# Haitian Female Sex Workers in the Dominican Republic

## A Qualitative Study of HIV Vulnerability and Service Use

**April 2019**

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MEASURE Evaluation

# Haitian Female Sex Workers in the Dominican Republic

## A Qualitative Study of HIV Vulnerability and Service Use

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# CONTENTS

# ABBREVIATIONS

| | |
|---|---|
| ART | antiretroviral therapy |
| CDC | Centers for Disease Control and Prevention |
| CEPROSH | Centro de Promoción y Solidaridad Humana |
| COIN | Centro de Orientación e Investigación |
| DR | Dominican Republic |
| FSW | female sex worker |
| IDCP | Instituto Dermatológico y Cirugia de Piel |
| MODEMU | Movimiento de Mujeres Unidas |
| NSWP | Network of Sex Work Projects |
| PrEP | pre-exposure prophylaxis |
| UCSF CAPS | University of San Francisco Center for AIDS Prevention Studies |
| STI | sexually transmitted infection |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| USAID | United States Agency for International Development |

# EXECUTIVE SUMMARY

## Background

Haitian female sex workers (FSWs) are an important key population for HIV in the Dominican Republic (DR), with an estimated HIV prevalence of 5.4 percent (Centers for Disease Control and Prevention [CDC] & University of San Francisco Center for AIDS Prevention Studies [UCSF CAPS], 2015), compared to a 0.7 percent national rate (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2017). Despite the higher HIV risk among this group, there is a gap in its access to and use of HIV services. A recent study in Santo Domingo showed that only 36.8 percent of Haitian FSWs received condoms and lubricants in the past six months, and only 34.1 percent had tested for HIV in the past 12 months (CDC & UCSF CAPS, 2015). Currently, the main mode of HIV-service provision for Haitians in the DR is through mobile HIV-testing units. Research in the DR has shown that multilevel interventions for FSWs, guided by a community empowerment approach, are effective for increasing condom use (Kerrigan, et al., 2006) and HIV-treatment adherence (Kerrigan, et al., 2016). Adapting this type of intervention to build on the existing mobile units and tailoring it to the experience of Haitian FSWs may increase HIV-service use among this group.

The purpose this study was to provide descriptive information on the specific HIV-service needs (prevention, testing, treatment, and retention) of Haitian FSWs in the DR that can be used to tailor interventions for this group.

The specific aims of the study are below:

1. Describe gender norms and gendered relations of power from the perspective of Haitian FSWs, and describe the potential influence of race, ethnicity, and legal and economic status on these norms and relationships
2. Describe health-seeking behavior broadly, and in relation to HIV, and the gender-related factors that influence HIV-service use for Haitian FSWs
3. Characterize social resources for Haitian FSWs (including social support and social cohesion and solidarity) and how these might be used to promote HIV-service use
4. Examine the stigma related to sex work that Haitian FSWs experience, including how gender norms influence this stigma and how this stigma influences HIV-service use
5. Based on 1–4, identify ways that existing HIV services can be tailored to meet the needs of Haitian FSWs

## Methods

In-depth interviews were conducted with 46 women residing in Santo Domingo (n=20) and Puerto Plata (n=26) who had exchanged sex for money in the past six months, were born in Haiti or were of Haitian descent, and were 18 years old or older. Women were recruited with the assistance of longstanding local civil society organizations that provide HIV-prevention, -testing, and -treatment services and conduct outreach to FSWs. Participants were recruited by peer navigators and outreach workers from the Instituto Dermatológico y Cirugia de Piel (IDCP) in Santo Domingo and the Centro de Promoción y Solidaridad Humana (CEPROSH) in Puerto Plata. Interviewers fluent in Spanish and Haitian Creole used semi-structured guides to conduct two interviews with each participant lasting approximately 60 minutes each. The first interview

consisted of general questions about self-identity and life goals, Haitian ethnicity and identity, interpersonal relationships, and social support. The second interview asked questions about sex work, health and well-being, and HIV prevention and service use. Written informed consent was obtained, and participants received DOP$500 (about US$10) for each interview. Interviews were audio-recorded and transcribed. Interviews conducted in Haitian Creole were translated to Spanish. Line-by-line coding was used to generate a codebook (Charmaz, 2014), and thematic analysis (Guest, MacQueen, & Namey, 2012) was used to identify main themes in relation to the research aims.

## Findings

- **Anti-Haitian stigma:** Descriptions of anti-Haitian stigma included stereotypes that Haitians did not keep themselves as presentable as Dominicans in their physical appearance. Several participants described difficulty finding work because they were Haitian. However, all participants reported being well-received by healthcare providers. There was confusion about the ability to receive health services without immigration documents, including HIV services.
- **Social support:** FSWs who were born in Haiti reported less social support than Haitian FSWs born in the DR. Many participants lived far away from family members, even family located in the DR. Participants had social ties with people similar to themselves in terms of poverty, unstable housing, and limited economic opportunities. Most participants had a significant responsibility to care for the well-being of others with limited outside financial or instrumental support (e.g., food or a ride to the hospital). Though some participants reported relying on other sex workers to increase safety, they did not discuss strong emotional bonds with other sex workers and seldom had a social acquaintance with whom they shared deep personal information. However, they reported that sex workers "got along well" regardless of being Haitian or Dominican. There was a diversity of opinions about whether programs for sex workers should be separate for Haitians and Dominicans.
- **Gender norms:** Gender influenced participant's lives by dictating the economic opportunities available to them, the role they were expected to play in the care of children and others, and the limited emotional support and fidelity that they could expect in romantic partnerships with men. As Haitians in the DR starting with limited economic and social capital and low levels of education, participants were limited to nontechnical jobs deemed appropriate for women. Ultimately, Haitian women in this study turned to sex work as a way to support themselves, to take care of their children, to send money to other adult family members, and sometimes to provide for their male partners. Participants emphasized the sense of responsibility they felt for their children and family, and their inability to depend on another adult for consistent financial support for rent, food, and other basic expenses.
- **Diversity in sex work risk:** The form of sex exchange differed so that non-Spanish-speaking women born in Haiti were at higher risk for violence and HIV exposure. Older women were also more compromised in the types of clients and forms of exchange they could enforce. Income generated from sex work was unstable, so women were constantly stressed about their ability to pay basic expenses for housing, food, transportation, and children's education. Though they preferred to limit the number of clients per night, participants also reported that it was important to take clients when they could.

- **Concerns about the dangers of sex work:** Participants worried that they would be tricked by clients who would refuse to pay and that clients would put their health at risk by puncturing condoms or removing the condom without their knowledge.
    - Violence—Participants were afraid of being attacked and assaulted by men on their way to and from work and described walking with other sex workers as a form of protection. The early morning hours were considered very dangerous because women had limited forms of transportation. Participants described being physically attacked by clients, including being punched and strangled. They feared physical abuse and disease out of concern for their own well-being, but also because they felt a great responsibility to take care of themselves so that they could care for their children.
    - Sex work stigma—Although it was widely known and understood that for some women, the exchange of sex for money was a rational strategy to ensure livelihood, this fact was not publicly accepted. Sex workers expressed a variety of perspectives about sex work, including self-stigma and feelings of shame, but there was also a recognition that they did this type of work out of necessity for themselves and their families.
- **Condom use and prevention:** There was a high level of knowledge about the importance of condom use to prevent HIV transmission. Many participants reported that it was harder to convince Haitian clients to use condoms because Haitian men have a stronger preference for sex without a condom and because these clients have less knowledge about HIV. Participants also noted that an overall low level of formal education and literacy made it more difficult to discuss condom use with Haitian clients. Closeness and intimacy with regular partners made condom use in these relationships more difficult. It was common for couples to stop using condoms after testing negative for HIV, even though women continued to be concerned about the fidelity of their partner. There was also low knowledge about other sexually transmitted infections (STIs) and the increased risk for acquiring HIV for people who have an STI.
- **HIV testing:** Most participants had tested for HIV at least once but were not doing so routinely. Some confusion existed about the need to have immigration documents to test for HIV. Most participants had tested for HIV during prenatal care. Outreach and mobile HIV testing services at sex work sites were noted as critical because of the busy schedules of sex workers. However, counseling services in mobile sites and maternity care facilities lacked important information. Barriers to HIV testing included fear of an HIV-positive test that could result in stigma and discrimination, violence from past sexual partners (angry about possible exposure to HIV), and difficulty getting clients.
- **HIV treatment:** There was high awareness of HIV treatment, but low knowledge about how it works, including confusion over using alcohol when taking medication. HIV-positive participants were unstably housed and needed food support for themselves and their family. Most felt that they had been infected by an ex-husband or boyfriend rather than a client. Anxiety about navigating the health system and fear about seeking care alone were initial barriers to seeking care for HIV. Fear of gossip if seen at an HIV clinic was also noted. HIV-positive participants worried a great deal about their own health because they were concerned about who would care for their children if they were no longer able. Children motivated self-care among HIV-positive women and sometimes even reminded their mothers to take medication.

- **HIV stigma:** HIV stigma was a primary concern for participants living with HIV and a major factor in their decision to seek healthcare. The stress from stigma was noted as something that affected their mental health. Concern that neighbors and others in the wider society would reject or discriminate against people living with HIV was constant. Participants also worried that their HIV status would prevent them from earning a living in sex work.

## Recommendations

The results of this study document the layered influence of ethnicity, gender, and stigma on the health seeking behaviors of Haitian FSWs in the cities of Santo Domingo and Puerto Plata in the DR. Key findings link directly to HIV-prevention, -testing, and -treatment programs. There are also larger social issues related to stigma, motherhood, and violence that, if accounted for in HIV services, could potentially increase uptake and effectiveness of HIV programming. Based on the results of this study we recommend the following:

- Continuation and expansion of HIV testing through mobile units and outreach services for Haitian FSWs
- Testing of innovative strategies to link clients of mobile and outreach services to HIV programming and complementary social support programs
- The design and implementation of a multilevel intervention for Haitian FSWs with an emphasis on building social support to achieve HIV-related goals
- Establishment of a community advisory board to guide HIV programs in each province where programs operate

# INTRODUCTION

## Economic Development and Migration between Haiti and the Dominican Republic

The countries of DR and Haiti share the island of Hispaniola in the Caribbean. The border between the two countries runs north to south generally following the Massacre River. Historically, each country has occupied parts of the other at different points in time. Currently, there are extreme differences in economic development and infrastructure. In Haiti, 59 percent of the total population of 10.4 million people lives below the national poverty line of US$2.41 per day, and more than 2.5 million (24%) are below the national extreme poverty line of US$1.23 (World Bank, 2019). In the DR, there is a total population of 10.8 million people, with 31 percent below the national poverty line (World Bank, 2019). The gross domestic product of the DR has grown rapidly in recent years and is currently US$76 billion compared to only US$8.4 billion in Haiti (World Bank, 2019). These differences have led to consistent migration from Haiti to the DR, driven by economic need, with an estimated 570,933 Haitian migrants living in the DR in 2017 (Oficina Nacional de Estadisticas, 2017). In addition to Haitian migrants, generations of Haitian descendants also reside in the DR with various levels of social and cultural integration, Spanish language abilities, and documentation required to access basic social services. A constitutional change in 2013 challenged the ability of these descendants to obtain citizenship status in the DR, leaving a large number of Haitian-Dominicans stateless and vulnerable to deportation. A major consequence of this statelessness is decreased access to basic education, with restrictions affecting children attempting to enroll in public education past the fourth year of primary school without identification documents (Georgetown Law Human Rights Institute, 2014).[a]

## Epidemiological Profile of HIV among Haitians and Sex Workers in the DR

Together, the countries of Haiti and the DR account for approximately half (54%) of new HIV cases and 72 percent of AIDS-related deaths in the Caribbean region (UNAIDS, 2016, 2017, 2018). Though HIV prevalence in the DR is only 0.7 percent nationally (UNAIDS, 2017), it is estimated to be 3.8 percent among Haitian migrants (Centro de Estudios Sociales y Demográficos (CESDEM)/República Dominicana & ICF International, 2014). HIV-testing data indicate that approximately one in four people living with HIV in the DR (18%) are Haitian migrants (UNAIDS Office in the DR, 2013). Of the 6,266 people living with HIV registered in the national HIV-surveillance system in 2017, 29 percent of those linked to care and 28 percent of those who received antiretroviral therapy (ART) were Haitian migrants (UNAIDS Office in the DR, 2013). In recent years, the use of mobile clinics has expanded in several cities to reach Haitians with HIV-testing services, including in the capital city of Santo Domingo in the south and the tourist haven of Puerto Plata in the north.

Female sex workers are a key population for HIV in the DR, with an estimated HIV prevalence of 3.7 percent (UNAIDS, 2013).[b] In 2014, an integrated biological and behavioral survey that included HIV testing recruited Haitian and Haitian-Dominican FSWs in Santo Domingo via respondent-driven sampling (N=679)

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[a] Personal identification documents include the *certificado de nacimiento* (live birth certificate), *acta de nacimiento* (official birth certificate issued by civil registry offices), and the *cédula de identidad* (national identity card).

[b] Estimates for FSWs in the DR range from 1.7% to 6.3% depending on the data source and geographic area surveyed (Consejo Nacional para el VIH y el SIDA, 2014).

(CDC & UCSF CAPS, 2015). The HIV prevalence for Haitian FSWs in this study was 5.4 percent (CDC & UCSF CAPS, 2015). Among participants testing HIV-positive, only 33 percent were aware of their HIV status at the time of testing (15/45 participants), only 20 percent had received medical care related to HIV infection, and less than 20 percent had ever received HIV treatment (CDC & UCSF CAPS, 2015). These findings stand in stark contrast to global 90-90-90 targets of UNAIDS (By 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression). It also shows a much lower linkage to HIV care than that documented for FSWs in the DR more broadly. In a convenience sample of HIV-positive FSWs enrolled in a cohort study in Santo Domingo in 2012–2013, 92 percent of participants reported linkage to care, 85 percent were retained in care, and 78 percent had initiated ART at baseline (Zulliger, Barrington, Donastorg, Perez, & Kerrigan, 2015).

## HIV Programs for Female Sex Workers in the Dominican Republic

Global guidance on the design of HIV interventions for FSWs recommends the use of a community empowerment approach and multilevel interventions to increase HIV-service use among FSWs (Beyrer, et al., 2015) (WHO, United Nations Population Fund, UNAIDS, & World Bank, 2013). In the DR, intervention research demonstrates a positive effect from community empowerment interventions that include a peer support and solidarity component for FSWs to mitigate layered forms of stigma and achieve HIV-prevention goals (Kerrigan, et al., 2003; Kerrigan, et al., 2006; Sweat, et al., 2006).[c] More recently, interventions using a community empowerment and multilevel approach have effectively increased HIV retention and adherence to HIV treatment among FSWs. For example, the Abriendo Puertas intervention conducted in Santo Domingo among a cohort of 250 FSWs achieved higher ART retention rates by providing FSWs with individual-level counseling and health education, peer HIV-service navigation, and sensitivity training for clinical care providers (Kerrigan, et al., 2016). The Abriendo Puertas intervention also included a community mobilization component centered on *casas abiertas* (open houses), which were shared spaces at drop-in centers where self-care skills and income generating activities were facilitated by peer FSWs (Carrasco, 2017). The community mobilization component was designed based on suggestions from FSWs (Carrasco, 2017). Exposure to the intervention was associated with an increased odds of protected sex in the past 30 days (adjusted odds ratio: 1.76) and increased odds of ART adherence (adjusted odds ratio: 2.42) (Kerrigan, et al., 2016).

