Male Sexual Partners of Adolescent Girls and Young Women in Haiti

A Survey of HIV Risk Behavior, HIV Service Use, and Partner Violence

September 2019

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MEASURE Evaluation

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ABBREVIATIONS

AGYW	adolescent girls and young women
ART	antiretroviral therapy
BI	behavioral intention
DHS	Demographic and Health Survey(s)
DREAMS	Determined, Resilient, AIDS-Free, Mentored, and Safe [Initiative]
FOSREF	Fondation pour la Santé Reproductrice et l'Education Familiale
HTG	Haitian gourde
IHE	Institut Haïtien de l'Enfance
MCP	multiple concurrent partnerships
MSPP	Ministry of Public Health and Population
PaP	Port-au-Prince
PBC	perceived behavioral control
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PRHIV	perceived risk of HIV
RDS	respondent-driven sampling
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Introduction

Reaching higher-risk heterosexual men in generalized and mixed epidemic settings with effective HIV interventions is critical to achieving the 95-95-95 targets of the United States President's Emergency Plan for AIDS Relief (PEPFAR) in these contexts. The targets are that by 2030, 95 percent of all people living with HIV will know their HIV status, 95 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART), and 95 percent of all people receiving ART will have viral suppression. In Haiti, the national HIV prevalence estimate among adults 15–49 years old is 2.0 percent, and transmission occurs predominantly through heterosexual intercourse (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2018a). The HIV prevalence estimate is higher among women than among men in Haiti, even though women report less sexual risk behavior (Fishel & Bekele, 2014; Institut Haïtien de l'Enfance (IHE) & ICF, 2018; Population Council, 2009; Speizer, 2007). Exposure to HIV through the high-risk sexual behavior of their male partners is one potential reason for HIV risk among women. Achieving targeted implementation of effective HIV interventions among higher-risk heterosexual men is important for men's health and to prevent HIV transmission to their female partners, especially adolescent girls and young women (AGYW).

In Haiti and other countries, the Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) Initiative is an important global effort to accelerate the reduction in new HIV infections among AGYW (PEPFAR, 2018a; PEPFAR, 2018b). One core intervention for the DREAMS Initiative is to reach male sexual partners of AGYW with effective HIV interventions. However, HIV-related data on these male partners are limited. For this reason, the United States Agency for International Development (USAID) in Haiti commissioned the USAID- and PEPFAR-funded MEASURE Evaluation project to study male sexual partners in areas where DREAMS interventions for girls are being implemented.

Study Goal and Objectives

The goal of this study was to support the achievement of PEPFAR's 95-95-95 targets by providing a robust understanding of HIV sexual risk behavior, HIV testing, and HIV treatment from the perspective of adult male sexual partners of AGYW in Haiti. The research objectives were to:

- Describe and identify modifiable determinants of HIV risk behavior and risky sexual partnerships.
- Describe normative beliefs about HIV risk behavior, sexual partnerships, and HIV service use and their influence on personal HIV risk behavior.
- Describe current HIV service use and preferences for HIV testing, determinants of HIV testing uptake, and, among HIV-positive participants, ART treatment uptake and adherence.

Methods

A cross-sectional social and behavioral survey was administered to 500 men in Port-au-Prince (PaP) and 300 men in St. Marc who were recruited through respondent-driven sampling (RDS). Giles SS Estimator was used to generate sampling weights applied in all statistical analyses. The calculations were frequencies, bivariate analysis, and multivariate regression. Key outcomes were HIV knowledge, age discordance (male partner six or more years older than his female sexual partner), multiple concurrent sexual partnerships (MCP), condom use, HIV testing uptake, perpetration of emotional and physical/sexual violence, and relationship equity.

Results

HIV Knowledge

- HIV knowledge was higher among older men, men with higher income, and those who had attended an HIV educational activity. However, most men had never attended one.
- Knowledge about HIV treatment is especially problematic, with less than one-third of men correctly reporting that treatment was available for people with HIV in Haiti.

Sexual Risk Behavior

- Older men and those with higher income were more likely to report the high-risk sexual behaviors of age discordance (being six or more years older than their female partner) and MCP.

Perceived Risk of HIV

- The perceived risk of HIV (PRHIV) differed between the cities of Port-au-Prince and St. Marc. In St. Marc, few men thought it was possible that they could currently be infected with HIV or ever become infected.
- In Port-au-Prince, PRHIV was higher among men who reported high-risk sexual behavior (being six or more years older than a female sexual partner and MCP) and among those with a higher level of HIV knowledge.
- In St. Marc, men reporting high-risk sexual behavior did not have a higher PRHIV, and HIV knowledge was inversely related to PRHIV, so those with a higher level of HIV knowledge had lower PRHIV.

Condom Use

- Although most men reported that they used condoms, only one-third had a condom with them at the time of the interview.
- Men often talked about condoms with male friends and also obtained condoms from them. They were more likely to use condoms if they thought their male friends did so.
- Almost all men felt comfortable talking to their female sexual partners about condoms. Men who had done so were more likely to have used condoms with those partners.
- Most men felt confident in their ability to use condoms and intended to do so. Men who were confident in their ability to get and use condoms were more likely to use them.
- Having high HIV knowledge ***did not*** increase the chance that men would report condom use, nor did having a high PRHIV.
- Men who reported high-risk sexual behavior (being six or more years older than a female sexual partner and MCP) ***were not*** more likely to use condoms.

HIV Testing

- Only slightly more than one-half of the participants had ever been tested for HIV in their lifetimes. Few men (about one in 10) had been tested in the previous year.
- Men were most often tested for HIV when seeking routine healthcare and typically requested the test (rather than accepting an offer by the provider or being required to take it).
- Most men received counseling when they were tested for HIV and were almost always advised to use condoms. Most were also advised to have just one sexual partner. Less common counseling messages were to discuss HIV testing with their sexual partners and to use lubricants.

- Most men (about three in four) were given condoms, or condoms and lubricant, by the counselor when they were tested for HIV.
- Older men and those with a higher level of education were more likely to have ever been tested for HIV.
- Men with higher HIV knowledge and who reported high-risk sexual behavior (being six or more years older than their partner and MCP), were more likely to have been tested for HIV.
- About one-half of the men had talked to their AGYW about HIV testing, and those who had done so were more likely to have been tested. However, when discussing HIV with their sexual partners, the men typically asked about the partner's HIV status rather than talking about their own.
- After sexual partners, male friends were most able to influence men's decisions about HIV testing. Although few men (about one-third) thought that their male friends had been tested for HIV, those who thought so were more likely to have been tested themselves.

HIV-Positive Male Partners of AGYW

- Daily ART adherence was reported by only 14 of the 27 HIV-positive participants currently on ART.
- HIV-positive participants reported sexual risk behavior that could transmit HIV. Twelve of the 30 participants reported not using a condom the last time they had sex with their most recent AGYW partner. All HIV-positive participants reported being six or more years older than a female sexual partner in the past year. Nineteen of the 30 HIV-positive participants reported MCP in the past year.
- Disclosure of HIV serostatus was low, with only 11 of the 30 HIV-positive participants having told someone about their status, most often a male friend.

Gender-Based Violence

- Most men (about three in four) perpetrated emotional violence toward their AGYW partners, usually by trying to control what they did.
- Emotional violence was more likely among men with a higher level of education and higher income. Men who reported committing emotional violence were also more likely to report condom use with that partner.
- More men reported sexual violence than other forms of physical violence. About one in five men reported physical/sexual violence toward their most recent AGYW partner.
- In St. Marc, men who perpetrated physical/sexual violence were more likely to be six or more years older than their partners and to have MCP.
- In St. Marc, men who perpetrated physical/sexual violence were less likely to use condoms with those partners.

Relationship Equity

- Men reported more equity in decision making related to communication and how the couple spent its time than in decisions about sexual activity.
- Whereas about one-half of the men reported equity in decision making in the context of specific decisions, most men felt that, in general, they had more power in the relationship than their AGYW sexual partners.
- Men with higher levels of education were more likely to report more equitable relationships.

- Men reporting less equity in their relationships were more likely to report high-risk sexual behavior (being six or more years older than their partners and having MCP).

Recommendations

Male sexual partners of AGYW are an important population to reach with effective HIV services in Haiti. The results of this study indicate a critical need to increase men's knowledge of HIV treatment, access to condoms, and use of HIV testing services. Efforts to decrease physical and sexual violence and to better understand the role of equity in decision making with sexual partners are also needed. Additional research is warranted among HIV-positive men to understand how to link and retain them in care and to decrease the risk of transmission to their sexual partners.

HIV interventions in Haiti should use peer social norms to promote behaviors among men and should be tailored to their preferences by locating services in community settings and in places where men are more likely to socialize. HIV programs can effectively use social networks to reach high-risk heterosexual men and refer them to programs. Future studies to characterize the male partners of AGYW should consider using RDS to recruit participants.

INTRODUCTION

The Need for HIV-Related Data Among Male Sexual Partners of Adolescent Girls and Young Women

HIV is a critical global health problem, with 36.7 million people living with HIV (PLHIV), and 1.8 million people acquiring the virus each year (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2018b). Regions hardest hit by the epidemic are those with generalized and mixed HIV epidemics, in which heterosexual sex remains a principal mode of transmission: Eastern and Southern Africa, West and Central Africa, and the Caribbean, which together account for 25.8 million people living with HIV (PLHIV) (UNAIDS, 2018b). In these types of epidemics, it is important to reach high-risk heterosexuals with effective HIV interventions to meet the United States President's Emergency Plan for AIDS Relief's (PEPFAR) 95-95-95 targets. These targets are that by 2030, 95 percent of all PLHIV will know their HIV status, 95 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART), and 95 percent of all people receiving ART will have viral suppression.

In many of these settings, men are less likely than women to undergo HIV testing and to know their HIV status, less likely to be retained in treatment, and more likely to have poor clinical outcomes (Mills, Beyrer, Birungi, & Dybul, 2012). Data to inform HIV programming for heterosexual men are lacking because most information about HIV is extrapolated from antenatal care and family planning programs focused on women. Although Demographic and Health Surveys (DHS) include HIV data for men, these surveys have a higher nonparticipation rate among men than among women. Nonparticipation has been shown in turn to result in an underestimation of HIV prevalence among men (Hogan, et al., 2012). Together, these gaps have created a need for HIV-related data that can inform HIV prevention, testing, and treatment programs for higher-risk heterosexual men in generalized and mixed epidemic settings, such as Haiti.

Achieving targeted implementation of effective HIV interventions among higher-risk heterosexual men is important for the men's own health and to prevent HIV transmission to female partners, especially to adolescent girls and young women (AGYW). In Haiti, the national HIV prevalence estimate among adults 15–49 years of age is 2.0 percent, and the main mode of HIV transmission is heterosexual intercourse (UNAIDS, 2018a). The HIV prevalence estimate is higher among women than among men in Haiti (2.3% versus 1.6%), even though women report lower sexual risk behavior across multiple rounds of the DHS (Fishel & Bekele, 2014; Institut Haïtien de l'Enfance & ICF, 2018) and in special studies conducted among adolescents (Population Council, 2009; Speizer, 2007). Having a higher-risk sexual partner can increase the risk for HIV among AGYW (Shaefer, et al., 2017). Examples of higher risk are having older male partners and male partners who are involved in multiple concurrent partnerships (MCP)—that is, sexual relationships that overlap in time (Carver, Devieux, Gaston, Altice, & Niccolai, 2014). In Haiti, empirical evidence also demonstrates that women's economic need (Fawzi, et al., 2010; Hunter, Reid-Hresko, & Dickinson, 2011; Fawzi, et al., 2003) and norms supporting multiple sexual partnerships for men (Fawzi, et al., 2003; Fitzgerald, et al., 2000) increase AGYW's risk for sexually transmitted infections (STIs), including HIV (Carver, et al., 2014; Severe et al., 2014). However, this research is largely from the perspective of AGYW and older women.

Male Sexual Partner Studies as Part of the DREAMS Partnership

With the Bill & Melinda Gates Foundation, Girl Effect, Johnson & Johnson, Gilead Sciences, and ViiV Healthcare, PEPFAR launched the Determined, Resilient, AIDS-Free, Mentored, and Safe (DREAMS) partnership to accelerate the reduction in new HIV infections among AGYW in 10 sub-Saharan African

countries (PEPFAR, 2018a). Given the success of these interventions, DREAMS-like programs have been expanded to other countries, including to Haiti (PEPFAR, 2017). DREAMS projects deliver a core package of interventions that include evidence-based approaches, which go beyond the health sector to address the structural drivers that directly and indirectly increase girls' HIV risk. These are poverty, gender inequality, sexual violence, and a lack of education (PEPFAR, 2018a). Comprehensive programs under DREAMS in Haiti are underway (PEPFAR, 2018b). Using a modular curriculum delivered by community mentors to approximately 15,000 girls island-wide, the intervention aims to increase social assets, self-confidence, sexual self-efficacy, gender empowerment, and romantic relationship skills, among other outcomes (Polsky, 2018).

In addition to a focus on girls, the core package of DREAMS aims to understand and reduce the HIV risk posed by male sexual partners of AGYW. To address this need, the United States Agency for International Development (USAID) in Haiti commissioned a study of male sexual partners in areas where DREAMS interventions for girls were being implemented.

Study Goal and Objectives

The goal of this study was to support the achievement of PEPFAR's 95-95-95 targets by providing a robust understanding of HIV sexual risk behavior, HIV testing, and HIV treatment from the perspective of adult male sexual partners of AGYW in Haiti. The research objectives were to:

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- Describe normative beliefs about HIV risk behavior, sexual partnerships, and HIV service use and their influence on personal HIV risk behavior.
- Describe current HIV service use and preferences for HIV testing, determinants of HIV testing uptake, and, among HIV-positive participants, ART treatment uptake and adherence.

The results of the study were intended to be used by government agencies, donors, program implementers, and researchers in the field of HIV who contribute to the development of policies and programs designed to reach male sexual partners of AGYW effectively with HIV services in Haiti and similar epidemiological and cultural contexts. Study partners were USAID/Haiti through the MEASURE Evaluation project; the Ministry of Public Health and Population (MSPP) in Haiti; Pentagone Consulting Group; and the 4Children project, led by Catholic Relief Services. The research was implemented from June 2018 to June 2019.

METHODS

Study Design and Instrument

A cross-sectional study was conducted to capture descriptive information among male sexual partners of AGYW. The study sites were the capital city of Port-au-Prince (PaP), in the south, and the city of St. Marc, in the Artibonite department (northern part of the country). These sites were purposely selected from the four active DREAMS intervention cities island-wide to represent the unique context of an urban city and one of two sites in the department of the Artibonite.

A social and behavioral survey was applied to capture key sexual risk behaviors, social norms, and sexual relationship dynamics. In addition to general measures of sexual risk behavior (e.g., age of sexual debut, number of new sexual partners in the previous 12 months), a partnerships grid detailing information for up to three sexual partners in the previous 12 months was included. The first sexual partner discussed was the most recent AGYW. Psychosocial scales to measure important constructs were selected from established measures. The survey was translated from English to Haitian Creole, piloted, and revised during interviewer training. Administration of the survey took 45–60 minutes to complete.

To participate in the study, candidates were required to be male; to be 18 years of age or older; to have had sex with an AGYW 15–24 years of age in the previous 12 months; to have lived, worked, or studied in PaP or St. Marc during the previous three months; and to provide written informed consent.

The National Bioethics Committee in the MSPP in Haiti and the Biomedical Institutional Review Board at Tulane University approved the study.

Sampling Method

Participants were recruited using respondent-driven sampling (RDS) because the population of interest (male sexual partners of AGYW) lacks a sampling frame. RDS and venue-based sampling are established techniques for obtaining samples in such cases (World Health Organization [WHO] & UNAIDS, 2011), and approximations of population-based statistics can be generated from them. RDS was selected over venue-based sampling so that participants could be interviewed in a research office setting, providing greater confidentiality and allowing for the administration of a longer survey. In this way, the survey instrument was able to capture detailed and sensitive partner-specific information, such as intimate partner violence perpetration. A tenet of RDS is that the target population be socially connected for recruitment chains to be successful. Social connections among peer groups of men is well established and was confirmed by local study partners.

RDS is a chain-referral sampling method initiated by a few purposely selected seeds who are "social stars" in the population under study. Community leaders in each site were consulted to identify these seeds. After completing the survey interview, participants were asked to recruit other people that they knew who met study eligibility. Coupons were limited to three per participant to achieve longer recruitment chains and to mitigate potential selection bias resulting from the nonrandom selection of seeds. A total of 500 participants in PaP and 300 in St. Marc were interviewed. Coupons provided information on how to contact study team members, the location of the interview, the eligibility criteria (Figure 1), and (on the reverse side) the compensation schedule. Participants were reimbursed for transport costs and provided with phone cards worth US$6 for completion of the survey and US$2 for each eligible participant recruited. Local partners in Haiti affirmed that the remuneration was in keeping with local norms for similar research.

Figure 1. Recruitment coupon

To accommodate population weighting of an RDS sample, questions about social network size were included in the survey instrument. Unique coupon identification codes were generated using a numbering system that linked recruiters and recruits for analysis.

Field Office Operations

In each city, a research office was established in a central location familiar to the sample population and selected with safety as a top priority for participants and field staff. In PaP, the site was in the Delmas office of the Fondation pour la Santé Reproductrice et l'Education Familiale (FOSREF), a well-known development and health nongovernmental organization. In St. Marc, the research office was established next to the FOSREF health center on the Pivert road. The research team at each site consisted of a supervisor, a registrar, a coupon manager, and three interviewers. The field team completed a weeklong training on field site operations, administration of the survey, and informed consent procedures. All staffers had previous experience conducting HIV social and behavioral surveys in Haiti.

An electronic coupon management system, including barcoding, was used to register participants. This system allowed for checks of potential participant duplication, recording of links between recruiters and recruits to inform remuneration and data analysis, and confirmation of study eligibility. Open data kit software was used to program tablets with the survey instrument to facilitate electronic administration. Completed surveys and the coupon manager database were backed up daily to a secure server. Quality checks were run on data in real time to look for irregularities in skip patterns or missing data. The data were collected between February and March 2019. Sites were unexpectedly closed from February 6 to 17, 2019 because of political unrest and protests in Haiti. The study team was able to maintain recruitment chains using contact information for study participants to restart recruitment when the sites reopened. Participants also actively contacted the study team to complete the surveys. All participants were provided with referral information about where to access HIV testing and treatment.

Data Analysis

Data were entered in the RDS analyst software program to generate population weights using Giles SS Estimator. In addition to network size, generation of this sampling weight requires an estimate of population size from which the sample was drawn. Population estimates were drawn from the 2015 census (Institute of Statistics and Information [IHSI], 2015). In the Delmas neighborhood of PaP, the census estimate for men 18 and older was 108,316. It was estimated that 60 percent of this population had

AGYW sexual partners; the lower and upper bounds of +/-20,000 were included in RDS Analyst to calculate weights. For St. Marc, the census estimate for men 18 and older was 82,781. The same method was used to calculate population weights. RDS diagnostics—sociograms (network pictures), checks for bottlenecking, and homophily for key variables—were also conducted in RDS Analyst. Weights were exported and merged with the larger data set and used in all calculations. Statistical analysis was conducted using STATA version 15 and included frequency calculations and bivariate and multivariate regression models to examine determinants of key HIV outcomes of interest: HIV knowledge, sexual risk behavior, perceived risk of HIV(PRHIV), condom use, HIV testing, perpetration of emotional and physical/sexual violence, and relationship equity. Factors demonstrating a correlation with the outcome at p-values >= 0.10 in bivariate analyses were retained in multivariate models. The results were presented for each city separately because samples from the two cities represented different social networks.

Dissemination Activities

Results were disseminated through small-group presentations with DREAMS girls, who provided feedback and suggestions for translating results into programming for men. A meeting was also held with representatives from Haitian government agencies, international development agencies, and DREAMS and other HIV program implementers in PaP. Discussions in these various meetings informed the results and recommendations developed for this report.

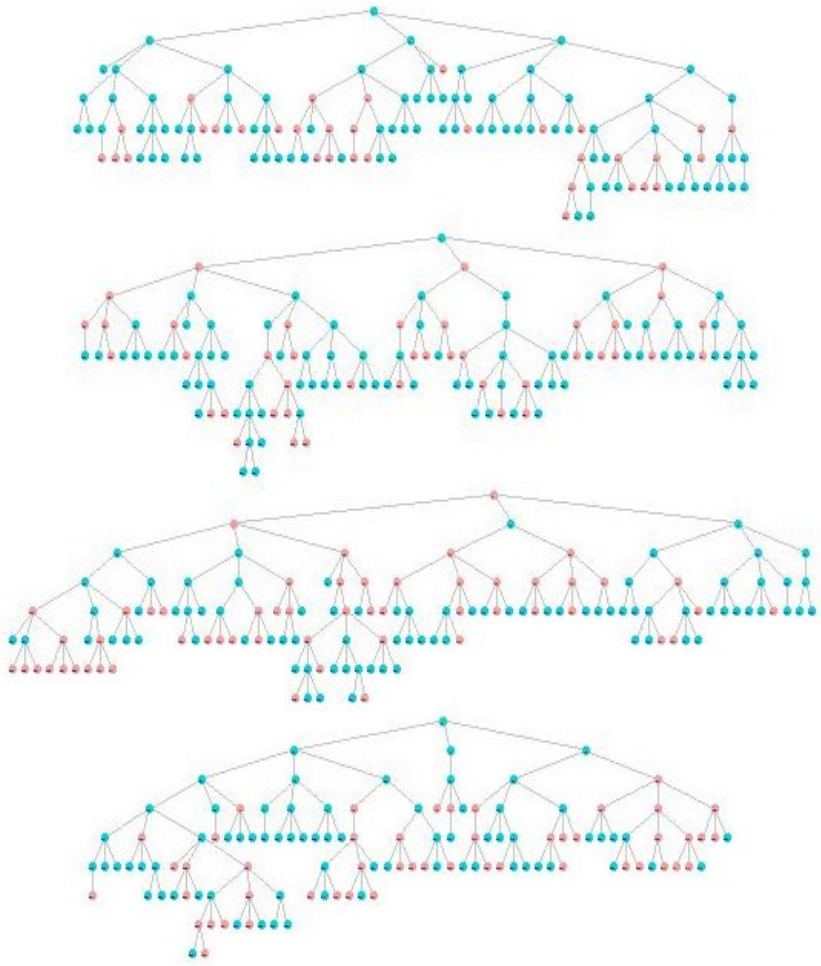
RESULTS

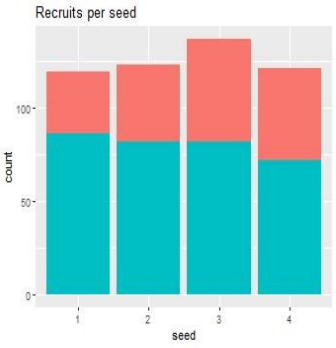
RDS Diagnostics

In PaP, 500 men participated in the study. Recruitment chains were initiated with four seeds, including one who self-reported as HIV-positive. Each seed produced recruitment chains from seven to eight waves long (Figure 2). Diversity in key outcome variables was achieved in each chain, indicating mitigation of potential selection bias using nonrandom seeds. For example, one of the main outcomes of interest was HIV testing. In Figure 2, teal nodes represent participants who at some point were tested for HIV, whereas coral nodes represent those who were never tested. It is clear that testers recruited both categories across the chains. Visual inspection was confirmed by the calculation of homophily (a measure of the likelihood of recruiting others who are similar on a particular characteristic). Homophily was close to a value of one for this and other key variables of interest (HIV status, condom use at most-recent sex, age-discordant sexual partnership, MCP, and intimate partner violence), indicating an acceptable likelihood of recruiting people similar to oneself for each characteristic.

In St. Marc, 300 men participated in the study (Figure 3). Recruitment chains were initiated with two seeds, also achieving seven to eight waves each. Homophily for key variables was also close to one.

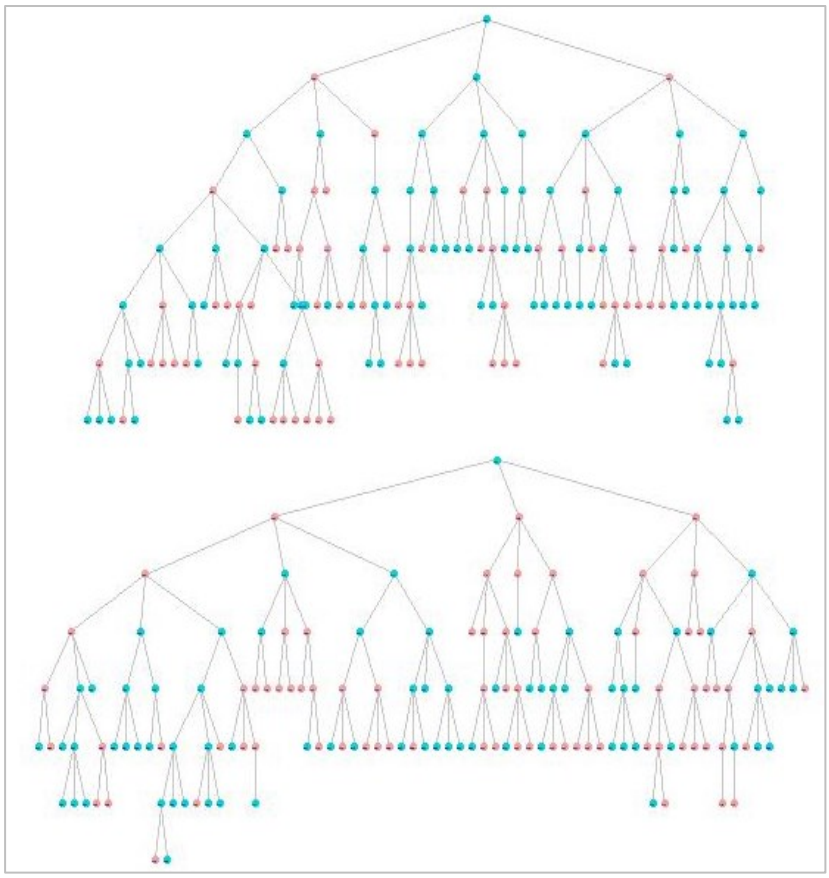
Figure 2. Port-au-Prince network, N=500

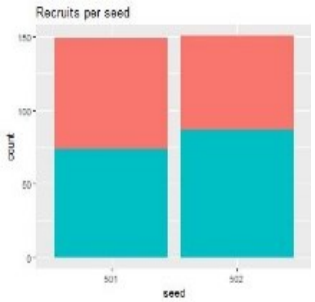




Coral represents participants who had never been tested for HIV, teal those who had been tested

Figure 3. St. Marc network, N=300





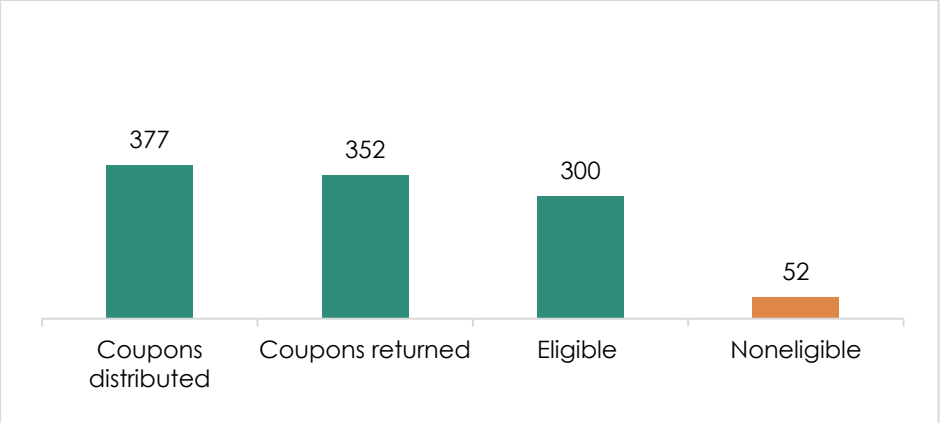
Coral represents participants who had never been tested for HIV; teal represents those who had been tested

Eligibility and Survey Enrollment

In PaP, 605 coupons were distributed. Of this number, 551 were brought back by men who were then screened for eligibility. Five hundred met the criteria and were enrolled in the study, resulting in an eligibility rate of 91 percent (Figure 4). In St. Marc, 377 coupons were distributed, and 352 men returned with a coupon and were screened for eligibility. Three hundred met the criteria and were enrolled in the study, resulting in an eligibility rate of 85 percent (Figure 5).

Figure 4. Coupon distribution, redemption, and eligibility in Port-au-Prince

Figure 5. Coupon distribution, redemption, and eligibility in St. Marc



Sociodemographic Characteristics

The sociodemographic characteristics of the study sample are presented in Appendix A, Tables A1.1–A1.4. The average age of participants in PaP and St. Marc was 25.4 and 22.3 years, respectively.[1] In terms of religion, 75.7 percent of participants in PaP were Christian, 19.4 percent reported no religion, and four point nine percent (4.9%) practiced Voodoo or were Muslim. In St. Marc, 63.7 percent of participants were Christian, 24.6 percent reported no religion, and 11.7 percent practiced Voodoo or were Muslim.

At both study sites, most participants had some secondary schooling. In PaP, 10.1 percent had primary-level education, 81.0 percent had secondary-level education, and eight point nine percent (8.9%) had

[1] Men were categorized in age groups of younger/older using the cutoff of 24 in subsequent analysis to match age categories employed in the DHS for comparison.

university-level education. In St. Marc, participants had slightly less formal education, with 18.2 percent reporting primary-level education, 76.8 percent reporting secondary-level education, and five percent (5.0%) reporting university-level education. At the time of the survey, slightly less than one-half of the participants in PaP were currently in school (41.8%), whereas 67.9 percent of those in St. Marc were currently in school.

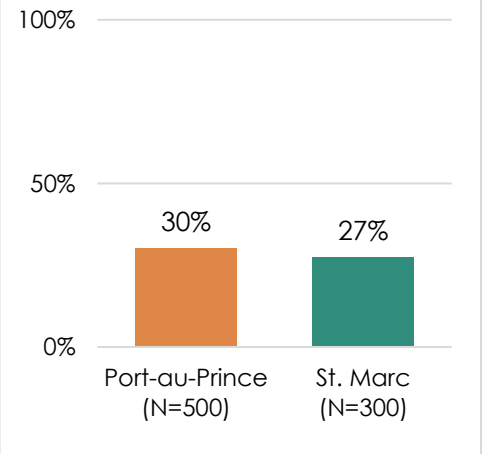
Unemployment was high in both study locations. Only 36.6 percent of participants in PaP and 30.8 percent in St. Marc were employed at the time of the survey. Participants in PaP reported an average monthly income of 4,734 Haitian gourdes (HTG). The average monthly income was slightly higher in St. Marc, at 4,873 HTG. Median annual income was 2,750 HTG in PaP and 2,500 HTG in St. Marc, and was used to categorize men in low/high income categories in the subsequent analyses. In both study sites, participants supported, on average, one person with their monthly income (66.3% in PaP and 74.0% in St. Marc). In terms of food security, hunger in the previous six months had been experienced by 60.2 percent of participants in PaP and 36.4 percent in St. Marc.

The average number of people per household was four point four (4.4) in PaP and five in St. Marc. Only 2.3 percent of participants in PaP and 1.1 percent in St. Marc had ever been married. As for relationship status, 79.5 percent of participants in PaP and 82.7 percent in St. Marc had a girlfriend or a fiancée. In PaP, 26.7 percent had children, compared with 13.5 percent in St. Marc. A total of 57.1 percent of participants in PaP and 43.7 percent in St. Marc had family members who had been injured or killed in the 2010 earthquake.

HIV Knowledge

Responses about HIV knowledge are presented in Appendix A, Table A1.5. Almost all participants had heard of HIV (99.6% in PaP, 98.8% in St. Marc) and STIs (93.0% in PaP, 98.0% in St. Marc). The majority of participants provided correct responses to an HIV knowledge index, with 80 percent or more correctly reporting that it was possible for a person with HIV to look healthy (88.2% in PaP, 83.3% in St. Marc); that people can reduce their chances of getting HIV by having just one uninfected partner (81.9% in PaP, 90.7% in St. Marc) and by using a condom (80.7% in PaP, 87.6% in St. Marc); that HIV is not spread by sharing food or drink (87.6% in PaP, 80.1% in St. Marc); that HIV is not spread by witchcraft (82.9% in PaP, 83.3% in St. Marc); and that HIV can be transmitted by sharing needles (98.1% in PaP, 96.9% in St. Marc). Fewer participants correctly reported that HIV can be transmitted from an infected mother to her baby during pregnancy (79.7% in PaP, 67.9% in St. Marc) and during breastfeeding (52.9% in PaP, 50.1% in St. Marc). About one in three participants also thought that HIV could be transmitted by mosquitoes (27.2% in PaP, 30.1% in St. Marc).

Figure 6. Percentage of participants correctly reporting that treatment for HIV exists



There was a low level of knowledge about HIV treatment, which may serve as a barrier to encouraging more at-risk men to be tested for HIV. Only 30.1 percent in PaP and 27.4 percent in St. Marc correctly reported that HIV treatment was available (Figure 6). Of these respondents, only 55.7 percent in PaP and 73.2 percent in St. Marc reported that someone receiving HIV treatment in Haiti would live more than 10 years. Moreover, only 38.7 percent

in PaP and 43.8 percent in St. Marc had ever participated in an educational activity, such as a presentation or a workshop about HIV and STIs.

An HIV knowledge index was created by aggregating the 10 questions described above on HIV acquisition, prevention, and treatment. Items were scored so that a higher score indicated higher knowledge of HIV. Aggregate knowledge scores ranged from zero to 10, with a median of eight, indicating high knowledge overall for the study sample. The knowledge index was dichotomized at the median to classify participants as having high or low knowledge of HIV.

Factors associated with high HIV knowledge—sociodemographics (age, education, income) and attendance at an HIV educational activity—were examined. In the bivariate analysis, age, income, and having attended an educational activity were statistically significant factors associated with HIV knowledge (in PaP, in St. Marc, or in both). These factors were included in a multivariate model. In the multivariate analysis, age and having attended an activity were associated with HIV knowledge in PaP, and income was associated with HIV knowledge in St. Marc. In PaP, men ages 25–62 had 1.89 times greater odds of reporting high HIV knowledge compared with men ages 18–24 ($p=0.010$). Also in PaP, men who had attended an HIV educational activity were 2.18 times as likely to have high HIV knowledge as men who had never participated in one ($p=0.001$). In St. Marc, men earning 2,500–60,000 HTG per month had 1.93 greater odds of having high HIV knowledge compared with men earning less than 2,500 HTG ($p=0.071$). HIV knowledge is examined in relation to PRHIV, sexual risk behavior, and HIV testing uptake in subsequent sections of the report.

