

Stigma & Discrimination Against Men Who Have Sex with Men

In Jamaica

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Glossary

A guh	Going
All dem boy deh a fish an dem fi dead	All those boys are homosexuals and they should die
Bakkle	Bottle
Batty bwoy/ batty man	Homosexual
Boom-bye-bye inna batty bwoy head	Shooting of homosexual in the head
Bun fire	Burn fire
Cause	Because
Dah	This
Dash salt inna mi wounds	Throw salt in my wounds
Dat	That
Deh	There
Deh bout	Around
Deh so	There
Dem	Them/they
Dung	Down
Enuh	You know
Fidem	For them
Fish	Homosexual
Fren	Friend
Go-go girl	Exotic dancer
Gyal	Girl
Hype and bling	Fame and ostentatious display of wealth
Man a jump down inna you	Man having sex with you
Mash up	Have sex with
Me nuh support batty man living	I don't support homosexual lifestyle
Mi	I
Mi nah	I am not
Mussi	Must be one
Nah keep up with yuh	Won't tolerate you
Nuh	Don't/no
Nyam	Eat
Ova	Over
Pon	On
Pure/bere	A lot
She	Say
Sodomite	Homosexual
Tek	Take
Them fi dead	They should die
Unnoo a fish	You are homosexuals
Yah	Here
You no see	Don't you see

Yuh	you
Yuh nuh	You know
Yuh nuh easy	You are a joker

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
C-Change	Communication for Change
DFID	Department for International Development, United Kingdom
HIV	Human Immunodeficiency Virus
HIV+	HIV sero-positive
FHI 360	Family Health International 360
KMA	Kingston metropolitan area
KSA	Kingston and St. Andrew
MARP	Most-at-risk populations
MOH	Ministry of Health
MSM	Men who have sex with men
PFLAG	Parents, Families, and Friends of Gays, Lesbians, and Transgendered People
PLHIV	Person living with HIV
SBCC	Social and behavior change communication
S&D	Stigma and discrimination
USAID	United States Agency for International Development

Executive Summary

FHI 360's Communication for Change (C-Change) project in Jamaica, through funding from USAID/PEPFAR provides technical assistance in social and behavior change communication (SBCC) to improve the quality and scale of Jamaica's response to the HIV and AIDS epidemic. In 2011 the project conducted a qualitative study to understand the stigma and discrimination experienced by men who have sex with men (MSM) in Jamaica with the aim of developing useful materials for anti-stigma and anti-homophobia SBCC and advocacy campaigns. With prevalence data showing that more than a third of the population of MSM in Jamaica are HIV infected (Jamaica National HIV/STI Programme 2010), and with the understanding that stigma and discrimination of MSM is a major barrier to accessing health and social services that can help mitigate the growing HIV and AIDS epidemic, the study sought to inform critical interventions designed for this marginalized population.

The research characterized stigma and discrimination as actions, deeds, words, behaviors, and attitudes expressed that deny the dignity, respect and/or rights of MSM. It looked to add depth to the understanding of MSM stigma/discrimination and to supplement what was currently being documented through Jamaican quantitative surveys. To do so, this study used hearsay ethnography methodology where 23 trained MSM ethnographers aged 18 to 40 years from five Jamaican parishes went about their daily lives over a three-week period and documented observations, conversations, and personal experiences to understand the dynamics and environments that facilitate and perpetuate stigma and discrimination. Ethnographers met on a weekly basis for debriefing sessions with supervisors. These recorded one-on-one sessions, along with journal entries from ethnographer observations and conversations, were analyzed and interpreted to form the basis for study findings related to 177 documented instances of stigma and discrimination.

Study findings were consistent with previously published studies in other regions of the world showing that MSM are the target of verbal, nonverbal, and physical stigma, discrimination, and abuse where negative labels, stereotypes, insults, and physical attacks are perpetrated against MSM individuals or groups to deny them dignity, respect, and basic human rights. MSM stigma and discrimination was evident in several environments in Jamaica and consistent with a socio-ecological explanatory model at the institutional, community, and interpersonal levels. More specific results of the study are summarized below in bulleted fashion.

- Types of stigma/discrimination
 - Verbal stigma/discrimination, enacted directly or within earshot of the target, was found to be the most common (85 percent, n=155) form observed. Labels such as *batty bwoy* or *batty man*, described as "the country's rifle" and akin to firing a gun, were considered so acceptable that one study respondent felt he had become part of the general arsenal of derogatory words used in heated disputes.
 - Physical discrimination/harassment was less common (5 percent, n=9) with reports of stories of MSM being stabbed, shot, and attacked with machetes and sticks or a target of violent threats due to their sexuality.
 - Nonverbal stigma/discrimination was also manifested (7 percent, n=13), including derogatory looks, shunning, and avoidance.

- Stigma/discrimination was most commonly enacted when the male was alone (76 percent, n=94), making him an easier target.
- Perpetrators of stigma/discrimination
 - While both males and females enacted stigma/discrimination against MSM, the overall profile of the perpetrator was a male (73 percent, n=96) between 18–45 years of age (65 percent, n=64). Males were much more likely to make more negative and threatening comments than females.
 - While in a minority of all documented perpetrators, youth also took part (22 percent, n=22) and were particularly aggressive and offensive.
- Interpersonal influence
 - When family members discovered that one of their own was a homosexual, reactions often became violent and involved ejection from the home.
 - MSM experienced stigma/discrimination within their own community, including from friends and partners.
 - This was based on divisions between more effeminate vs. masculine MSM and gay vs. nongay-identified MSM.
 - This was often enacted in public places where more masculine and/or straight-identified males would divorce/separate themselves from more effeminate and/or gay-identified males or tell the more effeminate/gay-identified male to “man up” or “tone down their realness.”
- Community influence
 - The most common environment for stigma/discrimination at the community level was public spaces, including retail spaces, parks, public transportation, and, most commonly, “the road.”
 - Stigmatizing/discriminating comments in public spaces often afforded perpetrators an audience. Sometimes said indirectly within earshot of an MSM, these comments were more directly audible to others in the area with the intent of inciting a response and making the incident the focal point of activity.
 - Public spaces were often used to express negative opinions about MSM in general and included physical discrimination and harassment by motorists and pedestrians as well as police officers.
 - MSM discrimination took place in the rental property market; landlords asked discriminatory questions to determine if the potential tenant was an MSM.
 - Discrimination was also documented in the unwillingness of cashiers or store clerks to assist customers deemed to be homosexuals.
- Institutional influence
 - In educational establishments MSM were a regular target of verbal insults and shunning in dormitories/on campuses; sexual harassment from MSM in positions of power (teachers) took place.
 - In health facilities staff and providers often used nonverbal actions and body language to communicate disrespect; staff gossip about MSM patients took place.

- In a church stigma/discrimination was manifested in both the doctrine preached and in the shunning/discriminatory behaviors of both congregants and religious leaders.
- Impact of stigma/discrimination on MSM
Common feelings among MSM ethnographers included:
 - Depression and suicidal thoughts to resolve endless emotional pain
 - Fear of daily verbal abuse and physical attacks
 - Frustration with having to hide oneself and not live freely
 - Feelings of anger and acts of retaliation toward perpetrators

In conclusion evidence of MSM stigma/discrimination was found consistently across several environments in Jamaican society, which would imply that a pervasive social norm of attitudinal acceptance and behavioral practice exists. While at least one example in the study reported an individual who chose to speak up and de-escalate an incident, generally Jamaicans seemed to participate in, acquiesce, or passively observe MSM stigma/discrimination when it occurred. Findings from the study imply that a multifaceted approach would be required to dismantle this pervasive social norm and practice. This report provides several recommendations that are listed below and discussed in more detail in the body of the report:

- Conduct greater advocacy for addressing MSM stigma/discrimination among MSM and supportive communities.
- Develop media campaigns to address social norms of MSM stigma/discrimination and encourage interpersonal and community-level dialogue to support change.
- Conduct capacity strengthening with education, social service, health facility staff, and others who are in the position to misuse their power with MSM.
- Develop targeted interventions with youth, parents, and religious leaders and church members.

Background

FHI 360's Communication for Change (C-Change) project in Jamaica provides technical assistance in social and behavior change communication (SBCC) to improve the quality and scale of Jamaica's current response to the HIV and AIDS epidemic. The project works toward the overall goal of a national-led, sustainable, integrated, and coordinated HIV prevention effort that enables national programs to plan, implement, and evaluate evidence-based, comprehensive programs for most-at-risk populations (MARPs), including men who have sex with men (MSM) and sex workers. C-Change works closely with civil society and Ministry of Health (MOH) implementers at community, regional, and national levels; policymakers, as influencers of the programming environment; and MARPs, as end-users of the programs that address them.

