COIN
CENTRO DE ORIENTACION E INVESTIGACION INTEGRAL, INC.
EDUCANDO POR LA VIDA

Caribbean Vulnerable Communities Coalition

PANCAP

The CVC/COIN Vulnerabilised Groups Project
Focus Right, Focus Rights

Socially excluded youth and HIV in Trinidad, Jamaica and the Dominican Republic

Baseline study on marginalized youth in Trinidad, Jamaica and the Dominican Republic: A report on the triangulation of quantitative and qualitative research results

The Caribbean Vulnerabilised Groups Project is a five-year regional project which responds to HIV and AIDS among Caribbean sex workers, men who have sex with men, socially excluded youth, and people who use drugs.

The Caribbean Vulnerable Communities Coalition (CVC) and El Centro de Orientación e Investigación Integral (COIN) have come together to implement the project as sub-recipients of a Pan Caribbean Partnership against HIV and AIDS (PANCAP) Grant provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

For more information, please visit our website at www.focusright.org

Lead Researcher and Writer: Julia Hasbún M.
Coordination: Francisca Ferreira
Research Team: Hasbún, J.; Waters, J.; Tillotson, L.; Contreras, C.; Thomas, M.; Kantum, A.; Cruickshank, I; Martin, A.; Brown, C.
Translator: Petrozziello, A
Cover Photo: From COIN archives by Fran Afonso, with model consent, not for reproduction without written authorization from COIN.

May 2012
Santo Domingo, Dominican Republic

Table of Contents

Executive Summary

The Caribbean Community and Common Market (CARICOM) was approved as the principal recipient of the PANCAP R9 Round Global Fund Grant in the amount of $35 million US dollars. Both the Centre for Integrated Training and Research (COIN) and the Caribbean Vulnerable Communities Coalition (CVC) have been instrumental in drafting the Global Fund PANCAP proposal for at-risk and vulnerable populations. COIN has been nominated as the sub-recipient for this component of the grant.

Limitations in current HIV statistical data make it difficult to provide an accurate and conclusive picture of infection trends for high-risk groups in the Caribbean. Sporadic and geographically-focused studies with specific populations shed some light on epidemiological patterns, suggesting some groups have risk behaviours that lead to higher seroprevalence than that of the population at large.

The vulnerable groups component of the Global Fund grant aims to develop outreach program models for the main vulnerable groups through four population-based projects addressing men who have sex with men, local and migrant female commercial sex workers, inmates, drug users, and marginalized youth. Each of these projects includes a monitoring and evaluation component intended to establish a project baseline, facilitate evidence-based programming, and measure progress and impact throughout project implementation.

This report presents a triangulation of research results from both the qualitative and quantitative studies that were conducted to provide a baseline for the project. Triangulation was defined by Denzin[1] (1978) as "the combination of methodologies in the study of the same phenomenon."

The primary objective of the triangulation exercise is to validate the information that has been collected by combining both of these methodologies.

Other objectives of the triangulation exercise include:

1. Identifying and compensating for the weaknesses of a given methodology. For the quantitative methodology, this involves minimizing errors in measurement, sampling, and procedure. For the qualitative methodology, the aim is to reduce difficulties with result generalization and inference.

1. Denzin, N. The research act: A theoretical introduction to sociological methods. Mc Graw-Hill. New York, 1978.

3. Obtaining results that are greater in depth and breadth through the use of mixed methods. One method quantifies while the other describes and explains the phenomenon at hand.
4. Attaining greater certainty in research results on the issue under study.
5. Developing a holistic perspective in the analysis of the topic.

This particular report triangulates the results from both quantitative and qualitative studies conducted among marginalized youth in the Dominican Republic, Trinidad, and Jamaica. For our purposes, the category of marginalized youth is sub-divided into five population groups, each of which includes both males and females: youth in gangs, youth using drugs, youth involved in transactional sex, youth having sex with the same sex, and HIV-positive youth.

The following sections provide background information and describe the methodology that was used in both studies.

Methodology

In the quantitative study, surveys were used to measure knowledge, beliefs, attitudes, sexual practices, and access to health services among marginalized youth.

The qualitative study consisted of in-depth interviews and focus groups.

Both studies focused on five different population segments in each country:

- Youth in gangs
- HIV-positive youth
- Youth using drugs
- Youth involved in transactional sex
- Youth having sex with the same sex

In Port of Spain, Trinidad, 178 surveys and 15 in-depth interviews (3 with participants from each population segment) were carried out. In the Dominican Republic, 274 surveys, 17 in-depth interviews, and 2 focus group sessions held, while in Jamaica 244 people were surveyed and 15 in-depth interviews conducted. All of the surveys and interviews were conducted anonymously in order to protect participants' identity and privacy.

Results from Trinidad

More than half of the sample (51%) in the quantitative study reported that someone had spoken to them about HIV in the past 6 months; this was especially true for HIV-positive youth and drug users. The group reporting the least contact with educational interventions was youth having sex with the same sex (23%).

In the qualitative study, HIV-positive interviewees were found to be well-versed in means of protection, and they said they disagreed with information being given to youth on abstinence as a form of protection. In their opinion, it is better to educate youth on how to make real-life decisions so that instead of avoiding sex altogether they learn how to have a healthy sex life: "Those religious organizations are confusing people. Instead of teaching them how to be able to choose, they teach people to be narrow-minded."

In general, youth surveyed in the quantitative study were able to identify the correct paths of HIV transmission. However, both studies found that some population groups of marginalized youth have certain misinformation and potentially risky beliefs.

The majority (98.5%) of the survey respondents indicated they knew where or through whom to obtain condoms. Accessing condoms was relatively easy for 82% of those surveyed. However, only 68% of youth involved in transactional sex said they had easy access to condoms, followed by 76% of youth in gangs. In the qualitative study, youth interviewees involved in transactional sex expressed certain distrust towards condoms. One of the female participants refuses to use condoms that are handed out for free because "they seem cheap and are uncomfortable."

Similarly, some of the gang-involved youth who participated in the qualitative study in Trinidad said they refuse to use the freely distributed condoms because they are not any good. One of the participants shared an experience of receiving this kind of condom "that didn't even have an expiration date on it."

In the quantitative study, only 16% of marginalized youth said they had been taught how to use a condom correctly, of whom the highest reporting group was youth using drugs (27%) and the lowest, youth in gangs (6%). In other words, since the majority of the sample had not been taught about correct condom use, they may not always be using them properly. As part of the qualitative study, participants were asked to demonstrate their knowledge on how to use a condom. None of the population groups in particular did any better than the other in this regard – all of the participating youth made the same kinds of mistakes. Either they did not check the expiration date or whether there was air trapped inside, or they opened the condom wrapper with their teeth. In general, the motions of putting on and removing the condom were somewhat clumsy and often incorrect. These observations confirm that they have not been taught how to put on or use condoms properly.

Marginalized youth survey respondents' average age at sexual initiation was 15 years old. In the same study, 71% of all respondents had had a regular partner over the past year. Among the groups interviewed, drug users and youth in gangs reported the highest percentages of having a regular partner. Youth having sex with the same sex reported that their regular partners were of their same sex 93% of the time.

Of the youth surveyed in the quantitative study who had a regular partner over the last year, only 21% said they always used condoms during sex, with HIV-positive youth reporting 100% condom use with regular partners. Youth having sex with the same sex reported the lowest condom use with this type of partner: 35% said they never use condoms with a regular partner. Youth involved in gangs reported the highest levels of non-condom use with regular partners.

38% of the sample said they used a condom last time they had sex with a regular partner. The groups reporting the lowest rates were youth having sex with the same sex and youth involved in transactional sex. Of those reporting non-condom use during their last sexual encounter with a regular partner, 58% said they do not use condoms at all with regular partners.

The quantitative study results show that less than half of marginalized youth had been tested for HIV (47%). Clearly, 100% of HIV-positive youth had been tested. On the other end of the spectrum, the groups reporting the lowest levels of HIV testing were youth in gangs and youth having sex with the same sex.

Results from both the qualitative and quantitative studies show that youth in gangs seem little aware of the importance of testing. For example, one gang member who reported having sex with six different partners did not consider himself at risk of contracting HIV and therefore saw no need to be tested.

Of those surveyed in the quantitative study, 24% of the sample said they had been called discriminatory names, especially youth having sex with the same sex (37%) and HIV-positive youth (33%). 28% of the total sample had suffered discrimination on the streets, with youth in gangs (53%) and HIV-positive youth (50%) reporting the highest rates.

Results from the Dominican Republic

The quantitative study results show that 64% of youth participants said that someone had spoken to them about HIV/AIDS in the past 6 months. The highest reporting groups were HIV-positive youth (100%), followed by youth in gangs, who said that a State institution had done a training for the entire neighbourhood. The population segments reporting the lowest rates of having received HIV/AIDS-related information were drug users and youth involved in transactional sex.

The qualitative study showed that the most frequent sources through which marginalized youth received HIV/AIDS-related information were mass media (e.g., television), school, support programs for people living with HIV, programs for drug users, youth networks, and NGOs supporting people who have sex with persons of the same sex.

In the quantitative study, 90% of survey participants recognized condom use as a means of protection against HIV transmission. A similar proportion knew that HIV can be transmitted through a single sexual relation and that an HIV-positive person can appear to be healthy.

The survey showed that participants are less familiar with other means of HIV transmission. 75% knew that HIV can be transmitted through sharing needles with an infected person. The population group of youth involved in transactional sex was the least familiar with this transmission path.

The qualitative study sought to identify the best ways to deliver information on HIV/AIDS to marginalized youth. Youth in gangs, for example, said that out of the different activities they had attended on the topic, they enjoyed the sociodrama the most. What they liked the least was that "the talk was too long. Sometimes they would do an activity for 2 minutes, and then have you sitting there for three hours. And the activities were pointless because they didn't make up for [all the time you were sitting there]." They prefer dramatization activities (sociodrama, role-play) and short presentations "without talking at us all day long."

In terms of condom access, 59% of survey respondents said that it was easy for them to get condoms. Youth in gangs reported the most difficulty in terms of condom access, followed by youth involved in transactional sex and drug users. 56% of the sample said they had been taught about proper condom use. Again, youth in gangs and those involved in transactional sex were the groups reporting the lowest levels of training in this regard.

According to the survey results, 32% of respondents thought that using two condoms at once was correct, with youth in gangs and youth having sex with the same sex having the highest positive response to this question. The qualitative study results from the same groups confirm this belief. According to one gang member, "A lot of people use two condoms at once to be on the safe side." A young person who has sex with the same sex said, "Some people don't trust condoms, so they put two on at the same time in case one breaks. But that is even more dangerous because both of them might break that way."

Slightly less than half (49%) of survey respondents said that condoms do not bother them at all. This means that more than half consider condoms uncomfortable in one way or another, with those involved in transactional sex reporting the highest percentage of discomfort. This was confirmed in the qualitative study, in which youth involved in transactional sex exhibited negative attitudes toward condoms.

Survey respondents' average age at sexual initiation was 13. 51% of survey respondents had had a regular partner in the past year, with youth in gangs reporting the highest percentage (83%) and HIV-positive youth the lowest (23%). Of the youth having sex with the same sex, 85% of their regular partners were of their same sex.

Over the last year, 62% of survey respondents had had sex with casual partners, with youth having sex with the same sex reporting the highest rates (100% of their casual partners were of the same sex) and HIV-positive youth reporting the lowest.

23% of respondents indicated they had had an "outside partner" in the past year. This means they had another partner with whom they had frequent sexual encounters in addition to their official, steady partner. Having this type of partner was most common among youth involved in transactional sex and least common among HIV-positive youth.

According to the survey results, 70% of respondents had been tested for HIV. Among this group, 64% had been tested within the last year, while for 32% it had been more than a year. The population group reporting the lowest rates of HIV testing was youth involved in transactional sex, followed by youth using drugs. One of the qualitative study participants, a female involved in transactional sex, said she had been tested because her gynaecologist ordered it when she became pregnant. The other female participants did not consider themselves at risk, but added that they were afraid of being tested. They said they felt healthy and therefore could not be infected. None of the drug users had been tested, except for one participant who had it done for work-related reasons. Results from both the qualitative and quantitative studies coincided on this question.

39% of survey respondents said they had been called discriminatory names, with the highest rate among youth having sex with the same sex (61%) and the lowest among HIV-positive youth. In the qualitative study, youth in gangs shared that they have been called delinquents, thieves, murderers, Satan worshippers, and bloodsuckers. 37% of survey respondents had suffered discrimination on the streets, with gang-involved youth and those having sex with the same sex reporting the highest levels.

Of the marginalized youth survey participants, 54% felt they had been victims of discrimination by their own family, with the highest rates among HIV-positive youth (probably because the family is most likely to know about their condition). In the qualitative study, females involved in transactional sex said that hardly anyone knows what they do, and if they do they keep quiet. Therefore, they do not have problems with discrimination. One of them said her mother knows, but since "she likes money" and her daughter is giving her some of her earnings, she does not reject her. So, this participant concluded, "there is no rejection when there is money involved."

Results from Jamaica

In the quantitative study, 67% of respondents said they had been exposed to HIV/AIDS-related messaging in the past 6 months. Youth involved in transactional sex reported the lowest levels of exposure out of all the population groups (28%). The most frequently mentioned sources of information were mass media, school, the Ministry of Health, and HIV/AIDS programs.

The majority of survey respondents (93%) recognized correct condom use as a means of protection against HIV. 13% held the belief that HIV can be transmitted through mosquito bites, with fully half (50%) of youth in gangs sharing this belief. Responses regarding the belief that HIV can be transmitted by sharing food or utensils with an infected person were less frequent (7%), with 18% of drug users holding this belief.

Recommendations from the different population groups in the qualitative study as to the best means through which to deliver information on HIV/AIDS included DJs and the mass media, especially for youth involved in transactional sex. Drug user interviewees recommended using music or athletes and other celebrities to deliver prevention messages. Youth having sex with the same sex, by contrast, said that the best way to reach youth is "by talking with them in a way they can understand and through community meetings."

In terms of condom access, 94% of survey respondents said they knew where or through whom they can get condoms, and 82% said obtaining them is easy. Youth in gangs find condom access most difficult.

The survey results show that 82% of respondents had been taught about correct condom use. Youth in gangs (26%) and those involved in transactional sex (31%) were the population groups reporting the lowest numbers of having received this training. More than half of those surveyed had experienced condom breakage (especially those involved in gangs and transactional sex). In the qualitative study, some of the youth in gangs were adverse to condom use because "the condom can break and you would be infected anyway."

Survey respondents' average age at sexual initiation was 14 years old. Their average number of sexual partners in the past month was two, with those involved in transactional sex reporting the highest number of different partners in the past month (3).

Regarding condom use, 71% said they had used one in their last sexual relation, with the highest rates among HIV-positive youth and youth having sex with the same sex. The population groups with the lowest reported condom use during last sex were those involved in gangs and transactional sex.

83% of survey respondents reported having had a regular partner over the last year. Youth using drugs and those living with HIV had the lowest levels of regular partnership during this time period. 78% of youth having sex with the same sex reported having a regular partner of their same sex.

63% of survey respondents reported having casual partners over the last year. The highest positive response rate to this question came from youth involved in gangs at 86%, and the lowest from youth living with HIV. For 57% of youth having sex with the same sex, their casual partners were of the same sex.

Almost half of the sample (47%) shared that they had had other regular partners in addition to their "official" partner.

Regarding HIV testing, 64% of survey respondents said they had been tested. Youth using drugs reported the lowest levels of having done so. Of the respondents who had been tested, 64% had it done over the last year and 36% more than a year ago. The group reporting the lowest rate of HIV testing during the last year was gang-involved youth at 35%.

Of those who had not been tested, 61% said they hadn't been because they did not consider themselves at risk. This response was most common among youth having sex with the same sex and youth using drugs.

Of those who had been tested, 71% had received pre-test counselling, and 59% post-test counselling. Post-test counselling appears to be offered less frequently to this population. Youth in gangs reported the lowest level of pre-test counselling, while youth using drugs had the lowest level of post-test counselling. These results correspond with observations from the qualitative study as well.

Regarding discrimination, 54% of youth surveyed in the quantitative study said they had been called derogatory names. In the qualitative study, youth involved in transactional sex shared experiences of discrimination through verbal violence. Young men involved in transactional sex, along with youth who have sex with the same sex, reported frequent abuse, such as being called fish, batty man, batty boy or faggots. Young men shared experiences of being physically and verbally attacked by other men near their home. The qualitative study also revealed evidence of discrimination against people living with HIV, including epithets such as "AIDS body bwoy" and "victim of sin city." A female drug user reported being called "drunky" by people in her house.

Chapter I

Background

Youth using drugs

A study conducted in the Dominican Republic[2] among school-age youth enrolled in primary and secondary schools found that alcohol had the highest indices of consumption in this population; the study uses this population as a proxy or point of reference for all youth.

The proportion of youth who had consumed alcoholic beverages at least once in their lifetime was 63.8% (lifetime prevalence). 48.6% had consumed alcohol sometime over the last year (annual prevalence), while 31% had consumed alcohol at some point in the past month.

Daily frequency of alcoholic beverage consumption was higher among men across all types of beverages, while drinking beer only on weekends was higher among women and the 15-year-old age group. 12- and 13-year-old boys were found to be consuming beer on a daily basis.

Among all school-age youth surveyed, 9% reported a lifetime prevalence of stimulant use. 1.7% of the sample reported having smoked marijuana at least once in their lifetime, of whom only 0.4% reported having smoked it in the past month. The average age of initiation for marijuana use was 14.

Lifetime prevalence of cocaine use was less than 1%; findings were similar for crack consumption as well. Ecstasy had a lifetime prevalence of 0.5%.

A study conducted in Puerto Rico among young female cocaine and heroin users (Rivera, 2007)[3] described 18 to 35-year-old female cocaine and heroin users as follows:

- Came from dysfunctional families
- Many grew up in communities with complex problems, few opportunities, and high exposure to drug use
- Had friends and partners who use drugs
- Had developed delinquent habits associated with their addiction
- Received little government support to overcome their drug addiction

2. Consejo Nacional de Drogas. Encuesta Nacional sobre Consumo de Drogas en Estudiantes del Nivel Básico y del Nivel Medio. 2009.
3. Rivera, W. Puerto Rican young women's substance abuse: a qualitative study of young female cocaine and heroin drug users ages 18 to 35 from San Juan Metropolitan area. University of Texas at Arlington. 2007.

In Jamaica, a community-based survey was carried out among 15 to 19-year-olds of both sexes considered at risk of HIV infection through drug consumption.[4] The results revealed that one-fifth of the sample had been involved in acts of violence. Chronic depression and poor health were prevalent throughout the sample. A large proportion of respondents had low educational attainment and lacked adult affection and guidance in their lives, which are clear signs of marginalization. 81% of young men said they had used a condom during their last sexual relation, while only 58% of the young women said they had. 4% of the sample said they had been forced into their first sexual experience. Young men's age at sexual initiation was 13, whereas young women's was 15. 25% of the young women had already been pregnant, while 6% of the young men said they had impregnated a young woman.

Another study in Jamaica revealed two factors associated with high-risk behaviour in youth, namely physical abuse and having a friend or family member who has attempted suicide. Bloom et al (2003)[5] found that the average age of sexual initiation among young men was 12.5 years old. Only 4% of sexually active youth reported consistent condom use. 60% smoked marijuana and 50% consumed alcohol.

In Trinidad, the national school-based student health survey conducted in 2007[6] found 42.5% alcohol consumption prevalence among all students, which was even higher among male students (47.9%). The same study found that 36.3% had an intake of two or more alcoholic drinks per day in the past month.

The lifetime prevalence of using drugs such as marijuana or cocaine was 13.6% for all students, with a significant gender difference of 17.5% among young men versus 9.6% for young women.

Djumalieva et al (2002) conducted a study on Drug Use and HIV Risk in Trinidad and Tobago, in which they observed a correlation between crack consumption and unprotected sexual practices (non-condom use).

