

Lethal Love of the Informal Pleasure Industry in the Caribbean

How Sociocultural Factors and Perceived Risk of AIDS in Transactional Sex
Contribute to HIV-related Risky Sexual Behavior in the Dominican Republic

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Master's Thesis in Sociology

Development and International Cooperation

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ABSTRACT

LETHAL LOVE OF THE INFORMAL PLEASURE INDUSTRY IN THE CARIBBEAN How Sociocultural Factors and Perceived Risk of AIDS in Transactional Sex Contribute to HIV-related Risky Sexual Behavior in the Dominican Republic

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This thesis aims to examine sociocultural factors and perceived risk of AIDS that may contribute to HIV-related risky sexual behavior in transactional sex in the Dominican Republic. Transactional sex has been identified as one of the most important structural drivers of HIV risk. Especially in the scenes of transactional sex, young females are often the individuals who are high-risk takers when it comes to sexual behavior. This study seeks to provide a preliminary analysis and shed light on the complex phenomenon for further research and intervention purposes.

This research is conducted as a qualitative study. The data used in this work was obtained by the researcher in the Dominican Republic using in-depth key informant interviews and one focus group interview, all in Spanish, between January and February 2017. This paper employs Wingood and DiClemente's *Application of Theory of Gender and Power* as theoretical framework, which is a modern application based directly on Connell's *Theory of Gender and Power*. As an affective component that intertwines into the third structure of the theory, the concept of *Unrealistic Optimism* is added to give a deeper perspective. Thematic analysis was applied to the research data utilizing partly Wingood and DiClemente's application.

The results show that strong prevalence of machismo and the influence of Catholic Church on sexual politics in the Dominican Republic add up to the dilemma of risky sexual behavior in transactional sex. Traditional masculinity ideology does not promote sexual communication and safer sex negotiation. Infidelity is not uncommon, yet trust is often demanded. In addition, male-perpetrated violence is a cause of distress for women. HIV is still a highly stigmatizing disease and sexuality is often considered a taboo, which may hinder regular sexual health check-ups. In designing and targeting HIV prevention interventions, the relational dynamics of transactional sexual encounters, and the cultural norms and context in which these encounters occur should be understood and taken into consideration.

Keywords: HIV prevention, transactional sex, young women, risky sexual behavior, Dominican Republic, machismo

EPÄVIRALLISEN SEKSIALAN TAPPAVA RAKKAUS KARIBIALLA

Miten sosiokulttuuriset tekijät ja näennäinen AIDS-riski transaktionaalisessa seksissä vaikuttavat HIViin liittyvään riskialttiiseen seksuaaliseen käyttäytymiseen Dominikaanisessa tasavallassa

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Tämän tutkielman tarkoituksena on tarkastella sosiokulttuurisia tekijöitä ja näennäistä AIDS-riskiä, jotka voivat vaikuttaa HIV-infektioon liittyvään riskialttiiseen seksuaaliseen käyttäytymiseen transaktionaalisessa seksissä Dominikaanisessa tasavallassa. Transaktionaalinen seksi on tunnistettu yhtenä kohonneen HIV-riskin tärkeimmistä rakenteellisista tekijöistä. Transaktionaalisessa seksissä erityisesti nuoret naiset ovat usein henkilöitä, jotka ovat taipuvaisia riskialttiiseen seksuaaliseen käyttäytymiseen. Tässä tutkimuksessa pyritään antamaan alustava analyysi tälle monimutkaiselle ilmiölle jatkotutkimuksia ja interventioita varten.

Tutkimus toteutettiin kvalitatiivisena tutkimuksena. Tutkija itse keräsi työssä käytetyn datan Dominikaanisessa tasavallassa hyödyntäen syvähaastatteluja sekä yhtä ryhmähaastattelua, jotka kaikki toteutettiin espanjaksi tammi-helmikuussa 2017. Tutkielmassa käytetään Wingoodin ja DiClementen sovellusta sukupuolen ja vallan teoriasta teoreettisena kehyksenä, joka on nykyaikainen sovellus Connellin klassisesta *sukupuolen ja vallan teoriasta*. *Epärealistisen optimismin* käsite lisättiin teoreettiseen katsantokantaan antamaan syvempää ymmärrystä seksuaalisen riskikäyttämisen affektiivisista tekijöistä, mikä kytkeytyy suoraan teorian kolmanteen rakenteeseen. Tutkimusaineisto analysoitiin temaattisesti hyödyntäen osittain Wingoodin ja DiClementen sovellusta.

Tulokset osoittavat, että *machismon* voimakas esiintyvyys sekä katolisen kirkon vaikutus sosiaalipolitiikkaan Dominikaanisessa tasavallassa vaikuttavat negatiivisesti seksuaaliseen riskikäyttämiseen transaktionaalisessa seksissä. Perinteinen maskuliinisuusideologia ei edistä seksuaalista viestintää ja neuvottelua turvallisesta seksistä. Uskottomuus ei ole harvinaista, mutta luottamusta seksuaalikäyttämisen vaaditaan kuitenkin usein. Lisäksi miesten tekemä väkivalta aiheuttaa naisille ahdingoa. HIV on edelleen erittäin stigmatisoiva sairaus, ja seksuaalisuutta pidetään tabuna, mikä voi estää seksuaaliterveystarkastuksiin hakeutumista. HIVin ennaltaehkäisytoimien suunnittelussa ja kohdentamisessa on otettava huomioon transaktionaalisen seksin osapuolten relationaalinen dynamiikka sekä ne kulttuuriset normit ja konteksti, joissa nämä seksuaaliset kanssakäymiset esiintyvät.

Avainsanat: HIVin ennaltaehkäisy, transaktionaalinen seksi, nuoret naiset, seksuaalinen riskikäyttäytyminen, Dominikaaninen tasavalta, machismo

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome (<i>SIDA in Spanish</i>)
COIN	Centro de Orientación e Investigación Integral
CONAVIHSIDA	Consejo Nacional para el VIH y el SIDA
DIGECITSS	Dirección General de Control de Infecciones de Transmisión Sexual y SIDA
DR	The Dominican Republic
HIV	Human Immunodeficiency Virus (<i>VIH in Spanish</i>)
MODEMU	Movimiento de Mujeres Unidas
NGO	Non-Governmental Organization
PLWHA	People living with HIV/AIDS
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TGP	Theory of Gender and Power
UNAIDS	Joint United Nations Programme on HIV and AIDS (<i>ONUSIDA in Spanish</i>)
UNDP	United Nations Development Programme (<i>PNUD in Spanish</i>)
WHO	World Health Organization

KEY ORGANIZATIONS IN THE DOMINICAN REPUBLIC

COIN (Integral Orientation and Research Center) is a private, social interest institution, created in 1988 by a multidisciplinary team of people with shared experience in community and health work. The organization was born as a result of the emergence of the HIV/AIDS epidemic, and since then has aimed to improve the quality of life of the marginalized people through empowerment, offering services, IEC (information, education, communication) and comprehensive care. One focus area is on sex workers' well-being and also on the youth involved in transactional sex. Webpages: <http://coin.org.do>.

CONAVIHSIDA (National Council for HIV and AIDS) is an autonomous multisector and strategic body with its own legal personality. Their responsibility is to coordinate and conduct the National Response to HIV/AIDS, in line with the provisions established in the law on HIV and AIDS, its implementing regulations and its internal regulations. Webpages: <http://www.conavihsida.gob.do/index.php>.

DIGESITTCS (General Directorate for the Control of Sexually Transmitted Infections and AIDS) was created through administrative provision in 2000, issued by the Secretary of State for Public Health and Social Assistance. Their mission is to reduce the incidence of STDs, HIV and AIDS, and the impact those have on the individual and the Dominican society. Webpages: <http://www.digecitss.gob.do/index.php>.

1 INTRODUCTION

Since the times AIDS (*acquired immunodeficiency syndrome*) and HIV (*human immunodeficiency virus*) were first clinically observed in the 1980s, governments, NGOs, medical and social science researchers with development agencies among others have tried to stop the spread of the lethal pandemic. In many areas of the world, social and cultural issues increase the risk of HIV infection making it challenging to tackle the global HIV epidemic efficiently. The HIV prevalence has not spread evenhandedly, for there are groups of people that are more affected by HIV than others. Today, there are an estimated 42 million people worldwide living with HIV. Young people aged 15-24 years are in a vulnerable position, since nearly half of new HIV infections worldwide occur in that age category. The Caribbean has the highest HIV prevalence in the Western Hemisphere and the second highest in the world, after sub-Saharan Africa. (Avert, 2016; Bundy, Bernard, & Morrissey, 2010; Marston & King, 2006.) The majority of the HIV/AIDS cases in the Caribbean region are reported in the island of Hispaniola, shared by the Dominican Republic and Haiti (Rojas, Malow, Ruffin, Rothe, & Rosenberg, 2011). Rojas et al. (2011) stated that the reported HIV transmission in the Dominican Republic is predominantly due to unprotected heterosexual sex and recently the infection rate has been increasing disproportionately among women.

Despite numerous international interventions, such as public health campaigns and educational programs in schools, the cases of HIV-infections among the younger “heterosexual” population are on the rise. Studies have shown that young adults still keep on engaging in unprotected intercourse even though they are aware that they risk HIV-infection by doing so. Condom-use is recognized as an effective means of protection against the infection, yet it is not used consistently. (Gutnik, Hakimzada, Yoskowitz, & Patel, 2006.) Although it has long been acknowledged that context and social structures have influenced the dynamics of the HIV epidemic, Deane and Wamoyi (2015) noted that it is only more recently that these insights have been fully incorporated into the global policy agenda (UNAIDS 2010) – as a result of a growing body of literature that has emphasized the structural and social drivers of HIV. In

earlier days homosexuals and commercial sex workers received most of the blame for the HIV spread. Lately *transactional sex* – which is not considered formal sex work, but generally refers to sex in exchange for material things such as gifts, food, school fees, or social support – has been identified as one of the most important structural drivers of HIV risk (Dean & Wamoyi, 2015). Especially in the scenes of transactional sex, young females are often the individuals who are high-risk takers when it comes to sexual behavior. Dunkel, Wingood, Camp, and DiClemente (2010) listed these risky behaviors, which include: multiple sexual partners, sexual concurrency, increased coital frequency, having sex at an early age, reduced condom use, and sex while intoxicated. Having high-risk partners or having just one partner who has other partners fit also in the category of risky sexual behavior.

The number of AIDS-related deaths is decreasing in the world thanks to antiretroviral treatment, but the HIV pandemic is still increasing. The HI-virus might not seem so intimidating anymore because of the antidotes that are available for the patients who carry the virus, but it is still an insidious and highly stigmatizing disease. Research on HIV-related risky sexual behavior has often focused on explaining the individualistic behavioral patterns. On the other hand, studies on transactional sex have concentrated more on the structural factors that enable and strengthen the phenomenon. This paper aims to examine the structural factors that drive the phenomenon of transactional sex in the Dominican Republic and explore the possible sociocultural factors and perceived risk of AIDS that may contribute to HIV-related risky sexual behavior.

1.1 Research Setting

Dating a few decades back, HIV seemed to generate a sense of urgency in different fields of sciences. Van der Pligt, Otten, Richard, and van der Velde (2015) argued in the 90s that “the scale of the AIDS epidemic and the absence of successful medical treatments justified the necessity to assess the riskiness of specific (sexual) practices, to understand the antecedents of these behaviors, and to identify (sub)populations to be targeted for preventive programs” (p. 39). They stated that the lack of knowledge

about the behavioral history of sexual partners should lead to risk-avoiding strategies. Relying on the findings of their studies, van der Pligt et al. (2015) concluded that quite often, however, people seem to make risk appraisals on the basis of less relevant factors, such as the physical appearance of their sexual partner. The findings revealed that even those individuals who were rather well informed about HIV-related risks often miscalculated the riskiness of their own behavior. (Van der Pligt et al., 2015.)

Sex workers have long been considered a high-risk group for HIV infection, but less attention has been given to transactional sex within common population. One reason for that could be, that it is harder to examine certain behavior within general population, since key populations usually identify themselves as belonging into a particular group (such as sex workers). Nevertheless, academics and scientists from different fields, such as sociology, anthropology, and medicine, have grabbed the challenge to understand more about the phenomenon. Also, there are several studies and research made on, for instance, the psychological (self-efficacy, sensation-seeking) and economic (unprivileged economic position of women) factors behind risky sexual behavior. Recently qualitative studies have started to demonstrate how strong cultural and social forces shape sexual behavior, which help to explain partly why providing information and condoms – as important as it is – are most of the time not enough to change the risky behavior. (Marston & King, 2006.) Since the issue at hand is so complex and multilayered, this research was focused on searching for sociocultural and affective factors behind risky sexual behavior, especially those involved in transactional sex, rather than exploring the individualistic psychological reasons for condom nonuse. Thus, this work attempts to examine the *whys* of the increasing phenomenon of transactional sex in the Dominican Republic, and to illuminate the possible sociocultural and affective factors, which for different purposes may often lead to risky sexual behavior.

The data for this study was collected by the researcher in the Dominican Republic using in-depth key informant interviews and one focus group interview. The key informants all had from a few years to a couple of decades of experience working in the field of HIV/AIDS counseling and prevention in two local organizations in the capital city of Santo Domingo; accordingly, it can be said that they are experts in their field. The

knowledge and opinions of the experts aided especially in examining the sociocultural components that might contribute to risky sexual behavior. The focus group participants were twelve local young females from 17 to 30 years old, most under the age of 25. The females engaged in an empowerment program organized by one of the two local organizations, in which some of the key informants were obtained. The focus group participants were decided based on participants' knowledge and firsthand experience about the phenomenon of transactional sex. The researcher can often obtain more detailed information with in-depth interviews than what can be obtained in focus group discussion (Pacho, 2015). This study utilized in-depth interviews as the main method of data collection. Yet, the data 'became alive' in the focus group interview, for it gave a voice for those who had firsthand experience or knowledge about the issue, rather than expert secondhand experience and knowledge. The purpose of collecting two types of data was to get 'objective' expert opinions about the phenomenon of transactional sex and HIV-related risky sexual behavior, but also 'subjective' experiences and opinions about the issue by the local females. In the data analysis both in-depth interview data and focus group data are used to analyze the concept of transactional sex. The in-depth interview data is mostly utilized in analyzing the sociocultural factors of possible risky sexual behaviors through the thematic lenses of Wingood and DiClemente's *Application of Theory of Gender and Power*. In the discussion chapter the results of both data are compared with one another.

1.2 The Context: Dominican Republic

The hot and humid island country of the Dominican Republic, which is a popular vacation destination for its sandy beaches, joyful dance scenarios, and cheap rum, shares the island of Hispaniola with its western neighbor Haiti. The island is the most populous and the second largest in the Caribbean after Cuba. The population of the Dominican Republic is above 10 million inhabitants, and the median age is approximately 26. Around 95 per cent of Dominicans are Christians, of which more than 50 per cent are Catholics. HIV/AIDS is still in the Top 8 causes of death, killing 1,500 people in 2012. (World Health Organization [WHO], 2015; Association of

Religion Data Archives [ARDA], 2010.) Rojas et al. (2011) claimed that in 2006 AIDS was the leading cause of death for people aged 25 to 40 years (p. 307). The Dominican Republic is one of the leading countries in numbers of HIV prevalence in the Caribbean and Latin American region, even though there exists already a wider access to anti-retroviral treatment to combat HIV and AIDS (Horner & Nassiri, 2013). According to UNAIDS (2016) statistics, there are an estimate of 67 000 people living with HIV in the country, of whom almost one third is unaware of their status. Halperin, de Moya, Pérez-Then, Pappas, and Garcia Calleja (2009) noted that the country's epidemic has been officially characterized as predominantly "heterosexual" in nature; although Rojas et al. (2011) argued that bisexual behaviors and homosexuality among men are underreported because those kind of behaviors are largely stigmatized by the health care system and the Dominican society in general (p. 307). The first case of HIV in the DR was reported in 1983, and the first case of AIDS was reported a few years later in 1989. Many PLWHA (*people living with HIV/AIDS*) have tried to hide their HIV serostatus because of the resulting stigma and discrimination. (Rojas et al., 2011.)

The statistics show some worrisome percentages, especially in regard to women. The reported condom-use at last high-risk sex among women aged 15-49 was less than 45%. The prevalence of recent intimate partner violence among women aged 15-19 was above 20%. Knowledge about HIV prevention among young women aged 15-24 was less than 45%. (UNAIDS, 2016.) The analysis of the existing data shows that the Dominican Republic experiences a concentrated epidemic of HIV in key populations. The prevalence of HIV in the population between 15 and 49 years of age is roughly around 1.0%, but in key populations it is higher: men who have sex with men 5.2%, sex workers 4.5%, Haitian migrants 3.8% as well as women in social vulnerability 2.4%. (Programa de las Naciones Unidas para el Desarrollo [PNUD] República Dominicana, 2018.)

According to official estimates, there are still more than 30 percent of Dominicans living in poverty (earning about 152 Dominican pesos a day, which is less than 3 euros). The numbers have fallen in recent years, from around 42 percent in 2012 to about 30 percent in 2016. Yet, the Dominican Republic ranks low in social spending compared to the rest of the region. The regional average of total health spending in

Latin America is 3.7%, but in the DR it is roughly 2.9%. (World Bank, 2017.) Total unemployment rate is above 14 percent of labor force, but youth unemployment rate in the age group of 15-24 rises to 30 percent. It is worth noticing that the rate stays as high as above 21 percent in measuring youth of 15-24 years old who are neither in school, nor employed. (United Nations Development Programme [UNDP], 2016.)

1.2.1 Gender Inequality and Adolescent Pregnancy

Within the limitations to human development – which in the field of international development is regarded as the richness of human life rather than simply the richness of the economy in which human beings live – particularly gender inequality shows alarming results. Although the Dominican Republic remains a country of High Human Development, inequalities persist in areas such as income distribution, women's economic participation, sexual and reproductive health, adolescent pregnancy, and decent work opportunities. According to the *Gender Inequality Index*, the potential for human development in the Dominican Republic is reduced by more than 45 per cent due to the inequalities that women generally face. Also, in the case of indicators, such as maternal mortality and fertility in adolescents, the DR performs well below – not only of the countries of High Human Development of Latin America – but also below the countries of Middle Human Development. These areas need to be improved in order to optimize human development and foster the sustainability of economic growth. (PNUD República Dominicana, 2017b.)

The Dominican women face worrisome realities regarding their sexual rights and reproductive health. Country's Penal Code, which prohibit abortion under all circumstances, dates back to 1884. President Medina recommended changes to abortion laws, so that abortion would finally be decriminalized under specific circumstances, such as when the pregnancy is the product of rape or when the mother's life is at risk, but the Senate rejected the bill. There is also an alarming lack of sex education in schools. The current estimation is that only 7% of students all over the country are able to access sex education. The Catholic Church still holds firmly the rein in the island. The results of the lack of sex education and campaigns can be seen

clearly in the increase in teenage pregnancies. One fifth of Dominican young women are mothers and in certain population groups of the country the percentage is as high as 40. It is left for time to show, if the ultraconservative government, which has ruled the island for the last 15 years, is likely to enable any advances in Dominican women's sexual and reproductive rights. (De Cicco, 2015.)

UNDP presented its National Report on Human Development 2017, "*Adolescent Pregnancy: a Multidimensional Challenge to Generate Opportunities in the Life Cycle*". The results of the report reaffirm that there is a link between poverty and adolescent pregnancy, with specific repercussions in areas such as educational attainment, job training and integration, sexual and reproductive health, subsequent pregnancies, expectations and life plans, conformation of the family unity and stability of the unions, and the responsibility of the couples or biological father of the first child. (PNUD República Dominicana, 2017a.) It is not uncommon, that adolescent pregnancies go sometimes hand in hand with acquiring STDs. Thus, the issue becomes multifaceted. The report demonstrated also that in households where there are only women with pregnancies during adolescence, there is a lower percentage of health insurance affiliation (49% vs. 73% of control households). In addition, the children of adolescent pregnant females have a possibility of infant death 3.9 times higher than that of pregnant women after the age of 20, according to the report. (PNUD República Dominicana, 2017a.)

