

Transactional Sex among Young Women in Post-Earthquake Haiti: Prevalence and Vulnerability to HIV

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Abstract

Vulnerability is a concept widely used in HIV research to describe individuals who experience elevated exposure to HIV acquisition. Yet there are no uniformly accepted measures with regard to understanding vulnerability and its application with individuals who are in actual situations of risk for HIV. To explore the relationship between vulnerability and HIV risk we used a framework developed by Watts and Bohle (1993). The framework allowed us to account for the specific ways that internally displaced women who exchange money or other consumptive goods for sex experience increased vulnerability to HIV acquisition. Material exchange for sex (transactional sex) is widely understood as a significant driver of HIV and other sexually transmitted infections (STIs) for women in Haiti. However the mechanisms and conditions that contribute to internally displace young women's engagement in transactional sex, and experiences of transactional sex are not well understood. We examine the types of pressures that lead internally displaced women to engage in transactional sex, their capacity to cope with HIV risks and the potential consequences. Our analysis suggests that material exchange for sex underlies sexual relationships among many ID women and that their motivations varied from survival needs, parental pressure to help support their household, and peer pressure to satisfy their socio-emotional needs. Yet not all internally displaced women who engage in transactional sex are equally vulnerable. A complex system of interrelated micro and macro-level social and economic factors accounted for why some internally displaced women are more vulnerable. By highlighting the differences among young women, this paper demonstrates that HIV prevention interventions need to be contextually targeted to address ID women's particular level of vulnerability.

Keywords: HIV, displaced youth, vulnerability, transactional sex, Haiti, women

Background

The concept of vulnerability is widely used in HIV prevention research but there are few tools for applying the concept in actual situations in which individuals and groups experience increased exposure to HIV (Delor and Hubert, 2000). To inform effective prevention programs, the concept needs to be clarified to reveal the diversity and complexity of the processes involved in HIV risk.

This is particularly important for programs targeting young people. In comparison with adults less is known about how to address youth's needs for HIV prevention, care and services. At the same time, young people account for an increasing share of the burden of HIV and AIDS. Worldwide, 40 percent of all new HIV infections occur in people under the age of 25 and in some countries the rate is as high as 60 percent (UNICEF (2016). Adolescent girls and young women are disproportionately affected. They are 8 times more likely than men to be HIV positive (UNAIDS, 2016). AIDS-related deaths are declining in every age group except for late adolescence (15–19 year olds) and young adults (20-24) (UNICEF, 2016). If we are to realize the goal of reducing new HIV infections among young people, identifying and describing situations of vulnerability that can inform prevention interventions must become a priority (Idele, 2014).

HIV and AIDS among Haitian youth

Despite progress in reducing new infections and increasing access to services, Haiti accounts for 57 per cent of new cases, 55 percent of the people living with HIV, and 59 percent of HIV related deaths in the Caribbean (UNAIDS, 2013). Sixty percent of all new infections among young people aged 15-24 in Haiti occurred in young women. Key issues such as stigma and discrimination, access to services, gender inequities and gender based violence and the absence of legal and social protection presents challenges in reducing HIV rates. Currently, Haiti has an HIV prevalence rate of 2.2 percent among people age 15-49. However there is significant geographic variation in prevalence and incidence, with a low of 0.7 and a high of 6.80 (UNAIDS, 2014). Recent data indicates that HIV prevalence among young women aged 15-19 years is more than double that of young men of the same age. The gap continues to widen into young adulthood. With a 2.3 percent prevalence, young women aged 20–24 are three times more likely to be HIV-positive than men of the same age (UN AIDS 2014). The majority of HIV infections are transmitted through heterosexual contact. Consistent with the higher rates of HIV, adolescent girls have lower knowledge levels than boys of the same age. The report also noted that more than 50 percent of young people in internally displaced persons camps (IDPs) do not have adequate knowledge about HIV, and testing rates remain low. Exposure to HIV among adolescent girls in Haiti is also linked to early sexual debut, having multiple partners and lack of condom use (UNAIDS, 2012). In a recent study of women 18-24, Severe et al. (2014) reported that 43% of the women in their study had never used a condom. Studies also show that having multiple sexual partners is common among Haitian youth 15-24 (Daniel and Logie, 2016, Magee et al., 2006).

Transactional sex and HIV

Transactional sex (TS), or the practice of exchanging sex for cash, goods and/or services has been identified as an important risk factor for HIV acquisition in Haiti as well as a common feature of sexual relationships (Daniel and Logie, 2016, Hunter et. al., 2011; Severe et al., 2014; Kolbe, 2015, UN, 2011). TS elevates women's exposure to HIV because it may involve multiple sexual partners, low or no condom use, intimate partner violence, and reduced ability to negotiate safer sex practices. Although transactional sex is often compared to commercial sex work, most of the discourse on female sexuality accepts that it is different from commercial sex because the sexual exchange is done within the context of a relationship, and those who are involved in this practice do not consider themselves sex workers (Kolby, 2015; Hunter, 2002; Zembe, 2013).

Transactional sexual relationships in the Caribbean are not a new phenomenon. However, the contours of these relationships remain contested. As Kempadoo (2003) suggests, the extent and range of these relationships are not easily determined because they encompass a wide variety of activities and exchanges and are often stigmatized in hegemonic discourse. The literature on TS in Sub Saharan Africa, suggests that there are two opposing portrayals of women who engage in this practice. One view holds that women involve in TS are driven by poverty and survival needs. These women are believed to be coerced into unsafe sexual practices by economic constraints and larger structural and cultural forces such as peer and relative pressures, inequality and social norms that reward male dominance (Moore et al, 2007; Wamoyi et al, 2010; Hunter, 2007). The second school of thought views young women engaged in TS as social agents who understand their worth in sexual terms and rationally negotiate their sexual relationships to maximize the rewards. The benefits received are used to pursue consumption needs, social status and inclusion (Atwood et al., 2011; Sibers Schmidt & Rasch, 2001; Baumeister & Vohs, 2004). More recent literature suggests that women are not entirely victims nor completely in control of their sexual relationships.