Despite significant intervention and research among FSWs in general in the DR, there is an important gap in information and HIV services specifically designed for Haitian FSWs. In the 2014 integrated biological and behavioral survey conducted among Haitian FSWs in Santo Domingo, only 24.1 percent reported contact with an HIV educator in the previous six months (CDC & UCSF CAPS, 2015). Furthermore, only 36.8 percent received condoms, lubricants, or educational material in the past six months (CDC & UCSF CAPS, 2015). Whereas 27.7 percent reported symptoms of an STI, only 14.4 percent sought testing or treatment

[c] These interventions have been developed in collaboration with grassroots civil society organizations focused on sex worker rights in the DR including the Centro de Orientacion e Investigacion (COIN) and Movimiento de Mujeres Unidas (MODEMU) in Santo Domingo and the Centro de Promocion y Solidaridad Humana (CEPROSH) in Puerto Plata. Conceptualization and implementation also includes a network of researchers (led by the PI: Dr. Deanna Kerrigan) at Johns Hopkins Bloomberg School of Public Health and Tropical Medicine and the UNC-CH School of Public Health, and supported by funding from the National Institutes of Health and the United States Emergency Plan for AIDS Relief.

through a hospital, clinic, or private provider (CDC & UCSF CAPS, 2015). Most participants knew where to get an HIV test (72.0%), and 84.6 percent had ever been tested for HIV. However, only 34.1 percent had an HIV test in the past 12 months (CDC & UCSF CAPS, 2015). Finally, only 14.1 percent were aware of organizations that support sex workers, and only 12.3 percent knew of an organization that supports Haitians in the DR (CDC & UCSF CAPS, 2015). Currently, the main mode of HIV-service provision for this population is through mobile HIV-testing units. Combining this approach with other important interventions for FSWs may increase HIV prevention, testing, treatment, and retention in this group, an effect that has been observed during other interventions for FSWs in the DR that used a community empowerment and multilevel approach (Kerrigan, et al., 2003; Kerrigan, et al., 2006; Sweat, et al., 2006).

## Purpose of This Study

The purpose this study was to provide descriptive information on the specific HIV-service needs (prevention, testing, treatment, and retention) of Haitian FSWs in the DR that can be used to tailor interventions for this group.

The specific aims of the study were to:

1. Describe gender norms and gendered relations of power from the perspective of Haitian FSWs, and describe the potential influence of race, ethnicity, and legal and economic status on these norms and relationships
2. Describe health-seeking behavior broadly, and in relation to HIV, and the gender-related factors that influence HIV-service use for Haitian FSWs
3. Characterize social resources for Haitian FSWs (including social support and social cohesion and solidarity) and how these might be used to promote HIV-service use
4. Examine the stigma related to sex work that Haitian FSWs experience, including how gender norms influence this stigma and how this stigma influences HIV-service use
5. Based on 1–4, identify ways that existing HIV services can be tailored to meet the needs of Haitian FSWs

# METHODS

Qualitative research methods were was used to accomplish the study objectives. Two sites in the DR were selected for data collection: the capital city of Santo Domingo in the south and Puerto Plata in the north. These sites were selected because of their higher-than-average HIV prevalence rates, Haitian migrant populations, and existing infrastructure of organizations and HIV programs for FSWs and Haitians, which could use findings from the study to design interventions. To refine study objectives, site visits and exploratory interviews with Haitian advocacy groups and HIV-service providers at public government clinics and civil society organizations were conducted in February 2017. The study research questions, protocol, and instruments were developed and translated from English to Spanish and Haitian Creole. Ethics approval was received from Tulane University's Biomedical Human Subjects Review Board in December 2107 and in the DR through IDCP's ethics board in January 2018.

Two interviewers with previous experience conducting qualitative research with FSWs, and who were fluent in Spanish and Haitian Creole, were identified and piloted the semi-structured instrument in Santo Domingo and Puerto Plata. Each interviewer worked out of a civil society organization providing HIV services for FSWs: IDCP in Santo Domingo and CEPROSH in Puerto Plata. Participants were recruited via peer navigators and outreach workers for FSWs at each organization. These workers explained the goal of the research study and linked those who expressed interest with a research interviewer who coordinated a time and place for the interviews. Eligibility criteria required participants to be female; 18 years old or older; a Haitian migrant or descendent of Haitian parents or grandparents; and to have exchanged sex for money, drugs, food or a place to sleep in the past six months. Within these criteria, quota sampling was used so that (for each study site) about half the study population would be Haitian-born migrants and half FSWs of Haitian descent who were born in the DR. We also sought to recruit a subsample of HIV-positive Haitian FSWs in each site. During interviews, participants were asked to self-report ethnic identity and their place of birth. These two methods of classification overlapped, so place of birth (Haiti or the DR) was used to categorize participants as either Haitian or Haitian-Dominican. Recent changes to the Dominican constitution challenge the citizenship of Haitians in the DR based on the status of their legal documents and those of their parents. Relying on self-report of ethnicity and place of birth allows for the exploration of heterogeneity within the Haitian population.

Data collection for the study was conducted from January–March 2018. In Santo Domingo, interviews were conducted in counseling rooms at IDCP. In Puerto Plata, interviews were conducted in counseling rooms at CEPROSH, Clínica Muñoz, or public boardwalks and parks, according to the participant's preference. Informed consent was documented using a written informed consent form. Interviews were conducted in Spanish or Haitian Creole. All interviews were audio-recorded with permission from the participant, with the exception of one interview in Puerto Plata where permission was not granted and notes were taken instead.

Participants were asked to complete two in-depth interviews. This allowed interviewers to examine several areas of interest in-depth and build the necessary rapport with participants given the sensitive nature of interview questions related to sex work, HIV, and stigma. The first interview included general questions about self-identity and life goals, Haitian ethnicity and identity, interpersonal relationships, and social support networks. The second interview included questions about sex work, health and well-being, and HIV prevention and service use. Interviewers completed interview summary forms after each interview to tailor questions in the second interview and refine questions for subsequent participants. Interviews were

approximately 60 minutes in duration. Participants were provided DOP$500 (approximately US$10.00) for time spent completing each interview.

Audio-recorded interviews were transcribed verbatim, and those conducted in Haitian Creole were translated to Spanish. Three members of the research team worked collaboratively on data analysis. Using interview summary forms, six transcripts were purposefully selected to represent main objectives and participant groups. Coders conducted line-by-line coding of texts following a grounded theory approach (Charmaz, 2014) and together generated a codebook using these codes and a priori codes based on the specific research objectives. Next, NVivo 12 Plus textual data analysis software was used to apply codes to the data. The three coders coded the same interview and a kappa statistic was calculated. Codes with less than a 0.90 kappa were reviewed through a group meeting to gain consensus, and the process was repeated until a kappa of 0.90 was achieved for each code across coders. Finally, themes were identified using an applied thematic approach (Guest, MacQueen, & Namey, 2012). Summaries were developed for each code family and used to develop analysis matrices that compared data across Haitian and Haitian-Dominican participants. Points of convergence and divergence were explored. Summaries were also examined to identify possible discrepant cases.

Findings were presented at dissemination meetings in Santo Domingo and Puerto Plata in September 2018. Participants included representatives from the Dominican Ministry of Health, UNAIDS, the United States President's Emergency Plan for AIDS Relief, and local civil society groups and government-run health clinics (approximately 40 participants at each site). These meetings provided an opportunity for feedback on results from interviews with Haitian FSWs and were used to shape the interpretation of findings and recommendations presented in this report.

# RESULTS

## Study Sample Characteristics

A total of 46 Haitian FSWs participated in the study (Table 1). On average, participants were 29 years old, had completed approximately six years of formal schooling, had two children, and had been working in sex work for eight years. Sixty percent were born in Haiti and migrated to the DR. The most frequent type of sex work client was Dominican (68.9%) followed by Haitian (63.0%) and foreign (51.2%). The most frequent type of sex work location was street-based or independent (91.3%) followed by bar/disco (29.6%) and brothel (9.1%). A total of 65.1 percent had used alcohol in the past month, and 11.6 percent had used drugs in the past month. A total of 11 participants (23.9%) in the sample self-reported as HIV-positive; of those, all were on ART. Participants reported similar demographic and other characteristics across the two study sites. The client profiles of the two groups were slightly different, and participants in Puerto Plata reported more foreign clients (61.5%) than participants in Santo Domingo (30.0%).

In the following sections, main themes from interviews are presented organized around the multiple layered identities and vulnerabilities experienced by participants.

### Being Haitian in the DR

#### *Experience and Influence of Anti-Haitian Stigma*

Regardless of birth country (Haiti or the DR), the Haitian women in this study described similar experiences of anti-Haitian stigma. When asked to describe Haitian culture, many participants began their response by first clarifying that there "was nothing bad" about being Haitian and then describing cultural traits. Most participants said they felt good about being Haitian, and that Haitians were people with whom it was fun to pass time. A few participants lamented that other Haitians in the DR would sometimes try to hide their ethnicity. Almost all Haitian-Dominicans described themselves as *Rayanas,* which is a term used for a person with mixed Haitian and Dominican lineage. Descriptions of anti-Haitian stigma included stereotypes that Haitians did not keep themselves as presentable as Dominicans in their dress and hairstyle.

Several participants described difficulty finding work because they were Haitian. For example, one participant, described how a healthcare provider tried to find the participant a job as a live-in domestic worker with her daughter. Unfortunately, when the daughter found out she was Haitian, she was not willing to let her work in her house. In another instance, a young women reported that people saw her as "pretty" and that her appearance did not indicate her Haitian lineage. She was given a job as a waitress in a restaurant, but when the owner discovered she was Haitian, she demoted her to cleaning the bathrooms instead. The participant described feeling humiliated by this as follows:

> *I told her, "Do not talk that way to my mother; she is my mother and I am Haitian," and she said, "You are Haitian? Go and clean the bathroom," that I should go and clean the bathroom, and I asked her why. She said, "Because Haitians are not part of society." And I said, "And the Chinese, are they part of society?" At that time I was in eighth grade, and for many years I had been studying and never left my studies, and I told her, "No, I am not going to clean the bathroom. I am working out of need, but I am not your servant, and so I will not clean the bathroom." And she told me to get out of her place. For her, I was a Haitian, just a Haitian who needed work . . . for her I was not intelligent; for her I didn't have a brain; I didn't have anything inside me; I was just an empty person.*
>
> —Haitian woman, Puerto Plata

Participants described the potential for deportation of Haitians without immigration documents, though only one participant who lived in Santo Domingo reported detainment because she was undocumented. This occurred while she was in a public plaza. It was noted that common public spaces were dangerous for Haitians because of the risk of detainment and deportation.

### *Health-Seeking Behaviors and Experience with the Health System*

Although most participants described living in a context of negative social attitudes toward Haitians, all participants reported being well-received by healthcare providers. In few instances, participants noted that they had to wait to be served after Dominican clients, but this was not typical. As one participant described, "as soon as you get there, they take care of you."

In almost all cases, participants sought health services for maternity care and described their experiences with prenatal care and childbirth. Across participants, including Haitian-Dominicans who were native Spanish speakers, there was a low level of health literacy. In some cases, participants were not sure about the specific types of medical tests the doctors had performed. In several cases, women experienced miscarriages, still births, or the death of their child within months after delivery. In these cases, women were not always certain of the cause of death and wondered if they had if they had heeded, or been given, the correct health advice from providers.

Use of maternity care by Haitians was a sensitive topic raised by healthcare providers in planning stages of the study, and during dissemination meetings, and it was noted that Haitians are seeking these services in large numbers. The perception in wider society that Haitian women are overburdening maternity care services was also noted by several participants. One participant explained how this perception of societal attitudes toward Haitians influences health-seeking behavior as follows:

> *For Haitians, almost no one wants to take them to the doctor, they don't want them in the hospitals. Because they say that the Haitians are crowding the hospitals with pregnant women. I don't know if it is that they don't want to take care of them, but it is heard in the news, that all the people from there* [Haiti] *are coming with HIV and many illnesses to the Dominican Republic.*
>
> —Haitian-Dominican, Santo Domingo

After anti-Haitian stigma, *vergüenza* (shynesss or timidness) was described as the next most important barrier to seeking health services for Haitian women. Healthcare providers, including clinical providers and community health workers, noted a low level of education as a challenge to communicating health information to Haitian clients. Illiteracy was also described as a barrier to written health education material, or the potential for information to be distributed via text messaging.

Many participants noted confusion about the ability to get health services without personal identification documents. In most cases, participants knew that an HIV test could be obtained without these documents and for free. However, in at least one case, a participant described that an undocumented person would need to use fake documents from another person to get HIV services, which has important implications for tracking HIV continuum services. Finally, a number of participants noted the cost of medicines, regardless of immigration status as a barrier to seeking healthcare services.

### *Belief in Alternative Healers Such as* Curanderos

In planning stages for the study, several health providers suggested that the belief in alternative healers (termed *curanderos,* including spiritual healers practicing Voodoo) served as a barrier to clients following their

health recommendations. However, in all interviews, participants described the need to seek healthcare from a medical doctor. When asked specifically about HIV, participants reported that HIV is a biomedical disease requiring treatment by a doctor in a clinic or hospital. Most participants described spiritual healers as "con artists" whose remedies could be physically harmful and expressed that their own belief was in God rather than these healers. One participant reported the following:

> *Because the doctor knows, they do the analysis to know what you have. But a curandero what they want is your money and nothing more. They are going to tell me, "You have this," and I don't have anything, because the curanderos like to steal, have you spend your money, and* [tell you]*, "You have this"* [like] *"You have a lot of blood." No, my money doesn't go to that. My curandero is God who is above.*
>
> —Haitian-Dominican woman, Santo Domingo

In several cases, participants described using baths prepared by witches to bring luck to them that would help them attract clients for sex work. A few participants who were born in Haiti reported using Voodoo to keep a cheating boyfriend from leaving them or to cast bad luck on neighborhood women troubling their romantic relationships. In a few cases participants reported Haitian cultural beliefs about childbirth including restrictions on the types of food a woman should eat after delivery and how long she should abstain from sex. Although there were no cases of a participant reporting personal belief in or use of curanderos, a few described this practice for others, including one participant who reported knowing of a man who returned to Haiti to seek a cure for HIV from a Voodoo priest. Across participants, the issue of using curanderos, especially practitioners of Voodoo, was described in a negative way, with several instances of stigma from other Haitians (e.g., a boyfriend rejecting a participant for using Voodoo), as well as being looked down upon in Dominican society more generally. During the dissemination meetings, Haitian advocates and healthcare providers believed the use of curanderos and witches to be much more common than what was described by participants.

### *Social Networks and Social Support*

Haitian-born participants reported less social support than participants born in the DR. They also described social networks that included fewer people and were less likely to report different types of people who could provide emotional or financial help in times of need. Commonly mentioned types of people in participants' social networks included God and family members (mother, father, children, and siblings). After family members, the most frequently mentioned people were husbands and ex-husbands, boyfriends and ex-boyfriends, and neighborhood friends. In many cases, the participant lived far away from family members, even family that lived in the DR. In many cases, estrangement from or death of a parent left participants without parental support starting from young adulthood.

Overall, participants reported social ties with people similar to themselves in terms of poverty, unstable housing, and limited economic opportunities to advance out of their current situation. For example, one participant described her sister who also lived in the DR but could not help her because she was also poor, and was also responsible for her children, without support from the children's father nor others:

> *My sister hardly visits me at all, she doesn't care about me. She is another woman who looks for money selling sex like me. She has six kids, so she doesn't give to me because we're going through the same thing.*
>
> –Haitian-Dominican woman, Santo Domingo

All participants lived in communities where there was a mix of Haitian and Dominican residents, with some receiving emotional and instrumental support from their neighborhood friends. Neighbors were particularly

important in providing help in the case of an acute medical problem that might require someone to take them to a clinic or hospital.

Though Haitians and Haitian-Dominicans living in the DR faced a number of challenges—including language barriers, anti-Haitian stigma, and limited social resources—overall, participants expressed that they had better economic opportunities and access to healthcare than they would otherwise have in Haiti. With this, there was a sense of pride in the persistence of Haitians in forging a better life for themselves and their families in the DR. One participant described this pride as follows:

> *Because to be Haitian, Haitians are always in school, we speak several languages, and we are intelligent in whatever topic it is. We may be poor, they humiliate us, but I always put it this way, "Yes, I am going to fight, and I have to succeed," and for that reason I feel proud.*
>
> —Haitian woman, Puerto Plata

## Being a Haitian Woman in the DR

Gender norms refer to current common ideas within a culture about the different characteristics, roles, responsibilities, and behaviors appropriate for men and women. These norms influenced participant's lives by dictating the economic opportunities available to them, the role they were expected to play in the care of children and others, and the limited emotional support and fidelity that they could expect in romantic partnerships with men.

As Haitians in the DR starting with limited economic and social capital and low levels of education, participants were limited to nontechnical jobs deemed appropriate for women. This included jobs cleaning houses and hotels, selling goods on the street, and working in the food-service industry. These low-paying and unstable jobs were not sufficient to sustain them or their families. For many women, a job as a live-in domestic worker was not possible because they could not be away from their household for weeks at time.