Child marriage is another significant concern in the Dominican Republic. Child marriage has a number of negative effects on children's rights and development. Child marriage is yet another gender-based concern since it affects girls disproportionately, hence it contributes to maintaining gender disparities. Child marriage is often a cause of early pregnancy, which carries significant risks for the adolescent mother's health, such as risk of dying, complications during delivery, and higher infant mortality rate. Child marriage has been linked to school dropout, which impairs girls' chances to earn a living independently; therefore making them economically dependent on their spouse. The risk of falling into poverty becomes more likely if the marriage ends. Child marriage is also correlated with higher levels of domestic violence, which generates lower degree of self-confidence, making it less probable to oppose violence in the

future and seek adequate help. In the Dominican Republic the age of sexual consent is set at 18, which may be considered particularly high, taking into consideration that the statistics have indicated that around 30 per cent of adolescents are mothers by the age of 18, and girls can get married at the age of 15 with parental consent. (United Nations Children’s Fund [UNICEF], 2016.) In addition, Plan International (2017) reported that according to national data, 37 per cent of women aged 20 to 49 were married before the age of 18. Girls Not Brides (2017) stated that informal unions in the Dominican Republic are common: child marriages also often occur outside of the law as ‘informal unions’. This takes place because civil or religious marriages are seen as costly and burdensome, hence it is common for girls to move into an adult man’s home and become his wife informally. This type of informal unions bears significant problems, since they are more difficult to report, and they also leave girls vulnerable to abuse with little legal protection against their “husbands”. (Girls Not Brides, 2017.)

1.2.2 Gender-based Violence and Machismo

Violence against women is another concerning phenomenon in the Dominican Republic. With a population of about 10 million, gender-based violence is the fourth leading cause of death among women in the island. *Machismo* – which encases a strong sense of masculine pride and forceful male behavior that is based on very traditional ideas about how men and women should behave – is profoundly ingrained in the society and the subjugation of women is seen just part of the culture. Women’s vulnerability to abuse and violence is partly due to the status women hold in the society. For instance, female participation in the workforce is only around 50%, compared to 80% of men. Also, the unemployment rates of women are double to that of men. In addition, women make almost 45% less than what men earn for equal work. Therefore, women often find themselves in a vulnerable position in which they are powerless and vastly dependent on their male counterparts. (Lugo, 2012.)

UNDP and other news media reported lately that the highest expression of gender violence, *femicide* (the killing of a woman), has been increasing dramatically. In 2016 there were a total of 88 femicides and as of October 2017, already 83 cases are reported. If the trend continues at this rate, it is likely that the Dominican Republic will

surpass the third place in Latin America, after El Salvador and Honduras, which exhibit the highest femicide rates in the region. (Crespo, 2017.) The newspaper *El Caribe* (“Considera Alarmante la Tasa”, 2017) revealed that soon there will be an implementation of a pilot program in a school district, which is planned together with the Ministry of Education, which seeks to apply a series of tools that help eliminate gender stereotypes, and then measure the impact and replicate it in other schools in the country. It has been acknowledged already, that something has to be done to change the mentality of macho culture. According to Gómez and Marín (1996), these strong cultural gender norms regarding sexual behaviors among Latinos aggravate the risks of abuse and HIV infections for Latino women (Latinas). The cultural social norms – which construct a part of environmental-structural factors together with material and human resources, policies and legislations – are typically outside the control of individuals, yet facilitate or constrain individual behavior (Kerrigan, Ellen, Moreno, Rosario, Katz, Celentano, & Sweat, 2003).

In the HIV/AIDS studies cultural components are often framed as obstacles to risk-reduction behaviors, such as machismo. Marple (2015) argued that machismo is still very pervasive in the Dominican culture. Machismo characterizes the male gender role in Latino society, in which physical strength, sexual capability, virility, and independence is emphasized. The influence of machismo on sexuality and gender roles leads to the praise of penetrative sexual behavior, low condom use, less belief in male responsibility to prevent pregnancy, more sexual partners, and greater belief that pregnancy validates masculinity. (Ortiz-Torres, Serrano-García, & Torres-Burgos, 2000; Pleck, Sonenstein, & Ku, 1993.) Therefore, strong presence of machismo in a society may increase the risk of HIV. Pleck et al. (1993) concluded that males with traditional attitudes are more concerned about condoms reducing their own sexual pleasure, and less worried whether their partner wants them to use a condom.

1.2.3 Informal Sex Industry

There is a wide range of research conducted on transactional sex in the sub-Saharan Africa. Yet studies on the same issue in the Caribbean – and more specifically in the island of Hispaniola – are harder to find, even though the area has the highest prevalence of HIV infections after sub-Saharan Africa. The studies seem to have focused more on prostitution, Caribbean sexuality, and sex tourism. In some Dominican studies and news articles the phenomenon of transactional sex has been acknowledged but the research has focused more on formal sex work. Mejía (2010) stated that the number of people involved in “informal sex work”, or “transactional sex”, has been increasing over the years and the average age of the people involved in those kinds of sexual relations that consist of “exchange of benefits” has been in contrast decreasing. Another source announced that transactional sex in the Dominican Republic is a new form of prostitution defined by the exchange of pleasure for clothes, cell phones, and drugs, and is exercised mostly by young people from 14 to 25 years old (Agencia de Noticias EFE, 2013). The name of this thesis is derived from this; prostitution and sex work are sometimes considered as pleasure industry (see Padilla, 2007), yet transactional sex is informal. Hence, the title referring to informal pleasure industry does not attempt to emphasize the organized structure of transactional sex, since it usually lacks one, but to contrast prostitution with transactional sex and to acknowledge the widespread impact it has on the Dominican Republic. Anyi (2011) argued that more than 20,000 women are involved in sex work and/or transactional sex in the Dominican Republic, and most of those women are single mothers with two or three kids; although the estimate of 2017 had increased to 25,000 women, which only involved prostitution (Ramírez, 2017). International estimation of women involved in sex industry in DR rose to 100 000 women, although the accuracy is unclear for there is no official data (Rojas et al., 2011; Kerrigan et al., 2003).

The Dominican Republic is (in)famous for its sex tourism. Sex work is not illegal in the country, hence the increasing numbers of sex workers and young people who are involved in transactional sex reflect the demand side. The organization for sex workers called MODEMU (*Movimiento de Mujeres Unidas*) also noticed the growing “informal

sector” of sex work in their country. According to the organization, the young people involved in transactional sex have a habit of exchanging sexual services to adult men for gifts that may vary from cell phones to drugs and everything in between. (Guerrero, 2013.) Allen (2013) argued that transactional sex usually occurs with considerably older male partners, who are more likely to be infected with HIV. This could explain why the infection rate has been increasing disproportionately among young women (Rojas et al., 2011). Ramírez (2017) pointed out another worrying addition to the issue at hand: Rosario, a director of COIN noted that social networks have opened a new channel for prostitution and transactional sex, especially within the young population of both sexes, which increases the risk factors for diseases such as HIV. Rosario continued, "the situation is even worse because there is still no plan to face this issue, and the growth of prostitution through these means of communication is tremendous" (Ramírez, 2017).

2 THEORETICAL BACKGROUND

2.1 Transactional Sex

Speaking very broadly, the term 'transactional sex' refers to sexual interactions in which something is exchanged or transferred, though on a more "informal" basis than in commercial sex work. Deane and Wamoyi (2015) suggested that a more formalized definition for transactional sex should be formulated as "a sexual relationship or act(s), outside of marriage or sex work, motivated primarily by the expectation of material gain, where love and trust are also sometimes present (involved/concerned/at play)" (p. 438). Another study defines transactional sex as "a relationship that involves the exchange of money or material goods for sex" (MacPherson, Sadalaki, Njoloma, Nyongopa, Nkhwazi, Mwapasa, Lalloo, Desmond, Seeley, & Theobald, 2012, p. 1). It is differentiated from prostitution (i.e. formal sex work), although an economic and sexual component is present in both (MacPherson et al., 2012). MacPherson et al. (2012) stated that this is because women involved in transactional sex do not view nor identify themselves as sex workers (p. 1). Also, the sexual partners might get confused about the "true nature" of transactional sex and may interpret a transaction as prostitution, while others might understand it as casual sex or short-term companionate love (Harcourt & Donovan, 2005).

Whilst having sex is not risky per se, transactional sex is frequently linked with situations in which females are often unable to negotiate condom use (Deane & Wamoyi, 2015, p. 438). It is crucial to understand the motivation and the context of engagement in transactional sexual encounters in order to comprehend better the possible risks as well as risk perception in these engagements. Men are typically the ones who provide the material benefits and women who receive these benefits within the context of transactional sex, which usually mirror the socioeconomic gender roles in many HIV prevalence countries. (MacPherson et al., 2012.) MacPherson et al. (2012) argued that the power dynamics in relationships where there is material benefit can hinder women's capability to negotiate safer sex practices, which make them more

likely to participate in riskier sexual encounters: “where women are motivated by economic vulnerability they are more likely to have more sexual partners or concurrent sexual partnerships, which place women and men at an increased risk of infection” (p. 2). The privileged economic position of men creates an inequality between the two genders, which provides a material basis for transactional sex. A central argument of Hunter’s (2001) study is that women approach transactional relations not just as passive victims, but also in pursuance of accessing power and resources.

Transactional sex seems to be “a grey area”, for it has several similarities to prostitution. Hunter (2001) noted that they are both marked by “non-marital sexual relationships, often with multiple partners, and are underscored by the giving of gifts or cash” (p. 100). Transactional sex is also often associated with alcohol use, which can lead to sex while intoxicated, thus increasing HIV risk (Dunkle, Wingood, Camp, & DiClemente, 2010). In the Caribbean, the co-existence of poverty and consumerism adds up to the problem, which has an impact on youth employment – especially that of females. Thus, trading sex for material items, gifts, security, money or basic needs happens under these circumstances. (Allen, 2013.) Some exchanges appear to be more about fulfilling desires rather than basic needs; females might seek material gifts through transactional sexual encounters, which would aid them appear successful and modernized (Baba-Djara, Brennan, Corneliess, Agyarko-Poku, Akuoko, Opoku, Adu-Sarkodie, & Beard, 2013). Allen (2013) argued that this has been associated with “a subculture in which it is highly important for young women to maintain themselves superficially through considerable expenditure on hair, nails, make-up, shoes, clothing and accessories, especially smart-phones”. Most of the studies suggested that this kind of practice appears to be grounded in cultural traditions that consider sex as women’s currency, even though it is associated with stigma and shame for those who practice it.

HIV-related studies have encountered a puzzling dilemma; particularly problematic in establishing HIV prevalence for women engaging in transactional sex is the difficulty of determining when sex becomes transactional. Ankomah (1996) argued that by their very nature, all intimate relationships require emotional, physical and financial exchange, and when sex is involved the line between relational and transactional

becomes difficult to establish. Some studies made in Ghana state that adolescent females often report the main reason for having sex is for things, while boys report having sex primarily for pleasure (Ankomah, 1996). Following the same line, Swidler and Watkins (2007) argued that sex for gifts is a way of life in societies where uncertainties and inequalities are pervasive, thus transactional sex is normal and common phenomenon in those societies. Shefer, Clowes, and Vergnani (2012) wanted to remind though that “the exchange of sex for material goods or other gains is universal and embedded in normative heterosexual relationships, especially in a consumerist, materialist global context” (p. 436).

There are several other studies that suggest that immediate material need is not always the main reason for engaging in transactional sex. Wamoyi, Wight, Plummer, Mshana and Ross (2010) argued that studies conducted in different African countries on transactional sex speak on behalf of this finding: many Senegalese women involved in transactional sex in the Gambia were reported to be from non-impoverished families, while Tanzanian Haya women practicing transactional sex were reported to be both poor and relatively well-off. In southern Uganda and in Tanzania girls are said to negotiate sexual deals to their own advantage. A qualitative study revealed that half of the interviewed girls would not have sex for free, whatever their affluence. Having sex for free would be humiliating since the gift “rubs off the cheapness of being used” and “no self-respecting woman would have sex for free”. Some of the interviewed women in South Africa see transactional sex as a normal part of sexual relationships motivated to acquire the commodities of modernity, and in Malawi the women said that they are also motivated by attractive consumer goods, passion and revenge. (Wamoyi et al., 2010.)

In this thesis, transactional sex is defined mostly as engaging in sex primarily for the purpose of obtaining material goods, financial support, security, or grades, and it does not include commercial sex work, nor marital relationships (Baba-Djara et al., 2013). Thus, the line drawn in the water to separate transactional sex and formal sex work is mostly marked by the self-definition; the ‘common girls’ who are involved in transactional sex do not identify themselves as sex workers, since they do not get up every day to walk the streets and stand in street corners in order to obtain their living.

Transactional sex happens mostly in a more random way, and often with someone with whom the female is already familiar.

2.2 Theory of Gender and Power

This paper employs Wingood and DiClemente's *Application of Theory of Gender and Power* as theoretical framework. Since their application is based on Connell's *Theory of Gender and Power*, it is crucial to introduce Connell's theory, which even though dates back to more than three decades, is one of the classics explaining gender and power imbalances. Back in the 1990s research in the field of HIV prevention was mainly focused on theoretical models that had an individualistic conceptualization, which was lacking in considering the broader context of women's lives. This type of conceptualization assumed that the individual was in total control of his or her behavior. Sociocultural factors were hardly given any attention, although gender roles and power dissimilarities may increase women's HIV risk. The Theory of Gender and Power (TGP) was developed exactly for this purpose; to examine the depths of gender and power imbalance as well as sexual inequality. Robert Connell created the theory in 1987, which is based on philosophical writings. (Wingood & DiClemente, 2000.)

Connell's theory is built on three major social structures that characterize the gendered relationships between men and women: the sexual division of labor, the sexual division of power, and the structure of cathexis. The two first mentioned divisions had already been identified from previous research as two central structures that in part explain gender relations. Connell (1987) contrived the third structure to indicate the affective component of relationships. These three different structures are overlapping, and work together to explain the cultural bound in gender roles assumed by both sexes. Yet neither of the overlapping structures descend from the others, as well as they are not independent from the others. (Wingood & DiClemente, 2000; DePadilla, Windle, Wingood, Cooper, & DiClemente, 2011.)

According to Connell (1987) there are two different levels at which the three structures of the theory exist: the societal and the institutional level. Through these two levels the three structures are firmly rooted in society; the numerous abstract, sociopolitical and historical forces constantly segregate power and attribute social norms on the basis of gender-determined roles. Although society gradually changes, these structures stay rather untouched at the societal level for a lengthy period. The institutional level includes social institutions such as work sites, schools, industries, the media, family, religious institutions, relationships, and the medical system. The social institutions maintain the three structures through various kind of social mechanisms; e.g. discriminatory practices, unequal pay for equivalent work, the imbalance of power and control at work sites and within relationships, and derogatory images of women in the media. Changes at institutional level usually occur quicker than at societal level, although changes are always very gradual. (Wingood & DiClemente, 2000, pp. 540-541.)

2.2.1 Sexual Division of Labor

The sexual division of labor is one of the fundamental structures of the theory of gender and power. This structure consists of a distribution of particular types of work depending on a person's gender. The allocation of work is manifested in the segregation of unpaid work – particularly childcare and housework – which constrains women for the nature of this kind of work that confines their career paths and limits their economic potential. This kind of unpaid nurturing work is uncompensated, which causes an economic imbalance, in which women mostly have to count on men financially. When women do participate in the paid labor force, their work often has less value and fails to be recognized as work. The exposures and risk factors in the sexual division of labor could be such as: living at the poverty level, unemployment or underemployment, being a younger woman, and having a less than a high school education. (Wingood & DiClemente, 2000; Raj, Silverman, Wingood, & DiClemente, 1999.)

2.2.2 Sexual Division of Power

The sexual division of power is another essential structure in TGP. It describes imbalances within heterosexual relationships that are created through control, coercion, and authority. Raj et al. (1999) explained power and men's violence as "the creation of a power dynamic that results in control over "their" women to which these men perceive they are entitled" (pp. 276-277). It has been hypothesized that the process of attempting to sustain this control could generate coercive practices and domestic violence. Power though, has been conceptualized differently depending on the discipline. In the field of social psychology, power is normally defined as having the capacity to influence the action of others; thus power refers to power over others. (Wingood & DiClemente 2000.)

Wingood and DiClemente (2000) argued that control in relationships and abuse of authority are social mechanisms that maintain the sexual division of power. Those women who are in power-imbalanced relationships are more likely to depend on their male partner economically, since men generally bring more financial assets – such as status or money – to the relationship (as explained in sexual division of labor). Also, the media can play a role in disempowering women through the sexual degradation of women. The risk factors and exposures in sexual division of power can be such as: having a history of sexual or physical abuse, limited perceived control in the relationship, alcohol and drug abuse, limited access to HIV education, and a significant exposure to sexually explicit media. (Wingood & DiClemente, 2000.)

2.2.3 Structure of Cathexis

The last developed structure in TGP is the structure of cathexis, which contains the affective attachments and social norms. This structure includes the culturally-bound social norms that rule the roles of men and women in heterosexual relationships; it dictates appropriate sexual behavior for women, which is characterized by the emotional and sexual attachments that women have with their male counterparts (Raj et al., 1999, p. 278). Wingood and DiClemente (2000) noted that the expectations that

society has about women concerning their sexuality shapes their perceptions of themselves and others and confines their experiences of reality (p. 544). Acceptance of the normative behaviors and social roles, which are considered appropriate and socially acceptable in society, may ensue in further erosion of women's power in heterosexual relationships and block pathways for women to resist abuse (Raj et al., 1999).

The structure of cathexis also describes how women's sexuality is linked to other social concerns, such as immorality and impurity. The social norms and affective attachments, which form the structure, are maintained and reinforced in society by different social mechanisms, for instance through biases people may have concerning how men and women should express their sexuality. These biases produce and strengthen already existent cultural norms, enforce strict gender roles, deepen stereotypical beliefs about sexuality, and create taboos regarding sexuality. The social exposures and risk factors can be such as: having older partners, conservative cultural and gender norms, religious affiliation (especially when it is rather fanatic or orthodox), family influence, and negative beliefs about condom use. The structure of cathexis with its social norms and affective attachments also reflect imbalances and inequalities of power, which make all the structures twined together. (Wingood & DiClemente, 2000.)

2.3 Emotions in decision-making

A few decades back emotions did not attract a lot of attention from decision researchers. Decision-making was viewed as a purely cognitive process, in which decision-makers evaluate which of various alternative actions would produce the most positive consequences. (Loewenstein & Lerner, 2003.) Researchers assumed that decision-makers estimate "the potential consequences of their decisions dispassionately", "choose actions that maximized the 'utility' of those consequences", and then implement automatically the utility-maximizing course of action (Loewenstein & Lerner, 2003, p. 619). According to Loewenstein and Lerner (2003), the boom in decision research was linked to the emergence of behavioral decision

theory, which however largely ignored the role played by emotions in decision-making (p. 619), even though emotions are an integral part of human decision-making.

The search for relevant academic articles for this thesis seemed to confirm the lack of research on the affective side of decision-making, since there could be found a wide range of articles focused on mainly psychological (and economical) factors behind the HIV-related risky sexual behavior. *The Health Belief Model* and the *Theory of Reasoned Action* appeared to be in the center of the psychological explanations, but for this research purposes they felt to leave so many gaps in fully understanding the reasons behind the risky behavior. Also, *the Classical Decision Theory* seemed to fail in explaining behavior and decision-making in practical, real world situations (Gutnik et al., 2006, p. 721). Gutnik et al. (2006) stated that these theories were “limited in descriptive power because they treat all decisions as essentially the same, comparing them to a normative standard; however, individuals have not been found to make decisions following a normative model” (p. 721).