Rather, they exercise considerable agency in choosing partners, but once in a relationship they were caught in a matrix of poverty and hegemonic masculinities that often constrains their agency (Jewkes and Morrell, 2012, Zembe et al, 2013). Despite the multiple links with HIV, TS remains a poorly understood and understudied topic in Haiti. Only a few studies have investigated this phenomenon in the Haitian context and none focused specifically on youth (Kolbe, 2015; UNAIDS, 2011). Given the high prevalence of HIV among young women and the persistence of high risk sexual practices in the context of chronic poverty; Haiti is a logical place to explore the dynamics of these relationships including the motivation and the social, cultural and economic factors that lead young people to engage in this practice.

Theoretical Framework

To understand the processes that create vulnerabilities to HIV among ID youth in Haiti we used a framework of vulnerability developed by Watts and Bohle (1993). Here vulnerability is defined by the processes which account for why some individuals are more likely to be at risk for HIV acquisition than others. To account for the differences among individuals Watts and Bohle (1993) proposed three coordinates of vulnerability: exposure – the risk of being exposed to a crisis; capacity- the risk of not having the resources to cope with the consequences of the exposure; and potentiality - the risk of being subject to serious consequences as a result of the exposure. Exposure is operationalized as those factors that increase an individual's risk of HIV and STI infection; capacity involves the ability to mobilize the necessary resources to cope with the situation; and potentiality refers to the consequences of the event. These structures operate through differing sets of mechanisms which intersect and reinforce each other. The greater the intersection between the factors which expose an individual to a crisis, the fewer resources will be mobilized—increasing the potentiality of threatening consequences (Delor and Hubert, 2000). From this perspective, the most vulnerable individuals are those who possess the most limited capacity to cope with their exposure and will suffer the most from the impact of the crises (Watts and Bohle, 1993). These three dimensions of vulnerability are based on Chamber's (1983) definition that suggests that vulnerability has an external side of risks and shocks, and an internal side of defenselessness or lack of means to cope with the risk (Watts and Bohle, 1993). The specific configuration of these forces create a space that can be mapped with respect to its social, political and economic co-ordinates. Watts and Bohle (1993) refers to this as a 'space of vulnerability'. In this paper we seek to identify the spaces of vulnerability which define exposure, capacity and potentiality for HIV among internally displaced young women in Haiti.

Study Setting

Haiti is a Caribbean country with a population of 10.7 million people. Fifty five percent are youth under 24 years (Haiti Partners, 2016). Fifty nine percent of Haitians live under the national poverty line of US\$ 2.25 per day and over 2.5 million (24%) live under the national extreme poverty line of US\$1.23 per day. More than half of the adult population is illiterate, including 57 percent of women. Over two-thirds of the population do not have formal jobs with up to 70 percent unemployment among women, and over 50% among young people under 24 (World Bank, 2016). Currently, there are more than two hundred thousand internally displaced persons (IDP) without access to basic services (USAID/ Haiti 2016; Center for Economic and Policy Research (CEPR) 2014). Haiti also has some of the worse health indicators in the Caribbean region. Maternal mortality for example, is more than five times the Caribbean average (USAID Haiti Fact Sheet, 2016). High levels of gender-based violence often occur without punishment because of poor legal protection, fear of reprisals, and stigma attached to being a survivor of sexual violence (Lankenau, 2012, Rahill et al.2015; Young, 2014).

This study was undertaken in Leogane, a peri-urban community in Haiti. Leogane was the center of the 2010 earthquake which killed over 200, 000 and left 2 million displaced from their homes (UNAIDS, 2011). Over 90 percent of the buildings in Leogane were destroyed or damaged. The separating of families left many young women homeless and without the support of their families (Julmy, 2011; Logie and Daniel, 2014). Six years later, the area is characterized by high levels of unemployment, poverty, poor water and environmental sanitation, poor housing, lack of basic infrastructure and insecurity (Daniel and Logie, 2016; USAID/Haiti, 2016). The participants (n=24) lived in various IDP camps in Leogane and the surrounding area.

Methods

Recruitment of study participants

The research reported here draws from a larger study aimed at understanding HIV prevention priorities among young women and men 18-24 years in Haiti. In total, 60 tent dwelling internally displaced youth- (males n=30 and females (n=30) ages 18-24 participated in the project. This included 6 internally displaced youth who worked as peer assistants. Participants were recruited primarily through word of mouth techniques by the peer research assistants (Magnani et al., 2005). Each peer recruiter was allowed to recruit a maximum of ten participants. Three categories of young people were defined for the study purposes: older teens (18-19), younger youth (20-21) and older youth (22-24). The categories reflect assumptions of age differences between the groups as they relate to sexual experience and comfort level in discussions of sexuality.

Data collection

Information was collected using participant observation (PO), in-depth interviews (II) and focus group discussions (FGD). This approach was complemented by a larger photo-voice study. All group discussions were single sex and divided according to age. The female focus groups, interviews and written notes constitute the data set for this article.

Focus groups (FGD): A total of 6 FGDs were completed. Focus groups were considered appropriate for the study because of the sensitive nature of the topics and the lack of information about youth sexuality in the setting. Focus groups consisted of 8-10 people. The FGDs explored social and sexual norms in the study community, ideas about sexuality, relationships, sexual initiation and the characteristics and drivers of transactional sex among sexually active young women. Each focus group lasted approximately 60-75 minutes.