Youth involved in transactional sex

The data from a 2007 study on young women and sexual relationships in Trinidad[7] revealed that for the young women there was no apparent difference between sexual

4. Wilks R, Younger N, McFarlane S, Francis D, Van Dan Broeck J. Community- based Survey on Risk and Resilience Behaviors of 15- 19 year olds. USAID, 2007
5. Blum, R.W et al. (2003). Adolescent Health in the Caribbean: Risk and Protective Factors: Findings from the Caribbean Youth Health Survey. Journal of Adolescent Health (35): 493-500.
6. Procope, M. GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY (GSHS) 2007
7. Hawkins, K. Joseph, J. 'Money make the nookie go 'round'. Young women and sexual relationships in two locations in Trinidad. 2007. Options Consultancy Services Ltd.

relations considered transactional and those that were non-transactional. For the young women the motivating factors behind their sexual services were consumerism and "style", referring to the social status conferred on women by sporting the "right" clothes, shoes, nails, jewellery, and accessories (or "bling"). The population under study was not found to invest earnings from their services in savings or other future plans.

Not only did their looks give them status; they were also paramount to the girls' self-esteem. According to their understanding, a young woman may face stigma not only for having multiple sexual partners, but more importantly for not keeping up "the look." The young women had two types of partners – personal partners and "outside men." The personal one was their stable partner, whereas outside men were defined as all men with whom they had sex outside of their stable relationship. The young women perceived outside men as replaceable and usually short-term.

Youth in gangs

A study on risk and protective factors associated with gang-involved youth in Trinidad and Tobago (Katz 2010)[8] found that around 7.7% of the sample currently belonged to a gang and 6.8% had been in a gang in the past. Young women made up 4.4%, and the overall average age was 15.4 years.

Gang involvement was associated with access to firearms, residential mobility, parental encouragement of antisocial behaviour, early onset of antisocial behaviour, drug use intentions, and peer involvement in antisocial behaviour and drug use. The study showed that probability of gang involvement increased as risk factors increased.

A secondary study on the relationship between gang activity and social injustice in the Caribbean (Cornelius 2011)[9] described how gangs in Trinidad and Tobago, the Bahamas, St. Vincent and the Grenadines, and Barbados operate like mafias and are involved in related criminal activity such as selling drugs, rape, and homicide.

The United Nations Caribbean Human Development Report on citizen security[10] found that Trinidad now rivals Jamaica as the most violent country in the Caribbean (however, it should be noted that the scope of this report is limited to the Dutch- and English-speaking countries of the Caribbean). The report also says that some areas of Port of Spain are

8. Katz, Charles; Fox, Andrew. Risk and protective factors associated with gang-involved youth in Trinidad and Tobago. 2010.
9. Cornelius, C. Richard, C. The relationship between gang activity and social injustice in the Caribbean.
10. United Nations Development Programme. Caribbean Human Development Report 2012. Human Development and the Shift to Better Citizen Security. 2012.

among the most dangerous in the world due to increased gang activity. According to report estimates, there are 95 gangs operating in Trinidad and Tobago with an approximate membership of 1,269.

Slightly more than a quarter (26.1%) of gang members in Trinidad and Tobago were between the ages of 18-21, while 25% were 22-25 and 34% between ages 26-35. Five percent of gang members were younger than 17.

Chapter II

Methodology

Quantitative Study Methodology

Marginalized Youth

For the quantitative study marginalized youth were asked to fill out a survey on the following topics:

Box 1.

I. Knowledge and educational intervention experience on HIV/AIDS
II. Knowledge and attitudes toward condom use
III. Sexual practices
IV. Access to sexual health care services
V. Experiences with HIV testing
VI. Stigma and discrimination
VII. Relationship with authorities

Five different population segments were surveyed in each country:

- Youth in gangs
- HIV-positive youth
- Youth using drugs
- Youth involved in transactional sex
- Youth having sex with the same sex

Sampling

The sampling formula STATCAL from the public domain software Epi Info[11] was used to calculate sample size in all three countries.

The sampling frame for marginalized youth in Trinidad was based on census data from 2010 which showed a population of 261,438 youth aged 15-24, a seroprevalence of 5%, and a 99.9% level of confidence. Since no official statistics were available to disaggregate by population segment, the study relied on the assistance of key informants to divide the sample into sub-groups. Snowball sampling was used to reach the sub-populations under study.

11. Epi Info is a public domain statistical software for epidemiology developed by the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia (U.S.).

The sample for Dominican Republic was calculated based on estimates of 5% seroprevalence and a 95% level of confidence. A total of 274 marginalized youth were surveyed. Due to the unavailability of a sampling frame, estimates were used to calculate the desired sample size. Youth identified for interview were from the neighbourhoods of Cristo Rey and Capotillo in Santo Domingo.

In Jamaica, a total of 244 marginalized youth were surveyed. Again, the sample size was based on estimates due to the unavailability of a sampling frame for the sub-groups of marginalized youth.

Questionnaires were developed for each population segment. Some of the questions were adapted according to country context, but each questionnaire included all of the topics from box 1. The survey instruments for Trinidad and Jamaica were developed in English, and those for use in the Dominican Republic in Spanish. (See appendices).

Number of completed surveys in Trinidad, Jamaica, and the Dominican Republic

In Trinidad a total of 198 marginalized youth were surveyed, with a distribution of sub-groups as follows:

- Youth in gangs:. . . . . 34 participants of both sexes
- Youth having sex with the same sex: . . . . . 57 participants of both sexes
- Youth involved in transactional sex: . . . . . 31 participants of both sexes
- HIV-positive youth: . . . . . 12 participants of both sexes
- Youth using drugs: . . . . . 64 participants

An average of two survey takers was assigned to each population group. All survey takers were trained on proper application of the survey instrument and all questionnaires were filled out anonymously.

In the Dominican Republic, a total of 274 marginalized youth (MY) were surveyed. Access to the different sub-groups was negotiated through programs or youth networks working in the two neighbourhoods where the survey was implemented.

Population	n
MY in gangs	49
MY involved in transactional sex	46
MY using drugs	69
MY having sex with the same sex	72
MY living with HIV	38
Total MY	274

In Jamaica a total of 244 marginalized youth were surveyed, with the following distribution:

Population	n
MY in gangs	42
MY involved in transactional sex	42
MY using drugs	65
MY having sex with the same sex	65
MY living with HIV	30
Total MY	244

Qualitative Study Methodology

The qualitative study relied upon in-depth interviews and focus group sessions in order to be able to describe and analyse the perceptions, attitudes, life stories, and processes of marginalized youth on the same topics that were covered in the quantitative study (see box 1).

The same population segments were studied using both the quantitative and qualitative methodologies.

Interview guides were developed for each population segment, with slight variations according to country context, but the same content described in box 1. Again, all interview guides for Trinidad and Jamaica were developed in English, while those for use in the Dominican Republic were done in Spanish. (See appendices).

Qualitative research methods applied in Trinidad, Jamaica, and the Dominican Republic

In Trinidad, three in-depth interviews were conducted with each of the five population segments under study, for a total of 15. All interviews were recorded following prior authorization of interviewees. Not only were participants consulted for authorization on the audio recording; each participant was also asked for their oral consent before beginning the session.

In the Dominican Republic, a total of 17 youth of both sexes were interviewed following the same protocol as in Trinidad. Two focus groups were held with gang-involved youth as well.

In Jamaica, 15 in-depth interviews were conducted.

Interviewees and focus group participants in all three countries were recruited through key informants who are or had been working with social organizations related to the sub-populations under study. The research team was not involved in the identification of study participants in order to ensure that the selection process was not compromised by convenience or other subjective criteria of the research team.

Chapter III

Results from Trinidad

This section presents the research results from both the quantitative and qualitative studies based on information shared by marginalized youth in Trinidad. Responses are analysed by study topic, and findings are presented according to population segment.

1. Socio-Demographic Variables

Quantitative study participants had an average chronological age of 21 years. In Trinidad, more women than men were surveyed in three of the five population segments – youth involved in gangs, transactional sex, and those living with HIV. Overall, 48% of the study sample were female and 51% male. In the qualitative study, more males participated in the interviews than females, with the exception of the population segment of youth involved in transactional sex, in which the opposite was the case.

The highest educational attainment among all population groups in the quantitative study was secondary school. The group reporting the highest levels of continuing their education was HIV-positive youth (42%). In terms of living arrangements, 25% of the sample lived alone. However, this percentage goes up considerably for gang-involved youth, among whom 41% reported living alone and apart from family or friends, which could indicate a break in family relations. This was also the group among whom the highest percentage already had children – more than half of gang-involved youth survey participants were parents. It is also worth pointing out that 56% of youth surveyed in this population segment were female.

2. Alcohol and Drug Use

The survey questionnaire included several variables on alcohol consumption and illegal drug use. More than half of the sample indicated they had consumed 5 or more alcoholic drinks within a period of 4 hours in the past month, and 28% had consumed alcohol every day, both of which can be indicators of alcoholism. Youth using drugs and those involved in gangs reported the highest alcohol consumption. Among youth drug users, 69% said they had experienced intoxication to the point of blacking out or unconsciousness.

In terms of illegal drug use, marijuana was the most commonly reported substance with 52% of the sample – more than half of the quantitative study participants – using it. Out of the three countries where the baseline studies were conducted, Trinidad had the highest

rate of marijuana use among marginalized youth, among whom youth using drugs (69%) and gang-involved youth (62%) reported the highest percentages. Only 13% of the sample indicated that they had used crack in the past three months (three-month prevalence of use), which suggests that crack use is not as widespread as marijuana use among marginalized youth.

Table 1
Frequency and percentage of socio-demographic variables according to population segment among marginalized youth in Port of Spain, Trinidad. COIN, 2012.

Socio-Demographic Variables	Gang involved Youth (34)	Youth having sex with the same sex (57)	Youth involved in transactional sex (31)	HIV positive youth (12)	Youth using drugs (64)	Total Marginalized Youth (198)
Average age	21 year	21 year	20 year	20 year	20 year	21 year
Female	19 55.9	18 31.6	30 96.8	8 66.7	21 32.8	96 48.5
Male	15 44.1	39 68.4	1 3.2	4 33.3	43 67.2	102 51.5
Primary education level	5 14.7	0 0.0	0 0.0	0 0.0	0 0.0	5 2.5
Secondary education level	29 85.3	38 66.7	30 96.8	12 100.0	64 100.0	173 87.4
Still studying	3 8.8	21 36.8	11 35.5	5 41.7	7 10.9	47 23.7
Lives alone	14 41.2	14 24.6	6 19.4	3 25.0	13 20.3	50 25.2
Lives with parents	2 5.9	15 26.3	6 19.4	3 25.0	10 15.6	36 18.2
Lives with one parent	5 14.7	4 7.1	4 13.0	3 25.0	25 39.1	41 20.7
Has children	18 52.9	0 0.0	10 32.3	1 8.3	9 14.1	38 19.2

The quantitative study results show that 24% of the sample do not use drugs. Of that percentage, youth having sex with persons of the same sex, those involved in transactional sex, and HIV-positive youth indicated the greatest levels of non-drug use. (See table 2).

The same study also revealed that only 14.7% of gang-involved youth reported using injected drugs during the past 6 months. None of the other population segments reported using this kind of drug.

Table 2
Frequency and percentage of alcohol consumption and illegal drug use by population segment among marginalized youth in Port of Spain, Trinidad.
COIN, 2012.

Variables Alcohol and Drug Use	Gang-involved Youth (34)		Youth having sex with the same sex (57)		Youth involved in transactional sex (31)		HIV-positive youth (12)		Youth using drugs (64)		Total Marginalized Youth (198)	
In the last month, consumed 5 or more alcoholic beverages in a 4-hour period	25	73.5	21	36.8	25	80.6	2	16.7	41	64.1	114	57.6
Consumes alcoholic beverages every day	15	44.1	3	5.3	2	6.5	0	0.0	36	56.3	56	28.3
Has been drunk to the point of blacking out	-		15	26.3	-		1	8.3	44	68.8	116	58.6
Has used marijuana	21	61.8	25	43.9	9	29.0	5	41.7	44	68.8	104	52.5
Has used cocaine/crack	1	2.9	3	5.3	3	9.7	0	0.0	6	9.4	13	6.6
Does not use drugs	1	2.9	25	43.9	17	54.8	5	41.7	0	0.0	48	24.2

The topic of alcohol consumption and substance use was only covered in the quantitative study.

3. Knowledge of HIV/AIDS

More than half of the sample (51%) in the quantitative study reported that someone had spoken to them about HIV in the past 6 months; this was especially true for HIV-positive youth and drug users. This is most likely because they are target populations for heightened monitoring and HIV/AIDS-related programmatic work. The group reporting the least contact with educational interventions was youth having sex with the same sex (23%).

In the qualitative study, HIV-positive interviewees were found to be well versed in means of protection, and said that they disagreed with information being given to youth on abstinence as a form of protection. In their opinion, it is better to educate youth on how to make real-life decisions so that instead of avoiding sex altogether they learn how to have a healthy sex life. “Those religious organizations are confusing people. Instead of teaching them how to be able to choose, they teach people to be narrow-minded.”

In general, youth surveyed in the quantitative study were able to identify the correct paths of HIV transmission. However, both studies found that some population groups have certain misinformation leading to potentially risky beliefs.

Youth in gangs appeared to have the least knowledge of correct condom use as a means of protection against HIV transmission (65%) in the quantitative study. Only 67% of youth using drugs recognized the sharing of infected needles as a means of virus transmission. The same group had the least reported knowledge of vertical virus transmission (mother-to-child), with only 7.8%.

Table 3
Frequency and percentage of HIV/AIDS-related knowledge among population segments of marginalized youth in Port of Spain, Trinidad. COIN, 2012.

Variables HIV/AIDS Knowledge	Gang-involved Youth (34)	Youth having sex with the same sex (57)	Youth involved in transactional sex (31)	HIV-positive youth (12)	Youth using drugs (64)	Total Marginalized Youth (198)
Someone has spoken to them about HIV/AIDS in the past 6 months	11 32.4	13 22.8	18 58.1	10 83.3	49 76.6	101 51.0
People can protect themselves from HIV by using a condom correctly each time they have sex	22 64.7	44 77.2	31 100.0	12 100.0	61 95.3	170 85.8
You can get HIV through mosquito bites	3 8.8	2 3.5	3 9.7	0 0.0	0 0.0	8 4.0
You can get HIV by sharing food with an infected person	1 2.9	6 10.5	1 3.2	1 8.3	2 3.1	11 5.5
You can get HIV by receiving an injection from a used needle	31 91.2	44 77.2	29 93.5	12 100.0	43 67.2	159 80.3
A pregnant woman with HIV can transmit the virus to her unborn child	13 38.2	32 56.1	29 93.5	9 75.0	5 7.8	88 44.4
A woman with HIV can transmit the virus to her newborn child through breastfeeding	10 29.4	25 43.9	25 80.6	1 8.3	3 4.7	64 32.3
A person can become infected with HIV by having sex without a condom only once	24 70.6	13 22.8	31 100.0	12 100.0	57 89.1	137 69.2
Believes that a healthy-looking person can have HIV	24 70.6	57 100.0	29 93.5	12 100.0	52 81.3	174 87.9
Believes that HIV can be spread by using public bathrooms	3 8.8	7 12.3	1 3.2	2 16.7	0 0.0	13 6.6

According to the survey results, only about one-third of marginalized youth participants recognized that HIV can be transmitted through breastfeeding (32%). One-third of participants did not know that the virus can be spread through a single

sexual encounter; in other words, they thought multiple sexual relations were needed in order to become infected. Only 44% of the total sample was aware of vertical transmission.

No more than 4 to 6% of survey participants reported erroneous beliefs such as virus transmission through mosquito bites, public bathrooms, or sharing food or utensils with someone living with HIV. (See table 3).

These findings suggest that the marginalized youth surveyed in the quantitative study were aware of virus transmission through unprotected sexual contact, but generally held little knowledge of other means of transmission. Their knowledge gaps centre more on the correct and valid means of transmission, such as vertical transmission, than erroneous concepts, such as transmission through mosquito bites.

In the qualitative study, HIV-positive youth expressed concern about the misinformation on HIV transmission common among youth in general, which affects the way they are treated: “They think that because we have HIV we cannot have a family.” In the same study, gang-involved youth in particular seemed to partially reject this population based on their own misinformation on transmission pathways, even while showing certain empathy toward people living with HIV: “It is kind of sad. But just in case, I think it is good to keep a certain physical distance from those people.” This kind of statement illustrates how young people’s knowledge gaps can translate into negative attitudes toward people living with HIV.

Also in the qualitative study, youth using drugs appeared to hold similar concerns and distrust deriving from knowledge gaps on means of transmission. Although participants claimed to understand everything about HIV/AIDS, their interviews revealed several erroneous beliefs. For example, some believed that there is no difference between HIV and AIDS, while others thought the virus “came from a laboratory.” One interviewee doubted the veracity of information he read in brochures “because they don’t describe reality.” For him, there is no real, effective means of protection and even HIV tests can be mistaken. Some of the confusion and distrust regarding the accuracy of HIV/AIDS-related information was also found among youth having sex with the same sex. One qualitative study participant said it is difficult to get reliable information in Trinidad because it is a “traditional country governed according to biblical principles.”

The qualitative study also revealed that youth involved in transactional sex had misinterpreted the function of HIV testing. One participant expressed his belief that one way to prevent HIV transmission is “to get tested for HIV before starting a sexual

relationship with a steady partner." He did not mention condom use with the "new partner." For him, once one knows that the partner does not have the virus, one can have sexual relations without worrying about HIV. In this way, HIV testing was misinterpreted as a means of prevention.

4. Knowledge and Use of Condoms

A large majority (98.5%) of survey respondents indicated knowing where or through whom to obtain condoms. Accessing condoms was relatively easy for 82% of those surveyed. However, only 68% of youth involved in transactional sex said that they had easy access to condoms, followed by 76% of youth in gangs. In the qualitative study, youth interviewees who were involved in transactional sex expressed certain distrust towards condoms. One of the female participants said she refuses to use the condoms that are handed out for free because "they seem cheap and are uncomfortable." The subject of free condoms was also one of concern and debate among youth living with HIV. For one HIV-positive young woman, most of the free condoms are of good quality (except for those which are too small for the penis size). She believes there is certain stigma surrounding generic condoms, which leads people to believe that name brand condoms are better. She also perceives that free condoms generally are not distributed discreetly enough, which means that many young people do not accept them so as not to be seen receiving condoms. Another HIV-positive participant in the qualitative study said that one has to be careful with free condoms because some are of poor quality or expired. Therefore, he says, "It is better to get condoms through an HIV program, instead of health institutions like hospitals."

Similarly, some of the gang-involved youth who participated in the qualitative study in Trinidad said they refuse to use the freely distributed condoms because they are not any good. One of the participants shared an experience of receiving this kind of condom "that didn't even have an expiration date on it."

On the other hand, drug user interviewees were not sure if free condoms were of good quality or not. They said it was easy to obtain the free condoms, whereas some store clerks refuse to sell condoms to young people or are indiscreet about it. In their interviews, youth having sex with the same sex maintained that free condoms are of poor quality. They don't like how they smell and fear that they will break more easily than internationally recognized name brand condoms. One of the interviewees said it is difficult for youth to find out where they can get free condoms. He thinks that parents and society at large believe that condom distribution will encourage young people to have sex, and so they try to keep this kind of information (and supplies) from them.

According to the survey results, only 16% of marginalized youth had been taught how to use a condom correctly, of whom the highest reporting group was youth using drugs (27%) and the lowest, youth in gangs (6%). In other words, since the majority of the sample had not been taught about correct condom use, they may not always be using them properly. As part of the qualitative study, participants were asked to demonstrate their knowledge on how to use a condom. None of the population groups in particular did any better than the other in this regard – all of the youth participants made the same kinds of mistakes. Either they did not check the expiration date or whether there was air trapped inside, or they opened the condom wrapper with their teeth. In general, the motions of putting on and removing the condom were somewhat clumsy and often incorrect. These observations confirm that they have not been taught how to put on or use condoms properly.