During interviews, participants were asked to report how they would describe themselves to other people and what made them most proud. Almost all participants had children, and these participants all described their children as their main source of pride. One participant stated the following:

> *What I like about myself is everything I have inside of me that is for my son, everything for him that I carry in my heart.*
>
> —Haitian woman, Santo Domingo

As women, the role of "mother" brought great joy and meaning to participant's lives. In some cases, participants also described being responsible for older people in their family, and sending money to others to help take care of them in the DR and Haiti. Overwhelmingly, most participants had a significant responsibility to care for others without ongoing financial or instrumental support from another adult.

Gender norms also dictated women's expectation of men in romantic and sexual relationships. Most participants described moving from their familial home at about 14 years old and cohabitating with their first serious boyfriend. These relationships usually ended because of their partner's infidelity. Through this experience, participants learned to cope with the cultural norm of male infidelity. One participant reflected on her first partner's infidelity, who she left her maternal home to live with when she was 14 years old. She expressed fatalism that he would ever change to be monogamous because he was raised in a context where multiple sexual partners for men is a cultural norm:

*What can I tell you? The say a crooked stick, you have to fix from when it's little, because once it grows, it can't be fixed. And so, I said if he was going to be like that with me* [cheating] *he is never going to change, and I don't want to live my life always in that agony, thinking that he is going to be with another woman every time he goes out. It's better not to be this way.*

—Haitian-Dominican woman, Santo Domingo

No participants mentioned that a partner's infidelity had brought the partner social consequences from family or friends, leaving the participant to manage this aspect of her relationship, and her feelings about it, on her own.

## Being a Haitian Woman Who Sells Sex in the DR

### *Entry into Sex Work*

Ultimately, Haitian women in this study turned to sex work as a way to support themselves, to take care of their children, to send money to other adult family members, and sometimes to provide for their male partners. Entry into sex work usually occurred through a female friend or other woman known to the participant. This person was not usually described as a close friend or someone who was an important social relation. One woman described an acquaintance introducing her to sex work as follows:

*Well, let me explain it to you. It was a girlfriend of mine who told me, you know. I wasn't working, she was working and I didn't know it. When she told me, she grabbed a man and he paid the fee. We went upstairs, stayed together the night, and he gave me $1,500 pesos* [US$30] *for that night in* [the hotel].

—Haitian-Dominican woman, Santo Domingo

Sex work took many different forms. Few younger Haitian-Dominican women scheduled meetings with Dominican clients they knew well in the client's homes, usually earning US$40 per session. At the other extreme were Haitian women who did not speak Spanish, and who had Haitian clients who paid as little as US$1–3 per exchange. In between these forms of sex work, were women who found clients in discos and bars, and those who worked in parks. Initial experiences with sex work were often described as embarrassing. One participant described her first such experience in the following way:

*At first, I was embarrassed. My friend said, "Get used to it girlfriend."*

—Haitian-Dominican woman, Santo Domingo

As noted before, the impetus for exchanging sex for money was a critical need for financial resources. For younger women without children, this was usually driven by their need to pay the rent and have a place to live. One participant described the following:

*I needed to pay for the house, and I had no way to do it. And then I had this person interested in me, this person after me* [to pay for sex]*, and well, I decided to do it* [sell sex]. *But sometimes, when I am with someone, I am uncomfortable.*

—Haitian-Dominican woman, Santo Domingo

For most women, however, the initiation of sex work was to take care of their children. Participants emphasized the sense of responsibility they felt for their children and family, and their inability to depend on another adult for consistent financial support for rent, food, and other basic expenses. As explained by another participant:

*The important thing for me is that I get what I need by working, I find what I need to take care of my kids, pay my rent, and take care of my mom. I don't have a job, I don't have money, and I don't have anyone who gives anything to me, so I have to do what I can to take care of my kids.*

—Haitian-Dominican woman, Santo Domingo

### *Instability in Sex Work*

Income generated from sex work was unstable, so women were constantly stressed about their ability to pay basic expenses for housing, food, and children's education. Transportation around the city was another high cost that limited participants' actions and mobility. Though participants preferred to limit the number of clients per night, they also reported that it was important to take clients when they were able to find them.

Overall, the ability to be selective about clients was low, with participants concerned about meeting basic financial needs. A common concern was that they would be tricked by clients who would refuse to pay after the exchange. Participants described this even for regular clients they knew personally. In some cases, the client might pretend to make change for payment and not return. In other cases, clients would demand more sexual acts than was originally agreed upon. Several women described an inability to negotiate because clients would threaten to call the police and claim that the participant had robbed them.

### *Physical Danger*

Once involved in sex work, women were concerned about the physical dangers involved. Participants described a continuum of risks they might suffer at the hands of clients. Of major concern to participants was that they might contract an STI, especially HIV. Several participants described clients who would try to trick them and put their health at risk by puncturing condoms or removing the condom without their knowledge. Several women explained that they ensured a light stayed on during sex so that they could monitor clients' actions. One participant described this as follows:

*Before taking off my clothes, I put on the condom,* [and say]*, "Don't turn off the light. Don't turn off the light." because there are men who puncture, break* [the condom]*. "We are going to have sex with the lights on," because there are men who break them* [condoms]*. Many men want to do this, break the condom.*

—Haitian-Dominican women, Santo Domingo

Several women reported that they were afraid of being attacked and assaulted by men on their way to and from work. To protect against this, women described walking with other sex workers in groups. One woman described being attacked by a man hiding behind the wall of her neighborhood when she arrived home from work early in the morning. The early morning hours were considered very dangerous because women had limited forms of transportation to get back home at this time, and there were few people in the streets.

Women also described being physically attacked by clients, including being punched and strangled. One of the most extreme cases was described by a woman who worked in a park and reported how another Haitian sex worker was beaten so badly she lost an eye. She described this as follows:

*It was for D$300 pesos* (US$6.00) *. . . she was doing it with him* [client]*, she negotiated D$300 pesos, and they went to the hotel. When they got to the hotel, the man did not want to stop* [having sex]*. Quickly, he began abusing her, and she pushed him off of her. She put on her clothes and left, but the man wanted to get his money back and she would not give it to him. He picked up a wooden beam and he hit her with it in the eye, and the eye got knocked out . . . for D$300 pesos. Now she is damaged. There are many things that happen in the street.*

—Haitian-Dominican woman, Santo Domingo

Women described fear of physical abuse and falling ill from diseases they might catch during sex work—fear for themselves and because they felt a great responsibility to take care of their children. When asked what worried them most, almost all participants said they were concerned about not being able to take care of their children and, as a result of their limited social networks, that there would be no one else to fulfill this responsibility in their absence. One participant summed the situation up as follows:

> *I could get sick on the street. I am alone. I don't have family here; I have brothers and sisters, but anything could happen to me and nobody would even know it. I have to take care of myself because of my son, for him.*
>
> —Haitian woman, Santo Domingo

### *Stigma and Sex Work*

Another common concern among participants was shame and gossip because of their sex work. Many participants described worry over what their family would think as one of their main concerns when deciding to take part in sex work. For example, one participant said the following:

> *I thought to myself, what would my family think if they saw me in this? What could they think of me? That is what I thought about. I thought about my family when I made the decision to do this* [sell sex]. *In truth, what I want is to have a good job, to have my house, my family, because I understand that it is not good to be doing these types of things on the street.*
>
> —Haitian-Dominican woman, Santo Domingo

Women lived in barrios where houses were also very close together such that neighbors could easily see when they were coming and going. For this reason, and because women had to depend on people outside their families for help (e.g., for babysitting or checking on their kids when they were absent), neighbors played an important role in participants' daily lives. Many women reported that it was widely known and understood that, for some women, the exchange of sex for money was a rational approach to generate livelihood. When asked what people in her community think about sex work, one participant responded as follows:

> *Well, what I have heard people in my neighborhood say about these women is that these women do this because they have to. There are women who do this to give food to their children, or sometimes they do this to pay the rent. If your child is sick and you need medication, they do it for this reason. And, I have seen people who say that this is not a big deal, that this is to find food, and there are people who say this is to find food.*
>
> —Haitian-Dominican woman, Santo Domingo

However, many women also reported that, despite this common awareness, many people in the community held negative sentiments towards sex workers. One participant explained how community members look down on sex workers, but not to the point of abusing them.

> *Well, like I've said, the neighbors, when they see someone like this, what they do is make fun of this person, they laugh at you. Yes, because they see what is my work, that I am looking for it, "Ah look, how this one gets home in the early morning." But we aren't abused either. They don't get to the point to abusing us. They don't hit us, nor treat us badly.*
>
> —Haitian-Dominican woman, Santo Domingo

Among participants, there were a variety of perspectives about their own internal feelings of stigma related to sex work. In the case of an older participant, for example, there was not a feeling of internal stigma because sex work allowed her to take care of her children.

*Well, for me, I find this work to be good, it doesn't weigh on me, because I can take care of my kids from this. I am not going to let myself die. I take care of my mom. No, no, for me, I feel good, I feel good this way.*

—Haitian-Dominican woman, Santo Domingo

However, many other participants reported feeling bad about selling sex and lamented that it was not the kind of work that they wanted to do. These women described it as work that was physically challenging and that it put them at risk of catching a disease and violence.

Overall, participants described limited close relationships with other adults, including other sex workers. Although they relied on each other to increase safety, they did not discuss strong emotional bonds with other sex workers and seldom had a social acquaintance with whom they shared deep personal information. One participant described this reluctance to be open with others as follows:

*Well, to be honest, yes, I have friends* [girls]*, but it is like I don't trust them enough to tell them things about myself. I'd rather protect myself and not tell them things. If I feel bad, well then I feel bad by myself. If I have something* [going on] *I prefer not to share it, I'd rather guard it for myself, and look for a way to resolve it.*

—Haitian-Dominican woman, Puerto Plata

While participants did not describe sharing deeply personal relationships with other sex workers, they did report that sex workers "got along well." This was the case regardless of whether they were born in the DR or Haiti. Several participants in Santo Domingo noted that Haitian and Dominican sex workers might work in different sections of a park, but all interacted according to their language abilities. There was a diversity of opinions about whether outreach education and social support groups for sex workers should be separate for Haitians and Dominicans. Some participants thought separate would be better so that participants would feel comfortable sharing.

*It is better if they do it a part that is only for Haitians because that way there would be more trust between them.*

– Haitian-Dominican woman, Puerto Plata

But others felt that the shared bonds of being a woman were sufficient for there to be trust among sex workers, and that there was no need to have separate activities to support Haitian sex workers. One participant said the following:

*Between women there is always trust, okay? Between women there is always trust. It is simply necessary, for example, that if it is done that way, they make it so that each one can get to know the other one and then we will become friends and share.*

–Haitian woman, Santo Domingo

### *Sex Work Endangered Romantic Male Partnerships*

Sex work played a major role in participant's romantic relationships with men. These relationships were very important to participants, not because of financial support, but because they served as a respite from the strength and endurance they had to show in all other aspects of their lives. Though many women doubted the fidelity of their romantic partner, and feared contracting a disease from the partner, they would often fail to enforce condom use. One reason for this was to reinforce intimacy with that partner and demonstrate that he was different to her than a client. One participant explained the situation as follows:

*We decided to not use condoms because now we have been together a long time. . . . He told me, "Ay! Negra! We have been together a long time, we have to leave this crap of using condoms," because he felt that when he used a*

*condom, he was like a client to me. . . . And so, we took this decision to do the HIV test first and then go this way* [not to use condoms]. *We both decided* [but the decision was] *more of his than mine.*

—Haitian-Dominican woman, Puerto Plata

In many cases, the responsibility for keeping HIV out of the relationship was placed more on the participant than her romantic partner because of her sex work. It was implied that she was the likely partner to contract HIV or other STIs from her clients, even though participants reported concern that their male partner also had other sexual relationships. One participant stated the following:

*It is like he says that I live the life of the street. He does not live this life; I live the life of the street more than him. He always tells me that I should take care of myself, and I take care of myself. And I always do the test too to make sure that I am not sick.*

—Haitian woman, Puerto Plata

However, most participants with HIV or a previous STI believed the infection came from a romantic partner who had multiple sexual partnerships, rather than a client. In one case, the participant thought a miscarriage to have occurred as a result from an STI that a romantic partner had transmitted to her while pregnant. Though desired, no participant noted an expectation of male fidelity. The most direct conversation between partners about risks of outside sexual relationships was for both to agree to be careful by using condoms when with other partners (for the men) or clients (for the women).

## HIV Prevention and HIV Testing

### *Condom Use*

Across participants (HIV-negative and HIV-positive), there was high knowledge about the importance of condom use to prevent HIV transmission. All participants reported using condoms with clients to protect themselves from HIV. Women were able to convince clients to use condoms by explaining that someone can be infected with HIV and still look healthy. One participant said she uses Internet images on her cell phone in her negotiation with clients. As noted previously, participants reported having to constantly defend themselves against clients who may try to trick them by damaging condoms. Participants also expressed concern that condoms might break.

Many participants reported that it was harder to convince Haitian clients to use condoms. They explained that this was because Haitian men have a stronger preference for sex without a condom and because these clients have less knowledge about HIV. They also noted that a low level of formal education and literacy overall made it more difficult to discuss condom use with them. Haitian clients also paid less for sex and were more often clients of Haitian women who did not speak Spanish.

While condom use with clients was promoted by all participants, closeness and intimacy with regular partners made condom use in these relationships more difficult. As noted previously, it is common for couples to stop using condoms after testing negative for HIV, even though women continued to be concerned about the fidelity of their partner.

### *HIV Testing*

Most participants had tested for HIV one or more times in their life, but were not testing routinely, despite their involvement in sex work. The exception was for women working in bars or discos in Puerto Plata and Sosúa, where participants perceived HIV testing to be mandatory. This perception is at odds with legal

statutes making employer enforced HIV testing illegal in the DR. A few participants noted that women who work on the street and not in establishments are likely to be HIV-positive or have an STI, because of the testing that establishments often mandate.

All participant knew that HIV testing was free and could name places to get tested. However, as noted before, some confusion existed about the need to have immigration documents to get healthcare. Because almost all participants had children, most were tested for HIV during prenatal care and childbirth. Several women noted that outreach HIV-testing services at sex work sites were very important, because many sex workers do not have the time to seek testing otherwise. One participant noted the following:

> *There are many women who I see in the street, Haitian and Dominican women, who drink a lot during the day and the night. They drink, they smoke cigarettes, they use drugs, things like that. This does not give them even one moment to sit down and seek information about whether they are sick or not.*
>
> —Haitian woman, Puerto Plata

Frequently mentioned places to test for HIV included the hospital, especially maternity care; at nongovernmental organizations, such as CEPROSH; and government clinics such as Clínica Muñoz in the north. Participants in Santo Domingo also mentioned these types of locations but were less likely to name a specific organization or clinic. Several participants reported testing for HIV at mobile units at the place where they exchanged sex and at community outreach events. One participant mentioned testing for HIV at the Red Cross. Of concern is the fact that many participants did not receive comprehensive counseling when testing for HIV, apart from the recommendation to use condoms. This may be because comprehensive counseling was not delivered, not understood, or not retained by participants for other reasons. A lack of counseling was most often noted by women who tested at a hospital during maternity care and at mobile units.

Various motivations for HIV testing were described by participants. Many reported testing for HIV because it was requirement or they perceived it to be required in the context of prenatal care or to work at a bar or disco. Many participants also reported testing for HIV because they were convinced to do so by someone close to them, such as their mother, a friend, or an HIV outreach worker. Several participants were motived to test because they heard gossip that one of their ex-partners was HIV-positive or that their current partner had other girlfriends. A few participants said they tested to quell gossip in their community that they were HIV-positive.

Several participants were concerned about their HIV status but were afraid to test because they were not ready to cope with an HIV-positive result. These participants reported challenges they witnessed for other HIV-positive sex workers that included stigma and discrimination in their community, violence from past sexual partners (angry about possible exposure to HIV through them), and difficulty getting clients because of their HIV status.