In-depth Interviews (IIs) with selected participant from the focus groups were conducted to compliment the focus group discussions. The interviews were intended to clarify issues that emerged from the focus groups and to gain more personal information about young people's sexual practices based on individual experiences. Two participants from each of the focus groups were purposively selected for participation in an in-depth interview. A total of 6 in-depth interviews were conducted with the young women. Interviews were semi structured and took approximately 60 minutes each.

Ethics

Ethical oversight of the study was provided by the institutional review boards of Adelphi University, New York, USA and Women's College Hospital, University of Toronto, Toronto, Canada. The informed consent was read aloud to all participants in Kreyol (local dialect). All participants provided written informed consent.

Data analysis

The focus groups and the in-depth interviews were conducted in Haitian Kreyol by the authors with the aid of two female research assistants. All focus groups and interviews were audio-recorded, translated from Kreyol to English, and transcribed verbatim by the interviewers. An analytic process which involved structured reading of the transcripts, development of a coding structure, and identification of core themes was used for both the focus group discussions and the in-depth interviews. The data were coded using the constant comparative method (Strauss and Corbin, 1997). An iterative analytic process permitted comparison between the focus groups and the in-depth interviews. Matrices were also created to facilitate comparison between groups. Watts and Bohle's (1993) framework was used as an interpretive lens. Participant's narratives were used to illustrate the major themes. The method of data collection and the age of the participants are identified after each quote.

Results

EXPOSURE: Transactional sexual relationships

Transactional sexual relationships are a common feature of relationships among young women in the study setting. As one participant described: "Around here the majority of women are sleeping with men for something" (II 20-21). A wide range of items are exchanged for sex, including money, clothing, cell phones, cell phone credits, school fees and uniform, jewelry, payment of household bills and rent, food and transportation to and from school. Women receive these gifts on a regular basis in exchange for sex.

The exchange of sex for money and gifts is not seen as commercial sex work but a normal aspect of any sexual relationship. Gift giving is important both for the formation and continuation of the relationship. Broadly, three types of motivation for TS emerged from the data: survival needs, parental pressure, and peer pressure and desire.

Survival needs

Almost all of the respondents framed their involvement in TS as one that was forced upon them by their economic circumstances, and poverty: “There are no jobs. That is why most girls are doing this” (FGD, 18-19). Participants also reported that although TS was always a common feature in sexual relationships, economic hardship after the earthquake and changes in family structure forced many girls into this lifestyle. Economic conditions in Haiti are weighted in favor of men so that young men have far greater economic opportunities than young women. Most women in the study community are unemployed and if they are, they are primarily found in the secondary economy. Some young women had small businesses selling snacks and drinks, used clothing, and cooking and selling food. Consequently most are economically dependent on men. The earthquake had a devastating economic impact on families which resulted in widespread unemployment, poverty, food insecurity, and unstable housing for many. Most people in the study community often have one meal per day (Logie and Daniel, 2014). This respondent confirmed the perceived increase in TS as a result of widespread economic and social changes after the earthquake:

This (TS) already existed but it has increased a lot. Before the earthquake had passed there were some who used to do it without the knowledge of the people at home. But ever since the earthquake, the houses have demolished, everyone is in a small house. Everybody is living with everybody. So everything is now in the open. There are some that their mother and father died during the earthquake and they now have to become responsible for themselves. They don't have anyone to give to them. They may be hungry. They need to buy clothes and go to school (II, 21-22).

As the above quote suggests many women who were involved in TS in the past did so in secret. This is consistent with sexual norms in the Caribbean. For the most part, within Caribbean communities women's sexual activity in the absence of procreation is considered promiscuous (Kempadoo, 2003). So while unmarried young people may have some sexual freedom there are constraints. As a result young people often concealed their sexual relationships from their parents. In addition to greater involvement in TS young women also reported that relationship expectations have changed considerably since the earthquake. As one participant explained: “right now, a young lady who is dating a man has to sleep with him if she wants the relationship to last. Men are in control. They can have 10 girls or however many they want” (FGD, 22-24). The young women's observations highlight the ways that economic forces have shaped sexual norms and the ongoing effects of the earthquake.

Pressure from parents

Many of the participants reported that parents played a large role in their decision to engage in TS. Dire economic hardship has meant that many parents are unable to provide food or other necessities for their children. Some parents openly encourage this type of relationship as they perceive it as a way to help the family meet basic household needs. Others, while not directly encouraging TS, will tolerate it if the young woman is discreet and the gifts are also used to help the household. These young women expand upon some of the factors which lead parents to encourage their daughters to engage in TS and their consequences:

Some parents push their kids into this. The parents say that the kids are nagging them for clothes and food and they say they don't even have the money to feed them. And the parents tell the kids to go figure it out. Some go out and have sex for money and now they are now caring for their parents with the money they make (FGD, 20-21).

There are some parents who put pressure on their girls. Sometimes by 18 or so there are some parents who say that you are a young woman and you can hustle to give yourself what you need. That means you have to go out there and find a man to provide for you. Sometimes, it is someone who is older, a lot older than them who has the means. So they are obliged/forced to give themselves up. Sometimes, it is a diaspora (a Haitian who is living outside of Haiti) who just arrived. You don't know what kind of a person he is.

They are obliged/forced to deliver themselves to him because sometimes the parents are saying that you are already a lady and I can't be responsible for you anymore. Hurry up and find someone. Because according to some parents, if the young daughter has a boyfriend that person is supposed to do everything for her. He supposed to take care of her, and give her everything that she needs (FGD, 22-24).

As the above accounts suggest, there is often a large age differential between young women and their transactional sex partner. Our observations also confirmed this. Having an older partner or "sugar daddy" is a well-documented feature of transactional relationships. Culturally, sexual relationships are economically weighted so a woman is more likely to choose a partner who can afford to help her and help her family (Daniel and Logie, 2015). Young men who are not financially well off have the least to offer in this regard.