Although the majority of research conducted on decision-making concentrates on the cognitive side of the process, the last decade has evidenced a burst of interest in the role of emotions in decision-making; within the last decades research has demonstrated that for example even incidental affect – affect that is unrelated to the decision at hand – could have a significant impact on judgment and choice (Loewenstein and Lerner, 2003). Loewenstein and Lerner (2003) also argued that emotions exert an ever-increasing influence on behavior as they intensify: “at sufficient levels of intensity, emotions can overwhelm cognitive processing and deliberative decision-making altogether” (p. 627). Therefore, it is not rare that under the influence of intense emotions people have often reported themselves as having been “out of control” or “acting against their own self-interest” (Loewenstein & Lerner, 2003, p. 627). Recently contemporary research on decision-making is characterized mostly by an intense focus on emotions. However, the role of emotion as a separate factor in the decision process has not really been focused on, nor studied (Gutnik et al., 2006, p. 725). Loewenstein, O’Donoghue, and Bhatia (2015) suggested that this derives from the fact that affect has long been regarded as unsteady and unpredictable, which makes it too complicated to incorporate into formal models.

Some studies have also concentrated on the impact that context and interpretation can have on decision-making, and researchers have highlighted that even visceral factors, such as sexual arousal or hunger, can considerably affect decision-making processes (Gutnik et al., 2006). For an instance, some decision researchers have examined differences between thinking in “the cold light of day” versus in “the heat of the moment” (Gutnik et al., 2006, p. 725). Gutnik et al. (2006) argued that “thinking in the cold light of day is more likely to be based on more rational, knowledge-based inferences, whereas thinking in the heat of the moment is generally faultier and more likely to contain irrational justifications for risky, yet personally desired, behavior” (p. 725). Risky and uncertain situations provoke emotions to interact with other cognitive, social, and environmental factors that are present at that moment (Gutnik et al., 2006). Transactional sex, especially when occurring in an encounter with a stranger or with an abusive partner, could fall into the category of risky and uncertain situation.

Many organizations (often in collaboration with governments) are using educational methods in HIV prevention to inform youngsters and guide their sexual decision-making towards a less risky direction. Majority of these educational approaches present STD and HIV information in a highly statistical and over-rational method. Youngsters are then expected to comprehend, analyze, and process the given information and make their decisions accordingly. (Gutnik et al., 2006, p. 733.) However, Gutnik et al. (2006) argued that most individuals do not make decisions in this kind of “hyper-rational and purely cognitive” way. The emotions play a big role in decision-making and therefore research – even on HIV prevention and on transactional sex – should focus more on the affective context of risky sexual behavior; or perhaps try to combine it with other aspects.

2.3.1 Unrealistic Optimism

This thesis utilizes the concept of *Unrealistic Optimism* as an affective component in order to give a deeper perspective on the issue at hand. Unrealistic optimism intertwines directly with the third structure of the theory of gender and power: the

structure of cathexis (i.e. the social norms and affective attachments). Van der Pligt et al. (2015) focused in their research on subjective perceptions of the riskiness of one's sexual practices. The risk appraisals are related to what has been called as *unrealistic optimism*. According to the theory of unrealistic optimism, people tend to think they are "invulnerable"; others assumedly experience negative health consequences more likely than oneself. People have a habit of estimating their risk of experiencing a negative event as below average than as above average when asked to compare their risk to the "average" person or to comparable other. This kind of illusion of invulnerability has been associated with a large variety of health risks – including HIV-related risks. One study indicated that especially those individuals who practice risky sex often tend to underestimate the riskiness of their sexual behavior. (Van der Pligt et al., 2015.) The possible determinants and causes of unrealistic optimism are introduced below.

2.3.1.1 Perceived Control

Weinstein (1982) argued that when people evaluate their own risk status and compare it with others, optimism tends to be greater when the risks are judged to be under personal control. Perceived control over the possibility of an HIV infection was significantly related to optimism in a few studies. Those studies show that respondents who thought they could control the HIV risk were also more optimistic about their chances to avoid HIV infection as compared to others of their own gender and age. Different findings demonstrate that illusory perceived control is directly linked to optimistic risk estimation. (Van der Pligt et al., 2015.) According to van der Pligt et al. (2015), these findings revealed that "the belief in ineffective risk-reducing practices such as showering and inspecting one's partner for lesions could result in a false sense of security" (p. 44). The HIV is very deceiving since it can be asymptomatic for a long time after contracting it. People may assume that the possibilities of meeting HIV-infected individuals are very unlikely, and if this was to happen, they would recognize these individuals. Thus, perceived controllability could also be boosted by the simple thought that the physical appearance is good enough indicator of the serostatus of a sexual partner. (Van der Pligt et al., 2015.)

2.3.1.2 Egocentric Bias

The term *egocentric bias* can be understood in a way that individuals appear to give themselves credit for factors that decrease their own risk, but on the other hand forget to assess whether others too might have as many or even more factors in their favor. This is due to the fact that when people are asked to evaluate their risks and the risks of others, they plainly have more knowledge about their own protective actions than those of others – which is linked to ‘cognitive availability’ of the brain. (Weinstein, 1980; Van der Pligt et al., 2015.) As stated by van der Pligt et al. (2015) people tend to concentrate on the personal actions, which reduce their own risks, while they tend to ignore or even forget the personal actions or circumstances, which increment their risks.

2.3.1.3 Personal Experience

Weinstein (1980) noted that lack of former personal experience tends to strengthen unrealistic optimism, since personal experience is often considerably more vivid than plain statistical information about risks, which increases individual’s cognitive availability and recall. Therefore, the more direct experience with the consequences of HIV and AIDS (for example of family or friends) the more reduced should the optimism be about personal HIV-vulnerability (van der Pligt et al., 2015, p. 46).

2.3.1.4 Stereotyped Beliefs

Van der Pligt et al. (2015) listed another factor that could create unrealistic optimism: stereotypical beliefs or prototypical judgment (p. 46). People might harbor somewhat drastic images of those suffering from specific diseases, such as HIV/AIDS. This image rarely fits individual’s self-image, which generates a deduction that the risk does not apply to oneself but primarily to other unlucky people. These stereotypical beliefs and images of infected individuals and persons at high risk could induce people to assume that they would simply recognize an HIV positive person – which is also linked to perceived (yet illusory) control discussed earlier. (Van der Pligt et al., 2015.)

2.3.1.5 Self-Esteem Maintenance/Enhancement

Self-esteem maintenance or enhancement seems to play an essential role as one of determinants of unrealistic optimism (van der Pligt et al., 2015). Weinstein (1984) proposed that people assume that their personality, actions, and lifestyle, are more favorable and advantageous than those of their peers, thus negative consequences are not as likely to happen to them as to others. Self-esteem maintenance is apparently linked with stereotyped beliefs and perceived control. For example, high-risk respondents of an AIDS-related risk study sustained their self-esteem because they were convinced that their actions – although unprotective – were efficient and sufficient in decreasing their risks. (Van der Pligt et al., 2015.)

All these five discussed factors seem to play a role in the formation and maintenance of *unrealistic optimism*. Van der Pligt et al. (2015) argued that “the basic rationale for research on the phenomenon of unrealistic optimism is that optimism could make people think they are relatively invulnerable”, which could in turn undermine the motivation to take precautions (p. 52). Even in transactional sex, those practicing risky sex may underestimate the riskiness of their sexual behavior – especially since they do it occasionally, perhaps with only a few sexual partners, and they do not identify themselves as sex workers. Therefore, their risk perception might be distorted.

2.4 Previous Research on Transactional Sex

Research and studies conducted on transactional sex are mostly focused on sub-Saharan Africa. This is understandable due to the high prevalence of HIV in the southern part of Africa, which has lately been linked to transactional sex. The studies conducted there about the issue have been both qualitative and quantitative, although especially qualitative research with interviewing tools seems to be popular in searching for structural or cultural factors behind transactional sex. The studies in the Caribbean region seem to have focused more on prostitution, Caribbean sexuality, and sex tourism. Therefore only studies conducted in Africa on transactional sex are introduced below.

Dunkle, Jewkes, Brown, Gray, McIntyre, and Harlow (2004) attempted to explore the association between HIV risk and exchange of sex for material gain by women in the general population. The research was conducted in Soweto, South Africa, focusing on women attending antenatal clinics. The objective of their study was to assess the prevalence of transactional sex, discover the association between transactional sex and HIV serostatus, and identify social and demographic variables associated with reporting transactional sex. Their findings showed that transactional sex place women at increased risk for HIV, and is associated with substance use, gender-based violence, and socio-economic disadvantage. Remarkable was that women who were married, reported delayed first coitus, or had a post-secondary education were less likely to report transactional sex. Their recommendations were that further attention should be paid to the intersecting roles of poverty, violence, and substance use in forming female sexual behavior. (Dunkle et al., 2004.)

Another study about transactional sex was conducted also in South Africa, in an urban township of Durban. Leclerc-Madlala's (2003) research explored meanings and understandings of sexual exchange for material gain. Leclerc-Madlala (2003) argued against the tendency to assume too hastily that all forms of sexual exchange are directed towards sustenance rather than consumption; sexual exchange acts also as the means used by women to pursue images and ideals that are mainly created by the media and globalization. The qualitative research also revealed that transactional sex was regarded as something 'normal', which led many women to accept men's multiple partners; therefore putting themselves at risk of contracting HIV/AIDS (despite of having knowledge of the pandemic). The study emphasized women's power and agency in exploiting their sexuality in order to attain commodities of modernity. (Leclerc-Madlala, 2003.)

Highlighting women's agency, Poulin (2007) continued in the same steps of Leclerc-Madlala arguing that in premarital, sexual relationships in rural Malawi, the purpose of money exchange expands beyond the alleviation of women's economic constraints. In addition, by clarifying this broader purpose, it becomes recognizable where women exert control over their sexuality. The findings were based on a qualitative study,

which showed that contrary to typical expectations, money and gift exchange in sexual relationships is part of the 'normal' courting practices of young, unmarried Malawians. The study concluded that these exchanges are as much about the expression of love and commitment as they are about meeting the financial needs of women or the acquirement of sex for men. (Poulin, 2007.)

Verheijen (2011) followed the same line with Leclerc-Madlala and Poulin, stating that the 'transactional sex' model disregards certain important cultural and socioeconomic aspects of women's sexual choices. The study was a one-year anthropological field study in rural Malawi, which explored the impacts of improved economic security on women's sexual choices. The findings confirmed the extensive assumption that the direct need for material support plays a key role in deprived women's decisions to readily accept sexual proposals from men, but they also revealed that the description of women as powerless victims coerced to transactional sex by acute indigence does not necessarily hold. Thus, the model should be expanded to recognize women's agency. (Verheijen, 2011.)

One of the research papers was based on three case studies in Lesotho, Madagascar and South Africa, which examined linkages between economic globalization and HIV. Stobenau, Nixon, Rubincam, Willan, Zembe, Tsikoane, Tanga, Bello, Caceres, Townsend, Rakotoarison, and Razafintsalama (2011) investigated participants' talk about transactional sex. The findings demonstrated that the talk about transactional sex reflected on the limitations to women's power as sexual agents in sexual exchanges, and that the emerging transactional sexual practices are associated with processes of globalization, which are tied to consumerism. The conclusions of the study showed that the terms used to describe transactional sex are morally framed for people within their local context. It was emphasized that to curb HIV transmission, transactional sex needs to be reflected as it is perceived; something very different from, but yet of at least equal concern to formal sex work. (Stobenau et al., 2011).

Masvawure's (2009) ethnographic paper also challenged the two most common perceptions considering transactional sex particularly in Africa: that it happens mainly for survival by economically disadvantaged young women and that sex and money are

always exchanged within transactional sexual relationships. Masvawure (2009) argued that young females and the men they date use this type of relationships chiefly to compete for social status in their peer groups as much as to construct themselves as successful, high-status, modern subjects. The study conducted at the University of Zimbabwe revealed that, especially in the case of the particular female students, transactional sex often involved more than a straightforward exchange of sex and money. The status and the appearance can be almost as attractive as the immediate material gain. The results of the study underlined the importance of considering the contexts in which transactional sex occurs. Transactional sex takes different forms and holds different meanings depending on where it manifests itself. (Masvawure, 2009.)

As introduced in the abovementioned studies, transactional sex is a complex phenomenon, which for different purposes may often lead to risky sexual behavior. Be it for material gain, survival, security, or status, it is important to understand the driving forces, and the context in which it happens, in order to create methods and interventions to make the transaction safer, especially for the more vulnerable individuals. Power imbalances and emotion-related components are other issues that should not be overlooked when studying transactional sex and risky sexual behavior.

3 METHODOLOGY

This study employs qualitative research approach as a method of inquiry. The research design was planned by choosing the data collection methods and the participants in such a way that obtaining information relevant to the research problem would be ensured and that integrating different components of this study could be done in a logical and coherent way (see De Vaus, 2001). The specific research questions are:

1. *What are the motives (needs or desires that cause a person to act) of the females who engage in transactional sex?*
2. *How do different sociocultural factors of the Dominican Republic contribute to risky sexual behavior of young women involved in transactional sex?*
3. *How does perceived risk of AIDS in transactional sex affect the decision-making of not using protection against STDs (sexually transmitted diseases) and HIV risk?*

3.1 Data Collection

This research is a small scale introductory study to the factors behind the possible risky sexual behavior in transactional sex. The data was collected by the researcher in Santo Domingo, in the capital of the Dominican Republic, between January and February 2017. Although the data collection occurred in a short period of time, the researcher spent altogether almost five months in the country learning about the society and working on the thesis. The period spent in the country set between December 2016 and September 2017; the first and the second part of the stay both equaled to two and half months. The data was collected in Spanish, which is the language used in the Dominican Republic. There was no necessity to use a local interpreter since the author is fluent in Spanish. Researcher's previous experiences of studying and working in Latin America aided strongly the data collection and the

comprehension of the study object. All the data was first recorded by using an audio recorder with a permission of the participants. After that the data was transcribed. The citations used in this thesis in the data analysis were translated into English by the researcher. The data consisted of 356,7 minutes of recorded audio. The average session of recording for the eight interviews was 45 minutes. The transcribed material summed up to 93 pages. The data use and ownership of this study belongs to the researcher.

3.2 Participants

The researcher contacted two local organizations, which work in the field of HIV/AIDS counseling and prevention, in order to reach potential participants for the study. The core idea was to reach experts for the in-depth key informant interviews. Non-probability sampling techniques were utilized to locate the participants, such as purposive and snowball sampling. Non-probability sampling technique gathers the samples in such a way that it does not give an equal opportunity of being selected for all individuals in the population. Therefore, the method could result in biased data or have limitations to generalize the findings. However, selecting a purposive sample is a good choice if the sample needs to be chosen based on the knowledge of a population and the purpose of the study. Thus, the research purpose, which acquired knowledge of the experts, justified the purposive sampling. A snowball sampling helped the researcher to locate members of the last-mentioned sample; the initial participants provided information that was needed to identify other potential participants. This type of technique is useful especially when studying a sensitive topic that people might not openly and willingly talk about. (Crossman, 2017; Crossman, 2018.)

It was important that all the participants were locals, so that knowledge of the culture and what is occurring in the society would be trustworthy without major interpretation errors. The seven experts for the in-depth key informant interviews all had from a few years to a couple of decades of experience of working in the field of HIV/AIDS; the sample included reporters, doctors, and project developers and

counselors. Most of the interviewees had around ten years of experience working in the field. The sample consisted of two men and five women. The focus group participants were twelve local young females from 17 to 30 years old, most under the age of 25. To secure total anonymity, the citations of the participants in the data analysis and discussion chapters are marked as *Interviewee 1-7* for in-depth key informants (two males and five females), and *Participant 1-12* for focus group participants (all females).

3.3 In-Depth Key Informant Interviews

In-depth interviewing as a qualitative research technique normally involves intensive individual “one-on-one” interviews with a small number of respondents to explore their perspectives on a particular idea, behavior, program, or situation (Pacho, 2015). In-depth interviews are particularly useful when detailed information about another person’s thoughts and behaviors is desired to obtain or when one wants to explore new issues more profoundly (Boyce & Neale, 2006). The advantages of this kind of interviewing are that the information provided is usually more detailed than when using other data collection methods, such as questionnaires. In addition, in-depth interviewing often provides a relaxed atmosphere, in which collecting information happens through comfortable conversation-type basis. (Pacho, 2015.) However, it may be prone to bias, especially if, for instance interviewing staff members who want to give a good image of the organization they work at. Since the study object was not a specific organization, rather the society in whole, the data of the interviews should bear minimal bias. Especially since the participants work in the field of HIV/AIDS prevention and are very aware of the problems that the society has regarding the matter at hand. Other cons are that in-depth interviews take usually a lot of time and may not be easily generalizable since the results are drawn from a small sample and random sampling methods are not used. Nonetheless, in-depth interviews supply valuable information particularly when the same stories, themes, topics and issues emerge from the interviews. While planning this study, care was taken to include time for transcription and analysis of the detailed data. A good rapport was created during

the interviews and the use of yes and no questions as well as leading questions were avoided in pursuance of attaining the most detailed and rich data from the interviewees. (Boyce & Neale, 2006; Pacho, 2015.)

According to Payne and Payne (2004), key informants are people “whose social position in a research setting give them specialist knowledge about other people, processes or happenings that is more extensive, detailed or privileged than ordinary people, and who are therefore particularly valuable sources of information to a researcher” (p. 134). Thus, they offer specialized knowledge on a particular issue one wishes to understand better. Payne and Payne (2004) continued that key informants are different from ‘ordinary’ informants to the extent that they have more information to pass on, and they are more visible; the common reason behind their visibility is that they occupy formal positions of authority. The use of key informants becomes essential especially for getting more truthful and thorough answers about issues that could be too delicate or divisive to address in a focus group.

This study utilized in-depth interviews as the main method of data collection. All the seven participants were asked similar guiding questions. Some adjustments were made on some interview questions during the interview process without losing the original idea of the draft. Probing questions were used also to address specific issues that arose to the surface during the interviews. Each of the seven participants was interviewed individually by the researcher in the place that best suited them for approximately 45 minutes using mostly open-ended questions and semi-structured format. Open ended questions and semi-structured format give an opportunity for probing and follow-up questions while also enabling the informants to speak freely about their opinions and experiences. The researcher can often obtain more detailed information with in-depth interviews than what was obtained in focus group. (Pacho, 2015.) The themes of the questions addressed HIV infection rates, motives for transactional sex, typical “scenery” of transactional sex, transactional sex vs. prostitution, condom negotiation, and knowledge of STDs and HIV at country level (Appendix 1).

3.4 Focus Group Interview

A focus group is usually understood as a small group of individuals – between six and twelve in number – with certain characteristics. The core idea for a focus group is to generate facilitated discussions on a given topic or issue. The group is normally brought together by a moderator or a facilitator. The main reason to set up a relatively homogeneous focus group is to explore perceptions, opinions, attitudes, and feelings about a specific topic. This type of research technique allows to collect data through group interaction on a topic, which is determined by the researcher. A moderator leads the group based on a set of themes and questions decided in advance while building an atmosphere that encourages participants to share their opinions and perceptions. The goal of a focus group discussion is to obtain high-quality data in a social context in pursue of comprehending a specific topic or a problem from the viewpoint of the participants of the study. Thus, through a focus group interview the researcher could be able to collect a rather rich set of data about opinions, feelings and perceptions of people in their own words. Focus groups are particularly beneficial when individuals' subjective understanding and experiences about the issue are under an investigation. (Latif & Dilshad, 2013; Pacho, 2015.) The advantage of focus group interview is that it is relatively easy to set up. Also, the group dynamic and the interaction between individuals in the group can provide useful information that other type of individual data collection would not provide. Sometimes it could also be easier for participants to give their consent for an interview when it is done in a group; the feeling of anonymity might be stronger than when conducting individual interviews – especially when the topic is sensible. One of the disadvantages is linked to susceptibility to facilitator's bias, since the facilitator is the one who leads and guides the conversation. Moreover, the focus group discussion can be dominated by only a few individuals. In addition, the focus group interview might not provide valid information at the individual level, and the information is often not representative of other groups. (Pacho, 2015.)