### *HIV Treatment Knowledge*

All participants were aware of the availability of treatment for HIV. One participant described HIV treatment as follows:

> *People with HIV can live normally by taking the medication and by having a life with reduced stress, not having any alcohol, not smoking, and taking your medicines on time, getting check-ups, all of that. They can have a normal life. But if they don't take care of themselves, the virus gets to a certain point that it turns into AIDS and they die.*
>
> – Haitian Dominican woman, Santo Domingo

While there was high awareness of HIV treatment, most participants did not understand how treatment works. This was true even among HIV-positive participants, though they knew that it was recommended to take the medication routinely. Several participants were confused about the ability to continue taking medication when drinking alcohol, which is common in sex work environments. There was also low knowledge about other STIs and the increased risk for acquiring HIV among people who have an STI.

### *Information Channels*

The most common channels of information for HIV mentioned were counseling during HIV testing, through community outreach *charlas* (educational talks) and in school. Several participants mentioned finding information about HIV on Facebook, through Internet searches on their phone, by talking to older community members, and through a church charla. A few participants noted that exclusion from the education system for Haitians limited exposure to HIV education.

In terms of future programming, several participants mentioned community outreach charlas as critically important to reaching Haitian sex workers. They also suggested including information about the importance of social support for people living with HIV during these talks and reducing HIV stigma in addition to the clinical recommendations for prevention and treatment.

## Being a Haitian Woman Who Sells Sex in the DR and Is HIV-Positive

We explored HIV care and treatment service use among a subsample of eleven HIV-positive participants. All participants described currently being on treatment, which is likely an artifact of our sampling technique that relied on NGOs implementing HIV programs for sex workers and Haitians. Nevertheless, the retrospective accounts of participants' journeys from diagnosis to treatment was useful in identifying barriers and facilitators to HIV treatment and care and understanding current challenges to maintaining their health and well-being. Participants obtained care through hospitals and clinics. No participant described using alternative medicine for treating their HIV nor believing in anything outside of biomedical care as a way to treat their HIV. These participants were unstably housed and noted a need for housing and food support for themselves and their family in the recent past. Most felt that they had been infected by an ex-husband or boyfriend rather than a client.

Similar to the situation for participants in the wider sample, HIV-positive participants had a low level of health literacy. Though they understood the importance of maintaining treatment adherence, most could not describe the specific medicine they were taking. Several noted confusion over the ability to continue with treatment if they were consuming alcohol, which was common given occupational exposure to alcohol consumption through sex work. Several women also noted anxiety over navigating the health system as a barrier to initially seeking care for HIV. In some cases, they expressed not knowing where to go for HIV care, but upon further discussion, this was more a fear about seeking care alone, especially since participants were worried about the gossip they would face if people saw them seeking HIV care. For example, one participant waited four years between being diagnosed with HIV and seeking care and treatment, until she met another woman like herself, who could help her access care. She described seeking help from a woman she knew to be HIV-positive after the woman's husband died of AIDS as follows:

> *I was like this for four years. . . . I didn't go anywhere, this issue* [HIV] *I kept to myself. I didn't go anywhere because I didn't know where the hospital was . . . then I went to this woman's house and told her, "Look, I have this. How is it going to be?" I said to her, "It is me who also has this, help me." She helped me and took me to the consultation, and from there, they did the viral load test and things.*
>
> —Haitian Dominican woman, Santo Domingo

Most of these participants were mothers, and some had experienced the death of a child. One woman's child died as a result of HIV specifically, which took a huge emotional toll on her. At the same time, the support she received for the care and funeral of her child, from organizations and neighbors, was meaningful to her and helped to connect her with organizations that promoted her staying in treatment as well, including by providing employment assistance and place to live. Similar as to other participants, HIV-positive participants worried a great deal about their own health because they were concerned about who would care for their children if they could no longer do so.

In addition to being a motivation for self-care, the participants' children also helped to take care of their mothers. For example, one participant explained that she initially had difficulty remembering to take her HIV medicine on time every day. Even though her daughter was unaware of her mother's HIV status, she encouraged her mother to take her medicine routinely. She described this as follows:

> *Yes, this is how my daughter is. But she does not know what is this pill, but she is always attentive, "Mom did you take your pill?" So in the nighttime, and in the morning when I am going to leave, sometimes I leave with this little purse that I have, and she will get even just a napkin and wrap up the pill and put it in the purse. And at night, you'll see, that she brings a glass of water and puts it on top of my dresser and says to me, "Mom look and see the water here for the pill." In the night she is always attentive to me.*
>
> —Haitian woman, Santo Domingo

In addition to participant accounts, community health workers and psychologists who participated in the dissemination meetings concurred that children were a support and motivation for HIV-positive participants to take care of their own health.

Apart from concern about children, the fear of HIV stigma was the primary concern of participants living with HIV. This concern was described as a major factor in their decision to seek healthcare, but also as something that affected their health. One participant described the importance of reducing this stigma, and including more information about this in educational workshops, because of the influence of stigma on mental health. She stated this as follows:

> *If they do the educational workshop, they should talk about HIV and explain to the person that they are important too, like all people. They will live longer if they do not feel humiliated by society. Because it is not the disease that kills them, but the worry.*
>
> —Haitian-Dominican woman, Puerto Plata

Upon receiving their HIV diagnosis, all participants feared that other people would find out their status and discriminate against them. Most participants eventually shared this information with their boyfriend, husband, parents, and other family members. But the concern over rejection and discrimination from neighbors and other people in the wider society remained constant. Participants also worried about their HIV status preventing them from earning a living in sex work. One participant described this, and the fear of stigma from neighbors as follows:

> *The people in my neighborhood are never silent. . . . There is a woman who brought this news to the neighborhood* [that I have HIV] *. . . , and like they say, I have been crucified since then. . . . All of the persons who see me say this and that about me. From the moment they see a man knocking at my door they begin to talk, and it is just that I have this crucifix that will never leave me, that will never get off of my back. But my husband knows, my kids know, my parents know, my sister.*
>
> —Haitian-Dominican woman, Santo Domingo

# DISCUSSION

The results of this study document the layered influence of ethnicity, gender, and stigma on the health-seeking behaviors of Haitian FSWs in the cities of Santo Domingo and Puerto Plata in the DR. The findings have clear implications for HIV-prevention, -testing, and -treatment programs. There are also larger social issues related to stigma, motherhood, and violence that, if addressed, could increase uptake and effectiveness of HIV programming.

**HIV prevention:** Haitian FSWs are motivated to use condoms in sexual encounters with clients. However, it was difficult for them to convince Haitian clients to use condoms, and these men were more often clients of Haitian-born women who did not speak Spanish. Skills to negotiate condom use with Haitian men should be provided through training for Haitian sex workers. Increased educational and behavior change communication efforts also should be directed toward Haitian men in the DR.

As indicated by other research with sex workers in the DR (Brennan, 2004; Murray, et al., 2017) and globally, Haitian FSWs are less likely to use condoms with romantic partners and in many cases believed that STIs, including HIV, were transmitted to them by these partners. Evidence indicates that women are aware of, and concerned about, the health risk these relationships pose, so HIV-prevention programs must continue to work with sex workers to identify how to best promote condom use in these more complex relationships. Pre-exposure prophylaxis (PrEP) was not available to women in this setting, nor were women aware of this method of HIV prevention. However, use of PrEP could provide women a discreet method for preventing HIV, if this type of intervention were to become available in the DR.

**HIV-testing services:** Participants noted that mobile, community-based, and outreach HIV-testing services were critical. There is a need to continue expansion of these services in the communities where Haitian FSWs live and work. Although many participants reported testing for HIV during maternity care, few reported seeking testing services otherwise, and they were not likely to test on a regular basis, even though they perceived a high level of risk for acquiring HIV. Designing testing services to actively seek Haitian FSWs where they are located is important given the complicated schedules of Haitian FSWs, the high cost of transportation, and personal and social barriers that influenced their HIV service-seeking behavior. Many women were afraid of receiving an HIV-positive diagnosis. Actively reaching out to these women where they are located and nesting services within larger social services to reduce stigma and violence may make these women more likely to seek testing.

HIV counseling during testing should be increased, especially in mobile and maternity-care sites where a lack of counseling was most often reported. Counseling should include more information about partner testing (because many women unfortunately used testing as a reason to stop condom use with non-paying romantic partners), the need to access testing on a regular basis, and the benefits and availability of HIV treatment and care. These points of contact should also provide information about the ability of Haitian people to access testing and treatment for free, without documentation, and should address concerns about deportation or the need for immigration documents when seeking health services. There is also a need for education about laws prohibiting employer-mandated HIV testing, because many women suggested mandatory HIV testing at establishment-based sex work venues.

**HIV treatment and retention:** The HIV-positive participants in this study noted a lag between learning their status and engaging in treatment and care. Peer support from other HIV-positive women was very important for these woman, and should be incorporated into programming to promote treatment and

retention. Specifically, women benefited from guidance in navigating the health system, especially from those who could share relevant personal experience with treatment, care, and managing the stigma and psychological stress of living with HIV. Even for HIV-positive participants who were in care, there is a need for increased knowledge about HIV medications and how they work—including information about ability to continue treatment if using alcohol, given the high level of alcohol use in sex work environments. Stigma related to HIV was a major issue noted by both HIV-positive and HIV-negative participants, and there is a need for continued efforts to reduce HIV stigma in the communities where Haitian women live and work.

**Perceived cultural barriers:** Similar to other research among Haitians in the DR, in this study, health personnel were more likely to note cultural and language barriers to healthcare for Haitians, but Haitians themselves were more likely to note structural barriers (Keys, Kaiser, Foster, Burgos Minaya, & Kohrt, 2015). The results of this study indicate that Haitian FSWs are more influenced by access, transportation, cost, and stigma when making decisions about healthcare than beliefs in alternative therapeutic systems (e.g., curanderos). Although traditional medicine (e.g., teas and dietary restrictions), and spiritual practices (e.g., Voodoo) were described in some cases, these did not supplant broader beliefs in biomedical solutions as the principal way to resolve health problems. Health literacy, and access to education more generally, however, was a common concern among both Haitian FSW participants and healthcare providers.

Haitian FSWs reported overall good experiences in healthcare settings. However, anti-Haitian stigma in the wider society may influence healthcare seeking behavior and stress (Kaiser, Keys, Foster, & Kohrt, 2015; Keys, et al., 2015). Working with providers serving Haitian clients to address anti-Haitian stigma, and resultant stress, as well as language barriers in some (but not all) cases is recommended. Helping healthcare workers understand the different types of Haitians in the DR (migrant, Dominican-born, Rayana) and that their experiences and needs are different is a good starting point for breaking down stereotypes. Non-Spanish-speaking Haitian-born migrants are more economically vulnerable, more likely to have Haitian clients with whom it is harder to negotiate condom use, and more likely to be concerned about deportation. Dominican-born Haitians in the DR may experience concerns related to anti-Haitian stigma, but otherwise have more similar experiences to Dominican FSWs.

**Integrating the importance of motherhood into HIV programming:** Most Haitian FSWs in this study were also mothers, and for these women, programs that help them take care of their children could provide an important "pull" factor for engaging them in HIV services. Similar to other research in the DR (Kerrigan, Rosario, & Sweat, 2001) and globally (Beckham, Shembilu, Winch, Beyrer, Kerrigan, 2015; Papworth, et al., 2015; Servin, et al., 2017), motherhood and financial responsibility for children was a main driver of sex work. In this study, FSWs were unable to take jobs as domestic live-in workers because they could not live away from their children for weeks at a time. Many of these women were constantly concerned about finding neighbors or other family members to help look after their children while they worked. They worried about the unsteady stream of income from sex work and were motivated to take more clients whenever they could find such, and to accept lower payments, to ensure that they could care for their children. The view that motherhood increases risk of HIV has been born-out by some studies that examined the correlation between motherhood, condom use and client load (Beckham, et al., 2015; Reed, et al., 2013; Agha, & Chulu Nchima, 2004). But in other cases, motherhood is associated with an increase in behaviors that protect women from acquiring HIV (Kerrigan, 2017; Papworth, et al., 2015; Servin, et al., 2017), suggesting that motherhood plays a more complicated role that needs to be further explored.

In this study, motherhood also played a positive role in the lives of Haitian FSWs by providing joy, pride, and emotional support. The responsibility of motherhood motivated women to prioritize their own health and

well-being. Several HIV-positive women described their children as a great support and stimulus for them to take their HIV medication. The coming together of family members, neighbors, and friends to help in the care of children was one way women felt a sense of "being in it together" with people in their communities, despite stigma they experienced as a sex worker or for having HIV. This same phenomenon, of "dual identity" of mother and sex worker, and motherhood as a form of respectability, has been found in a number of studies of sex work and HIV globally (Basu, & Dutta, 2011; Beckham, 2015).

We propose that contextualizing HIV programs to align with the goals and priorities of Haitian FSWs related to motherhood could increase HIV-prevention, -testing, and -treatment behaviors. Tailored interventions that incorporate motherhood as a key feature of an empowerment approach are woefully absent for sex workers. Instead, most interventions that address motherhood and HIV focus on the prevention of mother-to-child transmission through HIV treatment. Helping Haitian FSWs achieve their goals as mothers aligns with an empowerment (Kerrigan, Fonner, Stromdahl, & Kennedy, 2013) and human rights approach (WHO, 2017) by prioritizing an issue that is important to them in HIV programs. At the same time, it is critical that this emphasis does not promote the idea that the health of Haitian FSWs is important primarily vis-à-vis their ability to care for children (or others). Rather, programs should reinforce that Haitian FSWs are valuable people in their own right and that, therefore, their health and well-being are important apart from the role they play as caretakers. This study makes clear that Haitian FSWs would value programs that help them find a way to care for their children and achieve their goals as mothers, because such programs promote an aspect of their identity that they value and is critical to their psychosocial and physical well-being.

**Integrating violence prevention into HIV programming:** Violence was an important concern for Haitian FSWs and should therefore be incorporated in HIV programs following a community empowerment approach. Haitian FSWs experienced physical, sexual, and psychological forms of violence mostly from clients, but also from their romantic partners and in the form of stigma from the wider community. For these women, sex work involved a constant process of negotiation with clients and vigilance to keep one's self safe, which constituted a chronic form of stress. Haitian FSWs operated in a context of impunity, wherein a client's accusations of robbery could lead to the sex worker's arrest. Getting to and from sex work locations proved dangerous and required women to walk together when possible to prevent being assaulted.

Multilevel approaches to violence prevention for sex workers are promoted globally (WHO, 2017;Global Network of Sex Work Projects [NSWP], 2012) and could be adapted for Haitian FSWs in the DR. Recommended interventions include the following: sensitization of sex workers about protective work-related laws and human rights, public campaigns to advocate for "sex work as work," fostering police accountability through sensitization workshops, a hotline for sex workers to report violence, and training of healthcare providers to address violence among sex workers (NSWP, 2012; WHO, et al., 2013). Making the sex work space safer is particularly important in this context, given participant's reports and concerns. Creating a safe space via drop-in centers that allow sex workers to exchange solutions and foster alliances with other peers with similar lived experiences is critical and has proven successful for promoting HIV prevention more broadly for sex workers in the DR (Berger, Ferrans, & Lashley, 2001; Donastorg, Barrington, Perez, & Kerrigan, 2014; Kerrigan, et al., 2016). Violence prevention counseling could also be incorporated in HIV-prevention counseling to include an integrated safety planning component (Wechsberg, et al., 2014; WHO, 2013). In the DR, COIN, which has a long history of effective intervention and research for sex workers, has been developing a curriculum specifically to address gender-related violence among sex workers (COIN, 2017). This curriculum could be applied with Haitian FSWs as well.

**Peer support and outreach linked to mobile testing:** Delivery of HIV services using peer outreach and community-based provision of services is important to counter the stigma and discrimination described by Haitian FSWs in this study. In both study sites, the participants described the vital role community-based organizations played in providing health services and the need for social services to complement biomedical care. There was a lack of consensus about the need for Haitian-only social support groups, thus a variety of models should be examined.

Continued collaboration of civil society health (e.g., IDCP and CEPROSH) and advocacy groups (e.g., MODEMU and the Movimiento Sociocultural para los Trabajadores Haitianos) supporting government health centers (e.g., Los Minas in Santo Domingo and Clínica Muñoz in Puerto Plata) should be supported and scaled-up. More connections to the ongoing mobile HIV-testing units and peer support groups should be developed for Haitian FSWs. Although the mobile unit can serve as an initial point of entry into HIV programming, more support is needed for HIV education (especially about treatment), stigma reduction, condom use and negotiation skills, psychosocial support for chronic stress, supplemental income generation activities and/or the development of savings groups (Mantsios, Galai, et al., 2018; Mantsios, Shembilu, et al., 2018) motherhood and childcare support, and violence prevention.