Peer pressure and desire

In discussing how they became involved in TS, many participants said that in addition to poverty and pressure from parents, friends were also a big influence in their decision. Most young people are very concerned about their friendships and peers are a very important part of their life. It is not surprising then that friends would also influence their decision to engage in TS: "Some girls say that circumstances have lead them to this. They have kids to feed but some also get caught up in this kind of life because of friends. They see their girlfriends doing it and they are taking advice from that friend. I know a 15 year old who is with a man 65 years old. There are friends that are encouraging her to do this" (FGD, 18-19). Another participant observed: "Friends are sometimes the cause of this. I know girls who send their picture to the U.S. to friends and ask them to find her a boyfriend. When the man comes to Haiti they are ready for him. They forget about the other boyfriends because now they are too poor. Dollars do the talking" (FGD, 22-24).

A significant part of peer norms is looking and dressing well. Consequently self-presentation, and in particular physical appearance, is very important. As one participant noted: "We are poor but we also want to look fresh and beautiful" (FGD, 20-21). We also observed that young women liked to spend a lot of time on their appearance which was linked to getting and keeping a partner. It was not uncommon to see a young lady change her clothes several times throughout the day. Since many parents are unable to provide what they need to keep up with friends, transactional sex with older men is a common strategy for accessing fashionable clothes and other consumptive items: "A lot of the girls I know are more interested in getting dressed up so they are willing to make that exchange. You take a suitcase full of clothes in exchange for sex" (FGD, 22-24). Other note: "Some girls have their parents who can help to pay their school fees and buy them food. They just want to live how they want to live. If they have nice clothes and hair and they think they look beautiful they are content" (II, 20-21).

It is generally understood among these young women that their bodies have value in the sexual exchange economy. Sex is understood as something females have and men want. Therefore having sex for gifts is a means to access opportunities, resources and a lifestyle that would normally be out of reach. These young women sum up the situation for internally displaced youth:

There is no work and most of the young girls are not going to school because their parents cannot afford it. Men who have money want young girls. So she decides to use her body so that she can eat or get the money to go to school" (FGD, 18-19)

There is a saying in Haiti that "Fanm ayisyen fet ak tout riches yo" (A woman is born with her wealth). They always put that in your mind. If you are a woman you are born with all your wealth. Even in school when the teacher is teaching and the girls are not paying attention, the teacher tells the boys to not pay them any mind because they(girls) will find their opportunities when they meet a man (II, 20-21).

Young women judged the type of sexual relationship their peers are involved in based on their physical appearance, their ability to buy food, and where they live. A woman in a sexual relationship who is not supported by the man is considered foolish because she is seen as giving away a valuable asset for nothing. The amount and type of gifts received from a partner is one way to communicate your worth; the moral outrage that young women express towards girls who give sex freely reinforces the idea of the gift as constitutive of the individual. This generalized gaze of what is acceptable is used to maintain and enforce certain norms and restrictions on sexuality. Socially punitive consequences such as social exclusion often placed pressure on young women to conform to peer norms, especially as they relate to sexuality.

CAPACITY: Coping with the risk

The data suggest that most young women have a limited capacity to deal with their vulnerability. For example, while nearly all had heard of HIV and AIDS the majority of the participants were unable to distinguish between them. Further, as this sampling of questions and statements suggest, they also have limited knowledge of HIV and other STIs: “Can you get HIV from kissing?” (FGD, 18-19) Someone told me that not everyone can get it (HIV). A boy told me that he cannot catch AIDS because of his blood type. Is that true?” (FGD, 20-21). “There was this girl with chlamydia and they said she got it from sitting on hot surfaces” (FGD, 22-24). Common sources of information on sexuality include school, friends, traditional healers and the entertainment media, which may result in partial information as well as myths and misconceptions. In general it is a taboo to openly discuss sexual matters so parents often feel uncomfortable talking about sexuality with their children. Ignorance about their sexuality and lack of support makes it difficult for young women to protect themselves against STIs and unwanted pregnancies.

Relationship power

Young women’s power in the relationship depended on individual attributes such financial independence, social capital such as sexual respectability, and social support (i.e. having parents and family members in the community). The more economically independent and respectable a woman is perceived to be, the more agency she is able to exercise in the relationship as demonstrated by this account: “If I make my decision, or maybe tell a boyfriend to use a condom and he does not want to, he can leave if he wants to. I will have nothing to regret because he left. He is not my entire life. He was not feeding me. He knows that I have own money so I can have what I want. Which means that it won’t bother me if he agrees to go away. A lot of girls don’t have self-confidence. Everything is not about having a man” (FGD, 22-24).

As this account suggests, young women who are economically independent are able to refuse sex without a condom. However, those who cannot afford to lose the relationship often have to risk having sex without condoms. This includes women who are very poor and without any family or economic means of their own. For most of these young women sexual partners are their only source of income. With limited bargaining power they have little choice but to open themselves to relations that are often highly exploitive.

Sexual pressure, coercion and violence

Although their narratives suggest women wanted to have more control over sexual activities, they had little power to prevent it once they have accepted a gift from a man. Since sex is seen as a commodity, once it is purchased the man decides the terms of the transaction. These young women further clarified how this pressure occurs: “The majority of men expect to have sex with you if they are giving you gifts. If they put some minutes on your phone, they are always asking you to go out with them. You may be thinking its one place but he has something else in mind. You may think it’s to a park or restaurant but he is talking about his room or a hotel” (FGD, 20-12). Another participant reported: “Most of the guys will tell you whenever he brings money he wants sex” (FGD, 18-19). This informant seem to suggest that her own internalization of the norms of reciprocity in the sexual economy also made it difficult to refuse sex when her partner wanted it: “Sometimes you may not want to sleep with the man, but then you look at all the gifts you took from him and you are embarrassed to say no” (to sex) (II, 20-21).

