex among All Youth Surveyed in Round 1

Characteristics of Venue Patrons	All Youth (n=593)	
	Male (n=286) %	Female (n=307) %
Ever Had Sex		
Yes	78.3	59.0
No	21.3	40.1
Missing	0.3	1.0

Among youth participants in round 1, 78% of males and 59% of females had ever had sex. For the analyses that focus on sexual risk-taking among youth, only the reduced sample of sexually experienced youth is included (n=225 male youth and n=182 female youth). In round 2, the percentages of youth who were sexually experienced were comparable with round 1 (81% among males and 67% among females in round 2).

Table 4.6.2. Age at First Sex among Sexually Experienced Youth and Adults

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=407)		All 25+ (n=283)	
	Male (n=225) %	Female (n=182) %	Male (n=186) %	Female (n=97) %
Age at First Sex				
<13	37.3	10.4	29.6	14.4
13	7.1	4.4	3.8	2.1
14	13.8	9.3	8.1	3.1
15	14.2	16.5	12.9	6.2
16	8.4	16.5	6.5	8.2
17	6.2	13.7	6.5	8.2
18-21	6.2	24.7	14.0	25.8
22-24	0.0	0.5	1.1	7.2
25+	0.0	0.0	2.2	8.2
Missing	6.6	3.8	15.6	16.5

Among male sexually experienced youth, 37% had first had sex before the age of 13. Similarly, among the men ages 25+, 30% reported first sex before age 13. For females, the percentages with early sexual initiation (prior to age 13) are smaller at 10% among female youth and 14% among women 25+. The median age of first sex among male youth is 14. Among female youth, the median age at first sex is 16. Among the adult samples, the median age at first sex among men is 15 and among women is between 18-21. This suggests that the median age at first sex may be declining among the younger age cohorts, however, there is greater missing data in the older ages which could also explain the observed differences.

4.7 People Report Meeting New Sexual Partners at the Venues

Table 4.7.1. Meeting a New Partner at the Venue among Sexually Experienced Youth and Adults

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=407)		All 25+ (n=283)	
	Male (n=225) %	Female (n=182) %	Male (n=186) %	Female (n=97) %
Respondent Believes Other People Meet New Partners at Venue				
Yes	53.3	37.4	56.5	47.4
No	15.1	16.5	11.3	12.4
Don't know/Missing value	31.6	46.2	32.3	40.2
Patron Ever Met a New Partner at Venue				
Yes	23.6	15.4	32.8	27.8
No	76.0	84.1	66.1	63.9
Missing value/Not applicable	0.4	0.5	1.1	8.2

When sexually experienced youth were asked if they think that other people meet new sexual partners at the venue, more than half of males and a third of females responded affirmatively. Among adults, the percentages were slightly higher, especially among women. When asked if

they had ever met a new partner at the venue, the proportion responding affirmatively was smaller. A quarter of male youth and a third of adult males had ever met a new partner at the venue. Among female youth only 15% had ever met a partner at the venue, but 28% of adult women had done so.

Attitudes on whether people meet a new partner at the venue were asked to all venue patrons. Examining the attitudes among sexually inexperienced youth provides a perspective on their potential for engaging in risk-taking. Among sexually inexperienced male youth, 46.7% say that people meet new partners at the venue (20.0% - no; 33.3% - don't know); among sexually inexperienced female youth, 32.8% report that people meet new sexual partners at the venue (18.0% - no; 49.2% - don't know). While these youth have not yet initiated sexual activity, they could possibly be visiting the site to identify a potential partner.

4.8 Number of Partners and Rate of New Sexual Partnerships

Table 4.8.1. Rate of Partnership Acquisition

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=407)		All 25+ (n=283)	
	Male (n=225) %	Female (n=182) %	Male (n=186) %	Female (n=97) %
Number of Partners in Past 4 Weeks				
0	28.4	34.6	21.5	19.6
1	32.0	48.9	34.9	43.3
2	23.1	6.6	16.1	6.2
3-9	13.8	7.7	22.6	14.4
No response/not applicable	2.7	3.1	4.8	16.5
Number of New Partners in Past 4 Weeks				
0	40.9	59.3	40.3	45.4
1	26.7	14.8	24.7	18.6
2	12.9	3.3	8.1	2.1
3-9	5.8	1.6	14.0	4.1
10+	0.4	5.5	0.0	8.2
Missing value/not applicable	13.1	15.3	12.9	21.6
Total Number of Partners in Last 12 Months				
0	7.6	7.1	4.3	9.3
1	26.2	64.3	32.3	45.4
2	17.3	9.3	17.2	8.2
3-9	36.0	6.0	30.1	10.3
10+	4.9	1.6	8.1	3.1
Missing value/not applicable	8.0	11.5	8.1	23.7
Number of New Partners in Past 12 Months				
0	26.7	56.0	31.2	45.4
1	21.8	20.3	20.4	20.6
2	20.4	6.0	12.4	2.1
3-9	16.4	2.7	18.8	4.1
10+	2.7	1.6	6.5	4.1
Missing value/not applicable	12.0	13.2	10.8	23.7

The rate of new sexual partnerships in a population is an important determinant of the course of an HIV epidemic. Based on round 1 data from this PPA, about 46% of male youth and 25% of female youth reported having at least one new sexual partner in the past four weeks. Among the adult sample, these percentages were similar among men (47%) and among women (33%). Among the male youth sample, 58% report having two or more partners in the last year. Among female youth, the percentage with two or more partners in the last year is lower at 17%. Compared to the general population from Haiti (Cayemittes et al., 2007), these percentages are higher (see Table 4.8.2). Among the adult male and female samples, the percentages having two or more partners in the last year are 55% and 22%, respectively.

Figure 4.8.1. Number of New Sexual Partners during Past Four Weeks in Bizoton and Thor.

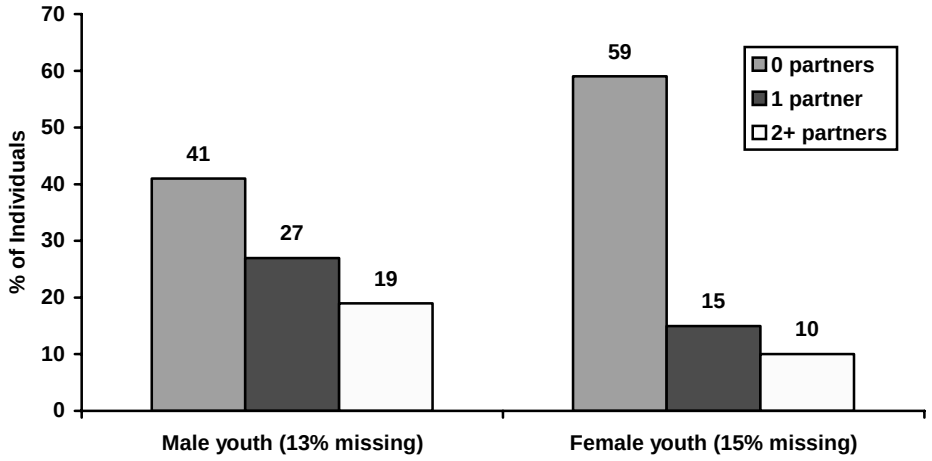


Table 4.8.2. Percent Reporting 2+ Partners in the Past 12 Months: A Comparison of the PLACE Population of Sexually Experienced with the National Population in Haiti from the 2005/06 Demographic Health Survey

Interviews with Eligible and Willing Individuals Socializing at Venues Carrefour, Haiti, PLACE Assessment, 2006				
	Men		Women	
Age	PLACE	National	PLACE	National
15-19	65.9	27.8	16.0	2.8
20-24	57.0	38.2	19.1	3.1
25-29	67.5	30.7	23.1	1.7
30-39	50.6	28.5	20.8	1.3
40+	32.0	24.6	12.5	0.9
Total	58.2	29.8	19.1	1.9

The comparison of national data from a Demographic Health Survey with the population at the PLACE venues shows that the PLACE population has a much higher rate of partnerships than the national population.