Key findings

- HIV knowledge was higher among older men, men with higher income, and those who had attended an HIV educational activity. However, most men had never attended one.
- Knowledge about HIV treatment was particularly problematic, with less than one-third of men correctly reporting that treatment was available for people with HIV in Haiti.

Alcohol and Substance Use

The data on alcohol and drug use are presented in Appendix A, Table A1.6. Alcohol use was common, with 70.3 percent of men in PaP and 71.0 percent in St. Marc having had an alcoholic drink in the previous 30 days. About one in three participants (31.0% in PaP, 28.6% in St. Marc) reported heavy drinking, which was defined as two or more occasions of consuming five or more drinks in a day in the previous 30 days. By contrast, drug use was low, with only 15.9 percent in PaP and 3.0% in St. Marc having ever used drugs, and fewer than 1.0% in both cities having used drugs in the previous 30 days. The types of drugs used during that period were marijuana (49 participants in PaP, three participants in St. Marc) and crack (one participant in PaP).

Sexual Risk Behavior

General Sexual Risk Behavior

Appendix A, Tables A1.7–A1.10 provide information about sexual risk behavior. The average age of sexual debut among participants was 15.1 in PaP and 14.9 in St. Marc. The average number of lifetime sexual

partners was 13.5 in PaP and 12.3 in St. Marc. The average number of sexual partners in the previous 12 months was two in PaP and 2.4 in St. Marc.

About one-half of the participants reported a new sexual partner in the previous 12 months. In PaP, 38.7 percent had had one new sexual partner in that time period, and 17.4 percent had had two or more. In St. Marc, 22.7 percent had had one new sexual partner, and 13.5 percent had had two or more.

Partnerships in the previous year were also examined by age of the partner. Most participants had had a sexual partner ages 15–19 in the previous year. In PaP, 41.9 percent, and in St. Marc, 41.7 percent, had had one or more ages 15–19, with an average of 1.5 in PaP and 1.7 in St. Marc. Most participants also reported having had a sexual partner ages 20–24 in the previous year; 59.2 percent in PaP and 53.7 percent in St. Marc had had one or more, with an average of 1.4 in PaP and 1.8 in St. Marc.

Few of the men in the study reported being the client of a sex worker in the previous 12 months. In PaP, 12.4 percent, and in St. Marc, 5.6 percent, gave someone else money, drugs, clothing, food, or a place to sleep in exchange for sex. Few participants reported receiving these resources themselves in exchange for sex in the previous 12 months (4.0% in PaP, 5.8% in St. Marc). Lifetime experiences of being forced to have sex were also low (5.0% in PaP, 3.1% in St. Marc).

Age Discordance in Sexual Relationships

Participants were asked to provide details on up to three sexual partners in the previous 12 months, beginning with their most recent female partner ages 15–24 (partner 1) and following with the most recent partners in sequential order regardless of age (partners 2 and 3). In PaP, all 500 participants reported on one partner, 247 reported on two partners, and 98 reported on three partners. The participant was, on average, 5.8 years older than partner 1 (ranging from five years younger to 46 years older); six years older than partner 2 (ranging from 17 years younger to 38 years older), and 7.3 years older than partner 3 (ranging from 12 years younger to 38 years older). In St. Marc, all 300 participants reported on one partner, 159 reported on two partners, and 93 reported on three partners. The participant was, on average, three years older than partner 1 (ranging from three years younger to 24 years older), 2.4 years older than partner 2 (ranging from 14 years younger to 22 years older), and 1.7 years older than partner 3 (ranging from nine years younger to 14 years older).

Because HIV is a virus, cumulative lifetime exposure leads to higher prevalence rates in older age groups. For this reason, having an older partner can increase the risk of exposure to HIV. This is one of the main reasons for concern about the higher risk of HIV transmission from older male partners to AGYW partners. To examine the characteristics associated with older male partners of AGYW, a variable was constructed to identify those who were six or more years older than their partners.[2] These men were labeled "age-discordant." In PaP, 36.4 percent of participants were age-discordant with one of their sexual partners in the previous 12 months. In St. Marc, 19.3 percent reported age discordance.

In the bivariate analysis, the likelihood of age discordance increased with age and income and decreased with higher education in both PaP and St. Marc. In PaP, the associations with age and education remained the in multivariate regression models, such that men ages 25–62 years old had 77.36 times greater odds of having an age-discordant relationship than men ages 18–24 ($p=0.000$). For men with a secondary-level education, the odds of reporting an age-discordant relationship were 55 percent less than for those with a primary-level education ($p=0.004$). Similarly, for men with university-level education, the odds of reporting

[2] This follows UNAID's definition of an age-disparate sexual relationship. See: http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

an age-discordant relationship were 78 percent less than for men with a primary-level education (p=0.015). In St. Marc, only the association between age and age discordance remained in the multivariate analysis, such that men ages 25–62 had 15.84 times greater odds of reporting age discordance than did men ages 18–24 (p=0.000).

Multiple Partner Concurrency

Having multiple sexual partners can increase an individual's risk of exposure to HIV. Multiple partnerships that overlap in time, such that the first sexual intercourse in one partnership pre-dates the last sexual intercourse in another partnership, are referred to as MCP. Such relationships increase the risk of exposure not only to the person who practices them but to each of his sexual partners. A variable was constructed to classify men as having MCP using the date of first and last sexual intercourse for each of up to three sexual partnerships reported in the previous 12 months. In both cities, 39 percent of men reported MCP in the previous 12 months.

In the bivariate analysis, the likelihood of having MCP increased with age and income in both PaP and St. Marc. In PaP, the association between MCP and older age remained in the multivariate analysis, such that men ages 25–62 years old had 1.77 times greater odds of having MCP in the previous year compared with men ages 18–24 (p=0.016). In St. Marc, the association between MCP and higher income remained such that men earning 2,500–60,000 HTG per month were 1.930 times as likely to have had MCP in the previous year as men earning less than 2,500 HTG (p=0.023).

Higher-Risk Men (Age Discordance and MCP)

Age discordance and MCP were highly correlated in the bivariate analysis in both PaP and St. Marc. This association remained in the multivariate analysis in both cities. In PaP, men in an age-discordant relationship in the previous year had 4.79 times greater odds of also being in MCP during that time (p=0.000), controlling for age, education, and income. In St. Marc, men in an age-discordant relationship in the previous year had 16.96 times greater odds of also being in MCP in that time period (p=0.000), controlling for age, education, and income.

To further examine the characteristics of higher-risk men, a variable was constructed to compare those who reported both an age-discordant partnership and MCP in the previous year with those who did not. In PaP, 20.0 percent of participants were higher-risk men reporting both an age-discordant partnership and MCP in the previous year. In St. Marc, the figure was 13.2 percent.

Sociodemographics (age, education, income), and HIV knowledge were examined in relation to higher-risk sexual behavior for men. In the bivariate analysis, only age and income were associated with such behavior. These factors were included in a multivariate regression model. In the multivariate analysis, age in PaP, and age and income in St. Marc, remained associated with high-risk sexual behavior. Men in PaP ages 25–62 had 12.79 times greater odds, and men in St. Marc ages 25–62 had 4.74 times greater odds of reporting high-risk sexual behavior than did men ages 18–24. In St. Marc, men with higher incomes (2,500–60,000

Key finding:

- Older men and those with higher incomes were more likely to report the high-risk sexual behaviors of age discordance (being six or more years older than their female partners) and MCP.

HTG) had 3.13 times greater odds of reporting high-risk sexual behavior than did men with incomes lower than that (p=0.025).

Perceived Risk of HIV

In addition to sexual risk behavior, participants were asked about their perceived risk of having or acquiring HIV (Appendix A, Table A1.11). A total of 63.4 percent in PaP and 81.9 percent in St. Marc believed that they had no chance of currently having HIV. A similar proportion reported that they had no chance of acquiring it in the future (58.9% in PaP, 80.7% in St. Marc). The answers to these two questions were combined to create an aggregate score for the PRHIV, dichotomized at the median to classify participants as having low or high PRHIV.

PRHIV was examined by sociodemographic factors (age, education, income), HIV knowledge, and sexual risk behavior. None of the sociodemographic factors were correlated with PRHIV in either city. HIV knowledge and high-risk sexual behavior were related to PRHIV in different ways in the two cities.

In PaP, men who had a higher level of HIV knowledge and reported high-risk sexual behavior (age discordance and MCP) were likely to have a higher level of PRHIV. When these two factors were included in a multivariate regression model, the direction and statistical significance of their association with PRHIV remained, such that men with a higher level of HIV knowledge had 2.74 times greater odds of having a high PRHIV than did men with a lower level of HIV knowledge (p=0.000), and men reporting high-risk sexual behavior (age discordance and MCP) had 1.91 times greater odds of having a high PRHIV. However, in St. Marc, HIV knowledge was inversely related to PRHIV, such that those with a higher level of HIV knowledge were 66 percent less likely to report high PRHIV, and those reporting high-risk sexual behavior (age discordance and MCP) were no more likely than other men to report high PRHIV.

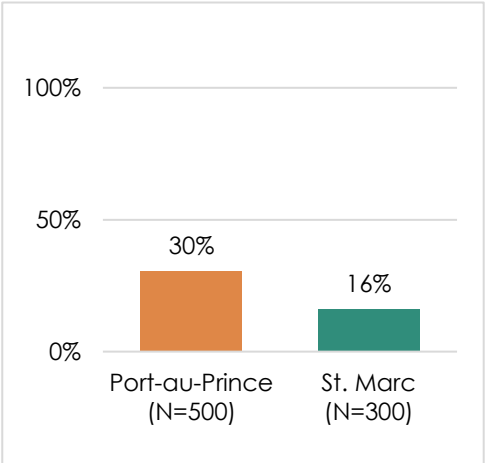
Key findings:

- PRHIV differed between PaP and St. Marc. In St. Marc, few men thought it was possible that they could currently be infected with HIV or ever become infected.
- In PaP, PRHIV was higher among men who reported high-risk sexual behavior (being at least six years older than a female sexual partner and having MCP) and among those with a higher level of HIV knowledge.
- In St. Marc, men reporting high-risk sexual behavior did not have a higher PRHIV, and HIV knowledge was inversely related to PRHIV, so those with a higher level of HIV knowledge had lower PRHIV.

Condom Use

Information about condom use is presented in Appendix A, Table A1.12. Almost all participants had heard of condoms (95.6% in PaP, 97.1% in St. Marc). Few participants actually had a condom with them at the time of the survey (30.4% in PaP, 16.2% in St. Marc) (Figure 7). By contrast, almost all participants reported using a condom during their most recent sex (80.6% in PaP, 75.4% in St. Marc), and during their most recent sexual encounter with an AGYW sexual partner (80.0% in PaP, 77.5% in St. Marc). Reports of using condoms always or very often in the previous 12 months were also high (71.7% in PaP, 62.5% in St. Marc).

Figure 7. Percentage of participants who had a condom at the time of the interview



Most participants had talked about condoms with another person (76.9% in PaP, 76.4% in St. Marc), and these discussions were almost always with friends (89.3% in PaP, 81.9% in St. Marc) (Appendix A, Table A1.13). About one-third discussed condoms with a spouse or partner (27.5% in PaP, 30.7% in St. Marc), whereas a few also discussed condoms in men's groups (14.3% in PaP, 8.4% in St. Marc) or with siblings (9.9% percent in PaP, 6.0%] in St. Marc). Close to one-half of the participants thought that all or most of their friends used condoms (48.4% in PaP, 39.2% in St. Marc).

The men reported obtaining condoms most commonly from drop-in centers (79.7% in PaP, 68.9% in St. Marc), at stores (36.5% in PaP, 16.9% in St. Marc), through friends (28.0% in PaP, 36.0% in St. Marc), and from pharmacies (32.4% in PaP, 4.9% in St. Marc) (Appendix A, Table A1.12). Fewer participants received condoms from a mobile clinic (18.7% in PaP, 9.1% in St. Marc) or from an outreach worker (14.3% in PaP, 3.3% in St. Marc). Fewer than 10 percent in each site got condoms from a clinic.

Two psychosocial scales were used to measure perceived behavioral control (PBC) and behavioral intention (BI) to use condoms (Appendix A, Table A1.14). These factors were examined as possible correlates of condom use. Participants responded to questions assessing their confidence in their ability to get condoms, have a condom when needed, use a condom correctly, and tell their partners they wanted to use a condom. PBC was high across items, with 70.7 percent or more responding that they were certain that they could do these things in both PaP and St. Marc. Participants were also asked about how likely it was that they would persuade their partners to use condoms every time they had sex, buy or obtain condoms in the next three months, and always have a condom with them over the next three months. BI was also high across items, with 79.3 percent or more responding that they were certain that they would accomplish these things in both cities. Aggregate scores were created for both PBC and BI, with higher scores indicating higher control or intention. For PBC, the scores ranged from four to 12, with a median of 12. Because the distribution was skewed, with mostly high scores, a variable to categorize participants as having high or low PBC was constructed by dichotomizing the aggregate score at the 25th percentile. An aggregate score was also created for BI, ranging from three to nine and having a median of nine, and, like PBC, it skewed toward high scores. Similarly, men were categorized as having low or high BI using the 25th percentile to create a dichotomous variable.

The likelihood of condom use at most recent sex with an AGYW partner (partner 1) was examined by sociodemographics (age, education, income), HIV knowledge, high-risk sexual behavior, PRHIV, partner-

specific sexual communication, and psychosocial factors (perceived condom use norms, PBC, and BI). In the bivariate analysis, all factors showed a statistically significant association with condom use at most recent sex with an AGYW (in PaP, St. Marc, or both), except HIV knowledge and high-risk sexual behavior. Statistically significant factors in the bivariate analyses were retained in a multivariate model.

In both cities, sexual communication remained associated with condom use in the multivariate analysis, although only marginally in PaP. Men who reported that it was easy to talk to their sexual partners about using condoms had 2.22 greater odds in PaP and 4.92 greater odds in St. Marc of using a condom at most recent sex compared with men who did not think it was easy to talk to their partners ($p=0.069$ and $p=0.006$ respectively). In PaP, men with high BI to use condoms had 3.62 greater odds of condom use than did men with a low BI.

In St. Marc, education, condom use norms, and PRHIV were associated with condom use at most recent sex in a multivariate regression model. Men with secondary-level education had 19.08 times greater odds, and those with a university-level education had 87.58 greater odds of using a condom at most recent sex compared with men with a primary-level education ($p=0.031$ and $p=0.004$, respectively). In St. Marc, men who thought that most or all of their closest friends used condoms had 2.23 times greater odds of using condoms at most recent sex compared with men who thought that less than one-half of their friends used condoms ($p=0.053$). Finally, PRHIV was associated with condom use in St. Marc, but in an unexpected direction. Men with high PRHIV were 60 percent less likely to report condom use at most recent sex than were men with a low level of PRHIV ($p=0.037$).

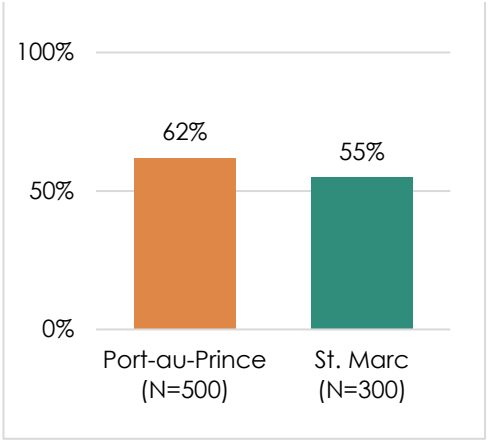
Key findings:

- Although most men reported that they used condoms, only one-third had a condom with them at the time of the interview.
- Men often talked about condoms with other male friends, and also obtained condoms from male friends. They were more likely to use condoms if they thought that their male friends also did so.
- Almost all men felt comfortable talking to their female sexual partners about condoms, and those who had done so were more likely to have used condoms with their partners.
- Most men felt confident in their ability to use condoms and intended to do so. Men who were confident in their ability to get and use condoms were more likely to use them.
- Having high HIV knowledge *did not* increase a man's reporting of condom use, nor did having a high PRHIV.
- Men who reported high-risk sexual behavior (being six or more years older than a female sexual partner and having MCP) *were not* more likely to use condoms.

HIV Testing

HIV testing uptake and related behaviors are presented in Appendix A, Tables A1.15–A1.20. Sixty-two percent of participants in PaP and 54.9 percent in St. Marc had been tested for HIV in their lifetime (Figure 8). However, only 11.3 percent in PaP and 15.7 percent in St. Marc had been tested in the previous year. The average lifetime number of HIV tests taken by the study sample was 2.8 (range 1–28) in PaP and 2.7 (range 1–32) in St. Marc. The top three reasons for not having been tested were not thinking that they were at risk for HIV (22.7% in PaP, 44.9% in St. Marc), being afraid of the HIV test (35.2% in PaP, 13.4% in St. Marc), and not being interested in the test (35.0% in PaP, 48.0% in St. Marc).

Figure 8. Percentage of participants having ever been tested for HIV



Among participants who had been tested (n=322 in PaP, n=161 in St. Marc), most had sought out and requested the test themselves (69.6% in PaP, 67.3% in St. Marc). In fewer cases, they were offered the test and accepted it (9.4% in PaP, 18.3% in St. Marc) or took it because it was mandated that they do so (20.9% in PaP, 14.4% in St. Marc). The main reason for HIV testing reported was that it was part of routine healthcare (32.1% in PaP, 41.0% in St. Marc). In PaP, 44.7 percent were tested at a public hospital and 33.9 percent at a health center. In St. Marc, 36.7 percent were tested at a public hospital and 31.8 percent at a health center. In PaP, men took more time between thinking about being tested and actually doing so. The time between first thinking about HIV testing and getting tested was zero to three months for 47.2 percent of participants in PaP and 82.0 percent in St. Marc.

The quality of HIV testing services was assessed using several questions about participants' most recent testing experience (Appendix A, Table A1.18). Almost all participants received some form of counseling when being tested most recently (95.9% in PaP, 90.6% in St. Marc). Almost all participants reported that they were advised during counseling to use condoms (91.7% in PaP, 89.6% in St. Marc). In PaP, most (72.8%), and in St. Marc, about one-half (42.9%), were advised to have only one sexual partner. In PaP, 55.9 percent were advised to talk to their partners about HIV testing, but in St. Marc, only 4 percent were told to do so. Few in both sites were advised to use lubricants (9.5% in PaP, 4.0% percent in St. Marc). In PaP, 77.1 percent were provided with condoms, 11.9 percent were provided with condoms and lubricant, 0.4% were provided with lubricant only, and 10.5 percent were provided with nothing when they were tested for HIV. In St. Marc, 64.1 percent were provided with condoms, 10.9 percent were provided with condoms and lubricants, and 24.9 percent were provided with nothing.

To better understand how to increase testing uptake, participants were asked about other people who might influence them to be tested (Appendix A, Table A1.19). One-half the participants in PaP (50.0%) and 36.8 percent in St. Marc reported that someone could influence them to be tested. In both cities, the person most commonly reported as having that influence was a sexual partner (36.8% in PaP, 32.7% in St. Marc). After sexual partners, friends were the most commonly cited as influential in testing decisions (10.2% in PaP, 5.1% in St. Marc). However, only 34.1 percent in PaP and 24.7 percent in St. Marc thought that between one-half and all of their closest friends had been tested.

Data on sexual partnership considerations and HIV testing are presented in Appendix A, Table A1.20. Most participants reported that they would not break up with a partner even if she refused to get an HIV

test (71.3% in PaP, 61.3% in St. Marc). However, 74.6 percent in PaP and 84.7 in St. Marc agreed that once they started to have sexual relations with a partner, she should get an HIV test. For some participants, HIV testing was viewed as an indication of whether they should use condoms: in PaP, 31.3 percent, and in St. Marc, 43.1 percent, reported that it was okay to have sex without a condom if their partners tested HIV-negative. Most men reported that they found it easy to talk to their most recent AGYW sexual partners about HIV testing (70.5% in PaP, 81.8% in St. Marc), and almost one-half in each city had done so (49.7% in PaP, 46.7% in St. Marc). Among those in PaP who had talked to their AGYW partners about HIV testing (n=251), 44.4 percent had talked about her HIV status, 54.1 percent had talked about being tested together, and 30.3 percent had talked about their own status. Similarly, among men in St. Marc who had talked to their AGYW partners about testing (n=134), 58.6 percent had talked about her status, 38.1 percent about being tested together, and 20.1 percent about their own status.

The likelihood of having ever been tested for HIV was examined by sociodemographics (age, education, income), HIV knowledge, sexual risk behavior in the previous 12 months (higher risk, bought sex, new partner, condom use at most recent sex), PRHIV, perceived HIV testing norms, and partner communication about testing. In the bivariate analysis, the following factors were correlated with HIV testing (at a p-value of <=0.10 in PaP, St. Marc, or both) and was retained in the multivariate models: age, education, income, HIV knowledge, high-risk sex in the previous 12 months, buying sex in the previous 12 months, PRHIV, perceived HIV testing norms, and partner communication about testing.

In the multivariate analysis, three factors remained correlated with HIV testing in both PaP and St. Marc: perceiving testing to be normative, talking with sexual partners about testing, and having bought sex in the previous 12 months. Men who reported that one-half or more of their friends had been tested for HIV had greater odds of having been tested themselves (3.51 times greater in PaP, p=0.001; 3.34 times greater in St. Marc, p=0.004). Men who had talked to their partners about testing had greater odds of having been tested (5.86 times greater in PaP, p=0.000; 2.29 times greater in St. Marc, p=0.003). Men who had bought sex in the previous 12 months had greater odds of having been tested (2.50 greater in PaP, p=0.077; 5.48 greater in St. Marc, p=0.053).

Other factors remained associated with HIV testing in one city but not in the other. In PaP, HIV testing was more likely among men with a higher level of education who reported high-risk sexual behavior. Men with a secondary-level education had a 4.42 times greater odds, and those with a university-level education had a 3.70 times greater odds of having tested for HIV compared with men with a primary-level education ($p=0.005$ and $p=0.053$ respectively). Men who reported high-risk sexual behavior (age discordance and MCP) had 4.14 greater odds of having tested for HIV compared with men who did not report this behavior ($p=0.006$). In St. Marc, age and HIV knowledge were correlated with HIV testing in the multivariate analysis. Men ages 25–62 had 5.29 times greater odds of having tested than did men ages 18–24 ($p=0.001$). Men with a higher level of HIV knowledge had a 3.30 times greater odds of having tested compared with men with a lower level of HIV knowledge ($p=0.004$). Neither income nor PRHIV remained statistically significantly associated with having been tested in the multivariate models.

Key findings:

- Only slightly more than one-half of the participants had ever been tested for HIV in their lifetimes. Few men had been tested in the previous year (about one in ten).
- Men were most often tested when seeking routine healthcare, and typically requested the test themselves (rather than being offered it or required to take it).
- Most men received counseling when they were tested and were almost always advised to use condoms. Most were also advised to have only one sexual partner. Less common counseling advice was to talk to their sexual partners about HIV testing and to use lubricants.
- Most men (about three in four) were given condoms, or condoms and lubricant, by a counselor when they were tested.
- Older men and those with a higher level of education were more likely to have ever been tested.
- Men with higher HIV knowledge who reported high-risk sexual behavior (being six or more years older than a partner and having MCP) were more likely to have been tested.
- About one-half of the men had talked to their AGYW partners about HIV testing, and those who had done so were more likely to have been tested. However, when discussing HIV with a sexual partner, the men typically asked about the partner's status rather than discussing their own.
- After sexual partners, male friends were most able to influence men's decisions about HIV testing. Although few men thought that their male friends had been tested for HIV (about one-third), those who thought this were more likely to have been tested themselves.

HIV Treatment (Among HIV-Positive Participants)

Participants who had been tested for HIV were asked to report their HIV serostatus. Thirty reported that they were HIV-positive (n=29 in PaP, n=1 in St. Marc). This small sample is not representative of HIV-positive male sexual partners of AGYW and should be considered only exploratory data. For this reason, numbers rather than percentages are presented and are combined across cities.

Data on ART and sexual risk behavior are presented in Appendix A, Tables A1.21–A1.22. All 30 HIV-positive participants reported initiating ART, and four reported stopping ART at some point. Twenty-seven were currently taking ART. The most common places for accessing ART were health centers (n=29 participants) and hospitals (n=7 participants). Only 14 of the 27 participants currently taking ART reported no missed treatments during the previous four days. Seven participants reported missing one day, four reported missing two days, one reported missing three days, and one reported missing four days.

In terms of sexual risk behavior, 28 of the 30 HIV-positive participants reported an age-discordant partnership during the previous 12 months in which they were six or more years older than their female partners. Nineteen reported MCP in the previous 12 months. Twelve reported not using a condom during their most recent sex with an AGYW partner in the previous 12 months.

Participants were asked to report messaging that they had received during post-test counseling. Almost all had been told to start drug treatment (n=30), to use a condom every time they had sex (n=29), and to get their CD4 cell count checked (n=24). Nineteen were advised to join a social support group and to remain faithful to one sexual partner. Sixteen were advised to talk to their sexual partners about HIV testing.

Fewer than one-half of the participants had disclosed their HIV status to someone that they knew personally (n=11). Among these, a male friend was the most common person to whom they had disclosed their status (n=9). The next most common person was a healthcare provider (n=4). Three participants each had disclosed their status to a sexual partner, a sibling, a female friend, or a peer navigator, and one each had disclosed to his mother/aunt, father/uncle/child.

Key findings:

- Daily ART adherence was reported by only 14 of the 27 HIV-positive participants currently on ART.
- HIV-positive participants reported sexual risk behavior that could transmit HIV. Twelve of the 30 HIV-positive participants reported not using a condom during their most recent sex with an AGYW partner. All HIV-positive participants reported being six or more years older than a female sexual partner in the previous year. Nineteen of the 30 HIV-positive participants reported having MCP in the previous year.
- Disclosure of HIV serostatus was low, with only 11 of 30 HIV-positive participants having told someone, most often a male friend.

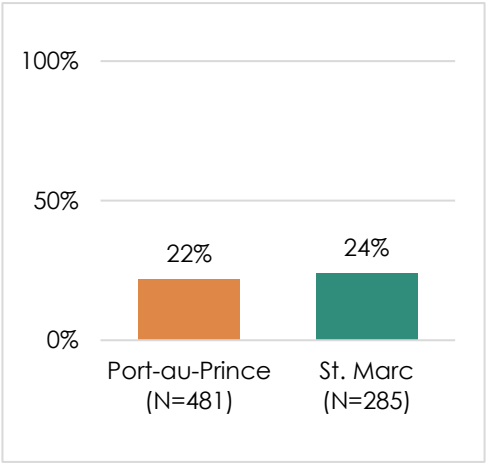
Gender-Based Violence and Relationship Equity

Emotional and Physical/Sexual Partner Violence

Data on partner violence are presented in Appendix A, Table A1.23. A series of questions was used to measure emotional, physical, and sexual violence toward each of up to three partners that the participant reported in the previous 12 months.[3] Data on the most recent AGYW partner are presented.

Few participants reported that they had committed emotional violence: ridiculing or criticizing a partner's values or beliefs, putting down her physical appearance, or demeaning her in front of other people (3.8% or less in PaP, 10.3% or less in St. Marc). More common were reports of trying to control what a sexual partner did (72.5% in PaP, 64.9% in St. Marc). Using these three questions, an index of emotional violence was created to classify participants as having perpetrated any violence versus none. In PaP, 75.1 percent of participants reported emotional violence, whereas in St. Marc, 66.2 percent did so.

Figure 9. Percentage of participants perpetrating physical/sexual violence toward an AGYW partner



Participants were asked whether they had ever hit, pushed, slapped, punched, or kicked a sexual partner. Physical violence had been perpetrated by 7.5 percent of participants in PaP and 7 percent of participants in St. Marc. To measure sexual violence, participants were asked whether they had ever forced a partner to have sex. Sexual violence was reported by 17.2 percent of participants in PaP and 19.8 percent of participants in St. Marc. Using these two questions, an index of physical/sexual violence was created to classify participants as having perpetrated any violence versus none. Some form of physical/sexual violence was reported by 22.2 percent of participants in PaP and 24.0 percent of participants in St. Marc (Figure 9).

Perpetration of emotional and physical/sexual violence was examined by sociodemographic characteristics (age, education, income) and sexual risk behavior (high risk, condom use at most recent sex). For emotional violence, the bivariate analysis showed a statistically significant correlation between education, income, and condom use at most recent sex (in PaP, St. Marc, or both). In the multivariate model, men with higher levels of education in both PaP and St. Marc were more likely to have committed emotional violence. Men in PaP with secondary-level education had 4.42 times greater odds, and with a university-level education had 11.09 times greater odds than did men with a primary-level education (p=0.000 for both) to have perpetrated emotional violence. In St. Marc, men with a university-level education had 5.55 times greater odds of perpetrating emotional violence than did men with a primary-level education (p=0.092).

In PaP, but not in St. Marc, men with higher income who reported condom use at most recent sex were more likely to perpetrate emotional violence in the multivariate model. In PaP, men earning 2,500–60,000 HTG per month had 2.20 times greater odds of committing emotional violence than did men earning less

[3] Items to measure emotional violence are from the Conflict Tactics Scale (Strauss & Gelles, 1990; Copp, Giordano, Longmore & Manning, 2015). Items to measure physical and sexual violence are from the survey instrument used in the Swaziland male characterization study (Reynolds, Mamba, & Hakasenke, 2017).

than 2,500 HTG (p=0.004). Men who reported condom use at most recent sex with an AGYW partner had 1.79 times greater odds of perpetrating emotional violence toward that partner (p=0.071).

The same sociodemographic and sexual risk behaviors were examined in relation to physical/sexual violence. High-risk sexual behavior (meaning an age-discordant relationship and MCP in the previous 12 months) and condom use at most recent sex were correlated with perpetration of physical/sexual violence in both the bivariate and multivariate analyses, but only in St. Marc. Controlling for other factors, men in St. Marc who reported high-risk sexual behavior had 3.06 times greater odds of perpetrating physical/sexual violence (p=0.011). Condom use and perpetration of physical/sexual violence were inversely related, such that men who reported condom use at most recent sex with their most recent AGYW partner were 61 percent less likely to report committing physical/sexual violence with that partner than were men who did not use condoms (p=0.009).

Key findings:

- Most men (about three in four) had perpetrated emotional violence toward their AGYW partners, usually by trying to control what they did.
- Emotional violence was more likely among men with a higher level of education and higher income. Men who reported committing emotional violence were also more likely to report condom use with their partners.
- More men reported sexual violence than other forms of physical violence. Together, about one in five men reported physical/sexual violence toward their most recent AGYW partners.
- In St. Marc, men who had perpetrated physical/sexual violence were more likely to be six or more years older than their partners and to have MCP.
- In St. Marc, men who perpetrated physical/sexual violence were less likely to use condoms with that partner.

Relationship Equity

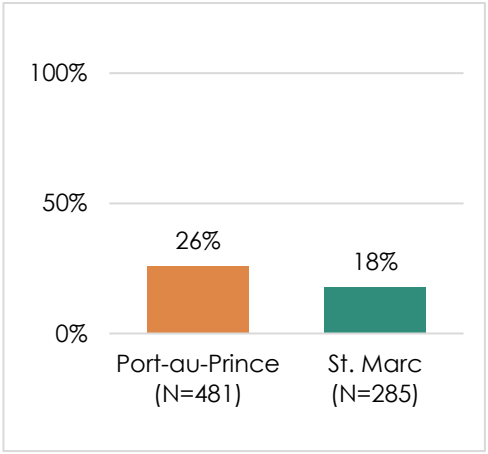
Data on relationship equity are presented in Appendix A, Table A1.24. A series of questions capturing power in sexual relationships were used to determine relationships that were more or less equitable in decision making.[4] Participants were asked who had more influence over each decision and who had more overall power, with response options being "my partner," "me," or "both." To classify sexual relationships by level of equity, the response "both" was coded as one and all other answers as zero across questions.

Four of the equity-in-decision-making questions were about partnership communication and how the couple spent time together: who usually had more say about what they do together (48.9% in PaP and 39.5% in St. Marc said "both"); how often they saw each other (49.7% in PaP and 41.4% in St. Marc said "both"); who they went out with (41.8% in PaP and 31.1% in St. Marc said "both"); and when they talked about serious things (43.9% in PaP and 42.3% in St. Marc said "both"). Three questions were about decision making about sexual activity: who had more say about whether they had sex (40.5% in PaP and 32.0% in St. Marc said "both"); whether they used condoms (47.8% in PaP and 29.2% in St. Marc said "both"); and the types of sexual acts they performed (49.6% in PaP and 28.6% in St. Marc said "both").

[4] Questions about equity in decision making are from the sexual relationship power scale (Pulerwitz, Gortmaker & Dejong, 2000).

Across these questions, the responses tended to be more equitable in PaP than in St. Marc. In St. Marc, equity decreased for sexual decisions compared with decisions about communication and spending time together. Finally, participants were asked who, in general, they thought had more power in the relationship, to which only 25.9 percent in PaP and 17.9 percent in St. Marc responded "both" (Figure 10). For this question, participants more often responded that they themselves had more power. An aggregate measure was created by summing across the items and dichotomized at the median to categorize men as reporting lower versus higher equity in their relationships with their most recent AGYW sexual partners.

Figure 10. Percentage of participants reporting that they and their AGYW sexual partners had equal power in the relationship



Relationship equity was examined by sociodemographic characteristics (age, education, income) and sexual risk behavior (high risk, condom use at most recent sex). In the bivariate analysis, higher education and higher income were associated with more relationship equity, whereas high-risk sexual behavior (meaning age discordance and MCP) was associated with less relationship equity. In the multivariate model, high-risk sexual behavior retained a statistical association with relationship equity in both cities, whereas education was related to equity only in PaP, and income was related to equity only in St. Marc. In PaP, men reporting high-risk sexual behavior (six or more years older and having MCP) were 66 percent less likely to report high relationship equity ($p=0.001$). In St. Marc, men reporting high-risk sexual behavior were 56 percent less likely to report high relationship equity ($p=0.088$). Men in PaP with a secondary-level education had 1.86 times greater odds, and men with university-level education had 4.47 greater odds as men with primary-level education to have high relationship equity with their most recent AGYW partner ($p=0.095$ and $p=0.001$ respectively). Men in St. Marc earning 2,500–60,000 HTG per month had 2.23 times greater odds of reporting high relationship equity with their most recent AGYW partner than did men earning less than 2,500 HTG ($p=0.007$).