Through this strategic approach, C-Change aims to achieve: increased coordination between the MOH and civil society actors; increased scale and reach of programs through technical assistance; increased quality of implementation and documentation; increased sustainability of programs; and accelerated momentum of social mobilization and advocacy. In keeping with its mandate of supporting civil society and government partners in developing evidence-based programming and creating supportive enabling environments for MARPs, this study on the experiences of stigma and discrimination among MSM in Jamaica was commissioned by C-Change and conducted by Hope Caribbean Co. Ltd.

Introduction

Homosexual behaviors are illegal and heavily stigmatized in many countries. This has resulted in MSM experiencing discrimination as well as verbal and physical abuse, imprisonment, and homicide. In the context of HIV and AIDS, MSM become stigmatized due to assumptions in society that they are core transmitters of HIV infection. Several studies have documented the HIV-related stigma, discrimination, and abuse experienced by MSM in many regions of the world (UNAIDS 2000; Feng et al. 2010; Senior 2010; Global Forum on MSM and HIV 2011).

Due to both high HIV and AIDS prevalence and through association with the disease, MSM have frequently been the target of stigma from health care workers (Lane et al. 2008; Araujo et al. 2009; Chandra & Madison 2009; Fay et al. 2011; Rispel et al. 2011). Several stigma and discrimination (S&D) domains have been identified in health care settings: fear of casual transmission and refusal of contact with people living with HIV (PLHIV); values: shame, blame, and judgment; enacted S&D; and disclosure (Nyblade & MacQuarrie 2006).

Stigma related to MSM has also been documented in many studies conducted in Jamaica. Findings from a study conducted in 2003 by White and Carr demonstrated that the connection between HIV stigma and being a homosexual man continued to be a challenge for HIV prevention programs in Jamaica. One nurse respondent is quoted as having said: *“If they know you get it straight, then they will tolerate it. But if they think they deal that way, then it is an additional thing.”* A doctor in this study was noted to have asked the researchers if homosexuality actually existed in Jamaica because he had never *“come across any”* (White & Carr 2005). This same study documented how HIV-related stigma toward MSM was manifested in Jamaica, including laws; politics (i.e., homosexuality in smear campaigns against opposing political parties); the socio-cultural environment (homophobia supported by religious institutions and popular cultural icons, common street lingo, “don’t ask don’t tell” policy about disclosing to family and the community); gender (males with HIV assumed to be homosexual); class (poor MSM with HIV who use public services are more visible and stigmatized than wealthy MSM); and color (association between color and class inherent in post-colonial society).

Another study focusing on young Jamaicans sought to measure variations in “sympathy” toward various subpopulations, such as MSM and sex workers with HIV. This study found that young Jamaicans were least sympathetic toward MSMs and second least sympathetic toward sex workers as compared with heterosexual men and non sex worker women and children with HIV (Norman et al. 2006).

When faced with adverse laws, stigmatized attitudes, and discriminatory practices, it becomes a challenge for MSM to come forward and identify their sexuality and their sexual experiences. As a result, they often do not access the support that they need from health care providers and other service personnel to reduce their risks, obtain treatment and care, and prevent the spread of HIV. This is a strong concern in Jamaica where the estimated HIV prevalence among MSM is much higher than that of the general population (32 percent and 1.7 percent, respectively). Among the total HIV and AIDS disease burden, 71 percent of cases are reported to be heterosexual, 3 percent bisexual, 2 percent homosexual, and 24 percent “sexual identification unknown” (Jamaica National HIV/STI Programme 2010).

Considerable quantitative research is being conducted in Jamaica via survey methodology to more fully understand the MSM experience of S&D in Jamaica. To add to this body of knowledge, C-Change commissioned this study to obtain qualitative information from Jamaican MSM on their perceptions, concealment/disclosure, fear, and overall level of stigma and discrimination.

Methods

The purpose of the qualitative study was to put the quantitative numbers from other studies into the words, actions, and experiences of real men. The intent was to supplement the data by putting a “virtual” face — one based in reality but not directly linked to any one person — on the percent and numbers produced by the quantitative surveys. Most importantly, the purpose was to provide findings that would be useful in developing materials for antistigma and antihomophobia SBCC and advocacy campaigns.

An ethnographic approach entitled “hearsay ethnography” was used to collect data for the study. This methodology’s contrast with other research methods is that researchers/data collectors, who are themselves MSMs, pursue their own agendas that make up their daily life, rather than pursue the predefined research agendas that most other methodologies employ. Social analysts frequently use texts created by others. Critics of the hearsay ethnography approach feel that this standard method “artificially” produces an enormous number of texts that may not efficiently represent meanings of the content explored.

Thus, in the context of this study, MSM researchers/data collectors were trained to identify and record in written journals, from their own daily life, the actions, deeds, words, behaviors, and attitudes that were stigmatizing or discriminatory to MSM, including those that occurred in a health care setting.

Study Locations

The study was conducted across five parishes in Jamaica: Kingston metropolitan area (KMA), which included Kingston, St. Andrew and Portmore, and Spanish Town; St. Ann; Manchester; St. James; and Westmoreland.

Ethnographer Recruitment

MSM ethnographic journalists were recruited using the following criteria:

- Identified as a MSM
- Aged 18–35 years
- Not self-identified as a sex worker
- Lived within the priority socio-economic groups
- Expressed willingness to participate in the project
- Demonstrated full literacy

Ethnographers were recruited into the study through MSM who functioned as gatekeepers into the general MSM community in Jamaica. These gatekeepers contacted willing MSM who were then screened by Hope and recruited if qualified.

To achieve a targeted total of 25 participating ethnographers, 27 qualified males were recruited to be trained. Despite over-recruiting, 24 ethnographers participated in the training sessions; the additional three were unable to attend for personal reasons. One recruited and trained ethnographer was later lost to follow-up and did not participate in the data collection process.

Thus, 23 of the original 27 MSMs recruited completed the study. Ethnographers were from five parishes (see Table 1).

Table 1. Numbers and Locations of Ethnographers by Parish

Location	
Kingston metropolitan area (KMA)	5
St. Ann	5
Manchester	5
St. James	3
Westmoreland	5
Total	23

The majority of the ethnographers were under 25 years of age and represented lower-middle income/working class socio-economic groups (see Table 2).

Table 2. Ethnographer Demographics

Age Group	
18–20 yrs	3
21–25 yrs	12
26–30 yrs	3
31–35 yrs	2
36–40 yrs	2
Over 40 yrs	1
Total	23
Socio-Economic Group	
Middle income	5
Lower-middle income/working class	12
Lower income	6
Total	23

Data Collection

Ethnographers were given journals and asked to identify and record, over a three-week period, any conversations and situations within which *they observed or experienced* stigma and/or discrimination (i.e., actions, deeds, words, behaviors, and attitudes) or had conversations where *others had observed or experienced* stigma and/or discrimination.

For the purpose of the study ethnographers were given the following information to define stigma and discrimination.

Stigma is often described as the negative labels or stereotypes used when talking about something or somebody. People sometimes associate stigma with being isolated, abused, or discriminated against. Stigma is often attached to things that are seen as embarrassing or a danger. Stigma can be used as a way of denying dignity, respect, and rights to some members of society, and can result in people being isolated or abused. Stigma can lead to

discrimination, where people are treated differently or denied basic human rights because of a characteristic they have (NAM 2008).

Ethnographers underwent one day of training. This included an introduction to the project and the project team, and an introduction to documenting observations or conversations. The training session was used to facilitate bonding among the ethnographers to foster a sense of community and support. Training also entailed discussions to begin to identify particular situations and conversations and how to record them. Ethnographers were also trained to make mental notes of what people said if they did not have journals with them and how to record their recollections, word for word, that evening or soon thereafter in the journals. The journals given to the ethnographers were nondescript notebooks.

Debriefing sessions were held between supervisors and individual ethnographers each week. These one-on-one sessions allowed supervisors to collect any completed journal pages. This limited the data held in any single journal and reduced the risk to ethnographers if journals were found by others who were not part of the study. The weekly debriefing sessions also involved a review of entries in the journal and allowed ethnographers an opportunity to discuss their experiences and note points of interest and concern. Debrief sessions included discussions on how participants felt focusing on the topic of homosexuality and their attitudes to the population, including their own experienced stigma and discrimination. These debriefing sessions were audio taped and transcripts produced for analysis. This provided a secondary source of data along with journal entries.