Globally, mobile HIV testing (and self-testing available in certain contexts) have faced similar problems of linking clients to ongoing HIV prevention and testing services (for HIV-negative people) and treatment and care (for HIV-positive people). Several studies in African settings (Bassett, 2014; Labhardt, et al., 2014; Maughan-Brown, et al., 2019) demonstrate that, apart from structural access barriers (cost, transportation), psychosocial factors (internal stigma, knowing someone with HIV, ART treatment readiness) are critical determinants of linkage to HIV services for users of mobile clinics. Maintaining clients' connections to mobile clinics is critical, and follow-up counseling via telephone (Maughan-Brown, et al., 2019) is one important approach that merits further investigation in the DR. For the current study, many participants used the WhatsApp smartphone application to communicate with study personnel and other sex workers. Owing to low levels of literacy, some women preferred voice messaging to the chat function. Use of mobile health technology to achieve linkage to services and HIV goals should be explored further.

# RECOMMENDATIONS

There is established global guidance that recommends multilevel HIV programming for FSWs, using a community empowerment approach (WHO, et al., 2013). There is also a large body of intervention research in the DR that follows this guidance and can be adapted for Haitian FSWs (Kerrigan, et al., 2001; Kerrigan, et al., 2006; Kerrigan, et al., 2016). Based on this evidence, we recommend the following:

- Continuation and expansion of HIV testing through mobile units and outreach services for Haitian FSWs
- Testing of innovative strategies to link clients of mobile and outreach services to HIV programming and complementary social support programs
- The design and implementation of a multilevel interventions for Haitian FSWs, with an emphasis on building strengths at the interpersonal level for social support to achieve HIV-related goals
- Establishment of a community advisory board to guide HIV programs in each province where programs operate

**Continuation and expansion of HIV testing through mobile units and outreach services for Haitian FSWs**

Mobile units and outreach services were described as critical by participants. However, there is a need to strengthen the counseling provided to clients to emphasize the importance of routine HIV testing. Additional support for outreach education and prevention services where Haitian FSWs live and work is also warranted.

**Testing of innovative strategies to link clients of mobile units to HIV programming and complementary social support programs**

Mobile and outreach services can provide an important initial point of contact to connect participants with additional support services that promote HIV prevention, treatment and care. This type of service should be nested within comprehensive services provided by static models of service delivery facilitated by NGOs and public health clinics. A system should be developed to follow-up with clients and refer them to partner organizations. Using telephone services and mobile phone applications for continued follow-up communication should be explored.

**The design and implementation of a multilevel intervention for Haitian FSWs with an emphasis on building strengths at the interpersonal-level for social support to achieve HIV-related goals**

Clients identified through mobile and outreach services should be connected with HIV programs offering ongoing and comprehensive services. At the individual level, these programs should provide one-on-one counseling services to help Haitian FSWs cope with stress associated with sex work and potential experiences of physical and sexual trauma. There is also a need to increase education in the following areas: STIs and increased vulnerability to HIV caused by STI infections, access to HIV treatment and how treatment works, the importance of routine HIV testing for sex workers and where to get tested, and the availability of HIV and other health services regardless of immigration status. Increasing skills in condom negotiation, especially with Haitian clients, should also be addressed at this level.

A main emphasis of HIV interventions for Haitian FSWs should be at the interpersonal level, given the low levels of social support, solidarity with other sex workers, and social cohesion described by participants, especially Haitian-born FSWs who do not speak Spanish. It is recommended that social support groups of Haitian FSWs be organized and moderated by an HIV service provider with training as a social worker or psychologist. These groups should be located in a venue that can serve as a safe space for participants. It should be conveniently located and provide childcare. Following a community empowerment approach, facilitated group sessions should address issues noted as important to participants: parenting and childcare support, violence prevention and services for survivors of violence, legal rights and policies affecting sex workers, legal rights and policies affecting Haitian migrants and Haitian descendants in the DR, and skills to cope with the stress of sex work, including stigma. These groups should also be structured to provide economic support to women through income-generating activities and/or the establishment of savings groups.

Efforts should also be made at the environmental level to mitigate a number of challenges noted by participants. For example, training should be conducted with healthcare workers to increase "Haitian-friendly" services, and clinical skills of providers to address trauma and other stress experienced by sex workers. It is also important to develop educational materials and increase counseling skills for healthcare providers that will be effective among Haitians with a lower level of literacy, and will address the gap in knowledge about how ART works. If possible, expansion of PrEP services to include Haitian FSWs through the health system should be explored, given the difficulty women described convincing clients to use condoms, and the challenge of maintaining condom use with intimate and romantic partners. Community-level campaigns to reduce stigma related to HIV and to advocate for "sex work as work" should also be implemented. HIV education should also be targeted to Haitian men, to make it easier for FSWs to negotiate condom use with them.

**Establishment of a community advisory board to guide HIV programs for Haitian FSWs in each province where programs operate**

Haitian FSWs face a number of political and social challenges. Increased collaboration of existing organization across sectors is required to meet their multifaceted needs. Building an advisory board that includes representatives from organizations working effectively in sex worker rights and advocacy, women's empowerment, Haitian rights and advocacy, HIV service provision, and psychosocial support is critical to provide ongoing guidance for an effective package of comprehensive services.

## Strengths and Limitations

A number of strengths support the quality of results presented in this report. Firstly, the study design was iterative and flexible, and it triangulated the perspective of key informants at multiple levels (donors, government, program managers, outreach workers, and clinicians) as well as the potential direct beneficiaries of future programs (Haitian FSWs). We purposefully examined diversity within the Haitian FSWs leading to a richer description of the potential target population for future interventions. The goal of understanding diversity guided our sampling approach and the analysis of the data. Inclusion of two diverse study sites makes findings transferable to other similar places in the DR. The major limitation of the study is a selection

bias for Haitian FSWs who have a direct or indirect link to organizations providing HIV and other social services for sex workers. HIV knowledge, preventative behavior, and service use are likely higher among participants in this study than the general population. This result of selection bias only underscores the need to address the gaps and barriers documented for participants, because they are likely better off in these areas than Haitian FSWs in the DR more broadly.

# CONCLUSION

HIV programming for Haitian FSWs must account for their social and economic needs to achieve HIV-prevention, -testing, and -treatment goals in the DR. This type of multilevel intervention would benefit from coordination across models of service delivery (mobile, outreach, and facility-based) and different types of organizations (sex worker focused, Haitian rights groups, healthcare providers, etc.). Addressing the needs of Haitian FSWs in terms of social support, motherhood, and violence prevention can serve as a "pull" factor for engagement in HIV services and adoption of HIV-prevention behaviors. Haitian FSWs have a high level of perceived risk for HIV, and experience stress as a result of sex worker stigma, violence, and conflict in exchanges with clients. Implementing programs designed to buffer these challenges at multiple levels is consistent with global standards (WHO, 2013) and has the potential to mitigate the HIV epidemic among this group.

# REFERENCES


Agha, S., & Chulu Nchima, M. (2004). Life-circumstances, working conditions and HIV risk among street and nightclub-based sex workers in Lusaka, Zambia. *Culture, Health & Sexuality,* 6 (4), 283–299. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/21972903.

Bassett, I. V., Regan, S., Luthuli, P., Mbonambi, H., Bearnot, B., Pendleton, A., . . . Mhlongo, B. (2014). Linkage to care following community-based mobile HIV testing compared with clinic-based testing in Umlazi Township, Durban, South Africa. *HIV Medicine,* 15 (6), 367–372. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/24251725.

Basu, A., & Dutta, M. J. (2011). "We are mothers first": Localocentric articulation of sex worker identity as a key in HIV/AIDS communication. *Journal of Women's Health,* 51 (2), 106–123. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/21476172.

Beckham, S. W., Shembilu, C. R., Winch, P. J., Beyrer, C., Kerrigan, D. L. (2015). "If you have children, you have responsibilities": Motherhood, sex work and HIV in southern Tanzania. *Culture, Health & Sexuality,* 17 (2), 165–179. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/25270410.

Berger, B. E., Ferrans, C. E., & Lashley, F. R. (2001). Measuring stigma in people with HIV: Psychometric assessment of the HIV stigma scale. *Research in Nursing & Health,* 24 (6), 518–529. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/11746080.

Beyrer, C., Crago, A. L., Bekker, L. G., Butler, J., Shannon, K., Kerrigan, D., . . . Strathdee, S. A. (2015). An action agenda for HIV and sex workers. *The Lancet,* 385 (9964), 287–301. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/25059950.

Brennan, D. (2004). *What's love got to do with it? Transnational desires and sex tourism in the Dominican Republic.* Durham, NC, USA: Duke University Press.

Carrasco, M. A., Barrington, C., Kennedy, C., Perez, M., Donastorg, Y., & Kerrigan, D. (2017). "We talk, we do not have shame": Addressing stigma by reconstructing identity through enhancing social cohesion among female sex workers living with HIV in the Dominican Republic. *Culture, Health & Sexuality,* 19 (5), 543–556. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/27760507.

Centers for Disease Control and Prevention & University of San Francisco Center for AIDS Prevention Studies. (2015). Encuesta de vigilancia de comportamiento con vinculación serologicas en trabajadoras sexuales y trabajadores de construcción haitianos y dominico-haitianos que viven en Santo Domingo, República Dominicana (ECVC).

Centro de Estudios Sociales y Demográficos (CESDEM)/República Dominicana & ICF International. (2014). Encuesta demográfica y de salud 2013. Santo Domingo, Dominican Republic: CESDEM/República Dominicana and ICF International.

Centro de Orientacion e Investigacion (COIN). (2017). *Abordaje de la violencia basada en genero en poblaciones claves: Guia de capacitación.* Santo Domingo, Dominican Republic: COIN.

Charmaz, K. (2014). *Conducting grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, California, USA: Sage Publications.

Consejo Nacional para el VIH y el SIDA (CONAVIHSIDA). (2014). *Segundo Encuesta de Vigilancia de Comportamiento con Vinculación Serológica en Poblaciones Claves República Dominicana 2012*. Santo Domingo,

Dominican Republic: CONAVIHSIDA. Retrieved from https://dominicanrepublic.unfpa.org/es/publicaciones/segunda-encuesta-de-vigilancia-de-comportamiento-con-vinculaci%C3%B3n-serol%C3%B3gica-en.

Dominican Republic. [Citations of data from the Formulario de Aplicacion a Politicas Sociales (FAPPS)/Sistema2018].

Donastorg, Y., Barrington, C., Perez, M., & Kerrigan, D. (2014). Abriendo Puertas: Baseline findings from an integrated intervention to promote prevention, treatment and care among FSW living with HIV in the Dominican Republic. *PLOS ONE,* 9 (2), e88157. Retrieved from https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0088157.

Georgetown Law Human Rights Institute. (2014). *Left behind: How statelessness in the Dominican Republic limits children's access to education*. Retrieved from https://www.right-to-education.org/resource/left-behind-how-statelessness-dominican-republic-limits-childrens-access-education.

Global Network of Sex Work Projects (NSWP). (2012). *Documenting good practice by sex worker-led organisations #01: Addressing violence against sex workers*. Edinburgh, Scotland: NSWP. Retrieved from https://www.nswp.org/sites/nswp.org/files/DGP%20Violence.pdf.

Guest, G., MacQueen, K. M., Namey, E. E. (2012). *Applied thematic analysis*. Thousand Oaks, California, USA: Sage Publications.

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2013). *Global AIDS response progress report Dominican Republic*.

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2016). Country data: Haiti. [Data set]. Retrieved from http://www.unaids.org/en/regionscountries/countries/haiti/.

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2017). Country data: Dominican Republic. [Data set]. UNAIDS. Retrieved from http://www.unaids.org/en/regionscountries/countries/dominicanrepublic/.

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2018). *Miles to go: The response to HIV in the Caribbean*. Retrieved from http://www.unaids.org/en/resources/documents/2018/miles-to-go_caribbean.

Joint United Nations Programme on HIV/AIDS (UNAIDS) Office in the Dominican Republic. (2018). Socializacion y discusion de nuevos estudios e informaciones relevantes sobre VIH en poblacion migrante en la República Dominicana. [Citations of data from the Formulario de Aplicación a Políticas Sociales (FAPPS)/Sistema 2018].

Kaiser, B. N., Keys, H. M., Foster, J., & Kohrt, B. A. (2015). Social stressors, social support, and mental health among Haitian migrants in the Dominican Republic. *Revista panamericana de salud pública*, 38 (2), 157–162. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/26581057.

Kerrigan, D., Barrington, C., Donastorg, Y., Perez, M., & Galai, N. (2016). Abriendo puertas: Feasibility and effectiveness a multi-level intervention to improve HIV outcomes among female sex workers living with HIV in the Dominican Republic. *AIDS Behavior,* 20 (9), 1919–1927. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/27016102.

Kerrigan, D., Ellen, J. M., Moreno, L., Rosario, S., Katz, J., Celentano, D. D., & Sweat, M. (2003). Environmental-structural factors significantly associated with consistent condom use among female sex workers in the Dominican Republic. *AIDS,* 17 (3), 415–423. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/12556696.

Kerrigan, D. L., Fonner, V. A., Stromdahl, S., & Kennedy, C. E. (2013). Community empowerment among female sex workers is an effective HIV prevention intervention: A systematic review of the peer-reviewed evidence from low- and middle-income countries. *AIDS and Behavior,* 17 (6), 1926–1940. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/23539185.

Kerrigan, D., Mbwambo, J., Likindikoki, S., Beckham, S., Mwampashi, A., Shembilu, C., . . . Galai, N. (2017). Project Shikamana: Baseline findings from a community empowerment-based combination HIV prevention trial among female sex workers in Iringa, Tanzania. *Journal of Acquired Immune Deficiency Syndromes,* 74 (Suppl 1), S60–S68. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5147044/.

Kerrigan, D., Moreno, L., Rosario, S., Gomez, B., Jerez, H., Barrington, C., . . . Sweat, M. (2006). Environmental-structural interventions to reduce HIV/STI risk among female sex workers in the Dominican Republic. *American Journal of Public Health,* 96 (1), 120–125. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/16317215.

Kerrigan, D., Rosario, S., & Sweat, M. (2001). Adapting the Thai 100% condom programme: Developing a culturally appropriate model for the Dominican Republic. *Culture, Health, & Sexuality,* 3 (2), 221–240. Retrieved from https://www.jstor.org/stable/4005218?seq=1#metadata_info_tab_contents.

Keys, H. M., Kaiser, B. N., Foster, J. W., Burgos Minaya, R. Y., & Kohrt, B. A. (2015). Perceived discrimination, humiliation, and mental health: A mixed-methods study among Haitian migrants in the Dominican Republic. *Ethnicity & Health,* 20 (3), 219–240. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/24725218.

Labhardt, N. D., Motlomelo, M., Cerutti, B., Pfeiffer, K., Kamele, M., Hobbins, M. A., & Ehmeer, J. (2014). Home-based versus mobile clinic HIV testing and counseling in rural Lesotho: A cluster-randomized trial. *PLoS Medicine,* 11 (12), e1001768. Retrieved from https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001768.

Mantsios, A., Galai, N., Mbwambo, J., Likindikoki, S., Shembilu, C., Mwampashi, A., . . . Kerrigan, D. (2018). Community savings groups, financial security, and HIV risk among female sex workers in Iringa, Tanzania. *AIDS & Behavior,* 22 (11), 3742–3750. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/29478147.

Mantsios, A., Shembilu, C., Mbwambo, J., Likindikoki, S., Sherman, S., Kennedy, C., & Kerrigan, D. (2018). "That's how we help each other": Community savings groups, economic empowerment and HIV risk among female sex workers in Iringa, Tanzania. *PLOS One,* 13 (7), e0199583. Retrieved from https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0199583.

Maughan-Brown, B., Harrison, A., Galarraga, O., Kuo, C., Smith, P., Bekker, L. G., & Luri, M. N. (2019). Factors affecting linkage to HIV care and ART initiation following referral for ART by a mobile health clinic in South Africa: Evidence from a multimethod study. *Journal of Behavioral Medicine* Jan 11 2019. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/30635862.

Murray, L., Moreno, L., Rosario, S., Ellen, J., Sweat, M., Kerrigan, D. (2017). The role of relationship intimacy in consistent condom use among female sex workers and their regular paying partners in the Dominican Republic. *AIDS Behavior,* 11 (3), 463–470. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/17096198.