Key findings:

- Men reported more equity in decision making related to communication and how the couple spent its time than in decisions about sexual activity.
- Whereas about one-half of the men reported equity in decision making in the context of specific decisions, most men felt that, in general, they had more power in the relationship.
- Men with higher levels of education were more likely to report more equitable relationships.
- Men reporting less equity in their relationships were more likely to report high-risk sexual behavior (being six or more years older than a partner and having MCP).

DISCUSSION AND RECOMMENDATIONS

The findings presented in this report span the HIV prevention and treatment cascade and indicate a need for additional investment in the development of tailored HIV interventions for higher-risk heterosexual men in Haiti. Across the cascade, perceptions of social norms and partner communication were consistently related to HIV behaviors reported by men. These social influences should be incorporated in interventions to promote condom use, HIV testing, and other HIV-related behaviors. These findings align with those of emerging research globally about how to effectively reach men with HIV services (Sharma, Barnabas, & Celum, 2017). Evidence available to date indicates that HIV interventions tailored for men should use interpersonal social networks (sexual partners, close friends) (Abramsky, et al., 2014; Yamanis, et al., 2017) and natural social gatherings more common among men (e.g., soccer teams; workplaces) (Kaplan, Lewis, Gebrian,, & Theall, 2015; Rotheram-Borus, et al. 2016) and, when possible, should include a community mobilization component to reinforce the perception of behaviors as a social norm (Abramsky, et al., 2014; Sharma, et al., 2017). Aligning HIV programs with livelihood strategies is also important because of gender-related pressure for men to fill social roles as providers for themselves and their families (Tsai, Bangsberg, & Weiser, 2013).

Reaching additional high-risk men with HIV testing services could be accomplished in Haiti by increasing community-based strategies and promoting provider-initiated testing. In the present study, few men accessed HIV testing services outside hospitals and health centers and were more likely to seek testing than to have been offered it by a provider. In other settings, community-based HIV testing has been shown to reach more first-time testers and to identify asymptomatic HIV-positive men (Suthar, et al., 2013). For example, Project Accept in Tanzania and Zimbabwe achieved an increase in male testing coverage by adding mobile testing in communities to existing facility-based services. Other successful strategies include integrating HIV testing in multidisease campaigns (e.g., prostate screening) to reduce the stigma associated with seeking HIV services alone (Chamie, et al. 2014; Chamie, et al., 2016). Most men in the current study reported being motivated to get tested for HIV as part of routine healthcare, indicating that incorporating HIV testing in broader health promotion could work in Haiti too. Currently in Haiti, a risk screening tool is used by HIV testing programs to target higher-risk people rather than general population members for services. This same tool should be used in community-based service delivery models to ensure that programs reach high-risk men.

For men in this study who had been tested for HIV, the quality of counseling was generally high, with most receiving messages about condom use and having only one sexual partner, along with the provision of condoms from the counselor. However, fewer men received information about talking to their sexual partners about HIV testing. It is also important to reinforce the need for routine testing for higher-risk individuals. Incorporating gender-based-violence prevention messaging in HIV testing services aimed at men could be an effective way to make inroads for both health outcomes. If current HIV testing programs expand to include more community-based strategies, it is important that they maintain a high level of quality in counseling and condom distribution.

There was some disconnect between HIV knowledge and perceived risk of HIV among men in this study. This is important because knowledge alone is unlikely to motivate important HIV-related behaviors unless people believe that they themselves are at risk. One reason for this disconnect is referred to as the "optimism bias," whereby people understand a general health threat but underestimate its potential to affect them personally. A way to combat this bias is through educational activities and broader messaging

campaigns that depict heterosexual men as at risk for HIV. In this study, participants who believed their friends engaged in a behavior were more likely also to do so. Likewise, people in this and other studies who knew someone with HIV were also more likely to be tested for HIV (Evangeli, Pady, & Wroe, 2016). Campaigns using "similar others" in messaging, including testimonials, should be implemented.

A more complicated aspect of perceived risk of HIV is that the men in this study may not have viewed the risk behaviors investigated as putting them at higher risk for HIV. For example, although age discordance in sexual partnerships in which men are more than five years older than their AGWY partners increases HIV risk to the partners (Shaefer, et al., 2017), men may accurately see these partners as lower risk to themselves. Similarly, concurrent partnerships are no more risky for the person practicing them than are multiple sequential partnerships. These factors are crucially important from a wider epidemic-control perspective, but not from the viewpoint of an individual. For this reason, informational and educational campaigns may do better to focus on promoting desired behaviors (condom use and HIV testing) as normative, rather than trying to increase them through more HIV education about transmission. However, the availability of treatment for HIV in Haiti is one important area where broad informational and educational messaging is needed. Few participants in this study were aware of it, which may deter them from being tested for HIV out of fear that the only outcome would be potential stigma.

Data presented in this study about HIV-positive men indicate a need to understand more about this population. Among the 30 HIV-positive men in this sample, ART adherence was low, serostatus disclosure was low, and sexual risk behavior with an AGYW partner was high. In follow-up discussions to disseminate the findings to participants, the HIV-positive men mentioned transport fees and lack of food as barriers to ART adherence. Multimonth dispensing is one strategy underway in Haiti to address this problem. Moving ART provision to community-based settings could reduce transportation barriers. One example of a successful community-based ART program is Project SEARCH in East Africa, where mobile HIV testing is combined with immediate universal treatment at the mobile site to "collapse the cascade" (Peterson, 2016). Peer social support groups have also been suggested to increase adherence among men (Sharma, et al., 2017), although the format should be adapted to fit male preferences, perhaps through the use of chat-based online groups rather than in-person gatherings. Men may also respond better to one-on-one support through peer navigation than to a group-based setting. Given the limited research in this area, all modalities of increasing support for ART adherence should be further investigated. Post-test counseling for men should also emphasize the importance of HIV-status disclosure to partners and HIV testing for couples. HIV-positive men in this study most often disclosed to a male friend, highlighting again the critical importance of using male peer group approaches in Haiti.

The study findings clearly indicate a need to address intimate partner violence perpetrated by men toward their AGYW partners. Prevention of partner violence is important to the health and well-being of AGYW and is also directly linked to their HIV risk. In St. Marc, men reporting physical/sexual violence were more likely to be six or more years older than their AGYW partners and to have MCP, and less likely to use condoms. In both cities, men who reported having more power in their relationships were also more likely to be older than their sexual partners and to have MCP. Several promising interventions should be considered in Haiti to reduce male perpetration of violence toward AGYW partners. The first is a school-based curriculum, recently pilot tested in the Artibonite department, that increased knowledge about dating violence among adolescent boys and girls (Gage, Honore, & Deleon, 2014). This 10-session curriculum was adapted for Haiti from the evidence-based "SAFE Dates" program[5] (Foshee, et al., 1998). It is also

[5] SAFE Dates program curriculum available at http://www.violencepreventionworks.org/public/speak_act_change.page

important to focus on the couple level to reduce partner violence and HIV risk. A recent intervention conducted in South Africa using a modular curriculum showed improvements in partner communication, conflict resolution, and gender-equitable norms (Speizer, et al., 2018). Greater improvements were seen when the curriculum was implemented for couples together rather than in men's and women's groups. Mobilizing communities to achieve the reduction in male perpetration of partner violence is also important, as was recently demonstrated through the SASA! intervention in Uganda (Abramsky, et al., 2014). This community-level intervention to change gender norms about partner violence was shown to lower acceptance of partner violence, lower experience of physical and sexual violence among women during the previous year, and lower male sexual partner concurrency (Abramsky, et al., 2014). Similar interventions working at the community, couple, and individual levels should be considered in Haiti.

Although there were many similarities between the two study sites, there were also important differences to consider when designing programs for PaP (a large metropolitan capital) and St. Marc (an urban city in the Artibonite department). Most notable were the differences in the level of education among men. Exposure to formal education was lower in St. Marc than in PaP, and several key HIV outcomes differed by level of education. For example, in PaP, age discordance with a younger female partner was less likely among men reporting a higher level of formal education. There was also an inverse relationship between perceived risk of HIV and knowledge about HIV in St. Marc, even when controlling for HIV risk behavior. The types of sexual risk behavior also differed between the cities, with a higher percentage of men in PaP reporting age-discordant relationships and having bought sex in the previous year. Whereas the same percentage of men reported MCP in both cities, this behavior was more likely among men of a higher income level in St. Marc.

Strengths and Limitations

A main limitation of the study is the cross-sectional nature of the data, which limits the ability to draw conclusions about causality. Instead, only associations can be examined between variables. Several assumptions are drawn about the importance of male friends. Although it is plausible that men are influenced by the behaviors of their friends, it is also possible that men who report certain behaviors seek out friends who are like them. Moreover, the data are based on self-reporting and the questions include a number of sensitive topics. To address this potential issue, the instrument was translated into Haitian Creole and pilot tested. Variation in responses to sensitive questions was explored to assess potential social desirability. Recruitment of participants through RDS required participants to estimate the size of their social network for the generation of sampling weights. This was accomplished through a series of questions to help participants process this information. Compared with the most recent DHS (which used household sampling), men in this study reported slightly higher rates of having ever been tested for HIV (62% in PaP and 54% in St. Marc, compared with the DHS national estimate of 41%) and slightly lower rates of HIV testing in the previous year (11% in PaP and 13% in St. Marc, compared with the DHS national estimate of 20%) (IHE & ICF, 2018). Men in the present study were more likely to report condom use (81% in PaP, 75% in St. Marc) than were men in the DHS (49%) or in a recent venue-based study of adolescents in Carrefour (41%) (IHE & ICF, 2018; Speizer, 2007). Men in this study were also more likely to report two or more sexual partners in the previous 12 months (49% in PaP and 53% in St. Marc, compared with 29% in the DHS) (IHE & ICF, 2018). Men in the present study may have been more open to reporting this kind of information at a study office than were those being interviewed at home. Overall, use of RDS was an efficient approach to reach a high-risk population of heterosexual men. This form of chain-referral recruitment should be considered as a way to reach men for HIV programs and for future male characterization studies conducted as part of DREAMS.

CONCLUSION

Male sexual partners of AGYW are an important population to reach with effective HIV services in Haiti. The results of this study indicate a critical need to increase men's knowledge of HIV treatment, access to condoms, and use of HIV testing services. Efforts to decrease physical and sexual violence and to better understand the role of equity in couples' decision making are also needed. Additional research is warranted among HIV-positive men to understand how to link and retain them in care and to decrease the risk of transmission to their partners. HIV interventions in Haiti should use peer social norms to promote behaviors among men and should be tailored to the preferences of men by locating them in community settings and in places where they are likely to socialize. HIV programs can effectively reach high-risk heterosexual men by using social networks to refer them. Future studies to characterize the male partners of AGYW should consider using RDS to recruit participants.

REFERENCES

Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., …Watts, C. (2014). Findings from the SASA! Study: A cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. *BMC Medicine*, 12 (122). Retrieved from https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-014-0122-5.

Carver, J. W., Devieux, J. G., Gaston, S. C., Altice, F. L., & Niccolai, L. M. (2014). Sexual risk behaviors among adolescents in Port-au-Prince, Haiti. *AIDS and Behavior,* 18 (8), 1595–1603. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/24402691.

Chamie, G., Clark, T. D., Kabami, J. Kaded, K., Ssemmondo, E., Steinfeld, R., . . . Charlebois, E. D. (2016). A hybrid mobile approach for population-wide HIV testing in rural east Africa: An observational study. *The Lancet HIV,* 3 (3), e111-9. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/26939734.

Chamie, G., Kwarisiima, D., Clark, T. D., Kabami, J., Jain, V., Geng, E., . . . Havlir, D. V. (2014). Uptake of community-based HIV testing during a multi-disease health campaign in rural Uganda. *PLoS One,* 9 (1), e84317. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/24392124.

Copp, J. E., Giordano, P. C., Longmore, M. A., & Manning, W. D. (2015). Stay-or-leave decision making in nonviolent and violent dating relationships. *Violence and Victims*, 30 (4), 581–599. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/26159474.

Evangeli, M., Pady, K., & Wroe, A. (2016). Which psychological factors are related to HIV testing? A quantitative systematic review of global studies. *AIDS and Behavior,* 20 (4), 880–918. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/26566783.

Fawzi, M. C., Lambert, W., Singler, J. M., Koenig, S. P., Leandre, F., Nevil, P., . . . Farmer, P. E. (2003). Prevalence and risk factors of STDs in rural Haiti: Implications for policy and programming in resource-poor settings. *International Journal of STD & AIDS,* 14 (12), 848–853. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/14678595.

Fawzi, M. C., Lambert, W., Boehm, F., Finkelstein, J. L., Singler, J. M., Leandre, F., … Mukherjee, J. S. (2010). Economic risk factors for HIV infection among women in rural Haiti: Implications for HIV prevention policies and programs in resource-poor settings. *Journal of Women's Health,* 19 (5), 885–892. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2875958/.

Fishel, D., & Bekele, Y. (2014). *Reults of the pilot survey of an experimental module of sexual activity questions* (DHS Methodological Reports 8). Rockville, Maryland, USA: ICF International. Retrieved from https://dhsprogram.com/pubs/pdf/MR8/MR8.pdf..

Fitzgerald, D. W., Behets, F., Caliendo, A., Roberfroid, D., Lucet, C., Fitzgerald, J. W., & Kuykens, L. (2000). Economic hardship and sexually transmitted diseases in Haiti's rural Artibonite Valley. *The American Journal of Tropical Medicine and Hygiene,* 62 (4), 496–501. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/11220766.

Foshee, V. A., Bauman, K. E., Arriaga, X. B., Helms, R. W., Koch, G. G., & Linder, G. F. (1998). Evaluation of Safe Dates, an adolescent dating violence prevention program. *American Journal of Public Health,* 88 (1), 45–50. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1508378/.

Gage, A., Honore, J. G., & Deleon, J. (2014). *Short-term effects of violence prevention curriculum on knowledge of dating violence among high school students in Port-au-Prince, Haiti* (MEASURE Evaluation Working Paper Series). Chapel

Hill, NC, USA: MEASURE Evaluation, University of North Carolina at Chapel Hill. Retrieved from https://www.measureevaluation.org/resources/publications/wp-14-148.

Haitian Ministry of Economy and Finance, Institute of Statistics and Information (IHSI). (2015). *Total population, population 18 and older, household and density 2015.* Port-au-Prince, Haiti: Haitian Ministry of Economy and Finance.

Hogan, D. R., Salomon, J. A., Canning, D., Hammitt, J. K., Zaslavsky, A. M., & Barnighausen, T. (2012). National HIV prevalence estimates for sub-Saharan Africa: Controlling selection bias with Heckman-type selection models. *Sexually Transmitted Infections,* 88 (Suppl 2), i17–23. Retrieved from: https://www.ncbi.nlm.nih.gov/pubmed/23172342.

Hunter, L. M., Reid-Hresko, J., & Dickinson, T. (2011). Environmental change, risky sexual behavior, and the HIV/AIDS pandemic: Linkages through livelihoods in rural Haiti. *Population Research and Policy Review,* 30 (5), 729–750. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/22416143.

Institut Haïtien de l'Enfance (IHE) & ICF. (2018). *Enquête mortalité, morbidité et utilisation des services (EMMUS-VI 2016-2017).* Pétion-Ville, Haïti, and Rockville, Maryland, USA: IHE and ICF. Retrieved from https://dhsprogram.com/pubs/pdf/FR326/FR326.pdf.

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2018a). *Haiti country factsheet.* Geneva, Switzerland: UNAIDS. Retreived from https://www.unaids.org/en/regionscountries/countries/haiti.

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2018b). *Miles to go: Closing gaps, breaking barriers, righting injustices*. Geneva, Switzerland: UNAIDS. Retrieved from https://www.unaids.org/en/resources/documents/2018/global-aids-update.

Kaplan, K. C., Lewis, J., Gebrian, B., & Theall, K. (2015). Soccer and sexual health education: A promising approach for reducing adolescent births in Haiti. *Pan American Journal of Public Health,* 37 (4/5), 316–323. Retreived from https://www.ncbi.nlm.nih.gov/pubmed/26208202.

Mills, E. J., Beyrer, C., Birungi, J., & Dybul, M. R. (2012). Engaging men in prevention and care for HIV/AIDS in Africa. *PloS Medicine,* 9 (2). Retreived from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3274499/.

Peterson, M. (2016). *SEARCH test and treat study in Uganda and Kenya exceeds the UNAIDS 90-90-90 cascade target by achieving 81% population-level viral supression after 2 years*. Oral presentation, AIDS 2016 Conference, Durban, South Africa, July 20, 2016.

Polsky, K. (2018). Personal communication.

Population Council. (2009). *The adolescent experience in-depth: Using data to identify and reach the most vulnerable Young people Haiti 2005/06*. New York, NY, USA: Population Council. Retrieved from https://www.popcouncil.org/uploads/pdfs/PGY_AdolDataGuides/Haiti2005-06.pdf.

Pulerwitz, J., Gortmaker, S. L., & DeJong, W. (2000). Measuring sexual relationship power in HIV/STD research. *Sex Roles*, 42 (7/8), 637–660. Retrieved from https://www.popcouncil.org/research/measuring-relationship-power-in-hiv-std-research.

Reynolds, Z., Mamba, B., & Hakasenke, I. (2017). *PLACE Swaziland adolescent girls and young women, their partners, and men ages 20–34*. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina at Chapel Hill. Retrieved from https://www.measureevaluation.org/resources/publications/tr-17-168.

Rotheram-Borus, M. J., Tomlinson, M., Durkin, A., Baird, K., DeCelles, J., & Swendeman, D. (2016). Feasibility of using soccer and job training to prevent drug abuse and HIV. *AIDS and Behavior,* 20 (9), 1841-1850. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/26837624.

Schaefer, R., Gregson, S., Eaton, J. W., Mugurungi, O., Takaruzu, A., Mawera, R., & Nyamukapa, C. (2017). Age-disparate relationships and HIV incidence in adolescent girls and young women: Evidence from Zimbabwe. *AIDS,* 31 (10), 1461–1470. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/28426534.

Severe, L., Fitzgerald, D. W., Deschamps, M. M., Reif, L., Post, K., Johnson, W. D., … Boutin-Foster, C. (2014). "I am proud of myself, just the way I am" (Mwen fye de tet mwen, jan mwen ye ya): a qualitative study among young Haitian women seeking care for sexually transmitted infections (STIs) in Haiti. *AIDS Education and Prevention,* 26 (2), 158–169. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4270119/.

Sharma, M., Barnabas, R.V., Celum, C., (2017). Community-based strategies to strengthen men's engagement in the HIV care cascade in sub-Saharan Africa. *PLOS Medicine,* 14(4). Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/28399122.

Speizer, I. (2007). *Risk-taking vehaviours among youth socializing in target venues of Carrefour, Haiti*. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina at Chapel Hill. Retrieved from https://www.measureevaluation.org/resources/publications/tr-07-59.

Speizer, I., Zule, W., Carney, T., Browne, F., Ndirangu, J., & Wechsberg, W. (2018). Changing sex risk behaviors, gender norms, and relationship dynamics among couples in Cape Town, South Africa: Efficacy of an intervention on the dyad. *Social Science and Medicine,* 209, 95–103. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/29843074.

Straus, M. A., & Gelles, R. J. (1990). *Physical violence in American families*. New Brunswick, NJ, USA: Transaction Publishers.

Suthar, A. B., Ford, N., Bachanas, P. J., Wong, V. J., Rajan, J. S., Saltzman, A. K. (2013). Towards universal voluntary HIV testing and counseling: A systematic review and meta-analysis of community-based approaches. *PLoS Medicine,* 10 (8). Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/23966838.

Tsai, A. C., Bangsberg, D. R., Weiser, S. D. (2013). Harnessing poverty alleviation to reduce the stigma of HIV in sub-Saharan Africa. *PLoS Medicine,* 10 (11). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3841100/.

United States President's Emergency Plan for AIDS Relief (PEPFAR). (2017). *DREAMS Partnership Fact Sheet*. Retrieved from https://www.pepfar.gov/documents/organization/252380.pdf

United States President's Emergency Plan for AIDS Relief (PEPFAR). (2018a). *Dreaming of an AIDS-free future*. Retrieved from https://www.pepfar.gov/documents/organization/287807.pdf.

United States President's Emergency Plan for AIDS Relief (PEPFAR). (2018b). *Haiti country operational plan (COP) 2018*. Retrieved from https://www.pepfar.gov/documents/organization/285862.pdf.

World Health Organization (WHO), & Joint United Nations Programme on HIV/AIDS (UNAIDS). (2011). *Guidelines on surveillance among populations most at risk for HIV*. Geneva, Switzerland: WHO. Retrieved from http://files.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2011/20110518_Surveillance_among_most_at_risk.pdf.

Yamanis, T. J., Dervisevic, E., Mulawa, M., Conserve, D. F., Barrington, C., Kajula, L. J., & Maman, S. (2017). Social network influence on HIV testing among urban men in Tanzania. *AIDS and Behavior,* 21 (4), 1171–1182. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/27506817.

APPENDIX A. RESULTS TABLES

Table A1.1 General sociodemographic characteristics of male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019

	Port-au-Prince (N=500)				St. Marc (N=300)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Department of birth								
Abroad	1	0.2	0.0	0.0-0.3	0	0.0	0	0
Artibonite	18	3.6	4.6	2.7-7.7	276	92.0	93.2	89.6-95.7
Centre	11	2.2	2.2	1.1-4.2	0	0.0	0	0
Grand-Anse	49	9.8	11.6	8.6-15.5	0	0.0	0	0
Nippes	11	2.2	3.1	1.6-5.8	0	0.0	0	0
Nord	18	3.6	3.8	2.2-6.3	4	1.3	0.9	0.3-2.6
Nord-Est	1	0.2	0.2	0.0-1.6	0	0.0	0	0
Nord-Ouest	8	1.6	1.4	0.7-3.0	7	2.3	2.6	1.1-5.7
Ouest	322	64.4	59.3	54.1-64.4	13	4.4	3.2	1.7-5.9
Sud	43	8.6	10.0	7.1-13.7	0	0.0	0	0
Sud-Est	18	3.6	3.7	2.2-6.3	0	0.0	0	0
Have been away from home for more than one month								
No	391	78.2	78.9	74.4-82.8	236	78.7	75.4	69.1-80.7
Yes	109	21.8	21.1	17.2-25.5	64	21.3	24.6	19.3-30.9
Religion								
Christian	369	73.8	75.7	71.1-79.8	189	63.0	63.7	57.2-69.6
None	103	20.6	19.4	15.7-23.6	79	26.3	24.6	19.5-30.5
Other (Muslim & Voodoo)	28	5.6	4.9	3.2-7.5	32	10.7	11.7	8.0-16.8
Only him	466	96.3	96.2	93.5-97.8	267	97.8	98.5	96.3-99.3
2 partners or more	18	3.7	3.8	2.2-6.4	6	2.2	1.5	0.6-3.6
Age								
18–24 years old	310	62.0	60.6	55.4-65.6	236	78.7	78.6	72.8-83.4
25–62 years old	190	38.0	39.4	34.4-44.5	64	21.3	21.4	16.7-27.1

Table A1.2. Educational background of male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=500)				St. Marc (N=300)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Mother's highest level of education completed								
No education	93	18.6	19.8	15.9-24.4	22	7.3	8.6	5.5-13.2
Incomplete primary	104	20.8	22.2	18.1-26.9	113	37.7	38.4	32.3-45.0
Complete primary	66	13.2	12.8	9.8-16.7	31	10.3	12.8	8.9-18.1
Incomplete secondary	143	28.6	27.0	22.8-31.7	1	0.3	0.1	0.0-1.1
Complete secondary	13	2.6	2.5	1.3-4.7	9	3.0	2.2	1.1-4.4
Complete university	3	0.6	0.5	0.0-2.8	55	18.3	16.5	12.3-21.7
Doesn't know	77	15.4	15.0	11.7-19.1	69	23.0	21.3	16.5-27.0
Education of the participant								
None–complete primary	50	10.0	10.1	7.4-13.7	55	18.3	18.2	13.7-23.9
Inc.–Complete secondary	400	80.0	81.0	76.6-84.6	227	75.7	76.8	70.9-81.8
University	50	10.0	8.9	6.4-12.1	18	6.0	5.0	2.9-8.3
Currently in school								
No	280	56.0	58.2	53.0-63.1	97	32.3	32.1	26.4-38.4
Yes	220	44.0	41.8	36.9-46.9	203	67.7	67.9	61.6-73.6

Table A1.3 Family structure and marital status characteristics of male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=500)				St. Marc (N=300)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Birth mother still alive								
No	117	23.4	23.6	19.4-28.1	49	16.3	16.6	12.3-22.0
Yes	381	76.2	76.1	71.5-80.2	251	83.7	83.4	78.0-87.6
Don't know	2	0.4	0.3	0.0-1.4	-	-	-	-
Birth father still alive								
No	154	30.8	30.8	26.3-35.7	69	23.0	22.4	17.5-28.2
Yes	330	66.0	66.5	61.5-71.1	231	77.0	77.6	71.8-82.4
Don't know	16	3.2	2.7	1.5-4.7	-	-	-	-
Number of people living in the household								
	500	4.5	4.4	4.2-4.6	300	5.3	5	4.7-5.4
Living with…?								
Mother	219	43.8	43.5	38.5-48.7	125	41.7	42.2	35.9-48.7
Father	144	28.8	26.1	21.9-30.7	66	22.0	22.5	17.4-28.5
Siblings	300	60.0	57.6	52.4-62.6	212	70.7	71.7	65.6-77.1
Grand-parents	18	3.6	3.7	2.2-6.1	22	7.3	6.3	3.9-10.1
Aunt/ uncle/ cousins	163	32.6	34.7	29.9-39.8	131	43.7	39.4	33.3-45.8
Family friends	7	1.4	0.8	0.4-1.9	2	0.7	0.8	0.2-3.8
Partner/ Wife	85	17.0	16.6	13.1-20.9	26	8.7	8.5	5.5-13.0
Friends	17	3.4	3.4	1.9-5.8	17	5.7	5.8	3.4-9.6
Children	84	16.8	15.8	12.4-19.9	21	7.0	6.2	3.8-10.0
Alone	21	4.2	3.9	2.3-6.6	6	2.0	2.8	1.2-6.3
Ever been married								
No	487	97.4	97.7	95.6-98.8	297	99.0	98.9	96.1-99.7
Yes	13	2.6	2.3	1.1-4.4	3	1.0	1.1	0.3-3.9
Current marital/relational status								
Girlfriend/ fiancée	394	78.8	79.5	75.0-83.4	245	81.7	82.7	77.3-87.0
Common law union/ married	90	18.0	17.6	14.0-22.0	28	9.3	9.3	6.1-13.9
Separated/ Single/ Widowed	16	3.2	2.8	1.5-5.0	27	9.0	8.0	5.2-12.1
Where partner/wife is living?								
Living elsewhere	394	81.4	82.3	77.9-85.9	243	89.0	89.2	84.2-92.8
Living together	90	18.6	17.7	14.1-22.1	30	11.0	10.8	7.2-15.8
Your partner has other partners…								
No	472	97.5	97.6	95.3-98.8	271	99.3	99.6	97.8--99.9

Yes	12	2.5	2.4	1.2-4.7	2	0.7	0.4	0.0-2.1
Number of husbands/partners your live-in partner has								
Only him	466	96.3	96.2	93.5-97.8	267	97.8	98.5	96.3-99.3
2 partners or more	18	3.7	3.8	2.2-6.4	6	2.2	1.5	0.6-3.6
Has children								
No	363	72.6	73.3	68.4-77.6	253	84.3	86.5	81.7-90.2
Yes	137	27.4	26.7	22.4-31.5	47	15.7	13.5	9.8-18.3
Number of children								
	137	2.7	2.6	2.4-2.8	300	4.4	4.5	4.3-4.6
Number of times the participants have gotten a woman pregnant								
No child/ no previous pregnancy	307	61.4	62.6	57.5-67.4	208	69.3	70.2	64.0-75.8
1-6 previous pregnancies, no child	56	11.2	10.7	7.9-14.3	45	15.0	16.3	11.9-21.8
Child, no other pregnancies	137	27.4	26.7	22.4-31.5	47	15.7	13.5	9.8-18.3
Taking care of nonbiological children								
No	473	94.6	95.0	92.1-96.8	289	96.3	97.3	94.7-98.6
Yes	27	5.4	5.0	3.1-7.9	11	3.7	2.7	1.4-5.3
Number of nonbiological children								
	27	2.2	2.2	1.8-2.7	300	3.9	3.9	3.8-4.0
Family members injured or killed by the 2010 earthquake								
No	203	40.9	42.9	37.8-48.1	162	54,7	56.3	49.7-62.6
Yes	293	59.1	57.1	51.9-62.1	134	45.3	43.7	37.4-50.3

Table A1.4 Economic condition of male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=500)				St. Marc (N=300)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Currently have a job								
No	315	63.0	63.4	58.3–68.2	207	69.0	69.2	62.9–74.9
Yes	185	37.0	36.6	31.7–41.7	93	31.0	30.8	25.1–37.1
Monthly income HGD								
	500	4850.0	4734.7	4157.2-5312.2	300	4992.2	4873.8	4146.0-5601.7
Number of people supported with the income								
1 person	324	64.8	66.3	61.2-70.9	220	73.3	74.0	68.0-79.3
2–4 people	146	29.2	29.2	24.7-34.2	69	23.0	23.0	18.0-28.9
5–9 people	30	6.0	4.5	2.9-6.8	11	3.7	3.0	1.5-5.7
Ratio of monthly income by supported person								
	500	3196.9	3222.6	2806.7-3638.5	300	3717.5	3715.3	3086.1-4344.5
Homeless in the past 6 months								
No	389	77.8	78.2	73.7-82.2	269	89.7	90.7	86.3-93.8
Yes	111	22.2	21.8	17.8-26.3	31	10.3	9.3	6.2-13.7
Hunger in the past 6 months								
No	195	39.0	39.8	34.9-45.0	194	64.7	63.6	57.1-69.6
Yes	305	61.0	60.2	55.0-65.1	106	35.3	36.4	30.4-42.8

Table A1.5 HIV knowledge of male sexual partners of AGYW in Port-au-Prince and St Marc, Haiti, February 2019–March 2019								
	Port au Prince (n=500)				St Marc (n=300)			
	N:Crude	% or mean (range): Crude	% or mean: Adjusted	95% CI: Adjusted	N:Crude	% or mean (range): Crude	% or mean: Adjusted	95% CI: Adjusted
Heard of sexually transmitted infections (STI)								
No	35	7.0	7.1	4.8-20.3	7	2.3	2.0	0.9-4.6
Yes	465	93.0	93.0	9.0-9.5	293	97.7	98.0	95.4-99.1
Lifetime STI symptoms								
No	397	79.4	78.7	74.1-82.7	247	82.3	80.9	75.1-85.7
Yes	103	20.6	21.3	17.3-26.0	53	17.7	19.1	14.3-24.9
Heard of HIV								
No	2	0.4	0.4	0.09-1.5	3	1.0	1.2	0.4-4.0
Yes	498	99.6	99.6	98.5-99.9	297	99.0	98.8	96.0-99.6
HIV knowledge								
Is it possible for a healthy-looking person to have HIV?								
No	56	11.2	11.8	8.8-15.7	39	13.3	16.7	12.1-22.5
Yes	442	88.8	88.2	84.3-91.2	258	86.9	83.3	77.5-87.9
Can people reduce their chances of getting HIV by having just one uninfected partner?								
No	88	17.7	18.1	14.5-22.5	26	8.8	9.3	6.1-13.8
Yes	410	82.0	81.9	77.5-85.5	271	91.3	90.7	86.1-93.9
Can people get HIV from a mosquito bite?								
No	354	71.1	72.8	68.1-77.1	207	69.7	69.9	63.7-75.5
Yes	144	28.9	27.2	22.9-31.9	90	30.3	30.1	24.5-36.3
Can people reduce their chance of getting HIV by using a condom?								
No	91	18.3	19.3	15.4-23.8	32	10.8	12.4	8.5-17.6
Yes	407	81.7	80.7	76.2-84.6	265	89.2	87.6	82.4-91.5
Can people get HIV by sharing food or a drink with someone who is HIV-positive?								
No	438	88.0	87.6	83.7-90.6	239	80.5	80.1	74.3-84.8
Yes	60	12.0	12.4	9.4-16.3	58	19.5	19.9	15.2-25.7
Can people get HIV because of witchcraft?								
No	423	84.9	82.9	78.4-86.7	253	85.2	83.3	77.6-87.8
Yes	75	15.1	17.1	13.3-21.6	44	14.8	16.7	12.2-22.4
Can HIV be transmitted from a mother to her baby during pregnancy?								
No	100	20.1	20.3	16.5-24.8	100	33.7	32.1	26.4-38.4
Yes	398	79.9	79.7	75.2-83.5	197	66.3	67.9	61.6-73.6
Can HIV be transmitted from a mother to her baby by breast-feeding?								
No	224	45.0	47.1	42.0-52.3	149	50.2	49.9	43.4-56.4
Yes	274	55.0	52.9	47.7-58.0	148	49.8	50.1	43.6-56.6
Can HIV be transmitted by sharing needles?								
No	8	1.6	1.9	0.9-4.2	7	2.4	3.1	1.4-6.9