Slightly less than half of youth survey respondents said that they are the one who brings condoms for use in their sexual relations, suggesting that more than half depend on another person to bring the condom. Youth having sex with the same sex were the highest reporting group in this regard (25%). Findings were similar on the question of who puts the condom on. A qualitative study participant explained that she brings them because "you can't count on the men to bring condoms." She shared the story of "a friend" who apparently became pregnant because her partner made a hole in the condom they were using. She thinks that it is better to carry condoms herself to avoid being deceived – not necessarily to ensure that condoms are always available for every sexual relation.

Difficulties negotiating condom use were reported by 41% of the total sample, with the highest percentage (70%) of youth using drugs reporting this problem. Youth in gangs said it was hardest for them to negotiate condom use with their regular partner, whereas youth using drugs had the hardest time with casual partners. The qualitative study yielded similar results. Youth in gangs explained that once they considered a partner regular (after a certain amount of time together), they no longer used condoms. Youth using drugs also said they only use condoms with casual partners, and see no need to insist on using condoms with their regular partner. One of the participants involved in transactional sex said that men don't like to use condoms. She explained that men often try to convince women to have unprotected sex: "Oh, it feels so much better and you are going to enjoy it more [without a condom]." So, she has to make an effort to negotiate condom use with her partners in order to protect herself from infection and avoid pregnancy.

The survey results indicate that 40% of marginalized youth have experienced condom breakage, with youth in gangs and those involved in transactional sex reporting this experience the most. This is an indicator of poor knowledge of how to put on a condom properly; indeed, 66% gave this reason as to why the condom had broken. Other reasons for condom breakage (16%) were that the penis was too big or the penetration had been violent. Almost all qualitative

study participants believed the condom could break if the penis was too large. In addition, this was cited as a valid reason for using internationally recognized condom brands, which were perceived to be more effective than free condoms for use with extra-large members.

Of the marginalized youth survey participants, 22% indicated they thought it was correct to use two condoms per penetration (one on top of the other). 54% of youth having sex with the same sex thought this was correct, whereas HIV-positive youth completely rejected this belief (0%). The qualitative study confirmed that this belief has translated into practice. Some HIV-positive youth shared in their interviews that they use two condoms at once and know many cases of people who "use 2 and 3 condoms at a time without knowing how dangerous that is." These accounts corroborate the survey finding in which this population segment completely rejected this belief.

Qualitative study results show that youth having sex with the same sex, especially young men, also believe that it is correct to use multiple condoms at once. One of the participants explained the practice as follows: "When condoms first came out, they said they were 99% effective. But the effectiveness of today's condoms is only estimated at 75 to 87%. That is a dangerous margin, meaning you can get HIV. So it is correct to use two at once." This statement illustrates distrust towards the effectiveness of condoms. A qualitative study participant involved in a gang said he uses 2-3 condoms at the same time "so I feel safe."

59% of the sample said they felt comfortable using condoms. The groups with the highest percentage of people who do not feel comfortable using condoms were youth in gangs and youth having sex with the same sex. (See table 4).

The qualitative study also revealed that marginalized youth participants generally do not feel comfortable using condoms. Youth involved in transactional sex said that they do use condoms, but they would rather not have to. HIV-positive youth shared that young people don't like using condoms because they prefer having natural-feeling sex, without any artificial barrier. Young male drug users also said that they do not like the diminished sensation that comes with using a condom.

5. Sexual Practices

Youth survey respondents' average age at sexual initiation was 15 years old. HIV-positive youth had the lowest average age at sexual initiation (13 years). The qualitative study results differed in this regard: HIV-positive youth participants in that study became sexually active relatively later, for example at age 21. This difference may have occurred simply because they became sexually active later on. Alternatively, it may be because they became infected at birth and refrained from having sexual relations early on due to the stigma associated with their condition.

Table 4

Frequency and percentage of knowledge and access to condoms according to population segment of marginalized youth in Port of Spain, Trinidad. COIN, 2012.

Variables Condom Access	Gan involved Youth (34)		Youth having sex with the same sex (57)		Youth involved in transactional sex (31)		HIV positive youth (12)		Youth using drugs (64)		Total Marginalized Youth (198)	
Knows where or through whom to get condoms	32	97.0	57	100.0	31	100.0	11	91.7	64	100.0	195	98.5
Easy for respondent to get condoms	26	76.5	46	80.7	21	67.7	11	91.7	59	92.2	163	82.2
Has been taught how to use condoms properly	2	5.9	11	19.3	0	0.0	2	16.7	17	26.6	32	16.2
Respondent provides or carries condoms	19	55.9	14	24.6	11	35.5	8	66.7	43	67.2	95	47.9
Respondent puts condom on penis	15	44.1	12	21.1	9	29.0	6	50.0	41	66.1	83	41.9
Thinks that a person who asks a partner to use a condom does not trust that person	16	47.1	10	17.5	9	29.0	3	25.0	17	26.6	55	27.8
Has had difficulties negotiating condom use	17	50.0	3	5.3	16	51.6	1	8.3	45	70.3	82	41.4
Regular partner is most difficult to convince to use a condom	11	32.4	0	0.0	8	25.8	0	0.0	18	28.1	37	18.7
Casual partner is most difficult to convince to use a condom	9	26.5	4	7.0	8	25.8	2	16.7	20	31.3	43	21.7
Has experienced condom breakage	25	73.5	7	12.3	17	54.8	4	33.3	27	42.2	80	40.4
Condom broke because it was expired or wasn't lubricated enough	2	8.0	0	0.0	2	11.8	2	50.0	2	7.4	8	10.0
Condom broke because it wasn't used properly	9	36.0	7	100.0	15	88.2	2	50.0	20	74.1	53	66.2
Condom broke because penis was too big or penetration was violent	8	32.0	0	0.0	0	0.0	0	0.0	5	18.5	13	16.2
Believes using two condoms at once is correct	8	23.5	31	54.4	1	3.2	0	0.0	4	6.3	44	22.2
Using condoms does not cause any (physical) problems	25	73.5	56	98.2	17	54.8	0	0.0	54	84.4	152	76.8
Feels comfortable using condoms	13	38.2	26	45.6	16	51.6	10	83.3	52	81.3	117	59.1

In the qualitative study, a young woman involved in transactional sex shared her experience of being raped by a family member the second time she had sexual intercourse:

> *I was younger and it was with a family member. When you are young you watch a lot of television, but you never think it will happen to you and that you will be the victim. It happened just once. When you are a little girl you don't know what to do. I felt trapped, like I couldn't do anything.*

It was the worst experience of my life. I never thought that it could happen to me. It was so terrible that I could not tell my mother. No one knows to this day.

This is the recounting of a young woman's experience of being raped by her uncle. Two other qualitative study participants – a young woman using drugs and a young woman having sex with another woman – also shared experiences of sexual abuse. The latter shared her experience of being abused the second time she had sex as well. She had had sex for the first time when she was 19 with a man who later on forced her to have sex with his cousin.

According to the survey results, respondents' average number of sexual partners in the past month was 3. The average was slightly higher (4 partners) among youth in gangs and those involved in transactional sex. However, the average number of regular partners in the last year among survey respondents was less than one. This suggests that marginalized youth do not tend to have stable relationships. The groups which do have a slightly higher tendency of having a stable partner were youth using drugs and youth having sex with the same sex. The average number of casual partners in the last month among all respondents was 2, with youth involved in gangs and transactional sex reporting a slightly higher average (3 different casual partners).

In the qualitative study, the young woman involved in transactional sex who had been raped by her uncle said that she had an average of 6 partners throughout her life. At the time of the study, she had a partner with whom she was not sexually satisfied. She said that she meets her partners through friends and some of her clients, and that she benefits from this kind of relationship through money and favours.

As mentioned above, the qualitative study revealed that some HIV-positive youth became sexually active relatively later on (when compared with peers of the same age cohort) or were not sexually active at all. The study uncovered some of the reasons why it may be difficult for youth living with HIV to find sexual partners. For example, a female interviewee shared that she became sexually active at 21 and her current partner was the only sexual partner she had had in her life. A male interviewee shared that while he had had sex in the past, he was no longer sexually active due to a break-up in which his partner's family forced them to separate because of his condition. Following that experience, he decided to forget about relationships and focus on his studies.

According to the survey results, the average number of same-sex sexual partners was understandably higher among youth having sex with the same sex. In addition, HIV-positive youth reported having at least one same-sex partner in the past month.

Two-thirds of the sample (67%) said they used a condom last time they had sex with any kind of partner. The groups reporting the lowest rates of condom use during last sex were youth having sex with the same sex and youth involved in transactional sex. Those reporting the highest rates of condom use were HIV-positive youth and drug users. (See table 5).

The survey results show that 45% of youth using drugs have had sex in exchange for drugs. In addition, 19% of youth having sex with the same sex reported that they always use lubricant.

Table 5
Frequency and percentage of sexual practices according to population segment of marginalized youth in Port of Spain, Trinidad. COIN, 2012.

Variables Sexual practices	Gang involved Youth (34)	Youth having sex with the same sex (57)	Youth involved in transactional sex (31)	HIV positive youth (12)	Youth using drugs (64)	Total Marginalized Youth (198)
Average age at sexual initiation	17	15	14	13	15	15
Average number of partners in past month	4.03	1.35	4.45	2.17	3.58	3.1
Average number of regular or stable partners in past year	0.85	1.14	0.81	0.67	1.13	0.9
Average number of casual partners in past month	3.27	0.67	3.65	1.50	2.61	2.3
Average number of same-sex partners	0.03	1.86	0.00	1.08	0.03	0.6
Used a condom during last sexual relation (with any kind of partner)	23 67.7	23 40.4	19 61.3	11 91.7	56 87.5	132 66.7

In the same study, 71% of marginalized youth reported having had a regular partner during the past year. Among the groups interviewed, drug users and gang-involved youth had the highest percentages of regular partnership. Youth having sex with the same sex reported that their regular partners were of their same sex 93% of the time.

Of those who had a regular partner over the past year, only 21% said they always used condoms during sex, with HIV-positive youth reporting 100% condom use with regular partners. Youth having sex with the same sex reported the lowest condom use with this type of partner: 35% said they never use condoms with regular partners. Youth in gangs reported the highest level of non-condom use with regular partners.

38% of respondents said they used a condom last time they had sex with a regular partner. The groups reporting the lowest rates were youth having sex with the same sex and youth involved in transactional sex. Of those reporting non-condom use during their last sexual encounter with a regular partner, 58% said this was because they do not use condoms at all with their regular partners.

Regarding substance use during sex, 63% of the sample said they had ingested alcohol or another drug the last time they had sex with a regular partner. Drug users and gang-involved youth reported the highest levels of consumption during last sex.

Table 6
Frequency and percentage of sexual practices with regular partners according to population segment of marginalized youth in Port of Spain, Trinidad. COIN, 2012.

Variables Sexual practices with stable or regular partners	Gang-involved Youth (34)	Youth having sex with the same sex (57)	Youth involved in transactional sex (31)	HIV-positive youth (12)	Youth using drugs (64)	Total Marginalized Youth (198)
Has had a regular partner in the past year	30 88.2	37 64.9	18 58.1	6 50.0	50 78.1	141 71.2
Always used condoms with regular partner in past year	6 20.0	3 8.1	1 5.6	6 100.0	13 26.0	29 20.6
Almost always used condom with regular partner in past year	1 3.3	7 18.9	2 11.1	0 0.0	10 20.0	20 14.2
Sometimes used condom with regular partner in past year	11 36.7	6 10.5	9 50.0	0 0.0	17 34.0	43 30.5
Never used condom with regular partner in past year	12 40.0	21 36.8	6 33.3	0 0.0	10 20.0	49 34.7
Used a condom in last sexual encounter with regular partner	6 20.0	8 21.6	5 27.8	6 50.0	28 56.0	53 37.6
Used condom at suggestion of respondent	2 33.3	2 25.0	4 80.0	6 100.0	20 71.4	34 64.1
Did not use condom because does not use them with regular partner	10 41.7	26 92.8	10 76.9	0 0.0	5 22.7	51 57.9
Drank alcohol or used any kind of drug prior to last sex with regular partner	26 86.7	8 21.6	8 44.4	0 0.0	47 94.0	89 63.1

The quantitative study results indicate that 75% of the sample had had a casual partner in the past year. Youth using drugs and gang-involved youth presented the highest percentages of having casual partners. Fully 100% of youth having sex with the same sex indicated that their casual partners were of the same sex.

Of those who had casual partners, 40% said they always used condoms with this kind of partner. Youth living with HIV and youth using drugs had the highest rates of consistent condom use with casual partners, whereas youth involved in transactional sex and youth having sex with the same sex had the least consistent condom use.

12% of respondents said they had never used a condom with casual partners over the last year; this response was most common among youth having sex with the same sex.

76% of survey respondents said they used a condom last time they had sex with a casual partner. Youth involved in transactional sex reported the lowest levels of condom use with casual partners. 82% of respondents said they had consumed alcohol or taken drugs last time they had sex with a casual partner. HIV-positive youth indicated zero substance use during their last sexual encounter. On the opposite end of the spectrum, all of the drug users had used some substance during last sex, followed by gang-involved youth. (See table 7).

Table 7
Frequency and percentage of sexual practices with casual partners according to population segment of marginalized youth in Port of Spain, Trinidad. COIN, 2012.

Variables Sexual practices with casual partners	Gang involved Youth (34)	Youth having sex with the same sex (57)	Youth involved in transactional sex (31)	HIV positive youth (12)	Youth using drugs (64)	Total Marginalized Youth (198)
Has had a casual partner in the past year	31 91.2	27 47.4	24 77.4	4 33.3	62 96.9	148 74.7
Always used condoms with casual partners in past year	12 38.7	6 22.2	1 4.2	3 75.0	38 61.3	60 40.5
Almost always used condom with casual partners in past year	4 12.9	4 14.8	5 20.8	0 0.0	16 25.8	29 19.6
Sometimes used condom with casual partners in past year	12 38.7	10 37.0	16 66.7	1 25.0	2 3.2	41 27.7
Never used condoms with casual partners in past year	3 9.7	7 25.9	2 8.3	0 0.0	6 9.7	18 12.2
Used a condom in last sexual encounter with casual partner	21 67.7	20 74.1	15 62.5	3 75.0	54 87.1	113 76.3
Used condom at suggestion of respondent	8 23.5	5 25.0	13 86.7	3 100.0	34 63.0	63 55.7
Did not use condom because was not available	7 70.0	3 42.9	5 71.4	0 0.0	2 25.0	17 20.0
Drank alcohol or used any kind of drug prior to last sex with casual partner	28 90.3	16 59.3	16 66.7	0 0.0	62 100.0	122 82.4

In addition to regular and casual partners, survey respondents were asked about "outside partners," which are defined as other partners with whom they have sex regularly. In Trinidad, they call these "deputy partners", and 55% of marginalized youth respondents had had such a partner in the past year. Those reporting the lowest levels of this kind of partner were youth having sex with the same sex (100% of their deputy partners were of the same sex) as well as HIV-positive youth. In general, 53% of youth with an outside partner always used condoms with that partner. Youth having sex with the same sex and youth involved in transactional sex had the lowest positive response rate in this regard.

Of those with an outside partner over the past year, 73% had used a condom last time they had sex with that partner. By contrast, 14% said they had never used condoms with their outside partner during the past year. Again, the survey showed that youth having sex with the same sex reported the lowest levels of condom use with outside partners.

Table 8

Frequency and percentage of sexual practices with outside partners according to population segment of marginalized youth in Port of Spain, Trinidad. COIN, 2012.

Variables Sexual practices with outside partners	Gang involved Youth (34)	Youth having sex with the same sex (57)	Youth involved in transactional sex (31)	HIV-positive youth (12)	Youth using drugs (64)	Total Marginalized Youth (198)
Has had an outside partner in the past year	30 88.2	10 17.5	29 93.7	3 25.0	38 84.2	110 55.5
Always used condoms with outside partners in past year	17 56.7	1 10.0	6 20.7	2 66.7	32 84.2	58 52.7
Almost always used condoms with outside partners in past year	4 13.3	0 0.0	6 20.7	0 0.0	0 0.0	10 9.1
Sometimes used condoms with outside partners in past year	6 20.0	4 40.0	15 51.7	1 33.3	0 0.0	26 23.6
Never used condoms with outside partners in past year	3 10.0	5 50.0	2 6.9	0 0.0	6 15.8	16 14.5
Used a condom in last sexual encounter with outside partner	22 64.7	5 50.0	19 65.5	2 66.7	32 84.2	80 72.7
Used condom at suggestion of respondent	10 50.0	1 20.0	14 73.7	2 100.0	18 56.3	45 56.2
Did not use condom because was not available	6 75.0	5 100.0	2 20.0	0 0.0	0 0.0	13 43.3
Drank alcohol or used any kind of drug prior to last sex with outside partner	30 88.2	1 10.0	14 48.3	0 0.0	38 100.0	83 75.4

6. Access to Health Care Services

According to the survey results, 63% of marginalized youth say they know where to go for HIV or STI-related health care services. Youth having sex with the same sex and gang-involved youth were the least knowledgeable about available services.

Only 19% of the sample had visited a health centre in the past year, of whom 61% said they felt satisfied with how they were treated. However, 37% reported feeling they were treated differently than other health care service users; this was especially true for gang-involved youth, youth having sex with the same sex, and drug users.

In the qualitative study, youth involved in transactional sex said they prefer to see a doctor they trust. “Private doctors are good,” they said, “because they call you to follow up on your case.” Gang-involved youth said that if they needed to access health care services, they would go to an HIV program for advice or they would ask a family member “who has had a similar experience to tell me where I should go.” This confirms the quantitative study finding that gang-involved youth have the least access to information as to where to go for HIV or STI-related care. The qualitative study also revealed that youth using drugs have little knowledge of where to seek care. For youth having sex with the same sex, however, results from the two studies were mixed on this question. While the survey results show a relatively low percentage of knowledge as to where to go for services when compared with other groups (see table 9), those interviewed in the qualitative study knew that they could go to the hospital if needed, even if it meant they would have to wait longer for service. A young man who has sex with the same sex said that he had sought advice from a pharmacist when he had the chickenpox (varicella virus), and the pharmacist told him that could be an early symptom of AIDS.

40% of survey respondents felt that the centre where they go for check-ups respects their confidentiality. However, precisely the same groups that were the least knowledgeable about available services – youth having sex with the same sex and gang-involved youth – sensed problems in terms of respect for confidentiality. In addition, HIV-positive youth interviewed in the qualitative study expressed concern about lack of respect for confidentiality in health care centres offering HIV and STI-related services.

83% of HIV-positive youth said they received their medicines for free.

Almost all survey respondents had heard about STIs. However, only 14% said that someone had given them a talk about STIs in the past 6 months. Youth in gangs and youth using drugs had heard the least on the topic in recent months.

Table 9

Frequency and percentage of access to health care services according to population segment of marginalized youth in Port of Spain, Trinidad. COIN, 2012.

Variables Access to health care services	Gang involved Youth (34)	Youth having sex with the same sex (57)	Youth involved in transactional sex (31)	HIV positive youth (12)	Youth using drugs (64)	Total Marginalized Youth (198)
Knows where to go for HIV or STI-related care or treatment	19 55.9	24 42.1	18 58.1	12 100.0	51 79.7	124 62.6
Last visited health services one year ago	4 11.8	11 19.3	4 12.9	12 100.0	7 10.9	38 19.2
Feels comfortable with the treatment received from health center staff	6 42.9	19 55.9	7 87.5	11 91.7	8 53.3	51 61.4
Feels that s/he has been treated differently by a healthcare worker	6 42.9	16 47.1	1 3.2	1 8.3	7 46.7	31 37.3
Thinks that center where s/he goes for checkups respects patient confidentiality	4 28.6	12 35.3	7 87.5	10 83.3	0 0.0	33 39.7

Table 10

Frequency and percentage of STI knowledge according to population segment of marginalized youth in Port of Spain, Trinidad. COIN, 2012.