Ethical Considerations

Ethical approval for this study was received from the Ministry of Health and U.S. Institutional Review Boards. To protect ethnographers' identities, no names or initials identifying the respondent were used on the audiotapes or transcripts. Instead of a name or initials, participants were assigned a project alias. In addition:

- Consent forms were signed using a project alias.
- The researchers were instructed not to use personal names in the debriefing, which was recorded and transcribed. If names were mentioned, they were not included in the written transcript.
- Journal pages were collected at each weekly debrief session and a blank journal returned to the journalist.
- All information pertaining to this project was kept in a locked cabinet with all material on the computer password protected and accessible to project personnel only.

Study Limitations

The methodology used MSM as ethnographers in their own lives and as such could have produced results that were more influenced than normal by their own personal biases, idiosyncrasies, and interpretations. In that the ethnographers were members of the target group being discriminated against, they may, on overhearing or witnessing the stigma or discrimination, have become distressed and possibly embellished what they heard or saw.

In this methodology the ethnographer was not asked to interview the perpetrators of S&D directly but to observe and assess. Thus they were unlikely to be able to report reliable demographic details beyond the obvious gender and extremes of age (old vs. young). The ability to determine the perpetrator's occupation was also not possible in many instances, particularly when encountered outside of their work space and role and not as part of some uniformed group.

While the study essentially aimed to cover incidences of S&D that happened within the specific three weeks of the data collection period, ethnographers also reported stories that they heard or were part of outside this timeframe. As a result, some of the events reported had their genesis much earlier but were reported as current events. Therefore, it is possible that not all the stories documented in ethnographers' journals were current although they remained relevant instances of S&D.

Findings

The findings of the study are summarized in two segments. The first set of findings provides an overview of the types of documented MSM S&D and a profile of perpetrators. The second set of findings organizes information according to a socio-ecological model and the multiple environments that facilitate MSM S&D in Jamaica. It should be noted that across various tables there is often a different (n) reported regarding the number of incidences of S&D. This is the largely due to the fact that some of the reported cases of S&D were based on random conversations overheard by ethnographers and as a result there was no victim or specific perpetrator or the conversation between a group of persons and it was unclear who initiated the conversation.

Types of S&D Directed Toward MSM in Jamaica

Over the course of the project (three weeks), 177 instances of S&D were noted by the 23 ethnographers. While these instances were inherently different, certain commonalities were noted. Components of stigma/discrimination observed included those that were verbal, nonverbal, and physical (see Table 3). Verbal discrimination, including labeling, words, and phrases, accounted for the majority (87.6 percent, n=155) of acts of S&D displayed. Nonverbal discrimination such as scornful looks, social exclusion, or ostracizing accounted for another 7.3 percent (n=13) of instances while physical discrimination accounted for 5.1 percent (n=9) of noted incidences.

Table 3: Incidences of Stigma/Discrimination by Type

Type of Stigma and Discrimination	%	(n)
Verbal discrimination (e.g., words, labeling)	87.6	(155)
Nonverbal	7.3	(13)
Physical	5.1	(9)
TOTAL	100.0	(177)

Verbal S&D

Much of the verbal stigma and discrimination reported occurred in the form of name calling and using words that labeled, isolated, or degraded the individual (see Table 4). “*Batty bwoy*” and “*Batty man*” were the most commonly used labels and accounted for approximately half of the incidences of verbal S&D toward MSM (48.5 percent, n=75). The derogatory labels “*Batty bwoy*” and “*Batty man*” found within this study appeared to be commonly used terms describing homosexuals in Jamaica. “*Fish*” and “*gay*” were other popularly used labels and occurred in 14.8 percent (n=23) and 9.7 percent (n=15) of cases, respectively. Stereotypical references to death and violence toward MSM, including “*boom-bye-bye inna batty boy head*” and “*bun fire*,” occurred in 7.7 percent of cases.

Table 4. Labels and Stigmatizing Words/Phrases Used Toward MSM

Labels	%	(n)
Batty bwoy/batty man	48.5	(75)
Fish	14.8	(23)
Gay	9.7	(15)
Faggot/fag	3.9	(6)
Not straight	2.6	(4)
Sodomite	1.9	(3)
Shim/shimmy/man-woman	1.9	(3)
Gyal	1.9	(3)
Homosexual	1.3	(2)
Stigmatizing Words or Phrases		
<u>References to death/violence</u>	7.7	(12)
– <i>Boom- bye bye inna batty boy head</i>		
– <i>Bun fire/ fire</i>		
– <i>Pow pow (sounds that replicate gunshots)</i>		
<u>Miscellaneous</u>	5.8	(9)
– <i>Disgrace to men</i>		
– <i>Man lock up inna house wid man</i>		
– <i>Hold yuh batty</i>		
– <i>Man sleep with man</i>		
– <i>Nasty</i>		
– <i>Yuh love man</i>		
– <i>Guh (go) look yuh (your) man</i>		
– <i>Thief</i>		
Total	100.0	(155)

Physical Discrimination and Harassment

Physical harassment/attacks generally consisted of reports of stories heard or things observed rather than personal experiences of the ethnographer. These attacks were usually violent and either caused bodily harm or were attempts at bodily harm. These were manifested as being stabbed, being a target of a shooting, being attacked with machetes and sticks, or being a target of violent threats. The attacks reportedly occurred in a variety of places including: a public space in the capital city, a deserted area in St. Catherine, on the road, and at school. The following are examples as recorded by the ethnographers in their journals.

Violent threat: An incident experienced by an ethnographer occurred as he passed a group of young men who were loudly discussing their sexuality. As he walked by, one called out to him, threatening violent sex: “*Look pon that gyal yah me want we fi gang him and put a f*** pon him one night.*” Another said, “*I want to give him my nine inch cock in a him mouth make him suck it off.*” (outside KSA)

Shot at: An incident was documented in which a young man was called “*batty man*” and chased and shot at by an individual in a car: *A car drove up to a young man with the occupants demanding a search. The young man refused and started to run. One of the men shouted “batty man” and subsequently took chase firing at the young man. His arm was injured.* (KSA)

Attacked with machete/stick: An ethnographer documented and observed MSM gathered in a local public space who were harassed by a group of men:

A man walks by a group of young men sitting in a public area. He shouts “*batty man.*” They ignore him. He returns three hours later with two other men and begins to harass the young men. They respond now cursing their abusers. The men go to their car and return with machetes and sticks and begin to chase the suspected homosexuals. The MSMs retaliate by throwing acid on their attackers. MSMs: “*Mi nah run mi ago burn up somebody.*” “*Mi tired, mi nah run nuh more.*” (KSA)

Direct and Indirect Stigma and Discrimination

Direct S&D was targeted at an individual while indirect S&D occurred without the individual being aware. The study found that stigma/discrimination was usually direct in seven out of ten instances (70.0 percent, n=103). MSM were labeled or taunted deliberately within earshot of the intended target (see Table 5). Indirect discrimination occurred in 30 percent of instances (n=45) where discriminatory comments and actions were made without the knowledge of the MSM to whom it was targeted. MSM were most likely to experience direct S&D when they were alone (76.0 percent, n=94), but this also occurred in the presence of another person (14.0 percent, n=17), or within in a group (10.0 percent, n=13). This suggests that S&D is most likely to be enacted when the intended target is alone, posing an easier target.

Table 5. Occurrences of Observed Direct and Indirect Stigma and Discrimination

Type of S&D	%	(n)
Direct	70.0	(103)
Indirect	30.0	(45)
Total	100.0	(148)
Victim’s Circumstance		
Alone	76.0	(94)
With another person	14.0	(17)
In a group	10.0	(13)
Total	100.0	(124)

Demographic Profile of Perpetrators of S&D

In almost three-quarters of instances noted (73.0 percent, n=96), discriminating comments and taunts were perpetrated by males (see Table 6). Females were responsible for about one-fifth (21.0 percent, n=27) of discriminating words reported. While most discrimination observed was committed by persons believed to be 18–45 years (65.3 percent), those under 18 years accounted for more than one in five (22.4 percent, n=22) instances of stigma/discrimination.

Table 6. Demographic Profile of Stigma/Discrimination Perpetrators*

Demographic	%	(n)
Gender		
Male	73.0	(96)
Female	21.0	(27)
Group including males and females	6.0	(8)
Total	100.0	(131)

Demographic	%	(n)
Age		
Under 18 years	22.4	(22)
18–45 years	65.3	(64)
Over 45 years	12.2	(12)
Total	100.0	(98)
Occupation		
Student	23.5	(23)
Taxi man, bus driver, conductor	12.2	(12)
Street vendor	7.1	(7)
Police man	3.1	(3)
Bartender	3.1	(3)
Teacher	2.0	(2)
Unsure	49.0	(48)
Total	100.0	(98)

*Discrepancies in Total (n) across gender, age and occupation are due to the fact that perpetrators were not interviewed and thus not all case reports of S&D included age or occupation as these demographics were not known. In other cases there were missing demographic data because ethnographers did not report them, even though they were trained to do so.