This study utilized one focus group interview, which comprised of twelve young females and an experienced moderator. The females for the focus group were brought together by the moderator, who works at one of the two local organizations, in which

some of the key informants were obtained. The decision to use a moderator was based on the fact that the moderator was already familiar to the group members, thus it ensured a better rapport and created more relaxed environment. Also, the females knew each other beforehand, since they engaged in an empowerment program organized by the said organization, of which guidance counselor the moderator was at the time. The focus group was decided on the basis of participants' knowledge and firsthand experience about the phenomenon of transactional sex. The focus group discussion was conducted at a pre-arranged setting and time at the local organization and lasted for about one hour. Participants were engaged in a discussion by presenting broad open-ended questions by the moderator (the questions were formed initially by the researcher). The researcher presented herself at the beginning, but after that maintained as an assistant moderator recording the session and taking notes. The themes of the discussion questions addressed "*chapeo*"¹, sex work vs. transactional sex, condom use and negotiation, and perceived risks of contracting STDs and HIV (Appendix 2). The questions found in the Appendix 2 were the initial questions given to the moderator days before the focus group discussion. The moderator was the one leading the conversation, thus all the questions were not asked, and some were asked slightly differently than in the initial draft. However, most of the questions in the initial draft were answered and they raised discussion.

3.5 Thematic Analysis

This research utilized thematic analysis in the data analysis. Braun and Clarke (2006) argued that thematic analysis should be seen as a foundational method for qualitative analysis due to its flexibility. It is a practical and widely used method for identifying, analyzing, and reporting patterns or themes within the data. In addition, thematic analysis can carry the data even further, for it can interpret various aspects of the research topic. Thematic analysis can even be exciting, because the researcher starts

¹ The meaning of *chapeo* is considered as a slang word for transactional sex in the Dominican Republic. It will be elaborated and discussed more in the fourth chapter.

to discover concepts and themes that are embedded throughout the interviews. (Braun & Clarke, 2006.) Braun and Clarke (2006) divided qualitative methods into two camps: those tied to, or stemming from a particular theoretical position, and those that are essentially independent of theory and epistemology. In this study thematic analysis was applied to the research data utilizing partly Wingood and DiClement's *Application of the Theory of Gender and Power*. After transcribing the data, it became evident that some of the same concepts and themes began to emerge than what Wingood and DiClement used in their application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women. Therefore, their application of the theory of gender and power assisted the thematic analysis of this study and arguably made it more reliable.

3.6 Ethical Considerations

The guidelines of the Lichtman's (2013) proposed ethical conduct were employed while conducting this research. 'Do no harm' is the first one of the major principles of Lichtman's proposed research ethics. It may look rather simplistic, yet it is still vital to keep in mind not to do anything that would harm the participants in the study. Thus, would there be any adverse reactions among the research participants, it is for the common best to discontinue the study. Especially in the focus group interview the researcher observed carefully signs of possible adverse reactions. After the interview the participants were asked about how they felt about the discussion session. The feedback was positive. Another essential principle while conducting a research is anonymity. It is important to guarantee the privacy of all the participants. This was done by removing identifying information from the records and by coding the names of the interviewees to secure the data. Confidentiality is a key instrument in ethical conduct. Participants of a research are entitled to expect that information provided to the researcher will be treated in a confidential manner and will not be given to anyone else. All the possible personal information learnt during the research was kept confidential. (Lichtman, 2013.) Informed consent was ensured by asking orally the in-depth informants about their willingness to participate in the research. The focus

group participants were given a written consent form after they indicated their willingness to participate in the group discussion. The consent form was in their native language Spanish (Appendix 3) to secure that they understood the conditions. This was important since three of the participants were minors, 17 years old. The participants were also walked through the consent form orally, to make sure they understand the purpose of the discussion group in case they did not want to or could read the whole form. The study followed APAs Ethics Code (Smith, 2003) about the informed consent, which mandates that the participants should be informed about: the purpose of the research, expected duration and procedures; participants' rights to decline to participate and to withdraw from the research once it has started; reasonably foreseeable factors that may influence their willingness to participate; limits of confidentiality; incentives for participation; and who participants can contact with questions.

Rapport is essential especially when conducting a qualitative research. Before beginning the interview session, it is important for the researcher to develop rapport in order to provide an environment that is trustworthy and to get the participants to disclose information. However, researchers need to be sensitive to the impact and power that they may hold over participants (Lichtman, 2013). Another issue to be avoided regarding rapport is 'faking friendship' in pursuance of getting more information from the participants than what the participants would actually want to give otherwise (see Duncombe & Jessop, 2002). Using body language positively, the researcher can indicate sincere interest, which serves as to encourage participants to express themselves without holding back. Intrusiveness is another matter to be considered while collecting data. Lichtman (2013) explained intrusiveness as intruding on participants' time, on their space, and on their personal lives (p. 54). When asked a possible interest to participate in this research, the participants were given an estimate of the amount of time participation will take. Also, the space in which the interviews took place was decided together with the participants. The questions for the focus group interview were formed in such a manner, that only opinions of the participants were asked, not directly their personal experiences about the topic, which would have made the discussion too personal and sensible.

4 DATA ANALYSIS

The data analysis starts with the concept of transactional sex, since it is the core concept of this study. The main part of the data analysis is based on the structures of Connell's Theory of Gender and Power (sexual divisions of labor and power, and structure of cathexis), yet the thematic analysis for these structures is constructed through the lenses of Wingood and DiClemente's Application of Connell's Theory of Gender and Power. Wingood and DiClemente's modern application of the TGP is highly appropriate and applicable for this study, since they created the application to examine HIV-related exposures, risk factors, and effective interventions for women. The theory of Unrealistic Optimism is also utilized in the data analysis, for it intertwines directly with the third structure of the theory of gender and power: the structure of cathexis (i.e. the social norms and affective attachments). It gives a deeper perspective on one of the affective components of the structure of cathexis – lower perceived risk of AIDS. The citations of the participants in the data analysis are marked as *Interviewee 1-7* for in-depth key informants (two males and five females), and *Participant 1-12* for focus group participants (all females).

4.1 *Chapeo* – Transactional Sex

Transactional sex seems to be already so common in the Dominican Republic, that it has “a street name” or a slang word: *chapeo*. In the key informant in-depth interviews and in the focus group interview the participants considered the differences between formal sex work and transactional sex. In transactional sex the females are not formally sex workers, or at least they do not identify themselves as such, yet give sexual relief to their partners/clients in exchange for something (which is usually something material). Prostitution is often considered the oldest profession in the world. Many interviewees highlighted that transactional sex is not equal to formal sex work – even though it has similarities – since it mostly occurs occasionally and not on every-day basis. Also, the female engaged in transactional sex reaches for the partner/client when

she is in need or wants something, compared to the clients who seek the sex workers in their establishments. According to the interviews, transactional sex supposedly is a sensitive area for the HIV epidemic to increase.

Interviewee 3: "So right now, one of the factors for which the young population continue to be infected with HIV is what we have researched recently, it is one of the ways of exercising sex work. And one of those modalities has to do with transactional sex. The female who recognizes herself as a sex worker, is in specific places, in established businesses, in open places or established street, and this population is reached by civil society organizations that develop prevention programs... While for those who exercise and do not recognize themselves as sex workers and this is the case of those who exercise transactional sex, there is not a very defined program... But as you do not recognize yourself as such, I do not have that punctual program to support you."

Interviewee 2: "Transactional sex is what happens at the moment...but sex work is when you dedicate yourself completely to that... Sex work is done by a person who is fixed in a place or belongs to a network that calls her "hey, I have a client for you", so she is totally dedicated to that... The transactional sex may be that, I being a young girl, I engage in transactional sex from time to time when I have a need or something like that, but sex work is that I have an establishment, every day I am in that establishment, and I'm waiting for customers to come there... In transactional sex I can have some contacts in my cell phone and when I need something I call "come, let's get together", because maybe I need money for Easter holidays, for a dress, to go to the countryside... They do not identify themselves... It is a sexual work in a way, that is, the transactional sex, you are doing sex work at the moment you practice it, but they do not assume or see themselves in that role, on the contrary..."

Interviewee 4: "Use sex as a method, because it is a fast method, it is a method that is always with me, I do not have to be prepared other ways, and apart from that I can also decide with whom I want to do it... Transactional sex has become a way to obtain resources and money quickly.... I'm not doing anything, I want some tennis shoes, and then I do that. After I have tennis shoes, I do not have to do it again, unless another new need arises. Then it is not constant. So the need is as a variable... Because if there was a fixed need, for which I would have to do

it always, we could not talk about transactional sex, we would have to talk about sex work."

Also the participants of the focus group interview expressed their opinions of what *chapeo* means for them. Most of the participants agreed that it is a synonym for transactional sex, yet they did not consider transactional sex equal to formal sex work.

Participant 8: "The fashion came out through a song, the song got stuck in people's minds, *la chapeadora* (the female who is engaged in *chapeo*), *el chapeo*, in reality it is transactional sex."

Participant 3: "It's not the same than sex work, because the hooker has to go every day there, and I can tell you, I'm going to *chapear* (the verb for *chapeo*), but I'm not going to *la Bolita del Mundo* [a place in Santo Domingo known for prostitution], my love... Of course, it's very different, there are men that say 'hey, I want to buy, I'm going to give you two thousand' and you say 'not for two thousand I'm sleeping with this one'."

The in-depth key informants talked about the influence of friendships and "trends" as one of the reasons for the initiation of engaging in transactional sex, and how it becomes easier after the first time.

Interviewee 2: "Once they do it for the first time, it is much easier for a second or third or fourth, because it is an easier way to get material things without having to sacrifice yourself like having to get up early to go to a job... Sometimes they copy models, sometimes they are influenced by their friendships... Sometimes they do it also because it's fashionable."

Interviewee 5: "They also let themselves be influenced by friendships... and if her friend already does it, it is also easier for her to start, because the friend has 'a link' there..."

Transactional sex is often associated with low socioeconomic status and poverty. Some of the participants of the focus group interview claimed together that this is not always

the case, because "*chapean todos*" (rough translation: everyone engages in transactional sex). Some of the arguments were that "she who has money wants more".

Participant 12: "In all neighborhoods there are *chapeadoras*... And there are daughters of people with money who *chapean* more than we do."

Participant 11: "Neighborhoods, discotheques, casinos... Even in residential areas there are *chapeadoras*."

Participant 4: "They are *chapeadoras*, but they are classy [upper class]."

Transactional sex can often be thought as "survival sex". Some participants began to discuss about the *whys* of *chapeo*. First they brought up the economic factors of transactional sex (i.e. material need) and the lack of other opportunities to gain money.

Participant 3: "The food, the basics... Lack of employment... The only way out is to *chapear* a man to pay for your house."

Participant 4: "Food for you and for your children, pay the house, pay for the cable, the telephone..."

Participant 8: "Help me so I can help you. If you do it I give you money... if he has a house and can give me a chance to live there, I will *chapear* to live there. I give him "dirty" and he gives me the house."

Participant 3: "They do it when they are in need... If I need and you need, then we will help each other."

Nevertheless, materiality and consumerism were evident and linked to transactional sex in the in-depth interviews and in the focus group discussion. Therefore, it appears that transactional sex is not used only for covering the basic needs, but also some material desires beyond the basic needs. Also university life was mentioned as one of the places where transactional sex is present; and not just to finance the studies.

Participant 4: "You want to go to the beauty salon, buy good clothes..."

Interviewee 7: "Chapeo is that women want it easy. A lot of people like it easy... Then with sex they attain everything... They want to have one to buy them cell phone cards, another for the apartment, another for clothes, and so on..."

*Interviewee 6: "They call them *chapeadoras*... They do not consider that they are doing it for money. But, she has "a friend", she needs a pair of pants, she needs a cell phone, so there's an exchange there.... There is also a lot of that in the universities. That a girl has several "friends", one pays her the apartment, another pays her cell phone, one buys her clothes, another... Because many times they do not work and you see them walking with cell phones and wallets and jeans that cost more than a salary... The universities are full of that...mainly the private ones."*

Interviewee 3: "While you give me material things, you enjoy my beauty, my youth, my joviality... There is a point of demonstration, I want to have the same cell phone that my friend has, I want to have the same hair extensions... I want to look like one of the megastars that are in the media. She came, she does not work, it was with her body that she got that. So, transactional sex works as a means to climb up, a means to change socioeconomic level..."

The focus group participants engaged in an imaginary exercise, in which they considered the whys of engaging in transactional sex. The question was: why would you *chapear*? It was highlighted that it was only an imaginary exercise. The importance of the family was evident in the answers. 'Something material for my children' was mentioned three times as well as helping parents and grandparents. Thus family ties were expressed six times during the imaginary exercise. Buying a house appeared important also, since it was mentioned four times. Other things that were mentioned only once were: a trip, money for makeup, and money for studies.

According to the in-depth interviews, females engaged in transactional sex are not stigmatized, since they pass as normal, ordinary young women in the society. They do not consider themselves as sex workers, and others might not even perceive it from the outside that they are engaged in similar activity. Thus, transactional sex is more "hidden" so to say, which could motivate females to engage in it. It became evident in

the interviews also that the emotional component of the exchange may be present in transactional sex – which often is not the case in formal sex work.

Interviewee 3: "Like, they do not have to have it hard, do not have to get a job, do not have to meet schedules... They do not have to share the profit, they do not have schedules, do not look like, or are not stigmatized, because they are normal girls, who pass as normal girls in our society. You knew that sex workers were previously labeled either by a tattoo, or by a certain type of makeup, or by certain type of clothes? So these girls are ordinary girls in the environment in which the general population moves. And all those are factors that motivate the girls to continue."

Interviewee 2: "Managing a sentimental relationship makes the man believe that maybe she is interested in him and loves him, when really her interests are the material things that can be acquired from that man."

Interviewee 5: "It is not so formal work as sex work ... they play more with the emotional, although the material is also linked."

Chapeo was directly linked to transactional sex by the key informants of the in-depth interviews. However, in the focus group discussion some participants thought that the best *chapeadoras* do not even have to succumb to sex, or give something sexual in exchange, because they can 'play the men' with their wits and flirting.

Participant 7: "There are many techniques, there are some that *chapean* with mind and there are others that give dirty."

Nonetheless, the last-mentioned technique seems to be utopian in most of the cases, since it appeared that it is not easy to get something from men without giving something concrete. The link with tourism was present in some of the in-depth interviews. Touristy areas seem more prominent for young Dominicans who want to engage in transactional sex; not only for the possible material gain, but also because it could change your status permanently, and with that your whole life. Females engaging in transactional sex are often called *chapeadoras*, but males who engage in

transactional sex are (or were) usually called *sanky-panky*, especially near beach resorts. If a phenomenon has a common slang word – and even people who are involved in the phenomenon have a slang name – it usually tells something about the prevalence of the said phenomenon.

Interviewee 3: "Formerly they called the guys *sanky-panky*. But now it is called transactional sex... They're also doing it in other areas, in tourist areas with larger frequency, more often because young people do not want to work in the city, they're always wanting options in tourist areas, in Las Terrenas, in Bávaro, in Puerto Plata... There are more opportunities, there is more focus, there is more diversity to find a person who could change your status."

Interviewee 7: "'*Manga tu visa*' (translation: get/obtain your visa)...or they say '*manga tu verde*' (translation: get/obtain your green; referring to dollars)."

4.2 Implications of Sexual Division of Labor

Sexual division of labor alludes to the allocation of women and men to certain occupations. Women are often appointed for different and unequal positions relative to men. The factors in the sexual division of labor that contribute to risky sexual behavior in transactional sex are divided in physical exposures and behavioral risk factors. (Wingood & DiClemente, 2000.) All the subdivisions are supported by the data obtained from the in-depth interviews and the focus group discussion.

4.2.1 Poverty

Still more than 30 per cent of Dominicans live in poverty. Although the percentage has dropped within the last years, the inequality increases and is more visible especially in the urban areas. (World Bank, 2017.) Social Watch (2012) reported that the biggest obstacle to the country's development is inequality. Neither education nor health service levels have increased in the same proportion as per capita wealth. The Dominican Republic ranks low in social spending compared to the rest of the region;

with the average of total health spending less than three per cent (World Bank, 2017.) Wingood and DiClemente (2000) argued that women who have lower incomes are less likely to use condoms. Their argument is based on several studies, which have demonstrated that having a lower income enhances women's exposure to HIV, for they may not be able to afford HIV prevention materials. Therefore, poverty works as an economic exposure. (Wingood & DiClemente, 2000.) Poverty was expressed largely as one of the impacting factors in getting involved in transactional sex in the in-depth interviews and in the focus group discussion.

Interviewee 1: "A society with so much inequality necessarily generates many needs...what they seek is to cover needs that society is not covering...to pay for their needs, even up to their studies."

Interviewee 7: "Lack of *peso*, lack of money [talking about transactional sex]... to meet their needs."

Interviewee 2: "An economic issue [talking about transactional sex]... a girl lives in a world of material things, of wanting clothes, of wanting to go out, of wanting a good cell phone, and that kind of things, and that is then what makes her more vulnerable."

Interviewee 5: "But it's more the material, what I've seen. In order to cover their material needs, whether in clothing or accessories, to finish their education...the economic needs."

Emphasis was also given to the possible risky sexual behavior that poverty might increase. The acquisition of condoms could be difficult for people of low-income.

Interviewee 4: "The reasons are basically economic...what is sought is to obtain a quick benefit... A package of good condoms sold in pharmacy can cost you one hundred, one hundred and fifty *pesos* a pack of three condoms. For a low-income person, one hundred and fifty pesos is a dinner for several people at home, banana and egg, or bread and chocolate and something else. So it is not true that they will give importance to the use of condom besides that it is not so

accessible... That is not economically feasible [buying condoms]. There are no programs in which young people can go and get free condoms."

Some interviewees also highlighted the connection between poverty and education. Poverty causes in conjunction with poor education increased risk of contracting HIV.

Interviewee 1: "Poverty, it is no longer just lack of money. Poverty is lack of education, lack of health, lack of all that, then when you have less information and less education, you have more risk of falling."

4.2.2 Poor Education

The lack of economically affordable quality education with the high levels of poverty were mentioned as contributing factors to HIV risk. Hence, from the interviews it could be concluded that they are rather intertwined. Wingood and DiClemente (2000) stated that having less than a high school education acts as an economic exposure to HIV risk. Women who have less than a high school education are associated with being less likely to use condoms. Therefore, low education level may confine females' access to HIV prevention programs or limit their comprehension of HIV prevention material, which diminishes their capability of engaging in safer sex practices. (Wingood & DiClemente, 2000.)

Interviewee 1: "It is not by chance that the poorest and smallest countries have more HIV prevalence, because they are the ones with less education... Educated people are more careful, because they know what the consequences are... The ability to make more correct decisions depends a lot on the person's level of education, on the level of schooling."

Interviewee 5: "That has a lot to do [risky sexual behavior], be it for the level of education, for the immaturity of the young people themselves, their lack of education."

Interviewee 2: "There is a low level of education [in the Dominican Republic]... And the lack of education in the education system."

Interviewee 3: "The education issue is still basic."

Interviewee 4: "There are many whose needs are material, also including education, because there are many who want to continue their studies, dedicating to that [transactional sex] to be able to finish their studies."

Interviewee 6: "The low level of schooling [affects risky sexual behavior]..."

Interviewee 7: "But it's the lack of education too [risky sexual behavior]..."

Many components of the sexual division of labor of the theory of gender and power are linked to each other directly. Here could be seen that poverty is linked to poor education. Further, women's poor education is closely related to unemployment or underemployment, which will be examined next.