Variables STI Knowledge	Gang involved Youth (34)	Youth having sex with the same sex (57)	Youth involved in transactional sex (31)	HIV positive youth (12)	Youth using drugs (64)	Total Marginalized Youth (198)
Has heard of STI	34 100.0	54 94.7	31 100.0	12 100.0	64 100.0	195 98.5
Someone has given them a talk about these infections in the last 6 months	2 5.9	7 12.3	4 12.9	8 66.7	6 9.4	27 13.6

7. HIV Testing

The quantitative study results show that less than half of marginalized youth have been tested for HIV (47%). Clearly, 100% of HIV-positive youth have been tested. On the other end of the spectrum, the groups reporting the lowest levels of HIV testing were youth in gangs and those having sex with the same sex.

Results from both the qualitative and quantitative studies show that youth in gangs seem little aware of the importance of testing. For example, one gang member who reported having sex with six different partners did not consider himself at risk of contracting

HIV and therefore saw no need to be tested. Again, results from the two studies were contradictory in terms of HIV testing among youth having sex with the same sex. In the qualitative study, to the contrary of the survey result, all youth having sex with the same sex had been tested.

The survey results show that 41% of youth who had been tested had done so over the last year. Drug users and youth involved in transactional sex were most prevalent among those who had been tested more than a year ago.

In the survey, the primary reason cited for not being tested was not feeling at risk (43%), with drug users especially citing this reason. In the qualitative study, youth in gangs were the group that considered testing unnecessary for this reason.

Among survey respondents who had been tested, 63% had received pre-test counselling and 64% post-test counselling. In the survey, youth using drugs reported the lowest levels of having received any kind of counselling. In the qualitative study, most groups indicated they had received pre-test, but not post-test counselling.

According to the survey results, 56% of youth who had been tested believed the centre providing testing services had respected their confidentiality. Again, drug users exhibited the greatest levels of distrust in this regard. (See table 11).

Table 11
Frequency and percentage of HIV testing according to population segment of marginalized youth in Port of Spain, Trinidad. COIN, 2012.

Variables HIV Testing	Gang involved Youth (34)		Youth having sex with the same sex (57)		Youth involved in transactional sex (31)		HIV positive youth (12)		Youth using drugs (64)		Total Marginalized Youth (198)	
Has been tested for HIV	11	32.4	23	40.4	21	67.7	12	100.0	26	40.6	93	46.9
Was tested for HIV within last year	5	45.5	11	47.8	6	28.6	9	75.0	7	26.9	38	40.9
Was tested for HIV more than a year ago	6	54.5	12	52.2	15	71.4	3	25.0	19	73.1	55	59.1
Has not been tested because does not consider him/herself at risk	7	29.2	6	17.6	0	0.0	0	0.0	32	84.2	45	42.8
Received pre-test counseling prior to last HIV test	7	63.6	15	65.2	17	81.0	12	100.0	8	30.8	59	63.4
Received post-test counseling following last HIV test	7	63.6	16	69.6	17	81.0	12	100.0	8	30.8	60	64.5
Thinks that center providing HIV testing respects confidentiality	5	45.5	13	56.5	15	71.4	11	91.7	8	30.8	52	55.9

8. Stigma and Discrimination

Of those surveyed in the quantitative study, 24% of the sample said they had been called discriminatory names, especially youth having sex with the same sex (37%) and HIV-positive youth (33%). 28% of the total sample had suffered discrimination on the streets, with youth in gangs (53%) and HIV-positive youth (50%) reporting the highest rates.

In the qualitative study, a young man who was born with HIV shared one such experience. He started going to school at age 12 because he was denied access up to that point due to discriminatory pressure from other students' parents. He was adopted by another family, since his biological family "is still figuring out how to cope with the fact that I am HIV positive." The interviewee feels that his adoptive family treats him like an equal, without any sort of discrimination. He had been in a relationship with a young woman, but her family forced them to separate because of his condition. He says he is no longer sexually active, and has chosen to concentrate on his studies in psychology instead of pursuing any relationships. "I have moved on with my life," he said, which for him means avoiding sexual relationships where he could potentially be rejected. For this young man, studies are a valid substitute in order to avoid situations where he could potentially be stigmatized or suffer discrimination.

The survey results show that reports of discrimination are even higher within the family: 40% of marginalized youth felt discriminated against by family members, with even higher percentages among HIV-positive youth (92%) and youth in gangs (68%).

In the same study, more than half of youth involved in transactional sex had been discriminated against by their partner. This group, along with HIV-positive youth, reported the highest levels of having suffered rape/sexual abuse, at 74% and 83% respectively (see table 12). Both of these percentages are quite high, and may indicate that these groups have been made even more vulnerable from their experience of having lost control over the choice of whether to have sex or not.

In the qualitative study, youth involved in transactional sex explained that they do not experience discrimination from the general public because they keep their sexual activity hidden. For gang-involved youth, it depends on the situation, though some indicated that they do suffer discrimination for being gang members. The most common form of discrimination is verbal, such as being called derogatory names.

The qualitative study explored the topic of violence in the lives of marginalized youth, especially among youth in gangs. Findings from the Katz (2010) and Cornelius (2011) studies on violence deriving from gang association were confirmed in this study.

In terms of territorial control, participants involved in gangs agreed that they took care not to invade other gangs' territory, especially rival gangs'. If they did venture into enemy gang territory, they could be murdered. For example, one of the study participants specified that he could not set foot in places like Laventille or Sea Lots because his enemies were there. Another interviewee said that all residents were victims of violence just because of where they lived (Beetham Gardens). He understood that innocent people paid the price of gang activity in their neighbourhood.

In the qualitative study, one gang-involved participant suggested the strategy of "staying in your neighbourhood" to avoid violence and other problems. However, the survey results show that this group is also exposed to fights within their gangs (67.6%) and many do not trust other gang members (44%), suggesting that there are also high levels of internal violence.

According to the survey results, 34% of marginalized youth respondents felt they had been mistreated or discriminated against by the police, among whom youth in gangs reported the highest percentage (79%) followed by youth using drugs (41%). 65% of youth in gangs had been detained or arrested by the police. In the qualitative study, one gang-involved participant described his experience with the police as "torture"; he also said that the police often arrest innocent people as well. Another gang member shared his experience of the police locking him up for marijuana possession. He also described being beaten while in jail.

Relations with the police were not any better for youth using drugs, according to qualitative study participants. They think the police are disrespectful, and have noticed that they tend to go after certain kinds of people, especially if dark-skinned.

Youth having sex with the same sex also reported problems with the police. One participant had a negative experience when the police attempted to arrest him while he was in a car waiting for sunrise with his partner in a place known for spectacular views. The police told him that "that" would not be possible. Young women having sex with women did not have any incidents with the police, but did report episodes of partner violence.

In the qualitative study, youth using drugs said entire organizations have been stigmatized as well. One participant said he no longer goes to Family Planning for information on HIV because people who use HIV programs are stigmatized as having the condition.

According to the survey results, 54% of respondents know where they can obtain legal protection, especially youth having sex with the same sex (65%) and HIV-positive youth (58%). Youth involved in transactional sex (16%) and drug users (23%) were the least

aware of how to access the legal system. However, not all the HIV-positive participants in the qualitative study were aware of their rights. One said he was not sure if "you can get legal protection if you are HIV positive," suggesting he is unaware of his rights.

According to the survey results, 21% of respondents know of an organization that advocates or protects their rights (see table 12), among whom drug users had the highest positive response. Youth involved in transactional sex were the least aware of this type of NGO, suggesting that this population group has been included in very few NGO interventions.

Table 12

Frequency and percentage of marginalized youth who have experienced discrimination and stigma according to population segment in Port of Spain, Trinidad. COIN, 2012.

Variables Discrimination and Stigma	Gang involved Youth (34)	Youth having sex with the same sex (57)	Youth involved in transactional sex (31)	HIV-positive youth (12)	Youth using drugs (64)	Total Marginalized Youth (198)
Has been called discriminatory names	7 20.6	21 36.8	7 22.6	4 33.3	8 12.5	47 23.7
Has ever experienced discrimination on the street	18 52.9	4 7.0	11 35.5	6 50.0	16 25.0	55 27.8
Has experienced discrimination on the street in the past 6 months	8 23.5	4 7.0	5 16.1	6 50.0	3 4.7	26 13.1
Has felt discriminated against by a family member	23 67.6	20 35.1	9 29.0	11 91.7	17 26.6	80 40.4
Has been discriminated against by partner	12 35.3	15 26.3	16 51.6	9 75.0	5 7.8	57 28.8
Has been forced to have sex	12 35.3	19 33.3	23 74.2	10 83.3	12 18.8	76 38.4
Has ever been discriminated or mistreated by the police	27 79.4	6 10.5	7 22.6	2 16.7	26 40.6	68 34.3
Has been discriminated or mistreated by the police in the past 6 months	17 50.0	0 0.0	5 16.1	2 16.7	16 25.0	40 20.2
Has ever been arrested or detained	22 64.7	0 0.0	5 16.1	1 8.3	24 37.5	52 26.3
Has been arrested or detained in the past 6 months	16 47.1	0 0.0	5 16.1	0 0.0	11 17.2	32 16.2
Knows how to obtain legal protection	11 32.4	37 64.9	5 16.1	7 58.3	15 23.4	107 54.0
Knows an NGO that protects his/her rights	6 17.6	14 24.6	0 0.0	3 25.0	19 29.7	42 21.2

9. Information Exposure

The survey results show that only 11% of respondents had been given information on gender-based violence in the past 6 months. Youth having sex with the same sex had received the most information on this topic (17.5%), while none of the youth involved in transactional sex (0%) had heard about gender-based violence. HIV-positive youth were the population segment that had received the most information on human rights in the past 6 months.

Table 13
Frequency and percentage of information exposure among marginalized youth according to population segment in Port of Spain, Trinidad. COIN, 2012.

Variables Exposure to Information	Gang involved Youth (34)	Youth having sex with the same sex (57)	Youth involved in transactional sex (31)	HIV-positive youth (12)	Youth using drugs (64)	Total Marginalized Youth (198)
Had been given information about gender-based violence in the past 6 months	5 14.7	10 17.5	0 0.0	1 8.3	6 9.4	22 11.0
Had been given information about human rights in the past 6 months	1 2.9	-	0 0.0	2 16.7	2 3.1	5 2.5

Recommendations for Trinidad

1. Some of the means of HIV transmission were completely unknown to the various groups of marginalized youth in Trinidad; therefore, programmatic interventions should include information on all forms of HIV transmission. Interventions should also work to dispel erroneous ideas about HIV transmission. Although myths such as mosquito bites, public bathrooms and pools were not frequently held to be true in the quantitative study, the qualitative study showed that some participants do believe these to be valid means of transmission. In addition, interventions should clarify levels of risk associated with kissing and oral sex, which are other examples of distortions and myths held by this population.

2. In addition to offering information, it is absolutely necessary for program staff to answer questions and clarify doubts for all population segments. In general, past activities have been designed in a way that leaves very little room for participant question-and-answer sessions, which ends up facilitating confusion rather than clarifying it.

3. Both studies revealed high levels of distrust towards condom effectiveness. This means that clarifying information should be provided so youth do not perceive condoms as ineffective means of protection in sexual relations. For example, they should be told about the capacity and resistance testing done on condoms before they are put on the market.

4. The danger of using two condoms at once as a form of protection in case one breaks should be explained extensively, especially to youth having sex with the same sex, since this practice could be putting them at risk.

5. Very few participants said that someone had taught them about proper condom use, suggesting that marginalized youth may be using condoms incorrectly (40% had experienced condom breakage). Detailed demonstrations of how to use condoms correctly should be offered to all population segments.

6. Marginalized youth also feel distrustful towards free condoms, according to the qualitative study. This should be taken into account when deciding whether or not to hand out free condoms in the project. If condoms are distributed, explanations as to their reliability should be offered.

7. Less than half of marginalized youth had been tested for HIV, according to survey results. Of those who had been tested, the majority had done so over a year ago. It is recommended that testing services be made more available to these population groups.

8. Some population groups incorrectly believe that HIV testing is a form of HIV prevention. While it is important to know one's status, knowing it will not necessarily protect a person from becoming infected with HIV. Project staff should explore where this confusion is coming from, as many youth see the test as a sort of protective talisman against HIV.

11. While the majority had heard of STIs, very few survey respondents had received related information in the past 6 months. In addition to HIV/AIDS knowledge, information on STIs should be included as well.

12. Some of the HIV-positive youth in the qualitative study appear to be engaging in very risky sexual behaviours. Any project intervention targeting this population should educate them on ways to adopt safer sexual practices.

13. Many participants in both studies had been forced to have sex. The project should consider including psychological counselling to help them overcome potential trauma and fear.

14. Few participants were aware of NGOs that can help protect their rights. Even HIV-positive youth, who had one of the highest percentages of awareness of this type of organization, need to learn where to go for legal protection. This knowledge gap should be addressed among all population groups.

Chapter IV

Results from the Dominican Republic

This section presents the research results from both the quantitative and qualitative studies based on information shared by marginalized youth in the Dominican Republic. Responses are analysed by study topic, and findings are presented according to population segment.

1. Socio-Demographic Variables

The average age of quantitative study participants was 20. Youth having sex with the same sex and youth using drugs were on average one year younger (19), while youth involved in transactional sex had an average age of 21.

In terms of the distribution of participants by sex, 32% of the total sample was female, with the highest representation of young women (87%) in the population segment of those involved in transactional sex, which appears to be predominantly exercised by women (this was also found in the qualitative study). Females were found to be less present among youth using drugs (12%).

81% of survey respondents had completed some level of secondary education, while 19% had completed only primary education. Youth having sex with the same sex had the highest level of educational attainment (94%) and 36% of this same population group were still studying. Youth using drugs had the lowest percentage of participants still in school.

Only 6% of survey respondents live alone, while half live with both parents. Youth having sex with the same sex had the highest percentage of respondents who live with both parents. Approximately one-third of respondents live with one parent. About 14% of respondents have children of their own, with the highest percentages of young parenthood among youth in gangs and youth involved in transactional sex.

2. Alcohol and Drug Use

In Santo Domingo, 37% of survey respondents said they had consumed 5 or more alcoholic beverages in a period of 4 hours in the past month. Youth in gangs (69%) and youth using drugs (46%) had the highest percentages in this category.

Table 14
Frequency and percentage of socio-demographic variables according to population segment among marginalized youth in Santo Domingo, Dominican Republic. COIN, 2012.

Socio-Demographic Variables	Gang involved Youth (49)		Youth having sex with the same sex (72)		Youth involved in transactional sex (46)		HIV positive youth (38)		Youth using drugs (69)		Total Marginalized Youth (274)	
Average age	20		19		21		20		19		20	
Female	8	16.3	20	27.8	40	86.9	13	34.2	8	11.6	89	32.5
Male	41	83.7	52	72.2	6	13.0	25	65.8	61	88.4	185	67.5
Primary education level	21	42.8	5	6.9	5	10.8	4	10.5	18	26.1	53	19.3
Secondary education level	29	59.2	68	94.4	41	89.1	34	89.5	51	73.9	223	81.4
Still studying	20	40.8	39	54.2	18	39.1	8	21.1	13	18.8	98	35.8
Lives alone	0	0.0	1	1.4	5	10.8	1	2.6	10	14.5	17	6.2
Lives with parents	8	16.3	55	76.4	21	45.6	22	57.9	31	44.9	137	50.0
Lives with one parent	25	51.0	17	23.6	12	26.1	11	28.9	24	34.8	89	32.5
Has children	19	38.8	0	0.0	12	26.1	0	0.0	8	11.6	39	14.2

Only 3% of the sample said they drank alcohol on a daily basis, and this percentage is made up entirely of youth using drugs (13%). 27% of survey respondents indicated that they had gotten drunk to the point of passing out, with youth using drugs reporting the highest percentage of this practice.

The 3-month prevalence of marijuana use among all respondents was 13%, with higher rates reported among youth using drugs (35%) and youth in gangs (13%). 7% of respondents indicated they had used crack or cocaine in the past 3 months, with higher prevalence among drug users (25%). The prevalence of marijuana use in marginalized youth was found to be higher than that obtained in the 2009 National Drug Council survey of students.

69% of survey respondents had not used any illegal drugs in the past three months, among whom youth involved in transactional sex and HIV-positive youth had the highest rates of non-drug use. (See table 15).

None of the population groups reported having injected drugs in the past 6 months. The variables on alcohol and drug use were not covered in the qualitative study.

Table 15
Frequency and percentage of alcohol consumption and illegal drug use by population segment among marginalized youth in Santo Domingo, Dominican Republic. COIN, 2012.

Variables Alcohol and Drug Use	Gang involved Youth (49)		Youth having sex with the same sex (72)		Youth involved in transactional sex (46)		HIV positive youth (38)		Youth using drugs (69)		Total Marginalized Youth (274)	
In the last month, consumed 5 or more alcoholic beverages in a 4-hour period	34	69.4	21	29.2	15	32.6	0	0.0	32	46.4	102	37.2
Consumes alcoholic beverages every day	0	0.0	0	0.0	0	0.0	0	0.0	9	13.0	9	3.3
Has been drunk to the point of blacking out	12	24.5	15	20.8	5	10.8	4	10.5	39	56.5	75	27.4
Has used marijuana	7	14.3	3	4.2	1	2.2	2	5.3	24	34.8	37	13.5
Has used cocaine/crack	2	4.1	1	1.4	1	2.2	0	0.0	17	24.6	21	7.7
Does not use drugs	40	81.6	69	95.8	45	97.8	36	94.7	0	0.0	190	69.3

3. Knowledge of HIV/AIDS

According to the quantitative study results, 64% of the youth surveyed said that someone had spoken to them about HIV/AIDS in the past 6 months. The highest reporting groups were HIV-positive youth (100%), followed by youth in gangs, who said that a State institution had done a training for the entire neighbourhood. The population segments reporting the lowest rates of having received information on HIV/AIDS were drug users and youth involved in transactional sex.

The qualitative study showed that the most frequently mentioned sources through which marginalized youth receive HIV/AIDS-related information are mass media (e.g., television), school, support programs for people living with HIV, programs for drug users, youth networks, and NGOs supporting people who have sex with the same sex. A participant who has sex with the same sex expressed satisfaction at receiving information tailored to his sexual preference: "You know that all the information they give you through ASA is for gays – how to put on the condom, how to use lubricant. The information is directed toward people who have anal sex with other men."

In the quantitative study, 90% of survey participants recognized condom use as a means of protection against HIV. A similar proportion knew that HIV can be transmitted through a single sexual relation and that an HIV-positive person can appear to be healthy. The

survey showed that participants are less familiar with other modes of HIV transmission. 75% knew that HIV can be transmitted by sharing needles with an infected person. The population group of youth involved in transactional sex was the least familiar with this pathway.

62% of survey respondents were familiar with vertical transmission. Youth in gangs and those involved in transactional sex were the least familiar with this pathway. Transmission through breastfeeding was recognized by 50% of survey respondents; youth using drugs and youth involved in transactional sex were slightly more aware of this transmission path than other groups.

Regarding myths surrounding HIV transmission, respondents mentioned mosquito bites (27%), sharing food or utensils with an infected person (16%), and using public bathrooms (18%). Youth involved in transactional sex and youth in gangs reported the highest percentages of erroneous beliefs. (See table 16). The qualitative study confirmed these findings, as in the case of youth involved in transactional sex, who appear to have more confusion than knowledge on the subject. For example, one young woman said that HIV is the same thing as AIDS, and added that "once you are diagnosed, you will die sooner or later." She also said that she would never share food with an infected person for fear of becoming infected.

In the qualitative study, gang-member interviewees said they were sure that you could not get HIV from drinking from the same glass or shaking hands with a PLHIV, or from mosquito bites ("the mosquito is the one that dies from biting someone with HIV"). The majority of interviewees understood that you cannot become infected from using public bathrooms. However, one participant shared the following belief: "You might get a little gonorrhoea. It's possible that if a woman sits down on a public toilet where a man with the virus has recently masturbated…if the semen is fresh she could get it."

When asked about confusion among friends or community members, one participant said that "an '*hermanito*' [literally 'little brother'; term used by gang members to refer to other members] says that being high [on marijuana] protects you against HIV." There were also doubts as to whether a pregnant woman always transmits the infection to her child through childbirth; many thought that this is not true. Youth in gangs also wondered whether *coitus interruptus* is an effective means of preventing HIV.