4.9 Key Population: Those with the Highest Rates of New Sexual Partnerships

Table 4.9.1. Gender and Rate of Sexual Partnership among Youth and Adults in Bizoton and Thor

Rate of Sexual Partnerships	Sexually Experienced Youth 15-24 (n=407)		All 25+ (n=283)	
	Male (n=225) %	Female (n=182) %	Male (n=186) %	Female (n=97) %
High: 1+ new partners or 2+ partners past 4 weeks	39.4	16.2	40.6	25.3
Moderate: 1+ new or 2+ partners past 12 months	27.3	9.8	22.8	12.1
Low: Not sexually active or 1 sexual partner in the past 12 months	33.3	74.0	36.7	62.7

The rate and number of sexual partnerships is summarized in Table 4.9.1 into one variable with three categories. This table indicates that 39% of sexually experienced male youth and 41% of adult males are in the high-risk category, meaning they reported having had one or more new sexual partners in the last four weeks or two or more sexual partners in the last four weeks. About a quarter of male youth and adults are in the moderate risk category with one or more new partners or two or more partners in the last year. Finally, about a third of male youth and adult males are in the low-risk category with one or fewer sexual partners in the last year. Among sexually experienced female youth, a smaller percentage is in the high-risk category (16%) and the moderate-risk category (10%), while the overwhelming majority is at low-risk (74%). Similarly, among adult females, one quarter is in the high-risk category, 12% are in the moderate-risk category, and the low-risk category is the largest (63%). These sexual risk categories are used later to better understand the higher-risk sexual behaviors among youth and adults sampled. While the majority of female youth and adult females have low-risk behaviors, they may be at high risk of HIV if their partners have other sexual partners.

4.10 Age Differences between Sexual Partners and Sex in Exchange for Money or Goods

The age difference between sexual partners can be an important contributor to the spread of HIV. Among sexually experienced youth in Bizoton and Thor, 5% of males and 14% of females had a partner more than 10 years older than themselves; none of the male youth and 1% of the female youth had a partner who was more than 10 years younger. Among the adults sampled in the venues, 3% of the men and 16% of the women had a partner who was ten or more years older and 31% of the men and 6% of the women had a partner who was 10 or more years younger.

Also presented in Table 4.10.1 is the percentage of sexually experienced men and women (by age cohort) that have given or received money for sex in the last four weeks. Among male youth, adult men, and adult women, about 15% have been involved in transactional sexual relations. Among female youth, the percentage reporting this behavior is slightly smaller at 11%.

Table 4.10.1. Cross-Generational and Transactional Sex

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=407)		All 25+ (n=283)	
	Male (n=225) %	Female (n=182) %	Male (n=186) %	Female (n=97) %
Age Difference between Respondent and Youngest Partner in Last Year				
Youngest partner >10 years younger	0.0	1.1	30.6	6.2
No partner > 10 years younger	80.9	70.3	46.2	53.6
Don't know/missing	19.1	28.6	23.1	40.2
Age Difference between Respondent and Oldest Partner in Last Year				
Oldest partner >10 yrs older	5.3	14.3	2.7	15.5
No partner >10 years older	73.8	55.5	76.3	45.4
Don't know/missing	20.9	30.2	21.0	39.2
Gave or Exchanged Money for Sex in the Past 4 Weeks				
Yes	14.7	11.0	16.1	15.5
No	81.8	83.5	77.4	73.2
Don't know/missing	3.5	5.4	6.5	11.4

Table 4.10.2. Cross-Generational Sex and Transactional Sex by Level of Sexual Partnership

Characteristics of Venue Patrons	Level of Sexual Partnerships		
	Low: One or No Sexual Partner in Past Year	Moderate: New or Multiple Partners in Past Year	High: New or Multiple Partners in Past 4 Weeks
Male Youth 15-24	**n=72**	**n=59**	**n=85**
Had sexual partner >10 years older in last year	1.4	5.1	9.4
Gave or exchanged money for sex in past four weeks	4.2	11.9	25.9
Female Youth 15-24	**n=128**	**n=17**	**n=28**
Had sexual partner >10 years older in last year	3.9	35.3	50.0
Gave or exchanged money for sex in past four weeks	1.6	11.8	57.1
Male 25+	**n=66**	**n=41**	**n=73**
Had sexual partner > 10 years younger in last year	15.2	39.0	42.5
Had sexual partner >10 years older in last year	0.0	2.4	5.5
Gave or exchanged money for sex in past four weeks	3.0	9.8	32.9

Female 25+	n=52	n=10	n=21
Had sexual partner > 10 years younger in last year	0.0	0.0	23.8
Had sexual partner >10 years older in last year	7.7	10.0	47.6
Gave or exchanged money for sex in past four weeks	0.0	10.0	61.9

Table 4.10.2 presents cross-tabulations between the level of sexual partnerships and involvement in cross-generational and transactional sex. Among male youth, those who are in the moderate-risk and high-risk partnerships are more likely to have had a partner who is more than 10 years older then them in the last year. Similarly, those in the high-risk partnership group are more likely to have participated in transactional sex in the last month. Among female youth, a greater percentage of those in moderate-risk and high-risk partnerships have had a partner 10+ years older and have participated in transactional sex. These patterns are replicated among the male and female adult samples by level of sexual partnership. In addition, among adult males, those in the higher and moderate-risk sexual relationships are more likely to have had a partner who was more than 10 years younger than them in the last year.

4.11 Condom Use

Condom use is an important way to reduce HIV transmission. Among sexually experienced youth, 74% of the males and 69% of the females had ever used a condom. Among the adult sample, a slightly smaller percentage of males (67%) and females (59%) have ever used a condom. Also presented in Table 4.11.1 is the percentage of youth and adults socializing at the venues who report that they used a condom the last time they had sex. Among male and female youth, about half used a condom at last sex. Among adult men and women, the percentage that used a condom at last sex is lower (41% and 32%, respectively).

Table 4.11.1 Condom Use among Sexually Experienced Youth and Adults

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=407)		All 25+ (n=283)	
	Male (n=225) %	Female (n=182) %	Male (n=186) %	Female (n=97) %
Ever Used a Condom				
Yes	73.8	68.7	66.7	58.8
No	20.4	26.4	28.5	26.8
Don't know/missing	5.8	4.9	4.8	14.4
Used a Condom the Last Time Had Sex				
Yes	48.9	50.5	41.4	32.0
No	12.9	8.2	14.5	21.7
Never used a condom	20.9	28.0	29.0	27.8
Don't know/missing	17.3	13.2	15.1	18.6

Table 4.11.2 Condom Use by Level of Sexual Partnership

Characteristics of Venue Patrons	Level of Sexual Partnerships		
	Low: One or No Sexual Partner in Past Year	Moderate: New or Multiple Partners in Past Year	High: New or Multiple Partners in Past 4 Weeks
Male Youth 15-24	**n=72**	**n=59**	**n=85**
Ever used a condom	55.6	84.8	84.7
Used a condom at last sex	34.7	54.2	57.7
Female Youth 15-24	**n=128**	**n=17**	**n=28**
Ever used a condom	60.9	88.2	92.9
Used a condom at last sex	43.0	52.9	82.1
Male 25+	**n=66**	**n=41**	**n=73**
Ever used a condom	42.4	75.6	86.3
Used a condom at last sex	24.2	43.9	57.5
Female 25+	**n=52**	**n=10**	**n=21**
Ever used a condom	48.1	90.0	100.0
Used a condom at last sex	23.1	50.0	66.7

Table 4.11.2 presents the percentage that ever used a condom and the percentage that used a condom at last sex by the level of sexual partnership. On the positive side, those who are in the high-risk and moderate-risk sexual partnerships report greater experience and recent use of condoms compared to those in low-risk sexual partnerships. On the negative side, among the highest-risk male youth and adult men, only 58% report that they used a condom at last sex. Among the small number of female youth and female adults in high-risk partnerships, the percentage that report recent condom use is somewhat higher. These findings indicate a need for condom promotion among men (and women) in these venues.