4.2.3 Unemployed/Underemployed

The unemployment or underemployment can act as an economic exposure to HIV risk. As mentioned earlier in the introduction chapter, female participation in the workforce in the Dominican Republic is only around 50 per cent, compared to 80 per cent of men. Also the female unemployment rates are doubling to that of men. Moreover, women make almost 45 per cent less than what men earn for equal work. (Lugo, 2012.) Women who are under- or unemployed may have to depend on their male partners economically, which makes them more vulnerable to negotiate about safer sex practices. Some economically dependent women may also be obliged to engage in HIV risk behaviors imposed by their partners. (Wingood & DiClemente, 2000.)

Interviewee 3: "There are not many opportunities for young people; unemployment, lack of opportunity for studies and technical or academic training... They have no market, they have no field to sell their services... There are no places created for young people, and there are no opportunities either. There are not many options."

Interviewee 7: "It should also be noted that there is no ease of employment because there is no employment here. There is little to do over here... The truth is that there are not many opportunities here... Since there are no jobs, there is no such facility, and that's when they start looking for it [transactional sex]."

Interviewee 4: "An adolescent who gets pregnant, has a small child, does not work, has a partner who leaves her, returns to the parents' house, parents have to take care now of a child that is not theirs, and what could have been given to her, is now given to the baby. Then who gives it to her? She has no steady partner, she has to go get her own [talking about transactional sex]."

Interviewee 6: "The lack of opportunities also... What happens sometimes is that even those who have studied a lot do not easily get work... There is also a trend called *NiNi*²: neither study nor work... They do not find what to do because they are not prepared, and that is what is easier to do [transactional sex]."

It appeared that the main reasons for getting involved in transactional sex were linked to lack of opportunities, which usually showed as unemployment. The focus group participants also talked about the lack of employment as the whys of transactional sex; if one is in need (material) and the other person is also in need (sexual), they can help each other out. The trend of *NiNis* seems to be growing in the Dominican Republic. According to Díaz (2016), UNDP reported that in a cohort between the ages 15 and 24, six out of ten young people in the condition of *NiNi* are women, even though the proportion of women at university level is 1.6 times higher than that of men. This could be related to the domestic activities that are usually designated to women in the Dominican society. As the sexual division of labor suggests, women are often appointed for different and unequal positions relative to men (Wingood & DiClemente, 2000). The phenomenon of the *NiNis* leads to a deterioration of the national capacities, diminishing the possibility of growth and deepening the situation of social exclusion and poverty. It also compromises human development and increases gender inequality. (Díaz, 2016.)

² *NiNi* is from Spanish and means "*Ni estudia, Ni trabaja*" (in English "does not study, nor work").

4.2.4 Young Age

Globally more than half of those newly infected with HIV today are between 15 and 24 years old (UNAIDS, 2002). WHO (2005) reported that new HIV infections among women are surpassing those among men. Particularly young women confront considerably higher odds of becoming infected than young men do. Some earlier studies demonstrated that in the Dominican Republic females younger than 24 years were almost twice as likely to be HIV-infected, compared with their male counterparts. (WHO, 2005.) Thus, being young could be considered as a socioeconomic risk factor. There are several studies that have identified a relationship between being a young woman and low condom use. The research speculates that younger females have often less power and efficacy to negotiate condom use compared to older women, and may also have less control and authority over their sexual relationships, which further escalates their risk of contracting HIV. (Wingood & DiClemente, 2000.)

Interviewee 1: "Every time the sexual initiation is earlier... Like teenage pregnancy... I already saw an eleven-year-old girl pregnant in a mountainous area."

Interviewee 4: "There is a trend of sexual initiation at an early age... The majority of teenage pregnancies are not only linked to the topic of initiating sexual relations at an early age, but also linked to their level of intelligence, and when I speak of intelligence it is not only psychological, or mental intelligence, but also the emotional one."

Interviewee 5: "...pregnancy of little girls of eleven years, twelve."

Interviewee 2: "A woman is not so empowered, especially being a young female, the issue of using condoms makes her much more vulnerable."

Interviewee 6: "When people are young, they think, the way of thinking is that they do not see beyond, towards a future."

Interviewee 3: Access to the young population is more difficult, which is the population most marked by the practice of transactional sex... The rate of

teenage pregnancies that there is lately, is evidence that the negotiation of the condom is not good... It is all the time more common in our communities, where we are visiting, larger presence of young females who have started their sexual practice at thirteen, at fifteen...and more than before young women from eighteen to twenty-two years old with more than one sexual experience with different partners."

The socioeconomic risk factor of being a young female conceals different complex components in itself: the power imbalances that occur in relationships between partners who have a significant age difference, limited agency, emotional maturity, possible twisted risk perception, unawareness of the consequences etc. all contribute in the HIV risk of young females.

4.3 Implications of Sexual Division of Power

Sexual division of power indicates the imbalances within heterosexual relationships that are created through control, coercion, and authority (Wingood & DiClemente, 1999). The factors in the sexual division of power that contribute to risky sexual behavior in transactional sex are divided in physical exposures and behavioral risk factors (Wingood & DiClemente, 2000).

4.3.1 Sexual and Physical Abuse

Violence against women is one of the most concerning phenomena in the Dominican Republic. As mentioned already in the introduction chapter, gender-based violence is the fourth leading cause of death among young women in the island. Femicide (the killing of a woman), has been increasing dramatically within the last years. The Dominican Republic will surpass the third place after El Salvador and Honduras, which exhibit the highest femicide rates in the region, if the trend will continue at this rate. (Crespo, 2017.) The lack of power that females may suffer in heterosexual relationships often converts into restrains on their sexual behavior. Having a

physically abusive partner increments a woman's risk of contracting HIV; hence acts as a physical exposure. A few studies conducted among Latina women stated that fear of the partner's anger and abuse in response to requests to use a condom was an important predictor of condom nonuse. (Marín, Gómez & Tschann, 1993; Wingood & DiClemente, 2000.) Wingood and DiClemente (2000) argued that for many women sex is often not voluntary, but imposed. Females with a history of rape less likely negotiate condom use, less likely use condoms, and more likely engage in prostitution – or in transactional sex – which increase their vulnerability to HIV. In addition, rape survivors may be afraid of provoking another violent attack, which decreases their probability of negotiating safer sex. (Wingood & DiClemente, 2000.)

Interviewee 3: "The issue of violence and HIV is being linked, because there is the theme of abuse and use of power."

Interviewee 6: "It starts to break down from there, from leaving school, they begin to endure abuse because she depends on what the boy's dad gives her, because they are both young, they do not have anything to maintain themselves."

Interviewee 7: "There are people dangerous like that, who come and rape girls, little girls in the *bateyes*³, and there is a lot of promiscuity too, there is a lot of HIV in those *bateyes*..."

Participant 4: "But they are killing one for suspicion."

Machismo is often linked to intimate partner violence. According to Oxtoby (2012), "the negative connotations of machismo reflect hypermasculine, chauvinistic, and aggressive behavior by men and suggests that men perceive themselves as having certain rights and privileges that it is their wives' responsibility to fulfill" (p. 8).

³ *Bateyes* are rural communities that originally emerged around the sugar industry in the Dominican Republic. These (shanty) towns began to be established in the interior parts of the country at the beginning of the 20th century, when sugarcane plantations expanded the use of Haitian unregulated labor force. The *bateyes* continue to have a large (undocumented) Haitian presence, and still are one of the most impoverished and isolated communities in the entire Dominican Republic. (Garrido Arines, 2015.)

Oxtoby (2012) argued that in macho cultures men's responsibility to maintain the welfare and honor of the home forces them to be strong in the face of adversity and to maintain pride at all costs, which in worst case scenarios increase the risk of (domestic) violence. Women who approve this view could feel that it is their partner's right to commit violence towards them, and their responsibility is to tolerate it without complaint (Oxtoby, 2012).

4.3.2 Partner Who Disapproves of Practicing Safer Sex

A male partner who disapproves of practicing safer sex composes a physical exposure and vulnerability for the female partner to acquire HIV. Male cooperation is critical for condom use, for men are the ones who wear them (except when talking about rarer female condoms). Men's physical control and social power in sexual decision making constrains women's ability to use condoms. Male social power over females becomes also apparent when men violate the fidelity in their primary relationship, thus increasing women's risk of HIV. (Wingood & DiClemente, 2000.) This kind of social power and male dominance is common in macho cultures.

Interviewee 5: "Men are mainly those who refuse to use the condom."

Interviewee 2: "The woman has the disadvantage because the one who takes the initiative of how things are done mostly in a relationship of sexual contact is the man."

Interviewee 7: "There are men who only want to reach an end, they arrived, they ejaculated, and they don't care about the woman, or they don't ask her, there is no communication."

Interviewee 4: "With that you show me that you don't have disgust, with that you show me that you love me, that we have passed to the most intimate level [talking about not using condoms]... The theme of which, if you and I are a couple, there should be trust. The theme of using emotions so that the person does not use the condom."

In some interviews the issue of questioning the trust between partners was present. The men are normally the ones who do not like to use the condom, and they have the upper hand in emotionally obliging their female partners to succumb to their wishes. Particularly in transactional sex this becomes a powerful tool, since the women are the ones who would like to obtain some kind of benefit from the sexual relationship, thus they are in a weak position to negotiate safer sex practices. In the focus group discussion the participants talked about the difficulties of negotiating safer sex.

Participant 7: "There are many malign men...and even if they do not have sickness, but they do not like it [talking about condoms]... There are some men who tell you 'but c'mon, we have done it already three times, what's up with you and the condom?'"

Participant 4: "Of course, you have to look yourself, because there are men who take it off...and some of them puncture it."

Different participants together: "They like to feel 'the warmth'."

4.3.3 Steady High-Risk Sexual Partner

Wingood and DiClement (2000) stated that having a steady high-risk sexual partner works as a physical exposure to HIV risk, since female sexual behaviors are greatly dependent on the nature of the relationship with their male partners. Several studies demonstrate that women who have a steady partner are nearly three or four times as likely to never use condoms, or if condoms are used, it occurs less often compared with women who have casual partners. The issue of infidelity increases the risk of acquiring HIV because sexual relationships taking place outside of the primary relationship are mostly not revealed or disclosed – especially when those sexual relationships occur between two men. (Wingood & DiClemente, 2000.) Secrecy about bisexual or homosexual behaviors is common in the Dominican Republic since homosexuality is generally not accepted in the society. Yet, sex between men, who also have sexual relationships with women, seems to have a significant, though insufficiently recognized contribution in the Dominican Republic's HIV epidemic. In one study, about

one third of men who have sex with men declared that they also had slept with women in the previous six months of the study; and only half of them told that they had used a condom during that period. (WHO, 2005.)

Interviewee 2: "...having sex with her partner and also with other men in this case, because of the issue of bisexuality, and that makes her much more vulnerable to acquire any sexually transmitted infection."

Interviewee 4: "With my trusted partner I do not use it. And my trusted partner in a sexist system in which infidelity is very common, does not necessarily give me a guarantee to contract or not sexually transmitted infections, such as HIV... The old man...maybe he has his other family..."

Interviewee 5: "More on the part of man, mainly [when talking about hard to change the habit of not using the condom]."

Interviewee 7: "But then that old man has his wife, his family, and he still sponsors her [talking about transactional sex], buys everything, and gives her everything, for her to be with him, pays her house and everything... Dominicans are very womanizing."

In transactional sex it is not uncommon to have one or a few "steady partners". Trust is demanded after a few times of being sexually together, even though it seems socially acceptable and rather normal for men to have more than just one sexual partner. In the focus group interview the monogamy of couples was doubted and questioned as something not so common.

Participant 5: "This *cótumo* (= the 'victim' of the *chapeo*) is yours, but you don't know, that this one has two more out there, in the same neighborhood, that he may be sick, and you slept with him, but what's-her-name doesn't know that you are with him, so what's-her-name is also doing him, that guy gives her two thousand too, you see, and that's how it all goes around; ah so-and-so died, and who was the one who infected her? ...how will you know if the same boyfriend who is with one doesn't have another one also?"

Therefore, machismo can be associated also with an increased risk of HIV, since this ideology is linked to low condom use, more sexual partners (though only socially acceptable for men), and greater belief that pregnancy validates masculinity (Ortiz-Torres et al., 2000).

4.3.4 Sexually Oriented Media

Media can also play a role in contributing to risky sexual behavior. Sexually oriented television shows, music videos, magazines, and movies often display women as sexual objects to be enjoyed by men, usually with little regard for safer sex practices (Wingood & DiClemente, 2000). The 'hookup culture' that illustrates the fun of casual relationships is prevalent in the media, particularly in the music videos and song lyrics of popular *reggaeton*⁴ genre, which is very famous in Spanish-speaking Caribbean, such as in the Dominican Republic. There are normally hardly any references to STD or pregnancy prevention in sexually oriented media, which may generate a physical exposure to HIV risk. Wingood and DiClemente (2000) stated about a study conducted among African American female adolescents, which revealed that adolescents who viewed X-rated movies portraying women in sexually degrading way reported less condom use, more sex partners, greater desire for pregnancy, and tested positive for chlamydia. Thus, the media's depiction of the subliminal control of female sexuality by men may contribute to risky sexual behavior.

Interviewee 1: "What people see on television...you see there a lot of sex, a lot of violence, a lot of trouble, and you copy it... Television is a social model."

Interviewee 7: "...you see for example, you see on television, the women who dance on television, you see that they are almost naked, they walk in panties, super naked."

⁴ *Reggaeton* is a musical genre, influenced by hip hop, Caribbean sounds, and Latin American rhythms. Reggaeton music is characterized by gender exclusiveness, degradation of women, and placing importance on materialism. Misogyny and the subjugation of women is prevalent in several songs by prominent mainstream reggaeton artists and groups. ("Dame mas gasolina", 2009.)

Interviewee 2: "Today social networks allow young people to see everything more easily."

Nowadays social media has become a primary source of communication and entertainment. No matter of the socioeconomic class, most of the young people in the urban areas of the Dominican Republic have a smart phone, which allows them to connect with the outside world. Duarte's (2016) study found that exposure to sexual content on social media could increase the probability of acquiring certain sexual cognitions. Ramírez (2017) reported about a new channel that social networks have opened for prostitution and transactional sex in the DR, particularly in the young population of both sexes. This increases the risk factors for sexually transmitted diseases such as HIV.

4.3.5 Limited Access to HIV Education

Sex and STD/HIV education in schools plays a vital role in young people's life, especially if there is no orientation given in the families. Conservative policies that prohibit HIV prevention education and the distribution of condoms in schools place the youth in a vulnerable position to acquire STDs/HIV or unintended pregnancies. (Wingood & DiClemente, 2000.) As mentioned in the introduction chapter of this paper, knowledge about HIV prevention among young females aged 15-24 in the Dominican Republic was less than 45 per cent (UNAIDS, 2016.) There is also an alarming lack of sex education in schools, for the current estimation claims that only 7 per cent of students all over the country are able to access sex education (De Cicco, 2015). The little sex education that exists is often restrictive in its content and concentrates on teaching about abstinence. The data obtained by Wingood and DiClemente (2000) showed that a restrictive focus on abstinence as opposed to HIV prevention may increase female adolescents' vulnerability to HIV.

Interviewee 7: "Sex education still has a long way to go in order to advance here... They know about HIV, but do not have much knowledge of the risks."

Interviewee 2: "Of sexually transmitted infections people do not know as much... There is no sexual and reproductive health education established in our education program as such."

Interviewee 3: "They do not allow this prevention work in the educational curriculum... This girl does not have the same level of information, she could not be reached the same way as those who recognize themselves as sex workers."

In some interviews it become evident that those females, who are engaged in transactional sex, cannot be reached so easily for disease preventive purposes than girls and women who identify themselves as sex workers. When the schools neither offer prevention education, the risk of acquiring HIV increases.

Interviewee 4: "One of the factors of non-use of the condom, disinformation... They do not have access... Inside the schools the curriculum could be one of the methods of prevention, but there is only an ABC. It goes like: staying abstinent, using fidelity, and condom... Generally what is usually given is abstinent orientations, and/or being faithful. Do not use a condom."

Interviewee 5: "Lack of knowledge, orientation, which is the part of human sexuality... One factor also is ignorance, not having knowledge of the use of the benefit that the condom has... Lack of capacitation is what the Dominican population has."

Interviewee 1: "A well-informed woman has more tools to deal with these situations and avoid risks... Society has to give the tools in terms of information... There are people who have received information because they live in urban areas where more information arrives than in peasant areas... Or those at a higher level of education have more access to information."

Interviewee 6: "Because of the lack of information... Here there is no such program for sex education... Those who are beginning (sexual relations) with too little knowledge, no one has oriented them... Young people should be empowered to be multipliers of information, and that they would reach other young people... You have to get a bureaucratic permit. And locate the groups..."

That's between sixteen and eighteen, we're going to give the talk to those. Then there is a group that is excluded because they are considered too young but maybe they are not too young, and they have been having sex for years."

Most of the informants told about the difficulties, which dispensation (or the attempt of dispensation) of the information causes. The permission to deliver HIV prevention education is usually restricted to key populations, such as sex workers. The little sex education that schools offer should also start earlier, since the adolescent pregnancies speak for themselves about the early initiation of sexual activity.

4.3.6 Alcohol and Drug Abuse

Alcohol is widely known of contributing to risky behavior, and also to risky sexual behavior. Use of alcohol has also been associated with HIV. Drugs and alcohol use are often linked with an increase in partner exchange, decrease in condom use, prostitution, and STDs. An investigation demonstrated that females who were problem drinkers were four and half times more likely to have had an STD than women who were not problem drinkers. Having a history of alcohol and drug abuse acts as a behavioral risk factor in contracting HIV. (Wingood & DiClemente, 2000.)

Interviewee 1: "Alcohol always generates situations of great sensitivity and high risk... In the times of festivity, in the times of Easter, in the times of Christmas, the risk increases... He doesn't remember that he has to use a condom."

Interviewee 7: "Young people today at parties drink a lot, it gets out of hands, and then they don't know what they are doing... Then after a couple of drinks, you do not know what happens."

Interviewee 2: "There is the issue of drugs..."

Interviewee 4: "The abuse of psychoactive substances, drugs, alcohol..."

When talking about the possible factors that contribute to risky sexual behavior, some informants listed drugs and alcohol. However, alcohol was mentioned more often than

drugs. The researcher observed the Dominican culture and society for almost five months, and drugs were not visible in the society per se, nor largely discussed in the media (other than drug trafficking problem of a transit country). However, alcohol consumption was evident in everyday life, especially of beer and rum. Campos (2016) reported that according to the records prepared by the National Council of Drugs (*CND, Consejo Nacional de Drogas*), alcohol is one of the main vices regarding drugs, and young people start at age 13 with a prevalence rate of 66.7%. Nevertheless, the informants spoke very little of drug and alcohol abuse, thus it does not seem to create an immense risk factor to HIV in the DR, but it should not be ignored either.

4.3.7 Limited Self-Efficacy in Negotiating and Using Condoms

Another behavioral risk factor in acquiring HIV is limited self-efficacy. Wingood and DiClemente (2000) explained self-efficacy as “the confidence one has in his or her ability to effect change in a specific practice” (p. 551). When talking about negotiating condom use, self-efficacy means the confidence to bargain for safer sex. Boskey (2017) stated that people who have high condom use self-efficacy feel comfortable buying a condom, are willing to carry one with them when they might need it, know how to use a condom correctly, are ready to use condom during sex, are confident in their capability of asking their partner to use a condom, and know how to say ‘no’ to anyone who refuses to comply. Therefore, self-efficacy not only increases peoples’ intentions to use a condom, but it also increments the percentage of time they actually do use it. Women’s incapability of negotiating condom use correlates strongly with poor condom use. The capability of negotiating safer sex may become specifically difficult when the partner is older, and/or abusive, and when the female is in a steady relationship. (Wingood & DiClemente, 2000; Boskey, 2017.)