In the qualitative study, youth living with HIV demonstrated very precise and clear knowledge of HIV/AIDS. Nevertheless, they consider the population at large to be quite misinformed: "I know that they don't have the same knowledge as me, and that they are

afraid to come near me because they don't understand the modes of transmission. Even so, they are very rude to people living with HIV." HIV-positive participants also said they do not think that the information being circulated on a national level is appropriate: "They will do a campaign to prevent discrimination against us, but only for a few months. For that to work there need to be ongoing campaigns, not just for short periods of time." Another participant agreed: "If they were to run an ongoing campaign, we would be better off. People's attitudes have to change so that they treat us like people with a specific health condition, not like people who are sick and dying."

Table 16

Frequency and percentage of HIV/AIDS-related knowledge among population segments of marginalized youth in Santo Domingo, Dominican Republic. COIN, 2012.

Variables HIV/AIDS Knowledge	Gang involved Youth (49)	Youth having sex with the same sex (72)	Youth involved in transactional sex (46)	HIV positive youth (38)	Youth using drugs (69)	Total Marginalized Youth (274)
Someone has spoken to them about HIV/AIDS in the past 6 months	42 85.7	57 79.2	16 34.8	38 100.0	22 31.9	175 63.9
People can protect themselves from HIV by using a condom correctly each time they have sex	44 89.8	66 91.7	37 80.4	38 100.0	61 88.4	246 89.8
You can get HIV through mosquito bites	19 38.8	20 27.8	16 34.8	0 0.0	19 27.5	74 27.0
You can get HIV by sharing food with an infected person	9 18.4	10 13.9	13 28.3	0 0.0	13 18.8	45 16.4
You can get HIV by receiving an injection from a used needle	30 61.2	56 77.8	21 45.6	35 92.1	64 92.7	206 75.2
A pregnant woman with HIV can transmit the virus to her unborn child	23 46.9	48 66.7	22 47.8	36 94.7	41 59.4	170 62.0
A woman with HIV can transmit the virus to her newborn child through breastfeeding	20 40.8	37 51.4	18 39.1	37 97.4	25 36.2	137 50.0
A person can become infected with HIV by having sex without a condom only once	45 91.8	70 97.2	32 69.6	35 92.1	52 75.3	234 85.4
Believes that a healthy-looking person can have HIV	47 95.9	70 97.2	41 89.1	38 100.0	63 91.3	259 94.5
Believes that HIV can be spread by using public bathrooms	7 14.3	12 16.7	17 36.9	0 0.0	13 18.8	49 17.9

The qualitative study sought to identify the best ways to deliver information on HIV/AIDS to marginalized youth. Youth in gangs, for example, said that out of the different activities they had attended on the topic, they enjoyed the sociodrama the most. They also enjoyed the snack they were offered. What they liked the least was that "the talk was too long. Sometimes they would do an activity for 2 minutes, and then have you sitting there for three hours. And the activities were pointless because they didn't make up for [all the time you were sitting there]." They prefer dramatization activities (sociodrama, role-play) and short presentations "without talking at us all day long."

In the qualitative study, gang-involved youth went on to suggest that talks be given by other young people like themselves because they can relate better and because they "talk their talk" (peer education). If other gang members can be trained to give the talks, that would be even better for them because there are greater levels of trust. However, a young female gang member said that talks should be given by someone who is mature, experienced, and knowledgeable about the concepts.

All of the participants in the focus group with gang-involved youth in Santo Domingo agreed that talks should be offered outside of their neighbourhood. The main reason for this was explained as follows: "The anti-gang police go around the neighbourhood with a cell phone photographing all of our brothers, even people who are with them but aren't members. They put those photos in a computer to identify us, then they go to our schools and our jobs and they kick us out because they tell them we are gang members." They feel it is dangerous to hold meetings in the neighbourhoods where they live because having all the gang members together in one place would make them a captive target should the police decide to intervene. They shared a past experience in which the police and Ministry of the Interior and Police issued a call for gang members to turn in their weapons, and they agreed to participate. On the day of the weapons collection, gang members went to turn them in and were summarily arrested for illegal weapons possession. They understood that the operation was a trap: "Our brothers have been locked up since then. They arrested them through a set up." So, they prefer to hold gatherings in places where the police cannot follow them, like hotels, resorts, clubs, and other recreational settings where they are not immediately recognized as gang members.

The gang-involved youth went on to suggest that meetings be held on the weekends so they don't have to miss work. They also said that if monetary incentives were offered, more brothers would be likely to attend. Responses included the following: "if they give us 200 or 300 pesos a lot of us would go, because that little money helps us out"; "money is a good motivator"; "there should be food"; "you have to motivate the brothers." They said that they like to get together in small groups "just in case." They celebrate the brothers' birthdays with "a little noise to have a good time." They like to take trips to places like the

beach, and even went on an excursion to a museum once. However, they have a hard time coming up with the money for such trips: “We like to leave the neighbourhood and visit places where we don’t stick out.”

Youth using drugs who participated in the qualitative study said that they like the talks, but suggested that they should be more lively and interactive, rather than having one person talk the whole time: “I have been to presentations in which you can only ask questions if there is time left at the end. And they don’t encourage you to talk. It shouldn’t be boring like that.” They would like to see videos showing other young people’s experiences, which they believe would help them to “think about one’s own actions.” “I saw a really cool skit that made me laugh, but it also had you drawing your own conclusions.” They would like to receive written material, but say that it shouldn’t mention anything about drug use because that can “cause problems at home.” “I am not going to take home a little book that talks about drug use because my family will find out.”

Youth having sex with the same sex recommended that more face-to-face interventions be offered for the gay population, explaining the different means of protection. They said that condoms are widely available in gay bars and clubs, so it would make sense to offer information there as well. They consider it very important that this information be delivered by other gay people to generate trust between them. They clarified that heterosexuals can also facilitate talks, but they should have a positive attitude and refrain from judging the gay population.

4. Knowledge and Use of Condoms

The survey results show that 60% of marginalized youth know where or through whom they can get condoms. Youth involved in transactional sex were the least familiar with how to get condoms (48%). HIV-positive youth, on the other hand, were the most knowledgeable in this regard (100%).

In terms of actual condom access, 59% of survey respondents said that it was easy for them to obtain them. Youth in gangs reported the most difficulty in terms of condom access, followed by youth involved in transactional sex and drug users. 56% of the sample said they had been taught about proper condom use. Again, youth in gangs and those involved in transactional sex were the groups reporting the lowest levels of training in this regard.

59% of survey respondents said they provide or carry the condoms. The groups who reported this practice the most were youth in gangs, youth having sex with the same sex, and drug users. The first two of these three groups also reported the highest percentage of putting on the condom themselves.

48% of survey respondents said they have had difficulties negotiating condom use. Youth involved in transactional sex and youth having sex with the same sex reported the most difficulty in this regard. For youth having sex with the same sex, youth involved in transactional sex and drug users, negotiation was most difficult with their regular partner. Youth in gangs and those living with HIV reported more difficulty with casual partners.

36% of respondents had experienced condom breakage; this was especially true for drug users. 43% of the all respondents said the condom had broken because it had been put on incorrectly.

In the survey, 32% of respondents thought that using two condoms at once was correct, with youth in gangs and youth having sex with the same sex having the highest positive response to this question. The qualitative study results from the same groups confirm this belief. According to one gang member, "A lot of people use two condoms at once to be on the safe side." A young man who has sex with men said, "Some people don't trust condoms, so they put two on at the same time in case one breaks. But that is even more dangerous because both of them might break that way." Even though they understood that it is incorrect to use two condoms at once, they confirmed that the population groups to which they belong commonly engage in this practice out of fear: "Fear drives the gay population to come up with things like using two condoms at the same time."

Less than half (49%) of survey respondents said that condoms do not bother them at all. This means that more than half consider condoms uncomfortable in one way or another. Those involved in transactional sex reported the highest levels of discomfort. This was confirmed in the qualitative study, in which youth involved in transactional sex exhibited negative attitudes toward condoms. One female participant stopped using condoms with her partners because "I am allergic to latex." Another young woman said she dislikes the smell of condoms – "it's gross." Other young women involved in transactional sex said they use condoms with clients, but not with their regular partners, some of whom are the fathers of their children. One said, "I know what I've got," meaning she trusts that her partner is faithful to her. However, later on she shared that when she notices anything out of the ordinary in her partner and starts to doubt whether he is faithful to her, she "punishes him" by using a condom with him. This suggests that she does not see using a condom with her regular partner as protection, but rather as a form of punishment.

Gang-involved participants in the qualitative study indicated that they do use condoms, but not consistently. They do not normally use condoms with their regular partners, and prefer practicing *coitus interruptus* to prevent unwanted pregnancies. The same group of gang-involved youth also said that they generally don't have any problems when using condoms; however, they acknowledged that they had learned how to use them through friends, but had received no formal training on the subject.

Youth using drugs who participated in the qualitative study explained that they "tried" to always use condoms during sex. However, when they had taken any kind of drug they were likely to forget about using one. "When you are high, you can even forget your own name," one participant said.

Only one drug user participant had a regular partner; he said he doesn't use condoms with her "because she is my woman and she's faithful to me." The other participants had casual sexual relationships and always "tried" to use condoms.

The qualitative study results show that among youth having sex with the same sex, the gay population has the most consistent condom use in their sexual relations: "The nature of our sexual relations is a little bit more violent and therefore riskier. In anal sex, there is a higher risk of getting infected. That's why we are much more careful than 'straight' people. The gay population has suffered from HIV/AIDS more than any other population. So much so that they associate us with it…"

Youth having sex with the same sex indicated that they use condoms very frequently, although condom use with regular partners was less consistent because of assumed levels of commitment and fidelity within the couple. However, one participant perceived that regular partners also have casual sex, suggesting that fidelity is not always strictly observed.

In terms of the acceptance of free condoms, the qualitative study results show that youth involved in transactional sex prefer not to use free condoms or those provided in love motels because they could break "depending on the sexual position." For youth using drugs, condoms – regardless of whether they are name brand or free/generic – are not a problem: "I use condoms of all different brands and they are good."

HIV-positive study participants said that the condoms available in the country are of good quality – both free condoms and condoms for purchase. "Before they used to import and hand out expired condoms, but now they don't do that anymore. The condoms are good and there are controls in place to make sure they are never expired."

According to the survey results, 47% of youth having sex with the same sex said they always use lubricant.

5. Sexual Practices

Survey respondents' average age at sexual initiation was 13. Youth in gangs and HIV-positive youth had a slightly higher average age (14). However, some gang-involved youth in the qualitative study had become sexually active at age 12.

Table 17

Frequency and percentage of knowledge and access to condoms according to population segment of marginalized youth in Santo Domingo, Dominican Republic. COIN, 2012.

Variables Condom Access	Gang involved Youth (49)	Youth having sex with the same sex (72)	Youth involved in transactional sex (46)	HIV positive youth (38)	Youth using drugs (69)	Total Marginalized Youth (274)
Knows where or through whom to get condoms	27 55.1	38 52.8	22 47.8	38 100.0	39 56.5	164 59.8
Easy for respondent to get condoms	18 36.7	52 72.2	21 45.6	38 100.0	32 46.4	161 58.7
Has been taught how to use condoms properly	18 36.7	44 61.1	19 41.3	38 100.0	36 52.2	155 56.5
Respondent provides or carries condoms	40 81.6	48 66.7	10 21.7	22 57.9	42 60.9	162 59.1
Respondent puts condom on penis	35 71.4	52 72.2	13 28.3	18 47.4	17 24.6	135 49.2
Thinks that a person who asks a partner to use a condom does not trust that person	23 46.9	24 33.3	22 47.8	2 5.3	15 21.7	86 31.3
Has had difficulties negotiating condom use	24 49.0	45 62.5	33 71.2	5 13.2	26 37.7	133 48.5
Regular partner is most difficult to convince to use a condom	18 36.7	40 55.5	31 67.4	5 13.2	46 66.7	140 51.1
Casual partner is most difficult to convince to use a condom	31 63.3	33 45.8	15 32.6	33 86.8	23 33.3	135 42.9
Has experienced condom breakage	19 38.8	30 41.6	13 28.3	4 10.5	33 47.8	99 36.1
Condom broke because it was expired or wasn't lubricated enough	8 42.1	13 43.3	6 46.2	1 25.0	12 36.4	40 40.4
Condom broke because it wasn't used properly	7 36.8	11 36.7	5 38.5	2 50.0	18 54.5	43 43.4
Condom broke because penis was too big or penetration was violent	4 21.0	6 20.0	2 15.4	0 0.0	3 9.1	15 15.1
Believes using two condoms at once is correct	22 44.9	28 38.9	11 23.9	1 2.6	25 36.2	87 31.7
Using condoms does not cause any (physical) problems	20 40.8	37 51.4	12 26.1	25 65.8	40 58.0	134 48.9
Feels comfortable using condoms	23 46.9	41 56.9	13 28.3	18 47.4	31 44.9	126 45.9

Survey respondents' average number of sexual partners in the past month was 2.5 (that is, more than 2 different partners). Youth involved in transactional sex reported an average of 4 different partners, while those living with HIV had the lowest average at 0.6 (less than one partner in the past month). The qualitative study results were similar in this regard.

On average, marginalized youth survey respondents were found to have had at least one regular partner in the past year, and more than one casual partner (1.5) in the past month. 28% of all respondents acknowledged having had sex in exchange for goods or money, with 100% of those involved in transactional sex and 24% of gang-involved youth responding positively. 29% of youth using drugs reported having had sex in exchange for drugs.

76% of respondents indicated they had used a condom in their last sexual relation with any kind of partner. Those reporting the highest percentages of condom use during last sex were HIV-positive youth (100%) and youth having sex with the same sex.

Table 18
Frequency and percentage of sexual practices according to population segment of marginalized youth in Santo Domingo, Dominican Republic. COIN, 2012.

Variables Sexual Practices	Gang involved Youth (49)	Youth having sex with the same sex (72)	Youth involved in transactional sex (46)	HIV positive youth (38)	Youth using drugs (69)	Total Marginalized Youth (274)
Average age at sexual initiation	14	13	13	14	13	13
Average number of partners in past month	2.7	3	4	0.6	2.4	2.5
Average number of regular or stable partners in past year	1.8	1.7	0.9	0.5	1.1	1.2
Average number of casual partners in past month	1.6	2.6	1.2	0.4	1.6	1.5
Average number of same-sex partners	0.08	3.1	1	0.3	0.2	0.9
Has had sex for money or goods	12 24.5	9 12.5	46 100.0	5 13.2	6 8.7	78 28.5
Used a condom during last sexual relation (with any kind of partner)	35 71.4	58 80.5	35 76.1	38 100.0	42 60.9	115 75.9

51% of survey respondents had had a regular partner in the past year, with youth in gangs reporting the highest percentage (83%) and HIV-positive youth the lowest (23%). For 85% of youth having sex with the same sex, their regular partners were of their same sex.

Of those who had a regular partner, 24% always used condoms, with HIV-positive youth reporting the highest levels of consistent condom use and youth involved in transactional sex the lowest.

27% of respondents indicated they never use condoms with their regular partner; of this proportion, gang-involved youth had the highest percentage of never using condoms.

Only 38% of respondents said they used a condom last time they had sex with their regular partner. Again, the highest percentage of condom use was among HIV-positive youth and the lowest among youth involved in transactional sex.

More than half of those who had not used a condom said they simply do not use them with their regular partners (63%). Youth having sex with the same sex cited this reason the most.

Table 19
Frequency and percentage of sexual practices with regular partners according to population segment of marginalized youth in Santo Domingo, Dominican Republic. COIN, 2012.

Variables Sexual Practices with Regular Partners	Gang involved Youth (49)	Youth having sex with the same sex (72)	Youth involved in transactional sex (46)	HIV positive youth (38)	Youth using drugs (69)	Total Marginalized Youth (274)
Has had a regular partner in the past year	41 83.7	45 62.5	22 47.8	9 23.7	22 31.9	139 50.7
Always used condoms with regular partner in past year	4 9.7	10 22.2	4 18.2	8 88.9	7 31.8	33 23.7
Almost always used condom with regular partner in past year	13 31.7	16 35.5	5 22.7	1 11.1	4 18.2	39 28.0
Sometimes used condom with regular partner in past year	10 24.4	4 8.9	9 40.1	0 0.0	8 36.4	31 22.3
Never used condom with regular partner in past year	15 36.6	15 37.3	4 18.2	0 0.0	3 13.6	37 26.6
Used a condom in last sexual encounter with regular partner	16 32.6	16 35.5	6 27.3	8 88.9	7 31.8	53 38.1
Used condom at suggestion of respondent	3 18.7	10 62.5	4 66.7	8 100.0	7 100.0	32 60.0
Did not use condom because does not use them with regular partner	16 64.0	25 86.2	7 43.7	1 100.0	6 40.0	55 63.1
Drank alcohol or used any kind of drug prior to last sex with regular partner	14 31.7	24 54.5	8 36.4	3 33.3	17 77.3	66 47.5

Over the last year, 62% of survey respondents had had sex with casual partners, with youth having sex with the same sex reporting the highest rates (100% of their casual partners were of the same sex) and HIV-positive youth reporting the lowest.

Among those who had casual partners in the past year, 51% indicated they always used condoms. HIV-positive youth reported the highest rates of condom use with casual partners, whereas youth in gangs reported the lowest.

Only 0.6% of respondents said they never use condoms with casual partners. 67% indicated they had used condoms in their last sexual relation with a casual partner, with youth having sex with the same sex reporting the lowest percentage in this category.

Half of those who had not used condoms during their last sexual relation said they had not done so because condoms were not available.

Table 20
Frequency and percentage of sexual practices with casual partners according to population segment of marginalized youth in Santo Domingo, Dominican Republic. COIN, 2012.

Variables Sexual Practices with Casual Partners	Gang involved Youth (49)	Youth having sex with the same sex (72)	Youth involved in transactional sex (46)	HIV positive youth (38)	Youth using drugs (69)	Total Marginalized Youth (274)
Has had a casual partner in the past year	40 81.6	66 91.7	16 34.8	6 15.8	42 60.9	170 62.0
Always used condoms with casual partners in past year	13 32.5	35 53.0	10 62.5	6 100.0	23 54.8	87 51.2
Almost always used condom with casual partners in past year	23 57.5	17 25.7	4 25.0	0 0.0	13 30.9	57 33.5
Sometimes used condom with casual partners in past year	4 10.0	14 22.0	2 12.5	0 0.0	5 11.9	25 14.7
Never used condoms with casual partners in past year	0 0.0	0 0.0	0 0.0	0 0.0	1 2.4	1 0.6
Used a condom in last sexual encounter with casual partner	30 75.0	40 60.6	11 68.8	6 100.0	27 64.3	114 67.0
Used condom at suggestion of respondent	17 57.0	28 70.0	6 54.5	0 0.0	22 81.5	73 64.0
Did not use condom because was not available	5 50.0	14 53.8	2 40.0	0 0.0	7 46.7	28 50.0
Drank alcohol or used any kind of drug prior to last sex with casual partner	20 50.0	33 50.0	5 31.3	2 33.3	24 57.1	84 49.4

According to the survey results, 23% of respondents had had an "outside partner" in the past year. This means they had another partner with whom they had frequent sexual encounters in addition to their official, steady partner. Having this type of partner was most common among youth involved in transactional sex and least common among HIV-positive youth.

Among respondents with outside partners, 13% always used condoms and 26% never used them (with youth in gangs reporting the lowest level of condom use with outside partners).

52% of survey respondents said they had used a condom last time they had sex with an outside partner, with the highest percentages among HIV-positive youth and youth having sex with the same sex. Again, the most commonly cited reason for not using condoms is that none were available.

Table 21
Frequency and percentage of sexual practices with outside partners according to population segment of marginalized youth in Santo Domingo, Dominican Republic. COIN, 2012.