4.12 HIV/AIDS Testing

Table 4.12.1. HIV/AIDS Testing

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=407)		All 25+ (n=283)	
	Male (n=225) %	Female (n=182) %	Male (n=186) %	Female (n=97) %
Ever Been Tested for HIV				
Ever been tested	24.9	41.2	43.0	52.6
Never been tested	75.1	57.7	56.5	45.4
Missing value	0.0	1.1	0.5	2.1
Interested in Being Tested in Next 12 Months				
Yes, interested	67.1	79.7	80.1	69.1
Not interested	27.1	16.5	18.3	24.7
Missing value	5.8	3.8	1.6	6.2

HIV testing is an important intervention that can help persons entering into new sexual partnerships determine their own and their partner's HIV status. Among the youth surveyed in the venues, 25% of male youth and 41% of female youth report having ever been tested. Among the adult sample, a greater percentage of males (43%) and females (53%) have ever been tested.

Table 4.12.1 also presents the percentage of sexually experienced youth and adults that are interested in being tested in the next year. The overwhelming majority of both men and women (youth and adults) would like to be tested in the next year. This indicates a demand for VCT services among patrons socializing in these venues. When interest in being tested was examined by level of sexual partnership, few differences were found by level of sexual partnership (not shown). This suggests that there is demand for VCT among both high- and low-risk youth and adults.

4.13 Treatment for Sexually Transmitted Infections

Table 4.13.1. STI Symptoms

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=407)		All 25+ (n=283)	
	Male (n=225) %	Female (n=182) %	Male (n=186) %	Female (n=97) %
Symptoms in Past 4 Weeks				
Lower abdominal pain (women only)	--	47.8	--	44.3
Pain on urination (men only)	25.3	--	21.5	--
Unusual discharge	10.2	23.1	5.4	27.8
Sores	7.1	10.4	6.5	17.5
Any symptoms	32.0	53.3	26.3	53.6
Type of Treatment Sought for Symptoms*	**n=72**	**n=97**	**n=49**	**n=52**
Street vendor	22.2	32.0	22.5	29.4
Pharmacy	50.0	56.7	65.3	60.8
Herbalist	6.9	17.5	16.3	21.6
Public clinic/hospital	31.9	46.4	38.8	54.9
Private doctor	27.8	41.2	51.0	47.1
No treatment sought	31.9	24.7	12.2	7.7

*each type of treatment was asked as a yes/no question

Another important HIV prevention strategy is the appropriate treatment of sexually transmitted infections. In this PPA, 32% of male youth and 53% of female youth had any symptoms of an STI in the past four weeks. Among adults, the percentage of men who had a symptom is lower (26%), and the percentage of women is similar to the female youth. In the PLACE sample, there are higher percentages of men and women who report STI symptoms as compared to the recent DHS from Haiti (men – 2.3%; women – 9.3%).

Among those with any reported symptoms of STI, male youth were the least likely to get treatment (32% untreated) followed by female youth (25% untreated). The adult sample was more likely to have sought treatment for STI. More than 50% of those persons with symptoms sought treatment at a pharmacy where a clinical diagnosis is not given. About a quarter of

persons with symptoms received treatment from a street vendor, and 7-22% received treatment from an herbalist, with women more likely to visit either of these treatment sources.

Table 4.13.2. STI Symptoms by Level of Sexual Partnership

Characteristics of Venue Patrons	Level of Sexual Partnerships		
	Low: One or No Sexual Partner in Past Year	Moderate: New or Multiple Partners in Past Year	High: New or Multiple Partners in Past 4 Weeks
Male Youth 15-24	**n=72**	**N=59**	**n=85**
Any STI symptoms in past 4 weeks	23.6	35.6	40.0
Female Youth 15-24	**n=128**	**N=17**	**n=28**
Any STI symptoms in past 4 weeks	47.7	76.5	75.0
Male 25+	**n=66**	**N=41**	**n=73**
Any STI symptoms in past 4 weeks	13.6	39.0	28.8
Female 25+	**n=52**	**N=10**	**n=21**
Any STI symptoms in past 4 weeks	48.1	60.0	76.2

Among youth and adults (male and female), those who are in moderate or high-risk partnerships report greater experience with STI in the last four weeks, as presented in Table 4.13.2. Females demonstrate the highest experience with STI, with about 75% of females in moderate and high-risk partnerships having had STI symptoms recently.

5 Reproductive Health Characteristics of Youth

5.1. Access to Reproductive Health Services among Youth

In the second round of data collection, the focus was on identifying youth socializing in the venues and obtaining detailed information from these youth on their reproductive health experiences, including information on pregnancy experience, family planning, and experience with reproductive health services. A total of 504 consenting youth were surveyed in the second round of data collection. Fifty-three percent of surveyed youth were male. As shown in Table 5.1.1, among youth surveyed, 81% of male youth and 67% of female youth were sexually experienced. These proportions are similar to those found from round 1 (78% and 59%, respectively). Since the focus of this chapter is on reproductive health characteristics, all analyses include the sexually experienced youth (217 males and 159 females).

Table 5.1.1. Sexual Experience among Youth Surveyed in Round 2 of Data Collection, Bizoton and Thor PLACE Study

Characteristics of Venue Patrons	All Youth Round 2 (n=504)	
	Male (n=267) %	Female (n=237) %
Ever Had Sex		
Yes	81.3	67.1
No	18.7	32.9

Table 5.1.2. Ever Use of Clinic Services among Sexually Experienced Youth from Bizoton and Thor

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=376)	
	Male (n=217) %	Female (n=159) %
Have You Ever Used Clinical Services		
Yes	58.5	62.3
No	41.5	37.7
Among Those Who Ever Used Clinical Services, Percentage Reporting that Last Service Received Was:	**n=127**	**n=99**
Pregnancy test/pregnancy related	2.4	18.2
Family planning	0.8	13.1
Treatment/test STI	11.0	26.3
Prenatal care	0.8	5.1
Postnatal care	0.8	3.0
VCT/HIV test	17.3	24.2
Education/presentation	26.0	18.2
Obtain condoms	26.8	14.1
Other – general health visit	44.9	31.3

Among sexually experienced youth surveyed, 59% of male youth and 62% of female youth have ever used clinical services. When asked what the last service received was, among male youth, the majority visited a facility for non-reproductive health services, for educational presentations, or to obtain condoms. Among female youth, while non-reproductive health services were the most common reason, female youth also visited clinics for STI testing and treatment, VCT/HIV testing, pregnancy and pregnancy-related reasons, and for family planning. Given that a large percentage of female and male youth in the sample report STI symptoms in the last four weeks, it is surprising that use of STI services for the last visit is not higher.