According to participants, men also use more subtle forms of coercion to pressure women to have sex. For example, “They will say that if a girl doesn’t want to sleep with a man it’s because she has another man and that you are no longer his girlfriend. After that the girl have to give in and have sex because she doesn’t want to lose the relationship” (FGD, 18-19). Others will coerce women into agreeing to sex with the promise of money or material gifts and then renege on their promises: “At first they say they are going to help you and then they change the story. There are a lot of men who are like that” (II, 22-24). Often, young women who are more economically deprived or perceived to be more dependent are exploited in this way. These participants described being deceived with false promises of gifts and money:

The Diaspora (foreigners) are clever at flashing money to get you to do certain things. Then they say they are going to buy you this and that. A lot of times it’s just lies. I don’t come from a family of means. So kids like me might be shocked and attracted by a Diaspora flashing all that money. They (young women) are not use to these things so it’s easy for a person to fooled by a Diaspora (II, 20-21)

A lot of girls get taken advantage of because they are poor. They just smell the money and before you know it they are in too deep with the person. They don't know it's not that easy. Even the parents open their home to these men. Sometimes they are men who come in from the states (U.S.) and they promise to give them clothes and other things, if the girl agree to sleep with them but most times they don't really give them any gifts. Sometimes they even give them fake money and fake phone numbers. This is the life of a young girl in Haiti (II, 22-24).

Social support

Within the study community, the threat of violence further limited young women's agency within the relationship. When physical violence did occur it was often tolerated by the women and their families—especially if the family is benefiting from the exchange. Young women reported that sometimes they had to “give in” to avoid embarrassment and ridicule from the community. As this young woman reported: “Majority (people in the community) will tell you if you take his money you have to pay. Even your friends will say you have to sleep with him if you took his money” (FGD, 18-19). This participant clarified how the threat of violence coupled with a lack of social support affects the process of sexual negotiation: “Sometimes you are talking to a guy and he invites you out. Since he may have brought you to a market and bought something and for that he wants to have sex. In times like that, the girl does not have any defense. You are obliged to have sex. To make matters worse, if he happens to talk and people find out that he bought something for you they will say that that whatever happens you deserve it. Its ok- if you eat somebody's money, you must pay that somebody. They always say that” (II, 20-21).

Condom use

In response to questions about how comfortable they were in asking their partners to use a condom, many participants admitted that they did not have the confidence to negotiate condom use. Others reported that although they were comfortable raising the issue of condom use in most circumstances they were unlikely to get it. In summing up men's attitude toward condom use one participant stated: “There is a saying in Haiti “vian nan vian” (flesh to flesh). Meaning that sex without a condom is the best.” In addition to cultural norms around condom use, young women's poverty also created barriers to condom use. Many participants reported not raising the issue of condoms with their partners for fear that it would jeopardize the relationship. The process by which economic need reduced their ability to negotiate condom use is demonstrated by the following accounts: If you are one in need you cannot ask him to use a condom (FGD, 18-19). If a guy is taking care of you and he insist on having sex without a condom you will. If you don't have the means, you will. (II, 22-24).

As the above narratives reveal, young women are conscious of the power imbalance in their relationships but accept it as part of the price of financial support. Their comments also highlight how women's economic dependence can increase their vulnerability to disease, pregnancy and violence. Beyond economic and cultural barriers, respondents identified a range of other factors that co-determined non-condom use. Their testimonies revealed the complex issues often involved in condom use and which is at the heart of why some, rather than others, are more at risk. They include young women's own construction of condoms as tied to pleasure and as a health risk: “I have heard my friends say they don't feel pleasure when having sex with a condom”(FGD, 20-21). Another reported, “A girl told me she cannot use a condom, every time she uses it she finds discharge in her underwear” (FGD, 18-19). The context of a perceived sexual commitment also permits the possibility of non-condom use, as sex is understood not as a transaction but an expression of love. In this framework condoms are seen as an obstacle to trust and intimacy. As one participant articulated: “if he insists on using a condom then I would feel like something is going on” (II, 20-21). Likewise if she asked him to use a condom “he may look on me funny (like I am doing something)” (II, 20-12). Although many of the participants acknowledged that their partners are likely to be involved in multiple sexual relationships, when the boundary between commitment and transaction is blurred, the possibility of non-condom sex also became imminent. Participants reported that parents and other adults in the community also discouraged condom use among young people.

Culturally, sexual activity for young people is constrained by norms of female sexual respectability and taboos around youth sexuality and discussions of sex. It is not surprising then that many participants are ambivalent about condom use: “Someone who is 18 will be reluctant to buy condoms because if an adult sees them, they will say that this kid is living the free life” (FGD, 18-19). Another participant observed: “A lot young people don't let their parents know what they are doing.

The adults accuse you of being “loose” when you are talking about using condoms. Sometimes if they see you with a condom they are like “people who are using condoms are in the free life.” My mother is always saying that (II, 22-24). For others, the possibility of becoming pregnant is also a barrier to condom use. While some young women, especially those attending school, may actively seek to avoid getting pregnant, others see having children as a kind of economic security. As such the need for a child also creates ambivalence around condom use. A child provides a structural link to a partner, increasing the chances of a longer term relationship and economic security (Daniel and Logie, 2016; Kolby, 2015; Maynard-Tucker, 1996). We observed that many transactional sexual relationships often involved children.