Using a Socio-Ecological Model for Analysis of S&D against MSM

In partnering with civil society and MOH implementers at community, regional, and national levels to improve the quality and scale of Jamaica’s response to the HIV and AIDS epidemic, C-Change uses a socio-ecological model for change to both analyze barriers to change and create SBCC interventions that have the most potential for bringing about change (see Figure 1). A socio-ecological model views social and behavior change as a product of multiple overlapping levels of influence, including individual, interpersonal, community, and organizational as well as political and environmental factors (Sallis et al. 2008).

Based on the context of the present study, it is useful to organize some of the information that has been collected by ethnographers according to levels of influence to understand holistically how the larger socio-ecological environment enables the S&D experienced by Jamaican MSM. This will include empirical evidence from the study on: interpersonal environments of family, partners, and peers; community environments of public spaces, housing, and accommodation; and institutional environments of education, health, and religion. “Dissecting” S&D in this way will allow programmers to more effectively call for recommendations to address this key driver of the country’s HIV and AIDS epidemic.

Throughout this macro discussion, reference will be made to Table 7 below that summarizes the documented instances of S&D toward MSM in the various environments they frequent.

Figure 1: The Socio-Ecological Model for Change

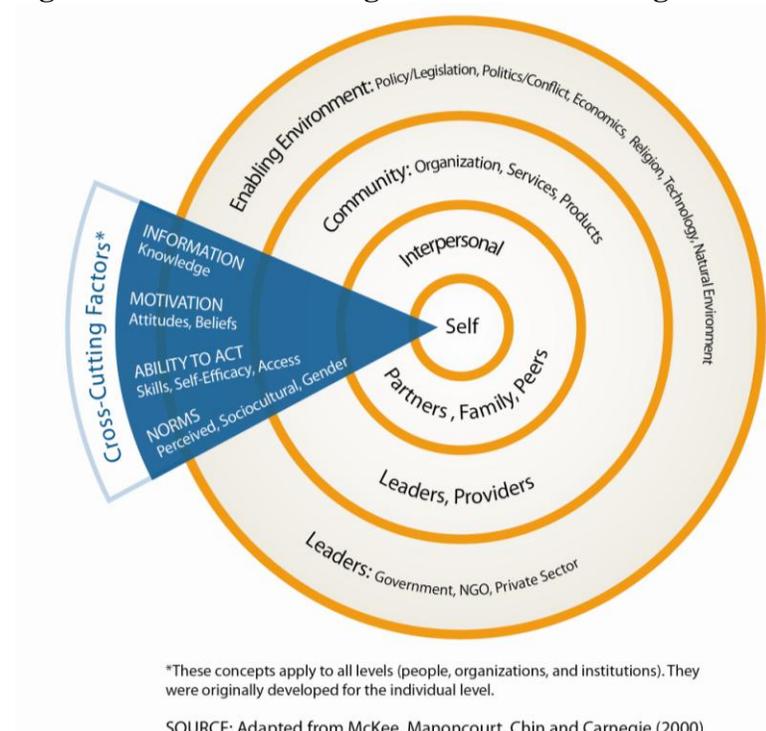


Table 7. Instances of Stigma/Discrimination Toward MSM by Environment Type

Type of Environment	%	(n)
On the road (street corners, on the road walking)	20.1	(27)
Retail public space	20.1	(27)
At educational institutions	10.4	(14)
At home	9.0	(12)
Bus stop, bus park, taxi stand	8.2	(11)
Public transportation (in the bus, taxi)	6.7	(9)
At a bar	6.0	(8)
At a friend's house	6.0	(8)
At a hotel	4.5	(6)
Internet conversations, radio shows	3.7	(5)
At work/office	3.0	(4)
Health center	1.5	(2)
Church	0.7	(1)
Total	100.0	(134)

Interpersonal Environment — The Family

Nine percent (n=12) of S&D incidences reported in the study occurred in the home and family environment. The research showed that MSM experienced considerable fear and anxiety about family members discovering their sexuality and subsequently ostracizing them for being homosexual.

In many cases, the expressed views and actions of family members were among the most violent of all reported incidents. Many of the instances of discrimination within the family came from personal experiences as reported by study ethnographers.¹ The majority of documented cases showed MSM were threatened with bodily harm and death. Even when parents were overheard discussing what action they would take if it was discovered that their son was MSM, the action alluded to was usually either violent, involving bodily harm, or ejection from the home and family. Examples are summarized below.

- A mother said to her son, *“If I ever find out that you are gay, I will poison you to death myself.”* This son took this threat so seriously that he had since refused to eat food prepared by his mother unless he was there to see the preparation himself. She made the threat three years ago, and despite living with his parents, he remains reluctant to eat the food his mother prepares.
- A man was overheard saying in conversation to another man that he would *“... pour kerosene oil all over his son and light him on fire personally, if he ever found out his son was gay...”*
- A mother of an 18-year-old, who was an “A” student, had found out a year before that her son was gay. So negative was her reaction that despite outstanding performance in school she constantly degraded him and verbally harassed him. The intensity of her verbal attacks included regretting that she did not kill him during childbirth. This was recorded by a study ethnographer as follows:

My phone woke me up ringing impatiently: *“Hello.” “Call mi back please.”* My friend said crying. I knew the sound of this as it was now the norm. It was my friend and his parents again, especially his mother, I could guess. I got myself in a frame of mind to handle the conversation that was afoot and called him back. He was so hurt and felt worthless. His parents were getting at him again for nothing. He was in his room talking to his school friends on his cell when she (the mother) came in and started saying: *“Man a jump dung inna yuh. Aa nuh school yuh a guh a day time. A yuh man dem yaad yuh a guh. Dem soon kill yuh like the bwoy from Mobay.”* So distraught, I said nothing. The friend continued: *“Then she went on to say that she was sorry that she didn’t squeeze me and kill me during birth and that she is not spending one more dime at school on me.”*

- Another incident showed a mother’s aggression upon realizing her son was homosexual. The mother searched through her son’s knapsack one morning while he was asleep. He had been at a party the night before. She found female clothing that he had been wearing at the party. She woke him up, and said *“If is man you sleeping with then you better have some money from the man to give me.”* He did not have any money. She kicked him out of the house immediately, and took the female clothes and paraded them through the streets of their community, telling everyone that her son is a *“batty man”* and she does

¹ To protect the ethnographers, we have chosen not to include any identifying information in these quotes, including the location of the ethnographer.

not want to have anything to do with him. The incident took place in a community that is one of the notoriously violent areas in Jamaica. The MSM son in the incident fled the community and was reported living on the streets.

Despite the pervasive discrimination from families, some were aware of their son's status and remained supportive nonetheless. In most of those cases, the supportive parent resided outside of Jamaica. There were also examples of parents who lived with the MSM and were a source of support, providing a buffer from the community's S&D.

I was sitting on the verandah with mother after we had dinner when she suddenly said to me, *"I have something to tell you but I don't want you to make any trouble or say anything to anyone."* I said: *"no man you can tell me"* She said: *"My cousin tell me say somebody tell her say she hear you a gay plus she see you a walk with someone (a guy) who acts girly and how she prefer to live with a gunman next door rather than have a gay near her."* Mother said she replied and said to her cousin that she did not know that I was gay and that the other person is a trouble maker *"so not to pay her no mind."*

Interpersonal Environment — Within the MSM Community

Study findings showed an interesting dynamic of S&D among male homosexuals themselves. While the MSM community was generally felt to be "closed," as evidenced by the difficulty in locating persons to serve as ethnographers, significant divisions were apparent. This included divisions between more effeminate and masculine MSM and between gay-identified vs. nongay, straight-identified MSM.

Each of these groups practiced some level of discrimination against the group they viewed as their opposite. In journals, debriefs, and final discussion sessions, several ethnographers reported incidents that showed a masculine MSM separating himself from an effeminate MSM, especially in public spaces. One participant stated:

I have gay friends that I only communicate with by phone. I will not go out in public with them because they behave too feminine. I am well known in my community and so I can't afford to be seen with them, cause then people would know I'm gay too. (KSA)

In one incident reported in a journal, the ethnographer was going into a supermarket where he was a regular customer. He was with another MSM who was very effeminate. Before entering he told his friend to *"tone down the realness,"* which meant for his friend to not behave and walk in such a feminine way. The friend ignored his request and went into the supermarket ahead while the ethnographer stayed far away from him as they shopped. The staff and security made jeering comments about the effeminate MSM while he was in the supermarket. After leaving the premises, the ethnographer got into a heated argument with his effeminate friend, saying that the behavior was unnecessary and put them at risk for being attacked.