5.2. Family Planning Experience and Use among Youth

Table 5.2.1. Family Planning Experience and Use at First Sex

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=376)	
	Male (n=217) %	Female (n=159) %
Ever Used a Family Planning Method to Prevent or Delay Pregnancy		
Yes	92.6	86.2
No	5.5	13.2
Don't know/missing	1.8	0.6
Used a Family Planning Method at First Sex		
Yes	50.7	42.1
No	45.6	54.7
Don't know/missing	3.7	3.2
Family Planning Method Used at First Sex		
Pills	0.9	3.0
Injection	0.0	3.0
Male condom	85.5	74.6
Female condom	0.0	1.5
Implants	0.9	0.0
Calendar method	0.9	9.0
Withdrawal	9.1	4.5
Dual modern methods	0.0	1.5
Don't know method	2.7	3.0
Source of Family Planning Method Used at First Sex		
FOSREF	17.3	13.4
Public Health Center	8.2	6.0
Private health center	1.8	3.0
Pharmacy	2.7	0.0
Youth Center (other than FOSREF)	3.6	3.0
Supermarket/boutique	34.6	17.9
Other	20.0	1.5
Don't know/partner obtained	0.9	31.3
Don't know/missing	10.9	23.9

Among youth surveyed at the venues, the overwhelming majority had ever used family planning (93% of male youth and 86% of female youth). At first sex, half of male youth and two-fifths of female youth used a family planning method. The most common method of family planning used at first sex was the male condom, reported by 86% of male youth and 75% of female youth. Among youth who know the source of their first method, the most common source was a supermarket or boutique (specifically for condoms) and FOSREF youth centers or reproductive health clinics. Notably, more than half of female participants reported that their partner obtained the method (specifically the condom) or they didn't know where they method was obtained from.

Table 5.2.2. Family Planning Use at Last Sex

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=376)	
	Male (n=217) %	Female (n=159) %
Family Planning Method Used at Last Sex		
Yes	75.6	67.3
No	19.8	27.0
Don't know	4.6	5.7
Family Planning Method Used at Last Sex		
Pills	0.0	0.9
Injection	0.6	0.9
Male condom	89.6	72.9
Implants	0.6	0.9
Calendar	3.1	10.3
Withdrawal	6.1	12.2
Dual Modern Method	0.0	1.9
Source of Family Planning Method Used at Last Sex		
FOSREF	21.3	10.3
Public Health Center	6.1	4.7
Private health center	1.2	1.9
Pharmacy	2.4	2.8
Youth Center (other than FOSREF)	2.4	1.9
Supermarket/boutique	37.8	16.8
Other	15.2	0.9
Don't know/partner	3.1	33.6
Don't know/missing	10.4	27.1

Table 5.2.2 presents family planning use at last sex. Among male youth, three-quarters used a method at last sex. Among female youth, two-thirds reported using a method at last sex. Among users of a method at last sex, the overwhelming majority of male and female youth reported condom use at last sex. Few of the female and male youth reported using another modern method of family planning at last sex; however, 23% of female youth reported using a traditional method (calendar or withdrawal) at last sex. The primary sources of the method (condom) at last sex include supermarkets/boutiques and FOSREF facilities. These data

indicate that sexually active youth are at risk of HIV (when not using a condom) and unintended pregnancies, given the low use of other family planning methods.

5.3. Pregnancy Experience among Youth Socializing at Venues

Table 5.3.1. Pregnancy Experience among Sexually Experienced Youth in Bizoton/Thor

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=376)	
	Male (n=217) %	Female (n=159) %
Ever Been Pregnant (or gotten someone pregnant)		
Yes	20.7	20.8
Yes, pregnant now	1.8	2.5
No	74.7	75.5
Don't know/missing	2.8	1.3
Number of Pregnancies	**n=45**	**n=33**
1	51.0	46.0
2	14.3	35.1
3	14.3	2.7
4	8.2	10.8
5-7	10.2	0.0
Too Personal/No response/Missing	2.0	5.4
Age at First Pregnancy (or partners' pregnancy)	**n=45**	**n=33**
12-15	4.1	27.0
16-18	30.6	45.9
19-24	51.0	21.6
Too personal/No response	2.0	0.0
Missing/Don't know	12.2	5.4
Ever Had an Abortion or Partner Had Abortion	**n=45**	**n=33**
Yes	75.5	56.8
No	24.5	40.5
Missing/don't know	0.0	2.7
Number of Abortions	**n=37**	**n=21**
1	56.8	52.4
2	16.2	28.6
3-6	21.6	14.3
Too personal/no response/missing	5.4	9.5

Among male youth, 23% have ever gotten a partner pregnant or have a currently pregnant partner. Similarly, 23% of female youth have ever been pregnant or are currently pregnant. Among male youth, half of those who have ever been involved in a pregnancy have only been involved in one pregnancy, and 47% have been involved in two or more pregnancies. Among

ever-pregnant female youth, 46% have only had one pregnancy; however, nearly half have had two or more pregnancies (35% have had two pregnancies). A quarter of ever-pregnant female youth had their first pregnancy at age 15 or younger.

Table 5.3.1 also presents the percentage of ever-pregnant youth (or male youth who got a partner pregnant) who have ever had an abortion. Three-quarters of male youth who have ever gotten their partner pregnant report that the pregnancy ended in an abortion. Among ever pregnant female youth, 57% report having ever had an abortion. Among female and male youth who have ever been involved in an abortion, about half have only had (been involved in) one abortion, however, 38% of males and 43% of females have had or been involved in multiple abortions.

Table 5.3.2. Family Planning Use at Last Sex and Pregnancy Experience by Level of Sexual Partnership

Characteristics of Venue Patrons	Level of Sexual Partnerships		
	Low: One or No Sexual Partner in Past Year	Moderate: New or Multiple Partners in Past Year	High: New or Multiple Partners in Past 4 Weeks
Male Youth 15-24	**n=52**	**n=44**	**n=106**
Used a modern method at last sex	67.3	52.3	76.4
Ever gotten someone pregnant	9.6	22.7	31.1
Female Youth 15-24	**n=84**	**n=13**	**n=40**
Used a modern method at last sex	47.6	69.2	60.0
Ever pregnant	14.3	23.1	45.0

In Table 5.3.2, the use of modern methods at last sex and pregnancy experience are presented by the level of sexual partnership among female and male youth. Among male youth, at least 50% used a modern method at last sex (mostly condoms). Among female youth, there is higher reported use among those women in moderate- or high-risk partnerships.

For pregnancy experience, those male youth who are in high-risk partnerships are significantly more likely to have ever gotten a woman pregnant than those male youth in low-risk partnerships. Among female youth, the same pattern is observed: those female youth in high-risk partnerships are three times more likely to have ever been pregnant than those in low-risk partnerships.