Variables Sexual Practices with Outside Partners	Gang involved Youth (49)	Youth having sex with the same sex (72)	Youth involved in transactional sex (46)	HIV positive youth (38)	Youth using drugs (69)	Total Marginalized Youth (274)
Has had an outside partner in the past year	12 24.5	14 19.4	21 45.6	3 7.9	12 17.4	62 22.6
Always used condoms with outside partners in past year	0 0.0	1 7.1	1 4.8	3 100.0	3 25.0	8 12.9
Almost always used condoms with outside partners in past year	1 8.3	4 28.6	3 14.3	0 0.0	4 33.3	12 19.3
Sometimes used condoms with outside partners in past year	5 41.7	5 35.7	12 57.1	0 0.0	4 33.3	26 41.9
Never used condoms with outside partners in past year	6 50.0	4 28.6	5 23.8	0 0.0	1 8.3	16 25.8
Used a condom in last sexual encounter with outside partner	6 50.0	9 64.3	9 42.8	3 100.0	5 41.7	32 51.6
Used condom at suggestion of respondent	4 66.7	6 66.7	3 33.3	3 100.0	5 100.0	21 65.6
Did not use condom because was not available	6 100.0	6 75.0	4 33.3	0 0.0	3 42.9	19 57.6
Drank alcohol or used any kind of drug prior to last sex with outside partner	11 91.7	6 42.8	5 23.8	1 33.3	5 41.7	28 45.2

Overall, the qualitative study results coincide with the abovementioned survey results. In terms of youth involved in transactional sex, one 25-year-old woman said she had had 10 different sexual partners to date, including her regular partner. Her clients tend to be older than her. The other young women who were interviewed had had 5 to 7 partners each. One had had 19 different partners, and was the mother of two children with her first sexual partner.

According to their accounts in the qualitative study, some of the regular partners of the young women involved in transactional sex do not know that they sell their services to other men. One participant said her partner knows but does not mind. Their earnings come in the form of direct cash payment when they have bills to pay, or clothing and accessories that young women themselves request. One says she controls what she will be given to avoid being cheated or receiving something cheap. She said she doesn't take risks in exchange for nothing.

HIV-positive youth said that their sexual practices are quite limited because their condition makes it difficult for them to find partners: "I don't want to jump from one flower to the next. I just want a serious relationship with one steady partner. Because when people find out you are living with the condition they dump you straight away. There is no way to convince the women I like to have sex with me."

One participant said he has casual sex with one person, but does not consider her a regular partner because "that person does not want to be in a steady relationship with me." The other participants said they do not have sex frequently, and some had not had sex at all since learning of their condition. "It's incredible how people think you just become some sort of sick person, as if you aren't a person with the same needs as everyone else." One HIV-positive participant said that sometimes he considers having sex with a woman with the same condition, but the "formula doesn't work like that. You have to like the person and not just settle for someone because she has the same thing as you."

Gang-involved participants in the qualitative study said there are a lot of misconceptions about what goes on in gangs. One of the leaders clarified in his interview that they don't have as many women as people tend to think. He also expressed that the female gang members are not obligated to have sex, but are free to do so if they like.

When exploring the topic through individual interviews, female gang members confirmed that they are not obligated to have sex within the gang; however, most of them are girlfriends of another gang member, linking them affectively within the gang. It is difficult for them to have a boyfriend outside the gang: "If you get involved with someone outside the Nation, and that person finds out you are in a gang, he will either want you to leave or will not want you as a girlfriend."

Youth using drugs shared in the qualitative study that they have sex quite frequently. They said it was common to have sex after using marijuana or speed. “If you have sex after smoking marijuana, you go slow, you concentrate, and it is really good. If you are on speed, you speed up and you want to do it fast.”

Youth having sex with the same sex said that the idea of trusting one’s partner to be faithful is a myth. For example, one participant described the process of changing and selecting different partners among the gay population as follows: “We are very promiscuous – not because we are gay but because we are men. We men don’t like to be faithful. We were not brought up like that. Women are taught to be faithful, but not men.” His comments suggest that promiscuity derives more from their gender socialization than from sexual orientation or preference.

In the qualitative study, youth having sex with the same sex shared that all of them had their first sexual experience with a friend or someone close to the family usually much older than them. Two participants said they had felt no real inclination towards homosexuality prior to that first experience, whereas another participant did consider himself homosexual beforehand. They all described their current sexual lives as quite pleasurable, and said they enjoyed taking part in the “gay scene.”

6. Access to Health Care Services

Table 22 presents the survey results on access to health care services among marginalized youth. 53% said they knew where to go for HIV or STI-related health care. 100% of youth living with HIV were familiar with available services. However, on the other extreme, youth in gangs were least familiar with where to go (37%).

Regarding their use of general health care services, 14% of gang-involved youth had been to a health care centre for a check-up. 28% of youth having sex with the same sex, 33% of youth involved in transactional sex, 92% of HIV-positive youth, and 26% of youth using drugs had used health services. Slightly more than half had been for a check-up in the past year.

Among those who had used health care services, 84% of survey respondents said they felt satisfied with the attention they received. However, 48% said they felt they were treated differently than other patients; this was especially true for HIV-positive youth.

Of all respondents, 70% feel that the centre where they go for check-ups respects their confidentiality; youth in gangs demonstrated greater distrust toward health care centres in this regard.

Table 22

Frequency and percentage of access to health care services according to population segment of marginalized youth in Santo Domingo, Dominican Republic. COIN, 2012.

Variables Access to Health Care Services	Gang involved Youth (49)	Youth having sex with the same sex (72)	Youth involved in transactional sex (46)	HIV positive youth (38)	Youth using drugs (69)	Total Marginalized Youth (274)
Knows where to go for HIV or STI-related care or treatment	18 36.7	41 56.9	20 43.5	38 100.0	28 40.6	145 52.9
Last visited health services one year ago	4 36.4	8 26.7	5 25.0	35 92.1	8 44.4	60 52.6
Last visited health services more than one year ago	3 27.3	12 40.0	10 50.0	0 0.0	10 55.5	35 30.7
Feels comfortable with the treatment received from health center staff	6 85.7	15 75.0	15 86.6	33 94.3	13 72.2	80 84.2
Feels that s/he has been treated differently by a healthcare worker	2 28.7	8 40.0	2 13.3	30 85.7	4 22.2	46 48.4
Thinks that center where s/he goes for checkups respects patient confidentiality	2 28.6	13 35.0	10 66.7	30 85.7	12 66.7	67 70.5

In the qualitative study, HIV-positive interviewees said that they use the health services offered through programs for HIV-positive people with which they were already acquainted. They said they were treated well only "if you go somewhere they already know you. If you go to a hospital or doctor that doesn't know you, it's harder because you can see right away that they are afraid to assist you. Many doctors don't know what to do with people living with our condition, and they reject you because they lack experience."

If in need of additional health care services, HIV-positive study participants said that their health centre refers them to other professionals that are familiar with procedures for HIV-positive patient care. That service puts them at ease, because that way "you don't have to take your chances going somewhere where they could turn you away or mistreat you in order to get rid of you."

Interviewees said they had established treatment regimens, which their doctors changed on occasion when they exhibited signs of low tolerance or low effectiveness. They obtained their antiretroviral treatment for free through State-subsidized programs. (The survey results show that 74% of youth living with HIV received free medicines for their treatment). However, they had to pay out of pocket in order to see a dentist or use

another health service. They think that the health centres they visit should be assigned more resources: “The people assisting you are good, but the problem is they don’t have a budget to buy the equipment and medicines we need.”

In terms of STI-related knowledge, 85% of survey respondents had heard of STIs. Youth involved in transactional sex were the least familiar with these kinds of infections (67%). Only 26% of all respondents had participated in a talk on STIs in the past 6 months; again, youth involved in transactional sex had the least contact with this kind of intervention (see table 23).

Table 23
Frequency and percentage of STI knowledge according to population segment of marginalized youth in Santo Domingo, Dominican Republic. COIN, 2012.

Variables STI Knowledge	Gang involved Youth (49)	Youth having sex with the same sex (72)	Youth involved in transactional sex (46)	HIV positive youth (38)	Youth using drugs (69)	Total Marginalized Youth (274)
Has heard of STI	44 89.8	69 95.8	31 67.4	38 100.0	50 72.5	232 84.7
Someone has given them a talk about these infections in the last 6 months	9 18.4	18 25.0	7 15.2	13 34.2	25 36.2	72 26.3

7. HIV Testing

According to the survey results, 70% of respondents had been tested for HIV. Of those who had been tested, 64% had done so within the last year, while for 32% it had been more than a year.

The population group reporting the lowest rates of HIV testing was youth involved in transactional sex, followed by youth using drugs. One of the qualitative study interviewees, a female involved in transactional sex, said she had been tested because her gynaecologist ordered it when she became pregnant. The other female participants did not consider themselves at risk; according to their logic, they felt healthy and therefore could not be infected. However, they added that they were afraid of being tested. None of the drug users had been tested, except for one participant who had been for work-related reasons. Results from both the qualitative and quantitative studies coincided on this topic.

Among gang-involved interviewees, only one said he had been tested and had done so through COIN. He said he felt satisfied with how he was treated and the counselling he received. Other participants said they had not had the opportunity to be tested, but if they were offered free testing they would have it done.

All of the youth having sex with the same sex who were interviewed indicated that they had been tested for HIV. Some shared that they were very nervous about learning the results the first time they were tested: "I couldn't eat for days while I was waiting for the results. In the centre where I was tested, they explained a lot of things, but I was so nervous I couldn't remember a thing. It was horrible, but it was my nerves that had me feeling so bad." According to this population segment, they do have sufficient information on where to go for testing services in places they trust and are sure will not discriminate against them. They receive information and referrals from ASA.

Among survey respondents who had not been tested, 37% said they had not done it because they do not believe they are at risk. Of those who had been tested, 70% indicated they had received pre-test counselling and 75% post-test. Only half of respondents feel that their confidentiality has been respected; drug users expressed the greatest doubt in this regard.

Table 24
Frequency and percentage of HIV testing according to population segment of marginalized youth in Santo Domingo, Dominican Republic. COIN, 2012.

Variables HIV Testing	Gang involved Youth (49)		Youth having sex with the same sex (72)		Youth involved in transactional sex (46)		HIV positive youth (38)		Youth using drugs (69)		Total Marginalized Youth (274)	
Has been tested for HIV	38	71.5	58	80.5	21	45.6	38	100.0	36	52.2	191	69.7
Was tested for HIV within last year	31	81.6	31	53.4	9	42.8	38	100.0	14	38.9	123	64.4
Was tested for HIV more than a year ago	7	18.4	27	46.5	12	57.1	0	0.0	15	41.7	61	31.9
Has not been tested because does not consider him/herself at risk	6	54.5	7	50.0	6	24.0	0	0.0	12	36.4	31	37.3
Received pre-test counseling prior to last HIV test	27	71.1	39	67.2	11	52.3	38	100.0	19	52.8	134	70.1
Received post-test counseling following last HIV test	29	76.3	41	70.6	13	61.9	38	100.0	22	61.1	143	74.9
Thinks that center providing HIV testing respects confidentiality	19	50.0	39	67.2	9	42.8	18	47.4	12	33.3	97	50.8

8. Stigma and Discrimination

39% of survey respondents said they had been called discriminatory names, with the highest rate among youth having sex with the same sex (61%) and the lowest among HIV-

positive youth. In the qualitative study, youth in gangs shared that they had been called delinquents, thieves, murderers, Satan worshippers, bloodsuckers, and "laicos" (possibly a reference to Lycon, creature of terror).

37% of survey respondents had suffered discrimination on the streets, with gang-involved youth and those having sex with the same sex reporting the highest levels.

Among survey participants, 54% felt they had suffered discrimination within their own family, with the highest rates among HIV-positive youth (probably because the family is most likely to know about their condition). In the qualitative study, females involved in transactional sex said that hardly anyone knows what they do, and if they do know they keep quiet. Therefore, they do not have problems with discrimination. One of them said her mother knows, but since "she likes money" and her daughter is giving her some of her earnings, she does not reject her. This participant expressed herself rather ironically, concluding out loud that "there is no rejection when there is money involved."

In the qualitative study, youth in gangs shared that there is severe discrimination in their families: "Discrimination begins in the family. As the family starts to realize that you belong to a Nation [gang], they start to see you differently, and then your friends don't want to see you anymore because you belong to a Nation. At school, when the teachers find out they have us removed or they don't want to deal with us. Sometimes they are afraid of us. It is true that some brothers act out against some people, but even the innocent pay for their sins." "There are brothers who go too far, but that happens in all institutions, even in political parties." "There are good brothers and there are brothers who are like the devil."

They said their families pressure them to keep away from other gang members: "Those friends of yours, I don't want them here in my house with that thing around their neck [*puka* or distinctive necklace worn by gang members]." Some parents throw their children out of the house when they find out that they belong to a gang. "They treat all of us like delinquents." "Neighbours tell their children, 'Don't talk to So-and-So' and they obey. But we grew up together, and they don't even let them talk to us."

In the qualitative study, two participants living with HIV kept their condition a secret so that "they have no reason to discriminate against us." Only their mothers knew – they had not even told their fathers.

Other HIV-positive participants said they felt stigmatized and could see rejection on people's faces when they learned of their condition. "I feel like a leper. The Bible describes

how lepers were stigmatized and kept separate from the rest. They were an abomination. The same happens to us. HIV is today's leprosy. They are afraid to touch us, and to breathe the air we breathe. This is horrible."

On the other hand, some HIV-positive youth also experienced acceptance by other people in their lives. Some of their families are now better informed and have become less fearful about their condition. They have friends who understand that they cannot get the virus from talking to them. However, they did express that their social lives are not satisfactory due to the rejection they face.

Those who have not disclosed their condition said they have been able to carry on with their normal lives, but "sometimes you separate yourself from the rest. The others don't know but you do, and that makes you hold yourself back."

Youth using drugs also expressed fear of discrimination and stigma. They reported that they do everything they can to keep people from finding out they use drugs because "in this country it's a sign of the devil. They think you are lost if you smoke marijuana. But you see the local drunk at the *colmadón* [corner store] drinking his beer and no one looks down on him."

They said that their drug use is not addictive, so they don't have problems getting on with others. They think that if someone sees them high they will think they are drunk. To date, they believe they have been able to hide their drug use from their families and others: "My family has no idea. If they see me acting funny, they think I've been drinking. My mom has never seen marijuana and would not recognize it if she did. She tells me to be careful, but it's because she thinks I am drinking alcohol."

In their qualitative interviews, youth having sex with the same sex disclosed the reasons why some of them choose not to come out of the closet:

> *It would be so cool to be able to tell the world that you are gay. But it doesn't happen that way because of the rejection you face for coming out of the closet. In this country, being gay means being laughed at and even facing death threats. Here there is no respect for different sexual orientations. Here whoever is not straight is thrown out of society. They harass you at work. Your family doesn't want anything to do with you. Your friends ditch you. Everything becomes threatening for you. That's why, no matter what they say, I am staying in the closet. I am protecting my life.*

On the other hand, one participant, who has publicly declared his sexual orientation, explained his reasoning:

> *I am effeminate and people notice. So why should I hide it? I told my family. At first they had a lot to say but now they take it as something natural. It is true that a lot of people cruelly reject you. But I just act like I can't hear them. I don't let some ignorant person yelling at me or calling me a maricón [faggot] affect my self-esteem. I think a lot of those people who reject you so strongly have some unresolved issues. Maybe they would like to be gay but don't dare to even consider it. I feel sorry for them having to project their misery onto others.*

Other results from the quantitative study indicate that 12% of marginalized youth had been forced to have sex; this experience was most common among youth having sex with the same sex. In Jamaica, the Wilks study (2007) showed a 4% prevalence of sexual abuse among populations at high risk for HIV. Data from this study surpass that proportion.

According to the survey results, 24% of marginalized youth respondents have experienced discrimination at the hands of the police. More than half of gang-involved youth have experienced this type of discrimination, while 73% of the same group had been detained or arrested at some point. Of all the population groups, youth in gangs report the most problems with police confrontation (see table 25). Qualitative study participants confirmed this finding by describing relations with police as generally bad. For the nations (gangs), the police are the most corrupt of all. Moreover, they say that youth living in their neighbourhoods who are not involved in gangs risk being detained just for talking to them: "If a friend who isn't in the nation is talking to me, and the anti-gang police come and pick us all up, they create a file for that friend as a gang member. Then, when that guy gets out he wants to join a gang because of his run-in with the police." In other words, injustices at the hands of the police may pave the way for new members to join gangs.

Slightly more than half of survey respondents knew where to obtain legal protection, and slightly less than half could identify an NGO that protects their rights.

Survey results show that 68% of gang-involved youth said that fights were common in their gangs, and 56% said they trusted the other members in their gang. In the qualitative study, the young women in gangs said they were treated well and felt protected. However, one said that if they do something the brothers do not like, they are slapped. One of the gang leaders added that this happens when the sisters [female gang members] break the rules. He did not wish to clarify what the rules are. "It hardly happens to you all, but when we men break the rules the punishment is even stronger."

Qualitative study participants also shared that turf wars between gangs in Guachupita have come to an end. They said that now they get along with neighbouring gangs in Guachupita, and priorities have shifted from territorial control to economic concerns. "Before, gang leaders would kill each other over anything, like if one liked the other's girlfriend or things like that, but not anymore. Today they are more concerned with pursuing economic things." They insisted that there is relative peace with the surrounding neighbourhoods: "We are neighbours and friends." "Now if a brother who is calm and studious crosses over into their territory, nothing will happen to him. But if some crazy delinquent goes there, they will take him out because they have to defend their territory. The neighbours themselves say, 'He deserved it because he was going to mug someone."

Table 25

Frequency and percentage of marginalized youth who have experienced stigma and discrimination according to population segment in Santo Domingo, Dominican Republic. COIN, 2012.

Variables Stigma and Discrimination	Gang involved Youth (49)	Youth having sex with the same sex (72)	Youth involved in transactional sex (46)	HIV positive youth (38)	Youth using drugs (69)	Total Marginalized Youth (274)
Has been called discriminatory names	22 44.9	44 61.1	16 34.8	5 13.2	21 30.4	108 39.4
Has ever experienced discrimination on the street	29 59.2	33 45.8	11 23.9	4 10.5	24 34.8	101 36.8
Has experienced discrimination on the street in the past 6 months	11 22.4	27 37.5	5 10.8	0 0.0	17 24.6	60 21.9
Has ever felt discriminated against by a family member	14 28.6	48 58.3	22 47.8	26 68.4	38 55.1	148 54.0
Has felt discriminated against by a family member in the past 6 months	8 16.3	32 44.4	10 21.7	9 23.7	30 43.5	89 32.5
Has been discriminated against by partner	7 14.3	10 13.9	10 21.7	5 13.2	16 23.1	48 17.5
Has been forced to have sex	6 12.2	12 16.7	4 8.6	4 10.5	6 8.7	32 11.7
Has ever been discriminated or mistreated by the police	26 53.1	28 38.9	3 6.5	2 5.3	8 11.6	67 24.5
Has been discriminated or mistreated by the police in the past 6 months	20 40.8	9 12.5	0 0.0	0 0.0	3 4.3	32 11.7
Has ever been arrested or detained	36 73.5	6 8.3	1 2.2	0 0.0	12 17.4	55 20.1
Has been arrested or detained in the past 6 months	22 44.9	2 2.8	0 0.0	0 0.0	10 14.5	34 12.4
Knows how to obtain legal protection	36 73.5	48 66.7	20 43.5	26 68.4	17 24.6	147 53.6
Knows an NGO that protects his/her rights	27 55.1	39 54.2	18 39.1	33 86.8	14 20.3	131 47.8

10. Information Exposure

The survey results show that marginalized youth had very little exposure to information on gender-based violence (23%) and human rights (20%) in the past 6 months.

Table 26
Frequency and percentage of information exposure among marginalized youth according to population segment in Santo Domingo, Dominican Republic. COIN, 2012.

Variables Information exposure	Gang involved Youth (49)	Youth having sex with the same sex (72)	Youth involved in transactional sex (46)	HIV positive youth (38)	Youth using drugs (69)	Total Marginalized Youth (274)
Had been given information about gender-based violence in the past 6 months	9 18.4	18 25.0	10 21.7	6 15.8	19 27.5	62 22.6
Had been given information about human rights in the past 6 months	11 22.4	13 18.1	5 10.8	11 28.9	14 20.3	54 19.7

11. Recommendations for the Dominican Republic

1. Only 50-60% of respondents were familiar with modes of HIV transmission, such as vertical transmission, breastfeeding, and using infected needles. All of this information should be reinforced and explained to marginalized youth.