POTENTIALITY: Consequences

The consequences of sexual risk practices for ID women are both immediate and severe. One of the consequences is HIV infection and the stigma, discrimination and social isolation that often follow: “In our country people who have the disease (HIV) endure a tremendous amount of discrimination. They are humiliated and not treated like people. Even in the hospital sometimes they do not want to touch the infected person” (FGD, 20-21). This respondent suggests that the isolation experienced by people who are infected or believed to be infected can lead to depression and a sense of hopelessness speeding up their death: “When a person have the disease others treat them badly which force them to think about their illness. I think this makes a person die sooner because they are forced to always think about their situation” (II, 22-24).

Other consequences include pregnancy, which often means disrupting one’s education. When a girl becomes pregnant she is often forced to leave school, leading to more dependence on men—emphasizing how few options for financial support are available to young women. While those that are more economically secure are able to return to school, for the vast majority it means the end of their education, especially if they do not have parental or family support. As this young woman observed: “A lot of young women are impatient. They don’t take their time before they do certain things. They listen to their friends that are giving them advice. So the enter into a sexual relationship with a man that they think is going to give them what they need and they end up getting pregnant. Because of this they are force to leave school and to depend on the man even more than before. And now they get abused in various ways. For me this is going backwards” (II, 18-19).

Discussion

Our results suggest that transactional sex is a common strategy that young people employ to meet their material, social, and emotional needs. However, young women’s exposure to HIV, their capacity to deal with the risk of exposure and the potential consequences resulted from a range of internal and external factors that came into play at different times and places (See Table 1). TS exposes young women to HIV/STI by providing a disincentive for condom use; encouraging multiple relationships; and increasing their exposure to violence. These factors are interconnected and reinforce each other. But not all young people are equally vulnerable to HIV risk. Our data revealed that young women on the lower end of the economic and social hierarchy face the greatest risk.

Survival needs and parent and peer pressure as a result of economic deprivation were the most frequently cited reasons for becoming involved in TS. The major source of economic pressure came from their impoverished financial circumstances, exacerbated by the 2010 earthquake (Polonsky et al., 2013; CFEP, 2014). Their predicament reflects the gender imbalance and lack of economic opportunities for young people more generally, and the weakening of family support following social changes as a result of the earthquake. The observation that a considerable number of young are involved in TS as a result of economic hardship is consistent with findings from other recent studies among women in Haiti (Daniel and Logie, 2016, Kolby, 2015; UN AIDS, Severe, 2014). For these young women, transactional sex is further reinforced by community norms of reciprocity which suggest that a gift is never free. Once you accepted a gift from a partner you are obligated to give something in return. For most men the expectation is that the gift will be returned in sexual favors. While many participants reported feeling coerced into having sex, they accepted this as part of the terms of a transactional relationship. The women interviewed in this study described themselves as engaging in condom less sex for a multiplicity of factors, but impoverished financial circumstances was most frequently cited by respondents. This was particularly true for women with no other sources of income and or family support. For those with relative economic security the major source of conflict came from macro social factors such as sexual norms rooted in hegemonic masculinities. Poverty is not only a significant barrier to condom use but it also places women at risk in other ways.

For example, some young women needed to have multiple partners in order to support themselves because they are unable to get enough support from one partner. Although they are more likely to be employed than women, economic changes as a result of the earthquake have also undermined men's employment prospects, consequently many male sex partners are similarly economically disadvantaged. Women who are perceived to be particularly dependent have less negotiating power and are more likely to receive little or no support from partners who may take advantage of their desperation. Consequently these young women are likely to have more partners and /or a higher frequency of partner change than those who are more economically secure.

For ID young women economic dependence is also associated with sexual and physical violence, as male partners anticipate that their gifts should be reciprocated by sex. The link between violence and economic dependence has been established in other studies with Haitian women (Fawzi et al, 2005, Gage and Hutchinson, 2006; Hunter et.al, 2011; Logie et al., 2017). Research has demonstrated that interpersonal partner violence is very common (Logie and Daniel 2015). Women are vulnerable because the threat of violence affects the process of sexual negotiation, including condom use. Lack of community support and women's inability to incur police protection further exacerbates this threat. Prior research with Haitian women found that women who experienced food insecurity were less likely to report using condoms consistently (Logie et al, 2016; Hunter et al., 2011). Cultural norms which prevent open discussion of sex and sexuality also expose women to sexual and physical violence. The silence around sex means that young women often refrain from negotiating condom use with their partners. Since there was no mention of condom use when the relationship was negotiated, the partner may feel cheated increasing the possibility of violence.

The different factors shaping young woman's ability to cope with risk of exposure to HIV as a result of their involvement in TS include the relative bargaining power of sexual partners, and knowledge of STI prevention and treatment. In a study of factors associated with consistent condom use among ID women in Haiti, women with higher sexual relationship power had a greater likelihood of reporting consistent condom use (Logie et al, 2016). However relational power and its effects are not fixed but contingent. Notably, regardless of their socio-economic status young women's power was constrained by micro and macro social norms such as those governing sexuality (See Table II). Norms which encourage women's subservience to men in sexual decisions make condom negotiation and discussing issues like infidelity very difficult for most. Lack of social support also had a pronounced effect on women's capacity to cope with their vulnerability.

Finally, young women's vulnerability was further increased by their lack of knowledge of sexual and reproductive health. Our data suggest that most of the study participants lacked adequate information about sexual health and HIV/STI prevention and treatment; this was also confirmed by a number of recent studies with Haitian women (Daniel and Logie, 2016; Devieux et al., 2015; Kolby, 2015; Severe et al., 2014). This is not surprising as most of their information came from unreliable sources. Lack of education puts young people at risk as it limits their ability to identify high risk sexual practices, physical symptoms that may signal the presence of an STI, and information and resources to prevent unwanted pregnancies. Variations in access to information and sexual and reproductive healthcare results in some women being able to overcome or minimize the consequences of this vulnerability. Those who are currently attending school, for example are more likely to get HIV information from professionals who are knowledgeable, promoting access to sexual and reproductive health.