In general, some ethnographers expressed frustration and concern for the safety of their fellow MSM who behave effeminately in public:

The way they behave they tend to paint a bad picture. I tend to not talk to them at certain places and at certain location because it might sound sad but I don't want to be labeled like them or as them. I have to be in and out of New Kingston because of my job. They just want to see you talk to somebody then they start to categorize. (KSA)

Ethnographers in several parishes reported a similar pattern of S&D by straight-identified MSM toward more effeminate MSM. A common scenario reported was one where an MSM who identified himself as straight was in a public space with other straight men when a man who was either obviously or questionably homosexual entered the vicinity of the group. The MSM who identified as straight was often the first (and loudest) to make scornful remarks against the supposed MSM who was passing by. In each reported incident of this nature, the ethnographer who observed the situation had prior knowledge of the perpetrator being an MSM and was quite shocked at the behavior.

Discrimination within the MSM community even degenerated into intimate partner violence. An ethnographer reported a personal experience in which an intimate partner taunted and verbally abused him during the evening, continuously teasing him about his homosexuality, and calling him names. During intercourse, the partner continued to taunt the ethnographer and eventually the ethnographer responded. This enraged his partner who proceeded to twist the ethnographer's hand, inflicting pain, and angrily enquire if he was implying he (the partner) was a homosexual. The journalist apologized out of fear and because of the pain inflicted.

Community Environment — Public Spaces and Retail Establishments

The study found that much of the stigma and discrimination reported by ethnographers occurred in very public spaces or retail establishments, which at times afforded the perpetrator an audience. These spaces included roads, parks, retail spaces (shops, supermarkets, restaurants, bars, hotels, libraries, barbershop); public transportation outlets (bus stop, bus park, taxi stand); or while on public transportation (buses, taxis). As shown in Table 7, these spaces made up 60 percent (n=80) of the instances of S&D in the various environments explored in the study. These were often places that were part of the daily routine of MSM and difficult to avoid.

The body of data collected gave numerous examples of S&D occurring in public spaces. Discriminatory words and conversations often took place in the public space of "the road"—passing on street corners, waiting for public transportation, or walking on the road. Discrimination on the road accounted for one of the five (20 percent, n=27) instances noted. In such scenarios the MSM was usually walking on the road on his way to a destination when he was subjected to discriminatory comments. These comments were made by persons who may also have been transitory and heading to some other destination, or by persons who were socializing at the location for a prolonged period of time. Discriminatory words and phrases were equally prevalent in other public spaces such as retail outlets (20 percent, n=27), including shops, supermarkets, restaurants, libraries, and barber shops.

In some instances the noted discrimination was indirect in that it was not said within earshot of the suspected MSM but rather said to the other persons present in the area. One such example occurred as a bus passed a main business area in Kingston. A woman was heard remarking about the effeminate behavior of a group of men who were walking on the street: "*Look at those boys,*

they are acting like girls.” Her remarks then prompted other passengers to initiate a ten minute discussion on homosexuality, generally categorizing it as deviant and unacceptable. Many persons were reportedly laughing and making comments like: *“They don’t have to behave like that. They can do better.”* There were two male passengers on the bus who became aggressive with their comments and repeatedly said: *“Them fi dead.”* (KSA)

In another example, discrimination emerged when a female customer in a shoe store commented to another customer who accompanied her that she was reluctant to purchase from the outlet as it was owned by a suspected homosexual and staffed with homosexuals: *“It is owned by a battyman, and its only faggots and batty man who work there.... Me no support batty man living.”* (outside KSA)

Groups of teenagers and young adults were the perpetrators of several of the incidents reported within public spaces. These two groups also had a tendency to use very base, raucous, and vicious language when addressing male homosexuals. In one such example, a group of school boys were standing outside a supermarket and were observed berating a member of their group. They insisted that he modify his behavior to exhibit more masculinity as well as have intercourse with a female: *“Stop acting you’re a girl and go fuck some p****.”* One member of the group went as far as to suggest they both have intercourse with a female so he (the suspected MSM) could observe heterosexual intercourse: *“Me and you are going to fuck a girl together and see big hood (penis) go in a p****hole.”* (outside KSA). The ethnographer’s assumption was that these suggestions were made in an attempt to correct his deviant behavior.

Incidents of S&D that occurred in public spaces had a few common characteristics. They almost always elicited a response from other persons within the vicinity. While responses often reinforced the perpetrator’s viewpoint, this was not always the case. For example, in an Internet café a negative remark was made about a young man thought to be gay. Some customers giggled while one female berated the perpetrator and admonished him saying: *“Why you don’t leave him alone. Don’t you see he is just going about his business?”* (outside KSA)

Another common characteristic found was that incidents would become the focal point of activity, even if for a short period. An example was an incident in a mini-bus in rural Jamaica. Four females estimated to be in their 20s were seated at the back of the bus having a conversation. On reaching a particular community they drew attention to a specific house and loudly commented that MSM are thought to live there: *“Yuh see dah house deh up deh so? A pure chi-chi man man live deh.”* All attention in the bus became focused on the house and their conversation. *“An mi hear seh AIDS a nyam dem out,”* said another and the two laughed. Curiosity peaked among those within earshot on the bus. Their heads turned to look at the house that was pointed out. This seemed to encourage the two original discussants and as a result they continued: *“A pure (it is largely) big car pick dem up and drop dem off a night time e nuh. An yuh fi si how de man dem cute.”* Another added to the conversation: *A hotel dem work to. Mi seh thats why mi nuh want nuh cute man, cute man a tek hood.”* The majority of the listeners then laughed, and one repeated what was said to another. (outside KSA)

A further commonality was that persons within the vicinity tended to freely express their honest opinion, not just of the person being jeered, but of homosexuality overall. This would produce

comments such as: “*Them lifestyle nasty,*” “*It is not right for two men to lie down in bed together,*” and “*You no see them a try take over the country, that’s why me know God soon come.*”

Physical discrimination or harassment was also a feature of public spaces although this happened with far less frequency than verbal harassment. Such discrimination ranged from disdainful looks of pedestrians and motorists as gay-identified men passed them on the road, to more extreme situations. In one example, police stopped a white Corolla at a major intersection in a town outside of KSA and asked for papers. When it was discovered that the car had four men in it, they were asked to step out and were searched. When nothing illegal was discovered the police started to rough up the men and one asked the men: “*...unnoo a fish cause so much man no supposed to travel together, cause a nuff fish deh bout the place.*” The police then handed the driver his papers and the men got into the car and drove off.

Community Environment — Housing/Accommodations

The study found that discriminatory treatment toward MSM took place when accessing services, including housing. Anecdotal reports to study ethnographers suggested that MSM were perceived as unwanted tenants due to undesirable behavior and that a man suspected of being an MSM may have considerable difficulty finding a home to rent.

Some landlords screened single male applicants through the use of discriminatory questions to determine if they were in fact MSM. In one incident, an ethnographer was viewing an apartment for rent when he was asked by the potential landlord about his girlfriend:

The landlady: “*Where is your girlfriend sir?*” The ethnographers lies and says: “*She live in Ocho Rios, she visits me.*” She says: “*Okay dat mean you one going live.*” He responds: “*Yes miss.*” She then proceeds to tell him: “*You see the last man weh rent up here a pure school boy and man come up yah to him yuh nuh. And a pure lesbian him hang out with.*” He asked how she knew all this as she did not live there and she said: “*Is the lady across the road tell me suh.*” (outside KSA)

In this instance the landlady did not wish to rent her property to any other MSM and so screened applicants by inquiring about their relationship status.

Institutional Environment — Educational Centers

The study found that educational institutions were the third most popular environment where stigma/discrimination was experienced by MSM, accounting for 10 percent (n=14) of instances (see Table 7). An educational institution has the unique quality of being almost a community unto itself, with its members having sustained contact during a specified period of time. In some cases that time may be a few months, and in other instances it may be a few years. This sustained contact allows for the members of the institution to become familiar with the lifestyle of individuals within its community. For MSM within this study this experience often turned out to be unfavorable. Several of the ethnographers at the time of the study were largely employees of educational institutions, students or both.