Yes	490	98.4	98.1	95.8-99.1	290	97.6	96.9	93.1-98.6
Is there treatment for HIV?								
No	344	69.1	69.9	65.0-74.4	203	68.3	72.6	66.5-77.9
Yes	154	30.9	30.1	25.6-35.0	94	31.7	27.4	22.1-33.5
HIV knowledge index (possible range 0–10; sample median 8, weighted mean 7.4, and range 0–10)*								
Low	340	68.0	69.1	64.2-73.7	231	77.0	79.1	73.4-83.8
High	160	32.0	30.9	26.3-35.8	69	23.0	20.9	16.1-26.6
Do you know anyone with HIV?								
No/don't know	369	74.1	76.0	71.5-80.1	210	70.7	72.2	66.1-77.6
Yes	129	25.9	24.0	20.0-28.5	87	29.3	27.8	22.3-33.9
Ever participated in HIV educational activities								
No	294	58.8	61.3	56.3-66.2	169	56.3	56.2	49.7-62.5
Yes	206	41.2	38.7	33.8-43.7	131	43.7	43.8	37.5-50.3
Do you know where to get an HIV test?								
No	19	3.8	3.7	2.2-6.2	20	6.7	7.2	4.3-11.6
Yes	479	96.2	96.3	93.8-97.8	277	93.3	92.8	88.4-95.7
If you needed services to get treatment for HIV or other STI, what type of health facility would you go to?								
Health center	331	66.5	65.5	60.4-70.2	175	58.9	59.0	52.4-65.2
Public hospital	146	29.3	29.6	25.1-34.5	84	28.3	29.2	23.5-35.6
Health post	1	0.2	0.4	0.1-3.1	28	9.4	8.6	5.7-12.8
Private hospital	12	2.4	2.5	1.2-4.9	6	2.0	2.2	0.9-5.8
School	0	0.0	-	-	1	0.3	0.2	0.0-1.1
Doesn't know	8	1.6	2.0	0.9-4.3	3	1.0	0.8	0.3-2.6
*Low/high scores categorized using median break								

Table A1.6. Substance use among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=500)				St. Marc (N=300)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Lifetime alcohol use								
No	87	17.4	19.5	15.6-24.0	71	23.7	24.5	19.2-30.6
Yes	413	82.6	80.5	76.0-84.4	229	76.3	75.5	69.4-80.8
Current drinkers (past 30 days)								
No	111	26.9	29.7	24.6-35.2	62	27.1	29.0	22.6-36.3
Yes	302	73.1	70.3	64.8-75.4	167	72.9	71.0	63.7-77.4
Heavy drinkers (5 or more alcoholic drinks on one occasion in past 30 days)								
0–1 days of 5 or more drinks	192	63.6	69.0	62.7-74.6	124	74.2	71.4	62.7-78.8
2+ days of 5 or more drinks	110	36.4	31.0	25.4-37.3	43	25.8	28.6	21.2-37.3
Lifetime drug use								
No	406	81.2	84.1	80.1-87.4	289	96.3	97.0	94.2-98.4
Yes	94	18.8	15.9	12.6-19.9	11	3.7	3.0	1.6-5.8
Types of drug used in past 30 days								
Marijuana	49	97.9	99.5	.07-4.1	3	100	-	-
Crack	1	2.04	.54	.07-4.1	0	-	-	-

Table A1.7. Sexual risk behavior among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=500)				St. Marc (N=300)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Age at sexual debut								
8–15 yoa	266	53.2	52.1	47.0-57.3	175	58.3	56.1	49.5-62.5
16 ≥ yoa	234	46.8	47.9	42.7-53.0	125	41.7	43.9	37.5-50.5
Total	500	15.0 (1.0-39.0)	15.1	14.7-15.5	300	14.8 (5.0-24.0)	14.9	14.4-15.3
Lifetime sexual partners								
1–5	264	52.8	56.4	51.2-61.4	154	51.3	56.2	49.7-62.5
6>	236	47.2	43.6	38.6-48.8	146	48.7	43.8	37.5-50.3
Total	500	30.4 (10-10,000)	13.5	4.6-22.5	300	12.3 (10-500)	12.3	7.4-17.3
Sexual partners in past 12 months								
1	253	50.6	54.0	48.9-59.1	141	47.0	51.6	45.1-58.0
2	149	29.8	28.8	24.4-33.6	66	22.0	20.7	16.1-26.3
3≥	98	19.6	17.2	13.7-21.2	93	31.0	27.7	22.4-33.8
Total	500	2.3 (1.0-70.0)	2.0	1.8-2.2	300	2.6 (1.0-30.0)	2.4	2.1-2.8
New sexual partners in past 12 months								
None	203	40.6	43.9	38.9-49.1	181	60.3	63.8	57.5-69.7
1	197	39.4	38.7	33.8-43.8	71	23.7	22.7	17.8-28.5
2≥	100	20.0	17.4	14.0-21.4	48	16.0	13.5	9.8-18.2
Total	321*	1.1 (0.0-50.0)	0.9	0.8-1.0	300	0.8 (0.0-9.0)	0.7	0.5-0.9
Sexual partners in past 12 months 15–19 years of age (yoa)								
None	179	35.8	38.4	33.5-43.5	93	31.0	30.4	24.8-36.6
1	203	40.6	41.9	36.9-47.1	118	39.3	41.7	35.4-48.2
2≥	118	23.6	19.7	16.1-23.8	89	29.7	28.0	22.6-34.1
Total	321*	1.6 (1.0-20.0)	1.5	1.4-1.5	207*	1.7 (1.0-7.0)	1.7	1.5-1.9
Sexual partners in past 12 months 20–24 yoa								
None	207	41.4	40.9	35.9-46.0	133	44.3	46.3	39.8-52.8
1	223	44.6	45.6	40.5-50.7	105	35.0	35.8	29.8-42.3
2≥	70	14.0	13.6	10.5-17.4	62	20.7	17.9	13.6-23.2
Total	293*	1.5 (0.0-8.0)	1.4	1.3-1.5	167*	1.8 (1.0-15.0)	1.8	1.5-2.0
Sold sex past 12 months								
No	472	94.4	96.0	93.6-97.5	286	95.3	94.2	89.8-96.7
Yes	28	5.6	4.0	2.5-6.4	14	4.7	5.8	3.3-10.2

Bought sex past 12 months								
No	432	86.4	87.6	84.0-91.0	283	94.3	94.4	90.4-96.7
Yes	68	13.6	12.4	9.4-16.0	17	5.7	5.6	3.2-9.6
Lifetime experience of forced sex								
No	475	95.0	95.0	92.0-97.0	292	97.3	96.9	93.5-98.6
Yes	25	5.0	5.0	3.0-8.0	8	2.7	3.1	1.4-6.5
Age difference partner 1								
Total	500	5.9 (-5.0-46.0)	5.8	5.0-6.6	300	3.1 (-3.0-24.0)	3.0	2.5-3.5
Age difference partner 2								
Total	247	6.0 (-17.0-38.0)	6.0	4.9-7.1	159	2.3 (-14.0-22.0)	2.4	1.5-3.2
Age difference partner 3								
Total	98	7.7 (-12.0-38.0)	7.3	5.0-9.6	93	1.6 (-9.0-14.0)	1.7	0.9-2.6
Age discordance, male participant 6 or more years older than sexual partner (for any of the 3 partners reported in past 12 months)								
No	322	64.4	63.6	58.5-68.5	243	81.0	80.7	75.1-85.4
Yes	178	35.6	36.4	31.5-41.5	57	19.0	19.3	14.6-24.9
Multiple concurrent sexual partnerships (MCP) (across 3 partners in past 12 months)								
No	296	59.2	61.4	56.3-66.3	170	56.7	61.4	55.0-67.4
Yes	204	40.8	38.6	33.7-43.7	130	43.3	38.6	32.6-45.0
High risk (age-discordant and MCP in past 12 months)								
No	398	79.6	80.0	75.5-83.8	260	86.7	86.8	81.8-90.6
Yes	102	20.4	20.0	16.2-24.5	40	13.3	13.2	94.4-18.2
*Number having at least one 15–19-year-old partner								

Table A1.8. Relationship characteristics of most recent AGYW sexual partner among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=500)				St. Marc (N=300)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Relationship length (days) of most recent AGYW sexual partnership								
	497	590.9	579.9	511.5-648.4	299	541.1	559.2	465.8-652.7
Partner type of most recent AGYW sexual partner								
Wife	40	8.0	7.9	5.5-11.3	12	4.0	3.7	2.0-6.9
Girlfriend	343	68.6	68.9	63.9-73.5	229	76.3	77.9	72.2-82.8
Casual Partner	73	14.6	15.2	11.8-19.4	36	12.0	11.0	7.6-15.7
Onetime fling	8	1.6	2.4	1.1-5.2	12	4.0	4.4	2.3-8.1
Sex worker or client	36	7.2	5.4	3.7-8.0	11	3.7	2.9	1.4-5.9
Considers most recent AGYW sexual partner their primary partner*								
No	96	20.0	20.2	16.3-54.9	51	17.9	16.8	12.4-22.4
Yes	385	80.0	79.7	75.1-83.7	234	82.1	83.2	77.6-87.6
Emotional closeness with most recent AGYW sexual partner*								
Not at all/more or less /somewhat/ – close	130	27.1	27.8	23.3-32.8	56	19.7	18.6	14.0-24.4
Very/extremely/ almost one	350	72.9	72.2	67.2-76.7	229	80.4	81.4	75.6-86.0
Age of most recent AGYW sexual partner								
	500	19.6	19.6	19.4-19.9	300	19.4	19.3	19.1-19.6
Age difference between participant and most recent AGYW partner								
Younger than AGYW	32	6.4	6.9	4.6-10.1	15	5.0	4.6	2.5-8.2
Same age–2 years older	199	39.8	38.3	33.5-43.4	152	50.7	51.9	45.4-58.3
2–5 years older	109	21.8	22.4	18.4-27.0	86	28.7	27.7	22.4-33.7
>5 years older	160	32.0	32.4	27.7-37.5	47	15.7	15.9	11.7-21.2
Participant was first sexual partner for most recent AGYW partner*								
No	362	75.3	75.9	71.2-80.1	192	67.4	65.7	59.1-71.8
Yes	119	24.7	24.1	19.9-28.8	93	32.6	34.3	28.2-40.9
Has a child/children with most recent AGYW sexual partner*								
No	444	92.3	92.3	88.8-94.7	265	93.0	94.2	90.5-96.5
Yes	37	7.7	7.7	5.3-11.2	20	7.0	5.8	3.5-9.5
Would like to have a child/another child with most recent sexual partner*								
No	444	92.3	92.3	88.8-94.7	265	93.0	94.2	90.5-96.5
Yes	37	7.7	7.7	5.3-11.2	20	7.02	5.8	3.5-9.5

*Respondents are less than total survey population because participants who report their partner as a one-time fling or a sex worker were not asked relationship questions.

Table A1.9. Communication about sexual risk and HIV testing with most recent AGYW sexual partner among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.

	Port-au-Prince (N=500)				St. Marc (N=300)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Talked about HIV testing with most recent AGYW partner								
No	249	49.8	50.3	45.2-55.5	165	55.2	53.3	46.8-59.8
Yes	251	50.2	49.7	44.5-54.8	134	44.8	46.7	40.2-53.2
Talked with most recent AGYW partner about her HIV status (out of 385 who talked about HIV testing)								
No	138	55.0	55.6	48.2-62.7	62	46.3	41.4	32.4-51.1
Yes	113	45.0	44.4	37.3-51.8	72	53.7	58.6	48.9-67.6
Talked with most recent AGYW partner about his HIV status (out of 385 who talked about HIV testing)								
No	178	70.9	69.7	62.4-76.1	108	80.6	79.9	70.8-86.7
Yes	73	29.1	30.3	23.9-37.6	26	19.4	20.1	13.1-29.2
Talked with most recent AGYW about testing for HIV together (out of 385 who talked about HIV testing)								
No	121	48.2	45.9	38.8-53.3	81	60.5	61.9	52.2-70.7
Yes	130	51.8	54.1	46.7-61.2	53	39.6	38.1	29.3-47.8
It is easy to talk to this partner about HIV testing (most recent AGYW partner)*								
SD/Disagree	28	5.8	5.5	3.5-8.4	27	9.5	10.3	6.8-15.2
SA/Agree	453	94.2	94.5	91.6-96.5	258	90.5	89.7	84.8-93.2
It is easy to talk to this partner about condoms (most recent AGYW partner)*								
SD/Disagree	44	9.2	10.0	7.1-13.9	26	9.1	9.1	5.9-13.6
SA/Agree	436	90.8	90.0	86.1-92.9	259	90.9	90.9	86.4-94.1
It is easy to talk to this partner about sex (most recent AGYW partner)*								
SD/Disagree	142	31.8	29.5	24.9-34.6	58	20.6	18.2	13.6-23.8
SA/Agree	304	68.2	70.5	65.4-75.1	223	79.4	81.8	76.2-86.4
Aggregate sexual communication score, (possible range 3–12, median 9.0, weighted mean 9.0, range 5–12)**								
Low	144	32.3	30.1	25.4-35.3	65	23.1	22.9	17.7-29.0
High	302	97.7	69.9	64.7-74.6	216	76.9	77.1	71.0-82.3

*Respondents are less than total survey population because participants who report their partner as a one-time fling or a sex worker were not asked relationship questions.
**Dichotomized at 25th percentile value

Table A1.10 Sexual risk behavior and substance use with most recent AGYW sexual partner among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=500)				St. Marc (N=300)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Condom use at last sex with most recent AGYW sexual partner								
No	102	20.4	20.0	16.1-24.6	68	22.7	22.5	17.5-28.3
Yes	398	79.6	80.0	75.4-83.9	232	77.3	77.5	71.7-82.5
Consumption of alcohol at last sex with most recent AGYW partner (participant and/or partner consumed)								
No	378	75.6	77.6	73.1-81.5	263	87.7	87.9	83.0-91.5
Yes	122	24.4	22.4	18.5-26.9	37	12.3	12.1	8.5-17.0
Drug use at last sex with most recent AGYW partner (participant and/or partner used drugs)								
No	472	94.4	95.7	93.3-97.3	299	99.7	99.6	97.8-100.0
Yes	28	5.6	4.3	2.7-6.7	1	0.3	0.3	0.0-2.2
Has given most recent AGYW sexual partner gifts or money in exchange for sex								
No	473	94.8	94.8	92.0-96.7	296	98.7	99.2	97.7-99.7
Yes	26	5.2	5.2	3.3-8.0	4	1.3	0.8	0.3-2.3
Participant has other sexually concurrent partnerships in addition to most recent AGYW sexual partner								
No	304	60.8	63.4	58.4-68.2	177	59.0	63.6	57.3-69.5
Yes	196	39.2	36.6	31.8-41.6	123	41.0	36.4	30.5-42.7

Table A1.11 Perceived risk of HIV among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=463)*				St. Marc (N=291)*			
	N: Crude	% or mean (range): Crude	% or mean: Adjusted	95% CI: Adjusted	N: Crude	% or mean (range): Crude	% or mean: Adjusted	95% CI: Adjusted
What is the chance that you have HIV now?								
No chance	288	62.2	63.4	58.1-68.3	239	84.4	81.9	76.1-86.6
Some chance	44	9.5	10.5	7.6-14.4	39	13.3	15.3	11.0-21.0
Big chance	131	28.3	26.1	21.8-31.0	7	2.4	2.7	1.2-5.9
What is the chance that you will ever get HIV?								
No chance	266	57.8	58.9	53.5-64.0	238	81.8	80.7	74.9-85.4
Some chance	64	13.9	14.6	11.1-18.9	48	16.5	17.2	12.7-22.8
Big chance	130	28.3	26.5	22.1-31.4	5	1.7	2.1	0.8-5.4
Perceived risk of HIV aggregate score (possible range 1–6; sample median 2, weighted mean 2.9, and range 2–6)**								
Low	261	60.0	58.3	52.9-63.4	231	79.9	78.1	80.0-83.2
High	197	43.0	41.7	36.6-47.1	58	20.1	21.9	16.8-28.0

*Total excludes participants who self-reported HIV+ and who had never heard of HIV, as well as don't know and no response
**Low/high scores categorized using median break

Table A1.12 Condom access and condom use among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=500)				St. Marc (N=300)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Ever heard about condoms								
No	24	4.8	4.4	2.7-7.1	7	2.3	2.9	1.3-6.4
Yes	476	95.2	95.6	92.9-97.3	293	97.7	97.1	93.6-98.7
Having a condom at the moment of the survey*								
No	333	70.0	69.6	64.4-74.2	242	82.6	83.8	78.5-88.0
Yes	143	30.0	30.4	25.8-35.6	51	17.4	16.2	12.0-21.5
Condom use at last sexual encounter*								
No	88	18.5	19.4	15.4-24.2	71	24.2	24.6	19.3-30.7
Yes	388	81.5	80.6	75.8-84.6	222	75.8	75.4	69.3-80.7
Condom use at last sexual encounter with AGYW (partner 1)								
No	102	20.4	20.0	16.1-24.6	68	22.7	22.5	17.5-28.3
Yes	398	79.6	80.0	75.4-83.9	232	77.3	77.5	71.7-82.5
Condom use frequency past 12 months*								
Never/not often/sometimes	144	30.3	28.3	23.8-32.3	103	35.1	37.5	31.3-44.1
Very often	173	36.3	39.8	34.7-45.1	60	20.5	18.2	13.8-23.6
Always	159	33.4	31.9	27.3-36.9	130	44.4	44.3	37.8-50.9
Where participants go to get condoms*								
Outreach worker	79	16.6	14.3	11.1-18.3	9	3.1	3.3	1.5-6.8
Drop-in centers	372	78.2	79.7	75.2-83.5	204	69.6	68.9	62.4-74.7
Clinic	36	7.6	7.6	5.2-10.9	14	4.8	3.9	2.2-6.9
Pharmacy	151	31.7	32.4	27.7-37.5	11	3.8	4.9	2.5-9.2
Mobile clinic	84	17.7	18.7	14.8-23.3	26	8.9	9.1	5.9-13.8
Store	182	38.2	36.5	31.6-41.6	49	16.7	16.9	12.4-22.6
Friend	129	27.1	28	23.5-32.9	102	34.8	36.0	29.9-42.6
Does not know	1	0.6	1.2	0.1-8.3	-	-	-	-
*Excludes participants never having heard of condoms, leaving n=476 in PaP and n=293 in St. Marc								

Table A1.13. Interpersonal communication and perceived social norms for condom use among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.

	Port-au-Prince (N=500)				St. Marc (N=300)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Ever talked about condoms with someone								
No	106	22.3	23.1	18.9-27.9	70	23.9	23.6	18.5-29.6
Yes	370	77.7	76.9	72.1-81.1	233	76.1	76.4	70.4-81.5
Talked about condoms with who…?								
Spouse/Partner	102	27.6	27.5	22.5-33.2	64	28.7	30.7	24.1-38.2
Parents	7	1.9	1.9	0.7-4.5	2	0.9	1.2	0.2-5.2
Siblings	34	9.2	9.9	6.8-14.3	12	5.4	6.0	3.2-11.2
Family members	10	2.7	2.2	1.1-4.7	9	4.0	3.6	1.7-7.6
Teachers	5	1.4	1.2	0.5-3.1	0	0.0	0.0	-
Peer educators	2	0.5	0.2	0.0-1.0	2	0.9	0.5	0.1-2.2
Friends	331	89.5	89.3	85.0-92.5	187	83.9	81.9	75.2-87.1
Neighbors	27	7.3	5.7	3.6-8.9	6	2.7	3.2	1.3-7.4
Women's/Men's group	57	15.4	14.3	10.6-19.1	24	10.8	8.4	5.1-13.4
It is easy to talk to my partner about condoms (in reference to most recent AGYW partner)*								
Strongly disagree/ disagree	44	9.2	10.0	7.1-13.9	26	9.1	9.1	5.9-13.6
Strongly agree/agree	436	90.8	90.0	86.1-92.9	258	90.9	90.9	86.4-94.1
Friends using condoms (perceived condom use social norms)								
None/Few/Half	229	50.2	51.6	46.1-56.9	152	56.5	60.8	54.0-67.2
Most/All	227	49.8	48.4	43.1-53.8	117	43.5	39.2	32.8-46.0

*In PaP n=480 and in St. Marc n=285 due to nonresponse

Table A1.14 Perceived behavioral control and behavioral intentions for condom use among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.

	Port-au-Prince (N=500)				St. Marc (N=300)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
How confident are you about getting a condom if you want one? (perceived behavioral control (PBC))								
Uncertain/somewhat certain	56	11.8	12.5	9.4-16.4	54	18.4	18.6	14.0-24.4
Certain	420	88.2	87.5	83.5-90.6	239	81.6	81.4	75.6-86.0
How confident are you that you could have a condom with you if you needed it? (PBC)								
Uncertain/somewhat certain	106	22.3	21.3	17.3-26.0	88	30.0	29.3	23.7-35.7
Certain	370	77.7	78.7	74.0-82.7	205	70.0	70.7	64.3-76.3
How confident are you that you could use a condom correctly? (PBC)								
Uncertain/somewhat certain	30	6.3	6.2	4.0-9.5	13	4.4	3.7	2.0-6.9
Certain	446	93.7	93.8	90.4-96.0	280	95.6	96.3	93.1-98.0
How confident are you that you could tell the person that you wanted to use condoms? (PBC)								
Uncertain/somewhat certain	41	8.6	7.9	5.5-11.3	12	4.1	5.0	2.7-9.1
Certain	435	91.4	92.1	88.7-94.5	281	95.9	95.0	90.9-97.3
How likely is it that you will try to persuade your partner to use condoms every time you have sex? (behavioral intention (BI))								
Uncertain/somewhat certain	49	10.3	9.9	7.2-13.5	19	6.5	8.0	4.9-12.6
Certain	427	89.7	90.1	86.5-92.8	274	93.5	92.0	87.3-95.1
How likely is it that you will purchase or obtain condoms during the next three months? (BI)								
Uncertain/somewhat certain	30	6.3	6.4	4.2-9.6	3	1.0	0.4	0.1-1.4
Certain	446	93.7	93.6	90.4-95.8	290	99.0	99.6	98.6-99.9
How likely is it that you will always have condoms with you during the next three months? (BI)								
Uncertain/somewhat certain	100	21.0	20.7	16.7-25.3	54	18.4	20.5	15.5-26.5
Certain	376	79.0	79.3	74.7-83.3	239	81.6	79.5	73.5-84.5
Perceived behavioral control for condom use aggregate score (possible range 4–12, median 12, weighted mean 11.1, range 4–12)*								
Low	137	28.8	27.5	23.0-32.4	94	32.1	32.3	26.4-38.8
High	339	71.2	72.5	67.6-77.0	199	67.9	67.7	31.2-73.6
Behavioral intention for condom use aggregate score (possible range 3–9, median 9, weighted mean 8.6, range 3–9)*								
Low	133	27.9	27.0	22.6-31.9				
High	343	72.1	73.0	68.1-77.4				

*Dichotomized at 25th percentile

Table A1.15 HIV testing uptake among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.

	Port-au-Prince (N=500)				St. Marc (N=300)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Ever tested for HIV								
No	178	35.6	37.8	32.9-43.0	139	46.3	45.1	38.7-51.6
Yes	322	64.4	62.2	57.0-67.1	161	53.7	54.9	48.4-61.3
Tested for HIV in the past 12 months								
No	440	88.0	88.7	85.2-91.5	261	87.0	84.3	78.6-88.6
Yes	60	12.0	11.3	8.5-14.8	39	13.0	15.7	11.4-21.4
Intends to test for HIV in the next 12 months								
No/does not know	132	28.1	27.9	23.4-33.0	54	18.2	18.5	14.0-24.1
Yes	337	71.9	72.1	67.0-76.6	242	81.8	81.5	76.0-86.0
Lifetime number of HIV tests among testers								
	322	2.8 (1.0-28.0)	2.8	2.4-3.1	161	2.7 (1.0-32.0)	2.6	2.1-3.1

*Missing 1; **Missing 2

Table A1.16 Top three reasons for never having been tested for HIV among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.

	Port-au-Prince (N=176)				St. Marc (N=136)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
I don't think I am at risk for HIV	39	22.2	20.7	14.7-28.5	61	44.9	44.9	35.4-54.6
I am afraid of it	65	37.0	35.1	27.4-43.6	21	15.4	13.4	8.5-21.7
I am not interested	67	38.1	35.0	27.4-43.4	67	49.3	48.0	38.4-57.7

Table A1.17 Most recent HIV testing experience among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=322)				St. Marc (N=161)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Did you receive your HIV test result?								
No	4	1.2	1.9	.01-5.6	4	2.5	3.9	1.4-10.3
Yes	318	98.8	98.1	94.4-99.4	157	97.5	96.1	89.7-98.6
Where did you get tested?								
Public hospital	140	43.5	44.7	38.3-51.1	59	36.7	36.7	28.5-45.6
Health center	112	34.8	33.9	28.0-40.3	53	32.9	31.8	24.3-40.5
Mobile clinic	38	11.8	11.3	8.0-15.8	13	8.1	9.2	5.1-16.1
Private hospital	24	7.5	7.9	4.9-12.4	2	1.2	1.7	0.4-7.0
Healthcare worker/Peer educator	5	1.6	1.2	0.4-3.2	2	1.2	1.7	0.4-7.0
Health post	3	0.9	1.0	0.2-4.3	32	19.9	18.9	13.0-26.7
How long did you wait between first thinking about being tested and getting the test?*								
0-3 months	135	47.2	47.8	41.0-54.7	119	81.5	82.0	73.7-88.1
4-6 months	62	21.7	20.9	15.7-27.2	5	3.4	5.2	2.1-12.5
>6 months	89	31.1	31.3	25.3-38.0	22	15.1	12.8	8.0-19.9
The last time you were tested, did you request it, was it offered to you, or was it required?								
I requested it	224	69.6	69.6	63.3-75.3	109	67.7	67.3	58.4-75.1
They offered and I accepted	32	9.9	9.4	6.3-13.9	29	18.0	18.3	12.3-26.4
It was mandatory	66	20.5	20.9	16.1-26.8	23	14.3	14.4	9.2-21.9
What was the most important thing that prompted you to be tested for HIV?								
Part of routine healthcare	109	33.9	32.1	26.4-38.4	67	41.6	41.0	32.6-49.9
Doctor's request	28	8.7	8.6	5.6-13.0	21	13.0	12.5	7.7-19.7
Because I had a doubt	28	8.7	9.9	6.6-14.6	13	8.1	8.6	4.7-15.4
Conversation with or support from spouse/partner	27	8.4	9.2	5.9-13.9	18	11.2	10.4	6.1-17.2
Conversation with or support from family	23	7.1	6.6	4.1-10.4	14	8.7	7.9	4.3-13.9
Because I was about to marry	30	9.3	9.9	6.7-14.5	6	3.7	4.5	1.9-10.1
*n=286 for PaP and n=146 for St. Marc resulting from no response, don't know								

Table A1.18 Quality of HIV counseling among male sexual partners of AGYW having ever been tested for HIV in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=322)				St. Marc (N=161			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
The last time you were tested for HIV, what did the provider tell you?								
To have one sexual partner	238	73.9	72.8	66.5-78.2	72	44.7	42.9	34.3-51.8
To use a condom	297	92.2	91.7	87.0-94.8	146	90.7	89.6	82.4-94.0
To use lubricant	23	7.1	9.5	6.0-14.7	6	3.7	4.0	1.6-9.5
To talk to sexual partners about HIV testing	180	55.9	55.9	49.4-62.2	8	5.0	4.0	1.8-8.5
Did not receive counseling	14	4.4	4.1	2.2-7.6	10	6.2	9.4	3.0-12.1
The last time you were tested for HIV, did the counselor give you condoms and lubricant?*								
Both condoms and lubricant	34	10.6	11.9	8.1-17.1	20	12.4	10.8	6.5-17.6
Condoms only	247	77.2	77.2	71.2-82.2	103	64.0	64.2	55.3-72.1
Lubricant only	2	0.6	0.4	0.1-2.3	0	0	0	0
Neither condoms nor lubricant	37	11.6	10.5	7.2-15.0	38	23.6	24.9	18.1-33.4
*In PaP missing 2 values due to nonresponse								

Table A1.19 People who influence HIV testing among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=469)				St. Marc (N=296)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Can someone influence you to test for HIV (yes)	240	51.2	50.0	44.6-55.3	178	38.0	36.8	31.8-42.1
Who can influence your decision to test for HIV? Can XXX, influence your decision…?								
Sexual partner	178	38.0	36.8	31.8-42.1	92	31.1	32.7	26.8-39.2
Relatives	21	4.5	4.0	2.4-6.7	10	3.4	3.8	1.9-7.3
Parents	28	6.0	6.1	3.9-9.2	11	3.7	3.9	1.9-7.5
Friends	48	10.2	9.3	6.7-12.7	18	6.1	5.1	2.9-8.8
Doctor/ healthcare worker	26	5.5	5.1	3.3-7.7	1	0.3	0.3	.04-2.2
Peer educator/ mentor	0	0	0	0	0	0	0	0
Perception of HIV testing among closest friends								
None/few have been tested for HIV	257	63.7	65.9	60.3-71.1	179	74.9	75.3	68.5-81.0
Half/almost all have been tested for HIV	146	36.2	34.1	28.9-39.7	60	25.1	24.7	19.0-31.5
*Total excludes participants who self-reported HIV+ and who had never heard of HIV								

Table A1.20 Sexual partnership considerations and HIV testing among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=469)				St. Marc (N=296)			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
If your sexual partner refuses to get an HIV test when you ask, you should break up with them								
Strongly disagree/ disagree	369	75.8	73.7	68.7-78.1	184	62.4	61.3	54.8-67.5
Strongly agree/agree	118	24.2	26.3	21.9-31.1	111	37.6	38.7	32.5-45.2
If you start to have sex with someone for the first time, they should get an HIV test to prove they're not infected								
Strongly disagree/ disagree	127	25.8	25.4	21.1-30.1	51	17.2	15.3	11.3-20.4
Strongly agree/agree	365	74.2	74.6	69.9-78.9	245	82.8	84.7	80.0-88.7
If your sexual partner is tested for HIV and is negative, it is okay to have sex without a condom with them								
Strongly disagree/ disagree	333	67.1	68.7	63.7-73.3	170	57.2	56.9	50.4-63.3
Strongly agree/agree	163	32.9	31.3	26.7-36.3	127	42.8	43.1	36.7-49.6
It is easy to talk to my partner about HIV testing (in reference to most recent AGYW partner)*								
Strongly disagree/ disagree	142	31.8	29.5	24.9-34.6	58	20.6	18.2	13.6-23.8
Strongly agree/agree	304	68.2	70.5	65.4-75.1	223	79.4	81.8	76.2-86.4
*Missing due to nonresponse, PaP n=446 and St. Marc n=281								

Table A1.21 Antiretroviral therapy and sexual behavior among HIV-positive male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019 (n=30).	
Past and current ART use	
Ever taken ART	30
Stopped ART at some point	4
Currently taking ART	27
Where access ART	
Health center	29
Hospital	7
ART adherence during past 4 days (n=27)	
No days missed	14
One day missed	7
Two days missed	4
Three days missed	1
Four days missed	1
Age-discordant sexual partnership past 12 months	
No	2
Yes	28
Multiple concurrent sexual partnership past 12 months	
No	11
Yes	19
Condom use at last sex with most recent AGYW partner	
No	12
Yes	18

Table A1.22 HIV counseling and HIV status disclosure among HIV-positive male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019 (n=30).	
	Number
What were you recommended to do after receiving your HIV-positive test result?	
Start drug treatment	30
Use condoms every time	29
Get my CD4 checked	24
Join a support group	19
Remain faithful to one sex partner	19
Talk to sexual partners about HIV testing	16
Disclosure of HIV status	
Yes	11
No	19
Who knows you are HIV-positive (n=11)?	
Male friend	9
Health provider	4
Sexual partner	3
Brother/Sister	3
Female friend	3
Peer navigator	3
Mother/Aunt	1
Father/Uncle	1
Child	1

Table A1.23 Emotional and physical/sexual violence perpetration by male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=481)*				St. Marc (N=285)*			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
How many times have you done the following things to partner 1?								
Ridiculed or criticized her values or beliefs								
No**	459	95.4	96.2	93.9-97.7	258	90.5	89.7	84.8-93.2
Yes	22	4.6	3.8	2.3-6.1	27	9.5	10.3	6.8-15.2
Put down her physical appearance								
No	466	96.9	97.2	95.1-98.5	269	94.4	92.8	88.0-95.7
Yes	15	3.1	2.8	1.5-4.9	16	5.6	7.2	4.3-12.0
Put her down in front of other people								
No	472	98.1	98.5	97.0-99.3	271	95.1	94.4	90.1-97.0
Yes	9	1.9	1.5	0.7-3.0	14	4.9	5.6	3.1-10.0
Tried to control what she does								
No	124	25.8	27.5	23.0-32.6	106	37.2	35.1	29.0-41.7
Yes	357	74.2	72.5	67.4-77.0	179	62.8	64.9	58.3-71.0
Any emotional violence (combination of previous four items)								
No	112	23.3	24.9	20.5-29.8	101	35.4	33.8	27.8-40.3
Yes	369	76.7	75.1	70.2-79.5	184	64.6	66.2	59.7-72.2
Hit, pushed, slapped, punched, or kicked her								
No	444	92.3	92.5	89.3-94.8	268	94.0	93.0	88.5-95.9
Yes	37	7.7	7.5	5.2-10.7	17	6.0	7.0	4.1-11.5
Forced her to have sex								
No	397	82.5	82.8	78.5-86.4	229	80.4	80.2	74.3-85.0
Yes	84	17.5	17.2	13.6-21.5	56	19.7	19.8	15.0-25.7
Any physical/sexual violence (combination of previous two items)								
No	372	77.3	77.8	73.2-81.9	220	77.2	76.0	69.7-81.3
Yes	109	22.7	22.2	18.1-26.8	65	22.8	24.0	18.7-30.3

*Respondents are less than total survey population because participants who report their partner as a one-time fling or a sex worker were not asked relationship questions.
**Original response options were never, not very often, sometimes, very often, and always. "Never" was recoded to "no" and all other options to "yes."