2. A significant percentage of respondents (from 18 to 27%) believed that mosquito bites, sharing food or utensils with infected persons, and using public bathrooms are valid means of transmission, suggesting there is confusion in this regard. These myths should be explained and debunked.

3. The groups demonstrating the least knowledge of HIV/AIDS are youth involved in transactional sex (who by definition have multiple partners at the same time) and youth in gangs (who tend to engage in unprotected sex). Special efforts should be made to step up informational campaigns targeted toward these groups.

4. Educational interventions targeted toward population groups such as youth in gangs should be dynamic and entertaining. Content should be simple enough for both illiterate and literate participants to understand the information without a problem.

5. There is growing demand among various population segments of marginalized youth for more visual and dynamic forms of presenting information, rather than

traditional educational interventions where a facilitator gives a talk on a certain topic. The project should make frequent use of resources such as skits, sociodrama and role-plays.

6. The project should weigh the pros and cons of creating educational materials aimed exclusively at certain groups with a condition or behaviours they wish to keep from the public. Material directed toward youth having sex with the same sex, drug users, and HIV-positive youth should be written carefully and discreetly, since participants often take the material home, where family members may not know, for example, that the young person uses drugs.

7. Slightly less than half of survey respondents indicated that no one had taught them about proper condom use. Demonstrations on how to use condoms should be offered systematically to all population groups.

8. Almost half of survey respondents said they did not know how to negotiate condom use with their sexual partners. Youth in gangs and HIV-positive youth reported difficulties with casual partners, whereas the other groups had more problems with regular partners in this regard. Both types of negotiation should be included in programmatic interventions. Low rates of condom use with regular partners continue to be common among all population groups. Specific activities should be designed to encourage condom use with regular partners among all of the population segments of marginalized youth.

9. Almost half of survey respondents indicated that they experience physical discomfort from using condoms, which may lead to negative attitudes toward condom use. More detailed information on the qualities of condoms should be offered, in order to promote more consistent condom use.

10. Knowledge on where to go for HIV and STI-related health care services is quite low, with the exception of HIV-positive youth. This information should be offered to all groups, but especially youth in gangs.

11. Survey respondents reported generally low levels of exposure to information on gender-based violence and human rights. These topics should be cross-cutting in all program interventions.

Chapter V

Results from Jamaica

This section presents the research results from both the quantitative and qualitative studies based on information shared by marginalized youth in Jamaica. Responses are analysed by study topic, and findings from each type of baseline study (quantitative and qualitative) are presented according to population segment.

1. Socio-Demographic Variables

Quantitative study participants' average age was 21. Females made up 23% of the sample, while 77% were male. The majority of youth survey participants (95%) had completed secondary education, and 38% of respondents were still studying at the time of the survey.

In terms of living arrangements, 25% of respondents lived alone and 27% lived with both parents. Youth involved in transactional sex reported the highest percentages of living alone.

More than one-quarter (27%) of respondents had children of their own, with the highest percentages of young parenthood among youth using drugs (46%) and youth in gangs (42.9%).

Table 27
Frequency and percentage of socio-demographic variables according to population segment among marginalized youth in Kingston, Jamaica. COIN, 2012.

Socio-Demographic Variables	Gang involved Youth (42)	Youth having sex with the same sex (65)	Youth involved in transactional sex (42)	HIV positive youth (30)	Youth using drugs (65)	Total Marginalized Youth (244)
Average age	21.2	20.8	20.7	21.2	20.3	20.8
Female	5 11.9	7 10.8	16 38.1	11 36.7	17 26.2	56 22.9
Male	37 88.1	58 89.2	26 61.9	19 63.3	48 73.8	188 77.1
Primary education level	2 4.8	0 0.0	2 4.8	2 6.6	4 6.2	10 4.1
Secondary education level	40 95.2	65 100.0	40 95.2	28 93.4	59 90.7	232 95.1
Still studying	5 11.9	33 50.8	34 81.0	7 23.3	14 21.5	93 38.1
Lives alone	10 23.8	10 15.4	14 33.3	6 20.0	20 30.8	60 24.6
Lives with parents	8 19.0	22 33.8	16 38.1	7 23.3	12 18.5	65 26.6
Lives with one parent	13 31.0	17 26.1	7 16.7	6 20.0	21 32.3	64 26.2
Has children	18 42.9	9 13.8	5 11.9	4 13.3	30 46.2	66 27.0

2. Alcohol and Drug Use

According to the survey results, 37% of participants said they had consumed 5 or more alcoholic beverages within a 4-hour period in the past month. Youth involved in transactional sex had the highest percentage in this category (69%).

11% of marginalized youth said they drink alcohol every day, and 15% had gotten drunk to the point of blacking out (again, youth involved in transactional sex had the highest incidence of this practice).

Slightly less than half of respondents had used marijuana in the past three months (43%). This coincides with results from the Bloom study (2003) described above in the Background chapter. Youth using drugs had the highest rate of marijuana use. Only 7% of marginalized youth reported using cocaine or its variations. Thus, the results indicate that marijuana is the most commonly used substance among marginalized youth survey participants in Kingston.

44% of survey respondents said they had not used any drugs in the past three months, while 2.4% of respondents had injected drugs in the past 6 months. (See table 28). These variables were only covered in the quantitative study.

Table 28

Frequency and percentage of alcohol consumption and illegal drug use by population segment among marginalized youth in Kingston, Jamaica. COIN, 2012.

Variables Alcohol and Drug Use	Gang involved Youth (42)	Youth having sex with the same sex (65)	Youth involved in transactional sex (42)	HIV positive youth (30)	Youth using drugs (65)	Total Marginalized Youth (244)
In the last month, consumed 5 or more alcoholic beverages in a 4-hour period	17 40.5	14 21.5	29 69.0	5 16.7	25 38.5	90 36.9
Consumes alcoholic beverages every day	8 19.0	2 3.1	8 19.0	0 0.0	10 15.4	28 11.5
Has been drunk to the point of blacking out	3 7.1	14 21.5	15 35.7	4 13.3	15 23.1	36 14.7
Has used marijuana	22 52.4	15 23.1	21 50.0	6 20.0	40 61.5	104 42.6
Has used cocaine/crack	1 2.4	2 3.0	9 21.4	0 0.0	4 6.1	16 6.6
Does not use drugs	19 45.2	49 75.4	13 31.0	24 80.0	2 3.1	107 43.8

3. Knowledge of HIV/AIDS

In the quantitative study, 67% of respondents indicated they had received HIV/AIDS-related messaging in the past 6 months. Youth involved in transactional sex reported the lowest levels of exposure out of all the population groups (28%).

The qualitative study found that the most frequently mentioned sources of HIV/AIDS-related information were mass media, school, the Ministry of Health, and HIV/AIDS programs. Youth involved in transactional sex felt that the information they do receive is true and easily understandable, but they do not receive information as frequently as they would like. They said the information they receive is directed toward youth in general or toward men who have sex with men because "they are at high risk of becoming infected." However, they did not think it necessary to target information toward their population group because transactional sex should be kept quiet and they want to avoid exposing themselves.

Youth using drugs, on the other hand, reported that getting information on the topic is easy, but only to a certain extent, "because if it were so easy then everyone would be aware of it." They considered the information they receive to be easily understandable, and added that most of it is targeted toward young men "because we are more promiscuous."

Youth having sex with the same sex considered the information provided through school to be good and easily understandable. This group especially appreciated the information offered through the Ministry of Health, since "they are especially interested in the sexual practices of men who have sex with men, and encouraging condom use. This assures us that someone cares about us."

The quantitative study results show that the majority of respondents (93%) recognize correct condom use as a means of protection against HIV. 13% held the erroneous belief that HIV can be transmitted through mosquito bites, with fully half (50%) of youth in gangs sharing this belief. Responses regarding the idea that HIV can be transmitted by sharing food or utensils with an infected person were less frequent (7%), with 18% of drug users believing this to be true.

15% of survey respondents believed that the virus can be spread through public bathrooms (23% of youth using drugs held this belief). 26% of respondents were not aware of transmission through breastfeeding, with more than half of youth using drugs unaware of this pathway (see table 29).

In the qualitative study, youth involved in transactional sex shared that abstinence and using condoms and lubricant are means of HIV prevention. They do not hold any beliefs about public bathrooms or mosquito bites as transmission pathways.

Apparently, the projects through which they received information had concentrated on abstinence as a form of prevention.

As far as HIV-positive youth are concerned, they expressed that the only problem with the information they receive is that sometimes it includes "false accusations, questions or opinions that judge and discriminate." In general, participants living with HIV felt that the population at large is misinformed about the ways that HIV can be transmitted.

The forms of protection mentioned by youth in gangs included using condoms and getting tested for HIV. Some participants thought they could be infected through kissing or "from one cut to another." One participant thought that a mosquito that had bitten an infected person could infect him by biting him. In terms of misinformation and confusion held, they say that the population at large does not know that treatment is available for HIV even though a cure has yet to be found. They also said that many people do not know the difference between HIV and AIDS, and that there is a lot of confusion surrounding if and how a person's sexual history can be a risk factor for HIV.

Youth using drugs agreed that the best ways to protect oneself from HIV are abstinence and using condoms. The male participants exhibited incomplete knowledge on the modes of transmission; one believed that HIV can be spread through public bathrooms. Another participant, who uses multiple drugs, expressed certain distrust toward prevention messages he had received: "They talk a lot about abstinence and saying no to things. That makes me afraid."

In his view, a major misconception young people hold is the belief that you can get HIV by touching an infected person: "the pictures they show us of HIV-positive people make us keep our distance from them." He added that youth are often unaware of the real transmission pathways and whether there is a cure for the virus. "People think that you can cure the virus by having sex with a virgin. They don't know that a cure has yet to be found."

Youth having sex with the same sex were the most confident in their rejection of myths such as HIV transmission through public bathrooms or kissing. However, they were not as sure about whether they could become infected through mosquito bites or sharing a glass with someone living with HIV. They sense that there is certain confusion among their peers regarding modes of transmission in general as well as how to treat people living with HIV. They added that it is important to remember that "HIV doesn't equal death."

Recommendations from the different population groups as to the best means through which to deliver information on HIV/AIDS included DJs and the mass media, especially for youth involved in transactional sex. Youth using drugs recommended

using music or athletes and other celebrities to deliver prevention messages. Youth having sex with persons of the same sex, by contrast, said that the best way to reach youth is "by talking with them in a way they can understand and through community meetings."

Table 29
Frequency and percentage of HIV/AIDS-related knowledge among population segments of marginalized youth in Kingston, Jamaica. COIN, 2012.

Variables HIV/AIDS Knowledge	Gang-involved Youth (42)	Youth having sex with the same sex (65)	Youth involved in transactional sex (42)	HIV-positive youth (30)	Youth using drugs (65)	Total Marginalized Youth (244)
Someone has spoken to them about HIV/AIDS in the past 6 months	30 71.4	55 84.6	12 28.6	-	37 56.9	164 67.2
People can protect themselves from HIV by using a condom correctly each time they have sex	34 81.0	63 96.9	42 100.0	28 93.3	62 95.4	229 93.8
You can get HIV through mosquito bites	21 50.0	0 0.0	0 0.0	6 20.0	5 7.7	32 13.1
You can get HIV by sharing food with an infected person	0 0.0	2 3.1	3 7.1	0 0.0	12 18.5	17 7.0
You can get HIV by receiving an injection from a used needle	38 90.5	64 98.5	34 81.0	22 73.3	57 87.7	215 88.1
A pregnant woman with HIV can transmit the virus to her unborn child	40 95.2	65 100.0	34 81.0	23 76.7	46 70.8	208 85.2
A woman with HIV can transmit the virus to her newborn child through breastfeeding	37 88.1	55 84.6	35 83.3	26 86.7	27 41.5	180 73.8
A person can become infected with HIV by having sex without a condom only once	34 81.0	62 95.4	42 100.0	28 93.3	58 89.2	224 91.8
Believes that a healthy-looking person can have HIV	40 95.2	64 98.5	38 90.5	24 80.0	61 93.8	22 93.0
Believes that HIV can be spread by using public bathrooms	2 4.8	11 16.9	3 7.1	5 16.7	15 23.1	36 14.7

Among survey respondents, 86% reported having heard of STIs, but less than half had received a talk on the topic in the past 6 months. Youth involved in transactional sex was the group with the least exposure to knowledge on the topic (21%).

Table 30
Frequency and percentage of STI knowledge according to population segment of marginalized youth in Kingston, Jamaica. COIN, 2012.

Variables STI Knowledge	Gang involved Youth (42)	Youth having sex with the same sex (65)	Youth involved in transactional sex (42)	HIV positive youth (30)	Youth using drugs (65)	Total Marginalized Youth (244)
Has heard of STI	34 81.0	65 100.0	36 85.7	27 90.0	47 72.3	209 85.6
Someone has given them a talk about these infections in the last 6 months	20 47.6	44 67.7	9 21.4	23 76.7	22 33.8	118 48.4

4. Knowledge and Use of Condoms

In terms of condom access, 94% of survey respondents said they knew where or through whom they could get condoms, and 82% said obtaining them was easy. Youth in gangs find condom access most difficult.

According to the survey results, 82% of respondents said they had been taught about correct condom use. Youth in gangs (26%) and those involved in transactional sex (31%) were the population groups reporting the lowest numbers of having received this training.

62% of marginalized youth survey participants said that they provide the condoms for their sexual relations, and 60% of respondents put the condom on the penis themselves. Youth in gangs reported the highest percentage of carrying and putting on the condom.

31% of survey respondents agreed with the statement that a person who asks a partner to use a condom does not trust that person. Youth in gangs had the highest positive response rate in this regard. In the qualitative study, youth in gangs showed inconsistent condom use – they said they do not use condoms with regular partners because "there is no reason to use them."

18% of survey respondents said they had experienced problems negotiating condom use. 28% said that it was most difficult to negotiate condom use with regular partners (especially among youth in gangs) whereas 14% said it was most difficult with casual partners. In the qualitative study, youth using drugs shared that having to negotiate condom use with some partners makes it difficult to use a condom: "Some want to do it bareback, without condoms." One participant said that it was easier to negotiate condom use with women because they like to use them. Youth having sex with the same sex reported the most consistent condom use with casual partners; however, the consistency of condom use varied with regular partners. As one participant explained, "Once I come to trust him, I stop using condoms with my boyfriend. It's more pleasurable that way."

More than half of those surveyed had experienced condom breakage (especially youth involved in gangs and transactional sex). In the qualitative study, some of the youth in gangs were adverse to condom use because "the condom can break and you would be infected anyway." Among those who had experienced condom breakage, 23% thought it had broken because it was not put on properly, whereas 22% said it was because the penis was too big or the penetration was quite rough. This might suggest that they do not feel comfortable using condoms on large penises.

Only 12% of the survey sample believes it is correct to use two condoms at once for anal penetration, with youth using drugs having the highest positive response rate to this question (23%). In the qualitative study, male drug user interviewees said they often have sex while high and cannot remember if they used a condom or not: "When you are high that is the last thing you are thinking about. If I remember, I will use one, but most of the time when I am high I don't."

None of the youth using drugs interviewed in the qualitative study could remember how many times they had not used a condom while high. However, one participant offered an estimate that out of 20 sexual relations, she had used a condom in 14.

A female drug user who participated in the qualitative study expressed certain disgust toward female condoms: "I don't use female condoms because they aren't sexy. Just looking at them makes me sick." She uses male condoms, but indicated that some men cannot maintain an erection with a condom on.

Among survey respondents, 76% and 74%, respectively, reported that they had no problems using condoms and felt comfortable using them. Youth involved in transactional sex had the highest response rate in this regard. However, qualitative study participants from the same population group expressed general aversion to condoms, both because of their smell and because of the chance that they could break. Reported condom use was quite inconsistent among this group, with repeated non-condom use because "none were available."

According to the survey results, youth living with HIV are one of the groups reporting the most consistent condom use, and participants say condoms do not bother them. A majority of qualitative study participants from the same population group also reported consistent condom use. However, there was one HIV-positive participant who reported having sex with men for money, and not always using condoms with partners who were also HIV-positive. He only used condoms with HIV-negative partners. The participant indicated that he was aware that this was incorrect, but it is likely that he did not understand why he should use condoms with HIV-positive partners as well.

55% of youth having sex with the same sex reported always using lubricant.

Table 31

Frequency and percentage of knowledge and access to condoms according to population segment of marginalized youth in Kingston, Jamaica. COIN, 2012.

Variables Condom Access	Gang involved Youth (42)	Youth having sex with the same sex (65)	Youth involved in transactional sex (42)	HIV-positive youth (30)	Youth using drugs (65)	Total Marginalized Youth (244)
Knows where or through whom to get condoms	39 92.9	61 93.8	38 90.5	26 86.7	65 100.0	229 93.8
Easy for respondent to get condoms	33 78.6	56 86.2	37 88.1	24 80.0	51 78.5	201 82.4
Has been taught how to use condoms properly	11 26.2	39 60.0	13 31.0	25 83.3	24 36.9	112 82.4
Respondent provides or carries condoms	31 73.8	33 50.8	28 66.7	17 56.7	43 70.5	152 62.3
Respondent puts condom on penis	36 85.7	26 40.0	28 66.7	18 60.0	39 60.0	147 60.2
Thinks that a person who asks a partner to use a condom does not trust that person	23 54.8	9 13.8	12 28.6	8 26.7	23 35.4	75 30.7
Has had difficulties negotiating condom use	14 33.3	14 21.5	7 16.7	7 23.3	1 1.5	43 17.6
Regular partner is most difficult to convince to use a condom	22 52.4	11 16.9	17 40.5	3 10.0	7 11.5	60 27.9
Casual partner is most difficult to convince to use a condom	5 11.9	10 15.4	2 4.8	7 23.3	6 9.8	30 13.9
Has experienced condom breakage	35 83.3	24 36.9	31 73.8	12 40.0	36 59.0	138 56.5
Condom broke because it was expired or wasn't lubricated enough	-	1 4.2	1 3.2	0 0.0	-	2 1.4
Condom broke because it wasn't used properly	8 22.9	8 33.3	2 6.5	8 66.7	6 16.7	32 23.2
Condom broke because penis was too big or penetration was violent	13 31.0	5 20.8	8 25.9	3 25.0	2 5.6	31 22.5
Believes using two condoms at once is correct	4 9.5	5 7.7	2 4.8	4 13.3	15 23.1	30 12.3
Using condoms does not cause any (physical) problems	31 73.8	56 86.2	23 54.8	24 80.0	51 83.6	185 75.8
Feels comfortable using condoms	27 64.3	50 76.9	22 52.4	26 86.7	56 86.2	181 74.2

5. Sexual Practices

Survey respondents' average age at sexual initiation was 14 years old. Their average number of sexual partners over the last month was two, with those involved in transactional sex reporting the highest number of different partners over the last month (3). On average, survey participants had had one regular partner in the past year and one casual partner in the past month, though some groups had had two casual partners. The average number of sexual partners of the same sex in the past month was less than one (0.8), whereas youth having sex with the same sex reported an average of about two same-sex partners in the past month.

In the qualitative study, youth living with HIV reported having become sexually active at 10 or 12 years old. One participant became sexually active at 19 by having sex with another man for money: "It was a means of survival," he said, indicating his first sexual experience had been forced. "That man made me do lots of bad things. I had to do those things to survive." At the time, he said he did not know what he was doing, and later had feelings that left him confused. Other HIV-positive qualitative study participants also reported having been forced into sex. One had run away from home and was staying somewhere where he was repeatedly forced to have sex, while another was forced to have sexual relations with a friend of his first sexual partner. While Wilks' study (2007) cited in the background information on Jamaica found that high-risk youth had a 4% prevalence of sexual abuse in their first sexual experience, the qualitative study results presented here offer some evidence suggesting that the rate of prevalence may be much higher. This would not be unusual, since qualitative techniques are more effective in identifying sexual abuse than quantitative methods, due to the level of confidence interviewers often establish with interviewees.