As one ethnographer stated in a debrief interview, the words, “*you a batty boy*” aimed at males in an institutional setting resulted in him becoming a repeated target of verbal insults and shunning for the remainder of his stay in that institution. One commonality reported by student ethnographers were that acts of S&D directed at them had no set pattern. They would occur at random times of day, in random situations on the institution grounds, and from random sets of fellow students. Because of the randomness, the ethnographers felt the need to be on guard at all times. The acts of discrimination varied in intensity and severity, ranging from being ridiculed by a group of students when the ethnographer was thought to be out of earshot, to being physically attacked in a crowded cafeteria by a group of students. For example, one participant who lived in a male dormitory on an institution’s campus told a story of hearing another student say: “*Long time me no come in this batty man bathroom*” (KSA). This was said because the bathroom’s location made it the one used most regularly by the ethnographer and his roommate. This incident stood out for the ethnographer because, as he stated: “*In all the years I’ve known him I have never before heard that guy make any discriminatory remark. So if he would do it, I suppose everybody will do it too.*” (KSA)

The majority of reported incidents within institutions took the form of verbal insults aimed directly at the MSM. Often when walking past a group, comments such as: “*We no want no batty bwoy round here*” (outside KSA) or “*...all dem boy deh a fish an dem fi dead*” (outside KSA) were usually not said to his face but were loud enough and within earshot to ensure he heard. Another common behavior was for a group of students to become silent as the MSM was passing by and/or physically move out of the way to avoid any physical contact.

Although not the norm, institutions were also places in which abuses of power occurred. One noteworthy example of this happened between a student ethnographer and his lecturer. The ethnographer was a target of the lecturer’s advances and threatened with “failing” the course if the teacher’s advances were not met favorably. The ethnographer was able to rebuff these advances successfully by threatening to expose the teacher. In this case the teacher who was himself an MSM, attempted to use the very stigma attached to homosexuality to coerce intercourse.

There were few incidents within educational institutions that either threatened or resulted in physical violence. One of the ethnographers reported a series of incidents in which he was perpetually taunted, hit, and had soda thrown on him by a group of students. While he initially ignored the behavior, he eventually retaliated, which resulted in a physical fight and injury to one of the perpetrators. As a result, the victimized ethnographer was asked to leave the institution.

Institutional Environment — Health Facilities

While MSM generally have easy access to health care facilities, the study found that ethnographers were sometimes reluctant to use the services at these facilities due to the S&D displayed by some staff. As reported by one participant: “*Many guys are not going for treatment cause they are afraid of being branded (as gay) and they are living on the ‘down-low’.*” In reported incidents, stigma tended to be communicated through body language and other forms of nonverbal actions as well as direct discrimination. In one incident a partner of an ethnographer attempted to purchase condoms and lubricants from a local pharmacy. He was questioned by the

clerk as to with whom he would be using the purchases. The customer in question was described by the ethnographer as not being flamboyant or effeminate.

My male sexual partner went into a pharmacy to purchase condoms and lubricant. The female clerk said to him “*So a who you a go mash up with this now?*”² He did not answer the question and held a straight face. From that point on she moved away from the register and went into a corner of the pharmacy where she was seen whispering and pointing at him, with a few of her co-workers. He decided to test the situation, so he picked up some juice and chocolates and returned to the counter to pay for them. At that point the woman refused to serve him, or even look at him. He eventually had to complete his purchase with another clerk. (outside KSA)

Another ethnographer said that at one point he worked in a health clinic and found that an attending doctor often breached patient confidentiality. After a suspected MSM patient had left the doctor would whisper to the staff, “... *that patient is a batty boy....*” The staff would spread the information to others.

While some ethnographers were recruited as persons intending to seek health care during the study, many explained they sought the medical services of private doctors who were thought to be sympathetic and nonjudgmental toward their lifestyle. Based on discussions with the ethnographers, it emerged that this often resulted in study participants seeking health care outside their parishes. This would make health care more costly than if it was obtained at local public clinics, and thus, creates a barrier to care for some MSM.

Institutional Environment — Religious Organizations

The study found that in some instances churches functioned as a direct source of S&D, both in the doctrine preached and in their treatment of known or suspected MSM. Specifically, literally interpreted doctrine may be used to judge and condemn the homosexual lifestyle and associate it with other undesirable activities and choices, including prostitution. Additionally, some congregants used nonverbal cues to isolate suspected MSM. In the incidence related below the suspected MSM was not greeted by church ushers though it is the custom to do so. Additionally, while the church’s policy on communion allows all to partake in the religious sacrament, the suspected MSM was not invited to partake. Finally, as the MSM departed the church, congregants moved out of his way, clearing a path of stares and silence for him to walk through. Throughout the experience the MSM was greeted and spoken to by only one member of the congregation.

Church was in its usual session this morning with at least 50 members when this particular male, who seemed to be in his early 20s, entered. This male seemed to be a professional, yet it was being rumored in the town that he was gay. No one, including the welcoming usher at the door, acknowledged his presence. He went and took a seat at the back of the building. As part of the sermon the preacher asked: “*How can you be a righteous man and be a homosexual? God can change the batty men, the lesbians, the whore mongers, the prostitutes....*” The congregation responded with a resounding applause; some shouting “*hallelujah*” and “*amen*” and even speaking in tongues.

² Who are you going to have rough sex with now?

Right after the sermon it was time for communion. I clearly remember the pastor making it clear that the church operated on an open communion policy. Yet I stood and saw where the sharers did not offer him, so as to partake. They passed him as if he was not even present or did not exist. Upon the pronouncement of the benediction, I only observed one person who dared to shake his hand. It was a female of about 50 years of age. Upon exiting the building, the members moved out of his way so as to make a path for him to leave. No one else greeted him. (outside KSA)

Despite general church doctrine of love, churches also reflected the general biases of their ministers and members. One ethnographer heard a private conversation between a minister of religion and a woman while they were sitting in a park. The minister expressed disgust for the homosexual's chosen lifestyle and instead commented that he would probably be violent in his rejection if ever asked to offer relationship counseling to a homosexual couple. The minister stated, *"I can't imagine if a man in my congregation asked me for couple's counseling and turned up with another man. If that ever happened what I would do, would certainly send me to jail."* (KSA)

Despite these findings, several MSM ethnographers described themselves as avid church-goers and many found comfort and solace in Christianity.

Impact of Stigma/Discrimination on MSM in Jamaica

The impact of the S&D that the MSM ethnographers either experienced or observed was also captured in the journals and through debrief sessions. Common feelings that emerged were depression and suicidal thoughts, fear, frustration, and anger.

Impact on MSM: Depression and Suicide

During the course of the project a few ethnographers expressed feelings of depression and some discussed past attempts at suicide in response to the S&D they faced. This was especially the case when S&D was inflicted by family members. Below is a documented phone call and text message between an ethnographer and his friend. The friend was suffering verbal discrimination within his home and had become suicidal.

I feel like killing myself, I don't know what to do to please them. She continues to "dash salt inna mi wounds," bringing up things that are well long gone. I am always getting blame for things I am not doing and what I deserve praise for are swept beneath the carpet. They don't trust me. And I know tomorrow I won't get any lunch money to go to school.

At about 11:10 a text message from my 18-year-old friend awoke me. It read:

Fell asleep a while ago and for a while I was happy. The way I've ever been in my life, I was soaring through the clouds with the birds... But then I woke up... back to this world. This dreadful place I'm forced to be a prisoner of. This cruel and horrible realm. I want to sleep. Want to sleep again. Want to sleep and be happy. Happy forever. I don't want to have to wake up. This world contains nothing for me. My only chance of finally being happy is in the land of sleep. I'm miserable here. I don't want to be in this reality. I'm not

supposed to be here. This is not my world, I need to go to mine, where I don't get up every morning with this pain. My world, where I don't always want to sit and cry. A world where everything is possible if I want it hard enough. I just want the constant pain to go away. Tired of being forced to watch everything I value the most being taken away from me...I feel like I'm sitting all alone looking at the world spinning with everyone else. Everyone and their lives of which I am insignificant. How quickly I'd be forgotten if I was to just vanish. Disappear from existence. I want so badly to not exist...I can't take this anymore...I'm sick of life. Sick of this.

In another instance, a conversation between a guidance counselor and a teacher was overheard by an HIV-positive ethnographer. The incidence took place on World AIDS Day and involved the teachers discussing homosexuality as a sin and AIDS as the justified punishment for the sin as told in the Christian bible. After overhearing this discussion, the HIV-positive MSM was left with a sense of great despair and disappointment.

I couldn't stay there anymore, I would have died. I am gay and I am HIV positive but how I am sure I wasn't selling my body. I know I didn't deserve to be. I have been through a lot. This infection has changed my life forever. And, never will I ever wish this to happen to anybody else. I was so disappointed for I was expecting better from people who are "educated" and "Christians" too. (outside KSA)

Impact on MSM: Fear

The S&D that some of the ethnographers experienced led to feelings of fear of violence and fear for their lives. In the incident recounted below, the ethnographer was walking through a main part of town when he encountered a group of men verbally harassing a group of boys on the opposite side of the road who appeared in dress and behavior to be gay-identified. Their taunts grew in intensity and passersby who looked at the perpetrators, including the ethnographer, also become targets for verbal attack. This situation left the ethnographer feeling afraid and he hurriedly sought refuge in a nearby supermarket.