Table A1.24 Relationship equity with most recent AGYW sexual partner among male sexual partners of AGYW in Port-au-Prince and St. Marc, Haiti, February–April 2019.								
	Port-au-Prince (N=481)*				St. Marc (N=285)*			
	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted	N: Crude	% or mean (range): Crude	% or mean: Weighted	95% CI: Weighted
Who usually has more say about whom you go out with?								
AGYW	80	16.6	15.9	12.4-20.1	57	20.0	20.8	15.8-26.9
Participant	198	41.2	42.3	37.2-47.6	132	46.3	48.0	41.4-54.7
Both	203	42.2	41.8	63.7-47.0	96	33.7	31.1	25.5-37.5
Who usually has more say about whether you have sex?								
AGYW	95	19.8	19.6	15.8-24.2	71	24.9	25.8	20.3-32.1
Participant	190	39.5	39.9	64.9-45.2	120	42.1	42.2	35.8-48.9
Both	196	40.8	40.5	35.5-45.7	94	33.0	32.0	26.2-38.4
Who usually has more say about what you do together?								
AGYW	76	15.8	14.8	11.5-18.9	59	20.7	20.1	15.3-25.9
Participant	172	35.8	36.3	31.3-41.5	110	38.6	40.4	34.0-47.1
Both	233	48.4	48.9	43.7-54.2	116	40.7	39.5	33.2-46.2
Who usually has more say about how often you see each other?								
AGYW	79	16.4	16.3	12.8-20.5	62	21.8	24.6	19.1-31.1
Participant	160	33.3	34.0	29.2-39.2	99	34.7	34.1	28.0-40.6
Both	242	50.3	49.7	44.5-54.9	124	43.5	41.4	35.0-48.0
Who usually has more say about when you talk about serious things?								
AGYW	36	7.5	6.9	4.7-10.0	43	15.1	15.4	11.2-21.0
Participant	242	50.3	49.2	43.9-54.4	118	41.4	42.3	35.8-49.0
Both	203	42.2	43.9	38.8-49.2	124	43.5	42.3	35.9-48.9
Who usually has more say about whether you use condoms?								
AGYW	42	8.7	7.2	5.0-10.2	28	9.8	9.1	5.9-13.6
Participant	218	45.3	45.1	39.9-50.3	89	59.0	61.8	55.2-68.0
Both	221	46.0	47.8	42.5-53.0	168	31.2	29.2	23.6-35.5
Who usually has more say about the types of sexual acts you do?								
AGYW	72	15.0	14.1	10.9-18.0	74	26.0	27.8	22.1-34.3
Participant	167	34.7	36.3	31.4-41.6	124	43.5	43.5	37.0-50.2
Both	242	50.3	49.6	44.3-54.8	87	30.5	28.6	23.1-34.9
In general, who do you think has more power in your relationship?								
AGYW	40	8.3	7.7	5.4-11.1	29	10.2	9.9	6.5-14.7
Participant	323	67.2	66.4	61.2-71.2	201	70.5	72.2	66.0-77.7
Both	118	24.5	25.9	21.5-30.8	55	19.3	17.9	13.5-23.4
Aggregate score relationship power (possible range 0–8 median 3, weighted mean 3, range 0–8)*								
Low/equity	270	56.1	55.6	50.4-60.8	178	62.5	64.2	57.7-70.3
High equity	211	43.9	44.4	39.2-49.6	107	37.5	35.8	29.7-42.3
*Respondents are less than total survey population because participants who report their partner as a onetime fling or a sex worker were not asked relationship questions								

APPENDIX 2. SURVEY QUESTIONNAIRE (ENGLISH)

MALE SURVEY					
ELEGIBILITY AND CONSENT					
NO.	**QUESTIONS**	**CODING CATEGORIES**			**SKIP TO**
READ ALOUD: The purpose of this study is to learn about HIV risk behavior, risky sexual partnerships, and HIV testing uptake from the perspective of men in Haiti. Study findings will be used to inform sexual health and HIV programs. This survey should take about 60 minutes to complete. All the information you share with us today will remain confidential. In order to participate, we need to verify you meet the study eligibility criteria.					
P100	DATE (DD/MM/AAAA)	___/____/____			
P102	COUPON NUMBER [ALL MALES REFERRED TO STUDY SHOULD HAVE A COUPON NUMBER. ASK FOR THE COUPON AND RECORD THE NUMBER]	NOT APPLICABLE SEEDS ONLY		99	
		COUPON NUMBER_____			
P103	ASSIGN UNIQUE ID ALL PARTICIPANTS [INITIAL FIRST NAME, INITIAL LAST NAME, MONTH OF BIRTHDATE, YEAR OF BIRTHDATE, CITY OF SURVEY, EXP: JM0887P]	UNIQUE ID_____			
P104	CITY	PORT-AU-PRINCE		1	
		ST. MARC		2	
P105	AGE	AGE IN COMPLETE YEARS			If participant is less than 18 or does not know/ does not respond → END
		DOES NOT KNOW		97	
		NO RESPONSE		98	

P106	HAS HE HAD A FEMALE SEXUAL PARTNER BETWEEN THE AGES OF 15-24 IN THE PAST 12 MONTHS?	YES		1	
		NO		0	→END
		DOES NOT KNOW		97	→END
		NO RESPONSE		98	→END
P107	HAVE YOU LIVED, WORKED OR STUDIED IN THE CITY OF PORT-AU-PRINCE [ST. MARC] FOR AT LEAST THE LAST 3-MONTHS?	YES		1	
		NO		0	→END
		DOES NOT KNOW		97	→END
		NO RESPONSE		98	→END
P108	DO YOU KNOW THE NAME OF THE PERSON WHO GAVE YOU THE COUPON?	YES		1	
		NO		0	→END
		DOES NOT KNOW		97	→END
		NO RESPONSE		98	→END
		NOT APPLICABLE SEEDS ONLY		99	→ P111
P109	WHAT RELATIONSHIP DO YOU HAVE WITH THE PERSON WHO GAVE YOU THE COUPON? (CHOOSE ALL THAT APPLY)	STRANGER		1	
		ACCQUANTANCE		2	
		FRIEND		3	
		RELATIVE		7	
		OTHER: (specify)_____ _		8	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P110	HOW DID YOU GET THE COUPON?	IT WAS GIVEN TO ME		1	
		I FOUND IT		2	→END
		I BOUGHT THE COUPON		3	→END
		I EXCHANGED SOMETHING FOR THE COUPON		4	→END
		DOES NOT KNOW		97	→END
		NO RESPONSE		98	→END
P111	PARTICIPANT GAVE CONSENT?	YES		1	
		NO		0	If 'No' →END

NETWORK SIZE				
NO.	**QUESTIONS**	**CODING CATEGORIES**		**SKIP TO**
READ ALOUD: Now we are going to talk about the number men you know in Port-au-Prince [St. Marc] who have had sexual partners who are young women between 15-24 years old. To arrive at a total number, I want you to think about the different aspects of your life, including work or study, sports groups, church or other social clubs, family, friends and other social relations. It is important that you take your time and answer these questions as best you can. When speaking about sexual relationships we are referring to sexual intercourse. Sexual intercourse refers to penetrative penile/vaginal or penile/anal sex.				
P201	HOW MANY MEN DO YOU KNOW (YOU KNOW THEIR NAME AND THEY KNOW YOURS) WHO HAVE HAD A FEMALE SEUXAL PARTNER WHO IS 15-24 YEARS OLD IN THE LAST 12 MONTHS?	NUMBER OF MEN WITH SEXUAL PARTNER 15-24 YEARS OF AGE		
	IF THE PARTICIPANTE ANSWERS "0" ASK: "DO YOU KNOW THE PERSON THAT GAVE YOU THE COUPON TO PARTICIPATE IN THIS STUDY?	YES	1	
		NO	0	→END
		DOES NOT KNOW	97	→END
		NO REPONSE	98	→END
P202	OF THESE (P203) MEN, HOW MANY ARE 18 YEARS OF AGE OR OLDER? START WITH NUMBER FROM PREVIOUS RESPONSE	NUMBER OF MEN 18 OR OLDER		
		DOES NOT KNOW	97	
		NO REPONSE	98	
P203	OF THESE (P204) MEN, HOW MANY HAVE RESIDED, WORKED OR STUDIED IN PORT-AU-PRINCE [ST. MARC] FOR AT LEAST THE LAST 3 MONTHS? START WITH NUMBER FROM PREVIOUS	NUMBER IN PAP/ST.MARK		IF '0' →END
		DOES NOT KNOW	97	→END
		NO REPONSE	98	→END
P204	OF THESE (P205) MEN, HOW MANY HAVE YOU SEEN IN THE LAST 2 WEEKS? START WITH NUMBER FROM PREVIOUS RESPONSE	NUMBER SEEN LAST 2 WEEKS		IF '0' →END
		DOES NOT KNOW	97	→END
		NO REPONSE	98	→END

DEMOGRAPHICS					
NO.	**QUESTIONS**	**CODING CATEGORIES**			**SKIP TO**
READ ALOUD: I will start the survey by asking you about yourself and your family. Remember, all responses are confidential and will not be shared with others. If you feel uncomfortable with a question just let me know and we can skip to the next question. Please answer as truthfully as possible.					
P300	In what department were you born?	ARTIBONITE		1	
		CENTRE		2	
		GRAND'ANSE		3	
		NIPPES		4	
		NORD		5	
		NORD-EST		6	
		NORD-OUEST		7	
		OUEST		8	
		SUD-EST		9	
		EST		10	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P301	IN WHAT COMMUNE DO YOU LIVE?	PORT-AU-PRINCE		1	
		CARREFOUR		2	
		DELMAS		3	
		PETION-VILLE		4	
		KENSCOFF		5	
		CITE SOLEIL		6	
		GRESSIER		7	
		TABARRE		8	
		LEOGANE		9	
		CROIX-DES-BOUQUETS		10	
		GANTHIER		11	
		THOMAZEAU		12	
		SAINT-MARC		13	
		VERRETTES		14	
		LA CHAPELLE		15	
		LES GONAIVES		16	
		ENNERY		17	
		L'ESTERE		18	

		DESSALINES		19	
		DESDUNES		20	
		GRANDE-SALINE		21	
		PETITE-RIVIERE		22	
		GROS-MORNE		23	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P302	IN THE LAST 12 MONTHS, HAVE YOU BEEN AWAY FROM HOME FOR MORE THAN ONE MONTH AT A TIME?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P303	IS YOUR BIRTH MOTHER STILL ALIVE?	YES		1	
		NO		0	→P305
		DOES NOT KNOW		97	→P305
		NO RESPONSE		98	→P305
P304	HOW OLD WERE YOU WHEN YOUR BIRTH MOTHER DIED?	AGE IN YEARS			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P305	IS YOUR BIRTH FATHER STILL ALIVE?	YES		1	
		NO		0	→P307
		DOES NOT KNOW		97	→P307
		NO RESPONSE		98	→P307
P306	HOW OLD WERE YOU WHEN YOUR BIRTH FATHER DIED?	AGE IN YEARS			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P307	WHAT IS THE HIGHEST LEVEL OF EDUCATION YOUR MOTHER COMPLETED?	DID NOT GO TO SCHOOL		0	
		INCOMPLETE PRIMARY (1-6)		1	
		COMPLETE PRIMARY (1-6)		2	
		INCOMPLETE SECONDARY (7-12)		3	
		COMPLETE SECONDARY (7-12)		4	
		INCOMPLETE UNIVERISTY		5	
		COMPLETE UNIVERSITY		6	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P308	WHAT IS THE HIGHEST LEVEL OF	DID NOT GO TO SCHOOL		0	→P310
		INCOMPLETE PRIMARY (1-6)		1	
		COMPLETE PRIMARY (1-6)		2	

	EDUCATION YOU HAVE COMPLETED?	INCOMPLETE SECONDARY (7-12)		3	
		COMPLETE SECONDARY (7-12)		4	
		INCOMPLETE UNIVERISTY		5	
		COMPLETE UNIVERSITY		6	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P309	ARE YOU CURRENTLY IN SCHOOL?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P310	DO YOU CURRENTLY HAVE A JOB?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P311	APPROXIMATELY, HOW MUCH MONEY DO YOU EARN <u>PER MONTH</u> IN HAITIAN GOUDES?	EARNING HAITIAN GOUDES			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
		NOT APPLICABLE		99	
P312	HOW MANY PEOPLE DO YOU SUPPORT WITH YOUR CURRENT INCOME NOT INCLUDING YOURSELF? [whether living with you or elsewhere] write '0' if no one depends on participant	NUMBER OF PEOPLE DEPEND FINANCIALLY			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P313	HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	NUMBER OF PEOPLE IN HOUSEHOLD			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P314	WHO DO YOU LIVE WITH? [mark all that apply]	MOTHER		1	
		FATHER		2	
		SIBLINGS		3	
		GRANDPARENTS		4	
		AUNT/UNCLE/COUSIN		5	
		FAMILY FRIEND		6	
		PARTNER/HUSBAND/WIFE		7	
		FRIENDS		8	
		CHILDREN		9	
		NEIGHBOR		10	

		ALONE		11	
		OTHER(specify):_____ _____		12	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P315	IN THE LAST 6 MONTHS WAS THERE AT LEAST ONE NIGHT WHERE YOU DID NOT HAVE A PLACE TO SLEEP OR WERE HOMELESS?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P316	IN THE LAST 6 MONTHS WAS THERE A DAY WHEN YOU OR YOUR FAMILY DID NOT HAVE FOOD TO EAT?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P317	WHAT IS YOUR RELIGION?	CATHOLIC		1	
		PROTESTANT		2	
		JEHOVAH WITNESS		3	
		VOODOO		4	
		ISLAM		5	
		NO RELIGION		6	
		OTHER(specify):_____ __		7	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P318	HAVE YOU EVER BEEN MARRIED?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P319	WHAT IS YOUR CURRENT MARITAL/RELATIONAL STATUS? [mark all that apply]	SINGLE		1	→P324
		MARRIED		2	
		DIVORCED		3	→P324
		WIDOWED		4	→P324
		COMMON LAW UNION		5	
		SEPARATED		6	→P324
		BOYFRIEND/GIRLFRIEND		7	
		OTHER (specify):_____		8	→P324
		DOES NOT KNOW		97	→P324
		NO RESPONSE		98	→P324
P320	IS YOUR HUSBAND/WIFE/PARTNER LIVING WITH	LIVING WITH ME		1	
		LIVING ELSEWHERE		2	
		DOES NOT KNOW		97	

	YOU NOW OR IS HE/SHE STAYING ELSEWHERE?	NO RESPONSE		98	
P321	DOES YOUR PARTNER/HUSBAND/ WIFE HAVE OTHER PARTNERS OR DOES HE/SHE LIVE WITH OTHER WOMEN/MEN AS IF MARRIED?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P322	INCLUDING YOURSELF, IN TOTAL, HOW MANY WIVES/HUSBANDS OR LIVE-IN PARTNERS DOES HE/SHE HAVE?	TOTAL NUMBER OF PARTNERS			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P323	DO YOU HAVE LIVING BIOLOGICAL CHILDREN?	YES		1	
		NO		0	→P325
		DOES NOT KNOW		97	→P325
		NO RESPONSE		98	→P325
P324	HOW MANY LIVING BIOLOGICAL CHILDREN DO YOU HAVE?	NUMBER CHILDREN			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P325	HOW MANY TIMES HAVE YOU GOTTEN A WOMAN PREGNANT?	NUMBER TIMES			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P326	DO YOU CARE FOR ANY CHILDREN WHO ARE NOT BIOLOGICALLY YOURS?	YES		1	
		NO		0	→P328
		DOES NOT KNOW		97	→P328
		NO RESPONSE		98	→P328
P327	HOW MANY NON-BIOLOGICAL CHILDREN DO YOU CARE FOR?	NUMBER NON-BIOLOGIC CHILDREN			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P328	AS FAR AS YOU KNOW OR SUSPECT, WERE YOUR PARENTS IN A	YES		1	
		MAYBE		2	
		NO		0	

	"PLASAJ" RELATIONSHIP, WHERE YOUR FATHER HAD OTHER PARTNERS IN ADDITION TO YOUR MOTHER? [read response options]	DOES NOT KNOW		97	
		NO RESPONSE		98	
		NOT APPLICABLE		99	
P329	AS FAR AS YOU KNOW OR SUSPECT, WERE YOUR PARENTS IN A "PLASAJ" RELATIONSHIP, WHERE YOUR MOTHER HAD OTHER PARTNERS IN ADDITION TO YOUR FATHER? [read response options]	YES		1	
		MAYBE		2	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
		NOT APPLICABLE		99	
P330	AS FAR AS YOU KNOW, ARE THEIR WOMEN IN YOUR HOUSEHOLD THAT HIT THEIR MALE PARTNERS?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
		NOT APPLICABLE		99	
P331	AS FAR AS YOU KNOW, ARE THEIR MEN IN YOU HOUSEHOLD THAT HIT THEIR FEMALE PARTNERS?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
		NOT APPLICABLE		99	
P332	CAN YOU PLEASE TELL ME WHICH OF THE FOLLOWING THINGS YOU HAVE IN YOUR HOUSEHOLD [read options]:		**YES**	**NO**	
		STOVE	1	0	
		TELEVISION	1	0	
		FRIDGE	1	0	
		RADIO	1	0	
		COMPUTER	1	0	
		CAR	1	0	
		BIKE	1	0	
		MOTO	1	0	
		DVD PLAYER	1	0	
P333	AS ANYONE IN YOUR FAMILY SERIOUSLY INJURED OR KILLED IN THE 2010 EARTHQUAKE?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
		NOT APPLICABLE		99	

CONDOMS					
NO.	**QUESTIONS**	**CODING CATEGORIES**		**SKIP TO**	
READ ALOUD: In this next section I am going to ask you questions about condoms.					
P400	HAVE YOU EVER HEARD ABOUT CONDOMS?	YES	1		
		NO	0	→P500	
		DOES NOT KNOW	97	→P500	
		NO RESPONSE	98	→P500	
P401	HAVE YOU EVER TALKED ABOUT CONDOMS WITH SOMEONE?	YES	1		
		NO	0	→P403	
		DOES NOT KNOW	97	→P403	
		NO RESPONSE	98	→P403	
P402	WITH WHOM HAVE YOU TALKED ABOUT CONDOMS? [interviewer read out each one and mark yes or no].		**YES**	**NO**	**NA**
		SPOUSE/PARTNER	1	0	99
		PARENTS	1	0	99
		SIBLINGS	1	0	99
		OTHER FAMILY	1	0	99
		TEACHERS	1	0	99
		PEER EDUCATORS	1	0	99
		FRIENDS	1	0	99
		NEIGHBORS	1	0	99
		WOMENS/MEN'S GROUP	1	0	99
P403	HOW MANY OF YOUR FRIENDS DO YOU THINK USE CONDOMS WHEN THEY HAVE SEX?	NONE	0		
		A FEW	1		
		HALF	2		
		MOST	3		
		ALL	4		
		DOES NOT KNOW	97		
		NO RESPONSE	98		
P404	DO YOU HAVE A CONDOM AND CAN I SEE IT?				
		YES HAVE, YES CONDOM SEEN	1		
		YES HAVE, NO CONDOM SEEN	2		
		NO HAVE, NO CONDOM SEEN	3		
P405	IF IN THE FUTURE YOU WANTED CONDOMS, FROM WHERE WOULD YOU GO TO GET THEM?	OUTREACH WORKER	1		
		DROP IN CENTERS	2		
		CLINIC	3		
		PHARMACY	4		
		MOBILE CLINIC	5		

	[read response options and mark all that apply]	STORE	6	
		FRIENDS	7	
		OTHER (specify):_____	8	
		DOES NOT KNOW	97	
		NO RESPONSE	98	

READ ALOUD: For the next set of questions about condoms, please tell me how confident you would feel. Would you feel *extremely confident, somewhat confident, somewhat uncertain*

P406		**EC**	**SC**	**SU**
A	HOW CONFIDENT ARE YOU THAT YOU COULD GET A CONDOM IF YOU WANTED ONE?	2	3	4
B	HOW CONFIDENT ARE YOU THAT YOU COULD HAVE A CONDOM WITH YOU IF YOU NEEDED IT, THAT IS IF YOU DECIDED TO HAVE SEX?	2	3	4
C	HOW CONFIDENT ARE YOU THAT YOU COULD USE A CONDOM CORRECTLY?	2	3	4
D	IMAGINE THAT YOU ARE HAVING SEX WITH SOMEONE YOU JUST MET AND YOU FEEL IT IS IMPORTANT TO USE CONDOMS. HOW CONFIDENT ARE YOU THAT YOU COULD TELL THE PERSON THAT YOU WANTED TO USE CONDOMS?	2	3	4

READ ALOUD: Now I am going to ask you about the likelihood of some events related to condom use. For each one please respond *yes, no, not applicable*

P407		**YES**	**NO**	**NA**
A	HOW LIKELY IS IT THAT YOUR PARTNER WOULDN'T LIKE IT IF YOU HAD A CONDOM WITH YOU?	1	0	99
B	DURING THE NEXT 3 MONTHS, HOW LIKELY IS IT THAT YOU WILL TRY TO PERSUADE YOUR PARTNER TO USE CONDOMS EVERY TIME YOU HAVE SEX?	1	0	99
C	DURING THE NEXT 3 MONTHS, HOW LIKELY IS IT THAT YOU WILL PURCHASE OR OBTAIN CONDOMS?	1	0	99
D	DURING THE NEXT 3 MONTHS, HOW LIKELY IS IT THAT YOU WILL ALWAYS HAVE A CONDOM WITH YOU?	1	0	99

SEXUAL RISK BEHAVIOR					
NO.	**QUESTIONS**	**CODING CATEGORIES**			**SKIP TO**
READ ALOUD: In this next set of questions I will ask you about your sexual behaviors. Please remember, everything you tell me is confidential and will not be shared with others. If you feel uncomfortable with a question just let me know and we can skip to the next questions. The information you share with us is very important for planning sexual health programs. We appreciate your efforts to answer as openly and honestly as possible. For some questions I will use the terms sexual intercourse, sex and sexual partner. When use these terms I am referring to penetrative penile/vaginal or penile/anal sex.					
P500	HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE FIRST TIME?	AGE IN YEARS FIRST INTERCOURSE			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P501	IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE WITH IN YOUR LIFETIME?	NUM OF SEXUAL PARTNERS LIFETIME			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P502	HOW MANY DIFFERENT SEXUAL PARTNERS HAVE YOU HAD IN THE PAST 12 MONTHS?	NUMBER OF PARTNERS			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P503	OF THESE SEXUAL PARTNERS, HOW MANY OF THEM WERE NEW PARTNERS IN THE PAST 12 MONTHS? [by "new" partner, we mean someone you had sex with for the first time in the last 12 months.]	NUMBER OF PARTNERS			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P504	OF ALL THE PEOPLE YOU HAD SEX WITH IN THE PAST 12 MONTHS, HOW MANY WERE GIRLS BETWEEN 15 AND 19 YEARS OLD (INCLUDING WIFE/PARTNER)?	NUMBER OF PARTNERS			
		DOES NOT KNOW		97	
		NO RESPONSE		98	

	[15-19-year old girls look about the same age as post-secondary school students.]				
P505	OF ALL THE PEOPLE YOU HAD SEX WITH IN THE PAST 12 MONTHS, HOW MANY WERE GIRLS BETWEEN 20 AND 24 YEARS OLD (INCLUDING WIFE/PARTNER)? [15-19-year old girls look about the same age as post-secondary school students.]	NUMBER OF PARTNERS			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P506	IN THE PAST 12 MONTHS HAVE YOU HAD SEX OR BEEN SEXUALLY INVOLVED WITH ANYONE BECAUSE HE/SHE GAVE YOU MONEY, DRUGS, CLOTHING, FOOD, OR A PLACE TO SLEEP IN EXCHANGE FOR SEX?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P507	IN THE PAST 12 MONTHS HAVE YOU EVER GIVEN SOMEONE ELSE MONEY, DRUGS, CLOTHING, FOOD, OR A PLACE TO SLEEP IN EXCHANGE FOR SEX?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P508	IN YOUR LIFETIME, HAVE YOU EVER BEEN FORCED TO HAVE SEX EVEN IF YOU DID NOT WANT TO? [by "forced sex" we	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	

	mean being assaulted or raped.]				
P509	THE LAST TIME YOU HAD SEXUAL INTERCOURSE DID YOU USE A CONDOM?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P5110	IN THE LAST 12 MONTHS HOW OFTEN HAVE YOU USED CONDOMS WHEN HAVING SEXUAL INTERCOURSE?	NEVER		0	
		RARELY		1	
		SOMETIMES		2	
		ALMOST ALWAYS		3	
		ALWAYS		4	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P511	HOW MANY OF YOUR FRIENDS WHO ARE YOUR AGE ARE HAVING SEXUAL INTERCOURSE?	ALL		4	
		MOST		3	
		FEW		2	
		NONE		1	
P512	IN THE PAST 30 DAYS, HAVE YOU SMOKED TOBACCO?	YES		0	
		NO		1	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P513	HAVE YOU EVER DRANK ALCOHOLIC BEVERAGES?	YES		1	
		NO		0	→P521
		DOES NOT KNOW		97	→P521
		NO RESPONSE		98	→P521
P514	HOW OLD WERE YOU WHEN YOU DRANK ALCOHOL FOR THE FIRST TIME?	AGE IN YEARS			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P515	HAVE YOU DRANK ALCOHOLIC BEVERAGES IN THE PAST 30 DAYS?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P516	HOW OFTEN DO YOU HAVE A DRINK CONTAINING ALCOHOL?	LESS THAN MONTHLY		1	
		MONTHLY		2	
		WEEKLY		3	
		DAILY		4	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P517		1 OR 2		1	

	HOW MANY DRINKS CONTAINING ALCOHOL DO YOU HAVE ON A TYPICAL DAY WHEN YOU ARE DRINKING?	3 OR 4		2	
		5 OR 6		3	
		7, 8 OR 9		4	
		10 OR MORE		5	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P518	IN THE LAST 30 DAYS, HOW OFTEN DID YOU DRINK 5 OR MORE ALCOHOLIC DRINKS OR BEER IN THE SAME OCCASION?	NUMBER OF TIMES			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P519	HAVE YOU EVER TRIED DRUGS IN YOUR LIFETIME?	YES		1	
		NO		0	→P526
		DOES NOT KNOW		97	→P526
		NO RESPONSE		98	→P526
P520	HOW OLD WERE YOU WHEN YOU FIRST USED DRUGS?	AGE IN YEARS			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P521	HAVE YOU USED DRUGS IN THE PAST 30 DAYS?	YES		1	
		NO		0	→P525
		DOES NOT KNOW		97	→P525
		NO RESPONSE		98	→P525
P522	IN THE PAST 30 DAYS WHAT DRUGS HAVE YOU USED? [read response options out loud]		**YES**	**NO**	
		MARIJUANA	1	0	
		CRACK	1	0	
		COCAINE	1	0	
		HEROINE	1	0	
		ECSTASY	1	0	
		OTHER (specify):_____	1	0	
P523	HOW OFTEN DO YOU USE DRUGS?	NEVER		0	
		LESS THAN MONTHLY		1	
		MONTHLY		2	
		WEEKLY		3	
		DAILY		4	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P524	DO YOU CURRENTLY HAVE SYMPTOMS OF	YES		1	
		NO		0	
		DOES NOT KNOW		97	

	DISCHARGE, BURNING DURING URINATION OR GENITAL SORES?	NO RESPONSE		98	
P525	HAVE YOU EVER BEEN TOLD THAT YOU HAVE A SEXUALLY TRANSMITTED DISEASE?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	

PARTNER GRID					
NO.	**QUESTIONS**	**CODING CATEGORIES**		**SKIP TO**	
READ ALOUD: Now I would like to ask about each of the partners you had sex with in the last 12 months. To do this I would like to make a list of 3 people you had sex with in the last 12 months. First, I would like to start with your <u>most recent</u> female sexual partner who was between 15 and 24 years old. Then I would like to ask about your next 2 most recent female sexual partners. Let's start with the most recent female sexual partner who was between 15 and 24 years old.					
P600	HOW WOULD YOU LIKE ME TO REFER TO THE MOST RECENT FEMALE SEXUAL PARTNER BETWEEN 15-24 WITH WHOM YOU HAD SEX IN THE LAST 12 MONTHS?	NAME OR NICKNAME_____			
P601	IN WHAT MONTH AND YEAR WAS THE <u>LAST TIME</u> (MOST RECENT TIME) YOU HAD SEX WITH (PXXX?	MONTH			
		YEAR			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P602	IN WHAT MONTH AND YEAR DID YOU <u>FIRST HAVE SEX</u> WITH (PXXX)?	MONTH			
		YEAR			
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P603	DO YOU THINK THAT YOU WILL HAVE SEX WITH (PXXX) IN THE FUTURE?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	

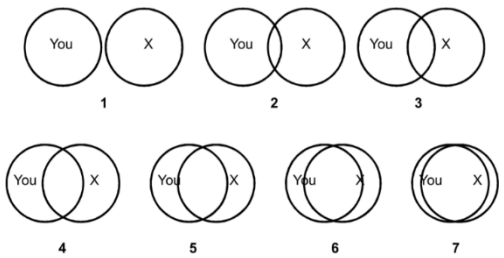
P604	HOW OFTEN HAVE YOU HAD SEX WITH (PXXX) IN THE LAST 12 MONTHS?	ONCE	1	
		MONTHLY	2	
		A FEW TIMES A MONTH	3	
		WEEKLY	4	
		A FEW TIMES A WEEK	5	
		DAILY	6	
		MANY TIMES	7	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P605	WHAT IS THE RELATIONSHIP OF (PXXX) TO YOU? [read options, choose one response only].	SPOUSE	1	
		LIVE-IN-PARTNER	2	
		STEADY PARTNER (NOT LIVING WITH RESPONDENT)	3	
		CASUAL PARTNER	4	
		SEX WORKER/CLIENT	5	
		OTHER (specify):	6	
P606	HOW LONG HAVE YOU KNOWN (PXXX)?	MONTHS		
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P607	HOW OLD IS (PXXX)? [important for interviewers to probe. if you don't know please give your best guess. do you think they are older or younger than you? do you think they are 2,5,10 years older/younger, etc.]	YEARS		
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P608	DOES (PXXX) LIVE IN THE SAME COMMUNE AS YOU?	YES	1	
		N0	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P609	HAVE YOU TALKED ABOUT HIV TESTING WITH (PXXX)?	YES	1	
		NO	0	→P611
		DOES NOT KNOW	97	→P611
		NO RESPONSE	98	→P611
P610	WHAT HAVE YOU AND (PXXX) TALKED ABOUT IN RELATION TO HIV TESTING?	HER/HIS HIV STATUS	1	
		MY HIV STATUS	2	
		TESTING TOGETHER	3	
		OTHER (specify):_____	4	

	[read out loud, mark all that apply]	DOES NOT KNOW		97	
		NO RESPONSE		98	
P611	THE LAST TIME YOU HAD SEX WITH (PXXX) DID YOU USE A CONDOM?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P612	IN THE LAST 12 MONTHS, HOW OFTEN DID YOU USE CONDOMS WITH(PXXX)? [read out loud]	NEVER		0	
		SOMETIMES		1	
		ALWAYS		2	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P613	IS (PXXX) INFECTED WITH HIV?	YES		1	
		MAYBE		2	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P614	IS (PXXX) A DRUG USER?	YES		1	
		MAYBE		2	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P615	DO YOU THINK YOU ARE LIKELY TO GET A SEXUALLY TRANSMITTED INFECTION FROM (PXX) IF YOU DO NOT USE A CONDOM WITH HER/HIM?	YES		1	
		MAYBE		2	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P616	DO YOU THINK THAT (PXXX) HAS OTHER SEXUAL PARTNERS IN ADDITION TO YOU?	YES		1	
		MAYBE		2	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P617	THE LAST TIME YOU HAD SEX WITH (PXXX) DID YOU DRINK ALCOHOL OR BEER?	YES		1	→P619
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P618	THE LAST TIME YOU HAD SEX WITH	YES		1	
		NO		0	
		DOES NOT KNOW		97	

	(PXXX) WERE YOU DRUNK?	NO RESPONSE		98	
P619	THE LAST TIME YOU HAD SEX WITH (PXXX) DID YOU FEEL PRESSURED (OBLIGATED TO, LIKE YOU HAD TO) TO HAVE AN ALCOHOLIC DRINK?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P620	THE LAST TIME YOU HAD SEX WITH (PXXX) DID HE/SHE DRINK ALCOHOL OR BEER?	YES		1	→P622
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P621	THE LAST TIME YOU HAD SEX WITH (PXXX) WAS HE/SHE DRUNK AS FAR AS YOU KNOW?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P622	THE LAST TIME YOU HAD SEX WITH (PXXX) DID YOU USE DRUGS?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P623	THE LAST TIME YOU HAD SEX WITH (PXXX) DID HE/SHE USE DRUGS?	YES		`1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P624	DID YOU EVER GIVE (PXXX) GIFTS OR MONEY IN EXCHANGE FOR SEX?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P625	DID YOU EVER GET GIFTS OR MONEY FROM (PXXX) IN EXCHANGE FOR SEX?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
FROM HERE DOWN PARTNER (NON-SEX WORKER) QUESTIONS, IF SEX WORKER OR ONE TIME FLING GO TO P700					
P626	AS FAR AS YOU KNOW, WERE YOU (PXXX)'S FIRST SEXUAL PARTNER?	YES		1	
		MAYBE		2	
		NO		0	
		DOES NOT KNOW		97	
		NO REPONSE		98	
P627		YES		1	

	DO YOU HAVE A CHILD WITH (PXXX)?	NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P628	WOULD YOU LIKE TO HAVE A/ANOTHER CHILD WITH PXXX IN THE FUTURE?	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	
P629	COMPARED TO ALL THE PARTNERS YOU HAVE HAD IN THE LAST 12 MONTHS WOULD YOU CONSIDER THIS PARTNER YOUR PRIMARY PARTNER	YES		1	
		NO		0	
		DOES NOT KNOW		97	
		NO RESPONSE		98	

READ ALOUD: WE WOULD LIKE TO KNOW HOW EMOTIONALLY CLOSE YOU ARE TO THIS SEXUAL PARTNER. WHICH OF THESE PAIRS OF CIRCLES BEST DESCRIBES YOUR RELATIONSHIP WITH (PXXX). IN THE FIGURE "X" SERVES AS A PLACEHOLDER FOR (PXXX), THAT IS, YOU SHOULD THINK OF "X" BEING (PXXX). BY SELECTING THE APPROPRIATE NUMBER PLEASE INDICATE TO WHAT EXTENT YOU AND (PXXX) ARE CLOSE."