Interviewee 5: "Women do not have much power...that part is already scientifically shown to us."

Interviewee 1: "The woman is in worse conditions to negotiate the use of the condom than the man... First, it is the man who uses it, and second, it is a

relationship in which a woman sometimes does not have as much strength to say no, because of the level of machismo.”

Interviewee 2: "In transactional sex there is less negotiation of condom use than in sex work as such... One is that machismo, if the man says he doesn't feel the same using the condom, possibly the woman will want to please him. In transactional and non-transactional sex. It is a matter of if he does not like condoms then I will not have the benefit of the client... I am the woman and I am the one who needs you more than other way around... The lack of empowerment that women have in the use of condoms, the importance of condom use for their sexual and reproductive health..."

Transactional sex brings its own problems to condom negotiation, as discussed earlier in the section of 'Partner who disapproves of practicing safer sex'. If the woman is economically in need, it is harder to start negotiating safer sex in fear that the man would refuse and reject the whole exchange. Safer sex negotiation might become even harder if the partner is already familiar to the female. Asking about how easy it was to negotiate condom use raised a lot of conversation in the focus group interview. The question was framed 'how easy' instead of 'how difficult', hence the discussion began with a comment: "Easy?? Very difficult!". Mainly it appeared that men are not willing to use condom and negotiating about it was a proof of a lack of trust – even though there would be good reasons to doubt the trust.

Participant 2: "Why do you want to put a condom with me now? You don't trust me, is it?"

Participant 6: "...or were you doing something (with someone else), was it?"

Participant 2: "They blame you, 'it is you who messes with others'... With your partner you know that one doesn't put on a condom..."

Participant 8: "...one is human too."

It became clear that often one had to make excuses while negotiating condom use. Most of the time itchiness, infections, and menstruation were drawn to the table to aid condom negotiating. This still seems problematic, because one cannot make excuses

(or the same excuses) all the time without having to give in at some point. Excuses tend to have an expiration date.

Participant 7: "It's itchy, I feel something down there."

Participant 3: "I'm menstruating, put on the condom so that it doesn't affect you."

Also, the young age might restrict self-efficacy in condom negotiation. Adolescents are particularly vulnerable, since their sexual behavior could be strongly influenced by peers, family, and culture. Rosenthal, Moore and Flynn (1991) noted that adolescents may have a lower confidence in the ability to assert their sexual needs and a lower level of their own sexual self-worth than adults. Thus, "there is need for adolescents to achieve a sense of mastery and self-worth in the sexual domain, as well as an understanding of the nature of 'regular' relationships" (Rosenthal et al., 1991, p. 77).

Interviewee 3: "The rate of teenage pregnancies that there is lately, is evidence that the negotiation of the condom is not good... There is the issue of self-esteem, identity issue, decision-making, internal and family conflicts... Depending on the objectives that I am pursuing, if you are the one who will provide me, will cover all my needs, I am not in an advantageous place to put conditions on you... I give you my body, you give me the material benefits, then I am not in equal conditions to negotiate with you. You have everything in your favor."

Interviewee 4: "Low self-esteem... If I do not value myself, I do not understand or give importance to what it will do to me afterwards... Less academic capacity you have, less negotiation tools you will have. Less arguments you will have. Less capacity means more you let yourself be influenced and seduced and guided as what comes to the decisions you are going to make.... People who do not know how to handle emotions are more vulnerable and easier to manipulate and seduce to lead them where you want."

Adolescent and young people are in a vulnerable position, since often their emotional intelligence has not developed to the same extent than that of an adult. Wingood and DiClemente (2000) claimed that increasing female self-efficacy in negotiating condom

use is a highly effective HIV prevention approach for women. However, in a strong macho culture, it leaves some doubts how easy it really would be to negotiate safer sex, especially in transactional sex, where the female is the one who wants to benefit from the sexual relationship.

4.4 Implications of Structure of Cathexis

The structure of cathexis, which contains the affective attachments and social norms, illustrates the culturally-bound social norms that rule the roles of men and women in heterosexual relationships. It dictates appropriate sexual behavior for women, which is characterized by the emotional and sexual attachments that women have with their male counterparts. The factors in the structure of cathexis that contribute to risky sexual behavior in transactional sex are divided into social exposures and personal risk factors (Wingood & DiClemente, 1999; Raj et al., 1999; Wingood & DiClemente, 2000.)

4.4.1 Relationship with an Older Male Partner

The stereotype of men being attracted to younger women and vice versa is rather known world widely. The attraction might not just be physical; particularly in the case of young females being attracted to older men, the economic security, the status, and the emotional maturity the older partner provides could add up to the attraction. However, imbalances of power in relationships influence safer sex practices. Gender imbalance is present in heterosexual relationships, yet if the age difference in the relationship is also notable, it can increment the power imbalance. Wingood and DiClemente (2000) presented a finding from one study reporting that adolescent females were less likely to use condoms with older heterosexual male partners than with same-age male partners. Hence, having a relationship with an older male partner creates a social exposure to HIV risk. Older partners also often have a longer history of sexual activity with possibly more partners than the youngsters, which increases the risk of acquiring HIV with an older partner.

Interviewee 7: "You can see today, you can see many young women with old men."

Interviewee 5: "Men are older ... or vice versa, older women, younger men."

Interviewee 2: "They do it with adults mostly... The man is older, most of the time... As she says, I like how man carries out in sex and apart from that he gives me what I need."

Interviewee 3: "The young woman who is doing transactional sex is doing it with an older man than her, who could be one, two or three generations older... Could be one or two partners, but if I am a twenty-three-year-old girl who is with a man of fifty, he will pay her the apartment, to enter the university, maintain her, etc. so she stays with him. Even if she has sexual practices with other people."

Interviewee 4: "An old man with a minor... He gives me gifts, he buys me things, he gives me money... Is another macho behavior, of 'me being the first, or I be the one to take away her virginity'... The psychology of a man is always to be a hunter... The girls take advantage of that, find older men who believe they still have the vigor of youth, and then take advantage of it to then take profit."

Many of the informants told that it is very common in the Dominican Republic for younger females to have an older male partner, which was associated with transactional sex.

4.4.2 Desire to Conceive

Latino cultures value the status of motherhood, and sex is often associated with procreation. According to a study presented by Wingood and DiClemente (2000), women who wished to conceive were nearly 8.5 times less likely to use condoms than women who did not desire children. The influence of machismo on female gender roles increases women's vulnerability to HIV, since belief in male responsibility to prevent pregnancy is very low, and there is a strong belief that pregnancy validates masculinity. *Marianismo*, which has been characterized as the complement of machismo in Latino

cultures, defines the role of the ideal women. This ideology reinforces obedience and virginity. A few studies on marianismo and machismo revealed that safer sex practices are hindered by women's perception of safer sex behaviors as dirty or immoral, and their perception of unprotected vaginal penetration as moral. In addition, machismo was also evident in the findings in the acceptance of 'good' sex as penetrative with ejaculation. In a macho culture a woman may succumb to men's desires despite her own feelings. (Ortiz-Torres et al., 2000.)

Interviewee 5: "Because we know many who are in this business of *chapeo*, of transactional sex, and yet they get pregnant."

Interviewee 3: "She decided to have sex without a condom... comparing the prevalence rates of teenage pregnancy..."

Interviewee 4: "In the case of women it is more difficult or less common to see women buying condoms."

In a society in which machismo and marianismo are firmly present, a woman buying condoms in a store or a pharmacy could be easily associated with sex work. The informants spoke very little about the desire to conceive per se. This could be due to the fact that no one can really tell about the subjective desires of another person. However, it is vital to keep in mind, that strong cultural norms and ideologies may influence sexual practices and contribute to risky sexual behavior.

4.4.3 Family Influence

Family values are usually viewed as protective factors in health. Nonetheless, family beliefs and influences can also increase risky sexual behavior. The initiation of sexual activities at an early age is linked with having parents with lower educational attainments, having a single-parent family, and having parents who were either too permissive or too strict. Thus, family influence can act as a social exposure to HIV risk. (Wingood & DiClemente, 2000.)

Interviewee 1: "Parents do not talk to their children about sex... Dominican parents do not talk to their children, they do not have a culture of transmitting to their children care and knowledge and prevention."

Interviewee 6: "There is a group of parents who also do not want that the children are given these classes (sex education) in school... The culture of the parents...the education they have been given at home."

Interviewee 2: "The issue of HIV and other infections, what happens is that, of that kind of things people do not talk... Maybe they start talking after it happened, but do not talk for preventive reasons... They never talk about it as a preventive issue... They do not sit down to talk about those things...no, rather as a threat, if you get something, you are screwed up. If you get a *vaina*⁵, from here you go."

Interviewee 4: "It is not only the place of teaching that has the religious doctrine, but also the homes... The problem is at home, they do not take time to teach their children either. Or if they have arguments loaded with religious ideology, they will distort the information and they will not give the real information."

Interviewee 5: "For example the condoms, that is something that the fathers and mothers do not understand well what the real problem is... The same type of level that comes from the parents, from the level of education that was not, was not given, likewise it is given to the children... For many mothers, that is something very private, very intimate, to talk about condoms to their little girl of fifteen or twelve. They see it as it is like "throwing her to the streets already" to have relationships when talking about that kind of topic...parents with girls mainly... And that's something like family beliefs, which already comes automatically."

Family influence became rather evident in the interviews. The problem expands when the adolescents are not properly informed and oriented about safer sex practices at home, and neither at school. The cultural norms, the religiosity, and the gender roles

⁵ *Vaina* is Spanish and in the Dominican Republic it usually refers to "*cosa*", which means "a thing" (could be almost anything), yet with a slightly negative connotation.

impact also the family life and beliefs. Several studies have shown that young people who can talk to their parents about sex are more likely to use condoms or other contraceptives, have fewer sexual partners, and even delay their sexual debut (Boskey, 2017). Taylor-Seehafer and Rew (2000) argued that risky sexual behavior occurs more likely in a family that is characterized by low-cohesion, poor communication between parents and children about sexuality, and with poor parental monitoring and support. Hence, if the opportunity to talk freely and constructively about sex and sexuality at home is not present, it could increase the risk of HIV.

4.4.4 Conservative Gender and Cultural Norms

The Dominican Republic has a very strong macho culture. As mentioned in the introduction chapter, machismo characterizes the male gender role in the society. This ideology emphasizes men's physical strength, sexual capability, virility, and independence. The influence of machismo on sexuality and gender roles leads to the praise of penetrative sexual behavior, low condom use, less belief in male responsibility to prevent pregnancy, more sexual partners, and greater belief that pregnancy validates masculinity. (Ortiz-Torres et al., 2000; Pleck et al., 1993.)

Wingood and DiClemente (2000) argued that women who comply with traditional norms are more likely to engage in behaviors that increment their risk of acquiring HIV. One study revealed that females who believed that asking a sex partner to use condoms indicated that he was unfaithful were four times as likely to never use condoms compared with females who did not think that asking implied infidelity. The conservative gender norms interact with cultural norms and add up to the risk of contracting HIV. Therefore, conservative gender and cultural norms act as a social exposure to HIV risk. (Wingood & DiClemente, 2000).

Interviewee 1: "Here there is a very high level of machismo... There is a social shame to talk about this topic, but in practice, everyone does it [sex]... Those themes are taboo."

Interviewee 3: "What we were looking for was for young people to postpone the first sexual practice ... so if we worked on those issues from the curricula of the state and civil society it is because we did not see that as something normal."

Machismo influences the secrecy about bisexual and homosexual behaviors, since homosexuality is generally not accepted in the society. For the fear of discrimination, men hide their homosexual tendencies and might practice those tendencies in secret. This puts also the women who have homo- or bisexual partners at risk of contracting HIV.

Interviewee 2: "We live in a macho culture... Many times the Dominican bisexual man has it secret (bisexuality)... It is a taboo... The issue of homosexuality... There are married men...sometimes there could be relationships that are perhaps quick, or very hidden, sometimes the issue of condom use is not on the table or not very important...and that vulnerability makes women more vulnerable too... Man has every right to be unfaithful... That man is *bacano*⁶, he is always ahead, he is a *tiguere*⁷... It is the world of men."

Interviewee 5: "In this country there is still a lot of taboo... the sexuality of girls mainly... They hit the taboo with condoms... Has much to do with society, like the upbringing that comes from the bottom up... Men are very machos... Our men are not prepared well... True that it is because of machismo here... It is part of the culture that they think so."

Interviewee 7: "Many women are not very adapted to a condom that man uses a condom and that. And they do not take care of themselves... There are boys who are homosexual, they have not declared themselves, but they look, and they do not have homosexual behavior because they are afraid, the family neither would accept them."

⁶ *Bacano* in the Dominican Republic usually means something very good, excellent, entertaining or stylish; a man who is *bacano* does whatever he does better than well.

⁷ *Tiguere* in the Dominican Republic often refers to a man of great astuteness; a womanizer; an expert of gimmicks; audacious person, who always takes advantage of everything he can, with the least possible effort.

Interviewee 6: "It is very taboo, because I tell you they even wanted to introduce these in schools and they vetoed it and said no [sex education]."

Also the conservative gender and cultural norms that are influenced by machismo and marianismo were discussed in the focus group interview. Some participants talked about how having many different women makes the man 'cooler' and increments his social desirability, attractiveness and acceptance, yet if a woman has more partners than one, it has an opposite effect.

Participant 6: "So-and-so was there, he has forty women, well, I'm going to be his 'groupie' too, to see what he has, I'm going to give him too to see what's going on."

Participant 10: "The man who has ten women is *bacano*. Ah Julio is with Amanda, and Julio is with Melissa too, ah but Julio is great, even I want to give it to Julio."

Participant 9: "Oh Mary was with three men, Mary lives with the boyfriend, oh well Mary is dirty, she is of no worth now..."

Participant 5: "It's like they say, a key that opens a thousand padlocks is a master key..."

Participant 7: "...but a lock that opens with all the keys, is useless."

According to the interviewees, the themes related to sex or sexuality continue to be a taboo. It is somewhat contradictory, since sex work is legal in the country and sexuality is very present on the streets and in the media – especially in the capital. Lot of women wear tight-fitting, short dresses, the streets are full of cabañas that almost scream sex with their hourly rentals, and men catcall and shout at the streets whenever they see a woman passing who is pleasing to their eyes. The paradox of the Dominican culture regarding sex and sexuality increases the risk of contracting HIV; sex and sexuality is visibly 'out there' in the media, on the streets with motels that are created for hourly rentals of sexual relief, in the revealing clothing that many young women wear – yet it is a taboo, almost forbidden to talk about issues concerning sex and sexuality, or to educate people about the matter.

4.4.5 Traditional Beliefs

The predominant religion in the Dominican Republic is Catholicism, for approximately 95 per cent of Dominicans are Christians, of which more than half are Catholics (ARDA, 2010). The Catholic Church forbids the use of birth control and condemns artificial contraception as immoral and sinful. Wingood and DiClemente (2000) argued that adherence to conservative religious values serves to increase the risk of HIV. Often community values and norms are based partially on religious institutions. These norms are usually culturally determined and socially sanctioned. Some Latina women may have unprotected anal sex as a contraceptive strategy and a feasible way to preserve virginity. This practice increments women's risk of acquiring HIV. (Wingood & DiClemente, 2000.) Even though young females would not personally assimilate the beliefs and values of the Catholic Church, it still has an impact on the surrounding norms and regulations of the society.

Interviewee 1: "The Dominican people do not have a formal policy of condoms... Because the church presses so that they do not have it... If you do not have a dispenser, if you do not have a business that facilitates it, you are in a more vulnerable position... there is no national condom policy that facilitates to have a condom at hand...the state does not favor it, no... The state always lives on its knees, here the church commands... the state is Catholic... People are religious in the Dominican Republic... See the issue of a pregnant teen...you talk to a teenager or a girl about condom use and the church makes a world scandal."

Interviewee 2: "The church is still very strong...the church has a lot of power here... We do not have a condom policy... It is illegal, there is no option [talking about abortion]."

Interviewee 3: "...so that the condom issue would be in the schools and in all places, open and public spaces, and we have had a very strong oppose from the church, so that this will not be the case. However, our young people still have sexual practices... [The Catholic Church] remains the first influence in the country... They do not allow this prevention work in the educational curriculum."

Interviewee 4: "Sex education is very influenced by the Catholic Church."

Interviewee 6: "Conflicts, I mean, that start when the church says that it is not time to give those classes to the children."

Interviewee 7: "Because the church plays an important role... The church weighs a lot here... There is a lack of control in the sexual...there is no control, then if there is no condom policy, then this happens [referring to STD/HIV prevalence and adolescent pregnancies]."

It became evident in the interviews that the Catholic Church even has political power in the Dominican Republic, for it rules and regulates the country's condom policy (or the lack of it) and sex education. Often the religiosity can be seen also in the family values, which affect how sexuality and both pregnancy and HIV prevention are addressed (if at all addressed) in the conversations between parents and children.

4.4.6 Negative Beliefs about Condom Use

Condom use has been recognized as the most efficient method to prevent unwanted STDs and HIV. Still, people may harbor negative beliefs about condom use. According to Wingood and DiClemente (2000), women have beliefs that influence their condom nonuse, such as the belief that condoms negatively impact sexual enjoyment, and the feeling that condom use during sex is embarrassing. Often negative beliefs about condom use also limits condom efficacy beliefs. (Wingood & DiClemente, 2000.) The informants also brought up the issue of negative beliefs about condom use in the interviews.

Interviewee 5: "A certain type of pleasure is removed when using that type of measure [talking about condoms]."

Interviewee 1: "People have a lot of superstition about the condom... People do not like to use condoms, people think it gives less pleasure, it has less sensitivity... There is no culture that facilitates it."

Interviewee 4: "...behavior based on myths about the fact that with condom it does not feel the same, that sensitivity is lost, that it affects pleasure... It is thought that with the condom one does not have the same sensitivity. And it really does not give it, but what happens is that if you initiate your sexual relations protected, you will not see any difference. Now if you start them without protection, of course you will see a difference... It does not have enough lubrication, it will bother, it will cause irritation, it will cause...and no, it is annoying. Because it is not normal, nor natural. We cannot tell lies that oh, it feels the same, no, devil's lie. It does not feel the same. Never."

Interviewee 7: "The condom is annoying also to the woman...as it mostly bothers her... She is not so adapted to the use of the condom you know, it is annoying... The man feels more pleasure without the condom."

The negative beliefs about condom use appeared to be linked mostly with decrease in sexual pleasure. If the risk perception of acquiring STD or HIV is low, the negative beliefs about condom use can weigh more in deciding on the possible condom use. In transactional sex the sexual partner can be already familiar to the female, which could influence the condom nonuse – alongside with the negative belief about condoms. Like in the focus group discussion the participants together stated: men like to feel ‘the warmth’. One of the interviewees concluded the negative beliefs about condom use that people may harbor half-jokingly, but very memorably:

Interviewee 4: "...even if I die. I die happy."

4.4.7 Lower Perceived Risk of AIDS – Unrealistic Optimism

It is not uncommon that people prefer to think that bad luck will not touch them. The theory of *unrealistic optimism* serves to explain this phenomenon. As presented in the theoretical background chapter, people tend to think they are “invulnerable”. This invulnerability is personal and exclusive; others are more likely to experience negative health consequences than oneself. The invulnerability belief is proven in several studies, when people were asked to compare their risk to the “average” person or to comparable other, most of the people assessed their risk of experiencing a negative

event as below average than as above average. The illusion of invulnerability has been associated with a broad variety of health risks, including HIV-related risks. (Van der Pligt et al., 2015.) In transactional sex, those practicing risky sex may underestimate the riskiness of their sexual behavior – especially since they do it occasionally and do not identify themselves as sex workers. Wingood and DiClemente (2000) presented findings of one study about perceived risk of HIV; Latina women who did not use condoms also did not perceive themselves as being at risk of acquiring an STD or HIV. According to the interviews, lower perceived risk seemed to be associated with the ‘good looks’ of the partner; people tend to believe their eyes. The symptomless quality of HIV can deceive many people, since during the first years of having acquired HIV many people continue asymptomatic.