I was going about my business when I couldn't help notice the pointing of fingers and comments of guys spitting out judgment on gays (guys in tight pants bunched together on the opposite side of the road). As I passed and did not join with them, they said: "*Cuh yah a him a look pan? Him nuh mussi one too.*" One said this with a magnum bottle in his hand. I quickly passed and went into the supermarket to buy a few things that I did not even want but because I was so afraid of a physical attack. A few minutes after I came out, the group had gotten thicker and the comments more fluent and vile. I could see myself joining in the three guys' mortification and knowing that if I didn't I would be attacked too. I quickly took myself away from there. I went in the earliest taxi and went home. The nasty, skewed, and violent comments were all repeating in my head. The look of pity and the plea for help on the three guys' faces became a mental picture. (outside KSA)

Impact on MSM: Frustration

The constant S&D left many ethnographers frustrated as they felt a need to hide themselves and modify their behavior, unable to live a life openly without fear of discrimination. After

overhearing two males discuss another male who they suspected was an MSM, his perceived effeminate behavior, their desire to not be around the individual, the ethnographer expressed feelings of oppression and frustration:

Right there and then I saw the instant discrimination and the lack of freedom that one self has to live their life and that's when I got up and left because it made me uncomfortable as a gay cause we can't live the life we choose, love, and are happy with. (outside KSA)

Impact on MSM: Anger and Retaliation

In some cases the S&D led to feelings of anger and a need to retaliate, or actual retaliation. As is documented below, one ethnographer was expelled from his school because he retaliated against verbal and physical harassment. With partial reimbursement of his tuition fees, he intended to acquire a fire arm to confront any further stigma/discrimination.

I was at school one day at the college. I was going to class and some boys attacked me. The security warned me about them before, but I insisted that I pay my school fee so, I still went to school. I went to the cafeteria and they were teasing me saying "*batty bwoy.*" They hit me and I did not pay it any mind, then one of them throw Pepsi on my white shirt. I turned around and started to chop (with a knife) like I am crazy. I chop three of them and one gets a decent wounding because it was in his head. They took me to the principal's office, called the Dean of Discipline and Vice Principal. They called the police because they were afraid it would reach too far and they warned the boys to leave me alone, but they don't stop ... "*and mi still a go create more damage.*" The school reimbursed me twenty thousand and asks me to avoid the school compound because they don't want it to get any worse, and I am going to use that twenty thousand to buy a gun. My father said that I should file a law suit against the school and get back all of my money. "*So I am going to create more damage.*" (outside KSA)

Discussion and Conclusions

With prevalence data showing that over a third of the population of MSM in Jamaica are HIV–infected (Jamaica National HIV/STI Programme 2010), and with the understanding that stigma and discrimination of MSM is a major barrier to accessing health and social services that can help mitigate the growing HIV and AIDS epidemic, major research efforts are under way in Jamaica to better understand and help reduce MSM S&D. This qualitative study sought to add depth to the current understanding of the experience of MSM S&D and to supplement what is being documented through several quantitative surveys. With use of hearsay ethnography methodology, trained MSM ethnographers go about their daily life and document observations, conversations, and personal experiences. Through this methodology, the study explored several dynamics and levels of influence that both facilitate and perpetuate S&D of this marginalized population.

Study findings were consistent with previously published studies in other regions of the world showing that MSM are the target of verbal, nonverbal, and physical stigma, discrimination, and abuse where negative labels, stereotypes, insults, and physical attacks are perpetrated against MSM individuals or groups to deny them dignity, respect, and basic human rights. In Jamaica, verbal S&D, enacted directly or within earshot of the target, was found to be most common. Labels such as *batty bwoy* or *batty man*, described as “*the country’s rifle*” and akin to firing a gun, had become so accepted that they were part of the general arsenal of derogatory words used in heated disputes found in this study.

Physical discrimination or harassment was found less often than other types of S&D reported by ethnographers. Instances of physical discrimination included documented incidences of MSM being stabbed, shot, and attacked with machetes and sticks or a target of violent threats due to their sexuality. The study also found that S&D was most commonly enacted when an MSM was alone, making him an easier target. While both males and females enacted stigma and discrimination against MSM in the study, the overall profile of the perpetrator was a male between 18–45 years of age. Males were much more likely to make negative and threatening comments than females.

MSM S&D was evident in several environments in Jamaica and consistent with a socio-ecological explanatory model at the interpersonal, community, and institutional influential levels. This enabled a pervasive social norm of attitudinal acceptance and behavioral practice. At the interpersonal level, environments of stigma and discrimination included the family/home where perhaps the harshest examples of S&D were evident. When families discovered that homosexuality was occurring within such a close environment, reactions were often violent and involved ejection from the home.

Stigma and discrimination within the MSM community itself were also seen. This was due to divisions between more effeminate vs. masculine MSM and gay vs. straight-identified MSM. Intra-community S&D was often enacted in public places where more masculine and/or straight-identified males would divorce/separate themselves from more effeminate and/or gay-identified males or tell the more effeminate/gay-identified male to “*man up*” or “*tone down their realness.*”

Within the broader community the most common environment for S&D to occur was in public spaces, including retail spaces, parks, public transportation, and most commonly “on the road.” Stigmatizing/discriminatory comments in this environment often afforded perpetrators an audience; were sometimes said indirectly but within earshot of an MSM; and were sometimes stated more directly, audible to the other persons in the area with the intent of inciting a response and making the incident the focal point of activity. In addition, public spaces were often used to express negative opinions about MSM in general and included physical discrimination and harassment by motorists and pedestrians as well as police officers. MSM also confronted discrimination in their communities when seeking out housing accommodations where landlords asked discriminatory questions to determine if the potential tenant was an MSM.

At the institutional level S&D included: educational establishments where MSM were a regular target of verbal insults and shunning in dormitories/on campuses; health facilities where staff and providers used nonverbal actions and body language to communicate disrespect; and church where stigma and discrimination were manifested in both the doctrine preached and in the shunning/discriminatory behaviors of both congregants and religious leaders.

Confronted with S&D in so many environments of their lives, it was not surprising that this took an enormous toll on the lives of MSM. Common feelings reported were of depression and suicidal thoughts to resolve emotional pain, fear of daily verbal abuse and physical attacks, frustration with having to hide oneself and not live freely, and feelings of anger and a desire to retaliate against perpetrators.

While the study found that citizens generally acquiesced or passively observed S&D when it occurred, at least one example reported someone who chose to speak up and de-escalate an incident. This is important to remember in reflecting on the results of the study and their implications for how to move forward. The pervasiveness of S&D toward MSM in Jamaican society implies that a multifaceted approach would be required to address the various enabling environments that perpetuate the overall social norm of stigma and discrimination. While this may seem like an overwhelming mission, it has successfully taken place in other countries over time with an approach that is grounded in science, built on best practices, and supported by both governmental and civic leadership. As a step in this direction, and based on the findings of this study, the following recommendations are outlined below.

- *Conduct greater advocacy for addressing MSM S&D within the MSM and supportive communities.* The energy for change, not surprisingly, generally starts with those who have been most negatively impacted by existing norms, laws, and practices. For the MSM community to become a force for change, it will need to become more cohesive, overcome divisions, and be willing to defend individuals who are under attack no matter how they dress or act. To foster a stronger MSM community, more support should be provided to victims of S&D to promote healing, positive self-image, and self-empowerment. In addition, MSM should become more aware of their rights and the support available to challenge injustices. Finally, other groups or individuals who generally advocate for human rights should be organized to support anti-stigma advocacy campaigns including persons in the legal, social service, and health professions.