Oficina Nacional de Estadisticas (ONE). (2017). *Segunda encuesta nacional de inmigrantes en la República Dominicana.* Santo Domingo, Dominican Republic: ONE.

Papworth, E., Schwartz, S., Ky-Zerbo, O., Leistman, B., Ouedraogo, G., Samadoulougou, C., . . . Baral, S. (2015). Mothers who sell sex: A potential paradigm for integrated HIV, sexual, and reproductive health interventions among women at high risk of HIV in Burkina Faso. *Journal of Acquired Immune Deficiency Syndromes,* 68 (Suppl 2), S154–161. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/25723980.

Reed, E., Silverman, J. G., Stein, B., Erausquin, J. T., Biradavolu, M., Rosenbarg, A., & Blankenship, K. M. (2013). Motherhood and HIV risk among female sex workers in Andhra Pradesh, India: The need to consider women's life contexts. *AIDS & Behavior,* 17 (2), 543–550. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/22782790.

Servin, A. E., Reed, E., Brouwer, K. C., Magis-Rodriquez, C. Boyce, S., Strathdee, S. A., & Silverman, J. G. (2017). Motherhood and risk for human immunodeficiency virus/sexually transmitted infections among female sex workers in the Mexico-US border region. *Sexually Transmitted Diseases,* 44 (8), 477–482. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/28703726

Sweat, M., Kerrigan, D., Moreno, L., Rosario, S., Gomez, B., Jerez, H., . . . Barrington, C. (2006). Cost-effectiveness of environmental-structural communication interventions for HIV prevention in the female sex industry in the Dominican Republic. *Journal of Health Communication,* 11 (Suppl 2), 123–142. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/17148102.

Wechsberg, W. M., Zule, W. A., Ndirangu, J., Kline, T. L., Rodman, N. F., Doherty, I. A., . . . van der Horst, C. (2014). The biobehavioral women's health coop in Pretoria, South Africa: Study protocol for a cluster-randomized design. *BMC Public Health,* 14, 1074. Retrieved from https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-14-1074.

World Bank. (2019). World Bank open data. [Data set]. Retrieved from https://data.worldbank.org/.

World Health Organization (WHO), United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV/AIDS (UNAIDS), Global Network of Sex Work Projects, & World Bank. (2013). *Implementing comprehensive HIV/STI programmes with sex workers: Practical approaches from collaborative interventions.* Geneva, Switzerland: WHO. Retrieved from https://www.who.int/hiv/pub/sti/sex_worker_implementation/en/.

Zulliger, R., Barrington, C., Donastorg, Y., Perez, M., & Kerrigan, D. (2015). High drop-off along the HIV care continuum and ART interruption among female sex workers in the Dominican Republic. *Journal of Acquired Immune Deficiency Syndromes,* 69 (2), 216–222. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/25714246.

# APPENDIX 1. PROFILE OF STUDY SAMPLE

| Profile of the study sample of Haitian female sex workers in Santo Domingo and Puerto Plata, January–March 2018. | | | | | | |
|---|---|---|---|---|---|---|
| | **Santo Domingo N=20** | | **Puerto Plata N=26** | | **Total N=46** | |
| | N (%) | SD | N (%) | SD | Mean, N (%) | SD |
| Average age | 29.25 | 8.72 | 28.96 | 8.33 | 29.09 | 8.41 |
| Average years of formal education completed | 6.42 | 4.42 | 6.19 | 3.32 | 6.26 | 3.64 |
| Average number of children | 2.15 | 1.98 | 1.88 | 1.40 | 2.00 | 1.66 |
| Average number of years in sex work | 8.34 | 8.00 | 8.73 | 7.05 | 8.57 | 0.10 |
| **Birth country (%)** | | | | | | |
| Dominican Republic | 8 (40.0%) | | 10 (38.5%) | | 18 (39.1 %) | |
| Haiti | 12 (60.0%) | | 16 (61.5%) | | 28 (60.9%) | |
| **Marital status** | | | | | | |
| Single | 11 (55.0%) | | 12 (46.2%) | | 23 (50.0%) | |
| Married/Civil union | 9 (45.0%) | | 14 (53.9%) | | 23 (50.0%) | |
| **Type of sex work site** | | | | | | |
| Brothel | 3 (15.0%) | | 1 (3.85%) | | 4 (9.1%) | |
| Street (independent) | 19 (95.0%) | | 23 (88.5%) | | 42 (91.3%) | |
| Bar/Disco | 4 (20.0%) | | 9 (34.6%) | | 13 (29.6%) | |
| **Client base** | | | | | | |
| Haitian | 14 (70.0%) | | 15 (57.7%) | | 29 (63.0%) | |
| Dominican | 18 (90.0%) | | 13 (50.0%) | | 31 (68.9%) | |
| Foreigner | 6 (30.0%) | | 16 (61.5%) | | 22 (51.2%) | |
| **Use of alcohol in the past month (%)** | | | | | | |
| Yes | 13 (68.4%) | | 15 (62.5%) | | 28 (65.1%) | |
| No | 6 (31.6%) | | 9 (37.5%) | | 15 (34.9%) | |
| **Drug use in the past month (%)** | | | | | | |
| Yes | 3 (15.8%) | | 2 (8.33%) | | 5 (11.6%) | |
| No | 16 (84.2%) | | 22 (91.7 %) | | 38 (88.4%) | |
| **HIV status (%)** | | | | | | |
| HIV-Positive | 4 (20.0%) | | 7 (26.9%) | | 11 (23.9%) | |
| HIV-Negative | 14 (70.0%) | | 19 (73.1%) | | 33 (71.7%) | |
| Don't know | 2 (10.0%) | | 0 | | 2 (4.4%) | |
| **ARV (%) (of HIV + participants)** | | | | | | |
| Yes | 4 (36. 36%) | | 7 (63.64%) | | 11 (100%) | |
| No | 0 | | 0 | | 0 | |

* The type of client and place of sex work are not mutually exclusive categories.

* Owing to missing values, some variables may not sum to N=46.

# APPENDIX 2. SUMMARY OF ISSUES AND THEIR IMPLICATIONS FOR POLICY AND PRACTICE

| **Summary of factors influencing HIV vulnerability or HIV service use among Haitian female sex workers in the Dominican Republic, and policy and practice implications.** | |
|---|---|
| **Factor influencing HIV vulnerability or HIV service use** | **Policy or practice implication** |
| **Psychosocial factors** | |
| • Anti-Haitian stigma, gender division of labor<br>  ○ Limited access to economic opportunities outside of sex work | -Promote increased collaboration among Haitian advocacy groups and HIV programs to increase access to legal documents, education, and economic opportunities outside of sex work |
| • Stigma of perceived overuse of maternity care by Haitians<br>• Provider perception of Haitian beliefs in Voodoo as a barrier to them seeking health services, following recommendations<br>• Shyness *(verguenza)* in seeking health services<br>• Worry about residency/citizenship status<br>  ○ Confusion over need for immigration documents to obtain HIV services<br>  ○ Confusion over fee for HIV services<br>• General concerns about deportation | -Information campaigns about the availability of HIV services without user fees, and without identification documents<br>-Training of healthcare providers to provide "Haitian-friendly" services addressing shyness and stress about immigration status |
| • Limited instrumental and social support from social networks<br>  ○ High community stigma for participating in sex work | -Advocacy to accept "sex work as work" and destigmatize sex work<br>-Group-level interventions within HIV programs to provide social and emotional support absent from social networks |
| • Concern among Haitian sex workers in their ability to take care of their children, desire to be a good mother and motherhood as important part of identity | -Integration of important role of motherhood in HIV programming |
| • Worry about male romantic partner's fidelity and safety in terms of disease transmission<br>  ○ Fatalism over monogamous sexual partner<br>  ○ Loss of status/power in relationship with romantic partners because of sex work | -Focus on emotional challenges of romantic partnerships and sex work stigma in group sessions and one-on-one counseling with sex workers |
| • Variation in the form of sex work and sex work clients<br>  ○ Concern over being able to find clients, and pressure to take clients when they could find them<br>  ○ Haitian (vs. Haitian-Dominican) more likely to have Haitian clients with whom it was hard to negotiate condom use | -Inclusion of income generating activities in HIV programming for sex workers<br>-HIV prevention services including education targeted to Haitian men that promote condom use and HIV testing |

| | |
|---|---|
| • Physical violence suffered at the hands of clients including beating, choking and sexual assault<br>  o Need to take precautionary measures like walking together in groups<br>  o Worry about personal safety because of responsibility to care of children<br>  o Worry about catching disease from clients who take-off or puncture holes in condom | -Integrate violence prevention with HIV programming: workshops with police, hotline to report violence, training of healthcare providers to identify and address violence among sex workers<br>-Create a safe space for sex workers via drop-in centers<br>-Foster of alliances among sex workers for violence prevention<br>-Violence counseling and development of violence prevention plans during HIV counseling |
| • Emotional violence suffered at the hands of clients<br>  o Clients renege on agreed upon services or negotiated amount of exchange<br>  o Clients threaten sex worker with accusations of robbery to force compliance | -Address the stress of sex work and negotiation with clients in group and individual counseling for sex workers as part of HIV programs |
| **Condom use** | |
| • High desire to use condoms with clients<br>• Challenging to negotiate condom use with Haitian clients<br>• Challenging to use condoms with romantic partners, even with high concern over partner's fidelity | -Address contexts the create challenges for condom use (romantic partners, Haitian clients) in group and individual counseling and education rather than generic messaging about condom use |
| **HIV testing** | |
| • Most had tested for HIV, typically through maternity care<br>• Most are not testing for HIV routinely, despite high perceived risk for HIV<br>• Noted a need for outreach testing using mobile units and through community outreach workers at work sites<br>• Main motivations for HIV testing outside of prenatal care included a perception that it was required to sell sex at a bar or disco, and because they were persuaded to by someone close to them – e.g. mother, friend, or HIV outreach worker<br>• Fear of HIV-positive result a major barrier to testing including fear of discrimination community, possible retribution from past clients and romantic partners, and difficulty getting clients | -Increase community based HIV testing, including through mobile units<br>-Increase quality of HIV counseling provided through mobile units<br>-Use peer navigators of Haitian descent to link sex workers to ongoing HIV prevention services and HIV treatment from mobile units<br>-Design messaging about HIV testing using social norms approach<br>-Continue efforts to decrease HIV stigma in the wider community |
| **HIV treatment and care** | |

| | |
|---|---|
| • High awareness about the existence of medication to improve the health of people living with HIV<br>• Low knowledge about how HIV medication works, even among HIV-positive participants.<br>• Confusion about whether HIV medication should be taken if drinking alcohol<br>• For HIV-positive participants, concern over maintaining their health so they can take care of their children. Children as a motivating factor for treatment adherence.<br>• High-levels of stigma related to HIV status experienced by HIV-positive participants<br>• Noted need for social support and stigma reduction as part of HIV programs to help people living with HIV<br>  • Delay in HIV treatment seeking among HIV-positive participants, support from HIV positive peers helped women seek treatment | -Increase emphasis on education about antiretroviral therapy in counseling for people living with HIV (how it works, ability to continue medication if using alcohol)<br><br>-Promote family counseling for people living with HIV that includes children<br><br>-Include motherhood and parenting as themes covered in group and individual counseling for people living with HIV (e.g. "caring for yourself and caring for your children)<br><br>-Use peer navigators of Haitian descent to promote treatment adherence |

# APPENDIX 3. SPANISH FIELD GUIDE

**Entrevistas a Profundidad**

Fecha _____ Hora cuando comenzó la entrevista_____

Hora cuando finalizó la entrevista_____ Código de participante _____

Nombre de la investigadora _____

Lugar de la entrevista _____

**Puntos Importantes**

- No tiene que participar en el estudio si no quiere.
- Puede parar la entrevista en cualquier momento.
- No tiene que contestar una pregunta si no quiere.
- No hay consecuencias si no quiere participar.
- No hay respuestas correctas. Solo queremos saber de lo que tu piensas y tu perspectiva.
- El incentivo consiste de 500 pesos para cobrar el costo de transporte por la primera entrevista y 500 pesos por la segunda.
- Nosotros no podemos arreglar tus problemas. Estamos aquí para aprender.

**Elegibilidad**

- Al menos 18 años de edad
- Inmigrante haitiana o primera, segunda, tercera generación haitiana en la RD
- Participó en el intercambio de relaciones sexuales por dinero en los último 6 meses

1) Cuantos años tienes? _____

2) Eres descendiente de Haitianos? _____Sí _____No

3) En los últimos 6 meses has intercambiado sexo por dinero? _____Sí _____No

**ENTREVISTA #1**

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**DEMOGRAFICA**

**Sección I. Información Demográfica**

101. ¿Donde naciste? _____

102. Donde nació:

*Madre* _____

*Padre* _____

*Abuelos maternales*_____

*Abuelos paternales*_____

103. Si nació en Haiti:

103.a Por cuanto tiempo has estado en la Republica Dominicana? _____

103.b ¿Con quién viniste a la Republica Dominicana? _____

103.c ¿Porque viniste a la Republica Dominicana? _____

104. ¿Que idiomas hablas y que prefiere hablar_____?

105. ¿Que nivel de educación tienes?

106. ¿Todavía tienes familia en Haití? _____

106.a Si, si: ¿Quién? _____

107. ¿Con que frecuencia visitas Haití? _____

107.a *¿Por dónde vas?* _____

107.b *¿Por cuánto tiempo te vas?* _____

107.c *¿Cuándo viajes, viajes por trabajo?* _____

108. ¿Con que frecuencia viajes a otros sitios en la Republica Dominicana?

108.a ¿Por dónde vas? _____

108.b ¿Por cuanto tiempo? _____

108.c ¿Cuándo viajes, viajes por trabajo? _____

109. ¿Cual es tu trabajo principal? _____

109.a ¿Tienes otros fuentes de ingreso? _____ ¿Cuáles? _____

110. Cuánto dinero ganas normalmente en un mes?

111. Cuanto de este dinero mandas al Haití para ayudar familia u otros personas?

112. ¿Cuál es tu estado civil? _____

112.a ¿Tienes marido/pareja fija? _____

113. ¿Con quién vives en este momento?

114. ¿Dónde vives (el barrio)?

114.a En este barrio, viven más haitianos, más dominicanos, o una mezcla de los dos?

115. ¿Cuantos hijos biológicos tienes?

115.a ¿Dónde viven tus hijos?

116. ¿Tienes otros niños viviendo contigo?

116.a Si Sí: ¿Cuántos?

¿En los últimos 6 meses, ha estado un tiempo en que tus hijos:

117.a No pudieron ir a escuela por falta de recursos _____Sí _____No

117.b No pudieron ir a escuela por ser haitianos o

haitianos dominicanos _____Sí _____No

117.c No tuvieron suficiente comida para comer _____Sí _____No

117.d No tuvieron un lugar para dormir _____Sí _____No

118. ¿Eres la principal persona encargada de mantener tu hogar? _____Sí _____No

---

## HISTORIA DE VIDA

**Ahora vamos a empezar el parte de la entrevista que es más como una conversación. Recuerde que no hay una respuesta correcta ni incorrecta, solo tu experiencia real.**

**<u>Sección II.</u> Como te expliqué antes, queremos aprender más sobre tu vida.**

201. ¿Qué dirías que es más importante para ti en este momento? ¿Porque?

*SONDEAR: ¿Cuáles son tus metas que esperas lograr en los próximos tres años?*

*SONDEAR: ¿Cuáles son las cosas que son más preocupantes para ti?*

202. ¿Cómo crees que otras personas te describirían?

203. ¿Qué te hace sentir orgullosa?

---

## IDENTIDAD ETNICA

**<u>Sección III.</u> Estamos interesados en tus experiencias como una haitiana o dominicana-haitiana.**

301. ¿Como te identifica, como haitiana, dominicana, o las dos?

302. ¿Como es la cultura haitiana, cuales son las diferencias entre las dos culturas?

303. ¿Que te hace sentir orgullosa de la cultura haitiana?

304. ¿Que no te gusta de la cultura haitiana?