P630				1 2 3 4 5 6 7 97 98	
			YES	**NO**	
P631	WHO ELSE KNOWS ABOUT YOUR SEXUAL RELATIONSHIP WITH (PXXX)? [read response options, mark all that apply]	PARENTS	1	0	IF 'NO' →P634
		CHILDREN	1	0	
		OTHER RELATIVES	1	0	
		FRIENDS	1	0	
		NEIGHBORS/COMMUNITY	1	0	
		OTHERS	1	0	
		DOES NOT KNOW	97		

		NO RESPONSE	98	
P632	IN GENERAL, HOW MUCH DOES YOUR MOTHER APPROVE OR DISAPPROVE OF (PXXX)AS A PARTNER FOR YOU?	APPROVE		1
		DISAPPROVE		2
		STRONGLY DISAPPROVE		3
		DON'T KNOW ABOUT PARTNER		4
		N/A MOTHER NOT LIVING OR NOT IN COMMUNICATION		5
		DOES NOT KNOW		97
		NO RESPONSE		98
P633	IN GENERAL, HOW MUCH DO YOUR FATHER APPROVE OR DISAPPROVE OF (PXXX)AS A PARTNER FOR YOU?	APPROVE		1
		DISAPPROVE		2
		STRONGLY DISAPPROVE		3
		DON'T KNOW ABOUT PARTNER		4
		N/A FATHER NOT LIVING OR NOT IN COMMUNICATION		5
		DOES NOT KNOW		97
		NO RESPONSE		98

READ ALOUD: In the next set of questions, I am going to ask how much you agree of disagree with statements about your relationship with (P401). You may answer *strongly agree, agree, disagree, or strongly disagree*

			SA	**A**	**DA**	**SD**
P634	(PXXX) CARES ABOUT ME		1	2	3	4
	I CAN TELL (PXXX) PRIVATE THINGS AND I KNOW THEY WON'T TELL OTHER PEOPLE		1	2	3	4
	WE HAVE A STRONG EMOTIONAL RELATIONSHIP		1	2	3	4
	WE ENJOY SPENDING TIME TOGETHER		1	2	3	4
	(PXXX) IS AN IMPORTANT PERSON IN MY LIFE		1	2	3	4

	I THINK I AM IN LOVE WITH (PXXX)		1	2	3	4
	IT IS LIKELY THERE ARE OTHER PARTNERS BESIDES (PXXX) THAT I COULD BE HAPPY WITH		1	2	3	4
	I FEEL HAPPY WHEN I AM WITH (PXXX)		1	2	3	4
	I COULD FIND ANOTHER PARTNER AS GOOD AS (PXXX)		1	2	3	4
	(PXXX) MAKES ME FEEL GOOD ABOUT MYSELF		1	2	3	4
	IT IS EASY TO TALK TO (PXXX) ABOUT SEX		1	2	3	4
	IT IS EASY TO TALK TO (PXXX) ABOUT CONDOMS		1	2	3	4
	IT IS EASY TO TALK TO (PXXX) ABOUT HIV TESTING		1	2	3	4
			VERY OFTEN	**SOMETIMES**	**NOT VERY OFTEN**	**NEVER**
P635	HOW MANY TIMES HAS (PXXX) DONE THE FOLLOWING THINGS TO YOU? YOU MAY ANSWER VERY OFTEN, SOMETIMES, NOT VERY OFTEN OR NEVER.		1	2	3	0
	RIDICULED OR CRITICIZED YOUR VALUES OR BELIEFS		1	2	3	0
	PUT DOWN YOUR PHYSICAL APPEARANCE		1	2	3	0

	PUT YOU DOWN IN FRONT OF OTHER PEOPLE		1	2	3	0
	TRIED TO CONTROL WHAT YOU DO		1	2	3	0
	HIT, PUSHED SLAPPED, PUNCHED, OR KICKED YOU		1	2	3	0
	FORCED YOU TO HAVE SEX		1	2	3	0
P636	HOW MANY TIMES HAVE YOU DONE THE FOLLOWING THINGS TO (PXXX)? YOU MAY ANSWER VERY OFTEN, SOMETIMES, NOT VERY OFTEN OR NEVER.		1	2	3	0
	RIDICULED OR CRITICIZED HER/HIS VALUES OR BELIEFS		1	2	3	0
	PUT DOWN HER/HIS PHYSICAL APPEARANCE		1	2	3	0
	PUT HER/HIM DOWN IN FRONT OF OTHER PEOPLE		1	2	3	0
	TRIED TO CONTROL WHAT SHE/HE DOES		1	2	3	0
	HIT, PUSHED SLAPPED, PUNCHED, OR KICKED HER/HIM		1	2	3	0
	FORCED HER/HIM TO HAVE SEX.		1	2	3	0
	HOW OFTEN HAS (PXXX) DONE THE FOLLOWING? YOU MAY ANSWER VERY OFTEN, SOMETIMES, NOT VERY OFTEN OR NEVER.		1	2	3	0

	LETS YOU BORROW SOMETHING		1	2	3	0
	LOANS OR GIVES YOU MONEY		1	2	3	0
	GIVES YOU A PRESENT		1	2	3	0
	PITCHES IN AND HELPS YOU DO THINGS		1	2	3	0
READ ALOUD: The next set of questions asks about how you and your partner (PXXX) interact (get along). For each example, you can answer your partner, both of you equally, or you.						
P637			**PARTNER**	**BOTH**	**YOU**	
	WHO USUALLY HAS MORE SAY ABOUT WHO YOU GO OUT WITH?		1	2	3	
	WHO USUALLY HAS MORE SAY ABOUT WHETHER YOU HAVE SEX?		1	2	3	
	WHO USUALLY HAS MORE SAY ABOUT WHAT YOU DO TOGETHER?		1	2	3	
	WHO USUALLY HAS MORE SAY ABOUT HOW OFTEN YOU SEE ONE ANOTHER?		1	2	3	
	WHO USUALLY HAS MORE SAY ABOUT WHEN YOU TALK ABOUT SERIOUS THINGS?		1	2	3	
	IN GENERAL, WHO DO YOU THINK HAS MORE POWER IN YOUR RELATIONSHIP?		1	2	3	
	WHO USUALLY HAS MORE SAY ABOUT WHETHER YOU USE CONDOMS?		1	2	3	
	WHO USUALLY HAS MORE SAY ABOUT		1	2	3	

	THE TYPE OF SEXUAL ACTS YOU DO?					
P638	ASIDE FROM (PXXX), HAVE YOU HAD SEX WITH ANOTHER PARTNER IN THE LAST 12 MONTHS?	YES		1	→P600	
		NO		0	→P700	
		DOES NOT KNOW		97	→P700	
		NO RESPONSE		98	→P700	

HIV KNOWLEDGE				
NO.	**QUESTIONS**	**CODING CATEGORIES**		**SKIP TO**
READ ALOUD: Now we will talk about something else. I am interested in your health and what you know about certain diseases.				
P700	HAVE YOU HEARD ABOUT SEXUALLY TRANSMITTED INFECTIONS?	YES	1	
		NO	0	→P702
		DOES NOT KNOW	97	→P702
		NO RESPONSE	98	→P702
P701	WHAT SEXUALLY TRANSMITTED INFECTIONS HAVE YOU HEARD ABOUT? [mark all that apply. do not read choices.]	SYPHILIS	1	
		CHLAMYDIA	2	
		HEPATITIS	3	
		HIV	4	
		HPV	5	
		GONORRHEA	6	
		HERPES	7	
		TRICHOMONIASIS	8	
		OTHER (specify):_____	9	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P702	HAVE YOU EVER HEARD OF HIV OR THE DISEASE CALLED AIDS?	YES	1	
		NO	0	→P1000
		DOES NOT KNOW	97	→P1000
		NO RESPONSE	98	→P1000
P703	IS IT POSSIBLE FOR A HEALTHLY-LOOKING PERSON TO HAVE HIV?	YES	1	
		NO	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P704	CAN PEOPLE REDUCE THEIR CHANCE OF	YES	1	
		NO	0	

	GETTING HIV BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	DOES NOT KNOW	97	
		NO RESPONSE	98	
P705	CAN PEOPLE GET HIV FROM MOSQUITO BITES?	YES	1	
		NO	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P706	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY USING A CONDOM EVERY TIME THEY HAVE SEX?	YES	1	
		NO	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P707	CAN PEOPLE GET HIV BY SHARING FOOD OR DRINK WITH A PERSON WHO HAS HIV?	YES	1	
		NO	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P708	CAN PEOPLE GET HIV BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	YES	1	
		NO	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P709	CAN HIV BE TRANSMITTED FROM A MOTHER TO HER BABY DURING PREGNANCY?	YES	1	
		NO	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P710	CAN HIV BE TRANSMITTED FROM A MOTHER TO HER BABY BY BREASTFEEDING?	YES	1	
		NO	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P711	CAN HIV BE TRANSMITTED BY SHARING NEELDES?	YES	1	
		NO	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P712	DO YOU KNOW ANYONE WHO IS INFECTED WITH HIV?	YES	1	
		NO	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	

P713	HAVE YOU EVER PARTICIATED IN AN EDUCATIONAL ACTIVITY LIKE A PRESENTATION OR WORKSHOP ABOUT HIV AND SEXUALLY TRANSMITTED INFECTIONS?	YES	1	
		NO	0	→P715
		DOES NOT KNOW	97	→P715
		NO RESPONSE	98	→P715
P714	IN THE LAST 12 MONTHS HAVE YOU PARTICIPATE IN EDUCATIONAL ACTIVITY LIKE A PRESENTATION OR WORKSHOP ABOUT HIV AND SEXUALLY TRANSMITTED INFECTIONS?	YES	1	
		NO	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P715	DO YOU KNOW WHERE TO GET AN HIV TEST?	YES	1	
		NO	0	→P716
		DOES NOT KNOW	97	→P716
		NO RESPONSE	98	→P716
P716	IF YOU NEEDED SESRVICES RELATED TO HIV OR OTHER SEXUALLY TRANSMITTED INFECTIONS, TO WHAT TYPE OF HEALTH CENTER WOULD YOU GO? [mark one]	PHARMACY	1	
		HEALTH POST	2	
		HEALTH CENTER	3	
		PUBLIC HOSPITAL	4	
		PRIVATE HOSPITAL	5	
		PARASTIL	7	
		OTHER (specify):_____	7	
		NO PREFERENCE	8	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P717	IS THERE TREATMENT FOR PEOPLE DIAGNOSED WITH HIV?	YES	1	
		NO	0	→P719
		DOES NOT KNOW	97	→P719
		NO RESPONSE	98	→P719
P718	IF SOMEONE WITH HIV GETS TREATMENT IN HAITI HOW LONG DO YOU THINK THEY WILL LIVE?	LESS THAN 1 YEAR	1	
		BETWEEN 1 AND 5 YEARS	2	
		BETWEEN 5 AND 10 YEARS	3	
		MORE THAN 10 YEARS	4	
		DOES NOT KNOW	97	

		NO RESPONSE		98	
		Very Likely	**Somewhat**	**Not very likely**	**Not at all likely**
P719	HOW LIKELY IS IT THAT YOU HAVE HIV NOW?	4	3	2	1
P720	HOW LIKELY IS IT THAT YOU WILL EVER GET HIV IN THE FUTURE?	4	3	2	1

HIV TESTING AND SERVICES				
NO.	**QUESTIONS**	**CODING CATEGORIES**	**SKIP TO**	
READ ALOUD: Now I would like to talk with you about HIV testing and services.				
P800	HAVE YOU EVER BEEN TESTED FOR HIV?	YES	1	→P802
		NO	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P801	WHY HAVE YOU NEVER BEEN TESTED FOR HIV? [read aloud, mark all that apply]	I DO NOT KNOW WHERE TO GO	1	→P900
		TESTING SITE IS TOO FAR	2	
		GETTING TESTED IS TOO COSTLY	3	
		I AM WORRIED THAT SOMEONE WILL SEE ME AT THE TESTING SITE	4	
		I AM WORRIED MY RESULT WILL NOT BE KEPT CONFIDENTIAL	5	
		I AM WORRIED THAT HEALTH WORKERS WILL TREAT ME BADLY	6	
		I DO NOT WANT TO KNOW MY STATUS	7	
		I DO NOT THINK I AM AT RISK FOR HIV	8	
		I AM WORRIED THAT TESTING POSITIVE COULD NEGATIVELY AFFECT MY CURRENT ROMANTIC	9	

		RELATINOSHIP OR MARRIAGE		
		I AM WORRIED THE TEST POSITIVE COULD NEGATIVELY AFFECT MY FUTURE ROMANTIC RELATIONSHIP OR MARRIAGE	10	
		I AM WORRIED THAT TESTING POSITIVE COULD NEGATIVELY AFFECT MY RELATIONSHIPS WITH FAMILY AND/OR FRIENDS	11	
P802	WHAT YEAR DID YOU HAVE YOUR FIRST HIV TEST?	YEAR		
P803	HOW LONG AGO DID YOU HAVE YOUR LAST HIV TEST?	LESS THAN 3 MONTHS AGO	1	
		3-6 MONTHS AGO	2	
		7-12 MONTHS AGO	3	
		MORE THAN 1 YEAR AGO BUT LESS THAN 2 YEARS AGO	4	
		MORE THAN 2 YEARS AGO	5	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P804	WHAT WAS THING THE MOST IMPORTANT THING THAT PROMPTED YOU TO GET YOUR MOST RECENT HIV TEST? [read out loud]	PART OF ROUTINE HEALTHCARE	1	
		REFERRED FOR HIV TESTING BY ANOTHER HEALTHCARE PROVIDER	2	
		CONVERSATION WITH OR SUPPORT FROM SPOUSE/PARTNER	3	
		TESTED WITH OR ACCOMPANIED BY SPOUSE/PARTNER	4	
		SPOUSE/PARTNER RECENTLY TESTED HIV POSITIVE	5	

		CONVERSATION WITH OR SUPPORT FROM FAMILY MEMBERS OR FRIENDS	6	
		TESTED WITH OR ACCOMPANIED BY FAMILY MEMBER	7	
		LEARNED NEW INFORMATION ABOUT HIV TRANSMISSION I DIDN'T KNOW BEFORE	8	
		LEARNER NEW INFORMATION ABOUT HIV TREATMENT I DIDN'T KNOW BEFORE	9	
		BEGAN TO EXPERIENCE SYMPTOMS OF HIV/AIDS	10	
		OTHER (specify):_____	11	
		DON'T KNOW	97	
		NO RESPONSE	98	
P805	HAVE YOU RECEIVED THE RESULTS FROM YOUR LAST HIV TEST?	YES	1	
		NO	0	→P807
		DOES NOT KNOW	97	→P807
		NO RESPONSE	98	→P807
P806	WHERE DID YOU GET TESTED THE LAST TIME YOU HAD AN HIV TEST AND GOT THE RESULTS?	GOVERNMENT CLINIC, HEALTH CENTER OR HOSPITAL	1	
		PRIVATE CLINIC, HEALTH CENTER, OR HOSPITAL	2	
		NGO/NGO CLINIC OFFICES	3	
		MOBILE TESTING UNIT	4	
		HIV TESTING FAIR OR OUTREACH EVENT	5	
		WORKPLACE	6	
		OTHER (specify):_____	7	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P807	HOW LONG DID YOU WAIT BETWEEN THE TIME YOU FIRST THOUGHT YOU	0-3 MONTHS	1	
		4-6 MONTHS	2	
		7-12 MONTHS	3	
		1-2 YEARS	4	

	SHOULD GET AN HIV TEST AND THE TIME YOU TOOK THE HIV TEST?	3-5 YEARS	5	
		MORE THAN 5 YEARS	6	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P808	THE LAST TIME YOU HAD THE TEST, DID YOU REQUEST IT, WAS IT OFFERED TO YOU AND YOU ACCEPTED IT, OR WAS IT REQUIRED/OBLIGATORY?	REQUESTED	1	
		OFFERED AND ACCEPTED	2	
		REQUIRED/OBLIGATORY	3	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P809	WHAT DID THE PROVIDER TELL YOU DURING COUNSELING? [mark all that apply]	TO HAVE ONE PARTNER	1	
		TO USE CONDOMS	2	
		TO USE LUBRICANT	3	
		TO TALK TO PARTNER ABOUT HIV TESTING	4	
		OTHER (specify):_____	5	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P810	THE LAST TIME YOU TESTED FOR HIV DID THE COUNSELOR GIVE YOU CONDOMS AND LUBRICANT?	NIETHER CONDOMS NOR LUBRICANT	1	
		CONDOMS ONLY	2	
		LUBRICANT ONLY	3	
		CONDOMS AND LUBRICANT	4	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P811	ARE YOU PLANNING TO GET TESTED FOR HIV (TEST AGAIN) IN THE NEXT 12 MONTHS?	YES	1	
		NO	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P812	AMONG THE FOLLOWING PEOPLE, WHO MAY HAVE INFLUENCED YOUR DECISION TO GET TESTED FOR HIV?	SEXUAL PARTNER	1	
		RELATIVES	2	
		PARENTS	3	
		FRIENDS	4	
		HEALTH CARE WORKERS	5	
		OTHER (specify):_____	6	
		DOES NOT KNOW	97	
		NO RESPONSE	98	

P813	AMONG THE PEOPLE WHO INFLUENCED YOUR DECISION TO GET TESTED FOR HIV HOW MANY OF THEM DO YOU THINK HAVE TESTED?	ALMOST ALL	1			
		HALF	2			
		FEW	3			
		NONE	4			
		DOES NOT KNOW	97			
		NO RESPONSE	98			
P814	**READ ALOUD:** People have different feelings and beliefs about taking an HIV test. I am going to read you a few statements about HIV tests. Please tell me if you Agree or Disagree with the following statements. For each statement, please tell me if you *strongly agree, agree, disagree, or strongly disagree.*		**SA**	**A**	**D**	**SD**
	IT WOULD HURT MY REPUTATION IF I TEST FOR HIV		1	2	3	4
	MY FAMILY WOULD TREAT ME DIFFERENTLY IF I TEST FOR HIV		1	2	3	4
	MY FRIENDS WOULD TREAT ME DIFFERENTLY IF I TEST FOR HIV		1	2	3	4
	PEOPLE MIGHT THINK I HAVE DONE SOMETHING TO BE ASHAMED OF IF I TEST FOR HIV		1	2	3	4
	PEOPLE MIGHT AVOID ME IF TEST FOR HIV		1	2	3	4
	PEOPLE MIGHT THINK I HAVE HIV IF I TEST		1	2	3	4
	IF YOUR SEXUAL PARTNER REFUSES TO GET AN HIV TEST WHEN YOU ASK HIM/HER TO YOU SHOULD BREAK UP WITH THEM		1	2	3	4
	IF YOU START TO HAVE SEX WITH SOMEONE FOR THE FIRST TIME, THEY SHOULD GET AND HIV TEST TO PROVE THEY ARE NOT INFECTED		1	2	3	4
	IF YOUR SEXUAL PARTNER TESTS FOR HIV AND IS NEGATIVE IT IS OKAY TO HAVE SEX WITHOUT A CONDOM WITH THEM		1	2	3	4
P815	**READ ALOUD:** Having a positive HIV test, or becoming infected with the virus that causes AIDS, can change someone's life in many ways. I will ready you a few statements about how you might react to this news. How strongly do you agree or disagree with the following statements? For each statement, please tell me if you *strongly agree, agree, disagree, or strongly disagree*. **IF ANSWERED 'O' TO P717 SKIP TO P816**		**SA**	**A**	**D**	**SD**
	IF I HAD HIV, I WOULD OVERCOME ANY REJECTION I MAY FACE		1	2	3	4
	IF I HAD HIV, I WOULD KEEP FROM GETTING DISCOURAGED		1	2	3	4

	IF I HAD HIV, I WOULD BE ABLE TO COPE WITH THE PHYSICAL SYMPTOMS		1	2	3	4
	IF I HAD HIV, I WOULD ACCEPT THE FACT THAT I HAD THE DISEASE		1	2	3	4
	IF I HAD HIV, I WOULD STILL ACCOMPLISH MY LIFE GOALS		1	2	3	4
	IF I HAD HIV, I WOULD BE ABLE TO GET CONSISTENT ACCESS TO HIV TREATMENT		1	2	3	4
	IF I HAD HIV, I WOULD BE ABLE TO COPE WITH THE SIDE EFFECTS FROM HIV TREATMENT		1	2	3	4
	IF I HAD HIV, I WOULD HAVE THE SUPPORT OF MY FRIENDS AND FAMILY		1	2	3	4
P816	**READ ALOUD:** I WOULD LIKE TO ASK YOU ABOUT THE RESULTS OF YOUR MOST RECENT HIV TEST. A POSITIVE TEST RESULT MEANS THAT YOU HAVE THE VIRUS THAT CAUSES AIDS. I KNOW THAT THIS IS VERY SENSITIVE INFORMATION AND I WILL NOT SHARE THE TEST RESULTS WITH ANYONE. IF YOU ARE NOT TO PREPARED TO DISCUSS YOUR RESULTS, YOU CAN REFUSE TO ANSWER THIS QUESTION. WHAT WAS THE RESULT OF YOUR MOST RECENT HIV TEST?	HIV POSITIVE	1	→P900		
		HIV NEGATIVE	0	→P1000		
		DOES NOT KNOW	97	→1000		
		NO RESPONSE	98	→1000		

HIV TREATMENT FOR POSITIVE PARTICIPANTS ONLY			
NO.	**QUESTIONS**	**CODING CATEGORIES**	**SKIP TO**
NOTE: THIS SECTION IS ONLY FOR PARTICIPANTS WHO REPORT BEING HIV POSITIVE.			
READ ALOUD: Now I would like to ask you some questions about HIV treatment and being HIV positive.			

P903	WHAT WERE YOU RECOMMENDED TO DO AFTER RECEIVING YOUR TEST RESULTS? [read response options and mark all that apply]	NOTHING	1	
		START DRUG TREATMENT FOR HIV	2	
		JOIN A SUPPORT GROUP FOR HIV POSITIVE PEOPLE	3	
		USE CONDOMS EVERY TIME I HAVE SEX	4	
		REMAIN FAITHFUL TO ONE SEXUAL PARTNER	5	
		GET MY CD4 CHECKER	6	
		TALK TO MY SEXUAL PARTNERS ABOUT TESTING FOR HIV	7	
		OTHER (specify):_____	8	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P901	DOES ANYONE IN YOUR PERSONAL LIFE KNOW YOUR HIV POSITIVE?	YES	1	
		NO	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P902	WHO KNOWS? [mark all that apply. for sexual partners refer back to partner grid]	SEXUAL PARTNER 1	1	
		SEXUAL PARTER 2	2	
		SEXUAL PARTNER 3	3	
		MOTHER/AUNT	4	
		FATHER/UNCLE	5	
		BROTHER/SISTER	6	
		CHILD	7	
		HEALTH PROVIDER	8	
		MALE FRIEND	9	
		FEMALE FRIEND	10	
		PEER NAVIGATOR	11	
		OTHER (specify):_____	12	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P903	HAVE YOU EVER TAKEN ANY ANTIRETROVIRAL THERAPY (ART) FOR HIV?	YES	1	
		NO	0	→P1000
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P904		MONTH		

	WHEN DID YOU FIRST START TAKING ART FOR HIV?	YEAR		
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P905	ARE YOU CURRENTLY TAKING ART FOR HIV?	YES	1	
		NO	0	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P906	HAVE YOU EVER STOPPED TAKING ART FOR HIV?	YES	1	
		NO	0	→P909
		DOES NOT KNOW	97	→P909
		NO RESPONSE	98	→P909
P907	HOW LONG DID YOU STOP FOR?	LESS THAN 1 MONTH	1	
		1-3 MONTHS	2	
		3-6 MONTHS	3	
		MORE THAN 6 MONTHS	4	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P908	DURING THE PAST 4 DAYS, ON HOW MANY DAYS HAVE YOU MISSED TAKING ALL YOUR DOSES OF ART FOR HIV?	NONE	0	
		ONE DAY	1	
		TWO DAYS	2	
		THREE DAYS	3	
		FOUR DAYS	4	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P909	WHERE DO YOU GO TO GET ART TREATMENT? [mark all that apply]	HEALTH CENTER	1	
		HOSPITAL	2	
		PRIVATE DOCTOR	3	
		HEALTH POST	4	
		PHARMACY	5	
		PARASTIL	6	
		OTHER (specify):_____	7	
		DOES NOT KNOW	97	
		NO RESPONSE	98	

GENDER AND EMPOWERMENT						
NO.	**QUESTIONS**	**CODING CATEGORIES**				
READ ALOUD: One of the issues we would like to understand better are ideas in your community about the experiences of adolescent girls. I am going to read you some statements about what you think adolescent should do or be able to do, and what you think most of them do. For each statement, please tell me whether you *strongly agree, somewhat agree, somewhat disagree, strongly disagree, or don't know.*						
		SA	**A**	**D**	**SD**	**DK**

P1000	IT SHOULD BE EASY FOR ADOLESCENT GIRLS TO EXPRESS THEIR OPINION IN THE FAMILY ABOUT THINGS THAT ARE IMPORTANT TO THEM (SUCH AS EDUCATION, MARRIAGE AND REPRODUCTIVE HEALTH MATTERS).	1	2	3	4	97
P1001	BOYS AND GIRLS SHOULD BE EQUALLY RESPONSIBLE FOR HOUSEHOLD CHORES.	1	2	3	4	97
P1002	ADOLESCENT GIRLS SHOULD BE ABLE TO DECIDE HOW MUCH EDUCATION THEY CAN GET.	1	2	3	4	97
P1003	ADOLESCENT GIRLS SHOULD TO ABLE TO MOVE FREELY OUTSIDE THE HOME IF THEY WANT TO.	1	2	3	4	97
P1004	ADOLESCENT GIRLS SHOULD BE ABLE TO DECIDE HOW TO SPEND TIME WITH THEIR FRIENDS AFTER SCHOOL EVEN IF PARENTS DON'T APPROVE.	1	2	3	4	97
P1005	MOST GIRLS IN THIS COMMUNITY FEEL THEY ARE MORE LIMITED IN WHERE THEY GO THAN BOYS.	1	2	3	4	97
P1006	MOST ADOLESCENT GIRLS EXPRESS THEIR OPINION IN THE FAMILY ABOUT THINGS THAT ARE IMPORTANT TO THEM (SUCH AS EDUCATION, MARRIAGE AND REPRODUCTIVE HEALTH MATTERS), EVEN IF THEIR PARENTS	1	2	3	4	97

	DO NOT AGREE WITH THEIR OPINION.					
P1007	MOST ADOLESCENT GIRLS ARE EQUALLY RESPONSIBLE FOR HOUSEHOLD CHORES AS ADOLESCENT BOYS.	1	2	3	4	97
P1008	MOST ADOLESCENT GIRLS CAN DECIDE HOW MUCH EDUCATION THEY CAN GET.	1	2	3	4	97
P1009	MOST ADOLESCENT GIRLS DECIDE HOW TO SPEND TIME WITH THEIR FRIENDS AFTER SCHOOL.	1	2	3		97
READ ALOUD: Another issue we want to learn more about are your opinion about the roles, responsibilities and accepted behaviors for men and women. For each statement, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement.						
		SA	**A**	**SD**	**D**	**DK**
P1010	A WOMAN SHOULD TOLERATE VIOLENCE TO KEEP HER FAMILY TOGETHER	1	2	3	4	97
P1011	MEN FEEL ASHAMED OF THEIR WIVES AND WANT YOUNG LOVERS TO TAKE AROUND TO THEIR FRIENDS	1	2	3	4	97
P1012	IF SOMEONE INSULTS A MAN HE SHOULD DEFEND HIS REPUTATION	1	2	3	4	97
P1013	A MAN USING VIOLENCE AGAINST HIS WIFE IS A PRIVATE MATTER THAT SHOULDN'T BE DISCUSSED OUTSIDE THE COUPLE	1	2	3	4	97
P1014	IT IS THE MAN WHO DECIDES WHAT TYPE OF SEX TO HAVE	1	2	3	4	97

P1015	IF MEN DO NOT HAVE LOVERS THEIR FRIENDS WILL LAUGH AT THEM	1	2	3	4	97
P1016	MEN ARE ALWAYS READY TO HAVE SEX	1	2	3	4	97
P1017	MEN NEED SEX MORE THAN WOMEN DO	1	2	3	4	97
P1018	YOU DON'T TALK ABOUT SEX, YOU JUST TO IT	1	2	3	4	97
P1019	A WOMAN WHO HAS SEX BEFORE SHE MARRIES DOES NOT DESERVE RESPECT	1	2	3	4	97
P1020	WOMEN WHO CARRY CONDOMS ARE EASY	1	2	3	4	97
P1021	IT IS A WOMAN'S RESPONSIBILITY TO AVOID GETTING PREGNANT	1	2	3	4	97
P1022	ONLY WHEN A WOMAN HAS A CHILD IS SHE A REAL WOMAN	1	2	3	4	97
P1023	A MAN NEEDS OTHER WOMEN EVEN IF THINGS WITH HIS MAIN PARTNER/WIFE ARE FINE	1	2	3	4	97
P1024	A REAL MAN PRODUCES A MALE CHILD	1	2	3	4	97
P1025	CHANGING DIAPERS, GIVING A BATH, AND FEEDING KIDS ARE THE MOTHER'S RESPONSIBILITY	1	2	3	4	97
P1026	A WOMAN'S ROLE IS TAKING CARE OF HER FAMILY	1	2	3	4	97
P1027	THE HUSBAND SHOULD DECIDE TO BUY THE MAJOR HOUSEHOLD ITEMS	1	2	3	4	97
P1028	A MAN SHOULD HAVE THE FINAL WORD ABOUT DECISION IN THE HOME	1	2	3	4	97
P1029	MEN HAVE MANY LOVERS BECAUSE IT IS	1	2	3	4	97

	IN THEIR NATURE TO DO SO					
P1030	A WOMAN SHOULD OBEY HER HUSBAND IN ALL THINGS	1	2	3	4	97
P1031	THERE ARE TIMES WHEN A WOMAN DESERVES TO BE BEATEN	1	2	3	4	97
P1032	IT IS ALRIGHT FOR A MAN TO BEAT HIS WIFE IS SHE IS UNFAITHFUL	1	2	3	4	97
P1033	A MAN CAN HIT HIS WIFE IF SHE WON'T HAVE SEX WITH HIM	1	2	3	4	97
P1034	A MAN NEEDS OTHER WOMEN EVEN IF THINGS WITH HIS WIFE/PARTNER ARE FINE	1	2	3	4	97
P1035	IT DISGUSTS ME WHEN I SEE A MAN ACTING LIKE A WOMAN	1	2	3	4	97
P1036	WOMEN SHOULD NOT INITIATE SEX	1	2	3	4	97
P1037	A MAN SHOULD BE OUTRAGED IF HIS WIFE/PARTNER ASKS HIM TO USE A CONDOM	1	2	3	4	97

In addition to knowing about your own opinion about roles, responsibilities, and behaviors for men and women, we also want to know how you think your closest friends would respond to the same statement. Please tell me how many of your closest friends would AGREE with each statement I read to you. Do all of them *agree, most of them agree, few of the agree, or none of them agree*?

		AA	**MA**	**FA**	**NA**	**DK**
P1038	A WOMAN SHOULD TOLERATE VIOLENCE TO KEEP HER FAMILY TOGETHER	1	2	3	4	97
P1039	MEN FEEL ASHAMED OF THEIR WIVES AND WANT YOUNG LOVERS TO TAKE AROUND TO THEIR FRIENDS	1	2	3	4	97
P1040	IF SOMEONE INSULTS A MAN HE SHOULD DEFEND HIS REPUTATION	1	2	3	4	97

P1041	A MAN USING VIOLENCE AGAINST HIS WIFE IS A PRIVATE MATTER THAT SHOULDN'T BE DISCUSSED OUTSIDE THE COUPLE	1	2	3	4	97
P1042	IT IS THE MAN WHO DECIDES WHAT TYPE OF SEX TO HAVE	1	2	3	4	97
P1043	IF MEN DO NOT HAVE LOVERS THEIR FRIENDS WILL LAUGH AT THEM	1	2	3	4	97
P1044	MEN ARE ALWAYS READY TO HAVE SEX	1	2	3	4	97
P1045	MEN NEED SEX MORE THAN WOMEN DO	1	2	3	4	97
P1046	YOU DON'T TALK ABOUT SEX, YOU JUST TO IT	1	2	3	4	97
P1047	A WOMAN WHO HAS SEX BEFORE SHE MARRIES DOES NOT DESERVE RESPECT	1	2	3	4	97
P1048	WOMEN WHO CARRY CONDOMS ARE EASY	1	2	3	4	97
P1049	IT IS A WOMAN'S RESPONSIBILITY TO AVOID GETTING PREGNANT	1	2	3	4	97
P1050	ONLY WHEN A WOMAN HAS A CHILD IS SHE A REAL WOMAN	1	2	3	4	97
P1051	A MAN NEEDS OTHER WOMEN EVEN IF THINGS WITH HIS MAIN PARTNER/WIFE ARE FIND	1	2	3	4	97
P1052	A REAL MAN PRODUCES A MALE CHILD	1	2	3	4	97
P1053	CHANGING DIAPERS, GIVING A BATH, AND FEEDING KIDS ARE THE MOTHER'S RESPONSIBILITY	1	2	3	4	97
P1054	A WOMAN'S ROLE IS TAKING CARE OF HER FAMILY	1	2	3	4	97

P1055	THE HUSBAND SHOULD DECIDE TO BUY THE MAJOR HOUSEHOLD ITEMS	1	2	3	4	97
P1056	A MAN SHOULD HAVE THE FINAL WORD ABOUT DECISION IN THE HOME	1	2	3	4	97
P1057	MEN HAVE MANY LOVERS BECAUSE IT IS IN THEIR NATURE TO DO SO	1	2	3	4	97
P1058	A WOMAN SHOULD OBEY HER HUSBAND IN ALL THINGS	1	2	3	4	97
P1059	THERE ARE TIMES WHEN A WOMAN DESERVES TO BE BEATEN	1	2	3	4	97
P1060	IT IS ALRIGHT FOR A MAN TO BEAT HIS WIFE IS SHE IS UNFAITHFUL	1	2	3	4	97
P1061	A MAN CAN HIT HIS WIFE IF SHE WON'T HAVE SEX WITH HIM	1	2	3	4	97
P1062	A MAN NEEDS OTHER WOMEN EVEN IF THINGS WITH HIS WIFE/PARTNER ARE FINE	1	2	3	4	97
P1063	IT DISGUSTS ME WHEN I SEE A MAN ACTING LIKE A WOMAN	1	2	3	4	97
P1064	WOMEN SHOULD NOT INITIATE SEX	1	2	3	4	97
P1065	A MAN SHOULD BE OUTRAGED IF HIS WIFE/PARTNER ASKS HIM TO USE A CONDOM	1	2	3	4	97

END OF SURVEY. PLEASE THANK THE PARTICIPANT AND REMIND THEM ABOUT DISTIBUTING THE COUPONS.