- *Develop media campaigns to address social norms of MSM S&D and encourage interpersonal and community dialogue to promote change.* Planning and conducting media campaigns will require the initial buy-in and leadership of a wide spectrum of human rights stakeholders representing various institutions and segments of society. It will also require more research to better understand barriers to change among various segments/institutions in society in order to design effective campaigns. This research can inform effective message development that would communicate the importance of human rights, tolerance, and respect for individual differences as well as model positive interpersonal and community dialogue for change. Existing models of anti-stigma campaigns include *Time to Change* (Time to Change 2012) and *Promote Acceptance* (SAMSHA 2012) addressing mental health stigma, and *Why Stand* (African Services Committee 2012) and *We are Friends* (UNDP 2012) addressing HIV stigma. Important resources in this area are the UK Department for International Development (DFID) *Taking Action Against HIV Stigma and Discrimination* (DFID 2012); the USAID publication *HIV Stigma and Discrimination: A USAID Global Health e-Learning Course* (USAID 2012); and several Health Communication Partnership resources available on C-Change's C-Hub website, such as *Tikambe: Let's Talk About It* (Health Communication Partnership 2012).
- *Conduct capacity strengthening with persons in positions of authority who affect the lives of MSM.* Persons in positions of authority in the community who oversee the lives of MSM, such as teachers, police officers, health care providers, and social services staff, need capacity strengthening and sensitization training to recognize forms of MSM stigma and discrimination and learn how to create policies to safeguard the institutional environment. Because of the high rates of HIV among MSM in Jamaica, this is especially important with regard to health care and social services staff who have the potential to reach MSM with crucial HIV prevention, treatment, and care services. This will not occur as long as MSM feel they are walking into a judgmental and/or discriminatory environment.
- *Develop/conduct targeted interventions with youth.* Anti-bullying/bullying prevention interventions should be designed and conducted to promote a social norm that bullying is “not cool” and neither is being a “bully bystander.” Several curricula are available to be adapted for the Jamaican context, including the FHI 360 program, *Quit It*, a research-based schoolwide program that has been accepted into the compendium of good practices of human rights education published by several international organizations (FHI 360 2012).
- *Develop/conduct targeted interventions for parents.* Recognizing and working with a core of parents who are supportive of their own MSM sons and want to help other parents is critical to designing appropriate programs for Jamaican parents. Resources to review for designing such interventions in the Jamaican context can be accessed at the Parents,

Families and Friends of Gays, Lesbians and Transgender People (PFLAG) website (PFLAG 2012) and Gay Teens and Homosexuality Resources (About.com 2012).

- *Develop/conduct targeted interventions with religious leaders and church members.* Similar to developing interventions for parents, developing interventions for religious institutions should involve working with a core of religious leaders and church congregants who are empathetic and keen on designing appropriate programs for faith communities. While there are few examples of faith communities that have taken a direct approach to addressing MSM S&D, several have addressed stigma in the larger context of HIV and AIDS. Resources that can be helpful are those developed by the United Church of Christ HIV & AIDS Network (UCC 2012), Balm in Gilead (Balm in Gilead 2012), USAID (USAID 2012), and the Health Communication Partnership posted on C-Change's C-Hub website (Health Communication Partnership 2005).

References

- African Services Committee. *Why Stand*. <http://www.whystand.org/>
- Araújo M., M. Montagner, R. da Silva, F. Lopes, and M. de Freitas. 2009. Symbolic Violence Experienced by Men Who Have Sex with Men in the Primary Health Service in Fortaleza, Ceara, Brazil: Negotiating Identity Under Stigma. *AIDS Patient Care & STDs* 23(8): 663–8.
- Department for International Development (DFID). 2007. *Taking Action Against HIV Stigma and Discrimination*. <http://www.icrw.org/files/publications/DFID-Taking-Action-Against-HIV-Stigma-and-Discrimination.pdf>
- Fay H., S. Baral, G. Trapence, F. Motimedi, E. Umar, S. Iipinge, F. Dausab, A. Wirtz, and C. Beyrer. 2011. Stigma, Health Care Access, and HIV Knowledge Among Men Who Have Sex with Men in Malawi, Namibia, and Botswana. *AIDS Behavior*. 15(6): 1088–97.
- Feng Y., Z. Wu, and R. Detels. 2010. Evolution of Men Who Have Sex with Men: Community and Experienced Stigma Among Men Who Have Sex with Men in Chengdu, China. *JAIDS: Journal of Acquired Immune Deficiency Syndromes*. 53:S95–S98.
- Gay Teens and Homosexuality Resources. <http://parentingteens.about.com/od/gayteens/>
- Global Forum on MSM and HIV. 2011. Stigma Blocks HIV Prevention for MSM and Transgender. <http://www.msngf.org/index.cfm/id/11/aid/2628/>
- Health Communication Partnership. 2003. Stop AIDS. Love Life: Reach Out, Show Compassion to People Living with HIV/AIDS Today. <http://www.c-hubonline.org/resources/stop-aids-love-life-reach-out-show-compassion-people-living-hivaids-today>
- Health Communication Partnership. 2004. Tikambe: Let's Talk About It — HIV-Related Stigma and Discrimination. <http://www.c-hubonline.org/resources/tikambe-lets-talk-about-it-hiv-related-stigma-and-discrimination>
- Health Communication Partnership. 2005. Care and Compassion Movement. <http://www.c-hubonline.org/resources/care-compassion-movement>
- Jha C. and J. Madison. 2009. Disparity in Health Care: HIV, Stigma, and Marginalization in Nepal. *Journal of International AIDS Sociology*. 12:16.
- Lane I., T. Mogale, H. Struthers, J. McIntyre, and S. Kegeles. 2008. “They See You as a Different Thing”: The Experiences of Men Who Have Sex with Men with Healthcare Workers in South African Township Communities. *Sexually Transmitted Infections*. 84(6): 430–3.
- Listing of Training and Technical Assistance. Balm in Gilead.

<http://www.balmingilead.org/index.php/hiv/hiv-initiatives/capacity-building/listing-of-training-and-technical-assistance.html#>

Norman L., R. Carr, and J. Jiménez. 2006. Sexual Stigma and Sympathy: Attitudes Toward Persons Living with HIV in Jamaica. *Culture, Health & Sexuality*, 8(5):423–33.

Nyblade L. and K. MacQuarrie. 2006. *Can We Measure HIV/AIDS Related Stigma and Discrimination?* A publication produced for review by USAID.
<http://www.policyproject.com/pubs/generalreport/Measure%20HIV%20Stigma.pdf>

Parents, Families and Friends of Gay, Lesbian and Transgender People (PFLAG). PFLAG Education and Programs. <http://community.pflag.org/page.aspx?pid=212>

Report on HIV, Discrimination and Stigma (Third Edition). 2008. NAM Aidsmaps.
http://www.aidsmap.com/v634436470425970000/file/1001097/stigma_pdf.pdf

Report of the United Nations High Commissioner for Human Rights. 2001. Discriminatory Laws and Practices and Acts of Violence Against Individuals Based on their Sexual Orientation and Gender Identity.
http://www2.ohchr.org/english/bodies/hrcouncil/docs/19session/A.HRC.19.41_en.pdf

Rispel L., C. Metcalf, A. Cloete, J. Moorman, V. Reddy V. 2011. You Become Afraid to Tell Them That You are Gay: Health Service Utilization by Men Who Have Sex with Men in South African Cities. *Journal of Public Health Policy*, 32(1): S137–51.

Sallis J., N. Owen, and E. Fisher. 2008. Ecological Models of Health Behavior. In K. Glanz, B. Rimer, and K. Viswanath (eds.) *Health Behavior and Health Education: Theory, Research, and Practice* (Fourth Edition), 464–85. San Francisco: Jossey-Bass, Inc.

Senior K. 2010. HIV, Human Rights and Men Who Have Sex with Men. *Lancet* 10 (July): 448–9.

Strommen E. 1990. Hidden Branches and Growing Pains: Homosexuality and the Family Tree. In F. Bozett and M. Sussman (eds.) *Homosexuality and Family Relations*. London: Haworth Press.

Substance Abuse and Mental Health Services Administration (SAMSHA). 2009. SAMSHA's Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (ADS Center).
<http://www.promoteacceptance.samhsa.gov/campaigns/default.aspx>

Teasing and Bullying, Quit It! Educational Equity Center at AED. FHI 360
<http://www.edequity.org/programs/teasing>

The Joint United Nations Programme on HIV/AIDS (UNAIDS). 2000. AIDS and Men Who Have Sex with Men Technical Update.

http://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub03/mentu2000_en.pdf

Time to Change. *Time to Change: Let's Change Mental Illness Discrimination*.
<http://www.time-to-change.org.uk/>

United Church of Christ HIV & AIDS Network. Affirming Persons – Saving Lives.
<http://www.ucc.org/health/hivaids/apsl/>

United Nations Development Programme. 2007. “We Are Friends” Anti-Stigma Campaign.
<http://www.undp.org.cn/projects/54033.pdf>

UNGASS Country Progress Report. 2010. Jamaica National HIV/STI Programme.
http://data.unaids.org/pub/Report/2010/jamaica_2010_country_progress_report_en.pdf

United States Agency for International Development (USAID). 2010. HIV Stigma and Discrimination: A USAID Global Health e-Learning Course. http://www.aidstar-one.com/resources/health_policy_initiative/hiv_stigma_and_discrimination_usaid_global_health_e_learning_course

USAID. 2010. Religious Leaders Challenge HIV Stigma. http://www.aidstar-one.com/resources/health_policy_initiative/religious_leaders_challenge_hiv_stigma

White R. and R. Carr. 2005. Homosexuality and HIV/AIDS Stigma in Jamaica. *Culture, Health & Sexuality*, 7(4): 347–359