Table 1: Spaces of vulnerability for ID women engaged in transactional sex

	Internal	External
Exposure	<p>Need for men’s financial and emotional support Need for peer support Multiple partners Do not relate own sexual behavior or the behavior of their partners to risk of HIV/STI Lack of power in negotiating condom use Do not know how to communicate with partner about fidelity Financial pressure from parents Differences in partners’ age and experience</p>	<p>Widespread hunger and poverty Social context- low resource country High HIV prevalence Political and economic instability Gender inequality High prevalence of IPV</p>
Capacity	<p>Negotiating power Socio economic independence Socio cultural capital Knowledge regarding HIV transmission and protection knowledge of how to use a condom Financial and emotional support from parents Enrolled in school</p>	<p>Lack of legal support for IPV and rape Social acceptance of IPV Parental encouragement of TS Support/lack of from adults Disempowering sexual norms Poor sexual and reproductive health infrastructure High unemployment among women Low literacy among women</p>
Potentiality	<p>HIV/STI infection Pregnancy Loss of peer support Depression Loss of financial support Partner abandonment</p>	<p>Stigma Discrimination Social isolation Exclusion from school</p>

Table II: Social norm, values and expectations that increase Women’s vulnerability to HIV

Condom use	Relationships	Knowledge of sex and sexuality
Condoms signify lack of trust and intimacy	Socially accepted for men to have multiple partners	Taboo on discussing sex
Condoms reduce sexual pleasure	Socially accepted for men to control the relationship	Knowledge about sex and sexuality is very limited
Condoms cause health risk	Questioning a men can result in violence	Parents are unable to discuss issues of sexuality with their children
Sex without condoms is best	Women’s status linked to motherhood	many socially accepted myths and misconceptions about sex and sexuality
Talking about condoms is taboo	Social acceptance of IPV	Taboo on youth sexuality
Talking about condoms is associated with illicit behavior	Reciprocity in sexual relationships	
	Once a gift is given sexual consent is assumed	
	Women should be submissive to men in sexual decision making	

Conclusion

HIV vulnerability is determined by myriad internal and external factors which in turn shape exposure to HIV risk, capacity to cope and the severity of potential consequences. This information can be used to inform HIV prevention programs and policies aimed at displaced youth and displaced young women in particular. Without an understanding of the interconnections between the various structures and mechanisms that shape risks and how they create vulnerability and impel or constrains action, the potential for creating change is unlikely. Variations in the level of vulnerability to HIV risk among ID youth also suggest a need to shape prevention strategies that are more targeted.

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Author contributions

CHL and CD conceptualized and implemented the study, including data collection. CD conceptualized and led the writing and analyses of this manuscript. CHL contributed to manuscript writing and editing.

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References

- Atwood, K. Kennedy, S, Barbu (2011). Transactional sex among youths in post-conflict Liberia. *Journal of Health, Population and Nutrition*, 29, 2, 113.
- Avert/ Global information and Education on HIV and AIDS. Available from <http://www.avert.org/>
- Baumeister, R. & Vohs, K (2004). Sexual economics: Sex as female resource for social exchange in Heterosexual Interactions. *Personality and Social Psychology Review*, 8, 339-363.
- Center for Economics and Policy Research (2014, January). *Haiti by the numbers four years later*. Retrieved from <http://www.cepr.net/index.php/blogs/relief-and-reconstruction-watch/haitiby-the-numbers-four-years-later>.
- Daniel, & Logie, C (2016) Contexts of Risk: A photo-voice study of Haitian youth perceptions of their HIV risk: *Global Social Welfare*, 3, 255-267
- Delor, F. & Hubert, M. (2000). Revisiting the concept of vulnerability. *Social Science & Medicine*, 50(11), 1557-1570
- Debruin, D. (2001). Reflections on vulnerability. *Bioethics Examiner*, 5, 1-4
- Devieux, J. Rosenberg, R Saint-Jean, G (2015). The continuing challenges of reducing HIV risk among Haitian youth: The need for intervention. *Journal of the International Association of Providers of AIDS Care*, 14, 3, 217-223.
- Flaskerrud, J. & Winslow, B. (1998). Conceptualizing vulnerable populations in health related research. *Nursing Research*, 47, 69-78.
- Haiti Partners (2016). Haiti Statistics: Haiti by the number. USA. Haiti Partners
- Hunter, L., Reid-Hresko, M. & Dickinson, T. (2011). Environmental change, risky sexual behavior, and the HIV/AIDS pandemic: Linkages through livelihoods in rural Haiti. *Population Research and Policy Review*, 30, 729-750.
- Hunter, M. (2002) The materiality of everyday sex. Thinking beyond “prostitution” *African Studies*, 61, 99-120
- Idele, P, Gillespie, A, Porth, T. et al (2014) Epidemiology of HIV and AIDS among adolescents: Current status, inequalities and data gaps. *Journal of Acquire Immune Deficiency Syndrome*, 66 144 -153
- Jewkes, R. & Morell, R. (2012). Sexuality and the limits of agency among South African teenage women: Theorizing femininities and their connections to HIV risk practices. *Social Science & Medicine* 74, 1729-1737.
- Julmy S, (2011). Coordinating the earthquake response: Lessons learned from Leogane, Western Haiti: *Human Exchange Magazine* 49, 26-28
- Fawzi, M., Lambert, W., Boehm, B., Finklestein, M., Singler, J., Léandre, F., Nevil, P., Bertrand, D. et al. (2010). Economic risk factors for HIV infection among women in rural Haiti: Implications for HIV prevention policies and programs in resource-poor settings. *Journal of Women’s Health*, 19, 885-892.
- Fawzi, M.C., Lambert, W., Singler, J.M., Tanagho, Y., Léandre, F., Nevil, P., Bertrand, D. et al. (2005). Factors associated with forced sex among women accessing health services in rural Haiti: Implications for the prevention of HIV infection and other sexually transmitted diseases. *Social Science & Medicine*, 60, 679-689
- Gage, A. Hutchinson, P. (2006). Power, control and intimate partner violence in Haiti. *Archives of Sexual Behavior*, 35, 11-24.
- Kempadoo, K (2003). Sexuality in the Caribbean: Theory and research (with an Emphasis on the Anglophone Caribbean). *Social and Economic Studies* 52: 59-88.
- Kolbe, A. (2015). “It’s not a gift when it comes with a Price”: A qualitative study of transactional sex between UN Peacekeepers and Haitian citizens. *Stability: International Journal of Security and Development*, 4, 1-26
- Lankenau, S. (2012). Towards Effective access to justice in Haiti: Eliminating the Medical Certificate requirement in rape prosecutions. *Hastings Law Journal*, 64:1759
- Logie, C and Daniel, C (2013) Exploring unintended social side effects of tent distribution practices in post-earthquake Haiti. *Stability: International Journal of Security & Development*, 2 (3), 1-6.