305. En el sentido general, comparando mujeres haitianas o DH con mujeres dominicanas…

*SONDEAR: ¿En qué maneras son diferentes?*

*SONDEAR: ¿En qué maneras son parecidas?*

306. En el sentido general, comparando hombres haitianos o DH con hombres dominicanos…

*SONDEAR: ¿En qué maneras son diferentes?*

*SONDEAR: ¿En qué maneras son parecidos?*

307. ¿En el caso de una mujer haitiana y un hombre haitiano quien tiene mas poder?

308. ¿En el caso de una mujer haitiana y un hombre dominicano quien tiene mas poder?

309. ¿Con quien pasas más tiempo, haitianos o dominicanos? Cuéntame más….

310. ¿Cuales son las fuentes de ingreso normalmente para un hombre haitiano o DH? Cuéntame más….

311. ¿Que son los fuentes de ingreso normalmente para una mujer haitiana o DH? Cuéntame más….

---

**RELACIONES INTERPERSONAL**

**<u>Sección IV.</u> Nos gustaría aprender más de sus relaciones sociales y familiares. Para hacer esto, vamos a dibujar una pintura de sus relaciones y las conexiones. Para comenzar vamos a dibujar un círculo que te representa. Ahora, dibujamos círculos para las personas que son más importantes en tu vida diaria. Identifica cada círculo con <u>el apodo, "tipo" de relación, y etnicidad.</u>**

**Para las relaciones con otros <u>adultos,</u> pregunta lo que sigue:**

*Si la participante no se menciona un novio, esposo, marido, o el padre de sus hijos, debe preguntar de estas personas.*

400. ¿Quién te ayuda más si tienes algún problema en tu vida?

401. ¿Quién depende de ti económicamente y (visa versa)?

402. ¿Con quién hablas en relación a tu salud y (visa versa)?

403. ¿Cuáles de estas personas es tu marido o novio? Cuéntame de tu relación con él …

*SONDEAR: ¿Vives junto con él?*

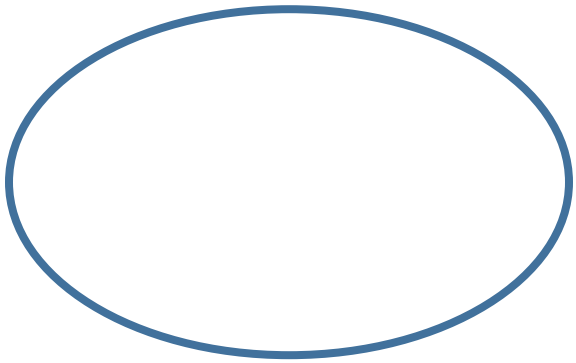
*SONDEAR: ¿Qué cosas de su vida compartes con él; ¿Que escondas?*

*SONDEAR: ¿Que son las cosas buenas de este relación? ¿Qué cosas te preocupan?*

404. ¿Cuáles de estas personas es el padre de tus hijos? Cuéntame de tu relación con él …

405. ¿Cuáles de estas personas saben de tu trabajo sexual? Cuéntame de esto…

**Esquema de la Red Social**



**ENTREVISTA #2**

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## TRABAJO SEXUAL

**<u>Sección V.</u> Durante la primera entrevista hablamos sobre tu vida personal y tus relaciones sociales y familiares. Hoy, queremos hablar sobre la disponibilidad y calidad de los servicios de salud para las trabajadoras sexuales. Eso es un sujeto sensitivo, pero con tu permisión me explorarlo y hablar sobre tu experiencia como una trabajadora sexual.**

501. ¿Cuándo fue la primera vez que intercambiaste sexo por dinero?

*SONDEAR: Cuéntame de tu experiencia y como entraste el trabajo sexual?*

502. Cuéntame de una noche típica para ti…

*SONDEAR: ¿Dónde trabajas – que tipo de negocio?*

*SONDEAR: ¿Qué tipos de clientes tienes? (Haitianos, Dominicanos o Turistas) ¿hay diferencias entre tus clientes haitianos, dominicanos, etc.?*

*SONDEAR: ¿La mayoría de tus clientes les conoces o no?*

*SONDEAR: ¿Con quién usas condones?*

503. ¿En una semana, más o menos, cuantos clientes tienes?

*SONDEAR:* ¿Cuantos personas te dan dinero por tener sexo?

504. Cuéntame de la última vez que tuvo relaciones con un cliente…

505. ¿Con que frecuencia bebes alcohol?

506. ¿Con que frecuencia usas drogas?

507. ¿Intercambias relaciones sexuales solo por dinero o también para otras cosas como ropa, comida, drogas y otros beneficios? Cuentame….

508. ¿Cuál es la cosa más difícil de ser una trabajadora sexual?

*SONDEAR: ¿Has sido una víctima de violencia? Cuéntame de la última vez…*

509. ¿Es la experiencia de trabajo sexual similar o diferente para haitianas, dominicanas-haitianas, y dominicanas? ¿Cómo?

*SONDEAR: ¿Cómo se relacionan entre ellas mismas?*

*SONDEAR: ¿En tu red social hay otras personas que intercambian sexo y otras cosas?*

510. ¿Qué piensas del apoyo comunitario para las TRSX?

---

**SALUD Y BIENESTAR**

**<u>Sección VI.</u> Otra cosa que nos interés es el salud y bienestar.**

601. ¿Cómo es tu salud?

602. ¿Cuáles son los problemas de salud para las TRSX haitianas o DH?

603. Cuéntame de la última vez que tuviste problemas de salud…

*SONDEAR: ¿Fuiste a algún persona o lugar para ayuda con este problema?*

*SONDEAR: ¿Cómo decidiste a ir a este lugar?*

*SONDEAR: ¿Cómo te atendieron?*

604. Alguna vez, has buscado ayuda para tu salud en la comunidad con dokte fe, hougan, mambo, boko, o alguien que sabe de magi?

*SONDEAR: ¿Cuéntame de la ultima vez…?*

*SONDEAR: ¿Hay momentos cuándo sea mejor obtener ayuda del hougan? Con un dokte fe? Con un médico?*

---

**VIH**

**Sección VII. Ahora, quiero hablar de los servicios de VIH…**

701. ¿Alguna vez hiciste la prueba de VIH? _____Sí _____No **[Pase a 704]**

702. ¿Recibiste los resultados la última vez que hiciste la prueba de VIH,

_____Sí _____No **[Pase a 704]**

703. Cuales fueron los resultados de tu última prueba de VIH?

_____Negativa

_____Positiva **[Pase a 711]**

704. Cuéntame de lo que sabes de VIH…

*SONDEAR: ¿Has participado en un programa de VIH?*

705. ¿Qué tipos de proveedores pueden ayudar una persona que tiene VIH?

*SONDEAR: (Dokte fey, hougan, boko...)?*

706. ¿Conoce a alguien que tiene el virus?

*SONDEAR: Cuéntame de lo que sabes de su situación…*

*SONDEAR: ¿A dónde va para recibir tratamiento/seguimiento- un centro médico, hougan o dokte fe?*

*SONDEAR: ¿Sabes si él/ella/ellos regresa/an a Haití para obtener tratamiento?*

707. ¿Has hablado con tu pareja o marido sobre VIH?

*SONDEAR: ¿Quién inicio la conversación y porque?*

*SONDEAR: Cuéntame de la discusión…hablaron de preservativos? fidelidad? la prueba de VIH?*

708. ¿Hablas con tus clientes de VIH o el uso de preservativos?

*SONDEAR: Cuéntame de la discusión…*

*SONDEAR: ¿Con quién (de los clientes) es más fácil hablar de VIH y el uso de preservativos (haitianos o dominicanos) y porque?*

709. ¿Cómo decidiste hacer [o no hacer] la prueba de VIH?

*SONDEAR: Cuéntame de tu experiencia haciendo la prueba…*

710. ¿Cuáles problemas tienen las TRSX haitianas en relación al acceso de los servicios de salud, incluyendo los servicios de VIH?

**Dar las gracias al participante, describe donde puede conseguir apoyo social, apoyo con derechos y apoyo con salud.**

**********

711. ¿Cómo decidiste hacer la prueba de VIH?

*SONDEAR: ¿Dónde hiciste la prueba?*

*SONDEAR: ¿Porque hiciste la prueba?*

712. Cuéntame de tu experiencia cuando aprendiste que tuviste el virus…

713. ¿Quién sabe que tienes VIH?

*SONDEAR: ¿Quién sabe que tienes VIH (refiere al red social)?*

*SONDEAR: ¿Has hablado de tu estatus con tu marido o pareja?*

*SONDEAR: ¿Porque contaste algunas personas de tu estatus y no a otras?*

714. Has buscado tratamiento de VIH?

*SONDA: ¿Donde, porque?*

*SONDA: ¿Has pensado ir a Haití por tratamiento?*

*SONDA: ¿Has considerado ir a un hougan o boko por tratamiento?*

715. Estas tomando TAR? Cuéntame de esto…

*SONDEAR: ¿Alguna vez, has dejado tomar la TAR? Cuentame como paso esto…*

716. ¿Qué problemas tienes para obtener tratamiento?

*SONDEAR: Hay alguien que te da apoyo para tomar tus medicamentos para el virus?*

717. ¿Has hablado con tu pareja o marido sobre VIH?

*SONDEAR: ¿Quién inicio la conversación y porque?*

*SONDEAR: Cuéntame de la discusión…hablaron de preservativos? fidelidad? la prueba de VIH?*

718. ¿Hablas con tus clientes de VIH o el uso de preservativos?

*SONDEAR: Cuéntame de la discusión…*

*SONDEAR: ¿Con cuales tipos de clientes es más fácil hablar de VIH y el uso de preservativos (haitianos o dominicanos) y porque?*

**Dar las gracias al participante, describe donde puede conseguir apoyo social, apoyo con derechos y apoyo con salud.**

# APPENDIX 4. CREOLE FIELD GUIDE

**Entèvyou Pwofondè**

Dat _____ Lè komansè _____ Lè fini _____

Non anketè _____ Nimewo idantite respondan_____

Lokalite _____

Lang _____

**Pwen enpòtan**

- Ou pa oblije patisipe nan etid sa a.
- Ou ka kite etid la nenpòt vle.
- Ou ka refize reponn nenpòt kesyon ou vle.
- Pa gen konsekans si ou pa vle patisipe.
- Tout enfòmasyon an rete ansekrè.
- Pa gen repons ki pi bon pase lòt.
- Gen yon ti fre de 500 pesos pou chak entèvyou anplis transpò.
- Nou pa ka rezoud tout pwoblem wap gen.

**Verify kalifikasyon patisipan an**

- Gen 18 an o plis
- Ayisyen o Ayisyen-Dominiken desandans, premye, dezyèm o twazyèm jenerasyon
- Li te fè seks pou lajan nan denye 6 mwa

1) Ki jaj ou gen? _____
2) Ki kote ou fèt? _____. Si li fét nan sendomeng, mande: eske ou gen desandans ayisyen? _____ Wi ____Non
3) Nan denye 6 mwa, eske ou te fè seks pou lajan? _____Wi ____Non

**Entèvyou #1**

---

**DEMOGRAFIK**

**Seksyon I. Enfòmasyon Demografik**

101. Ki kote ou fèt? _____

102. Ki kote paran ou fèt:

*Manman* _____

*Papa* _____

*Grann matènèl* _____

*Grann patènèl* _____

103. Si patisipan an fèt Ayiti:

103.a Pou konbyen tan ou konn viv nan Sendomeng? _____

103.b Ak ki moun ou te vini Sendomeng? _____

103.c Poukisa ou te vini? _____

104. Ki lang ou pito pale? _____

105. Jiska ki klas ou rive nan lekòl? _____

106. Eske ou toujou en fanmi nan Ayiti? _____

106.a Si wi, ki moun? _____

107. Ak ki frekans ou konn visite Ayiti? _____

*107.a Ki kote ou ale?* _____

*107.b Pou konbyen jou ou konn ale?* _____

*107.c Le ou ale, eske ou ale pou travay?* _____

108. Ak ki frekans ou vwyaje lòt kote nan peyi sa? _____

108.a Ki kote ou ale? _____

108.b Pou konbyen jou ou vwayaje? _____

108.c Eske ou rann sèvis seksyèl le ou vwayaje?

109. Ki jan ou sipotè w prensipalman? _____

109.a Eske ou gen lòt mwayen pou touche lajan? _____ Koman? _____

110. Konbyen ou touche/genyen chak mwa? _____

111. Eske ou voye lajan Ayiti? _____ Konbyen? _____

112. Eske ou marye? _____

112.a Eske ou gen patnè?

113. Ak ki moun wap viv kounyeya?

114. Ki kote ou viv (nan ki katye)? _____

114.a Eske katye ou gen plis ayisyen, dominiken o toulede? _____

115. Konbyen pitit biologic ou gen? _____

115a. Ki kote yo viv? _____

116. Eske ou okipe lòt timoun? _____

116.a Si wi, konbyen? _____

117. Nan dènye 6 mwa, eske piti ou:

117.a Pat ka ale lekòl paske ou pat gen mwayen ekonomik? ____Wi _____Non

117.b Pat ka le lekòl paske ayisyen o ayisyen-dominiken yo ye? ____Wi ____Non

117.c Pat gen ase manje? ____Wi ____Non

117.d Pat gen kote pou domi? ____Wi _____Non

118. Eske ou menm se mèt kay la? _____ Wi _____Non

---

**ISTWA LAVI**

**Kounyeya nou pral fè yon ti pale. Pa bliye, pa gen repons ki pi bon pase lòt.**

**<u>Seksyon II.</u> Kòm m eksplike deja, nou gen enterè nan lavi ou. M vle konnen ou pi byen.**

201. Ki bagay se pi enpòtan nan lavi ou? Poukisa?

*PRESIZE: Ki bi ou ta renemen atenn nan fiti a?*

*PRESIZE: Kisa ki plis inkyètan nan lavi ou?*

202. Ki jan lòt moun ta dekri ou?

203. Kisa ki fè ou fyè?

---

**ERITAJ AYISYEN-DOMINIKEN**

**<u>Seksyon III.</u> Nou vle aprann plis sou eksperyans paw kòm ayisyen o dominiken-ayisyen.**

301. Eske ou idantifye kòm ayisyen, dominiken, o toulede? Eksplike.

302. Ki diferans gen ant kilti dominiken ak kilti ayisyen?

303. Kisa ki ou pi renmen sou eritaj ayisyen ou?

304. Kisa ki ou pa renmen sou eritaj ayisyen ou?

305. Nan ki fason fanm ayisyen ak fanm dominiken sanble/parèy/diferan?

306. Nan ki fason gason ayisyen ak gason dominiken sanble/parèy/diferan?

307. Nan yon relasyon antre yon fanm ayisyen ak yon gason ayisyen, ki moun gen plis pouvwa?

308. Nan yon relasyon antre you fanm ayisyen ak yon gason dominiken, ki moun gen plis pouvwa?

309. Ak ki moun ou pase plis tan, dominiken o ayisyen? Eksplike.

310. Ki travay yon gason ayisyen o dominiken-ayisyen ka fè pou touche lajan? Eksplike.

311. Ki travay yon fanm ayisyen o dominiken-ayisyen ka fè pou touché lajan? Eksplike.

## RELASYON PÈSONÈL

**<u>Seksyon</u> IV. Nou vle aprann sou relasyon sosyal ou. Pou fè sa, nou pral desinen yon rezo pèsonel ki enkli relasyon yo ki pi enpòtan. Premye, nou pral desinen yon sèk. Sèk la se ou menm. Dezyèm, nou pral desinen plizyè sèk ki reprezante moun ki enpòtan nan lavi ou. Pou chak sèk, <u>mete ti nòm yo, tip de relasyon, ak etnidad yo</u>**

**Pou chak relasyon ak <u>granmoun</u>, poze:**

*Si patisipan pa mensyone mari li, menaje li o papa pitit li, mande pou yo.*

400. Ki moun ede ou plis le ou gen pwoblem?

401. Ki moun bay ou sipò ekonomik (viza versa)?

402. Ak ki moun ou pale de sante ou (viza versa)?

403. Kiyes mari/menaj ou? Kouman relasyon ou ye?

*PRESIZE: Eske ou viv ak li?*

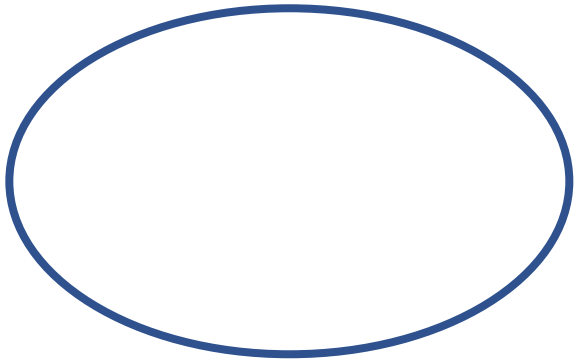
*PRESIZE: De kisa ou pale ak li? Eske ou pale ak li de tout?*