APPENDIX 2. SURVEY QUESTIONNAIRE (CREOLE)

ANKÈT GASON					
ELIJIBILITE AK KONSANTMAN					
NO.	**KESYON**	**REPONS**			**SOTE**
LI A OUT VWA: Objektif etid sa a se aprann sou konpòtman riske ki ka fè moun trape VIH/SIDA, patenarya seksyèl ki riske, ak pran tès VIH nan pèspektiv jèn tifi adolesan ak jèn fanm (AGYW) ak patnè gason yo seksyèl an Ayiti. Rezilta etid yo pral itilize pou amelyore pwogram prevansyon VIH ak objektif pou diminye konpòtman risk seksyèl ant AGYW ak patnè gason yo. Sondaj sa a ta dwe pran plis pase 60 minit pou fini ak tout enfòmasyon ou pataje avèk nou jodi a ap rete konfidansyèl. Pou yo ka patisipe, nou bezwen verifye ou satisfè kritè kalifikasyon etid yo.					
P100	DAT (JJ/MM/AAAA)	___/____/____			
P102	NIMEWO KOUPON AN [tout gason te refere pou etid sa dwe gen yon nimewo koupon. mande pou koupon epi anregistre nimewo]	PA ABLIKAB GRENN SÈLMAN		99	
		KÒD KOUPON_____			
P103	KÒD INIK [premye lèt non an, premye lèt prenon an, mwa li fèt, ane li fèt, premye lèt komin ankèt la ap fèt]	KÒD INIK_____			
P104	VIL ANKÈT LA	PORT-AU-PRINCE		1	
		ST. MAK		2	
P105	LAJ	LAJ NAN ANE			Si patisipan gen mwens ke 18 an o li pa konnen laj li → FINI
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P106	ESKE OU TE GEN YON PATNÈ SEKSYÈL NAN LAJ 15-24 AN NAN DÈNYE 12 MWA?	WI		1	
		NON		0	→FINI
		LI PA KONNEN		97	→FINI
		PA BAY REPONS		98	→FINI
P107	NAN DÈNYE TWA MWA, ESKE OU TE VIV/TRAVAY/ETID	WI		1	
		NON		0	→FINI
		LI PA KONNEN		97	→FINI

	YE NAN ST.MAK/PAP	PA BAY REPONS		98	→FINI
P108	ESKE OU KONNEN NON MOUN NAN KI TE BAY OU KOUPON AN?	WI		1	
		NON		0	→FINI
		LI PA KONNEN		97	→FINI
		PA BAY REPONS		98	→FINI
		PA APLIKE GRENN SÈLMAN		99	→ P111
P109	KI RELASYON OU GEN AK MOUN NAN KI TE BAY OU KOUPON AN? [li repons, chwazi tout repons ki aplikab]	ETRANJE		1	
		YON MOUN OU KONNEN		2	
		YON BON ZANMI		3	
		VWAZIN		4	
		FANMI		5	
		LÒT (presize):_____		6	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P110	KI JAN OU TE GEN KOUPON AN?	YO TE BANM		1	
		M TE JWENN LI		2	→FINI
		M TE ACHTEL		3	→FINI
		M TE FÈ YON ECHANJMAN POU LI		4	→FINI
		LI PA KONNEN		97	→FINI
		PA BAY REPONS		98	→FINI
P111	ESKE PATISIPAN TE BAY KONSANTMAN?	WI		1	
		NON		0	If 'NON' →FINI

REZO				
NO.	**KESYON**	**REPONS**		**SOTE**
LI A OT VWA: Kounyeya nou pral pale sou konbyen gason ou konnen nan PAP oswa ST.MAK ki te gen patnè seksyèl jenn fi oswa adolesant oswa jenn fanm nan laj 15-24 an nan dènye 12 mwa. Se enpotan ou relfechi nan tout aspè laviw pou jwenn nimewo total lan.				
P201	KONBYEN GASON OU KONNEN (OU KONNEN NON YO EPI YO KONNEN NON PAW) KI TE GEN YON PATNÈ SEKSYÈL NAN LAJ 15-24 AN NAN DÈNYE 12 MWA?	NIMEWO GASON YO KONNEN KI TE GEN PATNÈ SEKSYÈL NAN AJ 15-24 AN NAN DENYE 12 MWA		
	SI PATISIPAN REPONN "0" MANDE LI:	WI	1	
		NON	0	→FINI

	ESKE OU KONNEN MOUN NAN KI TE BAY OU KOUPON AN?	LI PA KONNEN	97	→FINI
		PA BAY REPONS	98	→FINI
P202	DE (P201), GASON SA YO, KONBYEN GEN 18 AN O PLIS? [kòmanse ak nimewo yo te bay nan kesyon P201]	NIMEWO 18 O PLIS		
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P203	NAN DÈNYE 3 MWA KONBYEN NAN (P202) GASON SA YO TE VIV/TRAVAY/ETIDYE NAN PAP? [kòmanse ak nimewo yo te bay nan kesyon P202]	NIMEWO PAP/ST. MAK		IF '0' →FINI
		LI PA KONNEN	97	→FINI
		PA BAY REPONS	98	→FINI
P204	DE (P203) GASON SA YO, KONBYEN OU TE WÈ NAN DÈNYE 2 SEMENN YO? [kòmanse ak nimewo yo te bay nan kesyon P203]	NIMEWO WÈ		SI '0' →FINI
		LI PA KONNEN	97	→FINI
		PA BAY REPONS	98	→FINI

DEMOGRAFIK					
NO.	**KESYON**	**REPONS**		**SOTE**	
LI A OT VWA: Mwen pral mande w enfòmasyon sou tèt ou ak sou fanmi w pou kòmanse sondaj la. Sonje byen, tout repons yo konfidansyèl epi yo pap pataje yo ak lòt moun. Si yon kesyon fè w santi w malalèz jis fè m konnnen epi nou ka sote l ale nan kesyon swivan. Tanpri lè w ap reponn bay tout verite jan sa posib.					
P300	NAN KI DEPATMAN OU TE FÈT?	ARTIBONITE		1	
		CENTRE		2	
		GRAND'ANSE		3	
		NIPPES		4	
		NORD		5	
		NORD-EST		6	
		NORD-OUEST		7	
		OUEST		8	
		SUD-EST		9	
		EST		10	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P301	NAN KI KOMIN WAP VIV KOUNYEYA?	PORT-AU-PRINCE		1	
		CARREFOUR		2	
		DELMAS		3	
		PETION-VILLE		4	
		KENSCOFF		5	

		CITE SOLEIL		6	
		GRESSIER		7	
		TABARRE		8	
		LEOGANE		9	
		CROIX-DES-BOUQUETS		10	
		GANTHIER		11	
		THOMAZEAU		12	
		SAINT-MARC		13	
		VERRETTES		14	
		LA CHAPELLE		15	
		LES GONAIVES		16	
		ENNERY		17	
		L'ESTERE		18	
		DESSALINES		19	
		DESDUNES		20	
		GRANDE-SALINE		21	
		PETITE-RIVIERE		22	
		GROS-MORNE		23	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P302	NAN DÈNYE 12 MWA, ESKE OU KITE KOMIN NAN POU 1 MWA O PLIS?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P303	ESKE MANMAN BYOLOJIK OU TOUJOU VIVAN?	WI		1	
		NON		0	→P305
		LI PA KONNEN		97	→P305
		PA BAY REPONS		98	→P305
P304	KI LAJ OU TE GEN LE LI MOURI?	LAJ NAN ANE			
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P305	ESKE PAPA BYOLOJIK OU TOUJOU VIVAN?	WI		1	
		NON		0	→P307
		LI PA KONNEN		97	→P307
		PA BAY REPONS		98	→P307

P306	KI LAJ OU TE GEN LE LI MOURI?	LAJ NAN ANE			
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P307	NAN KI KLAS MANMAN OU TE RIVE?	PAT AL LEKÒL		0	
		PAT FINI LEKÒL PRIMYE		1	
		FINI LEKÒL PRIMYE		2	
		PAT FINI LEKÒL SEGONDÈ		3	
		FINI LEKÒL SEGONDÈ		4	
		PA FINI INIVÈSITE		5	
		FINI INIVÈSITE		6	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P308	NAN KI KLAS OU TE RIVE?	PAT AL LEKÒL		0	→P310
		PAT FINI LEKÒL PRIMYE		1	
		FINI LEKÒL PRIMYE		2	
		PAT FINI LEKÒL SEGONDÈ		3	
		FINI LEKÒL SEGONDÈ		4	
		PA FINI INIVÈSITE		5	
		FINI INIVÈSITE		6	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P309	ESKE OU LEKÒL KOUNYEYA?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P310	ESKE WAP TRAVAY?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P311	KONBYEN KÒB (GOUD) OU KONN FÈ CHAK MWA?	EARNING HAITIAN GOUDES			
		LI PA KONNEN		97	
		PA BAY REPONS		98	
		PA APLIKAB		99	
P312	KONBYEN MOUN OU GEN SOU KONT OU POU W OKIPE?	KANTITE MOUN			
		LI PA KONNEN		97	

	[ekri '0' si pa gen okenn moun ki sou kont patisipan]	PA BAY REPONS		98	
P313	KONBYEN MOUN K AP VIV LAKAY OU?	KANTITE MOUN KAP VIV LAKAY YO			
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P314	AK KI MOUN WAP VIV? [chwazi tout repons ki aplikab]	MANMAN		1	
		PAPA		2	
		FRÈ/SÈ		3	
		GRANPARAN		4	
		MATANTA/TONTON /KOUZEN/KOUZIN		5	
		ZANMI FANMI		6	
		MARI/MENAJ		7	
		ZANMI		8	
		PITIT		9	
		VWAZEN/VWAZIN		10	
		POU KONT OU		11	
		LÒT (presize):_____ _____		12	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P315	PANDAN 6 MWA KI SOT PASE YO ÈSKE TE GEN YON NWIT KOTE OU PAT GEN KOTE POU W DÒMI?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P316	PANDAN 6 MWA KI SOT PASE YO ÈSKE TE GEN YON NWIT KOTE OU PAT GEN KOTE POU W DÒMI?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P317	KI RELIJYON OU GEN?	KATOLIK		1	
		PROTESTANT		2	
		JEOVA		3	
		VOUDOU		4	
		ISLAM		5	
		PA GEN RELIJYON		6	
		LÒT (presize):_____ _____		7	
		LI PA KONNEN		97	

		PA BAY REPONS		98	
P318	ESKE OU MARYE DEJA?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P319	KI ESTATI/SITIYASYON AMOUREZ OU AKTYÈLMAN LA? [chwazi tout ki aplikab]	SELIBATÈ		1	→P324
		MARYE		2	
		DIVÒSE		3	→P324
		VÈV		4	→P324
		PLASE		5	
		SEPARE		6	→P324
		MENAJ		7	
		LÒT (presize):_____ _____		8	→P324
		LI PA KONNEN		97	→P324
		PA BAY REPONS		98	→P324
P320	ÈSKE MARI/MADANM/MENNAJ OU AP VIV AVÈ W KOUNYE A OSWA L AP VIV YON LÒT KOTE?	AP VIV AVÈ M		1	
		AP VIV YON LÒT KOTE		2	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P321	ÈSKE MENNAJ/MARI/MADANM OU GEN LÒT MENNAJ OSWA ÈSKE LAP VIV AK LÒT FANMI/GASON KÒM SI YO TE MARYE?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P322	KONBYEN PATNÈ LI GEN (konte ou menm tou)?	NIMEWO PATNÈ			
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P323	ÈSKE W GEN PITIT PAW (BYOLOJIK) OU KI VIVAN?	WI		1	
		NON		0	→P325
		LI PA KONNEN		97	→P325
		PA BAY REPONS		98	→P325
P324	KONBYEN PITIT PAW (BIYOLOJIK) OU GENYEN KI VIVAN?	KANTITE PITIT			
		LI PA KONNEN		97	

		PA BAY REPONS		98	
P325	KONBYEN FI KI TE ANSENT POU OU?				
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P326	ÈSKE WAP AKTYELMAN OKIPE TIMOUN KI PA PITIT (BYOLOJIK) OU?	WI		1	
		NON		0	→P328
		LI PA KONNEN		97	→P328
		PA BAY REPONS		98	→P328
P327	KONBYEN TIMOUN KI PA PITIT (BIYOLOJIK) OU GEN SOU KONT OU?				
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P328	ESKE W TE KONNEN OSWA SISPEK KE MANMANW TE GEN LÒT GASON SOU PAPAW? [li tout repons]	WI		1	
		PETET		2	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONSE		98	
		PA APLIKAB		99	
P329	ESKE W TE KONNEN OSWA SISPEK KE PAPAW TE GEN LÒT FANM/FI SOU MANMANW? [li tout repons]	WI		1	
		PETET		2	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONSE		98	
		PA APLIKAB		99	
P330	ESKE GEN FANM K AP VIV LAKAY OU KI KONN BAT NONM YO?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONSE		98	
		PA APLIKAB		99	
P331	ESKE GEN GASON K AP VIV LAKAY OU KI KONN BAT FANM YO?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY RESPONSE		98	
		PA APLIKAB		99	
P332	TANPRI, ÈSKE OU KA DI M KISA PAMI BAGAY SA YO OU GEN LAKAY OU [li tout repons]:		**WI**	**NON**	
		FOU	1	0	
		TELEVIZYON	1	0	
		FRIJIDÈ	1	0	

		RADYO	1	0	
		ÒDINATÈ	1	0	
		MACHIN	1	0	
		BEKÀN	1	0	
		MOTO	1	0	
		LEKTÈ DVD	1	0	
P333	ESKEW GEN MOUN NAN FANMI OU KI TE MOURI OSWA BLESE NAN GOUDOU GOUDOU A?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONSE		98	
		PA APLIKAB		99	

KAPÒT					
NO.	**KESYON**	**REPONS**		**SOTE**	
LI A OT VWA: NAN SEKSYON SA, M PRAL POZE OU KESYON SOU KAPÒT.					
P400	ESKE OU KONNEN KISA YON KAPÒT YE?	WI	1		
		NON	0	→P500	
		LI PA KONNEN	97	→P500	
		PA BAY REPONS	98	→P500	
P401	ESKE OU KONN PALE AK LÒT MOUN SOU KAPÒT?	WI	1		
		NON	0	→P403	
		LI PA KONNEN	97	→P403	
		PA BAY REPONSE	98	→P403	
P402	AK Ki MOUN OU KONN PALE SOU KAPÒT? [li tout repons epi chwazi respons pou chak opsyon]		**WI**	**NON**	**PA**
		MARI/PATNÈ	1	0	99
		PARAN	1	0	99
		FRÈ/SÈ	1	0	99
		LÒT FANMI	1	0	99
		PWOFESÈ	1	0	99
		AJAN SANTE	1	0	99
		ZANMI	1	0	99
		VWAZIN/VWZEN	1	0	99
		GWOUP FANM/GASON	1	0	99
P403	KONBYEN ZANMI OU KONNEN KI KONN FÈ BAGAY E OU KWE KI ITILIZE KAPÒT?	OKENN	0		
		KÈK	1		
		MWATYE	2		
		PRÈSKE TOUT	3		
		TOUT	4		
		LI PA KONNEN	97		

		PA BAY REPONS	98	
P404	ESKE OU GEN YON KAPÒT AK OU KOUNYEYA? ESKE M KA WÈL?	WI M GEN, WI OU KA WÈL	1	
		WI M GEN, NOUN OU PA KA WÈL	2	
		NOM M PA GEN, OU PA KA WÈL	3	
		PA BAY REPONS	97	
P405	NAN FITI A, SI OU TA BEZWEN KAPÒT, KI KOTE OU TA ALE POUW JWENN YO? [li tout repons, chwazi tout ki aplikab]	AJAN SANTÈ	1	
		SANT SANTE E	2	
		KLINIK	3	
		FARMASI	4	
		LOPITAL	5	
		ZANMI	6	
		MAGAZIN/BOUTIK	7	
		LÒT (presize):_____	8	
		LI PA KONNEN	97	
		PA BAY REPONSE	98	

Pou chak kesyon ki swiv, di mwen "*mwen kwe" "mwen pa kwe" "mwen plis o mwens kwe".*

P406		**MK**	**MPK**	**PMK**
A	SI OU TA BEZWEN YON KAPÒT KOUNYEYA ESKE OU KWE OU TA KA JWENN YOUN	2	3	4
B	ESKE OU KWE SI OU TE DESIDE FÈ BAGAY OU TA GEN KAPÒT SOU OU	2	3	4
C	ESKE OU KWE OU KAPAB ITILIZE YON KAPOT KÒRÈTEMAN?	2	3	4
D	SI OU FÈK RANKONTRE AK YON MOUN EPI OU TA VLE KÒMANSE FÈ BAGAY AK LI, E KE OU TA ENVI ITILIZE KAPÒT, ESKE OU KEW OU KA MANDEL POU ITILIZE KAPOT	2	3	4

Kounyeya m pral li kèk fraz. Ou pral di mwen *'wi' o 'non'*.

P407		**WI**	**NON**	**PA**
A	ESKE OU PANSE PATNÈ OU AP FACHE SI LI TA JWENN YON KAPÒT SOU OU?	1	0	99
B	NAN TWA MWA KAP VINI LA YO, ESKE OU PANSE OU KA KONVENK PATNÈ OU POU ITILIZE KAPÒT CHAK FWA OU PRAL FE BAGAY.	1	0	99

C	NAN TWA MWA KAP VINI LA YO, ESKE OU PANSE WAP GEN POSIBILITE ACHTE OSWA JWENN KAPÒT?	1	0	99
D	NAN TWA MWA KAP VINI LA YO, ESKE OU PANSE WAP TOUJOU GEN YON KAPÒ SOU OU?	1	0	99

KONPÒTMAN SEKSYÈL RISKAN					
NO.	**KESYON**	**REPONSE**			**SOTE**
LI A OT VWA: Kounye a, mwen pral mande w enfòmasyon sou konpòtman ak aktivite seksyèl ou. Sonje byen, tout repons yo konfidansyèl epi yo pap pataje yo ak lòt moun. Si yon kesyon fè w santi w malalèz jis fè m konnnen epi nou ka sote l ale nan kesyon swivan. Tanpri lè w ap reponn bay tout verite jan sa posib.					
P500	KI LAJ OU TE GENYEN PREMYE FWA W TE FÈ BAGAY?	LAJ OU TE GENYEN PREMYE FWA OU TE FÈ BAGAY			
		LI PA KONNEN		97	
		PA BAY REPONSE		98	
P501	OTOTAL, AK KONBYEN MOUN DIFERAN OU TE FÈ BAGAY PANDAN TOUT LAVI W?	ANTITE PATNÈ SEKSYÈL OU GENYEN PANDAN TOUT LAVI W			
		LI PA KONNEN		97	
		PA BAY REPONSE		98	
P502	OTOTAL, AK KONBYEN MOUN DIFERAN OU TE FÈ BAGAY PANDAN 12 MWA KI SOT PASE YO?	KANTITE PATNÈ SEKSYÈL OU GENYEN PANDAN 12 MWA KI SOT PASE YO			
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P503	AK KONBYEN MOUN NOUVO OU TE FÈ BAGAY POU PREMYE FWA NAN DÈNYE 12 MWA?	KANTITE PATNÈ SEKSYÈL NOUVO KI OU TE GENYEN PANDAN 12 MWA KI SOT PASE YO			
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P504	PAMI TOUT MOUN OU TE FÈ BAGAY AVÈK YO PANDAN 12 MWA KI SOT PASE YO, KONBYEN NAN	KANTITE PATNÈ SEKSYÈL KI TE TIFI KI GEN ANT 15-19 AN			

	FI SA YO KI TE GEN ANT 15-19 AN (KONTE YON MADANM/MENNAJ)?	LI PA KONNEN		97	
		PA BAY REPONS		98	
P505	PAMI TOUT MOUN OU TE FÈ BAGAY AVÈK YO PANDAN 12 MWA KI SOT PASE YO, KONBYEN NAN FI SA YO KI TE GEN ANT 20-24 AN (KONTE YON MADANM/MENNAJ)?	KANTITE PATNÈ SEKSYÈL KI TE TIFI KI GEN ANT 20-24 AN			
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P506	PANDAN 12 MWA KI SOT PASE YO ÈSKE W TE FÈ BAGAY AK YON MOUN PASKE LI TE BA W OSWA LI TE DI W L AP BA W KADO, LAJAN, OSWA NENPÒT LÒT BAGAY?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P507	PANDAN 12 MWA KI SOT PASE YO, ÈSKE W TE BA LÒT MOUN LAJAN, DWÒG, RAD, MANJE, AN ECHANJ POU SÈKS?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P508	PANDAN TOUT VI W, ÈSKE YO KONN FÒSE W FÈ BAGAY?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P509	DÈNYE FWA OU TE FÈ BAGAY LA ÈSKE W TE ITILIZE KAPÒT?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P5110	PANDAN 12 MWA KI SOT PASE YO KONBYEN FWA W TE ITILIZE KAPÒT LÈ W T AP FÈ BAGAY?	JAMÉ		0	
		RAMAN		1	
		PAFWA		2	
		PRÈSKE TOUTAN		3	
		TOUTAN		4	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P511	KONBYEN ZANMI OU GENYEN KI GEN MENM LAJ AK OU KI NAN FÈ BAGAY?	TOUT		4	
		PRÈSKE TOUT		3	
		KÈK		2	
		PA DITOU		1	
		LI PA KONNEN		97	
		PA BAY REPONSE		98	
P512		WI		0	
		NON		1	

	PANDAN 30 JOU KI SOT PASE YO, ÈSKE W TE FIMEN SIGARET?	LI PA KONNEN		97	
		PA BAY REPONS		98	
P513	ÈSKE W KONN BWÈ ALKÒL (BWASON ALKOLIZE) NAN VI W?	WI		1	
		NON		0	→P519
		LI PA KONNEN		97	→P519
		PA BAY REPONS		98	→P519
P514	KI LAJ OU TE GENYEN PREMYE FWA OU TE BWÈ ALKÒL?	LAJ NAN ANE			
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P515	ÈSKE W TE BWÈ ALKÒL PANDAN 30 JOU KI SOT PASE YO?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P516	CHAK KI LE OU BWÈ YON BWASON KI GEN ALKÒL LADAN L?	MWENS PASE CHAK MWA		1	
		CHAK MWA		2	
		CHAK SEMÈN		3	
		CHAK JOU		4	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P517	KONBYEN BWASON KI GEN ALKÒL OU BWÈ JENERALMAN NAN YON JOUNEN LÈ W AP BWÈ? [li opsyon repons yo]	1 O 2		1	
		3 O 4		2	
		5 O 6		3	
		7, 8 O 9		4	
		10 O PLIS		5	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P518	NAN DÈNYE 30 JOU KI SOT PASE, KONBYEN FWA OU TE BWE 5 O PLIS BWASON KI GEN ALKÒL NAN MENM OKAZYON?	NIMEWO FWA			
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P519	ÈSKE W TE JANM ESEYE FIMEN DWÒG NAN VI W?	WI		1	
		NON		0	→P524
		LI PA KONNEN		97	→P524
		PA BAY REPONS		98	→P524
P520	KI LAJ OU TE GENYEN PREMYE FWA OU TE FIMEN DWÒG?	LAJ NAN ANE			
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P521		WI		1	
		NON		0	→P524

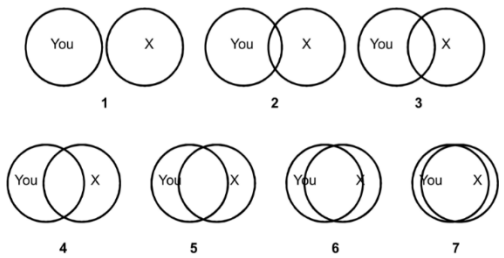
	ÈSKE W TE PRAN/FIMEN DWÒG PANDAN 30 JOU KI SOT PASE YO?	LI PA KONNEN		97	→P524
		PA BAY REPONS		98	→P524
P522	KI DWÒG OU TE PRAN/FIMEN PANDAN 30 JOU KI SOT PASE YO? [li tout repons]		**WI**	**NON**	
		MARIJUANA	1	0	
		CRACK	1	0	
		COCAINE	1	0	
		HEROINE	1	0	
		ECSTASY	1	0	
		LÒT (presize):_____	1	0	
P523	CHAK KI LE OU PRAN O FIMEN DWÒG? [li tout repons]	JANMÈ		0	
		MWENS PASE CHAK MWA		1	
		CHAK MWA		2	
		CHAK SEMÈN		3	
		CHAK JOU		4	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P524	AKTELMAN, ESKE OU REMAKE GEN KÈK SENTÒM TANKOU EKOULMAN, DLO BLANCH,GRATÈL, OSWA KANAL BOULE?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P525	ESKE OU FÈ OSWA TE FÈ YON MALADI MOUN KA TRAPE NAN FÈ BAGAY (IST)?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	

KADRIYAJ PATNÈ				
NO.	**KESYON**	**REPONS**		**SOTE**
LI A OT VWA: Kounyeya m ta renmen pozew kèk kesyon sou patnè seksyèl ou te gen pandan 12 mwa ki sot pase yo. Pou nou fè sa, m ta renmen nou fè yon lis de 3 dènye patnè seksyèl ou te genyen pandan 12 dènye mwa yo. M ta renmen kòmanse ak dènye patnè seksyèl jenn fi o fanm ou te gneyen ki te gen ant 15 a 24 an. Apre m ta renmen pozew kesyon sou 2 lòt patnè seksyèl. Ann kòmanse ak dènye patnè seksyèl fanm ou te genyen an ki te gen laj ant 15 a 24 an.				
P600	KIJAN DÈNYE MOUN OU TE FÈ BAGAY PANDAN 12 MWA KI SOT PASE A RELE? [ou ka bay non jwet li pito siw vle]	NON OSWA SOUNON_____		
P601		MWA		

	NAN KI MWA AK NAN KI ANE KI TE DÈNYE FWA OU TE FÈ BAGAY AK (PXXX)?	ANE		
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P602	NAN KI MWA AK NAN KI ANE KI TE PREMYE FWA OU TE FÈ BAGAY AK (PXXX)?	MWA		
		ANE		
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P603	ESKE OU KEW OU PRAL FÈ BAGAY AK (PXXX) A LAVNI?	WI	1	
		NON	0	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P604	PANDAN 12 MWA KI SOT PASE YO, KONBYEN FWA OU TE FÈ BAGAY AK (PXXX)?	YON FWA	1	
		CHAK MWA	2	
		KÈK FWA PA MWA	3	
		CHAK SEMÈN	4	
		KÈK FWA PA SEMÈN	5	
		CHAK JOU	6	
		ANPIL FWA	7	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P605	KI RELASYON OU GEN AK PXXX? [li opsyon epi chwazi youn sèlman]	MARI/MADANM	1	
		BON MENAJ	2	
		MENAJ SOU KOTE	3	
		KLIYAN	4	
		BÒS MWEN	5	
		BOUZEN	6	
		DENYE LE/MALFINI	7	
		LÒT(presize):_____ _____	8	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P606	DEPI KONBYEN TAN OU KONNEN LI (PXXX)?	MWA		
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P607	KI LAJ (PXXX)? [nòt: si patisipan pa konnen yo dwe devine. ou ka mande yo: eske li gen plis o mwens pase ou menm, etc.]	ANE		
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P608	ESKE [PXXX] AP VIV NAN MENM KOMIN AK OU?	WI	1	
		NON	0	

		LI PA KONNEN	97		
		PA BAY REPONS	98		
P609	ESKE OU KONN PALE AK [PXXX] DE TÈS VIH LA?	WI		1	
		NON		0	→P611
		LI PA KONNEN		97	→P611
		PA BAY REPONS		98	→P611
P610	DE KISA OU KONN PALE? [li tout repons epi chwazi tout ki aplikab]	ESTATI LI		1	
		ESTATI PAM		2	
		TÈSTE ANSANM		3	
		LÒT (presize):_____		4	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P611	DÈNYE FWA OU TE FÈ BAGAY AK (PXXX) ÈSKE W TE ITILIZE KAPÒT?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P612	NAN 12 DÈNYE MWA YO, KONBYEN FWA OU TE ITILIZE KAPÒT AK LI? [li tout repons]	JANMÈ		0	
		KÈK FWA		1	
		TOUTAN		2	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P613	ESKE OU KWE PXXX GEN VIH?	WI		1	
		PETET		2	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P614	ESKE OU KWE PXXX PRAN DWÒG?	WI		1	
		PETET		2	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P615	ESKE OU KWE (PXXX) KA BAW YON ENFEKSYON OSWA MALADI MOUN TRAPE NAN FÈ BAGAY SIW PA ITILIZE KAPÒT AK LI?	WI		1	
		PETET		2	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P616	ÈSKE W PANSE (PXXX) GEN YON LÒT PATNÈ SEKSYÈL ANPLIS DE OU MENM?	WI		1	
		PETET		2	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P617		WI		1	→P619

	DÈNYE FWA OU TE FÈ BAGAY AK (PXXX) ÈSKE W TE BWÈ ALKÒL OSWA BYÈ?	NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P618	DÈNYE FWA OU TE FÈ BAGAY AK (PXXX) ÈSKE LI TE SOU?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P619	DÈNYE FWA OU TE FÈ BAGAY AK (PXXX) ESKE OU TE SANTIW OBLIJE BWE YON BWASON KI GEN ALKÒL?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P620	DÈNYE FWA OU TE FÈ BAGAY AK (PXXX) ÈSKE L TE BWÈ ALKÒL OSWA BYÈ?	WI		1	
		NON		0	→P622
		LI PA KONNEN		97	→P622
		PA BAY REPONS		98	→P622
P621	DÈNYE FWA OU TE FÈ BAGAY AK (PXXX) ÈSKE LI TE SOU?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P622	DÈNYE FWA OU TE FÈ BAGAY AK (PXXX) ÈSKE W TE ITILIZE/PRAN DWÒG?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P623	DÈNYE FWA OU TE FÈ BAGAY AK (PXXX) ÈSKE L TE ITILIZE/PRAN DWÒG?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P624	ESKE W KONN BAY (PXXX) LAJAN O LÒT KADO AN ECHANJ POU SÈKS?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY RESPONS		98	
P625	ESKE (PXXX) KONN BAW LAJAN OSWA LÒT KADO AN ECHANJ POU SÈKS?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
KESYON KI PRAL POZE LA YO PA VALB POU "BOUZEN, DENYE LE, MALFININ." ALE P700					
P626	SELÒN OU ESKEW SE PREMYE PATNÈ SEKSYÈL (PXXX)?	WI		1	
		PETET		2	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	

P627	ESKE OU GEN PITIT AK (PXXX)?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P628	ESKE OU TA RENMEN GEN YOUN OSWA YON LÒT PITI AK (PXXX) A LAVNI?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
P629	PA RAPO AK LOT FI OU TE FE BAGAY AK YO PANDAN 12 DENYE MWA YO, ESKEW KONSIDERE KÒM PATNÈ #1?	WI		1	
		NON		0	
		LI PA KONNEN		97	
		PA BAY REPONS		98	
LI A OT VWA: Nou ta renmen konnen ki nivo ou santi ou pwoch ak PXXX. Kiyes nan sek marasa sa yo ki dekri relasyon ou menm ak PXXX pi byen. Nan imaj sa 'X reprezante PXXX, sa vle di, ou sipoze we "X" kòm PXXX. Chwazi chif ki koresponn ak relasyon ki pi byen dekri relasyon ou menm ak PXXX.					
P630		1			
		2			
		3			
		4			
		5			
		6			
		7			
		97			
		98			
			WI	**NON**	
P631	KI LÒT MOUN KI OKOURAN DE RELASYON SEKSYÈL OU AK (PXXX?) [LI TOUT REPONS YO EPI CHWAZI TOUT KI APLIKAB]	PARAN	1	0	SI 'NON' →P634
		PITIT	1	0	
		LÒT FANMI	1	0	
		ZANMI	1	0	
		VWAZIN/VWAZEN	1	0	
		LÒT MOUN	1	0	
		LI PA KONNEN	97		
		PA BAY REPONS	98		
P632	AN JENERAL, A KI NIVO MANMAN'W APWOUVE OSWA DAKÒ AK RELASYON OU GENYEN AK (PXXX)?	DAKÒ NÈT		1	
		DAKÒ		2	
		PA DAKÒ		3	
		PA DAKÒ DITOU		4	
		LI PA OKOURAN DE RELASYON AN		5	
		MANMAN 'M MOURI OSWA M PA PALE AVEL		6	
		LI PA KONNEN		97	

		PA BAY REPONS		98	
P633	AN JENERAL, A KI NIVO PAPA'W APWOUVE OSWA DAKÒ AK RELASYON OU GENYEN AK (PXXX)?	DAKÒ NÈT		1	
		DAKÒ		2	
		PA DAKÒ		3	
		PA DAKÒ DITOU		4	
		LI PA OKOURAN DE RELASYON AN		5	
		PAPA 'M MOURI OSWA M PA PALE AVEL		6	
		LI PA KONNEN		97	
		PA BAY REPONS		98	

LI A OT VWA: nan kesyon ki vini la yo, m pral mandew ak ki nivo ou dakò oswa pa dakò ak tout sa mwen pral diw la pa rapò ak relasyon ou avek pxxx. ou ka reponn *'dakò nèt', 'dakò', 'pa dakò', 'pa dakò ditou'.*

P634			**DAKÒ NÈT**	**DAKÒ**	**PA DAKÒ**	**PA DAKÒ DITOU**
	(PXXX) PRAN KA'M OSWA ENKYETEL POU MWEN		1	2	3	4
	M KA DI (PXXX) TOUT TI SEKRE'M E M KONNEN LI PAP DI LÒT MOUN SA		1	2	3	4
	NOU GEN YON RELASYON SOLID [SERE SERE]		1	2	3	4
	NOU RENMEN PASE TAN ANSANM		1	2	3	4
	PXXX SE YON MOUN KI ENPOTAN NAN LAVI'M		1	2	3	4
	M PANSE'M DAMOU AK PXXX		1	2	3	4
	A KOTE DE PXXX, SA KA RIVE KEM JWENN LÒT PATNÈ SEKSYÈL KEM TA KA ALEZ E KONTAN AK YO		1	2	3	4
	M SANTI'M KONTAN LE'M AVEK PXXX		1	2	3	4
	M KA JWENN LÒT PATNÈ SEKSYÈL KI BON MENM JAN AK PXXX		1	2	3	4
	M KA JWENN LÒT PATNÈ SEKSYÈL KI BON MENM JAN AK PXXX		1	2	3	4
	PXXX FÈM SANTI'M BYEN NAN PO'M		1	2	3	4
	PXXX FÈM SANTI'M BYEN NAN PO'M		1	2	3	4