All of the gang-involved youth interviewed in the qualitative study indicated that they had experienced non-consensual sex as part of their gang activities. For example, they had to have sex with a woman who was having sex with the entire group. One interviewee said he had not had any sexual experiences with persons of the same sex, whereas another had received oral sex from men on two occasions.

In the qualitative study, youth using drugs explained that they had had sex for drugs or money: "If I am at a party and someone gives me drugs I am going to end up having sex with them" (this participant self-identified as heterosexual with some bisexual practices). The male participants shared that they had been forced into sex when they were younger. One was forced by an older man, and another by a woman who hit him and forced him to have sex. All of the participants said they preferred to have sex while under the influence of drugs "because you are high and it feels better." One said he prefers to have sex after drinking alcohol because it delays ejaculation.

29% of survey respondents reported having had sex for money or goods, most of whom were youth involved in transactional sex. In the qualitative study, interviewees involved in transactional sex said they like what they do because they are able to be independent and choose their own work schedule. They felt that they profit from access to money and material things. What they dislike about their work is having partners who don't want to pay or who hit them. They felt that their lifestyle was risky and dangerous. One interviewee said that transactional sex was "just a business" and that she did not experience pleasure with anyone except her regular partner. She said she negotiates the price or gift beforehand, and that she prefers money over material things. The young men involved in transactional sex, by contrast, indicated that they accepted gifts such as jewellery or cell phones, confirming the finding from the Options study (2007).

Regarding condom use, 71% said they had used one in their last sexual relation, with the highest rates reported among HIV-positive youth and youth having sex with the same sex. The population groups with the lowest reported condom use during last sex were those involved in gangs and transactional sex.

Table 32
Frequency and percentage of sexual practices according to population segment of marginalized youth in Kingston, Jamaica. COIN, 2012.

Variables Sexual Practices	Gang involved Youth (42)	Youth having sex with the same sex (65)	Youth involved in transactional sex (42)	HIV positive youth (30)	Youth using drugs (65)	Total Marginalized Youth (244)
Average age at sexual initiation	13.8	16.2	14.6	13.9	13.6	14.4
Average number of partners in past month	2.4	1.9	3.2	1.8	2.2	2.3
Average number of regular or stable partners in past year	1.1	1.5	1.2	1.1	0.8	1.1
Average number of casual partners in past month	1.4	1.1	1.6	0.9	1.4	1.3
Average number of same-sex partners	0.1	1.9	0.2	1.6	.01	0.8
Has had sex for money or goods	3 7.1	10 15.4	42 100.0	5 16.7	10 15.4	70 28.7
Used a condom during last sexual relation (with any kind of partner)	25 59.5	53 81.5	25 59.5	24 80.0	46 70.8	173 70.9

83% of survey respondents reported having had a regular partner over the last year. Youth using drugs and those living with HIV had the lowest levels of regular partnership during this time period. 78% of youth having sex with the same sex reported having a regular partner of their same sex.

Among those with a regular partner, 41% said they always use condoms with their regular partner, while 14% said they never use them. HIV-positive youth and youth having sex with the same sex reported the highest levels of consistent condom use, whereas on the other extreme, youth in gangs reported the highest levels of never using condoms.

59% of respondents indicated they had used a condom last time they had sex with their regular partner. Again, HIV-positive youth and those having sex with the same sex had the highest positive response rate in this regard. Youth involved in transactional sex reported the lowest levels of condom use with their regular partner during last sex.

Of those who did not use condoms last time, 32% said it was because they do not use condoms with their regular partner.

Table 33

Frequency and percentage of sexual practices with regular partners according to population segment of marginalized youth in Kingston, Jamaica. COIN, 2012.

Variables Sexual Practices with Regular Partners	Gang involved Youth (42)	Youth having sex with the same sex (65)	Youth involved in transactional sex (42)	HIV positive youth (30)	Youth using drugs (65)	Total Marginalized Youth (244)
Has had a regular partner in the past year	39 92.9	54 83.1	38 90.5	22 73.3	49 75.4	202 82.8
Always used condoms with regular partner in past year	13 33.3	28 51.9	5 13.2	14 63.6	22 44.9	82 40.6
Almost always used condom with regular partner in past year	6 15.4	12 22.2	8 21.1	1 4.5	4 8.2	31 15.3
Sometimes used condom with regular partner in past year	7 17.9	11 20.4	19 50.0	5 22.7	19 38.8	61 30.2
Never used condom with regular partner in past year	13 33.3	3 5.6	6 15.8	2 9.1	4 8.2	28 13.9
Used a condom in last sexual encounter with regular partner	20 47.6	39 72.2	12 31.6	18 81.8	30 61.2	119 58.9
Used condom at suggestion of respondent	13 65.0	8 20.5	5 41.7	14 77.8	20 64.5	60 50.4
Did not use condom because does not use them with regular partner	5 27.8	7 50.0	9 34.6	1 25.0	5 22.7	27 32.5
Drank alcohol or used any kind of drug prior to last sex with regular partner	15 38.5	9 16.7	8 21.1	2 9.1	26 53.1	60 29.7

63% of survey respondents reported having casual partners over the last year. The highest positive response rate to this question came from youth involved in gangs (86%), and the lowest from youth living with HIV. For 57% of youth having sex with the same sex, their casual partners were of the same sex.

Among marginalized youth with casual partners, 53% said they always used condoms whereas only 4% reported never using them.

78% of survey respondents indicated that they had used a condom last time they had sex with a casual partner. Among those who had, 59% said they were the one who suggested using the condom.

Table 34
Frequency and percentage of sexual practices with casual partners according to population segment of marginalized youth in Kingston, Jamaica. COIN, 2012.

Variables Sexual Practices with Casual Partners	Gang involved Youth (42)	Youth having sex with the same sex (65)	Youth involved in transactional sex (42)	HIV positive youth (30)	Youth using drugs (65)	Total Marginalized Youth (244)
Has had a casual partner in the past year	36 85.7	37 56.9	26 61.9	12 40.0	44 67.7	155 63.5
Always used condoms with casual partners in past year	11 30.6	22 59.5	18 64.3	6 50.0	25 56.8	82 52.9
Almost always used condom with casual partners in past year	5 13.9	7 18.9	7 25.0	5 41.7	9 20.5	33 21.3
Sometimes used condom with casual partners in past year	18 50.0	5 13.5	3 10.7	1 8.3	9 20.5	36 23.2
Never used condoms with casual partners in past year	2 5.6	2 8.1	0 0.0	0 0.0	1 2.3	6 3.9
Used a condom in last sexual encounter with casual partner	19 52.8	29 78.4	26 92.9	9 75.0	38 86.4	121 78.1
Used condom at suggestion of respondent	12 63.2	12 41.4	14 53.8	7 77.8	26 68.4	71 58.7
Did not use condom because was not available	8 47.1	2 25.0	2 100.0	2 66.7	5 83.3	19 55.9
Drank alcohol or used any kind of drug prior to last sex with casual partner	15 41.7	6 16.2	14 50.0	3 25.0	21 47.7	59 38.1

Almost half of the sample (47%) shared that they had had other regular partners in addition to their "official" partner. The group reporting the highest levels of having this kind of outside partner was youth using drugs. For 89% of youth having sex with the same

sex, their outside partners were of the same sex. Among all youth with an outside partner, 49% indicated they always use condoms with these partners (with the highest levels of consistent condom use among youth having sex with the same sex) while only 8% said they never used condoms.

During last sex with their outside partner, 80% said they had used a condom, with the highest rate among drug users (92%).

Table 35
Frequency and percentage of sexual practices with outside partners according to population segment of marginalized youth in Kingston, Jamaica. COIN, 2012.

Variables Sexual Practices with Outside Partners	Gang involved Youth (42)	Youth having sex with the same sex (65)	Youth involved in transactional sex (42)	HIV-positive youth (30)	Youth using drugs (65)	Total Marginalized Youth (244)
Has had an outside partner in the past year	21 50.0	19 29.2	25 59.5	11 36.7	40 61.5	116 47.5
Always used condoms with outside partners in past year	7 33.3	12 63.2	13 52.0	4 36.4	21 52.5	57 49.1
Almost always used condoms with outside partners in past year	3 14.3	4 21.1	2 8.0	3 27.3	6 15.0	18 15.5
Sometimes used condoms with outside partners in past year	7 33.3	1 5.3	7 28.0	4 36.4	11 27.5	30 25.9
Never used condoms with outside partners in past year	2 9.5	2 10.5	3 12.0	0 0.0	2 5.0	9 7.7
Used a condom in last sexual encounter with outside partner	16 76.2	13 20.0	18 72.0	9 81.8	37 92.5	93 80.2
Used condom at suggestion of respondent	14 93.3	5 38.5	10 55.6	6 66.7	25 67.6	60 64.5
Did not use condom because was not available	1 16.7	2 3.1	4 57.1	1 50.0	0 0.0	8 24.2
Drank alcohol or used any kind of drug prior to last sex with outside partner	12 57.1	2 10.5	13 52.0	3 27.3	14 35.0	44 37.9

6. Access to Health Care Services

According to the survey results, 71% of marginalized youth participants know where to go for HIV or STI-related care or treatment. Youth involved in transactional sex were the least knowledgeable about where to go (57%).

57% of survey respondents had visited health services for a general visit, with the highest rate among youth having sex with the same sex.

Table 36

Frequency and percentage of access to health care services according to population segment of marginalized youth in Kingston, Jamaica. COIN, 2012.

Variables Access to Health Care Services	Gang involved Youth (42)	Youth having sex with the same sex (65)	Youth involved in transactional sex (42)	HIV positive youth (30)	Youth using drugs (65)	Total Marginalized Youth (244)
Knows where to go for HIV or STI-related care or treatment	25 59.5	60 92.3	24 57.1	26 86.7	38 58.5	173 70.9
Last visited health services one year ago	13 31.0	59 92.2	7 16.7	22 73.3	8 12.3	109 44.7
Last visited health services more than one year ago	10 23.8	5 7.8	6 14.3	6 20.1	3 4.6	30 12.3
Feels comfortable with the treatment received from health center staff	13 56.5	53 82.8	13 100.0	24 80.0	15 78.9	118 79.2
Feels that s/he has been treated differently by a healthcare worker	0 0.0	10 15.6	0 0.0	11 36.7	3 15.8	24 16.1
Thinks that center where s/he goes for checkups respects patient confidentiality	8 34.8	40 62.5	13 100.0	23 76.7	10 52.6	94 63.1

In the qualitative study, youth living with HIV said they generally have access to treatment. All of the participants from this group agreed that it was relatively easy to access health services, but, as one pointed out, "You just have to be patient." However, one of the participants was not receiving treatment: "I don't go for treatment. I have asked God to heal me and I believe he will. I just get tested to know if I still have it" (this response was from young man who had had unprotected sex and was a sex worker).

Youth having sex with the same sex who participated in the qualitative study also said they had no problems accessing health services. They explained that they reserved their sexual orientation when visiting health centres, and therefore suffered no discrimination that could potentially derive from of it.

7. HIV Testing

64% of survey respondents said they had been tested for HIV. Youth using drugs reported the lowest levels of HIV testing.

Of the respondents who had been tested, 64% had done so over the last year and 36% more than a year ago. The group reporting the lowest rate of HIV testing in the past year was gang-involved youth at 35%.

Of those who had not been tested, 61% said they hadn't been because they did not consider themselves at risk. This response was most common among youth having sex with the same sex and youth using drugs.

Among those who had been tested, 71% had received pre-test counselling, and 59% post-test counselling. Post-test counselling appears to be offered less frequently to this population. Youth in gangs reported the lowest level of pre-test counselling, while youth using drugs had the lowest level of post-test counselling. These results correspond with observations from the qualitative study as well.

Table 37
Frequency and percentage of HIV testing according to population segment of marginalized youth in Kingston, Jamaica. COIN, 2012.

Variables HIV Testing	Gang involved Youth (42)	Youth having sex with the same sex (65)	Youth involved in transactional sex (42)	HIV positive youth (30)	Youth using drugs (65)	Total Marginalized Youth (244)
Has been tested for HIV	23 54.8	63 96.9	21 50.0	30 100.0	20 30.8	157 64.3
Was tested for HIV within last year	8 34.8	57 90.5	8 38.1	15 50.0	13 65.0	101 64.3
Was tested for HIV more than a year ago	15 65.2	6 9.5	13 61.9	15 50.0	7 10.8	56 35.7
Has not been tested because does not consider him/herself at risk	1 5.3	1 50.0	3 14.3	-	30 46.1	35 61.4
Received pre-test counseling prior to last HIV test	10 43.5	54 85.7	16 76.2	20 66.7	11 55.0	111 70.7
Received post-test counseling following last HIV test	10 43.5	39 61.9	16 76.2	23 76.7	4 20.0	92 58.6
Thinks that center providing HIV testing respects confidentiality	12 52.2	61 938	12 57.1	23 76.7	19 95.0	127 80.9

Some of the qualitative study participants who had been tested for HIV shared experiences of feeling discriminated. A young woman involved in transactional sex said she now goes for testing through an HIV program because when she was tested at a public health centre they were "rude and the way they look at you and talk to you is as if you are below them."

8. Stigma and Discrimination

Regarding experiences of discrimination, 54% of the youth surveyed in the quantitative study said they had been called derogatory names. In the qualitative study, youth involved in transactional sex shared experiences of discrimination through verbal violence. A

young woman shared that her landlady asked her to leave because she knew that she had multiple sexual partners for goods or money and "the landlady thought that [having me there] was degrading to the household."

Young men involved in transactional sex, along with youth who have sex with the same sex, reported frequent abuse, such as being called fish, batty-man, batty boy or faggot. Young men shared experiences of being physically and verbally attacked by other men near their home. The qualitative study also revealed evidence of discrimination against people living with HIV, including being called epithets such as "AIDS body bwoy" and "victim of sin city." A female drug user reported having been called a "drunky" by people in her house.

Only 17% of HIV-positive survey respondents indicated that people in their community were aware of their condition. In other words, they try to keep their status private. In the qualitative study, an HIV-positive participant involved in sex work said he does not dare go near some family members due to the stigma associated with his condition and he has to dress in a way that covers up related skin problems in order to go to work.

Another shared that "people talk about you behind your back. They don't say anything to your face. It seems like that will never end." Another participant has hidden his condition from everyone except his mother and his partner. This participant broke the news to his mother through a letter he wrote her on Mother's Day. He said his mother burned the letter so no one would see it in order to protect his privacy. Another participant shared episodes of police persecution: "Whenever the police come around they harass me as if I were a thief or a criminal."

This type of discrimination – police harassment – was the most commonly reported among marginalized youth survey respondents (31%). Youth in gangs (59%) reported the greatest frequency, whereas youth involved in transactional sex reported the lowest. In the qualitative study, youth in gangs said that they had been arrested by the police on multiple occasions because "they judge you by your appearance and take you in to interrogate you." One bisexual interviewee shared an experience in which he had gone to a house where they were having homosexual sex and the neighbours called the police, who showed up and beat them, although the official story is that they were there to protect them from the neighbours. All of the youth using drugs interviewed in the qualitative study had been arrested by the police for illegal drug possession.

Some participants, such as gang-involved youth, explained the dangers and potential violence they face where they live. This was why some participants assured that what they like best about their gang is that "there are areas where you have to have people with you. You can't be alone in that kind of area. The gang gives you security. We take care of each other."

Table 38

Frequency and percentage of marginalized youth who have experienced stigma and discrimination according to population segment in Kingston, Jamaica. COIN, 2012.

Variables Stigma & Discrimination	Gang involved Youth (42)		Youth having sex with the same sex (65)		Youth involved in transactional sex (42)		HIV positive youth (30)		Youth using drugs (65)		Total Marginalized Youth (244)	
Has been called discriminatory names	2	4.8	29	44.6	38	90.5	5	16.7	57	87.7	131	53.7
Has ever experienced discrimination on the street	8	19.0	2	3.1	6	14.3	8	26.7	23	35.4	47	19.3
Has experienced discrimination on the street in the past 6 months	8	19.0	1	1.5	0	0.0	8	26.7	1	1.5	18	7.74
Has ever felt discriminated against by a family member	4	9.5	2	3.1	4	9.5	8	26.7	9	13.8	27	11.1
Has been discriminated against by partner	4	9.5	8	12.3	8	19.0	5	16.7	9	13.8	34	13.9
Has been forced to have sex	0	0.0	6	9.2	7	16.7	6	20.0	3	4.6	22	9.0
Has ever been discriminated or mistreated by the police	25	59.5	16	24.6	8	19.0	12	40.0	15	23.1	76	31.1
Has been discriminated or mistreated by the police in the past 6 months	13	31.0	14	21.5	4	9.5	11	36.7	0	0.0	42	17.2
Has ever been arrested or detained	13	31.0	65	100.0	8	19.0	7	23.3	8	12.3	101	41.4
Has been arrested or detained in the past 6 months	0	0.0	65	100.0	0	0.0	4	13.3	2	3.1	71	29.1
Knows how to obtain legal protection	30	71.4	34	52.3	30	71.4	20	66.7	7	10.8	121	49.6
Knows an NGO that protects his/her rights	25	59.5	63	96.9	24	57.1	20	66.7	17	26.2	149	61.1

Table 39

Frequency and percentage of information exposure among marginalized youth according to population segment in Kingston, Jamaica. COIN, 2012.

Variables Information Exposure	Gang involved Youth (42)		Youth having sex with the same sex (65)		Youth involved in transactional sex (42)		HIV positive youth (30)		Youth using drugs (65)		Total Marginalized Youth (244)	
Had been given information about gender-based violence in the past 6 months	10	23.8	29	44.6	8	19.0	19	63.3	7	10.8	73	29.9
Had been given information about human rights in the past 6 months	3	7.1	42	64.6	5	11.9	11	36.7	26	40.0	87	35.6

Some gang member participants expressed anguish at having to "do bad things even if you don't want to. You have no choice. You are obligated to do things you don't want to in order to maintain your membership." One member shared that he felt fearful because he witnessed a fight in which another member had died from a gunshot wound.

Some participants said their families did not know they were in a gang. One reported that his family found out when his school wanted to expel him for belonging to a gang. His family asked him to leave the gang, but he refused.

Half of the survey respondents said they know how to obtain legal protection, and 61% indicated they know of an NGO that protects their human rights. While the survey results show that close to two-thirds of HIV-positive youth know how to obtain legal protection, when asked to specify how they would do so in the qualitative study, it became clear that they do not know how to obtain legal protection and are not fully aware of their rights.

9. Information Exposure

Less than a third of survey respondents reported having received information on gender-based violence within the last 6 months, while 36% had received information on human rights.

Recommendations for Jamaica

1. Use of illegal drugs such as marijuana was high in Jamaica. This fact should be taken into account in programmatic interventions; specifically, strategies for remembering to use condoms should be stepped up among this population.

2. General knowledge on HIV was quite good. However, some aspects require a refresher, such as myths surrounding transmission through public bathrooms or mosquito bites. Breastfeeding was not recognized as a mode of transmission by around one-fourth of respondents. The qualitative study revealed confusion surrounding the difference between HIV and AIDS, and the idea that the virus is fatal.

3. The population groups with the least knowledge of HIV were drug users, youth in gangs, and youth involved in transactional sex. Educational activities should be targeted toward these groups in order to improve their knowledge on the topic.

4. Consistent condom use with regular partners is low among all population groups, but especially among gang-involved youth and drug users. Special efforts should be made to promote condom use and educate these groups on condom

negotiation. It is more relevant to promote condom use than abstinence, and an explanation should be offered that HIV testing is recommended but is not a means of protection against HIV.

5. The groups reporting the highest rates of experiencing condom breakage were youth in gangs and youth involved in transactional sex. Demonstrations on correct condom use should be offered to these groups. It is important to discuss the benefits of condom use and their effectiveness with these groups in particular.

6. Youth using drugs are the population group with the lowest rate of HIV testing. Efforts should be made to facilitate this population's access to discreet and easy HIV testing.

7. Exposure to information on human rights and gender-based violence is relatively low among the population groups at hand. These topics should be included in interventions for each population group.