5.4. Sexual Coercion among Youth Socializing at Venues

Table 5.4.1. Sexual Coercion among Youth in Bizoton and Thor

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=376)	
	Male (n=217) %	Female (n=159) %
How Much Desired First Sexual Experience?		
Strongly desired	72.7	51.3
Desired	20.8	24.1
Not desired	6.5	19.6
Really not desired	0.0	5.1
Description of First Sexual Experience		
You were willing	76.7	57.3
You were persuaded	12.1	18.5
You persuaded your partner	6.1	7.0
You were tricked	0.9	1.9
You were physically forced	3.3	10.2
You physically forced your partner	0.9	3.2
You were raped	0.0	1.9
Did You Ever Have Sexual Relations When Not Wanted Because Partner Used His/Her Authority?		
Yes	4.2	8.2
No	89.4	85.5
Don't know/missing	6.5	6.3
Ever Experience Sexual Coercion Due to Drugs or Alcohol		
Yes, had sex (for females)	NA	3.8
Yes, gave partner drugs or alcohol (for males)	5.5	NA
No	91.2	94.3
Don't know/missing	3.2	1.9
Ever Physically Forced		
Yes	12.4	12.6
No	84.3	85.5
Don't know/missing	3.2	1.9

Table 5.4.1 presents information on sexual coercion among sexually experienced youth included in round 2 of data collection. Among the male youth, the overwhelming majority either strongly desired or desired their first sexual experience. Among female youth, the majority strongly desired or desired the experience. However, a quarter of female youth reported that they did not desire or really did not desire their first sexual experience. Similarly, three-quarters of male youth report that they were willing to have sex the first time they had

sex. The percentage willing among female youth is lower at 57%. Sixteen percent of male youth reported that they were persuaded, tricked or forced to have sex the first time. Among female youth, nearly 42% report that they were persuaded, tricked or forced to have sex the first time. Notably, 7% of male youth and 10% of female youth reported that they persuaded or forced their partner to have sex the first time.

Also presented in Table 5.4.1 are other scenarios where persons are tricked or forced into unwanted sexual experiences. Four percent of male youth and 8% of female youth report that they ever had unwanted sex because someone used their position of authority on them. Four percent of female youth report that they have ever had sex when undesired because they were on drugs or alcohol, and 6% of males reported using drugs or alcohol to encourage a female partner to have sex with them.

Finally, about 12% of male and female youth reported that they have ever been physically forced to have sex against their will. The data reported in Table 5.4.1 are indicative of the need for prevention programs that target community norms around sexual coercion to reduce young people's risk of being forced into sexual experiences (including first sex) against their will.

Table 5.4.2. Sexual Coercion Experience by Level of Sexual Partnership

Characteristics of Venue Patrons	Level of Sexual Partnerships		
	Low: One or No Sexual Partner in Past Year	**Moderate: New or Multiple Partners in Past Year**	**High: New or Multiple Partners in Past 4 Weeks**
Male Youth 15-24	**n=52**	**n=44**	**n=106**
First sex not desired/really not desired	7.7	6.8	5.7
First sex coerced (persuaded, tricked, forced)	17.3	9.1	20.0
Ever sexual relations because of partner authority	0.0	7.0	5.8
Ever sexual coercion due to drugs or alcohol	0.0	6.8	8.6
Ever physically forced	5.8	9.1	18.1
Female Youth 15-24	**n=84**	**n=13**	**n=40**
First sex not desired/really not desired	26.0	15.4	22.5
First sex coerced (persuaded, tricked, forced, raped)	37.4	23.1	37.5
Ever sexual relations because of partner authority	3.8	7.7	21.6
Ever sexual coercion due to drugs or alcohol	2.4	7.7	8.5
Ever physically forced	10.8	23.1	20.0

Table 5.4.2 demonstrates patterns in sexual coercion and sexual partnerships. In particular, among male and female youth, those who are in the moderate- and high-risk partnerships have experienced greater sexual coercion including ever being physically forced, experiencing sex because of partner authority and experiencing sex because of drugs or alcohol. The patterns for first sex are less consistent, suggesting that all youth are at risk of sexual coercion at first sex which may not be associated with later sexual risk-taking.

5.5. Supplementary HIV/AIDS Information from Round 2

Table 5.5.1 presents supplementary information that was included in round 2 data collection among the youth sample to better understand their reproductive health risks. The data are presented for the full youth sample and then for the sexually experienced sample only. Among youth surveyed, the majority report fear of HIV (60%), and one-third report a fear of HIV and pregnancy. Few youth in this sample fear just pregnancy, which indicates recognition of the importance of HIV among youth in Haiti.

When asked if youth in the sample know someone with HIV/AIDS, about a third of male youth and a little over a quarter of female youth reported knowing someone with HIV/AIDS. Among youth who reported knowing someone with HIV, about two-thirds report that the person they know is from their community. This indicates that about one-fifth of the young people surveyed have first-hand knowledge of HIV, even in a country where the prevalence is less than 6%.

Table 5.5.1. Fear of HIV and Pregnancy and Knowledge of Someone with HIV/AIDS among All Youth in Round 2

Characteristics of Venue Patrons	All Youth 15-24 (n=504)		Sexually Experienced Youth 15-24 (n=376)	
	Male Full Sample (n=267) %	Female Full Sample (n=237) %	Male Sexually Exp. (n=217) %	Female Sexually Exp. (n=159) %
What do you fear the most? HIV, Pregnancy, Both or Neither?				
HIV	60.7	59.5	61.8	67.3
Pregnancy	4.1	0.8	4.6	0.0
Both	34.1	39.2	32.3	32.7
Neither	0.8	0.0	0.9	0.0
Don't know	0.4	0.4	0.5	0.0
Know Someone With HIV/AIDS				
Yes	34.5	28.7	36.9	24.5
No	65.5	71.7	63.1	75.5
Is this Person Close to You	**n=92**	**N=67**	**n=80**	**n=39**
Yes	66.3	56.7	67.5	66.7
No	33.7	43.3	26.3	30.8
Don't know/missing	0.0	0.0	6.3	2.6

6 Step 5: Use Results to Improve Programs

6.1 Analysis and Summary of Main Results

A. Summary Tables

Summary tables presented at the beginning of this report indicate that the venues identified are locations where youth socialize and meet new sexual partners. While about 40% of the female youth surveyed and about 20% of male youth surveyed have never had sex, a number of the youth who are in the venues and sexually experienced have participated in high-risk behaviors including having multiple partners, having older (or younger) partners, exchanging sex for money or goods, having had an STI, and having ever been pregnant (or gotten a woman pregnant).

B. Comparing Youth Visiting Venues to Youth Visiting FOSREF Clinics

A previous study in Port-au-Prince (Murray et al., 2005) demonstrated that youth who visit FOSREF youth centers for reproductive health or educational purposes and youth who visit the FOSREF all-age clinic are more likely to be sexually experienced and have ever been pregnant than comparable youth from the Port-au-Prince surveyed in the 2000 Demographic and Health Survey. The conclusion from that study was that FOSREF facilities were attracting high-risk youth.

One purpose of the current study was to determine whether those youth who are identified outside a facility, in high-risk venues, are at high risk of HIV/AIDS and pregnancy, and whether they have unmet reproductive health needs. This modified PLACE study demonstrated that youth surveyed in high-risk venues include both sexually experienced and sexually inexperienced youth (1/5 of male youth and 2/5 of female youth surveyed were sexually inexperienced). Among the sexually experienced youth, male youth were involved in risky behaviors, including having new sexual partners in the last four weeks, having multiple sexual partners in the last year, and having participated in transactional sex. The PLACE study also permitted an analysis of adult males (and females) socializing in these venues. Adult males surveyed were the most likely to be involved in the highest-risk behaviors including having multiple partners (and new partners), engaging in transactional sex, and having sexual partners that were 10 or more years younger then them. The PLACE methodology permitted the examination of male involvement in risk-taking behaviors to a greater extent than the clinic-based study, given that men were socializing in the venues and were able to be interviewed.

Female youth in the PLACE study were less likely to have ever been pregnant than the clinic-based sample. However, the clinic-based sample recruited pregnant women, so this is not unexpected. Youth participants in the PLACE study were also more likely to have ever used family planning (condoms), to have used condoms at first sex, and to have used them at last sex. Given that the clinic-based study included a greater percentage of youth who were cohabiting or living together (and pregnant); it is not surprising that there was less current use of family planning in that sample.