Interviewee 4: "Not perceiving oneself at risk, believing that the other is healthy by the assumption of the naked eye... There is knowledge. What there is, is a low perception of risk. Yes, I know that can happen, but I do not think it will happen to me. It's like believing I am a superman or a superwoman."

Interviewee 6: "They are not afraid of it, they think it will not happen to them...that can happen to others, but not to me, or they believe that diseases can be seen in the face, oh no, he cannot be sick, he looks so good."

Interviewee 1: "It's like war, it's not going to reach your home... People think that they are invincible."

Interviewee 5: "They are not thinking that they can get some type of sexually transmitted infection. They do not think about that... More by sight [judging]...very perfect, very healthy."

Also, the young age bears danger in evaluating the possible risks of HIV. Marston and King (2006) found in their study on factors that shape young people's sexual behavior that young people assess potential sexual partners as ‘clean’ or ‘unclean’. Hence, the partner's appearance seemed to play an important role in assessing the disease risk.

Interviewee 2: "When you are young, the perception of risk is lower, or you do not think that it will touch you or that it will happen to you... In the transactional sex there is less perception of risk... I know a person and I already have a sexual relationship with that person, in the first three times I maybe use the condom but in the fourth or fifth I stop using it, then the trust is in danger... The visual really has a very high component there... There are lots of people living with HIV today who are not asymptomatic and look good, and others can contract HIV with that person... People think it will not happen to them."

In transactional sex per se the lower perceived risk of HIV may be linked to the nature of the phenomenon; the females who engage themselves in transactional sex do not consider nor identify themselves as sex workers, thus might not perceive themselves at risk. Usually in transactional sex the partners do not change as frequently as in formal sex work, and often the sexual partners are already familiar to the females, which can add up to the low perception of risk.

Interviewee 3: "As I do not have sexual practices with whoever, nor am I a sex worker, this man is only with me, I do not perceive the risk. The perception of risk is one, they do not perceive themselves at risk. Because of the type of sex work that I am doing, because I do not identify as a sex worker, then those who do not perceive themselves as sex workers are more at risk than those who do."

Another contributing factor to the low perception of risk was the believed myth of AIDS. Some people may still consider AIDS an urban legend, which would arguably lower the perception of the risk of contracting HIV.

Interviewee 7: "There are people who believe that it is a lie, others who believe that it is a myth...that it is a lie of the devil... Imagine, just as there are people who believe that climate change is a business, there are many people who believe that AIDS is a business... Like they do not assume the truth about risks and that people die...they really do not care."

5 DISCUSSION OF THE FINDINGS

The purpose of this work was to examine the possible structural, affective, and sociocultural factors that enable transactional sex and contribute to risky sexual behavior in the Dominican Republic. It was first important to explore the concept of transactional sex and its meaning to the participants, since in distinct regions of the world the same concept can be understood very differently. It became clear that transactional sex was not understood as formal sex work, neither in the in-depth interviews nor in the focus group discussion. Females who are involved in transactional sex are considered as ‘normal girls’ within the common population; they do not identify nor recognize themselves as sex workers. In addition, it is not always so visible either to outsiders that they are engaged in transactional sex. Transactional sex might happen more “hidden” and only occasionally compared with formal sex work. According to the interviews, sex workers are usually chosen by the clients, and the clients reach the sex workers, but it was more common in transactional sex that the female reached out for sexual partners or already had a few numbers on the phone whom to call in case there was a necessity. The high prevalence of transactional sex in the country was apparent according to the study participants and the local newspapers.

The local slang word ‘*chapeo*’ was a synonym for transactional sex, even though a couple of participants of the focus group discussion claimed that the best ‘*chapeadoras*’ do not even have to succumb to sex to get what they want from a man; they can get it just by flirting and by making the man assume more than what will actually happen in reality. It seems though that getting what you want just by flirting is hard to achieve, thus the participants talked about ‘giving dirty’. The slang word *chapeo* seems so popular within the common population that it has made its way to the lyrics of some famous Dominican urban music (reggaeton and dembow) artists. For example, the urban artist’s *El Súper Nuevo*’s sarcastic lyrics of a song called ‘*Ella No Chapea*’ describes the materialistic and consumerist side of the phenomenon of transactional sex (translation would be ‘*She Doesn’t Chapea*’, remembering that the last word *chapea*

is a third-person singular verb of the word *chapeo*, which means transactional sex, but it is hard to translate directly into other languages):

Ella no es una *chapeadora* no, no
tampoco le gusta comer bien, yo sé que no
no le gustan los Samsung pero quiere un iPhone
y así dice que no le gusta el dinero

Usa cartera de Louis Vuitton, fragancia de Ferragamo
con el dueño del colmado, tiene dos años metiendo mano
tú no eres fácil mujerón, también te diste al hermano
y hay que darte el galardón, de los premios soberanos

Rough translation:

She is not a *chapeadora* no, no
she also doesn't like to eat well, I know she doesn't
doesn't like Samsungs but wants an iPhone
and so she says she doesn't like money

Uses Louis Vuitton wallet, Ferragamo fragrance
with the owner of the corner shop, for two years she has been messing around
you are not easy, woman, yet you also gave to the brother
and you have to give yourself the award, of the sovereign prizes

The possible emotional component often distinguishes transactional sex from formal sex work. In sex work it is usually already more obvious that the women are offering sexual services in exchange for money, but in transactional sex there could be more 'play' with the emotions, like some of the interviewees stated. A few interviewees said that sometimes the men do not even realize that they have been "*chapeado*", 'played' so to say, until it is too late. Thus, relationships in which transactional sex plays a big role, could sometimes appear as normal heterosexual relationships where emotions are present also – although the emotions could be phony or one-way. Especially in touristy areas the emotional component could be important in transactional sex, particularly if the wish from the relationship is to obtain a change in social or marital status, and perhaps a migration abroad.

5.1 Answering the Research Questions

This thesis sought to answer three research questions. The in-depth interview questions were more focused on covering all the research questions equally, yet the focus group interview questions were formed in such a way that they would aim at getting answers to the research questions one and two (the motives to engage in transactional sex and the perceived risk of AIDS in transactional sex). This was due to the fact that the female participants in the focus group interview had firsthand experience and knowledge of the phenomenon of transactional sex, thus the idea was to get subjective opinions for the research questions one and two, without excluding the possibility that the discussion would add something to the research question two (the possible sociocultural factors that may contribute to risky sexual behavior in transactional sex). However, since the key informants for the in-depth interviews were local experts in the field of HIV and AIDS counseling and prevention, they were more equipped to shed light on the sociocultural factors of the Dominican society that may contribute to risky sexual behavior.

5.1.1 Motives for Transactional Sex

“What are the motives (needs or desires that cause a person to act) of the females who engage in transactional sex?”

Transactional sex is often linked to poverty and so called ‘survival sex’, but the interviewees mentioned that materiality and consumerism are also driving forces of transactional sex in the Dominican Republic. Therefore, the basic needs for everyday living are not the only reasons to get engaged in transactional sex, even though they still seemed to be one of the principle reasons. The focus group participants stated that “everyone has transactional sex”, not just the low-class deprived females who live in ghetto-style areas, but also the middle-class females in residential areas. The temptation of “having it easy” was mentioned various times in the in-depth interviews, which might attract some females to transactional sex. Transactional sex was also associated with young age. The typical feature of transactional sex is often a young

female with an older male partner, or the other way around a young male with an older female (although not as common as the first mentioned). Being a young unemployed single mother seemed to increase the probability of engaging in transactional sex as stated in the focus group discussion; having small kids and not being able to support them appeared to leave few options. Also financing your studies or a house were mentioned as reasons to engage in transactional sex. According to the in-depth interviewees, it is not always something material that the people who are engaged in transactional sex are hoping to achieve, but it can also be about the dream of someone changing your status – be it a social status or marital status. Thus, some females may stick with their partner in order to obtain security, or if the partner is a foreigner, maybe a hope for the opportunity to travel and live abroad is present. The Dominican saying '*manga tu visa*' (obtain/get your visa), which locals may shout when they see a fellow citizen with a foreigner, is a good example of this wish.

The division of labor in the theory of gender and power offered a deeper perspective on the structural factors of transactional sex. The themes pertaining to division of labor all were discussed in the in-depth as well as in the focus group discussion; poverty, poor education, unemployment/underemployment, and young age were mentioned as contributive factors to engage in transactional sex. People living in poverty often find it harder to meet their basic needs. With poor education it is usually harder to find a job that aids fulfilling those basic needs. Therefore, the unemployment can be a result from the poor educational level – although there are unemployed people with university degrees too. Young age might add up to the problem; if one is a poor youngster with a low level of education, the labor market could be harder to enter, especially since one has not been able to gain any work experience yet. Thus, the vicious circle of the components of the sexual division of labor in the theory of gender and power augment the probabilities of getting involved in transactional sex. Transactional sex per se is not a problem. Yet the possible risky sexual behavior in transactional sex (in which changing sexual partners is common) makes the phenomenon problematic considering the risks of acquiring and spreading STDs and HIV. Next the contributive factors to risky sexual behavior are summed up and discussed.

5.1.2 Contributive Factors to Risky Sexual Behavior

How do sociocultural factors of the Dominican Republic contribute to risky sexual behavior of young women involved in transactional sex?

The same structural factors as discussed in the motives for transactional sex also contribute to risky sexual behavior. Wingood and DiClemente's themes in their application of Connell's theory of gender and power formed the main components of the possible risky sexual behavior in this study. According to the first structure of the theory, the sexual division of labor, poverty, poor education, and unemployment create an economic exposure to the risk of HIV, while young age creates a socioeconomic exposure. Going back to the official estimates introduced in the first chapter, poverty is still strongly present in the Dominican Republic, with 30 per cent of Dominicans earning less than three euros a day. Even though the country's GDP (gross domestic product) per capita has risen within the last years, the inequality increases and is more visible particularly in the urban areas; neither education nor health services levels have increased in the same proportion as per capita wealth. (World Bank, 2017; Social Watch, 2012.)

Also youth unemployment rate in the age group of 15-24 is as high as 30 percent. The phenomenon of *NiNis*, of young people who neither study nor work, is growing, since the rate rose to 21 percent in measuring youth of 15-24 years old who are neither in school, nor employed. (UNDP, 2016.) Within that cohort, six out of ten young people in the condition of *NiNi* are women (Díaz, 2016). In addition, altogether the female participation in the workforce is only around 50 per cent, compared to 80 per cent of men. The unemployment rates of women double to that of men. Often the domestic activities are designated to women in the Dominican society. Moreover, if women were to be involved in formal working life, they would still make almost 45 per cent less than what men earn for equal work. (Lugo, 2012.) Thus, women find themselves in a vulnerable position in which they have little power and are vastly dependent on their male counterparts. This power imbalance could make the negotiation of safer sex practices harder. Particularly underprivileged young women are at highest risk of contracting HIV due to all the above mentioned factors. The acquisition of condoms

could be difficult for young females of low-income – not just for the probable stigmatization but also for the economic capability. In a macho culture, the fear of stigmatization could lead to low willingness to go buy condoms, because females who buy condoms could be associated with prostitution. Younger females often have less power and efficacy to negotiate condom use compared to older women, and may also have less control and authority over their sexual relationships, which further escalates their risk of contracting HIV. (Wingood & DiClemente, 2000.) Especially in transactional sex, the females are often much younger than their male partners, which increases the risk of HIV, because older partners might have a longer history of sexual activity with possibly more partners than the youngsters, and also the power imbalance due to age differences could be strongly present in the relationship.

Within the field of HIV and AIDS studies, cultural components are often considered as obstacles to risk-reduction behaviors. As discussed in the introduction and the data analysis chapters, machismo ideology and fundamental Christianity, especially the Catholic Church, have strong impact on sexuality and gender norms in the Dominican Republic. The influence of machismo is apparent in the praise of penetrative sexual behavior, higher number of sexual partners (acceptable only for men), low condom use, less belief in male responsibility to prevent pregnancy, and greater belief that pregnancy validates masculinity (Ortiz-Torres et al., 2000; Pleck et al., 1993). Machismo and its counterpart marianismo were related to most of the themes of the second and third structures of the theory of gender and power (the sexual division of power and the structure of cathexis). The influence of machismo was evident in these themes: sexual and physical abuse, partner who disapproves of practicing safer sex, steady high-risk sexual partner, sexually oriented media, relationship with an older male partner, desire to conceive, conservative gender and cultural norms, and negative beliefs about condom use.

As stated earlier, gender-based violence is the fourth leading cause of death among young females in the Dominican Republic (Crespo, 2017). Machismo is often connected with intimate partner violence. The negative characters of machismo, such as hypermasculinity, and chauvinistic, aggressive behavior by men imply that men perceive themselves as having certain rights and privileges that are their female

partners' responsibility to fulfill. (Oxtoby, 2012) Having a physically abusive partner creates a physical exposure for HIV. Fear of the partner's anger and abuse in response to requests to use condoms may hinder safer sex negotiations. (Marín et al., 1993; Wingood & DiClemente, 2000.) In transactional sex it is not uncommon to have more than one "steady partners". Trust is demanded after being sexually together only a few times. It seems socially acceptable and rather normal for men to have more than just one sexual partner. Thus, the low willingness to use condoms (because it takes away the pleasure), high-risk sexual partners, and the fear of abuse when negotiating safer sex increase the probability of risky sexual behavior. Men are normally the ones who have the physical control over using a condom, since they are the ones who wear it. In transactional sex women are often the ones who would like to obtain some kind of benefit from the sexual relationship, therefore they are in a weak position to negotiate safer sex practices. Machismo was apparent also in the negative beliefs about condom use. As Pleck et al. (1993) argued in their study, males with traditional attitudes are more concerned about condoms reducing their own sexual pleasure, and less worried whether their partner wants them to use a condom. The influence of machismo can be seen also in the music industry. For example, reggaeton music is popular in the Dominican Republic, liked by both males and females. This music genre is characterized by degradation of women, gender exclusiveness, and placing importance on materialism. Male chauvinism and the subjugation of women is prevalent in several songs by prominent mainstream reggaeton artists and groups. ("Dame mas gasolina", 2009.) Music videos and the lyrics can work as a social model especially for young people. All in all, strong presence of machismo in a society may increase the risk of HIV, particularly if the prevalence of transactional sex is rather high also.

The Catholic Church has a powerful and influential role in the Dominican Republic, which also influences gender norms and sexuality. The Church prohibits the use of birth control and condemns artificial contraception as sinful. The influence of religion – in this case mainly Catholic Church, but also fundamental Evangelical Church (which is growing in popularity in the country) – was associated with the themes of limited access to HIV education, desire to conceive, family influence, traditional beliefs, and negative beliefs about condom use. The Catholic and Evangelical Church have political power in the Dominican Republic, thus they have an impact on the rules and

regulations of the country's condom policy (or the lack of it) and on sex education. According to the interviewees, the lack of proper sex education in schools was due to the role of the Catholic Church in the politics. Wingood and DiClemente (2000) argued that these kind of conservative policies that prohibit HIV prevention education and the distribution of condoms in schools place the youth in a vulnerable position to acquire STDs and HIV or unintended pregnancies. Less than half of the young Dominican females aged 15-24 has knowledge about HIV prevention (UNAIDS, 2016). A current national estimation states that less than 10 per cent of students all over the country are able to access sex education (De Cicco, 2015). The high level of adolescent pregnancies and the gaining popularity of transactional sex should be big enough warning signs to change the conservative policies about sex education. The religious influence can be seen also in the family values, which affect how sexuality and both pregnancy and HIV prevention are conversed on between parents and children. According to the interviewees, majority of the Dominican parents do not talk about these issues to their children, or if so, only already when something has happened. Thus, the problem expands and the risk of HIV increases when the adolescents are not properly informed and oriented about safer sex practices at school, and neither at home.

One theme that was talked about rather extensively in both the in-depth and the focus group interviews was limited self-efficacy in negotiating and using condoms. As described earlier in the data analysis, people who have high condom use self-efficacy feel comfortable buying a condom, are willing to carry one with them when they might need it, know how to use a condom correctly, are ready to use condom during sex, are confident in their capability of asking their partner to use a condom, and know how to say 'no' to anyone who refuses to comply (Boskey, 2017). In a strong macho culture, such as the one in the Dominican Republic, it appears hard to negotiate safer sex, especially in transactional sex, where the female is the one who wants to benefit from the sexual relationship. Other themes began to intertwine in the conversation about this theme. Steady high-risk sexual partner who disapproves of practicing safer sex and negative beliefs about condom use seemed to be strongly connected with limited self-efficacy in negotiating and using condoms. If the sexual partner has negative beliefs about condom use (like often in a macho culture), he will rather likely disapprove of

practicing safer sex. In transactional sex the fear of rejection (and the following possible lost exchange) might cause the female to leave the safer sex negotiation and succumb to the wishes of the male partner. According to the focus group discussion, negotiating condom use is difficult, and men often use blame and accusations when confronted with safer sex negotiation. Negotiating safer sex appeared to be a proof of a lack of trust in relationship (in which the partners are somewhat familiar to each other), even though it would be reasonable to doubt the trust. Therefore, machismo also impacts self-efficacy in negotiating and using condoms, which increases the risk of HIV. People who are actively engaged in transactional sex are often youngsters (from adolescents to young adults). Young age might increase the problem of negotiating safer sex; adolescents are particularly vulnerable, since their sexual behavior could be strongly influenced by peers, family, and culture. Adolescents may also have a lower confidence in the ability to assert their sexual needs and a lower level of their own sexual self-worth than adults (Rosenthal et al., 1991). All the above mentioned components increase the risk of contracting HIV – and most of them are linked with machismo ideology and/or conservative Christianity.

5.1.3 Low Risk Perception – Unrealistic Optimism

How does perceived risk of AIDS in transactional sex affect the decision-making of not using protection against STDs (sexually transmitted diseases) and HIV risk?

Transactional sex can be somewhat 'tricky' with the perception of risk. According to the in-depth interviewees, in sex work there is more awareness of condom use than in transactional sex. Transactional sex is characterized as being occasional, hence this might lower the perception of risk. For the low risk perception, there is less negotiation of condom use in transactional sex than in sex work. A female who is engaged in transactional sex could have partners whom she calls when in material need. The familiarity could lower the risk perception, and also as discussed earlier, could make safer sex negotiation harder. Sex workers have often random clients, and even though the clients would be familiar to the sex worker, it is usually the clients who reach for the sex worker and not the other way around like most of the time in transactional sex.

Sex workers also identify themselves as sex workers. In the Dominican Republic organizations have worked hard with the population of sex workers on the theme of STD and HIV prevention. Females involved in transactional sex are harder to reach, since they do not recognize themselves as sex workers. They are ordinary girls and women among the common population, thus prevention work is hard to target at them. For bureaucratic reasons (the State is influenced by Catholic and Evangelical Churches), only the key populations can be targeted for preventive purposes. Therefore, the “missing label” – which key populations such as sex workers, immigrant women, or women who use drugs have – makes it difficult to reach them.

People often tend to think they are invulnerable. The theory of unrealistic optimism explains this phenomenon of the perceived invulnerability, which is usually considered personal and exclusive; others are more likely to experience negative health consequences than oneself. As stated in the in-depth interviews, lower perceived risk of HIV and AIDS appeared to be linked with the ‘good looks’ of the partner; people tend to believe their eyes. HIV can be very deceiving for its symptomless quality. After having acquired HIV many people continue asymptomatic for years. Also the young age may add up to the incorrect evaluation of the possible risks of HIV. Marston and King’s (2006) study found that young people assess potential sexual partners as ‘clean’ or ‘unclean’. Thus, the partner’s appearance, which can be betraying in the case of HIV, seems to play an important role in assessing the risk. The symptomless quality of HIV is very problematic, since there are people who have it without knowing or assuming that they have it, because ‘everything looks good from the outside’. Hence, they continue to infect others without knowing it. As reported by some of the in-depth interviewees, another contributing factor to the low perception of risk is the believed myth of AIDS; there are still people who consider AIDS an urban legend. This would arguably lower the risk perception of contracting HIV.