- Logie, C. H., Daniel, C., Newman, P. A., Weaver, J., & Loutfy, M. R. (2014). A psycho-educational HIV/STI prevention intervention for internally displaced women in Leogane, Haiti: results from a non-randomized cohort pilot study. *PloS one*, 9(2), e89836.
- Logie, C & Daniel, C. (2015) 'My body is mine': Qualitatively exploring agency among internally displaced women participants in a small-group intervention in Leogane, Haiti. *Global Public Health*, 11 (1-2) 122-134.
- Logie, C., Daniel, C. & Wang, Y. (2016) Factors associated with consistent condom use among internally displaced women in Leogane, Haiti: Results from a cross-sectional tablet-based survey. *Sexually Transmitted Infections*, 0, 1-5.
- Logie, C., Daniel, C., Ahmed, U & Lash R (2017) Life under the tent is not safe, especially for young women': Understanding intersectional violence among internally displaced youth in Leogane, Haiti. *Global Health Action* 10 (Sup 2)
- Luke, N (2003). Age and economic asymmetries in the sexual relationship of adolescent girls in sub-Saharan Africa. *Studies of Family Planning*, 34, 67.
- Magnani, R., Sabin, K., Saidel, T. et al. (2005). Review of sampling hard to reach and hidden populations for HIV surveillance. *AIDS*, 19, 67-72.
- Magee, E M., Small, M., Frederic, R., Joseph, Gabriel & Kershaw T. (2006). Determinants of HIV/AIDS risk behavior in expectant fathers in Haiti. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 83, 625-636.
- Maynard-Tucker, G. (1996). Haiti: Unions, fertility, and the quest for survival. *Social Science and Medicine*, 43, 1379-1387.
- Moore, AM, Biddlecom, AE, Zulu, E (2007) Prevalence and meaning of exchange for money or gifts for sex in unmarried adolescent sexual relationships in Sub-Saharan Africa. *Journal of Reproductive Health*, 11, 44-66.
- Polonsky, J., Luquero, F., Francois, G et al., (2013). Public health surveillance after the 2010 earthquake: The experience of Medecins San Frontieres. *Plos Currents*, 5
- Rahill, G., Joshi, M Lescano, C and Holbert, D (2015). Symptoms of PTSD in a sample of female victims of sexual violence in post-earthquake Haiti. *Journal of Affective Disorders*, 173-232-238
- Severe, L, Fitzgerald D.W, Decamps, M.M et al. (2014). I am proud of myself just the way I am: A qualitative study among young Haitian women seeking care for sexually transmitted infections. In Haiti. *AIDS Education and Prevention*, 26, 158-169.
- Silberschmidt, M & Rasch, V. (2001) Adolescent girls, illegal abortions and "sugar-daddies" in Dar es Salaam: Vulnerable victims and active social agents. *Social Science & Medicine*, 52 (12), 1815-1826
- Strauss, A., & Corbin, J. M. (1997). *Grounded theory in practice*. Sage.
- UNAIDS (2013, 2014). Report on the global AIDS epidemic. Geneva: UNAIDS
- UNAIDS (2011). *Progress in restoring access to HIV services in Haiti*: Geneva: UN High Commission on Refugees
- UNAIDS (2016). *YouthStats: HIV/AIDS Office of the Secretary General Envoy on Youth*. Geneva: UNAIDS
- UNICEF (2013). *Global and regional trends*: New York, NY UNICEF
- UNICEF (2016) *Turning the tide against AIDS will require more concentrated focus on adolescents and young people*: New York, NY: UNICEF
- USAID (2016). *Haiti Country Profile Fact Sheet*. USA: US Agency for International Development
- Wamoyi, J, Daniel, W, Plummer, M. (2010). Transactional sex among young people in rural northern Tanzania: an ethnography of young women's motivations and negotiation. *Reproductive Health*, 7, 1-18.
- Watts, M. & Bohl, H. (1993). Hunger, Famine and the space of vulnerability. *Geojournal*, 30, 2, 117- 125
- World Bank (2016) *Haiti Overview*. Available at <http://www.worldbank.org/en/country/haiti/overview>
- Young, E. (2014). In post-earthquake Haiti, violence a real threat to women. *Women Thrive Worldwide*. Retrieved from <http://womenthrive.org/media-esources/pressroom/releases/postearthquake-haiti-violence-real-threat-women>
- Zembe, Y, Townsend, L, Thornson, A, Ekstrom, A. (2013). Money talks, bullshit walks:" Interrogating notions of consumption and survival sex among young women engaging in transactional sex in post-apartheid South Africa: A qualitative inquiry. *Globalization and Health* 9, 1-16.