Finally, youth in the PLACE study have access to clinical services – 59% of male youth and 62% of female youth had ever used clinic services. Most of the last use, however, was for general health and not specifically reproductive health. Given the high reported levels of STI

symptoms in the last four weeks, especially among female youth, this may be indicative of gaps in access to STI diagnosis and treatment services among the youth surveyed in non-clinical settings.

C. Input from Stakeholders on Programmatic Outcomes from PLACE Study

To obtain input from the key stakeholders who undertake youth HIV and reproductive health programming in Haiti, a workshop was organized in Port-au-Prince on the 6th of June, 2007. A total of 39 people attended the workshop from 16 organizations. The workshop objectives were to: 1) present the PLACE methodology; 2) present the results of the PLACE study in Carrefour; and 3) determine how the data could be used to inform programs and how the methodology could be applied in other sites or for other target groups. The workshop led to a number of recommendations for youth programming in the future. Some of these recommendations were to change existing programs and others were to adopt new strategies for youth HIV and unintended pregnancy prevention.

C.1. Programmatic Recommendations

This study identified a number of different types of sites where youth find sexual partners as well as varying sexual behaviors among youth surveyed. The stakeholders had a lively discussion of the varying strategies that could be undertaken within these settings. The strategies discussed were different by type of setting including whether the setting was a school-based setting compared to the commercial, transport, and public settings.

Educational Settings

There was a general sense that there is a need for multiple strategies and multiple messages at and around educational sites. Participants felt that youth in school-based settings need to be exposed to programs that promote all of the prevention messages including abstinence, partner reduction, and condom use. These types of activities are already underway in some school-based locations and the feeling was that these programs could be expanded and strengthened. This could be done by placing prevention posters and brochures throughout the school. Also, peer educators within the schools could be trained to undertake clubs and prevention activities with their peers. Additionally, increasing access to condoms either through free distribution or for sale in the vicinity of the schools, could lead to greater use of condoms among the sexually active youth. Finally, the participants felt the need to reinforce current peer education programs that send peer educators affiliated with youth centers and youth associations to engage youth after school and encourage their participation in prevention activities. These peer educators could undertake educational sessions, one-on-one counseling, make referrals for VCT, and sell or distribute condoms.

The stakeholders also recognized the need to sensitize the school leaders and school teachers to youth sexual behaviors and prevention programming for youth.

It was proposed that the Ministry of Health in collaboration with the Ministry of Education, the Ministry of Social Affairs, and the Ministry of Women's Conditions could design a multi-sectoral program for youth in the school. This could include both school-based educational programs and after-school programs such as clubs and sports to provide greater opportunities for growth and reduce risk-taking behaviors among youth. This type of program requires a partnership between the multiple Ministries and the other national and international partners undertaking youth programming in all sectors.

Non-Educational Settings

Prevention programs need to target all youth, including sexually experienced and inexperienced youth, recognizing that all categories are at-risk or potentially at-risk. Stakeholders suggested using multiple strategies at the sites identified in this PLACE study. Activities suggested by participants in the workshop include:

- Increased condom distribution and sale - more than 75% of the venue representatives of the verified sites reported that they are in favor of selling or distributing condoms on-site, whereas currently only 34% reported access to condoms on-site.
- Send peer educators from current programs to the venue sites during the hours reported to be the busiest times (e.g. Saturdays afternoons and evenings). At these sites peer educators can undertake group educational activities, one-on-one counseling, refer youth to centers for voluntary counseling and testing, and/or distribute condoms. Peer educators should be well versed to cover issues of HIV prevention as well as other safe sexual behaviors including family planning and violence prevention.
- Place posters in bars, hotels, restaurants, and other similar establishments to normalize condom use behavior.
- Undertake music, video, and educational events which currently take place in a third or less of identified sites. These are activities that several organizations currently working in Carrefour could add to their existing programs.
- Add VCT promotion to current activities for young people and adults frequenting the identified sites through referrals to health centers or youth centers.
- Overall increase in promotion of youth HIV prevention activities through interpersonal and door-to-door outreach and mass media.
- Improved referral protocol across partners working on youth HIV and unintended pregnancy prevention activities.

Participants agreed that comprehensive site-based activities are needed that include condom distribution and referrals to health center for VCT, STI testing and treatment, and other reproductive health services.

C.2. Potential Future Applications of the PLACE Methodology

The workshop participants recognized the value of the PLACE methodology and appreciated its introduction in Haiti. There was a general feeling that there are a number of potential ways that the method could be used in other locations in Haiti and for other programmatic areas.

Some input from the discussion of other applications of the PLACE methodology included:

- The recognition that the method is a tool for evaluating programs, but is not necessarily a monitoring tool (thus not worth replicating more than every two years or so)
- There was a discussion of potential uses of the PLACE method:
    - To identify locations where informal transactional sex takes place in other locations throughout Haiti.
    - For studies on men who have sex with men (MSM) especially in Jacmel in the South East of Haiti. A previous study using respondent driven sampling identified that there were many MSM in Jacmel and it was felt that PLACE could help identify locations for intervention programs with this target group. One suggestion was that by using formal commercial sex workers as key informants to identify venues, this would be a useful starting point.
    - To determine locations in towns along the border with Dominican Republic where sexual risk-taking, especially informal, transactional sex among young

women, takes place. This could include an assessment of the importance of child sex trafficking as well.

The group also discussed the applicability of the Carrefour findings to other locations in metropolitan Port-au-Prince. The groups determined that for other commercial areas of Port-au-Prince similar to Carrefour, the findings on the types of sites where youth meet partners are likely to be similar to Carrefour (e.g., public and transport locations). Similarly, the behaviors of persons in these sites are likely similar as well in other commercial areas of PAP. Conversely, it was determined that the findings would not be applicable to areas outside of PAP, especially in rural areas or in border towns. It was proposed that in these other locations it would be useful to undertake PLACE studies to better understand current and future HIV and unintended pregnancy prevention program approaches for youth.

C.3. Strategic Directions

Discussions with the Ministry of Public Health and Population (MSPP), USAID, and stakeholders identified several strategic areas for future exploration. Partners acknowledged that there has been a decline in HIV prevalence in Haiti; however, this decline should not change/slow down rigorous prevention efforts. In particular, youth are considered a population at high risk especially given recent studies that demonstrate low condom use. Partners felt the need to focus on prevention efforts for youth to avoid future sharp increases in prevalence in this group.

Presently, there are a number of recent studies that could be used to inform the direction of a new national strategy for HIV prevention, including the national Behavioral Surveillance Survey (BSS) 2006, the Demographic Health Survey (DHS/Emmus) 2006, and this PLACE study. The BSS provides rich information oh high-risk populations including commercial sex workers, truck drivers, and police, whereas the DHS provides information on behaviors in the general population. Additionally, this PLACE study provides information on locations where high-risk behaviors take place on a local level in Carrefour (PAP metropolitan area).

Following the dissemination workshop, MSPP, USAID, and partners had a preliminary meeting on June 20, 2007 to review these data sources and prevention programs to consider next steps for strengthening the current national strategy for youth. From this meeting, a sub-committee was created to coordinate a larger workshop that will take place in mid-July. The objectives of the July workshop are to determine appropriate youth services in underserved areas, identify geographical gaps in youth interventions, and determine intervention strategies for very high risk youth. This information will be used to modify the national strategy for youth programming in Haiti.