However, contrary to in-depth interviews and previous studies, many participants of the focus group discussion felt that they were at risk of acquiring STDs and HIV. This could be related to the fact that the participants of the focus group discussion had STD and HIV prevention counseling already, since they were part of the organization’s empowerment program. Nonetheless, it was surprising to hear from many focus group

participants how they perceived men deceitful. The participants talked about how men want to turn off the light so that the female could not confirm that they are using a condom. More unsettling was to hear the participants stating that there are men who puncture condoms and infect others on purpose; men who do it out of badness or revenge, remain silent, without the neighborhood knowing about it. They go out with minors (females), who then could infect their boyfriends unintentionally, after which the boyfriends could infect other girls, and so the chain is made. One participant claimed that around her home (neighborhood) that happens every day – even young people are dying of it. The infidelity as one of the causing factors of the spread of STDs and HIV became evident in the focus group discussion. It is rather contradictory that even though infidelity seems so apparent, yet trust is demanded what comes to condom nonuse. In transactional sex infidelity might have an emphasized role, since changing partners or having multiple partners is rather common. All this increases the risk of contracting HIV.

5.2 Limitations of the Study

The primary limitations of this research deal with the focus group interview. First of all, some parts of the focus group interview were hard to transcribe from the audio recorder because of some overlapping talk and unclear speech that occurred a few times. Also some words were ‘slang’ words which the researcher was not familiar with, but luckily got explained later on the meanings of those slang words. Compared to the individual in-depth interviews, the focus group interview seemed not as efficient in covering profoundly particular issues. There was the probability that the members of the focus group did not express their honest, personal opinions about the issue at hand; or they might have been hesitant to express their real thoughts – particularly if those thoughts would have opposed the views of other participants. The possibility of social desirability bias was present in this study. Kaminska and Foulsham (2013) explained social desirability bias as one of the recognized types of measurement error, which arise when a respondent provides an answer that seems more socially acceptable than the true attitude or behavior of the respondent. The respondent’s lack of comfort to

reveal his or her true attitudes is the common source of social desirability bias. Therefore the respondents may aim at answering in a way that they think will be viewed favorably by others. The principle reason behind this type of behavior is to avoid embarrassment, distress and unease, which revealing socially undesirable answers may raise. (Kaminska & Foulsham, 2013.)

Other possible limitations of the focus group session were that the participants were already familiar to each other. Sometimes it is easier to talk about one's true opinions, when the group members are rather unfamiliar to each other; that way the fear of getting judged by others and having to deal with the consequences of the answers later might be smaller, which makes it perhaps easier to reveal true attitudes. Yet the rapport and the relaxed atmosphere is normally more effortless to create if the participants and moderator already know each other. Using a moderator bears also limitations, since the researcher allows the 'outsider' moderator to lead and guide the conversation, and cannot affect or interrupt in the course of the conversation too much. Thus, the moderator might not ask all the questions and probe in such a manner that the researcher would have thought of when planning the session. Also the participants of the focus group discussion seemed to have had STD and HIV prevention counseling already, since they were part of the organization's empowerment program. Therefore the answers might not be applicable to the whole population of young Dominican females. Another limitation in the focus group discussion was the number of participants. Usually 12 participants are the maximum allowed in a focus group interview. The possibility of some participants remaining rather passive in a group grows when the size of the group is bigger. Thus, a few participants could do most of the talking, which makes the collection and categorization of collective opinions harder, if all participants are not joining the discussion equally.

The possibility of misinterpreting some answers due to the researcher's presumptions and biases is not totally excluded. Researchers should always try to be as objective as possible when conducting research, but complete objectivity is impossible to reach. Gibbs (2007) argued that "the qualitative researcher, like all other researchers, cannot claim to be an objective, authoritative, politically neutral observer standing outside and above the text of their research reports" (p. 91). Therefore, the outcome of

research unavoidably reflects some of the background, predilections, and milieu of the researcher. This point of view covers the research from the creation to the analysis of the study. Researchers can design the questions in such a manner that they would best answer the research questions; thus the wording of the questions and what type of questions initially are used can bear bias. Also the analysis of the data can bear bias, since the researcher typically searches for the type of material in the data that best fits the study objective. (Gibbs, 2007.) Describing qualitative methodology, Ratner (2002) used the word *subjectivity* of the researcher who is intimately involved in scientific research. Whereas Gibbs used the word *reflexivity*, Ratner's (2002) subjectivity describes the same phenomenon: "it guides everything from the choice of topic that one studies, to formulating hypotheses, to selecting methodologies, and interpreting data". This perspective regarding the limitations of the study should be taken into consideration.

Since this study is a small-scale research, one of the limitations of the study is naturally the small sample. To get more reliable results, especially of the focus group interview, at least additional two or three focus groups should have been formed and interviewed. However, a qualitative research usually does not strive for generalizations, but concentrates on a centered examination of a phenomenon. Moreover, the focus in a qualitative research is on the quality of the data, not on quantity. In spite of the small sample, the in-depth interviews, however, provide valuable information for this study, particularly because the same stories, themes, topics and issues emerged from the interviews. Therefore, even though the sample was small (7 informants) for the in-depth interviews, the results should be reliable, especially when considering the sociocultural factors of the research topic. For this reason, the findings were formed mostly from the in-depth interviews. However, the analysis and results from the focus group interview were opened up and discussed together with the results of the individual expert interviews earlier in this discussion chapter.

6 CONCLUSIONS

"In the neighborhood (slum) they say one died. Shit, I was also with that one, what a fool. So we all go... And suddenly the whole neighborhood is infected." – Participant 11, January 2017

Transactional sex and possible risky sexual behavior that it encases are very complex phenomena to study comprehensively. Transactional sex encloses different structural, sociocultural, economic, and affective factors that act both as driving forces for engaging oneself in the phenomenon and as contributive components for possible risky sexual behavior. The multifaceted quality of the phenomenon makes changing individuals' HIV risk behaviors a challenging task. Wingood and DiClemente (1999) stated that "behavior change represents the endpoint of conscious and unconscious decision-making processes that weigh relevant internal and external influences: interpersonal, social, economic, and psychological influences that are superimposed over traditions, values, and patterns of social organization within a cultural context" (p. 203). For example, Taylor-Seehafer and Rew (2000) argued that some factors that have indirect effects on youngsters' risky sexual behavior, such as social isolation, poverty living conditions, lack of positive peer and adult role models, and specific cultural beliefs regarding gender roles and expectations, can reduce the effectiveness of positive personal factors, such as condom use self-efficacy and cognitive maturity. Thus, it is dubious that such a complicated phenomenon would be understood in simple, one-dimensional terms. Consequently, since the HIV epidemic has not ceased, ever more sophisticated intervention strategies will be needed. (Wingood & DiClemente, 1999.)

It appears that prostitution is easier to study than transactional sex; reaching females who are involved in transactional sex can become challenging as they do not identify themselves as sex workers, but rather as ordinary girls and women. Thus, the 'hidden' character of the key population group of people who engage in transactional sex from time to time hamper research on the issue. Like one of the key informants stated in regard to transactional sex: there is no surveillance nor surveys to be able to have

scientific data. The island country of the Dominican Republic has succeeded at declining the prevalence of HIV cases among formal sex workers (see Halperin et al., 2009), but the epidemic has not ceased nor decreased among young female population (Rojas et al., 2011). Hence, it is crucial to understand better why HIV epidemic seems still reluctant to diminish. Transactional sex is linked to this reluctance (Deane & Wamoyi, 2015). Strong prevalence of machismo and the influence of Catholic Church on sexual politics in the Dominican Republic add up to the dilemma of risky sexual behavior in transactional sex. It appears that the main problems that could increase risky sexual behavior in the country are related to the ideology of machismo and conservative Christianity: lack of sex education in schools, the families do not talk about these issues at home, there is no official condom policy that would make the acquisition of condoms easier, female unemployment is high (especially among young females), opportunities to earn an income are hard to find, infidelity is not uncommon yet trust is often demanded, and male-dominance is a cultural norm in the society and in relationships. Traditional masculinity ideology does not promote sexual communication and safer sex negotiation. In addition, male-perpetrated violence, which is strongly present in the DR, is a cause of fear and distress for women. Fear of partner's anger or rejection in response to requests to use condoms hinders condom use among Latinas. (Amaro, 1995.) Nonetheless, even though the topic seems multidimensional and complicated to study, researchers should try to tackle the dilemma by developing more precise categories after understanding better the relational and cultural context of the phenomenon – and pursue larger, more systematic samples.

One interviewee commented that when wealth is not distributed equally, when there is every day more corruption and less employment, it is very difficult for things to change. Another interviewee noted that for many people changing sexual habits (in this case condom nonuse) is like having to start another life. Even though it is mandatory for hotels and cabañas (motels) to provide an easy access to condoms, and even though young females who are at HIV risk would be easier reached and informed about preventive methods for STDs and HIV, it is dubious that this would create successful results for HIV prevention interventions in the Dominican Republic. The conservative gender and cultural norms, and the traditional beliefs seem to pierce so

forcefully through the relational dynamics that more focus should be given to changing machismo-influenced mentalities. In a male-dominated society, in which gender power imbalance is evidently large, educating and informing only females will unlikely be sufficient. To change the mentality of future generations, it could have a positive influence to introduce classes of sexual education and gender equality in schools – if conservative policymakers one day allow it. But even so, it is still improbably enough. The phenomena of human behavior are multicausal. It is unlikely that better access to HIV education would be the panacea to solve the problem alone. The problem of *NiNis*, the lack of family orientation, and the lack of job opportunities should also be addressed in order to create better functioning communities and neighborhoods, in which transactional sex would not be one of the few options to devote oneself to. Katrenko (2017) stated that countries with low rates of teenage pregnancies and HIV prevalence, apart from sex education, also have a rich and varied recreational and cultural supply for children and youth outside and inside the schools, compared with the Dominican Republic, where one is lucky to find a basketball court in the neighborhood, and hear other type of music that is not monothematic, filled with sexual or violent notations. However, as mentioned earlier, transactional sex per se is not the problem; the problem is the possible risky sexual behavior which increases the individual's risk of HIV – and the spreading of the epidemic. HIV is still a highly stigmatizing disease and sexuality is often considered a taboo in the Dominican Republic, which may hinder regular sexual health check-ups. It would be important to promote an easier access to regular check-ups, particularly since infidelity and transactional sex are not uncommon within the common population.

6.1 Recommendations for Further Study

This study sought to provide a preliminary analysis on the possible factors behind risky sexual behavior in transactional sex in the Dominican Republic. The structural and sociocultural factors that may contribute to risky sexual behavior were in the center of observation and examination. In the analysis, within the third structure of the theory of gender and power, the perceived risk of AIDS shed light on the affective

component of risky sexual behavior. The theory of unrealistic optimism was used in the analysis to give a deeper perspective on this component. Nevertheless, since emotions are usually blamed for irrational behavior, further research should perhaps focus more on affective factors. In the field of sexual health, most of the current theoretical understanding of sexual behavior has been adopted from health psychology, which is mostly comprehended as individual's disease prevention beliefs – such as condom use. Also, sexual acts are considered as the end-point of a calculated decision process, which can be targeted within sexual health promotion for preventive purposes. (Flowers, Smith, Sheeran, & Beail, 2002.) However, Flowers et al. (2002) argued that within the frames of '*romantic rationality*', people might make informed decisions, even in the light of HIV-risk taking, not to use condoms in order to show 'commitment', 'trust' or 'love'. As discussed in the analysis and discussion chapters, trust is often demanded in sexual relationships in the Dominican Republic, even in transactional sex. If wanting to demonstrate trust, people involved in transactional sex may well be at high risk of HIV infection for the several sexual partners or concurrent sexual partnerships that they might have. Flowers et al. (2002) suggested that "models of sexual decision making should begin with some contextualizing of the sex, in terms of its function, or rationality, whether it be concerned with the dynamics of a relationship, of power, economic exchange, identity, religion, or solely of sexual pleasure" (p. 229). In addition, Flowers et al. (2002) stated:

It makes sense to theorize sexual activity as social activity, to acknowledge that an individual's choice of sexual acts may be determined as much by the social context of the activity, as by beliefs relating to both sensate pleasure and disease avoidance. Yet throughout, when an individual makes such calculated choices, decision-making processes are open to persuasion and change. (p. 229)

Thus, in order to have effective campaigns, the choice of sexual act should be addressed in appropriate terms, or '*rationality*' (Flowers et al., 2002), employed by people involved in transactional sex themselves. Flowers et al. (2002) concluded, that a new "approach is needed that reflects the plurality of possible rationalities and their

hierarchical organization, rather than a specific focus upon any single rationality as an explanatory tool for sexual decision-making” (p. 228).

Although emotions are an integral part of human decision-making and behavior, studying the correlations and causal patterns of emotions involved in the process seems to be problematic. Like Loewenstein et al. (2015) mentioned: “affect has long been viewed as erratic and unpredictable, and hence too complicated to incorporate into formal models” (p. 56). Anticipated regret could work as another different approach to HIV prevention. Nordgren, van der Pligt, and van Harrefeld (2007) argued that anticipated regret about the possible negative consequences of unprotected sexual contact with casual partners seemed more powerful predictor of safe sex behavior than the perceived risk (i.e. unrealistic optimism) of contracting HIV. Regret is an unpleasant emotion that is said to be experienced when an obtained outcome compares negatively to a possible other outcome and/or when there is a sense of personal responsibility over obtaining the negative outcome. Especially the volitional dimension of risk can lead to regret over the decision. A risk is voluntary when it implies that the risk is not imposed upon the agent but rather is chosen “freely”. (Nordgren et al., 2007.) Loomes and Sugden (1982) stated that regret contains an important feature: it can be anticipated and taken into account when making decisions. Thus, the threat of regret should decrease the disposition to take risky decisions. Richard, van der Pligt, and de Vries (1996) tested the effects of anticipated regret on sexual risk-taking and their findings showed that anticipated regret could add to the prediction of behavioral expectations. Van der Pligt et al. (2015) suggested that “stressing anticipated regret about possible adverse consequences of unsafe practices and helping people to exercise control over the safety of their sexual encounters could make media campaigns more effective” (p. 56).

In all, further research is advisable in order to comprehend better how complicated relational dynamics impact HIV risk in transactional sex in the Dominican Republic (Padilla, Guilamo-Ramos, Bouris, & Matiz, 2010). Padilla et al. (2010) described transactional sexual exchanges between locals and tourists ‘*romance tourism*’ rather than sex tourism or prostitution, because “the instrumental dimensions of these exchanges are often subtle, may involve gifts rather than direct sex-for-money

transactions, and frequently incorporate romance and other forms of “emotion work” that transcend the purely sexual” (p. 73). Padilla et al. (2010) argued that this kind of relationships often have greater intimacy and potential for more substantial material transfers over time than one-time sexual exchanges, which might hinder the negotiation of safer sex compared to formal sex work. Cabeza (2009) also noted the possible emotion-related component of transactional sex and labeled transactional sexual encounters as sexual-affective relations or tactical sex (p. 117). The terms *romantic rationality*, *romance tourism* and *tactical sex* that above-mentioned researchers have used considering transactional sexual encounters suggest that affective component might be often present in transactional sex – be it for the hope of a better future, which the sexual partner could perhaps provide, or for some other reason. The sense of sexual morality in a country reigned by machismo and marianismo might also impact transactional sexual relations; normative and moral behavior usually feels ‘good’ or ‘right’, while non-normative practices, such as sexual negotiation, feel ‘bad’ or ‘wrong’ (Ortiz-Torres et al., 2000). Therefore, in designing and targeting interventions, it is vital that transactional sex is not considered solely as one type of sex work; the relational dynamics of transactional sexual encounters, and the cultural norms and context in which these encounters occur should be understood and taken into consideration when studying transactional sex and the possible risky sexual behavior it encases (Padilla et al., 2010).

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APPENDIX 1: QUESTIONS FOR IN-DEPTH INTERVIEWS

The initial questions for the in-depth key informant interviews were formed as such:

1. Some statistics indicate that HIV infection rate is still increasing disproportionately among young women here in the Dominican Republic. Why do you think that is the case?
2. What do you think are the motives (the needs or desires) of the females who engage in transactional sex?
 - How is transactional sex different from sex work?
3. Do you think that the majority of transactional sex occurs between a local female and a foreigner or between Dominicans here in the DR?
 - Can you describe a stereotypical “scenery” or counterparts in transactional sex?
4. Do you think it is easy to negotiate about condom use especially in transactional sex?
 - What might influence the decisions of not using a condom?
 - In which cases could it be most probable to not use the condom?
5. Do you think that the character or personality of the female affects her decisions about using a condom? If so, how?
6. Do you think that people in general here in the Dominican Republic are conscious about the risks of contracting an STD? Or that they know about HIV?
7. To sum it up partly; people who know about the risks of HIV and other infections, and do not use the condom, would be because of...? In your opinion, why would it be?

APPENDIX 2: QUESTIONS FOR FOCUS GROUP INTERVIEW

The initial questions for the focus group interview were formed as such:

1. I have heard a few times here in the Dominican Republic talking about "*chapeo*".
 - What does that mean and is it common in this country?
 - What do the *chapeadoras* do?
 - And for what reasons do they do what they do?
2. In your opinion, what is the difference between sex work (prostitution) and transactional sex (or the "*chapeo*")?
3. In what kind of context or environment does "*chapeo*" usually happen?
4. What do you think, is it more common to use the condom than not to use it?
 - In what kind of situations it might not be used?
 - What could influence the decision of not using it?
5. Do you think you can identify people who have some type of STI (sexually transmitted infection), for example HIV?
 - When you have to imagine someone with STI/HIV, what kind of person are you visualizing in your mind?
 - Do you feel that there are a lot of risks of acquiring an STI one day or it is not likely to happen?

APPENDIX 3: CONSENT FORM

Original consent form for the focus group interview:

Consentimiento para participar en el grupo focal

Se le ha pedido que participe en un grupo focal cuyo propósito es tratar de entender algunos componentes del comportamiento sexual en la República Dominicana a través de opiniones y experiencias de mujeres jóvenes. La investigadora responsable es la Sra. Annukka Jantti de la Universidad de Jyväskylä de Finlandia y la información aprendida en los grupos focales se utilizará en una tesis de la maestría de desarrollo y cooperación internacional.

Puede elegir si quiere participar o no en el grupo focal, así que la participación en este estudio es absolutamente voluntaria, y puede detenerse en cualquier momento. Aunque la sesión del grupo focal será grabada, sus respuestas permanecerán totalmente anónimas y no se mencionarán nombres en el informe. Sólo una persona, quien es responsable, va a escuchar la sesión grabada.

No hay respuestas correctas o incorrectas a las preguntas del grupo focal. Queremos escuchar muchos puntos de vista diferentes y nos gustaría escuchar de todos. Esperamos que usted sea honesta aun cuando sus respuestas no estén de acuerdo con el resto del grupo. En el respeto mutuo, pedimos que solo un individuo hable en un momento en el grupo y que las respuestas hechas por todas las participantes sean mantenidas confidenciales. Participar en este estudio le tomará aproximadamente una hora.

Usted no recibirá un beneficio directo por su participación en el estudio, sin embargo, si usted acepta participar, usted recibirá un regalo pequeño como incentivo por su participación.

Entiendo esta información y estoy de acuerdo en participar plenamente bajo las condiciones indicadas arriba:

Nombre: _____

Firmado: _____

Fecha: _____

Si requiere mayor información, o comunicarse por cualquier motivo relacionado con esta investigación, puede contactar a la Responsable de este estudio:

Nombre Responsable: Annukka Jantti

Correo Electrónico: annukkj@uef.fi