*PRESIZE: Kisa ki bon/pa bon nan relasyon ou?*

404. Kiyes papa pitit ou? Eksplike.

405. Ki moun konnen ou fè travay seksyèl?

**Rezo Sosyal**



**ENTEVYOU #2**

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**TRAVAY SEKSYÈL**

**<u>Seksyon V.</u> Jodi a m vle pale sou eksperyans paw kòm travayèz seksyèl.**

501. Kile ou te komansè fè travay seksyèl?

*PRESIZE: Dekri eksperyans la.*

502. Pale ak mwen de yon nwit le ou ale travay.

*PRESIZE: Ki kote ou travay?*

*PRESIZE: Ki kliyan ou gen (ayisyen, dominiken, touris)? Gen diferans antre kliyan yo?*

*PRESIZE: Eske ou deja konnen tout kliyan ou?*

*PRESIZE: Ak ki kliyan ou mete kapòt?*

503. Konbyen kliyan ou gen nan youn semen?

*PRESIZE: Konbyen bay ou lajan?*

504. Eske ou ka pale de eksperyans paw denye fwa ou te fè bagay ak yon kliyan.

505. Eske ou konn bwè gwog? Konbyen fwa pa semen?

506. Eske ou konn itilize dwòg? Konbyen fwa pa semen?

507. Eske ou konn fè travay seksyèl sèlman pou lajan o pou lòt bagay tankou manje, dwòg, anplis?

508. Kisa ki pi difisil pou se travayèz seksyèl?

509. Eske ou kwe eksperyans travayèz seksyèl ayisyen, dominiken-ayisyen se menm jan dominiken?

*PRESIZE: Koman TRSX ayisyen ak TRSK dominiken relasyonè? Eske yo mache ansanm?*

*PRESIZE: Nan relasyon sosyal paw, eske gen lòt moun ki fè travay seksyèl?*

510. Eske gen sipò nan kominote pou travayèz seksyèl? Eksplike.

---

**SANTE**

**<u>Seksyon VI.</u> Kounyeya nou pral pale sou sante.**

601. Koman sante ou ye?

602. Ki pwoblem sante travayèz seksyèl ayisyen o dominiken-ayisyen gen?

603. Eske ou ka pale sou denye fwa ou te gen pwoblem sante?

*PRESIZE: Ki kote ou tale pou cheche ed? Poukisa?*

*PRESIZE: Kijan yo trete ou?*

604. Eske ou konn cheche swen nan kay houngan, doktèy fèy…? Eksplike.

*PRESIZE: Nan ki sityasyon se pi bon pou ale doktè fèy? Houngan? Medsin?*

---

**VIH**

**Seksyon VII. Nou pral diskite sije VIH.**

701. Nan lavi ou, eske ou konn fè tès VIH? _____ Wi _____Non **[ale nimewo 704]**

702. Denye fwa ou te fè tès la, eske yo te bay ou rezilta? ____Wi _____Non **[ale nimewo704]**

703. Ki rezilta tès la gen?

_____Negatif

_____Positif **[ale nimewo 711]**

704. Kisa ou konnen sou maladi VIH/SIDA?

*PRESIZE: Eske ou konn patisipe nan pwogram VIH?*

705. Ki medsin ka ede ou si ou gen VIH/SIDA?

PRESIZE*: (Doktè fèy, Houngan…)*

706. Eske ou konnen yon moun ki gen VIH?

*PRESIZE: Kisa ou konnen sou sityasyon yo?*

*PRESIZE: Ki kote yo ale pou tretman?*

*PRESIZE: Eske yo konn ale Ayiti pou tretman?*

707. Eske ou konn pale ak marye/menaje/patnè ou de VIH?

*PRESIZE: Kiyès ki komansè konvesasyon an? Poukisa?*

*PRESIZE: De kisa ou pale…tès VIH, kapòt?*

708. Eske ou pale ak kliyan paw de VIH o kapòt? Eksplike.

*PRESIZE: Eske li pi fasil pale de VIH/kapòt ak gason ayisyen o dominiken? Poukisa?*

709. Kijan ou decidi fè tès VIH la? Eksplike.

710. Ki pwoblem/baryè travayèz seksyèl ayisyen ak sevis sante/sevis VIH la?

************************Fini…Remèsye patisipan yo.***************************

711. Kijan ou decidi fè tès VIH la? Eksplike.

*PRESIZE: ki kote ou te fè tès la?*

*PRESIZE: poukisa ou te fè tès la?*

712. Pale sou eksperyans paw lè ou te aprann ou te gen VIH…

713. Ki moun konnen ou gen VIH?

*PRESIZE: Ki moun nan rezo sosyal konnen ou gen VIH?*

*PRESIZE: Eske mari/menaje/patne ou konnen ou gen VIH?*

*PRESIZE: Poukisa ou te pale sou sa ak kèk moun e pa lòt?*

714. Eske ou konn chèche tretman?

*PRESIZE: Ki kote, poukisa?*

*PRESIZE: Eske ou panse ale Ayiti pou cheche tretman?*

*PRESIZE: Eske ou konsidere konsilte yon Houngan pou jwenn tretman?*

715. Eske wap pran medikaman?

*PRESIZE: Eske ou kite pran medikaman? Poukisa?*

716. Ki pwoblem ou gen pou jwenn medikaman?

*PRESIZE:* Eske ou gen yon moun ki ede ou pa bliye pran medikaman an?

717. Eske ou konn pale ak mari/menaje/patnè ou de VIH?

*PRESIZE: Kiyès ki komansè konvesasyon an? Poukisa?*

*PRESIZE: De kisa ou pale…(tès VIH, kapòt)?*

718. Eske ou pale ak kliyan paw de VIH o kapòt? Eksplike.

*PRESIZE: Eske li pi fasil pale de VIH/kapòt ak gason ayisyen o dominiken? Poukisa?*

************************Fini…Remèsye patisipan yo.***************************

# APPENDIX 5. ENGLISH FIELD GUIDE

### IN-DEPTH INTERVIEW GUIDE

Date_____ Start time_____ End time_____

Respondent study ID_____ Interviewer name_____

Locality of interview_____

Language of interview_____

**Key points**

- You do not have to participate in this study if you do not want to.
- If you agree to be in this study, but later change your mind, you may drop out at any time.
- You do not have to answer any question that you do not want to answer.
- There are no penalties or consequences of any kind if you decide that you do not want to participate.
- All the information you share with me today will be kept private. It will not be shared with anyone else but the research team.
- There are no right or wrong answers. We just want to know what you think and how you feel about the topics we are going to talk about.
- The incentive consists of 500 Dominican pesos for each interview plus transport.
- We cannot resolve your problems; we are here to learn.

**Verification of study eligibility**.

- 18 years or older
- Haitian or Haitian-Dominican descent (first, second, or third generation)
- Has exchanged sex for money or other goods in the past six months

1) How old are you? _____

2) Are you from Haiti or of Haitian descent? _____ Yes _____ No

3) In the last 6 months, have you exchanged sex for money? _____Yes _____No

**Interview # 1**

---

**DEMOGRAPHICS**

**Section I. Demographic information**

101. Where were you born? _____

102. Where were you parents born?

Mother _____

Father _____

Maternal grandparents _____

Paternal grandparents_____

103. If born in Haiti:

103.a How long have you been living in the DR? _____

103.b Who did you come with to the DR? _____

103.c Why did you come to the DR from Haiti?

_____

104. What language do you prefer to speak? _____

105. What is your highest level of education? _____

106. Do you still have family in Haiti?

106.a If YES, who? _____

107. How often do you travel to Haiti?_____

*107.a Where do you go?* _____

*107.b For how long do you stay?* _____

*107.c Do you work as a sex worker when you are in Haiti?* _____

108. How often do you travel within the Dominican Republic?

*108.a Where do you go?* _____

*108.b Why do you travel?* _____

*108.c Do you travel to provide your services in other areas?* _____

109. What is primary job? _____

109.a What other sources of income do you have?_____

110. How much do you earn per month? _____

111. How much of this money do you send to Haiti to help your family/friends?

112. Are you currently married? _____

112.a Do you have a romantic partner/boyfriend? _____

113. Who lives with you at your current residence?

_____

114. Where do you live? _____

114.a In your neighborhood, are there more Haitians, Dominicans, or a mix of both? _____

115. How many biological children do you have? _____

115.a Where do your children live? _____

116. Are you the primary care taker of children other than your biological children?

_____

116.a If YES, how many?_____

117. In the past 6 months, has there been a time when the children you take care of could not:

117.a . Afford to go to school for lack of resources _____Yes _____No

117.b Go to school because of their Haitian/Dominican-Haitian ethnicity ____Yes ____No

117.c Did not have enough food to eat _____Yes _____No

117.d Did not have a place to sleep _____Yes _____No

118. Are you the head of household? ____Yes ____No

## LIFE HISTORY

**Now we will start with the part of the interview which is like a conversation. Remember, there are no correct or incorrect responses.**

**Section 2. As I mentioned before, we want to learn more about your life in general and things that are important to you.**

201. What would you say is most important to you right now?

*PROBE: What are your future goals in the next 3 years?*

*PROBE: What do you worry about most often?*

202. How do you think other people would describe you?

203. What makes you proud?

## ETHNIC IDENTITY

**Section III. As you know, one of the reasons we wanted to talk to you is because you are Haitian or Dominican-Haitian.**

301. How do you identify as Haitian, Dominican, or both?

302. How is the Haitian culture, what is different between Haitian and Dominican culture?

303. What makes you proud of Haitian culture?

304. What do you not like about Haitian culture?

305. In general, in what ways are Haitian and Dominican women similar? In what ways are they different?

306. In general, in what ways are Haitian and Dominican men similar? In what was are they different?

307. In the case of a Haitian women living with a Haitian man, who has more power?

308. In the case of a Haitian women living with a Dominican man, who has more power?

309. Who do you spend more time with, Haitians, Dominicans, or both? Tell me about it….

310. What are the sources of income normally for a Haitian or Dominican-Haitian man? Tell me about it….

311. What are the sources of income normally for a Haitian or Dominican-Haitian women? Tell me about it….

## SOCIAL RELATIONSHIPS

**Section IV.** One of things we want to learn more about is your friends, family, and other important relationships. To learn more about this, I'd like us to draw a picture of your social relationships and talk about each one. I'm going to draw a circle in the middle of this picture that represents you. Now let's draw a connection between you and the people who are most important in your day-to-day life. Some people you may see every day; others you may talk to only once in a while. I'd like you to describe each person for me by giving me just their first name and the type of relationship you have with this person. Label circle **with first name and "type"** as provided by participant.

**For relationships with other adults ask the following:**

*If the participant does not mention her boyfriend, husband, or father of her children, please ask about these people.*

400. Who helps you when you have problems in your life?

401. Who depends on you economically? (vice versa)

402. With whom can you talk about your health? (vice versa)

403. Of these people, who is your partner, husband or boyfriend? Tell me about your relationship.

*PROBE: Do you live together?*

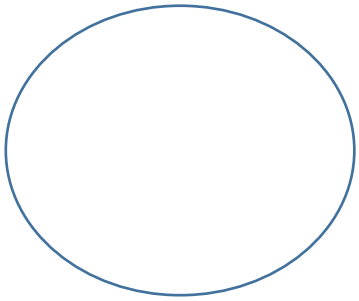
*PROBE: What do you share with him and what do you hide from him?*

*PROBE: What is good about your relationship and what is worrisome about your relationship?*

404. Of the people listed, who is the father of your children? Tell me about your relationship.

405. Of the people listed, who knows you are a sex worker? Tell me about it.

**Social Network**



**INTERVIEW #2**

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**SEX WORK**

**Section V.** Last time we met, we talked a little bit about you as a person, your social relationships, and your health. As you know, one of the things we are interested in learning about is specifically how to improve health and social services for people who are involved in sex work. Although it can be sensitive, I was hoping you would share some of your experiences related to sex work with our study.

501. When was the first time you had sexual relations with a client?

*PROBE: Tell me about your experience.*

502. Tell me about a typical night for you.

*PROBE: Where do you work, what type of business?*

*PROBE: What type of clients do you have (Haitians, Dominicans, Foreigners)?*

*PROBE: Do you know most of your clients?*

*PROBE: With whom do you use condoms?*

503. In a week, how many clients do you have?

*PROBE: How many give you money in exchange for sex?*

504. Tell me about the last time you have relations with a client.

505. How often do you drink alcohol?

506. How often do you use drugs?

507. Do you exchange sex only for money or for other things like clothing, food, drugs, etc.?

508. What is most difficult about being a sex worker?

*PROBE: Have you ever been a victim of violence?*

509. How is the experience of sex work similar or different for Haitians, Dominican-Haitians and Dominicans?

*PROBE: How do Haitian and Dominican sex workers get along with each other?*

510. What do you think about community support for sex workers? Is it available and what kind?

## HEALTH AND WELL-BEING

**Section VI**. **We are also interested in your general health and well-being.**

601. How is your health?

602. What are the health problems do Haitian or Dominican-Haitian sex workers confront?

603. Tell me about the last time you had a health problem.

*PROBE: Do you go somewhere or to someone with this problem?*

*PROBE: How did you decide to go?*

*PROBE: How were you treated?*

604. Have you ever sought care with a traditional healer or voodoo priest?

*PROBE: Tell me about it.*

*PROBE: Are there times when it is better to seek care from a voodoo priest? From a traditional healer? From a doctor?*

_____

_____

## HIV/AIDS

**Section VII. Now, I'd like to talk about HIV services in particular.**

701. Have you ever tested for HIV? _____ Yes _____No **[Skip to 704]**

702. Did you receive the results? _____Yes _____No **[Skip to 704]**

703. What was the result of your most recent HIV test?

_____Negative

_____Positive **[Skip to 711]**

704. Tell me about what you know of HIV?

*PROBE: Have you participated in any HIV activity/program?*

705.What type of medical providers can help someone with HIV?

*PROBE: (Traditional healer, voodoo priest…)*

706. Do you know anyone with HIV?

*PROBE: Tell me about their situation.*

*PROBE: Where do they received treatment?*

*PROBE: Do you know if they have ever returned to Haiti for treatment?*

707. Have you spoken with your partner/husband about HIV?

*PROBE: Who initiated the conversation?*

*PROBE: Tell me about the discussion, did you speak about condoms, monogamy, testing?*

708. Do you speak with your clients about HIV or condoms?

*PROBE: Tell me about the discussion.*

*PROBE: With whom is it easier to talk about HIV and condom use, Haitian or Dominicans and why?*

709. How did you decide or not decide to take the HIV test?

*PROBE: Tell me about your testing experience.*

710. What problems do Haitian sex workers have in relation to accessing health services, including HIV services?

**Thank the participant and describe where they can continue to get social support and medical help.**

**************************BELOW ONLY FOR HIV POSITIVES**************************

711. Tell me about your decision to test for HIV?

*PROBE: Where did you take the test?*

*PROBE: Why did you take the test?*

712. Tell me about your experience when you learned you were HIV-positive.

713. Who knows you have HIV?

*PROBE: Have you told you partner/ husband?*

*PROBE: Why have you told some people and not others?*

714. Have you sought treatment?

*PROBE: Where and why?*

*PROBE: Have you thought about going to Haiti for treatment?*

*PROBE: Have you even considered going to a traditional healer or voodoo priest?*

715. Are you currently on ART? Tell me more about that…

*PROBE: Have you ever stopped taking ART? Tell me about how this happened…*

716. Do you have any problems getting treatment?

*PROBE: Is there anyone who helps you take your medicine for HIV?*

717. Have you spoken with your husband or partner about HIV?

*PROBE: Who started the conversation and why?*

*PROBE: Tell me about the discussion, did you speak about condoms, monogamy, HIV testing?*

*PROBE: With what type of clients is it easiest to talk about HIV or condoms, Haitians or Dominicans and why?*

**Thank the participant and describe where they can continue to receive social support and medical help.**

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