	LI FASIL POU'M PALE AK PXXX SOU TÈS VIH		1	2	3	4
	KONBYEN FWA (PXXX) FEW BAGAY SA YO? OU KAPAB REPONN *TRÈ SOUVAN, PAFWA, PA TRÈ SOUVAN, OSWA JAMÈ*		**TRÈ SOUVAN**	**PAFWA**	**PA TRÈ SOUVAN**	**JANMÈ**
P635	PASE KWAYANS AK VALE'W NAN BETIZ OSWA KRITIKEW		1	2	3	0
	KONN BLAZEW PA RAPÒ APARANS FIZIK OU		1	2	3	0
	RABESE/IMILYEW DEVAN LÒT MOUN		1	2	3	0
	ESEYSE KONTWOLE SA WAP FÈ		1	2	3	0
	FRAPEW, BAW KALOT, BAW KOUT PWEN, BAW KOUT PYE		1	2	3	0
	FOSÈW FÈ BAGAY		1	2	3	0
P636	KONBYEN FWA PXXX OU FÈ BAGAY SA YO? OU KAPAB REPONN *TRÈ SOUVAN, PAFWA, PA TRÈ SOUVAN, OSWA JAMÈ*		1	2	3	0
	PASE KWAYANS AK VALE'L NAN BETIZ OSWA KRITIKEL		1	2	3	0
	KONN BLAZEL PA RAPÒ APARANS FIZIK OU		1	2	3	0
	RABESE/IMILYEL DEVAN LÒT MOUN		1	2	3	0
	ESEYE KONTWOLE SA LAP FÈ		1	2	3	0
	FRAPEL, BAL KALOT, BAL KOUT PWEN, BAL KOUT PYE		1	2	3	0
	KONN BLAZEL PA RAPÒ APARANS FIZIK OU		1	2	3	0
	KONBYEN FWA (PXXX) FÈ BAGAY SA YO?		1	2	3	0
	PEMET OU PRETE YON BAGAY		1	2	3	0
	PRETEW OSWA BAW LAJAN		1	2	3	0
	BAW YON KADO		1	2	3	0
	EDEW FÈ YON BAGAY		1	2	3	0

LI A OUT VWA: kesyon kap vini la yo pral mandew koman ou menm ak pxxx ye nan relasyon. pou chak egzanp ou ka reponn, *'patne'm' 'nou tou de' oswa 'mwen menm'.*						
P637			**PATNÈM**	**TOU DE**	**MWEN**	
	KIYES KI TOUJOU GEN DÈNYE MO POU KONNEN AK KIYES KE WAP SOTI?		1	2	3	
	KIYES KI TOUJOU GEN DÈNYE MO SOU KILEW FÈ BAGAY?		1	2	3	
	KIYES KI TOUJOU GEN DÈNYE MO SOU KISA NOU DWE FÈ ANSANM?		1	2	3	
	KIYES KI TOUJOU GEN DÈNYE MO POU KONNEN KILE YOUN DWE WÈ AK LÒT?		1	2	3	
	KIYES KI TOUJOU GEN DÈNYE MO POU KONNEN KILE NOU DWE PALE SOU BAGAY SERYE/ENPOTAN?		1	2	3	
	AN JENERAL, KIYES OU PANSE KI GEN PLIS POUVWA NAN RELASYON AN?		1	2	3	
	KIYES KI TOUJOU GEN DÈNYE MO SOU KILE OU DWE ITILIZE KAPÒT?		1	2	3	
	KIYES KI TOUJOU GEN DÈNYE MO SOU KI POZ NOU DWE PRAN LE NAP FÈ BAGAY?		1	2	3	
P638	A KOTE DE PXXX, ESKEW TE FÈ BAGAY AK LÒT MOUN PANDAN 12 DÈNYE MWA SA YO?	WI			1	→P600
		NON			0	→P700
		LI PA KONNEN			97	→P700
		PA BAY REPONS			98	→P700

KONESANS VIH				
NO.	**KESYON**	**REPONS**		**SOTE**
LI A OT VWA: Kounye a nou pral pale de yon lòt bagay. Mwen entèrese nan sante w ak kisa w konnen sou kèk maladi.				
P700	AVAN JODI A, ESKEW TE KONN TANDE	WI	1	
		NON	0	→P702

	PALE MALADI SEKSYÈL (IST)?	LI PA KONNEN	97	→P702
		PA BAY REPONS	98	→P702
P701	KI MALADI MOUN KA TRAPE NAN FÈ BAGAY OU KONNEN? [CHWAZI TOUT KI APLIKAP, PA LI REPONS]	SYPHILIS	1	
		CHLAMYDIA	2	
		HEPATITIS	3	
		VIH	4	
		HPV	5	
		GONORRHEA	6	
		HERPES	7	
		TRICHOMONIASIS	8	
		CHANCRE DUR	9	
		CHANCRE MOU	10	
		LÒT (presize):_____	11	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P702	ÈSKE W JANM TANDE PALE DE VIH OSWA MALADI YO RELE SIDA?	WI	1	
		NON	0	→P1000
		LI PA KONNEN	97	→P1000
		PA BAY REPONS	98	→P1000
P703	ÈSKE L POSIB POU YON MOUN KI SANBLE AN SANTE GEN VIH?	WI	1	
		NON	0	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P704	ÈSKE MOUN KA REDWI CHANS POU YO GEN VIH LÈ YO GEN YON SÈL PATNÈ SEKSYÈL KI PA ENFENKTE EPI LI PA GEN LÒT PATNÈ SEKSYÈL ANKÒ LI MENM?	WI	1	
		NON	0	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P705	ÈSKE MOUN KA GEN VIH LÈ MOUSTIK MÒDE YO?	WI	1	
		NON	0	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P706	ÈSKE MOUN KA REDWI CHANS POU YO GEN VIH LÈ YO ITILIZE KAPÒT CHAK FWA YO FÈ BAGAY?	WI	1	
		NON	0	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P707	ÈSKE MOUN KA GEN VIH LÈ YO PATAJE MANJE OSWA BWASON	WI	1	
		NON	0	
		LI PA KONNEN	97	

	AK YON MOUN KI GEN VIH?	PA BAY REPONS	98	
P708	ÈSKE MOUN KA GEN VIH AKOZ VODOU OSWA LÒT FÒS MISTIK?	WI	1	
		NON	0	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P709	ÈSKE YON MANMAN KA TRANSMÈT VIH BA PITIT LI PANDAN L ANSENT?	WI	1	
		NON	0	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P710	ÈSKE YON MANMAN KA TRANSMÈT VIH BA PITIT LI PANDAN L AP BA L TETE?	WI	1	
		NON	0	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P711	ÈSKE MOUN KA TRANSMÈT VIH LÈ YO ITILIZE MENM ZEGWI/SERENG?	WI	1	
		NON	0	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P712	ÈSKE W KONNEN YON MOUN KI GEN ENFEKSYON VIH?	WI	1	
		NON	0	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P713	ÈSKE W TE JANM PATISIPE NAN YON AKTIVITE TANKOU YON FOMSYON, YON PREZANTASYON OSWA ATELYE SOU VIH AK ENFEKSYON MOUN PRAN NAN FÈ BAGAY?	WI	1	
		NON	0	→P715
		LI PA KONNEN	97	→P715
		PA BAY REPONS	98	→P715
P714	ÈSKE NAN DÈNYE 12 MWA KI SOT PASE YO, OU TE PATISIPE NAN YON AKTIVITE TANKOU YON FMONASYON, YON PREZANTASYON OSWA ATELYE SOU VIH AK ENFEKSYON MOUN PRAN NAN FÈ BAGAY?	WI	1	
		NON	0	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P715	ÈSKE W KONNEN KI KOTE OU KA FÈ YON TÈS VIH?	WI	1	
		NON	0	→P716
		LI PA KONNEN	97	→P716
		PA BAY REPONS	98	→P716

P716	SI W TE BEZWEN SÈVIS KI GEN RAPÒ AK VIH OSWA LÒT ENFEKSYON MOUN KA PRAN NAN FÈ BAGAY, KI KOTE OU TALE? (chwazi youn)	FARMASI	1	
		DISPANSÈ	2	
		SANT SANTE	3	
		LOPITAL PIBLIK	4	
		LOPITAL PRIVE	5	
		PERISTIL	7	
		LÒT (presize):_____	7	
		PA GEN PREFERANS	8	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P717	ÈSKE GEN TRETMAN POU MOUN KI FÈ VIH/SIDA?	WI	1	
		NON	0	→P719
		LI PA KONNEN	97	→P719
		PA BAY REPONS	98	→P719
P718	KONBYEN TAN OI PANSE YON MOUN KI ENFEKTE AK VIH KA VIV SI YO TRETMAN?	MWENS DE 1 AN	1	
		ANTRE 1 A 5 AN	2	
		ANTRE 5 A 10 AN	3	
		PLIS DE 10 5 AN	4	
		LI PA KONNEN	97	
		PA BAY REPONS	98	

		WI	**NON**	**PA KONNEN**	**PA REPONN**
P719	ESKE OU PANSE OU GEN VIH/SIDA KOUNYEYA?	4	3	2	1
P720	ESKE OU PANSE OU KA TRAPE MALADI SIDA A LAVNI?	4	3	2	1

TÈS AK SEVIS VIH				
NO.	**KESYON**	**REPONS**	**SOTE**	
LI A OT VWA: Kounye a, mwen pral mande w enfòmasyon sou sevis VIH nan peyi ak tès VIH.				
P800	ESKE OU FÈ YON TÈS VIH DEJA?	WI	1	→P802
		NON	0	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P801	POUKISA OU POKO FÈ TÈSTE POU VIH? [li tout repons, chwazi tout ki aplikab]	M PAT KONNEN KOTE M DWE ALE POU FÈ TÈS LA	1	→P900
		KLINIK LA TWÒ LWEN	2	
		KLINIK LA TWÒ LWEN	3	

		M PA VLE LÒT MOUN KONNEN M TE FÈ TÈS LA	4	
		M PA VLE LÒT MOUN KONNEN M TE FÈ TÈS LA	5	
		M KWE DOKTÈ YO PRAL TRETEM MAL	6	
		M KWE DOKTÈ YO PRAL TRETEM MAL	7	
		M PA KWE M GEN RISK TRAPE VIH	8	
		MWEN PÈ	9	
		SA PA ENTERESM	10	
		SI REZILTA POSITIF, LI KA AFEKTE RELASYON AK FANMI/ZANMI'M	11	
		SI REZILTA POSITIF, LI KA AFEKTE RELASYON WOMANTIK MWEN	12	
		SI REZILTA POSITIF, LI KA AFEKTE NENPÒT RELASYON WOMANTIK M GEN NAN LAVI	13	
		PASKE'M TE GEN YON DOUT	14	
		PASKE'M SISPÈK PATNÈ'M NAN ENFEKTE	15	
		SOU DENMANN DOKTÈ	16	
		PASKE'M TE KOUCH AK YON MOUN NAN KAPÒT	17	
		PASKE'M TE ANSENT	18	
		PASKE'M TA PRAL MANDE VIZE/MARYE/TRAVAY	19	

		LÒT (presize):	20	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P802	NAN KI ANE OU TE FÈ PREMYE TÈS VIH?	ANE		
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P803	KI DÈNYE FWA OU TE FÈ TÈS VIH/SIDA?	MWENS KE 3 MWA	1	
		ANTRE 3-6 MWA	2	
		ANTRE 7-12 MWA	3	
		PLIS KE 1 AN MWENS KE 2 AN	4	
		2 AN	5	
		PLIS KE 2 AN	6	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P804	Ki bagay ki te plis pousew al fè dènye tès VIH ou a? [li byen fo] [chwazi youn sèlman]		1	
		REFERRED FOR HIV TESTING BY ANOTHER HEALTHCARE PROVIDER	2	
		CONVERSATION WITH OR SUPPORT FROM SPOUSE/PARTNER	3	
		TESTED WITH OR ACCOMPANIED BY SPOUSE/PARTNER	4	
		SPOUSE/PARTNER RECENTLY TESTED HIV POSITIVE	5	
		CONVERSATION WITH OR SUPPORT FROM FAMILY MEMBERS OR FRIENDS	6	
		TESTED WITH OR ACCOMPANIED BY FAMILY MEMBER	7	
		LEARNED NEW INFORMATION ABOUT HIV TRANSMISSION I DIDN'T KNOW BEFORE	8	
		LEARNER NEW INFORMATION ABOUT HIV TREATMENT I DIDN'T KNOW BEFORE	9	

		BEGAN TO EXPERIENCE SYMPTOMS OF HIV/AIDS	10	
		OTHER (specify):_____	11	
		DON'T KNOW	97	
		NO RESPONSE	98	
P805	ESKE OU TE RESEVWA REZILTA DÈNYE FWA OU TE FÈ TÈS LA?	WI	1	
		NON	0	→P807
		LI PA KONNEN	97	→P807
		PA BAY REPONS	98	→P807
P806	Ki kote ou tale dènye fwa ou te fè tès la epi yo te bay ou rezilta yo?	GOVERNMENT CLINIC, HEALTH CENTER OR HOSPITAL	1	
		PRIVATE CLINIC, HEALTH CENTER, OR HOSPITAL	2	
		NGO/NGO CLINIC OFFICES	3	
		MOBILE TESTING UNIT	4	
		HIV TESTING FAIR OR OUTREACH EVENT	5	
		WORKPLACE	6	
		OTHER (specify):_____	7	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P807	KONBYEN TAN OU TE RETE TANN ANT LEW TE PANSE OU FÈ TÈS VIH LA E LEW TE FINALMEN FÈL LA?	0-3 MWA	1	
		4-6 MWA	2	
		7-12 MWA	3	
		1-2 AN	4	
		3-5 AN	5	
		PLIS KE 5 AN	6	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P808	Dènye fwa ou te fè tès VIH la, eske se ou k I te manda sa, eske yo te jis ofriw li e ou te dakò, oubyen yo te egzijew fè li?	DEMANN	1	
		YO OFRIM EPI ME TE AKSEPTE	2	
		OBLIGATWA	3	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P809	Kisa ajan sante a te diw pandan counseling? [chwazi tout sa ki aplikab]	LOPITAL PIBLIK	1	
		TO USE CONDOM	2	
		TO USE LUBRICANT	3	
		TO TALK TO PARTNER ABOUT HIV TESTING	4	
		OTHER (specify):_____	5	
		DOES NOT KNOW	97	
		NO RESPONSE	98	
P810		NIETHER CONDOMS NOR LUBRICANT	1	
		CONDOMS ONLY	2	

	Eske dènye fwa ou te fè tès VIH la, yo ta baw kapòt ak librifyan?	LUBRICANT ONLY	3			
		CONDOMS AND LUBRICANT	4			
		DOES NOT KNOW	97			
		NO RESPONSE	98			
P811	ESKE W GEN ENTANSYON AL FÈ TÈS VIH NAN 12 MWA KAP VINI LA YO?	WI	1			
		NON	0			
		LI PA KONNEN	97			
		PA BAY REPONS	98			
P812	PAMI MOUN SA YO KIYES KI KA ENFLIYANSE DESIZYON'W OSWA POUSE'W AL FÈ TÈS VIH?	PATNÈ SEKSYÈL	1			
		FANMI	2			
		PARAN	3			
		ZANMI	4			
		DOKTÈ/PE EDIKATÈ/AJAN SANTE	5			
		LÒT (presize):_____	6			
		LI PA KONNEN	97			
		PA BAY REPONS	98			
P813	PAMI MOUN KI TE ENFLIYANSE DESIZYON'W OSWA POUSE'W AL FÈ TÈS VIH LA, KONBYEN NAN YO OU PANSE KI TÈSTE DEJA?	PRESKE TOUT	1			
		MWATYE	2			
		KÈK	3			
		OKENN NAN YO	4			
		LI PA KONNEN	97			
		PA BAY REPONS	98			

P814	READ ALOUD: People have different feelings and beliefs about taking an HIV test. I am going to read you a few statements about HIV tests. Please tell me if you Agree or Disagree with the following statements. For each statement, please tell me if you *strongly agree, agree, disagree, or strongly disagree.*	**SA**	**A**	**D**	**SD**
	IT WOULD HURT MY REPUTATION IF I TEST FOR HIV	1	2	3	4
	MY FAMILY WOULD TREAT ME DIFFERENTLY IF I TEST FOR HIV	1	2	3	4
	MY FRIENDS WOULD TREAT ME DIFFERENTLY IF I TEST FOR HIV	1	2	3	4
	PEOPLE MIGHT THINK I HAVE DONE SOMETHING TO BE ASHAMED OF IF I TEST FOR HIV	1	2	3	4
	PEOPLE MIGHT AVOID ME IF TEST FOR HIV	1	2	3	4
	PEOPLE MIGHT THINK I HAVE HIV IF I TEST	1	2	3	4
	IF YOUR SEXUAL PARTNER REFUSES TO GET AN HIV TEST WHEN YOU ASK HIM/HER TO YOU SHOULD BREAK UP WITH THEM	1	2	3	4
	IF YOU START TO HAVE SEX WITH SOMEONE FOR THE FIRST TIME, THEY SHOULD GET AND HIV TEST TO PROVE THEY ARE NOT INFECTED	1	2	3	4
	IF YOUR SEXUAL PARTNER TESTS FOR HIV AND IS NEGATIVE IT IS OKAY TO HAVE SEX WITHOUT A CONDOM WITH THEM	1	2	3	4

P815	READ ALOUD: Having a positive HIV test, or becoming infected with the virus that causes AIDS, can change someone's life in many ways. I will ready you a few statements about how you might react to this news. How strongly do you agree or disagree with the following statements? For each statement, please tell me if you *strongly agree, agree, disagree, or strongly disagree*. **IF ANSWERED '0' TO P717 SKIP TO P816.**		**SA**	**A**	**D**	**SD**
	IF I HAD HIV, I WOULD OVERCOME ANY REJECTION I MAY FACE		1	2	3	4
	IF I HAD HIV, I WOULD KEEP FROM GETTING DISCOURAGED		1	2	3	4
	IF I HAD HIV, I WOULD BE ABLE TO COPE WITH THE PHYSICAL SYMPTOMS		1	2	3	4
	IF I HAD HIV, I WOULD ACCEPT THE FACT THAT I HAD THE DISEASE		1	2	3	4
	IF I HAD HIV, I WOULD STILL ACCOMPLISH MY LIFE GOALS		1	2	3	4
	IF I HAD HIV, I WOULD BE ABLE TO GET CONSISTENT ACCESS TO HIV TREATMENT		1	2	3	4
	IF I HAD HIV, I WOULD BE ABLE TO COPE WITH THE SIDE EFFECTS FROM HIV TREATMENT		1	2	3	4
	IF I HAD HIV, I WOULD HAVE THE SUPPORT OF MY FRIENDS AND FAMILY		1	2	3	4
P816	READ ALOUD: I WOULD LIKE TO ASK YOU ABOUT THE RESULTS OF YOUR MOST RECENT HIV TEST. A POSITIVE TEST RESULT MEANS THAT YOU HAVE THE VIRUS THAT CAUSES AIDS. I KNOW THAT THIS IS VERY SENSITIVE INFORMATION AND I WILL NOT SHARE THE TEST RESULTS WITH ANYONE. IF YOU ARE NOT TO PREPARED TO DISCUSS YOUR RESULTS, YOU CAN REFUSE TO ANSWER THIS QUESTION. WHAT WAS THE RESULT OF YOUR MOST RECENT HIV TEST?	HIV POSITIVE	1	→P900		
		HIV NEGATIVE	0	→P1000		
		DOES NOT KNOW	97	→P1000		
		NO RESPONSE	98	→P1000		

TRETMAN VIH POU PATISIPAN KI POZITIF YO SÈLMAN				
NO.	**KESYON**	**REPONS**		**SOTE**
LI A OT VWA: Kounye a, mwen ta renmen poze w kèk kesyon sou tretman VIH ak moun ki sewopozitif yo				
P900	KISA YO TE DI OU POU FÈ APRE YO TE BAY OU REZILTA VIH LA? [li repons yo epi chwazi tout ki aplikab]	ANYEN	1	
		KOMANSE TRETMAN	2	
		CHÈCHE GROUP POU BANM SIPÒ	3	
		ITILIZE KAPÒT CHAK FWA M FÈ BAGAY	4	
		GEN YON SÈL PATNÈ	5	
		TCHEKE KONT CD4 MWEN	6	
		DI PATNÈ MWEN POU ALE TÈSTE	7	
		LÒT(presize):_____	8	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P901	ÈSKE GEN MOUN PWÒCH OU KI KONNEN OU SEWOPOZITIF?	WI	1	
		NON	0	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P902	KI MOUN KI KONNEN? [chwazi tout sa ki aplike. pou patnè seksyèl yo retounen nan kadriyaj patnè a]	PATNÈ SEKSYÈL 1	1	
		PATNÈ SEKSYÈL 2	2	
		PATNÈ SEKSYÈL 3	3	
		MANMAN/MATANT	4	
		PAPA/TONTON	5	
		FRÈ/SÉ	6	
		PITIT	7	
		PWOFESYONÈL SWEN SANTE	8	
		ZANMI GASON	9	
		ZANMI FI	10	
		PE EDIKATE	11	
		LÒT (presize):_____	12	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P903	ÈSKE W TE JANM SWIV TERAPI ANTIRETWOVIRAL (ARV) POU VIH?	WI	1	
		NON	0	→P1000
		LI PA KONNEN	97	
		PA BAY REPONS	98	

P904	KILÈ W TE KÒMANSE SWIV ARV PREMYE FWA?	MWA		
		ANE		
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P905	ÈSKE W SOU ARV AKTYÈLMAN LA?	WI	1	
		NON	0	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P906	ÈSKE W TE FON KANPE SOU TRETMAN VIH?	WI	1	
		NON	0	→P908
		LI PA KONNEN	97	→P908
		PA BAY REPONS	98	→P908
P907	PANDAN KONBYEN TAN W TE SISPANN TRETMAN AN?	MWENS KE YON MWA	1	
		1-3 MWA	2	
		3-6 MWA	3	
		PLIS KE 6 MWA	4	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P908	PANDAN 4 JOU KI SOT PASE YO, PANDAN KONBYEN JOU OU TE RATE TOUT DÒZ ARV POU VIH OU YO?	OKENN	0	
		YON JOU	1	
		DE JOU	2	
		TWA JOU	3	
		KAT JOU	4	
		LI PA KONNEN	97	
		PA BAY REPONS	98	
P909	KI KOTE OU ALE POU W RESEVWA TRETMAN ARV A? [li repons yo epi chwazi tout sa ki aplike]	SANT SANTE	1	
		LOPITAL PIBLIK	2	
		DOKTÈ PRIVE	3	
		DISPANSÈ	4	
		FAMASI	5	
		PERISTIL	6	
		LÒT (presize):_____	7	
		LI PA KONNEN	97	
		PA BAY RESPONSE	98	

SEKS AK OTONÒM		
NO.	**KESYON**	**REPONS**

LI OT VWA: Youn nan pwoblem nou ta renmen konprann pi byen se lide nan kominote kote wap viv sou eksperyans ti jenn fanm oswa asolesant. M pral li kek fraz sou saw panse ti jenn fanm oswa adolesant dwe fè oswa kapab fè e saw panse majorite nan yo fè. Silvouple, di'm si ou dakò oswa pa dakò avèk bagay yo: Pou chak bagay, tanpri di'm si *ou dakò nèt, dakò, pa dakò, oswa pa dakò ditou oswa pa konnen.*

		DAKÒ NÈT	**DAKÒ**	**PA DAKÒ**	**PA DAKÒ DITOU**	**PA KONNEN**
P1000	LI FASIL POU JENN FI OSWA ADOLESANT EKSPRIME OPINYON YO SOU BAGAY KI ENPOTAN POU YO (TANKOU EDIKASYON, MARYAJ, SANTE REPWODIKTIV)	1	2	3	4	97
P1001	GASON AK FI DWE GEN MENM RESPONSABILITE NAN FÈ TRAVAY NAN KAY	1	2	3	4	97
P1002	JENN FI AK ADOLESANT DWE KAPAB DESIDE SOU NIVO EDIKASYON YO DWE GENYEN/ATENN	1	2	3	4	97
P1003	JENN FI AK ADOLESANT DWE KAPAB DEPLASE/SOTI LIB E LIBE SI YO VLE	1	2	3	4	97
P1004	JENN FI AK ADOLESANT DWE KAPAB DESIDE KOMAN POU YO PASE TAN AK ZANMI YO APRE LEKÒL MENM SI PARAN YO PA DAKÒ	1	2	3	4	97
P1005	MAJORITE JENN FI AK ADOLESANT NAN KOMINOTE A SANTI YO PLIS LIMITE NAN KOTE YO KAPAB ALE KE TI GASON YO	1	2	3	4	97
P1006	MAJORITE JENN FI AK ADOLESANT EKSPRIME OPINYON YO NAN FANMI YO SOU BAGAY KI ENPOTAN POU YO (TANKOU EDIKASYON, MARYAJ, SANTE REPWODIKTIV) MENM SI PARAN YO PA DAKÒ	1	2	3	4	97
P1007	PI FO TI FI AK ADOLESANT YO GEN MENM RESPONSABILITE AK TI GASON YO NAN FÈ TRAVAY NAN KAY	1	2	3	4	97

P1008	PI FO TI FI AK ADOLESANT YO KAPAB DESIDE SOU KI NIVO EDIKASYON YO DWE GENYEN/ATENN	1	2	3	4	97
P1009	PI FO TI FI AK ADOLESANT YO DESIDE SOU KOMAN YO PASE TAN AK ZANMI YO APRE LEKÒL	1	2	3	4	97
LI OT VWA: Yon lòt pwoblem nou ta renmen aprann plis de li se opinyonw sou wòl, responsabiite ak konpotman ke yo aksepte pou gason ak fanm. Silvouple, di'm si ou dakò oswa pa dakò avèk bagay yo: Pou chak bagay, tanpri di'm si *ou dakò nèt, dakò, pa dakò, oswa pa dakò ditou oswa pa konnen.*						
		DAKÒ NÈT	**DAKÒ**	**PA DAKÒ**	**PA DAKÒ DITOU**	**PA KONNEN**
P1010	YON FANM DWE TOLERE VYOLANS POU KENBE FANMI'L INI (POU PA KRAZE FWAYE A)	1	2	3	4	97
P1011	GASON SANTI YO WONT DE MADANM YO E YO VLE FANM KI PI JENN POU SOTI AK YO	1	2	3	4	97
P1012	SI YON MOUN ENSILTE YON GASON, LI DWE REYAJI E DEFANN REPITASYON'L	1	2	3	4	97
P1013	YON GASON KI BAT MADANM LI SE YON BAGAY PRIVE E SA PA DWE DISKITE AN DEYO DE FWAYE E OSWA KOUP LA	1	2	3	4	97
P1014	SE GASON AN KI DESIDE KIJAN POU YO FÈ BAGAY	1	2	3	4	97
P1015	SI GASON PA GEN MENAJ, ZANMI AP GRIYEN DAN SOU LI	1	2	3	4	97
P1016	GASON TOUJOU PRE POU FÈ BAGAY	1	2	3	4	97
P1017	GASON PLIS BEZWEN FÈ BAGAY KE FANM	1	2	3	4	97
P1018	OU PA PALE DE FÈ BAGAY OU JIS FÈL	1	2	3	4	97
P1019	YON FANM KI FÈ BAGAY ANVAN LI MARYE PA MERITE RESPÈ	1	2	3	4	97
P1020	YON FANM KI FÈ BAGAY ANVAN LI MARYE PA MERITE RESPÈ	1	2	3	4	97
P1021	SE RESPONSABILITE FANM POU EVITE TONBE ANSENT	1	2	3	4	97

P1022	SÈLMAN LE YON FANM GEN PITITI LI SE YON VRÈ FANM	1	2	3	4	97
P1023	YON GASON BEZWEN LOT FANM MENM SI TOUT BAGAY AP BYEN MACHE AK MENAJ/MARI LI	1	2	3	4	97
P1024	YON VRÈ GASON FÈ YON PITITI GASON	1	2	3	4	97
P1025	CHANJE KOUCHÈT, BENYEN AK BAY TIMOUN MANJE SE RESPONSABILITE MANMAN	1	2	3	4	97
P1026	WÒL YON FANM SE PRAN SWEN FANMI'L	1	2	3	4	97
P1027	MARI A DWE DESIDE ACHTE TOUT GWO MATERYEL OSWA BAGAY POU KAY LAWÒL YON FANM SE PRAN SWEN FANMI'L	1	2	3	4	97
P1028	GASON DWE GEN DÈNYE MO SOU DESIZYON KAP PRAN NAN KAY LA	1	2	3	4	97
P1029	GASON DWE GEN DÈNYE MO SOU DESIZYON KAP PRAN NAN KAY LA	1	2	3	4	97
P1030	YON FANM DWE OBEYI MARI'L NAN TOUT BAGAY	1	2	3	4	97
P1031	GEN MOMAN FANM NAN MERITE BATON	1	2	3	4	97
P1032	SE NOMAL POU YON MARI BAT MADANM LI SI LI FÈ PACHAT/BAY ZOKLO SOU LI	1	2	3	4	97
P1033	YON GASON KA BAT MADANM LI SI LI PA FÈ BAGAY AVEL	1	2	3	4	97
P1034	YON GASON BEZWEN LOT FANM MENM SI TOUT BAGAY AP MACHE BYEN ANT LI MENM AK MADANM/MENAJ LI	1	2	3	4	97
P1035	SE BANM DEGOUTANS LEM WÈ YON GASON AP AJI TANKOU FANM	1	2	3	4	97
P1036	FANM PA DWE KÒMANSE FÈ BAGAY	1	2	3	4	97
P1037	YON GASON DWE SANTIL VEKSE SI YON FANM MANDEL ITILIZE YON KAPÒT	1	2	3	4	97

LI OT VWA: Kounyeya, nou ta renmen aprann plis de opinyon pi bon zanmi ou, sitou kisa yo panse sou wòl, responsabilite ak konpotman ke yo akspete pou gason ak fanm. Nou pral poze menm kesyon nou fèk mande'w, men kounyeya ou pral di'm si zanmi ou dakò oswa pa dakò avèk chak fraz. Pou chak fraz, tanpri di'm si yo *dakò nèt, dakò, pa dakò, oswa pa dakò ditou oswa pa konnen.*

		DAKÒ NÈT	**DAKÒ**	**PA DAKÒ**	**PA DAKÒ DITOU**	**PA KONNEN**
P1038	YON FANM DWE TOLERE VYOLANS POU KENBE FANMI'L INI (POU PA KRAZE FWAYE A)	1	2	3	4	97
P1039	GASON SANTI YO WONT DE MADANM YO E YO VLE FANM KI PI JENN POU SOTI AK YO	1	2	3	4	97
P1040	SI YON MOUN ENSILTE YON GASON, LI DW REYAJI E DEFANN REPITASYON'L	1	2	3	4	97
P1041	YON GASON KI BAT MADANM LI SE YON BAGAY PRIVE E SA PA DWE DISKITE AN DEYO DE FWAYE E OSWA KOUP LA	1	2	3	4	97
P1042	SE GASON AN KI DESIDE KIJAN POU YO FÈ BAGAY	1	2	3	4	97
P1043	SI GASON PA GEN MENAJ, ZANMI AP GRIYEN DAN SOU LI	1	2	3	4	97
P1044	GASON TOUJOU PRE POU FÈ BAGAY	1	2	3	4	97
P1045	GASON PLIS BEZWEN FE BAGAY KE FANM	1	2	3	4	97
P1046	OU PA PALE DE FÈ BAGAY OU JIS FÈL	1	2	3	4	97
P1047	YON FANM KI FÈ BAGAY ANVAN LI MARYE PA MERITE RESPÈ	1	2	3	4	97
P1048	YON FANM KI GEN KAPÒT POU SOU LI SE FANM KI FASIL	1	2	3	4	97
P1049	SE RESPONSABILITE FANM POU EVITE TONBE ANSENT	1	2	3	4	97
P1050	SÈLMAN LE YON FANM GEN PITITI LI SE YON VRÈ FANM	1	2	3	4	97
P1051	YON GASON BEZWEN LOT FANM MENM SI TOUT BAGAY AP BYEN MACHE AK MENAJ/MARI LI	1	2	3	4	97
P1052	YON VRÈ GASON FE YON PITITI GASON	1	2	3	4	97

P1053	CHANJE KOUCHÈT, BENYEN AK BAY TIMOUN MANJE SE RESPONSABILITE MANMAN	1	2	3	4	97
P1054	WÒL YON FANM SE PRAN SWEN FANMI'L	1	2	3	4	97
P1055	MARI A DWE DESIDE ACHTE TOUT GWO MATERYEL OSWA BAGAY POU KAY LA	1	2	3	4	97
P1056	GASON DWE GEN DENYE MO SOU DESIZYON KAP PRAN NAN KAY LA	1	2	3	4	97
P1057	GASON GEN ANPIL MENAJ/FANM PASKE SA NAN SAN YO	1	2	3	4	97
P1058	YON FANM DWE OBEYI MARI'L NAN TOUT BAGAY	1	2	3	4	97
P1059	GEN MOMAN FANM NAN MERITE BATON	1	2	3	4	97
P1060	SE NOMAL POU YON MARI BAT MADANM LI SI LI FÈ PACHAT/BAY ZOKLO SOU LI	1	2	3	4	97
P1061	YON GASON KA BAT MADANM LI SI LI PA FÈ BAGAY AVEL	1	2	3	4	97
P1062	YON GASON BEZWEN LÒT FANM MENM SI TOUT BAGAY AP MACHE BYEN ANT LI MENM AK MADANM/MENAJ LI	1	2	3	4	97
P1063	SE BANM DEGOUTANS LEM WÈ YON GASON AP AJI TANKOU FANM	1	2	3	4	97
P1064	FANM PA DWE KOMANSE FE BAGAY	1	2	3	4	97
P1065	YON GASON DWE SANTIL VEKSE SI YON FANM MANDEL ITILIZE YON KAPÒT	1	2	3	4	97

FINI. REMÈSYE PATISIPAN AN.

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