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8 Appendices

8.1 Appendix 1: Documentation of Meeting Participants

List of Participants at the Presentation for the Ministry of Health June 4, 2007

1) Edrize Eugène / Responsable Formation UCC
2) Nirva Duval / Epidémiologiste Suivi / Evaluation
3) Camil Henry Clermont / Membre de PNLT
4) Caroll Delpe / Membre de PNLT
5) Aubourg Pierre C. / Membre de PNLT
6) Saint Hilaire Ginette / Membre de PNLT
7) Gina Denard / Responsable des PVVIH et PCPS (VCT)
8) Joelle Deaz Van Owcker / Coordonnateur IST/VIH/SIDA
9) Dr Claude Vertus / Responsable Programme Groupe Vulnérable UCP/MSPP.

List of Participants at the Presentation for USAID June 5, 2007

1) Bijou Phinées L. / Project Coord. Ass. Of CRA
2) Michel Militza / TWC project Coord of CRA
3) Sylney Hubert / program Specialist de USAID
4) Yvrose O. Chery / HCP
5) Magalie Cherenfant
6) Whitney Warren / Prevention Specialist de CDC
7) Tania Viala/ Information Specialist de l'USAID

List of Participants at the Workshop at the Hotel Montana June 6, 2007

1) Dr Joseph Erold / Consultant
2) Dorval Naslie A. / Officier de programme de HCP
3) Dr Ferrus Arsene / Monitoring et Evaluation de FHI
4) Dr Henrys Jean Hugues / Vice doyen FMSS de UNDH
5) Blanchard Yves / Directeur de Recherche UNDH
6) Domond Poliana / Responsable de Promotion PSI HAITI
7) Vilus James / Responsable de Projet de World Relief
8) Dasema Neytha / Responsable Formation Parent de World Relief.
9) Exantus Saint Louis / Unitransfert de Unibanque
10) Courtois J. Nobert / M & Ev Specialist de MSH
11) Guy Fred Celestin / M & Ev specialist de MSH
12) Dr Lerebours Gerald / MEASURE Evaluation/ Resident advisor
13) Christine Duchatelier / Programme Administrator de Tulane Un.
14) Frantz Cadet / Officier de Programme de FSGB
15) Bien- Aimé Thierry Jr. / Responsable de Diffusion de CNIGS
16) Whitnez Warren / Prevention Specialist de CDC
17) Likos Anna / HIV/AIDS Program Director de CDC
18) Occelas M. Marie-Ange / Officier de Production de CECOSIDA

19) Borgella J. Jean Victor / Consultant de CECOSIDA
20) Michel Fritzner / Journaliste de CECOSIDA
21) Dr Claude Vertus / Responsible de programme de UCP/MSPP
22) Joseph Andre/
23) Léonel Morisseau / Directeur de Son de Telestar
24) Dr Fritz Moise / Directeur Executif FOSREF.
25) Dr Harry J. Beauvais / Directeur Technique FOSREF.
26) Dr Joseph Guillaume / Responsible de QA FOSREF
27) Dr Leslie Dunbar / Responsible Programme FOSREF
28) Dr Philogene Johane / Assistant Programme FOSREF
29) Dr Barbara Roussel / Assist. M & Ev. FOSREF
30) Dr Catherine Alzuphar / Assist. M & Ev. FOSREF
31) Dr Laborde F. Nelson / Coordonateur QA FOSREF
32) Dr Stephanie Metayer / Assist. Epidemiologie FOSREF
33) Dr Magloire Carl / Coordonnateur de projet Lakay de FOSREF
34) Mirlande Leroy / Responsible Communication FOSREF.
35) Eddy Raymond / ARN Theatre de FOSREF
36) Gasner Beltrey / Responsible de Collecte de Données FOSREF
37) Cadet Clifford / Responsible de Reseau FOSREF
38) Luc Augustin / Coordonnateur Projet Lakay FOSREF
39) Ocean Jean Claude / Statisticien FOSREF.

8.2 Appendix 2: Tables from Round 2 Data Collection

Table A.S.1. Summary of Key PLACE Indicators from Round 2 Data Collection

Characteristics of Venue Patrons	All Youth 15-24 (n=504)		Sexually Experienced Youth 15-24 (n=376)	
	Male	Female	Male	Female
Number of patrons interviewed	267	237	217	159
Mean age	19.76	19.05	20.06	19.82
Percentage of Patrons Who:	%	%	%	%
Are unemployed	8.2	5.9	9.7	8.2
Are currently a student	79.0	77.6	76.5	74.2
Do not live in the PPA	37.8	39.3	36.4	43.2
Visit the venue daily	52.1	48.1	50.7	51.6
Gave money or gifts for sex in the past 4 weeks	---	---	27.7	3.1
Received money or gifts for sex in the past 4 weeks	---	---	6.0	10.1
Had a new sexual partner in the past 4 weeks	---	---	42.4	23.3
Had a new sexual partner in the past 12 months	---	---	87.3	47.2
Had more than one sexual partner in the past 12 months	---	---	71.0	27.1
Used a condom at last sex	---	---	64.1	52.8
Had a sex partner 10 years older in past year	---	---	3.7	1.3
Had a sex partner 10 years younger in past year	---	---	0.0	0.0
Had a symptom of an STI in the past 4 weeks	---	---	48.4	70.4
Have ever been tested for HIV		---	29.0	38.4
Are interested in being tested for HIV	---	---	76.5	81.8
Rate of Sexual Partnerships				
High: 1+ new partners or 2+ partners past 4 weeks	---	---	52.5	29.2
Moderate: 1+ new or 2+ partners past 12 months	---	---	21.8	9.5
Low: Not sexually active or 1 partner in the past 12 months	---	---	25.7	61.3
Problems in Area as Perceived by Patrons (Big Problems)				
Unemployment	95.8	96.2	96.3	96.9
Violence	97.8	98.3	97.2	98.1
Access to health care	97.4	97.1	97.7	96.9
AIDS	98.5	98.3	98.2	98.7
Alcohol abuse	74.9	81.9	71.4	81.1
Lack of education	98.5	97.1	98.2	97.5
Getting food to eat	97.4	96.6	96.8	98.1
Injection drug abuse	98.1	98.7	98.6	98.1
Early pregnancy	92.1	91.1	90.8	90.6

Table A. 4.4.1. Self-Reported Venue Visiting Behavior – Round 2

Characteristics of Venue Patrons	All Youth 15-24 (n=504)		Sexually Experienced Youth 15-24 (n=376)	
	Male (n=267) %	Female (n=237) %	Male (n=217) %	Female (n=159) %
Frequency of Attendance at Venue				
Every day	52.1	48.1	50.7	51.6
4-6 times per week	19.1	25.7	18.4	21.4
2-3 times per week	12.7	8.0	14.3	8.8
One time per week	5.2	5.5	5.5	5.7
2-3 times per month	2.3	2.5	2.3	2.5
One time per month	1.1	3.0	1.4	3.8
Less than one time per month	4.5	3.0	5.1	3.1
First time	3.0	4.2	2.3	3.1
Reason for Coming to Venue*				
To socialize	43.5	22.8	47.0	29.6
To drink alcohol	22.9	9.7	26.7	14.5
To meet a sexual partner	12.4	5.5	15.2	8.2

*Among reasons given on survey (yes/no to each reason)

Table A.4.5.1. HIV/AIDS Education and Prevention Activities – Round 2

Characteristics of Venue Patrons	All Youth 15-24 (n=504)		Sexually Experienced Youth 15-24 (n=376)	
	Male (n=267) %	Female (n=237) %	Male (n=217) %	Female (n=159) %
HIV/AIDS Education in Past 3 Months				
Participated in HIV/AIDS activity at a youth center	33.3	21.9	34.6	22.6
Attended an HIV/AIDS educational program/in school	35.6	40.1	34.1	37.1
Saw an HIV/AIDS film or video	59.6	59.5	61.3	62.3
Saw an HIV/AIDS program on television	58.4	62.0	59.5	63.5
Heard an HIV/AIDS program on radio	62.9	61.6	59.5	63.5
Saw an HIV/AIDS prevention poster	67.0	70.9	59.5	63.5
Talked about HIV/AIDS with a health worker	33.3	38.0	35.0	42.8
Obtained condoms at venue	21.4	12.2	23.0	17.0

Table A.4.6.2. Age at First Sex – Round 2

Characteristics of Venue Patrons	Sexually experienced youth 15-24 (n=376)	
	Male (n=217) %	Female (n=159) %
Age at First Sex		
<13	39.6	8.2
13	7.4	5.7
14	16.1	12.0
15	12.9	12.6
16	9.2	16.4
17	6.9	15.7
18-21	5.5	24.5
22-24	0.0	1.3
Missing	2.3	3.8

Table A.4.7.1. Meeting a New Partner at the Venue – Round 2

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=376)	
	Male (n=217) %	Female (n=159) %
Respondent Believes Other People Meet New Partners at Venue		
Yes	56.7	32.7
No	10.1	23.3
Don't know/Missing value	33.2	44.0
Patron Ever Met a New Partner at Venue		
Yes	28.1	14.5
No	71.9	84.2
Missing value/Not applicable	0.0	1.3

Table A. 4.8.1. Rate of Partnership Acquisition – Round 2

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=376)	
	Male (n=217) %	Female (n=159) %
Number of Partners in Past 4 Weeks		
0	28.6	37.1
1	36.9	50.3
2	14.8	3.1
3-9	19.8	9.4
Number of New Partners in Past 4 Weeks		
0	56.7	76.1
1	23.5	15.1
2	8.3	0.0
3-9	10.6	8.2
Missing value/not applicable	0.9	0.6
Total Number of Partners in Last 12 Months		
0	5.5	5.7
1	23.5	58.5
2	8.3	7.6
Less than 5 (for those with non-numeric)	8.3	12.6
3-10	42.4	7.6
>10	12.0	6.9
Missing value/not applicable	0.0	1.3
Number of New Partners in Past 12 Months		
0	22.6	52.2
1	18.4	20.1
2	15.2	4.4
Less than 5 (for those with non-numeric)	5.5	11.3
3-10	32.3	5.7
>10	5.5	5.7
Missing value/not applicable	0.5	0.6

Table A.4.10.1 Cross-Generational and Transactional Sex – Round 2

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=376)	
	Male (n=217) %	Female (n=159) %
Age Difference Between Respondent and Youngest Partner in Last Year		
Youngest partner >10 years younger	0.0	0.0
No partner > 10 years younger	63.6	19.8
No partner in last year	34.6	71.1
Don't know/missing	1.8	8.2
Age Difference Between Respondent and Oldest Partner in Last Year		
Oldest partner >10 yrs older	3.7	1.3
No partner >10 years older	59.0	20.1
No partner in last year	35.5	71.1
Don't know/missing	1.8	7.6
Ever Gave Money or Gifts in Exchange for Sex		
Yes	27.7	3.1
No	70.5	96.2
Don't know/missing	1.8	0.6
Ever Received Money or Gifts in Exchange for Sex		
Yes	6.0	10.1
No	91.7	89.3
Don't know/missing	2.3	0.6

Table A.4.10.2. Transactional Sex by Level of Sexual Partnership – Round 2

Characteristics of Venue Patrons	Level of Sexual Partnerships		
	Low: One or No Sexual Partner in Past Year	Moderate: New or Multiple Partners in Past Year	High: New or Multiple Partners in Past 4 Weeks
Male Youth 15-24	**n=52 %**	**n=44 %**	**n=106 %**
Ever Gave Money or Gifts in Exchange for sex	7.7	20.5	43.4
Ever Received Money or Gifts in Exchange for sex	3.9	0.0	10.4
Female Youth 15-24	**n=84**	**n=13**	**n=40**
Ever Gave Money or Gifts in Exchange for sex	0.0	0.0	10.0
Ever Received Money or Gifts in Exchange for sex	0.0	0.0	40.0

Table A. 4.11.1. Condom Use at Last Sex – Round 2

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=376)	
	Male (n=217) %	Female (n=159) %
Ever Used a Condom		
Yes	82.0	71.7
No	14.8	24.5
Don't know/missing	3.2	3.8
Used a condom the last time had sex		
Yes	64.1	52.8
No	18.9	17.0
Never used a condom	8.8	18.2
Don't know/missing	8.3	12.0

Table A.4.11.2 Condom Use at Last Sex by Level of Sexual Partnership – Round 2

Characteristics of Venue Patrons	Level of Sexual Partnerships		
	Low: One or No Sexual Partner in Past Year	Moderate: New or Multiple Partners in Past Year	High: New or Multiple Partners in Past 4 Weeks
Male Youth 15-24	**n=52**	**n=44**	**n=106**
Ever used a condom	63.5	86.4	88.7
Used a condom at last sex	50.0	50.0	73.6
Female Youth 15-24	**n=84**	**n=13**	**n=40**
Ever used a condom	63.1	84.6	85.0
Used a condom at last sex	42.9	76.9	55.0

Table A.4.12.1. HIV/AIDS Testing – Round 2

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=376)	
	Male (n=217) %	Female (n=159) %
Ever Been Tested for HIV		
Ever been tested	29.0	38.4
Never been tested	71.0	61.6
Interested in Being Tested in Next 12 Months		
Yes, interested	76.5	81.8
Not interested	22.6	17.6
Missing value	0.9	0.6

Table A.4.13.1. STI Symptoms – Round 2

Characteristics of Venue Patrons	Sexually Experienced Youth 15-24 (n=376)	
	Male (n=217) %	Female (n=159) %
Symptoms in Past 4 Weeks		
Lower abdominal pain (women only)	NA	65.4
Pain on urination (men only)	22.1	Na
Unusual discharge	35.5	26.4
Sores	17.1	14.5
Any symptoms	48.4	70.4
Type of Treatment Sought for Symptoms*	**n=105**	**n=112**
Street vendor	11.4	23.2
Pharmacy	33.3	63.4
Herbalist	3.8	8.9
Public clinic/hospital	19.1	36.6
Private doctor	12.4	27.7

*each type of treatment was asked as a yes/no question

Table A.4.13.2. STI Symptoms by Level of Sexual Partnership – Round 2

Characteristics of Venue Patrons	Level of Sexual Partnerships		
	Low: One or No Sexual Partner in Past Year	Moderate: New or Multiple Partners in Past Year	High: New or Multiple Partners in Past 4 Weeks
Male Youth 15-24	**n=52**	**n=44**	**n=106**
Any STI symptoms in past 4 weeks	51.9	52.3	47.2
Female Youth 15-24	**n=84**	**n=13**	**n=40**
Any STI symptoms in past 4 weeks	73.8	76.9	80.0

8.3 Appendix 3: Questionnaires

Questionnaires from each step and phase are available upon request. Please contact the MEASURE Evaluation Project at speizer@email.unc.edu. PLACE manuals are also available on the MEASURE Evaluation Web site www.cpc.unc.edu/measure.